# From One Prick to Another

*Dedicated to:*

*All those children who suffer from vaccine damage.*

*All those parents who agonize over unjust convictions for child abuse or even murder.*

*All those families who have been torn apart by the all-too-frequent failure of "systems" and mindsets to recognize and accept evidence which would have exonerated them from the "guilt" passed upon them.*

# From One Prick to Another

Hilary and Peter Butler

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from the Publisher:
Phone: (09) 236 8990 (NZ)
(0064) 9236 8990 (Overseas)
Email: butler@watchdog.net.nz
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# Welcome to "From One Prick to Another"

When we wrote "Just a Little Prick" there were a number of questions we had to ask ourselves.

* What are we writing the book for?
* How do you know what the readers are wanting?
* How do you accommodate a range of readers – from the ignorant lay person, struggling with a new vocabulary, to the well-versed professional health adviser who is looking for something "meaty'?
* How technical can you be?
* At what "level" do you write?
* Can you write a book that has something in it for everyone?

We have repeated the process with this publication.

The easy answer is, "Why worry – you can't please everyone!" That depends on what it means to "please" someone!

We have learnt a lot from the feedback reaching us relating to the first book, and we have chosen to use the same format. We acknowledge that some readers may feel distracted, or even threatened by the style. Perhaps the following few words of encouragement will be of help.

There are at least three books in this volume.

There are Hilary's chapters which could be described as words from the pen of a researcher steeped in so much literature and related material, much of which taxes the foundations of our house as they groan under the weight of books, files and computers. These chapters provide material at two levels – they can be read with the footnotes and references, or they can be read without.

Peter's chapters make up an allegorical story. These could be treated as lighter,

more relaxed reading of lesser consequence. Hopefully though, you'll find them enjoyable and just as thought provoking.

Casual reading, however, will leave you short-changed. The same message appears in both styles and we dare to suggest that in their own ways they supplement and complement each other.

The fact that the chapters from each of us are alternated may not be to everyone's liking. "The flow is interrupted all the time", someone is bound to say. The answer to that is simple. The reader is in control. Choice can be exercised according to the mood, surroundings and circumstances of the particular time of day.

If you want to read all of Hilary's writings before Peter's, that's fine. It's your call. You could also read the "story" before the "facts, figures and quotes". Each style is in different type faces so you can tell which is which. Keep turning pages until you find what you want. In fact, this exercise can be quite therapeutic, and it's amazing how quickly you can get through the "book" of your choice!

We hope that "From One Prick to Another" will be read many times, and in many ways. That it will be a book you can dabble in – a book that can be picked up, or put down, but always leading to the discovery of something "new" that will spur you from the rut which can be daily life, into greater knowledge, action, and activism on behalf of the betterment of the health and wellbeing of children and adults.

Hilary and Peter.
March, 2008.

# Introduction

Here is a book that can be used by families! It is not only for adults.

Vaccination schedules are widening to include ***all*** age groups – children, teenagers, young people especially, right now, are increasingly on the end of one prick after another. The other end of the market isn't being ignored either. There is talk of "having to" include boosters of children's vaccines into the schedules of the elderly as old theories fly out the window, and new, more profitable ones become essential dogma. We wonder what is the capacity of big business, to persuade people that health can only come at the end of never-ending needles. But we also realize that it is the extent to which the public suspends critical thinking skills, and is hooked into the fear-mongering tactics, which will determine that.

In our first book there are human interest chapters which describe to some extent, our family lifestyle. Chapter 15 – "A Vaccine-free Interlude" – can be read to, or by, children. In this book, as the first chapter explains, Peter has provided a story as in-between chapters. In our home-schooling days this sort of material became an invaluable resource. The whole family could be involved in real life issues, and with sensitivity and discernment on the part of parents, all sorts of activities, related discussions and outcomes can result, and quite a wide range of ages can be catered for.

Our aim in this book, is to show once again, that there is far more to the issue of diseases and vaccines than most people realize. As a recent book on polio showed[1], there are times when the propaganda that surrounds an issue, can not only become a crusade, but it can distort out of all proportion, the risks stated. With what Big Pharma has up their sleeves for the future, we have an even more pressing "right" to see balanced information. The emotionally laden infomercial messages, provided via the media and Health Department pamphlets, need to be rationally analysed, critiqued and judged with honest intellectual accuracy, well

1 Oshinsky, David M. 2005 *"Polio An American Story"* Oxford University Press ISBN-13: 978-0-19-515294-4

distanced from the influences of any vested interests. Finding the information we have needed to do that, has at times, been a real mission. Knowing how to access medical databases from internet helps considerably.

We hope that literally, this book will be a volume that has many uses whereby everyone in the family (where applicable) can be helped; see the issues for what they are; gain the skills to stand up for what they want, and take back control over the decision-making processes whatever those decisions may be.

*"Just a Little Prick"* focuses on those four words which must have been spoken to countless thousands of people – not only children! – as they waited for that dreaded moment to happen. Then the oft used second group of words, "It won't hurt a bit," could be evaluated – fact or fiction?

*"If only we can eliminate the needles and make it a pleasant experience is the key to the overloaded vaccine schedules of the future"*, say some medical people. Whatever the delivery method, there is still going to be foreign substances entering the body. That should be a serious concern for thinking people who can already see through the assurances of drug companies, medical systems, and their practitioners, the advertising smokescreens as well as the confusion caused by many voices saying different things.

A long time ago, there was a "good guy" called Saul. He was convinced that he could do God a favour by hunting down and eliminating a group of people who were "in the Way"[2]. Armed with all the official paperwork, and the necessary authority, he set out on a journey to Damascus. Suddenly, the light hit him, which was the first step in the process that took him out of being a slave to a system.

The second step was – a voice!

"Saul! Saul!" it said, "It is hard for you to kick against the pricks." (Of a goad).

Not only did this guy receive a blinding revelation with his eyes eventually being opened to the Truth, but he joined the Different people in the Way, and began to make enemies by exposing them to the facts, which he no longer disputed.

Perhaps *"From One Prick to Another"* will serve another essential purpose. Is there a niggling conscience to deal with? Are there resolutions to make so as to take a stand on the issues raised in this book, which at the present time still remain only good intentions? Maybe the system and the powerful vested interests are too intimidating, so you do nothing!? Perhaps you are living an uncomfortable life being goaded by one prick after another?

If so, you should be able to find some of your answers within the pages of this book.

2 Acts of the Apostles, Chapter 9 (The Bible's New Testament)

# 1 The Great Divide

*Hi there! I'm Peter.*

*So began our first book,* ***"Just a Little Prick".*** *Hilary and I introduced ourselves and we shared something of our lifestyle with our readers. If you haven't read that book you can still do so.*

*However this book covers different ground as we will explain in the next few pages. In our welcome to you at the beginning of the book we have commented on the format and the different styles of contributions that we each make, and an understanding of this is important.*

*In this first chapter, I will ease you into a "story" which began several years ago.*

*In chapter 77 of* ***"Just a Little Prick",*** *I referred to the pleasure gained from writing* ***"The Great Divide"*** *– a book which ended up being nearly 300 pages. It is an allegorical-type story which provides the chuckles or chortles, but with a hidden meaning which is deadly serious. In* ***this*** *book, my contributing chapters will provide a 'book' within a book, complementing and supplementing what Hilary has written. Extracts from* ***"The Great Divide"*** *have been carefully selected according to their relevance for the book. Considerable editing has been necessary, and new segments have been added.*

*The chapters may appear to be fictional, but in fact they are far from fictional. Wherever and whoever you are, you should be able to put real names to the characters, as well as identifying places and circumstances from your own experiences.*

*Does* ***"The Great Divide"*** *really exist?*

*Yes, it most certainly does! And it will exist as long as this present world continues. It manifests itself in every area of life.*

*We are all unique individuals. We are not mass produced clones, but the world's systems and structures which become more and more sophisticated and complex*

*with every passing day, cannot function smoothly without conformity, compliance and controls. Take any of the many world systems – government, education, medicine, commerce, banking, science, religion and so on – and you will find* ***"The Great Divide",*** *which means that if you decide to exercise choices, especially when going against the flow you will almost certainly be categorized as a* ***"Different One".*** *The more entrenched mindsets have become, the more obvious will be the Divide. Trivial differences which will always exist because of our uniqueness, can make mountains out of molehills if we allow them to. There are other issues however, which require deep convictions to be expressed, acted upon and lived whatever the 'cost'. Then we know how* ***great*** *the Divide really is.*

* * * *

*In this version of the story there* ***is*** *a group of people called The Different Ones. However, I have already said that we are* ***all*** *unique individuals. Therefore we are all different – not only* ***groups*** *of people. In my story,* ***"The Great Divide"*** *this group has another name, but it was not really suitable for the changes that had to be made for this book, and a new name was chosen. To ensure this group has a really meaningful identity I have called them D'Different Ones!*

*The prefix "****de****" can be used to indicate*

* Removal.
* Reversal.
* Departure from.

*It can also accommodate a lazy tongue –* ***the*** *can become* ***de!***

*Many people would like to* ***remove*** *these Different Ones! They often represent a* ***reverse*** *position to the majority, or a* ***departure from*** *the commonly accepted view.*

*They are* ***de****finitely and* ***de****cidedly different.*

***They are D'Different Ones!!!***

# 2 A Foray into FOPTA

Warning: If you are content with the place the medical profession has in your lives, then shut this book now. This book is not for you.

* * * *

When we wrote ***Just a Little Prick (JALP)*** we had thought in terms of only one book, but not long after ***JALP*** was released, we were flooded with mail of all sorts. Mothers asking for more information on tetanus and polio. These topics didn't "fit" into ***JALP***, and will not fit into this book either, in any detailed sense.

Usually they were young mothers bewildered by a medical system they felt quite unprepared to work with. The birth experiences described greatly disturbed me because I had thought that stories like mine were relics of the past. Many mothers just wanted to off-load; others wanted to talk about all sorts of things which bothered them, but they didn't know why they felt that way.

Most mothers wanted to discuss how it came to be that we are somehow conditioned to believe that everything the medical profession does, or says, is correct. There are lots of myths out there; like one, which a mother brought up, about how paediatricians are taking all the credit for the reduction in cot deaths, because of the "back-to-sleep" campaign. There were stories of mothers absolutely intimidated by nurses. There were stories of mothers rescued from those nurses, by other nurses who dared to stand up for the mothers and their children.

A young surgeon from an Auckland hospital who asked for a book, told me that there are many doctors in the system who don't like the way parents are treated, but feel powerless to take on senior doctors.

Some nurses in the hospital system who have asked for the book, told us stories of how they are increasingly being hounded to have vaccines they don't wish to have. Some told me about a recent chickenpox outbreak in two Auckland hospitals. After being tested for chickenpox antibodies, some found out they had none. They refused the vaccine, and were asked to take two weeks off work.

All had had clinical chickenpox as children, diagnosed by doctors, and written in their records. Few, if any, of the nurses realized that blood tests do not measure "memory" immunity. They were all assumed by senior staff to be "susceptible" and I was surprised that it was I who had to explain to them that, in all probability, had they had the vaccine, it would have shown an immediate rise in antibodies which is proof of long-term immunity. It was disturbing to realize that the concept of anamnestic[1] response appeared to have slipped the memories of immunologists, and evaded inclusion in the teaching curriculum for nurses.

There is a quiet revolution going on in parts of medicine today. Some doctors and nurses are striving to make life easier for mothers and patients – sorry, consumers or clients! So often, though, the efforts of these staff are criticised, or not appreciated, by more autocratic, paternalistic staff members.

I met over cyberspace a unique individual: a doctor without practice rooms. He works from home, does house calls only, and often talks to his patients via instant messaging. He really cares about people. He does not care about the system, and the system's feelings for him are mutual. In a sense, it has declared war on him. He refers people to specific specialists and has a "blacklist" of doctors he will not work with, and a "whitelist" of doctors he will. The basis of these listings is the individual doctor's ethics. Alas, he doesn't live in this country. Sigh.

An astonishing discussion with a middle-aged drug rep who asked for our book left me reeling. He told me about some studies done on drug addicts many years ago, where placebo injections were used in half the cases, and researchers found that the "rush" that addicts get isn't just from the drug, but from the action of inserting a needle. They called it "needle fixation". I asked him what the point of his story was, and he smiled and said, "Watch the doctors next time they stick needles in you. Some doctors have needle fixation in reverse. For some, any needle is to help you, but to others, needles are also a symbol of their power and their control." I'd never considered that before. And yes, I can think of a couple of times when I got that feeling, but dismissed it as my imagination. But, was it?

A recent bright spot was provided by a friend of mine who had had a horrific first birth, and was heading that way with the second, when she took control, found a brilliant doctor and had an absolutely fantastic birth.[2] It can be done. But had she listened to the first doctor, she would have had an induction weeks early, and would never have known she was being serially conned. Now she does. My friend has grown immensely in self-confidence, and some healing has taken place. She is a new woman.

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1 Anamnestic response = where a person had an infection long ago, but may not have circulating antibodies. However, on contact with the pathogen again, the body's memory immunity quickly puts out antibodies which are usually well able to counter the antigen.

2 A book recommended by many midwives is "Gentle Birth, Gentle Mothering" by Dr Sarah J Buckley. http://www.sarahjbuckley.com/html/gentle-birth-gentle-mothering.htm

Here's something New Zealand women need to think about, because I think it's a pointer to why we are where we are today. This next quote is part of a letter written to us in 1982, from a doctor in the New Zealand Medical Association. It was written as a result of some questions we asked, after Ian's birth. The doctor wrote:

> *"In the second paragraph on the first page of your letter you observe that many procedures in obstetrics are controversial. This is in fact true of medicine as a whole. There are few, if any, areas where there is only one way. The variety of opinions, methods and the continuing debate on them is a healthy sign. Medicine is not a specific science and evolves in response to both demand and each country's ability to meet the cost of that demand. From time to time however, you will encounter doctors with definite views in one direction or another. You go on to suggest that some people want to take responsibility for their own health. This is a move which most doctors would support. Unfortunately, there is a considerable reluctance on the part of most New Zealanders to take responsibility for their own health and the point at which many people seek professional advice is much earlier than overseas."*

I have to ask the questions, "Have we got the medical system we deserve? Are you happy with what you see and get? Is what you have today, what you want for the future? If you aren't happy, what can you do about it?"

In response to the many stories and letters that we received, we decided that the aim of this book would be to look at vaccination in the context of where medicine has been, where it is now, where it is going and look at today's vaccine challenges in that context.

Attitudes to vaccinations aren't just formed by our opinions on the "vaccination issue" alone. How we make choices – and how we process information – are often the sum of a total experience. Sometimes an automatic "yes" to any vaccine is a capitulation, because we've been worn down so many times that it's just easier to not think and get it over and done with. A needle is quick, and the assumption is that vaccines are just one more thing we have to "submit" to.

*You do not have to "submit". You can make a choice. But you can't do that by reading the glossy pamphlet in the doctor's surgery or waiting room.*

# 3 Orlsrite and Mindset Mountains

*Ernest C. Kerr surveyed the scene before him. It was, to him, breathtaking. He often made his way to this quiet secluded place, off the beaten track but close enough to his home to include it in his daily walk.*

*Some words drifted into his mind.*

*"God's in His heaven and all's right with the world!"*

*Yes, God was in His heaven all right. No doubt about that. But all was not right with the world. Far from it.*

*In fact that was why Ernie needed somewhere to be alone, but at the same time to confront the issues which the view before him always aroused.*

*There appeared to be contradictions.*

*And questions – lots of them!*

*Top of the list – "Why?"*

*Why were so few people asking them?*

*Were they not concerned?*

*It seemed that the populace of the thriving town of Orlsrite were more than satisfied with their lot.*

*But Ernie wasn't. There were things that definitely were not right.*

*A wide paved road called Vista Boulevard had been built up the side of the foothills leading to the mountain range. A number of other well maintained roads branched off at intervals, all of them leading to parking areas and building complexes equipped with the latest facilities whereby patrons, friends, and visitors could enjoy the "controlled" views of the Peak of Perfection, but from different perspectives. To make all this possible, the Peak of Perfection had become a peak of great price! All sorts of programmes and activities were organized on a regular basis to keep members occupied and involved. All sorts of rules and regulations,*

*rituals, traditions and trends were necessary to ensure boundaries were well-defined and hopefully understood. Office holders and committees were elected or appointed according to each "club's" constitution. New buildings or new amenities were often deemed to be necessary so as to keep abreast of the times, such as the latest fashions, expectations, and the permissiveness of society. This enhanced the view of The Great Divide. The broad way represented many vested interests and these had to be protected at all costs.*

*Various ingeniously created digital images were incorporated into the design and décor of the buildings so as to be substitutes for reality. "Total surround" could be achieved with all the arm-chair comforts and conveniences, and you didn't even need to leave the building! Any move to allow private roads to access the smaller clubs, break-away groups and radical elements, met with all sorts of sectarian resistance, environmental opposition, and petty jealousies.*

*Anyone like Ernie wishing to exercise their unrestricted right to explore ways of their own choosing were regarded as potential desecrationists and a threat to the structures and systems already established on The Great Divide.*

*Ernie and others like him, found no attraction in the activities of the different clubs and associations along the main thoroughfare on the Range. They had begun to find ways that had the ring of truth to them*

*As a result of their seeking and questioning, they had found answers, freedom, and a new lifestyle.*

* * * *

*Ernie had been driving around the district (as he often did) keeping an eye open for opportunities to open other people's eyes to the grandeur of the discoveries that awaited those who were bold enough to venture beyond the "busy-for-the-sake-of-being-busy" syndrome, and the ease with which it is possible to get into the ruts of everyday living. He was returning from having a look at the developments taking place at the Cloning Sheep Breeders Association's headquarters, an administration and training facility situated on Vista Boulevard. Yes, in its own way it was a very well-landscaped and attractive area. Around him were the manifestations of prime real estate development. As he drove down the Boulevard appreciating the autumn colours of the trees lining the street, Ernie decided that he needed to stop to stretch his legs and maybe do a bit of shopping and have a friendly chat with others who felt so inclined.*

*This was how Ernie met Mai Aye Zopend. He was sitting on a seat in the town square watching sunlight sparkle on the water spouting from the feature fountain at the centre. Nearby a few pigeons hovered expectantly awaiting dropped crumbs from people like Mai.*

*Ernie approached Mai with a cheerful greeting, and soon the two of them were engaged in friendly conversation. It did not take Ernie long to learn that Mai was from another country! The more they talked the more they were drawn to each other.*

*They had a lot in common.*

*Although from a distant country, Mai was familiar with The Great Divide. He too was convinced that it needed to be challenged and for this reason he had begun to ask questions. He too was seeking answers that seemed to be tantalizingly close. Like Ernie he had made discoveries that had transformed his whole lifestyle. But there was more to come. He was sure of it.*

*"One of my discoveries," said Mai, "is that there are a lot of things the authorities ruling over all principalities, do not want people to know. In fact, the more lies they can get us to believe the more secure and powerful they become. Unquestioned acceptance of The Great Divide as a "fact" of life increases compliance and control strategies. If there is no other side, then all they have to concentrate on is this side. After all 'we know best don't we,' is their message!" Mai lowered his voice and looked into Ernie's eyes with suppressed excitement. "Did you know Ernie, that The Great Divide is not its real name? The real name is Mindset Mountains! What do you make of that?"*

*Ernie stared at Mai. Was this the key they were looking for?*

*Mindset Mountains?*

*Ernie repeated the name several times, slowly to himself.*

*Suddenly he jumped to his feet. "I've got it!" he shouted. "Can't you see Mai? The culture of society is marketing misinformation and half truths, and… and traditions and customs, and …." Ernie paused for breath and also to marshal his thoughts which had been running ahead of his ability to express himself as well as he wanted to.*

*By this time Mai was on his feet too and took the opportunity to carry on from where Ernie had left off.*

*"And mindsets. The Great Divide is composed of mindsets. Mindset Mountains* ***is*** *its real name. I can see it all so clearly now. Indeed my eyes* ***have*** *been opened.*

*Break the mindsets and we'll be new and different people. There'll be no great divide to stop us from going further. We'll go* ***beyond*** *it."*

*"Come home with me and let's talk. There's so much to think about," urged Ernie.*

*Ernest C. Kerr almost ran to where he had parked his car. What a day this had turned out to be!*

*Mai Aye Zopend hurried to his car parked nearby so that he would be ready to follow Ernie. Here he was, a complete stranger in town, who had been behaving like any tourist. When he had sat down by the fountain in the town square, Mai had had no idea what he would do next, let alone where he would spend the night. Now he had found a wonderful friend, a man after his own heart and a future that promised to be more than exciting.*

# 4 Do Parents Have Rights?

E-mails regularly arrive telling us how medical professionals treat parents. We nod. The stories aren't new, as we've told a few ourselves. One woman told us about the treatment of her son, who had a sore throat, and what happened on this very rare occasion of seeing a doctor:

> *"The doctor tried to tell me he had diphtheria, and sent me to Starship, where we had to endure tests, and filthy looks from the nurses. I said to one nurse, 'What symptoms does he have that makes you think he has diphtheria?' They said, 'Well, he doesn't want to open his mouth.' Of course, the tests came back negative."*

The same woman told me of an incident with her daughter, who went into Starship to have a cyst removed:

> *"They asked if she was immunized. 'No', I said, and all of a sudden the atmosphere changed, and the nurse rushed out, returning 10 minutes later with a hospital official, who took me into the waiting room in front of all the other parents and berated me, and tried to offer immunization there and then."*

She also quoted a nurse as saying, "*I'll be glad when immunizations are compulsory, then we won't have to deal with people like you!*"

Narratives like this are becoming more common, telling of children being treated very aggressively by GPs, and being referred to hospital purely because the child wasn't vaccinated. The hospital continues with the most aggressive testing possible, almost as a punishment for both mother and child, yet every time finding the problem was something completely different to what had been assumed. Valuable time was wasted, because instead of looking at the child's symptoms, doctors got

angry about the parents' choices. One doctor told the mother, *"If your child was vaccinated, it would make it much easier for me to decide what the problem is!"* Why? Is it because it's assumed (erroneously) that the child's being vaccinated means you can disregard the symptoms of those diseases?

Parents from all over the country have told appalling stories, reminiscent of behaviour from the Middle Ages. Then an incident happened which made me realize how *openly* aggressive doctors are prepared to be now.

A *Sunday Star Times* regular columnist, "Dr Paul",[1] decided to pontificate on parents whom he had seen at A&E with an unvaccinated child. He didn't say what the problem was, but we know that under the *"never miss any opportunity"* policy, even if you are in for an allergic reaction to a bee sting, you will be pressed to have that tetanus shot you missed, or even one you didn't.

Presumably, the child didn't have an immunable disease, or I'm sure that "Dr Paul" would have factored that into his verbal jabbing:

> *"I have this terrible urge to say: 'If you went to the homeopath when your child was well, why are you bringing them to me now they are sick … go back to the homeopath.'"*

This was followed by a very broad, sweeping dismissal of alternative medicine, then the question:

> *"So what would lead someone to risk the life of their most precious asset, their children, with an unproven remedy?"*
> *"Part of the problem is that vaccination is a victim of its own success; most parents, most quacks, even most doctors haven't seen cases of many of the diseases we vaccinate against. I've never seen diphtheria, or polio. I've never seen typhoid (hell, I can barely even spell it) I've seen tetanus only once … and why? Because we vaccinate against them so they're as rare as hen's teeth."*

I found the sweeping assumptions mind boggling, but then how many doctors have any idea of the history of most of these diseases? He went on, preaching about duty to society, and finished with a statement exemplifying what so many parents have described as the new and emerging attitude of doctors:

> *"Perhaps, the medical profession should take a leaf out of George Bush's book 'either you're with us, or you're against us'. If you go to a quack and*

1 "Dr Know" 2007. "Dr Paul weighs up the 'alternatives' to vaccination and comes out jabbing." *Sunday Star Times*, July 1, p. C11.

> ***get vaccinated, then go to them when you get sick too. None of this half way stuff."***

By 'vaccinated' he was referring to homeopathic vaccinations, for which there is absolutely no basis in classical homeopathy.

'Dr Paul' has perhaps forgotten a small point. While many people would like the autonomy to do just this, if they took their child, with, say, dengue fever, to a "quack" and the child died, the parents would be charged with murder by virtue of failing to provide supposedly "proven" care[2] for their child. Not that the medical profession has many answers to dengue fever, but that's not the point.

There is already a mindset that doctors have enshrined in CYPS manuals, and it has become the conformed mindset which therefore spills over into law, that says: ***"Either you're with us, or we're against you. See you in court."*** Ask Liam Holloway's family.[3] Parents are well aware that the present autocratic medical strangleholds will put them in very unenviable positions if they experience conflict concerning treatment for medical dilemmas slightly more serious than a stubbed toe. On hearing of Liam's death from neuroblastoma, Christchurch oncologist, Rob Corbett, was reported as saying that his parents made an ***"amazingly illogical decision"*** to cease chemotherapy … ***"He has died because his parents chose something else."***

It's a brave oncologist, to make such a prediction, given that neuroblastomas are very hard to treat. Liam's parents refused more chemotherapy because it affected Liam very badly, and Liam didn't want any more. If they had continued, and their son had died anyway, what would Rob Corbett have said then? "Ah well, we did all we could have done." Because Liam's parents didn't want to do it "their way", the oncologists went to court to have Liam taken away from his parents, and consigned the Holloway family to living an on-the-run, fugitive lifestyle for 16 months of stressful constant house-hopping as they repeatedly evaded police.

That wouldn't have done Liam any good, even though, as a fugitive child, he lived far longer than the medical profession said he would without chemotherapy. The Holloways were not able to do what they wanted to, until the court order was lifted 16 months later. Knowing what we know about epigenetics, and the influence

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2 Or failing to provide the "necessities of life", which is the medico-legal term.

3 Johnston, K. and Mold, F. 2000. "Little Liam's battle ends." *New Zealand Herald.* October 28–29, p. A3. "*Doctors went to court to have him return to conventional treatment (Jan 1999)… the Family Court took legal guardianship of Liam and appointed a doctor to care for him … [doctors] believed Liam would die within three to six months without chemotherapy … The court also asked the then Children, Young Persons and Their Families Agency to begin a search for Liam … On May 6 (2000) the Family Court, frustrated by the fruitless search, discharged the custody order making Liam a ward of the state. Just 24 hours later, the family came out of hiding, put their house on the market in November and took [Liam] to the Tijuana clinic."* Liam died in Mexico, on 25 October 2000.

of stress on the immune system, you have to wonder just what the outcome could have been had they been left alone from the beginning.

"Dr Paul" is another of these characters[4] who uses newspaper columns to bash those who don't think the way he does. He went on to expound the advantages of infectious diseases wiping out the unvaccinated, leaving only those who vaccinate to live long and happy lives. Not that it dawned on him that he was spawned by virtue of the same unvaccinated breed. But he brought himself down to earth by saying that that would probably take a few thousand years! Perhaps somewhere in the deep recesses of his forgotten medical lectures he recalled, with a twinge of guilt, the longevity of some of the true pioneers of real public health in the nineteenth century, like John Simon (1816–1904), Edwin Chadwick (1800–1890), Francis Galton (1822–1911) and Florence Nightingale (1820–1910). All these notable medics regularly treated or nursed rampant infections in the sick and dying. 'Dr Paul' would presumably be much too scared to go anywhere near diseases, without his "vital" shots, in case the unspellable diseases popped him off before his next pay rise came from the negotiating table.

It could be asked why, amongst Dr Paul's frothing, historical reality escaped his thinking. But then, a radio interview in the early 1990s came to mind, when a paediatrician announced that if we stopped vaccinating we would lose the next generation. Touché. Birds of a feather train together.

Dr Paul's percolated attitude reminded me of a study conducted in 2003,[5] in which anti-immunization groups were discussed. The authors said: *"to support their claims requires highly selective filtering of the findings of scientific and epidemiological studies of vaccine safety and effectiveness … the efforts of these individuals can lead some people to make uninformed decisions about vaccination."* Much was made of articles published in magazines which declared themselves to be dedicated to UFOs, suppressed science, government cover-ups and other conspiratorial theories.

A list of suggestions was drawn up as to how to deal with such groups or individuals. One of these was: *"Respond to the emotions raised by the claims, then reframe the debate to centre on protecting children from diseases. Controversies about vaccine safety tend to draw attention from this ultimate goal."*

These are the people whose literature[6] states:

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4 His British counterpart, Ben Goldacre from the UK *Guardian*, writes under his own name, not a pseudonym.

5 Leask, J. et al. 2003. "Public opponents of vaccination: a case study." *Vaccine*, *21*(32): 4700–3; December 1. PMID: 14585678.

6 David, T.C. et al. 1996. "Parent comprehension of polio vaccine information pamphlets." *Pediatrics*, *97*(6 Pt 1): 804–10; June. PMID: 8657518.

> *"Pamphlet authors should determine the **k**ey points that the patient (or parents) need to **k**now to achieve the behavioural objectives. Nonessential concepts can then be deleted. The **k**ey is to write for the desired health behaviour, rather than for high-level **k**nowledge."*

Given that the medical profession has unlimited resources to promote itself, my part of this book will be discussing concepts within each disease or vaccine that are considered so non-essential that they would never reach your eyes if "Dr Paul" had his way. Examples given will illustrate how the medical profession thinks; how it selectively filters, shades and manipulates, or even omits "findings of science"; and what it thinks about anyone who doesn't think the way it does.

# 5 Seek… and find!

*To say that Ernie and Mai spent the next few days talking would be an understatement! Not only did they talk, but they walked. The trails leading into the higher regions that Ernie knew so well, and which had come to mean so much to him and his friends, were shared with Mai. They became sure of their ground.*

*They also tramped the streets of Orlsrite. Vista Boulevard intrigued Mai, and he saw things he'd never seen before. His discernment thrilled Ernie. Together they grappled with the ingrained mindsets which had slowly conditioned so many of the people of Orlsrite over many, many generations.*

*They began to investigate more deeply what could be described as the apparently "innocent" pursuits of the respected businesses in town. Questions which had never been considered important up until now began to clamour for answers.*

*Ernie and Mai set to work, and they soon "struck gold".*

*They discovered that a successful business called Justin Fogg Optics and Associates Ltd, engaged in a very aggressive advertising programme targeting a perceived problem of which many of the townspeople were unaware – impaired vision, short sightedness and the like.*

*This company had developed special contact lenses which were inexpensive, comfortable and would radically improve what the wearer was able to see in every aspect of their lifestyle. Guarantees, incentives, even latest fashion colours would you believe, were all part of the individualized packages available to turn people's lives around. These contact lenses were so superior that you didn't really need to remove them apart from quick and easy routines attended to in your bathroom each day. Wearers were strongly advised never to carry out these procedures in any other place!*

*Another interesting fact emerged. Most, if not all of the shareholders in Fogg*

Optics, were from the societies, associations and clubs which operated from Vista Boulevard!

Ernie and his friends were joined quite frequently by people who as a result of increased pressuring over their obligations as members of the clubs to which they subscribed, chose to terminate their connections. Consequently Mai and Ernie decided to have a chat with some of these acquaintances.

Were they contact lens' wearers?

Yes most of them were and had stuck to the instructions they had been given.

"Care to come for a bit of a hike up in the foothills?" asked Ernie.

And so it was that Fogg Optics and Associates Ltd, began to come unstuck. When the lenses were removed, light and clarity came flooding in. All the fogginess so subtly built into the "wonderful product" vanished and long sightedness (and everything else related to crystal clear vision) returned. The Great Divide and life in general took on a new appearance and perspective.

Another business now came under scrutiny – Four Grounds Enhancement Co. Ltd. And its "links" with Fogg Optics became apparent. Obviously they **were** associates! Amongst the products advertised by Four Grounds, were:

Seed especially coloured to attract birds.

Special nourishment for weeds.

Cement impregnated topdressings.

Good seed neutralizer.

Ernie and Mai could hardly believe it.

The District Council whose CEO, Mia de Tale, kept a tight reign on her staff, was next on the list for investigation. It was found that plans for development on the higher ground areas were severely restricted and that even further stringent regulations were being drafted, all under the guise of protecting the environment.

High rise buildings were encouraged on the lower areas.

Any suggestion that Mindset Mountains was the original name for The Great Divide was fiercely denied. There would be no consideration given to any name change as The Great Divide conjured up pictures of what had always been and therefore must always be.

The water supply was supposed to be of the highest quality, but it was admitted that chemicals were added. A question asked about the effect this had on people – especially their mental health, producing dullness, was categorically denied. Everything in Orlsrite was 100% all right.

Apart from local body government and similar agencies, national government was represented in Orlsrite by the Ministry of Conformity, Compliance and Control, which was the responsibility of a cabinet minister by the name of Dick Tait. Rumours had it that this government department was only a front for more sinister activities such as secret services and intelligence gathering. Once again, such rumours were denied.

An organization which worked hand-in-hand with Dick Tait's ministry was the responsibility of Commander (abbreviated to Com) Pugh Turr. It functioned under the title of Systems Integrating Suspicions (SIS). As Com Pugh Turr said, "We have devised methods whereby we can integrate all the suspicions you can collect or concoct relating to individuals or groups and feed them into our network system. Once in there we can manipulate them at will."

By now Ernie and Mai were in regular contact with an ever-growing group of like-minded friends –D'Different Ones. The collective discoveries of these people, and the transforming effect on mindsets that were recognized for what they were, and systematically and ruthlessly dealt with, did not go unnoticed by the majority of Orlsrite's population. Indeed it was as though the surface of the town's "lake" of complacency and indifference had had a large stone thrown into it, and the ripples were spreading out to regions beyond, threatening to rock and even overturn the "mindset boats" in ways that had never happened before (or at least not in living memory).

Yes, you guessed it!

The finger soon pointed at D' Different Ones. They were to blame! Justin Fogg and Associates Ltd, the Four Grounds Enhancement Co. Ltd, and the Society for the Protection of Vested Interests raised loud voices of self righteous indignation. The District Council received numerous vague complaints and the Ministry of Conformity, Compliance and Control was placed on Red Alert!

Of course the battle for retaining, maintaining and extending the protection afforded by Fogg Opticals was crucial. The whole town depended on the clarity of judgement so necessary to counter the threat posed to the community by this group of irresponsible stirrers. In fact free contact lenses were offered to anyone who didn't wear them or had misplaced them!

* * * *

The following appeared in the "ORLSRITE OBSERVER" tucked away in one of its social columns:

***"The marriage of Mr Ernest C. Kerr and Miss Anne Eagle took place recently in an outdoor ceremony held at the Meeting of the Waters scenic reserve. The happy couple spent their honeymoon on a farm near Trails Junction. It is understood that they will be establishing their new home together in Whittle Downs on the outskirts of Fall City."***

# 6 The Chink in Your Armour

I'm sure all new parents notice that the minute a mother-to-be is pregnant, parents start taking an interest in issues to which they never gave prior thought. They get books out, but … usually the latest book. Pregnancy becomes a time in mothers' lives when they are thirsty for information. In New Zealand we have a very good maternity system, which many other countries are trying to copy. Here, women can choose their Lead Maternity Carer (LMC) and also where they want to give birth (relative to any risk factors), and funding is provided. Pregnancy and birth is a partnership model where the LMC and parents work together to achieve the best outcome for mothers and babies.

As soon as a mother is pregnant she needs to decide whom she wants as an LMC: an Independent Midwife who works outside the medical system; a General Practitioner; an Obstetrician, or the local hospital, who can provide a list of LMCs working in that area. It's important to make that decision early in a pregnancy because many LMCs become fully booked early on, and leaving the choice until later in the pregnancy increases the possibility that the only care available is the hospital system. The hospital system works along the lines of a team of people who practise under a medical model, and the mother may find herself seeing a different person at every visit, and have no idea which staff member will be there during labour and delivery. Parents need to go and meet the LMC to assess whether the philosophy of the LMC is going to suit them. It's a good idea for parents to surround themselves with people who have had positive birth experiences and not be dragged down by the many negative birthing stories which float around in the community. A large part of a woman's preparation comes down to being empowered into knowing that her aims are achievable, that her LMC supports her, and that her family and friends have the same aims as she does.

If a mother finds that she isn't getting the support she needs, then she can change providers but it becomes more difficult to find someone with the time available. If a mother chooses an obstetrician, she needs to be aware that obstetricians are

trained under a medical model which tends to view childbirth as normal only in hindsight, because a large part of their work is sorting out high-risk situations. Therefore their focus is on the "what if's" of something going wrong, rather than on standing back and allowing birth to proceed without "chemical improvement" or interference.

Let me say by way of a caveat, that there is a world of a difference between a "high-risk" pregnancy and a "low-risk" pregnancy. Even general practitioners focus on pathology, and you will be told straight away that the doctor can't tell at the start of a first pregnancy what the "risk" is going to be. So it should be a watch-and-wait situation. The trick is to get a balance between the fact that giving birth is a "normal" process, and getting paranoid about what might go wrong.

If you have a sensitive LMC who believes that your self-confidence is important in the process, then things might be quite laid-back. However, if – like mine – your doctor during your first pregnancy has been trained under the medical model of actively managing your labour at what they consider to be the right pace, each new appointment teaches you that pregnancy is a potential disaster waiting to happen at every step along the way, even to the lowest-risk mother. Some of your confidence starts to seep away. If you're over 28, amniocentesis[1] is suggested, because your eggs are getting a bit old, and you might have a baby with genetic defects. Fortunately I was 26.

A friend of mine who had an amniocentesis was told that there were interesting chromosomal … um … differences, but that … well … the ones they found on her baby … they … didn't know what they meant. She worried about that all through her pregnancy. Even though the baby was born looking normal, she was still a bit uptight about it, because the seed had been sown that there might be some unknown sword of Damocles hanging over her child that might stab them all, at some time in the future.

Once the fear has been implanted, to make you compliant, you are under pressure to submit to aggressive testing and management when pregnant for gene defects; potential diabetes; to have ultrasounds done every so often to make sure the baby is "just one" (as if you couldn't possibly know there are two in there?), and growing "just right", and the doctor has to know "just when" this baby will be born. You can't "just allow" these things to happen in their own time. A certain amount of tension creeps in about everything, even how much weight you put on. The doctor nearly flipped when my blood pressure dropped significantly in the middle three months. He needn't have worried. It did the same in both pregnancies, so that's just me.

The Glucose Tolerance Test was awful. Given that I didn't eat much refined flour and sugar I wasn't convinced about its necessity, but first-time-mother

1 Amniocentesis – now "nuchal fold" testing is done first.

syndrome was operative, and I was coerced into it. The nurse cheerily presented me with a 16-ounce glass of orange slime, which tasted vile. I gagged, and my body recoiled, and she politely handed me a bucket saying that I could throw it up if I wanted, but I'd then have to drink another. My head spun for days, and I got a really bad cold from having experienced an assault on my immune system. However, the test did do one good thing for me. It made me start to look long and hard at intrusive monitoring. "Just in case" or, "I like to know," isn't a good enough reason.

I found the courage to tell the doctor where to put their "routine" ultrasounds, which they really wanted to push because in the middle three months, I was looking like a walking VW "beetle". I had no "need" to know more than what I could easily tell them myself.

The blood tests for anaemia I didn't mind. They, at least, made sense.

Then there was birth itself. If you choose to have a hospital birth, you are booked in with a lead maternity ***provider*** or, as it's put in the USA, "health provider". You are assigned a ***team***, and as you move from one part of the system to another, your care is ***handed over*** or ***transferred*** from one person to the other. Under this system, no one gets to know your situation in depth and the care that you receive undoubtedly reflects this. However, women cared for through a system which provides continuity, are less likely to experience complications.

Then comes labour and birth, and what happens here is the lynch-pin to everything that happens afterwards. Mothers who give birth naturally are usually very confident mothers. Mothers with dreams shattered, depending on what happened, lose their confidence, and their world falls apart.

If you are like me, you look at your medical file and read, "Normal birth" and wonder, "If that was normal, what is an un-normal delivery?" I didn't find out what normal was really like until our second was born as a home birth. I didn't know that the medical system terms as a "normal" birth, any birth occurring vaginally without instrumental assistance!

After delivery, your baby, who – you are told – could very well die from a "naturally deficient" coagulation disorder, will be Vitamin K'd and possibly vaccinated. In some countries, the ***health provider*** follows this up with eye-goop and a whole raft of other ***just in case*** provisions to ensure ***health***. Fortunately in New Zealand routine eye drops are not provided, but vitamin K is still recommended. It is the parents' responsibility to research anything which is routine practice, before they are likely to have it imposed on them. If parents have chosen a competent LMC, then they will be provided with plenty of information to help them think through the issues.

Then, your baby's ***care*** will be ***transferred*** to your doctor. Somehow, that can further undermine a mother, who again feels "on trial". The "care" is all very

well intentioned of course, but can also create an unspoken message which says, "Without all of us, you would be hopeless and helpless."

Something else also happens. When the baby is born, we look into that baby's eyes, and we bond and suddenly we can feel afraid. Unsure. If our dreams and expectations were undermined, and if, as a result of a less-than-desirable labour and delivery, we've lost confidence in our ability to give birth, we just know that parenting is going to be even harder. We want to do it all right, and give our babies the best chance possible. And since we couldn't give birth without the experts' know-how, then it follows that it would be best if the experts tell us how to bring up our babies too.

Even worse, if – "just in case" – your baby has been taken to the Neonatal Intensive Care Unit (NICU), you have pretty much lost control, right there. Consultation at that point is often solely to get you to sign a bit of paper. NICU is their territory, not yours.

Once we get home, if we have parents, maybe they know quite a bit; maybe they don't. Maybe they had a rotten labour and delivery, too. Maybe they did everything the doctor said, or maybe they didn't. Perhaps if they do give advice, we are unsure of it, and tell it to the doctor, who instantly scoffs that the advice is "out-dated". Which might be true, but does that make it wrong? Or might the doctor's comments just be divide-and-rule tactics? I often hear, in discussions between mothers … "Oh, I don't know. I'd better ask the Plunket nurse/doctor." You could say that some people in this country don't ask for help when they need it, but by far the largest number of mothers don't trust themselves, and constantly consult those said to be "experts" on just about everything. Trouble is, these experts are constantly changing their minds.

The trials awaiting new mothers in the post-pregnancy period boil down to three things at first: feeding, sleeping and pooping. On the surface, the words look simple, don't they? But it turns out they are not.

# 7 Fall City

WHAT LIES AHEAD!
**FALL CITY**
WELCOMES YOU

*These signs, and others like them, greeted every visitor to this metropolis, no matter which motorway, expressway or highway was chosen as the entry point. Visitors were left in no doubt that they were entering a new world – a world of rush and bustle; a world where achieving personal agendas was more important than people's welfare and deeper needs; a world of falsity. Orlsrite was stressful enough, but here was something quite different. You could feel it in the air.*

*Fall City was about an hour's drive from Orlsrite. All towns and cities have certain things in common but it is also true that there will be certain features that will give these centres of population their own unique characteristics.*

*So what was Fall City like?*

*A city composed of large numbers of people living close together will reflect the hearts and minds of these people – their lifestyles and their interactions according to the priorities and personal agendas of each individual. If powerful vested interests can gain control of what people can or cannot do, there will be those who will accept the direction in which they are being steered and there will be those who will resist. The majority however, will probably be so indifferent that they will do little more than complain and whinge and keep the radio talk-back hosts busy.*

Like it or not, Fall City's inhabitants had been brought up with a tradition of falsehoods and lies. Not the blatant bare-faced variety, but the subtle, "respectable" sort that could always be justified on the basis that in the long run it would be in everyone's best interests.

Fogg Optics and Associates, so successful in Orlsrite, had not had good contact lens sales in Fall City but they were confident that sales would improve.

Dick Tait, the Government Minister for Conformity, Compliance and Control, had offices throughout the whole country of course, but he was not the local M.P. as he was in Orlsrite. Instead, the M.P. for Fall City was another Government Minister – the Minister for Health. Her name was Polly Tishan.

There were two other agencies with headquarters in Fall City and this was very significant. The first was headed by Hugh Mann of I.S.M. – International Systems Manipulators. The second was in charge of Sir Pent-Athol Blackadder of H.I.S.S. – Homeland Information Screening Services.

Com. Pugh Turr of S.I.S. (Systems Integrating Suspicions) had a branch office in the city. This office was under the oversight of Wylie Fox.

Not only was Fall City the main centre of the whole region but it was of international significance. Two examples will have to suffice.

Q-4 Health Pharmaceuticals was a rapidly expanding company claiming to be a world leader in the research, development, and supply of vaccines and drugs to global medical systems. Fall City was an ideal place for its operations.

Another prominent edifice in Fall City was owned by the Angel of Light Publishing Company. Very few people knew it, but buried somewhere in the bowels of this building was the international H.Q. of "The Boss", the master of disguise, counterfeit and manipulation of truth. "The Boss" had many faces, and like his name, recognition depended on where a person lived. Some of his more common titles included Des Pott, Dick Tait, Ty Rant, the Enemy, Big Brother, and even a disarming Lucy Furr! In some countries Mustah Dooz Ayesay was more appropriate, or maybe just the Prince of this World.

All sorts of organizations and agencies, including SIS, HISS, and ISM, received advice, direction or orders from The Boss; and large vested interests especially, knew the importance of keeping on side with such an influential "benefactor".

Could D'Different Ones survive in such a city?

As time went by and events unfolded, Ernest C. Kerr's and Mai Aye Zopend's experiences in Orlsrite, began to have repercussions throughout the whole region. In

*Fall City Dr Trusta Mee, Nurse Mene Hertz, Eccles Hunter, Zachariah Foursix, Norma Lee, Will and May Fynd were among those who without doubt were known to the SIS, HISS and ISM.*

# 8 Creative Management in Obstetric Land

When I wrote about my birth experiences in ***Just a Little Prick,*** I thought that obstetrics had come out of "the dark ages", and that situations like that didn't happen any more. Since that time, letters and stories have poured in which show that obstetrics in this country, and elsewhere in the world, continues to have its share of those for whom taking advantage of women at a very vulnerable stage of motherhood is an art form. I started talking to my friends about this, to see whether this was a common experience, and was shocked to find that it was.

In checking the medical literature, I found that doctors in this country are complaining in the New Zealand Medical Journal that they[1] don't get to see natural births any more because mothers in hospital don't want them there. They wonder why. A midwife[2] replied, pointing out that in order to achieve a natural birth, women are not encouraged to go to big hospitals. Some of the discussions with my friends have made this chapter important, because many of them are seeing that becoming "compliant" is a process, and that that process doesn't just affect your pregnancy and your birth. It affects how you see yourself as a mother, and how you make other decisions relating to family health. It's a tragedy that so many women are being deeply wounded, and yet the medical profession doesn't appear to notice.

There are so many types of "creative" management situations that it isn't possible to cover them all. But these incidents are, in my opinion, quite unnecessary, albeit very instructive. How the women reacted to them; what they are going to do next time (the next chapter, which shows how one friend did it), are crucial in the thinking process. It's one thing to be grateful for a caesarean when you really want

1 Curry, M. 2007. "Would somebody please have a normal vaginal delivery?" *New Zealand Medical Journal,* 120(1256); June 15. http://www.nzma.org.nz/journal/120-1256/2595/

2 Wright, S. 2007. "Normal vaginal deliveries" *New Zealand Medical Journal,* 120(1259); August 10. http://www.nzma.org.nz/journal/120-1259/2673/

or need one, but it's another thing to have a caesarean or an induction foisted on you for social or convenience reasons. And being walked over during either is inexcusable.

The following are contributions from friends of mine. They are written in their words, expressing their concerns – and mine too. We are all concerned about why it is that young mothers are so often bullied by the medical profession into fear and total passivity during pregnancy. Many of these friends have been going through experiences which are very unsettling, and can't help but point you towards the sole source of all uncertainty and fear. Women are being deliberately undermined by a few in the medical profession, who appear to have a power and control complex.

We've started to become really concerned about why many doctors and nurses in the medical system don't understand the importance of natural births to the majority of mothers who want them and plan for them.

We were discussing the fact that so many mothers are now having nightmarish deliveries when another woman, who does labour support, piped up and said:

> *"It feels like a war sometimes. Really, it does. Sometimes I feel like I'm not doing enough, or anything at all. Sometimes, in those depths where the self-doubt lurks, I think I'm selling out because I sometimes do things just to get out of a situation. I go along with things. I help women feel OK about bad stuff, just to get them through to the next step. When I know that an intervention isn't necessarily needed, but the doctor won't budge, and is going to do it regardless, I try to find a way that she doesn't feel raped over it, and I feel like I'm just another person letting her down, even when she doesn't feel like that. I had an experience when the doctor was going to do an episiotomy even without consent, and I told her, 'we just have to get through this and get the baby out,' so how does that make me any better than that obstetrician?"*

We talked about the unequal power equation in hospitals, and how it made women feel impotent. But another lady made some very salient points. She said:

> *"We are taught from a young age and from the media both that doctors are great, long-suffering people who need to be revered and obeyed and that birth is a deadly, dangerous act fraught with peril. When we actually go into labour, very few of us are prepared for how powerfully spiritual it is, and how mentally altered we become. That shock, along with the pain, along with the conditioning, does not make for a woman who is prepared to stand up for herself.*
>
> *"Those of us who do stand up for ourselves – my second birth for*

*instance – are ridiculed and treated like pesky children to our faces. I was ignored – flat ignored – by the nurses who insisted on touching me in many places all at once. I was in a precipitous labour, and they freaked OUT. One nurse accused me of taking drugs. They made an easy, painless labour a torturous experience because THEY ignored both my words and the good, calm situation it actually was. When the OB arrived (finally – they did not call her when I asked them to) she shooed them away and saved me from their (yes) rape. It's what it felt like. My son suffered for it for months, with an emotionally distant, post-partum depressed mother. People who stand up for themselves in the hospital are ignored, labeled as difficult, and in some cases even accused of child endangerment. Doctors and nurses will start acting as if the Children and Young Person's agency should be called on mothers who are "noncompliant" because of course, refusing medical advice is the same as threatening the life of a helpless baby. They know better than ALL of us, don't you know?*

*"I am a homebirth advocate now BECAUSE that is one of the few ways to guarantee your safety."*

*Another mother piped up and said, "The entire birth culture, and child-rearing culture, in this country is so screwed up. It has to change. It must. I DON'T WANT THIS FOR MY DAUGHTER."*

In discussing why women are cowed into submission, my friend said:

*"There are studies that have shown women are more afraid of birth than ever. And the technology that supposedly is there to save lives actually makes birth seem so much more out of the mother's control. The medical staff 'deliver' the baby. Patient passivity is trained and conditioned into women. Women are told, all the time, to 'take an active role' in things by 'doing what the doc says.' Every visit they go to, women are told things like: 'Here's how baby is growing weeks 12–26. The doctor will tell you to do xyz. Be sure to follow the Dr's instructions.' These things are stated over and over again."*

Women are frequently treated as if they have no intelligence, and as if the only way they are going to be able to have a healthy baby is to let the doctor "manage" everything. When women start to question, and try to resist, … that's when insidious bullying, or emotional blackmailing starts, in words like, "You don't want your baby to die, do you?"

And here we have the nub of it. We occasionally see articles in the paper about how mothers and parents do, and should, trust their instincts, but only if they

think their children are seriously sick.[3] THEN they should "trust their instincts" and take them to the doctor/hospital so that they can be "treated".

What happens when a parent wants to trust their instincts, and have a natural birth but can't find anyone willing to keep their hands in their pockets unless it's absolutely necessary to take them out? What if a mother has done a lot of research, and has a deep conviction that she doesn't want her children vaccinated, but doesn't wish to discuss that with her doctor? Then, of course, her instincts are only fit for an admission form to a psychiatric institution.

Instinct is only medically supported when it fits a doctor's beliefs. That's great if you have a doctor who allows you the freedom to make your own choices, but not every doctor will tolerate that. Some mothers, like Emily, tell me that sometimes they are just worn down by the whole deal:

*My baby is two years old, so my experience is still raw for me.*

*When you are tired and scared, it is so easy to second-guess yourself and depend on the doctors' diagnoses.*

*I was trained to help women during their labours, to advocate for them. I had been to several births, and thought I knew what I wanted in regards to pain relief, labour positions, etc.*

*But, you know what? My dilemma only intensified during birth. It was the nine months preceding that actually stripped me of my power.*

*I thought I had a lovely obstetrician. She was so nice, and insisted she was willing to work with me to achieve a natural vaginal birth.*

*However, things started unravelling pretty quickly. She insisted on a Gestational Diabetes test at 9 weeks, which I tested positive for. Since I am obese, and my grandmother had diabetes (among TONS of other health issues), I was frightened into not questioning the diagnosis, even though I had passed a diabetes test the month before I got pregnant. I was so afraid that my baby would come out deformed, or die because I secretly had "real" diabetes. I was afraid that my child would die, and it would be my fault.*

*At 28 weeks, I tested Group B Strep positive. They wouldn't "allow me" to refuse that bacteria test.*

*Then, in the third trimester, the baby wouldn't turn. He just decided it would be more fun to sit on my pelvis. He was floating all pregnancy. Because of breech positioning, my doctor suggested a caesarean section. I was afraid that there was a reason why he wasn't turning, so I agreed to it. Again, I was afraid that my baby would die, and it would be MY fault.*

3 Tailor, L. 2006. "We fought a killer twice." *Woman's Day*, (last week of) June, pp. 34–35. "You're the mother. You know your child. If you're not happy with anything, go with your gut feeling. Don't take no for an answer." Adds Toni, "Because if you did, I probably wouldn't be here now. I would have just gone home and slept like the doctor told me to."

*By the time I agreed to schedule the caesarean section, I was convinced that my doctor was really looking out for me, and that she had my best interests in mind.*

*But when I naturally went into labour, I was totally stumped as to how I was supposed to deal with it. I had trusted my doctor and consented to a caesarian, and now I was in labour! I didn't know what to do. This wasn't part of my revised, and revised again, plan! I called the hospital way too early, but since I was supposed to have my caesarean that day, they "allowed" me to come in.*

*At the time I was admitted to the hospital, I felt I became their prisoner. I was given an intravenous drip and catheter … and shaved … (Yay) in prep for my caesarean. Then they did an ultrasound, where it was discovered that my baby was head down. The catheter was removed; the IV was not. That IV tethered me psychologically to the hospital. I felt I could not go home to labour naturally. I labored for 15 hours at the hospital.*

*I was told at 9 cm (and around transition) that my baby's cord was prolapsed, meaning his cord was coming out before his head. His heart rate had dropped to 60, and eventually came back up to 100, but never higher. I was lying on my side, but that made me throw up, so I sat up. I think this caused the drop.*

*Off to theatre I went. I was so afraid I would die. I was praying to God that I would live. I was thinking very little about my baby at that point. I was so convinced I was about to die, that that is what I was focusing on.*

*I was isolated after our son was born, and my friend came in and described him to me. This is the first memory I have that someone told me he was alive. I remember asking several times, but I don't remember the answer. Now, I know full well that general anaesthetic causes you to lose your short-term memory, so I will not say that I wasn't told. But I felt so alone and isolated, even though I had a nurse next to me. The nurse made my friend leave shortly after she arrived. I wished that she could have stayed with me. My husband was in the nursery with our son, so I was all alone.*

*While I was in my drug-induced sleep (after surgery) my husband stayed with our baby. Our son's blood sugar was slightly low, so the nurse told my husband she was going to give my son formula. My husband demanded that they take our son to me to get breast milk. That is the only reason my son didn't get formula in the hospital.*

*My husband came to my room to get some sleep (he had been awake for over 24 hours at this point). During that time, the nurses put my son on an IV instead of bringing him back to my room to nurse (without our*

*knowledge or consent). We would not see our son for hours after that.*

*Then came our son's "illness". He had a hard time breathing on his own, so he was kept in the NICU. I wasn't allowed to walk, so I went 36 hours without seeing him. I was able to nurse him an hour after he was born, because my husband made the nurse bring him in, but not after that. When I was able to make it to the NICU, I had issues nursing. I'm sure the issues I had were just new mother/first baby jitters: I didn't know how to latch my son properly, he would pop off and on quickly, and without sucking much. Our baby was hooked up to IV since I hadn't come in to nurse him (because they wouldn't allow me to get to the NICU!). His white blood cell count came back high, so he was put on antibiotics.*

*At the end of my son's second day (I can't remember the time lines now, but it was before he was 48 hours old) the doctor called us in and told us our son MUST be fed formula and that we were starving our baby to death. He really said that, in those words. I should have asked for a second opinion about the antibiotics, but in my mind I thought, "Well, I don't know any neonatologists, so I can't ask for a second opinion." Thankfully I had the presence of mind to tell him we would give formula the next day if my milk hadn't come in. In the meantime my friend donated milk for my baby. I did ask the doc about checking out "against medical advice", and it looked like he was about to call Children and Young Persons then and there. He said he would have to send us home with really strong antibiotics, etc.*

*I was just so tired. Of fighting. Of everything. I caved in to letting my son stay in the NICU for a week to run his course of antibiotics. My baby was cared for by a nurse who tried her best to control me, telling me I couldn't pick up my baby because he was sleeping, forbidding me from seeing him because it wasn't visiting hours (I was there at the doctor's request!), forcing me to agree to giving him a pacifier because he was "screaming and wasting so much energy, and he would make himself weaker."*

*My son was discharged at a week old. He thankfully had few ill effects from his week in NICU. He breastfeeds well, and was in our bed the day he got home.*

*I grew so much as a mother that week. I know now that the next pregnancy will be handled MUCH differently. I will not be seeing an OB again. I have come to realize that I will not be treated as an equal as long as I subscribe to that school of thought. I will question every test and diagnosis given to me if I choose to see a midwife. If I have to birth in a hospital, I will hire a woman to be my advocate during my birth. I will be writing an incredibly detailed birth procedures plan, not for the nurses or OB (because I know they will not read it, or if they do, they will laugh at*

*me, I have seen it done), but for my husband and my labour assistant to use to advocate for me. I will demand second opinions on every procedure they deem necessary.*

*I will stand up for my unborn child. I will not allow myself to be a victim again, and I will not let my child be taken from me.*

Another friend of mine, an American, said it wasn't only here that these things happened. She described a labour support she had done in USA (I'll leave her spelling as she wrote it):

*I worked with this couple for a few months prior to their birth. The mom started at one end of the spectrum regarding her choices in birth and through education and support, came to a solid decision to avoid as much intervention as possible. She was very passionate about the choices she made and her husband was solidly standing beside her. She actually changed practices after her original doctor told her that she'd have to have a cesarean (this mom was 4' 11" tall). She moved to a practice with five women and one man. When she moved through the rotation for her prenatal check-ups, she met Dr O (the man) one time. In that visit, he made a comment that he had a patient of his own who was similar in size to this woman and he was "making sure she had a cesarean." Who knew the foreshadowing this statement would be …*

*When she went into labor, I joined them in their home in the very early morning hours. I made a few suggestions to the mom and she willingly and graciously accepted my advice. We also went to see her chiropractor for an adjustment before heading to the hospital. We spent a couple of hours at the chiropractor's office when she decided her labor had kicked into high gear. It was late afternoon when we arrived. We knew the doctor on call (who happened to be Dr O, the very same doctor who made the snide comment during her check-up) was less than amicable to physiological birth. So, we delayed our arrival as late as possible. Upon first exam, she was found to be at 7 centimeters and the baby was at a –1 station. The nurse was very supportive and kept the doctor away as long as possible. Unfortunately, office hours were ending and he was immediately at the hospital. Soon after arriving, he started his verbal assault. "You're a small girl with a small pelvis, so we'll see how things progress …", on and on. The mother and her husband ignored his passive aggressiveness, for now. After that, he became increasingly confrontational. "If you don't listen to me, you'll leave me with no choice …" or "You want a live baby, don't you?" He never spoke to the woman, only the father, usually during a contraction where*

*he had his gloved fingers inside her, and wouldn't remove them when she begged him to. She even kicked him once. The father would acknowledge the doctor only to say, "Please wait until she is finished and can talk to you". Even then, he would carry on. The doctor was constantly verbalizing his doubt; constantly issuing "warnings".*

*Around 7 pm that night (only about 2 hours after Dr O had arrived), he came to examine her. She was at 8 centimeters and baby was at 0 station. At this point, she had consented to have him artificially rupture her membranes as a concession to get him to leave her alone. It was then that he manually dilated her from 8 centimeters to 10. The only reason we knew this was because when the nurse asked, he said "I took her to 10". Of course, the mom knew she had been assaulted, because she was in pain. He looked back at her and said "You're 10, it's time to push". She never had the urge to push but essentially he made her via his threats. "If you don't start pushing now, you're going to theatre", etc. She pushed for 2 hours. She moved the baby from a 0 to +1 station. She was making progress even if she wasn't feeling the urge to push.*

*By the end of the second hour, this mom had endured so much physical and emotional abuse, she could no longer even function. She was in shock. She consented to a cesarean, even though she had been unhindered and unmedicated until this point. When she consented to the cesarean, apparently Dr O also took the liberty of assuming it was alright to administer a narcotic (Nubain) to her which is known to depress baby's respiratory efforts if administered when birth is imminent. This was when I started to lose it. I argued with the nurse about the administration of the narcotic. After seeing her to theatre I came back to the room and had an anxiety attack. I couldn't breathe and felt like I couldn't come up for more air. I was spiraling down. How can I continue to do this?*

I've also received similar horror stories from England and Australia, so the problem is rife, everywhere in the Western world.

Some women find that the contempt with which they are treated in labour and delivery just alienates them. You have to wonder why anyone in the medical profession would consider this best practice. But plainly it is the norm, because look at the numbers of women who are so scared that they accept it all and go back for more, and pretty much do everything a doctor says without thinking! New Zealanders on the whole, don't argue back, or say much. But many simply don't go back, and try to find someone "humane" for the birth of their next child.

If the obstetrics' tutors in this country are concerned that obstetricians should participate in normal pregnancy care and vaginal delivery, then it's time to consider

where obstetricians should be trained. The "system" finds it nice and easy to train them between the hours of 9 and 5, in hospitals. "Logging off the required vaginals" is the factory term for it. Perhaps they should take up Sheryl Wright's suggestion and go and do home births, and be trained by midwives in what normal birth is all about. Being an obstetrician isn't about walking in, "delivering" a baby, and walking out. A mother is neither a number, nor an object on a factory conveyor belt. I believe that this is what obstetricians have lost sight of.

It's interesting when you think about "women's rights" and the whole "feminist" movement. What was that really all about? It sure wasn't about empowering women to really trust themselves in all aspects of life, and to have the confidence to take total responsibility for making choices for themselves and their families. For all that feminism likes to think it has achieved, the majority of women today appear to be more cowed, uncertain and fearful than ever. Most doctors appear to want it that way, to make their jobs easy; to wear us down, so that we don't just say, "Yes sir," but that we jump to their demands double-quick. So that by the time it comes to vaccinations, we will just … comply without question.

If we as women are to get what we want, we have to stand up for what we want, to trust our bodies, and try to find the best medical people who will also trust our bodies and will work with us to do the best for us, for our babies and our families.

We can get the births that are our "right". If we want a decent medical service we have to force a change in the system as it stands. If enough people not only vote with their feet, but tell the system why they voted with their feet, then eventually the weight of opinion must count for something.

# 9 Whittle Downs

*Whittle Downs is an important part of* ***"The Great Divide"*** *story, but in* ***this*** *book there is a limit to what can be included.*

*A number of large sub-divisions on the outskirts of Fall City were planned to provide for middle to low income families, many of whom would have young children. The developers desired to incorporate a desirable block of land reaching from the hills down into planned suburbia. However, the owner, Stan Firmly, refused to sell in spite of repeated pressure. This created great opportunities for Stan and his friends, and problems for the interests behind the creation of Whittle Downs! One of the planners' prime goals was to ensure that this new centre of population should be completely free of D'Different Ones, so that systems, red tape, intimidation, fees, penalties, and subtle propaganda could entrench mindsets and produce unquestioning compliance. The residents would be whittled down to size in no time at all!!*

*But something went radically wrong!*

*The shadowy, string-pulling, powerful vested-interests – the whittling downers – were themselves whittled down.*

* * * *

*Wyn and Aroha Wright from Orlsrite first met Stan Firmly in a Fall City car park when Wyn spotted a house truck not far away from their motor home. It had always been Wyn's dream to build a house truck. However, other priorities had kept it as a dream only, but the next best thing was to drool over someone else's! In Wyn's eyes these creations were so often works of art.*

*Finding the mobile home occupied, Wyn and Aroha had introduced themselves to Stan Firmly and for the next half hour they talked house trucks and motor homes.*

That means a lot to talk about! Having compared lifestyle "notes" for that amount of time, it was only natural to get down to more personal details.

Eventually Stan said, "Tell me, where are you planning to park up tonight?"

"Well to be quite honest," said Wyn, "we haven't got that far yet. I guess we'll look for somewhere suitable – probably further on from Fall City".

"I've got news for you two – if you're interested that is," said Stan. "I live in me house truck on me property not far from here. The road is metalled and it's a bit windy. I live in the hills so it's also a bit steepish. Great view though. Interested?"

"More than interested, thank you Stan. We'd love to take up your offer. Are you sure you've got room? We're not going to be in the way are we?" said Wyn.

"Man, you certainly won't be short of space, and as for being in the way, I have a feeling you'll be as much in the way as I am. In fact, I **want** you to come and stay up there. Seems to be quite a few things to sort out. And it'll give me time to tell me story – and show you a few things. O.K.?" Stan chuckled and winked.

"More than O.K. by us," came the enthusiastic reply.

★ ★ ★ ★

The late afternoon shadows were beginning to fall before the Wrights had followed Stan Firmly out of the city and into the hills.

Stan's property was a real eye-opener. There certainly was no shortage of space to choose from. After seeing his guests comfortably settled he excused himself, promising to tell his story, answer all their questions, and show them around the next day.

About nine o'clock, Stan appeared. He seemed to possess boundless energy – a man who was used to his own company but so willing and ready to share what he was and had, with others.

"G'day me friends. We have the whole day before us and what is here, including myself is at your disposal. My suggestion is that we all feel free to respond to each other in whatever way seems appropriate as the hours unfold. What say we start off over there and I'll tell you the story you've been itching to hear since yesterday?" Stan led the way to some comfortable chairs he had set out in a delightful spot where you could sit in the sun or the shade depending on individual choice.

"Well, here goes," said Stan, as he put a cloth over bottles of clear spring water and the glasses that he had put on a nearby table.

"This property was first purchased back in the days of the early pioneering

settlers. The Surveyors divided the land into quite large blocks, each block included the high country down to the rolling and flatter land. This provided steeper bush covered slopes, some scrubby areas and contours which were suitable for animal farming as well as grain crops, orchards, market gardens and even vineyards. When me parents took over the land, Fall City was showing signs of rapid growth. Some of the adjacent blocks were sold as developers began to realize the potential on the lower reaches. Me parents refused to sell. To begin with, I was not interested in the property. When I left home as a teenager I was attracted to what some people call a hippie lifestyle and bought me first house truck. Then me parents were killed in an accident and I was informed that I had inherited this block of land.

"So I came back to it – somewhat reluctantly I might add. I wasn't sure what I wanted to do, but I did decide that I would live in me house truck on the property. I rediscovered many of me boyhood haunts, and the tracks in the bush which led up into Crown land and the scenic reserves. These are the higher parts with spectacular views and me memories were stirred. I loved those places.

"I walked for miles along the trails, even forming new tracks. I realized I was changing. Old habits no longer satisfied me. Then one day I was up on the ridge tracks and something happened to me. It's hard to put into words. I caught a glimpse of this beautiful glistening, snow-white mountain peak and I felt this "presence" all around me and in me. I knew I was different, Then I got a visit from some big wigs who wanted to buy the low lying parts of the property to extend a new housing subdivision called Whittle Downs. They said I was the only property that they hadn't been able to buy. I told them that I would not be selling under any circumstances. They got quite nasty, they did. Told me I was in the way. They asked why I was being so obstructive and threatened all sorts of legal action. Anyway, I reckon it's time we gave our seats a rest, and stretched our legs. Let's go for a little stroll. I've got a few things to show you."

Stan pointed to the bush-covered hills forming the backdrop to the plateau-like area where he parked his house truck. "There are tracks all through there," he said. "The barn or implement shed, over there is really the only building I use now. The old house is tucked in behind those trees to the right of the shed. I look after it but prefer the truck to live in. Up in the bush there is the "power house" which I'll show you later. It'll keep you guessing in the meantime." As he chuckled he looked at them and winked – mannerisms which endeared him to not only Wyn and Aroha,

but to most people who got to know him. "Now just through those trees, and up this rise… How's that for a view?!"

Wyn and Aroha didn't answer. They just stood there taking it all in. The ground in front of them dropped away in gently rolling hills until it flattened out in the distance. To the left they could see Fall City sprawling out for miles, but it was the housing development that intrigued the Wrights the most. Stretching ahead of them was Stan's property – a strip of greens and browns with a little river winding its way between tree and shrub lined banks, to disappear somewhere in the distance. On either side of this strip were houses. A sea of mainly grey roofs, although every now and then different colours showed that some individuality still existed. Here was an oasis offering "life" and breathing space in a world of little boxes.

"I can see why the big wigs you talked about, think you're in the way," said Wyn. "Good on you for standing firm, Stan."

"Yeah, and I've met that Wylie Fox joker. He's a real weasel. He hangs around with a whole lot of other suspicious characters. I reckon Whittle Downs is becoming more and more of a battle ground. I was just thinking as you were talking about the old house over there. Do you know if Ernie and his bride have got a place to live in yet? Wouldn't it be beaut if they'd like to come up here? A bit of paint and a duster would work wonders. Hey, I must tell you something else you won't know about. When you were looking down at Whittle Down's this morning you must have seen the potential for this piece of land. I wanted to use it to help others, especially those down there all cooped up in their little sections. So I called in on the Fall City Regional Council, or whatever they call themselves, just to make sure they knew what was going on about me not selling. You never know what old Wylie Fox will do next. Well, I got to meet the bloke at the top. His name is Chuck Merritt. Actually I think his first name is Charles. He's quite a character. Seems a nice guy and we've had some good talks.

"I've given permission for walkways to go through the bush and we're working on public access to some of the land on the flat. You know, parks and whatnot. He told me why he's called Chuck. He has a habit of chuckling to himself when he's talking to people and I thought that might be the reason, but it's not! Man, it's funny. He's always dealing with forms and letters and other bits of paper, so what he does is he gets his waste paper basket and every now and then he screws up paper into balls and chucks them into the bin. Or tries to. Actually he's a pretty good shot. One of the office girls told me that when he has to approve permits and

so on, he chucks the application at the bin. If it goes in the application is approved; if he misses the applicant misses out. I don't believe it, but no, he's a decent bloke. We're getting on fine."

Wyn and Aroha were highly amused by Stan's addition to the list of names which, put together, were building up a very important picture. With the sun beginning to cast longer shadows however, there was one more piece of unfinished business.

"Stan," said Aroha. "The power house?"

"You bet. Sorry me friends for keeping you in suspense. Come with me and I'll show you. It's a bit of a walk through the bush. Five minutes maybe."

As they walked Stan explained how, in the past, the stream flowing through the property had been diverted to eliminate a series of natural waterfalls, and concentrate the flow through a pipe to drive a turbine and thus generate electricity. The water returns to the natural bed, and to accommodate the times when the rainfall increases the volume of water in the stream, the waterfall route acts as a spillway. "With only me on the property, I'm not generating electricity all the time though".

The path narrowed and turned to solid rock. The Wrights realized that they were now walking along the edge of a small, narrow ravine. They negotiated a kink in the track and were suddenly confronted by a sort of shed.

"There it is," said Stan proudly.

"You … you mean … that's a power house?!" exclaimed Aroha in genuine surprise.

"That's the powerhouse," was Stan's patient reply. "Now we have a little problem. There's only room for one person to go in there, so what I'll do is I'll go in, hold the door open and then you two will be able to lean against both sides of the door while I explain the works."

Stan explained everything as simply as he could, but Wyn and Aroha had to accept by faith that the running water they could hear, and the hum of the spinning turbine was producing electricity somewhere.

On the way back to their mobile homes Stan made some very profound comments.

"You know, I come here quite often. There's maintenance to do, and quite often I just spend time waiting quietly, listening and responding to what the water is doing. All of that can only be done when I close the door and shut meself in. My friends, the greatest Teacher who ever lived said that when we pray we should go

*into our little room, our closet, and shut the door and talk to our heavenly Dad in private. That is the powerhouse."*

★ ★ ★ ★

*The friendship between Stan Firmly and Chuck Merritt began to blossom. As CEO of Fall City Regional Council, Chuck was a high profile figure in the community. The development of Whittle Downs took up a lot of his time, usually within the offices of the Council. His field staff were often on the receiving end of complaints and criticism, all of which were usually off-loaded onto Chuck Merritt. On occasions Chuck liked to escape from the confines of his office where he could so easily be cornered by staff members. Because of Stan Firmly's desire to open up his property so that the public could benefit from access to it, there were many issues to resolve, especially legal matters. This provided Chuck with plenty of opportunity for on-site discussions. As their friendship grew and Chuck saw the potential for good, healthy activities on Heaven's Tableland, he often made visits outside normal work hours.*

*Slowly the "tongue" of Heaven's Tableland was transformed. After many years of minimal use and spasmodic maintenance, people in Whittle Downs began to show more than casual interest in the changes taking place on their own doorstep.*

*With the Regional Council's approval and with work done by people on Periodic Detention along with increasing numbers of volunteers, walkways were established along the banks of the stream. Where a natural pond, or small lake had formed in a depression in the ground, park like surroundings were created, including picnic areas and playgrounds. Thousands of trees and shrubs were donated and planted. The Council provided access at various points along the boundaries and it wasn't long before the public were beginning to appreciate these new facilities. A dream of a walkway to join up with the bush tracks was soon a reality too although it required additional upgrading to bring it to the standard desired by Stan Firmly and his friends.*

*Two D'Different ones, by the name of Ewen and Trudy Love were keen to try an experiment. The idea was not new historically, but in modern guise, would it work? They talked it over with Stan who was a convert straight away. Stan and Chuck mulled over the practical details and Chuck was also keen to give it a go once the administrative side was attended to.*

*Many of the new residents in Whittle Downs were young couples with young*

children. A mortgage secured their house, but often the grounds had not been fully landscaped and probably didn't provide very much space for a vegetable garden, let alone fruit trees. Add in each day's work plus any overtime, so essential to keep up with financial commitments, the maintenance of good, healthy, nutritional meals was often the first thing to suffer.

Heaven's Tableland could utilize spaces to help these people.

Suitable areas were set aside for gardens. These garden blocks were worked over carefully and thoroughly. Shrubs providing shelter from wind, but not growing too high, were planted. Advice and some plants and seeds would be made available to those requesting them. Applications for a garden plot would be handled by the Regional Council. With all the ground work done, what would be the response?

To begin with, in spite of considerable publicity, nothing happened. People seemed stunned. To get something like this for nothing was unheard of! What an opportunity for Wylie Fox and the SIS! Eventually a few residents overcame their initial suspicions and claimed a garden plot. The thrill of growing their own food generated such enthusiasm there was no doubt that the experiment would be a success. In fact, there was soon a waiting list. As time went by families experienced the satisfaction of being able to share any surpluses with others. Trudy and Ewen Love enjoyed their involvement in these projects and they always looked for more and more opportunities to spend time on Stan's property. Just think what could be done with fruit trees and herbs and … and … all the other inspirations that would come to them!

* * * *

A distinguishing feature of Whittle Downs was the Super Complex which overshadowed and dominated the shopping centre. The Complex incorporated a high tower block – an imposing feature piercing the sky above them. At night time, the tower came to life, with lights of various colours, following patterned sequences. A revolving flashing sign proclaimed "Open 24/7". Running messages chased themselves around all sides of the tower, and throughout the whole complex subliminal messaging and constant persuasive advertising patter sought an entry through the eyes and ears of all who frequented this centre of continuous activity.

The developers had planned for a community of people who were compliant and

*conformed, rendered helpless by minds at the mercy of every clamouring voice, with no D'Different Ones who could become spanners in the works!*

*This was not to be, much to the fury of the chief sponsor of the project,* ***"The Boss"*** *in Fall City.*

# 10 Regaining Control

To take back control from obstetric "creative management" requires an understanding of what happened and why, as well as strength, thought and backbone. Add in a big dose of street smarts, perhaps. These things may be made easier if the woman concerned can find support from any friends who uphold her aims and desires, and have the confidence to help her. Most of my friends have had subsequent babies and beautiful deliveries, well away from the hospital system. At least here, in New Zealand, it is still possible to do that, but for how long?

Some friends have bold stories to tell about subsequent hospital births as well.

Sometimes it becomes a make-or-break situation, and the making of a mother can be in the way she recognizes, deals with, and overcomes both her own fears and the medical profession's desire for control. This is a friend's breakthrough, and I'm both proud of her and privileged to be allowed to tell Laura's story here, because this young mother shows what we can do when we believe our instincts.

Laura had a normal first pregnancy, but the birth itself was horrendous. Her second pregnancy was very normal, but she rapidly became disenchanted with her obstetrician and realized by 36 weeks that she was heading for trouble. Then came crunch time, with an appointment which went like this:

*OB: "So, I'm going to be out of town around your due date. I have a few other patients that are due around then, too, so I'm just going to induce you guys before I go."*

*Laura (stunned look on face): "Uhh … I dunno about all that. I was a couple of weeks late with my last, and for some reason, I'm thinking this one might run a little over, too. So, let's just wait till you get back."*

*OB: "You were two weeks over? I always induce, at the longest, at one week post due date."*

*Laura (mouth still open!): "But there's absolutely no elevated risk for anything at all until two weeks post due date. None."*

*OB: "Yeah … I just don't like waiting that long. I just … I don't know. I just don't like it."*

*Laura (looking exceedingly puzzled): "But there's no elevated risk for anything at all that starts popping up until after day 15. This has been extensively studied. Induction before then isn't recommended for that reason."*

*OB: "Yeah … I just don't like it."*

*Laura: "I don't like the thought of starting labour on Pitocin for no reason at all."*

*OB: "Well …"*

*Laura: "Yeah …"*

*(uncomfortable silence)*

Laura went and did some serious research and discovered a lot of medical stuff arguing against a social induction, which was what the obstetrician wanted to do.

*Why is labour induced? Labour can be induced for many reasons. However, labour **should** only be induced for valid medical reasons because of the risks involved with induction of labour. Some of these reasons include: maternal illness (high blood pressure, diabetes, uterine infection, etc.) foetal illness, 42 completed weeks of gestation.*

*What is a social induction of labour? A social induction is also known as an induction for the convenience of either the doctor, the midwife or the family. It may be done to get the practitioner that you want, to aid in family scheduling, or to try to pick a certain birth date. This is highly discouraged due to the added risks of induction of labour.*

Laura decided that the obstetrician was not thinking straight, and she would just ignore her and not take any notice of such silly ideas.

But at the next appointment, the obstetrician did an internal examination and leaped enthusiastically into action.

*OB: "Yes, you're in labour! Go to the hospital! You're having a baby today!"*

*Laura: "But I'm not having any contractions, and I'm not oozing any fluids. I feel fine. I'm not in labour."*

*OB: "I don't let people walk around 5 cm dilated. Don't you want to have this baby before xxx? You don't want to be in labour on xxx day, do you?"*

Laura was really upset and rang her mother, who told her that she had walked around for two weeks, 6 cm dilated when she was pregnant with Laura's little

brother, after which the obstetrician had induced the baby, using the excuse that "they were afraid the cord would fall out." Shortly after that, her mother rang back with a blinding revelation of the obvious. Laura's brother's due date had been on the same public holiday as Laura's due date. Her brother was born the day before.

It was quickly dawning on Laura that her mother's induction had been a "social induction" and because she wasn't willing to allow an unnecessary induction, her obstetrician was "creatively" fabricating reasons to try to create fear, and convince my friend to unwillingly comply with the obstetrician's plan A.

She called the obstetrician's bluff, refused to go to hospital, and went home.

Out of interest, she rang a midwife, paid a consultation fee, and found that she was 3 cm dilated and 30% effaced; that the baby hadn't even dropped, that there was not a sign of a contraction, and labour was nowhere near pending.

On the next Monday when Laura was to see her obstetrician again, she cancelled and rescheduled for the Friday. She said, *"I've been crying all day. I've got a bad case of the 'animal trapped in a corner' feeling. I'm kind of panicking now."*

The appointment was extra tense with the obstetrician saying that she was 7 cm dilated, still in labour, was to go to the hospital for a stress test, a biophysical profile, to see if anything was even a tiny bit off, and if Laura left there without *"having your labour augmented"*, it would be against medical advice.

She was told that being 7 cm dilated was a sure risk for uterine infection. As if there's any difference between 1, 5 or 7 centimeters dilated in terms of infection!

She went home, explained to the hospital that she was having car problems and would make it when she could.

Three days later Laura rang an obstetrician she called "Dr SuperCool", whom she had tried to see before, but his books had been full. She spilled the whole story to his nurse, and she made an appointment for that day:

> *"I went in there this afternoon just expecting it to be more of a consultation, but the nurses knew who I was and did the whole pee in a cup / blood pressure / etc. stuff … like a patient. So I was thinking, 'Maybe he is planning on taking me …' And then the doc came in and said, 'So you've had a wild couple of weeks, huh?', and I was like, 'So you've heard the story?' and he said, 'Yeah …'. And then he wanted to listen to the baby's heart, and I was thinking, 'man … this really seems like he's planning on accepting me as a patient …' He said I was 6 cm dilated but not in labour at all, and what the other OB was doing was 'highly inappropriate'. He said to call him when I went into labour and he'd ring and let the hospital know to assign me a nurse who enjoyed patients like me who were going for as little intervention as possible.*

*"I felt like I had just got pardoned from death row. Seriously. I was so amazingly relieved. I think the switch from cortisol to endorphines was getting to the baby too … she became more active that night than I'd ever felt her before … I feel just … lightheaded and delirious with relief.*

*"Dr SuperCool said, 'Make sure you bring your birth plan so I can try to make it all happen.'"*

Two days later Laura toured the hospital and inspected the spa pool tubs with glee, and said that she now felt mentally in place to labour, so we all just chatted ideas, giggled, told stories, and talked about ways to make it happen smoothly.

That night she went into labour.

*"… I got checked into the hospital around 11:00 pm still wondering if I was in labour. They wanted to monitor me for the first hour, and it was towards the end of that hour that I realized it was the real thing. I was stuck on the bed and turned on my side to try to find a comfortable way to lie, and Jason started trying to find my pressure points. At first I thought it wasn't working, but then he hit the right spot at the right pressure, and it worked, and I relaxed in relief.*

*"Then I was released from monitoring, and went to try out the shower, but I first decided to labour on the toilet for a while, and ended up kind of stuck there. That's where Jason and I figured out our meditative groove that got me through most of the rest of the labour. I tried the shower next, but the water hit as soon as a contraction hit, and the water felt like sulphuric acid on my back and I jumped right out. The birth ball was equally offensive. I spent most of the time just wandering around the room, standing, rocking my hips during contractions while doing a monk-like low pitched 'Oooo' tone, and counting to ten in my head slowly at the same time.*

*"My most vivid memory is when the contractions started piling on top of each other, and I started to panic, and Jason gently grabbed my shoulder and the back of my head, and we touched foreheads, and he told me to take a deep breath, and he started making the 'oooo' sound, and I followed … and the sound of our voices together was very much like a deep blue colour, and there was a vibration from our foreheads touching, that was neat … and the moment can only properly be described as sacred, really … and then that contraction was over and I'd made it through one more, and I was struck with awe, deeply in love with my husband. Right there in the middle of transition.*

*"At 1 am I had to get back on the bed for monitoring, and I flipped out. I did not want to get back there and have monitors strapped to me, and as*

*I got on the bed, the flashbacks of James's birth started, and I completely fell apart and just screamed through the next 20 or 30 minutes.*

*"Then the doc walked in not too long after that, saw me screaming, and proclaimed, 'NOW you're in labour!' and laughed. He was trying to lighten the mood, and it sort of worked. I attempted to demand a general anaesthetic and C-section, as he was getting some supplies, but he just said, 'I've heard that before!' and laughed again. Then he came over to me and said he was going to break my amniotic sac, and the baby was going to slide right out.*

*"A few minutes later the lighting was different and he had that hook thing, and I had second thoughts and asked him, 'Are you sure this is a good idea?' and he said, 'Oh, definitely. She'll slide right out after this.'*

*"I felt the gush of fluid, and then the doc went, 'Oh.' and the nurse said, 'I'll call NICU' … which totally freaked me out. I asked if there was meconium, and the doc said there was just a little, but it wasn't a big deal, and everything was probably fine.*

*"I lay back, and when the next contraction hit, it didn't hurt as bad, and I felt a different kind of pressure … not an overwhelming urge to push, but something I could work with. The doc said she was already in the birth canal and didn't have very far to go.*

*"I took a deep breath and pushed till I felt my face turning funny colours. Then I rested for a second, and the doc was just standing back, watching, with his arms folded. He looked at me and shrugged. I pushed a few more times, and he said he could see her head. I pushed again, and he said the next push would probably be it. His tone was very casual and relaxed, like he was telling me that it was supposed to rain this afternoon. It was soothing. He had to suction her mouth and nose after her head was out, so I had to fight the urge to keep pushing while that happened.*

*"And then Chloe was born at 1:50 am."*

Not only was a baby girl born, but Laura was reborn as herself, with so many of the fears and the terror brought about by the first birth, removed – gone. Laura talks, walks and feels a new person.

# 11 The Light Does It

*Eccles Hunter came to Fall City as an assistant to Wylie Fox at SIS (Systems Integrating Suspicions). His specific role was to track D'Different Ones whose changes of mind always aroused suspicions, and to gather information about the impact their new ways of thinking was having on themselves and others in the community. He carried out systematic surveys throughout the region with the sole purpose of making life as uncomfortable as possible for these menaces of society. But in doing so he himself became more and more uncomfortable.*

*There was a strange light*[1] *shining from Stan Firmly's property overlooking Whittle Downs that he couldn't resist, and one night he drove over to the park opposite the Super Complex. There he wandered along the paths and finally sat down on a seat where he could bathe in that calming light.*

*Sometime later Ernie and Ann Kerr, who were living in the old homestead on the property, found him sitting hunched up on a park bench, the picture of dejection. That was the beginning of the events that led to him becoming a Different One. Cutting his connections with SIS did not please a number of those with whom he had worked, especially* ***"The Boss"****!!*

*What was to be Eccles Hunter's new purpose in life? This is what he said to some of his friends:*

*"I know things about the goings on in Fall City, and now this Complex in Whittle Downs, that would make your hair curl. I will tell you more – much more – some other time. I've talked to so many D'Different Ones lately, and as a result I am totally sure about what I should do now." Eccles smiled broadly with a mischievous twinkle in his eyes. "Ladies and gentlemen, allow me to introduce Eccles Hunter of CHESM.*

1 This feature is an integral part of "The Great Divide" but details of its construction are omitted in this book due to lack of space.

I'm at your service."

"And what, my friend, does CHESM mean?" asked Stan Firmly, realizing that Eccles probably had his tongue in his cheek.

"It represents my latest credentials," replied Eccles with mock seriousness. "Just think, I can plaster it all over the van and have fancy business cards printed inviting people to chop off my head if they… O.K., O.K., – I'll tell you…" as the group began to respond to his light heartedness – "It stands for **Converted Hunter Exposing System's Methods.**

"Now you know. But seriously though, the strategies of The Boss are aimed at controlling people through systems, structures, organizations, associations and the chains of command that are needed to bring about the necessary compliance. Behind the scenes are the string pullers, the manipulators, the huge vested interests who have no hesitation in lying up to their back teeth, who have made deception an art and who do not hesitate to eliminate their opposition by whatever it takes.

"People who know what freedom is, who think for themselves, who ask questions and exercise choice after digging beneath the surface, are a threat to this control business. That's why I was being paid a large salary – to get rid of you all! The existence of people like you in Whittle Downs, is the last thing the planners wanted. And of course, Stan's refusal to play ball was anathema to them.

"Friends, we all get caught up in the world's systems and there are some we seem unable to escape.

"I can't speak for you, but I know that I have no option but to expose the systems that put people into moulds so that they become the properly conformed shape to fit the agendas others have for them.

"I hope I haven't trodden on anyone's corns tonight. Maybe some of you feel that I am still a fanatic. Perhaps I am, but from a different perspective. I have found freedom and I know the Truth now. You can't be a D'Different One if you're comfortable to lie in a rut.

"Dear Friends, my job will be to expose all the falsities of systems, and these I will share with as many as want to know. Humanly speaking I will probably find life a bit lonely apart from knowing many D'Different Ones. Let us guard what is so precious to us all. Maybe some of you will feel that you should join me."

One of those who did so was Dr Trusta Mee. She became his wife!

# 12 Fads and Fashions: Sleeping, Feeding and Pooping

In the days of cloth nappies needing safety pins to hold them together, I first struggled with basic things, like "folding" nappies, for which there were many ways, and many theories – depending on whom you talked to. But the one constant was nappy pins, like safety pins with a safety cover. The intricacies of getting the pins through, at the right angles without puncturing my thumbs with resultant bleeding was tricky. For quite some time, the nappies looked terrible, and if this helpless newborn had stood up, the nappy would have hit the ground in one second flat. It took about a week of practice to get the nappy on securely, but in that week, yellow breast-fed poop went places you wouldn't believe possible! Fortunately, no one was there to witness the results. Ian sure didn't care one way or the other, and if he did, he couldn't say.

It also took a while to figure that there is a very definite, delicate knack to running a safety pin through your hair without impaling the skull, so that hair grease helped the metal glide, and not get stuck in the cloth nappy.

Then there was the science of the "best" and safest "over nappy" about which there were many opinions, and probably still are.

My nappy application inadequacies were nothing in the face of the other doubts that the medical profession tried to instil into me.

One interesting issue concerned the "right way" to put a baby to sleep. In hospital, the neonatal nurses were puzzled when their version of the "hospital swaddling" resulted in stuck-pig screaming with much arm and leg pushing. Ian let people know he wasn't having a bar of it. So the muslin quickly became a bottom towel.

To begin with, we attempted to sleep both our babies in the new "regulation" position which was a side/back position. Doctors maintained that the main cause of sudden infant death syndrome (SIDS) was stomach sleeping which was what had been the advice until then.

Neither baby did well in this position, but we persevered. After all, who wanted a SIDS baby? The younger in particular, hated supine (back) sleeping, and like his brother, hated being wrapped. He often seemed to startle in his sleep and the act of throwing his arms out made things worse. At times, I'd just carry him in the sling, and let him sleep there.

The minute the babies figured out how to turn over, they each chose to sleep on their fronts (prone). I was "chastised", because I didn't "tie" them down with the sheets, to keep them on their backs.

While the older baby sometimes slept on his side, the younger in particular adopted a position usually seen when Moslems face Mecca. Any interference with this strange position was met with vocal dissent. So I tilted whatever he was sleeping in and attached the sheet like a baby sling round his backside to stop him slipping down and hitting the end. Even more unusually, I discovered – by accident – that he settled down to sleep best with a book perched on his back, whether he had any bedclothes on or not. How strange! But in this position, his "startle reflex" wasn't an issue, and he slept much better.

In discussing these things surreptitiously with other people, I found that they, too, had babies who didn't like sleeping on their backs on the regulation "firm" mattresses. Once their babies got rolling, they preferred to sleep on their fronts.

I also learned to keep my mouth shut about these strange doings, when possible, because admitting to the "sin" of preferring my babies to actually stay asleep, rather than putting them on their backs and have them grizzle, grouch and yell, led to prolonged lectures about bad parenting practices.

Ironically, one of the biggest grumbles I hear from mothers, even today, is that babies who sleep on their backs don't sleep well, and the head shape is flat at the backs of the head.

Much of what was said about sleeping position in the 1980s seemed a bit strange to me, but there was nothing to get my teeth into, so we boxed along, and somehow survived.

Then newspapers reported studies with "good news" – that the real reason behind SIDS was mothers who slept their babies on their fronts. Paediatricians were proudly taking the credit for reducing SIDS by using studies which proved that sleeping babies on their backs was the safe way.

Being a reader by nature, I started to try to figure out exactly what the history of the sleeping position was. Finding early books was like looking for hen's teeth, and studying historical pictures which always showed babies sleeping on their backs, told me nothing other than that it seemed to be common practice.

Talking to the older English people in the district, who loved to reminisce about the "old days", I found that very young babies were slept on husk mattresses. A

Swiss lady told me they used a type of husk mattress, or sometimes a loosely packed hay mattress, but put a thin down cover over the top.

One Russian woman told me that their husk mattresses were buckwheat husks, a bit like the husks used during the craze for buckwheat husk pillows a few years back.

American mothers used corn husks. In Scotland, they sometimes used dried bracken loosely packed.

Most didn't know exactly *what* sort of "husks" they were, but some said that their mothers used to go to the wheat mills and get bags of large flake bran, and those would be put into sewn cases. When I asked why, I was told that husk was cheap; regularly thrown out onto the compost heap when wet, easily replaced; and it was safe because babies couldn't turn over on moveable bran. Most importantly, husk was conformable and *comfortable*, and you squished a pocket for the back of the head, which explained why flat backs of the head or other skull deformities (plagiocephaly) didn't happen back then. A sleeping baby was comfortable and they stayed on their backs. They were only moved off these mattresses as they got bigger, and needed cots.

In the cultures where plagiocephaly (flat back of the head) is culturally common, the people used hard sleeping surfaces such as wooden sleeping boards, or hard cotton wad 'futons', though some Asian cultures use a head cushion shaped like a donut with a hole in the middle.

We have a very interesting photo sequence in the photo album of our older baby, when he was a few weeks old. He hated back sleeping, but I had finally got him to sleep by walking him, and gently put him on his back on a heap of three feather pillows covered with a brushed cotton sheet. He didn't mind! And he stayed asleep. Amazing. I couldn't believe it at the time. I took photos in stunned surprise. I also photographed him in a sequence, waking up, which is very funny and accompanied by much arm and leg stretching and yawning. Amazingly, he woke up happy, which was noteworthy in itself. Often, previously, he had woken up grumpy and dissatisfied with life in general.

Looking at those photos now with the knowledge of traditional sleeping practices, I can see that possibly the reason why he slept was that the back of his head was comfortable "in" the pillow, and maybe he also felt secure. His arms were supported from under the sides. He was breathing easily without his chin tucked in, or his airways twisted as it was when his head was on the side.

The mothers of old who used bran mattresses probably did all that without thinking. But I never figured it out at the time. All I was interested in finding out was how it was that mothers started to sleep their babies on their fronts in the first place.

My first clue came long after I needed to know. In 1995 the European Journal

of Pediatrics[1] published an abstract in which the researcher commented that the baby sleeping position of choice in the 1800s was back sleeping. She mentioned that not much was written about it, maybe because this aspect of care was "self-evident". An "eminent" physician in 1729 was quoted as saying back sleeping was best because it was like the keel of a ship on which the child may rest with safety and ease, and that side sleeping was potentially dangerous because the ribs were soft and tender.

The abstract gave an address, so I wrote to the researcher and asked whether there was a transcript of her presentation. She replied by sending me Chapter 3 of what later became her Master's thesis on the history of SIDS.

In it, she says, *"Back was certainly the most popular position. Front sleeping is an aberration of the twentieth century"*. Apparently, front sleeping started somewhere around the 1920s in America, but was resisted in the UK where tradition died harder, until the 1960s.

Although it is a theory, I can't help wondering if the reason for advising parents to sleep babies on their fronts stemmed from the development of commercially made mattresses for babies, rendering comfortable, conformable, bran- or corn-husk mattresses "out of fashion".

Did these harder mattresses cause heads to become flat at the back? If this was so, it might explain the views of Dr Abramson[2] in 1944, who believed that one of the reasons for adopting front sleeping was that babies found it more comfortable, it prevented flattening deformity of the skull or cranial asymmetry, "which allegedly results from continued rest in the recumbent position".

By the 1960s many articles had been published, all advising sleeping babies on the front for reasons of avoiding danger, deformity and disease, though one, published in 1961 in the *British Medical Journal,*[3] warned that front sleeping "led to faulty alignment of the feet".

As Chris Hiley said, *"Habit was 'traditional' and downgraded as science took over infant care"*.

By the 1970s, many articles including one by Spoelstra et al.[4] repeated various versions of "facts" showing that ***sleeping on the back was bad*** because there was a decreased opportunity for perception and experience; bacteria, viruses and moulds would attack the eyes, nose and mouth; there was no outlet for mucus from "inflammatory" nasal discharge; there was a danger of aspiration; there was a lack of supportive function for the arms and legs; it promoted dislocation of the

1 Hiley, C.M.H. 1995, "Abstracts of the International Congress on Sudden Infant Death Syndrome" *European Journal of Pediatrics,* 154(5, Supplement 1): S17, "Old Advice on Infants' Sleeping Position",
2 Abramson, H. 1944. "Accidental Mechanical Suffocation in Infants." *Journal of Pediatrics,* 25: 404–13.
3 Editorial, 1961. "Prone or supine?" *British Medical Journal,* p. 1304; May 6. (Most of May 1961 not listed on Pubmed.)
4 Spoelstra, A.J.G. et al. 1973. "Dynamic Pressure Volume relationship of the lung and position in healthy neonates." *Acta Paediatr Scand,* 62(2): 176–80; March. PMID: 4691459.

hip through bad positioning; the skin on the back was overtaxed; belching was inhibited, the chest was disfigured, and it caused skeletal/head deformation and muscle weakness.

Stomach sleeping was good, because of mental and physical stimulation, better winding,[5] a downflow of nasal discharge, improved breathing and blood dynamics due to gravity, better positioning of hip joints, increased tone of the abdominal muscles, and lower limbs, less strain on the skin, and no head deformities.

In 2007 we have come full circle to back sleeping (with the doctors taking credit for saving all our babies from SIDS because of our following their "new" advice to sleep our babies on the back). There appears to be no recognition at all that the medical profession's decision to take over parenting in the early twentieth century and telling parents to sleep their babies on the front, had anything to do with the ***increase*** in SIDS.

We've also come full circle with a huge increase in skull flattening (deformational plagiocephaly)[6] and other related problems since the "Back to Sleep" campaign.

In looking at the SIDS / sleeping issue, it comes back to one's perspective.

Back in the days when it was considered "too dangerous", yet everyone slept their babies on the front, the rate of SIDS was about three per thousand. Sleeping on the back is said to have reduced that to around one per thousand.

Ignored is the fact that 997 per thousand still lived, despite sleeping on their fronts.

In Russia, where front sleeping was never recommended and still isn't to this day, SIDS happens. All babies who die of SIDS are on their backs or sides, because habit/tradition still rules. Little research has been done on SIDS in what was the USSR, perhaps because relative to other problems they have had, SIDS is not a high priority. However, in Lithuania, where one of the first studies has come out, the highest risk factors[7] were: low level of education of the mother; baby sleeping in a bassinet; grossly over-clothed (therefore overheated) babies; unplanned pregnancy; family from lower socioeconomic group.

Co-sleeping (i.e. babies sleeping in the same bed as parents), something that is now being aggressively advised against in Western countries, wasn't a factor in the Lithuanian study. None of the babies who died were co-sleeping, whereas 13.8% of the control babies who didn't die, shared a bed with others in the family.

What is the common denominator here? In my opinion, it is "heat". An over-clothed baby, whether prone or supine, gets hot. Heat leads to a large increase of

5 Bringing up swallowed air after a feed.

6 Littlefield, T.R. et al. 2004. "On the current incidence of deformational plagiocephaly: an estimation based on prospective registration at a single centre." *Semin Pediatr Neurol,* 11(4): 310–4; December. PMID 15828714.

7 Bubnaitiene, V. et al. 2005. "Case-control study of sudden infant death syndrome in Lithuania, 1997 – 2000." *BMC Pediatrics,* 5: 41. PMID 16283946.

bacterial toxins[8] in a baby's body in the gut, and on the mucosal surfaces. Bacterial toxins also increase and are made more dangerous during any infection which starts with fevers. There is plenty of ignored medical articles which show that bacterial toxins are one of the consistent medical findings in SIDS[9,10,11].

As explained in *JALP,*[12] babies who are bottle fed automatically have much higher gut levels of bacteria which produce toxins implicated in SIDS, and also have a much higher normal basal temperature than breast-fed babies.

To me, SIDS is all about common sense. If you breastfeed, and do the basics right, what position your baby sleeps in mightn't matter much. But if I had my time again, and wanted to use a bassinet, I'd go back to the "old-fashioned" mattresses for younger babies: either buckwheat husks with a down coverlet or something like that, and I'd try sleeping my very young babies on their backs, with their heads in a comfortable neutral position. To think that had I learned from the pillow experience, and put my brain into gear, I could perhaps have saved myself a lot of bother. But I couldn't think it through at the time, because I had no logical connections with what had worked historically, to enable me to see the wood from the trees.

Instead, I got fit – because in order to get the babies to sleep during the day, the only option that seemed to work, was to sleep them in a baby-carrier on my front.

The third battle was about the dogma on feeding.

It would have been easy to have felt that I was the stupidest mother on earth, if I had taken seriously all the "expert" opinions. Such as, "your baby must have orange juice or Ribena™ from birth or else it won't get enough vitamin C". Read into that, "breastmilk is completely inadequate". Interestingly, those who formula-fed their babies were never drip-fed with variations on comments like this. It was as if formula was the complete food in those days, and breastfeeding left the doctors feeling out of control somehow.

By the time the babies were seven months old, the comments had ratcheted up to, "If you don't give solids RIGHT NOW, your child will start to suffer brain damage from iron deficiency." Which is very interesting when you have a baby who scoots around at a hundred miles an hour; who already has quite an array of

8 Large increase of bacterial toxins happens because heat encourages a normal gut bacteria, Escherichia coli, to start multiplying very quickly. As this happens, a piece of bacterial envelope made of lipopolysaccharide and called "curlin" is dropped off, which is also an "endotoxin". Small amounts in the gut are normal. But large amounts can cause problems. Detailed in *Just a Little Prick*.

9 Goldwater, P.N. et al. 2002. "Curliated Escherichia coli, soluble curlin and sudden infant death syndrome (SIDS)." *J Med Microbiol.* Nov; 51(11): 1009–12. PMID: 12448686.

10 Blackwell, C.C. et al. 2002. "The role of bacterial toxins in sudden infant death syndrome (SIDS)." Int *J Med Microbiol.* Feb; 291(6–7): 561–70. PMID: 11898686.

11 Goldwater, P.N. 2003. "Sudden infant death syndrome: a critical review of approaches to research." *Arch Dis Child.* Dec; 88(12): 1095–100. PMID: 14670779.

12 *Just a Little Prick*, p. 285 onwards.

nouns ready to roll off his tongue, not to mention an encyclopedia of looks-that-could-kill if you wanted to go somewhere he didn't!

Then we ran into a glitch, in that he had some sort of reflexive gag, which meant that food of any "solid" sort that went in, came out like a pea from a peashooter. Whatever the problem was, he didn't think much of it, and really didn't want to "do" the solids thing, unless it meant rubbing it in his hair, dropping it over the edge of his high chair, or lining bits up and flicking them around the room.

In the interests of showing a willingness to learn, I allowed the Plunket nurse to come a couple of times, to teach this moron mother the right way to get it in the mouth.

She left with everything mulched down her front, too. Given that he was well ahead of his milestones, she pretty much gave up, and decided he wouldn't die on me after all. He suddenly came right of his own accord at 15 months, and became an enthusiastic front-end loader from that time on.

But all of that paled in comparison with the grief that the issues of vaccines was to cause, which would ultimately lead to the writing of ***Just a Little Prick***.

# 13 The Boss

*The Boss sat in the most devilish den ever devised. It was his pride and joy. The technology packed into this control room was out of this world. Everything imaginable was at his fingertips. From his plush swivel chair he surveyed an impressive array of computer monitors. Here he could be updated with all that was going on so as to maintain his rule.*

*The hourly, daily, weekly and monthly reports that were fed into his beastly computer from all over his realm were supposed to fuel his princely pride, and usually by the time he had read the worst into them, they did just that. However, for too long now, what was coming out of Whittle Downs, not to mention memos concerning other areas, were disturbing to say the least.*

*He was agitated – seething with fury.*

*He had plenty of e-mails to send. Words flowed onto the monitor and time after time he daggered the delete button with his finger. He couldn't think straight … no, he couldn't think crooked enough!*

*Perhaps a few tots of "Sparkling Hades Vitriol" 100% proof would help. It certainly wouldn't do any harm. He needed to be fortified with whatever the Pit could produce.*

*Whether it was the frequent fortifications, flatulence or fatigue, sometime in the next few hours a number of e-mails were composed and dispatched:*

*To: Porno Smutt.*

*Increase business with Tu Kwik of Subliminal Messaging Unlimited. Messages to include as much sexual suggestiveness as possible. I want increased sales of printed pornographic material as well as more explicit content in movies, videos, DVDs and TV programming. Infiltrate "respectable"*

*publications and children's books. Feed youthful lusts through music and dance. Concentrate on creating "must have" fashion wear that reveals all. Your role is very important and suggest appointing Risque Topliss as an assistant.*

*To: Iddy Ott.*

*Continue promoting the Theory of Evolution in all places of learning from child care centres to University. Make sure people are ridiculed if they don't believe in it. Do everything you can to provide back up reference material in bookshops, libraries and on TV. Remember the slogan must always be "Only a fool says in his heart, 'there is a God'."*

*To: Sir Pent-Athol Blackadder, HISS (Homeland Information Screening Services).*

*Q-4 Health Pharmaceutical's extensions will be opening soon with big promotions. Their growth has been phenomenal. As I indicated to you on a previous occasion I want you to coordinate all aspects of health deceptions. Convince everyone, especially children's care givers that there are no alternative treatments to what the medical system offers. Develop strategies which explain away side-effects, wrong diagnoses, and preventable medical error.*

*Have frequent discussions with Polly Tishan, Minister for Health, and the health spokespersons for all the other political parties strengthening legislation so that no drug company can be sued. Work with drug companies to produce vaccines for everything you can think of. Your aim should be to create a long term strategy so that the people unquestioningly believe their physical existence depends on Q-4 Health products. Your organization and your distinguished name should enable you to accommodate these extra responsibilities.*

*To: Wylie Fox.*

*Make all suspicions stick. Concentrate on Whittle Downs and Green Island. Your SIS exists to integrate. You must do better.*

*To: Hugh Mann.*

*Polish up your skills of manipulation, Mann! Work on Chuck Merritt, CEO, Fall City Regional Council, and Council employees. Fuel all suspicions Wylie Fox can think up.*

*To: Delilah Dobbyn.*

*Encourage everyone to tell tales about each other. Keep suspicions circulating. Make sure that every person who is "investigated" remains tied up in red tape for as long as possible.*

*To: Bill Themm.*

*Congratulations for being appointed to the position of CEO to the Regional Association of Financial Advisers. Helping to formulate policies which will regulate the purse strings of society, with everyone's best interests at heart, requires highly specialized skills. I'm sure you'll be ably assisted by people like Justin Fogg, Hugo Broke, Eileen Harder and "Doc" Ted Seed. Hugh Mann should be consulted in all international matters. Good Luck. You'll need it.*

*To: Pastor Robbin de Light.*

*You may have heard that Eccles Hunter has proved a traitor to the cause. D'Different Ones are beyond-the-pale, fundamentalist fanatics and as you have said, they need to be silenced. Your brand of churchianity is a wonderful example of systematized structure, highly organized, where decision-making can be left to such enlightened leadership as you portray. I have been informed that you are establishing a Church of the Divide in Whittle Downs, as well as creating a higher profile in Fall City. This is highly commendable. With your fingers in so many associations' "pies" you may be able to do more to neutralize the activities of D'Different Ones than Hunter did. Porno Smutt speaks very highly of you. Preach the gospel of "we'll all get there in the end"; dilute the commandments, encourage situational ethics and get everyone to go with the times.*

*To: U. Sing Lysaght.*
*Editor "The Fall City Truth"*

*Would like to see you in my office after lunch to discuss the news media's treatment of D'Different Ones.*

At this point a number of telephone calls gave any other recipients on The Boss's list, a temporary reprieve! But each e-mail, no matter how unrelated it appeared, was aimed at those who dared to be different.

When he was ready, he would move from this secret centre to Lucy Furr's office suite and there discharge "her" public duties – duties which extended far beyond Fall City. Very few people knew that she was a he!

Late in the day Lucy Furr received the following e-mail from Sis Temms, at the University of Babylon[1]:

> "Suggest you fill your vacancy following Eccles Hunter's resignation with a new up-and-coming graduate from the University. He is of Latin descent, speaks several languages and has exceptional organizational ability. His name is Modus Operandi. He is available to take up duties immediately. Will leave final arrangements in your hands."

1 See more about her in a later chapter.

# 14 The Baby Vaccine Machine

First your baby is born, then come vaccines. If you were born in, say, 1983, you might or might not have received the then recommended 10 vaccines, and you knew that once you had finished those that was pretty much it, except for the odd tetanus and travel vaccine.

Your baby, born in 2007, gets 36[1] vaccines. Of course, when you go to the Centres for Disease Control (CDC) websites, or read medical papers written by pharma-funded pro-vaccine doctors, you will be told that vaccines have been the medical profession's biggest success story ever, and that today's children are healthier than children have ever been. Anything to do with sanitation, clean water, and better availability of food, etc., is pushed into a dark, dusty corner where they hope you won't look.

Newspapers in the USA extensively reported a medical article[2] which declared that vaccines are among the greatest achievements of biomedical science with huge reductions in deaths, and cases at an all time low. When you go through the article, you find that the "before" statistics the authors from CDC used to compare with 2004 data, were those recorded "just before" the vaccine was introduced. Had all data[3] in the JAMA article started from 1912, or even before[4], with the exception of polio, the reductions in cases and deaths attributed to the use of vaccines, would not have looked at all convincing. If as an American parent, you accepted this article as the "whole" truth, you would think this meant that USA was now a land of bliss and health, wouldn't you. Another bit JAMA didn't tell readers was this;

1 USA = 36 vaccines, New Zealand soon to follow suite.
2 Roush, S.W. 2007. "Historical comparisons of morbidity and mortality for vaccine-preventable diseases in the United States." *JAMA,* Nov 14; 298(18): 2155–63. PMID: 18000199.
3 "No. HS-18. Specified Reportable Diseases – Cases per 100,000 Population: 1912 to 2001" http://www.census.gov/statab/hist/HS-18.pdf
4 US UK/other Disease death and cases decline graphs from 1900: http://www.healthsentinel.com/graphs.php

> *"Although the threat of morbidity and mortality associated with vaccine-preventable diseases has decreased significantly, overall mortality from infectious diseases continues to rise as a result of the appearance of new infectious agents and the reemergence of diseases previously considered to be under control (Department of Health and Human Services [DHHS], 1998). As a group, infectious diseases were the third leading cause of death in the United States in 1992; overall mortality from infectious diseases rose 58 percent in the United States between 1980 and 1992. Although much of this increase reflects the growing burden of HIV-associated disease, the removal of HIV-associated diagnoses still leaves a 22 percent increase in mortality from infectious diseases (DHHS, 1998)."*[5]

Disease replacement effect can be seen graphically in an infectious disease epidemiology textbook[6] online. Look at pages 39–46. Notice that infectious diseases deaths were 797 per 100,000 in 1900. Table 2-10 shows you the main infectious diseases, and the declines even before vaccines were introduced. Note the text, which talks about declines in some diseases, even before the identification of the "causal" organism. But more important is the table on page 46, of the infectious diseases which caused deaths in the last two decades of the twentieth century. There are some new diseases, but here is the important statistic. In 1992, the infectious diseases deaths were 852.7 per 100,000.

Despite the use of vaccines, where is the net gain in the health of the population?

As a parent you would like to think your children are healthier as a result of vaccines, but are they? American children are not.

The 27 June 2007 issue of the *Journal of the American Medical Association (JAMA),*[7] is devoted to paediatric chronic diseases, discussing the huge increase in numbers of children who now live much of their childhood in hospital, unlike my generation. Children are now sicker than they've ever been in the past. In 1960, 1.8% of American children had chronic health conditions, but by 2004, that figure had risen to 7%.

Bloomberg.com quotes James Perrin, Professor of Pediatrics at Harvard Medical School, and one of the medical journal article's lead authors, as saying, *"We will see much greater expenditures for people in their 20s than we ever saw before, and no one is thinking how we should prepare for that, … We call it an epidemic. It's certainly worrisome and we look at it as a call to action."*

5 IOM, 2000. "Calling the Shots: Immunization Finance Policies and Practices." ISBN-10: 0-309-07029-5. Page 105, http://books.nap.edu/openbook.php?record_id=9836&page=105

6 Nelson, K.E., 2005. "Infectious Disease Epidemiology, Theory and Practice." Jones & Bartlett, ISBN: 0-7637-3715-1. See pages 39–46.

7 2007, *JAMA* (whole issue), June 27. http://jama.ama-assn.org/content/vol297/issue24/index.dtl

Obviously, health means a different thing to them than it does to me. Twenty-two years ago, in a full page article in the *New Zealand Herald,*[8] a journalist quoted a statement from me which was rubbished by the medical profession:

***"What we have done by artificial immunization is essentially to trade off our acute epidemic diseases of the past century for the far less curable chronic diseases of the present. In doing so, we have also opened up limitless evolutionary possibility for the future."***

Am I saying that vaccines are behind the fact that children are sicker than ever? Partly. Vaccines are not the whole reason for this, but I stand by the belief I had then, and have now, that vaccines can, and do, have detrimental epigenetic effects on genes which are responsible for a developing immune system. In 1986, the word epigenetics[9] hadn't been dreamed of, but even back then, when immunization rates were so much lower than they are today, I gradually saw that in large groups of children, the majority of kids with asthma inhalers were vaccinated.

When I was a baby, vaccines weren't given until well into toddlerhood. Nothing was given at birth, and often the first vaccine wasn't given until eighteen months of age.

When Ian was born, the first vaccine was given at three months of age. Now children considered "high risk" for tuberculosis are given BCG at birth; children with Hepatitis B carrier mothers are vaccinated at birth, but otherwise, the first series of injections are given at six weeks. In 1989, sitting at a table at Philson Medical School, I asked a paediatric immunologist of what relevance it was to take a pertussis vaccine study done on eighteen-month-old toddlers, and to extrapolate that data to six-week-old babies, and say the vaccine was safe. After all, did an eighteen-month-old child have the same immune system as one who was six weeks old?

A foetus develops inside a uterus according to what you might call a master plan. This gene differentiates a cell to make the legs; other genes differentiate to form the liver, the lungs, the basic infrastructure, etc. The immune system of a foetus is very basic, and partially suppressed so that the baby can remain inside the mother for the full term.

After birth, this master plan expands rapidly but differently. It's as if there is a centrally controlled computer inside genetic matter, which sends out messages to different parts of the body. Once out in the world, the baby's immune system has new messages to process. Through breathing and swallowing, the baby comes in contact with pollens, foods, dust, bacteria, yeasts and many things it hasn't been exposed to before, and the immune system processes all these in a specific way.

8 Warner, K. 1986, "Is vaccination more risky than the disease?" *New Zealand Herald.* February 1, p. B1.

9 "Epigenetics" means what we eat, how we live and love, alters how our genes behave. http://www.dukemednews.org/news/article.php?id=9322

There are learning pathways the immune system has to go down at this stage, so that the body learns how to deal with the world. The gut, from the mouth to the nappy, makes up 70% of the immune system, and it is through practice that your baby's immune system learns the right way to do things.

At the same time, other things are happening too. As the baby listens to you talk, his or her brain is developing rapidly, with lots of neurons being developed and "communication networks" being laid down so that babies can understand their parents, peers and how to live in their environment. The brain is also being told to start protecting itself, and ***myelin***[10] ***sheaths*** are formed around neurons which result in accurate, fast transmission of electrical currents carrying data from one nerve cell to the next. The process is called myelination. These myelin sheaths also protect nerves from environmental toxins. This process starts in the spine at birth, and moves to the brainstem, then into the brain. The front part of the brain is still laying down sheaths by the time the person is in their early twenties. Because sheathing hasn't yet been completed in adolescent years, young adults are much more sensitive to the toxic effects of prescription and recreational drugs than older adults.

However, your baby has very little myelination, because that starts while they are concentrating on feeding, growing and learning to move, see, hear, and understand you. Once a sheath has developed around a nerve axon, that nerve is less able to branch out and connect with other nerves, but is also less susceptible to damage resulting from drugs or toxins.

So, at the same time as the baby is becoming mobile, all the message networks are developing at an astonishingly fast rate. Your talking, running, laughing two-year-old child has come a long way from the baby you gave birth to.

"***Gene expression***", is the term epigeneticists use to describe the "messages" sent from your DNA (chromosomes) in your cells, that tell which cells what they are supposed to do. This is how cells are converted into your bodily structure. The DNA is like a large computer. The rate at which this "gene expression", or giving of instructional messages to the body occurs is even faster between birth and the age of two years than it was when the baby was inside you, and falls to stable levels at the age of four.

At crucial points in the process of gene differentiation, an event can take place which will damage a child. For instance, take thalidomide which was prescribed by doctors to pregnant women to combat nausea; at some point a key command

10 Myelin sheaths are made of protein lipids, but function differently depending on its location. The peripheral nervous system goes from the spine to wherever sensory input will come from. The Central Nervous system works out what to do with the information sent by the peripheral nervous system. Both systems make myelin in a different way, so different things can go wrong if myelin is damaged. For instance damage can result in people not feeling pain, or heat. If damage is in the nerves of the peripheral system numbness, pins and needles or pain, such as repetitive strain injury. When injury affect the central nervous system, the result might be multiple sclerosis or Parkinson's disease.

cell in the foetus "said": ***this cell is the start of an arm***. If at exactly that point, the thalidomide toxin met that message, the message could be corrupted, and part of the message got lost, so that the baby when born had missing arms, and their hands came directly from their shoulders.

Another example is folic acid.[11] Folic acid is very important in many aspects of bodily function, chromosome copying, and baby development,[12] but the most studied of these aspects in pregnancy is the development of neurons in the developing baby. If a mother doesn't have enough folic acid, then the starting message which said, "***Make this neuron here now***," might not be read, and the chromosomes will be abnormal from then on. You can't cancel the misread of the first message. So if your body was folic-acid deficient before and during your pregnancy, then, when your baby is born, you might have a baby with a neural tube defect such as spina bifida or Down's Syndrome.[13,14] These processes happen fast, so a misreading of the message has to occur at a very specific time to result in damage. That folic acid prevents birth defects has been publicized in New Zealand since 1993,[15] yet numbers of babies with birth defects as a result of folic acid deficiency remain high. Adequate folic acid levels should be achievable by eating a sensible diet, but because most young mothers don't appear to be listening, the government is now mandating folic-acid-fortified flour and baked goods.

In the first two to four years of a baby's life outside the womb, the sending of developmental or instructional messages, or ***gene expression***, continues at full speed. Anything that interferes with these messages can be like putting a stick in the spokes of a bicycle going in top gear. Adolescents remain at risk until their brains are fully sheathed, and even then, in some individuals, the sheath isn't strong enough.

As adults, instructional messages continue to be sent until the day we die, but adult gene regulation is more like an orchestra conductor keeping things going by turning genes "on" or "off". Adults can be affected by toxins, temperature, light and stress, which releases cortisol, and many other hormones like angiotensin.

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11 Vitamin B9, or folic acid (folacin), combines with Vitamins B12 and C as a co-enzyme to break down and use proteins in the body. It is crucial for faultless DNA replication and to make healthy red blood cells, and it controls many of the growth and reproduction pathways. Lack of folic acid is implicated in many conditions.

12 Lucock, M. 2004. "Is folic acid the ultimate functional food component for disease prevention?" *BMJ*, 328: 211–4, January 24, doi:10.1136/bmj.328.7433.211. http://bmj.bmjjournals.com/cgi/content/full/328/7433/211

13 O'Connor, E. and Associate Press. 1999. "Folic acid may help prevent Down Syndrome." *CNN News,* September 29. http://www.cnn.com/HEALTH/women/9909/29/folic.acid/index.html. Accessed 11 October 2007.

14 James, S.J. et al. 1999. "Abnormal folate metabolism and mutation in the methylenetetrahydrofolate reductase gene may be maternal risk factors for Down syndrome." *Am J Clin Nutr,* 70(4): 495–501, October. PMID: 10500018. http://www.ajcn.org/cgi/reprint/70/4/495

15 Elwood, M. 1993. "Easy Path to Prevention." *New Zealand Herald*, July 28, Section 2, p. 4.

All human diseases can change gene expression temporarily – and, in some cases, permanently.

In terms of babies who are going "full speed ahead" in their development, we should not be surprised to know that faulty nutrition, chemicals, and toxins can interrupt the orchestra conductor's instructions.

How might vaccines have an epigenetic effect on babies? A table of gene expression from the ages of one to ten years shows that the speed of most gene expression reaches 100% of its maximal value between the ages three months and two years, with some peaking between two and four years. Many insults can affect gene expression, but in vaccines, an adjuvant commonly used in various forms is aluminium. Aluminium is neurotoxic and can alter gene expression in some animals. Injected aluminium has been found in the brains of mice 30 minutes after injection. Talking to geneticists about the theoretical impact of injecting many aluminium adjuvanted[16] vaccines in the first two years, they speculated that aluminium could compromise the health of some children. Why of some and not of others? They don't know. How do we predict which ones will be affected? They can't. Yet. But work in the field of "vaccinomics" might open a way to answering that question. The fact is that the neurotoxic effects of aluminium in vaccines haven't been looked at seriously[17] in humans. In the past, aluminium has simply been "presumed" to be safe.

Amongst my peers at school, the people who had inhalers were also vaccinated. Perhaps I noticed this because my first-ever asthma attack followed a primary tetanus vaccine, though I didn't make that connection until reading my medical records as an adult. At the time, it was said to be just a "coincidence".

Four years later, I "grew out" of asthma, though until the age of 26 I could get exercise-induced brochospasm. When I learned about vitamin C and its varied uses, I was able to exercise frenetically without having to plan where my ventolin inhaler would be. Just before I was married I tossed the inhaler, and have never had to use it since. Marriage and impending pregnancy made me start to get real about some things, including diet, but authors other than Adele Davis and Paavo Airola were hard to find. By the 1990s, Dr Carl C. Pfeiffer was the person to take note of, and lay writers like Dorothy Hall, Gillian Painter and Gillian Polson were an inspiration. The Home Birth movement here was by far the most progressive group we came across.

Attention Deficit Disorder (ADD), which wasn't a medically recognized disorder in 1968, was starting to be seen by teachers in the occasional child in 1981, and is now affecting 6% of school-aged children. Autism, after it was first described in

16 An adjuvant is a chemical or compound used to provoke the immune system, because without it, the rest of the toxin or bacterial parts would not be noticed. Aluminium forces the dendritic cells to switch on, and makes them process the vaccine antigen. (See *Just a Little Prick*.)

17 Chapter 74 in *Just a Little Prick* discusses aluminium in more detail.

1943, was considered to occur in 1 in 10,000 children, but this figure is now 1 in 150, with some places in America detailing even worse statistics than that.

Medical authorities say that the real problem with autism is that doctors were bad at diagnosing it, and the reason that numbers are climbing is that doctors are now better at spotting autism. Does this strike you as odd? Autism isn't a passing fever, or odd fainting episode to be misconstrued. Doctors say, "We don't know what causes autism, but vaccines definitely don't." I don't think they can rule vaccines out of the equation for autism, until they know what vaccines do in the body, and until they know what DOES cause autism.

According to the medical profession, none of the other chronic conditions in which we see huge increases today are caused by vaccines used in babyhood, either. Most doctors cannot, do not, and will not consider any of the ways in which it is theoretically possible to derange gene expression, thereby changing the immune system. Yet they *don't know why* there are huge increases in chronic illness which they call an epidemic. Odd, isn't it?

If they were to say that vaccines don't cause *all* autism, I would agree. Why? Because I believe that in the last two decades, awareness of many young mothers as to what constitutes good diet in pregnancy has reached rock bottom levels.

Growing babies require nutrients to get what they need to build good genes which can send out correct "messages". If mothers don't eat good food and provide minerals and vitamin building blocks to the foetus, the baby has to try to plunder whatever is stored inside a mother's body. If the mother doesn't have those nutrients stored either, then the baby can't have them. I believe that so many babies are born prematurely, or underweight, because their mothers don't understand the rudimentary principles of nutrition required before or during pregnancy. Some mothers go into pregnancy not realizing that, because of their own low nutritional standards, they have few nutrient reserves for themselves, let alone for a baby.

Others who think they know about nutrition, still end up with pre-eclampsia, but, had they read Dr Tom Brewer's books,[18] they would not have suffered at all. Why? Because the current advice which seems to pass for medical wisdom, appears not to work. Dr Brewer was an obstetrician who pretty much emptied out his hospital wards by changing women's diets, using exactly the opposite methods to those recommended by his peers. He stopped pre-eclampsia and toxaemia in their tracks in his hospital wards, and got fired for his trouble. Was "wisdom" lost with his generation? I found out about Dr Brewer's book during my first pregnancy, after returning a couple of tests with ketones in them, accompanied by ankle and

18 Brewer, T.H. 1977. *What Every Pregnant Woman Should Know.* Brewer, T.H. 1982. *Metabolic Toxemia of Late Pregnancy: A disease of malnutrition.* Brewer, T.H. 2004. *Metabolic Toxemia of Late Pregnancy.* http://www.amazon.com/Metabolic-Toxemia-Pregnancy-Thomas-Brewer/dp/0931560020/ref=pd_bbs_1/002-4613091-1577602?ie=UTF8&s=books&qid=1183021041&sr=1-1

finger swelling. Within a week of getting my nutrition back on course, the swelling had gone, and the tests went back to normal, and stayed normal.

Toxaemia in pregnancy puts incredible stress on a baby, and some babies take a long time to get over it. Not only can toxaemia kill the mother, but during pregnancy prolonged low levels of toxaemia can also cause many subtle metabolic issues in the foetus, including an inability to lay down bone minerals properly. Though babies from toxic mothers can "look" okay after birth, it sometimes takes years of very good nutrition to get them really strong.

There are many reasons that children start their lives behind the eight ball. Some of the causes are inherited genetically, no matter what a mother does. Some are dietary in origin.

But here's the rub for me. Vaccines are NEVER tested in babies who are born behind the eight ball.[19] Those babies are always excluded from any phase trials, so when doctors say that vaccines are safe, that only applies to the super-healthy babies chosen for those trials. The vaccine is released and declared safe for everyone, and is *then* said to be "especially important" for "behind the eight ball" babies who weren't included in the trials, because they are more likely to get sick.

I've seen it so often. Fragile babies, vaccinated, and something goes wrong. Yet the standard answer, if the word "coincidence" isn't used, is that *all* the vaccine did was bring forward something that would have happened anyway – such as this 2004 study which found that "***vaccinations may sometimes shorten the incubation period of some illnesses and/or convert a latent infection/inflammation into a clinically apparent disease***".[20]

So what came first? The _____ or the _____?

19 See Chapter 74, *Just a Little Prick*.

20 Prandota, J. 2004. "Urinary tract diseases revealed after DTP vaccination in infants and young children: cytokine irregularities and down-regulation of cytochrome P-450 enzymes induced by the vaccine may uncover latent diseases in genetically predisposed subjects." *Am J Ther,* 11(5): 344–53; September/October. PMID: 15356430.

# 15 Q-4 Health

*Lucy Furr had organized another one of her special social functions, to coincide with the commissioning of the new Q-4 Health Pharmaceuticals facility in Fall City. Preliminary discussions prior to the building consents being sought, had involved the Minister of Health, Polly Tishan, who was also the local M.P., the Hon. Dick Tait, Minister of Conformity, Compliance and Control and MP for Orlsrite, Dr Opin Yun, Medical Officer for Health in Fall City, Com. Pugh Turr of SIS and Sir Pent-Athol Blackadder of HISS. The meetings had always taken place behind closed doors, and no press releases had ever been issued. Lucy Furr had orchestrated the agenda from go to woe and all concerned had been sworn to secrecy. The last few weeks had seen a flurry of activity and what looked like suppressed excitement on the faces of those who came and went.*

*Invitations to this special function had gone out to a number of other important guests including the Mayor, George Alderman; Rev. Robbin de Light; top office holders of the Pharmaceutical Company and U Sing Lysaght from "The Fall City Truth", who had also been allowed to issue a limited number of invitations to selected reporters from other newspapers.*

*Plenty of refreshments were available to the guests before the more serious part of the evening began. It was important to create the right atmosphere and the right amount of understanding amongst those in attendance. Lucy Furr played her cards well. No stone had been left unturned. This would be a grand climax.*

*The evening would be perfect.*

*Just think what Headlines people would wake up to on the morrow!*

★ ★ ★ ★

"BRILLIANT BREAKTHROUGH!"

"GOVERNMENT AUTHORIZES USE OF A NEW VACCINE."

"AMAZING SECRET CAN NOW BE TOLD."

*Although the big print varied from paper to paper the story's release had been carefully controlled. There was little opportunity for any variation in the official version!*

*Five years ago scientists working with a small pharmaceutical company, began looking for a vaccine to provide immunity to the oldest disease inflicted on humankind. As civilization has progressed, and technology has become more sophisticated, the cost of the effects of this disease on society has become astronomical, and a threat to the establishment of peace in a new world order. This common ailment has not received much attention over the milleniums past, simply because it has been regarded as incurable and therefore untreatable.*

*The disease is called* ***antisystematosis****. Due to the brilliance and dedication of the scientists working on the project a vaccine was developed, and initial tests were so convincing that the company decided to construct larger facilities to manufacture the vaccine in the quantity that would be required once the product had been thoroughly tested and approved.*

*Q-4 Health Pharmaceuticals are proud to release to the world, the news that has been top secret for so long, that the "vaccine", to be known as Pluracydefex, is now available for use. The Ministry of Health has been involved from the beginning and all the safety requirements have been complied with. The Government will provide funds for the campaign to begin as soon as possible. The full schedule will give the best long-term protection, but tests have shown that good results can be obtained by joining the programme at any stage.*

*Serious symptoms usually begin to manifest themselves during adolescence but the condition can be caught anytime following birth, after which it lies dormant until triggered by a range of different factors to be found in society, such as the home environment, exposure to educational opportunities,*

*employment conditions and the influence of certain associations which may over-stimulate the mind.*

*The campaign will begin in Whittle Downs where an epidemic of the disease has broken out, and then extend to Fall City, Orlsrite and Lulling Sounds. The programme in this Region will be coordinated by Dr Opin Yun, Medical Officer of Health. Full details should be available in a few day's time…"*

*The rest of the report dealt with more high praise for the way Q-4 Health Pharmaceuticals had managed their role in providing a product which among others they manufactured, would ensure a new standard in physical and mental well-being. Taking a place in a queue at a doctor's surgery and at a drug store so as to enjoy the latest advances in medication, was a small price to pay for the quality of life recommended by those who had everyone's best interests at heart. A number of the distinguished guests at the social function were interviewed and their comments included.*

*During the next few days the news media made the most of this great discovery. At last this scourge of antisystematosis could be eliminated, but for those who* ***did*** *do some thinking as a normal activity, there was a very personal question that had to be asked: "Do I have this horrific malady?" No one seemed willing, or felt any urgency, to rush off to the doctor to find out! But it would be wise to protect their children and young people, of that that they were sure. After all, it was just a matter of a few more little pricks. No problem!*

# 16 Have We Been Hoodwinked?

Are you starting to get the feeling that the pharmaceutical companies have created a drug industry called multiple diagnosis targets? Everywhere I turn, I see messages along the lines of, "annual diabetes testing essential … annual pap smears prevent cancer … mammograms save lives … annual flu shots will stave off pandemics … check your blood pressure here … monitor your cholesterol closely … statins are the answer … crucial items for your bird-flu kit … children will die without shots."

You can guarantee at least every second day to find reports on the latest gene implicated in several diseases, and now everyone thinks gene therapy will solve everything.

The latest isn't always the whole answer, and doesn't always mean it's the greatest, or the safest.

Most people assume that scientists and doctors know what they are doing. Yet not one day goes by without some medical dogma going up in smoke. How many people know what the original dogma was, let alone seeing how it got to go up in smoke?

As I was writing this, seeking light relief in a weekend paper, I stumbled across three items. The first was: ***"Telling your children they're smart is a good thing – it boosts self-confidence, helps them achieve, right? Not so, says Po Bronson".***[1] I agree with the article. I've never been a fan of gratuitous, over-the-top praise, which kids see through in a flash. The article discusses Carol Dweck's studies which found that praise techniques touted by parenting "experts" was often misdirected, and sent children messages which were exactly the opposite to what parents assumed, or even wanted.

The next item[2] was related, and again, featured Carol Dweck. The thrust of

1 Bronson, P. 2007. "The Perils of Praise". *New Zealand Herald,* June 30, 'Canvas', pp. 8–11.

2 Begley, S. 2007. "Never too late to change your mindset". *New Zealand Herald,* June 30, p. B11. (Sharon Begley, author of *Train Your Mind, Change Your Brain.* http://www.amazon.com/Train-Your-Mind-Change-Brain/dp/1400063906)

this item was how new information had overturned the dogma of the last 30 years, and that not only could brains repair themselves, but that brains never stop laying down neurons even into a person's sixties and seventies. Very important points come out of this article, the first being that what a mother eats, thinks and does both during pregnancy and afterwards can reach into the very core of a child's DNA, and alter it.

Innately, we know that, because babies who are not loved, stroked, nurtured and cared for don't develop normally. What scientists say they didn't know until a few years back, from animal experiments, is that ***lack of love forces genetic changes,*** which result in ***new "traits" being handed down to the next generation.*** But there is hope, they say, in that with care, the brain and presumably therefore the genes, could be rewired.

The second point to come out of the articles was that adult people who were convinced that their brains were capable of change were able to learn new skills and achieve much better, and showed more resilience in the face of setbacks. The findings in this work totally overturn dogma of the last few decades. The telling comment which struck a chord with me was:

> ***"None of that happens, or at least, not as readily, in people who believe they are stuck with the brains they have."***

This confirms that people can define their own reality. I believe it, therefore it is.

Scientists suffer from this as well. That's why Semmelweis, Oliver Wendell Holmes, and many other medical people who told the truth, had to wait until the old guard had died, before new reason prevailed.

Doctors who have invested in promoting vaccines and have based their CVs, peer acclaim and financial lives on this investment; who have vaccinated their own children, and have defined the box in which they think, can only see one way: ***"Without vaccines you will die"***.

In terms of diseases and vaccines, there are some of us who consider the medical profession's visual and intellectual limitations to be only three pieces in a 100-piece jigsaw puzzle. It seems that doctors don't wish to look at, or discuss, the other 97. Instead, because vaccination is a Public Health foundation stone enshrined in infallibility, doctors have a strong psychological need to justify and rationalize both their personal decisions and the endorsements of national and international bodies which they believe to be the paragons of truth.

Department of Health policy makers and politicians are also deeply immersed in promoting the dogma, but for different reasons. Often, the "solutions" at the end of the needle are vastly cheaper, and make much better media sound-bites than the time-consuming, broad-spectrum solutions which would result in change

to the core of every person's daily life, as well as their future.

On a personal level, once a doctor chooses a career vaccinating everyone in their practice, they are endorsing the theory, and are saying that all the world's advisory bodies are promoting the right message. Vaccines are backed by a multi-billion dollar industry which feeds money, advertising and directives into every governmental and societal advisory and regulatory body that they can access, regardless of industry ties.

Everywhere you turn, pharmaspeak is at the forefront. The massive industry investment in doctors, and sharemarket clout, makes it even harder for anyone in the medical system to be objective about their own personal, departmental or company goals and ethics. They dare not entertain the idea that there could be valid information which might shake the foundations upon which they have built their professional lives.

The same refusal to review foundational principles isn't evident in all other areas of medicine, as a third item shows. After many decades of telling mothers never to feed very young babies food containing the slightest lumps in case they choked, one of Unicef's leading "experts" tells us that babies should be breastfed exclusively for six months then introduced to solid foods[3] with texture. There is no need for jars of puréed mush; and using a spoon is definitely out. The food goes straight into the mouth as soft lumpy stuff that "encourages chewing". Not long before this advice was issued, the WHO completely revamped the growth charts for babies which they said were a recipe for obese adults.[4] Previously, the weight of bottle-fed chubbies was considered the normal baseline, so anyone believing that, would – and often did – consider breast-fed babies to be malnourished. While these findings might rattle the large baby formula/food industry, it's not an industry that's seen to be "essential" in the way that the vaccine industry is, as anyone with a breast, and a baby food moulie would tell you.

A *New Scientist* study was reported in the ***UK Daily Mail***[5] as showing that children who napped during the day were moody in the morning, resisted going to bed at night, and were unable to solve puzzles as successfully as children who didn't nap in the day.

If parents listened to every dogma and theory around the world, heads would be spinning with the many and varied contradictions from year to year, and it would be hard to escape the thought that a lot of people who think they know everything, don't know very much at all. Again, studies editorializing on babies' napping habits

3 Telegraph Group Ltd. 2007. "Cut out pureed food for babies, says Unicef". Reprinted in *New Zealand Herald,* 30 June 2007, p. A23.

4 BBC. 2006. "Baby growth charts to be revised", April 24. http://news.bbc.co.uk/1/hi/health/4938234.stm

5 *Daily Mail UK.* 2007. "Can napping sap a child's skills?", June 28. http://www.dailymail.co.uk/pages/text/article.html?in_article_id=464799&in_page_id=1770&in_main_section=&in_sub_section=&in_chn_id=

aren't exactly a 'threat' to any industry. Even though, once upon a time, we were told that afternoon naps were vital for brain development!

What strikes me as odd is that when we as parents, who know our children, say that we believe we should do it "this" way for "this" child, you can just about guarantee that an "expert" with some "proven theory" will want to relegate us to our real station of being "mere mothers".

What do we know? I know that a theory isn't fact, and that theories constantly change.

Why is it that normal people have nothing of validity to say, but when a scientist says something, and only then, is it considered to be the 'only' truth, until they subsequently flip-flop?

Why is it that so many parents no longer trust their own judgements or instincts, and run off to experts who they assume have all the answers?

Wouldn't it be more sensible to live your life by your own convictions, knowing that the "immutable" medical truth of one day, may well be heresy the next?

But amongst all the on-going, endless flip-flops, there is one area of medicine that is the holy grail, which may not be touched, and that shrine is vaccines. Why should vaccination dogma have a god-like aura of untouchability? Why don't people look at the issue and ask themselves, "What have we not been told?" and then, "Why were we not told this?"

Of the many dogmas fed to us by all the experts who tell mothers how parenting should be done, how many should we listen to, when they can change their minds as often as they change their cars?

Were you taught phonics at school? Suddenly phonics were labelled "bad", so "look-and-say" came in, because it would give children more freedom and a better overall comprehension of language as a living structure. Bollocks. For years, remedial reading programmes retrieved non-readers with phonics, but it wasn't talked about much. Britain has reverted to phonics, realizing that the skills it gave, are now sadly missing. Comprehension of language happens as we live and learn, and reading comes by linking sounds to letter forms.

How do mothers feel about following expert advice thinking they are doing the right thing, yet once their kids have grown up, listening to the new experts say that what the old experts had said years before, was wrong? Does that make us "bad" parents?

Everywhere, we are bombarded with the medical profession's "vision" of what health is, and how they think we should go about achieving it. But what is health? Is the medical profession any more "right" today, than it was twenty years ago?

According to the World Health Organization, health is defined as: *"a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"*. It seems to me this definition can be debated, because if

you listen to standard doctors' advice, often what you are hearing is that health is something that can *only be achieved by the regular elimination or pre-emption by aggressive management, of any predicted risk factor, either real or imagined.*

This aggressive management of everything is based on a moralistic perception that you have to "do" something about everything, or else you are a guaranteed disease/accident waiting to happen. If you don't "do" what they say, you could be judged a threat, not just to yourself, but also to others. Your future *health costs* might be judged to be "preventable", and any inaction on your part is interpreted as deliberately *not* preventing that cost – and therefore a crime of anti-social disobedience akin to being a health terrorist. Wasting a doctor's time is a calculable sin, as is the 'lost productivity' of taking sick leave to look after your family. The majority of medical practice is now gauged in terms of conformity, compliance and the mighty dollar.

Everything is now considered a *"Weapon Of Mass Destruction",* whether it be a gene, bacteria, virus or condition always there … ready to kill you given half a chance, unless you *do* something.

Where is the balance in all this? To what shelf has common sense been relegated? Do you sometimes feel a tad manoeuvred, manipulated and potentially powerless, when you step into a doctor's waiting room? Does that make you angry?

Doctors operate in a business environment with quotas to meet. A corporate log-book is provided, which outlines the "best care" they are told to uphold. What if you disagree with the latest philosophies, which, at the very least, create enough stress to raise your blood pressure just at the thought of going to the doctor? That of course, makes us 'candidates' for drugs they say will bring that stress-related blood pressure down! But what might the medical literature say about those drugs in ten years' time?

# 17 Sounds wonderful… but there's a cost

*Dr Opin Yun lost no time in organizing the antisystematosis vaccinations. This was not a hysteria-creating, mass-jabbing exercise, nor was it mandatory – yet! The need to understand the Schedule was paramount to the campaign's success. Consequently there was saturation publicity. Public Health Nurses would service the child-care centres, kindergartens, schools and other educational facilities, although parents and over 16 year olds could choose to use their family doctor if they wished. All vaccinations were free.*

*Norma Lee was faced with more and more requests for home birth deliveries. Fortunately Dr Trusta Mee had been so disillusioned with the medical system she ceased practising as a G.P. and joined Norma. Mene Hertz followed suit and they made up a great team. However, the new vaccination schedule put them under pressure from the Health Department, because they all refused to administer Pluracydefex – or any other vaccines.*

*Throughout the Region, D'Different Ones found their convictions tested. The "message" was getting around that they were highly infectious and had suddenly been put into the "worst possible carrier category"! Friendships in the community cooled. Acquaintances suddenly became complete "strangers".*

*The Church of the Divide, not wanting to be mistaken for D'Different Ones, took an active role in promoting the new vaccine, as well as other immunization schedules.*

*In Whittle Downs especially, the residents were the primary focus. Messages coming from the Complex were almost non-stop in one form or another. After all it was "Open 24/7". They were carried on the TV screens, over the loud speaker systems,*

*and most effectively at night by coloured flashing signs. Names of those vaccinated went into a monthly draw which offered appealing prizes to suit all age groups.*

*The offices of the Ministry of Conformity, Compliance and Control gave "assistance" whenever possible, especially using information supplied by SIS. Sir Pent-Athol Blackadder of HISS became a household personality. His distinguished name was automatically associated with his active involvement in bringing the benefits of this new health advancement to the fortunate public. After all they had been waiting thousands of years for it!*

*D'Different Ones were no strangers to tactics employed by systems and officialdom.*

*Now that Eccles had been able to enlighten them even further, they were not intimidated by the cold shoulder treatment being meted out to them. As the days and weeks passed, there were many opportunities to answer people's questions. In friendly conversations with others, who hadn't a clue that they might be talking to one of those D'Different Ones, concerns surfaced, which were not addressed by the blurb that was circulating to assist with public relations.*

> *"I don't feel right about having this needle stuck into my baby. What should I do?"*
>
> *"What if something goes wrong?"*
>
> *"We've managed all these years without a vaccine. Why is it so important now?"*
>
> *"Can someone explain what is so terrible about this disease?"*
>
> *"I've suddenly become so … so … afraid. Why?"*

*D'Different Ones had answers. They knew what they were talking about. There was no cause to be afraid. And yes, there* ***were*** *side effects from allowing this foreign material to be stuck into human bodies.*

*The opportunities to expose the concocted "facts" encouraged D'Different Ones to be bold in their denunciations, knowing that the Truth was able to set these "seekers" free to escape the moulds prepared to receive them.*

# 18 Know Your Rights: Year 7 Immunization

Every year in New Zealand, public health nurses go into schools to vaccinate Year 7 students. The teachers hand out brochures to be taken home and signed before the appointed day. On this form a person can consent to the vaccination or indicate that the child will not be vaccinated at the school. The information supplied by parents on the forms is transferred by the District Health Board to a computer database called the National Immunization Register (NIR)[1] developed in conjunction with Bill Gates' company, Microsoft, which uses the National Health Index Number.[2] This number is assigned to every baby at birth, or to other persons when they first use the state health system. The National Immunisation Register has been created for several purposes.[3]

* To achieve the key stated role of "improving" national immunization rates.
* To record every child's name, birth, gender, caregiver contact details, alternate contact details, doctor's name and immunizations given.
* To record the children whose parents opt off the register, chose NOT to vaccinate, OR if there is a medical reason not to vaccinate.
* If a vaccine appointment is missed health workers will be alerted, and someone will then contact the family.
* If you change doctors or your child lands up in hospital, for whatever reason, the doctor/hospital will check the system and if your child is behind on any shots, or has not had shots, doctors and nurses are directed to use every opportunity possible to get you to agree to them giving those vaccines to your child. It's called "facilitation of opportunistic vaccination".

1 National Immunization Register: http://www.moh.govt.nz/nir
2 National Health Index Number: http://www.nzhis.govt.nz/nhi/index.html
3 National Immunization Register. *Manual for vaccinators.*

* To provide information so that the Health Department can specifically target areas of low vaccination rates.
* If a disease outbreak occurs, unvaccinated children are identified and excluded from school.
* Parents can opt out[4] of the immunization programme, but cannot remove details of their child(ren).

The National Immunization Register is NOT used to collect a national database on vaccine reactions, nor is it used to attempt to study the known history available from the National Health Index Number, to see if there are reasons as to why some people have reactions. Nor is it set up to compare the health of children whose parents chose not to vaccinate, but who are happy to have their details on the National Immunization Register, with the health of children whose parents chose to vaccinate.

A mother recently rang me in tears and frustration, because she felt that the school her child was attending was being unreasonable. She had decided against having the vaccines, and her child had gone to school that day without the form that was "supposed" to have been filled in. The mother made the correct assumption that because she wasn't vaccinating, then she didn't HAVE to fill in the form. The question was, though, whether she had officially opted off the National Immunisation Register. Vaccination day came, and went, and the child was not vaccinated. But the school demanded the child return the consent form, filled in, and told the child to bring it back the next day.

The mother told her son to tell the school that because he wasn't on the register he didn't need to provide the form. As punishment, the child was put into lunchtime detention, and told he would be in there every day, until such time as the form was returned.

Hence the mother's telephone call to me. I asked her to go and get the form, but she had thrown it away. She described it to me, so I accessed the form on internet which was at that time the March 2006 form. This form[5] has since been amended by changing a picture to a cartoon representing an immunized child looking like superman, presumably to represent that your child is super-healthy, can fly, and is now invincible.

NOTE in the references: The South Island/country districts form[6] is different, and does not apply.

4 If you wish to opt out of the National Immunization Register, fill out the NIR2 form, Number HP3823, and post it to the NIR.

5 Year 7 Immunization, Code 1312. Amended January 2007 http://www.healthed.govt.nz/uploads/docs/HE1312.pdf. Originally accessed in August 2006.

6 South Island/country districts http://www.healthed.govt.nz/uploads/docs/HE1503.pdf. Accessed 19 November 2007.

NOTE in the references: If you are an adult, the relevant form is this one,[7] but this form has a very interesting comment in it.

In order to persuade you that diphtheria still exists, the adult form outlines the worst possible scenario, then says: *"There was one case in 1998 in a child who was not immunized."* That's all. In our first book, we devote a chapter[8] to this "case", which was not CLINICAL diphtheria at all. We have copies of all that was written in the hospital and other files for this child, we know that at no point were any clinical signs found that were compatible with diphtheria. The child had a laboratory test result which showed streptococcus group A pyogenes (a common cause of the tonsillitis the child presented with) and diphtheria.

The child was never treated for diphtheria, since there were no clinical signs of diphtheria.

The child was given Amoxicillin for tonsillitis. Amoxicillin is not the antibiotic you would use for diphtheria.

However, this child is considered a "case" and is listed on the World Health Organization (WHO) website as such. Anyone who knows anything about diphtheria, knows that *when* diphtheria was a very common illness, lots of people carried the bacteria, returned positive throat swabs, but did *not* show any clinical symptoms of the disease. New Zealand used to routinely do diphtheria testing until the mid-1980s, after which it was phased out. We know about that, because after the birth of our first son, one of the things that was "flung" at us, as evidence of the need for vaccination, was a positive test result for diphtheroids for both me and Ian.

What the adult form does NOT tell you is that in June 2002 there was a four-year-old boy who had had four diphtheria vaccines, but landed up in hospital with septic arthritis caused by diphtheria bacteria.[9]

The New Zealand Health Department described the hospitalized case, as a case[10] and the World Health Organization has the case on its website[11] yet the consent form for adults mentions the only "case" as the unvaccinated child who had no symptoms, and leaves out the vaccinated child who was hospitalized.

It is clear to me that information is selectively filtered to create an impression

7 Adult Tetanus/Diphtheria brochure http://www.healthed.govt.nz/uploads/docs/HE1514.pdf. Accessed 19 November 2007.

8 *Just a Little Prick*, Chapter 64.

9 Shihab, F. et al. 2003. "Septic arthritis due to a toxigenic strain of Corynebacterium diphtheriae gravis." *New Zealand Medical Journal,* 116(1172): 404, April. Available from http://www.nzma.org.nz/journal/116-1172/404/

10 Sneyd, E. and Baker, M. 2003. *Infectious Diseases in New Zealand: 2002 Annual Surveillance Summary,* p. 25. Available from http://www.surv.esr.cri.nz/PDF_surveillance/AnnSurvRpt/2002AnnualSurvRpt.pdf. Accessed on 18 September 2005.

11 World Health Organization website, New Zealand diphtheria cases http://www.who.int/immunization_monitoring/en/globalsummary/timeseries/TSincidenceByCountry.cfm?country=New%20Zealand Accessed, pdf'd, and save to hard drive 19 November 2007 at 10.52.55 AM.

that will provoke fear, which suits the Health Department, but does not provide you with fair or accurate information upon which to base your "informed consent".

The mother of the child mentioned above went to the school and told the principal that she would not be providing the information because – contrary to his assertions – she didn't have to, and showed him the consent form which she had downloaded off the internet. She pointed out that on page three the form stated clearly that provision of information was voluntary. He kept saying, "That's not what we were told. The mother said, "I'm not interested in what you were told." She asked him to ring the Department of Education to clarify the issue. They didn't know. She insisted that he ring the Department of Health and they told him that he was wrong, and that no opted-off parent "had" to supply the information. The "privilege" of opting off requires the completion of an appropriate form, of course!

A quick ring-around established that all schools in the area were under the mistaken impression that it was "compulsory" for all parents to fill out the "no" form. The only compulsory fact is that your child cannot be vaccinated WITHOUT a consent form. But if it were me, I would send the form back with OFFICIALLY OPTED OFF written in large red letters across the form.

Among the rights that a parent still has ***in New Zealand today,*** is that:

*VACCINATION IS A CHOICE*

*VACCINATION IS NOT COMPULSORY*

Everyone, including parents, needs to ***know*** this.

It is a right that needs to be defended at all costs.

# 18 Lulling Sounds and The Walk That Led to a Walker

*Since leaving Orlsrite, Mai Aye Zopend had made Lulling Sounds his home town. Donna Scoop, a newspaper reporter who had interviewed Mai about his claim that Mindset Mountains was the real name for The Great Divide, had arrived in the town later, when she gained a promotion with The Great Divide Weekly. This publication had a wide circulation with offices in a number of towns and cities. Donna became a D'Different One, and eventually she and Mai married.*

*Lulling Sounds was a beautiful town. It was here that the Great Divide of Mindset Mountains met the waters of the ocean, a continuation of the Great Divide in another form – the Seas of Separation – and that is another story!! The bush-lined shores of the Sounds, the deep clear water of a natural harbour, made Lulling Sounds a busy thriving town and port. Unlike Orlsrite with its contact lenses' cover-ups, and Fall City with its blatant deceptions, Lulling Sounds provided a calming, soothing and relaxed atmosphere – on the surface that is. Unseen however, were the usual fears, suspicions, hurts and other powerful emotions that affect people's lives, and Lulling Sounds was just the place to deceive its occupants into believing that all was well. As Mai, Donna and others soon found out, there was a spirit of complacency that was hard to break through.*

*The subtle smugness of life in Lulling Sounds was only a veneer, and D'Different Ones knew that they must take a stand against the confusing messages that were influencing so many people, especially those in the younger age groups. In Fall City for example, it was so blatant. There was no apology for its falsity. The Whittle Downs Complex churned out its subliminal messages at all hours of the day. Orlsrite was seen through the specially designed contact lenses by the majority of its population,*

*but in Lulling Sounds there was no rocking the boat. Everything was kept on an even keel. Softly and soothingly and convincingly its people were assured that everything was OK. To be broad-minded was an admirable attribute! Everyone's rights and freedoms and privacies should be respected and protected whatever the cost!!*

*But the complacency which had distinguished Lulling Sounds for so long, was being challenged by those bothersome D'Different Ones, and Lucy Furr and her cohorts were quick to act.*

*The SIS upgraded its branch agency to a full-time office manned by a young rising star in the organization, by the name of Sweetie Spiel. She was also the representative for HISS and ISM.*

*When Eccles Hunter had been compiling lists of D'Different Ones to fuel the SIS computers, his searchings at Lulling Sounds had not been very fruitful.*

*What a lot had happened since then!*

*Now, so many names on his old lists had become his personal friends.*

*There was quite a community across the waters of the Sounds on Green Island and interactions between D'Different Ones from Orlsrite, Fall City and Lulling Sounds took place on a regular basis.*

*A new Harbour Master had been appointed to the port of Lulling Sounds. D'Different Ones were thrilled when they discovered that Capt. Waka*[1] *Bridges and his wife Ara-Moana*[2] *were people like them. They were a delightful couple with a love for anything to do with watercraft. It was as if they had been born with "sea fever" in their veins. Their appointment to the Lulling Sounds position of responsibility was to play an important part in future events.*

* * * *

*Aroha and Wyn Wright whose home was in Orlsrite but who often travelled about in their motor home, tended to make the most of their visits to Lulling Sounds. The sea air and the scenery were in direct contrast to most of the other places they visited, and the change did them good. In a few days time they would probably move on, but what about today?!*

*Wyn, who had strolled down to the corner dairy for a newspaper, joined his wife as she hung out some washing. "Let's go for a walk along the waterfront. We haven't been to the marina for a while. I feel drawn in that direction. And it's a*

1 Maori: waka = canoe, vehicle.
2 Maori: Ara-moana = pathway across the sea.

glorious day. What say we put a few things in a pack – something to nibble on and some bottles of water – and then we can take our time."

There were always new sights to see and new sounds to hear. The cries of seabirds, the soothing lapping or swishing of water, the bush clad hills descending to the water's edge in the distance, and then of course, the sounds of humankind – outboard motors, traffic, ships loading or unloading cargo, radios, the occasional sirens and hooters – a miscellany of lulling sounds.

The marina was always an interesting place. There were plenty of small craft at moorings away from the piers, but it was the bigger vessels with single or multi hulls that provided the most variety in design and fittings. Wyn and Aroha speculated on the huge sums of money tied up at the berths. Names were fascinating too, providing further cause for speculation. Some of the boats were obviously used infrequently, but maintenance of one sort of another was being carried out on quite a few. Every now and again, the Wrights stopped for a chat.

"Hey!" said Aroha. "There's an interesting name. I haven't seen that one before."

In front of them, were the words "FAITH WALKER".

Neither of them spoke, but their thoughts were tumbling around in their heads producing all sorts of possible explanations.

"We certainly know an Enoch and Dawn Walker. And they do plenty of walking on solid ground. But water's not exactly made for walking on …."

"There's someone on board. We could ask them how they got the name. I wonder how you make contact. Do you climb on board, or do you call out, or sort of …."

Wyn's uncertainty was solved for him.

"You look as if you're a bit lost," said a voice from behind. "Can I help you in some way?"

Wyn and Aroha turned round in surprise. A gentleman was sitting astride a bicycle, with a shopping bag hanging from the handlebars.

"I didn't hear you coming. This is my wife Aroha, and I'm Wyn Wright. We'd love to ask you a few questions."

"My name's Petros Abrahamson. I'll just lift my bike over the side. Follow me; and welcome aboard." Within minutes the Wrights were introduced to Petros's sister, Serena, and were comfortably seated in a surprisingly large cabin. Pleasantries were exchanged, and then Wyn broached the subject of the name "FAITH WALKER". Brother and sister looked at each other. Petros spoke. "My friends, we can understand

your curiosity, and we hope you will not be kept in suspense for too long. Forgive us if this seems strange to you, but would you mind telling us a little about yourselves first?"

"Not at all," replied Aroha.

Between them Wyn and Aroha told the Abrahamsons their story.

"Maybe that's more than you bargained for. I've watched your faces as we've talked and I'm sure we have much in common," said Wyn. Petros's and Serena's faces broke into radiant smiles and all reservations seemed to evaporate. "Amazing! Absolutely amazing!" exclaimed Petros. "We were going home this morning but we felt constrained to stay here another day. That's why I rode down to the shops. Will you please stay and have lunch with us, and then we'll tell your **our** story."

# 20 Tetanus

What is of great interest to me, is the lack of basic, honest information in the Year 7 vaccination brochure which is supposed to cover the diseases diphtheria, tetanus, whooping cough and polio.

The only information provided to parents about the diseases[1] is that:

> ***Diphtheria is – a disease that affects the throat, making it hard to breathe and swallow. It may also affect the nerves, muscles and heart.***
> ***Tetanus is – a disease that gets into the body through a cut or graze. Tetanus causes muscles to stiffen and go into spasm. It may affect the breathing muscles.***
> ***Whooping cough is – a disease which damages the breathing tubes. Affected children may vomit and find it difficult to breathe during the coughing spells.***
> ***Polio is – a disease that can paralyse the body and affect the muscles that help you breathe.***

That's it. This level of information is as accurate as saying that everyone who drinks any alcohol can end up in hospital, dying of liver cirrhosis. Or that everyone who doesn't wear a safety belt can end up in an accident and die as a result.

***What do you as a parent need to know to make an informed choice?***

Let's use tetanus as an example. Tetanus cannot be "caught" from someone else, but because tetanus spores are everywhere, the possibility that you could get tetanus is always there. But possibility and probability are two different things.

Are you only interested in the worst possible case scenario, tetanus, ***which is highly unlikely to happen?*** But how would you know that it is unlikely to happen? There is nothing in the parent information to give you a COMPARISON of the

1 Year 7 Immunisation, Code 1312. Amended January 2007. Page 3. http://www.healthed.govt.nz/uploads/docs/HE1312.pdf. Originally accessed in August 2006.

likelihood of contracting tetanus before the vaccine was available, along with the risks from the vaccine.

The only serious side effect mentioned on the form is the possibility of nerve damage, called brachial plexus neuropathy, which *"occurs in 1 in 100,000 people who receive the vaccine"*.

Wanting more information, you go to the Ministry of Health's website and find the Tetanus chapter in the immunization handbook. You read the Introduction[2] which says, under key points:

*Tetanus has long been known as the scourge of parturient women, newborn babies and wounded soldiers. In the 18th century one out of every six infants born at the Rotunda Hospital in Dublin died from neonatal tetanus*[3]*. Hippocrates described tetanus, but the cause was not recognized until 1884 and the toxin not purified until 1890. The toxoid (chemically inactivated toxin) was first prepared in 1924.* (Underlining mine)

You sit and think, *"Hmm … 18th century, ah yes, 200 to 300 years ago in Ireland, between 1701 and 1800. That's really relevant to New Zealand in 2008? The end of the 18th century was the time when "menwives" took over from midwives*[4]*, and started causing the deaths of thousands of babies and mothers from puerperal fever, because they never washed their hands. That was when data collection was pretty abysmal. This was long before Florence Nightingale had been born, and grown to an adult in the late 19th century when she literally dragged doctors and hospitals into accepting the new and novel idea that cleanliness in hospitals, and of the patients, must be attended to; that dirty bedding, filthy unchanged dressings, faeces-ridden floors with rats and cockroaches skulking in the corners, had no place in an institution where people were supposed to get better, and that good food should be provided by the hospital, not any old food by the family."*

Do you think that? Or do you miss that connection, because you weren't taught about Florence Nightingale, or the appalling health conditions in society in the 18th century? Do you assume that conditions in Ireland in the 18th century are the same as today's and think to yourself, *"Oh no, if I don't vaccinate, my child has a one-in-six chance of dying!"* It is hard to escape the conclusion that the Health Department wants to trade on the fact that many young parents today don't know very much history, and can be emotionally swayed into acting on a comment which has no relevance to New Zealand, or any other developed country today.

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2 *Immunisation Handbook*. April 2006. ISBN 0-478-29926-5 (web) HP 4224 Tetanus http://www.hpac.govt.nz/moh.nsf/UnidPrint/MH4795#Tetanus

3 There is no reference for this, and trying to find it on internet leads you on a wild goose chase.

4 Costello, C. Y. 2006. "Teratology: "Monsters" and the Professionalization of Obstetrics" *Journal of Historical Sociology*, 19 (1), 1–33. doi:10.1111/j.1467-6443.2006.00267.x Last para pg 6 in pdf. The whole article is a fascinating insight into medical power games.

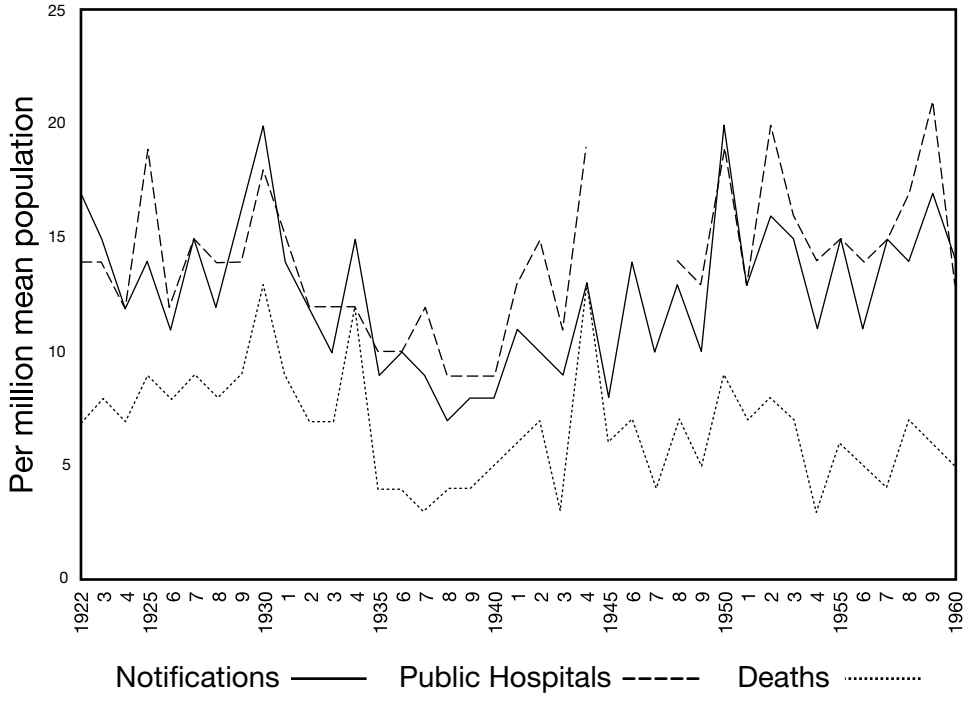


Figure 20.1 Tetanus in New Zealand, 1922–1960 Between 1922–1960, tetanus notification rates were 1.1 per 100,000 population with a median of 21 cases every year.

Why doesn't the introduction begin with information[5] like this? *"In developed countries neonatal tetanus had been abolished before the development of passive immunization against tetanus. In Finland the last case of neonatal tetanus was reported in 1915."*

And yes, this medical article is about immunized children who got tetanus. The key to analysing Health Department information is to know whether the information is relevant, and to work out what has been omitted that you should know about.

You decide you want to know more, so you read further. After careful study of this material, surely an important question would come to your mind:

*"If I'm to compare disease risks in New Zealand with vaccine risks, why is it that the only risk data that is presented is either an 18th-century Irish hospital, or New Zealand tetanus hospitalization data from 1970 onwards?"*

5 Luisto, M. et al. 1993. "Tetanus of immunized children." *Dev Med Child Neurol,* 35(4): 351–5, April. PMID: 8335151.

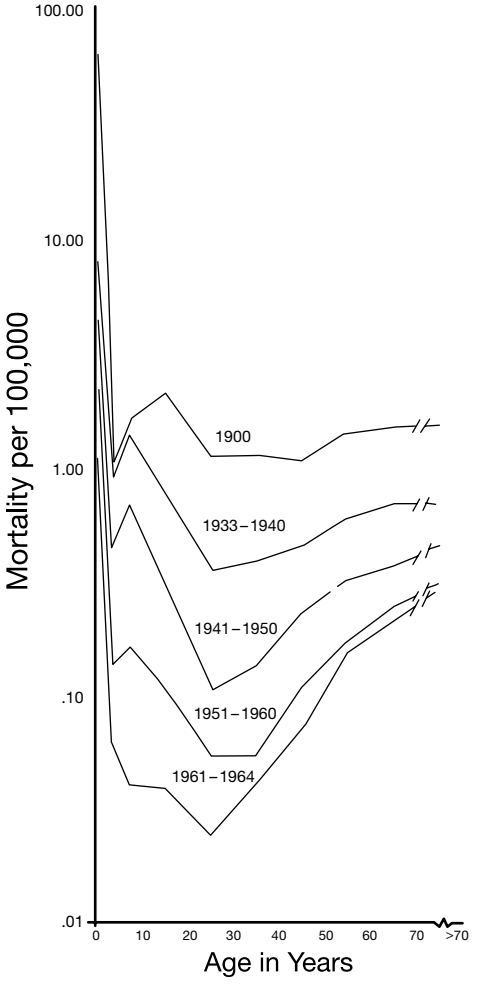


Figure 20.2 Average annual tetanus mortality rate according to age group, United States, 1900 and 1933–1964

New Zealand pre-vaccine data from 1922 to 1960[6] in Figure 20.1 provides you with a more accurate comparison as to the risks civilians had of contracting or dying from tetanus, rather than irrelevant Irish anecdote from the 18th century.

One interesting observation that can be made from the New Zealand graph in Figure 20.1 is that before any vaccine was used, the biggest dip in tetanus cases, hospitalization and deaths, occurred from 1930 right through the early polio years to 1943. Older people will remember the 1930s' messages of wash hands, flies spread diseases, sneezes spread diseases, and keeping yourself clean. No doubt other people could come up with other reasons for the decline in the instances

6 Health Department Mortality and Morbidity book, 1989. Page 15.

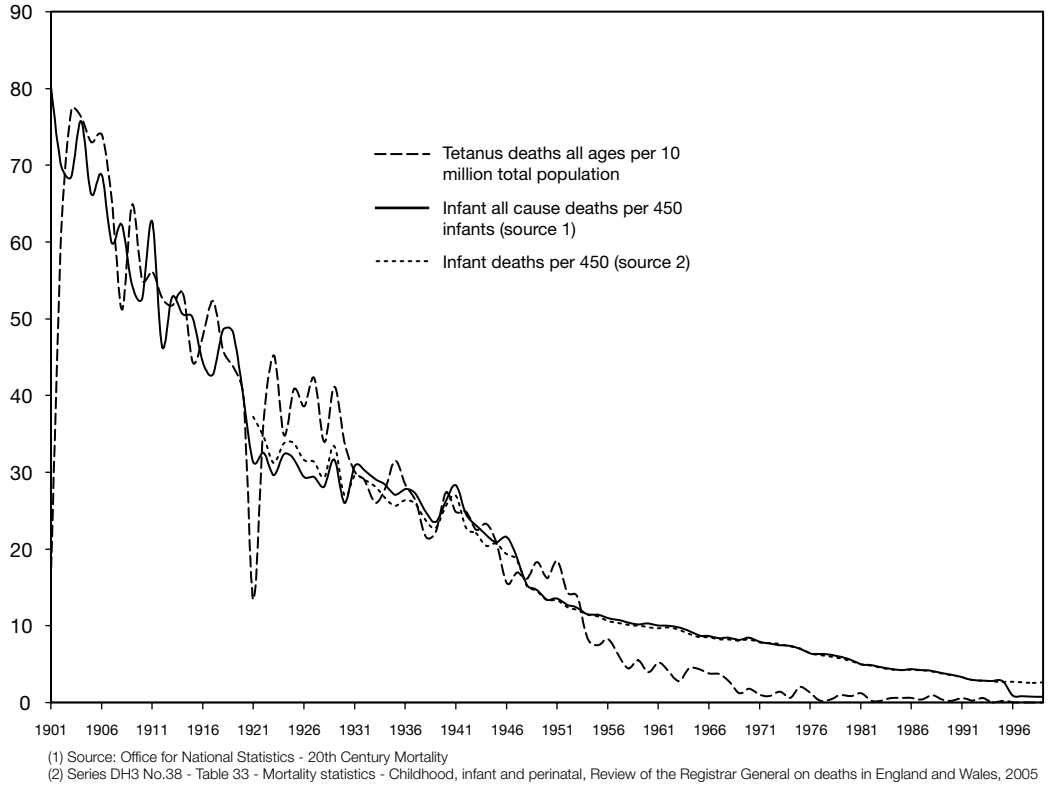


Figure 20.3 Tetanus – Mortality Per 10 Million All Ages vs All Infant Mortality all causes per 450 infants – England & Wales 1901–1999 – Source: "20th Century Mortality" Office for National Statistics

of tetanus, but I don't think it's a 'coincidence' that tetanus was less common in those decades than it had been before, or until 1960. The immunisation handbook does not say when civilian adults had access to the tetanus vaccine. The military had access to tetanus vaccine from World War II onwards, infants from 1960, and adults from 1971.[7]

America experienced a steady decrease in tetanus mortality from 1900 until before the vaccine, which a 1972 article[8] attributed to environmental factors; ***"the decline started before introduction of tetanus toxoid and has continued in the last decade during which time toxoid delivery has not improved significantly."*** This decline is also illustrated in the graph[9] in Figure 20.2.

7 Dow, D.A. et al. 1996, "New Zealand immunisation schedule history." *N Z Med J,* 109(1023): 209–12. PMID: 8668301.

8 Fraser, D.W. 1972. "Tetanus in the United States, 1900–1969: Analysis by cohorts." *Am J Epidemiol.* Oct; 96(4): 306–12. PMID: 5074684.

9 LaForce, F.M. 1969. "Tetanus in the United States (1965–1966): epidemiologic and clinical features." *N Engl J Med,* 280(11): 569–74, March 13. PMID: 4885059.

Obviously, tetanus data and trends will vary from country to country. McKeown[1], in his 1978 book discussed the decline of tetanus mortality in the UK saying: *"although routine active immunization of children was introduced only recently, large numbers of adults have been protected since the Second World War, including all those who served in the armed forces. But while it is probable that immunization contributed substantially, other explanations (such as the disappearance of the horse from the roads), must be found for the considerable reduction of deaths before it was used. It should also be mentioned that in recent years there has been a significant improvement in treatment."*

Plainly something other than tetanus anti-toxin was at play in the UK as well, where there were also well publicised "hygiene" campaigns, which were intensified during the polio years.

There is much more that, ideally, you need to know about, and of which McKeown and others appear to be unaware. An example is the role of nutrition in tetanus. However, from the data presented here, you can see that talking about an Irish hospital some time between 1701 to 1800, and not presenting appropriate pre-vaccine data, is inadequate in terms of informing a parent of real issues pertaining to New Zealand.

Most immunization handbooks state that you cannot acquire natural immunity to tetanus. The New Zealand Handbook[2] even goes so far as to use the fact that in 1995 a 40-year-old man developed tetanus a second time, because he didn't complete a tetanus vaccination course. This was presumably a version of "proof" that tetanus does not usually confer immunity.

Tetanus is, and always has been, a rare disease. Even before a vaccine, tetanus incidence was not collated as "cases per thousand" but "cases per 100,000". Why? Because, contrary to what you have been told, there are quite a few older medical articles showing that natural immunity to tetanus[3,4,5] does exist. The existence of natural immunity is brushed aside by the medical community, but its existence is logical, not just when you look at the data, but when you consider tetanus rationally. The majority of the population in the past, survived tetanus exposure without getting tetanus, despite being exposed to it all the time. Go and look at your family tree. How many in your unvaccinated pioneer family in this country in the 19th or 20th century either got, or died of, tetanus?

---

1 McKeown, T. 1978. *The Role of Medicine.* Princeton University Press, p. 102. ISBN 0876683103.

2 *Immunisation Handbook.* April 2006. Chapter 5: Tetanus. Page 157. http://www.moh.govt.nz/moh.nsf/pagesmh/4617/$File/2006-05tetanus.pdf.

3 Matzkin, H. et al. 1985. "Naturally acquired immunity to tetanus toxin in an isolated community." *Infect Immun,* Apr; 48(1): 267–8. PMID 3980089.

4 Veronesi, R. et al. 1983. "Naturally acquired antibodies to tetanus toxin in humans and animals from the Galapagos islands." *J Infect Dis*, Feb; 147(2): 308–11. PMID: 6827147.

5 Leshem, Y. et al. 1989. "Tetanus immunity in Kibbutz women." *Isr J Med Sci.* Mar; 25(3): 127–30. PMID: 2651348.

Certainly, tetanus isn't a nice disease if you get it. You might not want to "take the risk". You might want to have the vaccine. That is your choice. The question on the other side of the coin that you then have to ask is: "Is the vaccine guaranteed to protect me?" The Health Department says it will, and in general, it does. But if you look at medical journals through the web, you will find that recently some cases of tetanus have occurred in fully vaccinated people, who have had very high levels of detectable antibodies – and some of them have died. In fact, there are an increasing number of vaccinated people now coming down with tetanus. Why might that be? My opinion is that, in general, the quality of nutrition with adequate minerals and vitamins is spiralling downwards, as is the standard of basic home hygiene. Furthermore, based on our own experience, the standard of wound management by the medical profession has markedly dropped on the assumption that the vaccine will protect you against contracting tetanus, so it's the assumed default back-up protection, if there is a failure to clean out wounds properly.

While methods of tetanus treatment have improved greatly, there is still a lot the medical profession could do, which it doesn't do. Many doctors look at e-medicine articles, thinking the information will contain the best or most up-to-date treatment modalities. Yet last year,[6] when I brought the uses of magnesium and hydrogen peroxide in tetanus to the attention of an e-medicine expert on the topic, he didn't know about them. At least he updated the article to include magnesium. But I was mortified that he continues to give tetracycline as an option, because it strips the body of vitamin C, which is of critical importance in recovering from tetanus. There are very good reasons that tetracycline should ***not*** be used in the case of tetanus. The importance of vitamin C in the treatment of tetanus is covered in some of the books in the booklist at the end of Chapter 70, "The Medical Basis of Vitamin C used in Sepsis".

I believe that the tetanus vaccine, is one of the better vaccines if you want to use a vaccine. The fact is though, that your chance of getting clinical tetanus even if you are unvaccinated, is miniscule.

The point of this chapter, is to show parents that there is no need to be harangued into feeling that if your children are not vaccinated with tetanus they will die at any moment from even a minor knee scrape. Every parent though, should already know how to thoroughly clean out any wound, even a supposedly minor scrape.

What are your choices if you remain scared of tetanus, and wish to use a vaccine? At the moment, the only vaccine available in this country is a tetanus/diphtheria combination. Many doctors I have spoken to, say they see fewer reactions to the combination vaccine, than they saw to the single tetanus vaccine. From my experience, I've seen appalling reactions to both vaccines.

6 Butler, H. 2007, to R. Tolan MD, March 10 – (e-mail) regarding a recently updated e-medicine article which had no reference to the use of magnesium. http://www.emedicine.com/ped/topic3038.htm

In March 2006, the Health Department decided that you would no longer be able to choose a single tetanus antigen. An adult friend of mine recently enquired of the Health Department why this decision had been taken, and their reply was that they were "looking for a safe single antigen". That's strange, when so many other countries have no problem supplying a safe single tetanus antigen. "Safe single antigen" was advised for adults for the last 37 years, so what has changed now?

On 22 November 2007 I received this information from Parliament:

> ***Question: Further to the Minister's response to question for written answer 17799 (2007), when, if ever, will a tetanus-alone vaccine become available?***
>
> ***Answer text: Portfolio: Health Minister: Hon David Cunliffe***
>
> ***Date Lodged: 06/11/2007***
>
> ***I am advised that a tetanus-alone vaccine would become available if either a manufacturer with consent for distribution in New Zealand started to make tetanus-alone vaccine again, or a manufacturer currently without consent sought and gained consent from Medsafe. The cost of the tetanus-alone vaccine was would also have to be satisfactory.***

I believe this answer is a "fudge". The Ministry of Health doesn't want to bother with single vaccines because it doesn't see why people should have the choice. My prediction for the future is that, in the interests of "biggest bang for the buck" and "value for money", adults will soon be offered a whooping cough/diphtheria/tetanus/haemophilus vaccination.

Why? Because that's the way it's going in America. After all, who wouldn't want *everything* on offer, and supposedly "free"?

# 21 Green Island

*Petros and Serena lived on Green Island – one of the smaller islands in Lulling Sounds. Their family had owned it for many generations, and when their parents retired and moved to the mainland, the responsibility of using the Island's potential passed to Petros and his sister. Serena had never married but Petros had. From his marriage had come two sons, Paul and Matthew, but several years after the birth of the younger, his wife had been drowned in a boating accident. Petros and Serena had renovated the old homestead and together had brought up the two boys. The other house on the island, along with accommodation for workers, allowed for a close-knit idyllic community, unique in lifestyle and far-reaching in its fruitfulness! No one living on the island could escape the evidence of the Creator's handiwork. It was awesome, life-changing and empowering. The island was endowed with large areas of bush clad hills. From the high points were the views of other islands; the sea; and across the straits, the mountains of The Great Divide.*

*The limited sheep and cattle farming of past years which had been dependent on barging to and from the mainland, was replaced with something else which gave the small island community a new identity. Nothing was there by chance. Everything had been planned for a purpose. They discovered rich sources of minerals and vitamins. They learned how to maintain the right balance for good health. They built up their hives of bees and extracted a wide range of different honeys, each with unique properties. All sorts of berry fruits were planted – blueberries, boysenberries, currants, elderberry trees, to name but a few. A vineyard was established as well as a garden for an extensive range of herbs. Citrus, pip and stone fruits all had their place somewhere near to the centre of operations at Chosen Cove, a lovely sheltered deep water bay with plenty of room for visitors to moor their craft. Everything was grown organically. Although they harvested most*

of the "crops" from the good soils of the island, the sea also yielded its share.

Chosen Cove provided a beautiful welcome for people setting foot on the Island. A jetty jutted out into the bay but its length was restricted by the steeply shelving sea floor, and so as to provide flexible facilities for visitors, and the commercial operations of the island community, an ingenious pontoon extension was connected to the jetty by a tide-adjusting ramp. While "Faith Walker" was usually moored at the jetty most other craft found the pontoon more versatile. Petros continued his story.

> "In many ways we were breaking new ground when our lifestyle changed direction. Not everyone may want to live on an island. For Serena, the boys and myself, you could say it's in our blood. The island is the perfect place for what we are doing. We continually remind ourselves that we have a mission in life – to produce fruit and that our fruit should remain. We apply that literally to our stewardship of this island.
>
> "I confess that at times – lots of times – we have been slow learners. You asked about the name on our boat. You'll remember how Jesus called Simon Peter to come to Him across the stormy waters. Well, I'm a Petros too. I've had to learn – we all have – how to walk on water. We walk by faith not by sight. It's not easy – it's real scary at times. But as a faith walker, you are different to the majority around us. You have to be. Mind sets have to go. To get in a rut is like putting a foot in a grave. If you allow yourself to be organized and become locked into a system, you begin to lose your freedom. It is so easy to become a puppet on a string, and the worst thing about that is our inability to see the controlling strings.
>
> "In our work here we experiment, we test our findings, we supply completely natural products to people and businesses who request them. We do not draw attention to ourselves by big eye-catching advertisements. To begin with, the fruits, and substances derived from plants and the sea, including the bees, were made known in selected publications, by using simple classified adverts of just a few lines. Soon word of mouth, took over, and still is the best way.
>
> "We generally supply by mail order or courier services, but you'd be surprised how many people call in personally when passing by in their

*boats. We have accommodation for people who want to stay a few days discussing health issues with us, and these people can use the launch services which deliver mail and supplies three days a week. Sometimes we will use our own boat to help people who have needs.*

*"We deliberately asked you for information about yourselves. Already we have had to deal with a number of attempts to "investigate" our business, and how we live on this island. There was some official from … what was it now … S something. Yeah, SIS. I remember his name – that was easy … Wylie Fox. He tried to come over here, but we wouldn't let him. We said we'd meet him over at Lulling Sounds if he was prepared to say what he wanted to talk about. We haven't heard from him since. But some of the big commercial interests have been keen to buy us out, or close us down by various underhand tactics. We hear rumours that the Government wants to impose controls regulating anybody using natural products. After all, the pharmaceuticals can't patent those things. It's almost getting to the stage where there will be paper work for every tree and bee you own, and a levy on every gram or millilitre you extract from God's own. You know what I'm talking about, because you face the same forces at work where you are – probably far more than we do. We too are Different Ones. That, our newfound friends, is our story – for now! We hope it won't be long before we can welcome you and your friends to Green Island."*

*Since that memorable meeting between Wyn and Aroha Wright and Petros and Serena Abrahamson, many D'Different Ones had visited Green Island at least once. They had tramped all over the Island. They pried into every nook and cranny and the knowledge so gained was invaluable to Petros and Serena. All sorts of discoveries were made including the location of more natural resources, hidden springs, and suitable landing places which were not plentiful on islands in the Sounds, often being hidden by the sea or undergrowth. Trails were established linking key points.*

*They loved their visits to Green Island, which although small in size compared with the foothills, ranges and mountain areas of the mainland, contained challenges and variety arising from the greater intimacy possible in the more contained space of an island.*

*Occasionally Norma Lee attended home births there. Mene Hertz and Trusta*

*Mee, (later to become Trusta Hunter) learned so much that helped them in weaning people away from the side effects and unnecessary dangers associated with pharmaceutical drugs.*

# 22 Compliance in the Land of the Free

Anyone with vaccination issues on their radar screens would have caught their breath at a news item[1] from the USA which stated that:

> *"Students have until September 20 to show proof that they have received immunizations for chickenpox and hepatitis B or that they have an appointment to be vaccinated within 20 days. Otherwise they are barred from school. School system spokesman, John White, said the district is trying to get parents to sign consent forms authorizing school officials to take students to in-school clinics to be immunized."*

The thrust of the article was that "We want our children in school".

Then, because the school records appeared to show that some kids hadn't been vaccinated, the schools started barring kids from attending school. Which of course, meant that they were legally labelled as truants. Straight away, certain sectors of the American community realized what was going on, and started to flood newspapers, the courts, the school system, and whoever's ear they could chew, with the fact that the school system was being grossly unfair, because although you'd not know it, from the way the doctors and law enforcers were talking, vaccination is NOT compulsory in America. Most states have exemption provisions, and Maryland citizens have the right to an exemption.

By 14 November state authorities had ramped things up with headlines[2] ringing,

1 Hernandez, N. 2007. "3,300 Face Ban if Proof of Shots Not Given Soon." *Washington Post,* September 14, p. B01. http://www.washingtonpost.com/wp-dyn/content/article/2007/09/13/AR2007091302275.html?nav=rss_health. Accessed 15 September 2007.

2 Hernandez, N. 2007, "Get Kids Vaccinated Or Else, Parents Told." *Washington Post,* November 14, p. B01. http://www.washingtonpost.com/wp-dyn/content/article/2007/11/13/AR2007111301408.html Accessed 22 November 2007.

"Get Kids Vaccinated or Else". Prince George's State's Attorney, Glenn F. Ivey said, "We can do this the easy way, or the hard way, but it's got to get done. I'm willing to move forward with legal action." The chairman of the school board intoned: "This is an education crisis, … this is a public health and a children's rights issue", and parents were warned: "unexcused absences by your child may subject you to a criminal charge."

Ivey set up a court date for the following Saturday, and stated that any parents who did not appear in court would face fines of $50.00 for each day their child remained unvaccinated, or up to ten days in jail, if they failed to get their children immunized after being charged. "The goal is to get kids in school, not to put parents in jail," Ivey said.

Funny that. I thought the goal was to enforce what had been presented, up to that point, as "compulsory vaccination". By some masterful stroke of an attack of forgettory, no parents had been informed that they could get an exemption, and no newspapers had stated this fact. However, by this time, Ivey's phone lines had just about melted with overuse, as members of the community did a pack attack to remind him of this fact. Ivey was further embarrassed when a TV interviewer later got an admission out of him that he had declined the hepatitis B vaccinations for his own children. Up to this point, it didn't seem to occur to Ivey that what was good enough for him, was good enough to point out to all parents. Only when the hypocrisy of his own position was pointed out to him, did he decide to say,[3] at his next public outing, "The message is get your kids vaccinated or get an exemption. You can't just sit on the fence".

What a shame he'd not bothered to tell everyone about all their options right from the outset. In the same article, John White, a spokesman for the school system, morally intoned:

"How can you in good conscience allow your child to miss school and their education for no particular reason?"

Just maybe some parents had very good reason, as later events would show.

Come Saturday, informed consent advocates showed up to help out at the Prince George's County Courthouse. With them was Washington DC Attorney, Jim Moody, and Charles Frohman, from the American Association of Physicians and Surgeons (AAPS), and a group of civil rights lawyers. The media also turned up at the courthouse. The lawyers were organized by the AAPS so that parents could be advised of their rights to be exempt if they so wished. Unfortunately, everyone except the parents was barred from entering the court, so there were no independent witnesses to what was going on inside.

3 AP. 2007. "Get kids vaccinated or got to jail?" *USA Today*, November 17 (early version). http://www.usatoday.com/news/health/2007-11-17-vaccines-school_N.htm

However, it was revealed on CNN TV[4] that parents were not asked questions about their children's medical history or whether the children had reacted to previous vaccines. Parents were not given information about the vaccines concerned, possible side effects or what signs to look for if the child reacted to the vaccine. Neither were parents given the official forms for religious or medical exemptions to vaccination, legally provided for in Maryland, so that they knew their options. Plainly, this was not a child's rights issue at all. More plainly, it was a State show of power, and of strong-arming parents into uninformed compliance. Forget the word "consent", since consent implies knowledge.

Also mentioned was Bob Ross,[5] head of the parent–teacher association who said of the new get-tough approach, "Parents have a responsibility to help protect the public health."

Really? I thought parents had the duty to make responsible choices in the light of family circumstances, and in the best interests of their own children. Which is something no "school marm" should have the right to interfere with.

Later in the day, a second version[6] of the same article became available, in which a slightly different picture was emerging. It seemed that many of the children already had their required vaccinations, and the parents were complaining that the school system was to blame. Parents who hadn't thought to keep copies of the paperwork involved, were forced to have their children revaccinated. One parent complained that this was the second time her daughter had to have a double lot of shots because the school record system had failed so abysmally.

Seventy-one other parents were able to produce copies of the documents, upon which the paper reported that "their records had been updated". One hundred and one children were vaccinated at the court that day which meant that, as the article said, *"172 more students were brought into compliance",* a very small number when you consider that the original article stated there were 3,300 unvaccinated children, and court orders were issued to 2,200. The article went on to state that now only 900 children were *"out of compliance".* Interesting maths!

And here's another point. Given that the article stated that the goal was *"to get parents to comply with State law",* why was it that the law didn't inform parents of all the legally available options? Why was it, that although the law states that consent must be "informed", and that Vaccination Information Statement (VIS)

4 Two video segments from http://www.cnn.com/2007/US/11/17/maryland.vaccines/index.html#cnn STCVideo

5 Associated Press. 2007. "Get kids vaccinated or got to jail?" *USA Today*, November 17 (early version). http://www.usatoday.com/news/health/2007-11-17-vaccines-school_N.htm

6 Associated Press. 2007. "Get kids vaccinated or go to jail?" *USA Today*, November 17 (later version). http://www.usatoday.com/news/health/2007-11-17-vaccines-school_N.htm

pamphlets[7] must be given to parents, that that didn't happen? Bit hypocritical, don't you think?

To show just how little one of the judges thought about the implications of a mass strong-arm manoeuvre by the State, here is a comment, reported in the media,[8] by Judge C. Philip Nichols, the Circuit Court Judge: "The Judge noted the unhappy looks of some of the kids in line, waiting for vaccinations. 'It's cute. It looks like their parents are dragging them to church,' Nichols said."

No thought to any civil rights issues here. School-system spokesman, John White, didn't deviate from the legal line regarding the 900 students "out of compliance", stating that:

> *"Any children who still lack immunization could be expelled. Their parents could then be brought up on truancy charges, which can result in a 10-day jail sentence for a first offense and 30 days for a second."*

So much for the right to be treated fairly; to be provided with all information; to have best practice standard of medical care, and to have the right to make choices without coercion. So much for the right of parents to be told at the outset exactly what their options are.

But hey, this is the land of the free. Freedom, it seems, to abuse the rights of parents. Freedom, it seems, to run a dictatorial regime while abusing not only the national constitution, but also flying in the face of everything the founding fathers held dear, and tried to foresee in their attempt to avoid this very situation.

When asked to explain the use of such tactics, Betty Despenza-Green said,[9] "We felt we needed to be creative." Interesting word, "creative".

Welcome to our brave new world. You can bet one thing. It won't be long before the same strategies are being used here in New Zealand. Anyone who watches the "finger (writing) on the wall"[10] can see signs that "creativity" like this is in the works in God'zone as well.

★ ★ ★ ★

The USA has unique ways of thinking up both blackmail strategies to make people "comply", and "instant pudding" ideas to make compliance easy.

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7 These are the official Vaccination Information Statement documents which all doctors are to provide. Available as pdf downloads from: http://www.cdc.gov/vaccines/pubs/vis/

8 Associated Press. 2007. "Get kids vaccinated or go to jail?" November 17 (later version). http://www.usatoday.com/news/health/2007-11-17-vaccines-school_N.htm

9 Hernandez, N. 2007. "Get Kids Vaccinated Or Else, Parents Told" *Washington Post*, November 14, p. B01. http://www.washingtonpost.com/wp-dyn/content/article/2007/11/13/AR2007111301408.html. Accessed 22 November 2007.

10 "Finger on the wall" is a reference to the finger of God which wrote on the wall warning of what was about to befall the nation of Persia. See Daniel 5, verses 24–28.

When worldwide hysteria created about the "bird-flu-which-hasn't-yet-arrived" started, there was an opportunity not to be missed. The USA, taking the lead in capitalizing on fear, decided to institute pandemic preparedness days.[11] These are practice days when "rapid response" teams are given an opportunity to "practise" in case the bird flu comes crashing in on everyone's head. But since there isn't a bird flu vaccine or epidemic on the horizon at this point, the best way to ramp up fear is using the ordinary flu vaccine. The logic of the blackmail strategies goes something like this.

*If there is less human flu around, it's far less likely for the bird flu to mutate into something that will kill humans. So to give us practice, and to do you a good turn, let's set up a regular practice day, so that you, the people, get used to the idea, and we get to jab you regularly. On the set day, we will send out the "emergency call" and all you people can scramble down here as quick as you can, and we the medical people will run around and see how many of you we can jab as quickly as we can. This way, we can see how well we can organize ourselves, and you lucky people get to have your vaccines free, which will help us develop systems for the public good. And for your good as well. Of course.*

*After all, it feels "good" to be able to be seen to be doing something, and of course, everything that we offer will work, because we know that.*

To make this work, the key is to put together a drill which brings together health care, business, community and especially religious-based organizations. The primary focus is to practise mass vaccination, disseminating "consumer-friendly" pandemic preparedness information, which never includes information on viable medical alternatives to the use of paracetamol and very expensive pharma drugs. The occasions can also feature the front-liners using walkie-talkies in case the phone service is cut, and giving M&Ms to whoever arrives, as practice to dispensing Tamiflu. While it all looks good, in reality, these practice days are exercises in conditioning in order to get people used to complying with orders.

These practice days don't always achieve their aim, and authorities get very disappointed at the low turn-out. After all, you can't "force" people to comply, if your aim is to get people used to doing it, without being forced. As one newspaper reported:[12]

> *With roughly 26,000 doses of vaccine available, only about 12,000 people showed up at 29 sites around Colorado. One department official said she didn't know why there wasn't a better turnout … A massive rush on the vaccines would have given workers a real taste for what an emergency*

11 Ably described on this website: http://hygimia69.blogspot.com/2006/12/days-of-comet-ai-newswire-859.html

12 The Denver Post. 2007. "Low turnout, but lessons learned in vaccine drill." November 19: editorial. http://www.denverpost.com/editorials/ci_7508498. Accessed 21 November 2007.

> *might look like … if a real pandemic were to strike, the media would be more engaged and people would be scrambling to get vaccinated. "That sense of urgency like there would be in a real pandemic just wasn't there," he said.*
>
> *Even with the low turnout, Saturday's effort was the largest state-sponsored flu vaccination program in the country. We were glad to see the effort. It's always best to be prepared.*

More creative was a different effort in Los Angeles, where vaccination clinics were designed on a drive-through basis:[13]

"It's free and I get to stay in my car," said Summer Healthcote, mother of a seven-year-old. "I couldn't pass it up." Free? Ah yes. Amazing isn't it, how that word "free" obliterates the fact that it actually comes out of your back pocket via taxes … and amazing how "free" means that you don't even think about the "risks" of a flu shot, or even about whether you really need it.

Dan Wall, the Public Health Department spokesman, said that the exercise was their version of preparing for a pandemic: "This is how we would vaccinate the entire population of Ventura County in 48 to 72 hours if necessary." Drive-through clinics aren't new in America. In the past hospitals have offered them in order to immunize older people or people with limited mobility.

The whole deal requires four car stops with idling (not to mention air pollution and breathing in fumes), which, when there is no rush-hour traffic takes all of eight minutes. At stop one, you fill out a form; at stop two, you answer medical questions; at stop three, you are jabbed, and at stop four, someone looks at you to make sure you've not suffered an immediate reaction.

Why do people participate? As Frederick Lehmkuhl, 38, a retired aerospace technician said, *"I hate to be pessimistic, but it will just be some time before we have a dirty bomb or an outbreak of anthrax … the community needs to be prepared."*

Which raises some interesting thoughts. How does a drive-through vaccine clinic prepare you for a dirty bomb, or an anthrax scare? And here's another interesting point. All vaccines can have delayed anaphylaxis reactions. What's to say that later that day, some of the poor participants in this social conditioning exercise didn't faint, or perhaps had delayed anaphylaxis, and were involved in, or caused, a motorway accident? Did anyone bother to monitor accidents to see if there had been a greater number that day? And if there had been, how would anyone attending the accident know that any of the people involved was not just injured,

13 Saillant, C. 2007. "Hundreds of motorists take advantage of clinics in Los Angeles and Ventura counties." *Los Angeles Times,* November 17. http://www.latimes.com/news/science/la-me-flu17nov17,1,874943.story?track=rss. Accessed 17 November 2007.

but also in the process of a serious vaccine reaction? And if the scare was for a new vaccine which wasn't a flu vaccine, how would anyone know the time frame in which any serious reactions could occur, or what the reactions might be?

In normal circumstances, you are supposed to wait at a doctor's surgery after any vaccine, for a minimum of 20 minutes, to rule out a reaction that might need an adrenaline injection. Eight minutes in a drive-through is really cutting things fine, and if that resulted in lots of car crashes, in the middle of a pandemic, just maybe the requirement for free-flow traffic would come to a halt pretty quickly.

There are lots of things you can't plan for in a pandemic situation, but one thing's for sure. In the real deal, there won't just be the odd volunteer rolling up to enjoy a day's outing and to collect their "freebies". There will be panic, stupid driving, queue jumping, and the very worst of human nature will be on display, big time. And should unforeseen nasty reactions pile up at the other end, the chaotic scenarios flitting through my brain, might make the air holding patterns for Heathrow look like a walk in the park.

# 23 Interview #1

*Dr Trusta Mee had waited several weeks for her appointment (this was before she married Eccles Hunter). She sat in a reception area flipping the pages of a glossy magazine, but seeing nothing. Her mind was occupied with how to use the interview in the most effective way possible. The rigmarole associated with asking a few questions of the CEO of Q-4 Health Pharmaceuticals, was almost comical, if it wasn't such a serious matter. Her speed "reading" was interrupted by the receptionist standing only a few feet away. "Dr Ignor Factz will see you now."*

*Trusta Mee was shown into a spacious and very modern office suite. A large landscape window with Venetian blinds occupied one wall, and the figure of a man was silhouetted against the sun light filtering in between the slats.*

*"Dr Mee? Pleased to meet you. I'm sorry for your lengthy wait, but I am a very busy man as I'm sure you'll appreciate. Please sit down. If you would like a drink there is chilled water next to your chair. How can I be of assistance to you?"*

*"Thank you Doctor. It's nice to meet a fellow of my profession. Did you do your training in Europe? Rome maybe? Or perhaps Warsaw?"*

*"I am not a medical doctor. I have doctorates in Philosophy, Phychology and Psychiatry and I have trained in several different universities. However, if you're here to talk about medical matters I am sure my expertise will be more than adequate for you." He looked pointedly at his wristwatch.*

*"I will try not to waste your valuable time, Dr Factz. The more research I do, the more concerned I become about many of the products which find their way onto the market, with guarantees from companies like yours, that the drug, or vaccine, or whatever, is just what the doctor ordered. I have grave concerns about this new drug you have persuaded the Ministry of Health to fund – Pluracydefex. Could you please explain to me how it makes anyone receiving it, immune to antisystematosis?"*

*Trusta looked Dr Factz squarely in the eyes. Was it her imagination or did the colour of his complexion lighten by several shades?*

*There was a long silence.*

*"Dr Mee, you do understand the difference between a drug and a vaccine, I hope. Pluracydefex is a vaccine."*

*"Can you supply me with details of all the research done leading up to the discovery of this breakthrough as you call it? And all the testing and the trials carried out? Any adverse reactions? It's efficacy? Whether this wanes markedly between shots? These are the things people – especially parents – need to know."*

*"If you leave all the necessary information with my receptionist, I'll see what I can do. Now is that…"*

*Trusta was not going to be brushed off. "No. You still haven't answered my question about immunity. How do people become immune? And immune to what exactly? Why is it so important? And to whom?"*

*A buzzer sounded somewhere from the bowels of the CEO's desk. "I'm sorry, Dr Mee. I am required somewhere else – rather urgently. If you would like to write all those questions out – or even dictate them to my secretary, I will see what I can do to get some answers to you." With that Dr Ignor Factz pressed a button on his desk. The door opened and the receptionist appeared on cue.*

*"Dr Mee has some requests for information. Would you make a note of all the relevant details that you will need from her. Remind me to process them when I have more time." With that he held out his hand for a farewell – and good riddance?! – handshake, and then seemed to disappear. Trusta provided the receptionist with the requests, knowing full well that that would probably be the end of the matter. She had hit the nail on the head and the head didn't like it!*

*The system was speaking louder than words.*

# What causes disease? Genetics and epigenetics

*Exact Quote:*

*In most infections only a rare individual becomes ill or suffers rare complications, and that individual may be genetically predetermined, it usually is. For example, HTLV-1 infects 1–2 million Japanese, but only one in over a thousand gets adult advanced T cell leukemia after 40 years, and fortunately only about one in a thousand gets HAM, HTLV-1 associated myelopathy. Those unfortunate rare individuals are the problem, not the problem of the innocuous, or carriers, the other one thousand who die without ever knowing that they had it, and having no ill effect. The same can be said for poliomyelitis, where it takes 1,000 infected cases in order to induce a paralysis, the others don't know they were infected. Japanese B encephalitis only produces a clinical disease in a rare infection. Syphilis, untreated will allow in old age, two thirds of such people to go to the grave from other causes. … Tuberculosis is almost the same. Staphylococcal complications of acute glomerular nephritis, rheumatic fever and other autoimmune syndromes are all rare complications perhaps under remote genetic control. … This true also for many toxins, deficiencies and hypersensitivities, asthma and other allergic reactions like bee sting, food and plant sensitivities and allergies. They are lifelong for many, and transient for others.*

*Neurological complications of pellagra and beriberi as combined system disease, killing with nervous system damage those rare pernicious anemia patients who get it, [yet] others don't. It is the same small molecule, but why does one get it and another not? … I wonder whether it isn't cheaper just to give thiamin and riboflavin, folic acid or liver extract, than talk about repairing the gene damage. … It is surely more ethically acceptable, even in developed nations, and certainly for the underdeveloped world, to tell them that genetic engineering will not provide them with solutions which they can afford in the foreseeable future to many of these kinds of problems.*[1]

1 Source: Gadjusek, D.C. 1992. "Scientific Responsibility." In Fujiki N. et al. *Human Genome Research and SocietyProceedings of the Second International Bioethics Seminar in Fukui,* 20–21 March: pp 205–210. http://www2.unescobkk.org/eubios/HGR/HGRCG.htm. Accessed 8 December 2007.

# 24 Death Is Not a Lottery

*A beneficent paternalistic animal husbandry of one's human flock is no longer acceptable to Mankind.*[1]

Listening to the medical profession, you would think death is guaranteed if you don't get a vaccine. If that were not the case, how is it that the medical profession has managed to scare so many witless, and get most people to believe that if they don't have X vaccine, they will die?

It's just not true. I'll say it again. It's just not true. You know it by logic, but has anyone explained to you why it's not true?

If you look at your family tree, or look at the risk statistics mentioned on page 120, you can see that susceptibility to serious complications to disease or death, has to be, and is, both environmentally and genetically driven.

The first medical item which I read showing that influences on genes could be important, was a 1954 medical journal letter[2] which said:

> *"For 6 years I have been gathering data on a peculiar phenomenon … with the aid of pediatricians and pediatric clinics. They pertain to an unexpected correlation between susceptibility to poliomyelitis and genetic traits indicated by pigmentation of skin, hair and eyes."*

The author detailed these traits, and said, *"I have met several pediatricians who had independently made the same observations, but I have not learned of any other attempt to gather objective data on this point."*

1 Gadjusek, D.C. 1992. "Scientific Responsibility." In Fujiki N. et al. *Human Genome Research and Society Proceedings of the Second International Bioethics Seminar in Fukui,* 20–21 March: pp 205–10. http://www2.unescobkk.org/eubios/HGR/HGRCG.htm. Accessed 8 December 2007.

2 Minto, W.L. 1954. "Variation of susceptibility to Polio." *Science,* 119(3104): 914, June 25. PMID: 17738593.

Then in 1975 a polio specialist, Wyatt by name,[3] wrote, *"This article shows how genetic susceptibility, virus, immunity, sensitization to an auto-antigen and certain other factors may combine to produce disease."* He pointed out that since the 1940s most scientists had argued against such a proposition even though the *"statistical probability of infection"* had been accepted, which proposed instead a theory based on greater exposure and viral dosage. The dogma became that *"paralytic poliomyelitis breeds paralytic poliomyelitis",* which held that people with paralytic poliomyelitis excreted more virus, and more virulent strains, so everyone exposed to them would get paralytic polio. This concept decreed that paralytic polio was selected by the virus, and had nothing to do with the host.

Wyatt pointed out that none of those "propositions" had been either formally proposed or even tested.

So why is that dogma still believed today?

Whatever scientists thought in those days was regarded as "god" speaking from on high, and people believed it. Today, most people believe that the polio vaccine prevents every person who has had the vaccine, from getting polio. It's not true, though. But "let sleeping dogs lie", is the motto of today.

Wyatt pointed out anomalies which blew that dogma to smithereens. Such as the fact that persons with hypogammaglobulinaemia (without antibodies, or the ability to make antibodies) should have shown a very high incidence of polio, whereas the incidence was only 5.2%. Wyatt proposed that a number of linked genetic "susceptibilities" were at work, and therefore only very small numbers of people could, or would *ever*, be susceptible to clinical polio and paralysis.

In the second article[4] Wyatt discussed how high numbers of paralytic polio appeared in a few "familial" lines, but rarely in others. He pointed out that in very small communities like Stromsburg, Nebraska in 1909; Alaskan Inuit communities in 1948, or those in the Marshall Islands in 1963 there were small gene pools. Those communities also had very high numbers of paralytic polio. This, he said, clearly demonstrated the effects of genetic susceptibility. Paralytic polio was grossly over-represented in those communities, compared with communities with a huge diversity of ethnicities and genes.

In the larger communities, genetic susceptibility occurred primarily as a result of diverse mating and gene combinations resulting in random genetic susceptibility, which was more like Russian roulette. Wyatt pointed out a couple of communities which showed anomalies that could not be explained, but he asked the question: "If susceptibility is genetic, what is the mechanism?"

3 Wyatt, V. 1975. "Is poliomyelitis a genetically-determined disease? I: A genetic model." *Med Hypotheses,* 1(1): 35–42, January–February. PMID: 1238899.

4 Wyatt, V. 1975 "Is poliomyelitis a genetically-determined disease? II. A critical examination of the epidemiological data." *Med Hypotheses,* 1(2):23–32. March–April. PMID: 1196158.

Some answers might be found in *"epigenetics"*,[5] a field that was 30 years further into the future, although the epigeneticists are only just getting a handle on the abc's of the "where" and the "how" of genes influencing disease.

The next "inference" of genetic susceptibility I fell over, that genes might be operating in disease, was an article[6] about Hepatitis B carriage which said:

> *"The majority of patients with chronic HBV infection have no preceding history of acute hepatitis. Most patients are asymptomatic. It is believed the immune system of these patients is abnormal, resulting in incomplete clearance of viral particles."*

What might that immune system abnormality be driven by? Epigenetics? Not every Hepatitis B carrier will get cancer. Why do some and not others? When the Hepatitis B vaccine was promoted in New Zealand in 1987, 'inevitable' liver cancer and death amongst carriers, was the weapon used to create compliance. In the case of hepatitis, environment triggers suppress further the liver's toxin clearance factory called the P450 mechanism. If the liver is not able to deal with alcohol, drugs processed in the liver, fat, a lousy diet, and the effects of smoking, then the relevant genes which orchestrate the immune system will take an "epigenetic" hammering, and cancer might result. Why is it that roughly 1% of chronic Hepatitis B carriers become antibody positive, every year? Why is it that parents are not told that most Caucasian children[7] and adults[8] with hepatitis b core antigen carriage, become inactive carriers with a very good prognosis, and that the co-factors of alcohol and drug abuse might be very important for those who do progress to cancer? Why were we battered in 1987, with the medically condoned assumption that all carriers faced a life of misery, cancer and death? Had studies been done to look at that issue before the vaccine came out, such an assumption would have been found to be baseless. But parents believed that assumption to be true, when it was not.

Immunologists are ***not*** focusing on how cofactors affect the way genes up-regulate or down-regulate messages to the immune system, which can be responsible for serious complications to any disease. Their goal is to find out which genes don't work in people who don't develop detectable antibodies to vaccines. They call this

5 *Epigenetics* is a branch of science which looks at how lifestyle patterns affect the functioning of genes. Scientists look at poverty, smoking, what you eat and drink, your exposure to toxins, parenting styles, personal attitudes, habits, exercise, sleep, etc.

6 Lane, M.R. et al. 1985. "Hepatitis B viral infections: clinical, pathological, serological features and treatment." *New Zealand Medical Journal,* 98(772): 57–61, February 13. PMID: 2983271.

7 Bortolotti, F. et al. 2006. "Chronic hepatitis B in children after e antigen seroclearance: final report of a 29-year longitudinal study." *Hepatology,* Mar; 43(3): 556–62. PMID:16496323. http://www3.interscience.wiley.com/cgi-bin/fulltext/112465069/PDFSTART

8 Fattovich, G. et al. 2008. "Long-term outcome of chronic hepatitis B in Caucasian patients: mortality after 25 years." *Gut,* Jan; 57(1): 84–90. Epub 2007 Aug 22. PMID: 17715267.

*"VACCINOMICS"*: how genes (genomics) affect immune responses to vaccines.

One of the principal researchers of "vaccinomics" is Gregory A. Poland, who also makes it his business to negatively editorialize on people who question the mass use of vaccines. Poland's[9] laboratory has contributed to the growing understanding of what is now called "the immune response network theory" which says this:

> *"The basic genetic elements of the immune-response network theory include the key immune-response genes necessary for the activation/suppression of immune responses, the dominance profile of a given gene or polymorphism, the epigenetic modifications of these genes, the influence of signalling genes, innate response genes, gene-gene interactions, and genes for other host response factors."*

Genes, genes and more genes.

Poland goes on to say that though the data suggests that an individual's response to a vaccine or antigen is a result of *"the cumulative summary of each gene's influence and the gene-gene interactions that occur"*, … because their knowledge is limited, they can't predict an individual's immune response or why a polymorphism of one gene may be dominant, or recessive dependent upon other genes. He recognizes, though, that the influences of these polymorphisms *"have important implications in understanding the differences in the responsiveness of individuals within a population to infectious agents and vaccines"*.

Poland describes how this knowledge will lead to a new "golden age" of vaccinology called "predictive vaccinology". Meaning they will predict the immune response of a vaccine, reactions maybe, and whom to vaccinate with special vaccines.

Another recently published article[10] shows the limit of "vaccinomics" knowledge, and illustrates the focus of that illiteracy, and where they want to run with it:

> *"Because most genes that are important in influencing immune responses to vaccination are still unknown, clearly more work is required. A better understanding of the factors that determine an effective response to vaccination may lead to the identification of specific genes and pathways as targets for the development of novel more uniformly effective vaccines."*
> (Underlining mine.)

9 Poland, G.A. 2007. "Heterogeneity in vaccine immune response: the role of immunogenetics and the emerging field of vaccinomics." *Clin Pharmacol Ther*, 82(6): 653–64, December. Epub 2007, October 31. Review. PMID: 17971814.

10 Kimman, T.G. et al. 2007. "Genetic variation in the response to vaccination." *Community Genet*, 10(4): 201–17. Review. PMID: 17895626.

Are they looking at the genetic and epigenetic factors that lead to and result in the immune response failing, and resulting in that patient having serious complications to disease?

Poland introduces another factor which is missing from "vaccinomics" at the moment, called *"polymorphic plasticity"*. This means that, depending on the variable influences of a person's environment and diet, the genes can express different phenotypes resulting in different outcomes. This is also a nice little "out" if specific "gene" theories fail, because polymorphic plasticity, along with epigenetics, cannot be measured. If something went wrong in a vaccinomics experiment, it could be put down to either "polymorphic plasticity" or "epigenetics".

Poland's article details research looking at "non-responders" to the Hepatitis B vaccine, who were found to have two gene malfunctions.[11]

Are these the same defects which result in someone becoming a chronic hepatitis b carrier? Yes. This study[12] acknowledges that, "*... the same immune mechanisms may be involved in the susceptibility of disease and the response to vaccination. This appears to be the case for hepatitis B, where certain HLA molecules are associated with a poor prognosis of disease and vaccination response as well"* (p. 214).

Poland says that such technology might make it possible to not vaccinate someone because they aren't genetically susceptible to a disease, but that comes through as very much an afterthought. EVERYTHING else in this article points to huge mega-buck research, resulting in lots of patents, for lots of new vaccines to really soup up the immune system.

There is another reason why researchers will not look at genetic factors making it possible to NOT vaccinate those who are not susceptible to disease.

Recently, the *New Zealand Herald* focused on research by a New Zealand Doctor, Patrick Gladding[13], who is developing tests based on single nucleotide polymorphisms, which tell which patients certain drugs will work on, and those patients where drugs won't work. He is finding lots of nucleotide polymorphisms not previously identified. He wants to do some large scale studies, but he can't convince the drug companies to fund them. Why? His explanation would apply equally as well to studying which people wouldn't need vaccines;

***The problem is drug companies don't like this technology at all, because it means some people won't be getting the drug. They want the drug to be applied to everybody," says Gladding.***

11 A single nucleotide polymorphism in the gene which promotes interleukin 12, a cytokine involved in the immune response to hepatitis B antigen. A functional polymorphism in the interleukin 10 promoter to the immune response to the hepatitis B virus envelope, was also mentioned.

12 Kimman, T.G. et al. 2007. "Genetic variation in the response to vaccination." *Community Genet*, 10(4): 201–17. Review. PMID: 17895626.

13 Barton, C. 2008. "Gene Genie" *Weekend Herald*, January 26, http://www.nzherald.co.nz/topic/story.cfm?c_id=500846&objectid=10488862&pnum=0

Given that genetic susceptibility to clinical disease, complications and death from certain diseases runs at far less than one in a thousand, can you imagine a vaccine company funding a study to eliminate 999 people out of a thousand having a vaccine which is currently put into everyone? Hardly.

I doubt whether Gregory Poland will do research that results in a massive decrease in needless vaccines either. His articles indicate to me, that all what wants to do is design better vaccines for the current poor responders. Poland says that, *"The second golden age of vaccinology is poised to begin, and those whom we as scientists and physicians are privileged to serve will be the beneficiaries."* But he also says that this "golden era" will require a huge collaboration of funding, resources, researchers. And no doubt, decades to do it.

We are talking about absolutely mind-boggling sums of money for something which comes at a time when pro-vaccine doctors parade vaccines as the ultimate success story of the millennia.

I question the scientific and financial morality of putting thousands of billions of dollars into "vaccinomics" research. There is one plus to the current thrust of "vaccinomics", though. If the research means they succeed in designing vaccines which induce "immunity" in people who currently don't respond to vaccines, that's one less emotional blackmail weapon they can use to hit the rest of us over the head with.

Vaccinomics researchers are people who admit to a very limited understanding of the immune system (particularly the innate immune system), who know almost nothing about the genes which govern the "network" that is the immune system, yet are absolutely confident that they can continue to tamper with, and jab everyone, without any unwanted effects on the immune system at all.

Poland, when discussing[14] the thoughts of[15] people who don't want to vaccinate, talks about expert *"scholarly analysis"* of the *"cognitive flaws"* and *"inappropriate interpretations"*. Just because it's scholarly, doesn't mean the analysis is correct. People who don't vaccinate, he says, won't *"abandon their wishful thinking, and self-serving distortions"* and *"seek order out of random events"*. Meaning, side effects after a vaccine are random events unrelated to the vaccine. He talks about *"mistaken beliefs", "shared misconceptions",* and how this feeds *"a conspiracy-hungry public suspicious of some massive collusion between big medicine, big industry, and big government."*

Anyone questioning vaccines has to be made to conform to a stereotype

14 I don't see anyone actually listening to what we think. What we see in this article are medical authors editorialising on what they think about what they *think* we think. Interestingly, I don't know anyone who has actually had one of these people come and seriously want to know what we really think. I've only had one pro-vaccine doctor come and talk to me, and seriously take notice, and he stopped being rabidly pro-vaccine as a result. He admitted I had very valid concerns he had not thought of.

15 Jacobson R.M., Targonski, P.V. and Poland, G.A. 2007. "A taxonomy of reasoning flaws in the anti-vaccine movement." Vaccine, 25(16): 3146–52, April 20. Epub 2007, January 18. PMID: 17292515.

representing "the lunatic fringe". Poland and his co-authors editorialize on this *"breadth of reasoning flaws"* wanting to pull the speck out of the eyes of non-vaccinators. Problem is, they can't see the log in their own eyes.

If vaccinomics was applied to the issues raised by those who chose not to accept vaccines, he might start to see what we are talking about. One day, Gregory Poland et al. might see that where a child's environment, nutrition and genes create the circumstances, vaccines can kick-start a cascade of events which are the root of some of the huge increase in auto-immunity and immunocompromised young people[16] now burdening hospitals with increasing levels of chronic diseases:

> *"The number of children and youth in the United States with chronic health conditions that last ≥ 12 months or at time of diagnosis is likely to have a duration of ≥ 12 months has increased dramatically in the past 4 decades. The increased prevalence of chronic conditions has greatly changed the face of child health and the types of conditions observed by child health care professionals."*

The Editorial,[17] headed *"Pediatric Chronic diseases – Stealing childhood",* says, *"This theme issue of JAMA is devoted to the very real problem of chronic diseases in infants, children and young adults. It is a huge topic, not only in terms of the disorders encompassed but also in the impact on children family and society …"*

I look around me at the number of kids these days on drugs, and for whom an epi-pen is part of everyday life, and see situations that just didn't exist when I was a child, and don't exist today, in my very under-vaccinated peers.

Perhaps Poland might theorize that this increase in chronic ill health is the price you pay for eliminating infectious disease. How so? I don't believe that. I believe that something happens to the immune system of children vaccinated from birth. I believe that, quite apart from maternal diet, vaccines could have an epigenetic effect upon the genes which control the development of the immune system, by switching the gene regulation on, or off, and leading to poorer overall health.

Immunologists don't see what they don't look for, proven by a history of vaccines containing a closet in which is hidden failed grandiose ideas, delusions, disasters, and cover-ups. Vaccine history has always been characterized by the term, *"there are none so blind as those who won't see".* Sir Graham Wilson found out, after his first-ever attempt[18] to educate his peers, that attention to unpalatable detail doesn't enhance either your reputation, or your CV!

16 Perrin, J.M. et al. 2007. "The increase of childhood chronic conditions in the United States." *JAMA,* 297(24): 2755–9, June 27. PMID: 17595277.

17 Zylke, J.W. et al. 2007. "Pediatric chronic diseases--stealing childhood." *JAMA,* 297(24): 2765–6, June 27. PMID: 17595280.

18 Wilson, G.S. 1967. *The Hazards of Immunization.* Athlone Press, London.

What is known about the roles of genes in vaccine reactions?

The first study which showed that someone was looking at the issues in children, was a medical article[19] from Italy which said, *"Thirty patients were observed during the period 1994–1995, all from different areas of Italy, who had history of seizures starting at the time of, or immediately after vaccination. All of them developed CNS disease which was also associated with dermatitis, food allergy, constipation and rectal bleeding. None of the cases had signs of viral encephalopathy due to transplacental viral infection and all of them were asymptomatic until the first immunization dose. Patients who presented with symptoms unrelated to vaccines were excluded from the study."*

All had previous diagnoses of CNS disorders,[20] were extensively tested[21] and had negative metabolic and genetic work-ups. EEGs were negative in 92% of cases. All cases had low iron levels, IgA and IgG immunoglobulin deficiencies, and elevated liver enzymes. Twenty-two out of the thirty patients had an increased presence of HLA A3 and/or DR-7 alleles. Montinari said: *Most vaccines have in their composition Thiomersal, which has been the reported cause of neurologic and gastrointestinal (mainly related to the purinic nervous pathway) symptoms … these actions are not dose related ([8,9,10,11,12])… Thiomersal induces modifications of aminoacids in presenting antigen proteins and this action may be responsible for its dose-independent toxicity ([8,9,10,11,12]).*"

So here was someone who believed that one potentially toxic substance in vaccines, thiomersal, in 1994, could affect the function of genes in susceptible children with specific allele mutations, and *cause* problems.

By inference, another study on "alleged" encephalopathy after vaccines, rubbished his theory. This study[22] showed that children with encephalopathy after vaccines all had mutations in a gene, which lead the authors to conclude that, *"Cases of alleged vaccine encephalopathy could in fact be a genetically determined epileptic encephalopathy that arose de novo."*

Samuel Berkovic is saying that the encephalopathy was apart, or separate, from any influence of a vaccine. That doesn't make sense to me. That would be like saying that the one case of polio amongst the 999 who just got immunity, was "caused" by the genetic susceptibility, not by the polio virus. You can't have it both ways.

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19 Montinari, M.G. et al. 1996. "Diagnostic Role of Immunogenetics, in Post-vaccine Diseases of the Central Nervous system (CNS): Preliminary Results." *Medit J Surg Med,* 4(2): 69–72, June. ISSN 1122-1771.

20 The children had pre-existing diagnoses of epilepsy, myoclonic epilepsy, evolutive encephalopathy, epieptogenic encephalopathy, autism, West and Angelman syndromes, but had been clinically stable before the vaccinations.

21 All patients were tested for metabolic diseases, had brain scans, genetic studies, tissue typing (HLA A, B, C, HLA DR-DQ), viral serology (CMV, EBC, CAC, HSV 1 and 2), immunoglobulin assay and subclasses of lymphocytes. Other tests needed for a specific diagnosis were also performed.

22 Berkovic, S.F. et al. 2006. "De-novo mutations of the sodium channel gene SCN1A in alleged vaccine encephalopathy: a retrospective study." *Lancet Neurol,* 5(6): 488–92, June. PMID: 16713920.

Did the encephalopathy happen *because* the vaccine was given in circumstances where specific combinations of gene mutations were "operative"? Would the encephalopathy have happened *without* the vaccine? If the trigger of the encephalopathy was the vaccine, which triggered a gene, then the *cause* of the encephalopathy was the vaccine, not the gene.

Berkowitz goes on to say, *"In alleged vaccine encephalopathy the assumption of vaccination as a cause has been reinforced by the absence of a family history of severe epilepsy. Now, the molecular findings could explain the nature of the encephalopathy and the usual lack of family history since around 95% of mutations in SMEI occur de novo."* (Underlining mine.)

Where is the proof of that? He also says, *"in the presence of SCN1A mutations, vaccination can still be argued to be a trigger for the encephalopathy, perhaps via fever or an immune mechanism",* but he argues *against* that for four reasons:

* There is no evidence of long-term adverse outcomes to febrile seizures.
* Fewer than half the patients had documented fevers with first seizure, so fever isn't essential.
* Neuro-imaging showed no evidence of inflammatory or destructive process.
* Mutations in SCN1A have not been found in many hundreds of healthy patients.

The assumption made is that the only way in which a vaccine could cause encephalopy is either through an inflammatory or a destructive process. Since they don't know what vaccines do in the body, how can they assume that the only way a vaccine could trigger encephalopathy is through inflammation or destruction? That's not the only way epigenetic damage occurs.

On the basis of their small study of 14 patients, they don't think avoiding vaccination would prevent encephalopathy in patients who had SCN1A mutations, and believe their study should put that myth to rest. Though they could find no *molecular explanation* in three patients, they 'hypothesised' that those encephalopathies were also due to "as-yet-undiscovered" mutations elsewhere. The new blame for everything will be genes alone, whereas what should be studied is how "environmental" factors change the messages which genes send to the immune system.

Berkovic goes on to say, *"The identification of a genetic cause of encephalopathy in a particular child should finally put to rest the case for vaccination being the primary cause"* and that energy should now be focused on the development of new treatments, and care of these severely handicapped individuals.

To develop new treatments, babies who developed the genetic mutations,

presumably in utero, would need to be screened at birth. Because Berkovic says the epilepsy would develop anyway, there is one scientific way to find out.

During screening of all babies born over a period of, say, a year, Berkovic would randomly assign 100 babies with SCN1A mutations to a study in which he vaccinated 50 as per schedule, and the other 50 would not be vaccinated at all. He would then compare the outcomes at the end of the first year, the second year, perhaps up to the fifth year, to see whether there is any difference in the outcome of the two groups. Any babies who did not have SCN1A mutations, but who during the study period got encephalopathy, would be rescreened. If they were found to have developed the mutations after birth, questions should be asked as to *why* that might be. He might find that his hypothesis had a whole lot of holes in it.

That's how something is scientifically rationalized. It is unscientific to assume proof on the assumption of, "Berkovic says so." A trial such as the above might perhaps answer the unknown questions of, "Why are children with an SCN1A mutation healthy until something triggers the gene to provoke a problem? What do these children need in order to stay well?"

In the meantime, in my opinion, the focus and motive of the study's methods and publication was the desire to reinforce the myth that vaccines reactions are always "coincidental". If there had been a desire to prove the actual science behind whether or not the vaccine triggers the mutation to cause encephalopathy, they would have already done the study looking at vaccinated and unvaccinated children, rather than asserting personal opinion alone.

The inability of scientists to get to the core of "problems" of genetic and epigenetic susceptibility to the effects of both vaccines and diseases will lead to yet another problem for older people, with the way some vaccines are given now.

Because chickenpox vaccines can disrupt the circulation of the virus, older people who need regular exposure to keep up their immunity are not able to get that, and their immunity wanes. So, for instance, shingles might become a lot more dangerous to adults, because their exposure to the chickenpox virus will become reduced over time, and at some point, an attack of shingles could be much more severe than it should have been, *if* that person's nutrition is substandard.

It would be better if immunologists knew who the people were, with the genes that would result in serious chickenpox, or serious shingles. Those children could be given either the nutritional solution to the problem, or their parents could have the choice to have a vaccine designed to circumvent such a gene. If everyone else – who wasn't susceptible to chickenpox complications – didn't have the vaccine, then the chickenpox (varicella) virus could circulate as normal, causing no problems in those without gene fragility, and supplying everyone with free regular booster doses. A lot more effort could be put into making sure the elderly fully understood why good nutrition was important for the epigenetics of optimal immunity.

Read Chapter 74 ("Science Friction") and think about it. Think about the literally thousands of billions of dollars that have been poured into, or made from, useless vaccines in the past, with such optimistic predictions. When the predictions weren't realized, these mistakes were buried in silence.

Think about the huge investments, profits and money poured into fruitless searches for vaccines in the past and now being poured into "vaccinomics" genome research, purely with a focus on more ringing of the tills for pharmaceutical companies. Gregory Poland's laboratory has already patented[23] 13 immunogenic peptides for making "second-generation" vaccines.

What is the real question from history which Gregory Poland and Samuel Berkovic should be answering, and the answer to which parents want to know?

Parents want to know why the vast majority of children **NEVER** suffer serious complications or death from disease, and whether or not ***their*** children are ***likely*** to have complications and die.

To most thinking parents it's not enough to say, ***"Just have these 43 vaccines, and then you won't have to worry your silly little head about it."*** Parents have the right to know the facts. Not be told to comply unquestioningly.

23 Poland, G.A. 2007. "Heterogeneity in vaccine immune response: the role of immunogenetics and the emerging field of vaccinomics." *Clin Pharmacol Ther,* 82(6): 653–64, December. Epub 2007, October 31. Review. PMID: 17971814. Page 662.

# 25 A Staff Meeting

*Dr Ignor Factz, CEO of Q-4 Health Pharmaceuticals wasted no time in calling the meeting to order. He was a very busy man, you know! He wanted to talk to his key departmental managers. The fact that he was coming under considerable pressure from the Government was not something he was prepared to shoulder alone. His staff as a whole had to share the demands and deadlines too.*

*The whole world was having a tizzy over the possibility of a bird flu pandemic. On the verge of hysteria would probably be more accurate. The inability of drug companies to come up with an effective vaccine or other treatment did not please the politicians, especially Ministers of Health like the Hon. Polly Tishan. Ignor Factz was seeing too much of her lately as she was also Fall City's local M.P.*

*"I have to have some answers," said the CEO. "If you don't have any, then you have to come up with something plausible that will meet the expectations of the general public and of course, the Government. To make matters worse there is pressure to continue the initiative begun with immunizing against Antisystematosis. Pluracydefex has met with good vaccination acceptance rates. However, the bird flu scare has highlighted another malady that has been around for centuries, even millenniums, called Dove Flu. Once again it is D'Different Ones who are the carriers, and the symptoms leading up to the full-blown manifestation of the disease are considered a threat to society. Now, let me have your reports so that I can come out of my meeting with the Minister this afternoon in one piece and not as mincemeat! Ms Brewer can we start with you."*

*Roulette Brewer was in charge of the development of all products. Her skill in tweaking older treatments nearing their patent expiry dates enabled the company to keep ahead of its competitors and to produce large profits from continual ingenious manipulations.*

"I don't want to sound over confident, but progress is encouraging. 'Multi-immuno' is a cocktail that is proving to be effective against a wide range of 'flu types and 'Vaccitrix' is even more promising. Trials are ahead of schedule but these two vaccines offer the best results. Providing any Bird 'Flu outbreaks don't suddenly begin to affect humans we should be able to have supplies available within a few months. 'Spirisnuffout' is proving very promising against the Dove 'Flu strain. One of our ongoing developments which is having to take a backseat because of the bird flu is 'Abortabirth'. This is being fine-tuned to combat another condition common in today's society. With Hatch Cajolery's expertise the progress being made should ease the pressure the Company is under."

"Thank you Roulette my dear. I'm feeling better already! I just hope however, that when the ball starts rolling in the wheel, the spin is always in our favour. Well, Hatch what good news have you got?"

Hatch Cajolery delivered Dr Factz one of his most practised winning smiles. "You have no need to worry, Sir. Publicity and promotional material is well advanced, but is flexible enough to meet any changing circumstances. The main thrust will be to create fear of the deadliness of bird flu strains, and then to allay that fear by offering the products the Company is developing, assuring the public that the vaccines will be effective provided people are vaccinated according to strict guidelines. We will of course, continue to highlight the risks posed by these Different people, and that in spite of what they claim about the harmlessness of Dove Flu, it is extremely dangerous, and can result in all sorts of complications. We will also point out to the public that because this highly infectious section of the community refuses to vaccinate, they are irresponsible and a menace to society. Printed material will be in full colour with photos which vividly portray 'flu symptoms and worst-case scenarios. TV ads will be highly dramatic and lead the viewers to imagine the worst. We won't make mention of any possible side effects as the public must be led to accept that the vaccines are perfectly safe for all age groups. I am enjoying the lead-up to the campaigns which the Health Department will be running. We have found some generous sponsors who have donated prizes for weekly draws, and a new range of perks will be offered to GPs and clinical staff. There's not much more I can say, Sir."

"It sounds wonderful Mr Cajolery. I hope your flattery and coaxing ways will deliver the goods you seem so confident about. Charma, have you anything to add?"

Charma Foboff was shield and protector for Dr Factz. Since her appointment, no one who was considered a problem, a troublemaker, and likely to ask awkward questions had got past her charms. All the necessary assurances that any concerns would be relayed to the right people, that information would be provided in due course, that questions she couldn't answer would be brought to the attention of the experts concerned and she would get back to the questioner. By allowing the right amount of time to elapse before sending some vague reply of acknowledgement to the carefully recorded names and addresses, any repeated requests could be dealt with in similar ways, always promising what would never be delivered. Eventually people gave up.

Charma looked at Dr Factz. "No Ignor, I have nothing to add. My record speaks for itself. I shall be ready for every contingency."

The CEO began to rise from his chair, and then re-seated himself. "I almost forgot," he said. "There's some outfit on an island in Lulling Sounds who appear to offer health products as alternatives to the pharmaceutical range. I understand they have been marketing natural substances which they say are more effective against the various 'flu strains than what the pharmas can offer. SIS and HISS are apparently investigating these claims. What is your reaction to this situation?"

"We don't take any notice of them," said Roulette Brewer. "We can't patent these natural substances so we can't make the huge profits we depend on. We concentrate on the reliability of our hi-tech products rather than outdated old wives' tales".

Hatch smiled smarmily. "We discredit these so-called remedies as being completely unscientific and those who recommend them are cranks. Get people hooked on well-researched and highly complex substances which have been thoroughly tested and officially recognized and approved, and they will make the pharma choice. It's quite simple really."

This time Dr Factz did rise from his chair. "I hope you're right," he muttered as he left the room to prepare for his meeting with Polly Tishan.

# 26 Sickness, History, and "Herd Immunity"

When we were young and naïve parents, we were told that because of vaccines, there were hardly ever deaths or serious complications to childhood diseases, and that's why we should vaccinate our children.

A few years down the track, we found the New Zealand Death Decline charts, which showed that for most of the diseases of the time, death rates had decreased hugely before vaccines were introduced. Did herd immunity through mass use of vaccines contribute to "death decline"? No. So why is herd immunity considered to be the only protection against death or disease complication? Once these graphs were publicised, the Health Department immediately moved the goalposts. Parents were then admonished with statements like: *"the incidence of the diseases continued"* and, *"even if you don't get complications, you could give it to someone else who might die"*. The implication was that you would be responsible for any death or complications if you passed the infection to someone else.

The odd deaths did come along, as if to prove their point, like two deaths from measles which were held up in front of New Zealand parents to show it could happen to all their children. Until eager minds read that one was a six-year-old with non-Hodgkins lymphoma, on chemotherapy, who had previously been immunized at 10 months, and the other was an unimmunized six-year-old girl with I-cell disease (a mucolipidosis).[1]

Rumours from doctors had it that those who died of measles in 1991, were similarly affected, but no one would talk about them.

The implications that complications and deaths from diseases are genetically or epigenetically driven, are huge, because as Dr Gadjusek says on page 120, the majority of people in the world, don't ***have*** the genetic susceptibility to the diseases,

1 Hardy, R.B. et al. 1987. "Measles epidemic in Auckland 1984–85". *New Zealand Medical Journal*, 100(823): 273–5, May 13. PMID: 3455494.

which would result in their getting seriously sick or dying. Most people's immune system does do what it is supposed to do.

The medical profession refused, and still refuses, to look at WHY *only certain people* get really sick, have complications and die. So those who are not at risk of getting the disease badly, and who don't need vaccines, are being moralistically bulldozed into having them, to *protect people* whose genetic susceptibility means they *don't respond* to that vaccine, but *would be* the ones to get the disease and the complications, and die.

The missing part of the equation, which is not taken into account by those involved in "vaccinomics", is that while most vaccine recipients might not be at risk of the disease, *different* gene expressions in those same people, *might* put them at risk of reactions to excipient[2] ingredients in a vaccine. Is that a good trade-off? What will happen if those people then go and report the vaccine reaction? They will most likely be told that that was coincidental. Perhaps another study will later blame "their other genes"!

Sometimes I feel that there are intentional gaps in medical research. WHO is the person susceptible to disease and why?

A fascinating letter[3] to the New Zealand Medical Journal, written at the height of the meningitis B epidemic, said, *"The "yield" of any infective process can be likened to the yield of a crop, dependent both on qualities of the "seed" including virulence and infecting dose; and also the nature of the "soil" which in clinical terms is a reflection of the host immune response … the influence of ethnicity is staggering with a greater than tenfold increase observed between European patients (7.1 per 100,000 and people of Pacific Island origin (101.1 per 100,000) … it should come as no surprise that genetically inherited factors may contribute significantly to the pathogenesis of meningococcal disease."*

The letter then talked about a UK/NZ collaborative case controlled study starting in 2000, which would look at the incidence of genetically inherited factors in New Zealand children. Why have we heard nothing about it? In 2004, the author[4] of another letter said, *"I am not aware of any study to determine whether any of these genetic host factors contribute to the epidemiology of disease due to N. meningitidis in New Zealand."* I guess it's too easy to "rely" on a vaccine? Why waste money on knowing facts?

2 *Excipient* = anything which is NOT the virus, bacteria, toxin or principal disease antigen. An excipient could be aluminium, phenol red, neomycin – a whole list of other ingredients which would not normally be dished up with your average bout of the flu, for instance.

3 Heaton, P. 1999. "Unravelling the tapestry of meningococcal disease." *NZ Med J,* 112(1096): 366–7, September 24. PMID: 10587059.

4 Thomas, M.G. 2004 "Skin infections of the limbs of Polynesian children." *NZ Med J,* 117(1201): U1059, September 10. PMID: 15476016. http://www.nzma.org.nz/journal/117-1201/1059/content.pdf

Every now and again, researchers fall over other clues[5] like this one: *"The same immune mechanisms may be involved in the susceptibility of disease and the response to vaccination. This appears to be the case for hepatitis B, where certain HLA molecules are associated with a poor prognosis of disease and vaccination response as well."*

A similar situation exists with haemophilus in USA, where the incidence of the disease is 5–10 times higher in Navajo, White Mountain Apache and Alaskan native children than in the general population. Their antibody production levels to Hib vaccine are ten times lower than those of "white" children, and they are the groups in whom haemophilus still causes disease, despite vaccination. Navajo and other genetically related populations carry a specific gene[6] which is thought to be related ***both*** to their increased susceptibility to haemophilus, and also to reduced vaccine efficacy. I know from my own experience in the USA that these groups can have appalling nutrition, which also leads to very high rates of diabetes and other health problems. "Herd immunity" theories ignore both genes and lifestyle.

At the same time, the researchers mention a study of guinea pigs, which found that there was an interaction between diet, genes and disease protection. Guinea pigs with a good diet gained "protection" from a two-strain tuberculosis vaccine, whereas bad diet resulted in no protection from one strain, and reduced protection from the other. "Herd immunity" or nutritional protection?

It stands to reason, then, that a person might have a genetic susceptibility, which might only operate if the person has a nutritional deficiency, or is exposed to a toxin, causing a gene to "switch on", resulting in a cascade effect, ending in disease, or even death.

As mentioned in *JALP,*[7] this was clearly seen in the 1994 Cuban epidemic which was first thought to be polio, but turned out to be the result of a coxsackie virus. The high levels of consumption of moonshine, and smoking, were thought to be factors in the disease. People without visible signs of disease, were found to have had equal exposure to the virus – and presumably also to moonshine and smoking. The difference was that people in "protected" areas ate a high level of foods containing selenium and other nutrients of importance to the immune system, which the others did not eat. Those people with genetic susceptibility can be hypothesized to have been protected because their diets prevented any "epigenetic" changes to the functioning of the relevant genes.

5 Kimman, T.G. et al. 2007. "Genetic variation in the response to vaccination." *Community Genet,* 10(4): 201–17. Review. PMID: 17895626. Page 214.

6 (See ref 5) The "Na-Dene" groups carry an A2 segment (A2b) of the Vk gene. The Vk Gene A2 is used to encode the majority of Hib antibodies. Page 212, reference 3.

7 *Just a Little Prick,* Chapter 8, "What Causes Sickness". Page 77 onwards.

A recent article[8] also found that repeated ear infections are supposedly a gene-based problem as well. Yet, in my experience, supposed susceptibility to repeated ear infection can be sorted out by improving the diet. Which comes first, the genes or the nutrition? Whose "fact" is right?

If you look at developed countries, you will see that, historically, following the arrival of improved diet, clean water and sanitation, there was a very substantial reduction in complications from many diseases, and resultant deaths. Early medical literature is full of tantalizing glimpses as to how, for instance, Vitamin A corrected the way the immune system fights measles. These many leads were steadfastly ignored.

***Vaccinogenomics***[9] with the addition of epigenetics,[10] could give us the "official" answer to both disease and vaccine reaction susceptibility. The "evidence" might show that stress, toxins and/or lousy diet trigger the immune "network" function genes to misfire and this results in serious complications to diseases and reactions to vaccines.

A good illustration of Poland's ***"polymorphic plasticity"*** and ***"epigenetics"*** in action against ***disease***, would be the key factors influencing a child with measles. The child might, or might not be vaccinated.

The chubby-looking child might look outwardly "normal", but live on a diet of chips, carbonated soft drinks, white bread, luncheon sausage and sweets. This diet results in a cellular deficiency of vitamins A, B, C, D, folic acid and crucial mineral micronutrients. This child may then get measles, and might end up in hospital with serious complications.

Until the year 2005, such a child in New Zealand would not even have been supplied with vitamin A, let alone all the other nutrients he or she would need, since such considerations did not fall within most paediatricians' knowledge base. Even today, hospital food leaves a lot to be desired. Without key nutrients from good food, the genes which drive the immune network don't work properly.

This is proven by what happens when you give large doses of vitamin A to a child in Africa with measles. This child, perhaps nearing death, can quickly, and near miraculously, recover to 100% health with no residual problems, and blindness from measles can be reversed within a week with no scarring.

A badly fed or immunodeficient child in a developed country might also have

8 Emonts, M. et al. 2007. "Genetic polymorphisms in immunoresponse genes TNFA, IL6, IL10, and TLR4 are associated with recurrent acute otitis media." *Pediatrics*, 120(4): 814–23, October. PMID: 17908769.

9 Vaccinogenomics is the study of pathogen plus host genes when related to vaccines.

10 Epigenetics is the study of how what you eat, the toxins you are exposed to, how you live, and your emotions *affect* how well your genes work. For instance, a lack of folic acid will weaken DNA being copied so that when cells divide, the DNA does not copy correctly. If the nutritional deficiency remains, that could get much worse. This is why folic acid is important in preventing both in utero neural tube genetic defects, and cancers at any stage of life, to mention only two of the many functions of folic acid. Micronutrients are crucial to keep your genes working properly throughout life.

complications following measles, or die. As has happened in New Zealand, that child might be paraded at some time in the media, as an example to every mother that "this" is what might happen to their child, if they don't vaccinate. That inference is wrong in fact and emphasis.

Had the family eaten a decent diet in the first place, the badly fed child might not have been sick enough to have been taken to a doctor, let alone land up in hospital.

The driving factors behind the ***complications of measles*** are ***not*** the measles virus and the lack of a vaccine, or even a faulty gene. What determines complications and death from measles is most often the lack of a diet sufficient to provide the nutrients required to c***orrectly orchestrate the effective response of the immune system*** to the measles virus itself.

What you eat is part of what is called "epigenetics". Epigenetics is a crucial factor in switching off, or on, message from key genes which drive how the immune system works. THAT is why in Africa so many children die from ***any*** disease. They do not die because of an overall multiple vaccine deficiency. They die because they don't have access to good food, clean water, political stability or governmental will to solve the problems of a lack of adequate housing, jobs, basic health care and education. However, the rich in Africa have access to those things in abundance.

Poland's article,[11] cited in the previous chapter, characterizes epigenetics as, ***"heritable changes in gene function"*** which can't be seen inside the genes themselves, but which change how the genes work, and which can be passed down to future generations.

But Poland doesn't discuss WHAT causes the genes to change their function in the first place.

The classic historical illustration of how "epigenetics" affects inherited ***genes***, is the 1980s' Pottenger's cats[12] experiment, in which pregnant cats and all their offspring through four generations were fed a substandard diet. As each generation grew, mated, and had kittens, more and more congenital defects appeared, and overall health declined.

When a proper diet was provided, which gave the pregnant cats all the nutrients and live enzymes they needed, within the ***same number of generations,*** all congenital defects and bad health had been reversed – nutritionally.

The ***quality*** of the food fed to the cats determined the accuracy of gene copying and function. So long as the diet was appropriate with proper minerals, vitamins

11 Poland, G.A., 2007 "Heterogeneity in vaccine immune response: the role of immunogenetics and the emerging field of vaccinomics." *Clin Pharmacol Ther,* 82(6): 653–64, December. Epub 2007, October 31. Review. PMID: 17971814.

12 Pottenger, F.M. 1983. *Pottenger's Cats: A study in Nutrition.* Cancer Book House Publishers. ISBN 978-0916764067. http://www.amazon.ca/Pottengers-Cats-Francis-Marion-Pottenger/dp/0916764060/ref=dp_return_1/702-0252834-6940019?ie=UTF8&n=916520&s=books

and enzymes, gene expression and copying were stable and the cats were healthy. When the diet was terrible, everything went slowly downhill.

We know that vitamin D is a key component in keeping the immune system healthy. Which gene does it keep working correctly? In the ***absence*** of vitamin D, presumably a gene switches off, and health starts to crumble? We know that vitamin A is another key component to immune function which can switch the immune system back on. As far as I can see, no one has done any studies to see what role vitamin A plays in gene function. Why might that be?

Malnutrition, or bad nutrition (empty calories) is one of several factors I believe CAUSE the ***gene function changes*** that Poland is talking about. Some malnutrition can be attributed to serious deficiencies in soil minerals, which means those minerals are absent in bought commercial food. I believe other epigenetic triggers which undermine the immune system are vaccines; environmental toxins, such as poisons, sprays, phthalates in plastic; or in-house volatile chemicals, cleaning agents, etc. Some people are also suggesting that high-voltage power cables, as well as wi-fi and other technologies also have the capacity to disrupt how the genes conduct the immune system.

"Vaccinomics" only studies genes in the context of what can be manipulated in the vaccine developers' laboratories.

Poland might also argue that if the world turned to custard you'd want to be immunized in order to "survive". That's the theory. Does any immunity remain stable in the face of massive stress on the immune system caused by war, pestilence, dislocation? The 1990s in Russia proved otherwise. Fully vaccinated people got TB, diphtheria and a whole raft of other diseases. History in the form of records from World Wars I and II, and from the Great Depression show clearly the effect that deprivation can have on what Poland would call the genes which control "the immune response ***network***". Once prisoners who got TB in World War II prisoner-of-war camps came back home and ate a decent diet, their TB vastly improved, and often disappeared.

If immunologists studied how nutrition and stress affects genes, they might discover the fundamental triggers behind hepatitis B-"induced" liver cancer. They might discover that paracetamol could switch off immune-system genes in children with chickenpox who get systemic MRSA,[13] or the genes of people who get serious meningococcal disease. They might find clues as to ***how nutrition drives*** disease amongst those with a bad diet, yet prevents disease amongst those with a good diet. Doctors could look at why it is that Polynesians and Maori in this country are vastly over-represented in the illness data.

They could look at ***why*** Polynesians who get exercise, eat traditional diets with

13 *Methicillin-resistant Staphylococcus aureus* which can cause necrotising fasciitis, or flesh eating disease. *Group A streptococcus pyogenes* can also cause necrotising fasciitis.

no junk food (read – Western white flour, white sugar and corned beef), don't get diabetes or heart disease, yet have the same genes as other Polynesians. These genes work relatively well when their diet is what it should be.

If immunologists knew why the "vulnerable" are so badly affected by infectious and chronic diseases, they could concentrate on real workable solutions for those people, which would resolve the primary "vulnerability" and also solve a lot of their other health issues as well.

This is not an abstract concept to me, because I have an immunodeficiency. Since I have taken a lot more care with my diet and supplements, acute illnesses, which were once a routine part of life, have become a rare event.

The reason I'd pick improved diet, sanitation, clean water, and political stability as the primary reasons for the decline in infectious disease death rate, is because history proves it. We are told that life expectancy in the 19th century was between 20 and 40 years. Is that what your family tree shows? The Tamysh people[14] in Georgia have a long-term historic average death rate of 120. The Hunza's had a similar record. The Tamysh and Hunza didn't "inherit" exceptional genes. A human "version" of Pottenger's cats, the diets and lifestyles of the Tamysh ensured correct gene expression and regulation through generations. The Biblical norm after Noah, was 70 years, something borne out in my family tree.

For those who think medical treatment was what made the difference between life and death in USA, from 1890 onwards, the answer is a lot more complex, as is shown in a book by S.H Preston and M.R. Haines, called ***Fatal Years***.

While the authors attribute much of the improvement in child survival to knowledge of infectious diseases and greater public health efforts to limit their spread, their descriptions of how illnesses were treated[15] might lead you to the suspect that the average death rates would have been greatly improved had doctors kept their mouths shut and their hands in their pockets most of the time.

If you asked a doctor today how such treatments would help a child, they would be horrified and consider you to be a child-killer in the making. ***Fatal Years*** gives a clear idea as to why Americans were much more interested in alternative medicine in 1894[16] than going to the doctor, and why they would turn out in their thousands, with clubs, to prevent one child from being taken to hospital!

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14 *Just a Little Prick*, p. 81. Reference: Gris, H. 1983. "Town with the strongest heart in the world." *New Zealand Woman's Weekly*, February 14: 20–2.

15 Preston S.H. and Haines M.R. 1990. *Fatal Years: Child Mortality in Late Nineteenth-Century America.* ISBN 0-691-04268-3. Chapter 1 (inability on the part of doctors to understand basics of hygiene atrocious hospitals that people were scared to go to because you usually got sicker there; the use of cathartics, analgesics, cold baths for fever, alcohol, strychnine and atropine to stimulate the heart and bismuth and resorcin to alleviate vomiting.)

16 Preston S.H. and Haines M.R. 1990. *Fatal Years: Child Mortality in Late Nineteenth-Century America.* ISBN 0-691-04268-3. Page 12.

When you talk about herd immunity, the key underlying concept is actually death and disability. There is confusion surrounding what "decline in mortality (death) and morbidity (serious sickness)" means.

When Dr Albert Sabin was in the Phillipines and other parts of Asia in 1951, trying to find out why paralytic polio didn't exist there at that time, mortality and morbidity as a concept meant nothing to the Asian people. For all they cared, the polio virus could carry on carrying on, since at that time, it never caused disease that they could see with their eyes. It was only later that polio hit underdeveloped countries the same way it hit Western countries.

It isn't that terrible to have measles, but it's awful to die from it. That doctors in 1980, or today, seem unable to convey to parents what ***causes*** the difference between a minor measles rash, and a fatal illness, shows a lack of deep thought regarding what actually constitutes good health.

The fact that most vaccination campaigns focus solely on scaring all parents into believing that every child alive could get ***seriously sick and die,*** illustrates that the medical profession continues to remain in permanent denial as to what could really be achieved in terms of health, if they saw the bigger picture and acted on it.

Think about what medicine might be like now, ***had Poland and his co-workers*** or predecessors picked up Minto's thoughts on polio susceptibility written in 1954; or Wyatt's research in 1975. We might now know ***why it was*** that 99.9% of people never got polio in the first place. They might be able to tell us precisely what caused polio to go from a virus which rarely affected anyone, to a virus which suddenly started to trigger paralytic polio in 0.1% of the population. Immunologists might be able to detail the epigenetic factors which transformed the polio virus from a benign passive commensal virus, into a potential – albeit rare – killer.

By looking at the genes and the lifestyles of those people who did not get flu complications in 1918 or later epidemics, immunologists might also understand why some people never get the flu at all.

What would have happened if ***vaccinomics*** research had been refocused on ***disease-omics,*** linking with "epigenetics" research, and structured to look at diet and environmental influences, like the Pottenger's cats experiments?[17]

What would have happened if serious, honest concern was given to the provision of vital nutrients, clean water, appropriate public engineering, and political and ethnic stability, to the families of those dying African children whose faces are used by the likes of Poland to justify billions of money spent on … ***vaccines?***

What about a drive to give all people the knowledge of really useful foundations which underpin good health, and everyday ways to treat minor illnesses?

17 In neonatal epigenetics, there is an acknowledgement that what a mother eats, and toxins and other teratogens, can pattern many aspects of her baby's genes, including the immune system.

Just maybe, if vaccinomics had done all that, we wouldn't have lots of children in hospital with chronic diseases.

A lady writing to the *New Zealand Herald* hit the nail on the head. Martin Johnson had written an article[18] about Professor Gluckman at Auckland Liggins University, who had found that when pregnant mothers ate a bad diet, it caused epigenetic "switches" on their babies' genes, thought to be linked to some chronic diseases. The article said that these genetic switches *"set in the womb"* could be reversed by nutritional changes in early childhood.

Dee Hall of Howick responded two days later with a letter to the editor, saying: *"The headline 'Breakthrough in obesity battle' had me hoping that scientists had been back to the World War II drawing board and consulted the ration books*[19] *of the day. Too simple, too truthful, for today's sophisticates, no doubt."*

The answer to the world's problems will not be found through any "golden era" of vaccinomics. It will be found in World War II ration books. It will be found in giving everyone the skills and means for a meaningful, sustainable standard of living.

The answer to infectious disease problems of the whole world will be found *when, instead of* looking at young people who don't mount an immune response to a flu vaccine with a view to improving vaccines, "vaccinomists" compare the lives of vaccine non-responders, with the lives of people who get seriously sick from the flu, and those who never get vaccines or the flu, and see which genes and diet/lifestyles match up.

Other answers might be found when "vaccinomists" compare the health of children who get absolutely no vaccines, with children who get them all.

Just maybe, if even half of the money that companies, governments and individuals had poured into vaccines over the last 70 years, had been poured into understanding WHY people got sick, the Western world's health budgets would now be reduced by 80%.

Just maybe, had the other half of the money saved by not using vaccines and drugs unnecessarily, and generous aid from "healthier" Westerners, been diverted to Africa to control malaria and waterborne diseases, to improve agriculture, and to provide sustainable power sources, we would now see a different Africa where mothers fed their healthy, robust, educated children, and had REASONS to live happily in their own countries, because they would have hope, jobs and a better future.

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18 Johnson M. 2007. "Breakthrough in obesity battle" *New Zealand Herald,* July 25, p. A1. http://www.nzherald.co.nz/section/story.cfm?c_id=271&objectid=10453665. Accessed 8 December 2007.

19 War-time ration books were perforated pages with "stamps", which limited the quantities of certain goods like tea, sugar, butter, etc. The diet during the war was very basic. White bread was not available, and food was primarily whole foods and very healthy. Data for both New Zealand and the UK shows that diabetes and other diseases resulting from consumption of white sugar and white flour plummeted to record low levels.

Just maybe, the face of medicine in the Western world would also have become completely different to what it is now. A person today with "genomics" pointing to a cancer weakness, might be prescribed a diet high in selenium, vitamin D and C, with other crucial nutrients added in, to prevent that cancer from happening. People with a genomic weakness for influenza, might also be prescribed vitamin D, Vitamin A, vitamin C, selenium, regular eating of garlic and onions, and might be well versed in the uses of elderberry extract for influenza.

Just maybe, parents wouldn't have to put up with constant harassment to vaccinate their children, and being treated like criminals if they don't.

Just maybe, if susceptibility to disease was properly understood, ***the people*** Poland says he is privileged to serve would have been beneficiaries of a completely different but far more meaningful preventive health strategy, implemented by themselves without a Nurse Jabbem in sight. Perhaps if antibiotics had been only reserved for the once-in-a-lifetime true emergency, and not handed out like lollies, we'd not be seeing antibiotic resistance either.

Two problems. Real solutions aren't quick and easy as in, "needle-in, needle-out". There are no patents, or big money to be made from giving people the knowledge and skills to provide the body with the essential nutrients it needs, to do the job it's designed to do. Not a conspiracy. Just a fact.

# 27 Interview #2

*Eccles Hunter and Trusta Mee decided on a short engagement.*

*They had been so much part of D'Different one's presence in the towns and cities of the region. Now, with the challenge to expose the very dubious motives and tactics being used against them, and the increasing erosion of morality and the traditional values of society, creating all sorts of problems for families who struggled against the peer pressures to which their children were subjected – and adults too – Eccles and Trusta knew without any doubts that as husband and wife, they could be more effective in the work that they felt they must do. Following their marriage they gladly accepted an invitation from Serena and Petros to enjoy a honeymoon period on Green Island.*

*The healing nature of Green Island's uniqueness thrilled Trusta. Every visit she learnt more and contributed more. She could understand the attempts by Q-4 Health Pharmaceuticals and other organizations who were reaping huge financial benefits, from keeping as many people as possible dependent on their products, to discredit and ultimately eliminate the communities of D'Different Ones like Green Island. But as she looked at all those happy, healthy, transformed people who were supposedly carriers and sufferers of the highly dangerous Antisystematosis disease as well as the new threat of Dove 'Flu, it was ridiculous, but not funny. It was misleading and untrue – a confidence trick with worldwide implications.*

*Eccles and Trusta had been tremendously encouraged by their short stay in the Sounds, and on their return to Fall City the overwhelming desire within them was to use their combined energies to expose the deceitful strategies being used against D'Different Ones in particular, and to create amongst the general public a total dependence on pharmaceutical products for all forms of physical and mental illness.*

Before it became widely known that Eccles and Trusta were now a married couple, they felt that another visit to Q-4 Health Pharmaceuticals was essential. The expansion and influence of this company had brought new faces to key positions so Trusta decided to see how far she could get a second time. Eccles knew he had to leave this mission to his wife. With a hug and a kiss, Trusta headed towards the main entrance of the drug company's buildings.

So much had changed since her first visit. The whole operation was much bigger and the administration area had been reconfigured. The entry opened out into a large plush reception lounge with the furniture randomly placed allowing for more privacy. The receptionist's "desk", whilst central, did not intrude into the space available to visitors. People making their way to the "counter" did not have to walk the gauntlet of curious stares, fearful that their business would be overheard by all and sundry. Trusta was not surprised that the receptionist was a new face, and it suited her purposes well. From the name plate on the desk she learned that the lady's name was Charma Foboff, and it didn't take Trusta long to discern that here was a professional who was an expert at disarming people before they had a chance to assert themselves.

"Good morning Madam. How may I be of service to you?"

"Good morning. My name is Dr Hunter. I was wanting to talk with someone about your company's latest products. I don't suppose Dr Factz would be available to answer a few questions?"

"Oh no, Dr Hunter. He is far too busy. However, I can make a note of what you require and get back to you with…"

Trusta interrupted. This was not going to get her very far. "Thank you. I'm sure you could, but that is going to take time, and I need the information quickly. I have been on leave from my practice for a while and there are people I need to see and reassure before their situation becomes more serious. I've read quite a lot in the newspaper about the new products you…."

It was Ms Foboff's turn to interrupt. "Just a moment Dr Hunter. Perhaps Mr Cajolery may be free to talk with you. He is heading up the promotion of such products and has everything at his finger-tips. That's his job. I'll see whether he could spare you a few minutes."

A brief, disjointed phone call seemed to produce results. Charma Foboff smiled at Trusta. "He will see you shortly. Please take a seat." However, before she could do so, a man approached her, gliding noiselessly across the thick carpet with a

welcoming smile which put Charm Foboff's to shame!

"Dr Hunter, my privilege to meet you," as they shook hands. "Perhaps if you come this way there will be less chance of our being disturbed."

In an office not dissimilar to that in which she had met Dr Ignor Factz, Trusta faced Hatch Cajolery, "Promotions Manager". How far would she be able to get with this gentleman! Suddenly she knew the approach she should take with him.

"One of my jobs is to help members of the medical profession as much as possible. My time is at your disposal."

Trusta quickly reiterated what she had said to Ms Foboff, and referred to what she had read in the newspapers. "I have some questions which I would like to ask you, but perhaps if you could explain first of all, what your company is currently offering the medical world. Having not been in practice for a while, I would not be on your mailing list, but I do need to be brought up to date without delay."

This open invitation was too good to be true! Hatch Cajolery made the most of the opportunity. His presentation covered the same ground as that which he had given to Dr Factz but he was carried away by his eloquence. He dealt with Multi-immuno, Vaccitrix, Spirisnuffout, Abortabirth and hinted at other exciting developments in the vaccine pipeline. He talked about the Company's readiness for any bird 'flu outbreak and the new programmes being put in place to provide the public with even greater protection in everyday health needs. He began to deride D'Different Ones and the threat they posed to the communities they lived amongst.

Trusta wondered if he would go on indefinitely, so she interrupted him.

"Mr Cajolery, thank you for being so helpful. You certainly take your position very seriously. Perhaps I could ask a few questions while your information is fresh in my mind. Are all these vaccines totally safe?"

"Absolutely. You have my word for that!"

"You can guarantee that they have passed all the required tests and have received the necessary certification for public use?"

"All those details have been attended to, and I am pleased to say…"

"Would you be able to supply me with all this information in writing?"

"Well, we don't usually do that, but … in your case I'll see what I can do; as a special favour," and he bestowed one of his condescending smiles on Trusta.

"Are there any side effects to these new vaccines?"

"They are perfectly safe, as all vaccines are. Some people may suffer the usual

*minor discomforts with which you will be quite familiar. Our tests have been very exhaustive and thorough."*

*"I am a little puzzled Mr Cajolery, about this Dove 'Flu threat which you attribute to these Different people. Have you ever met any of them?"*

*"No-o-o … actually I haven't, but we know how dangerous they can be. After all you only have to think back to their attitude to antisystematosis and the Pluracydefex vaccine. They are most irrespon…"*

*"That concerns me though. As you will appreciate, sometimes in my role as a doctor I come across these people and I have never found them irresponsible or dangerous. Could you tell me what the symptoms for Dove'Flu are?"*

*"Oh yes I can do that. I'm surprised you wouldn't have seen them yourself. They can behave as if drunk; their speech can be most indistinct, rambling as if speaking a strange language; they can be inordinately happy; be very kind and loving – quite unpredictable in fact. Occasionally it is reported that they fall down as if dead. Sometimes they even say they can heal people! They really are …"*

*"Mr Cajolery, are you saying that these so-called Dove 'Flu symptoms apply only to D'Different Ones? Are they life threatening? Do they make them dangerous to society? Could you please provide me with all the documentation relating to Dove 'Flu?"*

*"Dr Hunter, you seem to be doubting my word. I can assure you that the vaccines and other products which Q-4 Health Pharmaceuticals research and develop are always based on health needs all over the world. My colleague, Roulette Brewer, would be the one to speak to if you need the technical details. It is amazing what she comes up with, and this puts the company well ahead of our competitors. Our success rate is very high."*

*"Could you name one disease that any pharmaceutical company has ever cured? Just one?"*

*"Ah … I would have to do more research on that one, Dr Hunter. You should be able to think of quite a few from your own experience."*

*"Strange as it may sound, I can't think of any. That's a bit disillusioning isn't it. And if that is correct, then a lot of people have been paying out good money for no long term benefits."*

*"Dr Hunter, drug companies need to make their fortunes from… No, let me rephrase that. The drug companies have to be profitable businesses or else they could not provide the materials you need to do your work."*

"If I suggested that maybe drug companies can only survive by inventing new diseases and illnesses – like Dove 'Flu for instance – would I be far off the mark?"

"I would say your suggestion was preposterous. We exist to support the medical profession. What would people like you do without us? You asked for information and I have spent my time giving it to you."

"I seem to have touched a raw nerve. I'm sorry Mr Cajolery. I am grateful for what you have told me and I look forward to the written material you have promised. But, as a doctor, my dependence on chemicals, human cleverness and conjuring, is being replaced with natural healing methods. Encouraging and educating people to take full responsibility for incorporating health and wellness into their lifestyles is a pathway worth considering. Just think how much personal satisfaction you would gain in your role as Promotions Manager. Helping people break out of dependence on medications, invasive treatment, vaccines and side effects, is very rewarding. But then, as you say, where would the company's profits come from? Thank you again for the assistance you have been. By the way, here are my postal details."

As Hatch Cajolery accompanied Trusta to the door he seemed rather subdued and thoughtful. Had he run out of steam? Did he suspect something? Or was he really pondering Trusta's suggestions? Would she be sent the data she had asked for?

To Trusta's surprise a letter arrived in the mail a few days later from Q-4 Health Pharmaceuticals. She studied the contents carefully. It looked official and comprehensive, but to her trained eyes she could see that the information provided had been cleverly "sculptured". It looked good, but told her nothing. Enclosed was a note:

> "As Promotion's Manager I gained much personal satisfaction from our meeting. Breaking free may be very rewarding for you. Dr Ignor Factz does not think his staff would find it so. He wishes to be remembered to you with these words: "Good try Dr Hunter (nee Mee). Don't try again. Checkmate."

Hatch Cajolery.

"No I won't," thought Trusta. "I'm a Hunter now and I've learned more than you think."

# 28 Peculiar Children and Adults

It is, of course, the ***peculiarities*** of vaccinated children which is the cause of problems after vaccines, not the vaccine itself.

Just recently, a study looking at fever in adult smallpox vaccine recipients, ***hypothesized*** that people who got fever, have genetic differences compared with those who did not[1] have fever. So there you go. The hypothesis puts the fault on the recipient, not the vaccine. Again, before delivering the bad news, they soften the blow by repeating the standard medical miracle mantra:

> ***"Immunization against infectious agents has been one of the greatest successes of modern medicine, and the eradication of smallpox from the world is considered by some to be the crowning event of the 20th century. However, immunization with live virus particles, as in the smallpox vaccine, can sometimes cause reactions that range from fatigue to serious illness."***

Never mind that anyone who has really studied the smallpox medical literature knows that the smallpox vaccine had little to do with the eradication of smallpox.

Another recent study[2] looked at a new vaccine against dengue fever cloned into a yellow-fever 17D vaccine. The researchers admit to having no idea how the body deals with the virus, or what they should look for to prove "protection". They also have difficulty in distinguishing which type-specific antibody does what.[3]

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1 Baragona, S. 2007. "Genetic factors are linked to fever following smallpox vaccination." *Eurekalert.* June 13. http://www.eurekalert.org/pub_releases/2007-06/idso-gfa061307.php

2 Monath, T.P. 2007. "Dengue and Yellow Fever – Challenges for the Development and Use of Vaccines." *N Engl J Med*, 357(22): 2222–5, November 29. PMID: 18046026. http://content.nejm.org/cgi/content/full/357/22/2222

3 *"… our limited understanding of viral neutralization and immune correlates of protection, and the difficulty of distinguishing cross-reactions from the development of type-specific antibodies, create challenges for vaccine development …"* (Quote from Ref 2.)

So if you don't understand the disease, or what equals protection, you aren't going to understand the vaccine, right? Actually, that applies to just about every vaccine there is.

The 17D yellow-fever vaccine was first made by Dr Theiler in 1937, and thought to be "safe", as are most vaccines when they are brought out. But by 2001, it was recognized that this vaccine causes some very nasty cases of extensive infections of vital organs which happen to have a 60% death rate. Until 2001, these vaccine-induced infections were simply attributed to yellow fever caught in the countries the tourists visited. New identification techniques which show that the infections are the vaccine virus, rather than the wild virus, have put paid to 64 years of mythology that the yellow-fever vaccine was very safe.

The *New England Medical Journal* article cited above blames genetic factors, age, and therefore "susceptibility" to yellow-fever infections in adult vaccinees. The overall risk of serious life-threatening side effects is one per 200,000–400,000 vaccinations and in those over the age of 60, the rate is one per 50,000.

But then the authors say that because the reported incidence of yellow fever in unvaccinated travellers is lower than the rate of serious vaccine-induced infections, the risk/benefit ratio in favour of the vaccine might not be very good. That means that your chances of actually getting yellow fever could be less than one per 400,000 travellers!

Their description of yellow fever is: ***Yellow fever, for its part, is a fearsome systemic illness characterized by high levels of virus in the blood, jaundice, midzonal coagulative necrosis (apoptosis) of the liver, renal failure, myocardial injury, hemorrhage, and shock – with case fatality rates as high as 50%. The true incidence of yellow fever is unknown but is likely to be a few thousand cases per year, with intermittent, large epidemics involving more than 100,000 cases.***

They then say that the problem is that the areas where travellers roam is where yellow fever is: ***epidemiologically silent, since the indigenous population is immune or surveillance is poor.***

So the indigenous population is mostly immune … and they are all alive and kicking? Why don't the World Health Organization's records, or other records, show that half of the population died of yellow fever?

There appears to be some disconnect there. Nowhere do we hear about half of all babies born each year in all these countries, dying of yellow fever. Might the "experts" be doing their usual exaggerating of the "deadliest prognosis" of the disease, somewhat?

Then they state: ***"Finally, research is needed on the individual risk factors for vaccine-associated viscerotropic disease."***

Wouldn't it help if they conducted vaccine trials in a representative population

thereby taking into account a wide range of different genetic profiles, instead of only choosing the squeaky-clean minority?

Mightn't they know a bit more about the very things which have bugged the yellow-fever vaccine for decades if they did the basic homework on diseases and vaccines properly?

"What?" I hear you say, "Of course they've done their basic homework properly!" I disagree, and here is one scientist who agreed with me in 2000.

> *"I'm amazed by the amount of basic science we don't know," Philippe Kourilsky, director of the Paris-based Pasteur Institute, told the meeting … Each time a vaccine works the scientific community wanders off and leaves it to the public health workers to use it – and fails to invest in the research. If we had done that we would have been in a much better position to tackle the AIDS vaccine problem."*
>
> *"The assumption that successful vaccines work by simply producing antibodies is almost certainly wrong, Neal Nathanson, director of the US Office of AIDS Research, warns … The vaccine probably stimulates some protective effect relying on killer T-cells. But no one knows how it does it or what exactly the process is – even though the vaccine has been widely used for nearly ten years. It's a similar story for other highly successful vaccines including polio, measles and smallpox, he says."*
>
> *His studies of a HIV-related virus that infects horses, known as the equine infectious anaemia virus, appears to confirm that the antibodies which initially respond to an infection can help spread the viruses around the body. Some vaccines designed to protect horses from infection make them die more quickly than do unvaccinated horses, he found.*
>
> *This process, whereby antibody production helps rather than hinders infectious agents, has been dubbed "enhancement". Montelaro suggests that these early enhancing antibodies actually help pull virus particles into the cells they are trying to infect. "It's an issue people haven't wanted to think about. But we might have to," he says. Jay Levy of the University of California at San Francisco, agrees: "Efforts to avoid these harmful consequences of HIV immunisation must be given a high priority." (Underlining mine.)*

This last prediction, made in 2000[4], came home to bite them hard in 2007, when Merck's new HIV vaccine, made on recombinant adeno-associated virus vectors resulted in more vaccinated subjects getting AIDS[5] than those who didn't get the

4 Kourilsky, P. 2000. "We have a lot more to learn before we can halt the AIDS pandemic." *New Scientist*, March 27, http://www.eurekalert.org/pub_releases/2000-05/NS-Whal-2305100.php

5 Fox, M. 2007. "Study shows how some AIDS vaccines may harm." *Reuter Health*, September 16. http://www.reuters.com/article/healthNews/idUSN1533549520071115. Accessed 17 November 2007.

vaccine: *"Vaccine maker Merck & Co. stopped that trial in September and said last week it appeared that the adenovirus used in the vaccine may have somehow made patients more vulnerable to HIV infections."*

It's not just the basics with regard to vaccines where they flounder. The very basics and fundamentals of disease have been ignored.

Which brings me back full circle.

We get no answers to the following issues.

* Why only a few people get disease complications, most get immunity.
* How the immune system works.
* How vaccines work.
* What causes vaccine reactions.

We get no answers, because scientists continue to fall over their own ignorance. The basic foundations upon which their disease and vaccine "knowledge" should have been built, are pock-marked with yawning sink-holes.

Yet the Polands of the world still maintain that they alone know the whole "truth" ***about who should have vaccines and why, and that experts*** have the right to tell us what we should do with our bodies, about which they don't know much.

# 29 Being Different

*Trusta Hunter's meeting with Hatch Cajolery confirmed within her all the convictions that had been simmering beneath the surface for so long. From her past experiences as a doctor, and the reading between the lines in so much spoken and written propaganda and advertising, Trusta knew what she had to do. She drew up a list to give herself direction and focus:*

* *The human body is marvellously designed and uniquely complex.*
* *There are many common sense ways by which we should live healthily.* ***But*** *...*
* *Pharmaceutical companies and their handmaiden, the medical system, want to usurp the Creator's role. Their aim is to develop a mindset which not only sees the human body as a means of generating huge profits, but of also providing the means whereby the public is dependent on their products and benevolence.*
* *It is in their interests to discover – or invent "new" diseases, complaints and physical discomforts, and then manufacture or manipulate drugs that can be used to treat them. Re-naming "old" maladies is also part of this strategy.*
* *Any side effects can be similarly treated.*
* *By this method of organizing medicine, everything imaginable can be "managed".*
* *They will create the mindset that there is no normal healthy human being, and that medical answers are available and effective, from cradle to the grave.*
* *No free "cures" are possible as profits are necessary for R and D.*
* *Natural healthy foods will be discredited by a variety of methods: lacking an exciting flavour; too time consuming to grow in a home garden, and/or*

*prepare; playing down any adverse short or long term reactions to convenience food; palate-pleasing foods can be managed with other chemical additives.*

* *The development of a vaccine for example, to protect against obesity, will ensure that for the majority of people there will be no need to exercise self-discipline.*

*The fact that D'Different Ones were already portrayed as the carriers of new and serious illnesses, requiring vaccinations to provide immunity, illustrated the way the establishing and entrenching of mindsets was carried out. Roulette Brewer was no doubt receiving an astronomical salary for her inventiveness and creativity. Then of course, Hatch Cajolery would take the stage and woo the "audience". The queue for health would never diminish.*

*These things would be highlighted at every opportunity. The practical expression of healthy lifestyle changes were there for all to see, and follow, on many properties throughout the region, and on Green Island. Although no longer practicing as a doctor, Trusta was occasionally consulted about health issues, and if necessary was able to perform first aid or minor surgical procedures, but only at the patient's request after all other options had been worked through. She knew from past experience that medical interference could lead to so many unnecessary complications.*

# 30 Do Vaccines Skew the Immune System?

So let's look at the issue a bit more scientifically. What – other than anecdote – do I have to offer to prove that vaccines might be skewing the immune system?

The medical profession blames the victim: vaccines only bring out what was already there, but latent; that is the latest "excuse". There is a problem with this "head-in-the-sand" idea of victim-blaming, and that problem is that we KNOW that vaccines have the potential to skew the immune system. There is plenty in the medical literature to show that, even though most doctors deny it.

We know, and I don't need to reference this, that people with allergies and asthma have a Th2-skewed immune system.[1] Anyone who can use Pubmed can start to see that, so long as you know the correct key words to use. Pregnancy skews the immune system to Th2 to protect the baby from being aborted[2] and the period after birth is crucial in re-setting the baby's immune system back from a Th2-skewed pattern, to the normal operational mode of the body (Th1). This statement,[3] made to Congress, wasn't made just for fun:

1 A Th2 system is geared primarily to antibody-based functioning. The Th1 arm, which could be called the front-line cellular immunity, is important for dealing with and blocking pathogens where they enter. Where the immune system is skewed to primarily antibody production, the cellular immunity doesn't work as well as it should.

2 The baby carries half the father's genes, and if the pregnant mother's immune system is normal and Th1, which activates the cellular immune system, the baby will be rejected and miscarried, just as a normal person will reject an organ transplant. Immunosuppressive drugs stop the immune system of a person with a transplanted heart rejecting the transplanted organ. Pregnancy is down-regulated in order to stop the woman's body rejecting the baby for the same reason. After pregnancy, the mother's immune system takes about six weeks to return to normal, and the baby's immune system takes a variable amount of time to learn the correct way to function.

3 Statement made on 12 May 1999, at the United States Senate Hearing, by Dr Bonnie Dunbar, Professor of Immunobiology with specialist work in vaccine development and auto-immunity for over 25 years, 17 of which were spent at Baylor College of Medicine in Houston. Dr Baylor was asking the Senate for a moratorium on the hepatitis B vaccine, which, she maintains, is extremely dangerous, and which she and other doctors say carries serious debilitating side effects – this is denied by the establishment.

> *"I would challenge any colleague, clinician or research scientist to claim that we have a basic understanding of the human newborn immune system. It is well established in studies in animal models that the newborn immune system is very distinct from the adolescent or adult. In fact, the immune system of newborns in animal models can easily be perturbed to ensure that it cannot respond properly later in life."*

We also know, from one[4] of many medical studies, that each vaccine for whooping cough, diphtheria and tetanus administered to babies today, skews the immune system to Th2.

The conclusion of the paper[5] showing that pertussis vaccine might uncover latent disease continues to use the excuse:

> *"Although there is currently no evidence of Pa-associated allergic manifestations in children, at least up to 7 years ..."*

This statement is almost laughable, because if you talk to naturopaths, and others from the alternative health community, you will find that they have known for some years that asthma and allergies are linked to the DPT vaccine. Not that anyone considers comments from natural medicine proponents to have any validity. Have the authors of the medical study asked the right questions? The conclusion continues:

> *"... it may intuitively appear important to determine the factor(s) that trigger(s) the Th1 function during the first months of life..."*

???

Shouldn't doctors know the factors which determine normal immune system development? How could they possibly say vaccines don't cause the immune system to lock into an allergy Th2 mode? Again, they have not factored in the law of uncertainty.

While this study looks at the acellular whooping cough vaccine, which provokes primarily Th2 immune responses, there are others which look at the old whole cell vaccine, which, on its own, provoked a mixed response of Th1/Th2. However, any vaccine combined with diphtheria and tetanus can skew to allergy/Th2. These

4 Mascart, F. et al. 2007. "Modulation of the infant immune responses by the first pertussis vaccine administrations." *Vaccine,* 25(2): 391–8, January 4. Epub 2006, November 3. PMID: 17116347.

5 Prandota, J. 2004. "Urinary tract diseases revealed after DTP vaccination in infants and young children: cytokine irregularities and down-regulation of cytochrome P-450 enzymes induced by the vaccine may uncover latent diseases in genetically predisposed subjects." *Am J Ther,* 11(5): 344–53, September–October. PMID: 15356430.

children may have genetic susceptibilities to this abnormal immune-system change, and while doctors can point to the "victim" as the "cause", many parents have decided not to vaccinated younger children, and these children haven't had the allergy/asthma problems of their older, vaccinated siblings.

Anyone who has read the medical literature will have worked out exactly what the factors are that prime a baby's immune system to its proper default setting of Th1. A healthy mother who eats a good diet; breastfeeds for as long as she can; allows no vaccines and gives the baby's immune system time to learn how to do the job, the way it was designed to do under normal circumstances, will be very unlikely to have an allergic baby.

An hypothesis that vaccines skew the immune system towards allergy would be very easy to prove, but – like the trials we have asked for comparing the short-term and overall long-term health of vaccinated and totally non-vaccinated children – this is another type of trial which will never be done, because the population is "self-selected" (isn't that exactly what they do in vaccine trials?) and it would be unethical to "deprive" children of "life-saving" medical "treatment".

What say the studied kids aren't getting the vaccines anyway? Apparently it's still unethical to study them.

What do you think when you read articles[6] which say this: *"The number of preschoolers with potentially life-threatening food allergies has soared fivefold in a decade, but specialists cannot explain why … He described food allergies as the "new kid on the block", a relatively recent phenomenon unfamiliar to our grandparents, and poorly understood. "We know it's specific to the Western world and that it's more and more common but we don't know why," Professor Mullins said.*

What about this[7] article? "Age of kids with food allergies is going nuts" is the headline, and it discusses research, concluding that allergies are appearing in children of a younger age than was the case in the past. The article talks about peanuts, but then mentions that many of those people were also allergic to eggs, soy, wheat, tree nuts and shellfish.

When it was introduced in the 1940s, the early whole-cell pertussis vaccine was given in the second year of life. My first asthma attack followed hard on the heels of a third tetanus jab at the age of 12. Coincidence? In those days we never even knew that vaccines contained aluminium, mercury or anything else. We were just told it was a "harmless little bug". Vaccines were pure and safe. And never caused any problems.

6 AAP. 2007. "Alarming rise in food allergies" Sydney Morning Herald, June 18. http://www.smh.com.au/news/national/alarming-rise-in-food-allergies/2007/06/17/1182018939039.html. Accessed 10 November 2007.

7 Reuters. 2007. "Age of kids with food allergies is going nuts." *New Zealand Herald,* December 5, p. A15.

Some things never change, no matter what, do they?

My opinion has always been that vaccine can provoke asthma, and the younger the baby, the more likely that might be. It seems that a study to be published in the U.S. Journal of Allergy and Clinical Immunology in 2008 agrees with me. A newspaper reported that the research found more than double the asthma in children who had received DPT at two months, than in babies whose first vaccine was at least four months later. Anita Kozyrskyj, the University of Manitoba researcher who did the study, said[8] that DPT causes an allergic reaction, and speculated that children's immune systems were better able to cope with vaccine side effects when they are older.

There will always be a few unvaccinated babies who get allergies, due to parents who pass on an inherited gene weakness; or who use acetaminophen[9] and antibiotics liberally in the first few months of life, both of which are proven to be linked to the development of asthma and allergies. Another reason is that some doctors don't appear to understand what is required to educate parents about "nutrition", and to prevent toxaemia in pregnancy, which can cause problems later for the baby.

We believe we know one reason why allergies have been soaring in this last decade. These doctors don't:[10]

***The number of children seen for allergic problems at his Canberra clinic rose fourfold over 12 years. While there was little change for eczema and hay fever, and a drop in asthma complaints, visits for proven food allergies went up 1200 per cent.***

Twelve years – this is just about the time frame back to the time when Australia introduced the acellular pertussis vaccine, which is a much more potent Th2 inducer than the old whole-cell whooping cough vaccine. Coincidence? I'm sure they will say so. The new vaccine has aluminium in it, and is given with other vaccines which also have aluminium in them as well.

If you administer aluminium, and Th2-provoking vaccines, right at the beginning of the period when a baby's immune system is learning to "walk", you have a potential recipe for food allergy. Allergy to formula would also be theoretically possible … how many children have to suddenly change to non-allergenic formula, not long after a vaccination series? Allergies from something in breastmilk ingested at the same time as a vaccine is biochemically plausible, but doctors will deny that.

8 Skeritt, J. 2008. "U of M researcher links asthma, early vaccinations" *Winnipeg Free Press,* 24 January. http://www.winnipegfreepress.com/breakingnews/story/4113937p-4709728c.html Accessed 25 January 2008.

9 Most common brand names of acetaminophen: in New Zealand, Pamol®; in USA, Tylenol®; in the UK, Calpol®.

10 AAP. 2007. "Alarming rise in food allergies." *Sydney Morning Herald,* June 18. http://www.smh.com.au/news/national/alarming-rise-in-food-allergies/2007/06/17/1182018939039.html. Accessed 10 November 2007.

Have they studied whether the biological mechanism is plausible? No.

Let's suppose a child goes to have a raft of vaccines at the age of 18 months, or older. He or she might have eaten a peanut butter sandwich, or whatever … The child is given maybe two or three needles which are all aluminium-adjuvanted vaccines. Aluminium provokes IgE production in dendritic[11] cells which present antigen particles to the immune system. IgE is a class of antibody only seen in allergy. The aluminium-provoked antigen-presenting cell only has to come into contact with a molecule from say, that peanut butter sandwich, and it is biochemically possible that that child will become allergic to the peanuts.

"Nuts!" you say. No, there is no peer-reviewed proof of that, because who has bothered studying it, at any level, let alone in an individual's immune system? And even if they thought about studying it, how could they, since "intuitively" or otherwise, they don't know how a baby's immune system learns how to do its job in the first place.

After talking to immunologists, and standing back and watching the huge increase of allergies and chronic conditions in primarily vaccinated children over the past 25 years, I am more confident than ever that the explanation above is biologically plausible, and that what I said in 1986 was, and is, true. Vaccines, I believe, also have the ability to change gene expression of parts of the immune system, for the worse.

Any suggestion of immune-system skewing by vaccines will be denied, because to admit that would be to stop every national vaccination programme for babies, in the world, in its tracks. A pharmacist recently contacted me about her children, who reacted to MenZB vaccine, and never got better. They now have Chronic Fatigue Syndrome. She told me that when the Ministry of Health finally admitted that the reactions were most likely from the vaccine, they said, "But it's better to have Chronic Fatigue Syndrome than meningitis!" The problem with such an assertion is that, in all likelihood, the children would never have got meningitis in the first place. In light of this comment, if vaccines are part of the allergy equation, some doctors might say that it's better to have life-threatening allergies, than risk a rough bout of whooping cough. I know how to treat whooping cough and it only lasts a few weeks. But every day, these people live with life-threatening allergies, not knowing when anaphylaxis could hit them next. I'd plump for the whooping cough any day.

I have studies comparing vaccinated children with more vaccinated children. Fat lot of use they are. I have studies of children not vaccinated because their parents couldn't be bothered who had more allergies, compared with vaccinated children whose parents could be bothered, who had less allergies. These studies prove that you can't draw conclusions from the usual medical method of retrospective

11 Dendritic cells = antigen-presenting cells.

trials, because there are too many variables and biases, including that of researcher observer bias, depending on what outcome they want to see.

A Swedish study[12] looking at the gene expression in infants after vaccination with Infanrix-Polio+Hib found 33 allergy-related and 66 asthma-related genes were activated. A Netherlands study[13] compared whooping cough vaccinated children with children who had had clinical whooping cough. Vaccinated children had significant levels of hay fever and food allergies, but children who had had clinical whooping cough, had none.

There is enough information now to underscore the urgent need for large scale studies comparing totally vaccinated children, with completely unvaccinated children using three cohorts. Two studies should be retrospective, looking at generational difference between people born in 1950 and 1980, and one study for children born in 2008. Only then will we be able to see with any scientific accuracy, just what impact vaccines have had or are having on gene function and children's immune systems.

Where are the studies comparing the immune system of babies from identical socio-economic/parental educated groups; of breast-fed,[14] fully vaccinated children by choice, with breast-fed never-vaccinated children by choice, which prove there is no association between vaccines, and skewing of the immune system? Show me them please.

Parents, start checking it out for yourself.

12 Lahdenperä, A.I. et al. 2008. "Kinetics of asthma- and allergy-associated immune response gene expression in peripheral blood mononuclear cells from vaccinated infants after in vitro re-stimulation with vaccine antigen." *Vaccine.* 2008 Feb 13; 26(14): 1725–1730. 18336961.

13 Bernsen, R.M. et al. 2008. "Reported pertussis infection and risk of atopy in 8- to 12-yr-old vaccinated and non-vaccinated children."*Pediatr Allergy Immunol.* Feb; 19(1): 46–52. Epub 2007 Dec. PMID: 18086216. Free content http://www.blackwell-synergy.com/doi/pdf/10.1111/j.1399-3038.2007.00584.x

14 And a second separate cohort of formula-fed babies.

# 31 ...and Then it's Too Late!

*At Polly Tishan's suggestion Dick Tait travelled over to Fall City for an informal meeting where the Minister for Health and the Minister for Conformity, Compliance and Control were joined by Dr Opin Yun, Medical Officer of Health for the region. There had been considerable lobbying on the part of several powerful vested interests, concerning contingency plans for dealing with a nationwide outbreak of bird flu. Q-4 Health Pharmaceutical's insistence on the virulent nature of Dove 'Flu was hotly contested by D'Different Ones who claimed it to be completely harmless, and a malicious fabrication issuing from the drug company. Green Island health products were seen therefore as another complicating factor.*

*The three settled down to their task – trying to reach some sort of agreement on an extremely controversial matter which could affect the welfare of every man, woman and child throughout the whole country. And how would they keep on side with all the lobbyists? Every conceivable view point was visited and re-visited. It was after the lunch break that Dick Tait became exasperated. "We'll be here till the cows come home at this rate. My Ministry believes in taking the bull by the horns. Let's stop pussyfooting around and recommend to the Prime Minister and Cabinet that emergency powers be drawn up, if they're not already adequate, and that they be mandatory if activated by the Government because of a pandemic. If we leak the probability of this happening in plenty of time, hopefully it will give the protesters adequate opportunity to kick up a song and dance and make their submissions. When the fuss dies down, the changes can be made." The suggestions from the Minister for C.C.C. were tentatively agreed to by the others. For the present they could have a breathing space.*

*About a week later people across the nation woke to a new day and were greeted by the newspaper headline:*

GOVERNMENT PROPOSES DRACONIAN MEASURES TO DEAL WITH BIRD 'FLU.

* * * *

Many of D'Different Ones joined with people nationwide to protest against the Government's emergency measures in case of a bird flu epidemic. These measures were extended to include any threat to public health and safety, and power would be given to the police and other authorized agencies to use force; to quarantine; to imprison; to remove children from parents not providing adequate "care"; to impose fines, and to use any other "appropriate" means considered necessary to deal with the crisis.

The Minister in charge of the legislation, Dick Tait, carefully orchestrated the passage of the Bill through Parliament and it quietly passed into Law with the majority of the population unaware of, or indifferent to, the ramifications of the Government's actions.

Polly Tishan enlisted the help of Dr Opin Yun to set up an operations centre from which a carefully selected team of "experts" would monitor and co-ordinate the provisions of the legislation on a daily basis, and in the event of any outbreak of a dangerous pandemic. "We cannot wait until it happens," said the Minister of Health. "I want a system that is efficient and which can implement the country's emergency measures when I give the word."

Dr Opin Yun applied himself to the task with meticulous detail and when everything was operating smoothly in standby mode he invited the Minister of Health to inspect "The Bunker" as he called it, situated in an underground, air conditioned, eminently suitable suite, manned with military precision. In fact there was something almost sinister about it all.

"In my opinion," said the Doctor, "we have everything you asked for, and more. As you can see, there is plenty of whiteboard space. On these notice boards we display all the letters-to-the-editors from the nation's newspapers that relate to the public's views on vaccination issues. These are divided into "for" and "against" categories. This allows us to issue press releases to ensure that the "pro" voice always outnumbers those against. Actually we even add up the column inches allocated in the papers and address any imbalances. Graphs and charts from various sources allow us to gauge the pulse reflecting the public's responses to the Ministry's concern for the nation's health and wellbeing. As you would expect we have direct communication with the police and the armed forces, and over here is the hot line to your office."

*Polly Tishan surveyed the scene in front of her, taking in every detail. She nodded and a satisfied smile crept over her face. She glowed with pleasure!*

*"This is a credit to you, Doctor. Thank you. I'm sure we can handle whatever my advisors tell me to do."*

# 32 Homeopathy and the Arrogance of Ignorance

Over in England at the moment there is a major power battle between medical scientists and homeopaths about whether or not homeopathy works. Professor Ernst is at the forefront of the "bash alternative medicine" movement, even though he admits to having been brought up on homeopathy. As far as he is concerned, homeopathy is quackery because there is "nothing there" that he can see, taste, or measure. The problem is that Professor Ernst wants to test homeopathy the same way as medical science likes to test drugs. There is a problem with that, because homeopathy doesn't assume that all things can be made artificially "equal" by trying to eliminate, as much as possible, human variation. With homeopathy, the exception, the unique individual, is the "rule".

Pharmaceutical medicine has, until recently, tried to find a "one-size-fits-all" approach, so that "all" children are given X drug for Y symptoms at a "standard" dose of X mg per kg of body weight. Only in the last 15 years has it started to dawn on medical people that race, genes, diet and a whole raft of other factors create a huge variation which has important impacts on whether, how, or even if, a treatment will work.

Using a randomised, double-blinded trial in order to "prove" the validity of homeopathy is simply a laughable proposition, because under that system of testing, it would be near impossible to get any result – because the method doesn't take into account variables between humans.

Therefore "no result" says to some, "homeopathy does not exist as a valid treatment modality". When subjected to randomized, routine testing measures used to quantify the existence of active "standard" medical compounds, homeopathy will "fail" to prove the existence of "effect".

Having sat back and read the recent homeopathic debacles, and debates in places like Randi's forum, where "rationalists" think they know it all, I've come

to the conclusion that rationalists (and Professor Ernst) have fallen captive to the fallacy of their own legend. They believe that only that which can be seen or tested can be believed; therefore, homeopathy has to be a fraud.

Scientists who think, however, would take into account a "provable" entity called the Uncertainty Principle, which a scientist called Heisenberg formulated in 1927.

To understand the Uncertainty Principle, it helps to talk about it in a series of different ways to accommodate individual thought patterns.

*Measuring hot water*. You've run a hot bath for your child, and you want to be scientific and take an accurate temperature of that bath. You take your jam-making thermometer and stick it in the water and read the temperature. As a matter of logic, which you don't have to think about, you can be sure that you will get an accurate measurement, because the volume of water in the bath will not be cooled at all by the mass of the thermometer you dip into it.

On the other hand, if you wanted to measure the temperature of two teaspoonfuls of water in a narrow test-tube, you might have to allow for the fact that the thermometer is large, the surface area very cool, and the act of measuring the small amount of water will itself lower the temperature. Worse, to accurately measure the temperature of one drop of boiling water would be impossible with a thermometer because it's the temperature of the greater mass that counts. You could measure the temperature of the one drop of water, but you'd need to invent a method that wouldn't affect the temperature by the insertion of mass of a different temperature.

So when you come to something tiny, you have real problems. Homeopathy is something which is purported to work in such tiny amounts, that they are considered "non-existent".

*Measuring something tiny*. How do you measure inconceivable minuteness? The action of the atomic bomb is interesting. We believe that it's possible to split the atom, and create mayhem, because we "see" the images of the huge mushrooming cloud with our own eyes. Therefore, it works. We "see" the resultant devastation that the atomic bomb creates when you take one atom and split it. We don't need to "measure" the action of these sub-atomic particles because we get to "see" the result in all its horror.

*Measuring movement, size and direction*. To measure the movement and behaviour of objects accurately, depends on their size. Take a billiard ball. You want to analyse what affects the movement of a billiard ball, so you would use a light consisting of minute particles known as photons, and film the ball. Directing

the beam of photons at the ball is no problem, because relative to the ball, the photons are tiny. The mass and speed of the ball is such that it can sweep aside the photons without affecting the direction or speed of the ball in any way, so you can chart its course with certainty.

However, a problem occurs if, instead of a billiard ball, you want to measure sub-atomic particles. As in the case of measuring a billiard ball, you still have to bounce beams of other minute particles off the sub-atomic particles. When the two particles "hit", they are both deflected off each other at the same time, and this alters both the direction and the speed of each of the particles.

This is the Principle of Uncertainty, because in nuclear science you cannot know with certainty, two things at once. If you know the particle's position, you cannot also know its speed. If you want to measure its speed, you can't also know its position, because the making of the measurement alters what is happening to what you are testing.

So the Principle of Uncertainty states that there is a barrier to knowledge in any subject where smallness or variations are involved because there is a point beyond which it is impossible to either measure or predict, therefore it's impossible to know all there is to know about either the atom, what constitutes an atom, or what happens to those constituents when they are dispersed.

We only know about the effects of the atom bomb, because we see them.

***Taking into account variables you can't see.*** Even with larger objects there is another element of uncertainty. Let's revisit the measurement, judgement of, and flight of a different larger object. A billiard ball is on very flat, even, felt-covered surface, inside a room, and subject only to certain laws, so is not affected by wind, light or other conditions. The only inconsistency with measuring a billiard ball is the "mug" behind the cue! The analysis taking place in the space between the ears of the "mug" will determine just how well the game will go. The person with the better smarts will always win, when all else is even.

However, were you to measure a cricket ball (or maybe a baseball for Americans) to gauge its probable impact on the result of the game, it would be a whole different experiment. You would have to factor in the height of the person running in to bowl the ball. The speed at which they ran in. Whether they bowled the ball using centrifugal force only with a straight arm, like a bucket on the end of string. Did they lock their front knee to add more "thrust"? Perhaps they use a bit of shoulder whip, wrist flick and finger tweak at the same time. Do they have the two fingers together on the seam, or wide apart? Is the ball released straight from the front of the hand, or out of the back of the palm? Is the bowler a spinner, or a speedster?

When you've assessed all that, you then have to factor in whether the pitch is sopping wet, dry, bouncy or flat. Just when you've got all that sorted, the amount

of moisture in the air might change, which again, changes all your calculations. The wind might start blowing strongly, which changes everything again. Then there's the ball itself. All balls are not equal. Even those from the same box. A brand new, all shiny ball, can go through the air faster than an old one. It deviates differently. How does the team look after the ball? The aim is to keep one side shiny and the other side rough, so that you can get it to swing and move, because air pressure against a smooth surface creates a different flight through the air than does air pressure against a rough surface. After you've assessed all these variables, you might have a chance of assessing what the ball will do.

But guess what?

None of this is really of any value, because what will happen to that ball might actually depend on which side of bed the batter who has to face the ball, got out of.

If he hasn't even woken up and got his brain into gear, the bowler may win. If the batter is seeing the cricket ball like a soccer ball and is on top of his game, then no amount of analysis of the ball will matter squat. There are so many unknowns in analysis of cricket as a game, that where you have two supposedly even teams … even when the odds look as if all things are equal, the smallest thing can be the biggest leveller. It might be a missed catch; the wicketkeeper might blink at the wrong time, and the game could be taken away from one side or another. That's the great thing about cricket.

What Professor Ernst and his mates have forgotten is that science is not, and cannot in every sense, ever be either totally predictable or totally reproducible. If they were honest they would admit that. There are some things that current scientific dogma can't test in the way they do now, and homeopathy is one of those things.

Scientists know it, in the world of biology, so why does that make human biology any different?

Take for instance, the scientist who wants to collect a certain moth or insect. They may take a tiny smear of a chemical and put it on a tree, to attract insects drawn by specific pheromones. Scientists "know" that unseeable particles will waft up into the air from the chemical on the tree to be carried far and wide and that, were they to try to measure those particles miles away, they couldn't. Yet insects from many miles away can pick up that pheromone on some unknown radar sensory device, and go "Ah! Yum, that's over there, 6.5 miles away" … and they come flying. Even though the scientist himself may have no equipment with which he can measure the pheromone, which is parts per billion in the air, he "trusts" that his pheromone trap will work, because experience has taught him that the moths will come. Cause and effect, so they say.

Scientists also tell us with certainty that salmon are attracted back to the river in which they were spawned because there is some sort of chemical "trail" which

"leads" them back to where the female salmon laid the egg. Unless the salmon becomes breakfast for eagles, or bears, "something", leads the salmon "home". It doesn't occur to the scientists that it's ironic that insects and salmon can do what they can't. While any pure scientist can nod, and agree with the accuracy of the principles of the statements above, when it comes to applying the Principle of Uncertainty to homeopathy, the answer is, *"No way. If we can't see it, test it, quantify the ingredients, or prove how it works, its quackery."*

You can look at the written records of the homeopathic hospitals during typhoid outbreaks of years gone past, or even during the 1918 influenza pandemic. If you believe the paper upon which the results are written, homeopathy produced outcomes which make the then apothecary-based hospitals look like slaughterhouses. If seeing the records is believing, then little wonder that over 100 years ago, people flocked to homeopaths in droves. There are many decades' worth of written observational records which show the effects of homeopathy that homeopathic practitioners and their patients have seen with their own eyes, and experienced.

*"Bah!"* says the scientist. *"Baloney – charlatans and snake-oil purveyors, the lot of them."* So when you start talking about individuals for whom a homeopathic remedy appeared to work, the response is, *"Rubbish, anecdote, placebo effect. And anyway, we've measured it, and there's nothing we can measure, so if there is nothing there, how can it possibly work?"*

Scientists forget that the other principle of uncertainty is that just because you can't test for something or measure it, doesn't mean it doesn't exist. It might mean that it belongs to a law of the universe as yet unexplained, and that we simply haven't invented the technology to prove it, because the sheer minuteness of scale prevents us from conceiving the right test to prove an anecdotal observation. And maybe the bottom line is that it can't be done anyway.

The cricket-ball phenomenon in the biological world is something else that scientists like Professor Ernst don't appear to be able to get their heads around. They want to be able to "herd" 1,000 people off the street, randomly split them in half, and test them with ONE homeopathic compound for ONE disorder and get a provable result. Sort of like "anaesthesia will knock you out, so we know it works". Caveat: never mind the poor patient who lies immovable, unspeakably awake during surgery, to occasionally prove us wrong. As the movie "Awake" estimates, it could be that 30,000 Americans a year are "awake"[1] during an operation. Not that the literature talks about that. Nor is there any official estimate, because the data hasn't been collected.

1 McKenzie, J. and Schwartz, S. 2007. "Woman Wakes Up Mid-Surgery, Paralyzed and in Pain. 20,000 to 40,000 Americans May Wake Up Mid-Surgery." *ABC News*, November 30. http://abcnews.go.com/Health/story?id=3938302

There is a point where this concept of, "If I can't prove it, it doesn't work", is both hypocritical and ridiculous, and here's why. We are all unique, with DNA that is not identical. We know that, because DNA experts tell us that. You can be done for murder on the basis of your DNA alone. Strangely enough, immunologists are starting to wake up to the fact that it's a person's unique DNA … their genes … in combination with lots of other variables, like stress, which determines HOW a person will respond to diseases. So why, then, do people like Professor Ernst assume that human anatomy will always function like a cloned automaton?

A recent medical article found that people tested for intestinal flora, produced quite "unexpected" results. But they were only "unexpected" because the original flawed assumption was that we all have roughly the same gut flora. After all, most of us have two arms, two legs and a head, and the heart is usually in the same place, so that should apply to all else, right? When the scientists tried to categorize the flora, they found, much to their surprise, literally hundreds of species they'd never seen before, and discovered that each person had flora different from that of other people.

Our differences affect all areas of life. Some people love spring, some love autumn. Some people like pink, others blue. I'm a night owl, my husband is a rooster. I hate heat, but my Indian friend hates the cold. I sleep comfortably on my side or stomach, but others prefer to sleep on their backs. I love thunderstorms, but they petrify other people. I can't take antibiotics – they could kill me – and I've discovered that I don't need them anyway. Necessity has made me find very effective alternatives. I have an immunodeficiency, others do not. The list could be endless.

The difference between homeopaths and doctors is that homeopaths spend a whole heap of time putting together a picture of a unique individual, the variables, the inconstants, and trying to find a "remedy" which suits that unique individual.

Doctors look for a recognizable textbook difference which may throw an obvious monkey wrench into the basic norm. Such as: "Oh, you have Gilbert's Syndrome, so that means for YOU we can't do X, Y and Z." Medical scientists of today look at the results of trialling homeopathic compounds their way with total distain. Medical science only sees "unique differences" in a way which will suit its own systems, though the new field of epigenetics, and vaccinomics, is a chink of potential wisdom which is gradually being jemmied a bit wider by the year.

However, the basic flawed assumptions that you can trial everything with a randomized double-blind study still exist.

Herein lies the problem for homeopathy. The very scientists who are saying that homeopathy doesn't work, because they can't test it reliably, have a very well-kept secret. That secret is that their own implacable position with regard to

many of their own dogmas is fundamentally flawed. They just don't want you to know that.

What the scientists forget is that the word "safe", or "provable", only exists in their imagination. The only safe drug is no drug.

Scientists *believe* they have devised ways and means whereby "good" scientists are immune to bias. Therefore they assume they can make no mistakes.

Someone once defined an expert as a person who avoids the small errors while sweeping on to the grand fallacy. I don't think that definition fits the medical profession, because the world is littered with the ignored small errors while doctors sweep on to the grand fallacy. It's just they can't see that.

I repeat: the medical profession says: *"Homeopathy is a fraud, because we can't prove it works in our laboratories. ***And WE KNOW EVERYTHING.*** Therefore, homeopathy, and a whole lot of other things, should be banned, and no more public money should put into homeopathic hospitals."*

Does anyone, other than me, see the irony in the following news items?

In 2003, a senior executive with GlaxoSmithKline admitted[2] that *"most prescription medicines do not work on most people who take them"*. The article went on to say that, *"It is an open secret within the drugs industry that most of its products are ineffective in most patients, but this is the first time that such a senior drugs boss has gone public."*

GlaxoSmithKline, Pfizer, Abott, Johnson & Johnson, Roche, Sanofi-Aventis and Wyeth, in September 2007, put an undisclosed sum of money together to fund[3] the *International Serious Adverse Events Consortium* which is reportedly a non-profit effort. Its purpose is to look at the genetics of people who develop serious side effects from prescription drugs.[4] The hope is that the resultant research will allow the drug companies to *re-market* drugs which in the past were scrapped, because genetic tests would identify, in advance, those who would react.

Perhaps one day, all scientists will realize that everyone's individuality goes even deeper than genetics, and is affected by epigenetic variables which simply can't be replicated in the laboratory, or in trials which assume that all things are equal … when all things aren't equal, and never will be equal.

2 Connor, S. 2003. "Glaxo chief: our drugs do not work on most patients." *The Independent on Sunday*, December 8. http://news.independent.co.uk/sci_tech/article81625.ece. Accessed 23 December 2007.

3 Richwine, L. 2007. "New group will study genetic link to drug risks." *Reuters*, September 27. http://www.reuters.com/article/healthNews/idUSN2542513020070927?sp=true. Accessed 23 December 2007.

4 No mention of vaccines though. After all, we are told that vaccines don't cause serious side effects like drugs do!

# 33 A Second Attempt and the Cover-ups!

*The phone rang.*

*Petros Abrahamson was sitting in his office – thinking. His thoughts were roaming all over Green Island trying to piece together the events of recent days. He picked up the receiver instinctively. "Hello," he said.*

*"Good morning," said a cheerful voice. "Could I speak to Mr Petros Abrahamson please?"*

*"You're speaking to him. Good morning to you. How may I help?"*

*"This is Sweetie Spiel from the Lulling Sounds SIS office. We haven't met yet, but I look forward to the opportunity to do so. My records tell me however, that you did have some words with Mr Fox, our representative in Fall City, quite a long time ago. Apparently he w…."*

*"If you mean that Wylie Fox person," interrupted Petros, "he adopted a very officious attitude, demanding an inspection of …."*

*"Yes, yes Mr Abrahamson," replied Ms Spiel cutting him off in mid sentence. "Mr Fox is not always very tactful. You'll find me much more accommodating and pleasant. Sometimes our investigations do appear to be rather personal and intimidating, but it is because of the nature of our work. We get all sorts of strange reactions from members of the public – you know how they get the wrong end of the stick, and imagine all sorts of dreadful things – but we have to do our duty. I was wondering if we could meet next time you are in Lulling Sounds. We could have a cup of coffee together perhaps. The Sights and Sounds Café is near the Marina. Do you think you could fit such an appointment into your busy schedule?"*

*"I'm quite sure that my sister and I could manage such a social occasion. It's*

likely that we will be coming across the day after tomorrow. We usually leave the island at about 9.30 a.m., so if you care to give me a ring about 8.30 a.m., we can set a time to meet."

And that was how the Abrahamsons and Sweetie Spiel met face to face. Both "sides" were going to give nothing away. It was a game of cat and mouse, but Petros was absolutely sure that it was far from a game. After the food and drinks had been disposed of Sweetie realized that the ball was in her court and she had to make the play. This was part of her job. She had been trained for it. She was well-practised in it. Would her success rate remain high?

"As I explained on the phone – may I call you Petros and Serena? Thank you. Please call me Sweetie. As I explained on the phone, I have a number of suspicions to investigate, relating to you and your island. So perhaps I could st… "

Petros politely and firmly cut her short. "Sweetie, let us get this straight. SIS stands for Systems Integrating Suspicions. The very nature of your work is threatening, and intimidating. Those of us who live on Green Island are law-abiding citizens in everything we do. We have all the permits and licences for what we do on the island. We are well aware of privacy laws, as well as our rights and freedoms. If there are any concerns involving these things you can check with our lawyer, Zechariah Foursix in Fall City, or with the CEO of the Fall City Regional Council, Chuck Merritt. Lulling Sounds falls within his jurisdiction. If we have broken the law in any way then you can resort to legal proceedings. It is my personal conviction that you know more about us and our lifestyle than you would care to admit, especially when it touches on the ways and means by which you gather such information. Now, unless there is anything on your list which falls outside what I have covered, Serena and I would like to thank you for this little social interlude in such relaxing surroundings, and allow you to get back to reducing or increasing your workload of suspicions."

Petros looked unflinchingly at Sweetie. He could see that she was struggling to maintain her composure. She dropped her eyes to the table, patted a crumb with a finger and reached for her handbag. Petros rose and courteously eased her chair from the table. She murmured her thanks along with some muffled comment about perhaps meeting again sometime, and walked out of the Café.

Serena and Petros looked at each other. Both knew full well that under that exterior there was a cold, calculating seething that would have to be vented in some way.

And it was!

★ ★ ★ ★

At this point I have to offer an apology to readers. One of the incidents of mystery and intrigue that occurs in the original story takes place on Green Island and in Lulling Sounds. It involves Sweetie Spiel's SIS activities and the suspicions she has about the Abrahamson's work on Green Island. Because it occupies quite a few pages, many of the details have to be left out in this book. However, it can be said that Sweetie Spiel secretly assumed the role of a spy.

She employed Hyre Ling to provide some support services.

Dexter and Connie Glibbley call in at Green Island, in the guise of holiday makers interested in the products produced on the Island.

In the dead of night they sail away having picked up Sweetie Spiel from the Island, after attempting to immobilize the Faith Walker.

They are observed leaving.

Waka Bridges is alerted and so are the police.

The Glibbley's launch is intercepted.

Consequently however…

When the police contacted Petros he was able to provide them with a comprehensive account of all that had taken place since the tracking device had been found on Faith Walker. The police, together with the harbour master, were able to confirm that a runabout had been rented out on a number of occasions to Hyre Ling but there was no way of knowing if it had been used to visit Green Island. When questioned, Hyre Ling flatly denied having been anywhere near the Island.

Sweetie Spiel had no option but to identify herself. She was quick to draw a veil of secrecy over any trespassing on the island and the circumstances whereby she was on the Glibbley's launch. The tactics employed by SIS, HISS and even ISM would have done credit to any contortionist and with a bit of "assistance" from Dick Tait of the Ministry of Conformity, Compliance and Control, the police involvement in the "mystery" ground to a halt due to lack of evidence – it was all suspicions-based!

The Glibbley's were fined for the lack of navigation lights infringement, and quickly left Lulling Sounds never to return.

Sweetie Spiel also disappeared. She had requested a transfer and in no time at all was posted "overseas".

Modus Operandi spent considerable time with Lucy Furr to achieve all sorts of string-pulling in bureaucratic circles, and on the surface, the campaigns designed to make life difficult for D'Different Ones suffered no more than a slight hiccup. But

*the galling truth was that "they" knew that "they" knew about things "they" didn't want them to know about!!!*

*D'Different Ones knew the truth and the more truth they knew, the more freedoms they enjoyed as they became less and less intimidated by the systems playing "Big Brother".*

# 34 Vaccines and the Law of Uncertainty

Moving from testing homeopathy, to genes causing vaccine reactions, to vaccine trials … the same principles apply in reverse[1]. Since science has been primarily based on provable results, vaccine or drug trials have to ***remove*** the Principle of Uncertainty. Scientists want to get ***reproducible*** results. To do that means that "all things must be equal", you know.

If you go to www.clinicaltrials.gov, you will see that in order to eliminate variables in a vaccine trial, the researchers try to select 50 (or however many) humans who, as much as possible, are ***identical*** in every respect, with no defective monkey wrenches that might screw up the results.

To do this they eliminate every person with a condition, weakness or family history which might affect the reproducibility of the experiment in directions they can't analyse with certainty. Or to put it bluntly, which might show the vaccine up in a very bad light. In other words, vaccine studies are so disconnected from the real way human beings work, as to be surreal.

When you eliminate people with certain conditions, you are selecting ***out*** the very people who might have the genes and epigenetic influences in their lives which would result in them reacting badly to a vaccine.

By selecting an artificially narrow "self-selected" group of people who do not represent society as a whole, the vaccine/drug researchers looks at what the compound does in artificial conditions, as "equal" as they can make them.

If the drug/vaccine is termed "safe", then they do another trial, with a bigger group of, say, 200 people. BUT they still self-select a narrowly representative sector of the community, because a trial has to be "reproducible". They then do an even larger trial of, say, 2,000 self-selected people, who, again, have no "health" problems, and the drug/vaccine is then found to be "safe".

1 As discussed in Chapter 14 of *Just a Little Prick*.

Suddenly this "safe" product is pronounced safe to give to everyone in this whole, big, wide, diverse world made up of many races, genetic profiles of people who all have their own unique DNA, and unique set of variables.

Everyone reading this can immediately write a list of drugs for which the stupidity of the current testing methods has been proven.

How many scientists acknowledge to the public that drug/vaccine trial results, which eliminate the law of uncertainty, become totally meaningless in the wider community?

A trial in 2,000 self-selected people who don't have the genetic or epigenetic profile to react to that drug, might never reveal something which later affects hundreds of thousands amongst 600 million users.

If a drug for some idiosyncratic reasons of its own, is highly fatal in one in 3,000 people with X condition or gene, or might not work for the 1 in 400 people with dysgammaglobulinaemia, for example, that fact may never actually come to light, because the reaction is diluted in what is considered "normal everyday illness" which might occur anyway. The reaction becomes "coincidence" or "healthy vaccinee syndrome".[2]

In the real world, vaccines can never scientifically have the alleged safety profiles of the phase trials, ***because the basic premise upon which they were tested is incorrect***, and the tests were done under conditions which don't exist in the real world.

The world's vaccine experts point to their trials on paper, and say, "This proves the vaccine is safe". In the real world, side effects are blamed on the person, a "gene", on a coincidental effect, or on another "infection" which cannot possibly be related … or auto-immunity. Unless there is overwhelming evidence pointing toward a vaccine, ***any excuse*** is offered up as a diversion. This is one reason why the yellow-fever vaccine had a "safe" profile from 1937 to 2000.

This is important to us as parents, because we are seeing so many conditions which were never there before. If you ask, "Why is it that Lupus erythematosus (LE) seems to be on the rise?", you might be told, ***"It was probably always there, but what with science being so backward in those days, people didn't know what to look for."*** Is there any basis to support such a supposition that LE was always there? Will today's science be considered any less backward in the future?

Forty years ago, while there were always individuals you would class as the occasional unique thinker, or person with their quirks, there was not the intensity of autism-spectrum disorders, ADD, ADHD and the behavioural issues teachers have to deal with today.

2 Healthy vaccinee syndrome = a hypothesis which states that because illnesses are always present in the community, any illness which occurs after vaccination is not due to the vaccine, but is due to the illnesses picked up in the community which would have happened anyway.

When people relate their experiences of the past, they are told their thinking is flawed because, "… now doctors have the ability to diagnose these problems". Today's experts suggest that author Janet Frame was "probably" autistic, without any foundation for this statement. Doctors who knew her, deny it, but in spite of that, the "experts" are insistent that because she exhibited autistic traits, in all probability she was autistic, they say. Jane Goodall's obsession with chimpanzees is also, apparently, a key signal for autistic traits. We hear that many other "famous" people, like Einstein, were "probably" autistic. These people had drive, and a focused passion, and achieved things others couldn't, and didn't connect with society the way the "herd" does, so they must have been "autistic"? People who tap pens, jiggle knees and stroke beards are now exhibiting autistic spectrum "stimming"[3] behaviour! Well, that just about covers the lot of us doesn't it? Do you constantly jiggle your knee when annoyed or impatient?!

Is this "redefining" of the past a decoy to muddy the waters when it comes to the present?

Do we see one in 155 adults age 45 and over, with autism now?

*"Ah,"* we are told. *"In the old days, they were locked up in lunatic asylums, so you never got to see them."* Well, that would take a lot more mental institutions than have ever existed in this country. *"Well, they were probably criminals, so the prisons would have been full of them, too."* Really? Don't tell that to prison warders who know the abilities of street-smart independent criminals who made up the majority of prisoners.

We hear a sea of "excuses", and I am sick of excuses.

I'm not blaming everything "just" on vaccines. Parenting, diet and stress are all contributing factors.

But there is one thing I cannot escape and that is that most parents who chose NOT to vaccinate, have children who are healthier than most vaccinated children. Some who chose not to vaccinate, do so as a ***result*** of a vaccine affecting a first child, or even their second as well. Perhaps they realize there is something in their genes which doesn't "agree" with vaccines.

Scientists come up with all sorts of excuses for that as well, such as: *"The healthy children are self-selected; their parents feed them better; and because they are paranoid about illness* (which most are not, but so this argument goes …) *they make sure their children really learn the principles of hygiene. These parents spend lots of time with their children and make sure they sleep properly. They don't allow their children to be TV-sat or computer-cloned. Now if only we could get all parents to do all these things that anti-vaxxers do, and get the anti-vaxxers to vaccinate, then everyone would be very healthy."*

The assumption again, is that vaccines ***always*** *do no harm* and the real

3 Stimming is hand-clasping, body rocking, hand-flapping, or some other repetitive body movement.

difference is lifestyle. More excuses. But the logic of these rampant excuses is hugely flawed for what I believe is one simple explanation.

Any animal breeder can tell you this.

You do something that mucks up an animal's immune system in the neonatal stages, and it can have a permanent flow-on effect for the rest of its life. Anyone who works with baby animals can tell you that. The same applies to humans. The medical profession deny that vaccines affect a baby's developing immune system, and say that a baby's body can be given 10,000 vaccines at one time, and the immune system would not blink.

I disagree vehemently. I've seen it so many times, and though my opinion is anecdotal, that doesn't mean it is not reflective of evidence in the community were someone to actually look for it. I believe that vaccines can have an epigenetic effect on genes, and affect the development of the neonatal immune system.

What is "evidence"? When I go to the doctor he listens to the "evidence" of my words, which leads him to make a diagnosis … yet when a mother takes a child with hives after a vaccine to the doctor, she is told that the hives were caused by the sticky plaster! Where is the logic here? Believe me one minute, call a mother a liar the next?

When it comes to vaccine reactions, I've been there, done that personally, and know what it's like to be told that any thought of the reaction being caused by the vaccine makes me a crank.

I've seen enough to believe that vaccines can subtly muck up the way children's bodies work, so that the flow-down effects reverberate for each subsequent age. The effect is like dominoes, where later on, that subtle change after birth, results in the body not being able to cope with later foods or environmental influences. Perhaps the toddler develops asthma, severe anaphylaxis, or behavioural problems. Maybe even autism-spectrum disorders.

None of these issues are addressed in short-term vaccine safety trials on a small group of very health people. We are told there is "no proof" that this could happen.

Vaccine trials never use scientifically correct, totally unvaccinated controls, don't last long enough, or look at a broad enough health index after the vaccines have been given. That would be too expensive, too time consuming. What is worse, it might mean having to look at the laws of uncertainty. Science does not like uncertainty. Vaccinologists' greatest fear is that new rules will be discovered, which not only break the rules they have chiselled into stone, but prove that all previous work was irrelevant.

Vaccine trials don't look at vaccines in the "real" world of diverse people with different genetic make-ups, which – combined with nutritional factors, stress, and toxins – could contribute to their fragilities, because those people are specifically

*excluded* from their trials. Vaccine reactions in fragile babies of the type specifically excluded from vaccine trials, get "lost" in the "white noise"[4] of medical excuses. Such reactions are attributed to every untested, unproven claim in the sky, which is then accepted as … immutable fact … because the words are uttered by experts.

The results of vaccine trials completely ***miss the point***, and present flawed assumptions, which many doctors have no idea about. All vaccine trials can honestly say is that in a small, self-selected group of individuals, a vaccine appears to be safe. Vaccine trials cannot say that the vaccine is safe for everyone.

Those like me, who make a stand for doing "without" vaccines, are therefore an anathema to the very foundations and aims of the medical profession. They say I've rejected their "blindingly obvious" facts. I say their facts are a smoke screen with little relevance to many of us who live in the world today.

When our healthy seventeen-year-old, who had never had drugs up to that point, was in hospital with internal bleeding, I was treated by some staff with barely disguised contempt. I was asked questions like, "Why don't you know if he's allergic to paracetamol?" "Because … he's never had a paracetamol so far, in his life. Nor antibiotics. Nor anything." Their assumption was that he had never got sick, therefore never got drugs. Perhaps they thought, *"He must have been protected by the herd!"* When they saw he had had most of the more common diseases which are now described as "vaccine-preventable" life-threatening plagues to quivering, frightened mothers, there were even more questions as to ***why*** I didn't use antibiotics and drugs to combat them. When I said that there had been no need, their disbelief was plain to see. It would appear that it's "normal" to expect a doctor to reach for the prescription pad for every ailment under the sun. What happened to common sense and valid home-based treatments?

I knew that measles requires vitamin A; I gave vitamin C for all infections; we made home-made soup, and had and have lots of other tricks up our sleeves in order to manage diseases. We might even might chose to use homeopathy! *"Well, homeopathy is quack**k**ery you **k**now, because we've tested it, and there's nothing in it."*

If homeopathy is the best and safest placebo that exists, then it beats the least obnoxious drug that any doctor has to offer.

"Bias" is best described as *scientific error* which creeps in because the scientist thinks he knows what the results will be. Before an experiment even starts, the scientist predicts that the results he expects to obtain will be based on the assumption that their knowledge is everything there is to know, and based on that, there will be one ***logical*** outcome. Like Ian Fraser saying[5] in 1993, even

4 **White noise** is sound that covers the full range of pitches audible to the human ear. Every frequency or tone possible is contained within a single white-noise sound. Because pure white noise contains every frequency, it is often used as a masking solution, to drown out unwanted sounds and noises.

5 See the chapters on Gardasil™ (Chapters 54, 56, 62, 64 and 66).

before any vaccine trials were done, that Gardasil™ *would* prevent cervical cancer. Belief becomes assumption, which determines the study methods to prove that the assumption was correct from the beginning of the belief.

Cognitive dissonance[6] also contributes to scientific bias, because when a doctor's or scientist's livelihood and reputation are vested in defending a theory, that theory will be defended at all costs and often in the face of clear evidence to the contrary.

What happens when the basic assumption is incorrect, and doctors don't know it?

For example: I want to go and buy some avocados, and the price tag tells me they are a dollar each. I want three, so obviously, three will cost me $3.00. I go away happy, thinking my basic maths worked today. But neither the person behind the counter nor I know that the price was really 50 cents each, because the manager of the shop put up the *wrong* price-tag. We are both oblivious to the fact that the fundamental assumption that each avocado cost $1.00, was incorrect.

In the same way, a scientist can perform a multi-billion dollar trial, produce an elegant experiment, and employ the most complex maths to solve a purported problem. These impressive looking experiments, carried out in a state-of-the-art, sonically cleaned laboratory, brimming with stainless steel, spotless glass, and the most powerful computers, totally dazzle his peers. They are impressed by his seamless organization, competence and manner of presentation of the purported results.

But what say a basic scientific assumption or a fundamental calculation was flawed in the first place? What say some long-haired, gum-chewing, loutish iconoclast comes along, looks at the original description of the experiment, and points out one crucial, incorrect step at the very beginning, which has, by increments, made the results a total nonsense, simply because the scientist did not take into account the principle of uncertainty?

No doubt, the said iconoclast will be asked what medical school he went to, be required to produce his CV, and no doubt like many of the great scientists of the past, his CV wouldn't make the grade at the start line.

History has a great line up of "iconoclasts", like Marconi. Scientists of his day believed the radio to be useless because, they said, since radio waves travelled in straight lines, they would just shoot off into the Milky Way. Marconi though, said, "Let's try!" They all rolled around laughing at such a stupid idea. Marconi succeeded, because unknown to the experts there is a layer in the upper atmosphere which bounces back radio frequencies. Nothing ventured, nothing gained.

6 *Cognitive dissonance*. See Chapter 36, "The Cognitive Gap". If you wish to understand more about cognitive dissonance, a good book is *The Social Animal*, by Elliot Aronson. http://www.amazon.com/exec/obidos/ASIN/0716733137/sofa-20/ref=nosim

Michael Faraday, who didn't have a mathematical bone in his body, developed the principle of electromagnetic induction in 1821. Today, he'd not even get into a place like Harvard. *"What? You don't understand maths beyond simple division?"*

Barnes Wallis, of dam-busters' fame, presented the principles of the bouncing bomb to the real experts during the World War II. He was laughed out of town until the war teetered on the brink of failure for England, and the experts could no longer afford to ignore someone they thought was a nutter. The bouncing bomb worked. Every major discovery which has benefited the world was made by someone whose brain wasn't stifled by stuffy dogmas, and mouldy mindsets set in concrete.

Throughout history, the medical profession has had its fair share of people whose discoveries consigned them either to mental institutions, or to oblivion, or to both. Their ideas didn't fit the paradigm of the day, so they were considered mentally defective.

The experts of today say things like, *"Tut, tut, I mean, how could someone of the incredible intellect of Linus Pauling get a Nobel prize for such chemical brilliance, yet fall for the fallacy that supraphysical doses of vitamin C can actually do some good."*

The collective experts, in applying the faggot fallacy (a belief that multiple pieces of evidence, each independently being suspect or weak, provide strong evidence when bundled together) can't conceive that there might be something in the use of vitamin C that doesn't operate as a "vitamin". This mindset is reinforced with the fallacy of authority, or "safety in numbers". *"It must be true because the majority of other expert doctors believe the same as us."*

Here is a classic example of data being wrong, and ignored at the same time, in a medical article.[7] Dr Paul Meier was sitting in on the meeting where Jonas Salk was explaining the safety testing procedures for the early SALK polio vaccine. As Dr Meier looked at the data, he realized the data didn't say what Salk said it said, so he wrote an analysis showing the flaws. He was told that he was right but: "*they have a very good group of people on the committee and I'm sure they wouldn't ignore data, so they obviously had excellent data from the manufacturer".* Someone like Jonas Salk couldn't make a mistake, could he? Medical history records that the data *was* wrong (not that the average person on the street knows that), but such was the aura of the man at the time, the "magnificence" of the project, the years of research and the vast amount of money poured into the vaccine, and so great was the need for it to succeed, that cognitive dissonance and the fallacy of authority got in the way, and the mistake in the data was ignored.

7 Meier, P. 2004. "A conversation with Paul Meier. Interview with Harry M Marks." *Clin Trials, 1*(1): 131–8, February. PMID 16281468.

For all the reasons mentioned in this chapter and in the previous ones, I'm not interested in whether or not scientists think they can dismiss homeopathy as quackery because it's unprovable within the reasoning of their closed mindsets. I've seen it work. I know it can work. I know that sometimes it doesn't work.

I'm not interested in their assertions that vaccine trials prove vaccines to be safe; that vaccines don't adversely affect the immune system, and have nothing to do with the increase in chronic diseases, asthma or behavioural problems, because I don't believe that the trials have a leg to stand on when it comes to either logical or applicable science. ***The trials weed out all those variables***, yet when it comes to the vaccines' worldwide use in all people, scientists ***ignore the variables which were removed from the trials, the "principle of uncertainty"***, in order to maintain the aura of authority for the "safety" of all other vaccines that went before. Even in the press release quoted in the previous chapter, in which they are telling you how much they don't know, they have to slip in the comment that even though they don't understand how all the vaccines work, they were "highly successful". That's debatable too, but the strategy there is to help you wipe your brow with relief and be glad in your belief that even when they had their blindfolds on, they somehow got the tail pinned on the donkey.

Under these circumstances, we have a right to weigh it up and make our own choices. Do you want someone else telling you what is a reasonable or unreasonable risk? Life is, as Skrabanek[8] once said, a universally fatal sexually transmitted disease. Living life to the full is a matter of individual judgement as to whether the particular risk you choose to take, is reasonable or not. Medical dogmatism has no place in a free society.

But then, as someone said to me not so long ago, "Who says we live in a free society?"

Is there a day coming – in the not too distant future – when people who use homeopathy, refuse vaccines, and want unrestricted access to supplements of their choice will be treated as deviant criminals?

8 Skrabanek, P. and McCormic, J. 1994. *Follies and Fallacies in Medicine.* Tarragon Press, UK. Page 47. ISBN 1 870781 05 8. http://www.amazon.co.uk/Follies-Fallacies-Medicine-Petr-Skrabanek/dp/0879756306/ref=sr_1_2?ie=UTF8&s=books&qid=1196578951&sr=8-2

# 35 Disillusioned[1]

*From an early age Phillip Anthony knew what his vocation in life was going to be. He would be a doctor and use his skills to solve the needs of countless human beings less well off than himself.*

*He proved to be an outstanding student at medical school, continuing in post graduate studies for a number of years. The collection of letters after his name was very impressive. Positions in well-known institutions opened up to him in recognition of his professional expertise, and the financial rewards allowed him to travel and fulfil his desire to use his talents for the benefit of others. The more he travelled, the more he discerned the magnitude and multiplicity of human suffering. He undertook lecture tours to acquaint others of these issues and to raise money for various worthy causes. It was during this time that he received a letter from an old university acquaintance, Dr Ignor Factz, CEO of Q-4 Health Pharmaceuticals in Fall City:*

*"Please call in if you're ever in the vicinity. Perhaps you might consider scheduling a lecture for Fall City?"*

*Phil Anthony replied that he would be delighted to renew contact if the opportunity arose.*

*Several years later Phillip did reach Fall City. But he did not come on a lecture tour. Things had changed. His hectic lifestyle had caused severe burn out and he had decided that it was essential for him to have an indefinite break from his philanthropical work and to face up to a number of questions that needed answers. He decided to go wherever his spirit led him.*

1 Most of the chapters from here onwards have been written especially for this book. They are an integral part of *"The Great Divide"* and become an extension of that story. As it has already been noted, there are a number of sections in *"The Great Divide"* which are not included in this book, or because severe editing has been necessary.

★ ★ ★ ★

At the reception desk at Q-4 Health Pharmaceuticals, Charma Foboff failed to deter Dr Anthony's persistence and was somewhat surprised at the readiness of the CEO to set aside his very busy schedule! With strict instructions to Charma that he was not to be disturbed under any circumstances, the two men relaxed in the comfort of Ignor Factz's office suite.

There was a lot to talk about.

Refreshments were delivered at the press of a button. They made some attempt to catch up with the news of the intervening years.

"So you wouldn't consider a speaking engagement to a small selected audience?" asked Ignor.

Phillip gave a tired looking smile and shook his head. "No, not even for you my friend," he said.

"I'm sorry to hear that, Phil. All the usual perks and other deals could be arranged. It would be informal. You must have so many experiences you could share with us. I'm sure Q-4 Health could make some extremely generous product supply arrangements with you in the future."

The manner in which Phillip Anthony's head was shaken made it perfectly plain that the subject was closed. Very quietly he said, "Thank you Ignor, but I am convinced more than ever that your suggestion would do more harm than good."

When Phil left the pharmaceutical complex it was mid-afternoon, and he decided that he would stroll around some of the city streets before heading back to his motel. When he came to Fall City's main Public Library he could not resist the urge to go in and browse. He looked at the displays of newly released publications, selected five books and took them over to a nearby table. He sat down and surveyed the titles:

"Big Pharma" – Jacky Law.

"Adverse Reactions: The Fenoterol Story" – Neil Pearce.

"The Truth About the Drug Companies" – Marcia Angell.

"False Alarm" – Marc Siegel

"Evidence of Harm" – David Kirby.

Which one would he start with?!

*It was while he was deep in thought that he suddenly became aware of a couple hovering near by. He looked up and adjusted his focus to better determine who they were.*

*"Please don't let us disturb you. We were looking for some books to continue our research and saw one of them on the table. By the way, I'm Eccles Hunter and this is my wife, Trusta."*

*"No, you're not disturbing me. I was only filling in time – as well as trying to sort out a lot of things in my mind. My name's Phil Anthony – a doctor disillusioned, gone bush and gone fishing – if you can make head or tail of all that! Sit down and join me".*

*That was an invitation that Eccles and Trusta could not refuse. Was there common ground here? Certainly the ground seemed fertile.*

*A new chapter was about to begin in Dr Phil Anthony's life.*

# 36 The Cognitive Gap

The tremulous, frightened, and angry voice at the end of the telephone was that of a mother of multiple-birth girls. Two of the children had had a bad reaction to their first vaccinations. The mother, unconvinced by the "coincidental" explanation, refused more booster shots. Now three years old, the children had dug in the grass on their lifestyle block, and two had cuts from buried broken glass. A trip to the pharmacy for more sticking plaster rewarded the mother with a loud bollocking from the pharmacist who told her in the hearing of other shoppers, that because her children hadn't any immunity to tetanus, they had a 50% chance of dying right now, all because their mother was one of these stupid people who don't realize what a marvel medical science has been.

As I listened to the outpouring of anger and fear the mother was expressing, I wondered how a health professional could have such a big cognitive gap that allowed them to believe such nonsense, let alone spout it. What do most people know about tetanus? If I had asked you, "What year did the New Zealand Government first make tetanus vaccine available to the civilian population?" before you read the tetanus chapter, would you have known? Once upon a time, society functioned primarily with the use of animals like horses, highly susceptible to tetanus. Even so, in 1900 the UK annual mean death rate as a result of tetanus was seven per million[1] people. Does it surprise you that the vast majority of your great, great, grandparents survived without a tetanus vaccine?

As I outlined to the mother the actual statistical chances of her children getting tetanus, she got angry. I suggested that she come around to our house, pick up some medical books and articles on tetanus, read them and then educate the pharmacist. There was silence. Naturally enough, she didn't want either to make a fuss or to create a scene. She thought it better to sort out her own head, and in this she was right.

1 McKeown, T. 1974. *An Introduction to Social Medicine,* 2nd ed. Blackwell Scientific Publications. Pages 102–3. ISBN 0 632 09310 2.

What point is there in battering your head against a system that is sullen and unconvinced in anything other than its own thoughts? That massive disconnect between facts, and what they believe, is politely called the "cognitive gap". Here it should be stressed that "cognitive dissonance" is a phrase that the medical profession usually uses to describe such species as the "denialist dead-enders" who don't want to vaccinate. What medical people appear to overlook is:

* how little they know;
* how little of what they tell people, is actually fact;
* that there might be some other reason than just a microbe, that could cause a person to get sick.

Refusal to see any other view-point than the current dogma isn't new in the medical profession. A book on polio states:

> *"It may be almost impossible for us to imagine the incredulity with which the 'germ theory' of disease was greeted when first proposed as a general doctrine in the latter part of the nineteenth century. Many of the older and more staid members of the medical profession greeted it sullenly. Some remained unconvinced to the end of their days. In fact, the size of the reaction against the new discoveries was a measure of their novelty – and significance"*[2]

Dr Paul continues:[3]

> *"Yet there was a fallacy in this explanation which soon came to light. In the early years of the development of microbiology, the popular concept of multiple etiologic[4] factors was rapidly reduced to the idea that diseases were due to a single cause, a conviction which the medical profession has been reluctant to relinquish almost ever since. Indeed, a single etiology has great appeal to the average physician. It is simple and particularly satisfying in the present age of antimicrobial drugs and vaccines." (Emphasis and underlining mine.)*

Even today, few doctors see the fallacy in the simple, satisfying "bug = disease" equation. Dr Paul then goes on to say that the "single-cause idea" has been ridden too hard, and:

*"To produce a plant takes more than a seed, just as it takes more than a*

2 Paul, J.R. 1971. *A History of Poliomyelitis*. Yale University Press. Page 50. ISBN 0-300-01324-8.
3 Paul, J.R. 1971. *A History of Poliomyelitis*. Yale University Press. Page 51. ISBN 0-300-01324-8.
4 Etiologic factors in medicine is the study of causes, or origins, of diseases.

*microbe to produce a disease. Man's susceptibility, conditioned by both hereditary and environmental factors, occupies a dominant position in determining his reaction to microbial infection."* (Underlining mine.)

The key word is *conditioned*, and has more applications than his meaning.

You can condition a child – or anyone else – to react irrationally to anything. They will respond with honestly felt fear. Children especially may react by screaming, shaking, or have an emotional melt-down. What does fear do in the body? It releases cortisol. What does cortisol do in the body? It slam dunks the immune system. For example: children in day-care have very high levels of cortisol, and they also have much greater infection rates of various diseases. Is their being infected with those diseases a result of sharing bacteria in the day-care centre, or is their susceptibility to infection more likely to be caused by the fact that their immune systems are suppressed by cortisol? I suspect that, were they not under stress, they might not be infected. Instead, their bodies might just shrug it off, they would get immunity, and only a blood test might detect antibodies to that disease. After all, we know that in 2001, 70% of people who thought they had never caught chickenpox, showed protective levels of antibodies.[5]

With bacterial diseases like meningococcal, haemophilus and pneumococcus (infections considered to be a problem in day-care centres), immunity from silent infections was historically even higher. Older research[6] estimates bacterial meningitis diseases to have one case per 5,000 carriers, and only one out of one thousand infections will result in meningococcal disease. A more recent study[7] on Neisseria meningitidis gives no figures but confirms that carriage alone is sufficient to develop natural immunity, "*it seems, from the low incidence of disease, that natural immunity is successful in preventing invasion for the majority of individuals."*

As adults we have also been conditioned through schools, the media, the medical profession and the government, to believe everything that doctors/authorities say, and to react with fear if we feel we are not in control. When we feel fear, we get restless, and want to fix the feeling of being out of control. Accepting a vaccine for ourselves, or our children, makes us feel that we've solved the problem, and can now relax. The problem is, have we simply reacted to implanted fear. Have we stood back and rationally looked at what the likelihood of catching the disease in question actually is?

We live in an "enlightened" information era. You'd like to think most people

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5 Boulianne, N. et al. 2001. "Most ten-year-old children with negative or unknown histories of chickenpox are immune." *Pediatr Infect Dis J,* 20(11): 1087–8, November 20. PMID: 11734718.

6 Peltola, H. 1983. "Meningococcal disease: still with us." *Rev Infect Dis,* 5(1): 71–91, January–February. Review. PMID: 6338571.

7 Pollard, A.J. 2001. "Development of natural immunity to Neisseria meningitidis." *Vaccine,* 19(11–12): 1327–46, January 8. Review. PMID: 11163654.

can see "stupidity" a mile off. How many parents see the fundamental flaws in the following statement?

"*'Concentrations of children who are not immunized could result in a loss of community-level immunity and ultimately erode public health protection against vaccine-preventable illness,' the researchers warn.*"[8]

The statement undermines two principles which vaccinating parents bought into when they had their children vaccinated:

1. I'm vaccinating my child so that if disease is around, they will be protected, therefore:
2. I have nothing to fear from unvaccinated children, who may not even be sick anyway.

Experts say that if you travel overseas, you should have certain vaccines, so that you can be protected from the people you walk amongst, who are spreading diseases all around them. Travellers are told these vaccines will protect them, so they can relax and travel with the expectation that vaccines work. If a doctor works in a cholera-ravaged camp in Africa, they will get vaccinated on the premise that, at the very least, they won't get cholera. If that principle wasn't the basis of vaccination, what would be the point of having one?

Why would these same parents who might have travelled after being vaccinated, suddenly believe that in their own country, childhood vaccines won't work if their children are exposed to something they are vaccinated against? Where is the logic in that?

Doctors then will qualify the "herd protection" by saying that in a very small percentage of people, the vaccine doesn't give the person antibodies, and that "unprotected" people rely on the "herd" immunity of others who have been vaccinated, to protect them.

Do parents then think: "What if my child is one of those who is not protected?"

Do parents forget that "protective" antibodies come after a person has had a disease, not before? Do parents forget that the immune system has two main parts: the purpose of the cellular immune system is to fight a disease and the humoral immunity or antibodies are like a back-up information disc, to provide quick antibodies in case that disease comes again? But antibodies aren't a pre-requisite to recovering from illnesses, otherwise we'd never survive any infection. Even children with severe immunodeficiencies[9] can experience clinical measles illness with no complications, if their cellular immune system works properly.

8 Harding, A. 2007. "School vaccine exemptions put kids at risk." *Reuters Health*, March 30. http://www.reuters.com/article/healthNews/idUSCOL06368720070330. Accessed 23 December 2007.

9 *Just a Little Prick*, Chapter 56 "Which Groups are Most at Risk of Measles", details this.

So the real issue here is, "What are vaccines presumed to do?" If a person believes that vaccines work, and that's why they have their children vaccinated, then what more is there for them to say? There is no "if" or "but" about it. If parents believe that the immune system of a healthy child is designed to effectively fight disease, what are they scared of?

Yet in 1998, during the medico-media beat up of a child alleged to have had diphtheria when he didn't,[10] parents of vaccinated children reacted on talk-back radio with fear and indignation, wanting the child's parents made pariahs. They whined about the testing of their children, and diphtheria boosters the authorities told them to have (in contravention of international protocol) when their own children were already "fully up to date" and didn't need a booster vaccine anyway. These parents bought into an illogical hype provoked by statements from the medical profession, that this child was a potential threat, when he wasn't. The result was that parents did not think through their foundational logic, and instead reacted with illogical:

* ***righteous indignation*** (I vaccinated my children, it's the right thing to do. How dare you not do it, and thereby threaten my child);
* ***blame*** – based on a false fact (all unvaccinated kids will be the first to get sick and because of them, then my vaccinated child will get sick and suffer);
* ***judgement/anger*** (therefore you are at fault, not me) … and because those who don't vaccinate are misfits, the consequence is …
* ***ostracism.***

This is a strategy that many in the medical profession seem to encourage, because getting parents who vaccinate to reinforce the "authorities", solidifies the tribal concept of the "I believe the Doctor whose word is truth; everyone agrees, therefore we are 'right'." The medical system sits back and watches, without being considered the "bad guys", while the vaccinating parents they primed to play "divide and rule", create pressure on others to conform and comply, not realizing the illogic of the arguments they are using.

Vaccines are the only medicines that the vaccine manufacturers and the medical profession have to ***convince*** the public that they "should" take. People have to be convinced into believing that, at the very least, their immune systems don't work, and they will get seriously ill and probably die if they don't have the vaccine. An FDA scientist made the point[11] that:

10 See Chapters 64 and 65 in *Just a Little Prick*.

11 Minor, P.D. 2000. "Problems in the development of new vaccines." *Microbiology Today*, 27. May. http://www.socgenmicrobiol.org.uk/pubs/micro_today/pdf/050005.pdf. Accessed 31 May 2007.

> *"It is relatively easy to bring someone into the television studio who would have died but for some active medical intervention such as surgery, but it is actually impossible to find an individual who would have died if they had not been vaccinated, first because they might not get the disease and second because they might not die of it. On the contrary, it is relatively straightforward to find individuals who were adversely affected by vaccination or believe that they were."*

That the vast majority may never get the disease or die from a disease, is never part of the message to you, and that you may have vaccine reactions certainly will not be!

Doctors are well aware of the dangers of logical thinking, which is why they are refining the psychological use of convincing sound bites. These include statements[12] like:

> *"How risks are perceived depends, in part, on how the message is framed …. message framing can influence parental vaccination decision … Risks which are easily accessible to the imagination are more compelling, examples given in the context of a personal story can be persuasive."* (Emphasis mine.)

Researchers study the "rationale" of those who don't vaccinate, to try to neutralize their logic. It is interesting reading these articles, because pro-vaccine parents (and researchers) reveal their own flawed logic and assumptions. While some may take offence at the idea that pro-vaccine parents aren't "educated" and don't make an informed choice, the same study said this:

> *"The majority of parents follow their pediatrician's recommendation regarding immunizations, and may not engage in an independent decision-making process."*

An independent decision-making process is the last thing pharmaceutical companies, governments, paediatricians or doctors want. Yet this article also says: "*At the heart of this partnership is the understanding by parents that they retain some control, as well as ultimate responsibility, for their child's health."*

This statement is ironic, coming from a country[13] where more than 50% of doctors throw parents out of their practices if they "choose" not to vaccinate

12 Ball, L.K. et al. 2006. "Risky Business: Challenges in Vaccine Risk Communication." *Pediatrics*, 101(3), March. http://pediatrics.aappublications.org/cgi/content/extract/101/3/453. Accessed 31 May 2007.
13 USA.

their children. So much for respecting the "*you are in control, it's your choice*" mantra.

Recently, the polio virus travelled around Minnesota in the USA for at least two years, before viral isolates were found, yet no actual disease was found. Those facts, however, didn't prevent the main newspapers creating emotional havoc and pointing the finger at the parents who don't vaccinate, and basically accusing them of being "Typhoid Marys"[14]. Did anyone ask how and why the virus had circulated for two years; how it was that an immunocompromised baby came across a polio virus in a ***hospital***, and passed it on to her family? No, and neither has the CDC[15] said a word about this. But the fact[16] is: ***poliomyelitis is an infection where out of 1,000 infected cases there will only be one case of paralysis… the other 999 people don't know they were infected.***

It was easy to get parents in the 1950s to agree to the early polio vaccines, because even if a family didn't know someone with polio, an American organization called the March of the Dimes spent millions of dollars keeping the drama of polio in front of everyone's eyes. People saw pre-film cinema newsreels, newspapers, and magazines, all with the same type of photographs and movies of the can-like "iron lungs" or children in callipers. While there were many people who did get paralysed, which created panic and fear, one of the biggest problems was that the numbers of people who remained paralysed was increased unnecessarily, because of the treatment doctors used in hospitals. The doctors of the era did not take kindly to a nurse called Sister Kenny, from Australia, proving that to them.

There were other concepts parents were never told about in the 1950s. One was that the majority of adults were already immune to the disease. Around 99.9% of the whole population were immune already, so to argue that everyone should be vaccinated was a nonsense. During the Francis Vaccine Trials in 1954, one of the reasons so many children were enrolled was that they knew 80% of the children would already be immune. Parents were never told that, and flocked to have the vaccine because they assumed their children, and they themselves, were all at risk. You have to wonder why people never thought that out. It was never explained to people, why the majority of people never got polio. Some of the factors which lead to children contracting polio in the first place, were directly attributable to actions of doctors. Discussing those would have meant revealing "unnecessary

14 Harris, G. 2005. "5 Cases of Polio in Amish Group raise new fears." *New York Times*, November 8. http://www.nytimes.com/2005/11/08/national/08polio.html?ex=1184040000&en=8b7decffbc2b44ca&ei=5070. Accessed 9 July 2007.

15 *MMRW Dispatch*. 2005. "Poliovirus Infections in Four Unvaccinated Children – Minnesota, August–October 2005." *CDC Morbidity and Mortality Weekly Review*. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5441a6.htm. Accessed 1 December 2007.

16 Gadjusek, D.C. 1992. "Scientific Responsibility." In Fujiki N. et al. *Human Genome Research and Society Proceedings of the Second International Bioethics Seminar in Fukui, 20–21 March:* pp. 205–10. http://www2.unescobkk.org/eubios/HGR/HGRCG.htm. Accessed 1 December 2007.

and inconvenient concepts" which would have put the medical profession is a bad light, and would also have required discussion of environmental and individual multiple aetiologic[17] factors as well.

When those in the medical profession don't consider that there is any valid position other than their own, that in itself generates its own intolerant form of "bias".

In 2005 researchers asked a group of final-year students whom they defined as "alternative medical students", to participate in a study[18] to see what would happen to participants' opinions if they listened to a polio survivor for 40 minutes (based on the "vividness" hypotheses, that "well-described anecdote is more powerful than fact"), or to a 40-minute lecture on the historical and current epidemiological evidence of polio and on both the efficacy of vaccines and how the vaccine had eliminated polio. Students moved towards a more anti-vaccine position, in both groups, which the researchers seemed to attribute to the student's "cognitive dissonance".[19] Researchers also believed that cognitive dissonance can only happen amongst people who are "wrong" in their thinking. They talked about lack of trust in the medical profession being a marker of people who were less likely to recommend vaccination, as if lack of trust was an aberration that could only happen amongst the slightly demented.

Cognitive dissonance (i.e. "these students are mad, and don't understand") was assumed by the researchers, because the students commented that the survey information was unbalanced; there was pharmaceutical company influence; that a vaccine-induced impaired person should have been presented; and they felt that the study was a manipulative exercise. The researchers conveyed an almost righteous indignation that students would believe the medical profession capable of bias. Because the researchers believed that their pro-vaccine choices alone were correct, they couldn't understand how students could look at the same information and come to different conclusions. They appeared unable to see that ***they*** had a serious "cognitive dissonance" themselves.

Would these researchers ever dream of asking the question, "What if the supposed collective knowledge of our colleagues on many issues is an illusion that depends on careful marketing, and conditioning, which deliberately leaves out key concepts?"

Let's consider this more carefully using two vastly different examples.

17 Etiologic factors in medicine is the study of causes or origins of diseases.

18 Wilson, K. et al. 2005. "Changing attitudes towards polio vaccination: a randomized trial of an evidence-based presentation versus a presentation from a polio survivor." *Vaccine,* 23(23): 3010–5, April 27. PMID: 15811647.

19 The "cognitive dissonance hypothesis" postulates that when existing belief is challenged by new information, the result will be a more entrenched position, like a fundamental religious belief, which is difficult to change.

Just recently we were told[20] of a new asthma treatment called bronchial thermoplasty, which supposedly holds great promise. Three times, each one a week apart, the "asthma sufferer", would be anaesthetised, and a cauterising probe would be put down into the lungs and the twenty-minute treatment would partly destroy the muscle tissue in the smallest airways. Apparently no drug treatment gives as good results. Sufferers have half the asthma attacks, wheezing and breathlessness they had before undergoing the treatment, and rate their quality of life as significantly improved. The developers were originally "extremely sceptical" but were now totally sold on it. How many times has a new technique later been found to be offer nothing more than hopeful placebo effect? Nowhere does the article appear to consider any long-term impacts that cremated bronchial muscles might have.

I'd *really* have to trust my doctors to let them do this, because there is a fundamental problem. Have I actually got asthma? If they've told me I have, do they know what they are talking about?

Three days before, the same newspaper told[21] us:

> ***"Thousands of people are being treated for asthma when another condition may be the cause of their illness, according to new research. … Making an accurate diagnosis is essential to good management and may save the country millions of dollars in medication costs."***

Presumably, those thousands of people being incorrectly treated for something they haven't got, implicitly "believe" their doctor's diagnosis of asthma?

In the same month as these two articles, a book came out telling the story[22] of an asthma drug called Fenoterol: how it killed a lot of people, and how the manufacturers cynically thwarted the author every which way, in order to try to prevent his information reaching the public. It describes many tactics used by companies even today, whose existence is dependent on keeping clients like you using their products. After all, if they cured asthma, they'd earn no more money from ex-asthmatics or from the government.

Part of my own scepticism about the ability of doctors to accurately diagnose asthma, came from watching vaccinated child after vaccinated child who had whooping cough, being put on steroids for asthma. Some parents who saw that it made no difference after a few months, chucked the multi-drugs, and their children

20 Laurance, J. 2007. "Long-burning gives hope for asthma patients." *New Zealand Herald,* March 29. http://www.nzherald.co.nz/section/6/story.cfm?c_id=6&objectid=10431484.

21 NZPA. 2007. "Thousand treated for asthma may have different condition, says study." *New Zealand Herald,* March 26. http://www.nzherald.co.nz/section/story.cfm?c_id=204&objectid=10430870

22 Pearce, N. 2007. *Adverse Reactions, The Fenoterol Story*. ISBN 978 1 86940 374 4 (This should be compulsory reading for the parents of any child with asthma.)

got better anyway. Some parents went a step further and had their children PCR tested for whooping cough with positive results. Some parents believed the asthma diagnosis, did not stop the drugs, and their children now live life believing that they have life-long asthma, just as do the thousands of others mentioned in the study.

The "divide and rule" tactic of pitting the pro-vaccine parent against the non vaccinating parent, has been taken a step further with Arthur Allen being the latest *in-loco-parentis* employee of the Vaccine Machine. In his latest monologue,[23] he plumbs new depths by accusing the parents of autistic children by of being money-grubbers, but also, by inference, of looking for excuses and someone else to pay for their "unruly and unresponsive kids". He infers that these parents are only lying to themselves, and that they have "brain blindness – confirmation bias". He says that David Kirby who wrote *Evidence of Harm*, and journalists Dan Olmsted and Mark Benjamin are similarly blighted. He later describes Senator Robert Kennedy as an *"anti-pollution lawyer (who) zealously jumped on the thimerosal bandwagon …"*; who writes "blithely" that overwhelming science has confirmed the link between autism and vaccines, and dares to continue to believe it. Arthur Allen then dumps Senator Dan Burton in the same rubbish tin.

Seemingly self-prophetically, Allen quotes an example from a Dr Livingstone interview[24] where Livingstone accused the rain doctor of being irrational or a cheat, to which the rain doctor replied, "*Well, then there is a pair of us. If it rains, I take the credit and if your patient gets better you take the credit. In neither case do we lose faith in our professions. You see, what we believe is always more important than what actually happens.*"

In this the balance of power is telling. The pro-vaccine propagandists and apologists all have hands that feed them very handsomely; reputations to be defended, and decades of crafted science to defend. On the other hand, parents of vaccine-damaged children, people who don't wish to vaccinate their children, senators who take up unpopular positions, and journalists who stick their necks out, have nothing to gain and everything to lose. Doctors whose research goes against mainstream dogma and vested interests, and whose concern for child health and welfare makes them feel impelled to speak out, find medical journals will no longer publish their work.

This was beautifully illustrated in the transcripts of the Omnibus trial Allen mentions, though it seemed to escape his notice. In the new vogue of blaming the victims, the government lawyer, in his opening address to the Special Masters, accuses the parents of being out for the money, and also states that their witnesses

23 Allen, A. 2007. "True believers. Why there's no dispelling the myth that vaccines cause autism." *Slate.com.* June 29, 3.35 p.m. http://www.slate.com/id/2169459/

24 http://en.wikipedia.org/wiki/David_Livingstone

were paid handsomely for coming to court. Anyone who reads all the transcripts and cross-examinations of the pro-vaccine experts, such as that of Dr Bustin[25] on day 8, will not miss the fact that most of them were paid far more handsomely by vaccine manufacturers – and most had far greater "vested interests", than any of the witnesses for the parents. This eluded the pen of Arthur Allen. Exactly who has the biggest brain blindness?

⋆ ⋆ ⋆ ⋆

SCENE

You: "Doctor, I'm very concerned about a May 2005 presentation that was given to the FDA by Dr Olavi Kajander presenting more evidence to back up his information first published in 1996,[26] that vaccines were contaminated with nanobacteria."

Doctor: "Well, I'm sure if there was something to be concerned about, we would have been told about it. That's a long time ago, and the FDA would have checked it out, and if he was right, the problem would have been sorted."

You: "But Doctor, even now, they are not detectable using the current sterility methods. Did you know that nanobacteria in vaccines have been implicated in the rise of cancer and heart disease? They are only able to be found using new culture and immunomethods[27] … I mean, if they are in vaccines do you think it's a good idea to put …"

Doctor: "Look, it's just some sort of hoax by a rogue doctor who wants to make a name for himself. It's nothing to worry about. If it had been, we would have been told eleven years ago."

You: "Funny, Doc. I thought you would say that. Just like that doctor in the *New Scientist*[28] who said: "I just don't think this is real … There are always people who are trying to keep this alive. It's like it is on life support."

25 Starting on page 1933; at ftp://autism.uscfc.uscourts.gov/autism/transcripts/day08.pdf

26 Kajander, O. 1996. "Fatal (fetal) Bovine Serum: Discovery of Nanobacteria" *Mod Biol Cell Suppl*, 7: 517a. (Naturally enough, it has no PMID number!)

27 Kajander, O. 1997. "A New Potential Threat in Antigen and Antibody Products: Nanobacteria." In Brown et al. (eds). *Vaccines*. Cold Spring Harbor Laboratory Press, New York. http://www.uku.fi/~kajander/threat.html

28 Hogan, J. 2004. "Nanobacteria revelations provoke new controversy." *New Scientist*, May 19; quoting Jack Maniloff of the University of Rochester in New York.

> "I can understand that, Doc. After all, if this eminent Finnish Scientist is right and vaccines have seeded everyone with nanobacteria for decades, the legal fallout from this would be bigger than huge, if nanobacteria are shown at some time to cause big trouble. Hey Doc. Have you thought about doing a Google/Pubmed search on nanobacteria and vaccines?"

* * * *

Have you?

# 37 Revelations

*Trust and Eccles invited Phillip to their place for an evening meal. By the time midnight came, and tongues had been thoroughly overworked, the Hunters had provided Phillip with a good background to their lives and the work they were engaged in. Phillip had begun to do the same, but there was still much more to come. For this reason, the Hunters suggested that Phil might like to stay with them for as long as he liked, and that they could then introduce him to some of their friends in the region, especially the Abrahamsons on Green Island. There were many trails to walk in The Great Divide and the clean fresh air, coupled with the physical exercise, spectacular views and congenial company would work wonders in clearing Phillip's mind to see issues in a new light.*

*Phillip jumped at the opportunity. He sensed that these people had found much of what he was looking for. The following morning he moved from his motel unit to the Hunter's open home.*

* * * *

*For the next few days Phil Anthony enjoyed the luxury of a relaxed, non-threatening environment. He was soon introduced to Stan Firmly on his property overlooking Whittle Downs. Also living on the property was Ernest C. Kerr and his wife, Anne. It was not long before Phil developed a soft spot for these people and their lifestyle. They called the place Heaven's Tableland and that was exactly what he needed. He soon discovered that there was considerable interaction between these people who had become his friends, and their friends. There was something different about them. They exuded a quiet, simple confidence as if they had worked through many of life's issues, chucked out a lot of baggage, dealt with imprisoning mindsets, and placed their feet on rock-solid foundations. They just seemed at peace within themselves.*

Phil found it so encouraging and stimulating as he was bathed in this atmosphere.

★ ★ ★ ★

Eccles and Trusta knew that Phillip needed time to get everything off his chest, as it were, so they usually waited for him to give some indication as to what he was thinking through. However, one evening Trusta said casually, "Phil, do you still want to be a philanthropist? Will you go back to using your skills as a doctor in the way you did before?"

Phillip marshalled his thoughts before replying. "There is nothing wrong with being a philanthropist. Loving mankind and wanting to help those less fortunate than ourselves is just a facet of the Golden Rule. But it depends on how **others** define the word. If you have a few billion dollars to spare, the sheer size of the apparent generous gift earns applause. If you make the right noises and you appear to have convincing arguments to support the cause or the project to be funded, it makes the headlines. Many big businesses these days have money to give away. It's fashionable, there are financial benefits tax-wise, and the publicity is good advertising material for free. If your profits are huge you can afford to appear generous, but really it is the ordinary people who have contributed these riches by their patronage.

"I think that Stan Firmly could be classed as a philanthropist. Just think of all the people in Whittle Downs and further afield, who benefit from what he is doing with his property. He gets no financial gain from it, but the pleasure he gets is evident when you talk to him. If you were to talk to the developers of Whittle Downs I'm sure they would have some very different and uncomplimentary words to describe him… there's philanthropy, and then… there's philanthropy…"

Trusta noted his far off gaze, and his thumbs drawing circles around each other. She glanced at Eccles, and saw his face was concerned as well. "You have tremendous skills, Phillip. It would be a waste not to use them."

"Yes, I want to use my skills to help others," said Phillip glancing at her and clearing his throat. "But I would do it now, in other ways. I have seen so much that disgusts me, and which has led to my disillusionment. There are huge needs wherever you look – often just over your back fence. But problems arise when those needs have to be defined; the best ways of solving them have to be spelt out and the 'cost' has to be met. All the answers are so often determined by vested interests: 'What's in it for me?' There is competition and waste that is sickening. Some of

*the worst offenders are the drug companies. Their profits are huge, and yet in their apparent 'concern' for the suffering of people they are actually creating new problems. Often the very basic needs of people to live in good hygienic conditions with the right sorts of foods to eat; to be able to grow things because there is water to irrigate the land; to have seeds that* **will** *germinate and can be collected by the farmers themselves, is ignored, because they are unprofitable. If big business interests can retain monopolies over what is needed, and can dictate prices, there will never be any competition to threaten them. In fact, horrible as it may sound, many so-called philanthropic projects are mooted to 'address' manipulated 'need'. Sponsorship and brand names have become synonymous with philanthropy. My time with you people is helping me to understand what it is that might be possible for me to do in the coming days."*

*Eccles stood up, reaching over and gathering the coffee mugs as he did so. "Phil, we have some friends who live at Lulling Sounds, Mai Aye Zopend and Donna his wife. They were planning to call in on us sometime in the next few days. They would love to meet you. Donna is a freelance reporter. Would you be willing to talk to her about the things you've been telling us?"*

*"Why not!" replied Phillip stretching his long legs one way and arms the other. "I think I'm about ready to toss some ideas around."*

# 38 Those Ghastly Anti-vaxxers…

While Julie Leask et al.'s case study[1] was looking at anti-vaccinators in general, the authors also evaluated Dr Viera Scheibner's "unfounded claims" and the "alleged" dangers of vaccine, and said:

> *"She makes much of the claim that all her material comes from mainstream medical literature, often implying that medical practitioners have not paid sufficient attention to this information or are actively concealing it. The conceptual and factual details can be refuted but this often requires communication of epidemiological concepts or data interpretation not readily accessible to the lay audience."*

I'll go one further: many doctors appear to be blissfully ignorant of what is in mainstream medical literature, and so honestly believe you are telling lies, until they read the reams of medical articles for themselves. Pro-vaccine doctors have no problem calling themselves independent and unbiased, yet cannot see the irony in that statement. Do they not consider that their assumption of personal neutrality on the issue, might actually be a bald-faced lie?

This seeming medical myopia was very clearly seen upon reading official verbatim transcripts[2] from the trial of Dr Jayne Donegan by the United Kingdom General Medical Council (GMC) in August 2007. At a family court case in December 2002, Dr Donegan appeared on behalf of two mothers who did not wish to vaccinate their children. However, the absentee fathers, who lived overseas, wanted the children vaccinated with everything. Two eminent professors submitted reports on behalf of the fathers. Dr Donegan agreed to write reports to redress the imbalance shown in the Professors' reports. The Judge decided that Dr Donegan

1 Leask J. et al. 2003. "Public opponents of vaccination: a case study." *Vaccine*, 21(32): 4700–3, December 1. PMID: 14585678.

2 Official GMC transcripts. 2007. *Fitness to practice hearing.* http://www.whale.to/vaccine/donegan3.html. Documents accessed 13 September 2007.

had presented junk science to the court, and had allowed her personal "beliefs" to obscure her duty to the court. On this basis, the GMC decided to lay multiple charges of professional misconduct against Dr Donegan.

The trial lasted two weeks, and completely unravelled for the UK Health Department, because under cross-examination, an eminent pro-vaccine doctor was minutely deconstructed, fact by fact. Not only that, but evidence was presented to show that far from being "independent", the three pro-vaccine eminences were up to their necks in both vested interests as well as being working colleagues. Dr Donegan was not only cleared of all charges, but during days 7 and 8 of the hearing, Dr Peter Fletcher gave a very clear verdict on whose report he considered the least biased. He considered that Dr Donegan's report to the court was the most measured and considered.

In ***Just a Little Prick***, Peter's chapter called "Will 'Justice' be done?" talked about how the pro-vaccine people hold all the strings, and when it comes to information, they not only act as Prosecution and Defence, but also as Judge and Jury.

Anyone who really pursues the vaccine issue will soon find very interesting anomalies, such as the fact that no public library will ever hold the United States Polio Surveillance Unit (USPSU) bulletins from 1954 to 1964. They contain information which isn't at all flattering when it comes to the Salk vaccination campaign. Researchers questioning vaccines would have a field day in the USPSU bulletins.

In all the years I've researched vaccine issues I've constantly found information "gaps". For example, a pro-vaccine article is published, with a promised rebuttal in the next issue, yet that next issue is missing from the library's shelves. It's become a two-decades-long running joke, as to how rarely anything which runs counter to proscribed dogma floats to the surface. When a contrary view is published, I usually assume the editor fell asleep at the desk. If something does get published, very rarely will Pubmed carry the abstract. That way, you can't see what might have been said.

As I got to know some doctors who had grave doubts about vaccines, I asked them why they felt this way. A story was told to me about an article written which detailed serious side effects to the whole-cell whooping cough vaccine in a large group of children. The medical journal refused to publish it, saying that before it would publish the article, the author must state categorically in the conclusion, that "the vaccine was safe and effective". Thinking this was a joke, the author added the required sentence, and the article was published. When told this story, I didn't believe it. I was handed a copy, and was flabbergasted.

I was told that in order to have ANYTHING published, the only way that authors could voice reservations was to couch them in as bland a language as possible, and hide these reservations in the body of the article unless the "problem" was

blatantly obvious to a blind man. Their comments are often wrapped in geekspeak. I was amused to hear that even editors skip-read all the techno gabble, but are very careful with abstracts, conclusions and discussions. Somehow the words "selectively filter" don't quite describe a system where the medical profession holds these sorts of strings.

One of the strengths of Dr Donegan's case was that she concentrated on the anomalies found in data, not opinions quoted in either abstracts, discussions or conclusions.

But the pro-vaccine experts are looking at new ways to counter factual presentations from those who question vaccines, without using relevant facts themselves.

Currently the popular method of devising strategy for planning vaccination campaigns is done by gathering together pro-vaccine parents (or to use the new politically correct terminology, "non-rejectors of vaccination"), amongst whom there are often health professionals as well. A very useful and revealing article[3] discussed the traditional methods to promote vaccine concentrate on "rational logic" as in the statement that benefits of vaccination outweigh risks, with accompanying militaristic rhetoric like "the war against cancer" or "the fight against AIDS". After "uncovering the striking sophistication of the 'anti'-vaccination case", the medical profession decided to try to figure out how pro-vaccine parents would respond to, interpret and negotiate both pro- and anti-vaccine information. Leask's purpose in doing this was to *"see if new ways of 'marketing vaccination' might be indicated …"*

Thirty-six middle-class Anglo-Celtic mothers including health professionals were recruited into the study. Mothers who were opposed to vaccination were excluded because the medical profession was scared that differing views would lead to conflict (which presumably they wouldn't have the ability to resolve) but more importantly, they wanted to find out how parents are swayed in their support of vaccination.

Before the study started, 36 questionnaires were completed. After that, the 36 parents were shown "anti-vaccination mass media rhetoric" from a documentary, which was followed by a current affairs programme with a doctor talking about the dangers of not vaccinating, and film of children with measles and pertussis, and a crying mother. "It was chosen primarily to support reassurances about vaccination."

Twelve parents were also shown a five-minute excerpt from Australia's anti-vaccination lobby showing five doctors presenting arguments against vaccination.

3 Leask, J. et al. 2006. "What maintains parental support for vaccination when challenged by anti-vaccination messages? A qualitative study." *Vaccine*, 24(49–50): 7238–45, November 30. Epub 2006, May 23. PMID: 17052810.

The researchers took special steps to ensure that any videos seen didn't introduce "new arguments against vaccination that might undermine parents' initial confidence in immunization". These steps consisted of showing a pro-vaccine video at the end of every session, about which the article said *"the content was accepted with relief … at having it reinforce their predispositions"*, and giving out brochures with the telephone number of a pro-vaccine expert to allay concerns. A day or two after each session, every mother was telephoned for more "discussion and debriefing". One comment from a participant after watching pro-vaccine propaganda was that it made them confident, *"because when someone believes in something, you believe in it too."*

Before seeing any videos, all mothers were very pro-vaccine and felt there were more germs nowadays, were scared of new diseases, and believed that germs from overseas countries were a threat. Vaccination was a social practice, "venerated" as a family tradition and a vehicle for expressing wider social norms. Vaccination proved you were a good mother. Vaccination meant they could control frightening diseases, and *"vaccination appeared to symbolize a blanket of protection as if the newer exotic diseases like AIDS and Ebola … were somehow being kept at bay by immunizing their children against measles or pertussis."* Vaccination was seen as *"normal and automatic,* (and they) *expressed surprise"* that people could be opposed to it. Trust in doctors was fundamental. They wanted their children to have the latest, and safest vaccine, and many *"voiced reassurance in having a safer vaccine available, almost as a panacea"* or antidote, to thoughts of vaccine dangers.

Most pro-vaccine mothers used derogatory characterizations of people who didn't vaccinate calling them *"burn-your-bra types, … hysterical, … new agers, … alternative lifestylers, … naturals,"* and some considered it rebellion, as well as being associated with "ethnic" groups. While the anti-vaccine video rapidly stripped away the bravado, and most mothers were initially disturbed and shocked by it, many were immediately dismissive of the information particularly in the groups where vaccination was deeply entrenched as a desirable social custom. Some mothers denied the information using benefit–risk equations, or speaking of "trusting their doctors", and others related personal experiences with disease. Presumably those were the health professionals. The biggest theme that appeared to come up was fear and guilt, on the assumption that if their child wasn't vaccinated, he or she would get the disease. The smaller group who saw the doctors speaking against vaccines, regained their equilibrium by rationalizing that doctors and governments only did what was right. Amongst the raft of disease stories, was a "horror" story of a false-positive hepatitis B diagnosis, and the "shocking … devastation" of watching TV ads showing a child with pertussis. Presumably, the study participants assumed falsely, that all whooping cough would be like that of the child in the advertisement.

In addition to taking part in the many official debriefing discussions and debriefing pro-vaccine videos, those who were shaken by seeing anti-vaccine information reaffirmed their pro-vaccine stand by getting back to their pro-vaccine parents, family, friends, and networks, and talking it all over with them, to help return to their former bravado. Presumably, they really needed that much "support"! I really wondered about the actual strength of each individual's ***personal*** knowledge or convictions, if they later required such a large group mob mentality to stay strong in the pro-vaccine "beliefs".

What interested me most was how this study then turned into an occasion to slam anti-vaccine people as being socially irresponsible and lacking common courtesy. They were scorned as ***"vaccine defaulters"***, and some even verbalized fears that the small clip from the anti-vaccine video might have tempted others in their study clique to reject vaccination, as if being tight and unified was far more important than possibly letting facts get in the way of a social agenda! They portrayed their pro-vaccinating parenting as being morally superior.

The conclusion of the researchers was that future marketing should focus less on fact, reinforce trust in the medical professionals and governments, in order to tap into the vaccinate-for-the-social-good message, and frame the message around "disease prevention". The conclusion of recommendations stated that:

> ***"In this way, debates can begin to be reframed from the powerful discourses appropriated in anti-vaccination rhetoric to the equally powerful discourses underlying infectious disease prevention."***

These researchers totally missed the boat. What any parent who is ***really interested in child health and welfare*** wants is the truth and nothing but the truth, founded on hard data and fact. What do you think about doctors who apparently are now unable to argue the case for vaccines from a factual and scientific basis? Is it any wonder Leask got the study results they did, with what could be defined as "cult" tactics? What amazed me was that it seemed that the researchers saw nothing wrong with their methods of brain manipulation.

Shouldn't health authorities be above creating compliance by using tactics closely resembling a medically managed Middle Ages Spanish Inquisition? What will come after that? An updated version of "being burned at the stake"?

# 39 The Fuse is Lit

When Phillip was introduced to the Zopends he sensed he was meeting some more D'Different Ones. Here were people who knew what they believed, and they acted accordingly. It was not surprising, once the usual greetings and catch-up on news had been exchanged over a cup of tea, that it was agreed by all, that they should drive over to Stan's property where they could enjoy the company of the others there as well as the quietness and beauty of the natural surroundings. Phil felt completely accepted and at home with these people. Initially he had expected at the most a few hours of interview with Donna. Instead, several days of relaxed informality and group interaction were just what 'the doctor ordered'! "Getting down to the nitty gritty," as Phil described it.

Donna was a good listener who also knew how to throw in the right questions at the right time, and it was not long before she discerned the real issues that Dr Phil Anthony was grappling with. She knew that Eccles and Trusta would have been a great encouragement to him by their work in exposing the sorts of things that Phil had never questioned in all his years of being a handmaid to his 'sources of supply', which were now troubling him.

In the course of their discussion Donna was able to recount her personal experience which had had such an impact on the course she and Mai had determined to follow, along with other D'Different Ones.

"Several years ago the newspaper I was working for asked me to cover a series of lectures run by the Fall City Institute of Technology, but sponsored by the Angel of Light Publishing Company. The speaker was Sis Temms from the University of Babylon's Faculty of Ancient History.

"Her topics were:

'Hoodwink Strategies to Achieve Agendas.'

'How to Turn Watchdogs into Lapdogs.'

'Chains of Command.'

'Divide and Rule – the Inseparable Twins.'

'Leaving Your Competitors in the Dust.'

"You know Phil, as I looked around at all the people who attended those seminars, I thought about the way U. Sing Lysaght, editor of 'The Fall City Truth' had made sure the series would be well supported. I listened to the speaker without realizing how she was cleverly twisting and distorting facts of history by omissions, embellishments, half truths and personality persuasiveness so as to make it sound like the truth. It was all so plausible. The audience was being guided along a path which would eventually lead to systematization and organization that would make informed choice unnecessary; where questioning would be frowned upon, where everyone reported to someone else above them, and conformity and compliance produced the control that was supposed to be in the best interests of everyone.

"It was only when we were all helping Eccles to expose Systems methods, and collating all we could from our individual research, that I fully realized how easy it is to overlook warning signals. I thought about the hours I had spent listening to Sis Temm's lectures. I should have seen it at the time. They were orchestrated to soften people up for the introduction of the Antisystematosis vaccination campaign. These methods can be used for all sorts of things – even philanthro…"

"Don't say it Donna!" exclaimed Phillip vehemently. "I know. I know. Every hour I spend with you and Eccles and Trusta, the more I can see how it is possible to be like a puppet on a string and not know it. I would like you to continue exposing the things that are making me so angry."

"Are you ready for me to start writing?" asked Donna.

Very deliberately Phil said, "No… not yet. There is one more place I have to go to. I have a gut feeling that after that I shall be on the launching pad ready for blast off! But the fuse is already burning, believe me."

# 40 Project Smile

Hard on the heels of the Australian pro-vaccine mother study, a very interesting document called "Project Smile"[1] came to light. One could call it the latest conformity development scheme purveying unscientific market research, funded by Wyeth, manufacturer of Prevnar®.[2] The researcher of "Project Smile" came from the ***Health Division*** of an Australian company called "Jigsaw", which specializes in Market Strategy planning to meet the needs of drug companies worldwide.

The accompanying Ministry of Health letters revealed the local development of what was described in 1997 as a "delicate fabric of collaboration":[3]

> *"To achieve the full promise of modern science and technology … America's cooperative and collaborative relationships in vaccine research and development are interwoven into a fabric of innovation. This must be maintained and strengthened. It is important to understand the nature of these relationships to prevent inadvertent damage to this delicate fabric" (pp. 1015–6).* (Underlinings mine.)

Another quote is even more telling:

> *"Collaboration and cooperation of government agencies, such as NIH, CDC, FDA, USAID, DOD, large vaccine companies, small research companies and academia are essential to continue success and fulfill the promise of recent advances in science and technology … Threats to any part of the delicate vaccine research and development network jeopardize the rapid development and supply of new … vaccines for the American people …*

1 2007. *Project Smile*. Prepared by Jigsaw Healthcare Strategic Research; funded by Wyeth (Prevnar® vaccine manufacturer).
2 Prevnar and Prevenar are the same vaccine, but with different spelling.
3 National Vaccine Advisory Committee. 1997. "United States vaccine research: a delicate fabric of public and private collaboration." *Pediatrics,* 100(6): 1015–20, December. PMID: 9411380.

> *National Vaccine Advisory Committee recommendations will help to ensure that public policies take into consideration this research and development network, and foster and sustain it to facilitate the timely introduction and supply of new vaccines."*

New Zealand is just a fingertip on the end of what is now a highly organized worldwide network of collaborative tentacles in every possible pie.

The Health Department letter sent out by the Policy Analyst for Communicable Diseases to everyone in the country with an interest in pushing vaccines, including Wyeth, reflects this cosy network. Everyone is on buddy-first-name-basis, and the planning letters included the Jigsaw researcher, the Meningitis Trust[4] which was set up by a grant from the UK Meningitis Trust, which unsurprisingly, was financially underpinned by Wyeth, which also funded "Project Smile".

The focus of the letter only becomes clear once you actually "see" the PowerPoint™ presentation. For some strange reason, Wyeth and the Health Department saw nothing divisive about sending out, far and wide, pseudo-research which detailed derogatory remarks from eight general practitioners and twelve practice nurses, slamming midwives for allowing parents the right to make choices as to whether they vaccinate their children or not. The parent arm of this "research" consisted of 1.5 hours of talking to 28 parents termed *"non-rejectors of immunisation"*. One of the stated aims of "Project Smile" was "to understand knowledge of, and attitudes to pneumococcal disease". However, the comments came across to me, as very thinly veiled attack on midwives, thoughtful parents, and anyone who didn't think the way they did.

Some of the ways in which GPs and nurses admitted (on page 8) to swaying "wavering mums" was to say things like:

> *"... weigh up intensive care visits with two seconds of pain at vaccination time ..."*
> *"... won't die from feeling a bit poorly after the vaccination, but will die from the disease ..."*

At the bottom of the page was the comment: *"the trouble is, it's not only GPs and Nurses who talk to mums about vaccinations ..."*

Page 9 goes on to say, *"It's frustrating that the mothers are being fed propaganda by the very people who should be encouraging them to vaccinate"* and, *"I really don't understand what their problem is, but it seems to be the richer alternative types of parents that listen to these midwives and then decide not to vaccinate"*.

4 The Meningitis Trust has now been disbanded.

Page 10 starts: *"... and tales of anti-immunisation midwives are borne out by ..."*

Even when it comes down to basic facts, this market research is flawed: *"Vaccination Free"* proclaims page 12, informing us that Maori and Pacific Island parents tend to be more grateful that immunization in New Zealand is "free". Presumably all other ethnicities are well aware that far from being free, immunizations, doctor's subsidies and health care for people who think it's free, are paid for by large tax deductions from wage-earners. Or perhaps it's really true, and even doctors believe that vaccines fall off freebie trees.

Devonport[5] comes in for special criticism: *"It's the alternative types in Devonport you need to be careful of. They question everything and think you want to harm their precious child with your wicked Western medicine ways."* The answer, page 13 tells us, comes in the joke that *"... maybe we need to tell them we're vaccinating with soy milk or something."*

The PowerPoint™ presentation goes on to discuss various strategies to take a very rare disease which primarily hits Maori and Polynesian children (page 16) and children with pre-existing conditions, yet make it into something which everyone will be scared of. We are told, on page 21, that to separate out the at-risk groups they listed, would allow:

> *"middle-class Pakeha families to breathe a sigh of relief ... and also question the need for vaccination at all. Their child is deemed 'safe'".*

The summary on page 54 states under risk factors the goal of *"reinforcing lack of known risk factors"* to achieve this aim, which is a total nonsense, given that page 16 gave a clear and specific list of risk factors.

Page 17 undermines much of the rest of the proposed propaganda, with a heading that says *"Only a Handful of IPD[6] cases have been experienced first hand, therefore GPs and Nurses have a general knowledge base only"*. So why will every parent be told their child could get pneumococcal disease and die? Won't parents who know the truth, feel conned into complying?

On page 35, the write-up in the well child book should be, *"similar to other diseases – no need to go into too much detail or they'll get scared"* (my emphasis). Quite how they achieve the aim of scaring parents into fearing a disease enough to make them run for the vaccines, is puzzling, particularly when most mothers don't know anyone who has had this disease, or even its name, and will say, *"Pneumococcal what?"* while *their* parents likewise scratch their heads.

5 An area in Auckland considered to be one where people from the educated upper socio-economic groups live.

6 IPD= Invasive Pneumococcal Disease.

Page 22 outlines key information points to be made to "convince" all parents that pneumococcal disease always presents a "real threat"; is not dependent on an epidemic; and has a high rate of complications. The summary on page 33 reinforces the need to state, on a simple fact sheet, that pneumococcal disease results in *more* meningitis than meningococcal disease, and is just as serious!

The management key to convincing parents of the need to inject babies with Prevnar®, they say on page 25, is good preparation; having all your information and pretty brochures, and to *casually* introduce Prevnar® in the visit just like any other vaccination. *"Mothers will not question it."* Why? Because mothers *"do not normally question others on the schedule"*, and *"Half of them don't know exactly what vaccinations their baby gets anyway."* Obviously, signed informed consent is treated as a joke.

It would seem that what lies behind this extra preparation to push Prevnar® is the debate around the MenZB vaccine programme, which has now been discontinued.

Page 26 says, *"I fear the anti-vaccination lobby has turned some pro-mums into questioning mums."* Shouldn't all mothers be questioning mums? Why did those pro-vaccine mums only start questioning when someone who was questioning, presented anomalies or data that was not revealed in the first place?

The market research on page 14 showed that the GPs were much more of a soft touch and more likely to discuss issues with parents and work with them. GPs were *"less likely to push back on these mothers. By contrast, nurses stand firm … less likely to take any nonsense!"*

Another key to a successful promotional campaign would be for the government to validate the information to provide *"both reassurance and credibility to the changes, essential to dispel scepticism over media hype"*, because parents perceive governments to be *"honest, trustworthy, autonomous, less hype driven and less profit driven"*!!! "Project Smile" says parents will be encouraged that the Government is on board, because *"they're really only likely to pay for the ones we really need."* Is it suddenly dawning on the researcher from Jigsaw that vaccines aren't free, parents know it (except those who *think* vaccines are free); and that because *money* is an issue, government approval *ADDS* to propaganda credibility precisely BECAUSE only precious and needy vaccines will be paid for? Value-added government branding!

We are also told of the next rubber stamp to this campaign, on page 58:

*"… Paediatricians can provide the credibility called for: Nicky Turner, Peter Nobbs, Dianna Lennon, Prof Innes Asher."* I'm sure they will. They always do.

The page before the one on obligatory paediatrician conscription, page 57, told us that the information presented to parents needs to be impartial, stating some risks and side effects, because:

*"Parents will think it is much more credible to hear both sides of the story – it also then gives the anti-vac people no legs to stand on!"*

I should frame this quote. Here is a presentation dismissive of informed choice, making derogatory statements about midwives, actively talking about hiding key information in order to deceive everyone into thinking that pneumococcal disease is one of the most outrageously dangerous diseases in history for everyone without exception, and at the same time talks about giving out impartial information with both sides of the story, backed up by government and paediatric rubber stampage!!

Who needs the anti-vaccine movement to warn about distorted information which is not in the public interest, when the Ministry of Health distributes wonderful stuff like this, all on its own?

Karen Guilliland of the New Zealand College of Midwives took the Ministry of Health[7] to task for what she described as a breach of its own code of ethics; distributing Wyeth-funded scaremongering consisting of misinformation, unpublished open-ended interviews with primed targets as a methodology, which flew in the face of informed consent, and for scurrilously promoting mythology and prejudice towards midwives.

The use of misinformation is not a one-off event. This is how the Ministry of Health has worked in the past, and will work in the future. This time we have the e-mail evidence. In the past, while grapevine rumours abounded, and small printed titbits were found if you knew which haystack to look in, factual proof of the "delicate fabric of collaboration" wasn't quite as accessible.

The difference between the private and public face of vaccine pushers is – and always has been – radically different. In public, they espouse informed choice, but privately would prefer compulsion.

Glossy promotional pro vaccine brochures are portrayed as "*independent, neutral, reliable"* advice. The subconscious message is that, "we can be trusted". It's very rare to see a process behind the deliberate filtering which is prepared to work out what information should be concealed from parents. This kind of process isn't usually provable because in the past health officials covered their tracks more efficiently. What you can't find, you can't prove.

Every parent in New Zealand should see this PowerPoint™ presentation, to analyse for themselves the strategies of the global pro-vaccine movement. It will be very interesting to read the upcoming New Zealand Pneumococcal vaccine glossy promotional brochures.

After all the fuss died down, and "Project Smile" had bounced around the

7 E-mail Karen Guilliland to MOH 27/08/2007 04.43 "Vaccination and Drug company sponsored research".

world and back again, Ron Law did a little experiment. He requested, under the Freedom of Information Act, the PowerPoint™ presentation and all documents.[8] He was sent[9] the minutes of the stakeholders' meeting with all the names scrubbed out, and his request for the rest of the information was declined[10] for the following reasons:

> *9(2)(a) to protect the privacy of natural persons …*
>
> *9(2)(c) to avoid prejudice to measures protecting the health or safety of members of the public;*

… and …

> *9(2)(b)(ii) to protect information where the making available of the information would be likely unreasonable to prejudice the commercial position of the person who supplied or is the subject of the information.*

That tells me all I need to know about the position of the Minister of Health, and the Ministry of Health. Whereas I'm interested in accountability and transparency, it appears their primary interest is in protecting the commercial reputation of the vaccine manufacturer, and the opinions from doctors and nurses which were prejudiced against midwives, thinking parents and the issues of informed consent. A delicate fabric of collaboration indeed.

I believe they've done this sort of exercise before, and will do it again. Whether we will ever see the proof of future "strategy" documents, is another matter.

8 R. Law to Hon P. Hodgson, 29 August 2007.
9 Minutes, Hon. P. Hodgson to R. Law, 26 September 2007.
10 Hodgson, P. 26 September 2007. Letter to Ron Law declining FOI request for PowerPoint™ presentation "Project Smile", and all documents relating to the Immunization Stakeholder Group meeting on 15 August 2006.

# 41 Convinced in Spite of Storm Clouds

Dr Phil Anthony would never forget his stay on Green Island!

Eccles and Trusta Hunter went with him to Lulling Sounds where they were then met by Petros and Serena Abrahamson. The trip across the Sounds to Chosen Cove in Faith Walker, was a tonic in itself. Green Island was a new world for Phillip and completed the miracle of inner healing that had begun some weeks back when the invitation had been so graciously extended to him by the Hunters: "You're welcome to stay with us for as long as you like."

He had listened, as Wyn and Aroha Wright had done, to Petros and Serena tell the story of the Island. He too was amazed. For several days he roamed the island at will. He was shown how the natural raw materials were being used in numerous ways to assist a person's body in the healing process. He immersed himself in books he'd never seen before, from the Island's extensive botanical library. He had known that many drugs came from herbs used in peasant folk lore, but he'd not considered that the raw ingredients might have something to offer. Even though he knew pharmaceutical companies were scouring indigenous people's knowledge, and taking plants they used so as to try to isolate useful properties, he'd not given the 'knowledge' of indigenous people, world wide, a second thought. So many people were rejecting invasive medical treatments and pharmaceutical drugs, that Green Island products were in demand.

Phillip spent hours with the Abrahamsons and their fellow workers asking questions and learning as much as possible. He talked with people calling at the Island in their boats, to pick up supplies of natural therapies. He listened to their stories. He got alongside those who availed themselves of the facilities to

*spend longer periods of time on Green Island while they sought advice, tried new approaches to their bodies' needs and spent time de-stressing themselves physically and mentally.*

*Here was a highly-trained and highly skilled medical doctor, who prior to his burn-out and disillusionment, had been highly sought after and highly esteemed for his philanthropical endeavours, using every opportunity to dig deep in these people's lives and experiences. Phillip kept finding a common reason that brought people to Green Island. The medical system – the same system he had been part of for so many years – had failed them in some way. He listened to story after story of the side effects of drugs. Many felt that they had been like guinea pigs – when something didn't work, another something would be tried, or various combinations would be experimented with until the "desired" result was achieved. "Who for – the doctor or the patient?" asked a friend of the person Phil was talking to. Someone else observed that the majority of people seemed to accept that the medical system, supplied by the pharmaceutical companies, was their only hope and therefore they stuck with it. After all, where else could you go for an operation, for X-rays and scans, for transfusions and transplants, replacements and regimens of must-have medications?*

*As he listened he thought back to his own experiences. Could he relate to what he was hearing so often? Yes he could – now. Why had he not realized it before?*

*Because he had been so immersed in his profession, training, and the "tools" at his disposal, that he couldn't see what was staring him in the face! He was too close to the system, and anything outside it was rarely, if ever, considered.*

*He remembered Trusta Hunter's question. "Will you go back to using your skills as a doctor in the way you did before?"*

*Would he? After all he had seen and heard in recent days?*

*Was he really ready to stick his neck out in a newspaper article?*

*Was he a puppet on a string?*

*The fuse had been lit but had it reached the point of no return?*

*Deep down, Dr Phil Anthony knew the answers to all those questions.*

*There was a lot at stake and the cost would be great, but if others could do it, he could too!*

*Phillip had found a number of places around the homestead and centre of operations close to Chosen Cove where he could be alone and think. One of these spots was the jetty where Faith Walker was moored. The gentle lapping of the water*

on the boat's hull and the beauty of the scenery made it a delightfully calming place to be. He sat on the edge of the wharf leaning back against a bollard, dangling his legs over the side, completely lost in his thoughts.

It was here that Petros found him. With a discreet warning cough, he called out, "May I join you Phil? I hope I'm not interrupting you?"

"Yes, you are, but it's a welcome interruption. I'd love to have a chat, as I was considering my status as a medical heretic. I read this book years ago about…"

"About a doctor called Robert Mendelsohn? A book called 'Confessions of a Medical Heretic?[1] "We have it in our library," cut in Petros.

"I know," laughed Phillip. "I saw it there. At the time, I thought he was a disgrace to my profession. Today, although I can't remember everything he said, I too am ready to be called a heretic. Petros my friend, before I go public, I was wondering if I could ask a favour of you and Serena.

"Would it be possible for me to stay on here for a while longer? You have already shown and taught me a lot, but there's so much more I need to know – all the practical things that relate to using natural substances. When I leave here, there is an interview awaiting me with Donna Zopend in Lulling Sounds and if she can find newspapers to publish what she writes, I have a feeling that it will cause something akin to a nuclear explosion. The fall out…"

"Phillip, you should know by now, that you are welcome to stay as long as you like. To help everyone who is genuinely looking for information like you are, is an integral part of what we do here. I'm sure Trusta and Eccles – especially Trusta, would welcome another opportunity to learn with you. As you know, she had to work through similar issues to those facing you. Stay until you're ready to go – and just remember Phil, that some of your skills will be valuable to us. Perhaps you might even consider joining us."

Rising from his seat on the jetty, Petros laid his hand on Phillip's shoulder. "Perhaps tonight after our evening meal we could all have a look at some storm clouds gathering on the horizon. One of them may well have your name on it!"

* * * *

The homestead overlooking Chosen Cove had been used by the Abrahamson family for several generations. It had been modernized with large windows in the sitting room providing spectacular views even when you were sitting in the comfortable

1 Mendelsohn, R, 1979. "Confessions of a Medical Heretic" Contemporary Books ISBN 0-8092-7726-3

arm chairs. Petros and Serena made sure their guests were replete and relaxed after a delicious meal, before broaching the subject of the storm clouds. Outside, a large orange moon appeared over the horizon and slowly began its journey across the heavens shedding its silver light on the waters of the bay.

"With that beauty to look at, storm clouds seems an incongruous subject," said Petros, "but the Lulling Sounds out there can be deceptive." Petros smiled apologetically for his mixed metaphors.

"Our operations carried out quietly on this island, seem to have aroused suspicions on the part of bureaucrats who have to justify their existence by being overly officious. SIS's Wylie Fox was the first one to try to investigate his suspicions. We managed to keep him on the mainland, and requested that he give us the reasons for his "research"!

"Sweetie Spiel did manage to get on the Island on the sly, as a spy. That whole operation provided us with some excitement, but also made us look closely at the methods being employed against us. As a result you could say that the "opposition" had to spend some time licking the wounds it received.

"Lucy Furr's right hand man, Modus Operandi, took it upon himself to succeed where others had failed. He chose disguise as his strategy, and arrived on a chartered boat as a German tourist pretending to have heard about the wonderful products we produce and he just had to see them for himself – and to learn about them, so he could share the good news when he got back to his homeland! He was recognized long before he set foot on the island by Waka Bridges and others but we showered him with hospitality and made him endure the full guided tour. His acting abilities were severely tested and he couldn't escape fast enough!

"As most of you know, the conditions brought by these 'clouds' have been weathered and they have passed away for the time being. However, they could return in some other shape or form in the future.

"The biggest test for us so far is a worldwide attempt by governments to exercise increasing control over natural products under the guise of protecting the public from dangerous supplements. New laws and regulations are being drafted, or have already made it through legislative assemblies. Producers of any natural therapies will be charged a fortune for the testing of raw materials to ascertain their safety, the strength of formulations, suitable labelling, making it clear what the product is, how to use it, etc. The application fees for licences to sell these products, will add up to huge compliance costs. Ironically the people monitoring these things, deciding

what can be sold and what can't, and setting the costs and fees have absolutely no training, and almost zero knowledge on the topic.

"This same medical system, which causes tens of thousands of people to die each year, and huge numbers of patients to suffer from preventable medical error, seems determined to convince the public that natural health products are far more dangerous. From our experience here, we could not name anyone who has suffered any harmful consequences from any of the products we market. However, if the pharmaceutical companies can remove as much competition as possible, the greater will be their profits. The public's access to alternative and effective remedies will become more difficult and expensive as smaller companies like ours could be forced out of business.

"If Polly Tishan, Minister for Health, has her way the drug companies will be the winners and…"

Phil interrupted in a quiet voice, "This must not happen. I will do what I can to expose their motives as well as the unproven nature of so much that mainstream medicine has to offer, most of which is expensive, toxic and ineffective."

"Thank you Phil. Your voice, added to what Trusta and Eccles are doing, with the help of so many D'Different Ones, will make a powerful impact, but it will evoke a strong reaction from those huge interests which don't like being challenged. Their fury will be unleashed on us. Are we ready and prepared for it? You've listened to me long enough. It's time you all tossed in your thoughts."

Some vigorous discussion followed, continuing after supper until suppressed yawns slowed them down, and sent them to bed.

As he left the sitting room, Phillip noticed that the moon had disappeared behind some clouds. Were they foreshadowing storm clouds, similar to those they had been talking about?

# 42 What Did They Not Listen To?

Let me create a picture for you. When you look in the mirror, what do you see? Arms, legs, a head, a body. What else do you see? Look under your armpit. Hairs? Anything else? Take a torch, open your mouth and bounce the light from the torch off the mirror into your mouth. What do you see? Pink wet surface? Blink your eyes. What do you see? Irises?

Let's talk about what you don't see. Bacteria. They are everywhere and outnumber your cells by ten to one. But you can't see them. Guess what, though? Those bacteria everywhere are very, very important. Bacteria digest food, thus absorbing vitamins and minerals. Bacteria are hormone signallers. Bacteria which doctors consider "pathogens" about to kill you, have a hierarchy, and protect you from more serious bacteria. Put somewhat simplistically, since the real story would take forever, ***neisseria*** bacteria, which in susceptible people can cause meningitis, protect you from more serious bacteria. ***Haemophilus*** bacteria exert a killing effect on more serious ***streptococcus pneumoniae,*** and ***strep pneumo*** pushes out ***staph aureus.*** There is a caveat to this little picture. The bacteria have worked out their own "hierarchy" of survival in normal people, and will do this best when left to their own devices.

So why do people get sick? Some people have immunodeficiencies, and are more susceptible than normal people. Normal people get sick as a result of eating too much rubbish and not enough raw food; smoking; drinking alcohol; not sleeping enough; burning the candle at both ends; stress, and in extreme situations, because of natural disasters, famine, war and dislocation.

Where are these bacteria hiding? The areas of the body with the fewest bacteria are the brain, thymus, liver, gall bladder, lower lungs and the blood.

On your skin, most dry areas which have a low pH, and a higher level of salt, don't support many bacteria, so most of the 12 trillion bacteria in your body are found in the armpits and groin. The skin naturally secretes dermcidin and other antibacterial compounds to help keep the worst at bay, particularly where there

are injuries or cuts. *Corynebacterium,* a similar species to diphtheria bacteria, converts the lactic acid, salt, protein and urea which gathers around hair follicles into a volatile compound[1] that makes the distinctive smell of armpits and groins. Your feet are another area where moisture-loving bacteria go rampant between the toes and in sweaty areas in shoes, producing the smell of perspiring feet.

Inside your ears, the waxy secretions contain antibacterial compounds; more than 200 bacterial species have been found living in the outer ear.

Tears contain natural antibiotics which kill most organisms, but allow *staphylococcus epidermis* and *streptococcus* to remain, which keep at bay the more virulent bacteria such as *chlamydia trachomatis,* and *morexella,* which causes pink-eye.

When you look in your mouth, you do not see any of the estimated 500 species of bacteria which live there, though only around 200 species have ever been cultured, nor do most people know that researchers find new commensal bacteria, every time they look.

As far as your nose is concerned, you could be amongst the 30% of people who carry a virulent strain of *staphylococcus aureus.* All of us carry various species of *neisseria, corynebacterium,* and *haemophilus* which provides a buffer against colonization by *streptococcus pneumoniae.*

Moving on downwards,[2] in the stomach, the acidity levels don't stop *helicobactor pylori,* which is supposed to cause stomach ulcers in the West, but in places like Africa, where *helicobactor pylori* is even more abundant, stomach ulcers aren't even an issue.

In your small intestine, the presence of bile and a thick mucus which coats the walls keeps that area relatively free of serious pathogens, but the small intestine is home to important bacteria like *bacteroides thetaiotaomicron,* which directs the proper developments of the blood vessels in the bowels, after birth. Bacteria groups like *bacteroides, bifidobacterium* (which has the job of forming large amounts of vitamin B1), and *clostridia* are happily living in the lower small intestine.

Your colon, though, is where it all really gets going. You have about three pounds in weight of bacteria, which make up about 60% of human faeces. There are hundreds of different species here, but they are predominantly *bacteroidetes* and *firmicutes,* and their functions are to break down bile acids, produce vitamin K and the B vitamins, and absorb minerals.

The gut flora of breast-fed babies is completely different to that of bottle-fed babies (and may be a contributory factor to the fact that bottle-fed babies[3] tend to

1 Armpit and groin body odour = 3-methyl-2-hemanoic acid.

2 A good 'quick' review of the gut flora can be found in: O'Hara, A.M. et al. 2006. "The gut flora as a forgotten organ." *EMBO reports* 7(7). http://www.nature.com/embor/journal/v7/n7/pdf/7400731.pdf. Accessed 27 December 2007.

3 However, if the mother is obese, then even breast-fed babies may struggle, because their gut flora is determined at the start by the vaginal flora of the mother.

be much fatter than breast-fed babies). Early research from the days of Tissier[4] to Olsen[5] very clearly showed the huge adverse impact which bottlefeeding had on the gut flora of babies. Of special interest is the fact that one bottle impacted on gut flora for four weeks, with a large increase in cocci and gram-negative bacteria in comparison with the gut flora of breast-fed babies. Olsen's first chapter on "Review of the Literature" should be compulsory reading; yet, how many medical libraries have this work?

The bacteria in and on your body function as an organ in their own right,[6] orchestrating the immune system from inside and out. The medical profession seems to have completely ignored this after the advent of antibiotics, preferring to simply obliterate what they considered pathogens, with no thought as to what that would do to the body as a whole.

The gut flora of an obese[7] person who eats mainly white bread and junk food, is markedly different from that of a person who eats lots of raw, fibrous food – which these bacteria require to live on. This difference is now thought to be a major contributing factor to the increase in obesity.

The importance of this mini-review is to put into context the detrimental effects of antibiotics, and how that has led to the situation where the medical profession's only "weapon" against ***streptococcus pneumoniae*** is considered to be a vaccine called Prevenar®.

On 16 October 2007, a headline[8] rang out, ***"Ear infection superbug discovered to be resistant to all pediatric antibiotics"***. This statement is the culmination of 60 years of ignorance and drug abuse by doctors irresponsibly prescribing any antibiotic at hand, provided by the pharmaceutical companies. What follows is a timeline of antibiotic events, and also people of note, who, had they been listened to instead of consigned to oblivion, might have had a major, positive impact on the course of medical history, and the good health of children.

★ ★ ★ ★

1928: Alexander Fleming, a Scottish bacteriologist, found that a laboratory culture of ***staphylococcus aureus*** was overgrown with mould, which was secreting yellow drops of liquid which killed the bacteria. He called the liquid "penicillin" from ***penicillium notatum,*** the name of the mould.

4 Tissier, H. 1905. "Repartition des microbes dans l'intestin du nourrisson." *Ann Inst Past* 19: 109–23. (I have on file all of Tissier's medical articles.)

5 Olsen, E. 1949. *Studies on The Intestinal Flora of Infants.* Ejnar Munksgaard, Copenhagen.

6 O'Hara, A.M. et al. 2006. "The gut flora as a forgotten organ." *EMBO reports,* 7(7). http://www.nature.com/embor/journal/v7/n7/pdf/7400731.pdf. Accessed 27 December 2007.

7 Bäckhed, F. et al. 2004. "The gut microbiota as an environmental factor that regulates fat storage." *Proc Natl Acad Sci USA,* 101(44): 15718–23, November 2. Epub 2004, October 25. PMID: 15505215.

8 Williams, G. 2007. "Ear infection superbug discovered to be resistant to all pediatric antibiotics." *EurekAlert,* October 16. http://www.eurekalert.org/pub_releases/2007-10/uorm-eis101607.php Accessed on 27 December 2007.

1935: Gerhard Domagk found that the dye "prontosil red" could kill *streptococci* without harming the patient. This gave rise to Paul Erlich's concept called "sterilization therapy" of the "magic bullet" which would kill invading organisms without harming the patient. So they thought.

1940: Trials started using Penicillin.

1943: One of 15 patients died from a strep infection because the microbe had already become resistant to penicillin.

1944: It became possible to produce penicillin in large enough quantities to market commercially.

Resistance continued to be observed, but as Rockefeller University Molecular geneticist Joshua Lederberg said,[9] *"Geneticists certainly talked about the problem but nobody was going to do anything about until it slapped you in the face … There were enough instances of the occurrence of resistance in this, that, and the other place, but it didn't seem that urgent."*

1956: Dr J.A. Pottinger gave a speech[10] at Otago medical school in which he warned, *"Today it is almost impossible to cut a finger without having an antibiotic, and if a baby has a cough, he is given a dose of penicillin."* He told graduates to look critically at the vast array of drugs, and suggested they could use an incinerator to get rid of many expensive tablets and drugs, and warned against being like most doctors and not to try *"one drug one day, and another the next when confronted with the huge modern range."*

Mid-1970s: Two bacteria, *haemophilus influenzae B,* and the bacterium causing gonorrhea, became simultaneously resistant to penicillin, both showing the same resistance gene. Gonorrhea resistance was initially discovered in the Philippines,[11] in USA servicemen suffering from venereal disease, and was traced back to Vietnam prostitutes to whom the USA military medical teams had given penicillin regularly as a precautionary measure, resulting in the development of bacterial resistance.

1980: New Zealanders were told[12] that "antibiotics are becoming useless and dangerous because of over-prescribed and indiscriminate use," with Dr A.J. Pittard pointing out that *"You cannot eradicate anything. If you use a selective agent to*

9 Radetsky, P. 1998. "Last Days of the Wonder Drugs" *Discover Magazine,* November 1. http://discovermagazine.com/1998/nov/lastdaysofthewon1535/?searchterm=antibiotics. Accessed on 27 December 2007.

10 Press Association. 1956. "Graduates Advised To Look At Drugs Critically" *Bay of Plenty Times,* December 7.

11 Radetsky, P. 1998. "Last Days of the Wonder Drugs" *Discover Magazine,* November 1. http://discovermagazine.com/1998/nov/lastdaysofthewon1535/?searchterm=antibiotics. Accessed on 27 December 2007. (A Radio New Zealand documentary many years ago, on the reminiscences of New Zealand medics working with the US Military, was full of comments about how over the top the USA use of antibiotics was in both military and civilians. I remember standing, washing dishes, absolutely aghast at how stupid people could be, and also how the New Zealand medics were disgusted, yet could not get the Americans to see sense.)

12 Press Association. 1980. "Danger Seen In Miracle Cures." *New Zealand Herald,* May 22.

***kill anything, you will never get more than a 99 per cent kill."*** Dr R.B. Marshall warned of the harmful effects of antibiotics and said that antibiotic use should be limited and tightly controlled. In a related article, Dr J.L. Nelson related that many antibiotics, such as chloramphenicol, were very dangerous and could cause bone-marrow damage in susceptible individuals, and that the dangers of antibiotics had been underestimated. He also said,[13] ***"so we have seen the penicillin family begin to lose their power, followed by the tetracycline, until now nearly every important and originally sensitive group of bacteria may have members which have become immune to these drugs."***

1980: ***Haemophilus influenzae*** type B meningitis became resistant[14] to ampicillin and chloramphenicol.

1986: We were told[15] that amoxycillin, a form of penicillin, topped the list of the most doctor-prescribed drug for 1985, with 1.2 million prescriptions worth a total of $10.5 million dollars.

1986: Professor Erdem Cantekin, declared a war of ethics, and took issue[16] with a colleague of his, Dr Charles Bluestone, maintaining that Dr Bluestone manipulated results of a study of antibiotic use on ear infection in children, to benefit drug companies, whose grants and honoraria Dr Bluestone had accepted. Dr Cantekin maintained that antibiotics, a $3 billion-a-year industry, were useless in ear infections; that ampillicin was no more useful than a placebo, and that Dr Bluestone made changes to make the drugs look better than useless. Dr Lendon Smith said:[17] ***"As a result of Dr Cantekin's efforts 'his data tapes were erased, he was taken off all the department's grants, fired as director of the ear research clinic, and forbidden by the chairman to publish the paper … Because he has tenure, the School of Medicine cannot fire Cantekin, but he has been stripped of the resources needed to conduct research.'"*** Dr Bluestone told the Office of Scientific Integrity in 1989, that ***"Dr Cantekin was rigid … he only wanted it presented his way. He did not listen to anybody else. His co-authors had other opinions, and I felt their opinion was the best."*** That's a polite way of refusing to admit that Cantekin was right, and he and the others were wrong, and that their "wrongness" was financially driven. All the internal committees of enquiry found for Dr Bluestone, not surprisingly, given that in 1999 alone, the university's funding from corporate grants was $36.3 million. Never bite the hand that feeds you.

13 Nelson, J.L. 1980. "The tragedy of antibiotics." *New Zealand Herald.* (Family Doctor column – no date, but filed with the item above.)

14 Kenny J.F. 1980. "Meningitis due to Haemophilus influenzae type B resistant to both ampicillin and chloramphenicol." *Pediatrics,* 66(1): 14–6, July. PMID: 6967583.

15 NZPA. 1986. "Antibiotic most often used drug." Evening Post, July 16.

16 Crossen, C. 2001. "A Medical Researcher Pays for Doubting Industry Claim, Suggests Parallels to Vaccine Controversy." *Wall Street Journal,* January 3.

17 Dr Lendon Smith quoted at: http://www.whale.to/v/antibiotics1.html

1989: Eight children in a day-care near Cleveland Ohio, came down[18] with chronic middle-ear infections caused by the same strain of pneumococcus. Subsequent swabbing found that 50 of the 250 children enrolled at the centre were infected, but had not shown symptoms.

1990: Congressional subcommittee on Human Resources and Intergovernmental Relations took both Pittsburgh University and the National Institute of Health to task for censoring Cantekin, pointing out that *"Evidence of the ineffectiveness of antibiotics would have been available to physicians and the public several years ago, if the medical school had not prevented Dr Cantekin from publishing them."*

1991: Professor Erdem Cantekin's paper proving[19] his colleague's research to be fraudulent was finally published. He wrote, *"... those data indicate that amoxicillin was not effective and that two other antibiotics, pediazole and cefaclor, also were not effective according to the method of analysis the OMRC [Otitis Media Research Center] had chosen to use."*

1991: As antibiotic prescriptions continued to rise unabated, Professor Erdem Cantekin invoked the Federal False Claims Act, and hired lawyer Robert Potter, to sue Pittsburgh University. According to the lawyer, *"the first thing Pittsburgh did ... was to dispatch a lawyer to my office with a chequebook ... the lawyer closed the door and asked, 'What does he want?' But for Cantekin, it wasn't a question of money. You couldn't settle with him because you couldn't settle a scientific issue."* The University won the first legal round, but Cantekin won the appeal. Not that it helped him much, as the University left him in the bin of oblivion where all whistleblowers are interred. As any scientific whistleblower will tell you, you can win a case, and even be allocated your job back, but you will never again be allowed to function, or interact in a meaningful way with your colleagues. For scientists to stick their necks out to reveal the truth about their colleagues, means they "go nowhere".

1992: The Pediatric Infectious Disease Journal Newsletter had an item[20] which read, *"We have great concern for the increasing prevalence of relatively or absolutely penicillin-resistant pneumococci coupled with increasing relative frequency of pneumococcal diseases as a result of universal Haemophilus vaccination ... we need new agents that are active against these strains, especially when they cause infection of difficult to treat sites like the meninges or heart valves."*

1992: Richard Krause, USA senior scientific adviser for the National Institute

18 Nash, J.M. 1992. "Attack of the superbugs." *Time,* August 31.

19 Cantekin, E.I. 1991 "Antimicrobial therapy for otitis media with effusion ('secretory' otitis media)." *JAMA,* 266(23): 3309–17, December 18. PMID: 1683673.

20 Nelson, J.D. et al. 1992. "The Perilous Pneumococcus." *The Pediatric Infectious Disease Journal Newsletter,* 18(6): 12, June.

of Health, Bethesda, Maryland, commented on the development of superbugs:[21] *"… we scientists are worried about the future. We forgot that microbes are restless and that they would counterattack … that was an incredible hubris on our part."* However, the thought expressed was that fewer antibiotics would be needed if *"drug companies and university laboratories revived the neglected art of vaccine development."*

1993/1994: A spate of newspaper articles focused on the revenge of the superbug and started to talk about the huge use of antibiotics in commercial animal rearing, not so much to prevent infection, but to help animals put on weight quicker, so that the farmers could make a profit faster.

1994: A serial expose of articles[22] from 27 February to 9 July was run by the *UK Sunday Times,* exposing a previously hidden secret that bactrim (septran, septrin, septra, co-trimoxazole, SMZ-TMP, bactrim DS/800) was causing serious illnesses, side effects and permanent debility. The articles exposed long-known facts which the public had not been told about. In the face of obvious evidence, the UK medicines control agency responded by saying, "Co-trimoxazole is an effective antibiotic that has been widely used in the UK and worldwide for many years. It's safety profile is well known and documented … the expected benefits outweigh the risks." Sales of *bactrim* alone grossed $5 billion dollars for La Roche in 1994. The website contains a very recent letter about the undisclosed carnage co-trimoxazole continues to inflict worldwide.

1995: One-and-a-half years after the introduction (in mid-1994) of the Hib vaccine in New Zealand, which saw rates of disease fall precipitously, and presumably *hib* carriage reduce as well, New Zealanders were told:[23] *"doctors are noticing that the proportion of very young children admitted is getting higher and that generally, children seem sicker when they arrive."* Dr Ralph Pinnock was reported as saying, *"there had been increases in cases of pneumonia, asthma, meningococcal disease, fevers and bronchiolitis"* and that though the reasons weren't clear, *"lack of money could be a factor."* The article also said *"Two Starship paediatricians are, meanwhile, probing the pneumonia increases."*

It would seem that no one at that time, thought seriously about the fact that Hib inhibits *streptococcus pneumoniae,* and that the balance of bacterial carriage is crucial.

1995: In Finland it was found[24] that the introduction of the Hib vaccine was followed by an increase in *streptococcal pneumoniae*.*

21 Nash, J.M. 1992. "Attack of the superbugs." *Time,* August 31.

22 Deer, B. 1994. *Sunday Times.* All articles and links in one place, at: http://briandeer.com/bactrim-septra.htm

23 Barber, F. 1995. "Children sicker and lots more attending Starship hospital." *New Zealand Herald,* December 26, Section One, p. 3.

24 Baer, M. et al. 1995. "Increase in bacteraemic pneumococcal infections in children." *Lancet,* 345(8950): 661, March 11. No abstract available. PMID: 7898220.

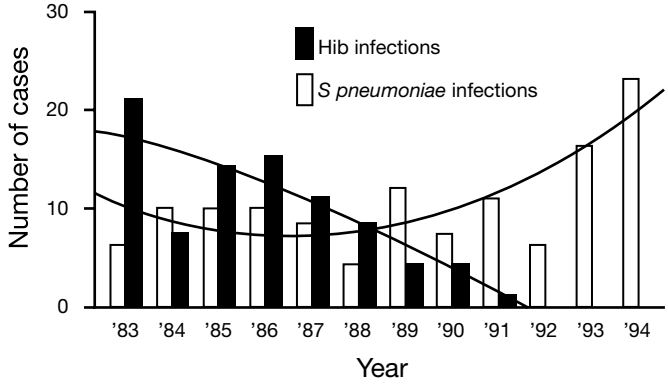


Figure 42.1 Annual cases of invasive *H influenzae* Type B infections and bacteraemic *S pneumoniae infections* in children aged 0–15 years in Tampere University Hospital

The connection between the use of the Hib vaccine, the decline of hib carriage, and the resultant increase in ***S. pneumoniae*** infections was not made, and to this day continues to be refuted at every possible turn.

1995: It was confirmed[25] that most people with flesh-eating disease (caused by ***staphylococcus aureus***) had been taking non-steroidal anti-inflammatory drugs (NSAIDs) at the time. The article said that NSAIDS were ***"thought to weaken the body's immune system, reducing its ability to fight the disease."*** No mention was made that acetaminophen products, given to children with fevers from infectious diseases, might do exactly the same thing!

1995: New Zealanders were warned[26] that overuse of antibiotics was starting to cause a rise of resistance in ***streptococcus pneumoniae,*** and in ***staphylococcus aureus.***

1996: Another slew of articles[27] was published about superbugs gaining momentum.

1996: A medical article showed[28] that some antibiotics suppress the immune system adversely. Ampicillin, so carelessly prescribed, and about as useful as a placebo, is one of them. How many doctors factor in what an antibiotic does to the immune system?

1997: A study from Belgium[29] showed that: ***"The introduction of large-scale***

25 Chisholm, D. 1995. "Painkiller link to flesh-eating disease." *Sunday Star-Times,* March 12, p. A8.
26 Barber, F. 1995. "Antibiotics care urged." *New Zealand Herald,* July 25, Section One, p. 4.
27 Guy, C. 1996. "Now showing: SUPERBUG." *New Zealand Herald,* October 12, p. G8.
28 Van Vlem, B. et al. 1996. "Immunomodulating Effects of Antibiotics: Literature Review." Immunomodulating effects of antibiotics: literature review." *Infection,* 24(4): 275–91, July–August. Review. PMID: 8875279. Antibiotics named (on p. 279) as immunosuppressors: erythromycin, roxithromycin, cefotaxime, tetracycline, rifampicin, gentamicin, teicoplanin, and ampicillin.
29 Van Hoek, K.J. et al. 1997. "A retrospective epidemiological study of bacterial meningitis in an urban area in Belgium." *Eur J Pediatr,* 156(4): 288–91, April. PMID: 9128813.

*systematic vaccination against H influenzae type B has drastically changed the incidence of BM*[30] *in areas where it has been performed … we have no explanation for the rise in S pneumoniae meningitis in Caucasians only."*

1997: Doctors warned[31] that of the thirty known strains of *enterococci* bacteria, several had now become resistant to vancomycin, considered the antibiotic of last resort. *Enterococcus* is widely found in the intestines and genital tracts of healthy people, and causes no problems. But in transplant and chemotherapy patients, infection can result. The article stated that vancomycin-resistant *enterococci* (VRE), had been found in cattle, pigs and poultry, but no definite link with humans had been established. Doctors were also warned that penicillin-resistant *streptococcus pneumoniae* had doubled its resistance in the previous two years, with the highest rates of resistance (80%) found in Korea.

1997: New Zealanders were told[32] that antibiotics were not always needed, and that outside of meningitis *"You don't die if you don't get an antibiotic."* Professor Sandy Smith said that *"the medical profession has to eliminate the misuse, abuse and prolonged use of antibiotics in situations where they were not needed … increased hand washing was also needed … Policies to prevent infection should be rethought. Antibiotics were being used more, but at what cost?"*

1998: A superb article in Discover Magazine outlined the whole story to that point,[33] with a telling comment from David Shlaes, vice-president of infectious-disease research at the Wyeth-Ayerst research unit, who said, *"You have to understand that a lot of these decisions were made not by scientists but by marketing-type people. They were looking at a marketplace they thought was saturated – there were a gazillion antibiotics – and satisfied. They didn't hear many complaints from general practitioners … it was only the scientists who were worried. When you don't get complaints from people you're selling your products to, you may not listen very hard."*

This is a ridiculous comment, because most doctors would simply assume that the antibiotic wasn't the right one for that complaint and switch to another if it didn't work. They wouldn't think of the term "bacterial resistance". But most telling of all was a study done by Atlanta's Emory University's Bruce Levin, who looked at a day-care centre, and found that *"the majority of kids were on antibiotics during the six months we did the study. At least one kid was on five different antibiotics. Another was on triple antibiotic therapy – prophylactically! She wasn't even sick … and the parents of these kids were from Emory and the*

30 BM = Bacterial meningitis

31 Rotherham, S. 1997. "Unkillable bacteria are contributing to deaths." *New Zealand Doctor,* July 23, p. 28.

32 Lippert, S. 1997. "Antibiotics not always needed, professor says." *Otago Daily Times,* August 21.

33 Radetsky, P. 1998. "Last Days of the Wonder Drugs." *Discover Magazine.* November 1. http://discovermagazine.com/1998/nov/lastdaysofthewon1535/?searchterm=antibiotics. Accessed on 27 December 2007.

*CDC. So it wasn't exactly an unenlightened group. How are you going to change most people's minds, if you can't change theirs?"*

1999: New Zealanders were told that doctors, pharmacists and Pharmac wanted to join forces to fight the misuse of antibiotics, and blamed[34] patients. *"People often expect a prescription for antibiotics when they see their doctor about a winter cold, cough or flu."*

1999: At the same time, Rod Ellis-Peglar[35] pointed out that *"the reality is that the 1990s have seen burgeoning [antibiotic] resistance to the point where it seems almost a matter of indifference to many medical practitioners …"* The graphs in the medical article made startling reading. It appeared that, while Dr Ellis-Peglar cared to the point of frustration in this editorial, most doctors didn't and don't care, an experience I've had confirmed on innumerable occasions since 1980.

1999: Christopher Leathart informed[36] his New Zealand GP colleagues that:

* When antibiotics are taken for viral infections they always act on the commensal flora and select out the resistant strains.
* Children who have recently had antibiotics are two to seven times more likely to subsequently carry resistant strains of *S pneumoniae* as commensals.
* Among patients with invasive disease due to *S pneumoniae,* recent antibiotic use has been identified as a risk factor for infection with strains resistant to multiple drugs

2000: Professor Erdim Cantekin said:[37] *"The alleged benefits for this new vaccine are greatly exaggerated and the risks are significant. The bacteria pneumococcus, with more than 90 serotypes, is a common pathogen. Though pneumococcus causes various diseases, the carriage rate and serotype distribution rates in different groups are not known. Also, it is not known how pneumococcus transmutes itself into a pathogen. The role of pneumococcus in the microbiological balance is not known. It does contribute to 3,000 cases a year of meningitis, 50,000 a year of bacteremia, 500,000 cases of pneumonia, and seven million cases of otitis media or ear infections. … With all of these unknowns, the vaccination of newborns with seven pneumococcal serotypes and possible eradication of those serotypes, is an uninformed experiment at best … Prevnar will have the same*

34 (No author named) 1999. "Health professional seek wiser use of antibiotics." *Observer,* May 31.

35 Ellis-Peglar, R.B., 1999. "Antimicrobial resistance – can we, should we do anything about it?" *New Zealand Med J,* 112(1096): 349–51, September 24. PMID: 10587051.

36 Leathart, C. 1999. "Antibiotic resistance and the GP: when less is more." *NZFP,* June. http://www.rnzcgp.org.nz/news/nzfp/June1999/focuscl.htm. Accessed on 27 December 2007.

37 National Vaccine Information Center's Second International Public Conference, "Science for Hope and Healing: Challenging the Status Quo", held on September 8–10, 2000 in Arlington, Va. http://www.whale.to/m/pneumococcal.html

*effect that antibiotic abuse currently has because, by changing serotype, it will exert selective pressure on the microbial ecology."*

2000: BBC tells listeners[38] that people who smoke are four times as likely to get invasive *streptococcus pneumoniae* infections than non-smokers, and should be vaccinated. The article goes on to say, *"The research also says passive smokers are at increased risk of falling ill to the bacterium streptococcus pneumoniae – they are two-and-a-half times as susceptible as people not exposed to cigarette smoke."*

2001: New Zealanders were told[39] that garlic wiped out *staphylococcus aureus.* At the same time, BBC in UK reports the same thing, and that garlic also wiped out a number of fungal infections, helped with malaria, could rapidly reduce cancer cells and could ward off the common cold.

2001: A Finnish trial[40] of Prevnar® immediately showed that serotype replacement would be an issue with a –33% efficacy against all types. Which means that, although there was a 51% efficacy against the types in the vaccine, this supposed benefit was almost outweighed by the new serotypes which moved in during the trial, and affected the participant children. The writing on the wall should have been seen at this point. This study is mentioned on page 6 in the latest Wyeth data sheet,[41] but it was in the previous ones as well.

2002: New Zealanders were told[42] that drug-resistant infections in people traced to pigs, and Americans are informed[43] that the poultry industry cuts back antibiotic use.

2003: *Scientific American*[44] detailed a preliminary study linking antibiotics given to babies and the development of asthma.

2004: Further medical research confirmed previous studies which showed that the use of antibiotics in babies more than doubled a child's chance of getting asthma. A similar article[45] quoted the authors as saying: *"People don't think about this, but we actually coexist with a large number of microbes in our body,"* said Gary B. Huffnagle, one of the UM investigators in the antibiotic/asthma study.

38 (No author named.) 2000. "Smokers 'need' pneumonia bug jab." *BBC News,* March 10. http://news.bbc.co.uk/1/hi/health/671602.stm. Accessed on 27 December 2007.

39 London Press Service. 2001. "Garlic wipes out superbug." *New Zealand Herald,* November 26, p. A9.

40 Escola, J. et al. 2001. "Efficacy of a pneumococcal conjugate vaccine against acute otitis media." N Engl J Med, 344(6): 403–9, February 8. PMID: 11172176.

41 Pneumococcal 7-valent Conjugate Vaccine Prevnar® *Wyeth.* Revised December 2007. http://www.wyeth.com/content/ShowLabeling.asp?id=134. Accessed on 27 December 2007.

42 Reuters, 2002. "Drug-resistant infection in people traced to pigs." *Dominion,* February 8, p. 5.

43 Burros, M. 2002. "Poultry Industry Quietly Cuts Back on Antibiotic Use." *New York Times*, February 10. http://query.nytimes.com/gst/fullpage.html?res=9E02E7D8133CF933A25751C0A9649C8B63. Accessed on 27 December 2007.

44 Graham, S. 2003. "Infant Study Links Antibiotics and Asthma." *Scientific American*, October 1. http://www.sciam.com/article.cfm?id=infant-study-links-antibi. Accessed on 27 December 2007.

45 Laidman, J. 2004. "UM study shows use of antibiotics may be factor in asthma, allergies." *Toledo Blade,* December 23.

*"These microscopic homesteaders outnumber your own cells 10 to 1," he said. "Such bacteria are mostly good guys. They help you absorb nutrients. They keep bad bacteria in check. And they interact with your immune system, helping it decide what things in the environment to ignore, and what things to attack.*

*"In other words, there is an intimate connection between this three-pound population of microbial squatters in your intestine and the way your immune system responds to the dust mites or mold spores you breathe.*

*"When you take an antibiotic, this helpful bacteria dies along with the bad bacteria the antibiotic was intended for. Your gut is now vacant. But this newly empty niche does not remain that way for long, and problems arise when the new residents no longer maintain the fine natural balance you had preantibiotic.*

*"In many cases, a former minority member of the gut population becomes a dominant player, the yeast called Candida albicans.*

*"Under this new microbial regime, the immune system receives different instructions," Mr Huffnagle proposes.*

*"We don't know how it works,"' he acknowledges. But immune response "is strongly influenced by the type of microbes that live in your gut."*

2004: The *Washington Post*[46] detailed research showing that antibiotics increased your chance of contracting breast cancer, and the more doses a woman took, the higher the risk.

2004: Boston readers woke up to the news[47] that Prevnar 7-strain vaccine may save lives, but that it leads to other infections, and that the total amount of *pneumococcus* found in children's noses and throats was not reduced, because other strains from the 84 other types filled the gap.

2004: New Zealanders were are told[48] by Professor Bruce Arroll that antibiotics are still being overused for common colds in New Zealand despite researching showing their ineffectiveness.

2004: Aucklanders were told[49] that their children are five times more likely than others to go to hospital with pneumonia. Dr Cameron Grant, the principal investigator of a study looking at the reasons for high rates of pneumonia, was going to examine nutrition, immunization status, housing, history of illness, primary care, and socio-economic factors such as overcrowding.

2004: A medical article states[50] that: *"Streptococcus pneumoniae carriage,*

46 Stein, R. 2004. "Antibiotics may raise risk for breast cancer, study shows risk goes up with number of prescriptions." *Washington Post,* February 17, p. A01.

47 Hochman, M.E. 2005. "Childhood vaccine saves lives, but may lead to other infections." *Boston Globe,* June 21. URL no longer active.

48 NZPA. 2004. "Antibiotics for colds overused." *New Zealand Herald,* October 20, p. A13.

49 Walsh, R. 2004. "Doctors probe puzzle of child pneumonia rates." *New Zealand Herald,* September 27, p. A7.

50 Regev-Yochay, G. 2004. "Association between carriage of Streptococcus pneumoniae and *Staphylococcus aureus* in children. *JAMA,* 292(6): 716–20, August 11. PMID: 15304469.

*specifically of vaccine-type strains, is negatively associated with s aureus carriage in children. The implications of these findings in the pneumococcal vaccine era require further investigation."* A previous medical article[51] had stated that *"These finding suggest a natural competition between colonization with vaccine-type pneumococci and s aureus, which might explain the increase in s aureus-related otitis media (earache) after vaccination."*

2005: Another article, published in January,[52] quoted new research from Gary B. Huffnagle: *"Our research indicates that microflora lining the walls of the gastrointestinal tract are a major underlying factor responsible for the immune system's ability to ignore inhaled allergens … Change the microflora in the gut and you upset the immune system's balance between tolerance and sensitization."*

2005: UK health system hit[53] by superbug called clostridium difficile. An article published in the Guardian said, *"The bacterium can be found in up to 5% of healthy adults, but is kept in check by the intestine's normal 'good' bacteria. When these bacteria are knocked out by antibiotic treatment for another condition, c difficile multiplies and produces damaging toxins."* Stopping the bacterial spread was made more difficult because[54] staff used quick-and-easy alcohol gel, to which the bacteria is resistant, instead of soap and water to clean their hands.

2005: *Discover Magazine* put out another very good article asking the question, "Are Antibiotics Killing Us?" with a comment from infectious disease specialist Curtis Donskey saying, *"far too many physicians are still thinking of antibiotics as benign. We're just now beginning to understand how our normal microflora does such a good job of preventing our colonization by disease-causing microbes."*

2005: A medical article stated[55] that *"the ability of streptococcus pneumoniae carriage to protect against Staphylococcus aureus carriage, and the inverse effect of pneumococcal conjugate vaccination on the increased carriage of staph aureus and staph-aureus-related disease. Strep pneumoniae carriage protected against staph aureus carriage, and the bacterial interference could be disrupted by vaccinating children with pneumococcal conjugate vaccines that reduced nasopharyngeal carriage of vaccine-type strep pneumoniae."*

2006: The Meningitis Trust pushed a nationwide campaign to get Prevnar®

51 Bogaert, D. et al. 2004. "Colonisation by Streptococcus pneumoniae and *Staphylococcus aureus* in healthy children." *Lancet,* 363(9424): 1871–2, June 5. PMID: 15183627.

52 University of Michigan Health System. 2005. "Healthy Mix of GI Tract Microbes Are Key To Preventing Allergies And Asthma" *ScienceDaily.* http://www.sciencedaily.com/releases/2005/01/050111174539.htm. Accessed on 27 December 2007.

53 Carvel, J. 2005. "45,000 patients infected with hospital superbug." *Guardian,* August 27. http://www.guardian.co.uk/society/2005/aug/27/health.politics. Accessed on 27 December 2007.

54 Times Online and Press Association. 2005. "New superbug 'threatens NHS'." *TimesOnline,* June 6. http://www.timesonline.co.uk/tol/life_and_style/health/article530491.ece. Accessed on 27 December 2007.

55 Brogden A.K. 2005 "Human polymicrobial infections." *Lancet,* 365(9455): 253–5, January 15–21. Review. PMID: 15652608.

vaccine into the schedule, by publicizing fraudulent statistics[56] stating that pneumococcal invasive disease "kills 500 New Zealanders every year."

Other articles[57] printed variants of, *"Invasive pneumococcal disease (IPD) is a very serious and sometimes fatal illness, affecting approximately 150 New Zealand children under the age of 5 each and every year. Of these, 25 will die and a further 35 will be left with a disability such as cerebral palsy, deafness, epilepsy and behavioural problems."* The Meningitis Trust was asked[58] by the New Zealand Government to stop purveying inaccurate data, and to remove it from their website, but as of 29 December 2007, the same inaccurate data remained on the website.[59]

The New Zealand data, extracted from answers to 2006/2007 parliamentary questions, looked like this:

1. For the *five years 2000–2004* (2004's being the latest data provided to me) *there have been a TOTAL of five deaths only in under-fives*.
2. For the five years 2000–2004 (2004's being the latest data) there have been a TOTAL of TWELVE meningitis deaths only, in all age groups.
3. In terms of health disabilities arising from ***strep pneumoniae,*** there is no record of numbers.
4. Discharges of Pneumococcal meningitis cases in all age groups is as follows, and is copied and pasted from the Hon. Pete Hodgson's reply number 01771 attached:

The number of publicly funded hospital discharges for the last five years with a primary diagnosis of septicaemia due to ***streptococcus pneumoniae*** is:

2001/02 = 99
2002/03 = 90
2003/04 = 89
2004/05 = 104
2005/06 = 86

Data source: National Minimum Dataset, Data extract date: 5 April 2007

Deaths, all ages, septicaemia due to ***streptococcus pneumoniae:***

2000 = 2
2001 = 1
2002 = 2

56 NZPA. 2006. "Free vaccine call to save children." *New Zealand Herald,* July 27, p. A3.
57 Meningitis Trust. 2006. "Meningitis Trust calls for vaccine to be publicly funded." July 6. http://www.stuff.co.nz/stuff/print/0,1478,3723410a7144,00.html. URL no longer available after a complaint about the data.
58 Letter from the Hon. Pete Hodgson to Hilary Butler, dated 7 June 2007.
59 The Meningitis Trust archives news; printed and pdf'd for legal evidence on 29 December 2007: http://www.meningitiscampaign.org.nz/media_latest_news_arhived.htm

2003 = 3
2004 (provisional) = 2 (no date provided)

Total

| Age group (years) | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|
| 85+ | 0 | 0 | 0 | 1 | 0 |
| 80- | 0 | 0 | 0 | 0 | 0 |
| 75- | 0 | 0 | 0 | 0 | 0 |
| 70- | 0 | 1 | 0 | 0 | 0 |
| 65- | 0 | 0 | 0 | 0 | 1 |
| 60- | 0 | 0 | 0 | 0 | 0 |
| 55- | 0 | 0 | 0 | 0 | 1 |
| 50- | 0 | 0 | 0 | 1 | 1 |
| 45- | 0 | 0 | 0 | 1 | 0 |
| 40- | 0 | 0 | 0 | 0 | 0 |
| 35- | 0 | 0 | 0 | 0 | 0 |
| 30- | 0 | 0 | 0 | 0 | 0 |
| 25- | 0 | 0 | 0 | 0 | 0 |
| 20- | 0 | 0 | 0 | 0 | 0 |
| 15- | 0 | 0 | 0 | 0 | 0 |
| 10- | 0 | 0 | 0 | 0 | 0 |
| 5- | 0 | 0 | 0 | 0 | 0 |
| 4- | 0 | 0 | 0 | 0 | 0 |
| 3- | 0 | 0 | 0 | 0 | 0 |
| 2- | 0 | 0 | 0 | 0 | 0 |
| 1- | 0 | 0 | 0 | 0 | 1 |
| 0- | 1 | 2 | 0 | 0 | 1 |
| **TOTAL** | **1** | **3** | **0** | **3** | **5** |

Figure 42.3 Number of deaths caused by Pneumococcal meningitis by age

2006: another study[60] confirmed the antibiotic/asthma finding, saying, *"Early use of antibiotics has been implicated because the drugs kill good bacteria in the gut, which may, in turn, weaken the immune system."*

2006: A study[61] confirms that antibiotics are futile against persistent ear

60 Boyles, S. 2006. "Early Antibiotics May Raise Asthma Risk." *Medscape,* March 13. http://www.medscape.com/viewarticle/527585. Accessed on 27 December 2007.

61 Pearson, H. 2006. "Bulky biofilms found in kids' ears." *Nature,* July 11, printed off on 18 July. URL currently showing code errors: http://www.nature.com/news/2006/060710/pf/060710-6_pf.html. Study reference: Stoodley L.J. et al. 2006. *J Am Med Assoc,* 296: 202–11.

infections, quoting Dr Joseph Kerschner as saying, "We've got to start thinking about ear infection in a different way." Garth Ehrlich was quoted as saying, *"treating acute infections with antibiotics could encourage the survival of hardy microbes. It may push them to adopt a biofilm mode."* The authors were looking at the possibility that *"probiotic therapy could inoculate the nose and ear with healthy bacteria to keep malicious ones from gaining a foothold."*

What a pity people hadn't listened to Erdem Cantekin a decade earlier.

2006: Another study[62] showed that a very serious form of pneumonia called pneumococcal parapneumonic empyema has become more common following the use of Prevnar®. A Pubmed search found similar findings in Spain[63] where, *"The incidence of empyema increased from 1.7 to 8.5/100,000."*

You can be sure that what we are hearing and reading is only the tip of the iceberg.

2007: New Zealanders woke up to be told[64] that from 1 January 2007, all babies would be eligible for free Prevenar® vaccine. The Auckland University Immunization Advisory Centre used data from New Zealand and overseas and provided that to the *New Zealand Herald*, so the article stated, *"around 150 New Zealand children under 5 suffer invasive pneumococcal disease each year. Of them, about 10 would die, and meningitis would cause 13 to 26 cases of permanent serious disability, like brain damage or deafness."*

All of which goes to show that, when actual statistics do not suit a campaign to ramp up fear, the medical profession will create its own, to suit its own purposes.

2007: Canadian media bravely pointed out that just taking a single course of an antibiotic would result in high levels of antibiotic resistance, which lasted for at least half a year, and spread to other members of the family.[65] *"'We were pretty staggered by these data,' said Goossens, a microbiologist at the University of Antwerp, in Belgium. 'We never expected this.' Goossens said the findings suggest that even after a single – and short – course of antibiotics, a person could spread resistant strains of bacteria to close contacts within a household or a hospital for months."*

Which proves what many of us have contended for a long time; that the theory

62 Byington, C.L. 2006. "Impact of the pneumococcal conjugate vaccine on pneumococcal parapneumonic empyema." *Pediatr Infect Dis J*, 25(3): 250–4, March. PMID: 16511389.

63 Calbo, E. 2006. "Invasive pneumococcal disease among children in a health district of Barcelona: early impact of pneumococcal conjugate vaccine." *Clin Microbiol Infect*, 12(9): 867–72, September. PMID: 16882291.

64 Johnston, M. 2007. "Free vaccines against bug for all babies next year." *New Zealand Herald*, May 7, p. A5. http://www.nzherald.co.nz/topic/story.cfm?c_id=461&objectid=10438217. Accessed on 29 December 2007.

65 Canadian Press. 2007. "Antibiotic resistant bugs found in the mouth 6 months after antibiotic use: study." *Canadian Broadcasting Corporation*, February 9. http://www.cbc.ca/health/story/2007/02/09/antibiotic-resistance.html. Accessed on 27 December 2007.

which states that taking the whole course will prevent antibiotic resistance, is a nonsense. That is assumed, not proven, on the basis that the whole course will wipe out everything in the body. The problem is, what you are carrying, your family and community will also have, so even while you are taking antibiotics, you will be re-colonized from others. It's not possible to have a 100% kill rate from antibiotics, and we don't live in sterile bubbles. Treated people spreading resistant bacteria adds insult to an incorrect assumption.

2007: Parents in USA woke up to be told[66] that the Prevnar® shot may be boosting ear-infection germs, but with the usual caveat of what a marvellous job Prevnar® had done. Naturally, and as was pointed out, *"Prevnar was hailed as a breakthrough. It is used in dozens of countries and had sales of more than $1.5 billion last year. Prevnar, however is losing its punch because strains not covered by the vaccine are filling the biological niche that the vaccine strains used to occupy, and they are causing disease."*

2007: Australian readers woke[67] to find that an Australian doctor had written an article in the Medical Journal of Australia. The article said: *"What if banishing one set of bugs provides a golden opportunity for others to set up shop in the body? What if bacteria that are only occasionally deadly serve an as yet unrecognized but beneficial function? How will we provide boosters if the protection vaccines afford turns out to diminish over time? If childhood diseases are deferred to adulthood, will they be more severe?*

*Mahomed Patel believes so little is known about the natural balance of microbes in the nose and throat that vaccines against bugs that reside there "must be regarded as an experiment in restructuring the local bacterial population".*

*Bacteria in the gut are known to be important for immunity and digestive health, says Patel, an epidemiologist at the Australian National University. "We don't understand the microbiology of the throat at all. My guess is that they must be doing us some good … we're knocking out some bugs which relatively infrequently cause disease."*

*Many people carry meningococcal bacteria, for example, benignly in their throats. Only in about one in 100,000 does the bug invade the blood or brain to become a life-threatening infection."*

2007: Herald readers woke up to read[68] that the 2005 estimates of nutritional deficiencies in New Zealand children were twice as bad as American, Australian and European children. Iron deficiency in children aged between six and 23

66 AP, 2007. "Shot may be boosting ear-infection germs." *MSNBC.com.* http://www.msnbc.msn.com/id/20825107/. Accessed on 27 December 2007.

67 Robotham, J. 2007. "The sting in the needle." *Sydney Morning Herald.* March 29. http://www.smh.com.au/news/science/the-sting-in-the-needle/2007/03/28/1174761570863.html?page=fullpage. Accessed on 27 December 2007.

68 Watson, L. 2007. "Kiwi toddlers being robbed of essential iron rations." *Sunday Star Times,* 29 July. A8.

months was found in 20% of Maori children, 16% of Pacific children and 7% of European children.

Where you have iron deficiencies you will have other deficiencies as well, A fact which might go some way towards explaining the excess of serious infections in Maori and Pacific Island children

2007, October: American readers woke to find[69] that ***staphylococcus aureus*** superbugs were causing an ***"overall incidence rate [of] about 32 invasive infections per 100,000 people. That's an "astounding" figure, said an editorial in Wednesday's Journal of the American Medical Association, which published the study."***

Why are they surprised, after seven years of using Prevnar®, which they said had reduced carriage throughout the community of a bacteria keeping out ***staphylococcus aureus?*** I did a little experiment. I went to the USA CDC website and went through all the yearly reports on all the types of meningitis,[70] and found to my astonishment that the TOTAL number of cases and deaths resulting from meningitis, under the age of two, had risen, just slightly. But a rise, none-the-less.

Which could have been predicted from a 2006 article[71] looking at hospitalizations for bacterial meningitis, which showed that while Pneumococcal types were reducing, admission for bacteremia causes of any kind in all ages, were increasing[72] (with a slight reduction in the under fours) and while pneumococcal bacteremia for all ages decreased 72%, bacterial meningitis overall showed very little impact [73]. No attempt is made to ask why this might be, because the end-point of the article was only to talk about Prevnar, not the bigger picture.

***Closing thought: Prevenar®, buying us time for what?***

The treatment[74] of s pneumoniae ear infections, ***"with antibiotics, although common, is largely ineffective and is believed to be one of the major evolutionary drivers in the development of antibiotic-resistant s pneumoniae."***

Did S pneumoniae increase in prevalence because of the previous use of the Hib vaccine, in combination with antibiotic resistance to Haemophilus influenzae type B infections, thereby opening up an ecological niche for s pneumonaie to take its

69 Associated Press 2004. "Superbug Deaths could surpass AIDS, drug resistant germs become more common, government report finds." http://www.msnbc.msn.com/id/21326497/

70 CDC Annual reports: http://www.cdc.gov/ncidod/dbmd/abcs/survreports.htm

71 Shah S.S. et al, 2006. "Trends in invasive pneumococcal disease-associated hospitalizations." *Clin Infect Dis.,* 2006 Jan 1; 42(1): e1-5. Epub 2005 Nov 23. PMID: 16323082. http://www.journals.uchicago.edu/doi/pdf/10.1086/498745

72 Ref above, Shah S.S. et al, 2006. Figure 1. http://www.journals.uchicago.edu/action/showFullPopup?doi=10.1086%2F498745&id=fg1

73 Ref above, Shah S.S. et al, 2006. Table 2. http://www.journals.uchicago.edu/action/showFullPopup?doi=10.1086%2F498745&id=tb2

74 Shen, K. et al. 2006. "Characterization, distribution, and Expression of Novel Genes among Eight Clinical Isolates of Streptococcus Pneumoniae." *Infect Immun,* 74(1): 321–30, January. PMID: 16368987. Page 322.

place? In my opinion … yes. Prevenar® will do the same thing, because the vaccine prevents bacterial carriage, and therefore is a vast ecological experiment:

*"By targeting a small subset of serotypes, we*[75] *have begun a vast ecological experiment. In short, we have created a vacant niche, which may be filled by pneumococcal serotypes not included in PCV7 … although new conjugate vaccines are in development that will incorporate additional serotypes … this is no long-term solution. It addresses the immediate problem with another ecological experiment. But it will buy us time to develop a vaccine based on an antigen (or antigens) common to all serotypes … what seems certain is that the post-vaccine era will be an interesting one."*

How interesting might that be? It seems that staphylococcus pneumoniae carriage[76] prevents a more serious bacteria called *staphylococcus aureus* from colonizing throats.

*"Our study suggests a protective role of s pneumoniae carriage against s aureus."* [77]

*Staphylococcus aureus* ear infections have increased[78] following the use of Prevnar®. If you have increased otitis media, it is logical than you will also have increases in clinical systemic diseases from the same organism.

Problem. Most effective method of preventing staph aureus carriage in patients at risk[79] was the use of mupirocin, or *Bactroban.*

Bigger problem. In New Zealand, *"methicillin-resistant, if not generally multi-resistant s aureus are prominent. We have one of the highest rates of mupirocin (Bactroban) resistance documented in the world."*[80]

Where to from here?

Who knows?

All this has happened because the medical profession insisted on using antibiotics like water. Then vaccines were used, which shifted the problem onto different organisms, because both antibiotics and vaccines create vacuums that present welcome niches for something worse to come along and make a home.

Which is like creating a Russian roulette game akin to "passing the parcel."

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75 Hanage, W.P. 2007. "Serotype replacement in invasive pneumococcal disease: where do we go from here?" *J Infect Dis,* 196(9): 1282–4, November 1. *Epub 2007,* October 4. PMID: 17922390.

76 Brogden, K.A. et al. 2005. "Human polymicrobial infections." *Lancet,* 365(9455): 253–5, January 15–21. PMID:15652608.

77 Regev-Yochay, G. et al. 2004. "Association between carriage of Streptococcus pneumoniae and *Staphylococcus aureus* in children." *JAMA,* 292(6): 716–20, August 11. PMID: 15304469.

78 Bogaert, D. et al. 2004. "Colonization by Streptococcus pneumoniae and *Staphylococcus aureus* in healthy children." *Lancet,* 363(9424): 1871–2, June 5. PMID 14183627.

79 Lederer, S.R. et al. 2007. "Nasal carriage of methicillin resistant *Staphylococcus aureus*: the prevalence, patients at risk and the effects of elimination on outcomes among outclinic haemodialysis patients." *Eur J Med Res,* 12(7): 284–8, July 26. PMID: 17933699.

80 Ellis-Peglar, R.B., 1999. "Antimicrobial resistance – can we, should we do anything about it?" *NZ Med J,* 112 (1096): 349–51, September 24. PMID: 10587051.

# 43 Wow! It's Quite a List!

*"Phillip! What's happened? You look a new man!"*

*Those were the words that greeted Phil Anthony when he, Trusta and Eccles arrived in Lulling Sounds from Green Island.*

*Donna Zopend's observation was very accurate. During his time with the Abrahamsons, the soul-searching he had been through had demolished so many deeply entrenched mindsets. He was now a radically changed person. He knew what he was going to do, and why. The vision he had had during his earlier years had been replaced with a new one, and he would pursue it with conviction and vigour that would not be shaken.*

*Donna had not wasted time while she had been waiting for another interview with Phillip. She had written down much from his own lips, but she wanted to find out how the rest of the world viewed him. The Internet revealed that he was a man of international repute. His qualifications and achievements were impressive. He was a news-worthy subject. Donna had many media contacts at regional, national and international levels and she sounded them out regarding some articles she would soon have available. Were they interested? Without exception the response had been very enthusiastic. Quietly she made her preparations. No sensational press for her. Reputable journals, magazines and newspapers were selected. There would be no single almighty explosion. The noise of detonations might be muted, but she had no doubt about the efficacy of the ripple-natured shock waves emanating from the time bombs strategically placed.*

*The Zopend's house was always a home away from home for the Hunters. That evening there was a lot of catching-up to do, and the storm clouds topic featured in their discussions. The following morning, Donna and Phillip got down to business. Whereas in their first session, Phil had been somewhat hesitant in telling his story,*

this time he verbalized his thinking with great clarity, and the fact that Donna was able to empathize with him, made her task so much easier.

"Thank you Phillip. That was… was… so inspiring. Just great. And I'm so glad that you **know** what you're talking about and you're going to walk that talk. You and Trusta could well galvanize others to do the same. I'm not sure that your friend at Q-4 Health will want to associate with you any more!"

Phil smiled mischievously. "I've been thinking about going to see him again, to offer to do a lecture for him and to ask him what generous supply arrangements he was prepared to offer me!"

★ ★ ★ ★

Donna looked over her notes for the umpteenth time. There was a wonderful human-interest story here, but for the moment she concentrated on the direct statements Phillip had made and which he was determined to stand by. It was quite a list:

* I was trained as a doctor of medicine extending my basic training to various specialties whenever the opportunity arose.
* I do not deny that certain medical skills need to be available to people who can't get help from any other source.
* During my years working in the medical system I became increasingly aware that:
  1. Medical ignorance is rife among many doctors.
  2. Medical students are often given information that is really misinformation and unless discovered and corrected, patients' lives are at risk.
  3. "New" information is constantly being brought to doctors' attention but this does not mean it is being used safely or wisely.
  4. There are too many invasive procedures.
  5. The medical system instils mindsets which doctors so often seem reluctant to question. They cause them to be blind to what should be obvious, logical and plain common sense.
* One of my main concerns is the dependence of the medical system on the pharmaceutical companies. I consider that the use of unnatural chemical-based drugs rather than natural substances wherever possible, is indicative of man's so-called cleverness wanting to play God.
* I am disgusted by the huge sums of money that drug companies spend on

*perks, handouts, financial benefits, bonuses, rewards and other incentive schemes directed at doctors and their practices.*

* *Adverse Drug Reactions (ADR) are extremely high. I regard the statistics as horrifying.*
* *There is a tremendous need to balance the risks associated with medical procedures against the benefits for patients receiving them.*
* *Cover-ups in hospitals are far too common and generally remain buried in the records, if recorded at all.*
* *I am convinced huge sums of money are wasted providing ambulance services at the bottom of the cliff rather than effective prevention measures at the top. The old saying, "Prevention is better than the cure" is still true and should be a planning priority.*
* *The competition that exists between drug companies, so essential for their survival, creates a juggernaut which cannot be stopped. As it ploughs relentlessly ahead, it claims many human sacrifices.*
* *Vaccines are a good example. Dozens more of these are in the pipeline and the human body will continue to have these substances pumped into it. I am convinced that this has opened up a Pandora's Box which is causing many unexpected and undesirable consequences, thus testing the arrogance of human ingenuity to solve by subjecting the body to more so-called "new" discoveries and "wonderful" breakthroughs. I call it "manufactured abuse". I will no longer vaccinate anyone, and consider that mandatory vaccinations are wrong. The vested interests associated with pharmaceutical companies are continually influencing political policies and decisions and this has flow-on effects in humanitarian programmes. In my past philanthropical work I have seen the ridiculous over-vaccination programmes that take place in some countries like India, when money could be far better spent in providing more practical assistance. Secret deals which are politically motivated often create conditions that can aggravate, rather than solve the "problems".*
* *Apart from causing confusion, a common ploy to convince the public a vaccine is needed, is to provide inaccurate statistics and fear engendering predictions.*
* *I have been sickened by the lengths to which powerful vested interests will go to eliminate who and what they don't like – ridicule; discrediting, or removing*

*"the voice" even by foul means; financial ruin; misrepresentation; information selectivity; threats and other intimidatory methods; and of course, fear tactics. I have seen them all.*

* *The present attempts to gain control over the natural therapies industry by pharmaceutical and medical interests would help eliminate competition. This drive is coupled with Governmental policies that fit in with trade agreements, safety concerns and standardizing regulations.*
* *In the new direction I have chosen to take, I shall offer my medical skills where appropriate and according to my conscience. I shall respect my "patients" wishes to use non-invasive, natural alternatives and support them in this as much as I can.*
* *I shall encourage everyone to take more responsibility for their own health (including the family unit) by offering realistic, practical assistance whenever possible.*
* *I shall try to keep people out of hospitals, which someone has described as "sickness factories".*
* *I shall be actively involved in the research and development of new natural products.*
* *I shall speak out against practices within the medical system, and the vested-interests which advise them, so that they can be exposed to public scrutiny.*
* *I shall expose the ulterior motives driving political agendas whenever I can.*

*"Wow!" murmured Donna. "You certainly won't be top of the pops when certain people read this. But you won't be alone."*

★ ★ ★ ★

*Donna's articles were sent to the selected publications and appeared under various headlines such as:*

FROM BURN-OUT TO BEING ON-FIRE.

PHIL ANTHONY'S AGONY OVER.

SURE TO TOUCH RAW NERVES.

THE BEGINNING OF A NEW BREED?

CHAMPIONING NEW CAUSES.

HOW LONG CAN A DOCTOR BE A DOCTOR?

*Eccles, Trusta and Phillip returned to Fall City to await any developments – the lull before the storm.*

# 44 Rotavirus Vaccine: "The Big Bad Bug"

"How odd," I said to Peter, while looking at a box which had mysteriously appeared in my letter box. It was a pale blue teal colour, and on the outside were the words, "The Big Bad Bug Box".

Inside the box, apart from the book you see on page 246, were an introductory letter for Rotarix® vaccine, priced order forms, a pen, pad, fridge magnet and data sheets.

Enquiries revealed that that week, a copy of this little box had been delivered to every doctor in the local area, personally. That's some expenditure, taken over the whole of the country, but probably doesn't make a dent on receipts[1] which were expected to be $1.3 billion US by 2012. Rotarix® is one of the new vaccines that pro-vaccine doctors want to add to the national schedule as soon as possible.

If you are my age, your parents wouldn't have heard of rotavirus, because they didn't pin down the virus under an electron microscope until 1973. All you need to know about rotavirus, written by the person[2] who pinned it down, is available on Google books.

But just so you get a feel, here are the main points. Rotavirus is a reoviridae virus. Rota means wheel, and it has an inside core which is a double-stranded RNA virus, which in turn nestles inside an inner core shell and an outer capsid shell with spikes on. Incomplete particles without an outer shell are commonplace in stools, and only the complete double-shelled intact virus is infectious.

Rotavirus is found in all mammals including those living with humans. Rotavirus hasn't been known to cause infections across the species, but early vaccine trials

1 Dixon, K. 2008. "Pneumonia deaths seen with Glaxo vaccine: FDA." *Reuters*, February 15. http://www.reuters.com/article/healthNews/idUSWAT00892520080215

2 Bishop, R.F. 1994. Chapter 6 in Kapikian, A.Z. (ed.) *Viral Infections of the Gastrointestinal Tract*, 2nd ed. Marcel Dekker, USA. ISBN 0 824788 605. (Much of the basic information given here was gleaned from this book.)

using cow/monkey types caused new infections in the human trial participants, and human G8 rotaviruses[3] may have also been derived from an early rotavirus vaccine used in Finland. Cross-species infection could be more than theoretically possible.

Since the second-generation rotavirus vaccines have come out, I've read blog columns and stories all over the internet telling how oral rotavirus vaccine given to a baby is fairly rapidly followed by diarrhoea and vomiting in family members living in the same house. Not surprising, when Rotarix® trials showed very high rates of viral shedding after the first dose.[4] But strange, when you realise most people are naturally immune by toddlerhood. However, transmission to other household members was not studied in any trial.

Rotavirus is a tough little bug which survives well on unwashed hands and surfaces, in tap water and sewage. Rotavirus is thought to multiply and infect in the upper reaches of the small intestine. The incubation period is thought to be 24–48 hours in children, and up to three days in adults. Rotaviral infections start at birth, are usually asymptomatic with no, or mild symptoms, and usually silent, sequential infections occur throughout a person's life. Rotavirus are normal commensals within most people, throughout most communities worldwide, though the various virus types will swap and change, as happens in the case of most potentially infectious agents. In temperate climate zones, the infectious peaks are in the winter, while in tropical countries, infections occur all year round.

Healthy babies are born with maternal antibodies via cord blood, providing the cord hasn't been clamped immediately, and colostrum and breast milk are rich suppliers of antibodies which offer 74% protection[5] against moderate to severe rotavirus diarrhoea. Newborns respond both mucosally and in the blood with both IgM[6] and IgA, but the response is primarily at the mucosal barrier, as you would expect.

Babies and children most at risk are: premie babies, especially babies in NICU units which do not encourage, and use, breast milk to the maximum extent possible. The longer the baby is in hospital, the more likely he or she is to get rotavirus. Children's wards are notorious for spreading rotavirus infections, with lack of hand washing being one of the main spreaders. Bottle-fed babies have no protection from rotavirus, once the maternal antibodies transferred at delivery, which have a half-life of around 28 days, have gone. Introduction of solids increases a baby's risk of infection. If you introduce a child with rotavirus into a day-care

3 Browning, G.F. 1992. "Human and bovine serotype G8 rotaviruses may be derived by reassortment." *Arch Virol*, 125(1–4):121–8. PMID: 1322648.

4 Kitsutani, P. 2008. "Rotarix™ (rotavirus vaccine, live, oral, monovalent) GlaxoSmithKline Biologicals" *FDA Briefing document*, February 20. See under "Shedding and Transmission". http://www.fda.gov/ohrms/dockets/ac/08/briefing/2008-4348b1-03.htm

5 St John, P. 1998. "Rotavirus protection in fully breast fed babies." *New Zealand Doctor*, April 15.

6 IgM and IgA are "acute" antibodies which are made during acute infections.

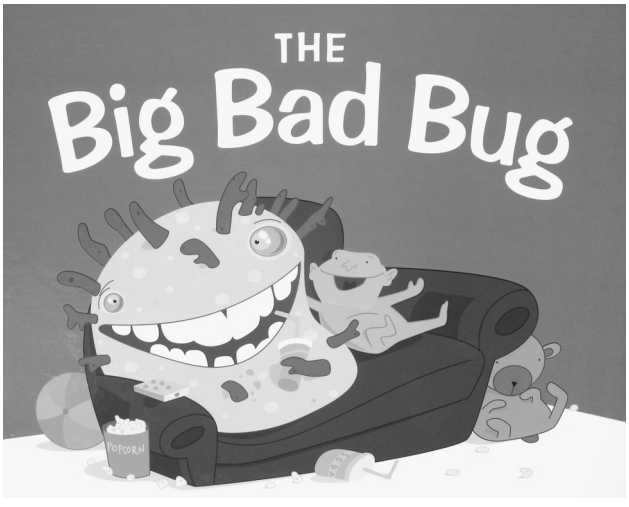


Figure 44.1 The Big Bad Bug book

centre of 100 children, half[7] the children will be infected within 20 minutes.

The majority of infections in infants have no symptoms at all, or the symptoms are mild at most. Actual episodes of diarrhoea in children are estimated to occur in 3–7% of cases. The symptoms of rotaviral infections are abrupt, with sudden high fever and dehydration and watery diarrhoea, but the symptoms are not distinguishable from those caused by other enteric pathogens. Severe diarrhoea is often accompanied by collapse. Treatment options are oral rehydration, as with most diarrhoeal infections.

Data from Starship, Middlemore, Waikato and Christchurch hospitals were analysed over the three-year period from 1994 to 1996. Of 4,436 admissions, 35% were attributed to rotavirus, numbering 1535 cases.[8] In the twenty-year period from 1974 to 1993, 138 children aged 0–4 years died from diarrhoeal disease in New Zealand, but the proportion of those deaths which were rotavirus isn't specified. The majority of deaths were in those under one year old. Oral hydration was the treatment of choice.

A more recent study[9] stated that rotaviruses result in 1 in 52 children under the age of three being hospitalized in New Zealand. Keith Grimwood also gave a

7 St John, P. 1998. "Rotavirus protection in fully breast fed babies." *New Zealand Doctor,* April 15.
8 Ardern-Holmes, S.L. et al. 1999. "Trends in hospitalization and mortality from rotavirus disease in New Zealand infants." *Pediatr Infect Dis J,* 18(7): 614–9, July. PMID: 10440437. Page 617.
9 Grimwood, K. et al. 2006. "Rotavirus hospitalization in New Zealand children under 3 years of age." *J Paediatr Child Health,* 42(4): 196–203, April. PMID: 16630321.

fascinating presentation[10] on rotavirus at a conference – it was fascinating more because of what it didn't say, than because of what it did. Slide 18 has a pyramid representing "estimated" annual rotaviral disease burden in New Zealand. Approximately 44,800 home cases, would lead to 11,200 GP visits, leading to 1,400 hospitalizations, leading to (?) one death. Keith Grimwood is an ardent advocate of the Rotarix® vaccine in the Big Bad Bug Box. He believes that the hospitalization burden has been underestimated.

Here are some facts that concerned parents should know:

* Breastfeeding is protective.
* Oral rehydration, and the "BRAT" diet. "Oral rehydration therapy is an inexpensive and effective[11] treatment for serious, dehydrating rotavirus diarrhoea." "BRAT" diet, is food which helps bring bowel motions back to normal: bananas, rice, apple and toast.
* Handwashing. It has been very noticeable to me, that many in today's society – including some in the medical profession – do not fully understand something called soap-and-water handwashing. Scented handwipes and alcohol rubs are given half a passing thought, but basic hand hygiene went out with Bertie Germ health posters in most schools. The impact of the sort of syllabus my husband taught in school is clearly seen in the tetanus graph Figure 20.1 in Chapter 20. For whatever reason, one of the social "side effects" of the "vaccines/drugs-will-fix-everything" mentality, is that parents assume their children are now 'safe' against everything. Because doctor-dependency has been the focus of both school education and health education, many parents have lost the skills involved to carry out some of the most basic methods of protecting a child's health.

Calling for a vaccine is nothing new. In 1997, Dr Diana Lennon started ramping up the media, no doubt to put the government on notice that a market was being created for a new vaccine, about to be launched, called RotaTeq®. The ten-year hiatus between then and now has been because RotaTeq® was taken off the market after being associated with increased levels of intussusception[12] in babies. If there's no vaccine, there's no need to talk about the disease in public.

However, the Big Bad Bug Box takes public pressure to new heights, because inside this box is a book which doctors were presumably supposed to put in their

10 Grimwood, K. 2006. "New Zealand Perspective on Rotavirus Disease." http://www.immune.org.nz/site_resources/Conferences%20Workshops/2006/Vaccine%20Symposium%202006/NZ_Perspective__Rotavirus.ppt. Accessed on 3 July 2007.

11 Keusch, G.T., 1997. "A vaccine against Rotavirus – When Is Too Much Too Much?" *N Engl J Med*, 337(17): 1228–9, October 23. PMID: 9337384. Page 1229.

12 Part of the intestines prolapse, in what can be a life-threatening condition.

waiting rooms, so that mothers could read it to their children, get scared and ask for the vaccine! The order form inside the box tells us that the cost to the doctor for each shot is $90.00. That's $180.00 for the course, per child. Do you know how much "oral rehydration" that would buy? Wouldn't it be possible, with that amount of money, for every parent to be taught oral rehydration, encouraged to breastfeed, and know how to treat all types of diarrhoea?

But let's look at this book in the Big Bad Bug Box, which, interestingly enough, doesn't identify an author. There isn't even a copyright symbol in it. It was produced, along with the box and its contents, by GlaxoSmithKline, manufacturer of Rotarix® vaccine. It tells the story of two families who lived next door to each other. Both families had two older children, Tom and Emma who played with each other, and both had new babies. When both mothers went together to see the doctor, with his white coat on and stethoscope dangling, they were told about rotavirus gastroenteritis. In a classic come-back the book reads,

> *'Gastro-what?' asked one mum. 'Never heard of it,' said the other. 'It's a big bad bug,' said the doctor. 'It's a highly infectious virus that can make babies very sick with diarrhoea, vomiting and dehydration. Most kids get it before they are three years old.'*

If most three-year-old have had Rotavirus, why did these mothers, who had older children at kindy, not know about it?

Tom's mother "chose" to vaccinate against rotavirus, and Emma's mother chose not to. Then one day, a year later, in true story form, rotavirus came home from kindy with Emma and Tom, neither of whom got rotavirus. Emma's mother and one-year-old baby got rotavirus, and the father had to stay home and look after the mother and baby. In true pro-vaccine propaganda 'whine', Emma's mother said to herself, 'I wish our baby had the rotavirus vaccine!"

The funniest thing is that even though the story says that the Big Bad Bug was in both houses, and even though the next-door neighbour's baby was vaccinated, and neither older children got rotavirus, the two older children weren't allowed to play together!

Why might that be? Was Emma considered a dirty, unvaccinated child? Exactly what was the problem? Tom's baby sister was vaccinated!!! The bug was in both houses. Tom didn't have it, Emma didn't get it … what a masterpiece of illogic. Only a vaccine manufacturer could come up with density like this.

Of course, Tom's mother said she was glad their baby had the vaccine because *their house* didn't smell of poos, and their father could go to work as normal, and of course, Emma's mum said to Tom's mum, 'I wish we had done the same for ours!'

So there you go. That was the GlaxoSmithKline spiel which is supposed to be

left in all surgeries for parents to read to the child, and for everyone to be convinced that if you don't vaccinate your child, the Big Bad Bug will come to your house and make you all very miserable.

Like Grimwood, GlaxoSmithKline doesn't appear to be interested in educating parents about the protection derived from breastfeeding, the risks of kindy and day care, how to wash hands, teach children basic health care. Treatment of diarrhoea with "BRAT diet" or in cases of severe dehydration, "oral hydration" isn't mentioned either.

But then, this book is all about selling a vaccine, not educating people.

Should New Zealand decide to use this vaccine nationwide, it will cost the taxpayer round about $10,800,000 every year, just for the vaccine. That total doesn't include the organization, new paperwork, doctors' visit subsidies and everything else that goes along with that.

However on the debit side, Rotarix® vaccine appears to cause excess deaths from pneumonia, excess pneumonia/bronchitis infections, convulsions, and like the withdrawn RotaTeq® vaccine, Rotarix®[13] appears to have issues with Kawasaki Disease[14]. How the risk/cost/benefit analysis would pan out taking into account those variables, is anyone's guess.

After reading The Big Bad Bug book, mothers still won't know that rotavirus only accounts for about 40% of diarrhoea in children under three, the vaccine doesn't cover all types, and neither does it work all the time. Mothers still won't know that breastfeeding can protect against ***all*** diarrhoea, or what to do when diarrhoea visits older children in their house.

Our children never had rotavirus "diarrhoea" as babies, presumably because they got immunity. They were protected by antibodies from me, and also by a rotavirus-binding protein in breast milk, called lactadherin. Both Ian and David would have had serial infections as babies with no symptoms at all, which is how the majority of the world's children whose mothers breastfeed, develop natural immunity. We didn't know it then, but the medical literature[15] makes it clear that two "infections" with no symptoms in babies, is enough to protect them from moderate to severe diarrhoea.

While the BRAT diet (for older children with diarrhoea) is based on bananas, rice, apples and toast, you need to know a bit more than that. The apples need to be stewed or baked. The diet can also be extended and refined, with carrot soup and other foods added in, which also help return poo to normal.

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13 While Rotarix has an ® in New Zealand, in USA Rotarix has a ™.

14 Kitsutani, P. 2008. "Rotarix™ (rotavirus vaccine, live, oral, monovalent) GlaxoSmithKline Biologicals" *FDA Briefing document,* February 20. http://www.fda.gov/ohrms/dockets/ac/08/briefing/2008-4348b1-03.htm

15 Velázquez, F.R. 1996. "Rotavirus infections in infants as protection against subsequent infections." *N Engl J Med,* 335(14): 1022–8, October 3. PMID: 8793926.

When the children had any fevers we encouraged them to drink a lot. The children were used to it. It was the one and only time in their lives when they got a baby's bottle, for the simple reason that in those days, sport's drink bottles with pop-tops didn't exist.

Depending on the fever and the child's need, they usually preferred weak tea. Why, we don't know, because normally they didn't like it, but when they had fevers, weak tea is what they sometimes asked for. I had a more official "oral rehydration" recipe to make up, but never had to make it, because our children never got dehydrated. The recipe though, is pretty standard:

Mix first, 500 ml boiling water, and a scant ½ tsp salt (or ¼ tsp salt and ¼ tsp baking soda). The liquid should taste no saltier than tears. If it's saltier, add more water. Then add 1 tsp Billington's molasses sugar (for the potassium and other minerals, though you can use molasses), 3 tsps white sugar, juice of one orange (to improve the taste). If children don't like orange, then some apricot nectar or some other fruit juice can be substituted. Cool the mixture.

If you have ice in the freezer, you can reduce the amount of water to 400 ml, and tip the warm drink over the equivalent of 100 ml ice to cool.

Most of the time, the children were thirsty but not hungry. I'm a believer in not feeding a child who isn't hungry. But if they were hungry and it was winter, they would have pumpkin-and-carrot soup in a chicken-stock base, or mashed banana and stewed apple with home-made yoghurt, or guacamole and corn chips, which is a great way to get garlic into kids. I've always had a juicer, so carrot juice might come into play during infections, usually for me, not them! Sometimes they might have stewed fruit with semolina, tapioca or sago. Most of these dishes are also standard dishes useful for diarrhoea.

It's not just rotaviruses which cause diarrhoea. Adults who know these things, also know what to do with any serious diarrhoea, particularly if they are travelling, where you have to modify your methods. Given that probiotics have been found to be useful in preventing viral gastroenteritis,[16] another question should be asked, and that is whether children (or adults) who land up in hospital with rotaviral diarrhoea, have just completed a course of antibiotics, and had their gut flora trashed in the process, thus giving the rotavirus gaps to play in! Furthermore, since 1994, the use of probiotics in yoghurt[17] has been found to reduce both the incidence of rotaviral diarrhoea, and shedding of rotavirus in hospitals. There have

16 Arvola, T. et al. 1999. "Prophylactic Lactobacillus GG Reduces Antibiotic-Associated Diarrhea in Children With Respiratory Infections: A Randomized Study." *Pediatrics,* 104(5): e64, November. PMID: 10545590. http://pediatrics.aappublications.org/cgi/content/full/104/5/e64

17 Saavedra, JM. et al. 1994. "Feeding of Bifidobacterium bifidum and Streptococcus thermophilus to infants in hospital for prevention of diarrhoea and shedding of rotavirus." *Lancet,* 344(8929):1046–9, October 15. PMID: 7934445.

been many studies[18] since then, which prove this time and again. So why not talk to parents about making sure their children's gut flora is properly intact, and the use of probiotics in the prevention and treatment of rotavirus? Because researchers are still obsessing over HOW probiotics work, and WHAT the best formulation is. In the meantime, while they argue, Easiyo's Bio-life Yoghurt[19] will be just the ticket for me!

In a hotel, you might have to just use white sugar and salt. But as adults, there is another means available to you. If you are travelling in countries where there may be diarrhoeal pathogens you've not been exposed to, a fingernail-sized piece of garlic and chilli ground to a paste in a mortar and pestle is one of the best preventatives out. Travellers should eat garlic at every opportunity, and obey all the common-sense rules. You might still get diarrhoea anyway, but dealing with it, is very basic stuff. That is, if you have been educated in the basic rules of hygiene and how to deal with diarrhoea, fevers and normal infections. If you are to be travelling overseas for a long time, taking your Easiyo maker, and some packets, isn't a silly idea either. All you need then, is boiled water.

Remember those 138 deaths over 20 years in New Zealand, from rotavirus, mostly under 12 months old?

Most if not all of those deaths could have been prevented without a vaccine. All it needed was mothers[20] knowing how to treat diarrhoea, and how to prevent it by breastfeeding for as long as possible.

So why don't mothers know that?

In my dreams, in the far-distant future, a decades' long, longitudinal, randomised, double-blinded, something-or-other study, might be published which gives grandchildren permission to believe that old wives' tales about breastfeeding, avoiding antibiotics, using probiotics, BRAT diets, hand washing, etc., were right after all.

18 Chermesh, I. et al. 2006. "Probiotics and the gastrointestinal tract: where are we in 2005?" *World J Gastroenterol,* 12(6): 853–7, February 14. PMID: 16521211. Full version at: http://www.wjgnet.com/1007-9327/12/853.asp. Accessed on 2 January 2006.

19 www.easiyo.co.nz and look under probiotic yogurts. Plain, organic, boysenberry and nectarine flavours.

20 Do-it-yourself oral rehydration, with instructions on how to make what, how much to give, when. A good basic resource if you don't know about oral rehydration: http://rehydrate.org/ors/made_at_home.htm

# 45 Totally Predictable

*"The Boss" sat in his den and glowered at his computer screens. What had started out as bad, was now terrible. He began to rant, rave and rage.*

*E-mails were flicked off in all directions – especially to Wylie Fox at SIS (Systems Integrating Suspicions), Sir Pent-Athol Blackadder at HISS (Homeland Information Screening Services) and Hugh Mann, ISM (International Systems Manipulator). He insinuated that the reports he had received must be because they were failing in their duties.*

*Polly Tishan, Health of Minister, and Dick Tait, Minister of Conformity, Compliance and Control, faced a barrage of requests for information in Parliament. Their advisers had to dig deep to provide them with suitable waffley answers to some pretty sticky questions.*

*Dr Opin Yun in "The Bunker" was alerted on the hot line, to make sure that the required ratio of acceptable and official health promotional material, especially vaccination related, was maintained at all times. To keep up with the current crisis centred on Dr Phil Anthony, he had to hurriedly install more display-board space.*

*Q-4 Health's CEO, Dr Ignor Factz held some emergency staff meetings, and scheduled personal interviews with Hatch Cajolery and another of his senior scientists, Max Comfort. Strict instructions were given to Charma Foboff to ensure that Dr Phil Anthony was completely black listed.*

*The Fall City Truth's rebuttals to Donna's articles in other publications reflected U. Sing Lysaght's practised pen. The systems must be upheld at all costs.*

*In the Tattler Tatters, Lucy Furr's character assassination of Phillip Anthony left him in shreds.*

*Attempts to involve the police in some way, were unsuccessful. As far as they were concerned he was a law-abiding citizen exercising his right to freedom of speech*

*and to express his personal points of view. He had not committed any crime that they were aware of.*

*Since Phil Anthony's arrival in Fall City, with the exception of his contact with Ignor Factz, all his time had been spent with D'Different Ones. Some photos of him began to appear in the media, but they were file copies from earlier days, and very few people would have recognized him from them.*

*Every attempt from the media to make contact with him failed. D'Different Ones were not talking, and Phillip, at the Abrahamson's suggestion, was back on Green Island.*

*There was a great deal of positive response from the public however. Large numbers of letters to the editor were published in various newspapers, and many calls on talk-back radio, were supportive of the stand Dr Anthony had taken. A frequently asked question was, "Is this a new breed of doctor we will be able to consult?"*

* * * *

*Wylie Fox was at a loss as to how to proceed after "The Boss's" e-mail. He had learnt from bitter experience that it is not always easy to integrate suspicions. Connecting links often have to be forged but even then they don't necessarily fall neatly into place. He had a very strong suspicion that Phil Anthony would be on Green Island, but after his own failed attempt, the debacle with Sweetie Spiel, and Modus Operandi being made to look like a fool, Mr Fox had to confess that he was not the right operative for this job. So with his "brush" between his legs, he handed the assignment over to Hugh Mann who backed away from doing anything at a local level. He would wait for any further developments. His expertise was at an international level. Working with contacts within powerful organizations and vested interests, he found a readiness to disassociate themselves from Dr Anthony's comments and his apparent change of heart. Hugh Mann was a very skilful manipulator and when he had finished carrying out his mission, he knew that the Doctor (if that's what he still was) would receive no help from past associations. Q-4 Health's blacklisting would spread right across the board. Open doors from the past, would be firmly shut in his face from now on. Hopefully, this might also extend to other countries' borders.*

*Hugh Mann updated the SIS and HISS computers.*

*Leaning forward, he picked up the phone and arranged an immediate conference*

call to Polly Tishan and Dick Tait. After explaining everything that he had done, he said, "Right now, I suggest the first thing you two do, is flush out any potential sleepers from the medical system. Get onto OSH (Occupational Safety and Health) and draft a resolution that combines two things. That there is a duty to "patients" to be protected from staff who have not had all their vaccine boosters, and any new ones in the adult schedule, and that personal right of choice therefore, is no longer allowed for medical students of any kind, laboratory workers, nurses, doctors, specialists, and even hospital cleaners and kitchen staff. Anyone working in the medical system should be vaccinated up to the hilt and if they don't like that, then they lose their jobs.

"Oh, and by the way, I think that should apply to parliamentarians too, don't you? After all, you can't be a health hazard to your constituents when they come to see you in your offices! Remember governmental policies have to be upheld and 'global warming' has led to a rise in infectious diseases!"

Dick Tait was not impressed with the latter part of the suggestion. He was quite happy to make others do something, but when it threatened his own comfort zone and forced him to do what **he** didn't want to do, that was another matter!

Not knowing whether his suggestions would be heeded, Hugh Mann prepared his obligatory report to "The Boss", recommending that the political solutions he had proposed could be advanced at all levels using devious age-old strategies based on world systems, using such things as organizational controls including treaties, declarations, ratifications, sanctions and conventions, all the forte of "The Boss".

Hugh Mann didn't consider it wise to express his reservations relating to D'Different Ones. Their numbers were increasing and their influence had to be taken seriously. They were exposing systems. That could not be tolerated. The threat had to be neutralized, but what more could he do? The next e-mail from "The Boss" would tell him in no uncertain terms!

# 46 Fever: When Will They Ever Learn?

*"Fever is generally considered harmful by physicians and is treated with antipyretics as it may lead to febrile seizures, stupor, dehydration, increased breathing, discomfort and tachycardia. It is a common practice to treat even low-grade fevers of 101° to 102°F with antipyretics. Home use of antipyretics upon the first signs of fever is also common. These behaviors have lead to the ubiquitous use of aspirin, acetaminophen, nimesulide, and ibuprofen which control temperature by inhibiting prostaglandin synthesis in the hypothalamus."*[1]

Paracetamol (or, acetaminophen, or Tylenol to Americans) was first used in medicine in 1893, but only became a commonly used drug in 1949.[2] Until 1971, no one had a clue how it worked, but that didn't matter. Doctors didn't seem to think that was important. Fever was "dangerous" so you stamped it out at all costs. Since 1972, scientists have been gradually starting to unravel some of the ways paracetamol suppresses various pathways in the brain and in the body, but as of 2008, their knowledge is incomplete, and part of the reason for that is that these same researchers still don't understand all the gears the body goes through to produce a fever, or why each gear is important, or the reason for the body getting into immune-system cruise as a result of fever. Most of these researchers just don't understand that fever is there as a beneficial adaptive response. When you don't know something as basic as that, but are intent on simply suppressing

1 Torres, A.R. 2003 "Is fever suppression involved in the etiology of autism and neurodevelopmental disorders?" *BMC Pediatr,* 3: 9, September 2. Epub 2003, September 2. Review. PMID: 12952554.

2 Davies N.M. 2004. "Cyclooxygenase-3: axiom, dogma, anomaly, enigma or splice error? – not as easy as 1, 2, 3." *J Pharm Pharmaceut Sci* (www.ualberta.ca/~csps) 7(2): 217–26. http://www.ualberta.ca/~csps/JPPS7(2)/N.Davies/cyclooxygenase-3.htm. Accessed 5 December 2007.

it because it can be done, you can be sure you are asking for trouble somewhere down the line.

In the late 1990s I was invited to participate in an afternoon's presentation at an Auckland medical education facility, ostensibly to speak about vaccination. My talk was sandwiched in between those of two other speakers, so to reduce any disruption of student concentration I was invited to attend the whole afternoon. The room had chairs and tables in a horseshoe shape, and I was seated near the rounded top of the Ω hump, so to speak. The tutor was next to a whiteboard, by the two "heels". Within 15 minutes I decided I wasn't going to speak about vaccination only, because as the tutor's presentation progressed, I got angrier and angrier. How could paediatric staff be taught unscientific opinion?!

Come my turn, I said that I had some grave concerns about the accuracy of some of the "opinions" expressed by the previous speaker. The word opinion was used since I saw no references or "facts" put up on the whiteboard. This person was purely talking off the top of their head. Without sparing anyone's feelings or reputation, I launched into a literary review of the FACTS indicating that FEVER has a crucial role in fighting infections, and then into another literary review, showing paracetamol to be dangerous when suppressing a temperature. The article I started with was a 1995 medical article,[3] the conclusion of which says:

> *There is little evidence to support the use of paracetamol to treat fever in patients without heart or lung disease, or to prevent febrile convulsions. Indeed, paracetamol may decrease the antibody response to infection, and increase morbidity and mortality in severe infection. It should be explained to parents that fever is usually a helpful response to infection, and that paracetamol should be used to reduce discomfort, but not to treat fever.*

The whiteboard rapidly filled with facts from this article, and other articles, showing that the use of paracetamol as an infection temperature reducer was not only unscientific, but highly dangerous, because, as intensive care unit specialist, Dr Shann, said:

> *Immunity: Too many parents and health workers think that infection is bad, infection causes fever, and that therefore fever is bad. In fact, fever is often a beneficial host response to infection, and moderate fever improves immunity.*

Shann had discussed mammalian studies which showed increased death rates for

3 Shann, F. 1995. "Paracetamol: use in children" *Australian Prescriber*, 18: 233–4. http://www.australianprescriber.com/magazine/18/2/33/5/

both virus and bacterial infections, increased viral shedding in flu patients, and reduced antibody levels when antipyretics were used. He then said that:

> ***Therefore, it may not be a good idea to give drugs that reduce temperature to patients with severe infection. This evidence suggests that aspirin and paracetamol increase mortality in severe infection, and that they may prolong the infection and reduce the antibody response in mild disease.***

By the time I'd finished, the board was covered with medical references, but as I looked around the room, it seemed as if the audience had shut off, in some mind-numbing, glazed-eyes "default" mode, which presumably said, "Listen to the teacher, not to some numbskull mother." So I quickly asked for questions. The first one was, *"What medical school did you go to?"* My reply was instant. *"Which medical articles on fever and infection have you read?"*

Looking through my 2007 telephone logbook, I have had about 12 conversations with people during the year, who were in hospital, and who were treated like scum by staff who thought they were criminally negligent because they didn't want their children treated with paracetamol for fever.

I had one conversation with an overseas mother whose child had been exposed to chickenpox and was taken to the doctor with a fever. The doctor thought it would be chickenpox, given the known exposure and time frame, and told the mother to treat with paracetamol. The doctor then had a brainwave, and gave this child an MMR shot because it would "save" the mother coming back in three weeks' time. The mother did as told, and for several days, the child's fever was treated as specified by the doctor. Not only did the child get chickenpox, but got measles as well, had seizures, and died.

In the child's post-mortem, neither the role of paracetamol, nor of MMR was considered relevant to the cause of death, which was specified as "chickenpox". I believe the role of both paracetamol and the MMR were very relevant as factors in this child's death, and that such a post mortem reveals the ignorance and contempt that many doctors have to this day, to the immunosuppressive role of fever reducers, or to any suggestion that a sick child should *never* be vaccinated.

When I settled down to read a 2007 article in Pediatrics,[4] these two parts of sentences leapt off the page:

4 Curran, L.K. 2007. "Behaviors Associated With Fever in Children With Autism Spectrum Disorders" *Pediatrics,* 6: 120: e1386–e1392, December (doi:10.1542/peds.2007-0360). Published online 2007, November 30. http://pediatrics.aappublications.org/cgi/content/full/120/6/e1386

*"Understanding the role of fever, if any …" and later, "… the functional significance of fever remains uncertain."*

In 2007, no one in the department of Neurology and Developmental Medicine in Maryland, or any of the people in the Department of Epidemiology and Biostatistics, Pennsylvania, had a clue about the role of fever in infection? Why is that?

Okay, they were looking at it in the context of autistic children. This study was undertaken because, *"In the past few decades, parents and clinicians have reported that behaviors of children with ASD*[5]*s tend to improve, sometimes dramatically, during febrile episodes."* The children's improvement subsided afterwards, but the question remains to be answered, "WHY?"

Here again, we have a wonderful example of what "proof" is. Proof is whatever the doctor says it is, until they are proven incorrect. When a parent says, *"My autistic child improved dramatically during fever",* it is anecdote. Even when clinicians agree, that knowledge is still "anecdote", and it takes *decades* before a study of individuals is done, to confirm what parents have known for a very long time.

When the same parent says, "My child had absolutely no problems before any vaccines, had this reaction, was never the same again, and here's the proof," the eyes of the medical profession glaze over.

The only useful response from this study was that, *"more research is needed to prove conclusively fever-specific effects and elucidate their underlying biological mechanisms …"*

However, I'm wondering if there's more to the 2007 article than meets the eye.

The premise of another autism study,[6] conducted in 2003, was that: *"The blockage of fever with antipyretics interferes with normal immunological development in the brain, leading to neurodevelopment disorders such as autism in certain genetically and immunologically disposed individuals."*

The article then goes on to say that *"The effects may occur in utero or at a very young age when the immune system is rapidly developing."* Antipyretics might lead to neurodevelopment disorders if given when the immune system is rapidly developing? What about vaccines?

Such statements allow blame to be placed back on the mother to take the focus off all the talk about autism and vaccines. What these studies should show people, is how little doctors actually know.

There is another interesting point in the discussion, and that's the fact that for once, someone has taken "anecdote" seriously, albeit just about a generation

5 ASDs = Autism Spectrum Disorders.

6 Torres, A.R. 2003. "Is fever suppression involved in the etiology of autism and neurodevelopmental disorders?" *BMC Pediatr,* 3: 9, September2. Epub 2003, September 2. Review. PMID: 12952554.

after the anecdotes were first told. Let me tell you some "anecdotes" from the days when parents were not paranoid about measles, and when some young wives and mothers knew how to dose measles with vitamin A, vitamin C and other treatments which doctors said didn't exist. We knew that contrary to vaccination-spin pamphlets, complications and deaths were very unlikely in healthy children treated correctly.

Like-minded parents used to get together and comment how, after measles, or even moderate fevers from other infections, children would make developmental milestone leaps, and it was not trickery of the imagination. This happened twice in our house. I have a habit of writing everything down, during and after infections, because I know it won't be remembered in days or years to come. Also, I liked Plunket nurses[7] and doctors to know what I'd written before they filled in the next gap, even if they did sigh and roll their eyes before writing in their own words of wisdom!

After our older son's bout of measles, he made leaps and bounds in language. His already good vocabulary suddenly increased in both numbers of words, and the fluency with which he strung them together. With our younger son, his development improvement was in a totally different area. He had been very clumsy and used to fall forwards a lot. After measles, not only did he stop falling over at all, but his overall co-ordination, including eye-hand co-ordination, was a lot less "random".

Our friends noticed similar things, but all of them shrugged and said, "That's just normal. All kids make strides of some sort after measles."

Our GP, on hearing this, laughed somewhat like a donkey's bray. Ten years later, I listened with interest, as an anthroposophical doctor talked about this phenomenon, and noted articles from anthroposophical medical journals on his table.

Is there something valid to these anecdotes from parents who saw their children's overall health improve after a decent fever?

What say it's not "just" autistic children who show temporary improvement during a fever? What if fever is a very powerful, positive neurodevelopmental tool required for all young children, which is needed to burn out (for the lack of a better term) "glitches" in the cranial system, or perhaps unknown epigenetic influences?

What say depriving children of infectious diseases, by using vaccines and using paracetamol for every other fever, is doing exactly the opposite to what the body needs, and is designed to do?

Why do doctors and hospitals make parents treat fever as if it's something bad, to be brought down immediately, and to be feared?

7 Plunket nurses in those days, came to the homes of babies for many weeks, and then after a few month, parents would take their babies to the Plunket rooms every month.

Looking through clear files full of medical articles on (ab)use of paracetamol for infectious fever, I am amazed to see the number of times, and in such a broad variety of clinical situations,[8] that this phrase comes up:

> *"Routine antipyretic therapy in children with infectious diseases has long been the source of controversy."*

Controversy? Where? I know of no mother who frequents a doctor's surgery who realizes there is any *controversy* around the use of paracetamol for infection. For decades now, a few medical people have had doubts, and made rumbling noises, but does their discontent achieve anything in reality? Is anyone researching what fever does in the body, not just in terms of infection outcome, but in the context of the overall health of children?

No. So, why is paracetamol even suggested?

The answer lies in some of the advertisements we have seen, and still see. For instance, the McNell Motrin advertisement used in American Newsweek in 2000,[9] told us that Motrin *"never surrenders"* and is *"For Moms who don't fool around with fever."*

In other words, to do nothing is fooling around, and fooling around equates to being a bad parent.

A recent advertisement[10] in New Zealand for paracetamol is a lot more subtle and takes the "intellectual pride" route. It says:

> *"I wouldn't put just anything in my body. That's why I always think twice about what I do. Some decisions are hard to make. But in the end, you've got to do what's right for you. Panadol. It's my choice."*

Which tells you nothing about Panadol®, but is pitched to make you think that if clever people who think twice, make the "choice" to take Panadol®, that would be the right thing for you to do as well. It's the old 'go with the (alleged) crowd' trick. Do readers think about the fact that they aren't told what those supposedly clever people even thought about in the first place?

Studies conducted overseas[11] and in New Zealand[12] have shown that children

8 Brandts C.H. 1997. "Effect of paracetamol on parasite clearance time in Plasmodium falciparum malaria." *Lancet,* 350(9079): 704–9, September 6. PMID: 9291905.

9 Newsweek pullout, sent to me from America. McNell ©McN-PPC, Inc. 2000.

10 Paracetamol advertisement by GlaxoSmithKline, *Sunday Star Times Magazine,* 2007, April 8.

11 Riece, K. et al. 2007. "A matched patient-sibling study on the usage of paracetamol and the subsequent development of allergy and asthma." *Pediatr Allergy Immunol,* 18(2): 128–34, March. PMID: 17338785.

12 Cohet C. et al. 2004. "Infections, medication use, and the prevalence of symptoms of asthma, rhinitis, and eczema in childhood." *J Epidemiol Community Health,* 58(10): 852–7, October. PMID: 15365112.

who were given paracetamol early in life have a 25% higher risk[13], of having asthma symptoms. Antibiotic use in infancy has been found to have the same association. It would seem logical to assume that both paracetamol and antibiotics have a negative impact on the immune system in the long term. What does paracetamol do in the immune system, during fever, or to the immune system afterwards? I can't find any answers in the medical literature.

It's vital that the fever/paracetamol/immune system issues are resolved, for the sake of both parents' and children's health.

No doubt until then, I will continue to be sent stories like this one from an overseas blogger who had finished reading Chapter 39 in our first book,[14] ***Just a Little Prick,*** and felt compelled to tell their story. He gave permission for me to publish their experience with fever.

> ***One morning when Savannah was barely one, while playing around with us in bed, she suddenly went slack and inert. Controlled panic ensued. I drove, in pyjamas and stockinged feet, at breakneck speed to get her to the hospital, about 8 minutes away. Several white-clad professionals immediately went to work on her. She was given some kind of fever-reducing injection (I probably don't want to know what it was). I think her fever had spiked to 105 °F or so. When I asked if this might cause brain damage, I was told that only an EEG could tell. So we subjected Savannah to the machine, with wires stuck to her scalp. She "turned out" to be just fine, for which "intelligence" we had to fork out aplenty. We were advised to bathe Savannah in water as cold as she could stand. We did. Next day, we took her to a pediatrician someone recommended.***
>
> ***He diagnosed Roseola.***
>
> ***He became visibly angry when we told him what we had been sprung for the EEG. Then he told us the truth. "Children are capable of withstanding temperature spikes like that with no damage. My hardest job is to convince parents to DO NOTHING when their children develop high fevers. They can handle it."***

How many doctors do you know, who would have told the parents that children can handle fever?

13 Massey University. 2004. "Paracetamol or antibiotic use early in life may increase the subsequent risk of asthma." September 16. http://masseynews.massey.ac.nz/2004/Press_Releases/09_16_04.htm. Accessed 6 December 2007.

14 *Just a Little Prick.* "The Fever-Pitch Bandwagon," p. 259.

# 47 The Jabbem Fairy Make-over

It had been a long and tiring day. The appointment book at the Fall City South Medical Centre had been full even before the odd emergency arose that had to be squeezed in somewhere. Dr. Will Prickmore's patience had been tested by a greater number of screaming babies receiving various vaccinations, and although Nurse Jabbem usually handled those brought in specifically for that purpose, today's appointments had involved quite a few young patients with complicated side-effects for him to deal with.

More and more parents were blaming these on previous inoculations. Reassuring mothers that this could not possibly be the case, took time, and for some strange reason, this seemed to unsettle the children left waiting for his well practised techniques to keep their immunization schedules up to date with minimum fuss and bother!

His last two patients had been a pleasant relief – an elderly couple requiring medical certificates to renew their driver licences. He didn't see very much of them as they kept very good health. In the past he had encouraged them to avail themselves of his professional services more regularly, but their reply had been, "We try to keep away from this place as much as possible, thank you." To his suggestion that they should have their 'flu shots, there had been an even more emphatic, "No thank you! We don't believe they would be good for our health. The facts and figures give us no confidence in such measures." And today he had had to listen to some very forthright views on the similarity between hypodermic needles and the methods by which poison is injected into victims by snakes and wasps! "To think that more and more vaccines are being pumped into little bodies – and older ones now, too – is terrible. No wonder many people are becoming more and more opposed to all these pricks. When is it going to end? There seems to be a never-ending list of new vaccines

*being developed. We're so pleased our grandchildren have never had any."*

*The doctor leaned back in his chair and stretched, breathing a sigh of relief. He closed his eyes while the clients of the day flashed through his mind.*

*Unconsciously he put his feet up on the desk. Realizing that such an action might be considered inappropriate he hastily returned to his normal sitting position.*

*"I think I'll give my friend Max, a ring," he said to himself. "It's time we got together again, and then I can pick his brains."*

* * * *

*In one of the private lounges within the Q-4 Health Pharmaceutical complex, Will Prickmore and Max Comfort relaxed and caught up on their latest doings, before Will elaborated on the reason for his phone call.*

*"So you can see Max, I'm frequently hearing from parents and patients that if more vaccines are to go into the schedules how are they going to be fitted in without creating resistance to the discomfort this causes every time a needle is stuck into them. All too often nowadays, I am regarded as a wasp about to sting, or a cobra about to strike!"*

*"I know exactly what you're saying Will, and I am responsible to the Company to come up with answers. Roulette Brewer is working on the need to combine vaccines as in MMR and DTaP-IPV – like mixing cocktails, you know – but how do you accommodate dozens, even hundreds of different vaccines! Some vaccines just have to be given by injection. My job is to find other means of delivery that are effective. Sprays and mists is one method but you have to be careful that other people are not exposed to droplet spread, who shouldn't be. This method is certainly open to abuse. Then there is the possibility of using "patches" on skin surfaces. Experiments have been conducted with delivery of vaccines via certain foods like bananas and tomatoes. There's a lot of money going into finding solutions to the problems that crop up in your practice and everyone else's. The vaccination programmes have long since reached the point of no return, but the body on the receiving end has to be considered. If we can remove any pain and other discomfort, then we will be able to change the whole way we promote vaccinations and increase the compliance rates. In the meantime your persuasive strategies – rewards, give-aways and even fear tactics – will have to be 're packaged'. Sorry I can't be of more help at the present."*

*Will gave a wry smile. "Like decorating the needles with butterflies, flowers and*

*smiley faces*[1]*! I read about the research that had been done. Perhaps my Nurse could become the lovely Jabbem fairy, or I could don my Spiderman outfit. The mind boggles!"*

*But Will Prickmore knew that he still had D'Different Ones to contend with. They could really needle his patience, something he could definitely do without!*

1 AP. 21/8/2006. "Study: Decorated needles calm patients" <http://www.msnbc.msn.com/id/14414901/> Accessed 11 March 2007

# 48 Bringing Chickenpox to the Boil

Avid readers of dramatic novels from yesteryear will recall stories from the days when fevered patients were watched over by family, and the oldies in the group just "knew" that a proper fever would "break" with a sweat. When that happened, they knew that the prognosis would be good. Of course, such sentiments today would be greeted with alarm, or scepticism, by those who consider illness should never be endured.

Isn't that why acetaminophen (in all their different brand names) is reached for, at the first sign of a fever?

In 2001, a headline[1] made me look twice. *"Sweat has the power to fight off disease."* We were told that sweat contains a versatile antibiotic that may be on the front line against disease-causing bacteria and that: "The researchers said dermcidin probably plays a key role in the innate immune responses of the skin". A news roundup from the ***British Medical Journal*** told us[2] that dermcidin killed ***escherichia coli, enterococcus faecalis, staphylococcus aureus*** and ***Candida albicans***. It was active at high salt concentrations and the acidity range of human sweat. In concentrations of 1–10 μg/ml, it killed all of the ***staph aureus*** colonies in only four hours. Unsurprisingly, the scientists didn't know how dermcidin worked.

Up until the late 1990s the skin was simply thought to be a "barrier" with no active participation in the immune system. The original 2001 paper[3] said that during some inflammatory skin disorders and wound healing, skin cells functioning within a salty sweat with a pH of 4–6.8, produced many effective pharmacologically active substances, such as immunoglobulin A, interleukin 1, 6 and 8, tumour

1 Associated Press. 2001. "Sweat has the power to fight off disease." *The New Zealand Herald,* November 9, p. A13.

2 Josefson, D. 2001. "Bacteria killer found in sweat" *BMJ,* 323: 1206, November 24. http://bmj.bmjjournals.com/cgi/content/full/323/7232/1206/c

3 Schittek, B. 2001., "Dermcidin: a novel human antibiotic peptide secreted by sweat glands." *Nat Immunol,* 2(12): 1133–7, December. PMID: 11694882.

necrosis factor, transforming growth factor β receptor, epidermal growth factor, and a prolactin-inducible protein.

As time has gone on, other researchers have taken a closer look at skin, and have found that the neutrophil,[4] which is the professional phagocyte of fundamental importance for defence against micro-organisms, provides instant help, not only in microbial infection,[5] but to the growth factors when the skin is broken and there is a risk of infection. Another article[6] says that mast cells, macrophages and skin cells produce antimicrobial peptides. These are called cathelicidin, which disrupts bacterial cell walls, modifies the host cells inflammation, and provides additional immune defence. At the heart of this all, is our friendly neutrophil:

*"These studies clearly illuminate the importance of neutrophil recruitment in cutaneous defense against bacterial infection. … Recent advances in understanding of innate immune defense systems have suggested that these ancient evolutionary immune mechanisms may be important to human disease yet previously underappreciated."* (Underlining mine)

The article looked at whether just skin and mast cells were involved, or whether neutrophils were also important. Using mice, they found that mice with few neutrophils developed much worse tissue death (necrosis) and had 3,000 times the amount of bacteria on the skin than mice with active neutrophils. The skin cells worked hard and could produce some cathelicidin on their own, but didn't have the killing power of the skin cells plus neutrophils. The article's conclusion said that life-threatening necrotizing skin and soft-tissue infections can develop in patients with depressed neutrophils, but that numerous examples exist of patients with increased frequency of skin infections who have no *"demonstrable defect*[7] *in leukocyte recruitment or function."*

Many countries have recently been bombarded with stories[8] about chickenpox resulting in death or serious bacterial infection.

The *New Zealand Herald* article cited above talked about a 14-year-old student, Luchan Li, who *"died of heart failure as a result of a blood infection, also known as septic shock. The illness was possibly connected to a case of chickenpox Luchan had two weeks earlier, but no one knows for certain."*

Is it a coincidence that this article was published before the proposed introduction of the chickenpox vaccine in this country?

4 **Neutrophil**; See Chapter 70 (on Vitamin C and sepsis).

5 Borregaard, N. et al. 2005. "Neutrophils and keratinocytes in innate immunity – cooperative actions to provide antimicrobial defense at the right time and place." *J Leukoc Biol*, 77(4): 439–43, April. Epub 2004, December 6. Review. PMID: 15582983.

6 Braff, M.H. et al. 2005. "Keratinocyte production of cathelicidin provides direct activity against bacterial skin pathogens." *Infect Immun*, 74(10): 6771–81, October. PMID: 16177355.

7 Demonstrable defect = Did the researchers check to see if the patient had enough vitamin C for the leucocyte system to work? Not as far as I can see.

8 Vass, B. 2007. "Mystery bug claims teen's life" *The New Zealand Herald,* November 20. http://www.nzherald.co.nz/category/story.cfm?c_id=204&objectid=10477164 Accessed 21 November 2007.

At the same time, the *Daily Mail* in England ran a very emotive article about a little girl called Isobel: *"Within days, the virus had taken hold of her body, leading to toxic shock syndrome – a rare type of blood poisoning caused by bacteria – and necrotising fasciitis, a bacterial infection that rapidly eats away at the flesh."*

The article went on to say that it is "thought" that dozens of other chickenpox children have the same complications.

Isobel's mother said that "*if she'd had a big dose of antibiotics at the start, none of this would have happened."* Just maybe Isobel didn't have enough vitamin C to operate her leucocyte system to get rid of the bacteria. And did Isobel's mother use the English version of acetaminophen? The second child in the article, Christopher, who died from chickenpox, was given that drug.

Before antibiotics were used in medical practice, when rickets was still rife and scurvy relatively common, chickenpox was known to have a much higher rate of Group A streptococcal (GAS) infection complications than that seen today. Group A streptococcus also causes scarlet fever, and rheumatic fever, which in most developed countries, started declining in 1850[9], well before antibiotics were marketed. As a marker of group A streptococcus severity, scarlet fever has exhibited at least four cycles of varying severity followed by remission, believed to have been due largely to virulence variation. A very good article[10] on the web states, *"…reports of fatal infection with invasive strep A bacteria have been increasingly recognized in the United States since 1987. Researchers do not know why the new strain of strep A is on the increase or why it targets certain otherwise healthy people."* Older textbooks and papers all mention the need to be careful when GAS infections follow chickenpox. For thirty years after the introduction of penicillin, there were no reports of serious GAS complications after chickenpox. But those years follow hard on the heels of the "conquest" of rickets, which up to the 1930s had affected nearly 50% of wealthy parents' children in London. There are still some alive who remember the blackstrap molasses and cod liver oil morning routines of the times. Both "malnutrition" and "bad" nutrition can result in infections becoming far more serious.

After the Depression era in the 1930's, food was a lot more basic than it is today, with minimal additives, and very little "junk" food to be found. Nutrition was far better in a general sense than it is now. Because of the huge increase of empty calories in family diets today, many children may now be at greater risk of secondary bacterial infections after chickenpox.

Properly fed, healthy children, whose parents know what to do, and what not

9 McKeown, T and Lowe C.R. 1974. "An Introduction to Social Medicine." ISBN 0 632 09310 2. Pgs 12–13.

10 Directors of Health Promotion and Education. "Group A Streptococcus." Accessed on 26 January 2008. http://www.dhpe.org/infect/strepa.html This article is a very good ABC on the various very different infections with a single bacterial group can cause.

to do, will rarely get any complications to chickenpox. As was the case for our children, well-managed chickenpox should not even lead to any scarring. So let's ask some questions here, with chickenpox in mind. *What is the function of fever?*

Here's a really simple statement[11] from twenty years ago: *"... elevated body temperature enhances the inflammatory response and function of the immune system at the same time that it reduces the replication of microbes and tumor cells."*

Not so simple is this sentence. "*Fever also appears to be a prominent component of cytokine therapy and attends the use of several biologic response modifiers."* Fever switches on the chemical messengers and processes which call on the body immune system to respond and "modify" or deal with the infection.

If fever is a key to an immune-system process, without a fever, how effective is the body going to be in fighting viruses, or bacteria? With viruses like chickenpox, which are known to have an affinity with *group A streptococcus*, which can infect the pox rash and so have access to the body, what do we want the immune system to do? It's pretty obvious isn't it?

We *want* to allow the body temperature to rise to the level it needs so that all the on-switches can be thrown.

We *want* the body to send out all those little chemical messengers which get the antiviral side of things going.

We *want* the messengers to call the neutrophils to join the skin cells in producing cathelicidin, and to work with the whole array of anti-viral and antibacterial components[12] in "sweat" to stop *group A streptococcus* in its tracks.

As a 1991 article[13] says: *"... temperature elevation ... enhances the processes involved in initial antigen recognition and support for immunological specific response to challenge."*

We want the body to recognize the virus, ring the bell and sound the red alert (fever) to fight, don't we? Why, then, turn the fever off with acetaminophen products? Doesn't that defy logic?

Another article[14] of that era said: *"There is considerable in-vitro evidence that a variety of human immunological defences function better at febrile temperatures than at normal ones ... Studies have clearly shown that fever helps laboratory*

11 Dinarello, C.A. et al. 1988. "New concepts on the pathogenesis of fever." Rev Infect Dis, 10(1):168–89, January–February. Review. PMID: 2451266.

12 Dorschner, R.A. et al. 2001. "Cutaneous injury induces the release of cathelicidin anti-microbial peptides active against group A streptococcus." *J Invest Dermatol*, 117(1):91–7. PMID: 11442754. http://www.nature.com/jid/journal/v117/n1/pdf/5601121a.pdf (Pox from chickenpox qualifies as cutaneous injury.)

13 Roberts. N.J. Jr. 1991. "Impact of temperature elevation on immunologic defenses." *Rev Infect Dis,* 13(3): 462–72, May–June. Review. PMID: 1866550.

14 Kramer, M.S. et al. 1991 "Risks and benefits of paracetamol antipyresis in young children with fever of presumed viral origin." *Lancet*, 337(8741): 591–4, March 9. PMID: 1671951.

*animals to survive an infection whereas antipyresis*[15] *increases mortality."*

A 1998 article[16] said: *"The elevation of body temperature by a few degrees may improve the efficiency of macrophages in killing invading bacteria, whereas it impairs the replication of many microorganisms, giving the immune system an adaptive advantage. There is a simultaneous switch from the burning of glucose, an excellent substrate for bacterial growth, to metabolism based on proteolysis and lipolysis. The host organism is anorectic (doesn't want to eat) minimizing the availability of glucose, and somnolent, reducing the demand by muscles for energy substrate. During the febrile response, the liver produced proteins known as acute phase reactants … the net effect … is to give the host organism an adaptive advantage over the invader."* (Underlining mine.)

I could bombard you with article after article showing not only that fever in infections is beneficial, but also that when you use paracetamol products, you *increase* the likelihood of dying and you *increase* the likelihood of complications. Pubmed is littered with articles from around the world saying this. The World Health Organization surprised me by having two articles on its website decrying the use of paracetamol for bringing down fevers.

Treating fevers is dicing with more severe infection, and a greater likelihood of death, because fever is a key immune response to get the immune system working properly.

You mess with fever, and you mess with lots of things. It stands to reason. Do you need to know what the medical profession does not *yet know about fever in its totality*, to see that?

Back to chickenpox. Tucked away in a small corner of the *New Zealand Herald* in 2001 was a warning:[17] "*GPs warned over chickenpox drug.*" Doctors were warned about treating chickenpox with ibuprofen to reduce fever because of a higher rate of necrotizing fasciitis[18]. There was no mention of paracetamol in the warning, yet, since both perform the same function, there is reason to argue that paracetamol might do the same as ibuprofen. In USA, the link between the use of non-steroidal anti-inflammatories and chickenpox reached the ears of doctors,[19,20] but not, it seems, the public.

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15 *Antipyresis* = reducing fever; bringing a temperature back down to normal. Anti and "pyresis" = bonfire.

16 Saper, C.B. 1998. "Neurobiological basis of fever." *Ann NY Acad Sci*, 856: 90–4, September 29. Review. PMID: 9917869.

17 (No author named.). 2001. "GPs warned over chickenpox drug." *New Zealand Herald*, February 1, p. A5.

18 *Necrotising fasciitis* = many bacteria can cause flesh-eating disease, but Group A *Streptococcus* is the most common of these.

19 Gonzalez, B.E. et al. 2005. "Severe Staphylococcal sepsis in adolescents in the era of community-acquired methicillin-resistant *Staphylococcus aureus*." *Pediatrics*, 115(3): 642–8, March. PMID: 15741366.

20 Barton, L.L. 2005. "Nonsteroidal anti-inflammatory drugs and invasive staphylococcal infections: the cart or the horse?" *Pediatrics*, 115(6): 1790 and author reply p. 1791; June. No abstract available. PMID: 15930253.

There was a flurry of articles suggesting it was dangerous to use anti-febrile drugs with chickenpox; there was also an article by a group of doctors, who in defiance of all logic and known immunological impacts of drugs used to reduce fever, decided that there was no association. They[21] decreed that when parents used drugs to "treat high fever and severe illness", drug use was merely the identifying factor of who was at high risk for secondary bacterial infection! That interesting little word "coincidental" again.

Doctors[22] will say that the resurgence of streptococcal infections "highlights the wisdom of recommending widespread use of the varicella vaccine to prevent this kind of infection". Why worry about GAS, when a vaccine will prevent both chickenpox and GAS. On the surface, this looks logical.

I see the increase in these infections as evidence of a total lack of common sense about how to prevent complications. I see the association between non-steroidal anti-febrile drugs and GAS as a predictable outcome of the loss of home nursing skills and handed-down generational wisdom. I see the increase in secondary bacterial infections as something which can stem from parental lack of understanding that messing around with fever, and using symptom-suppressing/immune-suppressing drugs can restrict the ability of the immune system to fight the virus. It also reduces the ability of the leucocyte system of neutrophils, macrophages and phagocytes to fight bacterial toxins from secondary bacterial infections.

As pointed out in Chapter 70, if you don't have enough vitamin C in your system, then the neutrophils won't be recognized by the macrophages, and you might be in big trouble, because if that happens, the result could be toxic shock/sepsis taking hold very quickly. Even if you have enough vitamin C, if the amount of GAS toxin is such that the glucose transporters (which are part of the vitamin C shuttle service which takes ascorbate from A to B) are blocked, that can result in a GAS infection which threatens to run out of control. The quickest way to restore the immune function in a case of sepsis is by giving vitamin C intravenously. The body can fight sepsis by itself, but it's a bit more of a lottery as to whether it will succeed if it doesn't have the tools to do the job.

"Health" is not a one-pronged fork. Lots of things have to be working well, for the body to do what it is programmed to do.

Get smart with your computer, and the whole thing can crash. That analogy applies to the processes of fighting infections. So the next time you read a historical novel where the family is relieved to see the break out of a fevered sweat, you will have an idea why. The anecdote of the old wives wins out yet again. Everyone knew

21 Lesko, S.M. et al. 2001. "Invasive group A streptococcal infection and nonsteroidal antiinflammatory drug use among children with primary varicella." *Pediatrics*, 107(5): 1108–15, May. PMID: 11331694.

22 Stevenson, M. 1997. "Gas infections and varicella have a long standing relationship". *Infectious Diseases in Children,* August. http://www.idinchildren.com/199708/frameset.asp?article=gasinfct.asp

that to beat the sickness lottery, a big sweat was usually a plus. Now we know why. A big sweat is part of the beneficial natural defense your skin immune system uses to fight any bacterial flora on/in the skin, such as group A ***streptococcus***.

A big sweat shows that the immune system is working properly. A fever and a sweat in any infection, if you do not have heart or lung disease,[23] is the right thing[24] to allow to happen.

In the "olden days", they didn't clean a patient during an infectious sweat, and after the sweat broke, they let them sleep. My grandma would change the sheets, but she knew that there would be no shower until after the patient had recovered. She just "knew" that was the right way to treat infections.

TLC,[25] drinks, maybe cool cloths to the wrists and face, and a gentle breeze from a slow fan is all that is needed.

Yet it's amazing how often you find out that some well-meaning parent sees a sweat and does exactly the wrong thing by "cleaning" the child up with some new and improved antibacterial soap, all in the name of making the person more comfortable!

23 Shann, F. 1995. "Paracetamol: use in children." *Australian Prescriber, 18*: 233–4. http://www.australianprescriber.com/magazine/18/2/33/5/. Accessed 6 December 2007.

24 Eichenwalk, H.F. 2003. "Fever and antipyresis." *Bulletin of the World Health Organization, 81*(5). http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S0042-96862003000500012. Accessed 6 December 2007.

25 *TLC* = Tender loving care.

# 48 Everlasting Gobstopper

*Will Prickmore had spent the evening with his friend, Max Comfort. His day at the surgery had been fairly routine. Not many bright spots. After all, when you have to listen to your clients describe their aches and pains, woes and worries, or the younger versions embellish their feelings with screams in dozens of different sharps and flats, your nerves can feel frayed. And yes. There had been the odd Different One with quite radical views that forced you to change wave lengths if you were able, and that could be quite disconcerting – like switching from one track to another.*

*Max had tried to cheer him up. "I've got some good news for you Will. Well, maybe not wonderful news, but maybe a little light at the end of the dark tunnel. You remember last time we talked, you asked about vaccination delivery methods. Ways of getting rid of needles?"*

*"I remember only too well," replied Will. "You didn't have much to offer, and I must admit that kids' screams are getting to me. I keep reading about new vaccines being added to the schedule. You know one eighteen year old came in the other day and said, 'Look here Doc, I've had 37 so far and I've just about had enough. The thought of more being added in is no joke!' Anyway, what's this wonderful news?"*

*"Well, we're still talking needles, but it could cut down on a number of boosters that have to be given. It's a new vaccine delivery system that uses microspheres*[1] *of a biodegradable polymer. They are like an 'Everlasting Gobstopper, or a bar of soap' which wears away slowly over time as it delivers the goods. There seems a possibility that this method can also stimulate an immune response that traditional vaccines do not. I'll give you the website and you can read more about it yourself."*

1 Sliwa, J. 2007 "Biodegradable Microspheres Deliver Time release vaccine, Stimulate Different Immune Response." *Medical News Today*, 4 March. <http://www.medicalnewstoday.com/printerfriendlynews.php?newsid=64228>

"Well, I suppose it could help if I live long enough," said Will, beginning to feel the effects of imbibing a little too much, too often.

"By the way, have you heard about this Anthony fellow? He's saying he won't vaccinate any more. Maybe that's the answer for you. Only joking, Will. If anyone told my boss I'd said that, I'd lose my job!"

Will looked at Max. "I won't tell on you. Yes I read what Dr Anthony has been saying. To be quite honest, I think he's right about some things. Anyway, it's time to hit the sack. Thanks for your company and perhaps we can talk about forbidden topics some other time."

Will Prickmore dropped off to sleep very quickly…

It was a technicolour spectacular in digital clarity. Vividly real. There he was. An eighteen year old. A client in the doctor's surgery. He'd sat there lots of times in the past. Not much had changed. Certainly he hadn't. He was scared stiff.

The doctor glided into the room. He appeared to be like a white coated wasp with yellow and black banded trouser legs. His white coat had tails which were supposed to hide an ovipositor. No, it couldn't be that. It must be the sting. The doctor had a long neck and snake-like head which waved hypnotically all the time. Whenever he spoke his forked tongue darted in and out of his mouth between two lethal-looking fangs. He somehow wore a pair of Pince-nez spectacles, perched on his nose. "How nice to see you Will," the doctor said in a hissy buzz. "What brings you to my nest today?"

"I think I'm due for my anti-fear booster shot. It's taken me two years to pluck up enough courage to get here. A fat lot of good this vaccine is."

"My dear boy, what a lot you have missed out on in that time. We have such wonderful ways now of helping you look forward to these stinging good times. I'll show you."

Dr Waspbra went to the door.

"Nurse Jabbem could you spare a moment please." A few moments later a rather rotund shape entered the room. "I'm sure you remember Nurse Jabbem, Will. You know those times when you used to scream the place down and we had to tie you to the bed to keep you still. Now she is our lovely Jabbem Fairy. Isn't she beautiful?!"

Will's mouth dropped open. Here was a portly middle-aged woman dressed in a glittering pink tutu, with ballet shoes on her feet, criss-cross strappings over lurid purple stockings on her far from dainty legs. Her bodice was probably size OXXX, while her arms were covered with long lacy gloves up to the elbows. Plenty

*of loose flesh quivered above that! On her head she wore a sort of tiara, glittering with sequins, which had a tendency to drop down over her eyes. In her left hand she carried a wand with a star fixed on the end of it. In her right hand she held a hypodermic syringe.*

*"The children love her, Will. She always does a little dance for them, even pirouettes which makes the children quite dizzy. She shows the kiddies the butterflies and smiley faces on the syringes and sometimes she sings little songs about the other fairies. But perhaps you'd like me to give you your booster today. We have a new vaccination method called an Everlasting Gobstopper, or a bar of soap. This booster dissolves very slowly so you won't have to have another booster for a long time."*

*The thought of Nurse Jabbem doing her ballet routine with all the other rigmarole left Will speechless. His mouth remained open. Then he became aware of Dr Waspbra slowly swaying towards him, a large rainbow coloured gobstopper aimed at his gapping maw. A container full of soap bubbles was also drawing nearer and nearer. Suddenly he seemed surrounded on all sides by gobstoppers, bubbles, snake fangs, forked tongues and horror of horrors, a twirling Nurse Jabbem reaching out to stab him with her butterfly needle. She lunged and before he could utter a sound, he had a mouthful of bubbles followed by a gobstopper which acted as a plug to completely seal his mouth. He grabbed at the Jabbem Fairy's arm and pushed with all his might …*

*"Will, whatever are you trying to do? Push me out of bed? You were making such strange gurgling sounds too. Are you all right? I think you've been having a nightmare."*

*Will lay still for quite a while before answering his wife. "Yes my Dear, I have. It was horrible. So real and yet so… so… mixed up. I don't think I'll ever be able to give another vaccination for the rest of my life. The Jabbem Fairy and Dr Waspbra … they were gross." He shuddered at the memory of it all.*

# 50 Ode to De Commun Cole'

One afternoon, I was up in the History Room of the Auckland Public Library, where you can find the Appendices to Parliamentary Journals, which discuss laws and the thoughts of parliamentarians from the late 19th century onwards. I had just photocopied the very long list[1] of vaccines that were available in 1911, and was avidly looking for the lists for subsequent years, when I came across legislation which was called something like *"Law against snake-oil purveyors."* Like a dimwit I didn't take a copy of the particular page I was looking at, because my "hunt" was for vaccines.

I literally gagged. Here in my left hand was this list of "worthless vaccines", and yet the government of this country saw fit to decide who was, and who was not, a snake-oil purveyor, when their very own list was headed up "Acne Vaccine, Mixed"?

Here we are in 2008. We have a potentially dangerous drug like paracetamol, which has been sold unrestricted, for half a century, which is great at dealing with short-term pain, but has a very narrow range of toxicity, and some nasty kick-backs in the body. It "works" in bringing down fever, to the detriment of the patient's immune system.

No one can prove that, because no one's done the research to see what paracetamol actually does to the immune system. The number of times I read about someone getting seriously ill, and the article pronounces that they took paracetamol and got worse, is beyond a joke. Why is paracetamol mentioned? To prove the person did something? There is never any assumption made that the paracetamol had something to do with the problem.

On 16 July 2001, according the to *New Zealand Herald,* Stokes Valley parents, Giselle and Nathan, put their identical twins Ariana and Tiare to sleep, wrapped in their own blankets, two thin blankets on top, and laid them on their backs in

1 *Appendices to Parliamentary Journals.* 1912. See *Just a Little Prick,* Chapter 33, p. 225.

their shared cot. Giselle fed them *"and gave them a dose of Pamol*[2] *for a mild fever"*. Next morning, the babies were dead. Three years on, experts couldn't agree on the cause of death. At an inquest, a perinatal pathologist said, *"there was no evidence of infection."*

What was the fever then? If you don't ask the right questions, you won't find the right answers.

For example: Did the pathologist check the gut for *E. coli* curlin[3]? Maybe not, because we all have it in small amounts, as a commensal bacterium which is very useful in tiny quantities. Did she check the small intestine for large quantities of *E. coli* curlin? Perhaps not. This doesn't seem to be common practice. Did she check the *blood* for core antibody to curlin? Again, perhaps not. I suspect that had these checks been made the chances are that the pathologist would have found quantities in excess of that which is normal. Few pathologists know the relevance of core antibody to curlin. Australian researchers found it in large numbers in SIDS cases, but not in deaths from "other" causes. So little is taught about *E. coli,* that it is one bacteria which escapes the notice of those the court looks to, as being the "ultimate" experts. *E. coli* can overrun the body, and this can result in sudden death, and if you don't know what to look for, and where, you'll never know *E. coli* endotoxaemia might have been the cause.

Because paracetamol down-regulates exactly those immune-system pathways that are involved in fatal *E. coli* infections, the use of it could contribute to an *E. coli* endotoxaemia. But where you don't look for something, you won't find it, and so you can deny it.

Advice to give children with fevers acetaminophen isn't just a New Zealand problem. New Idea ran a story[4] about an Australian child who died from encephalitis without a cause being found. The mother, who had taken the child to the hospital, said, *"The nurse said, 'The temperature is not too high. Just keep up the Panadol and if she is not better at 10 am tomorrow, bring her back.' I still blame myself … I should have insisted on seeing the doctor."*

Why is this important? The mother was being fobbed off, and tricked into thinking she was doing something to help her child. Yet paracetamol products are potentially *dangerous*. Paracetamol can be very useful, under certain circumstances. But in infections, paracetamol, by down-regulating the immune system, can switch off enzyme pathways in the liver which are very important. It can switch off the fever which is the part of the immune system responsible for getting in there and dealing with *E. coli* endotoxin – or with any toxin, for that matter. That affects the body's garbage can collectors: the neutrophils, the macrophages. It not only

2 NZPA. 2004. "Three years on, experts divided on death of twins." *New Zealand Herald*, July 8, p. A3.
3 "Curlin" is the name for the particle of Escherichia coli (*E. coli*) bacterial envelope, the lipopolysaccharide, which becomes the endotoxin which has the potential to cause a lot of damage.
4 Hicks, R. 2000. "Mum's anguish: 'I still blame myself'. *New Idea*, January 21, pp. 10–11.

makes sense, but Pubmed is FULL of medical abstracts describing case histories where the use of paracetamol made infections worse.

Paracetamol isn't dangerous to everyone, for were that so, a lot of kids in this country would be dead, since many parents use it like lolly water.

Paracetamol has been used since 1949, and yet it was only on 28 February 2007, that New Zealanders were told[5] that people using paracetamol regularly (or aspirin, and other non-steroidal anti-inflammatory drugs like ibuprofen), have a 50% higher risk of high blood pressure than those who don't. How might that factor into the supposed increase of high blood pressure in older people in the last 50 years? Are they "sure" that cholesterol is any more important than use of non-steroidal anti-inflammatory drugs? It was only on 4 September 2007, that New Zealanders learned[6] that a study in Britain showed that 1% of the population suffered severe recurrent headaches caused by taking paracetamol, and that an American study found 20% of doctors' patients suffered rebound headaches.

In speaking to people who use paracetamol (or other analgesics) for what they think are chronic headaches, I find that most have no idea that paracetamol itself can cause rebound headaches and should not be used more than two days a week. It just might be that the 'next' headache is caused by the drug, but the person assumes it's just another headache. When they check it out on internet, they are dumbfounded. Many are annoyed that doctors don't tell them that, but did their doctor even know? Doctors are busy, and rely on the Health Department to spoon-feed them safety information, or perhaps they find out from the media just like you or I do.

Someone jokingly said to me, *"Oh well, probably next year another study will come out contradicting this one, and I'll be able to take them again!"* There's a certain irony in that statement! If studies are regularly demolished from year to year, and what we read in newspapers is not true, then, "Who is the snake-oil purveyor?"

Mothers are right about a lot of things. Like the old wives' tale, *"Feed a cold and starve a fever."* It's true, actually, but it took until 2002 for immunologists[7] to cotton on. They found that sick volunteers who didn't eat had far higher concentrations of interleukin 4, which helps in the production of antibodies, and is a front-line defence against acute infections. I know, and most thinking mothers know, that there is a purpose to fever, and if the body says, *"Don't eat"*, you shouldn't.

5 Fleming, N. 2007. "Headache pills raise risk of heart disease. Regular use of painkillers increases danger of strokes and heart attacks, study finds." *New Zealand Herald*, February 28, p. B1.

6 Johnson, M. 2007. "Stronger warnings urged on pain from painkillers" *New Zealand Herald*, September 4, p. A3.

7 Clarke, T. 2002. "Ring of truth to old wives' tale? 'Feed a cold, starve a fever' may make sense, say immunologists." *Nature*, January 11. http://www.nature.com/news/2002/020107/full/news020107-13.html. Accessed 14 March 2002 and checked 6 December 2007.

*"There appears to be a parallel between our data and this saying,"* comments Gijs van den Brink, a cell biologist in Netherlands who did the study.

Scientists now know that the act of not eating during an infection pulls glucose from the system, and glucose is the "food" many pathogens require to feed on and replicate. So, deprive pathogens of their food, and they can't infect as efficiently. Makes sense, doesn't it? So how about believing in yourself, and what you know?

For decades, doctors have scoffed at parents who said that you should wrap up warm to avoid catching a cold, yet it took until 2005 for scientists to get a handle[8] on the fact that, yet again, mothers do know something.

The bit that stuck in my craw was when I read Professor Ron Eccles giving permission to mothers to believe in themselves, when he said: *"Mothers can now be confident in their advice to children to wrap up well in winter."* Being confident in ourselves is okay, so long we have their permission, and we don't say that the "mummy-brain" doesn't want vaccines.

We can be, and are, front-line walking laboratories, and are quite capable of making accurate decisions. Take cold medicines for instance. Amongst the circle of thinkers I move in, most parents consider the cold medicines marketed in shops to be a waste of money. I discovered this for myself in 1992, while attending a conference that I had no choice ***but*** to attend. I had a cold, and was not at home to use my arsenal of "quackery" like vitamin C, echinacea, elderberry and a whole raft of other stuff the medical profession says is a load of rubbish.

Sure, there was plenty of raw garlic on offer at the corner store, but turning up to a conference having downed five cloves of garlic, and tossing down another five with morning tea, isn't acceptable conference etiquette!

I decided to be civilized for the first (and last) time in my life, and take over-the-counter cold medicines. It suppressed the symptoms quite well. I wasn't sneezing over everyone. But it also made me feel brain fogged and light headed to the point where I was so zonked, I wasn't much use in my own eyes. In the eyes of other people I did okay, which probably wasn't too difficult since I was talking about something the participants knew little about, so anything I said was probably better than nothing. The problem was that this simple little cold lasted twice as long as it normally would when I used the old tried and true remedies.

When I got home I did some research on cold medicines, and could find … nothing. In those days, my research was done by going to the medical library, which was basically a recipe for finding half a needle in ten haystacks.

One day, while doing the usual newspaper trawl, a headline[9] made my day:

8 BBC. 2005. "Mothers 'were right' over colds" *BBC News*, November 14. http://news.bbc.co.uk/2/hi/uk_news/wales/4433496.stm. Accessed 7 December 2007.

9 Associated Press, staff writer. 2001. "Cold medicines 'useless' for kids." *New Zealand Herald*, October 22, p. A3.

*"Cold medicines 'useless' for kids"*. Here's the joke though. *"Paediatricians say the pharmaceuticals should not be used for children under 6"* because they are *"the most vulnerable to potential ill-effects"*. Are they saying that side effects are okay if something works in their opinion, but not okay if something doesn't? What might those side effects be? Why do we only get told this information when patents have run out?

What if your child has just had his or her seventh birthday? Does that mean that the child crosses some magical time threshold, which means that decongestants, antihistamines and anti-tussives will suddenly work and are 'safe'?

Exactly *what* do cold medicines *do* in your immune system? Well, 'beats me', you say. Beats me too. If immunologists don't know what paracetamol does to the immune system, except that it increases your risk of serious complications to infectious disease; increases your risk of dying; and if used in babies, can skew the immune system so that they are at greater risk of getting asthma, what's the bet that cold medicines also work *against* the best interests of the immune system as well? After all, many of them contain paracetamol. Who knows what the total combinations do? No one, as it turns out!

The article ends with this paragraph: *"Some of the drugs – which include Wyeth's Dimetapp and Robitussin, Johnson & Johnson's Pediacare and Novartis AG's Triaminic products have never been tested in children."* Have they been tested in adults?

The article tells us that most paediatricians don't prescribe cold medicines, because they don't work particularly well. Why have they been on the shelves for decades, netting pharmaceutical companies billions of dollars? Where are all the New Zealand paediatricians who should have been advocating the removal of these things? Nowhere. And they are still nowhere. They are not pushing for a ban, because some parents say that drugs like cough medicines "give relief", therefore Dr Nick Baker says, *"If that's the case, they should have the right to use them."*

The "recommendation" to not use cold medicines, is of course *"non-binding"*.

Yet, ironically, legislators all over the world are removing homeopathics, herbs and supplements from shelves because they don't conform to Codex/FDA/TGA[10] standards; yet these same regulating authorities can be so arrogantly hypocritical about useless products which advertisements in medical journals have zealously promoted for decades?

Having had any factual illusion of the usefulness of cold medicines ripped out

10 TGA = Australia's Therapeutic Goods Administration, an organization to which, given half the chance, the New Zealand government will abdicate its decision making regarding supplements and herbs. Already, in Australia, the TGA has done a good sweep of quite a few previously well-loved and used herbals.

from under them, doctors have been forced to look elsewhere, and guess what? They've discovered honey. *New Zealand Herald* readers woke up to be told[11] that:

> *"The folk remedy did better than cough medicine, or no treatment, in a three-way comparison. Honey may work by coating and soothing an irritated throat, the study authors say.*
>
> *"Many families are going to relate to these findings and say that grandma was right," said lead author Dr Ian Paul of Pennsylvania State University's College of Medicine.*

Part of the medical article abstract[12] reads:

> *"Caregivers frequently administer over-the-counter (OTC) medications to their children in an attempt to treat coughs. Apart from the costs associated with such medications, some OTC medications have unwelcome and potentially dangerous adverse effects. Dextromethorphan, an opiate-derived antitussive commonly found in OTC cough and cold preparations, is generally safe but on rare occasions can be associated with adverse effects such as dystonia, ataxia, lethargy, and even death. Furthermore, several studies have shown that dextromethorphan is not more effective than a placebo at reducing cough symptoms."*

Right then. So now that the pharmaceutical companies' secret that cold medicines may well be less effective than traditional remedies is out in the open, we are given permission to trust our grandparents again.

Pity they didn't crush some garlic with the honey, but perhaps we should at least be grateful for small mercies. This article doesn't answer the obvious question: Does the *type* of honey matter? Perhaps New Zealand scientists might be busily running around to see if Manuka honey works better than Viper's Bugloss, Clover, or Rewarewa? After all, Manuka honey is the one that works best on burns and skin abscesses, so you'd think there might be a worthwhile research project there to keep someone busy for at least ten years. The possibilities abound! And watch the price of the most effective one double overnight, once the "secret" is out. Or maybe go off the shelves if drug companies patent a cough medicine from it?

But wait. There's more to come. Have you noticed newspaper items, or articles

11 Associated Press. 2007. "Listen to your grandmother: honey soothes coughs says research." *New Zealand Herald*, December 5. http://www.nzherald.co.nz/section/story.cfm?c_id=204&objectid=10480285

12 Paul, I.M. et al. 2007. "Effect of honey, dextromethorphan, and no treatment on nocturnal cough and sleep quality for coughing children and their parents." *Arch Pediatr Adolesc Med*, 161(12): 1140–6. PMID: 18056558. http://archpedi.ama-assn.org/cgi/content/short/161/12/1149

on the internet saying that the common cold is becoming more dangerous in the USA?

An article[13] tells us:

> *"Whether you're a healthy young adult, an infant or an elderly person, this virus can cause severe respiratory disease at any age," said John Su, who investigates infectious diseases for the CDC and contributed to the report.*
>
> *"Two of the 10 people who have died from the new strain were infants," Su said. The CDC report said about 140 people have been sickened by the virus and more than 50 hospitalized, including 24 admitted to intensive care units.*
>
> *"Adenoviruses frequently cause acute upper respiratory tract infections like the common cold, but also can cause other illnesses including inflammation of the stomach and intestines, pink eye, bladder infection and rashes."*

Do you think yet another cold vaccine is about to be marketed to the unsuspecting public? If that is so, I'd be very wary. In America, the military has used cold vaccines for quite some time, but an interesting medical article[14] in the Centers for Disease Control's medical journal shows that *"the observed dominance of co-infections in vaccinated persons may have contributed to the emergence of the new variant."*

Isn't that just wonderful? Having allowed cold medicines which don't work, and which possibly suppress the immune system, to remain on the shelves, we now find out that one of the previous vaccines used since the 1960's may have *"contributed to the emergence of the new variant"?*

What happened to that wonder-spray that Proctor and Gamble were crowing about in 2005? It is called *Vicks First Defence,* and is supposed to stop colds[15] in their tracks. That would be just the ticket for USA right now, because Professor Ron Eccles from the Common Cold Centre, Cardiff University called it *"one of the most exciting advancements in the cough and cold industry."* Vicks First Defence, along with a probiotic multivitamin[16] and Envirocol, could be just what the "doctor" ordered? So why are these not promoted?

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13 Dunham, W. 2007. "Virulent form of cold virus spreads in U.S." *Reuters,* November 15. http://www.reuters.com/article/healthNews/idUSN1530262620071115?feedType=RSS&feedName=healthNews&sp=true. Accessed 16 November 2007.

14 Vora, G.J. et al. 2006. "Co-infections of Adenovirus Species in Previously Vaccinated patients." *Emerg Infect Dis,* 12(6): 921–30, June. PMID: 16707047. http://www.cdc.gov/ncidod/EID/vol12no06/05-0245.htm

15 Telegraph Group. 2005. "Nasal spray stops colds developing." *New Zealand Herald,* September 23, p. A5.

16 *Daily Mail.* 2005. "Is modern medicine just what the doctor ordered?" November 15. http://www.dailymail.co.uk/pages/live/articles/health/healthmain.html?in_article_id=368697&in_page_id=1774

# 51 In the Melting Pot

*The nightmare still haunted Will Prickmore. No matter how hard he tried, the vivid details kept flashing through his mind, unbidden and without warning. His revulsion at Nurse Jabbem's antics was so strong that he offered her a fortnight's leave on full pay, which she accepted gladly but with some puzzlement at such unexpected generosity. He cancelled appointments known to be for the purpose of vaccinations, and deferred indefinitely any new appointments or rescheduled them with other doctors at the medical centre. He collected as many of Donna's articles as he could find, and studied them carefully. He wondered if he should contact Phil Anthony. But how? Maybe the reporter could point him in the right direction.*

*Dr Prickmore knew about D'Different Ones. He had a few of them as irregular or casual clients but he also had a vague recollection of hearing about another of their number, a woman doctor in the area who had ceased practising. Was that another possible contact? What would he say to these people anyway? There would have to be more substance than just a silly dream. His wife, Jenny, was becoming more concerned about his behaviour but she wasn't able to ease his load. His mind seemed to be preoccupied with vague issues.*

*In an attempt to get some answers Jenny suggested that another chat with Max Comfort might help. They had a lot in common. In the end, Max was invited round for dinner, followed by an opportunity for the two men to talk. She made sure that the liquid refreshments were of an innocuous nature!*

*"That Anthony fellow's certainly stirred things up", said Max as they settled down in their easy chairs. "Ignor Factz is going round the workplace like a bear with a sore head. Building the image of the pharmaceutical company is now top priority. 'No one will survive without us', sort of thing. Hatch Cajolery is running around like a flea in a fit because he's got two vaccines being promoted – PreVentaWot*

*and SafeGuardiznil – and now this public relations business is on top of the rest. I'm just plodding along with the work on delivery methods, feeling more and more sorry for those who will be persuaded to queue up for the next lot of discomfort. I'm sure you're aware of it, but some of the stories we hear about side effects are not funny. All hush hush of course. But what about yourself? I hear you have had a few worries. From what Jenny was saying you wouldn't even be interested in Everlasting Gobstoppers!"*

*"You know Max," said Will rather wearily, "What should have been a bit of a joke, has affected my ability to do my job properly. It's brought me to a crossroads in more ways than one. It's just so stupid." Will Prickmore went on to explain the issues that faced him and the questions he wanted to ask. Finally he said, "Am I willing to be a new breed of doctor? Do I even want to continue* ***being*** *a doctor?*

*"I think I need a holiday. Jenny too. I must be quite a trial for her at the moment. As soon as I can arrange a locum we'll head up to Lulling Sounds for a time of rest, relaxation and resolutions. I keep hearing about the need for a renewed mind. Who knows what sort of creature I could become. When we get back we'll invite you around to find out!"*

# 52 Mind Your P's and Q's… or Else!

***This chapter attempted to tell a story that we believed needed to be told … but cannot be as originally penned. It has undergone a number of changes and omissions on the advice of legal counsel. I've done my best, but the blank spaces represent the power of vested interests, which so often leaves those who need to know the whole story, with no other option but to read between the lines, or the gaps!***

Ever wondered what happens when something you say seriously annoys a pharmaceutical company? I had done just that. Come August 2004, I was about to find out what the consequences would be. As part of the lead-up to the MeNZB campaign, I had distributed a lot of medical literature to various people. Amongst the recipients was the IAS.[1] As part of the preparatory groundwork, I had written a section on "risk factors" which apply to any meningococcal disease. They were these:

> *"N Menigitidis … rarely colonizes the proximal airways of healthy young children."*[2]

So what might contribute to an environment which causes the child to be "unhealthy"?

1 Immunisation Awareness Society. www.ias.org.nz
2 Pollard, A.J. et al. 2001. "Development of natural immunity to Neisseria meningitidis." *Vaccine*, 19(11–12): 1327–46, January 8. Review. PMID: 11163654.

* Smokers.[3]
* Medical explanation: Tobacco[4] smoke changes mucus in the nose and throat, increasing risk of invasive disease.
* Lack of breastfeeding.[5]
* People with genetic polymorphisms affecting the immune system, such as: complement deficiency, factor D, properdin, mannose lectin binding, … and defects in interleukin 1 and 6 are three times more likely to die."[6]
* Iron anaemia.[7]

This statement was greeted with howls of derision from doctors on the radio and in print media, who, I presume, either didn't go on-line to read the medical paper before offering their opinion, or perhaps presumed that something written in 1982 could have no basis in fact.

My list continued:

* Chronic alcoholism, poverty, overcrowding, poor general health, poor living conditions.[8]

3 Stuart, J.M. et al. 1989. "Effect of smoking on meningococcal carriage." *Lancet*, 2(8665): 723–5, September. PMID: 2570968. The people who carry the most bacteria and spread it around the most are smokers.

4 Pollard, A.J. et al. 2001. "Development of natural immunity to Neisseria meningitidis." *Vaccine*, 19(11–12): 1327–46, January 8. Review. PMID: 11163654. "The surface charge and hydrophobicity of the nasal mucosa has a bearing on bacterial adhesion and changes in charge and thus adhesion, may result from exposure to tobacco smoke, which is associated with an increased risk of invasive disease."

5 Moodley, J.R. et al. 1999. "Risk factors for meningococcal disease in Cape Town." *S Afr Med J*, 89(1): 56–9, January. PMID: 10070414. "Significant risk factors for meningococcal disease included being breast-fed for less than 3 months" … "provides further evidence for reduction of smoking, reduction of overcrowding and promotion of breast-feeding as important public health measures."

6 Vermont, C.L. et al. 2002. "Bench-to-bedside review: genetic influences on meningococcal disease." *Crit Care*, 6(1): 60–5, Feb. Epub 2001, November 26. Review. PMID: 11940267. http://ccforum.com/content/6/1/60. Accessed 6 December 2007. "It has been shown that some genetic polymorphisms influence the severity of the course of a disease and therefore can account for higher mortality rates. Individuals with complement deficiency for example, have a 7,000–10,000-fold higher risk of symptomatic meningococcal infections … Also associated with an increased susceptibility to meningococcal disease are deficiencies in properdin and factor D, both components of the alternative pathway.

[A] large study in children with meningococcal disease revealed that children who have defects in mannose binding lectin have greater risks of meningococcal diseas … People who have defects in interleukin 1 and 6 are three times more likely to die … It is clear that host genetic factors can be important in the various stages of meningococcal infections. Individuals with certain combinations of several polymorphisms within the above-described genes have the highest overall risk of dying from meningococcal disease."

7 DeVoe, I.W. 1982. "The meningococcus and mechanisms of pathogenicity." *Microbiol Rev*, 46(2): 162–90, June. Review. No abstract available. PMID: 6126800. http://mmbr.asm.org/cgi/reprint/46/2/162 "Iron anemia, with a low ph (6.6) increases the virulence factor of meningitis bacteria, 1,200 fold, from a 50% lethal dose of 3,600 organisms, to one of 4 organisms."

8 Peltola, H. 1983. "Meningococcal disease: still with us." *Rev Infect Dis*, 5(1): 71–91, January–February. Review. PMID: 6338571.

* For adolescents, being in bars or discotheques, binge drinking and smoking, have been shown to be high risk factors[9,10].

Then, I wrote this:

* Household crowding major risk factor (NZ study), and use of acetaminophen[11] (paracetamol).

*Quote:* Page 987: *"Analgesic use was defined as analgesics taken in the past 2 weeks, excluding, for cases, those taken for identified early symptoms of meningococcal disease. These analgesics were predominantly acetaminophen products ... because analgesics showed a stronger relationship with meningococcal disease, the use of analgesics may be a better measure of more severe illness than reported individual symptoms."*
Page 988. *"analgesic use and attending substantial social gatherings were also still strongly associated with the risk of contracting the disease.*
Page 989: *"Although we have interpreted analgesia use to be an indicator of recent illness, we cannot exclude the possibility that acetaminophen use itself is a risk factor for meningococcal disease."* (Underlining mine.)

The only terms I, or the IAS ever used, was that the use of acetaminophen products was a ***risk factor*** for meningitis. I had also used other older references to back that statement up. The IAS used some of the background information I had sent out, on their website, including the information on acetaminophen.

On 7 August, in an article in *the New Zealand Herald,* Sandra Paterson brought up issues with regard to meningitis, MenZB and acetaminophen which she said deserved some public discussion. She said[12]: ***So does the widespread practice of giving paracetamol to children when they have a temperature – one of the key symptoms of meningococcal disease: "Just give her some Pamol and bring her in tomorrow if she doesn't improve"***

On 30 August 2004, IAS received a letter from Pfizer[13] dated 26 August, and signed by Peter Baltus, the General Manager of Pfizer, demanding a list of actions be undertaken by 1 September 2004. Mr Baltus started the letter by stating that

9 Hauri, A.M. et al. 2000. "Serogroup C meningococcal disease outbreak associated with discotheque attendance during carnival." Epidemiol Infect, 124(1): 69–73, February. PMID: 10722132.
10 Oppermann, H. et al. 2006. [Meningococcal carriers in high school students and possible risk factors.] *Gesundheitswese*, 68(10): 633–7, October. (Article written in German.) PMID: 17099824.
11 Baker M. et al. 2000. "Household crowding a major risk factor for epidemic meningococcal disease in Auckland children." *Pediatr Infect Dis J,* 19(10): 983–90, October. PMID: 11055601.
12 Paterson S. 2004. "Vaccination: tell me more." *New Zealand Herald*, August 7, A23. http://www.nzherald.co.nz/section/1/story.cfm?c_id=1&objectid=3582728
13 Baltus, P. (Pfizer). 2004. "IAS Claims that Pamol is a risk factor to meningococcal meningitis", August 26. Read the letter at: http://www.ias.org.nz/pdf/p_pfizer_letter_040826.pdf

IAS had claimed that Pamol® is a ***risk factor*** for meningococcal meningitis.

Yes, IAS used a P word. Why is that? Because, like Sandra Paterson, (who did not get a letter from Pfizer about her use of the word Pamol® in her column, and neither did the *New Zealand Herald*) every mother knows that if her child gets a fever the nurse/doctor/chemist will nearly always recommend Pamol®. It rolls off the tongue automatically. If you used the words acetaminophen or paracetamol when it came to babies, most mothers wouldn't know what it was. They might think it was an obscure drug. If you said paracetamol, most mothers would associate that with tablets they took with a brand name of say Panadol®, rather than the Pamol® which you might give to babies. IAS also put a picture of Pamol® on the website.

Mr Baltus went on to claim that statements made by IAS suggested that:

* Pamol® is one of the biggest risk factors for meningococcal meningitis;
* Pamol® should not be used for the treatment of babies or small children;
* the use of Pamol® in bacterial infections prolongs infection and worsens the therapeutic outcome;
* Pamol® is harmful;
* Pfizer New Zealand markets Pamol® inappropriately and harmfully.

Pfizer included with this letter an extraordinary "Press Release"[14] in which the lead author of the study mentioning acetaminophen said:

> ***Study authors refute false claims by anti-immunisation lobby***
>
> ***Meningococcal disease researchers are today debunking claims made by the anti-immunisation lobby that linked Pamol with the disease.***
>
> ***Speaking on behalf of the authors of the study into risk factors for meningococcal disease, Dr Michael Baker from the University of Otago's Wellington School of Medicine and Health Sciences said the study published in 2000 in The Pediatric Infectious Disease Journal is being "wrongly interpreted".***
>
> ***"In the study, analgesic use itself was not attributed as a cause of meningococcal disease and Pamol was not even mentioned," Dr Baker said.***

Neither IAS, nor anyone else giving information, would be ***stupid*** enough to state that paracetamol ***caused*** meningococcal disease.

The rest of Pfizer's letter to the IAS accused the society of deliberately,

14 Baker, M. 2004. "Study authors refute false claims by anti-immunisation lobby." *Media release*, July 19, Otago University letterhead, faxed by Dr Stewart Reid to Pfizer on 2 August 2004 at 08.55 p.m. Read Press Release at: http://www.ias.org.nz/pdf/p_pfizer_letter_040826.pdf. There is no ® after Pamol in the press release because Dr Baker didn't put one there.

deceptively, making false and misleading statements as to the relationship between Pamol® and meningococcal disease; of "detracting from Pamol's goodwill … and good name"; that IAS was misleading the public as to the nature, characteristics or suitability of Pamol®; that IAS was defaming Pfizer by suggesting it inappropriately and unethically promoted the use of Pamol®, and that all this was likely to cause Pfizer monetary loss as well as loss of reputation and goodwill. For good measure, Mr Baltus threw in the assertion that, because our information could "mislead" parents, IAS contravened the Advertising Standards Code for "advertising". Further, that putting up a picture of Pamol® contravened the Trade Marks Act, and was *"detrimental to the repute of Pfizer's registered trade mark."*

Then followed a list of what could only be called "consequences".

IAS was to *"immediately cease and forever desist from making or causing to be made the IAS representations or any representations which suggest that … paracetamol is associated with the development of meningococcal disease."* (Underlining mine.)

IAS was to *"immediately arrange the withdrawal of all current and planned advertising or other publications which make the IAS representations or which otherwise make misleading or deceptive references to Pamol®."*

IAS was to *"arrange, at its own expense, for corrective advertising to be placed in all publications in which the IAS Representations have appeared including the IAS Website."* It was to be the same size and prominence, and stating the reasons why IAS Representations were misleading and deceptive, and Pfizer was to approve the form and content of everything in advance.

IAS was to also provide a full schedule of all publications which contained either the assertions, and/or reference to Pamol®.

IAS responded[15] by saying that it had never said Pamol® *caused* meningitis, and conceded solely that the Trade-marks requirements had been breached, and removed everything which breached the Trade Mark Act. A lawyer advised a bit more bowing and scraping; advice which was grudgingly adhered to, and that's where IAS thought it would end.

But no. Pfizer decided that was not enough, and followed up with another letter[16] in which Mr Baltus demanded that IAS were not, in the future, to provide any information in the course of interviews, public statements or publications including information available from the IAS website, which would tend to suggest or imply:

15 IAS. 2004. "Immunisation Awareness Society – Pamol®." See response at: http://www.ias.org.nz/pdf/p_ias_letter_reply_040901.pdf

16 Baltus, M. (Pfizer). 2004. "Immunisation Awareness Society – Pamol®." September 15. http://www.ias.org.nz/pdf/p_pfizer_letter_040915.pdf

* that medication containing paracetamol is associated with the development of meningococcal disease;
* that the use of paracetamol in the treatment of children is detrimental, or
* that paracetamol is otherwise harmful.

The demand that IAS could never mention paracetamol was outrageous, since the word paracetamol is a generic term. No manufacturer has the legal right to attempt to control in what context the word paracetamol is used, or who uses it. Mr Baltus later claimed IAS had misconstrued his demand.

Independent information authored by me, stating my beliefs, was to be removed from the website and the statement on the website that *"paracetamol containing medications may mask symptoms and may lead to a worsening of the illness"* was detrimental to the goodwill and reputation of Pfizer, and was misleading to consumers, constituting direct advice to consumers not to use paracetamol in the treatment of their babies' and children's ailments.

Furthermore, if Pfizer did not receive the *"undertakings demanded"* by 5.00 p.m. Tuesday, 21 September, *"Pfizer reserves all rights in relation to the IAS Representations as stated in the 26th August letter."*

Given that the preparation of the original material was mine, as was my personal statement referred to on the IAS website, the letter was handed over to me to prepare a preparatory answer for the IAS.

I was in no mood to concede an inch with regard to a drug about which I and the IAS had said absolutely nothing wrong. Neither was I interested in either the legal posturing, or the "consequences". The only thing I was interested in then, and now, is that parents be told what existed inside the medical literature. As far as I was concerned, the issue had gone too far, and I would present the information to prove it.

So I sat down and wrote a preparatory 23-page letter with 34 questions and all key issues, which was sent to IAS to add to, refine and use as they saw fit. They added more information and then sent a modified letter to Pfizer[17] giving them four days in which to reply.

The reply was[18] that the four days given them was unreasonable, and that they would respond by Friday, 8 October. IAS waited with bated breath as 8 October came and went. After all, you would think that Pfizer would at least have something interesting to say to them in reply. Instead, on 20 October, Pfizer's reply[19] dated 18

17 IAS. 2004. "Attention, Mr Peter Baltus." September 21. http://www.ias.org.nz/pdf/p_ias_letter_reply_040921.pdf

18 Baltus P. (Pfizer). 2004. "Immunisation Awareness Society – Pamol®." September 30. Read at: http://www.ias.org.nz/pdf/p_pfizer_letter_041001.pdf

19 Baltus P. (Pfizer). 2004. "Immunisation Awareness Society – Pamol®." October 18. Read at: http://www.ias.org.nz/pdf/p_pfizer_letter_041018.pdf

October arrived. Note the time frames required when you have the upper hand!

What a yawn of self-promotion it turned out to be. Not one question was addressed, because as it said, *"Pfizer does not deem it necessary to address any of these",* and it primarily re-stated its peripheral baseless complaints of the previous letters, as well as informing IAS how wonderful the regulation process was, and how the New Zealand authorities were quite happy with Pfizer's information; that it met all regulatory requirements.

Pfizer continued to maintain that IAS's position was defamatory, detrimental to the goodwill and reputation of it's product and the company. Rehash, rehash.

There was one moment of hilarity for me. Pfizer took, as an example, question number 12, on page 10 in IAS's letter, and stated that in its view, IAS was "manifestly unqualified to make those statements".

| *Deleted* |
|---|

Any person or organization, when faced with absolutely clear medical literature, has a right to imply an opinion about perceived corporate hypocrisy, even when it is couched in a question.

The letter concluded with the final veiled "consequence" that *"Pfizer reserves its rights in relation to the undertakings previously requested of IAS."*

IAS was not about to do anything it had not agreed to, which left the matter with the removal of the picture of the product bottle and information from IAS's website, and leaving the "apology" there.

However, something kept annoying me at the back of my mind. I went back and had another look at the press release referred to in footnote #14.

I contacted various media outlets, and no-one had seen the press release. I looked on the Otago Medical School website, and couldn't find it. Normally when a press release comes out, it is given a number and put on the press release page.

Curious as to the reason why the press release had been issued, I contracted someone to contact whichever parties were necessary in order to clarify whether the press release was on Otago Medical School's website. I provided them with a copy of the medical article in question as well. I wanted a neutral party to handle the issues.

The person contracted e-mailed a copy of the press release to Otago Medical School, which said that whilst it was on its letterhead, it didn't know anything about it. Otago Medical School also said that the press release never came from the medical school, or went through it, so advised the investigator to contact Wellington Medical School to get clarification from the party concerned.

A reply was received from a Professor Peter Crampton, who had no knowledge of the press release. Further clarification was sought, but no response was received.

*A page has been deleted*

I decided for the first time in my life, to go down the road and buy some Pamol®!

I was keen to see just what Pfizer considered "information". The information on the outside of the bottle was not what I considered to be comprehensive information, even if it conformed to the legal requirements. But wait! The bottle said that if you wanted more information you could ring an 0800 number.

*Deleted*

Okay, the bottle said that if I wanted more information, I could go to a site called www.pamol.co.nz so there I went. And I have in my files a pdf of www.pamol.co.nz, which was a parked site containing absolutely zilch.

*Deleted*

A friend took a claim to the Advertising Standards Tribunal, on the basis that advertising a parked website on the outside of a bottle as a source of information, was false advertising. The claim was turned down on the basis that packaging information is not advertising.

In sitting back and thinking about it all, it was notable that there had been a great play in the media about how Pfizer had forced IAS to remove allegations, and misinterpretations, etc. In my opinion, the situation had been milked for all it was worth, as is done when the media is a willing participant in the game of one-upmanship. But the sentence that my eye rested on was his continual harping on about a product that was, "a 'heritage' brand, long relied on by New Zealand parents as safe and effective relief for mild pain and fever."[20]

Interesting, I thought. I wonder whether the parked site, www.pamol.co.nz is still there? I looked it up, only to find that it leads directly back to Johnson and Johnson in the USA.

In January 2008, my husband and I compared the outside of the "new" Pamol® bottle with the outside of the bottle I had bought in 2004. The information is much the same, except you are now referred to www.pfizer.co.nz for more information.

*Deleted*

20 2004. "Meningococcal jabs may need boost." *Sunday Star Times,* September 26, p. A13.

# 53 Pure Bliss Works Wonders!

*When Jenny and Will Prickmore drove through the entrance of the Pure Bliss Holiday Haven they hadn't the slightest inkling as to how they were going to spend their holiday. They drew up at the office, arranged for an indefinite stay, and as it was not the busy season they were allowed to choose their own caravan site. Their selection was in beautiful surroundings overlooking the waters of Lulling Sounds. Will stretched and breathed deeply before gazing around and generally unwinding. Preparations for a holiday could be quite stressful! Jenny boiled the kettle and they began talking about all those things you're supposed to do when you're on a vacation. Like making sure you leave all your worries and problems – and nightmares – behind! Little did they realize what an astonishing and startling sequences of events was about to unfold. It went something like this.*

*Donna Zopend was a logical starting point. The address they obtained was not far away so Will and Jenny decided to go for a walk that would include calling in to see if anyone was at home.*

*Both Donna and Mai were. After a pleasant and relaxing morning, the Prickmores left with all the articles, and feedback from them, relating to Phil Anthony, and as a bonus, information that would allow contact to be made with Phillip as well as Trusta Hunter!*

*Phil Anthony was still on Green Island, so Will rang him and they had a long, long telephone conversation.*

*The Abrahamsons invited the Prickmores to spend a few days on the Island.*

*Sound familiar?*

*So far, maybe! When people interact with other people they do so as unique individuals with unique sets of circumstances. There may be common features which will apply, but each person's end point will be unique.*

Petros and Phillip were able to identify with Will Prickmore's story and to begin feeding his insatiable hunger for the alternatives Green Island offered to the mountain of mindsets inherent in medical training and practice. Phillip especially found that having had to work through his own "withdrawal" symptoms quite recently, the opportunity to answer Will Prickmore's specific questions and to advise him in practical matters, strengthened his own convictions markedly.

While the men talked, so did Serena and Jenny. For Jenny Prickmore, Green Island was a revelation. Like a sponge she soaked up everything Serena could show her and tell her. Very quickly she became an uninhibited convert to all that the Island stood for. Her studies and practical involvement in the coming days would continue for years as she became a very knowledgeable and experienced person.

By the time the Prickmores decided to terminate their holiday, Will was able to return to Fall City ready for the changes that would be sure to follow at the Fall City Medical Centre.

Phillip and Trusta kept in close contact with Will and if face-to-face meetings weren't possible, the telephone was the next best option. There were lots of practical details to work through and plenty of opportunities for SIS and HISS to investigate if any suspicions wafted their way. Medical associations, councils and registration boards could be alerted and misinformed, with trumped-up charges to be decided according to costly, drawn out legal processes.

But three heads were better than one, and they set out to work with a will, for where there's a Will there's a way!!

* * * *

True to Will's word Max Comfort was invited to join the Prickmores for another evening meal. Naturally enough the issues that had contributed to the need for a holiday, became a talking point.

"What do you reckon, Max? Have days of Pure Bliss wiped away the worry wrinkles and the rapidly greying hair, or am I still a miserable, down-at-the-mouth, jabbem-haunted wasp?"

Max examined his friend in methodical mock minuteness before pronouncing his verdict. "I must say Will, that you appear to be several pounds heavier. You appear to have smile creases around the corners of your mouth, there seems to be a glint in your eyes that indicates a resolve that has been missing for quite a while, and I detect a certain…"

"Oh, shut up, Max", said Will good naturedly. "Is the improvement good or bad?"

"The transformation is fantastic," said Max enthusiastically. "I think it's time I put in a request for some long over-due leave. Anyway, what are you going to do now down at the Centre? Vaccinate?"

"No! I am not. Nurse Jabbem will be given a lovely new fashionable outfit to wear and among other things she will be overhauling my filing systems, records, etc, and providing the feminine touch so often lacking these days. But I am going to give boosters!"

"You're what?!" exclaimed Max incredulously. "How can you… how… you just said you weren't going to vaccination… and now… You mean you're going to use Everlasting Gobstoppers?"

Will laughed. "No. I'm going to give **confidence boosters!** To encourage parents who don't want to vaccinate their children, and I'll explain to the older folk why their 'flu shots are a waste of time, and that there are better ways more likely to keep them healthy. There's too much fear out there because people aren't told all the facts. I'll give them all the morale boosters I can, and shots in the arm with not a needle or any other vaccination method in sight. That's just the start. Jenny will be keeping me on my toes, bless her."

"You know, Will, … I'm not sure Ignor Factz would approve of our friendship. I'm almost a convert already."

# 54 Gardasil®: When a Placebo is Not a Placebo

In times long since gone, any pharmaceutical product used to be tested for safety, with one group of people using the drug and another group, the "control" group, using a placebo.

A placebo, in the context of a drug trial, was represented by an "inert" substance; something which had absolutely no impact on any biochemical, immunological or other measurable function in the body. In this way, the studies used to compare any adverse biological "effect" of the drug against the effect of ***nothing***.

Somewhere along the line, the whole concept of what a placebo is in relation to safety testing has changed. The principle was brought into play that if the drug or vaccine trialled is perceived to have a definable benefit and perceived to be "safe", then people in the placebo group given "nothing" are being deprived of a fundamental human right of being "helped" in a similar way to that presumed to have benefit for the group being given the drug.

That concept was then expanded to include the principle that it was unethical to take a group of people who might be at risk of some/any disease, and to "not treat" the controls with a vaccine of similar value, albeit against another disease. So, in the New Zealand MeNZB trials, the "placebo controls" got other presumed safe vaccines to different meningococcal diseases, so that "at the very least" they would reap some supposed "benefit". The reactions of the people getting the other vaccines were compared with the reactions of the people getting MeNZB. A similar outcome in both groups is presumed to mean that ***both*** vaccines are safe.

In the case of the testing of the drug Vioxx®, another drug, called Bextra, which was presumed to be safe, was used for the controls. It was assumed that if Vioxx® had side effects, then the people given Vioxx® would have more problems than the Bextra group, but at least the Bextra group was "helped" with a similar drug. The assumption was later found to be false, because Bextra had just as bad side effects

as Vioxx®, but because they worked out the same, both drugs were presumed to be equally as safe. In fact they were equally bad.

The last vaccine trial in which a proper inert placebo was used, was a BCG trial held in India in 1980.

Since then studies have used one of two methods. Either another vaccine is used as a control, or the "excipients" in the vaccine to be trialled are used as the "placebo". "Excipients" are everything that is in the vaccine, except the virus or antigen concerned. Why are vaccine excipients considered to be an inert placebo, any more than a different vaccine, or a different drug? Particularly if what you really want to know is, *"What is the difference in side effects between using something, and using nothing at all"?*

In the case of Gardasil®, the researchers did not use an inert placebo. Components of the vaccine (like aluminium) were used, except the HPV parts. A very small subset of people were given saline. With the rotavirus vaccine, everything in the vaccine (except the virus), including Vero substrate cells, was used as a "placebo".

The lynchpin vaccine study which set the stage for this use of "not-a-placebo", was an MMR trial[1] carried out in Finland in 1986. A re-hash[2] of this study was published 18 years later in November 2000, presumably to bolster worldwide confidence about whether or not the MMR vaccine is "safe".

While this 1986 MMR study used the term "placebo", many doctors ignorantly vaunt this study as a truly "inert" placebo controlled study. The placebo in the Finnish MMR trial was all the other "excipients" in the MMR vaccine, except the MMR viruses, and contained such substances as neomycin and phenol red. The "not-a-placebo" may also have contained Pestiviruses, since these were not looked for, or detected in commercial MMR vaccines until after this trial was done. This might explain the increase in stomach issues in the placebo group, since these viruses in animal vaccines are known to cause just such problems. But then, as the vet would say, your dog isn't you. Look in any pharmacopeia and you will find that neomycin is considered too toxic to be given via needle, and is mandated to be used only *on* the skin.

Phenol red is an "additive" which, for a very long time, informed parents have considered to be a no-no. These parents are the ones from the 30-year-old "Feingold diet" movement, who decades ago removed all artificial colourings and additives from their hyperactive children's diet, with seemingly miraculous results in most cases.

Doctors, however, appeared to disagree, and many parents were told that their

1 Peltola, H. et al.1986. "Frequency of true adverse reactions to measles-mumps-rubella vaccine." *The Lancet,* 1(8487): 939–42, April 26. PMID: 2871241.

2 Virtanen, M. et al. 2000. "Day-to-day reactogenicity and the healthy vaccinee effect of measles-mumps-rubella vaccination." *Pediatrics,* 106(5): E62, November. PMID: 11061799. http://pediatrics.aappublications.org/cgi/reprint/106/5/e62

children's re-found normality wasn't due to the Feingold diet, but to the fact that they as parents had finally figured out how to pay proper attention and care to their children. Any suggestion that additives might cause problems were viewed as the sad domain of the misinformed Luddites.

However, on 7 September 2007 *New Zealand Herald* readers[3] were informed of a study (which did not include phenol red), published in the *Lancet* proving that Dr Feingold had a point.

The New Zealand Food Standards spokeswoman Lydia Buchtmann warned New Zealand parents not to self-diagnose intolerances to additives, but to "seek advice from their doctor on what to avoid". Given that the *Lancet* study proves that medical journals have taken far too many decades even to know that there is an issue with regard to additives, let alone be well informed on them as of 2007, why would any sensible person ask the average doctor for advice on which additives to avoid?

The *Mail on Sunday*[4] and other UK papers took a totally different tack:

> *The research ... is a vindication for Sally Bunday, who founded the Hyperactive Children Support Group 30 years ago.*
>
> *She said: 'So many families have sought help from doctors and others, raising concerns about the effect of additives, only to be told it is nonsense and rubbish.*
>
> *'Children have been thrown on the scrap heap as fools or failures, yet the reality is that they have been harmed by the food we were all assured was safe.*
>
> *'The only surprise is that it has taken the government and its experts 30 years to confirm that parents were right all along.' She condemned the FSA's decision not to support a total ban on the additives.*

It's interesting that Sally Bunday was surprised that it took the government and its experts so long. Such delays are par for the course. After all, think about the time gap between the release of the yellow-fever vaccine in the late 1930s and the belated recognition that it was unsafe in the year 2000.

No doubt, the official recommendation may well be that a few more decades of very large, in-depth, hugely expensive double-blind "placebo" controlled medical trials to determine the role of food additives in behavioural issues will be necessary

3 AAP. 2007. "Additive linked to hyperactivity." *New Zealand Herald,* September 7, p. A3. http://www.nzherald.co.nz/section/6/story.cfm?c_id=6&objectid=10462182. Accessed 8 September 2007

4 Poulter, S. 2007. "Food watchdog condemned for ëtotally inadequate' response to harmful food additives." *Mail on Sunday,* September 7. http://www.mailonsunday.co.uk/pages/text/article.html?in_article_id=480207&in_page_id=1774&in_main_section=&in_sub_section=&in_chn_id=. Accessed 8 September 2007.

before doctors can give definitive advice. By that time, new and yet more untested additives will have replaced the old ones. Who knows, they might even be worse than the old, and so the cycle might start again.

Why does it take someone like Bill Statham[5] to point out to the *Sunday Star Times* that New Zealand Food authorities appear to consider a whole raft of colourings and chemicals that are banned elsewhere, to be inert substances which can do no harm to anyone?

Perhaps in 30-plus years' time, the blindingly obvious might occur to medical experts: that there are fundamental flaws in the way foods, drugs and vaccines are tested. These flaws centre around the meaning of the words "placebo", "control group" and "variables," "genetic susceptibility", and "epigenetics" and also around the flawed assumptions behind the designs of so-called gold-standard scientific studies.

If you ask the wrong questions, you will get the wrong answers. The problem is that no one will realize that the questions, assumptions and answers are wrong, because everyone assumes that researchers are right every single time.

If a doctor tells you that the MMR vaccine was trialled with a proper placebo and provided the first proof of what they now call, *"The healthy vaccinee effect"* which dismisses most reactions as being merely normal infections anyone can get even if they didn't have the vaccine, most parents would believe that. But is it really true?

The first 1986 study[6] which looked at 581 pairs of twins, states that the vast majority of reactions are unrelated to the vaccine. It says, on page 940, that the placebo was, *"the same product including neomycin and phenol-red indicator but without the viral antigens"*. Is that really a placebo?

This study had some very interesting and disconcerting findings, which are glossed over. During the first week, coughing and runny noses were more common in the children who received excipients *PLUS* the viral antigens (the complete vaccine). However, from day 9, the same symptoms were very much more prevalent in the children who received the vaccine *MINUS* the viral antigens (the supposed placebo). On page 942 we read:

> ***"Respiratory symptoms, nausea, and vomiting were more common in the controls than in the vaccinees from the second week onwards, as though the MMR vaccine had had a protective effect … Thus the MMR vaccine might, in fact, give some transient protection against the common cold."***

5 Boland, M.J. 2007. "Suspicious chemicals in NZ chocolate. Author reveals the hazards in our diet." *Sunday Star Times.* December 30, p. A5.

6 Peltola, H. et al.1986. "Frequency of true adverse reactions to measles-mumps-rubella vaccine." The *Lancet,* 1(8487): 939–42, April 26. PMID: 2871241.

In the 2000 revisit of this study[7], the authors concluded that these same respiratory events seen after the "placebo" had been administered were just as common amongst healthy children who would normally receive nothing – not even a vaccine minus viruses. They should have asked themselves whether or not their presumed "inert vaccine excipients" might have been exerting definable adverse biological affects in some children.

They stated that the MMR was virtually harmless; that *"many small children became mildly ill within a week or so with no relation to vaccination (the healthy vaccinee effect)"... MMR vaccine was, "virtually nonreactive ..."* Readers are told that *"controlled studies on vaccine reactogenicity are rare and uncontrolled studies exaggerate findings."*

All local reactions were dismissed because they happened in both the vaccination and the "placebo" group. It didn't bother the researchers that, "Respiratory symptoms ... increased by 15% to 20% during the first 10 days and did not subsequently decline." While they said, "Surprisingly, this occurred identically in vaccinees and placebo recipients," they were not surprised enough to ask themselves whether or not the placebo was actually doing something negative, just as the vaccine was, rather than representing a nil effect in both groups. Pretty much everything was attributed to *"concurrent factors, probably commonplace infections"*. Where was the proof of this? The authors then stated:

> *"This healthy vaccinee effect has never been so indisputably documented before. Were this phenomenon fully understood and explained to parents before vaccination – many misunderstandings (and lawsuits) would be avoided."* (Underlining mine.)

They continue, when discussing the booster shot, to say, *"We deem the second MMR vaccination to be virtually harmless ..."*

I believe this study is a landmark, worrisome whitewash, based on totally unscientific assumptions.

The 2000 Pediatrics rework of the 1986 study was brought out at a time when researchers were feeling the pressure regarding the safety of the MMR vaccine. When you read it, its hard to escape the feeling that potentially negative data was ignored because the researchers didn't recognize the fact that the placebo was not a placebo at all.

And what parents would question them? These authors would never be considered to have delusions of grandeur, because they are considered the ultimate in scientific vaccine research gurus.

7 Virtanen, M. et al. 2000. "Day-to-day reactogenicity and the healthy vaccinee effect of measles-mumps-rubella vaccination." *Pediatrics*, 106(5): E62, November. PMID: 11061799. http://pediatrics.aappublications.org/cgi/reprint/106/5/e62

If other parents, like me, dared to voice the thoughts I have voiced here, they would probably be told that since they never went to medical school, they have no right to think such thoughts – let alone voice them for public consumption.

Following on from deaths of Gardasil® recipients in USA, two more children have died[8] after receiving Gardasil® in Europe. Yet again, experts say that the vaccine had nothing to do with the deaths. Will parents of children who react after Gardasil® continue to be told that reactions are "nonsense and garbage"? Probably. But if the children had died after taking a herbal supplement, or fish oil capsule, the product would be banned and dangers of alternative medicine expounded mercilessly.

The history of vaccination – from the days of Jenner, 200 years ago – have a repeatable mantra that goes like this: "Vaccines are safe and effective, and serious reactions are one in a million".

Departments of Health, and most doctors, implicitly believe everything drug and vaccine companies say, without question. Regulating authorities don't seem to be any less wary either.

When doctors are told vaccines are safe and effective, they believe that statement is based on valid data. Doctors don't look at the "placebo", or "controls" to see if there might be basic flaws in the science. This is why your doctor will usually deny any relationship between a vaccine or a drug and a side effect.

That is why people who continue to report bad statin drug reactions, or Gardasil® reactions will be ignored, and why most doctors will remain in denial about both drugs and vaccines.

If the science behind epidemiological or drug trials were correct, why would such books as ***Follies and Fallacies in Medicine***[9]and ***Lipitor®, Thief of Memory***[10] have been published? They are just two out of many such books.

If we take note of a term used in the pharma-funded pseudo-research previously discussed, called ***Project Smile,*** then, in the ***not*** too distant future, you will also not be calling any symptoms or events after vaccines either ***side effects*** or ***adverse reactions.***

The new term to be phased in is ***"expected events".*** Amazing! Did those girls expect to die after they were given Gardasil®? Get used to it. Hysteria, and ailments requiring physio might also be ***"expected events"!***

It is thought … that the new risk-management policy, which redefines what I'd call "fob-off excuses" and calls them ***"reassuring positive language"*** … will result in improved consumer compliance.

8 Hope, J. 2008. "Alert of jab for girls as two die following cervical cancer vaccination." *Daily Mail,* January 25. http://www.dailymail.co.uk/pages/live/articles/health/healthmain.html?in_article_id=510221&in_page_id=1774

9 Skrabanek, P. et al. 1989. *Follies and Fallacies in Medicine.* Tarragon Press. ISBN 1-870781-05-8.

10 Graveline, D. 2006. *Lipitor® Thief of Memory.* www.spacedoc.net. ISBN 1-4243-0162-9

# 55 You Can't Sit on the Fence

*For D'Different Ones the befriending of Phil Anthony, and he of them, had been a shot in the arm of a very different non-medical kind. It had been a wonderful muscle-building few weeks for everyone who had watched mindsets being broken down and replaced with the transformation that comes with a consequential renewed mind. Donna's reporting skills had resulted in a great deal of public interest, most of which was very positive. Phillip was well launched on his new career pathway, and there would be no shortage of opportunities opening up before him, but they knew that every piece of red-tape that could be manufactured, and every bureaucratic intervention, would be hurdles to overcome. It had happened before. D'Different Ones' strength and resolve did not require the injection of some suspect substance decreed necessary by a system. Devotion to maintaining friendship, freedom and fervour provided an exciting and stimulating atmosphere in which to breathe and absorb the type of health and strength that no drug company could ever incorporate in a vaccine, pill or capsule.*

*When Eccles had described his work as a Converted Hunter Exposing Systems' Methods he had really meant it. D'Different Ones assisted him whenever the opportunity arose. They realized that the systems which affected their everyday living were inextricably interwoven and there was always a need to be on the alert for the subtle ways in which the general public could be caught up and carried along in carefully orchestrated "campaigns". These were designed to advance the agendas from "The Boss" through numerous agencies unknown to the vast majority of people. Societal attitudes had a habit of just "happening" insidiously, and often by the time people realized the changes had taken place it was too late to do anything about it. Such fait accomplis litter the pages of history.*

*Because of his time as an employee of SIS (Systems Integrating Suspicions) Eccles*

Hunter was very familiar with the directives that were frequently sent out by The Boss. He had also worked alongside many of those in the various organizations supporting the structures on which the systems depended. With Trusta's keen interest in things medical, it was only natural that Eccles was deeply involved in her work too, but he also kept close tabs on the Education system – a system which had a major impact on the others. The activities of two operatives in particular, Porno Smutt and Iddy Ott, were of special importance to him. He knew what these men had been instructed to do and they were well qualified to meet The Boss's expectations! The health curricula used by learning institutions included sex education, and this was becoming increasingly liberal and permissive. Protected sexual experiences and experimentation were encouraged, and pornographic web sites on the internet ran into many thousands. HIV, AIDS and STDs were not declining under these conditions and it was obvious that the pharmaceutical companies' profits benefited by providing products which were presumed to give protection with minimum responsibility on the part of the user. After all, discipline and self-control were not marketable items, apart from which, how many could exercise them in the heat of passion and self-gratification?

Iddy Ott took his mandate very seriously. By dispensing with a creator God, and substituting a theory of evolution originating in primordial slime, he was removing the foundation of standards and values based on absolutes, by eliminating the Absolute and substituting the shifting sands of situational ethics. If it feels good, do it, and don't worry, because with human cleverness ever on the up and up, everything will be OK in the long run. Ignoring the realities of the unchanging laws that hold the world together, the marvels of nature, and our bodies that declare we are fearfully and wonderfully made, Iddy Ott fell into the trap of professing to be wise, but failing to hear the assessment of the ultimate Authority of infinite Intelligence – only the fool says in his heart, there is no God. The Boss had altered one word – only the fool says in his heart, there is a God – and those who believed him were paying the price both in dollars and physical and mental suffering. The fact that shares in pharmaceutical companies were a very good investment did nothing to ameliorate the pain and distress in everyday living.

Many of the D'Different Ones had turned their backs on this sort of vicious cycle. The transformations they had experienced and the whole new outlook on life created a deep yearning to rescue others still caught in the trap. Exposing systems methods did not mean sitting in judgment on other people. The system, yes, but

*what* ***they*** *had experienced,* ***others could too.*** *This was the motivating force which inspired D'Different Ones. It could be lonely work, and you needed a thick skin, but the rewards provided a further incentive to keep them going. Phil Anthony was a trophy they accepted gladly. In fact, every D'Different One represented stolen ground that had been reclaimed.*

*The Boss, of course, saw things quite differently and acted accordingly! He must be seen to be always winning, and of course, always right.*

# 56 Gardasil®: God's Gift to Women[1]

In the article "God's Gift to Women" the vaccine developer lays out, quite clearly, what he know about the human papillomavirus (HPV) and the vaccine, but let's break what he says down into sections.

On the first page Ian Frazer's base statement is:

> *"The nature of HPV infection, the consequent health problems, and the host response to infection have been defined during vaccine development … the fact that they [i.e. HPV cervical infections] persist more frequently in immunosuppressed patients suggests a role for specific immunity in viral elimination."*

In terms of infections that just go away, he says: *"The mechanism of regression remains uncertain …"*

We are told that because only about 50% of people develop antibodies in the first year after the initial infection *"antibody naturally induced by PV infection may not be the sole means of protecting against further infection …"*. Natural immunity to PV infection in humans is complex, with a role for innate immune responses, as well as cell-mediated immune responses to viral non-structural proteins.

In another place he says: *"Protection against reinfection with PV seems solid in those with congenital antibody deficiency, suggesting that cell-mediated immunity as well as antibodies may play a role in protecting against reinfection."*

In other words, you don't need to make antibodies to have solid immunity to HPV.

So if anyone turns up with no antibodies to HPV, will they be told they have no immunity?

He then goes on to say: *"natural infection produces only weak specific serological responses …"* it remains unclear whether natural immunity induced by

1 Frazer, I. 2006. "God's Gift to Women: The Human Papillomavirus Vaccine." *Immunity,* 25(2): 179–84, August. PMID:16920633.

infection protects against subsequent viral challenge. … *"The basis of protection remains unclear."*

Which starts the mind ticking over, because previously he said that host response had been defined. "Defined" clearly doesn't mean either "understood" or "explained".

The word "weak" used with regard to natural immunity is a very interesting choice, because here we have a situation where, in the case of 99% of people, the development of natural immunity is lifelong and perfectly adequate, yet the author defines antibody in the blood as indicative of a "weak" response? "Weak" as opposed to what? Weak implies "not enough". But if natural immunity is solid enough for the VAST majority of people, that is not "weak" immunity in the total picture.

However, the purpose of the human papillomavirus vaccines is to give you "good" immunity, not "weak" immunity.

Both commercially produced HPV vaccines produce antibody responses *"10- to 50-fold greater than those that follow natural infection."*

Peak antibody responses 2–6 months after three immunizations, gradually fall over the first two years and then plateau at an amount about 10–20 times the average observed in response to natural infection, with constant amounts observed at least over the next three years. *"The reason for the observed persistence of antibody is unclear."*

But then, what can I make of the following incredible statement?

Antibody is *"likely"* to be the mode of protection against infection induced by vaccination, although *"this has yet to be formally established"* because the vaccines to date have proven to be 100% effective in clinical trials, *"and therefore no correlative marker of protection has been defined."*(Underlining mine.)

Having "defined" the host response, which would lead you to assume the researchers knew how the vaccine would protect the recipient, we are told that *"no correlative marker of protection has been defined"?*

Tricky. I was getting really uneasy about this paper, and in particular the language used repeatedly. "Should," "Might," Suggests," "remains unclear," "is unclear". The more I read it, the more I felt that actually, Dr Frazer is crystal-ball-gazing. They may have defined something … a bit like me saying to you, "Here is my computer, that's the tower, that's the monitor, if I do this on the keyboard that might happen … oops … Do I know how a computer works, and how to keep it going correctly? … You have to be joking!"

That's what this study reads like to me.

But then I took another breath and plodded on because Ian Frazer starts talking about the blindingly obvious:

> *"Cervical cancer is predominantly a disease of the developing world, with >250,000 deaths per annum … However, it will be necessary to evaluate field effectiveness of the vaccines in the developing world, particularly in view of the malnutrition, endemic malaria, and adolescent iron deficiency, each of which impact the development of new immune responses and are concerns in many countries with a high prevalence of HPV infection and cervical cancer."* (Underlining mine.)

Another article inflates those figures[2] somewhat, saying: *"Almost 500,000 new cases of cervical cancer and 270,000 deaths among women are reported each year. Eighty-five percent of these deaths occur in developing countries. Because screening and treatment programs are not widely available, cervical cancer affects mainly poor women with limited access to health services."*

So the answer to the developing world's woes is a vaccine? Do you disregard the basic cause of the problems with the immune system which are caused by the malnutrition, endemic malaria and iron deficiency? This vaccine will return billions in profits – so will any of that profit go to sorting out the key basic issues as to WHY cervical cancer is predominantly a disease of the developing world?

The developing world which has the largest proportion of cases and deaths, cannot afford this expensive designer vaccine. But the rich countries, where cervical cancer accounts for only 15 percent of the worlds deaths, can, so they are the countries to go after first … to achieve Dr Fraser's dream:

> *"It would be a most satisfying outcome from my involvement in HPV immunology research to see the vaccines effectively deployed in the developing world within our lifetimes."*

That … was his closing statement.

But as I sat back and thought about all the things that he said were unclear, and totted up everything the experts actually do not know about both the vaccine as well as the viruses, and balanced that with the acknowledgement that cervical cancer was as bad as it was in places like Africa because of the appalling living conditions left as they are, I got pretty annoyed.

I suspect that far from Gardasil® being "God's Gift to Women", God wasn't even sent a copy of the study protocol, aims and objectives, or asked to comment. He might just have suggested using the billions of dollars that will be spent on the vaccine to deal with the real issues. To me, the title of the article is an insult to God – whether you believe in God or not.

2 Batson, A. et al. 2006. "Chapter 26: Innovative financing mechanisms to accelerate the introduction of HPV vaccines in developing countries." *Vaccine*, 24 Suppl 3:S219–25. Epub 2006 Jun 6. PMID: 16950010.

# 57 Complex Encounters

*Robbin de Light, senior pastor for the Church of the Divide in the region, had glowed with pleasure when he had received the e-mail from "The Boss" congratulating him on the steps he was taking to create a higher profile in Fall City, as well as establishing the church's presence in Whittle Downs. No time had been wasted in implementing these goals. The Community Centre facilities built into the Super Complex provided a meeting place for church sponsored activities, and the new pastor, Farr Short, who also served the Fall City parish, was thrilled with the arrangements made available to him. There was always plenty of activity in the Complex. The bright lights continually beckoned, and the miscellany of sounds never ceased their clamour. Here people of all ages could be drawn into activities which were supposed to keep them busy, and the pastor could spoon feed his flock with regurgitated pap designed to ensure an over-dependence on the leadership for "spiritual nourishment". To assist him in his work, Farr Short had engaged Acton Sight to oversee many of the routine pastoral responsibilities, especially visitation and encouraging attendance at all the organized activities making up the weekly programme. Sharing in the bright lights of the Complex would be an added incentive to "come along"!*

*The predominance of low to middle income families in Whittle Downs with both care-givers working, meant there was a demand for child-care centres to cater for the new-borns through to young adolescents. The provision of such facilities was inadequate and many parents could not afford the cost of such supervision. After-school and weekend activities took a long time to establish and often struggled because of the lack of volunteers prepared to become glorified babysitters. School vacations were the most difficult times, and many parents had to take time off work, if they couldn't make other suitable arrangements. Inevitably, children with time on their hands drifted towards the bright lights and the latest technology that*

would provide the newest thrills and excitement – until they got bored. Then the devil within provided something else for idle hands to do. The police and graffiti removers were kept busy.

Although it would be hotly denied by the developers, the speculators, the investors, the promoters, the suppliers, the advertisers, the profiteers and the multiplicity of organizers all claiming their latest "new' ideas for every conceivable social concern, the real problem lay within systems that fuelled the selfish "me-first", must-have, too-bad-if-someone-gets-hurt attitudes that exist within human nature.

The suburb of Whittle Downs and its Complex had been designed for that purpose. Stan Firmly and his property were an anathema to the whole concept. Yet the reality was that this land, with the miracle of its transformation, was a symbol of hope to so many people in Whittle Downs and beyond. Here was an oasis offering abundant space for outdoor activity amidst quiet, peaceful and beautiful natural surroundings. It meant so much to Eccles Hunter and to numerous other D'Different Ones. It was here that he had made his first steps of withdrawal from his involvement with the SIS and its superior, The Boss. His resignation and his subsequent exposing of systems' methods also severed any connections he had had with his former work associates, including Robbin de Light and the Church of the Divide. In the intervening years he had been ostracized by these people. Never once had he been close enough to talk to any of them.

Trusta and Eccles had driven over to Stan's property to see him and the Kerrs. Ernest and Anne were expecting the birth of their first child and Trusta and Norma Lee would be providing the support for a home birth. Stan was quite excited at the thought of becoming a surrogate grandfather!

Eccles decided that he would use the time to wander down to the Whittle Downs Complex. He never enjoyed the atmosphere of the place, but it was one way of keeping his ear to the ground so as to be in a position to speak out on issues that needed to be brought into public view. The walk through Heaven's Tableland made up for the physical and mental battering he received across the street.

It was while Eccles Hunter was trying to systematically make his way through the different levels of the Complex that he literally bumped into a couple of men. They had emerged from the entrance to the Community Centre and were talking animatedly.

"So sorry", said Eccles.

"Our fault. We should have been looking where… Hey. Look who we have here!

You're Eccles Hunter aren't you? The guy who changed sides some time ago. Robbin de Light keeps talking about you. In fact you were the subject of our conversation when you banged into us. That's right isn't it Acton?"

"Well, I apologize for interrupting such an important discussion. Yes, I am Eccles Hunter. I certainly know your friend Robbin, but I don't think you and I have met, have we?"

"Not that I know of. We probably wouldn't have much in common. However, I'm Farr Short and this is my colleague, Acton Sight. We are pastors in the Church of the Divide here in Whi…".

"Pleased to meet you," said Eccles holding out his hand in a genuine attempt to be friendly.

The pastors looked at each other before they hesitantly shook hands.

"You said you were talking about me when we intercepted each other," said Eccles with a smile. "Can I assist you in any way now that you are facing what you call the "other side"? I must say that I'm not such a bad guy. I hope Robbin has his facts right before he speaks to you about me."

Farr Short was obviously caught off guard by Eccles' approach, but Acton Sight jumped right in. "Yeah, I've got a few answers I'd like from you. Why do you always seem…"

Eccles was quite prepared to spend some time with these two, but this was not the place to do it. "Could we go somewhere quieter?"

Farr Short had had time to formulate a response. It would be two against one and what better place to go than their meeting place at whose doors they were still standing. It would be their ground not his. "Come in here," was his brief reply.

The three men spent a very interesting time together. The pastors were not openly hostile but they made it quite clear that **their** position was justifiable and he was in the wrong. They homed in on his defections from the SIS, as well as his frequent utterances exposing aspects of the systems in which they operated and strongly supported. They condemned D'Different Ones' attitude to antisystematosis and the Pluracydefex vaccine.

"You are always so negative," said Acton bluntly. "After all, the majority rules. You must go with the flow. Q-4 Health Pharmaceuticals, the Health Ministry, SIS, HISS, ISM, Ministry for CCC and generous sponsors like the Angel of Light Publishing company are all acting in the best interests of society."

"And this Dr Anthony business," chimed in Farr Short, "From what we can

*discover, you and your cronies have been working on him. Have you thought about how many people you are upsetting and unsettling? Do you realize how many people don't know what to believe after reading all this stuff in the newspapers and magazines? It is making our job much more difficult."*

*"And another thing. Our family doctor, Will Prickmore, seems to have really flipped. Here we are quite happy with our children having their vaccinations and getting all the give-aways that kids like, even if we spend a fortune on paracetamol; and blow me down, when my wife went to see him the other day he started explaining that he was not going to vaccinate any more, that there were more important things to do, blah, blah, blah. Now we'll have to find a new doctor. All because of what you did to this Dr Anthony bloke."*

*Eccles let them run out of accusations and invective before replying.*

*"I have nothing to defend, but maybe you have.*

*"I know what I believe, do you?*

*"I am sure you know something about a fellow named Saul who once travelled the road that led to Damascus. He was kicking against some goading pricks and they hurt. When he stopped resisting what he knew was the right way, life began to be worth living. I've found that to be true and it made all the difference to my life's directions. If you don't like what I expose, then maybe your mindsets are the reason. Antisystematosis is an invented disease with a plurality of imagined dangerous side effects. Dangerous to whom? Dr Phillip Anthony was not coerced into changing his mind on medical issues. It was by having time to study, think and observe without the pressures of a system squeezing him into its mould, that he eventually wanted the public to know the truth. Have you carefully read what he has said and intends to follow? Perhaps your church bookstalls should have multiple copies of the articles written by him and about him, instead of literature of dubious moral content approved by Robbin de Light. And no, Acton, you don't have to find a new doctor unless your mind is so closed to what Dr Prickmore is trying to explain to you, that you cannot see the validity of taking more responsibility for your family's health. How many Judas sheep are you following and where will the organizations they represent, lead you?*

*"There is a great deal more I could say, but as you will also know, there are none so blind as those who will not see, and none so deaf as those who will not listen. Concentrate on the Truth that will lead any genuine seeker into all truth. Thank you gentlemen for being so engrossed in the subject standing before you, and if I*

*can be or more assistance I'm sure you will know where to find me. It's a beautiful day outside and Heaven's Tableland always provides a feast. It's free to all. I hope that some day you find it so. It is so close. All you have to do is take a few steps in the right direction. It's as easy as crossing the road.*

*'Bye for now."*

# 58 HP Viruses and Infections: The Bottom Line

I first read about Gardasil® vaccine in a 1993 article[1] many years ago which quoted Professor Ian Frazer as saying:

> *"We hope to prevent infection by this cancer-causing virus by blocking the docking mechanism by which the HPV[2] cell binds to the human body."*

Thirteen years later, a press release[3] from Rochester Medical Center, which, in part, assisted in the development of the vaccine by using cow warts and surveying nuns and priests, said:

> *"Most people fight off the virus and never even know they were infected."*

There is something else all women should know, relating to the "outcome of interest" which is "cervical cancer in situ or worse". The question is, how likely is progression of risk, and what is the time frame within which there is the greatest risk of that happening?

> *"The majority of cases of mild dysplasia[4] will regress to normal cytology, as will approximately half of those with moderate dysplasia, and most of these regressions occur during the first 2 years after diagnosis of the*

1 Samson, A. 1993. "Cervical cancer vaccine trialled." *Sunday Times,* January 10, p. 14.
2 HPV = human papillomavirus.
3 Rickey, T. 2006. "How Cow Warts, Clergy Sex Surveys Moved Along Cancer Vaccine." *University of Rochester Medical Center,* June 8. http://www.urmc.rochester.edu/pr/current_research/Cervical_Cancer_Vaccine/. Accessed on 23 November 2007.>
4 Holowaty, P. et al. 1999. "Natural History of Dysplasia of the Uterine Cervix." *J Natl Cancer Inst*, 91(3): 252–8, February 3. PMID: 10037103. This study is free, so read it at: http://jnci.oxfordjournals.org/cgi/content/full/91/3/252

*dysplastic smear ... Most of the excess risk of cervical cancer for severe and moderate dysplasias occurred within 2 years of the initial dysplastic smear."* (Underlining mine.)

This time frame has a direct bearing on the Gardasil® vaccine trials, and particularly on the naïve participants, because the first few years of exposure, and how efficiently the body deals with the virus – depending on the epigenetic risk factors of the woman – will determine how well the body fights off the virus in that time.

What are the "triggers" which result in a tiny proportion of women getting cervical cancer, and the majority never even knowing they were infected?

And it's not as if the researchers have had no opportunity to find this out, because there are over 200 types of HP viruses – possibly millions – which apparently all play switcharoo, as I found when I came across a USA Food and Drug Administration human papillomavirus workshop transcript.[5] Here "experts" were discussing what they don't know about the human papillomavirus, based on what happens in immunosuppressed patients with HPV neoplasias, who are easy to study, because the virus is easy to detect.

Some extracts of the workshop, interspersed with my questions and comments, go like this:

Pages 84–85: *"It is known that these patients all have particular cell-mediated immune deficiencies."*

Okay, so we know that to get cervical cancer, there has to be a cell-mediated glitch in the system.

*"... Again, suggesting that particular arms of the immune system are responsible for either containing or failing to contain different subgroups of the papilloma viruses."*

*"As we look at these women over a period of time through these six month or so samples, what we also find, and other labs have exactly the same results, is every time we sample, you may or may not see the type you saw before. It may switch. (Page 85:) ... we have this patient who had 6 plus 16, and then 11 plus one that was minor and we couldn't tell, then type 2, and then type 40, and then we had a type 4, but the others disappeared."*

Great. So it's a chameleon as well.

Pages 87–88: *"I feel that they are virtually ubiquitous. They are typically subclinical, persistent, or latent infections. There are staggeringly large numbers of genotypes if we take the care to look."*

How much have they "cared to look" in the past?

*"I might say that the reason these are typically not found is that people use*

5 Minutes vaccine cell substrate meeting. http://www.fda.gov/cber/minutes/0910evolv.txt. My pages 88 and 89 – I saved it to a Word™ document (perhaps pages 86 or 87 in the original).

*generic cross-hybridizing probes or have cut off their probe sets. If you're not probing for something, you are not going to see it."*

So the observers haven't got accurate testing, yet are presuming it will show everything?

Pages 88–89: *"We have found a brand new HPV type for every 10 people that we have looked at. Philodelius and Ethel Michelle Diveres and zur Hausen and Shamen in a European study of tutanius papilloma viruses have found a new papilloma virus for just about every other person they have looked at when they use the combination of nested PCR and DNA sequencing."*

So how many types are there? Who knows?

*"Robbie Burke's group, Jill Polefski's group, have very comparable experiences looking at anal papillomas or female genital tract. It is my contention right now that instead of 80 HPV genotypes or 150 that have been officially named, that there probably are millions of variants, virtually a continuum."*

Therefore how can doctors possibly know in advance, that Gardasil® will prevent 70% of cervical cancer, 40 years on from now?

*"We feel that basically everybody has their own personal microflora, that these are passively acquired or vertically acquired, not necessarily sexually, but certainly possibly sexually."*

Passively acquired? Vertically, i.e. mother to child? Not necessarily sexually?

*"… and that they simply are part of the human condition as are microflora, just as we have microflora composed of bacteria and many other viruses, and that they basically are utterly ubiquitous."*

So, if you take out the most common HP viruses and create a vacuum, what might step into the hole?

Pages 101–102: *DR BROKER: "Yes. Well basically, in this immense spectrum of what's now 37 different viruses that we found, those that are most typically associated with low and high grade dysplasia, the actual diseases, are the higher-risk types."*

*DR RUSSO: "So you are not suggesting that if you want to prevent cervical cancer, we should focus on different types of the one already identified?"*

*DR BROKER: "Well the real problematic thing for any clinical management, either vaccination programs or small molecule drugs, is this absolutely exploding number of virus types."*

In other words, they cannot possibly predict anything, with any accuracy.

*"The one thing that I think is going to – and I commented a day or two ago that in the U.S. alone today, there are over 250.000 to 300,000 people immuno-suppressed just due to organ transplants,* (Page 99) *steroid use, or bone marrow transplants or AIDS. So there is an immense reservoir of particularly high-risk patients. Nonetheless, most of the diseases are still being caused by a handful*

*of viruses like 16, 18, 52. So I think, at least the ones we have to worry about today, are still manageable in number."*

We "think", *today,* so that's all that matters. What about those caught up in the tomorrows?

So, we know there are a huge number of these viruses, **perhaps millions**, and every time they turned around to look at someone, they found a new type.

Here's the sentence that matters: *"We also know that in the developed world, herpes viruses which cause clinical problems are mainly a problem for people whose immune systems are suppressed somehow."* (Underlining mine.)

Let me repeat that: Herpes viruses which cause clinical problems are mainly a problem for people whose immune systems are *"suppressed somehow"*. Like people who smoke.[6] What epigenetic influences operate in women with a high viral load[7] which means their body won't dealing with the virus?

Are the real triggers which throw a person from being someone whose body would have fought off the HP virus, to someone who gets cervical cancer, *"epigenetic"*, or … the way they live?

Do a Pubmed search and put in the words "cervical cancer selenium" or "cervical cancer folic acid", grab some of the articles and have a read.

We're talking about relationships which researchers have known about for over 20 years. For example, there is this study which showed that pre-cancerous cells can be reversed by taking folic acid:

> *"… cervical dysplasia gradually decreased in the group supplemented with oral folate but remained unchanged in the group given the placebo."*[8]

As mentioned before in this book, folic acid is very important for correct gene copying when your cells renew or divide. Have a look at these titles from medical articles, and think about what they are really saying:

* Plasma ascorbic acid (Vitamin C) and beta-carotene levels (Vitamin A) in women evaluated for HPV infection, smoking, and cervix dysplasia.
* Nutrients in diet and plasma and risk of in situ cervical cancer.
* Decreased plasma beta-carotene (vitamin A) levels in women with uterine cervical dysplasia and cancer.
* Folate deficiency in cervical dysplasia.

6 McIntyre-Seltman, K. et al. 2005. "Smoking Is a Risk Factor for Cervical Intraepithelial Neoplasia Grade 3 among Oncogenic Human Papillomavirus DNA-Positive Women with Equivocal or Mildly Abnormal Cytology." *Cancer Epidemiol Biomarkers Prev,* 14(5): 1165–70, May. PMID: 15894667.

7 Song, S.H. et al. 2006. "Risk factors for the progression or persistence of untreated mild dysplasia of the uterine cervix." *Int J. Gynecol Cancer,* 16(4): 1608–13, July–August. PMID: 16884373.

8 Ziegler, R.G. 1986. "Epidemiologic studies of vitamins and cancer of the lung, esophagus, and cervix." *Adv Exp Med Biol,* 206: 11–26. PMID: 3591517.

* Plasma reduced and total ascorbic acid in human uterine cervix dysplasias and cancer.
* Plasma vitamin C and uterine cervical dysplasia.
* The role of vitamins in the etiology of cervical neoplasia: an epidemiological review.
* Low vitamin C intake as a risk factor for cervical dysplasia.
* Megaloblastic changes in the cervical epithelium: association with oral contraceptive therapy and reversal with folic acid.
* Improvement in cervical dysplasia associated with folic acid therapy in users of oral contraception.
* Smoking and cervical cancer – current status: a review.
* Retinoids as preventive and therapeutic anticancer agents.

Given that we know New Zealand soils are deficient in selenium, boron, magnesium and other trace minerals, might it be that those whose nutrition ***really*** leaves a lot to be desired are those who cannot clear HP viruses, and who are more likely to have cervical dysplasia?

Medical articles[9] and newspaper articles[10] since the early 1990s have published the fact that smoking and a diet low in crucial micronutrients are two key factors which result in the development and progression of cancer.

What are your risks of getting cervical cancer in New Zealand? Around 205 (8.5 per 100,000 women) cases are diagnosed every year[11] and the death rate from cervical cancer is 60 per year (2.5 per 100,000 women). Given that about 60,000 people are born a year, and let's guess 30,000 of those are female, then your chance of getting cervical cancer is one in 146. Why do 145 of the 146 who get HPV, never get cancer? Your chance of dying of cervical cancer is 1 in 500. Why do 499 people out of 500 who are infected with HP viruses, not get or die of cancer? What value will the vaccine be to the 144, and the 499 people?

Wouldn't you think someone might be interested in some really ***fundamental*** answers to questions like, "How can I prevent any cancer?" Are Nobel prizes collected by doctors advocating preventing cancers by removing epigenetic factors of lousy diet, and toxins, and persuading people to eat right, exercise and take responsibility for their own health?

9 Batieha, A.M. et al. 1993. "Serum micronutrients and the subsequent risk of cervical cancer in a population-based nested case-control study." *Cancer Epidemiol Biomarkers Prev,* 2(4): 335–9, July–August. PMID: 8348056.

10 *The Press.* 1995. "Diet and cervical cancer." May 11. "… the association between low vitamin A intake and high risk of dysplasia was the strongest link found … these results are consistent with previous studies … The studies' key message is to increase the variety and intake of fruits, vegetables, wholegrain cereals and breads. This will increase dietary intake of fibre, the antioxidant vitamins betacarotene, vitamin E and vitamin C, folate and other protective substances found in these foods."

11 New Zealand Health Information Service. 2004. "Cancer: New Registrations and Deaths 2000." New Zealand Ministry of Health, Wellington.

Perhaps it's just easier for doctors to say, "Why not have your 'cake' and eat it, and give everyone else their perks while you are at it?" If Gardasil® works, $300 or more is a small price to pay so that people can continue abusing the biochemistry of their body, while Merck nets billions annually in profits.

Don't get me wrong. I've no objection to anyone getting well paid for a decent day's work. A man is worthy of his hire. And when someone develops something which will net him at least a million dollars every year in royalties,[12] I have no problem with that either.

Unless what is developed is Gardasil® … and doctors and Health Departments decide to force every woman, man and child to be injected with it worldwide, while treating "vaccine-abstainers" as if they were some sort of "health terrorists".

Why does it matter if 145 out of 146 New Zealand women who would never have needed Gardasil® anyway, have the vaccine? Gardasil® can do no harm, can it? Can it????

But … I hear you say, "Gardasil® is designed to prevent 70% of cancers, so therefore it should prevent 70% of abnormal smears from ever happening."

That's a logical deduction, but it didn't happen in the licensing trials.

What say the predictions are wrong? What say "something" else happens instead? What might that be?

12 Spratt A., 2005. "Vaccine brings hope of wiping out cancer." *Herald on Sunday,* p. 22: "Frazer … stands to earn about $1million a year in royalties from the vaccine, might receive a Nobel Prize for the discovery."

# 59 Screaming Pitch

*"I could scre_e_a_m!*

*"I feel so frustrated. I … I … I don't know what to think! Oh…" and the tears began to flow and her body shook with the sobs that seemed the only way left for her to release her pent-up feelings.*

*Iona Questerman was indifferent to the little puddles collecting on the kitchen table. It had been a trying day and she desperately wanted to do what was right for her family and their newborn baby. Today, all her friends had showed their true colours, and she had been made to feel that she was an irresponsible mother. She should be doing this, that and the other thing, and she wasn't.*

*Her tears started to fall with renewed vigour. It was in this state that her husband Andrew, found her when he arrived home from work.*

★ ★ ★ ★

*Like many people in Fall City the Questermans had read the articles on Phil Anthony. They were infrequent visitors to Dr Will Prickmore's waiting room. They had had a home birth with Norma Lee and it had been a wonderful experience, but now the pressure to vaccinate was coming from others. After all that's what you're supposed to do! That's what her friends said, anyway.*

*Andrew listened as his wife unburdened herself. She gradually relaxed in his arms, and his embrace was so comforting. He wiped away the occasional tear that still managed to trickle down her face, but the smiles were beginning to reappear. They talked until they were interrupted by lusty, persistent cries as their little daughter demanded another feed. But by this time, both Iona and Andy knew what their next step would be.*

★ ★ ★ ★

"It's quite a while since I saw you last," said Will Prickmore, as he ushered the Questermans into his surgery. "And I see you're carrying a precious little bundle who needs all the love and care you both can give … him or her?"

"A bonny wee daughter," said Andrew proudly.

The doctor took a peep at the little face nestled in the car carry "seat" and smiled. He viewed babies differently these days. "And what brings you all here today?" he said as they sat down.

Iona wasted no time in replying.

"Doctor, I am so frustrated … so confused, and so … so determined to be a good mother and wife. Yet I have to admit I'm also frightened. There are plenty of people who want to tell us what we should do so as to be responsible parents. Since our baby was born everyone seems to have become an expert. We're being confronted with all sorts of packages, programmes, and schedules. Even little rewards if we do things at the "right" time or use the "right" products. We get bombarded with pamphlets, and all sorts of "facts and figures" are bandied around. Doctors speak a foreign language and bamboozle us with their fancy sounding long names. They depend on drugs in one form or another – not to mention vaccines, and the patient is either killed or cured. When will you come down from your high towers and listen to us and treat us as people who want to keep things as simple and as natural as possible?! Oh, I get so mad. I feel as if I'm going to explode! Andy honey, you tell him."

Andrew was ready to pick up where his wife had left off. He was a quietly spoken man, thrifty in his use of words, but with deeply held convictions.

"Doctor, we take health issues very seriously, and have had very little need to seek medical advice. We have been reading about Dr Anthony's assessment of the profession he has been serving for many years. No doubt you are aware of what he has said. We're here this morning to ask a few very simple questions. Is he right? Who are we to believe, and how much do we believe when we are being constantly subjected to hundreds of confusing voices every day? We are adamant that we will make the best possible choices, especially for this new life entrusted to us."

Will Prickmore looked at the passionate young mother, with blazing eyes, and the disarmingly quiet, resolute father sitting before him. His heart ached, but at the same time he was tremendously encouraged.

"Andy and Iona," he said slowly, "I am thrilled that you have been so willing to unload your concerns and questions onto me. I have been facing similar frustrations

*over the last few months and I am now more than willing to help you in any way I can. I am a changed man and I hope this practice will become a healing resource centre for many people. You may not remember what this place looked like last time you were here, but I hope what has happened to me is reflected in what you see and feel around you."*

*The Questermans had not expected this sort of response, and felt reassured by the sincerity of the man speaking to them. They had entered foreign territory and had been ready to encounter some form of hostility or a condescending attitude towards their frankness. Now Andrew and Iona looked around them. Gradually they realized just how different this place had become. It had lost its clinical appearance. Nowhere was there any poster, or chart, or advertising material. Pharmaceutical sponsoring on pens, notepads, coffee mugs and calendars was conspicuous by its absence. Even the usual medical "smell" had disappeared! The rooms had been transformed into comfortable attractive, non-intimidating areas with plenty of privacy. Colour and beauty played an important part in all the interior decorations. A children's corner included an illuminated tank containing tropical fish.*

*"And, my friends, I no longer vaccinate anybody."*

*This almost casually spoken statement seemed to hit Iona and Andrew like a clap of thunder.*

*Iona blinked. "You…* ***don't?*** *You won't?" She gasped. She could hardly believe her ears.*

*Will Prickmore smiled. "You heard correctly. I don't. And I won't. Behind that decision is a long story which I'll tell you about sometime. Meantime I would like to make a suggestion. You have given me a lot to think about and I need to talk to some of my like-minded friends. As you might be interested in meeting some of these Different Ones, what say I give you a ring in a few days' time, and we can arrange another get together? You have highlighted some very important issues which need to be addressed. Would that be OK with you?"*

*"That would be great!" and Iona and Andrew hugged each other before picking up their precious bundle. Was it just Iona's imagination, or had little Faith already grown stronger, more secure and certainly more beautiful?!*

# 60 The Importance of HPV Pre-exposure

Would a doctor from the FDA have mentioned that Gardasil® increases a person's risk of precursors for cancer[1] if they already carry the vaccine virus types, if that fact didn't matter?

**Why is everyone assuming that no one has any human papillomaviruses until they start having sex?**

Perhaps the reason for that assumption is that, before 2005, no studies had been done on the acquisition and clearance rates for mucosal HPV infection in infants.[2] Very few studies had been done looking at the incidence of HPV infections in anyone ***younger*** than adolescents.

The medical literature shows that HPV is transmitted from mothers to babies,[3] and that it's found in oral and genital mucosa of infants[4] during their first three years of life. Some studies show the detection rate of HPV DNA in oral swabs of newborn babies to be 87%[5] and 57% in the case of children: ***"There is also***

1 Associated Press, 2006. "Panel urges US to O.K. cervical cancer vaccine." *MSNBC,* May 18: "Dr. Nancy Miller, an FDA reviewer, cautioned that Gardasil® does not necessarily protect against one or more of the four viruses in people already infected before they get the vaccine, and can increase their risk for precursors to cervical cancer." http://www.msnbc.msn.com/id/12834187/from/RSS/. Accessed 31 May 2007.

2 Rintala, M.A.M. et al. 2005. "High-risk types of human papillomavirus (HPV) DNA in oral and genital mucosa of infants during their first 3 years of life: experience from the Finnish HPV Family Study." *Clin Infect Dis,* 41(12): 1728–33, December 15. PMID:16288396.

3 Puranen, M. et al. 1996. "Vertical transmission of human papillomavirus from infected mothers to their newborn babies and persistence of the virus into childhood." *Am J Obstet Gynecol,* 174(2): 694–9, February. PMID: 8623809.

4 Rintala, M.A.M. et al. 2005. "High-risk types of human papillomavirus (HPV) DNA in oral and genital mucosa of infants during their first 3 years of life: experience from the Finnish HPV Family Study." *Clin Infect Dis,* 41(12): 1728–33, December 15. PMID:16288396.

5 Syrjanen, S. et al. 2000. "Human papillomavirus infections in children: the potential role of maternal transmission." *Crit Rev Oral Biol Med,* 11(2): 259–74. PMID: 12002819.

*evidence that transmission in utero or post-natal acquisition is possible. The mode of in utero transmission remains unknown, but theoretically the virus could be acquired hematogenously, by semen at fertilization, or as an ascending infection in the mother."*

HP viruses have been found in hyperplastic tonsils and adenoids in Greek children,[6] in the mouths[7] of Japanese children aged 3–5 years, as well as in American children over the age of two years. Caesarean delivery[8] is not "protective" against oral HPV infection. Half of the HPV-positive infants in this study were born by caesarean delivery.

Another study looking at children found a very large transfer of the virus amongst children themselves[9] and concluded that HPV-16 DNA in the mouths of children was a transient event and that the virus is most probably acquired from their peers.

In 1994, after perinatal transmission of HP viruses 16 and 18 occurred in 55% of babies, the authors[10] cautioned that, *"Information on the persistence of perinatally acquired human papillomavirus is required before rational vaccination programmes can be considered."*

Persistent HPV 16 and HPV 18 infection[11] was found in infants in 1995, which led to the authors saying: *"the observation that infection with high cancer risk genital HPVs may occur in early life and persist is of considerable importance for HPV vaccine strategies."*

Similar comments were made in 1996[12] after different researchers found the same thing, but also listed studies which found HP16 viruses in children whose mothers did not have evidence of HP16.

Again, in 1998 researchers[13] said: *"Thus the traditional view that cervical cancer associated HPV infections are primarily sexually transmitted needs to be re-assessed…These facts are pertinent to those developing prophylactic vaccines to prevent high-risk HPV infections and cervical carcinoma."*

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6 Mammas, I.N. et al. 2006. "Human papilloma virus in hyperplastic tonsillar and adenoid tissues in children." *Pediatr Infect Dis J,* 25(12): 1158–62, December. PMID: 11174573.

7 Kohima, A. et al. 2003. "Human papillomaviruses in the normal oral cavity of children in Japan." *Oral Oncol,* 39(8): 821–8, December. PMID: 13679205.

8 Summersgill, K.F. et al. 2001. "Human Papillomavirus in the oral cavities of children and adolescents." *Oral Surg Oral Med Oral Pathol Oral Radiol Endod,* 91(1): 62–9, January. PMID: 11174573.

9 Mant, C. et al. 2003. "Buccal exposure to human papillomavirus type 16 is a common yet transitory event of childhood." *J Med Virol,* 71(4): 593–8, December. PMID: 14556274.

10 Pakarian, F. et al. 1994. "Cancer associated human papillomaviruses: perinatal transmission and persistence." *Br J Obstet Gynaecol.* Jun; 101(6): 524–7. PMID: 8018641.

11 Cason, J. et al., 1995. "Perinatal infection and persistence of human papillomavirus types 16 and 18 in infants." *J Med Virol,* 47(3): 209–18, November. PMID: 8551271.

12 Kaye, J.N. et al. 1996. "Human papillomavirus type 16 in infants: use of DNA sequence analyses to determine the source of infection." *J Gen Virol.* Jun;77 (Pt 6):1139–43. PMID: 8683198. http://vir.sgmjournals.org/cgi/reprint/77/6/1139.pdf

13 Cason, J. et al. 1998. "Transmission of cervical cancer-associated human papilloma viruses from mother to child." *Intervirology,* 41(4–5): 213–8. PMID: 10213899.

And what do we read[14] in 2000? *"The mode of in utero transmission remains unknown … The understanding of viral transmission routes is important, particularly because several vaccination programs are being planned worldwide."* (Underlining mine.)

On many occasions between 1994 and 2000 evidence was presented that infection in children is important in terms of vaccination programmes. In the face of such "knowledge", logic *would* suggest you ***should*** pre-test all pre-adolescent children, to make sure there has been no pre-infection, but that isn't going to happen. It would cost a fortune.

Another reason that testing children will not happen can be speculated from an application[15] to FDA, by a PCR testing-kit manufacturer. The company said that *"Digene HC2 test fails to identify 18 of the 29 HPV-16 positive cases, a failure rate of 62% in this series. This discrepancy is probably in part due to the fact that there are numerous HPV-16 sequence variants."*

The suggestion made is that all testing prior to 2007 (and possibly since) does not pick up at least 62% of viruses.

In a study[16] in 2000, researchers took 33 skin samples from 13 individuals, found 20 previously described HP viruses, and 30 completely novel virus types never before typed. (What might happen with a really good PCR test?) The authors made this very interesting comment:

> *"The ubiquitousness of skin papillomaviruses revealed in our study puts the supposed role of these agents in the natural history of certain skin cancers to a severe test. Obviously HPV DNA found in a skin tumour might merely be a passenger that has no relevance to the genesis of the malignancy."*

How common are HP viruses? At a presentation to the Center for American Progress, Thomas R Broker, President of the International Papillomavirus Society, gave the answer to that question[17]. He said: *"Papillomavirus is in, effectively, all the vertebrates: snakes, amphibians, birds, and almost all the mammals. This virus coevolved with the vertebrate kingdom, and it's just part of what it is to be alive. It's a virus that's extraordinarily successful at persisting and passing*

14 Syrjanen, S. et al. 2000. "Human papillomavirus infections in children: the potential role of maternal transmission." *Crit Rev Oral Biol Med,* 11(2): 259–74. PMID: 12002819.

15 Lee, S.H. 2007. "Reclassification Petition – Human Papillomavirus (HPV) DNA Nested Polymerase Chain Reaction (PCR) Detection Device (KO63649)." March 7. www.fda.gov/OHRMS/DOCKETS/DOCKETS/07p0210/07p-0210-ccp0001-01-vol1.pdf. See page 26.

16 Antonsson, A. et al. 2000. "The ubiquity and impressive genomic diversity of human skin papillomaviruses suggest a commensalic nature of these viruses." *J Virol,* 74(24): 11636–41, December. PMID: 11090162.

17 Deborah Arrindell, Thomas R. Broker, Neal A. Halsey, Gregory Zimet, 2006 "Preventing Hpv, Easy As 1, 2, 3 Shots? Ensuring Access to the New Anti-Cancer Vaccines." January 27, http://www.americanprogress.org/kf/hpv_event_transcript.pdf Pg 23.

*itself down to the next generation not just in people but in any animal you've ever seen. So it's something we just have to deal with."*

It's not a mysterious virus that's *suddenly* going to pop out and get you when you have sex. You are also not being told[18] that viral testing in 93% of initially infected women shows that the *same* viral type is not detected in a re-examination four menstrual cycles later. You are not being told that the mean duration of a specific HPV type in adolescents being "positively detectable" by a PCR test[19] is 168 days!

If finding an HP virus depends on being in the right place, at the right time, with a possibly substandard test which might have a 62% failure to detect rate, how do you feel about that?

Presumably, the fact that the test doesn't always pick up everything is the reason why Gardasil®'s manufacturer also used serology to try to confirm vaccine-trial participants' exposure to HP viruses?

Even if there was a test which you could guarantee would pick up all HP viruses you had had exposure to, at any time, if everyone who was to receive Gardasil® was tested, the test could cost about as much as the vaccine itself. Laboratories would be tied up forever and a day, because not only would they be picking up viruses, they would probably be typing new variants every day, due to HP viruses being ubiquitous commensals. While finding new viruses would expand the current hazy knowledge about exactly how many HPV types there are, that might just open up another Pandora's box, particularly when experts "justify" the mantra that Gardasil® will prevent 70% of cervical cancer.

Perhaps both FDA and Merck have already thought of that, because one month after Dr Miller's statement that a vaccine could *increase cancer precursors* when given to people already exposed, Merck put out a press release[20] saying that:

> *"The ACIP[21] stated that Pap and HPV screening prior to vaccination are not necessary. The ACIP also recommended that females can receive GARDASIL® regardless of whether they have, or previously had, an abnormal Pap test, a positive HPV test or genital warts."*

What you don't know, you can't worry about?

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18 Hinchliffe, S.A. et al. 1995. "Transience of cervical HPV infection in sexually active, young women with normal cervicovaginal cytology." *Br J Cancer,* 72(4): 943–5, October. PMID: 7547245.

19 Brown, D.R. et al. 2005. "A longitudinal study of genital human papillomavirus infection in a cohort of closely followed adolescent women." *J Infect Dis,* 191(2): 182–92, January 15. PMID: 15609227.

20 Merck. 2006, June 29. Press release: "Merck's New Cervical Cancer Vaccine, Gardasil®, Unanimously Recommended by CDC Advisory Panel for Vaccination of Girls and Women 11 to 26 Years." http://www.merck.com/newsroom/press_releases/product/2006_0629.html. The item has been deleted from the website, and google cache, but has been reproduced on other websites.

21 ACIP = Advisory Committee on Immunization Practices

A study[22] done in Costa Rica on women already exposed to all vaccine virus types looked at whether the vaccine cleared already existing HPV types. It found that it did not, and showed that *"there is little, if any, therapeutic benefit from the vaccine in the [Costa Rican] population we studied. Furthermore, we see no reason to believe that there is therapeutic benefit of the vaccine elsewhere …",* and that the vaccine *"should not be used for purposes of treating prevalent infections".* One interesting subgroup in this study was smokers who had a –51.9% efficacy[23] compared with 6.2% efficacy in non-smokers. It is well know that smoking is one of many social factors, or "epigenetic" events, which can lead to an otherwise harmless human papillomavirus progressing to cancer!

This vaccine has no benefit for those already exposed.

But join the fact that the vaccine has no benefit, and possibly some negative consequences, to the point that: *"Although most women will at some time be infected with HPV, very few will progress to invasive disease."*[24]

If that is true, and if it's also true that the vaccine could increase precursors in women, why would you want to give Gardasil® to people already exposed?

Knowing that HP viruses can be transmitted from mother to child, child to child, and possible others to child, I'd sure want my child pre-tested!

A recent online article[25] stated:

> ***Gardasil® is targeted against Human Papilloma Virus (HPV) (types 6, 11, 16, and 18). However, during discussions at the FDA it was admitted that HPV alone is insufficient to cause cancer. Dr. Elizabeth Unger of the Center for Disease Control stated:***
>
> ***"So it is believed that infection alone is insufficient to cause cancer, and additional factors are required for neoplasia. There are certainly lots of questions about HPV infection …"***[26]
>
> ***This point is echoed in the medical text book Cancer: Principles & Practice of Oncology whose editors include Dr. Vincent DeVita, Jr. who was President***

22 Hildesheim, A. et al. 2007. "Effect of human papillomavirus 16/18 L1 viruslike particle vaccine among young women with preexisting infection: a randomized trial." *JAMA,* 298(7): 743–53, August 15. PMID: 17699008.

23 -59% is a minus efficacy and shows that women who smoked cleared much less vaccine viruses compared with the women who did not smoke, who didn't clear much virus anyway. It's also a warning sign that something else is going on, which the study did not expand on.

24 Woodman, C.B.J. et al. 2007. "The natural history of cervical HPV infection: unresolved issues." *Nature,* 7: 12. Reviews, Cancer, January. http://www.nature.com/nrc/journal/v7/n1/pdf/nrc2050.pdf

25 Unger, B. 2007. "Gardasil – the Cervical Cancer Vaccine?" *Cancer Monthly,* April 18. http://www.cancermonthly.com/iNP/view.asp?ID=169

26 See Minutes from:" FDA Vaccines and Related Biological Products Advisory Committee", November 28, 2001, p. 21, available at: http://www.fda.gov/ohrms/dockets/ac/cber01.htm#Vaccines%20&%20Related%20Biological

> *of the National Cancer Institute and Dr. Steven Rosenberg, Chief of Surgery at the National Cancer Institute. According to this text, "HPV infection is not sufficient for cervical carcinogenesis … In most studies, HPV status was not a strong independent prognosticator of outcome in cervical cancer patients; however there appears to be a trend for HPV-negative tumors to do worse … those tumors containing HPV DNA tend to be of an early stage and low grade."*[27] (Underlining mine.)

If tumours *without* HPV actually do worse, then might Gardasil®, if it works as well as its developers predict, be counter-productive on more fronts than one?

Don't you think you should know all this information, before you consider any claims the Health Department makes about the vaccine?

27 Vincent T. Devita, Jr. et al. (eds). *Cancer Principles & Practice of Oncology, 6th ed.*, Volume 2, p. 1523.

# 61 Eureka!

*Iona was feeding Faith when the phone rang. Fortunately Andy was nearby so he picked up the receiver.*

*"Hello. Andrew speaking."*

*"It's Will Prickmore here Andy. I've had an interesting few days talking to different ones about the matters you and Iona raised the other day. Jenny and I wondered if you'd like to come round to our place for a BBQ evening on Saturday. Round about 5 o'clock. There's plenty to talk about. I'm sure you'll find it a confidence booster."*

*"That's very kind of you. Sounds just like what we need. Excuse me a moment. I'll just check with Iona."*

*A few seconds later the Prickmore's invitation had been gladly accepted. The seeking process was gaining momentum. What would they find?*

* * * *

*The Questermans were welcomed warmly by their hosts, and felt at home straight away.*

*"Remember we're just plain old Mr and Mrs Prickmore. Call us Jenny and Will. No fancy title and no aura of the medical profession must spoil our food, friendship and findings."*

*The food was delicious.*

*The friendship was obviously going to develop into something special.*

*When it came to the findings emanating from the seekings, Andy and Iona knew they had struck gold. In the relaxed environment of the Prickmore's sitting room, Will launched into the real purpose of the evening. "So that we focus on the real issues, Andy and Iona, would you please tell us again what your real concerns are. I won't be bored with any repetition and of course Jenny wasn't with us the first time."*

*Between them Andy and Iona went over the ground again – much more relaxed and concise. They were just ordinary people; a young couple taking very seriously the responsibilities of parenthood; ready to make important decisions on health matters and every other facet of daily living affecting their lifestyle; to be free of the confusion inherent in the clamouring voices of "experts", competing vested interests and conformed people quite happy to let whoever, and whatever, make decisions for them; to keep things simple, using understandable and unambiguous vocabulary and definitions. They were concerned about proposed new laws and regulations and were determined to fight any attempt to interfere with their chosen lifestyle based on natural products and freedom of choice. What had upset Iona so much was that some people she had expected to be supportive and supposedly well-versed in these lifestyle expectations had turned out to be very dogmatic and locked into a system of their own. "The only way is to do it my way," seemed to be their message, and if you didn't, you were not a 'convert' and therefore you would have to look elsewhere.*

*Jenny and Will listened attentively, nodding every now and then, and sometimes smiling sadly as they identified with what was being said.*

*"Thank you," said Jenny, "I know what you're saying and grappling with. I'm sure that Will has just what you are looking for, and I know I can help too."*

*By the time the evening came to a close Will had told Iona and Andrew about the events leading up to the big changes that had taken place in the lives of the Prickmores and the Fall City South Medical Centre. The Abrahamsons, the Hunters and Phil Anthony had been told about the Questermans, and others, on Heaven's Tableland and in Whittle Downs, would also be available to support them in every way possible. The most exciting and extremely valuable "resources" were Green Island, Stan's property, and a ranch half way between Fall City and Orlsrite, owned by David and Valda Farmer*[1]*. In these places were the facilities to be really down-to-earth in an environment where people's needs could be met one-to-one in their own time, at their own pace and in their own space.*

*Andrew and Iona went home that night impatient to meet and talk to these D'Different Ones the Prickmores had told them about.*

1 This Ranch features prominently in *The Great Divide* but is not included in this book due to lack of space.

# 62 Gardasil®: Can the Results Be Believed?

How effective is Gardasil® supposed to be? Everyone who has looked at the Gardasil® media spin will know, as stated in a medical article[1] that:

> ***These trials were reviewed recently (Lowy and Schiller, 2006) and have shown that the vaccines are 100% effective at preventing not only infection with the high-risk human PVs incorporated in the vaccines but also at preventing the resulting cervical pre-cancer lesions and external anogenital lesions, including genital warts attributable to the vaccine incorporated human PV strains.***

Dr Frazer says: ***HPV vaccines should eventually eliminate a number of epithelial cancers and reduce the annual burden of cancer deaths globally by 5% to 10%.***

However, an editorial in the *New England Medical Journal*[2] had this to say:

> ***In the larger FUTURE II trial, rates of grade 2 or 3 cervical intraepithelial neoplasia [CIN] or adenocarcinoma in situ were 1.3 in vaccinated women and 1.5 in unvaccinated women, an efficacy of 17%. In analyses by lesion type, the efficacy appears to be significant only for grade 2 cervical intraepithelial neoplasia; no efficacy was demonstrable for grade 3 cervical intraepithelial neoplasia or adenocarcinoma in situ.***

If Merck says that the efficacy of Gardasil® against HPV16/18 high-grade lesions is around 100%, why is efficacy against all HPV high-grade lesions only 17%?

1 Frazer, I. 2006. "God's Gift to Women: The Human Papillomavirus Vaccine." *Immunity*, 25(2): 179–84, 179–84, August. PMID:16920633.

2 Sawaya, G.F. 2007. "HPV vaccination – more answers, more questions." *N Engl J Med*, 356(19): 1991–3, May 10. No abstract available. PMID: 17494933. http://content.nejm.org/cgi/content/full/356/19/1991

A math calculation was missed out from Table 3[3]:

| | Vaccine group | Placebo group |
|---|---|---|
| All HPV types | 127 | 161 |
| HPV 16/18 | –57 | –104 |
| Non-HPV 16/18 | 70 cases | 57 cases |

You might expect Gardasil® to have no effect on HPV types not contained in the vaccine. It's worse than that. Gardasil® has a –23% efficacy against non-vaccine HPV types. Negative efficacy means that the vaccine caused more people to develop CIN3 lesions to *other* HPV types. That's why the overall efficacy is so low, which is why the message to look at efficacy figures for the HPV 16 and 18, only, is meaningless.

Future II studied 12,167 women who had no history of HPV virus exposure, from 90 study sites spread throughout 13 countries. These women were subject ONLY to viral pressure from the dominant types circulating in their countries. What would happen if you removed the dominant HPV 16/18 virus types from circulation? My guess is that replacement types will rise very quickly to fill the gap, if this study is any indication. Sawaya thinks the same, when he says:

> ***Another factor explaining the modest efficacy of the vaccine is the role of oncogenic HPV types not included in the vaccine. At least 15 oncogenic HPV types have been identified, so targeting only 2 types may not have had a great effect on overall rates of preinvasive lesions.***

This statement was prompted by Sawaya, after he went and looked at Merck's trials which were submitted to FDA for licensing approval.

These trials are very interesting. Merck's data clearly shows that over a period of three years, the ***only group*** in which 100% efficacy could be shown to the actual vaccine types, was the group proven, before testing, to be both seropositive negative and PCR or virus-culture negative ***to any of the virus types in the vaccine.***

Merck looked at a placebo group versus a vaccinated group.

Don't you want to know that the ***total number of pre-cancerous lesions*** was lower in the vaccinated group?

Merck ONLY wants to talk about efficacy against the vaccine-type HPVs.

Why? People who had NO pre-exposure to the vaccine types had no HPV 16, 18 lesions.

3 *The FUTURE II Study Group.* 2007. "Quadrivalent Vaccine against Human Papillomavirus to Prevent High-Grade Cervical Lesions." *N Engl J Med,* 356(19): 1915–27, May 10. PMID: 17494925 (the pdf is easiest to work from). Read article at: http://content.nejm.org/cgi/content/full/356/19/1915

Wow! But the incidence of ***non-vaccine HPV lesions*** was higher in those who received the vaccine!

The vaccine isn't effective against HPV lesions.

It's only "effective" against vaccine-TYPE lesions, but that effectiveness is cancelled out by the increase in lesions by non-vaccine types.

In Table 93 of the Merck data[4] to FDA on one of the trials, when you look at the outcome for the CIN3/AIS column against the non-vaccine types, you see 33 cases in the vaccinated group, and 25 cases in the unvaccinated group, which again gives a negative vaccine efficacy of –32%. That means 32% ***MORE*** people who were vaccinated, got non-HPV CIN3 lesions than those who weren't vaccinated. Again, it was a study conducted using small groups dotted everywhere around the globe, all protected by dominant varieties in their communities. So, two studies have shown the same results. Therefore, the vaccine is doing something in the vaccinated, making it more likely that the vaccinated people pick up non-Gardasil® HPV types.

Sawaya (in the New England Journal of Medicine article cited above) discusses this effect:

> ***Findings from the FUTURE II trial showed that the contribution of nonvaccine HPV types to overall grade 2 or 3 cervical intraepithelial neoplasia or adenocarcinoma in situ was sizable. In contrast to a plateau in the incidence of disease related to HPV types 16 and 18 among vaccinated women, the overall disease incidence regardless of HPV type continued to increase, raising the possibility that other oncogenic HPV types eventually filled the biologic niche left behind after the elimination of HPV types 16 and 18. An interim analysis of vaccine trial data submitted to the FDA showed a disproportionate, but not statistically significant, number of cases of grade 2 or 3 cervical intraepithelial neoplasia related to nonvaccine HPV types among vaccinated women.*** (Underlining mine.)

What's interesting about that comment is that –32% is considered "insignificant". I've heard people say that 17% efficacy against HPV 16/18 is worth it, when it comes to cancer. But is it worth it, if it's balanced out by a –32% efficacy which could blow out to something of monumental proportions through serotype replacement in the future?

Sawaya is not the only scientist worried by this trend. Thomas R Broker[5],

4 Clinical Review of Biologics License Application for Human Papillomavirus 6, 11, 16, 18 L1 Virus Like Particle Vaccine (S. cerevisiae) (STN 125126 GARDASIL®), manufactured by Merck, Inc. http://www.fda.gov/cber/review/hpvmer060806r.pdf, page 149.

5 Dr Broker, See Chapter 58 ref 5, FDA Minutes.

President of the International Papillomavirus Society, said[6] on January 27, 2006:

> *"We don't know, but I frankly do strongly suspect that when we do eradicate or minimize the HPV 16 and 18, that their very, very close relative will fill in. Nature abhors the vacuum and these ecological niches are going to be vacant when HPV 16 and 18 and 6 and 11 are minimized, and I'm deeply concerned that there'll be backfill of those ecological niches by these very, very similar types. I think it's imperative to expand the coverage in the vaccines. We don't know, however, because the studies have never been done, whether a cocktail with 14 types would be equally effective against all 14 or whether they might actually conflict with each other. We simply don't know. We don't suspect that there's much cross protection of one type to any other even similar type. So far the evidence doesn't suggest that."*

I decided that the best way to analyse the impact that Gardasil® might have, was by looking at the ultimate outcome. How many women in the vaccinated group, compared with those in the unvaccinated group, ended up having cervical colposcopies, biopsies or leeps[7]? If a vaccine is predicted to prevent 70% of cases, you'd expect a 70% total reduction in those interventions as well. The results[8] showed a 14.9% reduction in colposcopies[9] in those administered Gardasil® compared with those receiving a placebo; a 17.2% reduction in biopsies, and a 28.2% reduction in loop electro-excision procedures. Please look at the table for yourself. The numbers are not what you would expect from a vaccine with a 100% efficacy against the major causes of cervical cancer, therefore supposedly a future 70% reduction in cancer.

But the number of interventions are what you would expect if the numbers of different, ubiquitous HPV serotypes are higher than currently known, are able to constantly mutate, and change all the time.[10] What will be found in twenty years time, when researchers know more? Will human papillomaviruses turn out to be worse shape-shifters than the influenza virus?

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6 Deborah Arrindell, Thomas R. Broker, Neal A. Halsey, Gregory Zimet, 2006 "Preventing Hpv, Easy As 1, 2, 3 Shots? Ensuring Access To The New Anti-Cancer Vaccines." January 27, http://www.americanprogress.org/kf/hpv_event_transcript.pdf Pg 15.

7 *Leeps* = loop electro-excision procedures. A loop which burns away abnormal tissue.

8 Miller, N.B., 2006. "Clinical Review of Biologics License Application for Human Papillomavirus 6, 11, 16, 18 L1 Virus Like Particle Vaccine (S. cerevisiae)" (STN 125126 GARDASIL®), manufactured by Merck, Inc. http://www.fda.gov/cber/review/hpvmer060806r.pdf, p. 368; Table 285.

9 A *colposcopy* is a biopsy taken of abnormal tissue.

10 FDA Workshop. 1999. "Session 6, Adventitious Viral Agents in Cell Substrates." September 10, HPV discussion from p. 78. http://www.fda.gov/cber/minutes/0910evolv.txt. The FDA meeting on HPV in HIV immune-suppressed patients shows that virus types are huge, constantly changing and possibly mutating, and multiple infections are commonplace.

There is no reason to suppose that HPV mutations and multiple infections are common only in HIV immunosuppressed patients, since genotyping has revealed multiple HPV infections[11] in "normal" people, even if the clinical usefulness of this diagnosis is "controversial". Furthermore, as of 2004, the extent and importance of multiple infections wasn't known,[12] with significant numbers of women with high-grade neoplasia infected with types other than HPV 16 *"confirming a high prevalence and diversity of oncogenic HPV types".* Cushchieri et al, said that broad spectrum testing should be implemented, until *"the true impact of the persistence of less common HR-HPV types in neoplastic progression is established."*

A close look at the May 2007, New England Medical Journal Future II[13] study which was designed, managed, and analysed by Merck, shows that there is this footnote: *"Indiana University and Merck have a confidential agreement that pays the university on the basis of certain landmarks regarding the HPV vaccine."*

I had to go back with a toothcomb to work out how skillfully Future II had been put together to meet the required landmarks. I'm sure that most people would MISS the fact that the vaccine wasn't 98% effective in real-life terms. There is a big difference between 98% theoretical efficacy and Sawaya's real-life 17% efficacy, and a –23% efficacy for non-HPV types.

I then went and read the Future I study, this time trying to be vigilant, and more aware. Again, I came away with the same impression – because we were told that the vaccine was 100% effective for each of the "co-primary end points". Merck had done a fantastic spin job, of writing something that looked pretty amazing.

Again, it seems the devil is in the detail, because the article by Sawaya brought me back down to earth again, with this statement:

> *In the FUTURE I trial,*[14] *rates of grades 1 to 3 cervical intraepithelial neoplasia or adenocarcinoma in situ per 100 person-years were 4.7 in vaccinated women and 5.9 in unvaccinated women, an efficacy of 20%. Analyses by lesion type indicate that this reduction was largely attributable to a lower rate of grade 1 cervical intraepithelial neoplasia in vaccinated women; no*

11 Cuschieri, K.S. et al. 2005. "Persistent high risk HPV infection associated with development of cervical neoplasia in a prospective population study." *J Clin Pathol,* 58(9): 946–50, September. PMID: 16126875.

12 Cushchieri, K.S. et al. 2004. "Multiple high risk HPV infections are common in cervical neoplasia and young women in a cervical screening population." *J Clin Pathol,* 57(1): 68–72, January. PMID: 14693839.

13 The FUTURE II Study Group. 2007. "Quadrivalent Vaccine against Human Papillomavirus to Prevent High-Grade Cervical Lesions." *N Engl J Med,* 356(19): 1915–27, May 10. PMID: 17494925 (the pdf is easiest to work from). Read article at: http://content.nejm.org/cgi/content/full/356/19/1915

14 The FUTURE I Study Group. 2007. "Quadrivalent Vaccine against Human Papillomavirus to Prevent Anogenital Diseases." *N Engl J Med,* 356(19): 1928–43, May 10. PMID: 17494926. http://content.nejm.org/cgi/content/full/356/19/1928

> *efficacy was demonstrable for higher-grade disease, but the trial may have lacked adequate power to detect a difference.* (Underlining mine.)

So it seems that where it really matters, in the CIN3 results, the vaccine doesn't make any difference. If there is no efficacy demonstrable for higher-grade disease, exactly what "landmarks" are we talking about here?

Under these circumstances it was courageous of the *New England Medical Journal* to publish this. I also felt that Sawaya was writing all this, while mentally walking on a knife-edge. Plainly not convinced, presumably he didn't want to lose his job either, because he finished up the article by running with the hares, and hunting with the hounds:

> *On one hand, the vaccine has high efficacy against certain HPV types that cause life-threatening disease, and it appears to be safe; delaying vaccination may mean that many women will miss an opportunity for long-lasting protection. On the other hand, a cautious approach may be warranted in light of important unanswered questions about overall vaccine effectiveness, duration of protection, and adverse effects that may emerge over time.*

But good on him for at least saying something – in the *New England Journal of Medicine,* no less – while all others stayed silent.

Of greater concern to me are two results[15] in the FDA Clinical Review of Biologics Licence Applications, 8 June 2006. These results should be of concern to everyone, especially in light of the evidence which shows that HPV viruses are transmitted in utero, or acquired in childhood, and furthermore, cannot always be detected, because they come and go. For that reason a PCR test result alone, which shows a person does not carry a virus, does not mean they have not had the virus.

On page 166 of Dr Nancy Miller's report, Table 106 looks at vaccine-type-related CIN in women who had been exposed to the vaccine viruses before they received Gardasil®. There were 6.8% *more* HPV6/11/16/18-related CIN1's in the vaccinated, than in the not-vaccinated. That isn't particularly significant, since the majority of CIN1 test results revert[16] to normal within two years. There were 33.7% more CIN2 (or worse) in the vaccinated group than in the placebo group. Now, that might not be too bad either, because about half of CIN2 tests will also regress to normal if left alone, as will about a third of CIN3. But what this table

15 Miller, N.B., 2006. "Clinical Review of Biologics License Application for Human Papillomavirus 6, 11, 16, 18 L1 Virus Like Particle Vaccine (S. cerevisiae)." *FDA*, June 8. www.fda.gov/cber/review/hpvmer060806r.pdf

16 Holowaty, P. et al. 1999. "Natural History of Dysplasia of the Uterine Cervix." *J Natl Cancer Inst*, 91(3): 252–8, Feb 3. PMID: 10037103. http://jnci.oxfordjournals.org/cgi/content/full/91/3/252

shows is that the vaccine is doing something in vaccinated pre-exposed women, that isn't happening in the unvaccinated pre-exposed women.

If you look at Table 110 on page 168 of the report, you will see that for both PCR-positive ***AND*** seropositive people, the figures were even higher, with 12.5% ***more*** CIN1's and 44.6% ***more*** CIN2's or worse. This is further proof that the vaccine is having a negative effect in the vaccinated.

But the absolute stunner was Table 111, for people who were PCR positive for vaccine viruses on the first day of the study. Under analysis of efficacy for external genital lesions, using a test which looked for vaginal intraepithelial neoplasias, which are the immediate precursors to HPV-related vulvar and vaginal cancer, the trial found that the vaccinated women had 181.7% ***more*** VIN or VaIN 2/3. The table shows this as a negative vaccine efficacy of –181.7%.

In absolute numbers, this only amounts to 3 cases in the 2,717 vaccinated and 1 case in the 2,735 placebo recipients.

BUT think about those numbers this way.

That "attack" rate of 3 cases per 2,717 vaccinated women is nearly three times higher than the New Zealand attack rate[17] of paralytic polio over the worst epidemic years.

Gardasil® could cause more vulvar or vaginal cancer precursors in adolescents already exposed to the vaccine viruses, than there were cases of paralytic polio (which the polio vaccine is alleged to have prevented since its use). Over millions of pre-infected vaccine recipients, one case per thousand vaccinated, adds up. How is it that "one per thousand" isn't acceptable for polio, but is acceptable in the case of vaccine-induced cancer precursors?

How does Merck explain these results? Merck[18] reanalysed the data along with other data it didn't like, and in a background document attributed the excess HPV lesions to imbalances in baseline demographic characteristics weighting that study arm with people who ***"might have had enhanced risk factors for the development of CIN2/3 or worse compared to placebo"!***

So could we logically ask if these same studies which found a 100% efficacy, also had placebo groups who might have been likewise blighted with similar demographic imbalances, so that the people ***not*** getting the vaccines had enhanced risk factors for the development of CIN2/3, compared with the vaccinated? It seems to me that Merck is selectively having its cake and eating it. The demographic imbalances would never have been known, had the study not thrown up a result which Merck clearly didn't like.

17 N.Z. Paralytic Polio = 1 per 2,000 North Island; 1 per 3,000 South Island. (4.3 per 10,000.)

18 Merck. 2006. "VRBPAC Background Document, Gardasil™ HPV Quadrivalent Vaccine." May 18. FDA. www.fda.gov/ohrms/dockets/ac/06/briefing/2006-4222B3.pdf, Table 17, pp. 13–14.

But look at it the data yourself. Read the studies yourself. See what you think.

Let's look at the safety data.

Given that the new world of "vaccinomics" decrees that side effects are usually a result of gene mutations or malfunctions (as is disease!), and given that it doesn't appear Gardasil® trials factored in what is known about vaccinomics, it's hard to know what to make of the data. If you looked very hard, you might find a lot of epigenetic "demographic imbalances" as well. Where vaccine trials are not screened for the genetic profiling of the recipients, reactions would then be a lottery, which means nothing to an individual. However, given that this vaccine is to be given to the younger adolescents in New Zealand, it should be noted in Merck data to FDA that, in children aged 9–15 years,[19] there were five serious vaccine reactions in 1,179 vaccine recipients and none in 594 placebo recipients.

The use of Polysorbate 80 an excipient in Gardasil® is controversial, as it has been linked to disturbances of the reproductive organs in rats. It could be that only people with a certain genetic profile will react to Polysorbate, or to any of the other vaccine excipients used as the placebo.

What are your risks of getting cervical cancer in New Zealand? Around 205 (8.5 per 100,000 women) cases are diagnosed every year[20] and the death rate from cervical cancer is 60 per year (2.5 per 100,000 women). Given that about 60,000 people are born a year, and let's guess 30,000 of them are female, then your chance of getting cervical cancer is one in 146.

You have to ask yourself, of what value will Gardasil® be to 145 of the 146 who get HPV, but never get cancer? Your chance of dying of cervical cancer is 1 in 500. Of what value will Gardasil® be to the one who would have died, ***particularly if,*** as the trials indicated, other HPV types moved in to take advantage of the genetic/social factors which predispose to cancer in the first place? What value will Gardasil® be to people already exposed to HPV viruses, if all it does is ***increase*** both cervical CIN3+ and vulval VIN3+ pre-cancerous lesions?

The really tricky thing about Gardasil® predictions is that we are talking about a vaccine which is given in order to prevent something from happening 30–40 years down the line from the date the jab is given.

What is not known, according to the literature, is the following.

* What the correlates of protection really are.
* Whether the high levels of antibodies means anything.

19 Clinical Review of Biologics License Application for Human Papillomavirus 6, 11, 16, 18 L1 Virus Like Particle Vaccine (S. cerevisiae) (STN 125126 GARDASIL®), manufactured by Merck, Inc. http://www.fda.gov/cber/review/hpvmer060806r.pdf, p. 317, Table 231.

20 New Zealand Health Information Service. 2004 "Cancer: New Registrations and Deaths 2000." New Zealand Ministry of Health, Wellington.

* Whether the vaccine, in the long term, could cause cancer in those exposed to HPV from birth.
* Whether new types of viruses will come in and fill the hole created by the removal of HPV types in the vaccine.
* What other environmental influences might come along and change things yet again.

Whether Gardasil® is "God's Gift to Women" remains to be seen. Whether you use a vaccine based on an unprovable prediction … is your choice. If you happen to have a vaccine reaction, all you will have to comfort yourself in the knowledge that reactions are all caused by hysteria, and if you get cervical cancer anyway, you will be told it was to another type.

The question you will have to ask yourself is "Why did I get cervical cancer anyway?"

*STOP PRESS*

As we go to press, other doctors[21] are also starting to publicly discuss Gardasil's low effectiveness with regard to CIN 3 smears. With at least two years of worldwide profits from Gardasil likely to be needed to fund Merck's Vioxx compensation bill, the company is unlikely to relinquish its claim that Gardasil is 100% effective.

21 Czobor, K. & Damouni, S. 2008. "Merck's Gardasil vaccine shows limited efficacy on precancerous grade 3 cervical lesions, physicians say." *Pharmawire, Financial Times.* March 6. http://www.ft.com/cms/s/2/7886b9be-eb82-11dc-9493-0000779fd2ac,dwp_uuid=e8477cc4-c820-11db-b0dc-000b5df10621.html

# 63 Hold it!... What do you Mean?

*What an eye opener the next few weeks proved to be for the Questerman family. Will and Jenny had made sure there were wide open doors for Andy and Iona.*

*Eccles and Trusta were a mine of information and welcomed the enthusiasm their new-found friends had for focusing on those things that had brought Iona to screaming point. They acknowledged the ease with which it is assumed that everyone will understand the jargon used in disseminating the message they so ardently believed in. The fact that Andrew and Iona refused to move forward another step until the previous one was providing them with a firm, secure foothold, was causing many of D'Different Ones to re-examine their motives and methods.*

*It was Stan's property however, that drew them like a magnet. From the first time they drove up the drive through the native bush, they fell in love with all that it represented. Stan welcomed them with open arms, and when he introduced them to Ernie and Anne Kerr, they sensed a common bond straight away. Anne and Ernie were rejoicing in their baby son Daniel, who was a little younger than Faith, and also another Norma Lee home delivery. It was the peacefulness, beauty and convenience of Heaven's Tableland that made it so attractive, but there was something more – something intangible – and Andy tried to identify it. Was it a type of hidden uplifting power that permeated the whole property? Whatever it was, there could be no denying its reality.*

*Andy and Iona soon discovered that in Fall City, Jenny Prickmore was a wonderful resource person who so ably complemented her husband's new approach at the health centre. She was also a "bridge" to Green Island, and already the Abrahamsons had expressed the hope that the Questermans would come over to the Island whenever they wanted to. Maybe they could join the Prickmores next time they went.*

★ ★ ★ ★

The "lookout" on the Tableland, which allowed panoramic views of Whittle Downs, was a favourite place for relaxed chats. Weather permitting, these could extend into the evening hours. Eccles and Trusta had joined Stan, Ernie, Anne, Iona, Andy and Mene Hertz for a meal cooked on the camp fire, so much part of Stan's lifestyle, but the composition of the group could change quite frequently as others came and went.

Iona, who had been feeding Faith and enjoying the evening shadows, glowing embers of the fire and the occasional smell of wood smoke, became aware that the topic of conversation had changed and that it had aroused considerable interest. It had something to do with eugenics. She heard comment about "manipulation of genetic instructions in human cells", and "untold dire consequences for future generations".

"Hold it everyone," she called out good naturedly. "You may know what you're talking about. But I don't. Remember, Andy and I are on a mission to keep things simple for laypeople. Dummies if you like. Please tell me, what does eugenics mean?"

"Yeah," chimed in Stan. "I was just going to ask the same question. These new-fangled words are not good for me brain. Iona, me girl, you and I are going to be part of a good team, eh!" and he winked at his fellow ignoramus.

Trusta and Eccles threw up their hands in mock frustration before Eccles said, "Good on you Iona. Thanks for bringing us down to earth. Eugenics was a word coined by Sir Francis Galton in the 19th Century. He was a cousin of Charles Darwin, but before we try to define the word, maybe we need to spend time talking about genes. We can't really understand genetic engineering, GMOs, cloning, and of course, our own bodies, until we've got the basics in place. After all, genetics is all the rage these days, in more ways than one, but many people have conveniently forgotten the selective breeding to achieve the "Master Race" under Hitler, and the various attempts at ethnic cleansing that have followed in other countries."

As a representative of an older generation, Stan was becoming agitated. "I reckon some of these blokes – and sheilas too – in their white lab coats – are going too far. They're wanting to lead us along dangerous paths and who knows what monstrosities they'll produce and control. Just think. Eliminate the mums and dads who have the wrong genes and hey presto, no more sickness, no more crime, no more naughty kids! Populate the world with perfect beings! But who decides what

*is good, what is right and how clever everyone needs to be? They wouldn't want the likes of me and Iona – yeah, the likes of all of us. We don't think the right things, eh? I'm happy to leave things for me Dad to work out, and I'll listen to Him. All them guys in SIS and HISS and ISM, they're probably having their genes looked at to see if* ***they'll*** *be OK for future breeding. I don't think me grey matter is too deficient in common sense. I know that eugenics is not right."*

*Stan's utterances were never ignored. They all loved his simple down-to-earth ways and there was silence for a few minutes, then Ernie spoke up. "Eccles' suggestion is very sensible and Stan is pointing us to the right foundation. I've got some information which I'm sure will lay a strong basic foundation for Iona and Andy. In fact, I'm convinced we should all look seriously at what we've been building on. Maybe we're trying to take people too far, too fast. Anyway, thank you again Iona for putting up the stop sign. I'll go over to the house and get you your bedtime reading. And all of us who have been fooling ourselves that we know so much can queue for our turn!"*

*The process begun that night was to be repeated many times in the coming days.*

# 64 Is the Maker of Gardasil® in Denial?

A variant of this question was asked by the *Washington Post*[1] when reporting on a patient survey published in *Drug Safety,* which stated that adverse reactions caused by statins alleged to reduce cholesterol are widespread, and that doctors serially ignored patient reports of side effects. With some surprise, researchers at the University of California at San Diego commented:

> ***"Person after person spontaneously [told] us that their doctors told them that symptoms like muscle pain couldn't have come from the drug. We were surprised at how prevalent that experience was," said Beatrice Golomb, Associate Professor of Medicine and the study's lead researcher.***

It's hard to know whether to laugh or to cry. You can only ask the question as to whether doctors or medical researchers understand the implications and meanings of words like *deceived* and *deluded.*

In September 2007, I received an e-mail detailing an extraordinary reaction to Gardasil® in a 15-year-old girl who, along with her brother, had had serious reactions to DPT vaccines as a child. The mother was very careful with her children's diet, feeding them only organic food and a lot of raw fruit and vegetables. As with many "alternative" parents, vigilance didn't extend to the vaccine promotional material shoved at her by doctors, so in May 2007, her daughter had her first Gardasil® shot. Immediately headaches started as well as generalized malaise and vaginal bleeding (spotting).

The mother assumed it was coincidence, and took her daughter for the second

1 Ganguli, I. 2007. "'Is Your Doctor in Denial?' (Survey Finds Physicians Often Dismiss Complaints About Drug' Side Effects.)" *The Washington Post,* August 28, p. HE04. http://www.washingtonpost.com/wp-dyn/content/article/2007/08/24/AR2007082401714.html?nav=rss_health. Accessed on 8 September 2007.

Gardasil® shot in June. Again, the spotting started, and the fatigue worsened to the point where her daughter was sleeping 14–16 hours a day. She took her to the doctor who blood-tested her and found her to be severely anaemic (haemoglobin 62, ferritin 1) and sent her to an oncologist for investigation for leukemia.

However, the child's health got better, so 10 weeks later the mother and doctor decided that not only should this girl receive the third dose of Gardasil®, but that she should also have the new adolescent DaPT booster, because whooping cough is becoming so "dangerous" in adolescents and adults. The childhood vaccine reaction was ignored, since that was an "old" vaccine, and the new vaccine was "safe".

The daughter's reaction to this third vaccine cocktail was immediate and severe. Finally, the mother connected the dots and brought up the subject of vaccine reactions, but as is now expected worldwide, the doctors this mother consulted all denied that the serial reactions documented above were from any of the vaccines. These problems were all … "coincidental".

Before you even consider having Gardasil®, do a very thorough internet search on Gardasil® reactions, realising that some reactions may be temporal, not causal. As of 21 March, 2008 the USA Vaccine Adverse Event Reporting System (VAERS) had reported to it:

Gardasil® >>> 13 deaths since March 2007
http://tinyurl.com/36t2z7
Gardasil® >>> 5238 reaction reports
http://tinyurl.com/2xzfpt

Are the doctors who say all VAERS reports are irrelevant, in denial?

In the *Washington Post* article on doctors in denial with regard to statins, Beatrice Golomb, Associate Professor of Medicine and the Drug Safety article's lead author said:

> *"Overwhelmingly, it was the patient that initiated that conversation … Many doctors instead attributed the symptoms to the normal aging process, denied their connection to statins or dismissed the symptoms altogether – missing opportunities to switch their patients' prescriptions or otherwise mitigate the side effects."*

What are the assumptions which might lie behind doctors attributing reactions to everything else, but not to something that they've prescribed?

In relation to Gardasil®, the situation is very much more complicated, in that the vaccine's maker spent years refining his theories of how it might work. He has admitted[2] publicly that he takes royalties of $1 million per year from profits.

2 Spratt, A. 2005. "Vaccine brings hope of wiping out cancer." *Herald on Sunday*, October 16, p. 22.

The internet is now littered with news and TV stories[3] like this one:

> *Allie Harvey lined up along with 2.2 million other Australian women to be administered with Gardasil® … "I had a headache, I was dizzy, I was nauseous, my right side was weak, my right fist was clenched and I was hallucinating," Allie said. "It was absolutely terrifying because I didn't know why it was happening. I felt absolutely terrified." … Far more frightening for the Year 12 student – who received the first of three injections of the vaccine at school, courtesy of a government-sponsored initiative – was the response she received from the health professionals around her. "The nurses that had come in from the government told me that I didn't have a rash, that it wasn't a reaction to the immunization, that I was pretty much making things up," Allie said.*
>
> *Jade Foreman, 15, is another of the 496 young women who have reported having adverse reactions to the vaccine. "I woke up one morning and tried to stand up and I couldn't put pressure on my legs, I had funny feelings in my legs," Jade said. Since …June this year, Jade has been under intense physio to enable her to walk again. She is only able to cope with two hours of school per day.*
>
> *"I now have no social life," Jade said. "The pain is ruling my life. Apart from the lower back pain and the neck and the middle back pain, I'm having trouble with my arms dropping things and funny sensations in my arms. It's just ruining my life"*
>
> *The maker of the vaccine, Ian Frazer, says there is no need for further trials to see if it's safe, even though the original trials were not in the age group of these adolescents. He said:*
>
> *"If we had to wait to see if the vaccine could be proved it's safe lifelong, we would be having epidemics of polio each summer, because the polio vaccine was only introduced 50 years ago."*

This is a strange statement. Polio is incubated in 3–11 days therefore immediate risks/benefit analysis can be readily seen within 1–2 years. Cervical cancer takes 30–40 years, under normal circumstances, to develop. So no one will know if the expectations of Gardasil® in 40 years' time will balance out against what has happened to the thousands of adolescents in America and Australia right now.

Frazer stands by the safety and effectiveness of his vaccine: *"If 17 girls a week have been reported as having adverse reactions amongst 2.2 million women*

3 Sparkes, L. 2007. "Gardasil side-effects controversy." *Australia Tonight,* December 2. http://au.todaytonight.yahoo.com/article/43654/health/gardasil-effects-controversy. Accessed 30 December 2007.

*immunized in Australia to date, that sounds like a pretty small rate to me."*

On the same TV programme Roberta Nicholls was quoted as saying, *"I think that cancer is something that everybody fears, and if something's out there and it's a really easy simple way to prevent yourself from getting it, then why wouldn't you?"*

Are women being told that cancer development isn't all about *virus automatically equals cancer?* Sure, you can have a predisposition to cancer, but cancer is really about *virus + lifestyle = switching on the epigenetic influences which result in cancer.*

Even if cancer vaccines did all they said they did, the net result would be that lifestyle sins will still get you one way or another. Look at heart disease, strokes, obesity, diabetes, susceptibility to bacterial infections … the list is endless.

The fact is that if your basic lifestyle is as it should be, if you get plenty of sleep and exercise, and your diet has enough minerals, vitamins and real-life food in it, then that would cover the majority of health areas, not just cancer.

The real story here though, is doctors in denial. Doctors assume that the drug companies know what they are doing, and they fail to understand that drugs and vaccines are tested for safety in a way which does not represent the real world.

Here's another Australian doctor with comments about Gardasil® side effects which are reminiscent of what was said during the Menomune A campaign in New Zealand in 1987.

Dr Stephen Downes said[4] reactions to the vaccine was mass sociogenic illness – hysteria. Did those 5 adolescents out of 1,179 children who had serious reactions to Gardasil® in the Merck trial submitted to the FDA, all have hysteria?

Thank goodness one of the authors was a doctor who injected some sense into the article by saying:

> *Only a small number of randomized trials have been reported – all with funding from the vaccine's manufacturer. Gardasil® was tested on fewer than 1200 girls under 16. It is essentially an untested product in this age group. There is little evidence that the drug, when administered to very young girls, will still be active later in life – when most cervical cancers develop.*
>
> *There are more than 100 strains of the human papilloma virus (HPV). At least 13 of these can cause cancer. Gardasil® covers only two. Yet all the advertising for the drug leads you to think that if you get the jab, you won't get cancer.*

4 Klein, R. and Tist, M.T. 2007. "Are we sure Gardasil is safe?" *Sydney Daily Telegraph,* December 5. http://www.news.com.au/story/0,23599,22870759-5007146,00.html. Accessed 8 December 2007.

*Are girls being given the opportunity to understand and avoid risk factors for cervical cancer such as smoking, a weak immune system, the pill, multiple sex partners and unprotected sex?*

*Are girls told pap smears are still necessary – or do they not bother because they think they are now safe?*

*An editorial in the Journal of the American Medical Association this year stated: "It is important to emphasize that the vaccine is supported by limited efficacy and safety data."*

2008 began with a new excuse, namely that perhaps the fainting isn't just neurotic women acting out. Apparently Gardasil® stings, or burns[5] when it's injected. *"Officials at Merck & Co., which makes the vaccine, acknowledge the sting. They attribute it partly to the virus-like particles in the shot. Premarketing studies showed more reports of pain from Gardasil® than from dummy shots, and patients reported more pain when given shots with more of the particles."*

The same newspaper article pointed out that fainting and pain has not been reported with Gardasil®'s rival, Cervarix™.

Most disturbing to me, as a New Zealander, is that the New Zealand Government[6] now plans to fast-track the vaccine "following the British Government's decision to go ahead with it."

Can anyone prove that Gardasil® might not live up to expectations, or worse, create new problems? No. Can anyone prove today, that in 30 years time, 70% of all cervical cancer will have vanished? No. The "experts" are ignoring every possible bad angle on this vaccine. Gardasil® steps into new territory, because to believe that this vaccine will work long term, requires faith in crystal ball predictions, based on very limited science. Does this concern you?

5 Stobbe, M. 2008. "Now, this shot might sting … a lot." *Chicago Tribune,* January 4. http://www.chicagotribune.com/features/lifestyle/health/chi-shotjan04,1,4462628.story?ctrack=3&cset=true. Accessed on 6 January 2008.

6 Kiong, E. 2007. "Medsafe says Gardasil safe despite adverse reports." *New Zealand Herald,* December 4, p. A4. http://www.nzherald.co.nz/section/1/story.cfm?c_id=1&objectid=10480126 Accessed 8 December 2007.

# 65 The Trap

*The car drove slowly along the street as if the driver was uncertain where to stop. Finally it drew into the kerb. Anyone of curious disposition watching from inside their home would have been even more interested in the lettering on the side of the vehicle:* MINISTRY OF AGRICULTURE AND FORESTRY – BIOSECURITY.

*Such an one was Iona Questerman! The fact that the car was outside their property caused her to be a little puzzled, so she stood by the window to watch developments. Surely Neighbourhood Watch included MAF and bio-security! After what seemed several minutes, the driver, dressed in overalls and the usual fluo-green safety top worn by so many workers these days opened the gate and walked up their path. Iona waited for the knock on the door before going to satisfy her curiosity.*

*She was surprised to find a young woman on the doorstep. "Good afternoon. My name is Fran Klee from MAF," she said, fingering her photo identity label. "I was wondering if you could spare me a few minutes".*

*Iona took an immediate liking to this cheery, open-faced visitor, whose manner was anything but officious. "Certainly. I was just going to put the kettle on. I've been out in the garden. Would you like a drink?"*

*"I'd love one, thank you. I should keep moving I suppose, but I can include a brief pit stop as being all part of pursuing one's duty I'm sure. And I haven't even told you why I've called." Fran Klee laughed in such an infectious way that Iona laughed too. "I'm waiting with baited breath, but let's mix business with pleasure. We'll sit out here under the sun umbrella and you can tell me everything."*

*"I can see you're a keen gardener," said Fran looking around. "You really do have a lovely place. I think I stopped outside the right gate. My visit is to find out if you would allow me to install an insect trap on your property. We select sites spread over the district and call in regularly to see what we catch. It's one way of detecting*

unwanted insect pests which sometimes get into the country from overseas, or to gauge how far pests are spreading within the region. I would need to look around the property to find a suitable place."

"I'll talk it over with my husband first," said Iona, "before we make a decision. But right now, we can have a quick wander and then have our refreshments while my daughter is still asleep."

As they walked around the garden, Iona noticed that Fran's eyes were observing every detail from the vegetables, herbs and flowers, to the shrubs and trees, all of which combined to make an attractive display.

As they drank their tea or coffee Iona asked, "How long have you been doing this job?"

"Not very long at all," replied Fran. "I love nature and when this job came along I thought it would be great; but…" Fran Klee paused, and she frowned. "But I don't like the paper work. Every time I go out on my rounds I have to fill in a report form – provide details on some of the things people have on their property. Do you grow garlic, comfrey, elderberries, St John's wort, valerian, gingko or whatever they want to put on the list, quite apart from well known noxious weeds like woolly nightshade. Plants as well as insect pests sometimes require spray programmes to eradicate them. Aerial spraying of wide areas is a real concern for me. It could cause so many health problems. Sometimes I visit on a random basis, like today, but other times I am sent on a specific mission. There's always these report forms though. I feel like I am being used as a spy. I make visits which seem perfectly innocent, but they're a cover for something else. Maybe I'm imagining things, but I know that Mr Wylie Fox from SIS seems to be in the office an awful lot." Fran shuddered. "He's a real creep. Sometimes I overhear what's being said, and he mentions someone called "The Boss" quite often, too. Anyway, Iona it's been lovely having a little break and talking to you. I'll call back another day soon and find out how you and your husband feel about the insect trap." Fran waved happily as she made her way back to the car.

That evening Andy and Iona talked about Fran Klee's visit. "Do you reckon she saw much when you showed her around?" asked Andy.

"Well, her eyes were certainly darting everywhere. Maybe she was appreciating all the hard work you've put into the garden, but frankly, she was a very nice and sincere young lady."

Andy finished tidying up after their evening meal and sat down next to his wife

*who was feeding Faith. They both watched as the little mouth gradually stopped sucking and released its hold on the nipple, and for a while the three of them enjoyed being close to each other. Later, they resumed their discussion.*

*"We have nothing in our garden at present which could be on any 'forbidden' or 'suspect' list, but we soon might have. Remember Jenny Prickmore was going to give us some plants from Green Island, and I'm sure when we can get over there ourselves there will be plenty more we can have. The more we learn from Jenny, the more we will be using, and passing on to others. Then maybe Wylie Fox will get wind of it and come sniffing around. Now that we know how certain information is being gleaned, the more precautions we can take. Do we want the trap or not?"*

*Iona nestled up to her husband. "Fran Klee could become a valuable friend and ally. If we have the trap on our property I will be able to talk with her quite regularly, and if we are discreet I'm sure everything will appear "common or garden". If someone else takes over we can terminate the arrangement if we need to. After all, a trap is no longer a trap if you know it's there!"*

*Andrew ran his fingers through Iona's hair for a few minutes as he pondered her comments. Then he bent down and kissed her. "You'll be able to tell her frankly, I agree!"*

# 66 Gardasil® the Golden Goose

How will Gardasil® be sold to the public? So far, Gardasil® publicity overseas has been a wonderful example of promoting a vaccine, relying on various types of emotional language. First the selling of it uses ***empty language,*** which relies on hypotheses that are so broad, and statements that are so abstract, that you can't argue with them.

Example: A hypothetical empty statement would be "the best way to prevent cervical cancer in the future is to go and have three injections of Gardasil®." This statement doesn't tell you that Gardasil® contains only two strains of human papillomavirus (HPV), which, it is estimated, cause 70% of cervical cancer – but that the estimation is a guess, because every day new variants are being discovered.[1] It doesn't tell you that cervical cancer under normal circumstances will take 30–40 years to develop, and because the trials were only of 2–5 years' duration the developers can't prove that it "will" prevent cancer from those two types, 40 years after the vaccine has been administered. And if it doesn't prevent it, no doubt that will be because the cancer was caused by other pesky HPV types.

In order to persuade New Zealand women to take up this vaccine, will publicity also use a linguistic technique called *"negative framework"*? "Negative frameworks" can be constructed, in the case of Gardasil®, by giving guestimates of how many cases might be diagnosed with cervical cancer, how many people might die amongst those who don't have the vaccine, predicting in advance the thousands of lives which could be saved, and heartache prevented, etc. This paints the issue with the most pessimistic outcome possible, so you could be told that if you don't allow your child this vaccine she might die. A double whammy. "She didn't need to die", and "It was all your fault!"

1 FDA Workshop, 1999. "Session 6, Adventitious Viral Agents in Cell Substrates." September 10. HPV discussion from page 78. http://www.fda.gov/cber/minutes/0910evolv.txt (about page 85) Comments in previous chapter.

Figures, couched in terms of human misery, whether they are scientifically accurate or not, create emotional turmoil in the hearer.

*Fear* results from something termed *"dependency creation language"*. The hearer, in fear, goes to the expert who uttered the "negative framework" words, to receive the "cure", so that their child won't get the cancer the parents have convinced themselves that the child would have got without the vaccine. The child and the parents will then "depend on," and credit, the doctor for having saved their child's life. Assuming that's the outcome sometime in the distant future.

The dependency language is backed up by *"personalization"* which focuses the listener on the giver of the solution being the *only person* who can help. "Yes, Mrs Butler, we have this wonderful new vaccine *made by our Australian colleagues,* which can, to the mere tune of $400.00, prevent your daughter's cervical cancer."

It's very important that people respond to the language, because Gardasil® is the first of many cancer vaccines to come, and they aren't going to come cheap.

In June 2007, the question[2] was asked: "Why is the HPV vaccine so expensive?"

The answer was, *"We based the price on a number of factors, most importantly the value Gardasil® brings to individuals and society … HPV-related diseases cost the U.S. Health-care system about $5 billion every year, and we took that into consideration."*

There is now a new generation of drugs and vaccines called *"value added"*[3] which takes pricing to a whole new realm of possibilities. However, Gordon Cameron, Chief Executive of Britain's leading developer of vaccines, Acambis, is stretching the fact of the matter when he describes this as a *"'virtuous cycle' that was playing out as scientists discovered new vaccine targets and big companies jumped on the bandwagon."*

Expect more products to jump in price because of "value-added" reasons.[4] Gone are the days when drugs were priced to recoup the costs of development or production costs with a "normal" profit.[5] Putting it in a nutshell, the price of any "value-added" product, is set at what the market can stand. ***How scared are you, so what will you pay?*** Genentech took the same approach with Avastin®, a drug for colon cancer, which costs $100,000 a year to use. By 2006, Avastin®

2 Saarman, E. 2007. "Why is the HPV Vaccine So Expensive?" *Discover Magazine,* June 11. http://discovermagazine.com/2007/jun/hpv

3 Hirschler, B. 2006. "Vaccines to stay hot for research and M&A." *Reuters,* February 24. http://www.reuters.com/article/Biotechnology06/idUSL2456887820060224

4 Berenson, A. 2006. "A Cancer Drug Shows Promise, at a Price That Many Can't Pay." *The New York Times,* February 15. http://www.nytimes.com/2006/02/15/business/15drug.html

5 Berenson, A. 2006. "A Cancer Drug's Big Price Rise Disturbs Doctors and Patients. *The New York Times,* March 12. http://www.nytimes.com/2006/03/12/business/12price.html

was already a 1.1 billion dollar drug, with analysts predicting that sales would top $7 billion by 2009. What is the reason for these drugs being priced this way? Genetech says that Avastin®'s price is based on *"the value of innovation, and the value of new therapies"*. What does that mean? Quite simply this. If you think you're going to die, and you don't want to die, and you think this drug will help you live, you will find the money. *"If society wants the benefits … it must be ready to spend more for treatments like Avastin®, and Herceptin®, which sells for $40,000 a year" … "The pressure on society to use strong and good products is there."*

With such sentiments in mind, I checked out all the market analysts on the "worth" of and "future" in vaccines. Most of them said that if you wanted to be on the right side of Wall Street, put your money in Merck. Why might that be? Because Merck[6] is "going from about $300 million to $4 billion in revenue over the next year, and that's just one vaccine." Mind you, Merck will need all that to pay out for Vioxx® claims, so for at least two years, its HPV vaccine might be jokingly called the Help Pay for Vioxx® Piggy Bank!

Scrip Reports, never backward in coming forward, is charging a mere US$2,000 for its newest report.[7] They aren't going to charge like a wounded bull, unless what they expect you to get, makes you millions.

The market will go nowhere but up: "Global Vaccine Market Projected to Reach US$21.05 billion by 2010 from US$11.42 billion in 2006."[8]

And the biggest myth perpetrated by pro-vaccine doctors is that there is no profit in vaccines, and that's not the purpose of them. Really?

In respect of Gardasil®, shareholders must have been encouraged when the Deutsche Bank analysts stated[9] that Gardasil® sales were coming in $58 million above their estimates, which saw Merck's sales jump to $418 million, with Rotateq® (their new rotavirus vaccine) having sales of $171 million. The kids' market is set to quadruple, with Prevnar® leading the way, "commanding global sales of 1.9 billion in 2006".[10] Paediatric markets are expected to increase from 4.3 billion annually, to $16 billion by 2016. Somehow, I think that's a gross under-estimate. This report is interesting, because it predicts huge commercial opportunity for HPV vaccines along the lines of Wyeth's pricing strategy with Prevnar®, having

6 Staff reporter. 2007. "Vaccines Give Merck Booster Shot." *TheStreet.com,* February 11. http://www.thestreet.com/pf/funds/tv-recap/10388133.html

7 2007. "Vaccines Update: A special focus on vaccines for cancer." http://www.pjbpubs.com/cms.asp?pageid=2627

8 2007. "Breaking News." *Genetic Engineering & Biotechnology News,* June 19. http://www.genengnews.com/news/bnitem.aspx?name=19220838

9 Kennedy, V.B. 2007. "Merck's profit rises on 12% jump in sales." *Market Watch,* October 22. http://www.marketwatch.com/news/story/mercks-profit-rises-12-jump/story.aspx?guid=%7B0A748FCE-B34A-4824-960C-B7D69C179B9A%7D

10 Lewcock, A. 2007. "Kids' vaccine market set to quadruple." *Drug Researcher,* November 20. http://www.drugresearcher.com/news/printNewsBis.asp?id=81478

"paved the way" for "increasing tolerance" of high product prices in the paediatric sector. The classic "nose of the camel" story. The neck being Gardasil®, about which they are predicting:

> *cohort sales of $1.4bn in teenage girls in the seven[11] major markets of France, Germany, Italy, Spain and the UK by 2016, along with the potential of a cumulative catch-up opportunity for girls aged 13–26 that could add a further $17bn.*

They point out that the key to the share market "success" lies in a product's introduction into national immunization schedules.

The cost[12] of Gardasil® is apparently split up this way: 65% profit; 10% production costs; 25% royalties to patent holders. Cervarix®, another HPV vaccine, will come with a similar price tag, and could be said to be the head of the camel. Acceptance by people on the street of these two vaccines is crucial because these are set to be followed by a whole raft[13] of other cancer vaccines, and once you accept one, it makes it so much easier for you to be persuaded to have another. If successful, Gardasil® then becomes Gardasil® – the Golden Goose. Once you persuade people to shell out for one, they will shell out for:

*OncoVAX® for colon cancer*
*MyVax® for lymphoma*
*Stimuvax®, BiovaxID® and Favld® for lung cancer*
*MDX-010®, MDC-1379® and M-Vax® for melanoma*
*Provenge®, DCVax® and Gvax® for prostate cancer*
*Oncophage® for kidney cancer*
*Insegia® for pancreatic cancer.*

While Gardasil® garnered $481 million in 2006, the market was picked to be worth at least $8 billion by 2012. However, three months later, the same author upgraded that prediction to $23 billion[14] by 2012. I suspect even that is an underestimate.

However the pricing might have taken into account another factor. A comment made in 2006 bears thinking about, which needs no further comment. Dr Broker[15]

11 (Reference 10. Article only mentions five countries.)
12 Jay Parkinson, MD. http://www.jayparkinsonmd.com/blog/?p=59#comment-679
13 Mitchell. S. 2006. "Cancer Vaccines to Top $8B." *Space Daily*, November 9. http://www.spacedaily.com/reports/Cancer_Vaccines_To_Top_8B_999.html
14 Mitchell, S. 2007. "Global Vaccine Market To Top 23 Billion Dollars." *Terra Daily*, February 8. http://www.terradaily.com/reports/Global_Vaccine_Market_To_Top_23_Billion_Dollars_999.html
15 Deborah Arrindell, Thomas R. Broker, Neal A. Halsey, Gregory Zimet, 2006 "Preventing Hpv, Easy As 1, 2, 3 Shots? Ensuring Access To The New Anti-Cancer Vaccines." January 27, http://www.americanprogress.org/kf/hpv_event_transcript.pdf Pg 19.

again: *"From a purely business point of view, they've [Merck] been facing some real interesting challenges over the Vioxx issue and they are looking at this Gardasil® as the foundation and the saviour of the company. Believe me, they have a huge stake in this, just as we all do."*

The vaccines listed in this chapter are only some cancer vaccines. Go to www.clinicaltrials.gov and do a search using "cancer vaccine" and see how many come up. The day I did it, there were 627 trials listed. Not all different vaccines, but there are quite a few mentioned there which are not on the list above.

All will be pricey. And in order for vaccine manufacturers to meet their target incomes, they will expect YOU to roll your sleeve up. Again, and again, and again, and again, and … ?

Like Berenson[4,5] said:

"The *pressure*

on society

to use ***strong*** and ***good*** products

is there."

Be on the watch for **strong, good,** highly emotive imagery. Then check out the facts.

# 67 Expediency

*Fall City Central Electorate Office,*

*"We'll Do Party."*

*Constituents' Clinics every Monday.*

*For Appointments Contact Electorate Secretary.*

*Andy and Iona Questerman had arranged to see their Member of Parliament at 10.30 a.m. and were pleasantly surprised when they only had to wait five minutes. They were welcomed into the comfortably furnished room and invited to make themselves at home. There was the usual preamble of polite chit chat concerning the weather, how was the day going? And a few oohs and aahs directed at baby Faith. With those rituals over, the Hon. Polly Tishan got down to business.*

*"How can I help you?" she said bestowing a benevolent smile on the assembled company!*

*Andy wasted no time responding to the invitation. "My wife and I take our responsibilities as parents very seriously, and we have been doing a considerable amount of study relating to a number of health issues and I am sure that will encourage you. However, we have a problem."*

*Polly Tishan smiled condescendingly. "That's what I'm here for. How can I assist you to overcome it?"*

*"That's part of the problem," said Iona sweetly. "We're not sure that you can – although we'd like to think you could."*

*"I'll do my best," said their MP. "After all, that is part of my job."*

*This comment seemed to give Andy renewed encouragement to keep going. "Our*

*research has convinced us that the Government's policies on many health issues are not necessarily in the best interests of people's health and well being, especially regarding vaccinations. It is obvious that vaccine manufacturers have every incentive to research and develop more and more vaccines to include in schedules that are already daunting. But to create mindsets fuelled by support from health ministries, throughout the world, ensures that going down the vaccination pathway will inevitably cause a point of no return to be reached, which will apply not only to the list of vaccines and their combinations that are considered necessary, but will also cause an increase in "new" diseases, their variations and the side effects that result. We are seeing this beginning to happen already. What concerns us more is that by using fear tactics and various subtle pressures and arguments, these ever-lengthening schedules will become mandatory. We have no intention to vaccinate our daughter Faith, but already there are numerous people within the health system who treat us as potential criminals – you know, child abusers, and being a threat to their own children's health. It has been quite a shock to us, and as you are our member of parliament we felt that it was time we protested as strongly as we can about what is happening. But as we talk with you, which hat are you wearing? MP for Fall City Central, or Minister for Health?"*

*The Questerman's had been watching Polly Tishan's reactions as Andy had been speaking. Her eyes had lost what had seemed to be a friendly twinkle and there was now a tension in the air that manifested itself in her body language and the way she replied. However, being a practised politician she cleverly resorted to the skills required for this sort of situation.*

*"Mr and Mrs Questerman, you have a beautiful baby daughter and I am sure you would not want anything to happen to Faith. The Government's aim is to enable the Health Department to provide every assistance it can to assist responsible parents. As a Cabinet Minister who has the Health portfolio, I am guided by my advisers who are experts in their field, and they keep their ears to the ground. Their recommendations are carefully assessed and we aim to provide the citizens of this country with the very latest and best products available." Polly Tishan paused to allow her words to have maximum impact. "At present you can still exercise choice on behalf of your lovely daughter. Surely you'd want the best for her wouldn't you?"*

*"We most certainly do," said Iona vehemently, "and that's why we are talking to you today. Ours is an informed choice and we know we are making the right decision. We have studied the issues very carefully. Have you listened to other very*

knowledgeable and experienced researchers from the other side of the fence? Have you really looked at the facts and figures that give a different picture to that painted by your advisers? As a private individual, do you ever question what you're told? If you had a new born child now, would you go ahead with the vaccination schedule, on the basis of what you know as Minister of Health? Or would you want to know more than what your advisers tell you?

"Why is it that many doctors won't vaccinate their own children, or prescribe drugs for them because of what they know? Or is following the party line all that matters in politics? Would you like us to share some of our research with you? As our MP, how can you help constituents like us who ask these sorts of questions and expect answers which aren't deprecating?"

The Hon Polly Tishan, Health Minister in the We'll Do Government, looked at Andrew and Iona Questerman, constituents in her Fall City Central electorate. For a few moments, which seemed like hours, she was at a loss for words! A mixture of emotions, registered fleetingly on her face, then with a wry smile she said slowly, "I think I'll have to ask the Minister of Health to write me a letter before I can answer your questions. I'll see what I can do for you, and then I'll be in touch."

Andy and Iona were not surprised at the outcome of their meeting. They had made their point. How long would they have to wait before they would know if it had struck home? As Polly Tishan walked to the door to show them out, she ran her finger lightly across their little Faith's cheek with what seemed like a lingering tenderness, that did not escape the notice of her parents. What prompted the action, they did not know, but for the Questermans it reinforced their convictions that they had made the correct choice, come what may. Just think what a bombshell it would be for the Government if the Minister of Health offered her resignation because, she could no longer promote the Health Ministry's agendas. Yes, there was a high price to pay if you threatened the structures of any system, the behind-the-scenes power games, and the mighty dollar. Humanly speaking, the affairs of the whole world were determined by politicians. Iona and Andrew discussed these things on their way home – democracies; majority, minority and coalition governments; rights and freedoms; the hypocrisy of double standards; how blindingly obvious does the truth have to be before it is recognized? "You know," said Andy, "there's an old saying which says, 'You can please some of the people some of the time, but you can't please all of the people all of the time"? It is so true. If you refuse to compromise, and you're going to act on what you believe, you have to be prepared to sacrifice for it."

"Yes," said Iona quietly. "There was a time long ago, when a ruling council decreed that it was expedient for one man to be sacrificed for the sake of a nation. I often wonder about that when I look at Faith, and other little children who are so helpless and dependent, and I think about all the substances that the experts say we should put into those little bodies. And not just little bodies. How many will be offered up on the altar of sacrifice because it is expedient to do so for the presumed benefit of a whole nation. What was Polly Tishan thinking when she stroked Faith's cheek? Was she saying in an affectionate way, that for the sake of the country's health it is expedient that some must experience side effects; that it's just too bad if they suffer in some way? Or was something else struggling to get through?"

Andrew, whose name means strong and manly, knew that they and D'Different Ones, needed all the strength available to them, when faced with such serious issues. They had been working through these things for months now. So had others; and others would in the future, too. That didn't mean they were immune from doubts, and fears, but they knew how to resist them.

"My darling wife, we have made our decision and that choice has not been made lightly. We know it has a cost attached to it, but we are agreed in the stand we have taken. We could say that Faith is the answer when the systems and the many voices press in upon us. And we know that we should be sharing what we have discovered with other people. After all just think what our wonderful friends have done for us."

* * * *

About a week later the following letter on the usual official letterhead with all the impressive trappings arrived in the mail:

> Dear Mr and Mrs Questerman,
>
> At the last Government caucus meeting, your Member of Parliament, the Hon. Ms Polly Tishan, raised issues relating to policies being implemented by the Ministry of Health, with particular reference to vaccination schedules. She indicated that you had expressed concern at the reliability of advice received by the Government when allocating money to provide the best products and services to the people of this nation, and that you had offered to share your research findings with her and her advisers.
>
> It is the Government's considered view that you would not be able to

*contribute anything of any substance to that already available to the Ministry of Health. However, your concerns and offer have been noted, and we have recorded your differing points of view. The Government however, wishes to ensure that people make choices that are responsible.*

*Because the Minister has been indisposed for a few days and is facing a backlog of work, she has asked me to let you know the outcomes of your meeting with her.*

*Yours sincerely,*

*Weasel Speek,*

*Under Secretary to Minister of Health.*

# 68 "Sally Clark is Dead"

18 March 2007. (See sidebar of facts at end of chapter.)

Sally Clark is dead. *"May all those who drove Sally to this hang their heads in shame."*[1] I see the words on the screen, and they ricochet around my brain, in a milieu of echoing memories. Then comes the rage. Not just for Sally, or Steve, or their family members, but for all the other cases I've been on, where parents and lawyers have been lied to. "Lied to?", I hear you say. Yes, lied to. How could that be, you say?

"It's unbelievable!!!" I hear those words, even today. John Batt said them on 29 June 2000, as I stood at the end of the phone, almost shaking with rage, listening to him say, *"No, this is British Justice we are talking about here, Hilary. This system is built on a tradition of …"* I interject. *"Stuff your tradition, John. Listen to me. You … are … being … lied … to. Get that into your head. Do you need me to repeat it?"*

*"You expect me to believe that the reports exist; that the pathologist knows that, and so does the Prosecution, and we are being dangled from a string?!!!"* comes a sort of outraged, but querulous, and incredulous voice.

It was the same tone of voice which answered when, on 24 March 2000, I'd said to him:

*"… Now here's what you do. You go to the hospital with three other lawyers, and you demand both files for both children. Take a portable photocopier and plenty of paper. You sit there, and every time someone goes past you ask in a loud voice so that they hear … 'We're still waiting for the file please'. And you don't leave until you have it."*

*"Hilary!"* spluttered a choking John, *"That's not how we do business in this country!"*

---

1 Wansall, G. 2007. "May all those who drove Sally to this hang their heads in shame." *Daily Mail (UK)*, March 18. http://www.dailymail.co.uk/pages/live/articles/news/news.html?in_article_id=442833&in_page_id=1770. Accessed 18 March 2007.

*"Well, has anything else worked?"* I ask.

*"No,"* he says.

*"And John,"* I had ranted, carrying on before he could take a breath. *"You take those same lawyers, and you set up a meeting with the pathologist who did Harry's and Christopher's autopsies. He didn't know one end of an autopsy from the other. You ask him these questions, in this order, and I bet you, you'll find your answers. Problem will be, they won't be in writing, but at least you will know that I'm telling you the truth.*

*"Oh, and another thing. Have any tests been done on the third baby? The hospital tests on Christopher indicate to me that the problem could have been that both Harry and Christopher had a transient immunodeficiency. It's far more common than people realize, or doctors admit to, but you know … A dead child tells few tales. Lots of babies die after vaccinations, but of course they say it's coincidental. You can't test a dead baby. If both the other children had that problem, it's likely that this baby has as well."*

Fortunately, someone else had thought of that too, and the tests had been done. They showed severe neutropaenia, so it was many months before a needle came anywhere near the baby. Not that that would help Sally any, though just maybe, it saved her third child's life.

The meeting with the pathologist was even more interesting. John described how, when they did catch him out and confront him with his own lies, to their astonishment, he laughed and said, *"It's all part of the game!"* I mused rhetorically to John, *"And you didn't believe me!"* The sparks of anger crackled from John's reply, *"I've changed my mind!"*

*"But John, have you changed your mind enough to find those reports?"* He considered it a moot question though, because the Defence now believed that the appeal would be won on stats, something that sent me into peals of laughter, then growls of anger. *"No way, John. Nothing will win this case until you PROVE that the babies had serious infections, and the only way to prove that, is those reports. You win on stats, and I'll eat my hat!"*

* * * *

In December 1999, I had contacted Margaret Driscoll[2] with an offer to help out on the case in any way possible. Shortly afterwards, the telephone rang, and John Batt, a family friend and solicitor, was on the end of the line, wary, but ready to listen. Things moved fast. Hospital reports, medical records, etc., were quickly compiled and on their way to the Antipodes.

Right from the start, I felt that the case was bogged down by many things. The first was that both Steve and Sally Clark were very respectable lawyers, and Sally's

2 Driscoll, M. 1999. "Shadow of a doubt." *The Sunday Times (UK)*, November 28. News Review.

father, Frank, was an ex-policeman. Steve and Sally were normal parents, who wanted to do the "right" thing for their children. But as lawyers with reputations, it seemed to me that they were terrified of being seen by the system as "falling prey" to any arguments from those considered by "the system" to be the lunatic left – the anti-vaxxers, or the anti-MSBPers.[3] To the Clarks, the issue was simple. Their children died, and anyone with any brains should have been able to see what they saw. They shied away from touching 'the immunization thing' because if they could win any other way, they would rather do it that way.

What neither they, nor their well-intentioned lawyers realized, was that the system doesn't work the way they thought it should – either in medicine, or in law.

Even the journalists who supported the case pussy-footed around the vaccine issue. When John Sweeney, a TV reporter who did the work on a TV programme, was told that vaccines were definitely involved, he dismissed it, saying that they wanted a "simple narrative". Win/win journalism isn't possible if you suggest that the government-mandated holy grail of vaccination might not be as "holy" as the public is led to believe. TV went with the 'genetic' argument.

If the severe neutropaenia their third child had was what Harry and Christopher might have shown after their colds and at the time of vaccination … and had the medical profession previously taken off its "Vaccines never do harm" blinkers, and done the work to figure out what some of us in the lunatic-left fringe have known for a long time – that many children between the ages of one and six months can have a variety of transient immunodeficiencies – then Sally Clark might now be a happy parent living her life as she had always wanted.

As mentioned in ***Just a Little Prick,*** vaccines when tested in the three-phase trials are not tested on any babies or children other than the ultra-healthy, squeaky-clean ones. Take this trial[4] here. The exclusion criteria are typical even of vaccine trials done in babies:

* Serious chronic disease (e.g. cardiac, renal, neurologic, metabolic, rheumatologic, psychiatric, hematologic).
* Known or suspected impairment of immunologic function.
* Acute medical illness with or without fever within the last 72 hours or temperature >= 100.4 °F (>= 38 °C) at the time of enrolment.
* History of documented invasive meningococcal disease or previous meningococcal vaccination.

3 MSBP = Munchausen's Syndrome By Proxy.

4 Study of Menactra® in Children Aged 4 to 6 Years When Administered Concomitantly With a Fifth Dose of DAPTACEL® http://www.clinicaltrials.gov/ct/show/NCT00355121?order=3. Accessed 18 March 2007 (Checked again on 28 Jan 2008 and found this statement: "This study is ongoing, but not recruiting participants.").

* Received a 5th dose vaccination with any tetanus, diphtheria or pertussis vaccine, or 4th dose of IPV prior to this study.
* Received either immune globulin or other blood products within the last 3 months; or received injected or oral corticosteroids, or other immunomodulator therapy, within 6 weeks of the study vaccines. Individuals on a tapering dose schedule of oral steroids lasting <7 days and individuals (e.g., asthmatics) on a short schedule of oral steroids lasting 3 to 4 days may be included in the trial as long as they have not received more than one course within the last 2 weeks prior to enrolment.
* Received oral or injected antibiotic therapy within the 72 hours prior to any blood draw.
* Suspected or known hypersensitivity to any of the study vaccine components, history of serious or life-threatening reaction to the trial vaccines, or a vaccine containing the same substances.
* Thrombocytopaenia or a bleeding disorder contraindicating IM vaccination.
* Unavailable for the entire study period, or unable to attend the scheduled visits or to comply with the study procedures.
* Enrolled in another clinical trial.
* Diagnosed with any condition, which, in the opinion of the physician investigator, would pose a health risk to the subject or interfere with the evaluation of the vaccine.
* Received any other vaccine 30 days prior to the first study vaccination, or scheduled to receive any vaccination during the course of the study.
* Personal or family history of Guillain-Barré Syndrome (GBS).

Yet, once any vaccine passes all three-phase trials, parents of children with any of the above conditions will assume that 'safe', means safe in all children, not just in the ultra-healthy. Are they told that children like theirs were excluded from all trials? No. So how can it be said that vaccines are safe in the very children who are excluded from phase trials?

And so it was with the vaccines that Harry and Christopher received. How many doctors would even consider, or understand the implications of giving routine baby jabs to a supposedly normal-looking baby with a temporary immunodeficiency they couldn't "see" with their eyes? How many doctors have been told that a cold is nothing to worry about? How many doctors would consider, 'Hey, both these children had bad colds at exactly the same time? What does that mean?' How many doctors even know what common immunodeficiencies are, or what to look for? Doctors assume that if there is something to be known, they will be told. They do not know, sadly, that all possible scenarios are apparently not

looked at. Yet they will tell the parents of children who are known to be fragile, who were excluded from trials, that these vaccines are *even more important* for them than they are for seemingly normal children, who might be anything but 'normal'. This is one possible reason why Harry's and Christopher's *illness* fell through the cracks from the medical point of view, at the time of their deaths.

The reasons *the case* fell through the cracks from the medico-legal point of view were threefold. First, the primary aim of the Defence was to admit only what it judged to be credible evidence. Yes, from what I've heard, every nutter in the left-wing woodwork came out, and presented the legal team with most of the lunatic theories around. Weeding out the nonsense isn't an easy job. In a system that's ultra-conservative, and jealously guards its standing and reputation, association with "the dodgy" is just about a death sentence on its own. So it was important, in both the Defence's and the Clarks' view, to distance themselves from anything that they saw to be fringe theories, counter to their best interests.

Second, there was a combination of refusal to believe that medical people could withhold information, and refusal to push hard enough at the start, to call their bluff. This left the legal team paralysed in no-man's land. It was only when that realization hit John Batt, that he set into motion the events which eventually unearthed the very reports I had been hammering on insistently from the beginning.

Last, and to my mind, worst of all, was the medical profession itself. Medical people can be very strange. On the one hand, you have people who really care and who genuinely want to help. The problem is that medical people rely, for their living, on pleasing their peers, their bosses and – above all – the government. The primary decree for survival in the medical profession these days is to protect your own backside at all costs. There were experts who, had they had the courage to come on board right at the beginning, would have had the clout needed to obtain the reports. I can only surmise, but it looked to me as if they were in 'awe' of the reputation of Professor Sir Roy Meadows, et al., and decided that such important people as these must always be right. That is, after all, how they earned their titles. Perhaps they felt that you don't get on the wrong side of someone whose court evidence assisted in convicting quite a few 'deranged-mothers/murderers'.

Any suggestion of 'involvement' in the case was met with silence, or outright resistance. The medical grapevine these people create is a far more effective tool than that which exists for lay-people. I'm sure that as soon as a letter of request hit someone's desk, the fact was conveyed far and wide.

To add further to the tragedy, Sally had to cope with hearing comments from medical people who had their own rarefied ideas as to what "normal" parents are.

Dr David Southall, when brought before the General Medical Council in 2004, to explain his comments that Steve killed his two children, said:[5]

> *"Particularly striking", he said, "was the fact that Mr Clark had not called an ambulance after his first baby suffered a life threatening attack in his care. Normal parents ring 999 immediately … Parents who don't do that are the parents who have caused it."*

It's striking that "experts" are so enamoured with their own importance that they can diagnose as "life threatening", a "nose-bleed" from afar, as well as what 'every normal' parent will do. I've lost count of the number of cases I've been on, where babies concerned have had nose bleeds[6] prior to a vaccination, and invariably the medical response could be described as mostly dismissive. Like Steve, most doctors consider a bleeding nose, a bleeding nose.

In another case I worked on, two weeks before the baby died he was rushed to hospital with a bleeding nose, but the parents were treated as though they were purveyors of paranoia. The doctor looked askance and told them to make sure the baby's fingernails were cut short enough. Since when does a six-week-old baby stick its finger precisely up to the back of a right nostril? A few days later, the baby had a series of vaccines, and died.

It's a script that regularly crosses the desk of many people like me. Why is it that doctors don't connect the dots? If coagulation and immunology tests had been done on Harry and Christopher, as was done for the Clark's youngest son, those tests might have prevented two tragedies, if they too had had severe neutropaenia … but only if the doctors concerned understood the significance of what they were looking at. Many do not.

The other barrier to 'connecting dots' appears to be that no doctor wants to admit that the vaccines they advise and administer could harm any baby in any way. Yet your average doctor, when he sees a baby have an anaphylactoid response to an antibiotic, will tell the parent that the baby is never to have another antibiotic. It's written in huge letters across the chart, the computer screen, and whatever else they think to write it on. If that same breast-fed baby, for example, has an anaphylactoid response after a vaccine, the problem can be attributed to the tamarillos the mother had just eaten. The hypocrisy or illogic in the counterpoints aren't seen, even when you point it out to them.

What nauseated me most of all in the Clark case was that *when* the hidden

5 Laville, S. 2004. "Doctor defends child-killing accusation." *The Guardian (UK)*, June 11. http://society.guardian.co.uk/nhsperformance/story/0,,1236361,00.html. Accessed 18 March 2007.

6 Babies with neutropenia will quite often have spontaneous nose bleeds. But nose bleeds can also be indicative of haemorrhagic disorders, and vitamin C deficiency. In a baby with a cold, a nose bleed could indicate and underlying potentially serious condition, which a simple blood test could show.

reports on Harry surfaced (in very mysterious circumstances, which I don't believe have been fully explained), then at that point, and ***only*** at that point, could other experts come on board the case, and unequivocally state that Sally was innocent. That … these babies were ***not*** murdered. John Batt and Steve Clarke had to find eleven experts on SIDS from around the world to analyse all the data and write reports admitting the possibility of septicaemia for both children.

For two days during the second appeal, however, the lawyers and the ***other*** experts who had appeared for the Crown, stood firm and refused to admit any possibility that they had been wrong. The Prosecution case only caved in when their new paediatric expert admitted that nobody had told him about the symptoms shown by Harry following his vaccinations on the day he died. ***He*** then admitted that septicaemia was the cause of this baby's death.

Why is it that it is so hard for medical people to say, "We were wrong"?

It seems to me that if you look back at what has happened in the medical system over the last few years, a new problem has crept in. There has always been patronizing, chauvinistic behaviour in a system dominated by a hierarchy that appears to value arrogance and control above honesty. But as was illustrated in a recent article, the 'system' here is now run 'like a big factory':[7]

> ***"We've brought very much a production-orientated approach to the running of the hospital. Making it like a big factory as much as we could. We've tried to remove the emotion, just run it as a productive unit," Mr Brown said.***

This attitude seems to have extended to some doctors over the years, and where doctors behave like toasters on autopilot, unfortunately someone, a patient or their carer, is going to be burned.

But it's not just a question of control and arrogance. It's also about ignorance in, and of, their own medical literature, because there is much more that can be said about sepsis, which – to this day – most doctors do not understand. The key facts are right there, in their own literature and medical texts, as you will see in the next chapter, yet doctors fail to join the dots. Any child who has neutropaenia is in serious trouble, because they can't fight bacterial infections.

Neutrophils also require vitamin C to work, and any child who, as a result of infection or being fed formula, has lowered levels of vitamin C will also be at risk for septicaemia. It is for these reasons that I believe that a sick child, or one who has had antibiotics, should never be given a vaccine. The child who has been put on antibiotics is further at risk, because many antibiotics not only strip the body of

7 King, E. 2007. "Hospital 'like a big factory' for elective surgery results." *New Zealand Herald,* March 15, p. A 4.

vitamin C,[8] but also increase urinary excretion of vitamin C by blocking off renal tubular reabsorption of vitamin C.[9]

I am convinced it was the belief of Sally and Steve in their own profession, and the belief of their defence team in the supposed integrity of the justice system and the honesty of the medical profession that in the end, cost them the case. They believed that such an old and upright tradition could never be unjust to people of such standing in the community as themselves. The problem was they didn't realize that times had changed and perhaps their very high profile was useful to people who sought to prove that murderers could be found in the highest of echelons; to send the message that no one is immune, and that anyone can be found guilty, whatever strata of society they are in. If there is any truth to that idea, while it's not the way it should have been, ***reality*** sometimes makes a much better 'story' than fiction.

It's bad enough for a mother to lose one child. It's even worse to lose two. Then to be found guilty of murder, not be allowed to grieve, to have her third child cruelly taken away, and out of their family, adds another blow. To be sent to a top security prison where you are treated by other prisoners as a "child murderer" is yet another painful insult. Prison is not always about serving justice, or paying a price to society. Prison is an experience in itself, which will make or break you. Sally tried every trick in the book. She never decorated her room; after all, she was innocent and wasn't staying there. She tried her best to cope with all the crap that came her way. And when, in Sally's case, it looked as if the governing body of her own profession might strike her off, fighting that became a crucial last life-line strand. Fortunately, they did not desert her.

Put yourself in her place. You come out of prison, finally found innocent when you should never have been found guilty. What do you come out to? A child who doesn't know you; an infamy you don't want; a life you can never have back; a job you can no longer do; a society in which you now have no privacy or anonymity; grieving that can't be done, and a medical profession which in parts is still openly hostile toward you, as a person and a family, and seems determined to rub your nose in their disbelief of your innocence at every turn.

The biggest tragedy is that Sally Clark wasn't the only one in that position in the UK then, and she will not be the last, either in the UK, New Zealand or elsewhere.

You don't believe any of this? Well, then, get thee to the internet, order and

8 Alabi, Z. 1994. "The effect of antibacterial agents on plasma vitamin C Levels." *Afr J Med Med Sci,* 23(2): 143–6, June. PMID 7625302.

9 Windsor, A.C.M. et al. 1972. "Effect of tetracycline on leucocyte ascorbic acid levels." *British Medical Journal,* 1(5794): 214–5, January 22. http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1789150

have sent, then read the book *Stolen Innocence* by John Batt,[10] because most of the story is in there. And then, donate your copy to your local library so that everyone else can read it too.

Someone's life might depend on it. And you, as a parent, if you chose to vaccinate, could be next.

*Sidebar:*

Sally Clark: Good diet, folic acid, etc. in pregnancy. Occasional drinking in first three months, but neither baby had evidence of foetal alcohol syndrome. (Temporal lobe epilepsy only revealed in prison, no family history, no prior knowledge.)

Christopher Clark, born 22 September 1996 (two weeks late), died 13 December 1996, 23 days after receiving whole cell DPT/ACT/HIB/OPV. Bad cold a week before he died. At death, Christopher was found lying face upward in his Moses basket, his face a dusky grey colour. Exclusively breastfed, no formula or cow's milk.

Harry Clark, born 29 November 1997 (three weeks premature) heart murmur. Apnoea monitor triggered all the time through his life. Also had a bad cold, the week before he died. Died 27 January 1998, the same day as he received a UK branded acetaminophen product, ACT/HIB/DPT/OPV. Was less responsive after the vaccines. At death Harry was in his bouncy chair, his head bent forward, and slightly to one side. He was pale, but pink and floppy to the touch. Breastfed, but had had formula late at night, in the last week prior to death.

Original cause of death, stated by pathologist Dr Alan Williams, for Christopher was viral infection of the lower respiratory tract (frothy muco pus in trachea and bronchi, acute serosal inflammation of lower lobes of right lung, focal acute inflammation on tonsils and in pharynx) but no evidence of this was found by other experts who subsequently looked at that post-mortem.

At Harry's autopsy, the pathologist thought he saw blood in the retina, and referred the slide to Professor Michael Green of Sheffield University, who diagnosed 'violent shaking'. (Other dubious findings in this autopsy were hotly disputed and countermanded by other independent pathologists.) Dr Williams was subsequently found guilty of serious professional misconduct.[11, 12]

Dr Alan Williams reopened the autopsy for Christopher, and delivered a new verdict of smothering and bruising/abrasions on the legs which he previously

10 Batt, J. 2005. *Stolen Innocence*, 2nd ed. Ebury Press. ISBN 978-0091905699 http://www.amazon.co.uk/Stolen-Innocence-John-Batt/dp/0091905699/ref=pd_bbs_1?ie=UTF8&s=books&qid=1195621266&sr=8-1

11 BBC. 2005. "Clark pathologist was 'slapdash'." January 26, 11:34 GMT. http://news.bbc.co.uk/2/hi/health/4208669.stm

12 BBC. 2005. "Court work ban for Clark doctor." Friday, June 3, 19:04 GMT; 20:04 UK. http://news.bbc.co.uk/2/hi/health/4595839.stm

attributed to resuscitation attempts, yet police, doctors, nurses and paramedics who inspected Christopher two hours after his deaths found no marks whatsoever.

Full details of the court cases and events which took place, can be found in a paperback called ***Stolen Innocence*** by John Batt.[13]

13 Batt, J. 2005. *Stolen Innocence*, 2nd ed. Ebury Press. ISBN 978-0091905699 http://www.amazon.co.uk/Stolen-Innocence-John-Batt/dp/0091905699/ref=pd_bbs_1?ie=UTF8&s=books&qid=1195621266&sr=8-1

# 68 Pricks, Prods and Praise

*Yes, it could happen, and today was one of those days!*

*The Boss was smiling!! He was happy – for the moment.*

*As usual he sat on his plush, ultra comfortable "throne" as he systematically consulted the array of monitors flicking the never-ending reports and news items from around the world.*

*Wars and rumours of war – plenty of that.*

*Murders, killings, disasters, accidents – too common to be of much interest.*

*"New" research findings, amazing discoveries, predictions that could give "hope" to millions – maybe, sometime in the future?*

*He scrolled the screens almost mechanically.*

*A headline[1] caught his attention: "Celebrities, porn, binge-drinking and junk food rule…" He skimmed the article. "Good, good," he murmured. "The internet is making captives of people in their own homes. They don't have to move from their living rooms to have all the thrills and sensual delights for which they crave. And children are becoming addicted too." His smile broadened.*

*"What's this?" He leaned forward, his interest aroused again. "Scientists create plastic blood[2] … this blood is made up of plastic molecules that have an iron atom at their core, like haemoglobin, that can carry oxygen through the body." His mind raced as he considered the ways he could use this piece of news. Anything that eliminated the need for the Creator and sustainer of life was top priority.* ***His*** *Creator! He shuddered as he thought of his rebellion aeons ago and his relegation to this planet – prince of this world. He was The Boss. His rule and power was not*

1 Brown, J. 2007, "Celebrities, porn and binge-drinking rule Britannia" *New Zealand Herald*, May 24. http://www.nzherald.co.nz/section/7/story.cfm?c_id=7&objectid=10441442 accessed 31 May, 2007.

2 BBC., 2007. "Scientists create "plastic" blood" 11 May 09:08:23 GMT http://news.bbc.co.uk/2/hi/uk_news/england/north_yorkshire/6645923.stm accessed 31 May, 2007.

*unlimited but he would show them. The world would acknowledge his ability to deceive by cleverly disguised lies, half truths, manipulation – everything which had made him an angel of light. The world could not survive without him! He thought about his army of stooges, his minions, his flunkies, his dupes and the countless numbers of people who compromised, conformed and went with the flow without even realizing it. "Sheep going to the slaughter," he mused.*

*"I must encourage some of my henchmen," he thought and his fingers attacked his computer keyboard.*

*To Hugh Mann, ISM:*

*I highly commend you for the work you have done, and are doing, throughout the world. Keep the focus on human cleverness and all new advances whether they will achieve the desired results or not. If they cause harm, suffering or death, what is that compared to false hope and expectations. Keep up the good work.*

*To U Sing Lysaght, Editor, "Fall City Truth":*

*Congratulations on some ingenious misreporting lately. Your ability to omit key facts, to gloss over difficult concepts and to selectively focus on issues that will cause readers to be sufficiently frightened that they will hand over decision-making responsibilities to our well organized systems. Truly you are a torchbearer of the Angel of Light Publishing Company. There are serious moves afoot to centralize editing within major newspaper consortiums[3]. This contracting out of editorial comment is designed to maintain a high standard and accuracy, as well as quality and vitality. You would be eminently suitable for such a position, and I will be pulling all the necessary strings to secure you such an appointment. Your experience in the "fine" arts must not be wasted.*

*To Sir Pent-Athol Blackadder, HISS:*

*You have been doing a great job with Q-4 Health Pharmaceuticals. You are becoming adept at offering the "right" sort of advice, and making inspiring suggestions at the most opportune times. Your screening services provide*

3 APN, 2007. "Centralised editing for papers to go ahead" *New Zealand Herald*, April 20, A 7, http://www.nzherald.co.nz/topic/story.cfm?c_id=289&objectid=10435092 accessed 31 May, 2007

*them with the support they need for promoting all the new products coming onto the market. Keep an eye on Dr. Will Prickmore. Wylie Fox could also be engaged to fuel the system's computers. Dr Phil Anthony is keeping his head down on Green Island. That is bad news. I will be talking to Modus Operandi again about the threat posed by those on the Island.*

*You will have noticed that share prices for pharmaceutical companies stocks have continued to show very healthy growth, with the exception of one company which faces huge compensation claims and another company whose latest product has extremely low efficacy rates. Your finger seems to be on the right pulse with Q-4 Health, so keep it there.*

*To Wylie Fox, SIS:*

*I understand you have contacts at the Ministry of Agriculture and Forestry, Bio-security Division. The reporting scheme you have instigated seems to be a rare flash of inspiration for you. Fran Klee may have to be removed and repositioned; perhaps discredited or some other foul art you specialize in. The Questermans are a real cause of concern. They are asking far too many questions of the wrong sort. They insist on getting back to the simplicity of basics and laying a solid foundation. This must not happen. It is dangerous. Making everything as complicated as possible is essential for success. Lies then go undetected, half truths cannot be discerned and connecting links necessary for real understanding can be short-circuited by confusion enhanced with unfamiliar vocabulary and jargon. If the intellect is in a constant whirl, the heart and gut feelings never get listened to.*

*To Porno Smutt:*

*After careful scrutiny of your recent records you deserve the Top Achiever Award. Along with others like you all over the world you can be proud of your success. I am glad you have responded so well to my constant prodding. You have the advantage of being able to infiltrate people's homes and private lives without having to gain physical entry yourself. Internet porn is flourishing, the glossies are increasingly popular, advertising is becoming even more suggestive and explicit, rapes and sexual assaults are in the media headlines on a daily basis and marriages are being undermined by "affairs" and unfaithfulness. Continue to choose your methods carefully so*

> *as to persuade society to accept ever more liberal standards, and apathy will do the rest. Well done, evil and perverted servant.*
>
> *By the way, don't forget the new SafeGuardiznil vaccine, which will be available soon. I'm sure you'll be able to find ways to sow the seeds of its necessity – for both sexes!*
>
> To Iddy Ott:
>
> *Continue as per previous e-mails. You have to be quick to capitalize on suitable educational issues which you can manipulate so as to ridicule traditional values, creationism, and the two parent family unit. Have you noticed how many D'Different Ones are home educating their children and encouraging others to do the same? Do something to reverse this. We can't have them learning things that will make them different, or inspire creative thinking outside the moulds of conditioning we wish to promote. Your performance levels are slipping.*

*By the time the Boss had completed a number of overseas e-mails his reservoir of "goodwill" was completely drained. The more he was reminded of D'Different Ones' existence, the greater became his intolerance of them. What new strategies could he try? The old ones would have to be repackaged. Eye catching, ultra modern "wrappers" and slick promotional gimmicks could transform even the oldest, familiar and contemptible "product".*

# 70 The Medical Basis of Vitamin C Used in Sepsis

*"Of all the professions, the medical profession is the one in which the individual practitioners do the smallest amount of thinking for themselves."*[1]

In 2003 a child was taken to Starship hospital with meningococcal disease, and the parents requested that she be treated with intravenous vitamin C alongside the antibiotics. The paediatricians looked aghast, and no doubt thought that the parents were absolute stark-staring raving idiots. Even though diagnostic laboratories have the ability to test for serum ascorbate levels, the paediatricians didn't do it, because, as we all know, septicaemia caused by bacteria has absolutely nothing to do with vitamin C, for which the supposedly correct recommended daily allowance (RDA) is 70mg. Dr Mike Godfrey couriered the hospital two bottles of intravenous vitamin C with appropriate instructions, prepared and ready to be infused alongside the antibiotics. He also sent it a huge amount of information on the what/why/when/where nuts and bolts of the issue, as well as medical literature.

The paediatricians refused to administer it. Fortunately the girl survived in spite of this.

New Zealanders who have television may have watched[2] Nikki Turner state bluntly that the meningitis epidemic arose from a poverty/bad housing situation which had not been addressed by the government. You might have blinked and checked your wine glass, and wondered if that was a film out-take from another,

1 Kauffman, G.B. et al. 1994. "Linus Pauling: Reflections." *American Scientist,* 82: 522–4, November–December.

2 Turner, N. 2005. "Meningococcal Meningitis." *60 Minutes, Television New Zealand,* April 11. Dr Nikki Turner is involved with IMAC (Immunisation Advisory Centre) and is frequently reported in the media on vaccine issues. She wants to see 100% vaccination rates in New Zealand.

unrelated TV interview, given the public silence on that comment afterwards. However, it was not an out-take, because on 17 November 2004, she e-mailed[3] a friend of mine, and in the e-mail she said:

> ***"I have no evidence that this epidemic is in any way diet-related. I have a lot of data on poverty and the effect of poor nutrition on children's ability to respond to any infection – poorly nourished children do much worse in any infection. I have a strong personal interest in improving child poverty and strongly endorse pushing the agenda to improve this situation. I believe this epidemic came out of poverty and NZ did not respond to the urgent needs in overcrowded houses and stressed poor children. However, it has now spread throughout the whole community, is a risk to all children, and we have no effective way of controlling it, hence I can see an appropriate need for a vaccine. I find it an irony that a condition that may have started in poverty, now requires a vaccine, but sadly that is the current reality."***

Yet a 2005 study showed that similar statements made about vitamin *A* in 1997 were incorrect. Vitamin *A* literature has existed for decades and shows that vitamin *A* drastically reduces both deaths and complications in measles. Why was it that only when a Starship hospital study showed that some New Zealand children do have Vitamin A deficiencies, that standing orders were implemented to immediately treat all cases of measles with Vitamin *A*?

Here is an interesting parallel. IF … the medical people in Starship KNEW the medical literature, and understood that vitamin C is the most effective and quickest means to treat the toxic effects of septicaemia, or meningitis, be it caused by Neisseria, Pneumococcus, Staph or Strep, why would they not use it?

Recently, an Auckland newspaper quoted a doctor[4] as saying: ***"Intravenous vitamin C is dangerous and I advise my patients not to take it … the liver doesn't cope with the overdose and you can get liver disease and die."***

Are all the animals which naturally produce thousands of milligrams of vitamin C a day inside their bodies dying of liver disease? What about all the Vitamin C textbooks and medical studies which show that vitamin C repairs cellular damage, in many different ways? Where are the medical articles about people mega dosing on vitamin C, and subsequently dying like flies? Why did this doctor make this statement?

The problem, I am told by those in the system who "know", is that most of the doctors have NOT read the medical literature, and would be gobsmacked

3 Copy on file, 17 November 2004.
4 Lotter, M. 2007. "Cancer Foundation skeptical." *North Shore Times,* October 23. Pg 5. Dr Belinda Scott.

if someone told them vitamin *C* can do what their modern, expensive, patented arsenal often fails to do.

But here's the irony. SOME paediatricians in the system DO know. Dr Godfrey told them. Furthermore, doctors who read the *New Zealand Medical Journal* also know, because Dr Godfrey told[5] them as well. Not long after that, British researcher, Ms Adu-Bobie, who came to work in New Zealand for the ESR (Environmental Science and Research) Institute, came down with severe meningococcal disease which resulted in her losing limbs and her "life" as it had been. Dr Godfrey wrote a letter, not only to the CEO of ESR, but also to the then Minister of Health and other politicians, and gave them details of the hows and whys as well. Dr Godfrey also wrote again, to both Starship paediatricians and management, detailing what needed to be done to neutralize toxaemia and restore the immune system in any case of bacterial septicaemia. There wasn't a whisper in reply.

So we have a situation today, where if I took my child down to the local doctor with sepsis from any cause, all they would do would be to ram in antibiotics, which may or may not work.

But the medical literature is ALSO clear on one thing about sepsis and antibiotics. It was known in 1989 that certain antibiotics kill off ALL gram-negative bacteria, causing an immediate crisis for the body because the bacterial envelope breaks up thus contributing more toxin.[6] Ironically, in 2004, doctors were still arguing the toss,[7] even though the very antibiotics which release endotoxin are also responsible for neuronal damage, deafness and other sequelae! Which also raises the question, "How many parents have been told the child's deafness is as a result of bacterial meningitis, rather than the treatment prescribed?"

More critically, antibiotics increase urinary excretion of vitamin C out of the body[8] by blocking off renal tubular reabsorption of vitamin C.[9] Antibiotics, depending on the choice, can enhance, or detract from the work the immune system has to do. Tetracycline, for instance, heavily strips the body of vitamin C, and the immune system will struggle, whereas erythromycin doesn't do that. Many doctors have little idea which types of antibiotic can hinder or assist the body in what it has to do.

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5 Godfrey, M. 2004. "Haemorrhagic meningococcal meningitis: is it scurvy?" *New Zealand Medical Journal,* 117(1200): U1029, August 20. PMID: 15475995. http://www.nzma.org.nz/journal/117-1200/1029/

6 Arditi, M. et al. 1989. "Cerebrospinal fluid endotoxin levels in children with H. influenzae meningitis before and after administration of intravenous ceftriaxone." *J Infect Dis,* 160(6): 1005–11, December. PMID: 2584749.

7 Böttcher, T. et al. 2004. "Clindamycin is neuroprotective in experimental Streptococcus pneumonia meningitis compared with ceftriaxone." *J Neurochem* 91(6): 1450–60, December. PMID: 15584921.

8 Alabi, Z. 1994. "The effect of antibacterial agents on plasma vitamin C Levels." *Afr J Med Med Sci,* 23(2): 143–6, June. PMID 7625302.

9 Windsor, A.C.M. et al. 1972. "Effect of tetracycline on leucocyte ascorbic acid levels." *British Medical Journal,* 1(5794): 214–5, January 22. http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1789150

Why extra vitamin C is needed at this point is because the neutrophils, which are so efficient at removing LPS, are vitamin-C dependent. Without vitamin C, neutrophils will stop in their tracks and not be removed. They will then spill their contents back into the tissue which means the body can't deal with the toxins the way it would normally. (I will explain why this is so later.) So you are seeing haemorrhaging everywhere; the pooling of blood; histamine rises, causing swelling tissue – all of which can lead to serious damage to vital organs and perhaps the brain, the sight and hearing.

If you arrive in hospital with any sepsis you will not be treated with vitamin C, and whether you recover at all, or survive the septicaemia undamaged, is a lottery. Some people's immune systems are innately strong enough to clear the toxins efficiently, if the toxin load wasn't too heavy at the start of the infection when the antibiotics were given.

If infection is severe, the antibiotics can add to the problem, and those people will get haemorrhaging, or other serious sequelae. In the case of babies, they can just silently die, as the neutrophils can do little; histamine rises, and serotonin release simply shuts off the breathing. It's those clinical complications which interest me.

To understand septicaemia, you need some understanding of some of the events which take place, as discussed below.

***What is the trigger for these terrible "sequelae"?*** The toxin of gram-negative bacterial infections is the "skin" or "envelope" of the bacteria. As the bacteria multiply in the cells, little bits of skin (called LPS, or lipopolysaccharide) drop off. Those bits of skin (LPS) are the endotoxin. LPS floats free, and most LPS in the blood is normally crunched up by the Kupffer cells in the liver.

When antibiotics are given, the gram-negative bacteria die, and all the millions of bacterial envelopes suddenly become endotoxin in a huge bolus dose. The body consequently calls for even larger numbers of macrophages, and neutrophils, to get the endotoxin out of the blood and cells. If the liver can't cope with what LPS flows its way, it stops working, so instead of being removed by the liver, LPS just shoots straight back through into the bloodstream.

If neutrophils aren't working well, endotoxin will trigger complement[10] via an alternate pathway, but activation of complement releases histamine which further increases capillary permeability. It is this excess complement activation and release of histamine which is a major contributor to haemodynamic collapse[11] in septic shock.

10 Complement is a series of proteins which help antibodies destroy bacteria. http://www.immunecentral.com/immune-system/iss11.cfm

11 Jean-Batiste, E. 2007. "Cellular mechanisms in sepsis." *J Intensive Care Med*, 22(2): 63–72, March–April. Review. PMID: 17456726.

Vitamin C deficiency always results in large amount of histamine being released into the body. Doctors know (or should know) that sepsis patients have an excess of histamine from the complement cascade anyway, which weakens the cellular junctions even more, and causes more leakage. The macrophage system goes haywire. It's in the medical literature. Doctors' "solution" is to try to "support" vital organs, while leaving the immune system to try to deal with either an existing cascade, or the results of a bolus endotoxin dump which they have just created. The medical profession seems unwilling to use any pro-active method to neutralize the toxin, or to assist in getting the immune system working properly again. It's left up to your immune system to work it out.

How does the body handle LPS? LPS is a very potent danger signal, which ramps up the immune system quickly, starting with fever. Macrophages and natural killer cells are activated first.

Macrophages are long-lived phagocytes, which, for most of the time, lurk around picking up garbage and doing not much else. However, if they receive a message that defences have been breached, they step up a gear, start engulfing the intruder, and presenting particles from the intruder on the surface of the cell to alert other cells in the immune system to the invader. LPS, though, hyperactivates them even more, because it's so dangerous, and macrophages inflate themselves and start killing faster by producing hydrogen peroxide. The macrophage works hand-in-hand with another cell called a natural killer cell, excreting lots of different chemicals which, in turn, prime even more macrophages. Macrophages and natural killer cells send out signals which summon neutrophils. This "start-up system" is a bit like a huge mailing network that switches on the innate immune system to really get the battle going.

Part of the process of sepsis is something called "oxidative stress", which is caused by the production of hydrogen peroxide and the other chemicals released by the immune system in the fight. The biggest immune system game players in bacterial sepsis are neutrophils[12] which are produced in the bone marrow. Every day, 100,000 million of them are released. Neutrophils are very short lived, lasting only 1–2 days, and make up 70% of the white blood cells in circulation. When there is no infection, they cruise in the blood and are simply "on patrol" to be called by macrophages, when the need arises. Neutrophils have the most important function, or we wouldn't have so many of them, and therefore are considered the most important class of the "professional phagocytes". Your body can live without fancy T-cells if you have neutrophils, but without neutrophils, you are a goner.

12 Sompayrac, L. 2002. *How the immune system works.* Wiley. Pages 22–3. http://www.amazon.com/How-Immune-System-Works-2nd/dp/063204702X/ref=pd_bbs_sr_1?ie=UTF8&s=books&qid=1195969204&sr=8-1

Neutrophils tumble into the blood from the bone marrow, and in the blood they cruise along, sniffing for signals such as our bacterial endotoxin, LPS. When they smell LPS, they rush a protein called integrin to the cell surface. Integrin acts like a velcro strip to three other molecules which sit on the surface of the endothelial cells which line blood vessels and stop the neutrophil rolling along. Helped by chemo-attractants, the neutrophils pry apart the cells, climb into the tissues, and then migrate to where the bacteria are in action. Various chemicals being excreted by other macrophages boot up the neutrophils so that by the time they get to where the live bacteria are, they are ready to kill … So you can see that fighting bacterial toxin is a bit more than a fling with a miniature bleach bottle.

There are two catches in the system. In order for neutrophils to function at all, they[13] require lots of vitamin C. If a child doesn't have much in the first place, what happens then? Bacterial sepsis uses up huge amounts of vitamin C.

*"A critical step in the resolution of inflammation is the uptake of neutrophils by macrophages … neutrophils play an integral role in the eradication of pathogens … these cells contain a range of toxic compounds, and it is essential that they remain intact without releasing intracellular contents that might damage host tissue."*[14]

Vitamin-C-activated neutrophils are gobbled up by macrophages, and they and their contents are disposed of safely. Vitamin-C-deficient neutrophils are "invisible" to the macrophages which would normally pick them up.

The second catch is that even in the presence of enough general vitamin C, if endotoxin overpowers the ability of the glucose transporters to carry vitamin C to where it is needed, then a situation can develop where certain parts of the body start to get necrosis.[15] The only answer to this is to give the vitamin either intravenously or intramuscularly so as to bypass the glucose transporters, so that the lymphocytic immune system can kick-start itself back into action.

Although the author of this paper[16] wasn't looking at sepsis (since she was looking at cancer, not sepsis) one of the pathways she describes hits the nail on the head:

*"Neutrophil apoptosis"* (death and removal of neutrophils by macrophages) *"… is a vital process that ensures the efficient and safe resolution of inflammation*

13 Vissers, M.C. et al. 2007. "Ascorbate deficiency results in impaired neutrophil apoptosis and clearance and is associated with up-regulation of hypoxia-inducible factor 1alpha." *J Leukoc Biol*, 81(5): 1236–44, May. Epub 2007, January 30. PMID: 17264304.

14 Wilkie, R.P. 2007. "A functional NADPH oxidase prevents caspase involvement in the clearance of phagocytic neutrophils." *Infect Immun*, 75(7): 3256–63, July. Epub 2007, April 16. PMID: 17438039.

15 *Necrosis* = parts of the body start to die, because they are filled with blood and toxins; the immune system attacks it, the area swells, and blood flow and cellular function are interrupted.

16 Vissers, M.C. et al. 2007. "Ascorbate deficiency results in impaired neutrophil apoptosis and clearance and is associated with up-regulation of hypoxia-inducible factor 1alpha." *J Leukoc Biol*, 81(5): 1236–44, May. Epub 2007, January 30. PMID: 17264304.

*and prevents the release of cytotoxic and hydrolytic neutrophil granule enzymes, which can cause tissue damage. In this study we have shown that apoptosis is inhibited in ascorbate-deficient neutrophils … ascorbate-deficient cells failed to undergo morphological changes associated with apoptosis … eventually the cells became necrotic."*

The next sentence is the key: *"Ascorbate supplementation of the deficient cells was able to reverse these changes."* So to explain that more simply, and take it further into the process, without the vitamin C, the "invisible" neutrophils sit there full of toxins, resulting in "necrosis"; releasing more chemicals; triggering further reactions in the body. This is all part of what is happening to a child who has large black splotches on their legs and is near death. The swollen and blackened patches are full of blood, fluid and dead vitamin-C-deficient neutrophils spewing their contents into the tissue because the macrophages couldn't see them, and therefore they failed to do the job they were designed for.

In the absence of vitamin C, the blood levels of histamine are raised further. As a 1989 textbook[17] on vitamin C puts it:

> *"While frank scurvy is rare nowadays, subclinical vitamin C deficiency is common and is now known to be associated with elevated blood histamine levels which rapidly return to normal when ascorbic acid is administered."*[18]

> *"There are important similarities between histamine intoxication and scurvy, for both conditions affect primarily the venules and involve widening of the spaces between the endothelial cells, but the microvascular changes of scurvy are more extensive. Scurvy involves weakness of the basement membrane beneath the endothelial cells and also weakness of the perivascular sheath due to absence of mature collagen, and these changes are not produced by histamine intoxication."*[19] (Underlining mine.)

But I can hear you say: What does scurvy have to do with meningococcal disease? If a person's levels of dietary or supplemental vitamin C are chronically low to start with, and they do not have good collagen bonds, they have raised histamine, which:

17 Professor C. Alan B. Clemetson wrote the only three-volume textbook set in existence, but I have yet to see it in one New Zealand medical library. A compendium of Professor Clemetson's work, his life, his CV and his publications can be seen here: http://www.answers.com/topic/c-alan-b-clemetson

18 Clemetson, C.A.B. 1989. *Vitamin C, Volume II.* CRC Press, Inc., USA. Library of Congress No 88-14735. ISBN 0-8493-4842-0. Foreword.

19 Clemetson, C.A.B. 1989. *Vitamin C, Volume II.* CRC Press, Inc., USA. Library of Congress No 88-14735. ISBN 0-8493-4842-0. Chapter 1: "Vascular changes", pp. 9–10.

> *"... causes the intercellular junctions to open wide and, no doubt, the weakness of the collagen of the perivascular sheath allows the red cells to proceed through the sheaths of the venules, causing haemorrhage in the tissues or in the subendothelial layers of the larger blood vessels."*

Obviously, people in this situation are not only more susceptible to infection; they are wide open to serious infection, and are more at risk of bacterial sepsis. When they have a bacterial infection, requiring neutrophils dependent upon large amounts of vitamin C very quickly, someone with subclinical vitamin C deficiency can be thrown into acute scurvy in a matter of hours. As Clemetson says:

> *"So ascorbic acid deficiency, and infection, compound each other, as in a vicious cycle. This undoubtedly accounts for the fulminating infections which have so often accompanied human scurvy."*[20]

This truth is proved by the fact that if you test patients with sepsis, they will all be vitamin-C deficient. Vitamin C is not stored, and a teensy 70mg isn't going to feed 100,000 million neutrophils on the rampage, plus all of the other pathways which need high amounts at this point. Knowing that neutrophils need vitamin C as their "petrol", why would you NOT replace the ascorbate they need to stop a cascade which will result in a loss of clotting ability and disseminated intravascular coagulation? If vitamin C is not given, the immune system is being starved of what it needs to do the job. And as Professor Clemetson shows in his texts, the administration of vitamin C always lowers histamine in the body, which will reduce swelling, and help strengthen cell walls.

Because the neutrophils and macrophages, or Th1 responses, aren't working properly,[21] the complement[22] tries to take over, releasing more histamine, and it is this course which is ultimately responsible for a bad outcome.

The solution is elementary. You give high doses of vitamin C intravenously.

The knowledge that leukocytes (macrophages, neutrophils and cellular immunity in general) are dependent on vitamin C is not new. If you want to see key points from the medical literature before 2007, they are listed below. If you don't need to know, skip this part if you like and read my conclusions at the end of the chapter.

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20 Clemetson, C.A.B. 1989. *Vitamin C, Volume II.* CRC Press, Inc., USA. Library of Congress No 88-14735. ISBN 0-8493-4842-0. Chapter 12: "Decreased resistance to infection", pp. 188–90.

21 Wesche-Soldato, D.E. et al. 2005. "The role and regulation of apoptosis in sepsis." *J Endotoxin Res,* 11(6): 375–82. Review. PMID: 16303094.

22 The complement system is a biochemical cascade which helps clear pathogens from an organism. See http://thyroid.about.com/library/immune/blimm11.htm or a textbook.

*1979:*[23] Vitamin C is involved at least in phagocytic function. Lack of Vitamin C has been shown to interfere with oxidative metabolism, bactericidal power and chemotaxis[24] of neutrophil granulocytes. Vitamin C stimulates the true chemotactic response of normal human granulocytes … and in patients with recurrent infections, neutrophil functions are restored.

*1980:*[25] The effects of ascorbic acid on neutrophil locomotion was studied and it was shown that significant enhancement of chemotaxis was achieved … vitamin C exerted an effect on the whole moving cell population.

*1989:*[26] The data demonstrated that ***"ascorbate is the most effective aqueous-phase antioxidant in human blood plasma and suggests that in humans ascorbate is a physiological antioxidant of major importance for protection against diseases and degenerative processes caused by oxidant stress."***

*1990:*[27] The study subjects were ten "healthy" newborns, and ten babies with undocumented sepsis (the only clinical evidence was foul-smelling or meconium-stained amniotic fluid, or the mother had sepsis). Both groups were treated with vitamin C to see how vitamin C would affect neutrophil chemotaxis migration.

In healthy babies the mean chemotactic index was 44 before vitamin C was administered, and it rose to 73 afterwards. In the infants with suspected sepsis, the mean chemotactic index was 49, which rose to 81. The study showed that the neutrophil chemotaxis (speed of action) in both groups increased by 65%, and the authors said: "Leukocytes are known to store Vitamin C avidly … this preliminary study suggests a possible new era of adjunctive therapy in septic newborns and may be of particularly clinical importance in Leukopenic subjects."

*1996:*[28] Patients with sepsis, and controls, were measured for concentrations of antioxidants, including ascorbic acid. This study measured baseline vitamin C before and after intravenous infusion. There were increases in the healthy subjects, suggesting suboptimal basal vitamin C levels, and in the sepsis patients – who were all vitamin-C deficient – ***"infused ascorbate was rapidly consumed."*** Which is what you would expect.

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23 Patrone, F. et al. 1979. "Vitamin C and phagocytic system: present status and perspectives" *Acta Vitaminol Enzymol,* 1(1–6): 5–10. PMID: 400272.

24 Chemotaxis is the movement response of immune cells when directed to move by chemical attractants. To see a virtual demonstration, look here: http://www.seoulin.co.kr/Up/index-chemotaxis.html Accessed on 28 January 2008.

25 Dellegri, F. 1980. "Effects of ascorbic acid on neutrophil locomotion." *Int Arch Allergy Appl Immunol,* 61(1): 40–5. PMID: 7350124.

26 Frei, B. et al. 1989. "Ascorbate is an outstanding antioxidant in human blood plasma." *Proc Natl Acad Sci,* 86(16): 6377–81, August. PMID: 2762330.

27 Vohra, K. et al. 1990. "Improvement of Neutrophil Migration by Systemic vitamin C in Neonates." *J Perinatol,* 10(2): 134–6, June. PMID: 2358895.

28 Galley, H.F. et al. 1996. "Ascorbyl radical formation in patients with sepsis: effect of ascorbate loading." *Free Radic Biol Med,* 20(1): 139–43. PMID: 8903690.

*2003*:[29] Athletes with exercise-induced endotoxaemia who had had high levels of LPS in their bloodstream previously, were pre-treated the next time they did exercise with high-level vitamin C supplementation. Vitamin C ameliorated the increase in LPS and nitrite … the amelioration of exercise-induced endotoxaemia by antioxidant pre-treatment implies that endotoxaemia is a free-radical-mediated process.

*2003*:[30] Work in rats had showed that high-dose ascorbate protected cells from free-radical injury and improved survival. Therefore 12 critically injured, and 2 patients with severe surgical infections, were supplemented with increasing doses of vitamin C. The study confirmed extremely low levels of vitamin C after trauma and infection, and confirmed the benefits of maximal supplementation to improve outcomes.

*2006*:[31] At a consensus meeting of scientists with extensive publications on vitamin C, the therapeutic relevance of administration of very high parenteral doses of vitamin C (parenteral means given by injection or infusion) was discussed in the clinical setting of severe burn injury, intoxications, acute hyperglycaemia, sepsis, trauma and ischaemic reperfusion tissue injury. Reduced vitamin C levels are hallmarks of these conditions and represent oxidative stress. *"There is experimental evidence that parenteral high dose vitamin C restores endothelial function in sepsis. In vitro, (very large doses of vitamin C) restore nitric oxide bioavailability and endothelial function. Only parenterally can enough vitamin C be administered to combat oxidative stress."*

*2007*:[32] Critical Care review which *presents the rationale for the therapeutic use of antioxidants in treating critically ill patients … oxidative stress is a major promoter and mediator of systemic inflammatory response syndrome (SIRS) … the microcirculation is particularly susceptible to oxidative stress that causes hemodynamic instability, leading to multiple organ failure … vitamin C … at supraphysical doses, … reverses sepsis-induced suppression of microcirculatory control in rodents … in severe burn injury in animals and patients, parenteral high dose vitamin C significantly reduces resuscitation fluid volumes. Therefore a significant body of pharmacologic evidence and sound preliminary clinical evidence supports the biological feasibility of using the exemplary antioxidant, vitamin C, in the treatment of the critically ill."*

29 Ashton, T. et al. 2003. "Exercise-induced endotoxemia: the effects of ascorbic acid supplementation." *Free Radic Biol Med,* 35(3): 284–91, August 1. PMID: 12885590.

30 Long, C.L. et al. 2003. "Ascorbic acid dynamics in the seriously ill and injured." *J Surg Res,* 109(2): 144–8, February. PMID: 12643856.

31 Lehr, H.A. et al. 2006. "Consensus meeting on 'Relevance of parenteral vitamin C in acute endothelial dependent pathophysiological conditions (EDPC)'." *Eur J Med Res,* 11(12): 516–26, December 14. PMID: 17182364.

32 Biesalkski, H.K. et al. 2007. "Antioxidant therapy in critical care – is the microcirculation the primary target?" *Crit Care Med,* 35(9 Suppl): S577–83, September. PMID: 17713412.

The same issue of Critical Care shows[33] that Omega 3 oil, selenium and glutamine demonstrate clinical benefit in sepsis as well.

Professor Clemetson also deals with the fact that high doses of vitamin C can be toxic to people with bronzed diabetes due to haemochromatosis in β-Thalassaemia and other forms of iron-storage disease. These people require vitamin C, but need it with[34] desferrioxamin and vitamin E.[35]

So what exactly is holding the medical profession back?

33 Berger, M.M. et al. 2007. "Antioxidant supplement in sepsis and systemic inflammatory repsonse syndrome." *Crit Care Med*, 35(9 Suppl): S584–90, September. PMID: 17713413.

34 Vitamin C causes oxidation which can cause problems which is neutralized by high protein or high fibre, but in clinical situations may require the use of d-catechin or other chelating fibre to prevent or minimize the release of ascorbate free radicals.

35 Clemetson, C.A.B. 1989. *Vitamin C, Volume II.* CRC Press, Inc., USA. Library of Congress No 88-14735. ISBN 0-8493-4842-0. Chapter 2: "Diabetes Mellitus", p. 38. See also p. 195.

# 71 A Little Goad

*A number of years ago, Des and Dee Cypel had been one of the first D'Different families to move into the new subdivision of Whittle Downs. Their daughter Wendy, had been a home birth, with Norma Lee as their midwife. They had very quickly met up with Stan Firmly and had joined with many others involved with the Heaven's Tableland project. A couple of years later another home birth provided Wendy with a brother, Brodie*[1]*, and more recently Norma Lee had been present when Mandy was welcomed into the world by proud parents and wide-eyed brother and sister.*

*From the time of Wendy's birth, Des and Dee had decided to home educate their children, and like other families in the regions, they never regretted their choice. Heaven's Tableland being so close on their back boundary fence, became a paradise for implementing their total lifestyle-related curriculum of living beyond conformity. They found that those who visited and worked on Stan's property became a wonderfully rich supply of people resources, and "Uncle" Stan, as all children called him, often said that, "the small fry around me keeps me young". Now with little Danny Kerr on the property, and frequent visits from the Questerman's who were looking forward to home educating Faith, Stan knew that he had an important role to play for many years to come. In fact, everyone associated with Heaven's Tableland realized just how priceless the property had become.*

*Not only did it spur them all on to even greater efforts in the Whittle Down's community, but in a mysterious way, in the "light" that shone out, especially into the darkness, they began to see "light" – they saw things differently, and others responded to it too. This haven of peace and quiet was well used at every available opportunity.*

1 The name "Brodie" means "a goad". "400 Babies' Names and their meanings" – James Glennon, pub Robert Hale 1985 ISBN 0 7090 2451 7

*The people of Whittle Downs, and beyond, were exposed to the combined forces of big business interests and all the pressures of the rat race on homes and families, that tend to drag down rather than uplift; where it is so often easier to "give in", rather than "stand up", because there is not enough time to think things through and make well-considered, informed choices. But across there in "the park" you could breathe fresh air; you could enjoy beauty instead of ugliness; you could walk for miles along bush tracks if you wanted to; you could listen to the birds; feed the ducks; be surrounded by harmony rather than disharmony; you could sing and praise, rather than curse and defile; you could feel "clean" rather than begrimed; you could appreciate simplicity rather than be confused by complexity; you could be yourself rather than wear the masks of pretence.*

* * * *

*One morning Stan was working on his house truck, quietly whistling to himself, when he heard the sound of young voices, and grinned. "Uncle Stan! Where are you?" but before he had time to answer they had found him. Wendy and Brodie Cypel raced up to him. "Guess what I've got!" panted Brodie.*

*Stan looked at brother and sister as he feigned surprise at their sudden arrival. "I don't know young fella. Now, let me think," said Stan as he scratched his head and stroked his beard, winking at Wendy. "Maybe it's a …."*

*Brodie was too excited to wait. "It's a book. I got it from the library yesterday. It's funny. I thought you might like to read it. Would you?" His eyes shone as he waved the book in front of Stan's face.*

*"Now calm down me fine friend. I can't even read the name. You tell me what it's called and then we could find a comfy seat and you could read it to me."*

*"It's called "Yertle the Turtle,"*[2] *said Brodie pointing to the words on the cover, "but I'm not very good at reading all the words yet. Wendy will read it to you."*

*By the time the children and their mother departed for home that day the story had been heard many times. Stan had been conscripted into taking his turn, and his rendering caused the children to sit spellbound. "You're a good story teller Uncle Stan," breathed Brodie in awe.*

*That evening Stan sat in his seat at the "lookout" overlooking Whittle Downs, deep in thought. He just about knew "Yertle the Turtle" off by heart and he couldn't shake it from his mind. Darkness fell. The lights below him twinkled. The Complex*

2 1950, Dr Seuss "Yertle the Turtle" Published Random House, Library of Congress Catalogue card number 58-9011

*was ablaze with it's garishness. And still Stan sat. He thought of Yertle – the ruler of all he saw, but was never satisfied. He thought of how he used others to get what he wanted – to rule! He thought of the others in the stack that he used to get to the top. He thought of little Mack at the bottom of the stack. Mack was a nothing – he was used, and trampled on by all the others who were being used – and always at the top of that stack of pain and trembling and groaning, was Yertle, the marvellous me!*

*Then came the burp!!*

*Mack had had enough.*

*One little turtle who was prepared to do something – to gain the freedom for the stack; freedom from other worse stacks.*

*Even when he retired to rest that night, Stan's dreams had Yertle connections. And Mack was there too. Good old little Mack.*

* * * *

*The next day Wendy and Brodie, along with their mother Dee Cypel and little Mandy, were back at Stan's place for the morning. Although the book did not accompany them, Yertle was still a talking point. However, by morning tea time, the conversations had become spasmodic. Dee was minding Daniel while Ernie and Anne conducted some business in Fall City. Stan and the children were enjoying the view from the "lookout".*

*"Uncle Stan," said Wendy as she munched on an apple, "I love it up here – and all the way down to our place. There's so much to do and see. There's always something happening. Mum and Dad tell us little bits about all the things you've done to make the park so lovely; and you tell us about things too, and we can help you, and…"*

*"And I like the power house, and the light, and your house truck and playing in the barn, and listening to you tell stories. Yeah, I like it here too, "interrupted Brodie, so as not to be left out of the conversation.*

*"I like Heaven's Tableland too," said Stan simply. "It's me home and I think it's become something of a home to lots of others as well. It's been hard work, but it's been wonderful seeing it all happen. It's like a schoolroom for kids like you, eh?"*

*Wendy looked very serious. "Uncle Stan, Dad said there are people who don't like you – people hate you. Especially the people who built Whittle Downs. Is that right?"*

*Stan didn't answer straight away. Memories came tumbling into his mind. Then he looked at the two children and his face creased into a contented grin. "I*

*suppose you could say that – there are times when people have disagreed with me. The problem is usually caused by being different. If people want to make lots of money, and they want to get to the top quickly and be important, then they're a bit like Yertle. They try to make other people obey them, or copy them. They don't tolerate people like me who stand firm against them. I guess I was a bit like Mack, only they didn't have a chance to build a stack on top of me. I guess you could say that I stuck me neck out and got on with the job. I've got a thick skin – or maybe I should say I've got a hard shell on me back, and I put on a hard hat to protect me head. We've just done things slowly, but surely, and while you two have been growing up, every day has been another step along the way to making it Heaven's Tableland. There'll be lots more stories to tell, and your Uncle Stan will tell' em, eh?! Anyway, I think I can hear Ernie and Anne coming up the drive. We'd better show them that we don't sit out here all day doing nothing!"*

*Stan winked. "How about a quick check on the power house before your Mum takes you off home."*

* * * *

*It was about a week later when Wendy and Brodie next visited Heaven's Tableland. They were excited, but secretive.*

*"Hi Uncle Stan. How are you today?" said Brodie.*

*Stan stopped cleaning the windows on his house truck and grinned at the children. "I am very well, thank you," he chuckled, "What can I do for you? I sure don't think you came all this way just to ask about me health!"*

*Wendy nudged her brother. "We've got a present for you Uncle Stan."*

*"Have you now! Well that's nice. What have I done to deserve…."*

*"Uncle Stan we've drawn you a picture 'coz you're special. Would you like to see it?"*

*"I sure would," said Stan. "Let's sit down at the table over there and I'll close me eyes, and then you tell me when to open them."*

*With Stan's eyes screwed up tight, there followed the sounds of paper being unwrapped and a few muffled whispers as the two children prepared for the unveiling ceremony!*

*"Now!" cried Brodie.*

*Stan opened his eyes, blinked a few times, and gazed at the picture in front of him in silence – for what seemed like a long time.*

"Do you like it?" asked Brodie.

Slowly Stan looked up. "I think it's real beaut. What say you tell me all about it. Me brain tells me there's a story behind it, eh."

The children needed no second bidding, and between them Stan was entertained with an enthusiastic, if somewhat disjointed, account of all that had happened to produce his present.

When Brodie had taken "Yertle the Turtle" out of the library the family had decided to centre their studies on turtles and tortoises, and it had proved to be extremely enjoyable and informative. However, it had been the talk with Stan at the lookout, about Heaven's Tableland, that had provided the spark for their art work. Both Wendy and Brodie had drawn a number of different pictures. Their parents had suggested that they might like to combine the good ideas into one. They did. This showed a turtle (or tortoise) with a beautifully patterned hard shell-shield, plodding along with his neck stretched out as if straining to achieve maximum effort. Brodie had drawn a neatly fitting army helmet to go on its head and a few puffs of dust being stirred up by its feet. Wendy had cleverly arranged some letters on the patterned shell – S_Y_N_O and underneath as a sort of caption, were the words:

SYNO & GO

Thank you Uncle Stan for all you've taught us.

Along the bottom edge, and a little way up each side, was a type of border design, showing some little turtles holding up placards on which were printed the words:

Dare to be

a Mac Turtle

"I like it, I like it, I like it," said Stan with great feeling. "I shall hang this on the wall in me house truck. But tell me, what does SYNO mean?"

Wendy and Brodie almost shouted the answer in unison.

"STICK YOUR NECK OUT!"

★ ★ ★ ★

Stan Firmly treasured that drawing. It was simple, yet sublime. A turtle, or a tortoise, got nowhere until it stuck its neck out, and started walking the talk.

D'Different Ones like the Cypel family, had provided a slogan which was easy to remember.

SYNO & GO

All because a little "goad" called Brodie had read a book called "Yertle the Turtle"! Stan was humbled as he realized the profound influence "oldies" like himself could have on children. The "taught us" could be so rewarding, and a thrill to involve children in the issues of life that so affected them. It was an awesome responsibility to know how to put the GO and the SYNO together.

# 72 Welcome to the Real World

What parents need to know is that since the 1950s all over the world, on the quiet, doctors like Dr Archie Kalokerinos[1] have been administering vitamin C in large doses to babies with sepsis of all kinds. The sequelae of bacterial toxins have been reversed within hours, if not sooner. Dr Claus Jungeblat (1937) had successfully used large doses of vitamin C for the treatment of tetanus[2], and Frederick Klenner (1954) likewise treated tetanus[3], snake bites, spider bites and other conditions relating to "toxin". Infectious sepsis is, after all, "toxin" of a different sort. Those doctors were all considered cranks and hounded out of town and country where possible, and the governing bodies made sure their work was ignored, refused publication, and that they were regarded by the "conventional wisdom" to be deluded cranks. It is of interest that 71 years after Jungeblat's report, the Cochrane Collaboration[4] is about to review what little evidence exists on the use of vitamin C to both prevent and treat tetanus. Vitamin C plays a much larger part in the pathogenesis of all "toxin-mediated" condition than most doctors appreciate.

Nikki Turner said that she had no evidence that the meningococcal epidemic was diet-related. What has the New Zealand medical profession (or any other, for that matter) studied in hospitals with regards to deficiencies of key nutrients in the children who had fulminant meningococcal disease? Have they looked at the vitamin-C intake in children with slow or non-existent neutrophil chemotaxis?

In 2004, a medical article's title said it all: *"Sepsis in 2003: are we still in the*

1 Dr Archie Kalokerinos, Australian Doctor and Opal 'hunter'. See Chapter 52 of *Just a Little Prick*. An internet book search will show some interesting book titles.

2 Jungeblut, C.W. 1937. "Inactivation of Tetanus Toxin by Crystalline Vitamin C (1-ascorbic acid)." *The Journal of Immunology*, 1937, 33: 203–214. http://www.jimmunol.org/cgi/content/abstract/33/3/203

3 Klenner, F.R. 1954. "Discoveries in the Treatment of Lockjaw with Vitamin C and Tolserol." *Tri-State Medical Journal.* July, (2) pgs 7–11.

4 Hemilä H, Koivula TT. Vitamin C for preventing and treating tetanus. (Protocol) *Cochrane Database of Systematic Reviews 2007*, Issue 3. Art. No.: CD006665. DOI: 10.1002/14651858.CD006665. http://mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD006665/frame.html

*middle of nowhere?"*[5] Even in 2005, medical people were still admitting they had no idea:[6]

> *"Hopefully, future studies will clarify the mechanism of the suppressed adaptive/innate immune system cross-talk that seems to be preserved when blocking sepsis-induced apoptosis so as to provide novel therapeutic targets for the treatment of this condition."*

Is there someone willing to trial vitamin C in a clinical setting, before we advance to fancy-named, highly expensive, Novartis-patented "novel" therapeutic targets like caspases,[7] death receptor family members, pro-/anti-apoptotic Bel-family members, etc? I can't find a proper "human" study and yet animal studies, even as of 2006, shows that vitamin C works.[8]

The clues have been there for a very long time, and some doctors have known that for a very long time too.

Clemetson[9] details that the earliest paper in medical history discussing the *fact* that *lack of vitamin C* predisposes to infection, was published by Hess in 1917. Perla and Marmorston in 1937 showed that, at autopsy, everyone who died of scurvy was found to have all manner of serious infections. However, for a long time the thought was that the symptoms of scurvy was as a result of infection, so the assumption was that scurvy was infectious in nature. It wasn't until later that it was realized that it was a lack of vitamin C, either frank or subclinical, which left people susceptible to infection. While no relationship was found between puerperal fever and vitamin-C deficiency, Martin in 1957 found that the incidence of puerperal fever was significantly lower in women who had high levels of vitamin C in pregnancy. There are innumerable studies from the 1930s showing that animals with low vitamin C had an increased susceptibility to all bacterial toxins. Lack of vitamin C has been proven to increase capillary permeability to viruses, and increased susceptibility to plasmodial infection. Vitamin C deficiency increases susceptibility to fungal infections. Studies have found that clearance of *Staphylococcus aureus* and *E. coli* in human leukocytes is normal where there is plenty of vitamin C. Were I to reference all this from Pubmed, including the

5 Gerlach, H. and Keh, D. 2004. "Sepsis in 2003: are we still in the middle of nowhere?" *Curr Opin Anaesthesiol,* 17(2): 97–106, April. PMID: 17021536.

6 Wesche-Soldato, D.E. et al. 2005. "The role and regulation of apoptosis in sepsis." *Endotoxin Res,* 11(6): 375–82. Review. PMID: 16303094.

7 Ayla, A. et al. 2007. "Blockade of apoptosis as a rational therapeutic strategy for the treatment of sepsis." *Novartis Found Symp,* 280: 37–49; discussion 49–52, 160–4. Review. PMID: 17380787.

8 Horio, F. et al. 2006. "Ascorbic acid deficiency stimulates hepatic expression of inflammatory chemokine, cytokine-induced neutrophil chemoattractant-1, in scurvy-prone ODS rats." *J Nutr Sci Vitaminol (Tokyo),* 52(1): 28–32, February. PMID: 16637227.

9 Clemetson, C.A.B. 1989. *Vitamin C, Volume II.* CRC Press, Inc., USA. Library of Congress No 88-14735. ISBN 0-8493-4842-0. Chapter 12: "Decreased resistance to infection", pp. 188–90.

mountains of work done looking at how vitamin C hugely helps sepsis, even if I only included articles which came out after Clemetson's three-volume textbook set, *From One Prick to Another* would be a heavy weight.

How come paediatricians don't seem to know the relevance of any of Vitamin C in sepsis, let alone of the little bits I've put here?

If no one in Starship hospital, or anywhere else in New Zealand, has bothered to look at either serum ascorbate or urinary vitamin C spillover in anyone with sepsis, how can any doctor say there is no relationship between diet or vitamin C, and any bacterial septicaemia? During the meningococcal B epidemic, any mention of vitamin C was dismissed with what sounded like a horse braying.

If someone's not sick, they don't need antibiotics. What little cleaning up that is necessary, can be done with nitrous oxide from macrophage guzzlers which can cope on minimal vitamin C, because after the cells die, the vitamin C is recycled in the body. But if someone is really sick, they may need large doses of antibiotics. Antibiotics block the recycling of vitamin C. Doctors can see that antibiotics are needed, though most don't know that antibiotics strip the body of vitamin C. *But if they know the function of vitamin C with regard to lymphocytes, macrophages and phagocytes, why can they not see the purpose of, and use for, vitamin C?*

But let's assume a miracle. Just say that tomorrow, doctors suddenly accepted as truth that vitamin-C deficiency was a host factor predisposing to bacterial sepsis, and so tested for plasma vitamin C, and found none. What would be their next step? What dosages would they decide to use? Would they emulate some really pathetic studies I've read where researchers considered 100 mg a day, or 300 mg a day "enough" and grizzled that they got nowhere, therefore vitamin C couldn't possibly work? Where would they go for information to work out how to analyse, and work out best dosages, and whether they need to use other things as well?

Would they take any notice of this study[10] on patients who were injured, or had post-operative infections, which aren't even near the severity of meningococcal disease? The study said:

* Baseline plasma ascorbic acid was depressed and unresponsive after 2 days on 300 mg/day.
* Baseline plasma ascorbic acid only approach low normal plasma levels after 2 days on 1,000 mg/day.
* A significant increase was noted following 2 days on 3,000 mg/day.

*No doctor currently using sodium ascorbate, which is the ascorbate of choice, would consider 3,000 mg/day anywhere near adequate for bacterial toxins.*

10 Long, C.L. et al. 2003. "Ascorbic acid dynamics in the seriously ill and injured." *J Surg Res*, 109(2): 144–8, February. PMID: 12643856.

The function of an antibiotic, which might be given at 3 grams per day for a bacterial infection, is to kill bacteria.

On the other hand, *vitamin C* has multiple functions in endotoxaemia. It directly neutralizes endotoxin, which alleviates the stress on the liver, and allows detoxification pathways to re-establish again. *Vitamin C* refuels, daily, the 100,000 million "empty" neutrophils and all the other "leukocytes" which depend on *vitamin C* for their movement. *Vitamin C* re-establishes the phagocytes' ability to dispose of neutrophils and their toxic contents. *Vitamin C* helps stop epithelial cell membranes breaking down and leaking blood everywhere. *Vitamin C* can transport through into the brain and deal with endotoxin in there. *Vitamin C* quickly reduces histamine production. *Vitamin C* has many other total body functions, which it exerts from head to toe. *Vitamin C* is nothing like an antibiotic, and all the doctors who have used it, know that. Doses far in excess of antibiotic levels are given, and if they are given properly as soon as a patient presents, *vitamin C* will stop the destruction caused by bacterial endotoxaemia. If continued for the correct length of time, *vitamin C* cranks the immune system into full gear and it gets rid of bacterial toxins without permanent sequelae. The support necessary for vital organs is minimal, if even needed at all.

How is it, that the parents who want doctors to use vitamin C on toxin-mediated diseases are treated as if they are child-abuse criminals? Just maybe they knew more than the doctors did. But it's near impossible to discuss it in the hospital setting, where supposedly, only "best practice" applies.

The parents had hoped that doctors like Dr Mike Godfrey would be respected, listened to, and consulted, but it didn't happen. And if doctors, one day, do want to try vitamin C, who will they turn to for practical advice? Will they know which books to read? Would it even happen?

Dr Godfrey informed me recently that after a year of battling his "re-education" insisted upon by the Medical Council of New Zealand, which cannot accept many of his treatment methods, he is quitting and has handed in his practice licence. He tells me that other doctors who use vitamin C and other methods of health care, are similarly under pressure.

Back in the 18th and 19th centuries, doctors who campaigned about really basic things like hand washing to prevent puerperal fever were treated in a similar manner, because the "simple" action of hand washing was considered ridiculous! The written evidence for hand washing was there in abundance in the medical literature, but even so, Dr Oliver Wendell Holmes retired from medical practice, an angry and disillusioned man because he knew that Dr Ignaz Semmelweis and he were right. ***Administering vitamin C to treat sepsis is also simple, and the medical rationale for it is sound, yet doctors who use it are considered to be, at the very least, irrational.***

Since antibiotics have been employed, all other treatments for sepsis have had little impact upon the toxic complications or mortality. Nothing of any significance has made much difference, and you just have to read some of the reviews to see how frustrated some medical people are.

In twenty years' time, will we still be seeing children with permanent damage? What excuses will doctors come up with to say: Vitamin C "can't possibly work"? Wouldn't it be wonderful if you or I could take a child with bacterial sepsis to hospital and know that the doctor will use adequate amounts of vitamin C because, as you can see, the evidence for administering vitamin C is pretty compelling?

***If doctors knew and understood the value of Vitamin C, would they stand by and watch while CODEX is trying to have a worldwide agreement that vitamin C can only be prescribed by doctors to humans in doses which would only benefit a guinea pig?***

One of the biggest problems or mindsets to be overcome, is the word "vitamin". The second word to remove is "scurvy" because most doctors associate scurvy with history and don't realize the broader implications of suboptimal levels of "ascorbate". Ascorbate might be called vitamin C, but in the situation of sepsis, vitamin C is not "just" a vitamin. It's a detoxifier, an immune stimulant, a histamine dampener; it has a whole host of functions that are so intertwined and so amazingly complex that it took Professor Clemetson three volumes to describe them all briefly. Yet, amazingly, as far as I have been able to ascertain, not one medical library in this country has a set of Professor Clemetson's textbooks. Why not? Because in the medical mindset, ascorbate is "just" a vitamin, and is only of use in "scurvy", which doctors believe has long since disappeared. Recently, I was sent a text called *Essential Pediatric Allergy, Asthma, & Immunology,* by Raoul L. Woof, MD. No vitamins or minerals rated a mention in the index, and by the time I'd finished the book, I realized that nutrition, vitamins and minerals are not something that is caught on the radar screen of a paediatric immunologist.

It's little wonder then, that doctors don't see the connection between nutrient deficiencies and sepsis.

Medical "practice" has become so technocentrically orientated that simple things in infectious diseases rarely count.

Vitamin C is cheap. Vitamin C can't be patented. Vitamin C works. But vitamin C isn't Herceptin®. If you added up the huge sums of money which have failed to find a pharmaceutical "holy grail" for sepsis treatment, ***how would it look to the public at large, if a large-scale trial of vitamin C done by knowledgeable doctors with open minds, found that it worked?***

Of all the many possible reasons why vitamin C isn't used now, and probably won't be in the future, the most obvious is that peer pressure demands that doctors in hospitals use only recommended treatments from pharmaceutical

companies, approved by Pharmac.[11] Pharmaceutical companies are primarily interested in exclusive products which are patentable, newer, complicated and expensive.

Part of me would like to think, though, that the issue is simpler than that. I'd like to think that the real problem is that, for whatever reasons, they simply haven't joined all the dots together. The question then arises, "What will it take for doctors who study and treat bacterial sepsis, to join the dots?"

*Key books on Vitamin C*

If I had my way, all these would be compulsory reading for Year One medical students, as well as for all postgraduate doctors. Many of the older books are no longer available, so if they are not in libraries, you will have to scour on-line or actual second-hand book shops to see if they have them.

*Dr Steve Hickey and Dr Hilary Roberts, 2004. Ascorbate, the Science of Vitamin C*. ISBN 1-4116-0724-4 (Excellent for the science, for a layperson, and digs quite deeply.)

*Thomas E. Levy, MD, JD, 2002, Vitamin C, Infectious Diseases, & Toxins*. ISBN: 1-4010-6964-9. (Valuable for the references and experience of a doctor. The references enable you to cross-check more recent studies, and figure out key mesh terms to search widely. A key book for parents, and would be my first recommendation for parents.)

*Professor C. Alan B. Clemetson, 1989. Vitamin C, Volume I*. ISBN 08493-4841-2

(Deals with vitamin-C Deficiency, Factors affecting the economy of ascorbic acid: inadequate intake, smoking, aging, sex, menstrual cycle, oestrus cycle, ovulation, infection, trauma, surgery and burns, heavy metals, bioflavonoids, dietary protein, Birth Control Pills, pregnancy, haemolysis, stress and the pituitary-adrenal system, lack of sleep, time of day, season, achlorhydria, ionizing radiation, aspirin and salicylates, alcohol, other factors affecting ascorbic acid needs.)

*Professor C. Alan B. Clemetson, 1989. Vitamin C, Volume II*. ISBN 08493-4842-0

(Deals with clinical and pathological findings in ascorbic acid deficiency: vascular changes, diabetes mellitus, anaemia, defective wound healing, bone changes, joint lesions, dental and periodontal changes, atherosclerosis, mental depression, amyloid, venous thrombosis, infection, liver bile and gallstones.)

*Professor C. Alan B. Clemetson, 1989. Vitamin C, Volume III*. ISBN 0-8493-4843-9

11 Pharmac is a drug policy-making board, which oversees what medicine will be government funded. Hospital treatment in New Zealand is funded from taxes, but even if you entered a private hospital, it is very doubtful that you would be given vitamin C for septicaemia.

(Deals with chemical changes associated with vitamin-c deficiency: histamine metabolism, proline and lysine metabolism, carbohydrate metabolism, folic acid metabolism, cholesterol metabolism, tyrosine and phenylalanine metabolism, tryptophan metabolism, adrenal corticoid metabolism, tryptophan metabolism, adrenal corticoid metabolism, uric acid clearance. Also clinical conditions associated with disorders of ascorbic acid metabolism: rheumatic fever, menorrhagia, wound dehiscence, habitual abortion, abruptio placentae, prematurity and premature rupture of the foetal membranes, megaloblastic anaemia of infancy, pregnancy, and steatorrhea, gastrointestinal ulcers and haemorrhage, ocular lesions, cerebral haemorrhage and thrombosis, coronary thrombosis and myocardial infarction.)

These are my favourites, but mainly because I knew and corresponded with Professor Clemetson, who was a real gentleman with a heart. (Note: 29/11/2007 – a second-hand set was available on Amazon.com. Very expensive.)

Other Vitamin C books I really like:

*Thomas E. Levy, MD, JD, 2006. Stop America's #1 Killer: reversible Vitamin Deficiency Found to be Origin of ALL Coronary Heart Disease*. ISBN: 0-9779520-0-2

Thomas Levy, as a board certified cardiologist, joins the long list of cardiologists who do not buy into the statin treadmill, and presents a well-referenced book to show you that change is in your hands.

*Dr Glen Dettman, Dr Archie Kalokerinos, Dr Ian Dettman, 1993. Vitamin C, Nature's Miraculous Healing Missile*. ISBN 0-646-11985-0

A classic, with a good balance between science, discussion and case histories.

*Dr Archie Kalokerinos, 2000. Medical Pioneer of the 20th Century*. ISBN 0-646-40853-6

The autobiography of Archie Kalokerinos, a man who has probably saved more babies and people from sepsis than most doctors have seen in clinical practice. He was sought out by patients from afar, because in Australia, people knew through the grapevine who could save their babies and who could not.

*Dr Emanuel Charaskin et al., 1983. The vitamin C connection: Getting well and staying well with vitamin C*. ISBN 0-06-038024-1

I love this book. A very different approach, and though the authors say similar things they say it in different ways.

My two all-time "history" favourites:

*Irwin Stone, 1972. The Healing Factor: Vitamin C against Disease*. ISBN 0-399-50764-7

A very interesting history, and deals with a lot of the early work.

*Alfred F. Hess, MD. 1982 (reprint of his 1920 book, and retains original pagination). Scurvy: Past and Present*. ISBN 0-12-345280-5

Dr Hess was a genius, and it shines through this book. Here was a man who worked with scurvy of all degrees, and this book deserves to be on the bookshelf, because this man figured out what no one else could, and what a lot of doctors today haven't the first clue about.

***Robert D McCracken. "Injectable Vitamin C: Effective Treatment for Viral and Other Diseases."*** See: http://injectablevitaminc.com/Intro.html

# 73 Learning Crucial Skills

*"Mum, if you **believe** something, do you have to be able to **prove** it?"*

*Wendy Cypel sat at the table surrounded by her "school" books. She had been sitting there for some time chewing the end of her pen and not getting very far with her assignment, the topic of which was "What will it mean for our family to stick their necks out?" In the home educating of their children, Des and Dee endeavoured, at every opportunity, to integrate the practicalities of everyday living into thematic units that would involve the whole family. Following on from the fun and challenge provoked by "Yertle the Turtle", it seemed sensible to see what effect SYNO and GO would have on the family's lifestyle. Whenever possible the children were included in family discussions and decision-makings. Having chosen to live differently in many areas of life, the children needed to know why. Why had they been born at home? Why were they vaccine free? Why did they grow their own vegetables and fruits and join with others in sharing these natural organic products? Why did they walk wherever possible instead of driving around in a car? Why did they enjoy a whole range of outdoor pursuits instead of frequenting the Whittle Down's Complex and heeding its alluring invitations? Why were other D'Different Ones so much more fun to be with?*

*And it wasn't only the "whys" that needed answers. The family made frequent use of Kipling's*[1] *"Six Honest Serving Men who have taught us all we knew. Their names are What and Why and When and How and Where and Who." Wendy's question, however, was one that seemed to go beyond "The Six," to 'the Ten million serving men who got no rest at all'!*

*"Mum if you **believe** something, do you have to be able to **prove** it?"*

*Wendy's mother left her work at the kitchen bench and sat down next to her*

1 From a poem by Rudyard Kipling following the story "Elephant Child" in "Just So Stories".

*daughter. "That's a good question Dear, but I think you might be able to get the answer by yourself. Have another look at the words in your vocabulary list:* ***Belief, opinion, fact, supposition, pre-supposition, conviction, assumption, proof, prove, faith, trust, to take for granted, knowing*** *and* ***thinking.*** *Check out the definitions carefully. Sometimes it's quite surprising what shades of meaning there are. I think we'll be in for some very interesting discussions and it should make it easier to know how to answer other people. Anyway, let's have a little break now. Go and get Brodie and we'll take Mandy over to the park to feed the ducks."*

* * * *

*After tea each evening was family time when Des and Dee and their children could play games, talk about the day, or read a story together. It was a way of integrating the practical things they had all been involved in during the day.*

*"Let's play a new game tonight," said Des. "It's called Fact and Opinion." Allowing Wendy to give him plenty of help he explained how short sentences or statements could be either a fact or an opinion. "If I say, 'Five of us make up our family,' is that a fact or an opinion?"*

*"That's a fact," said Brodie. "That was easy".*

*"Good boy," said Dad. "Now let's try another. 'Red is everyone's favourite colour. Fact or opinion?"*

*"Opinion!" said Wendy and Brodie together.*

*"Today has been a perfect day. Fact or opinion?"*

*This statement evoked different answers and some discussion was necessary to resolve the correct answer, but as the understanding of the game caught on, it took a while before the children were prepared to stop for the evening!*

*"Before we do something to help Wendy with her work tomorrow I* ***believe*** *you all went to feed the ducks today?"*

*"Yes and they were hungry," said Brodie, and he launched into a vivid description of how some ducks seemed to throw their weight around and snatch more bread than others.*

*"Wendy, you asked your Mother a question this morning just before, I* ***believe****, you all fed the ducks. Is that a fact or an opinion?"*

*"A fact," said Wendy without hesitation.*

*"I* ***believe*** *you* ***did*** *feed them," said Dad. "But what did you find out about the meaning of a fact?"*

"It's a truth that can be proved from experience or observation."

"Good. My ***belief*** is that you are telling me the truth, you enjoy feeding the ducks and you did so this morning. Do I have to ***prove*** it? ***Can*** I prove it if I wasn't there?"

Wendy smiled. "I worked out the answer after Mum told me to go back to the dictionaries. The fact is proved by your experiences and observations. You've been with us lots of times when we have fed the ducks. You ***know*** they're ducks we feed. You ***know*** what we do, and you've ***heard*** Brodie tell you all about it tonight. I've copied out all the words and their meanings, and as Mum said, these word studies are fun once you see the connections, but Dad, what's the surprise you've got for us now?"

"Well, it's dark and it's a bit cooler outside. Get something warm to put on and we'll go into the park for a few minutes to see something you've seen lots of times, but I hope it will help you with your assignment."

Standing near the lake Des and Dee drew their children closer to them as they looked around at what was so familiar and yet always different.

"Wendy, take a good look at the Complex tower, with all its lights, and the activity and noise nearby. I know you've seen it before, but look for details you may have missed, and then when you're ready, turn round and look at the light up there near Uncle Stan's place and let the differences really sink in. Tell us when you're ready to go back inside and then we'll have our goodnight story."

* * * *

Wendy looked at her next assignment. It followed on from yesterday but it was specifically about debates, discussions and arguments. She quickly read through some of the notes her parents had prepared and glanced at the range of other resources available to her. She began to realize the importance of the dictionary work she had done the previous day. The game of "Fact and Opinion" led her to explore more deeply the definitions of those words, and of others like ***proof, proving, half truths, misconceptions*** and she also began to understand how it is possible to lie by omitting to give all relevant information so as to mislead people. Wendy thought back to the times when she had heard many grownups discussing all sorts of topics that the D'Different Ones were concerned about. She remembered Eccles talking to Uncle Stan and he had said something about knowing how to listen to the things people say and how they say them, as well as knowing how to ask the

*right kind of questions. Uncle Stan had said, "Yeah that's right, and you need to listen to what they don't say, too." Wendy had thought it a strange thing to say at the time, but now she was beginning to understand and she was enjoying it. She felt almost grown up!*

*Wendy's final exercise for the day related to the family's time in the park the previous evening. Her father had written down the following:*

*"Tonight we will have another game of 'Fact and Opinion'. You will be in change Wendy, so I would like you to make a list of at least three statements of fact and three opinions that are associated with the Complex and its lights and another set that concerns the light on Heaven's Tableland."*

*Wendy had to think pretty hard to complete her list, and she chewed on her pen for quite long spells as she composed her statements. By the time she was finished however, she had a twinkle in her eye that matched the knowing smile on her face. She had a feeling that they might have to play another game with a different title. That evening when the family sat down for the game, it was Mum and Dad who were in the hot seats! Brodie was itching to get started and Wendy had tried to make sure he would acquit himself well. Wendy had managed to write down about twenty statements.*

*Generally speaking the opinions were recognized without too much debate. It was the facts that produced so much good-natured "appealing to the umpire" – whoever that was supposed to be! In the end the scoring was tentative, with any dispute being settled by another trip outside to check things out.*

*Snuggling up to their parents as they waited for their bedtime story, Wendy and Brodie knew they had learnt a very important lesson even though it might take a while for them to express it clearly:*

***A statement may appear accurate and factual, but it may not be. If it is incorrect, even in a tiny detail, it is not a proven fact and cannot be accepted as true. Therefore it is essential that proving by experience or observation is not assumed by presumption – by taking it for granted.***

*"Wendy, you did a great job with your statements," said Dad, "and you've shown me how easy it is not to see a lot of detail in the everyday things of life. We can easily fill in what we* **think** *are facts with our own imagination, and we can easily be fooled by other people's omissions, distortions and selectivity. You caught me out tonight several times. I thought I knew every detail about those lights because I've looked at them so often. We have to be very careful to check out facts. In fact,*

Brodie, you did better than I did! Tomorrow night we'll play a game called 'True or False.' But each day we have to keep asking ourselves, 'What will it mean for the family to stick their necks out?'"

"We need to be more careful about checking out so-called facts, and making sure our experiences and observations are always based solidly on the truth," said Mum as she gazed at Mandy asleep in her arms. What a precious family she had. A simple game had exposed a weakness that needed strengthening. It could be critical for survival in the coming days, especially when so many written or spoken statements seemed to be accepted without any questions being asked. If an "expert" says something should it be taken for granted?

* * * *

After the children had gone to sleep their parents settled themselves on the settee with Dee resting her head on her husband's lap. These were the times of closeness which they cherished in a world which looked for every opportunity to either disrupt or destroy them. Des stroked his wife's hair letting the silky strands run through his fingers. Slowly her body relaxed. His gentle touch followed the contours of her ears and neck. She smiled contentedly, eyes closed. He looked lovingly and tenderly at Dee. How precious she was to him. He and his children needed her as much as they needed him. It was quite a long time before the silence was broken, but the intimacy remained.

It was Dee who spoke. "There are times, my Darling, when I feel almost overwhelmed by the responsibility of bringing up our children with so many people and influences trying to snatch them away from us. Just think. If it's not putting poisons and all sorts of harmful additives into our bodies and our minds, now we are being told about all the other things that are being lined up waiting to be added into food, water, schedules, indirect taxes; conform or pay more, do this, or else; stop thinking and trust us, because we can think better than you; follow the recommended daily dose in everything and if you don't, it's your fault and you could die, don't you know. Look at all the problems that millions of dollars are being spent on. Obesity; permissiveness; behaviour patterns encouraged by TV programmes, DVDs and video games; drugs; keeping up with the latest status symbols. Do you know what I'm trying to say?"

Des didn't answer straight away. There were certain tensions returning that needed his attention! When he did, he spoke quietly. "Yes, my Dear, I do – only too well!

*There's so much ground we could go over again, but I am sure Wendy's assignments, and the lessons we have learned tonight, point us to the answers – provided we have the convictions and the courage to be different, when we have to be. The Complex with all its lights and messages of "enlightenment", represents the popular way which the majority will follow – all these things you've mentioned, and more. But the light on the hill above us, is more powerful. It is like a small voice – a sound of gentle stillness – which can get right inside us and flood us with peace and certainty. You and I both know that, and I'm sure the children are beginning to understand it, too. Just think what it has done for so many people like Eccles, Chuck, Ernie and Anne – the list just goes on and on.* ***That light is a fact*** *– a fact proven by experience and observation. Let's keep our eyes fixed in that direction."*

*Dee sighed contentedly and stretching up her arms, drew Des towards her upturned face, and gave him a long and lingering kiss which spoke volumes. "I know," she whispered. "You're right."*

# 74 Science Friction: Reality Versus Crystal-Ball Predictions

Vaccinationists have always thought big. An advertisement in a 1959-issue of the *National Geographic* shows a toddler trying to protect a bare bottom with his or her hands. It's sort of prophetic really. The text says, ***"Twenty shots – and just one 'ouch!' Imagine a vaccine that could protect your youngster against 20 or more diseases with only one shot from the needle!"*** Parke Davis then preens itself about two vaccines, Quadrigen[1]® (diphtheria, tetanus, pertussis, polio) and Resprogen[2]® (four flu strains, and three respiratory viruses). What happened to them? Both vaccines were pulled. Parke Davis then goes on to imply that the twenty-in-one shot is the next big frontier.

Warning. "Boring monologue ahead. Please read in drone tone!" This chapter is designed to be really boring, and consists of a long referenced list of useless vaccines, predicted vaccines which were tossed out having cost megabucks yet never having come to fruition, or which have not yet fulfilled their prophecies. If you don't want to be bored semi-silly, skip to the end of the chapter, and look for the bolded word ***"Conclusion"***. However, boring though it is, it's important to see what is to come in the future, in the context of what's happened in the past.

The whole issue of making huge amounts of money out of drugs and vaccines that don't work, would be funny if the issue wasn't so … sick, so to speak. As

1 Quadrigen was licensed in 1959. 8 million doses were injected into nearly 3 million babies before the vaccine was withdrawn from the market in 1968, because it was highly reactive, with a very high serious reactions profile.

2 Millions of doses of Resprogen were used between 1959 – 1965, until SV40 virus and a hybrid SV40/adenovirus capsid was found in the vaccine in 1963. By 1965, it was admitted that the vaccine didn't work, so the two facts combined, resulted in the vaccine being withdrawn.

parents, we really need to consider exactly what we are prepared to do in the name of "science", and here's why.

First, if you have *Just a Little Prick*, consult that little list[3] again, of 1911 vaccines available in New Zealand. The one headed with "Acne Vaccine, Mixed".

Next, read this 1972 list[4] here:

VACCINES REFERRED TO AS INEFFECTIVE
BY THE DBS DIRECTOR AND THEIR MANUFACTURERS.

| Product listed in report | Brand name of product listed in report | Manufacturer |
|---|---|---|
| Product A | Bacterial vaccine mixed respiratory | Hollister-Stier Laboratories. |
| Product B | Respiratory UBA | Eli Lilly & Co. |
| Product C | Staphylococcus-streptococcus UBA | " |
| Product D | Combined vaccine No. 4 with catarrhhalis | " |
| Product E | Mixed vaccine No. 4 with H. Influenzae | " |
| Product F | Staphylococcus vaccine | " |
| Product G | Entoral | " |
| Product H | Typhoid H antigen | " |
| Product I | Vacagen tablets | Merck, Sharp & Dohme. |
| Product J | Brucellin antigen | " |
| Product K | Staphylo-strepto serobacterin vaccine | " |
| Product L | Catarrhalis serobacterin vaccine mixed | " |
| Product M | Sensitized bacterial vaccine H. influenzae Serobacterin in vaccine mixed. | " |
| Product N | Staphage lysate type I | Delmont Laboratories, Inc. |
| Product O | Staphage lysate type III | " |
| Product P | Staphage lysate types I and III | " |
| Product Q | Catarrhalis combined vaccine | Merrell-National laboratories (division, Richardson-Merrell) |
| Product R | Strepto-staphylo vatox | Merrell-National Laboratories |
| Product S | Staphylococcus toxoid-vaccine vatox | " |
| Product T | Respiratory vatox | " |

3 *Appendices to Parliamentary Journals.* 1912. See *Just a Little Prick*, Chapter 33, p. 225.

4 Consumer Safety Act of 1972. Committee on Government Operations, United States Senate, Ninety-second Congress, Second Session in Titles I and II of S.3419. Held on April 20, 21 and May 3, 4, 1972, US Government Printing Office, Washington. Page 435.

| | | |
|---|---|---|
| Product U | Respiratory B.A.C. | Hoffman Laboratories, Inc. |
| Product V | Gram-negative B.A.C. | |
| Product W | Pooled stock B.A.C. No 1 | " |
| Product X | Pooled stock B.A.C. No 2 | " |
| Product Y | Staphylococcal B.A.C. | " |
| Product Z | Pooled skin B.A.C | " |
| Product AA | Mixed infection phylacogen | Parke, Davis & Co |
| Product BB | Immunovac oral vaccine | " |
| Product CC | Immunovac respiratory vaccine (parenteral) | " |
| Product DD | Streptococcus immunogen arthritis | " |
| Product EE | N. catarrhalis vaccine (combined) | " |
| Product FF | No catarrhalis vaccine immunogen (combined) | " |

As an aside, before I go on discussing the Senate findings, they missed out at least one other vaccine. I mentioned ***Resprogen®,*** at the start of the chapter. It's not on the Senate list, so you have to wonder how many ***other*** vaccines slid out from under the Senate's radar.

Just above a heading ***WORTHLESS VACCINES*** (page 346 in the Senate Hearing), we read:

> *"SENATOR PERCY: Doctor, right at the outset of your testimony, you make reference to the General Accounting Office report, that 32 vaccines of no known value, and some possible harm, have continued to be licensed. I have never seen a figure as to what the total dollar value of those vaccines would be. What was the cost of the vaccines which were either of little value or perhaps even harmful, and which were administered to people who felt they were being protected?*

Below the heading we read:

> *DR ISACSON: Well, I think it must be astronomical. I do not think I could give you an actual figure. Since some of these appear from the investigation to have been on the market for 20 years, certainly it must add up.*
>
> *SENATOR PERCY: But we are talking about a cost investment of hundreds of millions of dollars, maybe … We are locking the barn now after the horse has gone out."*

I wonder if this next vaccine is one that is in the Senate record?

*"World Gains Against Rhematic Fever Seen In Teamwork, Vaccine."*[5] We are told, *"The vaccine is designed to prevent those streptococcus infections which lead to rheumatic fever in children or to glomerulonephritis in both adults and children … safe and effective in extensive [animal] tests … [in] adults it has led to no serious reactions and has greatly increased the levels of antibodies against streptococcus organisms …"*

Where is the 1967 rheumatic-fever vaccine?

*"Dengue Vaccine 'Promising' In Early Trials."*[6] It was very promising in several large human trials, but I was aghast to read that only after the use of the vaccine in the trial, did they take the vaccine, cultured in suckling mouse brains, and then say, *"the vaccine… is now being characterized and screened for possible unexpected murine agents."*

Where is the 1967 dengue vaccine? What happened to the hundreds of human "guinea pigs"?

There's also Eli Lilly's Tetra-Solgen® which was a diphtheria, tetanus, whooping cough, polio vaccine[7]. Withdrawn, because of nasty side effects. I have an unnamed 14 February 1969 medical article reviewing upcoming Netherlands trials with a diphtheria, whooping cough, tetanus, polio and measles vaccine, but nothing further can be found about that trial in the sands of forgotten items.

Then there is the disaster that was the respiratory syncytial vaccine which caused enhanced disease in its recipients. One of many articles I have, expresses[8] total bewilderment in the discussion beginning on page 418. We read that the *"paradoxical effect of vaccination was completely unexpected. Paradoxical effects have also been reported with rickettsial vaccines, trachoma vaccines, Mycoplasma pneumoniae vaccine, and more recently, inactivated measles vaccine. We have no firm explanation for the paradoxical effect of the RS vaccine."*

Did you know that those *other* vaccines had even existed, let alone had "paradoxical effects"?

I wonder what happened to the people who had "paradoxical" effects after receiving rickettsial/trachoma/Mycoplasma vaccines? We know what happened to the people after the inactivated measles vaccines. They got atypical measles which was far more serious than ordinary measles.

Respiratory syncytial vaccine recipients experienced *"an altered, exaggerated clinical response after natural RS virus challenge, suggest[ing] that serum*

5 Physicians International Press. 1967. "World Gains Against Rheumatic Fever Seen In Teamwork, Vaccine." *Pediatric News,* 1(1), January. Front page and page 21.

6 Medical News. 1967. "Dengue Vaccine 'Promising In Early Trials'." *JAMA,* 199(6): 38, February 6.

7 Tetra-Solgen® – The Polio component was the Salk inactivated vaccine.

8 Kapikian, A.Z. et al. 1969. "An Epidemiologic Study of Altered Clinical reactivity to respiratory syncytial (RS) virus infection in children previously vaccinated with an inactivated RS Virus vaccine." *Am J Epidemiol,* 89(4): 405–21, April. PMID: 4305197.

*antibody may play an active role in the pathogenesis of RS virus disease."*

There was the adenovirus vaccine disaster in the 1960s, where the use of the vaccine in civilians as well as the military led to serotype changes which resulted in more serious infections, so they stopped the adenovirus vaccine in civilian babies to allow the circulating viruses to return to the previously less virulent patterns, and allow the vaccine to be 'effective' in the high-stress surroundings of military basic training. And the current situation where the use of adenovirus vaccines in military personnel[9] has been suggested as being responsible for mutated virulent adenovirus changes.

Then there were the highly touted 1986 Contraceptive HCG vaccine trials involving 30 sterilized women in Adelaide's Flinders Medical Center,[10] which was to cost only 10–30 cents a shot and would be available by the 1990s. This vaccine was rumoured to have caused devastation in Mexico and the Phillipines, which was said to only live on in the imagination of conspiracist theorists. Never mind the doctors, priests, villagers and pro-life organizations who can attest to what they say. They, too, are all part of the anti-abortion agenda-pushers, so you can't trust their word either.

A New Zealand report[11] on the HCG vaccine stated, "the threat of AIDS is negligible compared to that of the population explosion, a doctor (Dr Warren Jones) developing a vaccine against pregnancy warned yesterday." Speaking at a conference he said that he hoped that the vaccine would protect for 12 months and be "widely used in the overpopulated parts of Africa and Asia". The vaccine "tricks the body into making antibodies against a fertilised egg."

Hmmm …

In 1986, every teenager must have got exciting with the tantalizing announcement[12] that an oral pimples vaccine had resolved pimples in 60% of those treated with it.

Then there was the 1987 *BMJ*[13] announcement that "At last a malarial vaccine has been developed …"

Okay …

Then in 1988, we were told[14] that "Health Milk will provide resistance against disease".

The two-page article details hyperimmune cows vaccinated once a week for a month, then twice a month, which then produced lots of antibodies which could

9 Vora, G. J. et al. 2006. "Co-infections of Adenovirus Species in Previously Vaccinated patients." *Emerg Infect Dis* 12(6): 921–30, June. PMID: 16707047. Read it at: http://www.cdc.gov/ncidod/EID/vol12no06/05-0245.htm

10 Health News. 1986., "Contraceptive Vaccine." *Asiaweek,* March 16. Page 61.

11 NZPA. 1987. "Pregnancy Vaccine In Pipeline." *New Zealand Herald,* October 15. Section 1, p. 6.

12 NZPA. 1986. "Pimples vaccine." *Evening Post,* September 11. (No page number.)

13 *British Medical Journal.* 1987. "News and Notes." *BMJ,* 284: 907, April.

14 McGilvary, D. 1988. "Cow antibodies helping humans." *Dairy Exporter,* March, pp. 9 and 11.

be used for the prevention of all sorts of conditions from tooth decay to arthritis. A Dr Beck says, *"There is no reason why children should stop having the health benefits of their mother's milk when they stop breastfeeding. … In developing techniques to sustain the supply of antibodies for humans beyond the suckling infant state, researchers have 'crossed the species lines' in utilizing cows."* The New Zealand Doctor[15] detailed how the vaccine contained sterilized heat-killed bacteria, and showed pictures of the various milks in various product forms and quoted the Dairy Board as saying that *"thousands of people in the US have safely consumed Stolle immune milk for more than five years …"* but funnily enough, says that Stolle milk was marketed only in Taiwan. Strange?!

What happened to that milk?

In 1990 the WHO and UNICEF announced[16] they were ploughing $150 million over 10 years for development of the ultimate "Super Vaccine". The goal was one single vaccine to be administered at birth to protect against "all of the major childhood infections". For the next three years, we were drip-fed almost identical progress reports about micro-beading and how wonderful the idea was.

In 1991, Dr John Aitken of the Medical Research Council's Reproductive Biology Unit gave details[17] about Dutch company Organon's trials of a vaccine to be given to women to vaccinate them against sperm! These were "well underway in Edinburgh". One injection was to protect against pregnancy for three or four years. But it would take 10 years to develop.

One advantage of being a compulsive article collector is that you can see when someone recycles the old press releases! Again, in 1992, Stolle Milk came out with yet another spiel[18] about how the antibodies in their milk remain effective, and how it can be stored in powder form, and used in yoghurt and ice-cream.

Not content to just use cows to make antibodies, in 1994 Dr Van Regenmortel described[19] how the future lay in custom-vaccinating hens, so that the eggs would protect humans against rotavirus, and snake and scorpion venom.

The next victory to be published[20] was a breast-cancer vaccine being developed and a melanoma vaccine[21] to be trialled and available in New Zealand within three years.

In 1994, we were told[22] that if patients with helicobacter pylori stomach ulcers were given a short-term acid suppressant followed by a vaccine, their ulcers wouldn't relapse.

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15 Nutrition News. 1992. "Cows milk set to boost the immune system." *New Zealand Doctor,* June 4, p. 17.
16 Okie, S. 1990. "Super Vaccine sought for Childhood Infections." *Washington Post,* September 9, p. A3.
17 News. 1991. "Sperm Vaccine Studied." *New Zealand Doctor,* September 16, p. 12.
18 Olsen, R. 1992. "Scientists develop milk to boost immune system." *Evening Post,* July 31.
19 Misset. 1994. "Hens could be the antibody factories of the future." *World Poultry,* 10(1–2): 67.
20 *Sunday Star Times.* 1994. "Breast Cancer Vaccine." January 23.
21 *Sunday Star Times.* 1994. "Melanoma Vaccine." April 17.
22 *New Ethicals.* 1994. "Vaccine Banishes Helicobacter Infection." Keynotes, p. 14, August.

The same issue of New Ethicals tells us that researchers are looking at vaccines made with fruit, using tungsten particles encrusted with viral DNA fragments literally fired into banana seedlings. The first in their sights was Hepatitis B.

November 1994, we were told[23] that the WHO/UNICEF "super-cocktail" vaccine was "close to reality".

*"Now, the vaccine for everything"* was the headline[24] which heralded a magic bullet to attack everything from cold sores to breast cancer. The principle of this vaccine was boosting cytokine levels which was to be ***"used against herpes … and with chemotherapy against breast cancer and prostate cancer."***

The same paper[25] proclaimed that Epstein Barr virus which caused glandular fever was set to become a hazard of the past, as British researchers completed successful trials of a vaccine against it.

In the same month,[26] a group of WHO experts called for approval of widespread introduction of ***"more effective genetic vaccines"*** which involved ***"just one injection of a minute amount of genetically engineered DNA that could afford long-term protection against a clutch of diseases".*** The experts had ***"reached the overwhelming consensus that the new products were safe."***

Fourteen years later, where are these safe and effective vaccines? They discovered that it wouldn't work in one minute injection.

In 1995, the potato vaccine[27] against *E. coli* was announced, and a Genital Herpes Vaccine Trial to be held in Auckland, New Zealand was announced.[28]

In 1995, Charles Arntzen of Texas A&M University of Houston announced[29] that a successful vaccine based on a potato genetically engineered to protect against hepatitis B had been developed, and the Hep-B banana was in development.

During this time there were huge numbers of articles about injecting a gene from the Influenza A virus; using nucleic acids in various ways. In 1996, we were told that the development of a ***group-B streptococcus*** polysaccharide conjugate vaccine had been announced,[30] and that the study director was very happy with the clinical results which offered tremendous promise.

In 1996, the first caution about the DNA vaccine was sounded which detailed

23 *Reuters,* 1994. "Super-vaccine dream closer to reality." Wanganui Chronicle, November 29.
24 *Sunday Telegraph (London)*. 1994. "Now the vaccine for everything." Sunday Star Times, November 13, p. C11.
25 *Sunday Times (London)*. 1994. "Students set to help kiss fever goodbye." Sunday Star Times, November 13, p. C11.
26 *Reuters.* 1994. "Experts push for genetic vaccines." Bay of Plenty Times, November 10.
27 *The Dominion.* 1995. Snippet, May 16, p. 9.
28 Beston, A. 1995. "Herpes vaccine on trial." *Sunday Star Times,* September 24, p. A6.
29 Highfield, R. 1995. "Banana may bear fruit for vaccine for Hepatitis." *Daily Telegraph,* April 11, p. 5.
30 Business Wire. 1996. "Clinical Trial Shows Promising Results in Development of New Vaccine for Prevention of Life-threatening Infection in Newborns and Infants." *North American Vaccine Inc.,* November 20.

critical points[31] the researchers didn't know about the immune system. Yet the irony was that, from the title, you would think they knew enough!

In 1998, we were told about potatoes[32] expressing portions of a non-toxic subunit of cholera toxin, a genetically engineered vaccine[33] to protect humans against *E. coli,* and a saprophytic mycobacterium vaccine[34] which radically reduced cure times in leprosy.

We were regaled with stories[35] about a cowpea vaccine against parvovirus for dogs; human serum albumin for blood transfusions made in cows; a rabbit enzyme to cure Pompe's Disease; a goat antithrombin to regulate blood clotting; a sheep alpha 1 antitrypsin for Cystic Fibrosis, and several vaccines and treatments in mice.

In 1999, we were told[36] about two vaccines. One for psoriasis and one for asthma. We were told[37] that British company Axis Genetics would be producing oral vaccines by the end of that year, for various enteric diseases including *E. coli,* food poisoning and traveller's diarrhoea, and another article[38] told us that a vaccine against prostate cancer was able to trick the body into attacking the cancer.

We were also told[39] that there had been some rather nasty animal results from these DNA vaccines which the WHO had declared safe. A vaccine[40] to control cholesterol levels passes trials in rabbits with flying colours, a vaccine [41]against non-Hodkins lymphoma shrunk the tumours in a trial of 10 people, France celebrated a vaccine[42] against travellers' dysentery.

Better still, a super-antigen vaccine prospect was announced[43] against bacterial toxins from staphylococcus and streptococcus which cause tonsillitis and other diseases, and had promise to prevent septic shock, toxic shock, rheumatic fever, scarlet fever, and flesh-eating necrotising fasciitis.

By 2000, a vaccine called LYMErix™ was under fire, with a headline[44] saying, *"A vaccine worse than the disease?"* GlaxoSmithKline pulled the vaccine voluntarily. In its first year alone, in 1999, LYMErix™ was given to hundreds of thousands of people, and netted GSK $40 million in sales. Not bad for a useless vaccine.

31 Kumar, V. et al. 1996. "Genetic vaccination: the Advantage of going naked." *Nat Med,* 2(8): 857–9, August. PMID: 8705850.
32 Hawkes, N. 1998. "Potatoes could combat cholera." *The Dominion,* April 6.
33 Farm Equipment News. 1998. "Vaccine for E. Coli Trial." May 1, p. 28.
34 Kumar, S. 1998. "Leprosy vaccine approved for adjunctive use in India." *Lancet,* 351: 501, February 14.
35 Hawkes, N. 1998. "The drugs factory on four legs." *The Dominion,* February 25.
36 St John, P. 1999. "Asthma vaccine trials mark novel approach." *New Zealand Doctor,* March 3.
37 Aldridge, V. 1999. "Vaccine veges on the menu." *The Dominion,* March 17.
38 Time. 1999. "Prostate promise." November 1, p. 62.
39 Gorecki, D.C. 1999. "The dangers of DNA vaccination." Nature Medicine, 5(2), February, p. 126.
40 *New Zealand Herald.* 1999. "Heart Vaccine." December 6, p. A9.
41 NZPA. 1999. "Trial vaccine shrinks tumours." *Southland Times,* June 7.
42 *Waikato Times.* 1999. "Vaccine for Dysentery." July 7.
43 Johnston, M. 1999. "Discover may lead to super vaccines." *Weekend Herald,* October 30–31, p. A3.
44 Freundlich, N. 2000. "A Vaccine Worse than the Disease?" *Business Week,* October 23.

We were told that a melanoma vaccine[45] achieved complete remission in 3 patients who had deep-seated tumours, believed incurable, and vaccines[46] against stroke and epilepsy showed promise.

We are told that a gene-based vaccine[47] protected rhesus monkeys from AIDS, and cynomolgus macaques monkeys were protected[48] against Ebola with a vaccine.

In 2001 there was the announcement[49] of a dementia vaccine (antibodies against a beta amyloid peptide) for over-60s, but the project was stopped in 2002 when the vaccine caused immune overreaction, and swelling in the brain and inflammation in the spinal cord. It was "hoped" that the use of new rhesus monkey "model" would answer the questions this raises, and resolve the issue.

2001 also brought news of a blood-pressure[50] vaccine; the potential for the University of Liverpool[51] to use mosquitoes to vaccinate millions of people with a tiny bit of protein cover that encases the malaria parasite, as well as with vaccines for measles and polio. Several teams were modifying insects so that they could no longer transmit the parasites behind malaria, dengue fever and Chagas disease.

2002 was the year in which it was proclaimed that a UK firm had developed a safe and effective "anti-smoking" vaccine[52] with the earliest realistic rollout date being 2006, and that German scientists estimated 2005 as the date of release for a hepatitis B vaccine in carrots.[53]

In August 2005 an article[54] was published discussing the fact that DNA vaccines might work if you spread them over a large skin area. Its headline was: "Tattoos that your mother will like."

Really?

My last item is one which caused me much mirth. I logged onto BBC one morning through a search engine, to see an article about a superbug vaccine[55] that protected mice against Methicillin-resistant ***Staphylococcus aureus***. Obviously, such a search would cache this article, as the engine saw it. In a box in the article was this:

45 AAP. 2000. "Melanoma tumours vanish." *New Zealand Herald,* July 24, p. A12.
46 Candon, P. 2000. "Vaccine promising for stroke and epilepsy." *New Zealand Doctor,* March 15.
47 Independent. 2000. "Gene-based vaccine raised Aids breakthrough hopes." *New Zealand Herald,* October 23, p. A10.
48 AFP. 2000. "Hopes rise for Ebola Vaccine." *The Dominion,* December 1.
49 Telegraph Group. 2001. "Dementia vaccine on the way for over-60's." *New Zealand Herald,* June 11, p. A12.
50 London Press Service. 2001. "Blood pressure vaccine success." *New Zealand Herald,* January 22, p. A8.
51 *Wall Street Journal,* Staff Reporter. 2001."Bioengineered Bugs Stir Dreams of Scientists; Will they fly?" January 26.
52 Reuters. 2002. "UK firm hails Progress on Anti-Smoking Vaccine." *Reuters.com,* June 14, 7.15 a.m. URL no longer active: http://www.reuters.com/printerfriendly.jhtml?type=sciencenews&StoryID=1090243
53 2002. "GM carrots contain Hepatitis B vaccine." 10 May. http://www.worldhealth.net/p/408,1204.html
54 Bell, E. 2005. "Tattoos that your mother will like." *Nature Reviews Immunology,* 5: 587, August.
55 *BBC News.* 2006. "Superbug vaccine 'shows promise'." October 31. URL to the sanitised version: http://news.bbc.co.uk/1/hi/health/6098210.stm But you will still find a copy of the original one here: http://www.prague-czechrepublic-hotels.com/article-229831-en.html

> ***Making a vaccine is a bit like witchcraft – you really need to put stuff in, stir the pot round and then see what happens. Dr Mark Enright, Imperial College.***

I printed and pdf'd this remarkable article with the above statement, checked the search engine's cache to make sure it was logged, and was amused for the rest of the day. Unsurprisingly, within 24 hours, the statement in the box had gone from both BBC's website, and the cache had been erased as well.

## *CONCLUSION*

The point of this chapter was to give you a sense of only a FEW of the many useless vaccines which have been used in the past, and others which have been developed but gone nowhere. Where do you ever hear an admission of these past expensive failures? Some would say that this shows "the system" is working, and that we only get the "best" there is to offer. I don't see it that way. To me the attitude is, "If we can, we will." The problem arises when parents are expected to agree without question. By 2000, there were over 400 more vaccines in trials of various sorts, which manufacturers assume will all find a ready and willing market. That depends on you. Think about the VAST amounts of money which have been ploughed into all the different vaccines, over the decades, with the justification that they would help places like Africa.

I wonder what Sam Gitau,[56] from one of Nairobi's (in Kenya) most notorious slums, could have done with even a miniscule fraction of that money? That is, before Kenya threatened to implode into civil war.

56 Dugan, E. 2007. "From slum-dweller to miracle graduate." *New Zealand Herald,* December 14, p. B1. Read here: http://www.nzherald.co.nz/section/2/story.cfm?c_id=2&objectid=10482258&ref=rss

# 75 About Knowing, Necks – or Needles

*For Andy and Iona Questerman, setting foot on Green Island was a memorable occasion. They had been waiting so long for all the practical details to fall into place, and at last they were able to join with the Prickmores and experience the amazing hospitality of Petros and Serena Abrahamson.*

*The family had never been to Lulling Sounds before and they gulped down the freshness of the sea air whilst revelling in the distinctive scenery of a busy port, set amidst the beauty that depends so much on the moods of the sea and the majesty of land forms unique to glacial action of ages past. The trip to Green Island was the climax to this new adventure.*

*Little Faith was rapidly developing into a robust and confident toddler. Stepping on board Faith Walker was an introduction to a new world. As the boat left the marina behind and picked up speed she felt the exhilaration of the sea breezes in her hair, but it was the school of dolphins that prompted squeals of delight. These graceful creatures played alongside the Faith Walker for most of the journey across the Sounds. It was as if they were putting on their display especially for Faith – and her parents. Faith was ecstatic, and when the boat entered Chosen Cove even though the dolphins had left them, she could not stop talking about them.*

*The Questermans loved Green Island. There was so much to do, to see and to talk about. Not a moment was wasted. They were there to ask questions; to learn; to become informed; and then to go home, and do! The interaction between the Abrahamsons, the Prickmores, Phil Anthony and the "family" of workers who formed the backbone of the Island's operations was constantly stimulating, but could also*

be mentally tiring. When the brain was nearing overload, there was always plenty of physical activity and fresh air to revive their spirits. Faith wasn't the only youngster on the Island and there was never a shortage of people to keep an eye on her. She was in her seventh heaven!

Andy and Iona spent a lot of time talking with Donald Le Ven.[1] He was an ex-policeman who had found that his experiences and abilities could be put to good use there. He had been entrusted with the responsibility of maintaining security on the Island. It was a challenge he enjoyed, realizing that in the light of previous spying attempts by the SIS, he could never relax his vigilance. The Questermans began to appreciate more and more that D'Different Ones will always be targeted people in one way or another.

On the eve of their departure for home, Petros and Serena spent some time talking with Will, Jane, Phil, Andy and Iona – although anyone else could join or leave the group during the evening. These times together were a bit like punctuation marks, paragraphs and chapters as the on-going story about Green Island was being written. Some characters came and went on a regular basis. Others appeared spasmodically, and there were the "one offs". On this particular occasion, although the usual unity and camaraderie allowed everyone to experience that inner warmth of a common purpose and allegiance, there was something else – an intangible – that seemed to hang in the air!

As supper time approached, Petros took advantage of a lull in the conversation.

"My friends," he said, "in a strange way which I cannot explain I am feeling the effects of a real confidence booster shot! Maybe I've caught something from you, Will. But I think it has a lot to do with having Iona and Andy with us for the first time. You two have been a breath of fresh air to me. For years, people have come to this Island for help and advice, and while they have asked lots of questions I have often felt that we have been talking over their heads. How much have they really understood? More importantly, how helpful are they going to be to others? Iona, you especially, have made it your aim to understand everything in **your** own way, step by step. A bit like the steady plodding of a turtle or tortoise. You refuse to add another building block until the one before it is firmly in place. I believe Iona, that you are methodically teaching yourself how to teach others in a way which is uniquely you. We all need to do this." Petros's eyes twinkled as he added, "And your

1 Donald LeVen plays an important role in *"The Great Divide"*, but this part of the story has been omitted to save space.

*name so clearly declares, 'I own a questioning man'. I'm sure you and Andy have a very important part to play in the coming days.*

*"The work here on Green Island will go on as it always has. All of you folk, and others like you, are welcome to stay here whenever you feel the need. However, there are now enough of you to do what I am doing – possibly more – where you live. Stan Firmly's property, Dave and Valda on their Ranch, that new facility in Orlsrite, are unique places where D'Different Ones can reach out to their own communities' needs. But don't forget that your own homes and gardens are that much closer to your neighbours'. Share your knowledge; your plants, your vegetables, fruits and herbs; your healthy recipes and your experiences in taking responsibility for your own health and that of your families. Encourage them with what you know and have proved for yourself. Point them to others who can pick up from where you leave off. None of us knows everything. Sure, we have our critics, and those who actively oppose us, but we don't have to be intimidated by them. Your phone may be tapped but the "grapevine" can't, and it can be amazingly effective. I shall look forward to hearing plenty of encouraging news".*

*Phil Anthony had listened intently to Petros.*

*"I couldn't agree more," he said. "You could say that I have had to be re-educated. I couldn't have been in a better place or had better teachers. I feel that Green Island is my second home. Like Petros and Serena, I want to make myself available to others – to be an extension, as it were, of what is being done here. Will and Jenny have undergone great change and Will's practice in Fall City has been transformed. On behalf of those of us here tonight, Petros and Serena, I hope you will soon begin receiving that encouraging news. As you know I shall be going back to the mainland next week. We'll see what we can do."*

* * * *

*Quite a large number of D'Different Ones gathered at Heaven's Tableland. It was a Saturday. The grapevine had indicated that it was for those who wanted to be encouraged; to have a Prickmore specialty – a confidence booster; there would be a pot luck lunch; a BBQ around a camp fire at teatime; very informal; a visual aid from Stan on SYNO & GO, first presented by Brodie the Goad and Wendy Cypel; and coping with deadly serious games explained by Zach "Knock'em" Foursix[2]; all*

2 Zechariah Foursix, KC, Barrister and Solicitor, in *"The Great Divide"*. His role is minimized in this book due to lack of space.

*guaranteed to provide muscle-building food for thought! Come or go as you are able. Your friends are welcome too.*

***(A special invitation is also extended to you, the Reader, to be there as well. Identify your friends and yourself, and consolidate your interactions with them for this is part of the real world we all live in…)***

*There was no guarantee of course, that everyone got exactly the same message, or even all of it! One thing was certain, however – it would be very informal, relaxed, and, if the past was any indication, this did not mean a day of warm fuzzies, meaningless social chit-chat and a bedding down more comfortably in ruts of indifference or complacency.*

*Donna and Mai Aye Zopend had driven down from Lulling Sounds for the weekend, and had brought Phil Anthony with them. Donna was always keen to use her journalism skills for the benefit of others, like those on Green Island and Orlsrite, to ensure that D'Different Ones were kept up to date with their counterparts elsewhere. Knowing how to disseminate information accurately and discreetly was very important as they were all aware of the way in which the news media, not to mention the SIS, could "manufacture stories" to suit their own ends.*

*It would be impossible to record all the interaction that took place that Saturday, but everyone took advantage of the opportunities available to them, whether in twos and threes or in larger groups. Andrew Questerman met Gene Rator[3] for the first time and when he discovered that he was talking to the man largely responsible for the light that shone from Heaven's Tableland every night, and who oversaw a number of ingenious security devices on Stan's property, Andy thought back to his talks with Donald LeVen on Green Island. The two men were soon involved in some deep discussion during which Andy voiced Fran Klee's concern about her job with MAF's Biosecurity Division. There were lessons to be learned from this.*

*Eccles and Trusta Hunter had plenty of research facts and figures to fuel hungry, inquiring minds. Will and Jenny Prickmore, along with Phil Anthony, were able to reassure those they talked to, that the changes resulting from their "about face" experiences were genuinely life transforming and that they were relishing their new-found freedom after years of being locked into mindsets that had never been seriously challenged.*

*Iona Questerman encouraged and inspired so many who contacted her. She concentrated on her simple message: If you don't understand, keep asking questions*

3 Another character from *"The Great Divide"* who figures more prominently than in this book.

until you do, no matter how simple it has to be for you. To be able to say 'I know', rather than "I think', is a giant step forward for anyone.

The pot-luck lunch allowed most people present to rest and regain their voices. It was during this time that Zechariah Foursix spoke for a few minutes. "I had hoped to be here this afternoon but I've an urgent case I have to attend to. Before I go I would like to make a few sobering comments, and if you need more details today, talk to Eccles and Trusta. There are a number of powerful vested interests and lobby groups who are pushing for law and regulatory changes. Politicians are drafting proposed legislation or discussion papers relating to education, health, social welfare, the Crimes Act and so on. If the proposals come into effect, whatever is said to the contrary, in subtle ways the individual's rights and freedoms will be interfered with. Certain groups of people, like us, are a threat to powerful agendas. Increasingly the machinery is being put in place, especially by Delilah Dobbin, which could make criminals out of many of us – unless we conform of comply! Please don't shrug off these trends. Treat them seriously. If you haven't seen Wendy's and Brodie's present to Stan, I suggest you do so this afternoon. It's a timely reminder for us all to consider. I am always ready to help in any way. Now I'm sorry I have to rush off." Zach Foursix gathered his belongings and quietly left. For a while there wasn't much said as people digested their lunch and what they had just heard.

During the afternoon the spotlight was certainly on the SYNO drawing. Brodie had again withdrawn "Yertle the Turtle" from the library and there were numerous re-readings of the story, with Stan only too willing to further the message in his inimitable way. By the end of the day Yertle had every reason to be sulking as King of the mud, and 'Dare to be a MacTurtle' would be a slogan echoing around many homes in the days to come, even on Green Island!

Although some parents left with their children after the evening BBQ, many stayed to enjoy the camp fire atmosphere and the twinkling lights of Whittle Downs. They were even joined by others who had been unable to be present during the daylight hours. Ernie and Anne Kerr accompanied quite a large group down to the lake and parkland below, to not only witness the nightlife of the Complex and its incessant clamour for people's money and minds, but more especially to appreciate the indescribable transforming effect of the light shining from the Tableland.

By the time the camp fire embers were struggling to hold their glow, there was little doubt that the words of Petros Abrahamson would be heeded and acted upon: "Share your knowledge … encourage others with what you know and have proved

*for yourself … don't be intimidated by those who oppose you".*

*As his friends said, "Goodnight", Stan's words went with them. "Let's stick our necks out, me friends, and get going!"*

*Dear Reader, if you're not already doing so, are you willing to join them?*

# 76 Vaccines and Third-world Countries Part One

"Well Hilary", said the voice at the end of the phone, "that is such an outstanding achievement, you can't argue with that, surely?!"

This person had just read out figures from an article[1] which stated that vaccination had slashed the death rate from measles by 91% since 2000, and that death rates worldwide had fallen from an "estimated" 757,000 to 242,000 (68%) in 6 years. That quote came from the "Measles Initiative". So does this[2] quote:

> *Why children die of measles*
>
> *Measles is a leading killer of children in many developing countries for several reasons. Children are already compromised with poor living conditions, they are infected at very young ages when their immune systems are not strong, malnutrition is rampant in many homes, and many families do not have access to medical care to treat measles and its complications. Measles, itself, does not kill children. Instead, complications from measles attack the child's already weak immune system. Measles attacks the body, inside and out. It is similar to HIV in the sense that when it knocks down the immune system, the child becomes susceptible to the myriad of diseases that fester in poor living conditions.*

The CDC Director in USA, Dr Julie Gerberding was quoted as saying, *"The clear message from this achievement is that the strategy works."*

1 Nullis, C. 2007. "Measles deaths down 92 percent in Africa." *Yahoo News*, November 29. http://news.yahoo.com/s/ap/20071129/ap_on_he_me/africa_measles&printer=1;_ylt=ApPVeMI_iLtC1vhlcgK4o3Va24cA

2 "Measles Initiative – The Problem" http://www.measlesinitiative.org/problem2.asp. Accessed 2 December 2007.

I agree. It has worked. The measles vaccine works. Or … was it … "just" the measles vaccine?

Wait a minute. This being the case, there should be a decrease in infant mortality overall shouldn't there? After all if measles leads to increased deaths, not just from measles, but a whole host of other diseases, then the reductions in deaths should be much bigger than 91% from measles. So how is it that nearly half of the 191 countries in sub-Saharan Africa[3] have registered: *"no change or an increase in child mortality since 1990."?* If measles vaccine was so good, then surely there would be a positive change across the board? If not why not? The answer to that is easy. Where you don't deal with food, water and basic heath care, what you give with the right hand, is taken away by the left.

It comes as no surprise that this news item was given international exposure at a time when many people worldwide are questioning vaccination, and when people like Dr Julie Gerberding are trying to rope dissidents in with "sound-bite" messages, which focus tightly on vaccines and little else.

The first question that needs to be asked is whether or not this news item is the whole truth. Not just a "bit" of the truth, but the whole truth.

To understand the real picture surrounding the third world, vaccines and other relevant factors, there are a lot of other things which need to be taken into account, not the "full stop" at the end of the chapter.

First, the article. It's a very lousy piece of journalism, even on the surface, since on the one hand we are told that, worldwide, measles' deaths were reduced now to 10 million a year; and on the other hand, we are told that in India last year 178,000,000,000 people died of measles. Given that India's population in July 2007 was estimated to be 1,129,866,154, how could measles deaths exceed that of the total population?

If the journalist concerned was so slack about basic fact-checking such as this, what else has she failed to check out? Has she just done a quick slam-dunk job, faithfully repeating enticing sound bites from a bundle of press releases? Has she looked at anything else, other than the agenda WHO and CDC in USA want her to take from the papers they dumped on her desk?

Bit-piece reportage like this never tells the whole story. The first question to ask is, how did this 92% drop occur? Was it just a result of the vaccine?

Back in 2000, measles cases in Africa were "estimated". As in, "we think" there are about … So in 2000 the WHO implemented a system of laboratories[4]

3 Zarocostas, J. 2008. "Cutting child mortality by half by 2015 is "still possible," says Unicef." BMJ,336(7637):175 (26 January), doi: 10.1136/bmj.39469.399792.DB http://www.bmj.com/cgi/content/full/336/7637/175

4 WHO. 2006. "Afro Measles Surveillance Feedback Bulletin." January. http://www.afro.who.int/measles/reports/surveillance_feedback_bulletin%20_jan_2006.pdf or http://209.85.173.104/custom?q=cache:lThM4BL4VH4J:www.afro.who.int/measles/reports/surveillance_feedback_bulletin%2520_jan_2006.pdf+measles+2004+deaths+serological+testing&hl=en&ct=clnk&cd=3

specifically to ***properly diagnose measles***. Yes, you heard that right.

Africa is a continent which doesn't have enough power to light one-roomed medical centres at night, so mother's babies[5] die in childbirth. And sometimes mothers die too.

Africa is a continent where, if you have malnutrition and have a serious bacterial infection, chances are you won't have access to antibiotics, so you will die.

Africa is a continent where women don't have access to pap smears, so they are far more likely to get, and die from, cervical cancer than anyone in the developed world. At least, so the argument goes as to why they need the new Gardasil® vaccine.

Africa is a continent where, if you are poor, getting a glass of clean drinking water is nigh on impossible[6] and even where there is water, there is inequity. Kenya is an example, where in Nairobi, there is a slum area called Kibera. Here water is very expensive, and as a result the ***"child death rate is something like seven times the Kenyan average because of water-related infectious disease – mostly diarrhea"***. Yet over the main road from Kibera, is the Royal Nairobi Golf Course, where sprinklers operate 12 hours a day.

Africa is also a continent where unlike the rich, if you are poor, and you want to find decent food, you will be struggling.

Africa is a place where many people can't afford shoes, and injuries to feet[7] are a major, untalked-about cause of death.

Africa is that place where ethnic cleansing goes on, and the Western world is powerless to do anything about it.

Do you want me to continue with all the possible "Africa is…" statements of fact?

Yet, if we believe this WHO document here,[8] a network of laboratories was set up where all measles cases were tested to make sure they were measles. Laboratory-confirmed cases are the data from which the WHO now takes its figures. But look at pages 2 and 14 of the WHO document. On page 14, it says that of the 14,185 cases reported in 2006, after blood testing, 9,764 were "discarded", because the doctors got it wrong, and the "measles" wasn't measles at all. That's an immediate 69% drop in cases, because they are no longer relying on doctor's eyes.

If you take the WHO data on page 2, out of 14,185 cases, 3,257 were accepted leaving a balance of 10,928 discarded, so that equals 77% which were NOT measles

5 Davidson, J. 2006. "Light means life, but drought is death." *New Zealand Herald*, December 26, p. A30.

6 Watkins, K. (UN Development). 2006. "'The Most Effective Vaccine against Child Death in Africa is a Glass of Clean Water." *AllAfrica*, November 10. http://allafrica.com/stories/printable/200611100001.html

7 Personal communication from a doctor in Masvingo, Zimbabwe, before Mugabe kicked him out.

8 WHO. 2006. "Afro Measles Surveillance Feedback Bulletin." January. http://www.afro.who.int/measles/reports/surveillance_feedback_bulletin%20_jan_2006.pdf http://209.85.173.104/custom?q=cache:lThM4BL4VH4J:www.afro.who.int/measles/reports/surveillance_feedback_bulletin%2520_jan_2006.pdf+measles+2004+deaths+serological+testing&hl=en&ct=clnk&cd=3

once blood tested. And they appear to be blaming them on rubella, so no doubt the MMR will be put in the schedule to replace the single measles vaccine.

Confirmed cases by blood tests is a far cry from the crystal-ball gazing that went on in 2000, eight years ago. By saying there was a 90% decline, they are comparing apples with army jeeps.

But thinking out loud … I'd really like to know if ***every*** measles case in all countries in Africa gets seen, and blood-tested? What sort of a mammoth exercise would that be? WHO complains that one-day vaccine programmes are a major strain on logistics, money and energy,[9] so what about day-in, day-out taking of blood samples and analysing the results?

Do these people trudge through all the remote areas of Africa? In a continent where basic health services are sporadic and inefficient at best, how are we supposed to believe that "every single measles case" is both found, and blood-tested? Where do the workers and massive dollars come from to fund this 24/7/52 network of laboratories and their staff? How is it that this can be done, yet other very basic medical services from a potential list a mile long, like rehydration for diarrhoea or zinc supplements to help stem diarrhoea, can't be set up?

I cannot imagine that the many variables that make Africa what it is would allow for the funding and testing of even 20% of actual measles cases, let alone 100%. It defies common sense and logic. But if it is happening, and at the expense of basic health care, that's a crime. So let's assume what WHO says is true, and these figures are accurate; in which case, its claim of 90% decrease is fraudulent, because it doesn't admit to a total change in diagnostic criteria. After all, if we took the prelab data, removed 77% of those cases on the presumption that the diagnosis was as bad then as it is now, then the real decrease would only be 13%, not 90.

Therefore, it is arguable that the statistics actually represent the "new and improved" method of data collection, which bears no relationship to the old method.

On 17 April 1997, I received from England a small news item which has no date or publication reference details on it, but it's so impressive that it's worth quoting in full.

***London (Europe Today). – "97.5% of the times that British doctors diagnose measles they are wrong", says a publication of the Public Health Laboratory service. The mistake being made by National Health GPs was found when the services tested the saliva of more than 12,000 children who had been diagnosed as having measles. Roger Buttery, an adviser on transmissible diseases at the Cambridge and Huntingdon Health Department, said that the majority of doctors***

9 WHO. 2006. "Afro Measles Surveillance Feedback Bulletin." January. Last couple of pages. http://209.85.173.104/custom?q=cache:lThM4BL4VH4J:www.afro.who.int/measles/reports/surveillance_feedback_bulletin%2520_jan_2006.pdf+measles+2004+deaths+serological+testing&hl=en&ct=clnk&cd=3

*"say they can recognise measles a mile off, but we now know that this illness occurs only in 2.5% of the cases." Buttery says that doctors classify as measles, many other viruses that also cause spots. He found eight different viruses during the survey in East Anglia. One of them, parvovirus, gives symptoms similar to German measles. The reason for the high rate of error puzzled Buttery. "Doctors are neither vague nor careless," he said. The solution is to defer the diagnosis until more detailed information can be got. There are 5,000 to 6,000 cases of measles registered each year in the United Kingdom, but these findings now call most of them into doubt."*

A quick search on internet revealed a later report by the same laboratory showing that the most common viruses causing "morbilliform rash" in the UK[10] are *"parvovirus B19; group A streptococcus; human herpes virus type 6; enterovirus; adenovirus, and group C streptococcus".*

So tell me. If we believe the WHO figures for 2000, did African medical workers have some special way of knowing the difference between the viruses mentioned above before 2000? And how come they lost that ability after 2000?

Another thing. Does this mean that all historical data on measles for England and other Western countries are ALSO guestimates based on an unknown mix of a minimum of seven viruses, of which one might be measles?

It would appear so, because an editorial[11] in the *Medical Journal of Australia* tells me that:

* In Sydney, in 1990–1995, only 49% of 58 notified cases of measles were serologically confirmed.
* In Victoria, in 1997–1998, only 8% of 248 notified cases[12] were serologically confirmed, and for the whole of Australia in 1997– 998, only 45% were serologically confirmed.
* In 1994, in the UK and Finland, only 1% of notified cases were serologically confirmed.

The "joke" is now, that it is absolutely impossible to diagnose measles in any other way than by using a battery of laboratory tests. You have to check for BOTH IgM (immediate antibody) and IgG (evidence of past infection) and if

10 Ramsay, M. et al. 2002. "Causes of morbilliform rash in a highly immunised English population." *Arch Dis Child*, 87(3): 202–6, September. PMID 12193426.

11 McIntyre, P.B. et al. 2000. "Measles in an era of measles control." *Med J Aust*, 172(3): 103–4, February 7. PMID: 10735018. http://www.mja.com.au/public/issues/172_03_070200/mcintyre/mcintyre.html. Accessed December 9.

12 Lambert, S.B. et al. 2000. "Enhanced measles surveillance during an interepidemic period in Victoria." *Med J Aust*, 172(3): 114–8, February 7. PMID: 10735021. http://www.mja.com.au/public/issues/172_03_070200/lambert/lambert.html. "Despite an 81% rate of serological testing, only 6% of all measles notifications were laboratory confirmed (8% of those that could be classified on the basis of serological results)."

there is both IgM and IgG you have to do an enzyme immunoassay or a reverse transcriptase polymerase chain reaction which types the virus, just to make sure.[13] Old-time doctors, who looked at the Koplik spots, red eyes, and rash which left a slight brown stain, would split the sides of their coffins laughing. But remember. Their data is what that of 2007 is compared with. Question is, is the old data accurate?

In 1988, when Ian and David were going through measles, supposedly for the ***second***[14] time, just maybe doctors had no idea what they were seeing then either?

I can't see how anyone, who knows the above facts, can accept the accuracy of a WHO media release claiming that the measles vaccine has reduced the measles' death rates in Africa by 90% between 2000 and 2007. Such an assertion defies logic, analysis and reason.

Earlier this year, Georgina Newman, the New Zealand representative of Unicef, wrote a newspaper piece[15] on measles in Africa. Parts of it raise interesting questions. She said:

> ***"Just two doses of an inexpensive, safe, and available measles vaccine can prevent most, if not all, measles deaths."***

Just as an aside here: if you wanted your child to have a single measles vaccine, you would be told it was NOT[16] safe, that it was very expensive, and to use the MMR instead. So the single measles vaccine is a cheap safe vaccine for malnourished African children, but not safe for Western children. Smells fishy to me.

Let us progress further down Georgina Newman's article. We are told that:

> ***"Survivors are often left with lifelong disabilities including blindness and brain damage."***

One of the world's most provaccine doctors, Dr Hinman wrote this[17] for Healthline: ***"more effective use of measles vaccine and administration of Vitamin A could***

13 Durrheim, D.M. et al. 2007. "Remaining measles challenges in Australia." *Med J Aust,* 187(3): 181–4, August 6. Review. PMID: 17680748. http://www.mja.com.au/public/issues/187_03_060807/dur10061_fm.html

14 See *Just a Little Prick,* pp. 264–6.

15 Newman, G. 2007. "$1 all it costs to protect a child's life." *New Zealand Herald,* Tuesday, January 23, p. A14. http://www.nzherald.co.nz/topic/story.cfm?c_id=149&objectid=10420343. Accessed 1 December 2007.

16 Boseley, S. 2001. "Alternative to MMR jab 'not safe'." *Guardian,* January 13. http://www.guardian.co.uk/society/2001/jan/13/health.healthandwellbeing ~ repeated right up until 2007 ~ Rose, D. 2007. "Vaccine warning as measles cases triple." August 31, Comment 4. http://www.timesonline.co.uk/tol/life_and_style/health/child_health/article2358240.ece

17 Hinman, A.R. 2002. "Communicable Disease Control." http://www.healthline.com/galecontent/communicable-disease-control

*prevent most of the deaths from measles."*

What's this about vitamin A, you ask?

In 1997, an ophthalmologist wrote[18] an editorial in the *British Medical Journal* in which he pointed out that vitamin-A deficiency was a major cause of morbidity and mortality, and that it was *"the single most important cause of blindness in children in developing countries, and it is entirely preventable."*

At the same time, one of the world's experts[19] on the use of vitamin A in measles reported that in Africa, four trials of vitamin A in children admitted to hospital with severe measles, had reduced dramatically all clinical responses, with mortality dropping by 50%. He stated that the drop was because vitamin A corrected an underlying vitamin-A deficiency by up-regulating the immune system. This finding was replicated by another study, and reported[20] in a New Zealand medical journal: *"Serum retinol levels were subnormal in 92 per cent. Mortality and morbidity were significantly reduced among vitamin A recipients. 12 children died, 10 of whom were randomized to placebo. Pneumonia which was responsible for 10 of the 12 deaths lasted twice as long in the placebo group and diarrhoea one-third longer. Duration of hospitalization was decreased by one-third in vitamin A recipients. An adverse outcome such as prolonged pneumonia or diarrhoea, was half as likely to occur in the vitamin A treated group."*

By 1999, WHO was ready to act, and we look at this 2001 WHO report[21] where we see that: *"In 1999, adding vitamin A supplementation to polio national immunization days is estimated to have saved 242,000 lives."* (Might the vitamin A programme be the reason for much of the measles death rate drop on page 420?)

Not that this finding is anything new. In 1982, a doctor in Tanzania, who was looking at blindness in children, pointed out[22] that *"The clinical picture in malnourished measles patients is very typical and entirely similar to that of diseases children suffering from severe vitamin A deficiency, known as xerophthalmia", i.e. blindness.* He pointed out that *"well nourished children, however, only rarely develop complicated measles and they do not have bad corneal lesions."* They took 59 children who had blindness as a "result of measles"

18 Potter, A.R. 1997. "Reducing Vitamin A deficiency." *BMJ,* 314: 317–8, February 1. http://www.bmj.com/cgi/content/full/314/7077/317

19 Sommer, A. 1997. "Vitamin A prophylaxis." *Arch Dis Child,* 77(3): 191–4, September. PMID: 9370892.

20 MedAlert. 1990. "Vitamin A reduces morbidity in children with severe measles." New Zealand Doctor, 2(16): 3–4, September 17.; commenting on article by Hussey GD, et al. 1990, *NEJM* 323: 160–4, July 19.

21 CMH Working paper No. WG5: 10, page 73 http://www.emro.who.int/cbi/PDF/InterventionsMortality.pdf

22 Sauter, J.J. 1982. "Why measles makes so many children blind." *Trop Doct,* 12(4 Pt 2): 219–22, October. PMID: 7179457.

and put them on 100,000 units of vitamin A every day, for a week. The eye lesions started to dissipate, and by the end of two weeks, all 59 children, with or without corneal scars, had healed.

So tell me. What causes the 'measles' blindness? Is it the measles, or a fundamental vitamin-A malnutrition?

The answer is pretty simple. ANY person who is vitamin-A deficient is going to have major problems with any infectious diseases, because the immune system requires vitamin A (as well as other vital nutrients vitamin A deficient people also won't have) in order to work properly,

And why was it that Georgina Newman said that survivors of measles were left blind? Isn't that a totally unnecessary outcome? Or was it emotional blackmail?

To give you an idea how long it takes for doctors to *get the vitamin-A message,* the very first medical article I found about measles being treated effectively with vitamin A was written 76 years ago. Its reference details are:

*Ellison, J.B. 1932. "Intensive vitamin therapy in measles."* BMJ, *2: 708–11.*

Lest you think this is only a developing world issue, it is not.

Studies in America[23,24] and New Zealand[25] have found children who have measles often have third-world micronutrient levels, and the recommendations in both countries since 2001 have been that all children with measles be given vitamin A.

The first textbook I know of, which has this in it, was published in 2000:[26]

*"There is no specific antiviral therapy for measles.*

*Poorly nourished children have more complications.*

*Recent studies have shown that dietary supplementation with vitamin A reduces the morbidity and mortality of the disease by up to 50% [28–30].*

*In an urban study in the USA the severity of the illness was directly related to the presence of vitamin A deficiency, which occurred because of poor nourishment and as a result of the depression of the body's retinol levels by the measles virus [31].*

*Vitamin A may prevent the complications of measles infection by stimulating the body's impaired immune reaction, by a direct activating effect on helper T cells and by boosting immunoglobulin production. [32]"*

23 Stevens, D. et al. 1996. "Subclinical vitamin A deficiency: a potentially unrecognized problem in the United States." *Pediatr Nur,* 22(5): 377–89, 456, September–October. PMID: 9087069.

24 Butler, J.C. et al. 1993. "Measles severity and serum retinol (vitamin A) concentration among children in the United States." *Pediatrics,* 91(6): 1176–81, June. PMID: 8502524.

25 Collins, S. 2005. "Vitamin lacking in one of 10 toddlers". *New Zealand Herald.* January 10. '"12 per cent of Auckland toddlers aged from six months to two years do not have enough vitamin A" … "If a child is admitted to hospital with measles, we give them a treatment of vitamin A," he said.' http://www.nzherald.co.nz/section/1/story.cfm?c_id=1&objectid=9006061

26 Harper, J. et al. 2000. *Textbook of Pediatric Dermatology.* Blackwell Publishing. Page 331. (Look on Google books to read this online.)

So I ask you two questions:

1. Why, 76 years after Ellison's article was published, is Gerberding only wanting you to know that the measles vaccine works to reduce deaths?
2. Don't you wonder what might have been, for Africa and the developed world as well, had doctors taken their heads out of the sand and administered vitamin A from 1932 onwards?

Ah, but the catch with that is that if they had used vitamin A from 1932 onwards, and if they had used laboratory confirmation of measles from the start, the powers that be wouldn't have had most of those deaths and complications from pre-1996, to wave in front of your nose and say,[27] in a nutshell, ***you need the vaccine because there is NOTHING we can do to help you if your child gets measles.*** The messages that "you need the vaccine" and "there is nothing we can do for you" were both incorrect. For whatever reason, the medical profession chose to ignore decades of literature on vitamin A.

The only reason measles is held up as such a bogey is because it was never treated correctly in the first place, and the statistics were artificially inflated by the inclusion of visual diagnoses which included syndromes caused by a raft of viruses other than measles before laboratory testing became the norm for diagnosing "measles". By doing this, the decline looks abnormally spectacular.

But let us return to Georgina Newman[28] again, who says, ***"In cramped, insanitary places like refugee camps, measles can kill a child in less than five hours … poor immunization systems in developing countries are the main reason for high numbers of deaths from measles."***

I would have thought that conditions which resulted in refugee camps were the likely cause of deaths from measles, not lack of vaccines. Cramped unsanitary places don't help either!

She also relates a story of a Bangladeshi mother. When her child got measles, the doctor prescribed paracetamol, which reduced the fever and rash, and then a few days later the child died.

Georgina says this tragedy would never had happened had Hossain been vaccinated.

The real tragedy is that paracetamol should never have been prescribed, and vitamin A should have been given for a week.

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27 Laxon, A. 1997. "Measles: the facts." *New Zealand Herald,* April 24, p. A13. (Sources quoted are Auckland Health-Care, Ministry of Health, North Health.)

28 Newman, G. 2007. "$1 all it costs to protect a child's life." *The New Zealand Herald,* Tuesday, January 23, p. A14. http://www.nzherald.co.nz/topic/story.cfm?c_id=149&objectid=10420343. Accessed 1 December 2007.

The common-sense, simple things are an irrelevant afterthought. You need to ask yourself why this is always the way it is.

But there is something else that needs to be considered when you look at the issue of vaccines being constantly promoted as the principal saviour for the health and well-being everywhere, and it's something no one ever talks about.

Because … it's pretty scary.

> ***Developing countries cannot expect international agencies like WHO to be an honest broker between themselves and private for-profit vaccine manufacturers. The public need to maintain a healthy scepticism of the 'facts and figures' provided by vested interests and of the international agencies that are influenced by such vested interests.***[29]

The authors of the quote above also said that: ***"As a new product is being readied, research is published to highlight the numbers of deaths in the country caused due to the absence of that vaccine. The estimates are often outright exaggerations or reflect poor research design."*** Will anyone call these doctors purveyors of conspiracist theories?

Data exaggerations apply to New Zealand as well. Just read Chapter 40 again, called *Project Smile*. Web analyses[30] of disease data from the CDC website, also raise similar statistical sculpturing. Why does it take American librarians and parents, or myself to raise these points? Why can't we just be told the truth?

29 Puliyel, J.M. et al. 2008. "Vaccines: Policy for public good or private profit?" *Indian J Med Res.* Jan; 127(1):1–3. PMID: 18316845. http://www.icmr.nic.in/ijmr/2008/january/editorial1.pdf

30 "Measles – the grim reality" http://insidevaccines.com/wordpress/?p=65#more-65

# 77 Recognizing a Juggernaut

*For the third night in a row – or was it the fourth? – he tossed and turned in his bed. He couldn't get comfortable. His head was in a constant whirl and no matter how hard he tried he could not escape an endless replay of the events of the previous few days.*

*It had all started when Dr Ignor Factz had called a special meeting of the staff at Q-4 Health Pharmaceuticals. Unscheduled gatherings of this nature were rare indeed, so it was with mixed expectations that the Company's personnel awaited the arrival of the CEO. When at last he took the stage, he looked at his work force and smiled. Along with the other workers, Max Comfort didn't know what to think. A smiling Dr Factz was almost unheard of. However, the cause of such a phenomenon soon became evident.*

*Q-4 Health Pharmaceuticals had had an out-standingly successful year. It had increased its dominance in the market place. Share prices were at an all-time high. Around the world, vaccine-makers were facing increased demands for their products, the size of these markets being quite mind boggling. The ongoing development of new vaccines, and gaining governmental acceptance of them into health department schedules, presented a challenge to every worker at Q-4 Health Pharmaceuticals. Tacit support for making vaccination programmes mandatory would be an on-going strategy. Increased production and performance would be suitably rewarded with bonuses and other incentives, starting with their next pay packet.*

*Having set the meeting alight with such an announcement, other details relating to disease prevention in underdeveloped poorer countries, requiring innovative products such as rotavirus vaccines for childhood diarrhoea, and further in the future, a new class of personalized vaccines tuned towards the particular genetics*

*and biology of the individual and which would be far more cost effective, were probably considered irrelevant at that particular moment.*

*"There are lots of targets to aim for," said Ignor Factz as he drew his speech to a conclusion, "and for this to be achieved we need to work together as a close knit team. Roulette Brewer and Hatch Cajolery will give you an up-date on the exciting events which will occupy the company in the coming days."*

*"Oh no," muttered Max to himself as he turned from his left to his right side and pummelled his pillow into something that would accommodate his over-active mind. Roulette's voice seemed to be like a monotonous drone chanting, "PreVentaWot! PreVentaWot! SafeGuardiznil! SafeGuardiznil! Ready now. Ready now." He knew all about the promotions. He had heard it so often. And then Hatch's voice chimed in. "Read it! Read it! 'Bertie Germ's Family Tree! Bertie Germ's Family Tree!' What will be next? What will be next? The book will tell you all you need to know!" Brewer, Factz, Cajolery all mixed up together. "Oh shut up will you!" Max tried to blot them out of his thinking! The more he tried, the more the snippets returned to harass him.*

*A meeting with Ignor Factz the following day had not helped. The CEO had called Max to his office. "Max," he had said, "we must have new delivery methods – and fast! The cocktails of four or more vaccines in one needle is a start, but it's still a needle. Someone has called the wiping out of an entire class of related diseases with a single injection, a silver bullet. That's not enough for Q-4 Health. We need to go for* ***gold!*** *Something that produces maximum comfort. I'm depending on you to deliver the goods!"*

*Every time Max heard that replaying in his mind he seemed to break out in a sweat, which triggered another spell of rearranging the bed clothes. His mind churned over his struggles in his laboratory. Hard slog was not getting him very far. There were no real breakthroughs yet. The voices of Factz, Brewer and Cajolery had been joined by another one – Bonny Phoebe Perks. She was a new sales rep for the Company, and had cornered Max in the cafeteria at lunchtime. Max, as an eligible bachelor, had noticed the new staff member on a few occasions. Yes, she was bonny! Her presence at his table would no doubt satisfy various curiosities which he had to admit had entered his mind, but he had got more than he had bargained for!*

*She was a sales representative for a pharmaceutical company. She had the gift of the gab in abundant measure. Her job was her life. She was Bonny Phoebe Perks, but was usually know as Phreebie Perks!*

The range of goodies offered to clients within the medical systems, was quite an eye opener, and she used her feminine charms to the full. She really got carried away with her role in promoting Hatch Cajolery's book, "Bertie Germ's Family Tree".

"It's marvellous," she enthused. "Children love it. It's in full colour and they just love seeing all Berties' relatives being killed off by the sharp needle-like swords and lances used by the knights in shining armour – you know, the doctors and nurses in their white coats or whatever. Hatch Cajolery asked Hugh Mann of ISM, for someone on his research staff to help with the history side of the story, and Hugh provided one of his experts by the name of Blah Twist. It's amazing what they've come up with. Q-4 Health is absolutely sure it will be a winner with children. It's going into all sorts of waiting rooms, as well as shops, schools and libraries. I give out free copies whenever I can!" By the time Max had listened to all this, not only were any romantic thoughts he might have entertained been resolutely sent packing, but he had had more than his fill for that lunchtime.

His night times, however, had become increasingly unbearable. His thoughts were continually assailed by the voices of Ignor Factz, Roulette Brewer, Hatch Cajolery, Phreebie Perks, Blah Twist and Bertie Germ slayers. Worst of all, his own voice struggled to be heard, to reason, to protest. He felt suffocated. Into the mix he heard another voice – Will Prickmore's. Previous conversations about the Jabbem Fairy, gobstoppers, Lulling Sounds and Green Island were tumbling around in his mind. Will Prickmore had had a night mare. Max Comfort was having sleepless nights. Clamouring, whirling, repetitive thoughts would not leave him alone. He tossed, turned, sweated, sighed, tried to count sheep, before eventually getting up and occupying himself with something else. But as soon as he got between the sheets again, back came those replay thoughts to haunt him. He was sick and desperately tired of them. Finally he did drift off into a deep sleep from which he was rudely awakened by the persistence of his alarm clock.

Max Comfort knew what he was going to do that day. As soon as he got to work he would arrange to have a few words with Dr Ignor Factz. There was leave owing to him and he was going to take some without delay.

Max was begrudgingly granted his request, but not before being reminded that his key role in Q-4 Health's operations must not jeopardize the Company's lead over its competitors, and that if necessary he would be required to put in extra hours on his return. That night he rang his friend, Will Prickmore, and they had a long conversation. Will sensed that Max was at a crossroads. Like many before him, he

had some difficult and costly decisions to make. Will was not surprised therefore to find an email on his computer a few days later. It was from Max.

"Will be following in your footsteps to a haven of rest, peacefulness and quietness. Hopefully to pastures GREEN, and still waters. Maybe on the other side of the dividing line!"

* * * *

Max wasted no time in heading for Lulling Sounds. There was not much he had to load into his car and once settled into Pure Bliss Holiday Haven he just wanted to relax and get rid of the load of concerns which he carried in his head.

Why had the voices and the encounters he had had during recent days been so hard to get rid of? Was he really happy in his employment? Would an increase in his earnings change his attitudes and solve the deeper issues which kept niggling away within him? Would he become different like his friend Will? Should he? Could he?! Did he want to become like Phreebie Perks – completely taken over by the system she was being paid to promote?

He, Max Comfort, was part of the Company too, and his time, energies and brainpower were contributing to the huge sums of money flowing into the pharmaceutical company's coffers. These and many more related questions needed answers. Just to get his life back onto an even keel would be so wonderful.

The journey probably added to his accumulated weariness, and that night he slept well for some hours. However, probably assisted by a strange bed, the tossing and turning returned. Eventually he rose early and experienced a glorious sunrise. The camping ground was by no means crowded. In fact since his own arrival there seemed to be only one other newcomer – a rather dirty looking van[1] with dark tinted windows, about fifty metres away. No other cabins in his area were occupied.

Max decided to explore the waterfront. It was going to be a beautiful day and he didn't hurry. Lost in his thoughts he suddenly realized that nearby, a launch was tied up near some steps leading to a jetty just below him. The name "Wave Rider" was on its bow, and a man and a woman were obviously going for a jaunt on the water.

"Morning," called out Max. "Lovely day."

The couple looked up with a friendly smiles.

1 First appears in *"The Great Divide."*

"Visiting town? Holiday or business?" he was asked.

"Yes, catching up on some leave owing to me," and then spontaneously Max said, "You could say my business is to find and enjoy pastures green and still waters."

The couple on the launch looked at each other before replying. "I'm Waka Bridges and this is my wife Ara-Moana. I've got a day off from harbour-mastering. There's not much green pasture around here but we could show you a green island and some crystal clear, still waters. Care to join us for a ride out there on the Sounds?"

The invitation was unexpected but Max jumped at the opportunity. "I'd love to."

"Come on then. Welcome aboard. By the way, as you come down the steps have a casual look along to your left. See that van?"

The engine was ticking over by the time Max got himself settled. "Well?" asked Waka.

"It looks like the same van which was in the camping ground near me. It arrived during the night."

Waka chuckled, and looked knowingly at his wife. "I'm pretty sure your movements are important to someone. We've got a few stories we can share with you. This could turn out to be quite a day for us all."

By the time "Wave Rider" returned to the launch steps at Lulling Sounds, Max had been informed that his car had probably been bugged before he left Fall City; he had learned all about the notoriety of Hyre Ling and the possible connections with his apparent "interest" in one of Q-4 Health's key special assignment experts; he had experienced Green Island beauty and hospitality, and as he had explained his associations with Will Prickmore, and his reasons for coming to Lulling sounds, Serena and Petros Abrahamson had assured him that he would be welcome on their island at any time. He had found the Bridges a mine of information on many issues including an ability to empathize with his determination to find answers to the questions troubling him. Knowing Hyre Ling's method of earning a living, and their dealings with him and SIS in the past, they were keen to help Max enjoy his stay in the town and at the same time to frustrate Hyre Ling's assignment as much as possible.

When Max strolled back to the Holiday Haven he found the van was back nearby, although he never once caught sight of his neighbour. Until darkness fell, he sat outside and deliberately positioned his chair so that he was very visible, and could stare at the cabin as often as possible. "Just to let you know I'm keeping an eye on you, Boy-o!"

* * * *

*Juggernaut?*

*Yes, loud and clear in his mind.*

*Juggernaut!*[2]

*The word had just popped into his head almost like a wake-up call. The more he thought about it, the more appropriate and timely it was. Q-4 Health Pharmaceuticals was a juggernaut carrying all before it and in it. It was this concept that had created his feelings of uncertainty, helplessness and apprehension. Max Comfort was "on board" and he was powerless to stop the relentless momentum. And who in his right mind would want to? It offered job security in a rapidly expanding industry, and it was so, so humanitarian in what it was offering. Indeed, how could the human race survive without it?*

*These thoughts made Max feel ill. The outward appearances did not match the "inside story". He had lived with research and development, hidden agendas, political manoeuvring, selective propaganda, and promotions, not to mention cut throat strategies to maintain market ascendancy and ensure their handmaiden, the medical profession, had the very best "tools" available to them. His thoughts turned to Bonny Perks and her "dedication". He shuddered.*

*Max knew that he had to get off that juggernaut. The self sacrifice it demanded would be replaced with all sorts of other sacrifices. He would be exposed to the cold, hard realities of the clobbering machine. Could the blows thus received be any worse than having to live with the knowledge that mandatory "this" and mandatory "that" would be pulling in millions, probably billions of dollars. He knew that his own work of providing better delivery methods for vaccines, was being driven by the company's R & D team looking for vaccines that would immunize against all sorts of health problems around the world, as well as all the new ones that would be created as a result.*

*When he got back to Fall City he would tender his resignation – and deal with the fall-out when it came! He smiled grimly to himself. For now, a stroll beside still waters would be just what he needed.*

* * * *

2 Juggernaut: institution, notion, to which persons blindly sacrifice themselves or others (Concise Oxford Dictionary). Any terrible force that demands complete self sacrifice (Collins).

Max was determined not to use his car until it was time to head back to Fall City. He was not sure whether Hyre Ling was able to tap into phone calls so he decided to walk as much as possible or use bus services. Waka and Ara-Moana had offered to help out with transport if he needed it.

Calling in at the Harbour Master's office, Max briefly brought Waka up to date with his decision.

"I am already thinking about writing a book, or articles for magazines," he said. "There are so many things that people need to know about."

"I know just the right place for you to go," said Waka grinning. "If you like to come back at midday, I'll run you up in the car to meet someone."

Max met Mai and Donna Zopend. It was dark by the time they had talked … and talked … and eaten … and talked some more! When the Zopends dropped him off at the motor camp entrance, he was beginning to feel like a new man. Mindsets were rapidly and radically changing and he had in his pocket a list of names to contact. Different Ones certainly. He was beginning to feel like one himself! As he let himself into his cabin, he noticed that the van was still nearby. How successful had Hyre Ling been in tracking his movements during the hours of that day?

★ ★ ★ ★

One of the first things Max Comfort did on his return to Fall City was to ring Will Prickmore. Rather than talk on the phone, the Prickmores invited Max to have dinner with them, and it was their turn to listen to a man whose purpose in life was about to change direction. By the time the evening had been talked out, and Will and Jenny had promised all the support they could give, Max was ready for a meeting with Dr Factz when he reported for duty the next morning. Max had suspected that he might have to wait for the CEO to slot him in to his busy schedule, but instead he was called straight in.

"Glad to see you looking so refreshed, Max. Your holiday in Lulling Sounds seems to have worked wonders," said Ignor as he gazed intently at the man who a fortnight before had forcefully demanded some of the leave owing to him.

Max scrutinized Dr Factz's face. How did he know that his refreshing had taken place at Lulling Sounds? Only Will and Jenny knew he was going there. Here was proof that Hyre Ling had been involved. How much more was known of his doings?

"I feel like a new man, thank you."

"Being out on the water always helps," murmured Ignor. "Plenty of company too …"

For Max this was further confirmation Hyre Ling's assignment would have included furnishing a detailed report. Max wondered whether his fee was considered money well spent by his employers. What was on SIS computers? Max didn't beat about the bush.

"Ignor, I've come to tell you that I have made some significant and far-reaching decisions while I have been away. I am resigning my position with Q-4 Health and would like this to take effect as soon as possible. Here is my resignation in writing." He slid an envelope across the expanse of desk in front of him.

The interview seemed to last for ever. Dr Factz used every tactic imaginable. At first it was controlled, steely persuasion. Then appeals to his sense of loyalty. Reminders of how much he "owed" the company. When these failed to make any impression, things turned nasty. Accusations were made. His work record suddenly showed lack of any achievements, and his associations with undesirable elements in society were used to clobber him unmercifully. Max waited for the tirade to run down. Quietly he had his say, confining his comments to facts which he knew could not be disputed or ignored, and finished up reminding the CEO that everyone should have the freedom to exercise choice. **His** convictions had to be obeyed whatever the cost.

The days before his resignation took effect were not easy for Max. News soon spread. Some of his colleagues were sympathetic and understanding even if they didn't agree in all matters, but the majority ignored him or treated him as mud – a pariah to be avoided at all costs.

When Max Comfort walked out of the gates of Q-4 Health Pharmaceuticals for the last time, he breathed a huge sigh of relief. He felt free! He ***was*** free wasn't he? In one sense yes, but he well knew that there were many others out "there" who were looking for opportunities to fetter him, to discredit him – even eliminate him!

There were new friends to meet. New opportunities to tell another side of the story that needed to be told. Digging for the truth, to expose deceptions in their many forms and guises, would be his focus. But he also knew that his new resolve would be tested. Doubts and nagging fears; apprehension; open opposition and misrepresentation; belittling and discrediting – all these and more, would seek to erode the strong foundation of his convictions. The majority would point the finger and laugh at his foolishness and gullibility. They would proclaim the age-old

*claptrap that so often results in the blind leading the blind. He might even have some restless nights! But Max knew the truth and validity of the foundation on which he now stood. He would be joining the ranks of those who dare to stand alone if that is necessary. For the moment therefore, the questions were:*

*Where do I start? How do I begin?*

*"Don't worry Max old Boy, just take one step at a time," he told himself, experiencing a peace within that he could not rationalize. It was there and it was real!*

# 78 Vaccines and Third-world Countries Part Two

"Dr Anyon? Hmm … I don't know him," I mused, 20 years ago, as I read a newspaper article.[1] This doctor had some pretty interesting things to say. He wrote about vaccination in third-world countries, and how these vaccines would save 11 million children every year. But the wording alerted me to the fact that something different was going to come:

> *"It sounds a very desirable objective. And one of which humankind should be proud, if achieved."*

He talked about our medical services and how we tidied up coronary arteries and how much we took for granted, but then he changed tack again:

> *"It makes you wonder about the future of the 11 million children "saved" each year around this world. What are we letting them in for with our efforts? Will the so-called benefits of Western civilization (for that's how we judge it all) really turn out to be benefits in the long run?*
>
> *These simple questions are troubling indeed … let's remember that while the immediate objectives are sometimes fine, the long-term results may be somewhat different.*
>
> *No, I'm not advocating non-immunization. Just wondering about what kind of a life we will provide for these children. Presumably, it will be immediately better than the current or immediately anticipated one, but it may yet turn out to be a poor legacy from us to them. The 20th century*

1 Anyon, C.P. 1988. "Immunization: Drugs gain in child diseases." *Evening Post,* Wednesday, May 18, p. 35.

> *can and will bequeath all sorts of things to the 21st century. Giving these children the chance to survive in our world may not, at the risk of being unduly morbid, turn out to be the big bonus we would like."*

Depressing words indeed. But it opened a channel in my mind, and from that day on, I became an ardent gatherer of information on Africa. As I processed it all, I wondered just what the results might be.

Then, when I found Professor Horrobin's book, *Science is God* in the library toss-out bin, I grabbed it and was instantly riveted. He was a doctor from Nairobi, so it was inevitable that he would have something to say about Africa, and so he did.[2] I don't agree with all of it, but the whole context is a very good analysis of the situation when he wrote it:

> *It is arguable that medical research is the most destructive and least controllable weapon ever let loose upon mankind. Before modern medicine and public health arrived on the scene, most societies had achieved some form of equilibrium. Birth rates and death rates balanced out, each man could know that his skills would not be rendered redundant by rapid change, and there were no threats other than those of war and disease to which man had become adapted over thousands of years. I am not suggesting that in those societies the lot of the individual was idyllic. Especially in terms of personal comfort, it quite obviously was not. But there was a stability, a sense of being part of the cycle of life, which hardly exists today except in isolated rural communities. Too, because of the relatively high death rate, young men in any field had a reasonable chance of achieving real responsibility at an early age without waiting over long for the shoes of the departed. They were thus less likely to become frustrated and disillusioned. And then came modern medicine and public health. The death rate fell precipitously and the population rose correspondingly. In Europe, although the condition of the industrial poor was miserable, the population explosion did not lead to disaster. Agriculture advanced with medicine and managed to keep pace with the food needs of the people. Industry was at a state when mechanization was primitive and enormous numbers of people were required to man the great new factories. Those not absorbed in this way could always emigrate to the new developments of America, of South Africa, or of Australia. Our ability to feed and to employ people was therefore not hopelessly outstripped by the falling death rate. We seem to think that this can happen again in Africa, in Asia and in South America. But we are living in a fool's paradise. We have reaped all the advantages of modern medicine*

2 Horrobin, D.F. 1969. *Science is God.* ISBN 85200 000 6. Pages 96–8.

*and have escaped most of the disadvantages. But we may be handing on to less fortunate peoples a terrible legacy, a true kiss of death.*

*Medicine, for the underdeveloped countries is relatively cheap. It is also emotionally attractive and draws many dedicated souls and large sums of conscience money. The establishment of industries to give employment, and of advanced agricultural methods to supply food are not so emotionally attractive and draw much less support. Even those industries which are developed tend to be highly mechanized and to employ relatively few well-paid individuals. The masses of young people now growing up, given life by our medical aid, have no work to do and no food to eat. They are too numerous to be accommodated within the framework of traditional society, and that society has been shattered. Especially dangerous is the massive unemployment amongst the relatively educated who gaze with hungry eyes on the fortunate few who receive what are comparatively enormous salaries. No wonder that the men with power and influence feel that they must hang on whatever the cost or they will go to the wall. Unless we do something about the balance between medicines, on the one hand, and agriculture and technology on the other, the situation will become impossible to control. The next hundred years will then see starvation, inhumanity and war on a scale which dwarfs anything that has happened before. Is that what the believers in medical research want? Is it not conceivable that, had they not opened Pandora's box, the state of the world might have been better in fifty years' time, than it is going to be? I do not know, but the matter is at least arguable.*

*"Unfortunately the experience of those who have tried to keep agriculture and technology advancing at the same rate as medicine has not been happy. In theory it is the right answer, but in practice it does not seem to work. This is mainly because the medical measures required to bring about a dramatic reduction in the death rate are simple and cheap. In contrast, the development of advanced agriculture and technology is complex and expensive and requires highly trained people. In any case, even if agriculture and technology do advance, there must be a theoretical upper limit to the amount of food that can be produced on this planet. In contrast, short of starvation or war, there seems no reason why the population should not go on expanding indefinitely. Research into industrial food production can only postpone the disaster, it cannot prevent it happening. This means that the only real hope is for medicine to devote itself as energetically to restricting birth as it has in the past to defying death. Only in this way can a reasonable, permanent population balance be achieved."*

Horrobin neglects to comment on political and ethnic instability, but then, when he wrote that there was at least a veneer of civility about existence in Kenya.

What do the African people think today? How do they feel about the Western version of "help"? It turns out that Professor Horrobin was partly right. Year after year, I have cut out a huge collection of articles from aid agencies with headings like "10.5m young children dying from preventable illnesses."[3] With comments from the Western world such as, "How much longer will impoverished parents have to bury the children they love?" and the Norwegian Prime Minister recognizing the injustice that "all Norwegian infants are immunized, but very few children are in parts of Asia and Africa." Which appear to imply that vaccines will fix everything.

I thought of Horrobin's predictions as I read this woman's words to UK *Independent* reporter, Cahal Milmo:[4]

> *Ms Dima said: "The aid came too late for us. We were provided with livestock feed. But there were no animals to give it to. They were already dead. Yes, we have survived. But because we have lost our source of income, we can no longer send our children to school. It has been a terrible time. We must make a living from small things, firewood, wild crops. We have lost people and animals. We are proud; we have no wish to live off others. But now we are a marginalized people. Perhaps it is better for the men who have gone."*

She, and others, described to him terrible governmental decisions which were leading to fierce armed clashes between the tribes. Overseas observers said this was Addis Ababa using the situation to try to divide and rule, and to take over tribal areas. The tribes, numbering around 10 million people, have either been the focus of persecution or have been ignored for a long time, because the governments want to stop them using both land and water. Milmo wrote how people viewed life, after the Western aid agencies had left and the people had to try to sort it out themselves:

> *Jamdesa Mole said: "Why should we believe anything the outside world tells us? Without cows you cannot have meat or milk, you cannot get married or have children. You cannot even plough a field. We have lost our birthright."*

3 Unicef. 2006. "10.5m young children dying from preventable illnesses." *New Zealand Herald,* Wednesday, September 20, p. A17.

4 Milmo, C. 2006. "Drought in Africa: Ethiopia's bitter harvest." *Independent,* October 24. http://news.independent.co.uk/world/africa/article1919465.ece. Accessed 3 December 2007.

As to the aid agencies. What did they have to say to Milmo?

> *One senior executive of an international agency based in the Ethiopian capital, Addis Ababa, said: "We know what we want to do, we know how we can do it but there is a wrong-headed bureaucracy in international aid that stops things being done in a timely fashion to prevent disasters like the drought."*

Care UK, Living on the Edge, did a study which found that 120 million people in sub-Saharan Africa needlessly face a permanent state of humanitarian emergency. Their study found:

> *"… the international community's response too often centers around food aid [and] generally speaking the response to emergencies is too late, too brief, inappropriate and inadequate."*

As Horrobin would have said, "They have got the cart before the horse."

What are the answers to this? I think that just as happened in the UK in the 19th century, when the rich had to cough up to provide sanitation and clean water for all, the same applies now. But how? It has to be done the right way in each country. People like Mohammed Yunus,[5] who received the 2006 Nobel Peace prize, has the right idea for his area. As Justin Huggler from the UK *Independent* tells it:

> *In 1976, he started by lending the cash he had in his pocket, the equivalent of £14, to a group of 42 women in a Bangladeshi village. That worked out at 34p each. With the money, they bought the materials to start a business, some making chairs, others pots. They paid him back in full.*
>
> *Today, Dr Yunus' Grameen Bank has lent more than £2.9bn. His methods have been copied in more than 50 countries, and similar loans are believed to have reached more than 100 million of the poorest people worldwide. The rate of loans which are paid back to the Grameen Bank is a staggering 98.45 per cent – a recovery rate most commercial banks would love to be able to emulate. And this is in a bank that is 94 per cent owned by its borrowers, is still run on an entirely philanthropic basis, but is completely self-funding.*

The rest of the article deserves to be read as well. Mohammed Yunus exemplifies philanthropy and working at grass roots at its best.

5 Huggler, J. 2006. "Credit where credit is due: The banker who changed the world." *Independent*, October 14. http://news.independent.co.uk/world/asia/article1870835.ece Accessed 3 December 2007.

Philanthropy at its worst is guilt money: throwing billions of dollars into the pockets of Western health corporations and vaccine manufacturers, under the illusion that vaccines will solve the deaths. Vaccine and drug solutions alone increase the basic problems which cause ill-health in the first place, while inflating multi-billionaires' share portfolios containing the companies the money was donated to, so that even more can be thrown at the wrong side of the equation.

Add "climate change" into the mix. In the article,[6] *'The Most Effective Vaccine against Child Death in Africa is a Glass of Clean Water',* Kevin Watkins talked about what would happen if climate change hits Africa as predicted. People will have less water; temperatures will be hotter; there will be more evaporation and a 25% further reduction in income. Just think what Africa could do with this[7] air-driven windmill, which can produce both power and water. Which philanthropist might help develop this product? Why not solve two problems: water (glass of clean water best vaccine) and power (women die at night in labour through no light source)? This invention could revolutionize Africa, if not the whole world. But who is interested?

Apart from any solutions for Africa, in Africa – if the Western world is to help sort out Africa's problems, the biggest need is to sort out our *own* communities, get our priorities right, and work out how we are going to live to give the best legacy to future generations, if there are to be any. We have a huge battle on our hands if this is to happen, and you can guarantee that neither corporations nor governments will like the answers one little bit.

When people focus on the real "Pandora's Box", and the consequences of the contents for the *whole world,* not just the unintended legacy for Africa and other places like it, rather than on quick-fix sound-bites from WHO and CDC, then some real answers for everyone might percolate out of the mud.

6 Watkins, K. (UN Development) 2006. "The Most Effective Vaccine against Child Death in Africa is a Glass of Clean Water." *AllAfrica,* November 10. http://allafrica.com/stories/printable/200611100001.html. Accessed 29 December 2007.

7 Kittel, N. 2007. "Water from thin air: Australian invention could solve water worries" *ABC Online.* January 31. Accessed on 31 January 2008. http://www.abc.net.au/canberra/stories/s1837203.htm

# 79 "System Says…"

*The first thing Max Comfort had to concentrate on after leaving Q-4 Health Pharmaceuticals was to establish a new lifestyle for himself. For years, his work as a scientist had been his "world". Long hours of overtime, the constant exposure to the pressure of meeting deadlines within a highly competitive industry and talking "shop" with his colleagues, had blinded him to other everyday issues affecting the way his fellow human beings had to live. His laboratory, and all that had come out of it, was what had really mattered. He had only seen life in the context of Q-4 Health. There so much depended on him. He was important! He discovered, as so many before him, that it is only when you come out of your little world, and look "in", that you really see what is going on within.*

*The concept of the juggernaut was so real. Single-handed he knew that he could not stop it. The sheer power and momentum was overwhelming. He had managed to get off, and out of it, without becoming a human sacrificial offering – yet! However, there was always the possibility that it could overtake him, and it was that which had caused him to want to tell his story in a book, but as the days had passed, Max had put that idea on hold. He had to establish his priorities and the "costs" involved. He became convinced that the list of contacts given to him by his new-found friends in Lulling Sounds provided the key to unlocking his future moves, as well as looking closely at the "mindset mountains" which Mai Aye Zopend and his wife, Donna, had talked about. He already knew the Prickmores, and it was they who introduced him to many of the Fall City Different Ones. From then on the whole process snowballed.*

*Max's strategy was simple. He asked questions at every opportunity, and he listened carefully to the answers. He began to find common factors. Invariably they had to do with a "system" of some sort – medicine, education, religiosity, and*

use of leisure times, being the most frequently mentioned. Learning to live beyond conformity to these systems became a challenge to him, as indeed it was for so many of D'Different Ones he met. To have confidence and security in the convictions that made them "different", and to know how and when those convictions had come about, were essential for a rock-solid foundation on which to build their lifestyles. From this came the establishment of priorities.

As he was now beginning to see things through different eyes, and the people he was associating with were so supportive and received him into their midst so gladly, it was not surprising that he soon discovered a place where two opposing worlds came together. With his previous years having been spent within the medical system, it was natural that he was soon drawn into close friendships with Trusta and Eccles Hunter, Norma Lee, Mene Hertz and Phil Anthony, although the latter was often away sharing his new-found directions with other people wanting to hear more from him. Max also re-ignited his love for the outdoors and what better base could be found than Heaven's Tableland. It was not long before this became like a second home to him. He spent many inspiring night time hours in the park experiencing the refreshing, calming and transforming power that shone from the hill above. Here was a place where he could literally turn his back on the clamouring messages of the Complex – Fall City's clever attraction to whittle down people's resistance to the nagging, gut feelings of falsity. The truth must never be allowed to get a foothold! That was its consuming message.

Des and Dee Cypel and their children increased their evening walks in the park so as to enjoy contact with Max. Stan Firmly introduced Eccles and Dawn Walker to another keen candidate for using and maintaining the network of trails.

Max Comfort became a new man with a burning zeal to share his knowledge and new perspectives, with whoever asked for them. Whenever the opportunities arose he would challenge the mindsets that resulted in blind conformity and unquestioned compliance. It was after a day spent with the Cypel family, where he had heard all about SYNO and GO, and the opportunities their home education thematic studies provided for meaningful, lifestyle-related learning for the whole family, that Max had a brainwave! He had numerous talks with Will and Jenny, Trusta and Eccles, Norma and Mene, after which he spent hours engrossed in his own well-equipped laboratory and workshop. Some weeks later he felt that he had achieved his goal and that it was ready for testing. After more discussion with his friends, it was agreed that a Stage One trial would be carried out with the Cypel

family, the Questermans and any other interested people willing to fulfil the role of being the "guinea pigs"!

Des, Dee and their family began planning for a new integrated thematic study to be known as "How Many Faces does Simon have?" The main resource person was to be Max Comfort, and to the children and their parents it sounded like fun and excitement.

Condensing days and days of learning enjoyment and spontaneous interaction into a coherent detailed account would require considerable space. Highlights will have to suffice.

Home education is not just about teaching **children.** Whole families learn together, integrating their practical lifestyles with study and life skills, and it was a very age-representative group that met at the beginning of the new week, full of anticipation and suppressed excitement. To whet their appetites even further, Des and Dee had asked Iona Questerman to be in charge of playing a "new" game and Iona had jumped at the opportunity.

"Some of you may know about "Simon Says", but it is important that we all know how it works. So I'll explain it to you.

"For each game there is a leader who is either chosen to start the game, or wins that right as the game progresses. The leader is called Simon. The rest of the players spread themselves out in front of him or her. Everything Simon says and does must be obeyed provided the command begins with the words, "Simon Says." Any order that does not begin with "Simon Says" must be ignored.

"If for example, Simon begins by saying, 'Simon says kneel down', everyone must kneel down, but if the next command is, 'Stand up,' everyone must remain kneeling down until an order is spoken which begins with 'Simon says,' such as 'Simon says stand up with your hands on your head.' Any player who moves at an order without 'Simon says,' even though Simon will be making an action to try to get others to copy it, must drop out of the game. The last one remaining will become the next Simon.

"Simon can order players to run on the spot, close their eyes, sit on the floor, rub their tummies, put their hands on their hips, or whatever easily managed action can be thought up, but the players must be listening carefully all the time ready for the trick commands that leave out the important words 'Simon says.'

"Now, I'll start off as Simon, and we'll have a few practises taking things slowly until we all know what to do."

*It wasn't long before the rules were understood, but all too often the mind was slow in obeying the words, and players were out because they made a slight movement before they could stop themselves. How easy it was to copy what others were doing rather than hearing and instantly responding to the right words. It would take plenty of practise before those essential skills and lessons were fully realized.*

*As different people became 'Simons', different styles and techniques became apparent. Some depended on the sheer speed of issuing their commands. Others relied on repetition, giving the same old orders until the response was almost automatic. Outlandish suggestions sometimes worked. Complicated actions could cause confusion. The tone of voice and the loudness of it, could make quite a difference.*

*The element of surprise to tangle the brain waves, as well as combinations of delivery, were all used to achieve the goal of eliminating player after player until every one had been knocked out. That was achieved by 'Simon',* WEARING DOWN RESISTANCE UNTIL THE MIND COULD NOT THINK STRAIGHT, SO THAT THAT DAMAGING MISTAKE WAS MADE, NO MATTER HOW SLIGHT. IT WAS TOO LATE. IRREVOCABLE.

*Having expended considerable amounts of energy, everyone was happy and relaxed when Max Comfort began to explain what had kept him so busy during the past weeks.*

*"I would like to show you some of the things that I have been doing for quite a long time now. Many of you would not even have been born when I first began working in the Q-4 Health laboratories. As you know I left my job because my conscience told me that I no longer belonged there. It was as if I was caught up with others trying to interfere with the wonders of the human body. In the next few days I hope you will begin to understand the reasons why I had to leave and why I am doing what I am doing now. I'm sure there will be lots of questions you will ask and I'll do my best to answer them as simply and as fairly as I can."*

*Max had brought along some mysterious looking packages and in a carefully planned sequence, the contents became an enthralling audio visual.*

*"We've had a lot of fun playing 'Simon Says", which is just a game, but there is something you should know. While 'Simon says' is just a game, what* ***'System says' is not.***

*"As you know Q-4 Health is part of a system which earns profits of millions of dollars a year marketing the drugs and vaccines that doctors and hospitals use*

*in treating people. Sometimes they are "sick", sometimes they are "well", but they receive substances that are supposed to help them stay healthy. My main work has been related to vaccines, so I will be talking about that most of the time. I think most of you will not have had any vaccinations, but I'm sure some of your friends will talk about that, so what I show and tell you will help you tell them things they may not know about. As I inform you, you can be better informed than most of your friends.*

*"To start with let's look at this. I have kept it simple and I hope, interesting. If you need to ask questions, do so. Be like Iona. Don't try to move ahead, until you have firm ground behind and under you!"*

*What followed was intriguing.*

*There was a chart showing vaccines for various illnesses and diseases – many with long names – and the ages at which these were supposed to be given. Some were combined in one injection, while others were given singly.*

*"As vaccinations begin at birth or only a few weeks later, I have brought along a very special doll about the size of a new born baby," said Max.*

*Some spontaneous "Ooos and aahs" followed as Max laid the doll on a cushion. Then he produced a hypodermic syringe and pretended to give an injection into the flesh-like rubber.*

*"Not many babies like this treatment as you can imagine. Neither do adults!"*

*Max then produced some shiny smooth card boards showing outlines of different aged children up to 15 years. He had a boxful of empty syringes from which he had removed the needles and replaced them with tiny suction caps. The syringes were in different colours to match the sicknesses they represented. These syringes were placed on the appropriate boards on the appropriate parts of the body – sometimes three needles being given at a time. He pinned up some coloured photographs showing small children being held down while three other people administered the vaccines simultaneously. The children were obviously afraid and screaming. By the time Max had fixed all the needles in place it resembled a series of human dart-boards!*

*"Remember," said Max quietly," more and more vaccines are being developed all the time to be added into the schedules or timetables. That means lots more pricks."*

*During the next few days, Max explained how vaccines were made and tested. He showed his "class" some of the substances incorporated in the vaccines and why*

*they were included. He talked about side effects, and why these can occur.*

*His listeners were fascinated when he told them about the work he had been doing on new ways of delivering vaccines. He pointed out that the body's natural entry pathways were the mouth and nose and through the pores of the skin. Broken skin that occurs as a result of accidents, and bites and stings received from insects, reptiles or other animals, allow poisons and germs to enter the body and these can cause infection or even death. Using a vaccination needle is not a natural way of allowing substances to enter the body. Max mentioned the possibility of using skin patches, sprays inhaled through the nose, and even suppositories. He had enlisted the help of Will Prickmore for this session, and between them both, by the time they had finished, the humour arising from Will's nightmare about Dr Waspbra and the Jabbem Fairy, and the radical changes that had taken place in the lives of these two men, provided much food for thought, especially for the adults.*

*From that would come an extended range of activities to be integrated into everyday decision-making processes and also provoke many questions which would identify the thinking going on in people's minds, young and old!*

# 80 Pricks for Life

Just at the point where you sigh with relief and think there will be no more little pricks in your child's arm, or rotavirus vaccines to consider, don't be too sure. Already there is discussion which shows the next move may well be to put the rotavirus vaccine in the adults'[1] schedule! You will soon find out that there is a whole new array of vaccines on a platter awaiting your "consent" in the not-too-distant future.

So how are you going to be "informed", so that a decision of *your* choice can be made?

You look at the medical information, and you find doomsday predictions, and not much else.

So where do you look, how do you look, which organizations do you trust?

First, you may look in libraries, but again, you won't find much. The ***Immunisation Handbook*** should be in the library, and is available online.[2] Do not be tempted just to read the key points on any one topic. That information is simplified to the point of being misinformation in itself. The other thing to remember when reading the ***Immunisation Handbook*** is that, because it's written by people who are pro-vaccine, they have chosen information which will only lead you towards vaccinating.

They no doubt would say the same about what I write. The difference is that what I write tells you the really important things relating to health and risk analysis on an individual level, which no immunization handbook will.

Then there is the internet, the mine of information databases which the medical profession and Health Department will warn you, can be akin to a satanic

1 Bankhead, C. 2007. "Rotavirus infection, not just for kids." *MedPage Today*, October 11. http://www.medpagetoday.com/MeetingCoverage/IDSAMeeting/tb/6951. Accessed on 13 October 2007.

2 *Immunisation Handbook*. 2006. http://www.moh.govt.nz/moh.nsf/238fd5fb4fd051844c256669006aed57/555b0e9a841bea3ecc2571470017dab1?OpenDocument

device to lead you astray. We are told[3] that "scholarly research" shows that *"even if search engines do find the 'right' information, people may still draw the wrong conclusions."* People are increasingly using internet, primarily because their doctors don't give them enough information. The medical profession is starting to get worried that, *"There can be negative consequences if people find the wrong information ... Australians can order complementary medicines online and these can interfere with other medications. This means that providing people with the right information on its own may not be enough."*

Reading this article you would think that the newspaper was inferring that the study was directed at non-medical patients using complementary medicine. Nothing could be further from the truth. The study[4] was done on 44 doctors, 31 nurses, and 227 undergraduate students. One of the very first statements in the body of the article, with three references, is, *"medical practitioners display cognitive biases when making clinical decisions and interpreting research evidence."*

None of that should come as a surprise. But it does come as a surprise to me that most parents consider that pro-vaccine doctors are exempt from cognitive biases which determine what information they write into the brochures they provide to parents.

Naturally a study will have predetermined baselines, which is where this study falls down. The study is pretty much meaningless, because as it says at the end of the study, *"It is unclear how biases interact and the collective impact they may have on information searching and decision making."*

At the beginning of the study the authors say, *"if prior beliefs do not affect the way we read a piece of evidence then we all should arrive at similar conclusions after reading similar impact evidence, irrespective of our past beliefs"* (Emphasis mine).

The problem that I see is that you can't design a study to test for how a person will react to "impact evidence". Why not? Because there is no way to tell whether the person knows whether the "impact evidence" is correct or incorrect. The researchers may assume the "impact evidence" is accurate, but the information may be been written by a scientist with their own paradigm preconceptions and biases, who favoured certain facts, and eliminated others considered unimportant based on their own prior biases and theories.

It may be that the person viewing that information *can see errors in it,* because the information ignores "disconfirming evidence" which that person has greater

3 AAP. 2007. "Net surfers believe what they want." *New Zealand Herald*, December 21, p. A18. http://www.nzherald.co.nz/topic/story.cfm?c_id=137&objectid=10483594. Accessed on 21 December 2007.

4 Lau, A.Y. 2007. "Do people experience cognitive biases while searching for information?" *J Am Med Inform Assoc,* 14(5): 599–608, September–October. Epub 2007, June 28. PMID: 17600097.

knowledge of than the writer of the "impact evidence". As I've said before, what constitutes evidence?

For instance, in a recent study[5], the expected answer was that there is no evidence to support the taking of vitamin C supplements to prevent the common cold.

In my opinion, that answer is incorrect. My views for saying that have nothing to do with the July 2007 Cochrane Review which did find that in selected populations, vitamin C can prevent colds. My views on that come from experience, and the fact that I own the only three-volume textbook on vitamin C ever published, as well as a huge body of medical information on vitamin C, and can understand exactly how vitamin C might function on the immune system and in the body as a whole. Most "experts" I know, don't know much about any of that body of information.

Knowing that information allows me to calibrate dosages correctly, something which people who conduct studies often can't, and don't, do – because without that knowledge it seems they are guessing, choosing ridiculously low dosages, and a study method which defies logic.

You can see that ***how I've analysed the question and the answer*** was determined by the sum total of the previous decades of my own research and accumulated material on the topic. It's not a topic I would have had to research on a search engine, since I've got the information on paper!

When doing a study on cognitive biases, in order to achieve any meaningful result you would have to take people with no knowledge at all, teach them study skills, and ask them to research an unknown topic from the start – and even then, the result would come down to how they access the information, and to their critical analysis skills learned in the past from analysing subjects they do know about.

Another factor which must be taken into account, is the fact that science is ***not*** based on fact.

"Facts" are an accumulation of theories, which are based on hypotheses, which are based on educated guesses which depend on the understanding of the guesser.

Furthermore, as McComas[6] states, it is a myth that scientists are objective, that experiments are the sole route to scientific knowledge, or that scientific conclusions are continually reviewed. How, therefore, can you study the way a person researches facts, when those ***facts*** so often change as new "laws" are discovered, which then overturns current paradigms?

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5 Center for the Advancement of Health, 2007. "Vitamin C Offers Little Protection Against Colds, Review Finds." *ScienceDaily*. Retrieved January 31, 2008, from http://www.sciencedaily.com / releases/2007/07/070718002136.htm

6 McComas, W. 1996. "Ten myths of science: Reexamining what we think we know …" *School Science and Mathematics,* 96. January 1. http://www.bluffton.edu/~hergerd/NSC_111/TenMyths.html. Accessed 20 December 2007.

Professor Coiera and Dr Annie Lau developed a search-engine interface according to *the New Zealand Herald* article (see footnote 3), but that's not mentioned in their medical article (see footnote 4). They believe that their interface breaks down what is called "cognitive biases", and could be part of any search engine which "allows" people to organize the information they find, and as a result, organize their thoughts better.

How can information, which may or may not be accurate, be made more accurate by the organization of it? Perhaps the inference is that people no longer have study skills?

Who defines what the "right" information is? Here is another example. Given that so much misinformation has been given to you about Gardasil®, how would you find the correct information, by only reading pro-Gardasil® articles? Compare what I've written with what you've been told.

Knowing that the official information on Gardasil® is so biased, would it be logical to assume that all other information the manufacturers and promoters provide is 100% accurate? The real issue isn't how people analyze or search for information on the internet. The real question that needs to be answered is, "what is the motive for the researchers in the study?" What does their new search engine *do,* to lead us to the answers the medical researchers consider we should have got to, had we "searched" correctly?

These doctors say, *"Often by going through things in a slightly more organized way, it becomes pretty obvious what the answer really is."*

What this type of thinking says to me is that experts are, yet again, wanting to interfere with, or shape how people make their decisions. The only way I can think it possible to do that, is to design an interface which allows people to read only information you want them to see, in the order you want them to see it.

Shaping how you think is something that the World Health Organization[7] laid out on paper for the first time in 1997. The assumption underpinning the current vaccine 'industry' is that all countries will eventually use all vaccines, because they are always inherently good, necessary, and will save the world from everything. The social focus[8] is on identifying community leaders to act as advocates for vaccination programmes and vaccines; to "inform" decision makers on the benefits of immunization and vaccines to their communities.

WHO says that it is therefore vital[9] that *"advocacy for immunization be increasingly targeted to local decision makers … commitment of civic society, and*

7 WHO. Children's Vaccine Initiative, 1997. "The CVI Strategic Plan. Managing Opportunity and Change: A Vision of Vaccination for the 21st Century." Geneva, November. Ordering code CVI/GEN/97.04, though it would be unlikely to still be available.

8 WHO. Children's Vaccine Initiative, 1997. "The CVI Strategic Plan. Managing Opportunity and Change: A Vision of Vaccination for the 21st Century." Geneva, November. Page 21.

9 WHO. Children's Vaccine Initiative, 1997. "The CVI Strategic Plan. Managing Opportunity and Change: A Vision of Vaccination for the 21st Century." Geneva, November. Page 43.

*demand for the services by families is also a critical factor in keeping immunization a priority … the concept and practice of immunization needs to be integrated into the "health consciousness" of people and thus to their daily lives."*

International organizations should[10] *"develop recommendations that encourage all countries to implement the widest practical range of vaccination activities to protect children against infectious diseases …"* A key future goal[11] is to *"help countries identify where to acquire vaccines; how to acquire them; how to assure their quality; and how to finance vaccines as costs rise and resources diminish."*

Little thought appears to have been given to the fact that, in the face of diminishing resources, food, water, housing and political stability might be a greater social need and priority than vaccines.

One of the Children's Vaccine Initiative's (CVI) very important objectives was *"to support social and behavioural research designed to foster a better understanding of factors leading to increased societal acceptance and use of vaccines … identify groups with low immunization rates and target them for innovative and intensified efforts to increase access*[12]*"* and *"identify and create appropriate opportunities … for reaching unimmunized individuals, or for delivery of vaccines expected to be available in the near future against STDs, including HIV/AIDS"* and *"promote the concept of vaccination as a preventive measure relevant to all stages of life, infancy, childhood, adolescence, adulthood and maturity."*[13](Underlining mine.)

This also extended to doing the thinking for those in power:[14] *"establish a clear agenda of action for decision makers."*

Read: target them, condition them, and jabbem lots more!

The most ironic statement[15] in this book was that WHO considered that *"CVI is a unique body which can bring together all the different actors in the fields of vaccine development and immunization from both the public and private sectors, in an open, neutral forum."*

Can people, who can see no other option than vaccines everywhere, be either open or neutral?

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10 WHO. Children's Vaccine Initiative, 1997. "The CVI Strategic Plan. Managing Opportunity and Change: A Vision of Vaccination for the 21st Century." Geneva, November. Page 44.
11 WHO. Children's Vaccine Initiative, 1997. "The CVI Strategic Plan. Managing Opportunity and Change: A Vision of Vaccination for the 21st Century." Geneva, November. Page 59.
12 WHO. Children's Vaccine Initiative, 1997. "The CVI Strategic Plan. Managing Opportunity and Change: A Vision of Vaccination for the 21st Century." Geneva, November. Page 72.
13 WHO. Children's Vaccine Initiative, 1997. "The CVI Strategic Plan. Managing Opportunity and Change: A Vision of Vaccination for the 21st Century." Geneva, November. Page 73.
14 WHO. Children's Vaccine Initiative, 1997. "The CVI Strategic Plan. Managing Opportunity and Change: A Vision of Vaccination for the 21st Century." Geneva, November. Page 75.
15 WHO. Children's Vaccine Initiative, 1997. "The CVI Strategic Plan. Managing Opportunity and Change: A Vision of Vaccination for the 21st Century." Geneva, November. Page 62.

In 1988, over 60 medical and health-care associations formed an organization called the *National Coalition for Adult Immunization* to formulate and achieve improved adult vaccination rates. They put out glossy pamphlets hand-over-fist, but didn't make much impact.

On 12 May 1994, I got a letter from an American doctor with a poster[16] included. His note read: "First all children, now the elderly." The poster told me that in 1993, 70,000 American adults died because they didn't know about the availability of "life-sustaining" vaccines. *"Partnership for Prevention"* came on the scene in the early 1990s with a whole raft of more glossies, the very first one of which asks the question: "Why is Adult Immunization coverage so low?"

In 1995, the U.S. 29th National Immunization Conference[17] was aptly named. *"The race to vaccinate: the year 2000 and Beyond."* All the information was, as you would expect, about how to jab more, better, faster, to cover all "missed opportunities" through as large an age range as possible. Naturally, pharmaceutical exhibitors were out in force.

It would appear that these "initiatives" to improve the appalling adult vaccination rates have failed, because Dr Paul Offit, one of America's most ardent pro-vaccinationists, has a new dream[18] called *"People for Immunization"*. A pamphlet[19] which was handed out at the last ACIP *(Advisory Committee on Immunization Practices)* meeting said this: *"We have little to celebrate in immunizing adults of all ages in the United States, and much work remains to be done to reach this underprotected population."* Clearly, adults have not bought into the hype. Another part of this dream is to counter the view of "those attacking the safety of specific vaccines or those generally opposed to immunizations". "People for Immunization" appears to have the following goals.

* To vaccinate every adult with everything.
* To get the funding to run this new organization from the personal savings of the very adults they want to revaccinate at every opportunity.

The handout continues,

> *Many of those in the immunization field feel there is a need for independent, credible, science-based advocacy to prominently reflect the broad base of*

16 National Town Forum on Vaccines for Older Adults, June 1, 1994. George Washington University "Presenting our 1994 Vaccination Poster Person." Institute for Advanced Studies on Immunology and Aging, and Connaught Laboratories. (All the other vaccine manufacturers were also sponsors.)

17 U.S. Department of Health and Human Services. CDC, May 15–19, 1995. Los Angeles, California, Century Plaza Hotel.

18 "People for Immunization" Handout at the Advisory Committee for Immunization Practice

19 ACIP meeting, October 24, 2007. Url for the meeting, but flyer not at this URL. http://www.cdc.gov/vaccines/recs/acip/meetings.htm

*support for immunization among Americans. People For Immunization intends to provide voices and faces to meet that need.* (Underlining mine.)

*People For Immunization (PFI) will provide science-based, accessible, and clear information about the benefits and risks of vaccines and vaccine-preventable diseases to the public, health professionals, political leaders, and their organizations. It will represent the millions of people who support immunizations by speaking with one strong voice about the value of immunizations. PFI seeks to become the "go to" source for credible, science-based information on issues relating to vaccines, vaccine-preventable diseases, and immunization. PFI will advocate strongly to improve the appalling low adult vaccination rates in the United States. PFI will translate policy for the public.*

Notice how the *assumption, presented as indisputable fact,* is that the *faces/voices* provided will be *"independent, credible, science-based."*

Let's analyse this for a moment.

People like Dr Offit, who consider themselves "independent", who have patents for vaccines, who work for vaccine manufacturers, have been paid using public taxes, will translate policy for you, in an organization paid for directly from the public's pocket?

Read: "You pay us, so that we can tell all of you what to be jabbed with."

Isn't that what they already do?

*"Advocate strongly"?* Read: "Tell everyone *what* to be jabbed with".

"Speak with one strong voice?" Read: "Listen to Dr Paul Offit, and do what he says."

A *"strong voice for the value of vaccines"?* Read: "Everyone must have them and vaccines can do no harm."

*People For Immunization will have a large Scientific Advisory Board comprising recognized authorities in the field.*

Read: "Only pro-vaccine people are 'recognized' authorities on the subject."

*To ensure its credibility as an independent voice, it will accept no funding from the vaccine industry or the Federal government.*

I don't get any funding from the vaccine industry or the Federal government. Therefore am I credible as an independent voice in their eyes? To them, I am not, *because* I wouldn't vaccinate my children. My lack of credibility has nothing to do with funding, but everything to do with my "choice", because my choice is not their choice. If you are famous, and provaccine, they "use" you in a nanosecond.

These people *are not credible as an independent voice,* because every single one of them has made their entire living off the industry, and has in the past, had

their hands deeply in the industry and governmental till from the first day they promoted vaccine without question. Most of them still do in the present. Many, no doubt, also have a lot of that past income ploughed back in the form of the shares in pharmaceutical companies.

The handout infers that refusing income from industry or government will create "credibility". Does that mean they lacked credibility in the past? Yes. So how will changing where the dollars come from, change the spots on the same cheetah? Where will PFI get the money from?

***It will seek to enlist the millions of Americans who support immunization and give them a voice in the national discussion about benefits and risks of immunization.***

Here's your answer, though they don't spell it out.

In plain language, they are going to fleece the bank accounts of pro-vaccine ordinary people, in order to hugely increase the number of needles that they will seek to stick into them.

These are the people who consider themselves to be "independent, credible, science-based", with no vested interests, "recognized authorities" who will take your money, so that they can tell you to have every vaccine they write into "policy":

* Joseph Bocchini, MD – American Academy of Pediatrics,
* Douglas Campos-Outcalt – American Academy of Family Physicians.
* Mark Kane MD – Consultant, Seattle WA.
* Paul Offit MD – Vaccine Education Center.
* Walter Orenstein – Emory Vaccine Center.
* Denise Palmer – Families Fighting Flu.
* Trish Parnell – Parents of Kids with Infectious Diseases.
* Amy Pisani – Every Child by Two.
* Gary Stein – Families Fighting Flu.
* L J Tan PhD – American Medical Association.
* Jon Ternte MD – American Academy of Family Physicians.
* Deborah Wexler MD – Immunization Action Coalition.

*PEOPLE FOR IMMUNIZATION* is all part of a plan, laid out by the World Health Organization in the 1997 CVI book, which was first conceived in 1988 by the National Coalition for Adult Vaccination.

Pseudo-consumer organizations like this one are a new tactic to create conditioned social norms, and already one individual in New Zealand appears to be being nurtured, assisted and subsidized by IMAC (Immunization Advisory Centre) and invited to its conferences, supposedly as the "consumer" representative for the

whole of the rest of the country. Of course, the Immunisation Awareness Society founded nearly two decades ago is not a consumer representative body! In fact, at IMAC conferences, the IAS is discussed in terms of a social evil, and pilloried as such. I know, because conference attendees pass the information back to IAS who pass it back to me.

None of these tactics are anything new. Medicine has always had its quota of the "Spanish Inquisition" from its inception as an organized system.

You might not know the history of the attempts to improve adult vaccination rates, and the use of "pseudo-consumer" advocates in order to condition the rest of the public, because you might not have known the history of how the tiger keeps swapping its stripes.

Pertussis and Hib (*Haemophilus* influenza type B) have already been added to the adult schedule in the USA, as well as a very potent form of chickenpox vaccine called Zostavax®. Why Zostavax®? Because adult immunity to shingles was boosted by constantly circulating chickenpox in children. Now that the chickenpox vaccine has reduced the virus circulation, shingles is becoming more common not just in older adults, but also in younger adults and adolescents. Don't be surprised if the children's MMR also goes into the adults' schedule as a booster, at some time in the future. Don't be surprised either, when the mantra that one chickenpox shot will give you immunity for life, becomes "you need regular shots every few years to give you immunity for life until you get to the age where we give you regular Zostavax® boosters as well".

Quite apart from all the childhood vaccine boosters, and the Gardasil® vaccine, there is a raft of other cancer vaccines and STD-type vaccines the pro-vaccine people are keen to put into the adult schedule in the not-too-distant future (not to mention an AIDS vaccine when they finally get that one right!).

You, the adults, are being targeted as the next lucrative needle cushion group. Will the lucrative vaccine market for adults become compulsory? The mantra is to prevent any disease, any "weapon of mass destruction," at any cost. If you go along with that mantra, fine, but if you don't agree, what then?

If American trends are adopted by the Health Department here, then the "presumed" mass adult support for such a move may result in you being expected to shell out for the salaries of the pro-vaccine people who say they will "represent you". They will advocate maximum vaccination for you, perhaps even try to make adult vaccines compulsory, and then expect you to pay all over again via taxes or from your purse, when you go and receive the multitudinous pricks, which supposedly "you" will have "asked" for!

Do you need all these old and new shots? Are you alive today, even courtesy of the newer ones they give babies, which you never even had when you were a baby?

To condition society to believe that older adults will ***only*** survive if they have all the childhood vaccines, and everything else as well, is not only a patently obvious lie, it is the ultimate con … when the conned have no idea they have just been conned.

What will the result be?

# 81 Telling the Inside Story

*The 'Stage One Trial' was over!*

*Children and parents had responded enthusiastically and Max was receiving invitations from groups throughout the whole region to repeat similar presentations. He reviewed and refined some aspects of the material used, as well as adding more resources so as to have a greater range of aids at his disposal. Max also spent much time planning for the book he wished to write.*

*Max's observations of D'Different Ones' lifestyles had revealed a remarkable phenomenon. There was an amazing range of knowledge, skills and expertise and personal involvement freely available to those who needed it and were prepared to ask for it. Minimum overlap or duplication of time, resources and energies, not necessarily related to people's vocation and everyday interests, enabled D'Different Ones to exercise a quiet and positive influence in their communities. When Max had joined them, he knew that he too had a unique role to play. His experiences, as a scientist at Q-4 Health, had placed a burden on his heart to warn people about vaccine and drug expectations which included their short and long term side effects. What were the practical implications of all this? How could people cope with demands which they could not accept for themselves or their children? What about the possibility of health issues becoming mandatory? How willing were they to capitulate or to compromise? There could be an extremely high "cost" involved! But then there already was for the majority – only they couldn't, or wouldn't see it!*

*Max walked for miles along the bush trails. In the quiet and in solitude, he grappled with these issues. Sometimes he would invite a friend to be a sounding board and talk over these issues with him – usually in the evenings in the park on Heaven's Tableland.*

*Slowly the substance of his book began to take shape. He began to wonder*

*whether it would ask more questions than it would provide answers! There was much he could write about. Were there things he should leave out? Frequently he thought of what other Different Ones were doing and saying as they exposed systems' methods. On such occasions he often chuckled to himself as he thought of young Brodie Cypel, the "goad", and his sister Wendy, and SYNO! If they were prepared to stick their necks out, so was he!*

*He would incorporate the material he had prepared for the "Stage One Trial" and which he had now updated. Then there would be the many Q-4 Health staff meetings, and the inevitable related discussions in the cafeteria at coffee and lunch breaks, that would be revelations to the reader! He pictured Hatch Cajolery as he sat like a broody hen incubating the latest publicity for a new drug or vaccine. Max knew how carefully he selected his vocabulary and what should be included in promotional blurb and what should be definitely left out! How often the work in the laboratory, the trials and resultant data, had to be made more convincing and palatable for "human consumption"! Plenty of stories there!! Max's painstaking efforts on new vaccine delivery methods would have its own chapters and these would go alongside the numerous new vaccines that were queuing up for the presumed good of people's health and the obvious need for combinations of vaccines – the more that could be combined in one, the easier it would be to accommodate those lining up for inclusion in schedules that were gradually being extended to cover all age groups*[1]*. There would be space devoted to some historical aspects of vaccines which had gone seriously wrong by causing serious side effects, or opening up the way for "new" or previously unknown illnesses to appear. The fact that frequently, people supposedly with vaccine-induced immunity, were the ones who caught the disease they thought they were protected against, would provide some hair-raising stories supporting the old saying that history repeats itself.*

*Max knew he would have to confront issues relating to the mighty dollar, and like Phil Anthony, expose the motives behind mass vaccination campaigns in underdeveloped countries. Convincing governments to spend huge sums of money on buying new vaccines, was always top priority in Q-4 Health's promotional work, and frequent contact with the likes of Polly Tishan, Dick Tait and Opin Yun would produce some revealing details. Media coverage would open up a real can of worms! The Editor-in-chief of the Fall City Truth, U Sing Lysaght, was a classic example of how to use all forms of the art of lying. It was almost impossible to have any letter-*

1 See Gardasil, The Golden Goose.

to-the-editor published unless it supported the system at which it was directed. Column writers were carefully selected, with Lucy Furr having the right of veto. Any news reportage relating to D'Different Ones would always be derogatory and scathing. Max knew what to expect once the spotlight fell on him!

With all these interacting webs of intrigue that Max had been well aware of for years and from which he had eventually removed himself, one of the most urgent matters to be dealt with would be the effect on parents with young children, if elements of compulsion were introduced by legislation. He would join his friends in fighting to the bitter end any such move. It had happened elsewhere in the world. How long would it be before it happened here? Every time he presented his visual aid to a group of people and jabbed his doll, or stuck his hypodermic syringes on to the display boards' figure shapes, he felt the prodding prick of a goad! He ***had*** to present the facts – the inside stories, the truth.

No exaggeration; no bias. His presuppositions would be clearly stated and simple – not complicated and confusing. This was something no system could achieve. People had to be allowed to make a genuine, informed choice and then have the freedom to implement it, because such a choice should be a recognized right and therefore respected. Max knew that those responsible for maintaining the structures of any system, or ensuring good profit returns, would be pulling every string at their disposal, and using every strategy available to achieve their own agendas. He would be seen to be an irritant; a nagging pest; a disillusioned whistleblower suffering from sour grapes; a threat to public safety; completely irresponsible; a danger to society; an instigator of child abuse; a generator of gullibility – and yes, in these days – a terrorist! Max smiled grimly to himself – it was all totally predictable. The "system would use its clobbering machines, and all its honey-tongued, persuasive, intimidatory tactics to whittle down all resistance, while he would offer facts and truth and then leave it to free will choice arising from open eyes and clear thinking.

* * * *

With Donna Zopend's unstinted assistance Max Comfort was able to make contact with people who were prepared to be involved with publishing the book, and by the time it had reached the proof reading stage, Max had checked out its contents with a number of his friends who were experienced in the perils of sticking your neck out! Trusta Hunter, Will Prickmore and Phil Anthony were extremely supportive and

encouraging. Eccles was able to offer his inside knowledge of how SIS and HISS usually worked, and Max was well prepared for their undoubted attentions by implementing a number of precautions suggested by Eccles.

One evening Max joined a few other D'Different Ones gathered around the camp fire at Heaven's Tableland. The conversation was spasmodic as the dying flames cast flickering shadows on the faces of those sitting nearby. The warmth of the fire matched the warmth of the friendships that drew these people together in the care and concern they had for one another as well as those within their communities, who by and large went with the flow of conformity, but at the same time were hurting in so many ways, as the pressures of society made it difficult for them to be themselves and follow their gut instincts.

"How's the book coming along?" asked Iona Questerman who was snuggled against her husband as he sat with a rather sleepy Faith on his knee.

"It will be going to the printer in the next week or two. The book should be ready by the beginning of next month," replied Max.

"Iona and I are looking forward to reading it," said Andy. "Those days you spent at the Cypel's place won't be forgotten for a long time."

"It's still just 'the book'?" asked Anne Kerr. "Have you got a name for it yet?"

Max grinned. "Yes," he replied tantalizingly, and then after a pause as he watched Anne waiting for the announcement of the title, he added, "But it remains a closely guarded secret – for various reasons!"

"Don't be such a spoilsport," whined Anne, trying to be indignant but failing miserably. Good naturedly she added, "I'm sure you have good cause. I can't wait. Like Iona and Andy, I'm itching to read it."

"None of us should be disappointed," said Trusta Hunter quietly. "Eccles and Max have had long talks about the likely repercussions when it begins to circulate."

This was a sobering thought and there was silence for a while. It was Stan who broke the quietness.

"Max me boy, the things that you've been doing since you walked away from Q-4 Health is just another example of what it means to stick your neck out. You know, SYNO and GO and all that. It can be a pretty lonely life when you're on your own. I heard the other day that Andy's and Iona's MAF's Biosecurity friend – what's her name…?"

"Fran Klee," volunteered Iona.

"Yeah, that's right. Thanks Iona. Well, I heard she has had enough of snooping

*around on people's properties, asking questions to gain information she knew was being passed on to SIS, so she's told them what she thinks and quit her job. She's up at Lulling Sounds now and is helping on Green Island when she can. That right Iona?"*

*"Yes. We got to know Fran very well. She's a lovely girl. So open, and she's got plenty of courage."*

*"Yeah. So she's another one feeling a bit lonely right now. That's me guess anyway. It's quite amazing how many … lonely ones have become … ah… twos over the years. You know how it is, eh?" Stan's face softened as he winked at Ernie and Anne, or was it Eccles and Trusta? Somewhere in that direction. "Anyway that's me latest bit of news in case you didn't know. Have you met Fran Klee, Max?"*

*"Yes, I have Stan. The name certainly rings a few bells in my head! My recollection is of a vivacious, endearing individual who knows how to tie people up in knots when playing "Simon Says". That's right isn't it Iona?"*

*"You can say that again!" said Iona. "She's quite a whiz." Then looking at Faith now sound asleep in her daddy's arms, she continued, "It's time for the Questermans to head for home. No, that's not right is it! Simon says it's time for the Questermans to head for home. Thanks for the lovely evening Stan, and everybody. And don't forget, Max – a copy of the book as soon as possible. I'm raring to go!"*

* * * *

*The publishers were true to their word and Max was able to deliver the books, hot off the press, to all who were wanting them in the Fall City area. Then loading his car with more boxes, he made the journey to Lulling Sounds. He knew Donna and Mai would be eagerly awaiting copies. In Donna's hands the printed word could be used to jolt the town's inhabitants from the ruts of their complacency.*

*But Max also had a very important engagement to keep. One that would include a declaration; a joining of forces whereby two is better than one, sealed with a ring of fidelity and commitment. The port of Lulling Sounds seemed a fitting place to launch what promised to be an exciting and challenging new lifestyle, armed with ammunition that would be highly explosive! He stood by every word he had written … and would continue to speak. And now each would have an even deeper meaning. A special word for a special person.*

*Oh, yes – the name of the book?*

'FRANKLY … YOU NEED TO KNOW WHAT I KNOW!'

# 82 "My parents did it for me!"

In *Just a Little Prick,* in 2005, we predicted that doctors would soon look for any pretext to persuade all possible takers to allow themselves to be injected with regular whooping-cough vaccine boosters throughout adulthood. That time has just about arrived. The way is being paved in an article[1] which analyses whooping-cough hospitalizations in New Zealand, comparing 'before' and 'after' immunization eras, and ostensibly looking at solutions.

The article says, *"poor vaccine coverage is likely to be the dominant reason for the high rates with contributions also from an inadequate two-dose schedule from 1971 to 1984 and more recently from poverty and overcrowding."* The authors maintain that current vaccines are very effective, concluding that the problem isn't the vaccine, but the lack of the use of a vaccine.

We read that the reduction in pertussis hospital discharge rates in the 1950s and 1960s "coincided" with the introduction of mass immunization in 1945. The whooping-cough vaccine uptake rates were abysmal between 1945 and 1960 and those 15 years to me are meaningless. And the whooping-cough vaccination was suspended in the polio epidemic years of the '50s.

Next, we read that, *"It is important to acknowledge the limitations of the data. As this study used hospital discharge statistics it will have under-estimated pertussis incidence."* An important, and more likely, yet unmentioned 'cause' of underestimated whooping-cough cases was that most doctors assumed that any vaccinated baby or child with a whooping-like cough couldn't possibly have whooping cough, therefore diagnosed it as anything but whooping cough. The article mentions limitations, such as changes in laboratory diagnosis methods, and other technicalities, then says that none of those factors explain the increase in whooping-cough hospitalizations from 1910s to the 1940s; the decrease after the vaccine was introduced, and the subsequent increase in cases since the 1970s.

1 Somerville R.L. et al. 2007. "Hospitalisations due to pertussis in New Zealand in the pre-immunisation and mass immunisation eras." *J Pediatr Child Health,* 43(3): 147–53, March. PMID: 17316188.

The inference, then, is that vaccination after 1945 must have been responsible for the drop in hospitalization, so the low levels of vaccinations with too few shots in the '70s, and the presumably continuing unacceptable levels of vaccination uptake are to blame for current rates of hospitalisation.

But think about this for a minute. The authors ***also*** try to attribute a significant part of the ***current*** increase in cases to ***poverty, overcrowding, and lower socioeconomic issues.***

How is it that these same people do not mention the proven history of a period of nearly 30 years in which there were two major world wars and really severe poverty as a cause of the rise in whooping cough cases between 1920 and 1945, yet state that increased poverty of a much milder kind is of major significance in the rise of whooping cough now?

The authors mention that in the UK and USA in the early 20th century the reduction in whooping cough death rates were ***"thought to be due to 'an absolute and proportional reduction in physically substandard children."*** It is certainly interesting to note that in the period between 1880 and 1930 in Sweden, the UK and the USA, children's average height increased by ¾ inch, and average weight by 2.5 lb, per decade.[2] These increases had been noted for nearly 100 years, but had not been documented until 1880. When they compared the heights and weights of people from lower socio-economic classes with those of people from the "economic" classes, the increases were the same. Researchers concluded that the size changes weren't due to total calorie intake, but rather to a change in nutrient balance across the board. The study noted that between 1948 and 1953, the increases had slowed markedly, but that ***"we can expect children for some time yet to keep well ahead of the clothing manufacturers in the matter of size at a given age".***

It would therefore be logical to conclude that the nutritional improvements across the board were responsible not only for height and weight increases, but also for improved health. Perhaps the difference now is that convenience and junk food rule. Perhaps what we have now isn't so much socio-economic poverty, but poverty of discipline to choose good nutrition and to follow the basic rules which everyone knew in the first half of the twentieth century, no matter their circumstances.

As if to contradict the "poverty" issue, the authors of the article admit that mass immunization has had no significant effect on the time intervals between whooping cough epidemics, even in more recent years when vaccination uptakes were vastly higher than between 1945 and 1980. As far as ordinary people on the ground are concerned, whooping cough has occurred across the board without respect to socio-economic class.

There appears to me to be considerable disconnect in the thoughts behind this

2 *Lancet.* 1956. "Bigger Children." Annotations, July 28, p. 183.

article. Extraordinarily, the authors maintain that, *"epidemic periodicity is central to our understanding of pertussis as an endemic*[3] *disease in adolescents and adults and hence to future immunisation strategies aimed at improving pertussis control",* and that children given the two-dose vaccination programme between 1971 and 1984 will have had poorer vaccine-induced immunity to pertussis, *"therefore they are likely to have experienced more severe disease and to have been effective spreaders of B. pertussis to younger vulnerable children."*

Does only serious disease cause spread? I think not. Serious disease is more likely to result in people staying at home, whereas mild disease is more likely under-diagnosed, and those are the people who continue about their lives normally, spreading whooping cough to every person they meet over a period of weeks.

Lastly, the authors say that the 2006 new schedule of five vaccines, with boosters at 4 years and 11 years, will "start" to address the issues. But do we know where the "start" will "finish"?

This analysis leaves out some very important issues. To selectively use overseas data the way the authors did, to maintain that New Zealand rates are much higher than overseas' rates, is statistical creativity. America's whooping-cough case numbers have sky-rocketed from 9,771 in 2000[4] to 25,616 in 2005. 2007 promises to have seen more cases than 2005. The authors of this New Zealand paper (see footnote 1) chose not to use any of data from after the late 1990s, which effectively skews data comparison. Why would you omit around seven years' worth of relevant data? America and other countries had more childhood whooping-cough injections than we do, they are spread over exactly the sorts of ranges implemented in the new New Zealand schedule. The rest of the world has exactly the same problems as those the New Zealand authors detail. This article is a very shaky foundation upon which to justify vaccinating everyone, everywhere, as often as they can. It also leaves out one very important fact, and that is that all current vaccine formulations are fundamentally flawed. It doesn't matter how many shots, or at what ages we give people the current vaccine, ***all vaccinated people*** will, by virtue of the vaccine formulation, be effective spreaders of the disease, and the reason is simple and proven.

The current vaccine can only prevent serious infection in some vaccinated people, but it can never prevent infection, carriage and spread in those already vaccinated. The reason for this is that the vaccine, unlike natural infection, does not create immunity in the bronchial associated lymphatic tissue to a key toxin called ACT (adenylate cyclase toxin), which is the primary toxin that allows the bacteria to get a hold in the body. Why can the vaccine not do that? Because the

3 Endemic – always there.

4 Johnson, D.R. 2007. "Adolescent Immunization." *Annual Spring Workshop,* Philadelphia, April 18. http://www.phillyimmunize.org/workshop07/Adolimmun.pdf

experts do not consider ACT to be of any importance in vaccine formulation.

Adolescent, adult and grandparent whooping cough vaccination will come here. You can bet on that.

In what form will it come?

You only have to look at what is happening in America to see the angle that will be taken. Those of you looking at Yahoo news[5] recently would have seen a box advertisement with a baby wearing a T-shirt saying, *"My parents did it for me."* The ad says, *"Get vaccinated against Pertussis. Do it for your baby."* If you follow the sign called *"Learn about pertussis",* you get taken to a website[6] which has been put together by Sanofi Pasteur, the manufacturer of an adolescent/adult whooping-cough vaccine.

So you go to the section which says, "Learn about Pertussis".[7] The first thing you read is that pertussis is "highly" contagious and can be fatal for babies. You learn that there are five times more reported cases of pertussis today than there were 10 years ago.[8, 9] You are told, "So vaccinate yourself and your entire family against pertussis. Do it for your baby."

Then follows this amazing statement: "Infant pertussis comes from the parents more often than anyone else," which has two references not worth noting, leading to more statements about how terrible whooping cough is.

Parents are also told at the bottom of the page, if they have read that far, that: "While most infants are given routine DTaP (diphtheria, tetanus and pertussis) immunizations, they do not begin that series of shots until they are two months of age and they may not be fully protected until they receive three or four doses. During this time, they are vulnerable to pertussis. In addition, the vaccination isn't always 100% effective."

Yet parents aren't told this when they first vaccinate their baby. It is strange how doctors assume, when vaccinating babies doesn't work, that vaccinating adults will. Parents are told to print the page out and take it to their doctors.

The next section of this website is called, "How to prevent Pertussis."[10] You are told that the vaccine for adolescents and adults is "highly effective against severe pertussis (cough lasting 21 days or longer)." Sanofi Pasteur quotes two references (1996 and the CDC 'pink book'). But one of the authors of the article that is

5 Friday, 13 July 2007, screen shot saved to hard drive2007.
6 http://www.doitforyourbaby.com/index.html?utm_source=Online_Media&utm_medium=Yahoo
7 http://www.doitforyourbaby.com/pdf/Why_You_Should_Be_Concerned.pdf
8 Centers for Disease Control and Prevention (CDC). 2006. "Final 2005 reports of notifiable diseases." *Morbidity and Mortality Weekly Report (MMWR),* 55(32): 880–93. (Page 18: 25,616 pertussis cases.) http://www.cdc.gov/mmwr/PDF/wk/mm5532.pdf. Accessed 16 July 2007.
9 Compared with: CDC. *Summary of Notifiable Diseases*, United States. 1995. *MMWR.* 1996. 44(53): 7. (See figure 31; approximately 5,000 pertussis cases.) http://www.cdc.gov/mmwr/preview/mmwrhtml/00044418.htm. Accessed 16 July 2007
10 http://www.doitforyourbaby.com/pdf/How_to_Prevent_Pertussis.pdf

their first reference, published another study two years later[11] showing that ***one in four people vaccinated*** with the "most efficacious five-component vaccine" will subsequently get a persistent cough lasting for 21 days or more. So Sanofi Pasteur considers a vaccine that doesn't prevent infection in a quarter of people who get it, to be effective? What does that mean for you?

Sanofi says that everyone aged 11–64 who spends time with your baby, should get vaccinated, as well as your baby. So let's say, for the sake of discussion, 40 people who have close contact with your baby are all vaccinated.

If one in four vaccinated people will still get severe whooping cough in spite of having the vaccine, that means that 10 out of those 40 people who ***STILL*** get severe whooping cough can pass it to your baby.

The brochure only mentions serious disease, but what about mild disease? Or even unnoticed disease? If the vaccine is ***only*** efficacious against severe whooping cough, does that mean the other 30 people get mild disease instead? Is mild whooping cough not infectious in any way? They don't ask that question. Again, you are to print out this page and take it to your doctor.

On the final page, you are told to ask your doctor the following questions[12] which are also to be printed out.

*"Questions to ask your doctor:*

* How will getting an adult pertussis vaccination, also known as Tdap, help protect my family from pertussis?
* Can I get the adult pertussis immunization booster?
* If I got vaccinated when I was a child, why do I need this again as an adult?
* Who else in my family should get vaccinated to help protect my baby from pertussis?
* Are there any other steps I should take to protect my baby from pertussis?"

First, ask yourself, '*Why* does a vaccine manufacturer have to formulate questions for *you* to ask your doctor?' Are you too stupid to figure out your own questions to ask? Are doctors provided with the answers? Are they paid for the time it takes to answer them or does the patient have to pay? These questions are presented to you as if they are the only valid questions that need asking. If there were better or more relevant questions, you would have been told about them, wouldn't you? Or would you? Don't you feel that this is all rather orchestrated?

11 Storsaeter, J. et al. 1998. "Levels of anti-pertussis antibodies related to protection after household exposure to Bordetella pertussis." *Vaccine,* 16(20): 1907–16, December. PMID: 9796042.

12 http://www.doitforyourbaby.com/pdf/Questions_to_Ask_Your_Doctor.pdf

The manufacturers of the vaccine don't want you to ask the doctor demanding questions which require real solid, scientific answers.

So let's have a look at what you have NOT been told in this pamphlet, and WHY.

You are being asked to believe that vaccinating everyone will provide an unseen force-field, to stop your vaccinated baby from catching whooping cough. If protecting your baby was as simple as vaccinating all the children, adolescents and adults, then surely there would be no need to vaccinate babies. Especially with a vaccine which can create food allergies and atopy. But no, you still vaccinate the babies as well, to protect against the "safely vaccinated" and "presumed protected" everyone else.

On what basis are you told that vaccinating everyone in contact with your baby will protect them from whooping cough? Will that happen? No, it can't happen.

I've said for years, and restated in our first book,[13] that it's the vaccinated who are the primary spreaders and infectors of whooping cough, and the reason for this can be laid right at the door of the assumptions behind the development and design of all current pertussis vaccines.

When vaccine manufacturers first designed the whooping-cough vaccine they had no idea what the whooping-cough bacteria did inside the body. Neither did they have any idea how the body created immunity to the disease. All they saw in medical history, was that most people had one attack of whooping cough and never had another one. So they assumed that if they vaccinated everyone, everyone would be immune for life, and they could replicate what they had seen. It sounded simple.

One problem was that the vaccine researchers missed out some key principles of natural pertussis infection. The first is that pre-vaccine, children were the primary spreaders of whooping cough. When a child got whooping cough, their body made key cellular immunity to ACT (adenylate cyclase toxin). Every three years, that child might come in contact with pertussis again. The minute pertussis entered their bronchials, the antibody to the ACT moved swiftly into action, cleared the bacteria very fast, boosted their immunity, and they didn't know they had had contact with whooping cough.

That's all changed now. The vaccine doesn't create cellular immunity to clear ACT, and what's worse, the current vaccines induce tolerance[14], which prevents the vaccinated from ever having that immunity which natural infection create. So when the whooping cough bacteria enters the brochials of someone who is vaccinated, it establishes an active infection, which usually has an typical presentation. This poses diagnostic problems, because doctors don't recognize

13 *Just a Little Prick*, Chapter 12.

14 Cherry, J.D. et al. 2004. "Determination of serum antibody to Bordetella pertussis adenylate cyclase toxin in vaccinated and unvaccinated children and in children and adults with pertussis." *Clin Infect Dis*, 38(4): 502–7, February 15. Epub 2004, January 29. PMID: 14765342.

anything that doesn't "whoop". It's those people who have now become the primary spreaders of whooping cough.

This lack of understanding is what has created the current problems for new parents. Let's look at this in more detail.

In 2000, researchers said, *"We have begun to examine the role of the bactericidal mechanisms in immunity to pertussis."*[15] They've only just begun, in 2000?

Doctors had up until that point simply said, *"antibody in the blood = immunity"*. Though that theory was trashed in the 1990s when it was discovered that the antibodies they thought equalled immunity, didn't, vaccination protection was assumed, none the less.

Even today, researchers[16] still don't know very much about the role of mucosal immunity in whooping cough. Currently, scientists looking at new vaccination ideas, like mucosal vaccines, state quite clearly that the vaccines we use now don't prevent infection, and neither do they stop carriage.[17]

Why would you look at making a different sort of vaccine, if the current one was worth having? Why would you be offering current vaccines, if you know they don't prevent infection?

With the first whooping-cough vaccines, scientists thought that if they made a vaccine of the all the whooping-cough bacteria components, that "whatever-it-was" that the body needed to make immunity would be picked out of that shot-gun approach, and the vaccine would be successful.

They ignored one very important concept and therefore one very important toxin. The concept is what ***actually happens*** during the infection ***process,*** and the toxin which results from that process. That toxin is ***adenylate cyclase toxin,*** and it is not in any current vaccines, and was only in the whole-cell ones in inadequately minute quantities.

The toxin, and infection process of whooping cough work like this.

When the whooping cough bacteria arrives in your bronchial tubes, it settles down at the base of one of the hairs on the sides, called cilia. While getting comfortable, the bacteria starts producing adenylate cyclase toxin (ACT), which acts like a force-field around the bacteria, initially preventing your mucosal immune system from seeing the bacteria. Normally, immune bodies called phagocytes (neutrophils and macrophages) roam around as bacteria-eating machines, and

15 Weingart, C.L. et al, 2000. "Bordetella pertussis Virulence Factors Affect Phagocytosis by Human Neutrophils." *Infect Immun,* 68(3): 1735–9, March. PMID 10679000. http://iai.asm.org/cgi/reprint/68/3/1735. Page 1735.

16 Mielcarek, N. et al. 2006. "Live Attenuated B. pertussis as a Single-Dose Nasal Vaccine against Whooping Cough." *PLoS Pathog,* 2(7): e65, July. http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=1487175&blobtype=pdf. Page 0668 "… the role of mucosal immunity against pertussis has not been much addressed … None of the currently available vaccines induces any significant mucosal response."

17 Orr, B. et al. 2007. "Adjuvant effects of adenylate cyclase toxin of Bordetella pertussis after intranasal immunisation of mice." *Vaccine,* 25(1): 64–71, January 2. Epub 2006, July 31. PMID: 16916566.

destroy bacteria which shouldn't be there, but ACT seems to make phagocytes "blind" to the bacteria initially, and this trick allows the bacteria time to get its little claws more firmly embedded, and to start the real process of infecting the person.

The existence of ACT is nothing new. Doctors have known since 1990[18] that ACT is THE colonizing factor required for whooping cough to start infection.

Doctors, 18 years later,[19] also know that *"While the current vaccines protect against severe disease they afford little protection against colonization by the organism"*. Furthermore, another article by the same authors[20] proves that revaccination does NOT improve bactericidal activity for any vaccinated individual and in some cases caused a statistically significant decrease in the ability of the body to get rid of the whooping-cough bacteria. The authors say, *"... we found no evidence that acellular vaccines promoted antibody-dependent killing by complement, or enhanced phagocytosis by neutrophils"*.

Why might this be?

The reason is best summed up by an American, the supposed all-time expert on whooping-cough disease, Dr James Cherry,[21] who says in the abstract of the article: *"Primary infections with either B. pertussis or Bordetella parapertussis stimulated a vigorous antibody response to ACT. In contrast, patients in whom DTP and DTaP vaccines failed had minimal ACT antibody responses."* (Underlining mine.) The really telling comment comes at the end of the article and reads:

> *"Of particular interest is the lack of a significant ACT antibody response in children for whom the DTP or DTaP vaccines failed. This induced tolerance is intriguing and may be due to the phenomenon called "original antigenic sin"[22]. In this phenomenon, a child responds at initial exposure to all presented epitopes[23] of the infecting agent or vaccine. With repeated exposure when older, the child responds preferentially to those epitopes shared with the original infecting agent or vaccine and can be expected*

18 Goodwin, M.S. et al. 1990. "Adenylate cyclase toxin is critical for colonization and pertussis toxin is critical for lethal infection by Bordetella pertussis in infant mice." *Infect Immun,* 58(10): 3445–7, October. PMID: 2401570. http://iai.asm.org/cgi/reprint/58/10/3445?view=long&pmid=2401570

19 Weingart, C.L. et al. 2000. "Bordetella pertussis Virulence Factors Affect Phagocytosis by Human Neutrophils." *Infect Immun,* 68(3): 1735–9. PMID 10679000. http://iai.asm.org/cgi/content/full/68/3/1735?view=long&pmid=10679000. Page 1738.

20 Weingart, C.L. et al. 2000 "Characterization of bactericidal immune responses following vaccination with acellular pertussis vaccines in adults." *Infect Immun,* 68(12): 7175–9, December. PMID: 11083851. http://iai.asm.org/cgi/content/full/68/12/7175?view=long&pmid=11083851

21 Cherry, J.D. et al. 2004. "Determination of serum antibody to Bordetella pertussis adenylate cyclase toxin in vaccinated and unvaccinated children and in children and adults with pertussis." Clin Infect Dis, 38(4): 502–7, February 15. Epub 2004, January 29. PMID: 14765342.

22 Janeway, C.A.J. et al. 1999. "Immunological memory." In: Austin, P. and Lawrence, E. (eds) *Immunobiology: the immune system in health and disease,* 4th ed. New York, Elsevier. Pages 402–13.

23 *Epitopes* – separate antigen parts with the bacteria/protein/vaccine.

> *to have responses to new epitopes of the infecting agent that are less marked than normal. Because both vaccines contained multiple antigens (i.e., PT, FHA, PRN, and fimbriae), the patients who had been vaccinated responded to the antigens that they had been primed with and did not respond to the new antigen (i.e., ACT) associated with infection." (Emphasis mine.)*

In other words, the vaccine teaches the immune system the wrong way of dealing with whooping cough, and misses out a crucial first step, that of ACT recognition. As a result, vaccinated people who still got infections got them because that immunity against ACT was absent. Likewise, vaccinated people won't clear whooping-cough bacteria quickly during subsequent infections, because their body will work the same way as the first time, ignoring ACT.

Cherry's article, and others, also showed that *only convalescent serum from people recovering from a natural whooping-cough infection results in fast bacterial clearance* the next time the bacteria takes a peek in their lungs. While there was a small sub-group of the vaccinated who showed some immunity to ACT, Cherry attributed that to "previously unrecognized" whooping-cough infections before those people were first vaccinated.[24]

This supports my original belief first stated by me in published articles in the 1990[25]s, that people whose first experience of whooping cough was a vaccine have an incorrect immune response, and act as carriers and spreaders. I now believe that it won't matter how many boosters adolescents or adults get. Because of James Cherry's original sin concept, it is possible that ONLY people whose immunity came *from the disease itself,* before any vaccine was administered, will react to ACT, and clear out the bacteria quickly. Therefore, I believe that vaccinated people will continue to spread whooping cough regardless.

Presuming that Sanofi Pasteur would know this, why would a vaccine manufacturer start such a campaign? What Sanofi's "do-it-for-your-baby" website doesn't tell you, its home website does.

Here[26] you see two identical pictures of nine people of all ages, with yellow sticky plasters on their arms, one below the other. If you put your cursor on the people in the second picture, the pointer tells you what percentage of baby infections each person causes: Mom = 32%, Dad = 15%, Grandparent = 8%, Childcare workers, friends others = 25%, Brother or sister = 20%.

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24 Cherry, J.D. et al. 2004. "Determination of serum antibody to Bordetella pertussis adenylate cyclase toxin in vaccinated and unvaccinated children and in children and adults with pertussis." *Clin Infect Dis,* 38(4): 502–7, February 15. Epub 2004, January 29. PMID: 14765342. Page 505.

25 Butler, H. 1998."Alice in Blunderland." *Healthy Options,* June, pgs 60–62.

26 http://www.vaccineplace.com/index.cfm?FA=protect/adacel/content&S=HOME&P=HowS_pread

Note these words, right underneath the second identical picture:

> ***It is unknown whether immunizing adolescents and adults against pertussis will reduce the risk of transmission to infants.***

If you click on the picture of the brochure just below that, called "Calling all Moms", and download a patient pdf,[27] you will see that right there on page 5 is the same comment:

> ***It is unknown whether immunizing adolescents and adults against pertussis will reduce the risk of transmission to infants.***[28]

Page 6 of this brochure is quite misleading. It says:

Vaccines "teach" the immune system how to recognize and fight bacteria and viruses before an infection happens.

But the pertussis vaccine doesn't do that: at least, not in the way it "should", if your aim was to obtain immunity which is the same as that which the disease creates.

We read on: *"protective effects of … (DTaP) vaccine are thought to wear off, leaving adolescents and adults susceptible to pertussis."* (Underlining mine.)

Note that word *"thought"*. You would think they would *"know"* by now, not just *"think"!*

The point isn't actually who is the source of infection. The point is, why are these previously vaccinated people going to continue to be "sources" of infection, and why are only a few people talking about induced tolerance and "original antigenic sin"? Perhaps this is the real reason why some older people, vaccinated from the 1940's onwards, are getting whooping cough again and again.

It seems to me that the answer to that question doesn't really matter to Sanofi Pasteur. What appears to matter is that the manufacturers covered their butts, so that if, in 20 years' time, after their vaccine patent has expired, people turn around and say to them, *"Well, your very, very lucrative idea of vaccinating every man, woman, child and their dog against whooping cough, didn't work, did it?"* they can say, *"Well, in the fine print, at the time, we did say that it wasn't known if it would work."*

I can hear you say, "Well, why don't vaccine manufacturers change the vaccine formulation, so that the vaccine WILL provoke antibodies against ACT and work properly for future generations?

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27 http://www.vaccineplace.com/support/brochure/adacelpatientbrochure.pdf

28 Bisgard, K.M. et al. 2004. "Infant pertussis: Who was the source?" *Pediatr Infect Dis J*, 23:985–9. PMID: 15545851.

The problem with that idea, is twofold.

1. The best whooping-cough vaccine would be a mucosal one, not an injected one, and other companies are working hard at that already.
2. To correct any existing vaccination formulation would require the manufacturers to go back to scratch, do a whole new series of safety studies and trials which would cost at least 500 million dollars.

The best reason to NOT reformulate a vaccine is the fact that admitting you have to, alerts parents everywhere to the important fact that you got it wrong in the first place. It creates fewer waves if parents believe that "more of the first vaccine will work".

On that basis, the short-term plan is simple. Get as many people to buy in to the idea of vaccinating everyone, everywhere, all the time, before the existing patent runs out. If the manufacturers convince enough people that mass vaccination of everyone "might" work, those people will again be rendered 'blind' for at least the next 20 years, by which time something "better" might be on offer.

In the meantime, Sanofi Pasteur, and any other vaccine company, is thousands of millions of dollars richer, which was, after all, the whole point. As Dr Mendelsohn used to say to me (and others in his public talks), "Don't expect anything to stop being sold while there is money to be made, and until there is something more expensive ready and waiting in the wings."

In the New Zealand study mentioned at the beginning of this chapter it was said that *"epidemic periodicity is central to our understanding of pertussis as an endemic disease"*. What do you find in history, about who the real movers and shakers were in the world of epidemiology? Were they the people who number-crunched, paper-pushed or spent their time obsessing about the worst cases in hospital?

As far as my reading has led me, all the people who really understood epidemiology and infection were GPs.[29] Emeritus Professor TGC Murrel gives a short dissertation about many of the doctors like John Snow, a city GP who disabled a pump to stop cholera in London; James Parkinson, of Parkinson's Disease fame – a metropolitan GP who was also a self-taught palaeontologist. His other event of note was that he was nearly transported to Australia as a suspect in the 'popgun' plot to assassinate King George III. Pierre Bretonneau was a self-trained French naturalist who described and distinguished diphtheria from scarlet fever, and typhus from typhoid fever. William Pickles, a British GP, defined hepatitis, Bornholm disease and farmer's lung. James Mackenzie … in fact, when I read the history of all the people

29 Murrell, T.G.C. 2001. "The GP as human ecologist." *Aust Fam Phys,* 30(10): 991–5, October. PMID: 11706614. Pages 991–5.

who were serious epidemiologists and who understood the nature, spread and form of disease, they worked in their community, studied in their community, and more interestingly, *all of them* challenged the status-quo dogma of the time.

What was that status quo? It was one of nepotism in medical schools; body-snatching for anatomy teaching purposes; doctors who did deals with the hangmen of the day, and with judges. Not only were many, many coffins buried empty, but the deportations of convicts to Australia fell away sharply as a result of worse-than-shady deals that doctors did with the legal system. We know all about this, because it was exposed by Dr Thomas Wakley. As a result of opening his mouth he was nearly expelled from his practice. His counterpunch to his peers was to launch and edit *The Lancet* and he specialized in exposing devious medical politics. Who in the mainstream would dream of doing that now, and would he even be allowed to? At least in those days, whistleblowers didn't have the might of the "delicate fabric of collaboration" between pharmaceutical companies, WHO, UNESCO, government, medical schools, "experts" associations and bodies of the time, to contend with!

While all the surgeons and hospital specialists of the time considered GPs "practitioners of nothing", when you look at all the meaningful strides made in infectious disease control, public health and medical thought from 1800–1950, the majority of that progress stemmed from the work of very observant practitioners of nothing!

GPs need to return again to being specialists and activists in human ecology, and understand real health and stand up for making the body healthy. Real health will not come from doctors who act as technicians, consulting pharmaceutically provided texts, before implementing prescribed tests, surgery and policy and administering prescribed drugs. Right now, we are having our health systems run by a mix of pharma-medico-policrats[30], in a way which is little better than was the case in the early 19th century.

It is these medico-policrats who are wanting to convince hundreds and thousands of human guinea pigs, to line up and be vaccinated, because we need to "do it for our babies".

Guinea pigs beware … ask yourself, "What have we NOT been told?" and "Why have we not been told it"?

30 My way of describing a situation where pharmaceutical companies, medical authorities and politicians appear to be joined at the hip.

# 83 Dear Reader… Which Prick Will It Be?

*"Five ought to be enough – no, I'll make it six," mused Anne as she prepared to parcel up copies of Max Comfort's book to send to her sister Reedeth Lotts. She thought of her own impatience as she had waited for the book to be printed. Reedeth would definitely want a copy! The Kerrs had been busy doing their share of getting the books circulating as widely as possible. As Anne arranged the contents of the package, she carefully placed the letter she had written in the box, before making sure the contents would arrive in good condition. Every time Anne wrapped up one of these books she smiled as she thought of the title. Yes, Fran and Max were made for each other, and there was no doubt that the unusual marriage proposal delivered to Lulling Sounds a few weeks ago would be a constant, deeply personal reminder of the love cementing their relationship in the days to come. Ann knew all about the significance of "a play on words". Ernest C. Kerr had married "an eagle" who had become an "anchor"! She thought of the time when Ernie had composed a special version of a song, and sung it to her as they had made their way home from a romantic evening in the park on Heaven's Tableland. She remembered her response too. She was, and always would be, proud to be his Anne Kerr*[1].

*Putting Danny in his push chair with the box of books to look after, Anne decided to enjoy the walk to the Whittle Downs Post Office and to relive so many happy memories associated with the developments that had taken place on Stan Firmly's property.*

★ ★ ★ ★

1 Described in greater detail in The Great Divide!

The driver of the Courier van pressed the button and stood waiting, hoping that the bell had rung and someone was at home to answer it. That would save him time and paper work.

The door opened.

"Mrs Reedeth Lotts? A parcel to sign for," he said pointing with his pen to the appropriate place on the label.

The lady smiled, took the pen, balanced the box on her knee and produced an apology for a signature.

"Thank you," she said. "I wonder what surprise is in here. I'd better not walk off with your pen, had I?" She chuckled at the hackneyed ritual so often associated with courier services.

The driver completed the ritual with a friendly, "Enjoy the rest of your day," and a cheery wave.

Reedeth slowly closed the door as she looked at the package. "It's from Ann. I wonder what it is?" Sitting down at the kitchen table, she soon found out.

*Dear Reedeth,*

*I can't send a parcel over the phone, so I decided to write this letter to explain the contents and to mention a number of things which you might like to think about.*

*When you and Noah were visiting us at the time of Danny's home birth, you met a number of our friends. Since then, a scientist from Q-4 Health Pharmaceuticals, has joined the ranks of D'Different ones. He has written a book which I'm sure you will have difficulty putting down once you start reading it. The additional copies could be put into libraries in your area. We can send you extras if you can use them. I won't say any more about the book now, but there are other details we can tell you about later, and it will only be a matter of time before you meet him.*

*Since Noah's sudden death we have broached the subject of what you want to do with your life, and whether you want to stay where you are. You are familiar with what life is like here on Heaven's Tableland and we try to keep you up to date with what is happening in the region. There are some interesting developments which we are looking at closely, and the opportunities they could bring are exciting. Let me try to explain them.*

*Eccles and Trust Hunter have spent several years exposing system's methods, which is a polite way of saying that they have been digging beneath the surface and finding out facts which the general public are not told*

*about, or which are manipulated in numerous ways to fit the "messages" the systems want people to hear. These things need to be brought out into the open and shown to be what they really are. More and more D'Different Ones are now doing the same thing. You have met many of them and you and Noah have also contributed to this work in the past.*

*Good old Stan – he always wants to be remembered to you – has suggested that a piece of Heaven's Tableland near the Whittle Downs Complex could be the site of a resource centre for people who are looking for support and information, and which would also act as a base to serve the whole region. In a sense Heaven's Tableland is a type of sanctuary where people can come and spend periods of time if they need to. The same applies to David and Valda Farmer's Ranch at Trails Junction, to Green Island and at the Kingson Lodge in Orlsrite.*

*D'Different Ones are keen on Stan's idea, and as you know, once Stan begins something he doesn't waste time. He'll have lots of willing helpers to complete the project. Now this is where you come into the picture. Stan, and the rest of us, would like someone who is relatively free of the usual family ties and commitments, especially where children are involved, to "co-ordinate" and maximize the use of such a resource centre. We are looking for a person who has the convictions which represent D'Different Ones; who has the energy, vision and drive to inspire others; who can take the offensive without being offensive; and who knows the region well.*

*Reedeth my dear sister, we would like you to seriously consider taking on this role. We have discussed it among ourselves as a family here on Stan's property, and would love to welcome you into our midst. Noah knew such a lot, and I'm sure if he was still alive, he would have continued using his talents with you. Here would be a way for you to use what he has contributed to your partnership, and Stan has already got ideas of calling the resource centre Noah's Ark! In many ways that would be so meaningful, as I'm sure you would agree.*

*You have a "faith" that has answers to the "what ifs" that arise.*

*You know how to keep the issues confronting us, simple, on a solid foundation, and there are many lovely people, some you may not have met yet, but with whom you would click straight away to make a great team.*

*The diversity of skills amongst D'Different Ones is amazing and this would provide you with wonderful resources to refer others to.*

*People need to know where, or to whom, they can go when they're looking for viable alternatives to what the systems have to offer. You are well-versed in these things.*

*There are many bits of news which I'm sure I haven't told you about*

*that we can catch up on in the coming days and of course there are lots of people wanting information and to ask questions. Max's book and his talks, are creating quite a stir. He certainly needs our support and Wendy's and Brodie's SYNO & GO is making us all realize just how firm a foundation we all need to have.*

*We'll all be thinking of you as you consider the issues raised in this letter. I will ring you up later in the week to see how things are going.*

*Danny often looks at the picture books you sent him – his "Auntie Reedif" stories he calls them.*

*Love from us all,*

*Anne.*

* * * *

As Anne had predicted, Reedeth Lotts found it difficult to put down Max Comfort's book once she started on it. Its contents were devoured with what could be described as a savage indignation. The inward digestion process manifested itself in frequent spells of deep thought, often punctuated with sighs of frustration, anger and mounting determination to get her life's priorities in order. In his own quiet way, Noah had understood more than she had, what powerful forces were at work beneath the system's surface veneers. Now, new opportunities lay before her and it was time to stick her neck out … and go. Go to the proposed Noah's Ark. Go to face the subtle messages emanating from The Complex on Whittle Downs, and Fall City. Go to show people that things in Orlsrite were not what clear sight would reveal. Go to assist in replacing lulling sounds with revelations that were so often unheeded because of complacency and misguided well-being. "Frankly, they all need to know what I know," she said aloud. "Putting those extra books that Anne sent, into libraries will be a top priority for me today. And tomorrow I will ring Anne."

She did. It was a brief call. "I would like to drive over and spend a few days with you. Would that be O.K.?"

Anne's reply had been equally brief. "You know you're always welcome. We'll look forward to seeing you when we do. Take care."

* * * *

A lot was crammed into those few days! Stan explained the Noah's Ark concept and showed Reedeth some draft plans as well as the proposed site on the property. Anne

*and Ernie discussed many practical family details facing Reedeth if she relocatd to Whittle Downs. She was introduced to D'Different Ones she hadn't met before, and enjoyed the relaxed BBQ's around the camp fire. Heaven's Tableland lived up to its name. Most evenings Danny insisted on a story-time with Auntie Reedif while he snuggled up to listen. Usually, however, he dozed off fairly quickly and his auntie would look at her little nephew, lost in her own thoughts. That evening Reedeth looked around at the others sitting nearby, and said quietly but very distinctly, "Any niggling doubts about moving to be here with you people have all gone. Completely." She looked down at Danny again. "I will not be coming here to take up a 'job'. I shall be coming to start a new, all-embracing lifestyle – not just for myself, but for children like Danny, and…," looking at Stan, and giving him a wink, "for older people, and everyone in between. Life is too precious to be locked into systems trying to regulate what we do and say from the cradle to the grave, but don't ask any questions, thank you very much! Stan, I'll be ready when you are, so let's SYNO and GO!"*

# 84 Assorted Medical "Munchausens"

HEALTH HAZARD WARNING

## PDHRS = Physician disease-phobic hypochondrial response syndrome

*A serious condition affecting those who come in contact with the carrier. Can have serious debilitating side effects.*

*There is no vaccine available for the carrier, but all vaccines create addiction in the persons associating with the carrier source – thus creating dependency on the drug company suppliers.*

Do you think this statement would ever appear in a medical textbook or a doctor's desk reference handbook?! But it should, you know!

Hypochondria was once a term used to describe a person who was always at their doctor's, or whinging to friends about the latest aches and pains, which they believed to be signs of a developing or existing serious illness, despite lack of evidence that they had such a condition. We rarely see this word now. Instead, seemingly replacing it is the word "Munchausen's". Munchausen's was defined in 1951, as a psychiatric disorder in which someone is obsessed with medical care would fake "symptoms" repeatedly, because they crave medical attention. Munchausen's-by-proxy, was defined in 1976, as a situation where a caregiver inflicts extreme injuries, or makes children seriously sick, in order to seek medical

attention. In 1977, Professor Sir Roy Meadows took the definition to new heights, including in it less extreme patterns of symptoms, SIDS and murder.

However, the Munchausen's industry has now got out of control. Here is an example[1] on the web:

> *"My son was having problems with his health and was having "episodes". He would have fevers, severe headaches, leg pain (where he refused to walk), stomach pain and mood swings and was very tired. We were sent from one doctor to another and were unable to get an answer until we were sent to an Immunologist. He told us my son has fmf[2] or traps[3] and was trying to get insurance to pay for test. He told us he had us on NIH waiting list as well. He sent us to a pediatrician who was powerful and could get the test done. She got it done at the wrong lab and the test was only done on fmf most "common"genes and was inconclusive. This pediatrician then decided that my son was "normal"despite being violently ill in her office, and said I was making up his symptoms. On June 10th both our children were taken from us. We have not seen or spoken to them since."*

A paediatrician replied[4]:

> *"I am the mother of a child with FMF. I am also a pediatrician. When kids get rare diseases that the doctor may never have even heard of it is not unusual for some doctors to just think we are "crazy neurotic mothers" and blow us off. Before the diagnosis is figured out I do not think it is unusual for doctors to consider the possibility of a parent giving their child something that might make them sick. This really does happen and it is called Munchausen-by Proxy. It is a serious psychiatric diagnosis usually in the mother. As doctors we are trained to consider this diagnosis when a child has unusual symptoms that do not fit into a medical pattern. It was considered as a potential diagnosis in my son's case early on. This made sense because the doctor was being thorough and, as hard as it is to believe, Munchausen's is far more common than all of the periodic fever syndromes combined."*

1 Cindy, 2006. "Any advice please?" *The Children's Inn* October 4. http://childrensinn.clinicahealth.com/comments.pl?sid=06/10/04/1212247

2 Fmf = Familial Mediterranean fever

3 Traps = tumor necrosis factor (TNF) receptor–associated periodic syndrome (hereditary periodic fever syndromes)

4 Jan, 2006. "Any advice please?" *The Children's Inn* October 8. http://childrensinn.clinicahealth.com/comments.pl?sid=06/10/04/1212247

Can you believe that? Munchausen's is far more common than all periodic fever syndromes combined? Where are the studies to show that? As you see, the word "Munchausen's" has replaced hypochondria.

The mother then said:

> *"I appreciate your response. I was accused of MSBP, not because I gave my son anything but because the doctor that saw my son 2 times and knows nothing about him decided I was making up my son's symptoms. I find it very hard to believe a doctor can come to this conclusion after seeing my child 2 times, and after several people have seen him sick. Teachers, neighbors, friends, coaches, even people that worked in the restaurant we went to frequently. Everyone here knows when you have a child that is sick you don't know what to do, you take them to the doctor and trust they will help. Whoever thinks the doctor isn't going to believe you? … They didn't tell me, "I don't believe you, I think he is fine.",…to take innocent children from loving families because they are either covering up malpractice or because they want to make a name for themselves, IS WRONG…"*

While there is no doubt that hypochondria exists and has always existed, you can now find families[5] in every western country who have had children taken off them because they are considered to have Munchausen's-by-proxy.

One group of parents, who insisted for the last 40 years, that food colouring causes ADHD, might no longer be treated as hypochondriacs. The AAP[6] has finally admitted that their myopic views[7] were wrong:

> *"Thus, the overall findings of the study are clear and require that even we skeptics, who have long doubted parental claims of the effects of various foods on the behavior of their children, admit we might have been wrong."*

Anyone defining something, relies on which "truth" is the right version. What say the doctor's version of the truth is wrong? You the parent, will pay the price, because as Cindy pointed out, if you go to a doctor with a child who has symptoms and the doctor has no idea what the problem is, there is "nothing wrong" with your child. Your attitudes, beliefs and behavior will then be what is analysed.

5 Kite, M. 2004. "We can't reunite thousands of mothers with children wrongly taken from them." *Daily Mail*, January 17. http://www.telegraph.co.uk/news/main.jhtml?xml=/news/2004/01/18/nkids18.xml

6 AAP = American Academy of Pediatrics.

7 Schonwald, A. 2008. "ADHD and Food Additives Revisited" *AAP Grand Rounds* February, pg 17. http://aapgrandrounds.aappublications.org/cgi/content/full/19/2/17

Who is there to ask the doctor if perhaps, their training, knowledge or logic is totally inadequate? If a doctor considers their belief to be the last word, then they consider *you, the parent*, to have a psychiatric disorder, and your child is taken off you. *Your* demands for medical diagnosis and a cure for something they consider non-existent, has turned you into a danger to your child's health.

In the UK and USA, many families have, in good faith, taken their children to doctors saying that after a vaccine their child was never the same again. Some had autism, others had autoimmune problems, but because doctors, who are vaccine reaction "denialists", believe that no such problems are linked to any vaccines, the parents are judged to be paranoid, neurotic and psychologically unfit to parent children. These parents are shocked that the doctor then decides: *"The parents have Munchausen's-by-proxy, have done something to their child, will never admit it, so we need to take the child off the parents to protect the child."*

Let's turn this around for a moment. What happens when a parent has evaluated the risks to their child of measles, or tetanus, and concludes on the basis of easily located data, that the risks to their child of disease complications or deaths, doesn't warrant the use of a vaccine. What say a parent decides that the ever increasing battery of "just in case" vaccines is a liability, not an asset?

Doctors suddenly behave as if the parent is a murderer-in-waiting. On internet, parents blog, or put up comments on public boards revealing what these doctors tell them: *"Wouldn't you rather your child was autistic than dead?"* or, *"If you don't vaccinate, your child will get sick and die."* We know. We've had such things said to us too. It's par for the course when a parent isn't disease phobic.

Project Smile[8] detailed the tactics of GP's and doctors [9] as saying to parents that they needed: "*to weight up intensive care visits with two seconds of pain at vaccination time"* or, *"The baby won't die from feeling a bit poorly after the vaccination, but will die from the disease."*

One medical practice told about how ruthlessly they use the National Immunization Register and Primary Health Organization to rein in non-compliant parents: *"Between them and us it's like the Kremlin tracking them down! None escape!"*

While doctors accuse parents of Munchausen's, or what used to be called "hypochondriac tendencies", here is the ultimate irony.

This morning[10] yet another mother rang me, upset, because hospital doctors had harangued her son to have a tetanus shot for a scratch on his elbow, identified whilst setting a minor wrist fracture. This 11 year old boy, who had severe convulsions after his first (and only) DPT shot at the age of three months, was told that if he

8 Chapter 40.
9 Project Smile, page 8.
10 21 February 2008

didn't have the "needle" he would die if he got tetanus. Furthermore, the mother was told that 8 people had died of tetanus in 2007, which is a total lie.[11] There was one "probable" case in a 70+ year old Waikato woman. The word "probable", probably means they weren't sure, so the "case"couldn't have been that bad! The mother was sent to see another doctor, who similarly harangued her and her son, along the same lines.

When a doctor meets a parent who is not disease phobic, and doesn't see "death" as the only possible outcome, doctors behave as if these parents have just condemned the child to certain premature death. Is this logical? Does history support this myopic view? You've seen the tetanus data for New Zealand. How did we get to have so many civilians live to over 100 years of age in this country, when they have only had access to a tetanus vaccine since 1971?

Doctors, who by their own attitudes have been fundamental to the creation of a paranoid and phobic society about every possible illness, using fear-laden language to create vaccine compliance in the last three generations, can no longer see that their arguments lack logic.

When a doctor can't make a parent scared enough of an infectious disease, their next tactic is "social shaming". The parent is told that while they or their child might not die themselves, they could pass it on and kill someone else, "and you wouldn't want to be responsible for that, would you?"

My husband and I have coined a term, called ***Physician disease-phobic hypochondrial response syndrome (PDHRS).*** If medical people consider that Munchausen's is a legitimate diagnosis, and needs to be remedied by removing children from parents' care, surely doctors exhibit PDHRS, evidenced by their constant dire predictions when parents refuse to accept their mindset that anything not treated with a vaccine will lead to automatic death. What is the difference between what they call Munchausen's, and what we call PDHRS? Munchausen's is the obsession with, and craving for, medical attention. Our newly coined "disease", ***Physician disease-phobic hypochondrial response syndrome,*** is the medical profession's obsession with, and craving for, the blanket use of every drug/vaccine/treatment to preempt any possible imagined death. Such a phobia, as you have seen in the rest of this book, has extended its tentacles far and wide within the medical profession.

It's ***not*** alright for a parent to relate to their doctor symptoms in their child which started after a vaccine, (or any other time), which a doctor's trained mindset cannot accommodate. Such a parent must have their children taken off them, in case a "perfectly normal" child, is denied the right to be ensured the benefits of the health system's enlightened ways!

11 Total cases for 2007 = one. http://www.surv.esr.cri.nz/PDF_surveillance/MthSurvRpt/2008/200801JanRpt.pdf

But it is alright for doctors to irrationally believe that perfectly healthy unvaccinated children are about to drop dead. Because these parents aren't disease phobic enough, and won't consent to whatever vaccines a doctor recommends, the parents are considered a danger to their healthy children's health.

It's not alright for you to use natural remedies which aren't likely to create side effects, but it is alright for the medical profession to try to force toxic treatment on you, even if in the process the side effects might kill you. Where is your choice?

It would not surprise us if one day, a new term is coined to classify as "sick" any non-phobic, non-hypochondriac, non-Munchausen parent, who doesn't inflict constant injections, treatments or drugs on their children, who feeds their children healthily, keeps them svelte, fit and well adjusted, and who doesn't constantly seek medical attention for the most trivial of issue.

Judging by what we and others have to listen to from the medical system, we healthy parents are now a serious health hazard to our perfectly normal, healthy, happy, intelligent children. Ironic isn't it?!!

Are doctors infected with ***Physician disease-phobic hypochondrial response syndrome*** really competent to give rational advice to parents?

Is this situation a case of hypocrites running the system?

Will "Justice" be done?[12]

12 Chapter 1 in *Just a Little Prick*.

# 85 Oh For Eyes to See and Ears to Hear!

*With the completion of the Noah's Ark project, Reedeth Lott's new lifestyle soon became apparent. She felt "reunited" with her husband in a way that was very special to her. Other D'Different Ones were soon inspired by her boundless energy. It was contagious. But it was a news item in the media that suddenly gave real direction to the opportunities available to Noah's Ark at Whittle Downs, and beyond!*

* * * *

*If the discovery of Pluracydefex as a vaccine against antisystematosis had been heralded as a major break-through, the introduction of Q-4 Health Pharmaceuticals' new PreVentaWot was equally as news worthy.*

*Hatch Cajolery had been planning the release of the vaccine for some time. Now that all the trials had been completed, and approval to market the product had been received, the details became headlines. The Minister of Health, Polly Tishan, had been kept informed and the necessary government funding had been found to introduce the vaccine into the vaccination schedule from about the middle of the year. Dr Opin Yun would be in charge of organizing the campaign in the region. The Bunker with its usual military precision, would be keeping a close eye on the public's response. The fact that this was one of the first vaccines being introduced to try and retrieve an alarming situation caused by the over-use of antibiotics, was a delicate issue, and had to be managed very carefully. For maximum promotion, Hatch had once again enlisted the assistance of U Sing Lysaght, Editor-in-Chief of the Fall City Truth. In her hands the campaign would be thoroughly orchestrated – as usual!*

★ ★ ★ ★

*Max Comfort dialled the number on his phone, drumming on the table with his fingers while he waited for the receiver to be lifted at the other end.*

"Hello."

"It's Max here, Will. I guess you've seen or heard the news? About PreVentaWot?"

"I just caught the headlines, Max. You obviously know more than I do. We need to get together, do we?"

"We sure do. When would suit you?"

"What about coming round to dinner tonight. Can you wait that long?! Or will you explode!"

*Max was still in one piece when they sat down to their evening meal! Will and Jenny could see that Max was definitely fired-up and they were not surprised. He knew all about the development of this vaccine, and on occasions in the past, he had expressed concerns about the likely effects of the combined medical profession's and drug companies' irresponsibility in not listening to repeated warnings uttered by those who could see writings on the wall. Will Prickmore himself had questioned many established practises, and now of course, was refusing to blindly go with the flow.*

*Max brought Will up to date with the background story. They talked in medical language and Jenny left them to it. The outcome however, was to arrange another get-together with Phil Anthony and Trusta Hunter, before gathering a group of other D'Different Ones to translate resources and action into terms that ordinary people could understand!*

★ ★ ★ ★

*Phil Anthony was well aware of the implications and dangers of introducing PreVentaWot into the immunization schedule. He had seen what had happened in countries overseas where the vaccine had already been introduced. He also told the others about a colleague of his, a Professor Candy Kinn who had spoken out strongly about the misuse of antibiotics and the rise of resistant strains of bacteria to them.*

"My friend," he said, "was disallowed from publishing her findings and concerns. She suffered the fate of most, if not all, whistleblowers, and basically was relegated to being a nobody, without purpose and fulfilment in life. I'm sure we

*can all relate to that sort of treatment. We owe it to such people to continue with the warnings, so that they not only reach the "ears on high", but also the ordinary people in a way they can understand. More and more lives are at risk every day that passes."*

*It was agreed that Max and Will should work with Reedeth Lotts in translating the issues at stake into layman's language.*

*"I suggest," said Max with a smile, "that we invite Iona Questerman to join us as a top priority, together with a few others who have also been involved with these sorts of issues in the past."*

*And so began the first real challenge for Noah's Ark – the first of many.*

* * * *

*Max Comfort and Will Prickmore unravelled the mysteries of medical jargon, patiently answering the questions directed to them whenever something was not fully understood.*

*They talked about bacteria, explaining that there were both good and bad varieties, and that maintaining a balance within, and on, the body was very important.*

*The history of antibiotics was outlined, and they pointed out that although the prescribing of them was generally regarded as a cure-all for everything, especially by the public, antibiotics destroy the natural balance that is so essential. They destroy the gut flora, but the use of probiotics to help offset this is not considered part of the prescription process.*

*The removal of good bacteria will be replaced with something else. Nature abhors a vacuum, and the replacement will often be with "baddies" that trigger sickness and disease. As bacteria frequently develop resistance to antibiotics, this is creating a real problem requiring new types of antibiotics to be found.*

*More and more "super bugs" are surfacing, causing hospitals to become dangerous places to patients' health.*

*Special attention was given to Strep Pneumococcus, and Staph Aureus (a flesh eating bacteria), as well as related diseases and illnesses for which there were "standard" treatments prescribed by the medical system.*

*In an attempt to counter the problems caused by indiscriminate use of antibiotics, vaccines are being seen as a means whereby control could be regained. However, vaccines, like antibiotics, can cause bacterial types to change, or mutate, and this*

aspect required considerable discussion within the group to make sure the widest implications of that were fully understood.

The link between the use of PreVentaWot, and the rise of Staph A superbugs must be a concern to everybody, especially if they are put in a position where they, as an individual, were at risk.

Much discussion centred on the consequences to society of antibiotics and vaccines being used to continually manipulate bacteria which are around us everywhere! Will and Max could not emphasize enough the threat that this posed. The real need was for maintaining good healthy living without the mindset that automatically sent people heading for a doctor's waiting room, and the conveyor-belt of consultations, treatments and so many adverse reactions.

A copy of Hatch Cajolery's brainchild, "Bertie Germ's Family Tree" authored by Blah Twist, was a further example of the selective use and interpretation of historic records. The old fashioned message of dealing with Bertie and his multitudinous tribe, by using water, soap, organic fruit and vegetables, and unrefined foods, fresh air, sunshine and outdoor exercise, etc, had been superseded by the discovery, development and manufacture of drugs and vaccines that were designed to kill off germs more easily, or cause Bertie's relatives to mutate into hideous new forms or variants, which manifested themselves in "new" diseases and illnesses so as to keep the pharmaceutical companies raking in the shekels.

PreVentaWot was a good example!

"The fact that statistics and records presented accurately did not support the story told in the book, seemed to be dismissed as irrelevant, or completely ignored, by those with vested interests like Q-4 Health. The advances, the technology, the experts' words of wisdom and the conditioning of society must always be right! After all the new is always better than the old! That's how progress takes place!!!

"We have a lot of exposing to do, but we need to realize that there are groups who haven't listened in the past, and still won't. However, there are others who will. They are already seeking and are hungry for the genuine, sensible answers. Those people are all around us, so we need to be sensitive to the opportunities when they occur." Such were some of the views expressed, and it set the stage for the inspirations that would produce the resources which Reedeth Lotts and other D'Different Ones would use.

Already her thoughts were racing around the possible use of drama as one of those means – the writing of a new deadly-serious "Comedy of Errors"! The talent

*was there. The will was there to be used to the max. The Hunters, the Kerrs, the Zopends, the D. Cypels, those who stood firmly, who knew the right questions to ask – the list is long.*

*And then of course, last but never least –* ***there's You and Me?***

# 86 Where Will it End?

The new El Dorado "till-ringer", isn't just vaccines. The ultimate goal is to control health from cradle to grave, so add into the list blood pressure drugs and statins. They have you in their sights. Why is this in a book about vaccines? Because the controlling process I'm about to show you, uses conditioning which starts from birth. The vaccines in the ***middle*** of the line were just the "booster" softeners for the next lot of "compliance". And there is a vaccine buried in here as well!

Picture this: government-mandated "well-person" visits, where we are punctured with a vast array of vaccines, subjected to regular blood tests and a range of medical examinations to see if we slot into the "norms" prescribed by the medical profession. All for our own good, of course.

All in the future? No, just around the corner!

Shortly, millions of people in the UK will be prescribed cholesterol-busting drugs in Britain's biggest ever mass-medication programme.[1] A rough estimate of the cost of such a programme in 2000 was £2,700 million[2] per annum. No doubt the figure is now higher, and would make the programme a blockbuster … for shareholders in the drug company. This programme is based on research which shows that half of UK inhabitants aged 40 or more are "eligible", because they fall outside the medically mandated blood pressure and cholesterol "norms". This isn't the first time a national drug campaign has been suggested. In 2005, the ***British Medical Journal***[3] discussed the fact that, going by new WHO 2003 definitions lowering thresholds of blood pressure and serum cholesterol, 90% of people over 50 could theoretically be put onto blood-pressure and cholesterol medication.

1 Templeton, S. 2007. "NHS will offer heart 'wonder drug' to all." *The Sunday Times*, June 24. http://www.timesonline.co.uk/tol/life_and_style/health/article1977611.ece

2 Robson, J. 2000. "Estimating cardiovascular risk for primary prevention: outstanding questions for primary care." *BMJ*, 320: 702–4, March 11. http://www.bmj.com/cgi/content/full/320/7236/702

3 Westin, S. and Heath, I. 2005. "Thresholds for normal blood pressure and serum cholesterol." *BMJ*, 330: 1461–2. Updated information with e-responses can be found at http://bmj.com/cgi/content/full/330/7506/1461

The new 2003 definitions said that anyone with a blood pressure above 140/90 mm Hg (with no age correction), and a serum cholesterol of 5 mmol/l should be labelled "at risk" of cardiac disease, and therefore medicated.

The first assumption we need to challenge is, "What is a normal blood pressure?" Today's definition of normal blood pressure is very different from that of years ago, when your base line was 120/60 at the age of 20, with both numbers increasing by a standard amount, each year, as you aged. What is considered "high blood pressure" by today's standards, was considered quite normal in decades gone by, because your blood pressure depended on your age, and was adjusted accordingly. Biophysically, it also stands to reason that as your body gets older you may need higher blood pressure to compensate for vascular changes, and that can be a normal part of growing older. No one has answered the question as to what might happen if you "artificially" lower to "normal" what is in fact a bio-physical survival strategy.

So if, when you show a blood pressure of 130/80, you are told you have "hypertension", the questions you need to ask is, "By whose definition, and from which year's guidelines?" and, "Which drug company paid for the studies which said so?"

While there is a long and increasing record of nasty side effects from statins (and blood pressure medications) available on internet for all to see, you don't get told about them in the doctor's office, because most doctors don't believe these side effects are worth worrying about. These side effects include constipation, diarrhoea, flatulence, indigestion, weakness, headache, dizziness, muscle disease presenting as pains and aches, tenderness, weakness or cramps. And there are also allergic reactions to blood-pressure and cholesterol medication such as joint pains, inflammation of joints, unusual bruising, skin eruptions, swelling, hives, skin sensitivity to sun, high temperature, flushing, breathing difficulties, and tiredness, not to mention drug-induced dementia! But since most people who have had statins so far are in the older age groups, those things "would have happened anyway" so they are obviously co-incidental. Have you heard that before?

But just in case you should wise up to side effects, or if you are amongst the 70% of people who don't take your medication because you have a forgettory, you will be offered the new vaccine against high blood pressure developed by a Cheshire-based company called Protherics. This vaccine uses a protein, found in sea limpets, to turn the body's immune system against a hormone called angiotensin II[4]. The vaccine has a primary course of three shots and boosters every six months, and is

4 Angiotension: See http://en.wikipedia.org/wiki/Angiotensin

designed to get around the problem of people who forget to take their drugs[5], and to "improve (patient) compliance".[6]

However, there are four types of angiotension known about, and the brain uses two angiotensin systems for regulating hormones and the balance between water and sodium. Angiotensin II, which the vaccine attacks, ***is made from*** angiotensin I. If you get dehydrated, or go into shock, angiotensin II can save your life by keeping your blood pressure up. Though all the exact functions of angiotensins aren't known, the authors[7] of this study ask these questions:

> ***"Angiotensin II is involved in the regulation of multiple additional functions in the brain, including brain development, neuronal migration, process of sensory information, cognition, regulation of emotional responses, and cerebral blood flow … How is brain Angiotensin II formed, metabolized, and distributed? What is the role of brain AT2 receptors? What are the molecular mechanisms involved in the cerebrovascular remodeling and inflammation which are promoted by AT1 receptor stimulation? How does Angiotensin II regulate the stress response at higher brain centers?"***

The vaccine stops the little plugs on angiotensin II from plugging into to receptors in the blood vessel wall and presumably, elsewhere in the body. What might regular jabs of Protherics' blood-pressure vaccine, designed to turn the immune system against angiotensin II, do to the brain, if angiotensin II can't be used by the body? Would a vaccinated person survive shock or dehydration? And, given that another study[8] says this:

***"Taken together, these findings clearly demonstrate, for the first time, that Ang II plays an important role in skin wound healing …"*** what might happen to a vaccinated person after a bad car crash if angiotensin can't be used to heal skin?

Don't you wonder what ***else*** these little-understood angiotensins are used for in the body? Has Protherics considered any possible "unintended consequences" this vaccine might create?

The next assumption we need to challenge is whether cholesterol levels in the body are determined by eating loads of saturated fats. Everyone assumes that

5 Sternberg, S. 2008. "Vaccine shows promise in controlling hypertension." *USA Today*, February 12. http://www.dailyrecord.com/apps/pbcs.dll/article?AID=/20080212/LIFE03/802120313/1004

6 *Medical Week News*. 2007. "New Vaccine to control Blood Pressure developed by Protherics.", May 12. http://medicalweeknews.com/news/New-Vaccine-to-control-Blood-Pressure-developed-by-Protherics/?date=2007-01-04

7 Saavedra, J.M. 2005. "Brain angiotensin II: new developments, unanswered questions and therapeutic opportunities." *Cell Moll Neurobiol, 25*(3–4): 485–512, June. PMID: 16075377.

8 Yahata, Y. et al. 2006. "A novel function of angiotensin II in skin wound healing. Induction of fibroblast and keratinocyte migration by angiotensin II via heparin-binding epidermal growth factor (EGF)-like growth factor-mediated EGF receptor transactivation." *J Biol Chem*, 281(19): 13209–16, May 12. Epub 2006, March 16. PMID: 16543233.

because your doctor tells you that, and supposedly, "consensus" says so, and you see Irene van Dyk[9] and her husband in the paper, buying into that myth, that must make it true. Someone as famous and as intelligent as she, wouldn't countenance nonsense. Not true. Doctors could be considered the most intelligent of us all, and yet they believe it, generally speaking. You can't blame ordinary people when they are scared witless by a doctor they trust and believe, who says, "If you don't reduce your cholesterol, you will die."

When you start looking a bit more closely at the problem, you find that the theory behind the cholesterol myth is fatally flawed, and the data behind cholesterol drugs is skillfully cooked.[10] Go through your library catalogues or search the internet[11] and a huge world of information will open up to you, which you never considered possible, because you didn't realize that if you looked for information, you might find a contrary view. Why? Well, if there was something else to know, your doctor would have told you, right?

The *Daily Mail*[12] wasn't scared to come forward with extracts from a very good book debunking the cholesterol myth and to state that we had been sold a very big pup indeed.

The article stated that: "***Indeed, there are hundreds of doctors and researchers who agree that the cholesterol hypothesis itself is nonsense,"*** and said that studies had shown that high-cholesterol diets did not affect body levels of cholesterol at all; that they don't cause heart disease; that protection from statin drugs is so low as to make the drugs not worth taking, and there are many more unpleasant side effects associated with statins than we have been told about. The authors went on to say: ***"So how can I say saturated fat doesn't matter when everyone knows it is a killer? Could all those millions who have been putting skinless chicken and one per cent fat yoghurts into their trolleys really have been wasting their time?"*** The article, and the author's book, are well worth reading, because the bottom line is that if we've been sold a pup, as the article alleges, then the coming mass medication in UK, will be done for reasons other than your good health. How do you feel about that?

My interest in this was piqued because the author of the *Daily Mail* article also had an e-response posted[13] to the *BMJ* article in which he pointed out, using medical studies, that the reality was that if you took anti-hypertensive drugs for

9 South African by birth, emigrated to New Zealand and plays for the New Zealand Silver Ferns netball team.

10 Graveline, D. 2006. *Lipitor: Thief of Memory*. (To mention only one of several.) ISBN 1424301629. http://www.amazon.com/gp/product/1424301629/002-4613091-1577602

11 www.thincs.org

12 Kendrick, M. 2007. "Have we been conned about cholesterol?" *Daily Mail*, January 24. http://www.dailymail.co.uk/pages/live/articles/health/healthmain.html?in_article_id=430682&in_page_id=1774

13 Responding to: Westin, S. and Heath, I. 2005. "Thresholds for normal blood pressure and serum cholesterol" *BMJ*, 330: 1461–2 Kendrick, M.E. "A timely warning." http://www.bmj.com/cgi/eletters/330/7506/1461#110468

30 years, all you'd gain was 12 more days. "About the time it took you to swallow the tablets."

So again, blood pressure and cholesterol are declared to be Weapons of Mass Destruction, creating mass iatrogenic[14] hypochondria, and paying for the drugs to stop you being "at risk" deprives you of money better spent on other things.

Why don't doctors stop prescribing these drugs? The answer is most clearly stated in the words of Dr James Penston who said this[15] in a *BMJ* e-response:

> ***However, the prospect of stopping the medicalization of large sections of the population seems remote. The ground has been too well prepared. More than a generation of doctors has been programmed to accept without question ever-larger trials reporting ever-smaller therapeutic benefits. Steeped in the language of risk, they see nothing untoward in prescribing long-term drug therapy to patients even though the vast majority will not suffer from a cardiovascular event and an even higher proportion stand to gain nothing whatsoever from many years of continuous medication.***
>
> ***There are, of course, voices of dissent within the medical profession but, while noting the authors' opinions, there is no evidence of a substantial rebellion. Certainly, few are willing to put their heads above the parapet and even fewer will do so in future. How many GPs will decline the financial inducements in their new contract and refuse to seek out asymptomatic individuals for a cocktail of aspirin and statins? And how many doctors in secondary care will have the courage to ignore guidelines when compliance becomes mandatory[16] for revalidation?***
>
> ***For too long, the medical profession has danced to the tune of the statisticians.[17] Insidiously, the obscure notions of risk have triumphed over common sense. By stealth, a new paradigm in medicine has emerged: this is the source of the grotesque pronouncements of committees of experts and the explanation for how such nonsense is accepted without so much as a murmur.*** (Underlining mine.)

It's the history of medicine repeating itself, time after time after time.

He's wrong about one thing. While the insidious stealth of this change is definitely deceiving most doctors, some of us have seen this coming for decades.

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14 Iatrogenic=doctor induced, or PDHRS!

15 Responding to: Westin, S. and Heath, I. 2005. "Thresholds for normal blood pressure and serum cholesterol" *BMJ*, 330: 1461–2. Preston, J. "The root of the problem…" http://www.bmj.com/cgi/eletters/330/7506/1461#111030

16 Norcini, J.J. 2005. "Where next with revalidation?" *BMJ*, 330: 1458–9. http://www.bmj.com/cgi/content/full/330/7506/1458

17 Penston, J. 2003. *Fiction and fantasy in medical research: the large-scale randomised trial.* The London Press, London. http://www.amazon.co.uk/Fiction-Fantasy-Medical-Research-Randomised/dp/0954463617

The groundwork was laid for this by aggressive management of pregnancy, childhood vaccines, adolescent vaccines, and the handing out of antibiotics and other prescriptions like harmless lollies. Every time a newspaper article quotes doctors as saying that they give antibiotics because parents expect them, I laugh. When parents expect doctors to not give vaccines because they don't want them, what happens then?

The frenetic paranoia and buying up of huge stockpiles of antibiotics and Tamiflu for the birdflu-which-didn't-happen, has also laid the groundwork for changing laws relating to what a person can and can't do if they get sick. Suddenly the flu has become a Weapon-of-Mass-Destruction, so the Public Health Act is now under revision to enforce the state's version of what is suitable treatment. If any epidemic is declared, then it is proposed that a court would have the right to force you to a doctor of their choice, and you will have to have treatment, or face a jail sentence. For your own good.

Let me repeat something said by Dr James Penston:

> ***By stealth, a new paradigm in medicine has emerged: this is the source of the grotesque pronouncements of committees of experts and the explanation for how such nonsense is accepted without so much as a murmur.***

The system tries to put parents into the mentality where we can't breathe or have a baby without doctor-god instantly correcting the vitamin-K deficient baby. "God really did do such a bad job right from the beginning …" is what you are made to think. They don't tell us that Vitamin K is only an issue where a mother's diet is very low in vitamin K in the first place. And because our body's design is such a flunkie, we will need every needle and pill which hopefully will prevent everything until we die. That is the mentality which pervades the collective psyche of many ordinary people, encouraged by the medical profession, and it's all based on one word. FEAR. And many people accept it without a murmur. Why?

Do we now believe that the body can't work, or heal itself, and that normal is abnormal, and abnormal is normal? Why have so many forgotten the many old sensible ways of doing things?

If people hear about a long-term study showing that people with well-controlled blood pressure have a higher death rate[18] than their normotensive counterparts, is that dismissed as an aberration, because the medical profession must know what they are doing – instead of us asking, "What is going on here?"

Statin manufacturers knew in 1985[19] that the total income to them for 850

18 Andersson, O.K. et al. 1998. "Survival in treated hypertension: follow up study after two decades." *BMJ*, 317(7152): 167–71, July 18. PMID: 9665894. http://www.bmj.com/cgi/content/full/317/7152/167

19 MRC trial group. 1985. "Treatment of mild hypertension – Principal results." *BMJ*, 291: 97–9. http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1416260

people to be on long-term drugs, is huge in comparison with money that could be earned treating the one in 850 who would have a stroke problem. They know the income from widespread use of statins, and from treating diseases caused by side effects associated with the use of statin, would also be far in excess of that gained by treating a stroke. And if the drugs don't work, which is what the study showed, so much the better. The drug company makes on the deal, both ways.

What has that to do with us, as parents? If I tell you that there is a proposal that babies[20], when taken for their 15-month MMR, should be tested for cholesterol, and if their levels are high, their parents should be tested, immediately treated, and the children put on statins once they get to adulthood, would you be surprised? What better solution can you have to an unpredictable money flow, than medication from babyhood to grave? That's also the message of a book[21] you should read, by J. Blech. It's title is: ***Inventing disease and pushing pills! Pharmaceutical companies and the medicalization of normal life.***

I believe that people will pay with their most precious commodity: ***their health***. It could be coming your way very soon.

Why? Because politicians and many doctors have forgotten this saying, "He who fights with monsters should look to it that he himself does not become a monster" (Friedrich Nietzsche). Except I would reword it slightly to say, *"**He who kids himself into believing that a varmint is a monster, might not only become a monster himself, but having done so, might prevent others from knowing better ways of trapping the varmint in the first place.***"

If you accept these dogmas, pills and needles from cradle to grave, your life could be prickly to say the least. But the question is, "Will it be a better life?"

What say your definition of a better life, is to turn your back on Pharma-med, and turn to herbals, oils, and traditional modalities? Because the Therapeutic Products and Medicines Bill in New Zealand's Parliament, has been knocked down twice so far, Annette King's dream of the Trans-Tasman Medicines Agency has receded into a mirage at the moment. The response has been seen in 2008, with Medsafe trawling the web and published matter, and forcing people to remove therapeutic advice from their websites[22].

Medsafe has been "told" to take ***alternative practitioners, one by one,*** go through their websites and information and enforce the removal of anything which tells you how that person's products can help your health naturally. This little known Act has been ignored, presumably because the long-time-Trans-Tasman

20 Wald, D.S. 2007. "Child-Parent screening for familial hypercholesterolaemia: screening strategy based on a meta-analysis." *BMJ*. Published online, 2007, September 13. http://www.bmj.com/cgi/content/full/bmj.39300.616076.55v1?rss=1. Accessed 13 September 2007.

21 Blech, J. 2006. *Inventing Disease and Pushing Pills: Pharmaceutical companies and the medication of normal life.* Fischer Verlag, © Routledge. ISBN 978-0-415-39071-2 (pbk).

22 Marilyn Johnson's essential oils: http://www.celestialessentials.co.nz/ click on Medicines Act 1981.

dream was supposed to take its place. It is my opinion, that Pharmaceutical companies are not happy at failing to reduce the alternative medicine market to rubble via the Trans-Tasman Medicines Agency, and this is the start of the medical backlash. All in the name of protecting the public's health!

Where will it end? Unless people collectively, stick their necks out, one day we may all find that our democracy, right to information, advice, and treatment options have been carefully stripped away, one by one.

***Where it will end***, is in our collective hands. Freedom doesn't come for free. It comes at the price of eternal vigilance, and all that that takes to keep our rights in place.

# 87 Science is God

Up until 18 months before Peter and I were married, I had been an atheist. Although I had gone to both Catholic and Protestant schools, I scorned what was, to me, psychological paranoia. At home accuracy and science were paramount – after all, look at the wonderful developments they had brought to the Western world?!!

I was a dairy-herd tester before I first met Peter, and going through some rough patches. I threw out a challenge to this God who didn't exist, pointing out that if He existed, it was about time He proved it. He did so, but not in the way I expected. The experience was so very real, but I didn't share it with anyone else, because only paranoid people have a road-to-Damascus type experience. I then decided to check out some of the local Houses of Paranoia, to see what they had to offer. It was, you could say, a difficult experience. So many contradictions. They talked the talk, but the walk was, you could say, irrational. However, I boxed on in churchianity with loads of questions, until after my marriage when we arrived at a little country school, where my husband was to become the teaching principal. It was here that I became pregnant with Ian.

Peter had a lot more years of talking to God under his hat than I did, and my "science" brain kept getting in the way of my relationship with my Creator. As my pregnancy progressed, I started to get a sense of the incredibleness of what was going on inside me. The detail of what was happening inside me, was similar, yet in many ways very different from what happens to any other mammalian species. The idea of being descended from an amoeba or a fish was now laughable. That would have been a very intelligent fish! I could see why they chose monkeys as a transition; after all, they look somewhat like us.

We chose a doctor who said he was a "Christian". I naively thought that that would give me the birth that God wanted me to have. By the time I was five months' pregnant, I knew this was the wrong choice, so we chose another doctor who was not a "Christian", but who had spent a lot of time in Nepal and said he

was confident with natural childbirth, because in Nepal when you can't speak the language very well, you get to see that it does work, most of the time. "And you only step in when you know you have to", he said. That sounded better. And it was, a bit.

But when the crunch came, he had no confidence at all, and like a fool, I listened to him, and in the fear of all the scenarios of death and destruction the doctor etched into my brain, I never once thought to check it out with God. After all, if God was capable, there wouldn't be doctors, would there? Weren't doctors the "agents" of God? It took me a long time before I could see that even here, I had the cart before the horse.

I came home after Ian's birth[1] very, very angry at God. It was all His fault. The Bible said He designed my body, so why didn't it work properly? Why did "men" have to do what God should have done? And while we're at it, why did the Nazi concentration camps happen? Why were people in the world starving, … why, why, why …?

I now have this picture of God sitting up there, watching a person ranting who just doesn't even stop to take a breath. He waited and watched while my anger about Ian's birth grew, and I very nearly threw the spiritual baby out with the bathwater.

One day in a moment of quiet, a "thought" came into my head: *"Amongst all that ranting, when did you actually consider the fact, that you could have gone to God and asked him what was the best thing to do?"*

It was true. When *had* I sat down, and nutted it out with God? My angry response was, *"Why didn't God come to me and tell me?"* The answer in my head was immediate; *"That's not how God works. Choice and exercising free will are inextricably woven together."*

Over the next few months as I breastfed Ian, and had another couple of medical "crises" which were misdiagnosed, I started to see that you can't write God out of your day-to-day manifesto, and expect Him to turn up when the fat hits the fan. I realized that God would work *with* me, but only if I went to Him and got a full understanding of all the issues.

During my pregnancy with David, I regained my confidence in the way God had designed my body, and so was very prepared for a home birth, and now "trusted" the natural process. That labour was very interesting; very intense. The doctor was Dr John Hilton, and we sent him home at one point, because he was carving a track in the carpet. I didn't know until afterwards, but he didn't much like what he was seeing. The labour to me was a bit rough, but I was coping just fine. I had a brilliant midwife, who was able to spot problems, which ironically were mostly between the ears, and usually happened just at the points in labour, when the hospital had mucked me about with Ian's labour.

1 See *Just a Little Prick,* Chapter 3 – "The Wake-up Call".

After David came out, there was a very 'pregnant' silence as it became obvious I was bleeding copiously, and just as the panic started in my head, I ***knew*** it would be okay. And it was. While there was some grieving for what could have been for Ian, a lot of emotional and intellectual healing was accomplished by having David at home. He was a big baby, the placenta was enormous, but through it all, God's design worked. The midwife he 'sent' was well skilled, and just as God blessed and honoured those who honoured Him in Egypt in the Old Testament, I felt my faith growing.

But I was still blind in another area. You would have thought then, that I would have consulted God about the immunization issues, wouldn't you? But I was still trying to work through medical issues, going about it in the tried and true method instilled by my father:

"Look at *ALL* the evidence, not just some of it, and weigh it all up. Decide the issue upon what is known."

I was about to discover that the science of vaccines isn't based on a complete understanding of anything. At home sat one filing cabinet full of "stuff" which I'd waded through, and by the time David was three, I was very unhappy about all this "science", or … lack of.

A diphtheria study had been bothering me. There were huge numbers of carriers – with no antibodies – who didn't get diphtheria. There were huge numbers of people who had been proven immune with a Schick test, yet then went on to get diphtheria. There were nurses and doctors with lots of immunity who got sick, and others without immunity who didn't. I was really puzzled. What was it that determined whether a person got sick? The doctor just looked at the study I'd stuck in front of him and said, *"We don't need to **k**now anything about any of those things because we have a vaccine which prevents it."*

There's only one problem – and it's coming home to roost now[2] – and it's pretty basic. As a press release said, *"We have a lot more to learn before we can halt the AIDS pandemic."*

> *"Vaccines wor**k** simply by producing antibodies, right? Well, probably not. And this misconception coupled with basic ignorance of how they do wor**k** is stalling the urgent quest for an AIDS vaccine, claim leading HIV researchers. They say no one has bothered to find out how highly successful vaccines li**k**e polio, measles and hepatitis B actually protect people from disease.*
>
> *"I'm amazed by the amount of basic science we don't **k**now," Philippe Kourils**k**y, director of the Paris-based Pasteur Institute, told the meeting: "We've had many successful vaccines over the past decades but we've missed*

2 Eurekalert. 2000. "We have a lot more to learn before we can halt the AIDS pandemic." May 23. http://www.eurekalert.org/pub_releases/2000-05/NS-Whal-2305100.php

*a chance to see how these vaccines work. Each time a vaccine works the scientific community wanders off and leaves it to the public health workers to use it – and fails to invest in the research. If we had done that we would have been in a much better position to tackle the AIDS vaccine problem."*

If the medical profession doesn't understand how diseases cause problems, or how the body really makes immunity to the disease, or why certain people develop complications from a disease, then it won't understand how a vaccine creates immunity, or whether that immunity is the *same* as would be made by the disease itself; and it certainly won't understand whether vaccines cause problems, or why.

Why, then, do doctors behave as if vaccines are tested to the ultimate degree, and as if the "experts" understand all there is to know? Why, in their ignorance, do doctors say there is no possible association between the vaccine and problems about which they know very little?

I was only just starting to realize how little doctors knew in 1985, when an event happened which would start me on a new and different journey.

Back in those days we used to go to church, because, like going to the doctor, it was the thing good "Christians" did.

This particular Sunday, we were sitting in the middle of the congregation when the order of service was changed somewhat, and a mother, father and baby went up to the front. The pastor said that this occasion was an emergency, because the baby had had a serious reaction to a vaccine, was very sick and he needed everyone in the church to pray for this baby with him, so that God would heal the baby.

As I looked around the church at people with their eyes closed and hands raised, I thought to myself:

*Can no-one but me see the irony and hypocrisy of this situation? These people are going to ask God to heal a baby from something they chose to do, presumably because they believe that if they hadn't had the vaccine God couldn't either stop the child getting sick, or if the child got sick, the immune system wouldn't work, and God certainly couldn't stop the baby from dying.*

I felt some pressure from Peter's hand. He must have seen my face, and it must have looked like thunder. I whispered in his ear: *"I have to get out of here, or I'll blow a gasket. I'm going to Ian and David in the crèche."* And I got up and walked out of the hall.

I'd only just had time to settle myself down, and spend a bit of time with David and Ian, when the door of the crèche burst open, and in came the mother with the baby, who was screaming. Evidently, the minute the pastor had put his hand on the

baby's head, the baby had started screaming and wouldn't stop. Unfortunately for me, the mother put her screaming baby down on the floor next to me, to change her nappy.

I was about to move away, when I was horrified to see that right around the baby's bottom, and in the creases between the thighs and on the baby's abdomen, and all around the labia, the skin was dark red and looked like raw meat. Probably the baby was screaming because the urine was burning like a fire-brand. The baby also had large eczema patches in the knee and elbow creases, and in other small patches randomly placed.

I looked at the mother and asked: "Do you have a family history of allergy?" "Yes, we do. Lots. Why?" I replied, "Well … when you next go to the doctor you might want to discuss that with him, and the fact that she has eczema, because kids with those two factors are more likely to react to vaccines."

She verbally exploded in my face. "Well Hilary, we *all know* that you don't vaccinate your children, but *I'm a nurse, and I believe in vaccines, and if my daughter wasn't vaccinated, then she'd get sick and die.* How dare you tell me, that I, a nurse, do not know what I am doing!"

I paused while I thought a moment, because I knew that what I was about to do wasn't going to turn out well, no matter how I did it. I looked her fair square in the face and said: *"Then why are you here? You chose the vaccines because you believe that if you didn't, God wouldn't stop her getting sick or dying. So why do you believe that when she reacts badly to a vaccine, you can ask God to fix up the vaccine problems? Exactly what do you believe about God?"*

Ian and David could see that I was not only angry but in tears, and were clinging to my legs. David was crying. I looked down at both of them and said, "Come on; let's go and play in the fountain." That's not the done thing, but the boys loved water, I had spare changes of clothes and I needed some fresh air. We spent a good 20 minutes out there, waiting for Peter, when out stormed the Pastor. He came over to me, and berated me for reducing the mother to tears, and, *"How dare you leave her in there so upset, for others to clear up your mess?!"* I asked him if anyone had bothered to tell him what was said. They hadn't, so I did. He stood there in silence, and I said, *"So you see, there is a fundamental problem here Bryan, which is not of my making. I wanted to give her sensible medical options and she chose to turn it into a bun-fight. I felt the need to show her the hypocrisy of the situation, since she attacked me personally."*

He turned on his heel and walked off, without saying a word. Over the next few weeks it became plain that other ladies were very uncomfortable around me. It was made clear I would not be welcome at Bible studies.

Not long afterwards, the pastor's wife rang me, because her fully vaccinated, formula-fed son had a history of repeat infections after vaccines, which were of

course "coincidental", but the medical profession had decided that the solution to these persistent infections was to remove his tonsils and adenoids. "Hilary," she asked, "what would you do?"

I replied, "You are a pastor's wife, a person who other women think has a close relationship with God. If I were in your position, I would ask God why He designed us with tonsils and adenoids in the first place, what has happened that has caused these infections; what God would want you to do, and what you could do naturally which might resolve the situation."

I gave her a brief run-down of how the tonsils and adenoids were part of circle of key immune system "watchdogs" in what is known as Waldeyer's ring. This consists of not just the tonsils (which protect against any pathogens coming in through the mouth) and the adenoids (which protect against anything coming down the nose), but also of additional lateral bands, palatine tonsils, lingual tonsils, as well as other areas at the back of the pharyngeal wall and in the laryngeal ventricles. But the tonsils and adenoids are the primary first-line defence or "outer walls" of a protection system which tries to stop pathogens of any sort gaining access to areas further inside the body.

It is logical, as one paper[3] on the internet puts it, that: ***The tonsils are small masses of lymphoid tissue in the back of the throat around the pharynx. They act as a filter to trap and remove bacteria and foreign intruders that cause infection.*** Or as a very good online text[4] on tonsils and tonsillectomy puts it: ***This collection of tissue, at the entrance to the respiratory and digestive tracts, protects the child from inhaled and ingested infection.***

To me, taking out the tonsils and adenoids on the assumption that that would stop the repeated infections, was like taking the gates off the walls surrounding a house because the wood is rotten, and you are tired of the hinges rusting up all the time. It sure wasn't why God designed us to have tonsils in the first place. The problems that parents often face, is that many doctors don't understand the basic fundamentals of tonsils and adenoids. As in the case of infectious diseases and vaccines, their answers are often to either drug up, or remove. Very rarely do doctors stand back and ask the logical question, "Why is this here, and how does it function?"

"I would figure out if there was a way to fix the gate, not remove it", I said.

3 Though the end focus of this paper is lupus, it gives a reasonably understandable explanation of what is currently known of the immune system. Be aware that there are vast areas of immunology that are not yet understood, but the basics, like the function of tonsils and adenoids, has been understood for quite some time. Korolchuk, L. and Patel, B. 2006. "The Immune System and Lupus." Center for Mathematics, Science and Technology Education, University of North Carolina. http://education.uncc.edu/cmste/summer/medicineAndBiology.htm

4 Pracy R. et al. (no date). "Diseases of the tonsils and adenoids." In: *A Short Textbook of Ear, Nose and Throat Surgery.* Chapter Seventeen. http://famona.sezampro.yu/OTOHNS/PRACY/pracy17.pdf (I would recommend anyone who has a child with tonsils to read this, to get an understanding of why tonsillectomy is so controversial.)

The pastor and his wife had their son's tonsils and adenoids removed. Maybe they did do as I suggested. Maybe they did act on the answer they believed they received. Or were mindsets getting in the way? Or doubts and fears? For whatever reason, they both had the same fundamental disconnect that the nurse had.

On the one hand, the Pastor and his wife preached a belief in a God who made the world, who formed each child hidden, in the womb, who made our immune systems to do a job, who sustained his people in the Old Testament with many miracles when they walked in His ways. They expounded on how, as the people wandered in the wilderness, they would suffer the consequences when they disobeyed God, or had attitudinal problems. These leaders of the church would exhort us all to trust God in everything, yet when it came to the crunch were they walking the talk? Did I have any right to judge them? Or the majority who make similar decisions? I'd done the same myself.

I had to ask the question in my own mind, "What is the real basis of their relationship with God, and their understanding of Him in the first place?" But more importantly, these two incidences of "spiritual cognitive disconnect" also made me re-evaluate my own relationship with God, and on what basis I was to make my decisions in the future.

Today, I am in the position where I know what I "believe". However, I find the science of immunology and vaccinology fascinating in its ignorance and contradictions. I continue to study it, because I can see that any person who knows what the medical profession understands and what it doesn't, can make a sound choice based on science alone regardless of whether they have a spiritual "belief" or not. I know that if people see all the information, they will understand what doctors leave out of that information, and why they have to leave it out.

As I get deeper and deeper into my understanding of science, I am awed by how amazing the God is who made me, and who understands intimately how my body works. He designed the immune system to do a job.

We are all individuals, and yes, technically I have an immunodeficiency, which some would say was a "mistake" on God's part. But as I walk with Him, I've learned ways to support my immune system to the point where I rarely see a doctor. I don't believe that there are "mistakes" on God's part. Part of our walk, and the challenge of life, is how we find the solutions to the rocks and trip-ups which form the journey of life.

Do we go to the doctor first, or do we consult the manufacturer's "online" handbook?[5] Do we believe the Bible when it says, "If any man lack wisdom, ask, and it shall be given"? Or do we figure that God got tired of His consultative role, and left all the real solutions in the hands of doctors who now know better than He ever did Himself?

5 See *Just a Little Prick*, Chapter 7 – "Invalidating the Warranty".

We all have to make decisions involving the issues of life. Many of them are in controversial areas. I believe God can use some things in medicine to make life better. But "some things", doesn't mean "everything". Just because you "can" do something, doesn't mean you "should".

The title of this chapter was taken from an old book,[6] written by a scientist called Professor David F. Horrobin, which ironically was tossed in the freebie bin at the local library because it was considered "too hard" for most people to understand. This brilliant book, along with God's promptings, helped me to see just where the disconnects were, in my own mind. Professor Horrobin's thoughtful approach helped me to reconcile seeming paradoxes and contradictions between "science" and God. Reading it is not for the faint-hearted though. Professor Horrobin was intellectually brilliant. Like many brilliant people, he had controversial things to say which still apply today. He was also a heretic who spoke his mind, and as such was hated by many in the medical world because he could see – and clearly lay out for all to see – so much that they could not.

As parents we all have to ask questions of ourselves which everyone has to face up to. This book is written to help in that process. You and I may disagree on some fundamental issues, but the bottom line is this. When the fat hits the fan, what is the basis of our decision making? Fear?

From a Christian perspective, the Bible[7] says *"God has not given the spirit of fear, but of power, and of love and of a sound mind",* and that *"the peace*[8] *of God, which passes all understanding, shall keep your hearts and minds through Christ Jesus."* Yet in another sense, fear, or wariness is a good thing. It warns us when we are in danger. I have a rock-solid foundation, which I believe can sustain me through the worst of situations. It forms the very foundations deep within, of how I live and cope with each day. It's something I wouldn't be without.

To those who might say that my belief colours my scientific judgement, I would ask in return, *"Do you have something better, not just on the surface, but deep down within?"*

6 Horrobin, D.F. 1969. *Science is God.* MTP Chiltern House, UK. ISBN 85200 000 6.
7 2 Timothy, Chapter 1, verse 7.
8 Phillipians, Chapter 4, verse 7.

# 88 For now… and beyond

*In the book "Just A Little prick" I set out my perspective for confronting the vaccination debate, and indicated that, whether we like it or not, any health topic fits between birth and death and impinges on everything in between; that sickness, disease and especially death are not welcomed, and that a solid belief basis, or "foundation", that we can confidently commit our lives to, is essential. I stated that I know where I stand because I know what my convictions are based on. Without that I would have every reason to be scared stiff of having to face the "what ifs" of life, especially when my decision-making resulted in a situation I didn't like but had to cope with.* **THE "WHAT IFS" APPLY IRRESPECTIVE OF THE STAND WE TAKE ON HEALTH ISSUES.**

*I did not attempt to specifically detail my personal beliefs, and in chapter 81, I touched on the reasons why I was reluctant to do so. The issue is a very personal one, and I respect an individual's right to have freedom of choice in what they believe. After all, we were made with the ability to exercise free will.*

*My concern is that many people do not have a solid foundation on which to base their lifestyle, or they feel that they have plenty of time to handle that sort of thing, and consequently leave the real need until it is too late. For that reason I offer my own experience for anyone to read if they wish to.*

*The choice is for you, the Reader, to make. What follows involves a personal relationship with the Creator God who is revealed in Jesus Christ. No hocus-pocus churchianity business! It deals with some inescapable facts, and from my experience of over 60 years, it works!.*

*If you feel uncomfortable with this, or you have a "faith" that will completely carry you through* ***all*** *of life's circumstances, and even beyond them, or you don't feel the need for any of this stuff, then please don't read any further. I respect your decision.*

*However,*

*if you are interested,*

*or curious,*

*or are really seeking "something" you haven't got,*

*then maybe*

*you*

*can*

*risk*

*turning this page…!*

*Life makes no sense without God who created all things by the word of His power, and who has a plan and purpose for all that He created and sustains.*

*If there is no Creator whose on-going handiwork is visible for all to see every day through the laws that hold everything together, and which are accepted without question, then in its place must go the evolutionary theories of Chance. Guarantees have to be replaced with the uncertainty of maybe, perhaps and the 'I don't knows…' or 'I thinks…'. The manufacturer's manual has the assurance of the designer. A warranty which we can either accept or reject*[1]*. Who do you turn to if you and the world just 'happened'?*

*God identified Himself with humankind in the person of Jesus Christ, and can be found and personally known by anyone who really and truly seeks Him, but unfortunately the systems and structures of churchianity and other "religions" often get in the way. The Bible explains how to find and receive the gift of salvation – to experience a "new birth" – which leads to eternal life, and the Holy Spirit has been given to lead us into the Truth and to teach us*[2]*. Countless books, tracts, sermons and other presentations have been produced to "help" people decide for Christ. How helpful they are depends on the individual and how hungry and thirsty they are for reality. I have had Jesus Christ as my constant companion for over sixty years and have never regretted for one moment my decision. My passion is to help others to know what I know. I will not attempt to explain "the fine print" in written form in this chapter. Personal interaction is much more satisfying and effective and I always welcome these opportunities.*

*Let me return to the issue as stated at the beginning of this chapter. In many areas of life,* ***fear*** *is an underlying factor that has to be dealt with. This is especially true when dealing with health matters. One of the most common is fear of death itself, or fear of how and when we might die.*

*There are at least three* ***facts*** *that confront us all. They cannot be escaped no matter who we are.*

1. *Humanly speaking, each one of us is born to die. Death is inevitable –* ***unless*** *some supernatural event removes us from this world without dying*[3]*.*
2. *Death can take place at any stage in life – from infancy to old age.*

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1 *Just a Little Prick*, chapter 7, page 61.
2 The Bible. Many references could be given but John's gospel, chapter 3 verses 1 to 17 is well known. See also John's Gospel chapter 16, verse 13.
3 See the Bible: Enoch (Genesis 5:21 – 24 and Hebrews 11:5); Elijah (2 Kings 2:11) and an "end times event" described in 1 Thessalonians 4:13–18)

3. *Death can be sudden – without any warning; totally unexpected.*

*Surely it is plain common sense to be ready and prepared for such an event, but also to live our lives usefully as long as we can – as far as possible, living one day at a time.*

*To have a belief structure, a solid foundation, convictions, call it whatever, or to choose to have nothing, is a personal responsibility, but it will affect the way each person lives. Exercising choice should surely require a commitment to look for the truth – to sift through the red herrings, the "guarantees," the "claims" and all the clamouring voices that promise quick-fix solutions and plausible answers, until you find what rings true within your innermost being. That means seeking until you find – digging beneath the surface, rummaging through the clutter of "approved information", the weight of public opinion, and pursuing lonely paths, because strange as it may seem it is under obstacles of this sort that the real "gold" is to be found. Glib attitudes should be viewed with suspicion. Even the majority view may not be correct.*

*The "position" a person takes on any issue, will be based on "pre suppositions", i.e. to have a prior acceptance that something is true without requiring proof. These can be called beliefs or convictions. To prove something, is to establish the validity of it, which may be done by demonstrations or tests, or to know from experiences or observations that it is true. That leads us into principles, or basic general truths, which are moral rules to guide personal conduct. I have no hesitation in committing my life to the following, call them what you like:*

* *There is a God who reveals Himself in Jesus Christ.*
* *He is the Truth – He cannot lie.*
* *I am God's workmanship, wonderfully made according to His design and purposes.*
* *In Him I live, and move and have my being.*
* *I can know Him personally and intimately because the work of Jesus on the Cross was totally complete and totally finished. I can add nothing to it.*
* *I know who I am, what He has made me and where I am going to spend eternity.*
* *I have a hope that is steadfast and sure – an anchor that will hold in the storms of life.*
* *My eternal destiny is infinitely MORE important than any other issue that arises in this life, no matter what it may be. Jesus Himself said, "What does it profit*

*a person if he gains the whole world and loses his own soul?" As an old song says, "I'd rather have Jesus than anything this world affords today."*

*Herein lies the reason for a faith that will be sufficient for all the "what ifs" that may have to be faced in daily living. It doesn't eliminate making difficult choices and decisions, or the removal of times of hardship, suffering and sorrow, but it makes possible a more than adequate Burden-bearer whose invitation to carry anything off-loaded on to Him is only dependent on the transfer actually taking place – a test of faith.*

*This is the CRUNCH POINT!*

*I have really stuck my neck out because it opens the way for people to ask some very sticky questions. I know! Every day the news media reports on human tragedies of all sorts.*

*E-mails come into our home asking for help on related health and family issues. They can so often be heart-breaking stories – man's inhumanity to man in spite of all the sophisticated systems in place which are designed to ensure justice, and safeguard our rights and freedoms.*

*You can feel totally overwhelmed and seemingly powerless to do anything, and those who are suffering are shattered.*

*Is my faith adequate for these situations and circumstances?*

*Can anyone have such a faith?*

*The answer is an emphatic YES. Countless numbers have proved it to be so.*

*There was a time when many who followed Jesus found the going too tough – there was a cross ahead – and they left Him. Jesus asked His closest followers if they would also leave. Their reply was, "Lord, to whom shall we go? You ALONE have the words of eternal life".*[4]

*Listen to someone else in his trouble: "Hear my cry, O God, attend to my prayer. From the end of the earth will I cry to you, when my heart is overwhelmed, lead me to the rock that is higher than I, for you have been a shelter for me and a strong tower…"*[5].

*And these beautiful words:*

*"In all these things we are more than conquerors through Him who loved us. For I am persuaded that neither death, nor life, not angels, nor principalities, nor powers, nor things present, nor things to come, nor height, nor depth, nor any*

4 The Bible: John's Gospel, chapter 6, verses 66 – 68.
5 The Bible: Psalm 61: 1–3.

*other creature, shall be able to separate us from the love of God which is in Jesus Christ our Lord."*[6]

*NOTHING can separate me from my Lord and Saviour. NOTHING! Of that I have absolute assurance.*

*But does all this just "happen"? Is it something you only switch into when the need arises – when the panic-stations' alarm bells begin to jangle?*

*I am talking about a chosen lifestyle that begins with a careful weighing up of all the "pros" and "cons" of being different in every area of daily living. When the point is reached where it can be said, "My lifestyle will be based on this foundation. These are the 'pre suppositions' for the 'position' I am going to take. I know other people, including some of my friends, will disagree with me, and I shall be going against the flow of the majority. How can I do it, because I can't do it in my own strength, and I'm scared of the 'what ifs'?"*

*The question has to be asked, "Do I have a 'faith' – a belief basis – that will see me through every day, no matter what?"*

*I have explained what I have found to be the only answer to that question. With the world the way it is today there is no time to wait for something to sort itself out. I have proved in my experience that such a "faith" can be practiced every day as you walk and talk in the company of the living Lord Jesus Christ.* ***Everything*** *can be checked out with Him. In the wisdom and strength He gives, my job is to trust and obey.*

*My God is not a convenience to rush to for a quick-fix when all else fails, and then be forgotten until the next crisis.*

*There is such a lot more that I could say. If your hunger for the things you have been reading is still driving you on to the point where the pangs are unbearable, and you would like to contact us, please do. You may even be able to find someone else who echoes these words, living nearby.*

*The Great Divide started with an Ernest C. Kerr. Along the way he discovered that it's not good for a man to be alone. He gained an Anne Kerr. The truth is that those who become* ***earnest seekers*** *will, among other things, gain* ***an anchor*** *which* ***will*** *hold firm in the storms of life.*

*We are talking about PRICELESS GIFTS.*

*May we have the privilege of helping you to prove that those who earnestly seek* ***will find?*** *It will change your whole lifestyle!*

6 The Bible: Romans, chapter 8; verses 37 – 39.

# List of Abbreviations

| | |
|---|---|
| ADD | Attention Deficit Disorder |
| ADHD | Attention Deficit Hyperactive Disorder |
| AAPS | American Association of Physicians & Surgeons |
| ACIP | Advisory Committee on Immunization Practices |
| ACT | Adenylate Cyclase Toxin |
| AIDS | HIV Acquired Immunodeficiency Syndrome, synonymous with Human Immunodeficiency Virus |
| BMJ | British Medical Journal |
| BRAT diet | Banana, Rice and Toast diet for diarrhoea |
| CDC | Centres for Disease Control (and Prevention) |
| CIN 3 | Carcinoma in situ grade 3 |
| CODEX | Codex Alimentarius Commission (Europe – food standards, guidelines). |
| CNS | Central Nervous System |
| CVI | Children's Vaccine Initiative |
| CYPS | Children and Young Person's Service |
| DOD | Department of Defence |
| DNA | Deoxyribonucleic acid (DNA) is a nucleic acid that contains the genetic instructions used in the development and functioning of all known living organisms. |
| DPT | Diphtheria, Pertussis, Tetanus vaccine. |
| DTaP | Diptheria, Tetanus, acellular Pertussis vaccine. |
| EEG | Electro Encephalography, or Electro Encephalogram |
| ESR | Environmental Science and Research |
| FDA | Food and Drug Administration (USA) |
| GMC | General medical Council (UK) |
| GSK | Glaxo Smith Kline |
| GAS | Group A Streptococcal (Disease) |

| | |
|---|---|
| HAM | HTLV1-Associated Myelopathy |
| HIB | Haemophilus Influenzae type B |
| HBV | Hepatitis B virus |
| HCG | Human Chorionic Gonadotropin |
| HIV | see AIDS |
| HLA | Human Leukocyte Antigen |
| HPV | Human Papilloma Virus |
| HTLV-1 | Human T-cell Leukaemia Virus type 1 |
| IAS | Immunization Awareness Society (NZ) |
| IMAC | Immunization Advisory Centre (NZ) |
| IPD | Invasive Pneumococcal Disease |
| IPV | Injectable polio vaccine |
| ISAEC | International Serious Adverse Events Consortium |
| LMC | Lead Maternity Carer |
| LPS | Lipopolysaccharide (bacterial envelope toxin – curlin) |
| MeNZB™ | vaccine for meningococcal disease type b, New Zealand strain. Discontinued. |
| MMR | Measles, Mumps Rubella vaccine |
| MSBP | Munchausen's By Proxy. |
| NIH | National Institutes of Health (USA) |
| NICU | Neonatal Intensive Care Unit |
| NIR | National Immunization Register (NZ) |
| NSAID | Non-Steroidal Anti-Inflammatory Drugs |
| OPV | Oral Polio Vaccine |
| PCR | Polymerase Chain Reaction |
| PDHRS | Physician Disease-phobic Hypochondrial Response Syndromes |
| PFI | People for Immunization (USA) |
| PV | Papilloma Viruses |
| RDA | Recommended Daily Allowance |
| RNA (virus) | Ribonucleic Acid |
| SIDS | Sudden infant Death Syndrome |
| STD | Sexually Transmitted Diseases |
| TGA | Australia's Therapeutic Goods Administration |
| Th1 | helper T cells. 1 – activates macrophages, and goes after organisms inside cells |
| Th2 | helper T cells 2 – primarily focused on B-cells, antibody production and inhibits macrophage action. |
| UNICEF | United Nations Children's Fund (originally United Nations International Children's Emergency Fund) |
| USAID | United States Agency for International Development |

| | |
|---|---|
| VAERS | Vaccine Adverse Event Reporting System (US) |
| VIS | Vaccine information Statements (US) |
| WHO | World Health Organization |

# Index