

RAISING A VACCINE FREE CHILD

By

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FOREWORD

Wendy Lydall's book *Raising a Vaccine Free Child* exposes the myths of vaccination in no uncertain terms. It reveals many of the delusions and misconceptions that pervade this procedure in which my profession is involved. There is much in this fully referenced book that I previously did not know. The chapter on herd immunity contains valuable information that shatters the idea that parents who don't vaccinate are harming others.

Forty years ago I unquestioningly followed the "experts", and my daughters were routinely vaccinated. However, thanks to sleuths like Wendy Lydall and Hilary Butler in the New Zealand Immunisation Awareness Society, I became sufficiently enlightened to help my daughters make a genuine informed decision, and none of my 5 grandchildren (now aged 5-17) are vaccinated. Instead they sailed through those important childhood infectious diseases. They can participate in maintaining a vital cohort of healthy humans with intact immune systems to pass on to the next generation.

What a change there would be if Wendy Lydall's book was mandatory reading for every medical student. At the very least, they could rethink my profession's uncritical and seriously flawed reliance on the "magic bullet" of vaccination. Well done, Wendy, and thank you for making this information available to parents.

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“THE BENEFITS OF VACCINATION ARE WORTH THE RISKS”

Vaccine Myth number One: Vaccination does sometimes have side effects, but these are much milder than the disease that the vaccine prevents.

When parents try to decide which vaccines to accept for their children, they are not given accurate information by the authorities. It is impossible for parents to weigh up the risks of vaccination against the benefits, when they are not told what the risks from the vaccine are, nor how much chance there is that the vaccine will actually prevent the disease. The myths of vaccination are so deeply entrenched in our minds that it comes as quite a surprise to learn that most of the claims made for vaccination are nothing more than fantasy. I was surprised when I learned that BCG, the vaccine for tuberculosis, does not prevent tuberculosis. I was even more surprised when I discovered that Edward Jenner’s cowpox vaccine did not eliminate smallpox. It is a strange feeling when something you have believed for all of your life gets overturned in your mind.

My first baby was born in South Africa in 1982. I was well aware that the side effects of vaccination are far worse than the medical authorities admit, but I assumed that if I accepted a vaccine, it would mean that my child would not be able to catch the disease that the vaccine was supposed to prevent. After weighing up the risk of the polio vaccine against the risk of getting polio, I decided to let baby Chandra have the oral polio vaccine. I knew that homoeopaths can cure polio effectively and rapidly, but at that stage of our lives we spent a lot of time camping in the Drakensberg mountains of KwaZulu, where polio is endemic. If she had developed symptoms of polio it would have taken a long time for us to get from our

campsite to a town with a homoeopath, so I felt that the risk of her possibly catching polio was greater than the risk of possible side effects from the vaccine. I believed that oral vaccines had fewer side effects than injected ones, and I knew that being breast-fed on demand reduced her chances of catching polio. What I did not know was that the vaccine would not make her immune to polio.

So in making the decision for Chandra, I had weighed up the risk of the vaccine against the risk of the disease, not realising that this was a faulty equation. As it happened, a polio epidemic did break out in South Africa while she was a baby, and I noticed some newspaper articles which said that the reason why vaccinated children were getting the disease must be because the vaccine had not been kept at a temperature that was low enough to prevent it from losing its virulence. I paid little attention to the issue, because it did not occur to me that anyone had a reason to lie.

The official literature that the health department had sent me said that three doses of oral polio vaccine would make my baby immune to polio. A few months after Chandra had had the third dose, a letter arrived from the city council informing me that it was time for her fourth dose. After a while the medical officer telephoned me to ask why I had not turned up for the fourth dose. She told me that Chandra was still in danger of catching polio, because three doses were not enough to create immunity. That was my first inkling of the fact that the polio vaccine does not work. Since then Chandra has never had any more doses of any type of vaccine.

My second baby was born at the beginning of the next polio epidemic in South Africa. By then we had moved to Cape Town, which is far away from the area where polio is endemic. My refusal to allow baby Kenneth to swallow any doses of oral polio vaccine caused a flurry in the medical bureaucracy in Cape Town. They even sent a top ranking doctor from Groote Schuur Hospital to my house. By then I knew from my research that the vaccine does not prevent polio, so all their dire warnings could not persuade me to conform. I had also realised by this time that vaccinationists are inclined to make statements that deviate from the truth, so I investigated the validity of the excuses given for the failure of the vaccine to prevent polio during that particular epidemic. The results of my investigation appear in vaccine myth number eight.

While Kenneth was still a baby we moved to New Zealand, and then eight years later we moved to Australia, so I have had first hand experience of the behaviour of the vaccine bureaucracy in three countries. I have also corresponded with medical authorities all over the world, challenging them

to provide evidence to support their claims. The evasiveness and artifice of their responses has demonstrated that their statements are not factually accurate. Dishonesty pervades the practice of vaccination in every country, and there is a disturbing conflict of interest in the higher ranks of the global vaccine industry.

When discussing the risks versus the benefits of vaccination, it is important to make a clear distinction between the two categories of infectious disease. These are *childhood diseases* and *malevolent diseases*. The issue of vaccination becomes muddled if the two categories of disease are lumped together, because childhood diseases are very different to malevolent infectious diseases.

Childhood diseases affect the immune system in a way that makes most people immune to the disease for the rest of their lives, but the malevolent infectious diseases do not do this. Vaccination is a partial copy of a natural infection, so when the germs of childhood diseases are injected into the blood stream, they create an artificial immunity that wears off and allows the person to catch the disease later on in life. There is a higher rate of complications with these diseases in older people.¹

When the germs of malevolent diseases are used for vaccination they do create antibodies, but that is not the same thing as creating immunity.

Parents have the right to be given accurate information about the effectiveness of vaccines, but whenever vaccines are dramatically seen to fail, the establishment throws its energy into making excuses, instead of trying to understand the real significance of the available data.

To maintain the myth that the risk of side effects from vaccines is small, medical authorities say that most cases of vaccine damage are caused by something else. They also actively hinder scientists who wish to research the long-term side effects of vaccination.

As I will show, the risk of death or brain damage from whooping cough vaccine is far greater than the risk of death or brain damage from whooping cough, yet glossy pamphlets tell parents that it is the other way round. Some deaths from measles vaccine are acknowledged,² but it is impossible to ascertain the risk of dying from measles vaccine when deaths are deliberately concealed.

Governments around the world misrepresent the potential danger from vaccines. For instance, the Australian health department printed a booklet for parents that said, “serious reactions to Hib vaccines have not been reported.”³ At the time that the booklet was printed there had already been 1161 official reports of serious side effects from Hib vaccines in Australia,

16 of which were reports of death.⁴

Parents around the world are not told what ingredients are contained in the vaccines. Most doctors and nurses that do vaccinations are unaware that as well as the ingredients that are included to create antibodies, vaccines also contain mercury, aluminium, formaldehyde, animal tissue, animal blood, human blood, human cells from aborted babies, potatoes, yeast, lactose, phenol, antibiotics, and unrelated species of germs that inadvertently get into the vaccine culture. How can parents work out the risk/benefit ratio of injecting these substances into their baby when they do not even know that they are included?

In all of my research, the only benefits I have discovered to result from vaccinating a child are that medical authorities do not harass the child's parents, and ignorant people do not accuse the parents of endangering vaccinated children.

Vaccination is a ritual that is held in awe by our modern society. Some people consider criticism of vaccination to be sacrilege. Many people hold the opinion that people who do not "believe" in vaccination are not only a danger to society, but that they are also crazy. Vaccination has religious status, and some people consider it immoral to even question the claims made for vaccination.

Joseph Goebels was a master of propaganda, and he used a simple basic principle to convince people that Nazism was a good idea. The principle is that if people are told something often enough, they begin to believe that it is a fact, and not an opinion. Repetition is the key to making a myth into a "fact". The principle of repetition, combined with the suppression of factual data, is what the vaccine industry uses to keep millions of people around the world believing in the myths of vaccination. They constantly feed the media with half-truths and untruths aimed at promoting vaccination, and the media is reluctant to report negative facts about vaccination that are presented to them by parents or consumer activists.

Anti-vaccinationists face another problem that is similar to what the medieval astronomers faced when they tried to persuade people that the earth goes round the sun. The astronomers' claim sounded absurd at that time, because "everyone can see that the sun goes round the earth." Nowadays the idea that vaccines are beneficial is regarded as a universal truth. It is considered quite "obvious", because everyone can see that smallpox and diphtheria are no longer with us, and the side effects of vaccination are not at all obvious because they are called by different names.

“SIDE EFFECTS ARE RARE”

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Vaccine Myth number Two: Sometimes vaccination does have side effects like a rash, a fever, or a swelling at the site of injection. Serious side effects are extremely rare. Only one in a million has a severe reaction.  
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The medical establishment has an effective way of ensuring that the official figures for vaccine reactions remain small. When confronted with a case of vaccine damage, they simply deny that there is a relationship between the vaccine and the symptoms. There are five ways that adverse reactions to vaccines develop;

- * Mild symptoms appear soon after vaccination, and then clear up after a few days. The child suffers no permanent effects.
- * Serious symptoms appear soon after vaccination, and they do not clear up after a few days. The child either dies or remains permanently damaged in some way.
- * Symptoms are mild at first, but slowly get worse, so that the full extent of the damage only shows up long after the date of vaccination. This is often how it happens when vaccination causes epilepsy and intellectual brain damage. A toddler has staring episodes the day after the injection, stops using language the next day, becomes “clumsy” a week later, and

has the first grand mal seizure five weeks after the injection. Intellectual disability is confirmed much, much later. The medical establishment gives the excuse that the epilepsy only started five weeks after vaccination, so therefore there is no connection between the vaccine, the epilepsy and the brain damage. When a tiny baby has this slowly developing type of reaction, it is very difficult to pinpoint the moment when the halt in development occurred, because it was not yet doing things like talking and walking at the time of vaccination.

- * No symptoms appear at first, but a deep rooted problem, which takes a long time to surface, is set in motion by the vaccine. Autoimmune diseases are an example of this.
- * A child is “not the same” after vaccination, with mild symptoms that persist for years, and lower the quality of health.

Vaccinators are happy to acknowledge the side effects that are not serious and go away after a while, like fever and swelling at the site of injection, but they are not keen to acknowledge side effects that alter a person’s ability to enjoy life. They hotly deny that vaccination can cause chronic and degenerative diseases, but they have no data to support their denials.

I used to assume that the incidence of side effects was researched before a vaccine was used on the public. Now I know that vaccines are approved for marketing without proper studies having been conducted on their side effects. Furthermore, once a vaccine is in use, the real incidence of serious side effects is not recorded. This situation has prevailed from the days of Edward Jenner up until the present.

Many countries rely on the American Food and Drug Administration (FDA) to ensure that the medical products that they buy are safe. The FDA is supposed to protect the American consumer from dangerous substances, but as I will show further on, it fails to perform this function. The FDA should encourage research into the long-term effects of vaccination, but instead it actively discourages long-term research. For instance, Dr. Anthony Morris, a virologist and bacteriologist who was employed by the FDA, began some research into the long-term effects of vaccination. His research displeased his employers, and he was fired in 1976 for going to the press and warning the public not to accept the dangerous swine flu vaccine. The FDA took the opportunity to physically destroy the long-term

research in all of his laboratories.⁵

Another example of obstruction of research by the medical establishment occurred when a professor at Otago University in New Zealand applied for permission to study changes in the blood after vaccination. The research required a heel-prick to take a blood sample from each baby soon after birth, and then another heel-prick sample to be taken later on. Permission was denied on the grounds that it would be “too invasive”. Heel-prick samples are taken from babies for all sorts of frivolous reasons, but it is not permitted when there is the possibility that the results may show that vaccination alters the immune system in undesirable ways.

Two professors at Florida University in the USA examined the blood of seven children who had been brain damaged by DPT vaccine. DPT vaccine is used to try to prevent whooping cough, tetanus and diphtheria. The professors found that six of the seven children had a particular tissue typing antigen. This made them think that certain children might be genetically predisposed to reacting to DPT vaccine. They applied for funding to research the matter, but funding was refused with the lame excuse that there is “no evidence” that DPT vaccine causes brain damage.⁶

There is a simple way to find out whether or not vaccines cause chronic diseases. You take a few thousand people who have had the vaccine, and a few thousand people from the same geographical area who have not had the vaccine, and you count what percentage of each group suffers from, or has died from, the diseases you are investigating. So questions like, “Does hepatitis B vaccine cause diabetes?” “Does Hib vaccine cause brain damage?” “Does measles vaccine cause leukemia?” “Does the new DPT cause sudden infant death syndrome?” could easily be answered, if the medical establishment wanted to know the answers. It is remarkable that vaccination has been practiced on billions of people for more than two hundred years without these basic studies ever having been done. The pharmaceutical industry and governments are the groups that have money to fund research. Governments have a moral responsibility to ensure that vaccines are properly tested for side effects before they foist them on the public, but all governments fail dismally in this duty. They prefer to take the easy option of just believing what the manufacturers say about their product. The way that the pharmaceutical industry conducts its “research” is discussed in vaccine myth number eleven, and the way that governments fail to monitor vaccines is discussed in vaccine myth number twelve.

There are however individual doctors who not only care about the issue, they also have the opportunity, or make the opportunity, to do research. Dr.

Michel Odent, the great French doctor who has done so much for birth and babies, founded an institution called The Primal Health Research Centre, to overcome the problem of pharmaceutical funding of research trials. This foundation is funded solely by donations from the public, so that no commercial bias is built into the results of the research. In the foundation's first study on the side effects of vaccination, they found, among other things, that having had DPT vaccine makes a person five times more likely to suffer from asthma.^{7,8,9} The subjects had all consumed nothing other than breast-milk for the first six months of their lives, and none had been weaned before their first birthday.

The Primal Health Research Centre's second study on vaccination confirmed the relationship between asthma and DPT vaccine, and showed that being born at home or in hospital made no difference to the risk.¹⁰ The epidemic of asthma that afflicts children nowadays started with the use of DPT vaccine. The other side of the coin is that asthma is a huge money spinner for the pharmaceutical industry.

Another example of doctors doing the right thing comes from the Inflammatory Bowel Disease Study Group at the Royal Free Hospital School of Medicine in London. This group is composed of three doctors who became suspicious that measles vaccine causes Crohn's disease. Their suspicions were aroused because measles virus persists in the tissue of the intestines of some people with Crohn's disease,^{11,12} and because of the increase in the number of cases of inflammatory bowel disease. In the fifteen years after mass vaccination against measles was introduced in Britain, there was a three-fold rise in Crohn's disease in Scotland.¹³ Crohn's disease is a mysterious and horrible affliction of the intestines, which bears no resemblance to measles. With the help of a statistician from London University, they compared the incidence of Crohn's disease in 3545 people who had been vaccinated as toddlers in 1964, with the incidence in 2541 people of the same age who had not been vaccinated.¹⁴ They also compared the rates of ulcerative colitis, coeliac disease, and stomach ulcers in the two groups.

When I first read the study, I thought that the researchers were silly to include peptic ulcers and coeliac disease, because *obviously* measles vaccine could not cause those. Then I realised that I had a bad attitude. The researchers were right to investigate those two diseases as well as Crohn's disease and ulcerative colitis, because you cannot *know* whether or not a medical intervention causes a long-term chronic disease unless you study it.

The study revealed that measles vaccine makes a person 3 times more

likely to get Crohn's disease, and 2.5 times more likely to get ulcerative colitis, but does not increase the risk of coeliac disease nor stomach ulcers. So that means that two out of three of those people with Crohn's disease would not be suffering from it if they had not been injected with measles vaccine. Crohn's disease drastically reduces a person's quality of life. Health conscious parents can be grateful to this group of doctors for stepping out of line and doing this research.

Dr. Andrew Wakefield was one of the doctors who took part in the study. Later on he conducted a study of some children with autism, the results of which suggested that there may be a connection between MMR vaccine and autism. He did not claim that his study proved that MMR can cause autism, but he did call for more studies to be done. For his temerity he has been persecuted by the vaccine establishment, and vilified by the mainstream media. In the fracas some consumer activists have lost sight of the fact that MMR is not the only vaccine that can cause autism, that autism is not the only chronic condition that can be caused by vaccination, and that vaccination is not the only cause of autism.¹⁵

Governments should fund scientifically sound research into the relationship between vaccination and all chronic diseases, instead of just adding more and more vaccines to their schedules. Governments should also start keeping accurate records of the occurrence of immediate reactions to vaccination.

The following are some of the reasons why the public is not aware of how common bad reactions to vaccination really are;

- * When parents report a severe adverse reaction to a doctor, nurse, or government official, they are usually told that the vaccine was not the cause of the symptoms, and the event is not recorded.
- * The victims are powerless because government agencies do not assist them, and the medical establishment will not help them. The people who made and marketed the vaccine are not accountable, and the media will not report on the victims' plight.
- * Vaccines are perceived as something essential, the absence of which would cause widespread outbreaks of infectious diseases. There is psychological pressure on the medical fraternity to downplay the side effects that they observe. Journalists think that if they report cases of vaccine damage, readers and viewers will not vaccinate, and epidemics

of disease will break out.

- * When a doctor has the integrity to speak out about a case of vaccine damage, he or she is threatened and sometimes punished by a medical association or government officials.
- * The link between the vaccine and the symptoms is not always obvious, even to the victim or the victim's family. Symptoms do not necessarily resemble the disease that the vaccine was supposed to prevent. Sometimes symptoms arise a few days or weeks after the injection, and the connection is not recognised.
- * The diversity of symptoms caused by vaccines has made it easier for the medical authorities to deny claims that vaccines are harmful.

The eagerness of most doctors and nurses to brush aside the cases of vaccine damage that they personally encounter is the biggest problem. There is a conspiracy of silence that keeps vaccine damage out of the public eye. Some deaths from measles vaccine have been acknowledged,² but in most cases the parents are browbeaten and disparaged.

It was only in 1991 that I became aware of just how common severe reactions to vaccination are. I was living in New Zealand, and my phone number was published in a health magazine at the end of an article about vaccination. In the following weeks I received scores of phone calls from people whose children had reacted badly to a vaccine, and who had been rejected and shunned by the medical establishment. Since being knee high to my mother I had known that there were cases of severe vaccine damage that were not being acknowledged nor recorded by the medical establishment, but this flood of phone calls jolted me into the realisation that vaccine damage is shockingly common.

The people who telephoned me were all relieved to be able to tell their story to someone who did not disparage them. The families of vaccine damaged children need emotional support as much as they need financial help. None of them had received any type of support from the official channels that are supposed to take responsibility. This was happening in a country that makes legal provision for vaccine damaged children to receive financial compensation, without any retribution to the doctor or nurse who administered the vaccine. The catch for parents is that they cannot apply for compensation unless at least one doctor will admit that the child reacted

to a vaccine. Parents have no chance of getting compensation to help them cope with the financial costs of their child's disability, when the doctors will not acknowledge the cause of the disability.

Now when I give talks or publish articles, I am no longer surprised by the number of terrible stories that I hear. Old people have stories to tell of what they saw the smallpox vaccine do when it was required for overseas travel from Australia and New Zealand, whereas younger people relate incidents about the other vaccines. In between talks and articles I receive a steady stream of phone calls from parents who have kept my phone number, but do not telephone me until someone is trying to jab another vaccine into their already damaged child, or into another child in the family. When a baby or child has died from vaccination, I find that it is never the mother who telephones me. It is someone further removed from the victim, like an aunt or a grandmother.

Sometimes vaccination causes mental and physical handicaps at the same time. It depends on which part, or parts, of the brain are damaged by the vaccine. Some unfortunate victims become mentally retarded, spastic, autistic and epileptic, all from one injection. The only way we can stop the medical establishment from saying "side effects are rare," is by making the public aware of what is going on.

Consumer groups around the world publish newsletters for parents, but the topic of side effects from vaccination is frozen out of the mainstream media. Because there is no discussion of the issue in the media, victims of vaccine damage are shut out of the public's consciousness. One of the consequences of this exclusion is that the families of vaccine damaged individuals are very isolated, and they do not realise how many other families there are suffering from the same problem.

There is a definite pattern of reactions from each vaccine, or combination of vaccines, but the most consistent thing that parents report to me is that doctors deny that the vaccine was responsible for the reaction. When parents move on to other doctors in the hopes of getting some help, they usually meet more denials that the vaccine could have been the cause. Sometimes doctors do admit it, but although they might say it verbally, they are not keen to put it in writing. Medical doctors cannot be expected to report side effects of vaccination that appear long after the vaccine has been administered, but if there were honest reporting of immediate side effects, a whole new picture would emerge.

In Australia, the 39 vaccines that are on the schedule for children under seven years are officially divided into 6 levels. Doctors are paid a bonus by

the government each time they fill in a form saying that one of the levels has been completed for a child.¹⁶ They are also paid a very large annual bonus if more than 80% of their child patients fully are vaccinated.¹⁶ But they do not get paid anything for signing a conscientious objection form, nor for reporting side effects.¹⁶ Unlike the situation in New Zealand, if parents want compensation for permanent disability caused by vaccination, they have to sue the drug company that manufactured the vaccine. The onus is on the parents to prove that the vaccine caused the symptoms. The drug company does not have to prove that it supplied a safe vaccine.

To demonstrate the resistance that doctors have to acknowledging side effects of vaccination, I will describe four of the cases with which I was associated during my years as a campaigner in New Zealand, where, according to the law, compensation should automatically have been paid, at taxpayers' expense. In theory all that has to happen is that the parents have to fill in form M46, and get it signed by any medical doctor. They then have to hand the form in to the Accident Compensation Commission (ACC), which gets a panel of experts to investigate the case and decide whether or not compensation should be paid. The ACC has a lot of money at its disposal. It does not hesitate to pay for reconstructive surgery if someone breaks a knee playing rugby. It happily pays for physiotherapy if someone wrenches a shoulder while putting a can on a shelf in the kitchen. It even awarded a large amount of compensation to someone who suffered stress because a bank refused him a loan to start a business. But when someone applies for compensation for vaccine damage, the behaviour of the ACC changes completely. However, before the parents of a vaccine damaged child get to the point of applying to the ACC, they have to cross the hurdle of getting form M46 signed.

In 1991 I interviewed the father of a girl who was perfectly normal until a combination of the DPT and hepatitis B vaccines made her unable to sit up, unable to hold up her head, and unable to control her limbs. The only thing she could do was to make crying type noises when she was hungry. I could not tell whether or not her intellect had been damaged. Perhaps her mind was working normally and only the motor part of her brain had been destroyed. I saw a look in her eye that made me feel she was experiencing an emotional reaction to the conversation around her, but she could not speak nor control the direction in which her eyes looked. My interview with her father was filmed by a TV cameraman, but never shown on TV.

Auckland is the biggest city in New Zealand, and this family lived on an island close to the city. One day their doctor set off for the mainland

saying that he was going to find out how they could obtain financial compensation. He returned to the island a frightened man, saying that the vaccine could not have been the cause.

When the family applied for compensation, the public health nurse said that she would support their claim. Then she was told that her job would be in jeopardy if she did that, because, “your action would make it appear that you are not supportive of immunisation policy.” When I interviewed the father in front of the television camera, he related how the specialists who were supposed to be helping him submit his claim for compensation had treated him with suspicion, disrespect, and dishonesty. The thing that amazed me about this interview was that despite all his experiences with the medical conspiracy, the father still believed that it was quite rare for a child to be affected in the way that his child had been. When I told him afterwards about the other cases we know about from the area, he was surprised to learn that his child was not “one in a million”. If TV stations would allow that sort of footage to be aired, the public would become more aware of the extent of vaccine damage.

In another case, a girl was 15 months old when the measles, mumps and rubella vaccine (MMR) was injected into her hip. The hip and leg became swollen and painful, a lump of pus developed in the hip joint, and the cartilage disappeared from the joint. She also suffered a systemic reaction which put her in hospital for three weeks. Before the injection she had been toddling with free movements, but afterwards she could not put weight on that side.

The rubella component of MMR has a predilection for attacking the cartilage in joints,^{17,18,19} but the lump of pus that was surgically removed seven days after the injection implies that the needle hit the bone. (Babies have very small hips and syringe needles are long). The surgeon who carried out the operation to remove the lump of pus met the girl’s father and granny in the hospital corridor after the operation. He said to them, “That needle went in too far.”

According to New Zealand law, the child is eligible for compensation for pain and suffering, for the travel costs to have her treated, for a plastic hip joint, for physiotherapy, and for whatever else she needs to cope with the consequences of the injection. The parents filled in form M46, but the doctor who administered the vaccine would not sign it, even though under New Zealand law he is immune from litigation if the finding is that he did put the needle in too far. No other general practitioner in the town in which they lived would sign the form. The surgeon who said after removing the

lump of pus that the needle had gone in too far would not sign the form, and no other doctor in the hospital would sign the form. The parents lived in a small town on the South Island of New Zealand, where all the medical people know each other. They could not afford to travel to another town to try and find an honest doctor, so they contacted the consumer group of which I was a member for help. We were able to put them in touch with one of the three doctors in New Zealand who have enough backbone to sign form M46.

Even when parents have managed to get a doctor to sign the application form, they then have to face the problem that the Accident Compensation Commission does not want to pay for vaccine damage. The ACC places the burden of proof on the victim, and then rejects whatever material the victim comes up with as being “insufficient evidence”. The average young couple does not have the time nor the money to research the history of a vaccine and compile a scientific case proving that the vaccine was the cause of that specific set of symptoms. When they try, their effort is just brushed aside anyway.

A tiny proportion of vaccine damaged children do get financial compensation because of intervention by consumer activists. One of those was a child who was born 12 weeks prematurely. He spent six weeks in intensive care where he had to be vigorously stimulated more than a hundred times because he had stopped breathing. After he was moved into the regular prem unit the parents were told that he was thriving, so he could go home in a few days. They were also told that he must be vaccinated because he was very susceptible to disease. Although it was still six weeks before he should have been born, the parents naively gave permission for him to be injected with DPT.

After the jab in the morning he would not wake up for feeds. That night he was blue, but the doctors told his mother not to worry. At 3 am a nurse walked past his cot and noticed that he was very blue. He was rushed back to intensive care and put on a respirator. At the time the doctors mentioned the vaccine as a possible cause of the relapse. He spent two weeks in intensive care, and then went home to a life of “spastic quadriplegia” and “cerebral palsy”.

It took a whole year for the parents to get form M46 signed so that they could apply for accident compensation. The doctors were not keen to admit on paper that DPT vaccine was the cause of the child’s condition, but they were in a quandary. The doctors who had assessed the baby before he was vaccinated had all put it in writing that the baby’s prognosis was

very good. When the baby's future turned to disaster, they were made to look stupid for giving such a good prognosis. So they wanted it known that their prognoses had been made before the baby had been injected with DPT. It seems that doctors are willing to tell the truth about DPT to protect their own reputations, but not when it is merely to help the victim get financial help in meeting the costs of the disability. The doctors' signatures made it possible for the family to apply to the ACC.

The parents had two other things in their favour. One was that the reaction had occurred in hospital, under the eyes of lots of medical people. The other was that Hilary Butler, who is a voluntary worker with a huge knowledge base, spent eighty hours of her time combing the medical literature, and writing an argument that the timing was not "just a coincidence", and it was in fact the vaccine that had caused the cerebral palsy.

The bigwigs at the ACC were convinced by Hilary's evidence, and they ruled that compensation should be paid. However, a person lower down in the ACC hierarchy did not like the ruling, and sent a letter to the parents saying that compensation had been denied. It was only by chance that one of the bigwigs of the ACC found out about this letter, and the lump sum compensation was paid three days later. None of the doctors who had agreed to admit that the vaccine was the cause of the little boy's disabilities reported the reaction to the Adverse Reactions Committee.

Another distressing case involved the death of a 32-year-old woman. She had developed an enlarged heart and an enlarged liver after giving birth in Auckland hospital. Many tests were done during the eight months of her illness, but her family did not receive an explanation for her condition. She was moved to Greenlane Hospital to have an operation in which they were planning to replace some swollen heart tissue with plastic. Before she was due to have the operation, she was injected with a vaccine that contains the outer shells of 23 strains of germ that can cause pneumonia. She went into a coma, and her body swelled up and turned red.

The doctors apologised profusely to the family for giving her the vaccine, because the official line on that vaccine is that it should not be given to anyone who is sick. But nothing was put on paper. Not only did the doctors fail to document the fact that she had reacted to the vaccine, they also failed to document that she had ever been given the vaccine. All they did was to write "operation cancelled" on the patient card, and send her back to Auckland Hospital.

When she came out of the coma her skin was very painful to the touch,

and it developed the appearance of a snow burn. The skin condition began to subside, but it flared up again when she had the heart operation. It was still there when she died of heart failure 25 days after the vaccination. This had been a very severe and painful rash; a sign that there was a serious disturbance within the body. The family believes that she would have survived the heart condition, had it not been for the vaccine. They are powerless against the medical establishment. What was a vaccine that is not supposed to be given to sick people doing in a fridge in intensive care? There is no accountability for what goes on in the name of “immunisation”.

It is only when the public at large realises what is going on, and starts putting pressure on the politicians, that things will change. When the public knows that vaccination is largely responsible for the high incidence of behavioural problems, learning disabilities, chronic tonsillitis, chronic ear infections, type 1 diabetes and a host of other problems, they will stop being so compliant.