

# Immunization Research – Why This Doctor Reversed her Stance on Vaccines

UK based General Practitioner and homeopath, Dr. Jayne Donegan, was formerly a strong supporter of her country's Universal Childhood Vaccination Programme. In this article, Dr. Donegan explains the research that led her to change her opinion, and how daring to challenge the prevailing wisdom on vaccination nearly destroyed her career.

Having trained as a conventional medical doctor, qualifying from St. Mary's Hospital Medical School, University of London, England in 1983, all of my undergraduate teaching and post-graduate experience in obstetrics and gynaecology, family planning, child health, orthopaedics, emergency medicine, and general practice led to me be a strong supporter of the UK's Universal Childhood Vaccination Programme.

In the 1980s, I used to counsel parents who didn't want to vaccinate their children against whooping cough, which was regarded as the "problematic" vaccine in those days. I was not one of those doctors who would gloss over unpleasant details. I used to tell them (as we doctors were told) that while there were adverse reactions associated with the vaccine, the chance of having adverse reactions from the pertussis vaccine were, at least, ten times less likely than the chance of complications from having the disease itself, and that the point of giving their child the vaccine was to prevent them from getting the disease. Indeed, I used to think that parents who didn't want to vaccinate their children were either ignorant or sociopathic. I believe that view is common amongst doctors today.

Why did I have this attitude? Well, throughout my medical

training I was taught that people no longer died by the thousands or hundreds of thousands from diseases like diphtheria, whooping cough, and measles due to the introduction of vaccines. At the same time, I was taught that diseases like typhus, cholera, rheumatic fever, and scarlet fever, for which there are no vaccines, stopped killing people due to improvements in social conditions (such as sanitation and clean water). It would have been logical to ask why social conditions were responsible for the decline in some diseases and not others, but the vast amount of information we are required to absorb during medical training causes us to accept information as it is taught rather than question or analyse it to make connections that might be obvious to someone else.

When my children were born in 1991 and 1993, I unquestioningly – well, that is to say, I thought it was with full knowledge backed up by all my medical training – had them vaccinated, up as far as the MMR, because that was the *right* thing to do. I even allowed my four-week-old daughter to be injected with an out of date BGC vaccine at a public health clinic. I noticed (by force of habit, I automatically scan vials for drug name, batch number, and expiry date) that the vaccine was out of date and said, “Oh, excuse me, it looks like it’s out of date.” The doctor answered matter-of-factly, “Oh don’t worry. That’s why the clinic was delayed for an hour. We were just checking that it was okay to give it, and it is.” I let her inject it. My poor daughter had a terrible reaction, but I was so convinced that it was all for the best, I carried on with all the rest of her vaccines at two, three, and four months.

That is where I was coming from. Even my interest in homeopathy didn’t dent my enthusiasm for vaccines. So far as I could see, it was the same process: give a small dose of something and it makes you immune. No conflict. So what happened?

In 1994, seven million school children were vaccinated against measles and rubella during the Measles Rubella Campaign. The

UK's Chief Medical Officer sent out letters to all GPs, pharmacists, nursing officers, and other healthcare staff, telling us that there was going to be a measles epidemic. The evidence for this impending epidemic was a complicated (and questionable) mathematical model based on estimates, which was not published at the time. We were told, "Everybody who has had one dose of the vaccine will not necessarily be protected when the epidemic comes. They need another one." I thought that was okay since we know none of the vaccines are 100% effective. I did start to worry, however, when they said that even those who had had *two* doses of measles vaccine would not necessarily be protected when the epidemic came. They needed a *third*. You may not remember, but in those days, there was only *one* measles vaccine on the schedule. It was a live virus vaccine, so it was like coming in contact with the wild virus, just changed slightly to make it safer. Since then, of course, the pre-school dose has been added because one dose didn't work, but in those days there was just "one shot for life."

Then we were told that even two shots of a "one shot" vaccine would not protect people when the epidemic came. *Basically*, we were being told that anyone could be vaccinated, have whatever adverse reactions were associated with the vaccine, *and* get the disease with whatever complications were associated with it, even if they'd had two doses of the "one shot" vaccine.

That didn't seem right. At that point, I began to ask myself why I had been telling all these parents that the vaccine would stop their children from getting the disease and that vaccines are safer than taking the risk of catching the disease.

If you are wondering why anyone would have had two doses of the "one shot vaccine", it is because the MMR was introduced in 1988. Many children had already been vaccinated against measles, but we were told that we should give them the MMR anyway as it would, "...protect them against mumps and rubella and boost their measles immunity."

We were also told that the best way of vaccinating was *en masse* because this would "...break the chain of transmission." So I began to wonder why we vaccinate all these small babies at two, three, and four months of age. Why not wait two or three years and then vaccinate everyone who has been born in the meantime, to "break the chain of transmission"?

Some things just didn't quite add up. However, it is very hard to seriously question whether vaccination is unsafe or ineffective after such a strong indoctrination. The more medically qualified you are, the more difficult it is. In some ways, you are more brainwashed. It's not easy, or, at least, it wasn't then, to start down a path that might lead you in the opposite direction of all of your colleagues.

I read some books that could be described as "anti-vaccination." These contained graphs showing that the majority of the decrease in deaths from and incidence of the infectious diseases for which we have vaccines (like the measles and whooping cough) occurred *before* the vaccines were introduced in the 1950s and 60s. I decided that I couldn't just accept what these books were telling me, especially as the message was the opposite of what I had learned up until then. I needed to do my own research. The graphs in my textbooks and the UK's Department of Health Immunisation Handbook (the *Green Book*) appeared to show that the introduction of vaccines caused precipitous falls in deaths from vaccinatable diseases.

I decided that if I were going to sincerely challenge what my professors had taught me at medical school, I would have to go and get the real data myself.

Accordingly, I called the UK's Office for National Statistics (ONS) and asked them to send me the graphs of deaths from the diseases against which we vaccinate from the middle of the nineteenth century (when we started keeping records) until the present. They said, "We don't have them, except for smallpox

and TB. We suggest you try the Department of Health." I did. The Department of Health didn't have graphs from the nineteenth or early twentieth century either. They said, "You'd better try the Office for National Statistics." "I've already tried them," I said. "They were the ones who advised me to contact you." It seemed to be getting rather circular, so I called up the ONS once again and told them my problem. "Well," they said, "we have all the books here from when the Registrar General started taking returns of deaths from infectious diseases in 1837. You can come along and look at them if you like."

There was nothing for it. I had to go to the Office for National Statistics (ONS) in Pimlico (London), with my two young children aged six and four in tow, to extract the information myself. The girls were very good. They were used to travelling with me and following me around, and the library staff were very nice. They kindly gave my daughters orange juice to drink and paper and crayons to amuse themselves while I pulled out all the moth-eaten old books from 1837 until 1900, after which, thankfully, there was a CD-ROM that could be bought at a great expense and taken home. It was the most unfriendly user piece of data storage that I have ever come across, but it was better than having to physically be at the ONS day after day. So I went home with all my notes and the CD-Rom and eventually produced my own graphs. I was startled to find that they were similar to the graphs in some of the books that I had recently read.

I was astonished and not a little perturbed to find that when you draw a graph of the death rate from whooping cough that starts in the mid-nineteenth century, you can clearly see a 99% drop in the death rate *before* the vaccine against whooping cough was introduced, initially in the 1950s and universally in the 1960s. I also realised that the reason the Department of Health's graphs made the vaccine appear so effective was because they didn't start until the 1940s when most of the

improvements in health had already occurred, and this was even before antibiotics were generally available. If you selected only deaths in under 15 year-olds, the drop is even more dramatic. By the time whooping cough vaccine was part of the universal immunisation schedule in the early 1960s, all the hard work had already been done.

I now began to realise that graphs such as those featured in the in the Department of Health, *Green Book* were not a good or clear way of showing the changes in mortality (death) and morbidity (incidence of disease) that occurred before and after vaccination was introduced against these diseases.

Measles presented a similar pattern. The Department of Health *Green Book* features a graph that does not start until the 1940s. There appears to be great drop in the number of cases after the measles vaccine was introduced in 1968, but looking at a graph that goes back to the 1900s you can see that the death rate – death being the worst case complication of a disease – had dropped by 99% by the time the vaccine was put on the schedule. Looking specifically at under 15-year-olds, there was a virtual 100% decline in deaths from measles between 1905 and 1965 – three years before the measles vaccine was introduced in the UK.

In the late 1990s, there was a UK advertisement for the MMR vaccine, which featured a baby in nappies sitting on the edge of a cliff with a lion prowling on the other side and a voiceover saying, *“No loving parent would deliberately leave their baby unprotected and in danger.”* I think it would have been more scientific to put one of the graphs using information from the ONS in the advert. Then parents would have had a greater chance of making an informed choice, rather than being coerced by fear.

When you visit your doctor to discuss the vaccination issue and you come away feeling scared, this is because you are picking up how *they* feel. If all you have is the “medical

model” for disease and health, all you know is that there is a hostile world out there and if you don’t have vaccines, antibiotics, and 100% bactericidal handwash, you will have no defence at all against all those germs surrounding you and your children. Your child *may* be okay when they get the measles, but you can never tell when disaster will strike, and they may be left disabled or dead by the random hand of fate. I thought like that myself, and when the awful realisation began to dawn on me that vaccines weren’t all they were cracked up to be, I started looking in a panic for some other way of protecting my children and myself – some other magic bullet.

My long, slow journey researching the vaccination disease ecology involved learning about other models and philosophies of health and the gradual realisation that it was true what people had told me all along, that “health is the only immunity.” We don’t need protecting *from out there*. We get infectious diseases when our body needs to have a periodic clean out. Children especially benefit from childhood spotty rashes, or “exanthems” as they are called, in order to make appropriate developmental leaps. When we have fevers, coughs, and rashes, we need to treat them supportively, not suppressively. In my experience, the worst complications of childhood infections are caused by standard medical treatment, which involves suppressing all the symptoms.

What is the biggest obstacle to doctors even entertaining the possibility that the Universal Childhood Vaccination Program may not be the unmitigated success that it is portrayed to be? Or that there may be other ways of achieving health that are better and longer lasting? Possibly it is the fear of stepping out of line and being seen to be different – with all the consequences that this can entail as I know from personal experience.

It is very hard for doctors to start seriously questioning medical training that might lead them in the opposite

direction to the healthcare system in which they work. Yet this is what I did when in the interests of fair play I agreed to act as an expert for two mothers who could find no one else acceptable to the court, in a case brought by absent fathers who wished to force vaccination for their daughters.

Although I am an expert in my knowledge of vaccination and disease ecology, I am not an expert in being cross-examined by hostile barristers. I presented evidence to show that the vaccines are neither so safe nor so effective as generally believed. The experts called on the father's side, who sat on a committee recommending vaccination, an obvious conflict of interest, presented an opposite view. The judge swept aside my evidence, which an appeal judge called "junk science."

Having heard about the furore via the BBC, the General Medical Council (GMC) accused me of serious professional misconduct and of bringing the profession into disrepute, threatening to strike me off the medical register, which would have destroyed my career and my livelihood.

It was a stressful and drawn out case that lasted more than three years. Ultimately and thankfully, the GMC panel found me not guilty and agreed in their findings that my research and conclusions had been objective, independent, and unbiased. Although happily, fully vindicated, it is not an exercise I would like to repeat.

It never has been, nor would it ever be, my intention to advise any parent not to vaccinate their child. However, I strongly feel that parents should be entitled to a full range of information before making their own decisions. That is why I give public seminars around the UK, including at CNM, the College of Naturopathic Medicine, where I review the impact, efficacy, and safety of vaccinations, and look at what options could be available to families who do not choose vaccination.

## **Author:**

Dr. Jayne Donegan MBBS DRCOG DCH DFFP MRCGP MFHom UK based GP & Homeopath, Dr Jayne Donegan trained as a conventional medical doctor, qualifying from St Mary's Hospital Medical School, University of London, England, in 1983. She has experience in Obstetrics & Gynaecology, Family Planning, Child Health, Orthopaedics, Emergency Medicine and General Practice. She is also a Homeopath, specialising in childhood issues, and is the author of numerous papers such as 'Vaccinatable Diseases and their Vaccines'. [jayne-donegan.co.uk](http://jayne-donegan.co.uk) Click through to the website of CNM (College of Naturopathic Medicine) [naturopathy-uk.com](http://naturopathy-uk.com) in order to see some of Dr. Donegan's UK speaking dates.

## **Related Reading:**

- *How To Detoxify and Heal From Vaccinations – For Adults and Children*
- *Doctors Against Vaccines – Hear From Those Who Have Done the Research*
- *More Doctors Against Vaccines*
- *Even More Doctors Against Vaccines*
- *Celebrities Who Have Spoken Out Against Vaccines*
- *More Celebrities Speaking Out Against Vaccines*
- *Statesmen Against Mandatory Vaccines*
- *Scientists Against Vaccines – Hear From Those Who Have Done the Research*
- *More Scientists Against Vaccines*
- *Chiropractors Against Vaccines*