Vaccination Roulette:

Experiences, risks and alternatives.

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We deeply appreciate the support of our members who encouraged us to publish this book so that Australians need no longer be forced to play a deadly 'game' of chance, vaccination roulette, with their children's health. For many, helping to produce this book has brought back memories of great grief and anguish; for them, no words are adequate to console.

We thank them all.

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FOREWORD

KNOWLEDGE IS POWER

Throughout the history of mankind people were given their information by members of a select minority. This minority was distinguished by two features. Firstly they were educated and therefore literate, and secondly, they had the ability to access information. The majority of the population were uneducated and illiterate and depended on this small elite group for their information. The danger of this system is obvious... these small groups are biased to their own philosophies and therefore their information is tainted with this bias. Also, once power is tasted there is the tendency to maintain this power and prestige, forcibly if necessary.

Over the centuries, the masses looked up to these people, whether they were priest, doctor or scientist, for advice and information. There was a trust-there had to be-because there was no other choice. Decisions were made on behalf of the people by these groups because the people were ignorant and could not think for themselves. That system functioned only while the people were uneducated, illiterate and information access was virtually non-existent.

With the advent of universal education, however, and an almost unlimited access to information, things have changed. People are starting to think for themselves. They no longer want to be treated like the proverbial mushroom. The trust that was held in the past has slipped away because people could now see that they were not being told the whole truth. They could now research and make appropriate decisions about any topic that might affect their lives. No longer is there the need to rely so much on these elite groups, since the average person is educated enough to think for themselves, and literate enough to research and judge for themselves what is best for them and their families. The days of being told what is best for the population are now largely over, especially when what we are told by the orthodoxy contradicts what we learn from our research. We are entering the era of the individual who can decide what is best for themselves.

Obviously if your personal research agrees with what is being told then there isn't a problem. The problem arises when there is conflict between the current orthodox view and what the individual has learned from their investigations.

KNOWLEDGE IS FREEDOM

What I have so far established can apply to any subject, but this book is specifically concerned about immunisation. Immunisation... this topic conjures many images, most prominently the triumph of modern medicine over diseases and subsequently the saving of countless lives. At least that is what we are told... but is it true? There are many facts that go against this notion. What if it is all just an illusion? This book explores these ideas without emotional blackmail and allows the individual to decide what is the truth.

How does this book fit into the scheme of things? First and foremost it is a source of information, from various authors, discussing different aspects of immunisation that are

generally not approached by the orthodoxy. Here we must ask the question "Why?" We have all been told that immunisations are good and safe and they are the cause of the infection-free society we enjoy today. But is it really so? There are many observations that do not correspond with what we are told. We see children who are immunised and still catch the disease they were supposed to be immune to. We see children who are not the same after immunisations, they become sicker, some are damaged, some even die. Yet the orthodoxy dismiss these observations that have become so obvious. The orthodoxy fall back into their old role of thinking that they know what is best, but they are blinded by their own bias and dogma. They do not seem to realise that many can now read and research the vast amounts of information and see what is true.

Why do the doctors dismiss even the notion that immunisations are not what they are made out to be? We must appreciate that the doctors are a product of their education. They are taught in medical school that immunisations are safe and effective. I think it is important to point out that medical school is not conducive to free thinking, so the process is not one of medical education but indoctrination. The students believe everything they are taught, there is no time for dissent. After all, exams need to be passed. After graduation, the situation is no better. The major source of education after graduation is from the drug company representatives. Of course the drug manufacturers only tell us what they want us to hear. Telling the truth would harm their profits, after all, immunisation is a multi-billion dollar industry. Telling the truth would conflict with their interests.

We know from historical records that deaths due to disease had been dropping from the end of the nineteenth century, years before immunisations were even introduced. Immunisation was not the cause of this drop, it was coincidental, yet it takes all the credit. It would be naive to think that the factors which produced this decline before the introduction of immunisation were not present after the introduction of immunisation. The decline continued at much the same rate after immunisation was introduced.

Since the general population is the best educated it has ever been in the history of civilisation, and through books, magazines and the Internet, information is the most accessible it has ever been, people are now beginning to make decisions for themselves. As this is the era of the individual, the individual is now choosing what is done to them and their family, based on being fully informed. This is reflected in the Australian High Court ruling in the case of Rogers vs. Whitaker, which says basically that the patient must be given enough information of a material nature so that they can choose whether or not to proceed with any medical procedure. This information must be given even if not asked for. The concept is of an informed choice not informed consent. Let's look at this a little closer. We, as individuals have the right to choose what is done to us and our children. Here in Australia we still, theoretically, have this right. Decisions should not be made on our behalf by some faceless bureaucrat. We must be part of that decision process. This book gives this information so that an informed decision can be made regarding immunisation.

Once you have made the decision to immunise or not to immunise your child, then that is only half of the process. What do you do then? The total health of the child must be taken into account. You, as parents, are still responsible for the health of your child. If

you decide to immunise, you must know what to expect. Unfortunately, the doctors will not tell you. They most certainly would not know.

If you decide not to immunise you still need to protect your child. The preference is for optimal nutrition, natural remedies and other life-style changes. This book covers some of these aspects, the various authors giving you their expertise in their respective fields. There is the scientific aspect of immunisation-hard and factual. There is the natural therapist's view, advising on the best way to improve health in general and suggesting alternatives to immunisation. There are the legal views as well, exploring the judicial aspects of the whole subject. Then there are the parents, they too have their story to tell. Some are quite tragic. Hopefully we can all learn from their grief. Some may dismiss these stories as anecdotes but remember, a lot of anecdotes do add up to statistics.

There is also a section with recommended Internet sites, books and groups for those who may wish to research more if the information provided is not enough for their needs.

There you have it... Immunisation as viewed from many different alternative aspects. Now you have the facts to decide what to do and you have the information to know what to do after you have made the decision.

Remember, you still have the right to choose.

DR PETER BARATOSY MB BS PhD

ADELAIDE JUNE 1997.

DEDICATION

The Australian Vaccination Network (AVN) dedicates this book to all those families whose lives have been turned upside down by vaccines. To all the children who didn't get the chance to grow up; to the children who will still be infantile when they're old; and to those whose life is a continuous struggle to survive the damage done to them by vaccines. In the spirit of freedom of choice and openness of information, we commend this book to you.

We would also like to dedicate this book to the growing movement, spearheaded by the AVN, which holds that every parent has an absolute and inviolable right to make free and informed choices about vaccination.

Introduction

Any action that is dictated by fear or by coercion of any kind ceases to be moral.- Mahatma Gandhi.

This book is about vaccinating[10] children. In essence this book urges anyone involved with vaccination to be fully informed before making conclusions about vaccination, and to respect the right of others who may come to a different decision. The key point is this: If vaccination gave the protection it is claimed to give, no vaccinated person is exposed to any risk of disease from an unvaccinated person.

If you have made an informed decision that vaccination will (or will not) benefit your child, it is your right to make that decision and to act in accordance with your decision, opinion, judgment or conscience. What the AVN is saying is that your rights in this must not be taken away from you. You have the right to choose what you feel is best for your family, and certainly where vaccination is concerned there are a lot of people who have come to the same decision you have (and many have changed their minds to the opposite opinion without bringing on the end of the world).

Let us remember that the human race survived for untold numbers of years without vaccines against childhood diseases. Forcing, coercing, blackmailing, fining, vilifying, threatening, banning, shunning should and must have no part in the process by which Federal, State and Local health authorities offer and encourage parents to vaccinate their children.

The AVN opposes the use of any form of duress to enforce de facto compulsory vaccination. The AVN view is that there is so much doubt, confusion and uncertainty about the risks and benefits of vaccination that, in a democracy under rule of law, it is morally, ethically and scientifically impossible to justify or to enforce compulsory vaccination.

Are Unvaccinated children a threat to the vaccinated?

In the storm of charge and accusation, emotion and media sensationalism, some very basic and obvious facts do not get the attention they deserve. The first basic fact has to do with the 'risk' of allowing unvaccinated children to come into contact with vaccinated children. Fears abound that the unvaccinated children are disease carriers and the vaccinated child will 'catch' the disease

See footnotes at back.

from them. If vaccination gave the protection it is claimed to give, no person vaccinated against a disease can get that disease from an unvaccinated person. If you and your child/ren are vaccinated, you are not at all at risk – if vaccination gave the protection it is claimed to give. If you and your child/ren are not vaccinated, you can reassure your vaccinated friends that no vaccinated child can get a disease from you or your family. (If they don't believe you, perhaps they already know that vaccination does not give the protection that is claimed for it.)

Why must a vaccinated – and therefore supposedly 'protected' child be kept away from an unvaccinated child? Who is at 'risk' here – surely not the one who is vaccinated? Why then must unvaccinated children be shunned and banned from care centres and schools? The answer lies in the fact that the 'protection' from vaccines is unreliable, and many children get the disease from the vaccine or despite the vaccine. By attempting to isolate the unvaccinated so as to protect the vaccinated, pro-vaccinators put themselves in the ridiculous position of acting in a way that exposes the ineffectiveness of vaccination.

PARENTS ARE NOT FOOLS

The second basic fact is that parents are not fools. Parents talk; they compare notes. Parents notice, and become extremely cautious about repeat vaccinations, when they bring their newly-vaccinated child home and the child has a convulsion, or screams inconsolably, or arches its back in obvious extreme distress, or passes out, or goes as floppy as a rag doll. It is truly astonishing that medical practitioners expect parents to believe that these reactions following vaccination are 'coincidence' and unrelated to the toxic shot the child has just received.

Parents notice how vaccinated children are forever at the doctor's for course after course of antibiotics for ear infections, tonsillitis and anything that is going around. They may not know the concept of vaccine-induced suppression of the immune system, they may not know they ought to say 'coincidence' in best medical style to describe how their child's health went downhill fast after vaccination, but they are becoming aware that the risks of vaccination are not fully spelt out, and the benefits of vaccination are exaggerated.

If vaccinated and unvaccinated children were allowed to mix freely, and it was seen that ONLY the unvaccinated children got the disease currently going around, and NONE of the vaccinated children got it, then it would be blindingly obvious to the most prejudiced person that vaccination could have some value. There might even be long queues of people demanding vaccination for themselves and their children and there would be no need for threats, fines and all the rest of the dirty tricks. The dirty tricks are needed to pressure parents, and parents are resisting that pressure, because parents are not fools. They know that those who call for freedom of choice in vaccination do not get any money for so doing-in fact it costs a lot in personal time and private money and sincere effort to resist the forces trying to override and diminish those rights.

On the opposite side of the debate are those who are urging the denial of parents' freedom of choice in vaccination. They are in effect insisting that every living human being born in this country (never mind the rest of world) MUST have at least fifteen vaccines before entering school. Vaccine manufacturers stand to make a huge and ongoing fortune; they are not disinterested in this debate. Parents are not fools-most of them remember that the diseases now being labelled as major threats to large numbers of children were, before vaccines came on the market, anything but the horrors they are now being painted.

LOSS OF TRUST

Perhaps what parents are entitled to resent most of all is the loss of confidence and trust in their medical advisers. The vaccination debate has brought into the open the conflict of interest within the medical profession which, on the one hand is funded, sponsored, assisted and supported by the pharmaceutical industry. On the other hand, when people turn to the medical profession for disinterested, informed advice about vaccination, they are in fact turning to paid agents of the vaccine manufacturers who get most of their information on vaccines from the vaccine manufacturers. How may anyone have any confidence that the care of the patient (now called 'client') is the first consideration of such practitioners?

What trust and confidence there may once have been is lost very rapidly when doctors bully worried and confused parents into vaccinating their babies in spite of their unanswered questions; when doctors find all sorts of pretexts to evade and refuse showing parents the vaccine package insert on which the manufacturer has begrudgingly acknowledged the barest minimum of the horrifying consequences of vaccination.

Basic fact number three is that babies are too immature to be vaccinated at age two months with repeats at four and six months. It has long been known that almost any... vaccination can lead to a non-infectious inflammatory reaction involving the nervous system... The common denominator consists of a vasculopathy that is often... associated with demyelination [11]. For an explanation of the significance of demyelination see enclosed 'Myelin and Demyelination'.

There may be some parents who do not vaccinate because of ignorance or apathy, but this generation of parents is better informed and more aware than any that has gone before. Most parents are very concerned about the possibility that their child may get a life-threatening disease; if they thought the benefits of vaccination justified the risk, they would vaccinate: if they don't, they don't.

Because vaccination is an invasive medical procedure with possible serious or even fatal consequences, every person contemplating vaccination for themselves or their child/ren must be fully and correctly advised about the risks before they can give properly informed consent. It is not worth running the risk of vaccination where the risk of harm from the disease is not great. It is claimed that vaccination reduces the severity of the disease when contracted by a vaccinated person (!); it is further claimed that vaccination will help prevent epidemics in the future, and that

universal vaccination will eradicate the targeted diseases. These points will be discussed later.

For the majority of children targeted for vaccination, the risk of vaccine-related injury or death is unacceptably high when measured against the claimed or promised dubious benefits. The vaccination debate centres on the issue of risk versus benefit: whether the benefit of the protection conferred by vaccination justifies the risk of injury or death resulting from such vaccination. Truth is the first casualty of war, and the vaccination debate has degenerated into a virtual war between the pro-vaccinators and those who oppose compulsory vaccination. The debate has been marred by personal attacks against those who question the value of vaccination; published scientific evidence is ignored, questions addressed to responsible authorities are brushed aside unanswered, the media have been manipulated or have knowingly cooperated in a gross deception of the public, the medical profession has been offered 'money for jabs', the Federal Government broke its promise not to link vaccination information to the Medicare databases-there is a whole range of issues that must concern anyone with a belief in democracy and a belief in the right of every person to make an informed choice before consenting to an invasive medical procedure.

The Australian Vaccination Network (AVN) is deeply concerned that much of the information about vaccination is false and misleading. The AVN believes the benefits of the proposed vaccinations have been grossly exaggerated, the risks of the procedure have been understated, the extent of vaccine-associated physical and mental damage and death has been under-reported and therefore under-estimated, the potential long-term dangers (to second and later generations) have been largely ignored, and vital information on the subject has been suppressed. The AVN further believes that the younger the child at the time of vaccination, the greater the risk of serious or fatal consequences.

The AVN does not support and does not oppose vaccination as such, not only because of the lack of reliable data, but also on ethical grounds. The AVN believes it is the right of each individual freely to decide this question for themselves and on behalf of their children. In keeping with this pro choice philosophy, the AVN is strongly opposed to compulsory vaccination-compulsion is a denial of the right of choice. Thus this book was written to advocate and support freedom of choice in vaccination and to oppose de facto compulsory vaccination.

It is disingenuous, deceitful and wrong to claim that, in Australia at present, vaccination is not compulsory-it is compulsory in all but name. Under the Australian Constitution, Section 51, Part 23A, 'civil conscription'-this includes any compulsory medical procedure-is unconstitutional. So the Federal Government, and following its lead, State Governments and Local Authorities around Australia, are conducting and supporting campaigns of coercion that stop just short of outright legal compulsion to vaccinate. These vaccination campaigns offer direct financial incentives for compliance and threaten penalties for non-compliance. Media outlets have uncritically cooperated to create a climate of fear and hatred: fear of infectious diseases of childhood

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which are medically insignificant in healthy children of non-vaccinators, to apply peer pressure on vulnerable parents of new babies and to spread misleading propaganda.

One very obvious reason that the Australian Government refuses to make vaccination officially compulsory is that the government would then have to compensate the victims of vaccine damage; at present no compensation for vaccine-related injury is offered in Australia and none is contemplated. Experience in nations such as Britain and Japan, and in the US where vaccination is compulsory, have shown that compensation for vaccine damage involves the Government paying an enormous amount of money. The Australian Government obviously hopes to achieve its stated aim of almost universal vaccination without having to meet the butchers' bill such campaigns invariably bring.

Those in favour of compulsory vaccination argue that personal and individual rights and freedom must give way for the common good. The ethical issue here is that members of this society are being placed under psychological and financial pressure, are being forced, coerced, blackmailed or fined into agreeing to accept for themselves and their children an invasive medical procedure known to have injurious or fatal consequences. Those who support, or at least fail to oppose, these fear campaigns have a moral obligation to prove the benefit of vaccination. To dissent and not vaccinate poses no threat to any other person, because if vaccination gave the protection it is claimed to give, no vaccinated person is exposed to any risk of disease from an unvaccinated person.

The Government has reinforced its determination with threats to withhold payment of part of new parent allowances, to control access to child-care centres and to disrupt the schooling of children who have not been vaccinated. Vaccine enforcement campaigns use emotional blackmail directed against some of the most vulnerable sections of the population, medically uneducated parents and helpless children.

Many people who research the subject of vaccination are amazed and angry that they had not been told the facts they had uncovered. In some cases, parents had information about the dangers of vaccination that their medical adviser (and would-be vaccinator) did not know. When direct questions about vaccine safety and effectiveness are put to politicians, their answers are limited, evasive and very unsatisfactory. This fact

alone sends out alarm signals to those seeking reliable information about the benefit of vaccines. Because of the failure of politicians to give guarantees about vaccine safety, and because it is almost impossible to force the medical profession to acknowledge vaccine-related damage and death, parents no longer trust and believe that "the benefits outweigh the risks...".

The majority of the public do not have the specialised knowledge which would equip them to understand the scientific literature and make an informed decision about this subject. They looked to the medical profession for that information; many feel that what they have received in response constitutes a grave breakdown in the medical profession's duty of care to protect those who turn to it for help. Not only have parents and carers NOT been told of the dangers of vaccines, but many physicians apparently do not recognise (or refuse to acknowledge) that a reaction in a recently-vaccinated child may be the direct result of the vaccine. Getting a grasp on the truth becomes even more difficult when you learn that a child may not have a severe acute reaction but may still suffer severe, long-term or permanent neurological damage.

Do you believe someone else's child should die so your child can live? Would you be prepared for your child to be the one in 100,000 children who die from vaccines? If you answered 'no' to either of the above questions, you must not be prepared for the risks of vaccination. The risk is 100% if it happens to your child! – Stephanie Messenger, Vaccination Awareness & Information Service, Brisbane.

As long as the front-line medicos do not recognise and do not report these casualties-the 'collateral damage', of the vaccination campaigns-no one is justified in placing any reliance on the relatively small amount of evidence of vaccine damage. This book presents some instances of mild to severe behavioural changes, crippling and death that have followed vaccination. The number of unreported, unrecognised, misdiagnosed or concealed cases of vaccine damage can only be guessed at. Using the American FDA figure, however, we can assume that vaccine damage is at least nine times as great as is reported.

For various reasons, many reactions are not reported in official statistics. In America, where ninety to ninety five percent of people are compulsorily vaccinated, US Food and Drug Administration Commissioner, David Kessler, has estimated only 1 in 10 adverse events following vaccine administration are reported. Add to the ninety percent

unreported the number of vaccine-caused adverse effects which are diagnosed as being due to some other cause, and the total number of unrecorded, unreported and unrecognised injuries and deaths due to vaccination becomes enormous.

This known and admitted error of at least ninety percent totally discredits any statistics claiming there are a negligible number of adverse reactions to vaccines, and those that are recorded are classed as 'minor'. Would you believe any conclusion based on a set of figures which missed at least ninety percent of the data?

Remember also, since vaccine development information is considered proprietary - protected by non-disclosure policies - government officials and researchers must shield potential safety issues from public scrutiny. This censorship is rationalized by the all too persuasive argument that vaccines cannot be criticised lest the public become non-compliant in taking them. Foreword to 'Emerging Viruses' by Leonard Horowitz.

In other words, we the public are not being told the truth, or all the truth, about the safety of vaccines for commercial reasons-so as not to reduce sales through frightening the consumer with reports of dangers and ineffectiveness of vaccines. The other means used to ensure maximum sales is, of course, to make vaccination compulsory.

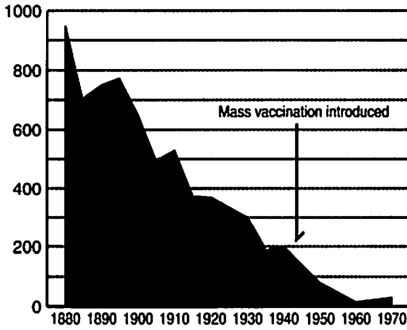
Vaccination groups around Australia have sprung into action since the Federal and some State Governments threatened access to education and daycare centres, and withholding Social Security payments from those parents who choose not to vaccinate their children. By publishing this book the AVN hopes to raise funds for legal advice, for unbiased and extensive research on this issue, and to ensure our freedom of choice always remains free of discrimination, coercion, social segregation or ridicule.

In summary: If vaccination gave the protection it is claimed to give, no vaccinated person is exposed to any risk of disease from an unvaccinated person.

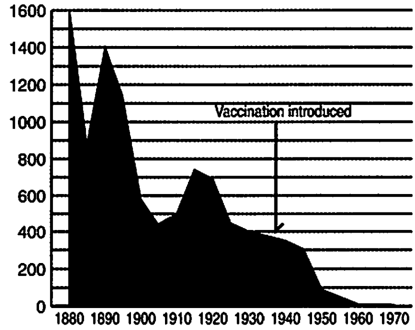
There is so much doubt, confusion and uncertainty about the risks and benefits of vaccination that, in a democracy under the rule of law, it is morally, ethically and scientifically impossible to justify and to seek to enforce compulsory vaccination.

DEATHS PER YEAR FROM CHILDHOOD DISEASES Source: Commonwealth Year Book, the Australian Bureau of Statistics and the Commonwealth Department of Health and Human Services.

WHOOPING COUGH



DIPTHERIA



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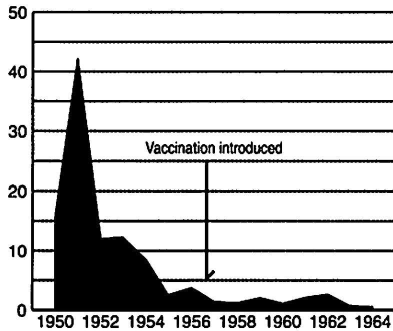

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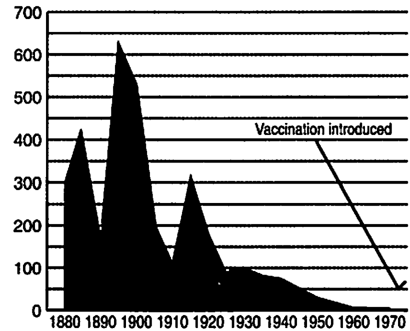
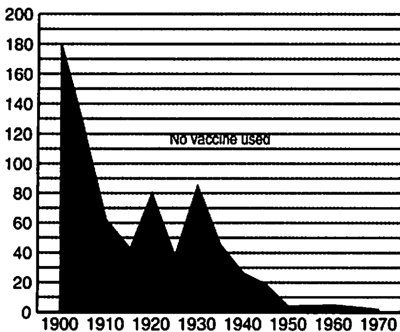
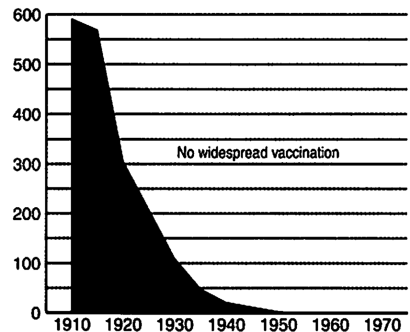


SCARLET FEVER



TYPHOID FEVER



VACCINE ALERT: THE CASE FOR CAUTION BEFORE VACCINATING

One change that can bring immediate and far-reaching results is to allow absolute freedom of choice for parents in accepting or rejecting vaccines for their children. [85]

Immunisation will always involve a risk, however many improvements are made in the design and manufacture of vaccines. Hence it is intolerable that families should be compelled by the government to subject their children to this threat. Decisions which affect the individual's health and life should not be forced upon him by self-appointed groups of experts who are not even in a position to take responsibility for their errors.[12]

The AVN is opposed to compulsory vaccination (which is the end result of campaigns to enforce or coerce compliance and to punish and fine dissent, no matter what the reason). The AVN is especially opposed to compulsory vaccination of babies and children against the infectious diseases of childhood. In this book we present some of the reasons for, and evidence in support of, this stand. In brief, the AVN believes that these vaccines are highly toxic, babies and children are too immature to tolerate the toxic load of vaccines, and that many people have been damaged by vaccines-the number of people so affected is far greater than is acknowledged.

BABIES AND INFANTS

- Babies and infants are physically too immature for their systems to be able to cope with the toxic load of the vaccines. Their bodies, and especially their brains, have not finished developing and maturing.

Researchers and physicians, however, gave insufficient thought to the difference between the fully grown adult and the newborn baby. Even in the former, the injection of toxic proteins carries a measure of risk. Injecting the same material into small babies is far more dangerous. The adult immune system has been toughened and can withstand the stress of vaccination. The two-month-old baby is inconceivably more vulnerable. But that is when immunisation

commences in the United States (and in Australia.) The rule that vaccination should start at two months...is designed mainly for the convenience of paediatricians. (See Coulter, H. and Fisher, B. 1985; 32).

- Not enough is known about the physiology of the newborn, so no one can be confident that the newborn's system can cope, now or in the long term, with the massive assault of toxins and chemicals in vaccines.
- Even with a full brain scan (totally undesirable and obviously impossible for every baby) we do not know whether a baby's brain and nervous system are sufficiently well developed that the brain will not be affected by the vaccines.

A baby's brain continues to develop for years after birth; its brain is still not fully developed at four or five years of age. The cranial nerves are not fully insulated in early life, and it is this process of laying down the nerves' insulation which is very vulnerable to damage from vaccines. While this process is going on, the child may receive twelve or eighteen vaccine injections. *(See article Myelin and Demyelination on page 39.)*

Most parents or carers do not insist on a full medical examination before vaccination. Even if they did so insist, and it was done, there is no certain test for vulnerability to vaccine damage. We do not know, and cannot predict, how badly a baby's other organs will be affected by vaccines. We do not know which organs will be most severely affected, but we do know that there will almost certainly be some form of harm, ranging from apparently slight to massively disabling; brain and nerve damage may occur in the short, medium and long term following vaccination. These adverse (harmful) effects may not become obvious immediately; it may be years before the hearing defects, dyslexia, asthma, lowered IQ, allergies and hypersensitivities, etc., are detected. By the time they are detected it is too late, of course. The vaccinator, the person who insisted on giving your child those vaccines, cannot go back in to your child's body and remove the toxic component that caused the damage; the vaccinator cannot undo that damage and reverse the long-term effects, restore the lost quality of life to parents and child, or refund the loss of the child's potential. In fact the vaccinator cannot and will not pay any compensation for-and probably will not even accept responsibility for-the harm they have done.

VACCINES-CONTENTS AND EFFECTS

- Vaccines are extremely toxic and are suspected to cause more harm to more vaccinees than results when infection is naturally acquired.

(This point is still controversial and difficult to prove quantitatively because of misdiagnosis, bias and failure to report on the part of physicians and paramedical staff. The evidence supporting this assertion is seen every day in every school and every courthouse and every jail in America, and increasingly so in other vaccinating nations, where the proportion of "behaviourally-disordered", brain-damaged and socially dysfunctional people is increasing at a rate greater than that in any other country which does not enforce compulsory vaccination of very young infants and children. The relationship between cause (vaccination) and effect

While the resistance is down and the immune system is coping with the disease, the infant's body is unable to cope with the massive toxic load of a vaccine.

(brain damage) is becoming more obvious to all except those who will not see it. See: Coulter, H.L. (1990)

- Vaccines do not give long-term protection, nor do they prevent the vaccinee from contracting the disease at the time of the vaccination or later in life.
- Vaccines severely affect and suppress the immune system, leaving vaccinees vulnerable to other infections and diseases.
- A child who is sick (from whatever cause) should not be given vaccines. Mild illness is no longer a contraindication according to the National Health and Medical Research Council (NHMRC)

While the resistance is down and the immune system is coping with the disease, the infant's body is unable to cope with the massive toxic load of a vaccine.

- It is a biological impossibility to eradicate a disease by vaccination.

Smallpox is claimed to have been eradicated by the World Health Organisation (WHO) campaign of vaccination. In fact, the virus has enormous non-human reservoirs in which it continues to survive and infect humans, but those cases of smallpox which continue to occur are 'creatively diagnosed' and reported under another name.

Many instances have been reported where a fully vaccinated population has contracted the disease against which they had been vaccinated. What is worse, many cases of disease have been produced by the vaccine and have been spread among contacts.

The greatest contribution to the fall in disease death rates has come from improved nutrition and raised standards of living, especially the supply of clean water and sanitary disposal of garbage and sewage.

- The greater the number of vaccines injected, and the greater the number of living beings who are incubating these vaccines, the greater is the risk of recombination of genetic material, especially of DNA vaccines and viral components, producing novel forms of life.

The DNA vaccine gene may incorporate into and damage human chromosomes and the vaccines may prompt the body to make anti-DNA antibodies, which are found in people with auto-immune disorders such as lupus. Science (1997;1711-1714).

> *"Modern vaccine programs seem to ignore the high potential for mutation of viruses. It was established in 1986 that a mixture of non-virulent viruses can produce*

See footnotes at back.

a disease by means of complementation or recombination. A team from the University of California (Los Angeles) inoculated mice with two strains of non-virulent Herpes simplex virus type 1. Most of those that received a 1:1 mixture of viruses died. But the animals which received a 100 fold higher dose of only one strain of virus survived. Virulent (disease causing) recombinations had been produced.

"As early as 1984 R de Long warned that mass immunisation with several live viral vaccines might increase the probability of genetic recombination and might result in new diseases.[13]"

Viruses function by incorporating their own genetic material into the host's DNA, directing the host DNA to make further copies of the virus. Thus there is the potential that disease viruses will incorporate their own, and possibly also some accompanying bacterial genetic material into the chromosomes of the children who have been vaccinated. When these totally new forms of life begin to multiply in children it will already be too late to stop the insanity. *(Insanity means literally uncleanness).*

- The claim is made by certain official bodies that lack of vaccination is responsible for deaths from childhood diseases that might otherwise have been prevented.

The statistics presented to support these claims are seriously flawed and unreliable. It is probable that fewer than ten percent of cases of vaccine damage are correctly identified in official statistics as being due to vaccines. Through fear of litigation and/or personal conviction and beliefs about the value of vaccination, the majority of physicians are reluctant to report vaccine-related damage.

- The myth that an unvaccinated person is a disease threat to everyone else exposes the lies about vaccine effectiveness: if vaccines did give protection, how could a 'protected' person get a disease from an unvaccinated person?
- In the United States of America, where vaccination is compulsory and has been enforced for twenty and more years, the number of so-called minimally brain-damaged and vaccine-affected babies is now estimated to be approaching one in four.
- America has a very high rate of child deaths; on the infant mortality scale among developed nations, America hovers near to twentieth, despite having the highest possible standard of medical technology (or perhaps because of it).

A child who is naturally infected with one of the infectious diseases of childhood will almost always have life-long immunity following it. This natural immunity is produced by the child's own body and, if the child is female, later in her life she will be able to pass to her baby protective antibodies in her breast milk. This type of immune defence

Again I hear the voices indignantly muttering old phrases about the high character of a noble profession and the honour and conscience of its members. I must reply that the medical profession has not a high character; it has an infamous character.-GB Shaw-The Doctor's Dilemma.

is known as passive immunity as it is passively received by the baby from the mother, not actively produced by the baby's own immune system. Because of this natural protection gained from the mother, a baby's life is not normally at serious risk from the infectious diseases of early childhood. However, as the infant is weaned, its immature immune system has to be stimulated to make it start work on its own behalf, to make antibodies for its own defence (active immunity). The infectious diseases of childhood carry out this important function of stimulating the child's immune system. Where the mother has been vaccinated as a child, her future babies are literally robbed of part of their birthright. The following scientific paper gives a measure of this:

Changing Levels of Measles Antibody-Titers in Women and Children in the United States-Impact on Response to Vaccination by Markowitz, LE, et al. PAEDIATRICS, 1996, Vol.97, No.1, pp.53-58.

> *In the United States, younger women are more likely to have immunity to measles from vaccination and are less likely to have been exposed to the wild virus than are older women. To evaluate changes in measles antibody titers in women in the United States and children's responses to measles vaccination, we analysed data from a measles vaccine trial.*
>
> *METHODS. Sera collected from children before vaccination at 6, 9, or 12 months of age and from their mothers were assayed for measles antibodies by plaque reduction neutralization. Responses to vaccination with Merck Sharp & Dohme live measles virus vaccines at 9 months (Attenuvax) and 12 months (M-M-R II) were also analysed.*
>
> *RESULTS. Among women born in the United States (n = 614), geometric mean titers (GMTs) of measles antibodies decreased with increasing birth year. For those born before 1957, 1957 through 1963, and after 1963, GMTs were 4798, 2665, and 989, respectively. Among women born outside of the United States (n = 394), there were no differences in GMTs by year of birth. Children of younger women born in the United States were less likely than those of older women to be seropositive at 6, 9, or 12 months. The response to the Vaccines varied by maternal birth year for children of women born in the United States. Among 9-month-old children, 93% of those whose mothers were born after 1963 responded, compared with 77% and 60% of those whose mothers were born in 1957 through 1963 and before 1957, respectively. Among 12-month-old children, 98% of those born to the youngest mothers responded, compared with 90% and 83% of those whose mothers were born in 1957 through 1963 and before 1957. The responses of children of women born outside of the United States were not associated with maternal year of birth.*
>
> *Conclusions. An increasing proportion of children in the United States will respond to the measles vaccine at younger ages because of lower levels of passively acquired maternal measles antibodies.*

This paper is important for a number of reasons. It shows that vaccination, like other drugs, has unpredicted and therefore incalculable effects on the recipient and the next generation-and generations after that. It shows that vaccination depletes maternal antibodies and interferes significantly in a process that protects newborn babies for the first few months of life. Being vaccinated when young has robbed modern mothers of their capacity to transmit maternal antibodies (against the measles virus, in this case) to their babies when breast feeding.

Because they have been deprived of their natural maternal antibodies, infants now are vulnerable to measles to an extent much greater than before vaccination against measles was instituted. The drop in titres is quite catastrophic: over the three age groups the mean levels drop from 4800 to 2700 to 990 – one fifth of the starting levels. Each generation of children in succession receives less and less maternal antibody, is less and less well protected, so an increasing proportion of children in the United States will respond to the measles vaccine at younger ages because of lower levels of passively acquired maternal measles antibodies. Hence there may well be more 'preventable' deaths from measles, and these deaths, directly the result of increased vulnerability of the babies of vaccinated mothers, will be used to 'beat up' more uninformed hysteria and calls for more vaccination. The significance of these findings is not confined to breastfed babies-what reduction has there been to maternal protection given to babies in the womb? Ultimately, babies may have to be vaccinated in the womb in an attempt to give them the protection that was stolen from them by vaccination. (Note the parallels with those commercial campaigns which persuaded women in developing countries-and in many more-developed nations as well-to abandon breast feeding and buy artificial, processed, nutrient-deficient, antibody-deficient cow's milk-based powder to malnourish their children.)

Note that this effect of vaccination is known because it was looked for; what other, unknown (or known and not reported) changes to normal body functioning have been brought about by vaccination? No person on earth can tell you all of the changes, or the long-term effects of those changes.

(By the way, were you told, when you submitted your girl child for her MMR "You do realise, don't you, that because she is getting these vaccines, your daughter won't have the normal amount of baby-protecting antibodies when she becomes a mother."? And when, in some consternation and uncertainty about how important or serious that is, you asked what else the vaccine would do to your child, were you told, "It's only fair to warn you that no one knows all the effects these toxic cocktails will have on your children and grandchildren."? Were you even offered the vaccine manufacturer's product information slip with its warnings?)

Use of vaccines to eradicate disease is a futile gesture in the face of an inexorable evolution. (Smallpox is claimed to have been eradicated, but the virus is alive and well and lurking in wait in a huge number of different animals. Human cases of smallpox are creatively diagnosed as being due to monkey pox or white pox to avoid embarrassment.) Disease-causing organisms evolve much faster than we can; their

generation time is measured in minutes, hours and days, ours in a score of years. We humans have been locked in a battle to the death with these pathogens for as long as we and they have existed on the earth. Let us keep what immunity and natural immune defences we have already won in that eons-long and hard-fought battle. Let us not rely on and cringe behind vaccines as artificial defences against infection. Let us accept that we have to allow our children to meet and to overcome the challenge of these childhood diseases. Either we accept, on behalf of our children, the risk and the immune stimulation from contracting these diseases, or we raise up generation after generation of vaccine-dependent immune-incompetents who, because their immune systems were not properly stimulated in their early years, cannot mount an immune defence against diseases for which there is no vaccine. The so-called public health initiatives of vaccination campaigns are in fact disguised marketing strategies, driving a panicked herd of skilfully-manipulated, terrified parents to accept-even DEMAND-more and more vaccines for their children, to be given earlier and earlier in life.

If parents are informed about and prepared to accept the risk of death or injury from early childhood diseases-and the risk is very, very small for a well-nourished infant-then they must be allowed the right so to choose. If they opt for vaccination, that too is their decision and their right.

DYLAN'S STORY

By Michelle Hewitt

Dearly loved - deeply missed son of Michelle and Mark
May all our love be with you always
From the moment the needle made connection
We knew something was wrong, we got rejection
For the whole week you cried
God only knows we tried
Why didn't they do anything?
They should have done something
We all sit here and ask them why?
As we sit here and cry
Only 8 weeks old
And your soul has been sold
Why did it have to end this way? Why?

I was pregnant and had a beautiful baby boy. His name was Dylan Mark Hewitt-Archer, born on 23-9-96. Dylan was 3 weeks premature and weighed 2460 grams. He had brown hair, blue eyes, olive skin and was a very strong baby. Dylan was breastfed on demand, which was usually every 3 hours. From day one, he took well to the breast and was never any trouble at all

On Friday 27-9-96 Dylan and I were discharged from hospital. On Sunday 29-9-96, a midwife came to check Dylan and myself. Dylan was incredible! He now weighed

2480g. The midwife commented that she felt that there would be no need for her to come back tomorrow as she was really impressed that we were both doing so well.

Dylan was a very contented baby who fed and slept extremely well. He was a very happy, healthy baby who smiled quite frequently. Even if Dylan was awake he would just lie there with his eyes open and look around. The only time that Dylan would cry was when he needed to be fed.

On Wednesday 13-11-96, Mark and myself took Dylan to the Health Centre for a checkup. Everything appeared to be normal. The sister reminded me about getting Dylan's 8 weekly immunisation done. She told me that I could get it done there or through my local GP.

On Monday 25-11-96, I rang the Medical Centre to make an appointment for Dylan as he was due for his immunisation. He had been fine all day. As we patiently waited, Dylan's name was called. We then followed Dr. A to his office, not knowing the consequences. All that the doctor said to us was "I see a yellow baby health book and an 8 week old baby-what does that tell me?" We said yes, but before we got the chance to say anything else, the doctor walked off. When he came back, he asked me to hold Dylan while he gave him the needles. As soon as Dylan got the needles he started to scream. Mark and myself were very disgusted with Dr. A as he didn't even use a swab to wipe the blood off Dylan's bottom. I then asked Dr. A to fill in Dylan's baby health book. As far as we knew he did, but I found out since that he didn't put the lot and batch number in which he was required to do.

We then took Dylan home; he did not stop screaming all the way home.

When we got home, I bathed fed and changed Dylan, but he still persisted in screaming. That night, Mark and myself looked in the back of the baby health book wondering what in the hell Dr. A had given him for him to act this way. I did not get any sleep that night as Dylan was sleeping restlessly for 5 minutes and then screaming for hours. In the back of the baby health book it says that this reaction usually settles within 24 hours, but it didn't.

On Tuesday 26-11-96, I phoned the Health Centre and told the sister that Dylan was constipated after being immunised and that was not like him as he normally goes every nappy change. She replied that if he didn't go by Friday to ring back and come and see her. Dylan continued to be restless, constipated and constantly scream. After 3 days, he was not getting any better.

On 28-11-96, Dylan got really bad gastro. His nappy was covered in it from back to front. So I then immediately phoned the Health Centre again. I told the sister that Dylan had gone from one extreme to the other as he now has bad gastro. I also told her that Dylan was wanting to be fed every 5 to 10 minutes. She told me to keep feeding him every time that he wanted to be fed or he would dehydrate so I continued to do so.

That same day, I made an appointment to see Dr. A as I was really concerned. When we got to the Medical Centre, Dylan finally went to sleep while we were waiting. Finally, Dylan's name was called so we then followed Dr. A to her office to

All that the doctor said to us was "I see a yellow baby health book and an 8 week old baby-what does that tell me?" We said yes, but before we got the chance to say anything else, the doctor walked off.

be told that Dylan might have a bit of a virus from being immunised. She told us to get some Panadol and that it should clear within a few days. She also gave us a referral to see a Dr. B, a paediatrician, although we were put on a 1 or 2 month waiting list. We then took Dylan home. Yet again, he continued to scream.

On 29-11-96, I phoned the Medical Centre to make another appointment as I felt that Dylan needed to see someone now (NOT IN 1 TO 2 MONTHS). We felt that somebody must have been able to tell us something, not just push us out the door. We both knew that something was wrong with our son from day one from being immunised, his behaviour changed dramatically. We could not get an appointment with Dr. B, but did get in to see another paediatrician, Dr. C.

We yet again waited patiently as our son lay there helplessly. Dylan's name was finally called. We then followed Dr. C to his office. I told Dr. C the same thing I told all of the other doctors-that Dylan was immunised on Monday 25-11-96 and that I had already seen Dr. A the day before. I stressed the point that I was very concerned about Dylan's health (SINCE HE WAS IMMUNISED). I also told him that Dr. A thought that he may have had a bit of a virus from his 8-weekly injection. Dr. C seemed to think that Dylan would be all right as it had only been 4 days although it seemed as though Dr. C didn't have a clue. We then left and went home again. Meanwhile, Dylan was still constantly screaming.

Dylan was still not sleeping and needed my every minute's attention. The week had Dylan and myself feeling extremely exhausted as we were both not sleeping due to Dylan's screams for help. I would hear his scream so I would feed, change and cuddle him constantly.

About 2:30pm I rang the District Hospital and asked for the maternity ward. I then asked to speak to a midwife. When the midwife came to the phone, I told her that my baby was immunised on the 25-11-96 and had not stopped screaming since. I then also explained to her Dylan's symptoms. She then replied by asking me where my local GP was so I told her he was at the Medical Centre. She then replied that the Medical Centre would still be open so to go and see my local GP. I then started to phone the Medical Centre when my mum suggested that I ask for a Dr. D as she felt that he was a good doctor. When I phoned, I asked for an appointment to see Dr. D. The secretary then replied that Dr. D was fully booked. I then told her that it was not good enough as my baby was very sick and needed the attention of a good doctor. I then told her that I had already seen 2 doctors in the last 2 days and was not the slightest bit happy with their results. She then told me that I would be able to see Dr. D if I was there by 4:00pm and that I would not have to make an appointment, just to come in.

When we got there, I gave the secretary my Medicare card only to have her come back to me a few minutes later and say that Dr. D wasn't going to see anyone else so we

would have to see Dr. E. We then patiently waited again as Dylan cried. One hour later, Dylan's name was called. We then followed Dr. E to his office. I told him that Dylan received his 8-weekly immunisation on Monday 25-11-96 and had not stopped screaming since. I also told him Dylan's symptoms. I then told him that Dylan had always been a contented baby who would usually only ever cry when it was feeding time-until he was immunised. I told him that we had already seen 2 other doctors and that we both strongly felt and feel that it is due to immunisation. We asked if it would be possible if a virus(es) may have developed due to vaccination as we had been told previously by Dr. A. He replied that it was unlikely. He tried to look inside Dylan's ears and told us that he could not see inside his ears as he was moving too much.

During the whole time that this was being performed, Dylan was constantly screaming, punching, kicking and throwing himself around and all that Dr. E said was that it had only been 5 days and that he should get better within the next few days. He also said that he felt that Dylan might have a bit of a virus, but was unsure and felt that there would be no need to see a paediatrician. Mark and I just finished dressing Dylan when Dr. E walked off to call for another patient. We then walked back into Dr. E's office to collect Dylan's baby capsule. Whilst we were doing that, he had the next patient at the door waiting. He was in that much of a rush to get us out of there he forgot to ask us to sign the Medicare form

We both discussed how disgusted and dissatisfied we were when leaving the surgery. That whole week, we had seen 3 doctors, spoken to the health sister twice and had been in contact with the District Hospital once. That whole time, I was treated like a first-time mother overreacting, although a mother can always tell when something is wrong. But instead of listening, we were pushed out the door.

Mark and I both strongly feel that since Dylan had just been immunised and we had been back there repeatedly, that somebody should have taken us seriously. We then made our way home, not knowing what was ahead of us.

When we got home, I fed, changed and cuddled Dylan before putting him to bed. For the first time in that week, Dylan was going to sleep so I decided to get some rest as well so I turned the phone down to almost no volume at all as I did not want anyone to disturb us. Mark then decided to lay down as well although he was not supposed to go to sleep as he was supposed to go out at 6:30pm. The time was 6:15pm, but neither of us could keep our eyes open any longer as we were both tired from work and staying up all week.

At 10:00pm, I woke up as the phone was ringing. I don't know how I heard it because it was turned right down, although my body was used to getting up every 3-5 hours. I then checked on Dylan before answering the phone. He looked so stiff with his eyes and mouth wide open. He looked really strange so I picked him up only to find him really cold and stiff. I thought that I must have been having a bad nightmare so I then ran to the light switch-hoping that it was just an awful nightmare. When I turned the light on, I looked down at Dylan in my arms and screamed. I then ran to the bed as Mark woke up from my scream. Mark then tried to resuscitate Dylan as I

He looked so stiff with his eyes and mouth wide open. He looked really strange so I picked him up only to find him really cold and stiff. I thought that I must have been having a bad nightmare so I then ran to the light switch-hoping that it was just an awful nightmare.

answered the phone. It was my mum and as I was bawling my eyes out, I told her that Dylan was not breathing and could she please come over here now? I then phoned for an ambulance and told them that my baby was not breathing. I then gave them the address and hung up. I then sat there cuddling my son whilst we waited for help.

A few minutes later, the ambulance arrived. They told me that it was too late.

About a half an hour later, Mark, Dylan and myself accompanied the ambulance drivers to the Hospital. I held Dylan in my arms all the way there. I did not want to let him go. I did not realise what was going on around me. I lost all feeling in my body. I felt so numb.

When we got there, we were allowed to spend a few minutes with Dylan, but then it was time to go. I still felt like it was all one big nightmare.

When we got home, we told Mark's parents that we would be all right and that we just wanted to be alone. We then said goodbye and goodnight. We then sat in our beds and eventually cried ourselves to sleep. When we woke up, I cried and cried and cried, hoping that it was all just one bad dream.

That day, both families came over to support us. All we wanted was to be left alone. My dad arranged for a counsellor to come out to see us, but the last thing I wanted was a counsellor. Especially not a SIDS counsellor as I strongly feel that my baby did not die of SIDS. I know in my heart that my baby's death is related to his immunisation. No matter what the autopsy results come out as, I will never turn back on my son and will continue to fight for his life.

On Tuesday 3-12-96, Dr. A was called by Mike Collins, a police officer from the coroner's office, and told that Dylan had passed away. That was between 10:00am and 11:00am. That same day, Dr. E phoned my nanna around 2:30pm and asked if I was her granddaughter. My nanna asked why and he replied that they'd decided that the baby should be in hospital

That night, I received a phone call from my parents telling me that Dr. E had phoned and left a message for me to ring him. I then told my dad that I was unable to ring him as I would abuse him as he probably had a guilty conscience for not checking my baby thoroughly and pushing us out the door faster than we walked in.

On Wednesday 4-12-96, I was woken by the sound of the phone. Mark answered the call – it was my nanna phoning to say that Dr. E called and told her to tell me that they'd decided that the baby should be in hospital. I then immediately told my nanna that I had to go and for her to phone my parents for me and tell them. I felt like I was going to vomit and pass out. How could they suddenly decide to send Dylan to hospital when they did not do any tests on him and the last time we saw Dr. E, on 30-11-96, he told us not to worry about seeing a paediatrician and that Dylan should

get better within the next few days. He did not seem the slightest bit concerned-not to mention pushing us out of the surgery faster than we walked in. So why suddenly would they decide to send my baby to the hospital on 3-12-96?

After the phone call, Mark and myself were terribly upset.

Later, we got a coroner's report which said that Dylan's death had been judged to be SIDS. We will fight and keep on fighting to ensure that what happened to our son will be recognised for what it is-a death caused by vaccination.

From the report by Dr. C.T. Cooke, MB, BS, B Med Sci, FRCPA, Chief Forensic Pathologist:

In the absence of a demonstrable cause of death, I can only give the cause of death as - consistent with Sudden Infant Death Syndrome (as suggested by Dr. Byard).

Although there are anecdotal reports of some infant deaths related to immunisation, it appears that major studies have failed to confirm any causal relationship between immunisation and sudden infant death.

THE CORONER'S INQUEST INTO THE DEATH OF DYLAN HEWITT-ARCHER

On 14th October, 1997, an inquest was held into the connection between the vaccination and Dylan's death. Following are some of the events which took place during the inquest:

There were 40 present on the morning of 14/10/97. Many of these had been organised by the Vaccination Awareness Group (VAG). Coroner Michael Joseph McGuire was present. Mr. Neil Kerracher represented Fordhams for Mr. and Mrs. Hewitt-Archer.

Mr. Michael Lundberg was from Legal Services of the Health Department. Mr. Blake Dawson represented Dr. A. Minter Ellison represented Dr. B, Dr. C and Dr. D. Michelle Hewitt read "Dylan's Story" as evidence. Mark Archer corroborated her reading.

Dr. B, when questioned, admitted that he gave the shot to Dylan without obtaining informed consent from the parents, assuming instead that they had read the advice in the yellow baby book. He admitted that he did not correctly fill in the immunisation record with the batch number of the vaccines. He stated that he now spends more time advising parents and he follows the Commonwealth Government guidelines.

Dr. Clive Cooke did the post-mortem on Dylan Hewitt-Archer. He said the cause of death was unascertainable. He found small bruises on the lungs (petechiè), intercurrent viral illness in the liver and polio virus in the intestines. He told the Coroner that salts in the body needed to be maintained and persistent diarrhoea and vomiting reduce that and could affect the heart and cause death. He could not check on dehydration because the body had been in the freezer from Saturday to Monday. There was no fluid to test for electrolyte balance available. He couldn't say the vaccination caused death-nor could he say it didn't.

Dr. C was probably the last doctor to see Dylan. He claimed the baby was irritable

but not constantly screaming. He knew of regulations to report vaccine reactions but did not think it necessary to report as he considered there was no possibility of the vaccine causing the reaction.

When asked of any evidence of electrolyte imbalance, he said no. Did he take the temperature? No, his hands told him. Did he consider urine testing? No. Did he consider a blood test? No.

Wednesday, October 15th - thirty present. Dr. A said it was a possibility that a virus from the vaccine might have caused Dylan's symptoms. She considered it a remote possibility that the cause of death might be due to vaccination.

Dr. D did not remember being told that Dylan's mouth was blue. If he had, he would have referred Dylan immediately to a specialist. Dr. Emery for the parents said there was no comment on skin turbidity (resilience) and no check for hydration or dehydration. He supported the overall practice of recording batch number. He was of the opinion that prudent medical practice would have dictated that the baby be referred to the hospital on the third visit.

Dr. Tony Watson for the Health Department said that available information does not show any causal relationship between vaccination and death; that any incidence was by coincidence only. NO studies demonstrate the relationship between DPT and SIDS.

Mr. Kerracher for the parents said the accounts given by the doctors was inconsistent. The post-mortem could not establish dehydration or electrolyte imbalance due to vomiting and diarrhoea. There was no evidence available to prove that vaccination caused the death of Dylan Hewitt-Archer.

PARENTS BLAME VACCINE FOR BABY'S DEATH

The West Australian - 26/10/97

Parents of a nine-week old baby who died five days after he was immunised are convinced the vaccine killed their son despite a coroner's finding to the contrary.

Coroner Michael McGuire, in findings handed down yesterday, ruled the death of Dylan Mark Hewitt-Archer in November last year arose by way of natural causes.

An autopsy failed to determine the cause of death, which was put down to sudden infant death syndrome, but parents Michelle Hewitt-Archer and Mark Archer claim their baby screamed from the minute he received the needles until the night Mrs. Hewitt-Archer found him dead in his cot.

Mrs. Hewitt-Archer said Dylan was a quiet, happy baby who was never a problem. After he was immunised he did not feed properly and suffered bouts of constipation, fever, diarrhoea and vomiting.

"We knew the result would not come back as a vaccination death because it would be a public outcry." Mrs. Hewitt-Archer said. "I will eventually have children again, but I would never have another child vaccinated."

Mrs. Hewitt-Archer, 19, or Warnbro, was pleased with the coroner's recommendations that doctors change the way they handle vaccinations. She

said the doctor did not tell her about the possible side-effects before Dylan was given triple antigen.

Mr. McGuire recommended an informative pamphlet be prepared and circulated to doctors. He said doctors should be required to satisfy themselves before immunising a child that parents had read and understood the pamphlet, and had given informed consent to the immunisation. (Why make this suggestion if the coroner was so convinced that the vaccination had nothing to do with Dylan's death?-Ed)

The recommendations prompted concern from the WA branch of the AMA that there would be a drastic reduction in immunisation rates if parents had to sign a consent document. *(Is there fear that if they disclose what it is they are injecting into children, parents may choose not to comply, or at least investigate their options?-Ed)*

"We believe it would make the process very legalistic and intimidating for parents," AMA WA President, David Roberts told the West Australian yesterday.

"It is inexplicable why the coroner would make recommendations about the process of immunisation when he hasn't found immunisation was implicated in the baby's death."

Dr. Roberts said research indicated sudden infant death syndrome was not caused by immunisation. But, he said, parents of children who died inexplicably had an emotional need to blame the death on something, especially when it happened near immunisation.

Mr. McGuire also urged the Health Department to ensure all WA doctors were aware of obligations under the Health Regulations (1995) to notify of any adverse events after immunisation, as Dylan's death was not reported.

Concern during the inquest that data about the cause of death was lost due to a two-day delay in the autopsy led Mr. McGuire to recommend forensic pathologists consider holding infant post-mortems as soon as possible.

Dispelling Vaccination Myths by Alan Phillips

This Printing Revised July 14, 1996

When my son began his routine vaccination series at age 2 months, I did not know there were any risks associated with immunisations. But the clinic's literature contained a contradiction: the chances of an adverse reaction to the DPT vaccine were 1 in 1750, while his chances of dying from pertussis each year were one in several million. When I pointed this out to the physician, he angrily disagreed, and stormed out of the room mumbling, "I guess I should read that sometime..." Soon thereafter I learned of a child who had been permanently disabled by a vaccine, so I

Hundreds of published medical studies document vaccine failure and adverse effects; several dozen books have been written expounding on these and related information condemning vaccines. Yet, amazingly, most paediatricians and parents are completely unaware of these findings.

decided to investigate for myself. My findings have so alarmed me that I feel compelled to share them; hence, this report.

Health authorities credit vaccines for disease declines, and assure us of their safety and effectiveness. Yet these seemingly rock-solid assumptions are directly contradicted by health statistics, medical studies, Food and Drug Administration (FDA) and Centres for Disease Control (CDC) reports, and reputable research scientists from around the world. In fact, infectious diseases steadily declined for decades prior to vaccinations, U.S. doctors report thousands of vaccine reactions each year including hundreds of deaths and permanent disabilities, many fully vaccinated populations have experienced epidemics, and researchers attribute dozens of chronic immunological and neurological conditions to mass immunisation programs.

Hundreds of published medical studies document vaccine failure and adverse effects; several dozen books have been written expounding on these and related information condemning vaccines. Yet, amazingly, most paediatricians and parents are completely unaware of these findings. There is, however, a fast growing international movement of doctors and parents who are questioning the use of widespread, mandatory vaccinations.

My point is not to tell anyone whether or not to vaccinate, but rather, with the utmost urgency, to point out some very good reasons why everyone should investigate the issue before submitting to the procedure. As a new parent, I was shocked to discover the absence of a legal mandate or professional ethic requiring paediatricians to be fully informed, and to see firsthand the prevalence of physicians who are applying practices based on incomplete - and in some cases, outright mis-information.

Though only a brief introduction, this report contains sufficient evidence to warrant further investigation by all concerned, which I highly recommend. You will find that this is the only way to get an objective view, as the controversy is a highly emotional one.

A note of caution: Be careful trying to discuss this subject with a paediatrician. Most have staked their identities and reputations on the presumed safety and effectiveness of vaccines, and thus have difficulty acknowledging evidence to the contrary, regardless of the sources. The first paediatrician I attempted to share my findings with yelled angrily at me when I calmly brought up the subject. The misconceptions have very deep roots.

VACCINATION MYTH #1:
"VACCINES ARE COMPLETELY SAFE..." ... OR ARE THEY?

The FDA's VAERS (Vaccine Adverse Effects Reporting System) receives about 11,000 reports of adverse vaccine reactions annually, some 1% (112+) of which are deaths from vaccine reactions.[1] The majority of these reports are made by doctors, and the majority of deaths are attributed to the pertussis (whooping cough) vaccine, the "P" in DPT. This figure alone is alarming, yet it is only the "tip of the iceberg." The FDA estimates that only about 10% of adverse reactions are reported,[2] a figure supported by two National Vaccine Information Centre (NVIC) investigations.[3] In fact, the NVIC reported that "In New York, only one out of 40 doctor's offices [2.5%] confirmed that they report a death or injury following vaccination," - 97.5% of vaccine related deaths and disabilities go unreported there. Implications about the integrity of medical professionals aside (doctors are legally required to report adverse events), these findings suggest that vaccine deaths actually occurring each year may be well over 1,000.

With pertussis, the number of vaccine-related deaths dwarfs the number of disease deaths, which have been about 10 annually for recent years according to the CDC, and only 8 in 1993, the last peak-incidence year (pertussis runs in 3-4 year cycles, though vaccination doesn't). Simply put, the vaccine is 100 times more deadly than the disease. If it were not for the many instances in which highly vaccinated populations have contracted disease (see Myth #2), and the fact that the vast majority of disease decline this century occurred before compulsory vaccinations (pertussis deaths declined 79% prior to vaccines; see Myth #3), this might be understandable, but given the complete story, it can hardly be considered a necessary sacrifice for the benefit of a disease-free society.

Unfortunately, the vaccine-related-deaths story doesn't end here. Both national and international studies have shown vaccination to be a cause of SIDS [4,5] (SIDS is "Sudden Infant Death Syndrome," a "catch-all" diagnosis for cases when the specific cause of death is supposedly unknown; estimates range from 5 - 10,000 cases each year in the U.S.). One study found the peak incidence of SIDS occurred at the ages of 2 and 4 months in the U.S., precisely when the first two routine immunisations are given.[4]

There are also studies that claimed to find no SIDS-vaccine relationship. However, many of these were invalidated by yet another study which found that "confounding" had skewed their results in favor of the vaccine.[6]

Shouldn't we err on the side of caution? Shouldn't any credible correlation between vaccines and infant deaths be just cause for meticulous, widespread monitoring of the vaccination status of all SIDS cases? In the mid 70's Japan raised their vaccination age from 2 months to 2 years; their incidence of SIDS dropped dramatically.

In spite of this, the U.S. medical community has chosen a posture of denial. Coroners

"Not even countries with immunisation rates of 90-95% have managed to eradicate pertussis or prevent disease in infants below the age of immunisation."–Trollfors, S; (1984) "Bordetella Pertussis Whole Cell Vaccines–Efficacy and Toxicity." Acta Paediatrica Scandinavica 73: 417-425.

refuse to check the vaccination status of SIDS victims, and unsuspecting families continue to pay the price, unaware of the dangers and deprived of the right to make a choice.

Low adverse event reporting also suggests that the total number of adverse reactions actually occurring each year may be more than 100,000. Due to doctors' failure to report, no one knows how many of these are permanent disabilities, but statistics suggest that it is several times the number of deaths (see "petitions" below). This concern is reinforced by a study which revealed that one in 175 children who completed the full DPT series suffered "severe reactions,"[7] and a Dr.'s report for attorneys which found that 1 in 300 DPT immunisations resulted in seizures.[8]

England actually saw a drop in pertussis deaths when vaccination rates dropped from 80% to 30% in the mid 70's. Swedish epidemiologist B. Trollfors' study of pertussis vaccine efficacy and toxicity around the world found that "pertussis-associated mortality is currently very low in industrialised countries and no difference can be discerned when countries with high, low, and zero immunisation rates were compared." He also found that England, Wales, and West Germany had more pertussis fatalities in 1970 when the immunisation rate was high than during the last half of 1980, when rates had fallen.[9]

Vaccinations cost us much more than just the lives and health of our children. The U.S. Federal Government's National Vaccine Injury Compensation Program (NVICP) has paid out over $650.6 million to parents of vaccine injured and killed children, a rate of close to $90 million per year in taxpayer dollars. The NVICP has received over 5,000 petitions since 1988, including over 700 for vaccine-related deaths, and there are still some two thousand total death and injury cases pending that may take years to resolve.[10]

Meanwhile, pharmaceutical companies have a captive market: vaccines are legally mandated in all 50 U.S. states (though legally avoidable in most; see Myth #9), yet these same companies are "immune" from accountability for the consequences of their products. Furthermore, they have been allowed to use "gag orders" as a leverage tool in vaccine damage legal settlements to prevent disclosure of information to the public about vaccination dangers. Such arrangements are clearly unethical; they force a nonconsenting American public to pay for vaccine manufacturer's liabilities, while attempting to ensure that this same public will remain ignorant of the dangers of their products.

It is also interesting to note that insurance companies (who do the best liability studies) refuse to cover vaccine adverse reactions. Profits appear to dictate both the pharmaceutical and insurance companies' positions.

VACCINATION TRUTH #1: "Vaccination causes significant death and disability at an astounding personal and financial cost to families and taxpayers."

VACCINATION MYTH #2: "VACCINES ARE VERY EFFECTIVE..." ... AREN'T THEY?

The medical literature has a surprising number of studies documenting vaccine failure. Measles, mumps, small pox, polio and Hib outbreaks have all occurred in vaccinated populations.[11,12,13,14,15] In 1989 the CDC reported: "Among school-aged children, [measles] outbreaks have occurred in schools with vaccination levels of greater than 98 percent.[16] [They] have occurred in all parts of the country, including areas that had not reported measles for years."[17] The CDC even reported a measles outbreak in a documented 100 percent vaccinated population.[18] A study examining this phenomenon concluded, "The apparent paradox is that as measles immunisation rates rise to high levels in a population, measles becomes a disease of immunized persons."[19] A more recent study found that measles "produces immune suppression which contributes to an increased susceptibility to other infections."[19a]

A study examining this phenomenon concluded, "The apparent paradox is that as measles immunization rates rise to high levels in a population, measles becomes a disease of immunized persons."[19]

These studies suggests that the goal of complete immunisation is actually counterproductive, a notion underscored by instances in which epidemics followed complete immunisation of entire countries. Japan experienced yearly increases in small pox following the introduction of compulsory vaccines in 1872. By 1892, there were 29,979 deaths, and all had been vaccinated.[20] Early in this century, the Philippines experienced their worst smallpox epidemic ever after 8 million people received 24.5 million vaccine doses; the death rate quadrupled as a result.[21] In 1989, the country of Oman experienced a widespread polio outbreak six months after achieving complete vaccination (98%).[22]

In the U.S. in 1986, 90% of 1,300 pertussis cases in Kansas were "adequately vaccinated."[23] 72% of pertussis cases in the 1993 Chicago outbreak were fully up to date with their vaccinations.[24

VACCINATION TRUTH #2: "Evidence suggests that vaccination is an unreliable means of preventing disease."

VACCINATION MYTH #3:
"VACCINES ARE THE MAIN REASON FOR LOW DISEASE RATES IN THE U.S. TODAY..."... OR ARE THEY?

According to the British Association for the Advancement of Science, childhood diseases decreased 90% between 1850 and 1940, paralleling improved sanitation and hygienic practices, well before mandatory vaccination programs. Infectious disease deaths in the U.S. and England declined steadily by an average of about 80% during this century (measles mortality declined over 97%) prior to vaccinations.[25] In Great Britain, the polio epidemics peaked in 1950, and had declined 82% by the time the vaccine was introduced there in 1956. Thus, at best, vaccinations can be credited with only a small percentage of the overall decline in disease related deaths this century. Yet even this small portion is questionable, as the rate of decline remained virtually the same after vaccines were introduced. Furthermore, European countries that refused immunisation for small pox and polio saw the epidemics end along with those countries that mandated it. (In fact, both small pox and polio immunisation campaigns were followed initially by significant disease increases; during smallpox campaigns, other infectious diseases continued their declines in the absence of vaccines. In England and Wales, smallpox disease and vaccination rates eventually declined simultaneously over a period of several decades.) [26] It is thus impossible to say whether or not vaccinations contributed to the continuing decline, or if the same forces which brought about the initial declines - improved sanitation, hygiene, improvements in diet, natural disease cycles - were simply unaffected by the vaccination programs. Underscoring this conclusion was a recent World Health Organization report which found that the disease and mortality rates in third world countries have no direct correlation with immunisation procedures or medical treatment, but are closely related to the standard of hygiene and diet.[27] Credit given to vaccinations for our current disease incidence has simply been grossly exaggerated, if not outright misplaced.

Vaccine advocates point to incidence statistics rather than mortality as proof of vaccine effectiveness. However, statisticians tell us that mortality statistics can be a better measure of incidence than the incidence figures themselves, for the simple reason that the quality of reporting and record-keeping is much higher on fatalities.[28]

For instance, a recent survey in New York City revealed that only 3.2% of pediatricians were actually reporting measles cases to the health department. In 1974, the CDC determined that there were 36 cases of measles in Georgia, while the Georgia State Surveillance System reported 660 cases.[29] In 1982, Maryland state health officials blamed a pertussis epidemic on a television program, "D.P.T. - Vaccine Roulette," which warned of the dangers of DPT; however, when former top virologist for the U.S. Division of Biological Standards, Dr. J. Anthony Morris, analysed the 41 cases, only 5 were confirmed, and all had been vaccinated. [30] Such instances as these demonstrate the fallacy of incidence figures, yet vaccine advocates tend to rely on them indiscriminately.

VACCINATION TRUTH #3 "It is unclear what impact vaccines had on infectious disease declines which occurred throughout this century."

VACCINATION MYTH #4: "Vaccination is based on sound immunisation theory and practice..." ... isn't it?

The clinical evidence for vaccinations is their ability to stimulate antibody production in the recipient, a fact which is not disputed. What is not clear, however, is whether or not such antibody production constitutes immunity. Agamma globulin-anaemic children are incapable of producing antibodies, yet they recover from infectious diseases almost as quickly as other children.[31] Furthermore, a study published by the British Medical Council in 1950 during a diphtheria epidemic concluded that there was no relationship between antibody count and disease incidence; researchers found resistant people with extremely low antibody counts and sick people with high counts.[32] Natural immunisation is a complex phenomenon involving many organs and systems; it cannot be fully replicated by the artificial stimulation of antibody production.

Research also indicates that vaccination commits immune cells to the specific antigens involved in the vaccine, rendering them incapable of reacting to other infections. Our immunological reserve may thus actually be reduced, causing a generally lowered resistance.[33]

Another component of immunisation theory is "herd immunity," which states that when enough people in a community are immunized, all are protected. As Myths #2 revealed, there are many documented instances showing just the opposite - fully vaccinated populations have contracted diseases. With measles, this actually seems to be the direct result of high vaccination rates.[19] A Minnesota state epidemiologist concluded that the Hib vaccine increases the risk of illness when a study revealed that vaccinated children were five times more likely to contract the disease than unvaccinated children.

Carefully selected epidemiological studies are yet another justification for vaccination programs. However, many of these may not be legitimate sources from which to draw conclusions about vaccine effectiveness: If 100 people are vaccinated and 5 contract the disease, the vaccine is declared to be 95% effective. But if only 10 of the 100 were actually exposed to the disease, then the vaccine was really only 50% effective. Since no one is willing to directly expose an entire population to disease - even a fully vaccinated one - vaccine effectiveness rates cannot be taken at face value.

Yet another concern about immunisation practice is its assumption that all children, regardless of age, are virtually the same. An 8 pound 2 month old receives the same dosage as a 40 pound five year old. Infants with

Natural immunisation is a complex phenomenon involving many organs and systems; it cannot be fully replicated by the artificial stimulation of antibody production.

immature, undeveloped immune systems may receive five or more times the dosage (relative to body weight) as older children. Furthermore, the number of "units" within doses has been found upon random testing to range from 1/2 to 3 times what the label indicates; manufacturing quality controls appear to tolerate a rather large margin of error. "Hot Lots" (vaccine lots with disproportionately high death and disability rates) have been identified repeatedly by the NVIC, but the FDA refuses to intervene to prevent unnecessary injury and loss of life. In fact, they have never recalled a vaccine lot due to adverse reactions. Some would call this infanticide.

Finally, vaccination practice assumes that all recipients, regardless of race, culture, diet, or any other circumstances, will respond the same. This was perhaps never more dramatically disproved than an instance a few years ago in Australia's Northern Territory, where stepped-up immunisation campaigns resulted in an incredible 50% infant mortality rate in the native aborigines.[34] Researcher A. Kalokerinos, M.D. discovered that the aborigine's vitamin C deficient "junk food" diet was a critical factor (vaccination depletes vitamin C reserves; children in shock or collapse often recovered in a matter of minutes when given vitamin C injections). He considered it amazing that as many survived as did. One must wonder about the lives of the survivors, though, for if half died, surely the other half did not escape unaffected.

Almost as troubling was a very recent study in the New England Journal of Medicine which revealed that a substantial number of Romanian children were contracting polio from the vaccine, a less common phenomena in most developed countries. Correlations with injections of antibiotics were found: a single injection within one month of vaccination raised the risk of polio eight times, two to nine injections raised the risk 27-fold, and 10 or more injections raised the risk 182 times [Washington Post, February 22, 1995].

What other factors not accounted for in vaccination theory will surface unexpectedly to reveal unforeseen or previously overlooked consequences? We will not begin to fully comprehend the scope of this danger until researchers begin looking and reporting in earnest. In the meantime, entire countries' populations are unwitting gamblers in a game that many might very well choose not to play if they were given all the "rules" in advance.

VACCINATION TRUTH #4: "Many of the assumptions upon which immunisation theory and practice are based have been proven false in their application."

VACCINATION MYTH #5: "CHILDHOOD DISEASES ARE EXTREMELY DANGEROUS..." ... OR ARE THEY, REALLY?

Most childhood infectious diseases have few serious consequences in today's modern world. Even conservative CDC statistics for pertussis during 1992-94 indicate a 99.8% recovery rate. In fact, when hundreds of pertussis cases occurred in Ohio and Chicago in the fall 1993 outbreak, an infectious disease expert from Cincinnati Children's

Hospital said, "The disease was very mild, no one died, and no one went to the intensive care unit." The vast majority of the time, childhood infectious diseases are benign and self-limiting. They also impart lifelong immunity, whereas vaccine-induced immunity is only temporary. In fact, the temporary nature of vaccine immunity can create a more dangerous situation in a child's future. For example, the new chicken pox vaccine has an effectiveness estimated at 6-10 years. If effective,it will postpone the child's vulnerability until adulthood, when death from the disease is 20 times more likely. (About half of measles cases in the late 1980's resurgence were in adolescents and adults, most of whom were vaccinated as children,[35] and the recommended booster shots may provide protection for less than 6 months.) [36] Furthermore, some healthcare professionals are concerned that the virus from the chicken pox vaccine may "reactivate later in life in the form of herpes zoster (shingles) or other immune system disorders."[37] Dr. A. Lavin of the Dept. of Pediatrics, St. Luke's Medical Centre in Cleveland, Ohio, strongly opposed licensing the new vaccine, "Until we actually know...the risks involved in injecting mutated DNA [herpes virus] into the host genome [children]."[38] The truth is, no one knows, but the vaccine is now licensed and recommended by health authorities.

Not only are most infectious diseases rarely dangerous, but they can actually play a vital role in the development of a strong, healthy immune system. Persons who have not had measles have a higher incidence of certain skin diseases, degenerative diseases of bone and cartilage, and certain tumors, while absence of mumps has been linked to higher risks of ovarian cancer.

*VACCINATION TRUTH #5: **"Dangers of childhood diseases are greatly exaggerated in order to scare parents into compliance with a questionable but profitable procedure."***

VACCINATION MYTH #6: "POLIO WAS ONE OF THE CLEARLY GREAT VACCINATION SUCCESS STORIES" ... OR WAS IT?

Six New England states reported increases in polio one year after the Salk vaccine was introduced, ranging from more than doubling in Vermont to Massachusetts' astounding increase of 642%. In 1959, 77.5% of Massachusetts' paralytic cases had received 3 doses of IPV (injected polio vaccine). During 1962 U.S. Congressional hearings, Dr. Bernard Greenberg, head of the Dept. of Biostatistics for the University of North Carolina School of Public Health, testified that not only did the cases of polio increase substantially after mandatory vaccinations (50% increase from 1957 to 1958, 80% increase from 1958 to 1959), but that the statistics were manipulated by the Public Health Service to give the opposite impression.[39] According to researcher-author Dr. Viera Scheibner, 90% of polio cases were eliminated from statistics by health authorities' redefinition of the disease which occurred when the vaccine was introduced, while in fact the Salk vaccine was continuing to cause paralytic polio in several countries at a time when there were no epidemics caused by the wild

virus (thousands of cases of viral and aseptic meningitis are diagnosed each year in the U.S.; prior to the polio vaccine, these were diagnosed as polio). In 1985, the CDC reported that 87% of the cases of polio in the U.S. between 1973 and 1983 were caused by the vaccine, and later declared that all but a few imported cases since were caused by the vaccine (and most of the imported cases occurred in fully immunized individuals). Jonas Salk, inventor of the IPV, testified before a Senate subcommittee that nearly all polio outbreaks since 1961 were caused by the oral polio vaccine. At a workshop on polio vaccines sponsored by the Institute of Medicine and the Centres for Disease Control and Prevention, Dr. Samuel Katz of Duke University cited the estimated 8-10 annual U.S. cases of vaccine-associated paralytic polio (VAPP) in people who have taken the oral polio vaccine, and the [four year] absence of wild polio from the western hemisphere. Jessica Scheer of the National Rehabilitation Hospital Research Centre in Washington, D.C., pointed out that most parents are unaware that polio vaccination in this country entails "a small number of human sacrifices each year." Compounding this contradiction are low adverse event reporting and the NVIC's experiences with confirming and correcting misdiagnoses of vaccine reactions, which suggest that the actual number of VAPP "sacrifices" may be much higher than the number cited by the CDC.

*VACCINATION TRUTH #6: "**Vaccines caused substantial increases in polio after years of steady declines, and they are the sole cause of polio in the U.S. today.**"*

VACCINATION MYTH #7: "MY CHILD HAD NO SHORT-TERM REACTION TO VACCINATION, SO THERE IS NOTHING TO WORRY ABOUT..." ... OR IS THERE?

The documented long term adverse effects of vaccines include chronic immunological and neurological disorders such as autism, hyperactivity, attention deficit disorders, dyslexia, allergies, cancer, and other conditions, many of which barely existed 30 years ago before mass vaccination programs. Vaccine components include known carcinogens such as thimersol, aluminum phosphate, and formaldehyde (the Poisons Information Centre in Australia claims there is no acceptable safe amount of formaldehyde which can be injected into a living human body). Medical historian, researcher and author Harris Coulter, Ph.D. explained that his extensive research revealed childhood immunisation to be "...causing a low-grade encephalitis in infants on a much wider scale than public health authorities were willing to admit, about 15-20% of all children." He points out that the sequelae [conditions known to result from a disease] of encephalitis [inflammation of the brain, a known side-effect of vaccination]: autism, learning disabilities, minimal and not-so-minimal brain damage, seizures, epilepsy, sleeping and eating disorders, sexual disorders, asthma, crib death, diabetes, obesity, and impulsive violence are precisely the disorders which afflict contemporary society. Many of these conditions were formerly relatively rare, but

they have become more common as childhood vaccination programs have expanded. Coulter also points out that "...pertussis toxoid is used to create encephalitis in lab animals."

A German study found correlations between vaccinations and 22 neurological conditions including attention deficit and epilepsy. The dilemma is that viral elements in vaccines may persist and mutate in the human body for years, with unknown consequences. Millions of children are partaking in an enormous, crude experiment; and no sincere, organised effort is being made by the medical community to track the negative side-effects or to determine the long term consequences.

There are reports in which populations that were treated homeopathically after exposure had a 100% success rate - none of the treated caught the disease.[42]

VACCINATION TRUTH #7: "The long term adverse effects of vaccinations have been virtually ignored, in spite of strong correlations with many chronic conditions."

VACCINATION MYTH #8: "VACCINES ARE THE ONLY DISEASE PREVENTION OPTION AVAILABLE..." ... OR ARE THEY?

Most parents feel compelled to take some disease-preventing action for their children. While there is no 100% guarantee anywhere, there are viable alternatives. Historically, homeopathy has been more effective than "allopathic mainstream" medicine in treating and preventing disease. In a U.S. cholera outbreak in 1849, allopathic medicine saw a 48-60% death rate, while homeopathic hospitals had a documented death rate of 3%.[40] Roughly similar statistics still hold true for cholera today.[41] Recent epidemiological studies show homeopathic remedies as equaling or surpassing standard vaccinations in preventing disease. There are reports in which populations that were treated homeopathically after exposure had a 100% success rate - none of the treated caught the disease.[42]

There are homeopathic kits available for disease prevention.[43] Homeopathic remedies can also be taken only during times of increased risk (outbreaks, traveling, etc.), and have proven highly effective in such instances. And since these remedies have no toxic components, they have no side effects. In addition, homeopathy has been effective in reversing some of the disability caused by vaccine reactions, as well as many other chronic conditions with which allopathic medicine has had little success.

VACCINATION TRUTH #8: "Documented safe and effective alternatives to vaccination have been available for decades but suppressed by the medical establishment."

VACCINATION MYTH #9

"PUBLIC HEALTH OFFICIALS ALWAYS PLACE HEALTH ABOVE ALL OTHER CONCERNS..." ... OR DO THEY?

Vaccination history is riddled with documented instances of deceit designed to portray vaccines as mighty disease conquerors, when in fact many times they have actually delayed and even reversed disease declines. The United Kingdom's Department of Health admitted that vaccination status determined the diagnosis of subsequent diseases:

Those found in vaccinated patients received alternate diagnosis; hospital records and death certificates were falsified. Today, many doctors are still reluctant to diagnose diseases in vaccinated children, and so the "Myth" about vaccine success continues.

However, individual doctors may not be wholly to blame. As medical students, few have reason to question the information taught (which does not address the concerns presented in this report). Ironically, medicine is a field which demands conformity; there is little tolerance for opinions opposing the status quo. Doctors cannot warn you about what they themselves do not know, and with little time for further education once they begin practice, they are, in a sense, held captive by a system which discourages them from acquiring information independently and forming their own opinions. Those few that dare to question the status quo are frequently ostracised, and in any case, they are still legally bound to adhere to the system's legal mandates.

SUMMARY

In the December 1994 Medical Post, Canadian author of the best-seller Medical Mafia, Guylaine Lanctot, M.D. stated, "The medical authorities keep lying. Vaccination has been a disaster on the immune system. It actually causes a lot of illnesses. We are actually changing our genetic code through vaccination...10 years from now we will know that the biggest crime against humanity was vaccines." After an extensive study of the medical literature on vaccination, Dr. Viera Scheibner concluded that "there is no evidence whatsoever of the ability of vaccines to prevent any diseases. To the contrary, there is a great wealth of evidence that they cause serious side effects." These would seem to be radical positions, but they are not unfounded. The continued denial of the evidence against vaccines only perpetuates the "Myths" and their negative consequences on our children and society. Aggressive and comprehensive scientific investigation is clearly warranted, yet immunisation programs continue to expand in the absence of such research. Manufacturer profits are guaranteed, while accountability for the negative effects is conspicuously absent. This is especially sad given the readily available safe and effective alternatives.

Meanwhile, the race is on. According to the NVIC, there are over 250 new vaccines being developed for everything from earaches to birth control to diarrheoa, with about 100 of these already in clinical trials. Researchers are working on vaccine delivery through nasal sprays, mosquitoes (yes, mosquitoes), and the fruits of "transgenic" plants in which vaccine viruses are grown. With every child (and adult, for that matter) on the planet a potential required recipient of multiple doses, and every healthcare system and government a potential buyer, it is little wonder that countless millions of dollars are spent nurturing the growing multi-billion dollar vaccine industry. Without public outcry, we will see more and more new vaccines required of us and our children. And while profits are readily calculable, the real human costs are being ignored.

Whatever your personal vaccination decision, make it an informed one; you have that right and responsibility. It is a difficult issue, but there is more than enough at stake to justify whatever time and energy it takes.

Do not use this report alone to make your vaccination decision: FIND OUT FOR YOURSELF!

This report is periodically revised. For the latest version, point your World Wide Web browser to Sumeria's Home Page at: http://www.livelinks.com/sumeria/health/myth2.html, send email to aphillip@email.unc.edu, or write to the address below

Dispelling Vaccination Myths and the Vaccination Resource Directory (publishers, books, tapes, videos, newsletters, government agencies, nonprofits, vaccination alternatives, internet and WWW sources, etc.) are available for $5 + $2 P/H from: Vaccine Awareness, P.O. Box 62282, Durham, NC 27715, U.S.A. Quantity discounts available.

ABOUT THE AUTHOR...

Alan Phillips is an independent investigator and writer on vaccine risks and alternatives. This report appeared in the April 1996 edition of "Wildfire Magazine," as well as numerous newsletters in the U.S. and around the world. It is being used by the Sheffield School of Homeopathy, UK. Alan has written to the Australian Minister for Human Services and Health for the Immunisation Investigation Group and the Campaign Against Fraudulent Medical Research in NSW Australia.

Alan is also the founder of Human Development Services, Inc., an international nonprofit conducting training and research in psychorientology; the designer of a national children's literacy program and materials; and a singer-songwriter and composer with albums of original songs and music in over two dozen countries on six continents. His academic achievements include a B.A. Magna Cum Laude, and election to the Phi Kappa Phi National Honor Society and The National Dean's List.

INFORMATION SOURCES:

References for this article can be obtained by contacting
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DID YOU KNOW?

- In 1986, the Federal Government set up a National Vaccine Injury Compensation Program to compensate those damaged by vaccines. To date more than $834 million has been paid out to vaccine injured victims.

- The Vaccine Injury Compensation Program is funded from an excise tax on every dose of covered vaccine that is purchased. In other words it's as if you are buying life insurance every time you get a shot.

- Before 1990, doctors were not legally obligated to report adverse reactions to vaccines to the Centre for Disease Control and even with this current legal obligation, only 10% of doctors report the damage they see to the CDC.

- Vaccines have never been subjected to the standard double-blind test required for every other medication. This is despite research that indicates a possible-highly probable or causal-connection between vaccination and brain damage, meningitis, encephalitis, autism, Guillain-Barrè paralysis, ADD, ADHD, asthma, arthritis and multiple sclerosis.

- Jonas Salk, the inventor of the IVP testified along with other scientists before a Senate subcommittee that since 1961, except for a few importations from other countries, all cases of poliomyelitis (polio) were caused by the Oral Polio Vaccine.

- The Oral Polio Vaccine can be transmitted through a child's stool for up to 8 weeks. Not only can a child catch Polio from swallowing the OPV but so too can those who come in contact with that child, such as through kissing, washing or changing nappies.

- Vaccine inserts state that a child should never receive a vaccination when sick.

- Not all vaccine reactions occur on the first or second dose. Sometimes a reaction doesn't occur until after the third or fourth vaccination, and really severe brain damage from demyelination of developing nerves may begin and continue without overt signs, remaining undetected until the brain damage is well advanced.
- According to vaccine product inserts, no studies have been conducted on vaccines for carcinogenic (cancer causing) mutagenic potential or for impairment of fertility.

- Most doctors will refuse or give excuses on giving you the vaccine manufacturers package inserts. By law, it is a parent/guardian's right, but many have experienced difficulty obtaining this information from their child's paediatrician. Even if you are able to obtain the package inserts, remember they contain biased industry claims and the bare minimum that vaccine manufacturers are required by law to reveal.

- Informed consent means the parent/guardian is given time to read research and understand the information about the pros and cons. It does not mean getting the information from one source at the same time the shot is given.

- It is a known fact that most infectious diseases have been on the decline-in extent and severity, due to better hygiene, sanitation and diet-before vaccines were developed. For example, cases of scarlet fever are rare and there is no vaccine against this. Yet in the 1800s and early 1900s it was an equally fatal disease.

- An eight pound (3.6kg) infant receives the same amount of vaccine that a forty pound (18.2kg) 5-year-old receives. You wouldn't do that with Tylenol.

- Women who receive a MMR shot after giving birth should keep in mind the warning from product inserts that recent studies have shown that breast feeding women immunised with live attenuated rubella may secrete the virus in breast milk and transmit it to breastfed infants. They should avoid pregnancy for 3 months because of the possible side effects to a foetus from the vaccine.

- According to the Merck, Sharpe & Dohme MMR II vaccine package insert, women have a 23% risk of getting arthralgia and/or arthritis from the MMR II vaccine, which has also been known to cause hearing loss.

- It's not just in the US; in England two types of MMR vaccines were removed because of the damage they caused. (Why are other countries more willing to admit these vaccines are unsafe?-Ed.)

- Right now scientists are trying to put together a Super vaccine that reportedly will contain raw DNA from 40 different kinds of bacteria and viruses that will be given to all newborn infants and time-released into the body throughout life.

- In an article in the JAMA, a summary from a report from The Institute of Medicine stated there was evidence favouring acceptance of a causal relation between DT/Td/T vaccine and Guillain-Barrè syndrome and brachial neuritis; measles (MMR) vaccine and anaphylaxis; oral polio vaccine (OPV) and Guillain-Barrè syndrome, also evidence establishing a causal relation between DT/Td/T and anaphylaxis; measles (MMR) and thrombocytopènia, anaphylaxis and death from measles vaccine strain viral infection; oral polio vaccine (OPV) and poliomyelitis (Polio) in recipient or contact, death from Polio vaccine-strain viral infection. This article excluded adverse events associated with pertussis and rubella-JAMA (May 95) 271(20).

- There have been 579 deaths adjudicated through the Federal Court of Claims since the inception of the National Vaccine Injury Compensation Program in 1986 of which 227 were misdiagnosed as SIDS.

- A fact sheet given out by CDC asks if the recipient is allergic to neomycin, streptomycin or polymycin B (antibiotics) as that might be a contraindication to the polio vaccine. A parent cannot know this fact if the infant has not had these antibiotics.

- A child who receives the MMR vaccine can still get measles. (This occurred in 1987 in Texas where 96% of the cases were considered non-preventable, i.e. they were fully vaccinated, had a religious or medical exemption or they were born before 1957. This also occurred in 1989 in Texas where 72% of the cases were considered non-preventable.) These facts are from the Texas Department of Health.

- In Oct/Nov 1990, clinical mumps developed in 54 students. 53 out of those 54 were fully vaccinated![51]

- In Los Angeles in 1990/91, about 1500 minority infants were enrolled without informed consent in an experimental vaccine study of EZ (Edmonston-Zagreb) type measles. Parents were not told that the vaccine their babies got was experimental and were not warned about immediate or long term risks.

- All healthy infants are given hepatitis B vaccine, despite that the vaccine was developed to protect sexually active people and intravenous drug users who share unsterilised needles.

- Vaccines contain carcinogenic toxins (formaldehyde and the mercury-containing compound Thimersol) and are being injected into 2/4/6 month old infants whose immune systems are not fully developed.

- Children vaccinated against pertussis can still contract the disease. (Chicago Department of Health noted that, of 186 pertussis cases in Chicago in 1993, "74% were as up to date as possible on their immunisations.")[52]

- Tylenol (paracetamol) is given to infants and children when a shot is administered to mask a fever that could indicate a reaction to the vaccine.

- In the past 10 years in Texas there were 11351 cases of measles and 26 deaths. Also during the past 10 years in Texas there were 1768 cases of pertussis and 10 deaths.

- There have been nearly 32,000 vaccine adverse events, which included more than 700 deaths, reported to the Vaccine Adverse Events Reporting System (VAERS) in a 39-month period ended November 1994. FDA Commissioner, David Kessler has stated only 1 in 10 adverse events following vaccine administration are reported.

- Jonas Salk, the inventor of the IPV (injected polio vaccine), testified before a Senate sub-committee that nearly all polio outbreaks since 1961 were caused by the oral polio vaccine.

- Each state in the US has provision for a medical exemption, 48 states (except West Virginia and Mississippi) permit exemption on religious grounds and 17 states honour a philosophical exemption from compulsory vaccination.

- Recent studies have shown an increase in asthma in vaccinated compared with non vaccinated children.

- Many adverse reactions are ignored or diagnosed as other diseases and in some cases if a child dies it has been misdiagnosed as SIDS. Severely damaging reactions may occur but not be detected until some time later. Such grave reactions include the provocation of auto-immune diseases and demyelination of the nerves of the brain.

ANDY'S STORY

Andy received his triple antigen and Sabin immunisation at 2 months, 4 months and 6 months of age. The first 2 vaccination reactions were irritability and fever.

Six days after receiving his 3rd vaccination, he developed a dry cough. This developed into a 'throat infection' prescribed Bactrum. Three days later he was vomiting and unable to hold his medicine down. His antibiotics were changed to Amoxil. He developed (R) otitis media and (L) otitis media and bronchiolitis and pleurisy. He was prescribed Augmentin.

Andy should have been hospitalised; his breathing rate was about 70 breaths per minute. Needless to say a very sick little baby. Since then Andy developed glue ear, and repeated throat problems. Over the next two years he was to have a further 10 lots of antibiotics prescribed. Doctors estimated he had lost 30% of his hearing, and this was affecting his speech development.

When the nurse gave Andy his injection she remarked that the vaccine looked turbid, but injected it anyway. The doctors said there was no link between his vaccination and his health problems.

Could Andy have been spared all this? He is no longer to receive any vaccinations. I believe his constitution has been damaged. His sister (unvaccinated) has a much stronger constitution and barely any medical history at all. We hope that no lasting or permanent damage has been done.

J & A Leonforte Corinda Australia.

When the nurse gave Andy his injection she remarked that the vaccine looked turbid, but injected it anyway. The doctors said there was no link between his vaccination and his health problems.

The medical establishment has become a major threat to health. The disabling impact of professional control over medicine has reached the proportions of an epidemic.-Ivan Illich, Medical Nemesis-The Expropriation of Health

DEMYELINATION AND ENCEPHALITIS

There is abundant scientific evidence that vaccines-especially the pertussis vaccine-can cause damage to the brain and to nerves; this has been known since 1920. The pertussis vaccine is the most potent of all known adjuvants (substances which increase the immune system response to a foreign antigen); it stimulates the immune system so strongly that the vaccine recipient may suffer either or both allergic hypersensitisation and auto-immune diseases.

In allergic hypersensitisation the immune system becomes supersensitive to any and every allergen, including many that may not have previously provoked an immune response. It is estimated that one of every two people in the US suffers from some form of allergic reaction-food sensitivities, bronchial asthma, hay fever, rashes, etc., and the same trend is seen in every industrialised (vaccinating) country.

Auto-immune diseases occur when the body's own tissues, like innocent bystanders, become unintended victims in the 'immune wars'. The immune system, violently stimulated by the tremendously powerful pertussis adjuvant, makes antibodies to 'self' as well as to 'foreign' antigens. Even tissue substances which are never normally capable of acting as antigens can be targeted for immune attack. It is evident that if myelin were so targeted the myelination of nerves could be severely affected; this would explain brain damage following pertussis vaccination.

Preparations of the bacterium Bordetella pertussis, (the whooping cough germ), when injected into laboratory animals, induce experimental allergic encephalopathy (EAE). (Encephalopathy means brain disease or damage; encephalitis (swelling in the brain) is one form of encephalopathy.)

Readers will be astonished to learn, however, that when this same bacterium, or part of it, is packaged into a vaccine and injected into a two-month-old baby, any causal connection between the vaccination and the subsequent occurrence of post-vaccinal encephalopathy will be denied, or claimed to be 'coincidence'; death following such vaccination may be recorded as being due to "natural causes".

Because vaccine-related damage and death is denied, ignored, not reported, attributed to other (even "natural") causes, or

claimed to be 'coincidence', the full extent of vaccine-related damage and death is not recorded in official statistics. Because official statistics show relatively few reports of damage and death, pro-vaccinators feel free to claim that the benefits outweigh the risks and press ahead with vaccination campaigns. "It's more likely your child will die because of a meteorite falling from space than die from immunisation"[18]

Let us start with a description of encephalitis and follow with an explanation of the importance of myelin and the damaging process of demyelination.

ENCEPHALITIS

...today the threat of encephalitis from whooping cough or measles is the main justification for vaccination programs. Thus the medical profession is in the curious position of urging vigorous measures against a health threat created largely by itself.[19]

Physicians have always known that encephalitis, or inflammation of the brain...can be caused by traumatic injury to the head, a severe burn, infectious illnesses such as measles, mumps, German measles, chicken pox, or whooping cough, and-last but not least-the vaccines against these same diseases: "post-vaccinal encephalitis."[20]

...the fact that encephalitis-including that caused by vaccination-can cause demyelination has been known since the 1920s![21]

...the role of the allergic reaction in encephalitis, became understood only after the 1935 discovery by the prominent American scientist, Thomas Rivers, of the phenomenon known as "experimental allergic encephalomyelitis".

...Rivers produced brain inflammation in monkeys merely by injecting them repeatedly with extracts of sterile normal rabbit brain and spinal cord material.[22]

Encephalitis was now seen to be an allergic *phenomenon, and this explains the association of allergies and auto-immune states with a prior case of encephalitis.*

But why are children today more allergic than they used to be? Quite probably because the level of allergic sensitisation of the American (read also Australian, British, Japanese ...) population is being steadily enhanced by the vaccination programs which commenced in the beginning of the century. Prior to 1900 encephalitis from childhood diseases was an almost negligible danger. After 1920 it was encountered more and more frequently.[23]

This "experimental allergic encephalomyelitis" (EAE), is identical to encephalitis after infectious diseases such as measles and whooping cough and, by extension, after vaccination-with myelin playing the role of antigen.[24]

('Antigen' means the substance that generates or provokes an immune response, the production of antibodies; the antibodies attach to the antigen which is then attacked and usually destroyed by white blood cells of the immune system.)

...the myelin dissolved in the blood and other fluids by the inflammation of encephalitis seems to act as an additional antigen, intensifying the inflammatory reaction.[25]

In encephalitis the body's own myelin becomes the target of attack by the immune system-an 'auto-immune' disease. The myelin is damaged or destroyed so nerves which were to be myelinated are left with faulty or incomplete insulation. As their nervous system is very largely undeveloped, babies and infants are especially vulnerable

Post-vaccinal encephalitis may be caused directly, by toxic reaction of vaccines with central nervous system tissue; or indirectly through provocation of the immune system to produce antibodies against myelin.[29]

to this form of damage; the consequence is brain dysfunction and damage in varying degrees of severity.

POST-ENCEPHALITIC SYNDROME

Early this century, following a pandemic (worldwide epidemic) of influenza, epidemics of encephalitis swept the world. Since that time it has been well known in medicine that people who survive a bout of encephalitis may exhibit what is known as post-encephalitic syndrome.

A remarkable feature of encephalitis-whether of epidemic origin or due to an infectious disease, traumatic injury, or vaccination-is the multifarious diversity of its physical, neurologic, mental and emotional symptoms. "Since any portion of the nervous system may be affected," notes H.H. Merritt, emeritus professor of neurology at Colombia University, "variable clinical syndromes may occur... meningeal, encephalitic, brain-stem, and neuritic."[26]

This is true, in particular, of encephalitis following whooping cough.[27] (And therefore, logically, following the vaccine.) ...It is, therefore, possible to get almost every possible motor, intellectual, epileptoid and personality deviation and combinations of them.[28]

This is important in the context of vaccine-related damage: your child may suffer disabilities which you may be persuaded are not connected to vaccination when in fact they are. Post-encephalitic syndrome may manifest as sleep disturbances, dyslexia, 'minimal' brain damage, hyperactivity, lethargy, eating disorders-bulimia, anorexia, cúliac disease-nerve palsies, tics, muscle spasm, epilepsy, developmental delay-the reactions may vary widely from one individual to another.

Post-vaccinal encephalitis may be caused directly, by toxic reaction of vaccines with central nervous system tissue; or indirectly through provocation of the immune system to produce antibodies against myelin.[29]

The former reaction-of vaccines directly with brain and cranial nerves-is much more likely the younger the baby at the time of injection. It is very much more likely in babies born prematurely or in whom the brain is not as well developed.

The latter process-auto-immune destruction of developing myelin-develops over weeks, rather than hours, and may continue inexorably to obstruct and sabotage myelination. Repeated vaccinations at two month intervals "boost" not only the baby's immune response to foreign pathogens, they also boost the auto-immune response to further destroy the

See footnotes at back.

developing brain. Because the immune system reaction-formation of anti-myelin antibodies-takes weeks, there may not be a strong acute or immediate reaction to vaccines. It is therefore singularly unfortunate for parents and vaccine recipients (but extremely beneficial to the vaccine manufacturers) that vaccine damage surveillance excludes cases where the effects of the damage do not manifest within a week, or the affected child is not hospitalised.

The interplay of the two mechanisms-direct toxic attack and delayed auto-immune response-helps explain the variation in individual reactions to vaccines. This variability, and unpredictability, helps to mask the encephalitogenic (encephalitis-causing) effect of vaccines.

MYELIN AND DEMYELINATION

Myelin is the tough, white, fatty, waterproof substance that coats the nerves like insulation on electric wires and has the same function.

Development of the child's nervous system during pregnancy and after birth occurs in two stages. First the nerve fibres (neurons and axons) appear. Only when they are all in place does the process of coating with myelin commence.

Prior to myelination the nerve fibres are vulnerable, as nerve impulses travel more slowly through unmyelinated than through myelinated fibres, and they can short-circuit from fibre to fibre.[30]

But at the moment of birth myelination has only just commenced. In some nerves it does not even start until eight months of age or later.[31] It proceeds at different rates in different neurologic areas for the next fifteen years, and in some nerves myelination continues to age 45![32]

It starts in the phylogenetically older parts of the brain (those areas which humans share with the lower animals) and then moves to the phylogenetically more recent parts (which distinguish the human from the animals). Since the cerebral hemispheres and the cerebral cortex (the locus of memory and higher activities of the mind) are the phylogenetically newest parts, they are the last to be completely myelinated-in the fifth year of life or later.[33]

Because myelination commences with the nerves of the 'old brain', the last to receive their protective coating of myelin are the nerves of the 'new brain'. These are the parts which make us human, which are the seats of intelligence, humour, emotion, empathy, reading, numeracy, language and abstraction. When myelination is disrupted, or when demyelination takes place, the 'human' parts of the brain, those uniquely human qualities, fail to develop fully-if at all. The effect is loss or degradation of intellect, sense of humour, ability to empathise, to read, to calculate... (Testing human vaccines on animals would not detect such injury to the higher faculties.) Many of these forms of brain damage are undetected until the child commences school, by which time the baby shots are long since forgotten, further obscuring the true picture of the extent of vaccine damage.

Anything that interferes with myelination hinders the child's neurologic development

and maturation. If myelin is prevented from being deposited or, once deposited, is removed, (demyelination), the nervous system remains undeveloped and immature. The newborn infant, especially if premature is clearly very much at risk.[34]

Note that the Commonwealth Department of Human Services and Health booklet *Understanding childhood immunisation* says:

> *Q: WHAT IF MY BABY HAD A DIFFICULT BIRTH OR WAS PREMATURE? A: Premature babies especially need the protection of immunisation because they are more prone to certain infections. Just like other babies, premature babies should have their first immunisations two months after birth.*

Dylan Mark Hewitt-Archer was born three weeks premature, was fit, alert, well, and happy until he received his 8-weekly immunisation on Monday 25-11-96. His Mother said, "As soon as Dylan got the needles he started to scream" and he did not stop screaming until he died five days later-of "natural causes", according to the Coroner.

To be precise, a vaccination-associated encephalitis sometime during the first year of life could easily interrupt the myelination process and thus cause neurological damage. Charles M. Poser of the Harvard Medical School Department of Neurology writes:

> *Almost any... vaccination can lead to a noninfectious inflammatory reaction involving the nervous system... The common denominator consists of an encephalopathy that is often... associated with demyelination.*[35]

Some people who support vaccination may find comfort in their belief that, if there is no severe acute reaction to the vaccine, there will be no adverse after effects in the long term. However, It does not appear that a violent acute case of encephalitis, or a violent acute vaccine reaction, are needed for the development of quite severe long-term neurologic sequelae [36]. (Neurologic refers to the brain and nerves; sequelae means consequences or what follows on from what went before.)

AMERICA IS A CASE STUDY OF THE LONG-TERM EFFECTS OF UNIVERSAL VACCINATION

Having looked at the mechanism of vaccine damage in the individual, let us look to the broader picture of a society where vaccination has been compulsory for thirty years. To see the after-effects ('coincidences') of universal vaccination on an entire society, we need look no further than America, a country with which Australia has a great deal in common. America is a very wealthy country with a high standard of living, world-leading standards of medical care and highly sophisticated technology. Given this, it is astonishing that US infant mortality (death) rates are among the highest in the world. As well as the high rate of infant deaths, there has been a

disproportionate increase in the number of physically and mentally damaged children over the past thirty years.

The causal connection between high infant mortality, high numbers of physically and/or mentally damaged people and vaccination is explained by Harris Coulter in his book 'Vaccination, Social Violence and Criminality' :

The vaccination program (in the United States) was given a boost in 1965 when Congress passed the Immunisation Assistance Act. In the following years more and more states extended their vaccination programs and made them obligatory. Four or five years thereafter physicians encountered a whole new group of neurologically defective four- and five-year-olds. ('Four or five years' later-a pattern consistent with auto-immune degradation of myelination.) A 1986 National Health Interview Survey found that between 1969 and 1981 the prevalence of "activity-limiting chronic conditions" in persons younger than seventeen increased by an inexplicable forty-four percent-from 2,680/100,000 to 3,848/100,000; almost all the increase occurred between 1969 and 1975. (Almost half as many again as there were before-in a period of only six years, starting four or five years after universal vaccination began. Note that this enormous increase in such a short time could not be explained.)

The increase was virtually identical in high-income and low-income families, excluding poverty as a major cause.[37]

Conditions not associated with vaccine damage-injuries, genito-urinary disorders, diseases of the circulatory system, infective or parasitic diseases, and deformities-remained stationary during this time or actually declined.

By 1980 the overall number of disabled children (many, of course, with multiple conditions) had more than doubled. Over two million children in the US had some "limitation of activity", up from one million in 1960.[38]

...two percent of children had some limitation in the early 1960s and four percent in 1981; one percent had a "severe handicap" in the early 1960s, two percent in 1981. But both figures have continued to rise: in 1985 the rate for all degrees of limitation was over five percent, and for "severe handicap"-3.7 percent.[39]

Speaking of American society, Harris Coulter had this to say about the effects of vaccination:

'Children are the building blocks of the family, and later of society. If these are defective from infancy, the development of both family and society will be distorted and denatured. When ten or twenty percent of all children are minimally brain-damaged, how can family life be normal? When ten or twenty percent of high-school graduates have never learned to read, how can they not watch television during most of their waking hours? When over a million children every day are legally receiving amphetamines and other drugs in school to suppress hyperactivity, how can there not be a drug culture? The family and society are both victims-of vaccination programs forced on them by state legislatures which are entirely too responsive to medical opinion and medical organisations.

These programs have spawned the profusion of twisted and distorted individuals who have created the American family and the American society we know today' [40].

Few people in the English-speaking world are unaware of the turmoil in American society which has increased explosively since the mid-1960s. Rates of imprisonment (of the profusion of twisted and distorted individuals) have increased tenfold in the past century, reflecting an out-of-control increase in drug addiction, substance abuse and crimes of violence. Paralleling this increase there has been an overwhelming increase in the number of people who require some form of medication every day, possibly for the rest of their lives, so they can function in society. Health care, school, police and prison systems are all failing to cope with the growing numbers of drug users, violent criminals, those who suffer one or another (or several) forms of neurological deficiency or minimal brain damage, as well as those suffering from severe allergic reactions, autism, hyperactivity, learning disabilities, dyslexia, epilepsy, asthma, diminished IQ and illiteracy.

Coulter has written extensively of the damage caused to American children by the mandatory (compulsory) vaccination programs in that country. Coulter's statements are supported by scientific and medical research reports; his books have been widely distributed around the world and make claims about vaccine damage which are very nearly the most serious imaginable. He has detailed the mechanism-reported in scientific journals-by which the pertussis and other vaccines cause brain damage and consequent behavioural, neurological and physiological dysfunction. He has pointed out that the first appearance of the post-encephalitic syndrome, its subsequent rapid spread and almost total coverage of the US took place hand in hand with the spread of compulsory vaccination.

In his 'Vaccination, Social Violence and Criminality-The Medical Assault on the American Brain' Coulter says:

"This book advances the perhaps startling thesis that childhood vaccination programs cause a wide range of neurologic disabilities, and that these disabilities yield the bulk of the autistics, minimally brain-damaged, and sociopaths who have undermined the American educational system and American society, giving this country during the past two decades the highest crime rate in its history.

The most cogent evidence for this is found in the symptomatic parallels among the five conditions described: vaccine damage, the post-encephalitic syndrome, autism, minimal brain damage, and the sociopathic personality.41

Childhood vaccinations cause various types of mental retardation ranging from a slight drop in IQ to total idiocy; they also generate dyslexia and other reading disabilities. It is no coincidence, therefore, that when the 1945 generation took the examinations in 1963 for entry into college or into the army, they gave notice of an incipient decline in the American intelligence.

This was measured, for instance, by the Scholastic Aptitude Tests taken by college-bound high-school seniors. In 1963 the average SAT verbal score was at its highest since the commencement of testing-478, while the average mathematics score was 502. Thereafter it declined until by 1980 the verbal score had dropped 54 points to 424, and the math score 36 points to 466. The scores today are the lowest in the sixty-year history of these tests. And since

the tests themselves have actually become easier, other researchers conclude that the IQ decline is fifty percent worse.[42]

The American College Testing (ACT) Program, similar to the SAT programme, has also reported a consistent test-score decline since the mid-1960s.[43]

Tests given to military recruits in the 1970s showed their mental capacity to be significantly inferior to that of recruits in 1941-45.

In 1977 a Blue-Ribbon Panel was convened to ascertain the reasons for the IQ decline, and seventy-nine hypotheses were advanced. None proved satisfactory. The possibility of a relationship with vaccine damage was not discussed.[44]

A national Study in 1988 found that mathematical ability has virtually vanished in American adolescents. Nearly half of seventeen-year olds cannot perform math problems normally taught in junior high school (years 6 to 9 in Australia, ages 11-12 to 14-15); one third of eleventh-graders (16-17 years old) do not normally even understand what the teacher is saying; twenty-seven percent of thirteen-year olds cannot perform mathematics problems normally assigned in elementary school (years 1 to 5, ages 6 to 10). The average Japanese high-school student outperforms the top five percent of Americans in college preparatory (first-year university) courses.[45]

Amazingly, despite the widespread public concern evoked by his books on this subject, there has been no official response which directly addresses these claims. In the absence of any attempt at rebuttal, many people are inevitably drawn to the conclusions that the claims of a connection between childhood vaccination and developmental damage are correct and true;

This book has shown...that the vaccination programmes are the root cause of our ongoing epidemic of social violence.[46]

Amazingly, despite the widespread public concern evoked by his books on this subject, there has been no official response which directly addresses these claims. In the absence of any attempt at rebuttal, many people are inevitably drawn to the conclusions that the claims of a connection between childhood vaccination and developmental damage are correct and true; at very least we as a nation cannot afford the social cost of experimenting with enforced or compulsory vaccination. The enormous increases in crime rates, and in educational, social, behavioural and intellectual impairment over the period when vaccination has been enforced in America, are in themselves sufficient reason to oppose compulsory vaccination.

Workshop on Neurologic Complications of Pertussis and Pertussis Vaccination

Because of its relevance to the present discussion of encephalitis and brain damage from vaccines, particularly the pertussis vaccine, the following paper is discussed here. Reporting the conclusions of a "Workshop on Neurologic Complications of Pertussis and Pertussis Vaccination" J.H. Menkes and M. Kinsbourne (1990)47 said:

In evaluating side-reactions to the (pertussis) vaccine, the following must be kept in mind:

1. Vaccines are not standardized between manufacturers.
2. For a given manufacturer, vaccines are not standard from one batch to the next. (Some batches of vaccine are known as 'hot' lots because they are so toxic that they cause more than the usual number of extremely severe reactions and deaths. To detect-and recall from use-any bad batches of vaccine it would be necessary to record the manufacturer's lot and batch number against the name of every person receiving the vaccine; this is not done on the Australian Childhood Immunisation Register. The AVN has asked for this to be done but has not received government agreement to implement such a basic public health safety measure.)
3. Unless the vaccine is properly prepared and refrigerated, its potency and reactivity varies with shelf life. (Several studies of vaccination knowledge and practice have shown a number of General Practitioners do not store or administer vaccines correctly.)

In fact, the whole question of vaccine detoxification has never been systematically investigated. Listed in order of increasing severity, observed adverse reactions include irritability, persistent, unusually high-pitched crying, somnolence, seizures, a shock-like "hypotensive, hypo-responsive" state, and an encephalopathy. *(Note there is no mention of death-Ed.)*

Since the neurologic picture is not specific for pertussis vaccination, its temporal relationship to the vaccination is the critical variable for determining causation. (Pertussis vaccine may attack the blood-brain directly or provoke an auto-immune attack on myelin. Using a temporal relationship-connected in time-to determine causation does not take account of the long delay in auto-immune destruction of myelin. It is impossible to say that brain damage detected after a certain time was definitely not caused by pertussis vaccine. Because of the tremendously powerful adjuvant effect of pertussis vaccine, the onus must be put on those who advocate injecting this toxin to prove that pertussis vaccine does not cause brain damage.)

Although the majority of seizures following pertussis vaccination are associated with fever, it was the consensus of the neurologists attending the workshop that these do not represent febrile convulsions, but are non-benign (harmful) convulsions.

The incidence of post-vaccine encephalopathy is difficult to ascertain. The most carefully conducted retrospective case-control study (The National Childhood Encephalopathy Study) reported that the relative risk of a previously normal infant for the onset of an illness leading to encephalopathy with permanent subsequent disability was 4.2 time greater during the first 72 hours following DPT vaccination than in controls. From this study, the risk for permanent brain damage following DPT has been calculated as 1:310,000 doses. (1 in 310,000 doses translates to an actual risk of 1 in 62,000 children if each receives five shots. However, this figure is taken from the National Childhood Encephalopathy Study which excluded any child whose seizure lasted for less than 30 minutes and who was not hospitalised as a result of their seizure. These selection criteria have been strongly criticised: "the majority of

children with severe brain damage have been missed by incorrect elimination of those who had fits lasting less than 30 minutes."[48] It is really important always to remember that severe, chronic, long-term and permanent brain damage may occur despite the absence of obvious or noticeable acute reaction.)

It was the consensus of the workshop, and in particular of the participating neurologists, that although the vaccine may possibly accelerate neurologic signs or symptoms in some children, and a small proportion of apparent complications may be coincidental, there was no inherent difficulty in assigning cause and effect to the vaccine and subsequent permanent neurologic residua. (That is: DPT vaccines were the cause of permanent nerve damage.)

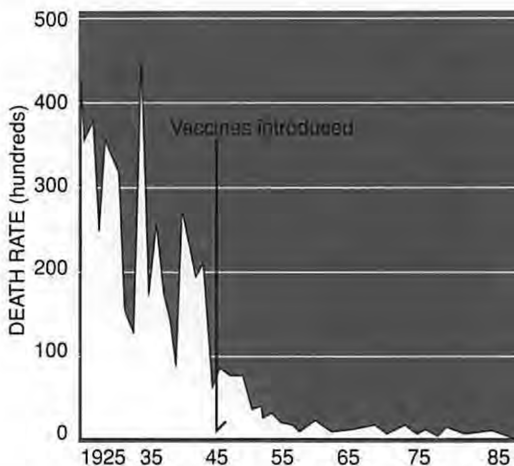
In implicating pertussis vaccination in the evolution of subsequent neurologic residua, a careful consideration of the mechanism for vaccine-induced brain damage plays an important supporting role.

In implicating pertussis vaccination in the evolution of subsequent neurologic residua, a careful consideration of the mechanism for vaccine-induced brain damage plays an important supporting role. Pertussis toxin has been shown to alter cellular signalling. It also affects the catecholaminergic and GABAergic systems (two types of nerve transmitter substance) in the brain.

Although normally a protein the size of PT (pertussis toxin) would not be able to cross the blood-brain barrier, factors known to disrupt the blood-brain barrier include brief hypertensive (raised blood pressure) episodes such as might occur during a coughing paroxysm, hypoxia (lack of or low oxygen levels) and prolonged seizures, whether or not they are accompanied by hypoxia. In addition, a direct endotoxin-mediated attack on the endothelial cells could create a local defect of the blood-brain barrier. (The brain is protected by the 'blood-brain' barrier which normally acts to prevent certain substances from reaching the delicate tissue of the brain itself. This protective barrier, however, is not well developed in newborn and young children; it is disrupted by coughing and is penetrated by pertussis toxin.)

In summary, it was the consensus that there is sufficient experimental data to implicate both endotoxin and PT in adverse neurologic reactions to pertussis vaccine.[49]

Below: Official Government statistics reveal that around 80% of the decline in whooping cough deaths in Australia occured BEFORE the introduction of vaccination in 1945.



PERTUSSIS STUDY EXPLORES NEED FOR ROUTINE WHOOPING COUGH IMMUNISATION OF ADULTS

Source: Vaccine Weekly

An eight-site study, supported by the US National Institutes of Health (NIH), is being launched nationwide to determine whether the new acellular pertussis vaccines available for children can protect adults safely. Although usually considered a childhood illness, pertussis, or whooping cough may affect as many as 25 percent of adult patients with prolonged cough. Infected adults are also the source of infections among children. For the past 40 years, vaccines against pertussis have not been recommended for individuals older than seven years, largely because of concerns about the safety of whole-cell pertussis vaccines.

The newly available acellular pertussis vaccines are much safer than the whole-cell vaccine, allowing for more extensive use in adult populations. The study will enrol more than 2,000 adolescents and adults at eight sites across the country. The participants will be carefully monitored over two years to evaluate the vaccine's protective efficacy and safety. "The immunity induced by pertussis vaccines begins to wane after five years," said Joel Ward, M.D., University of California at Los Angeles (UCLA) Centre for Vaccine Research and lead investigator of the study. "The availability of the newer, safer acellular pertussis vaccines enables us to explore their use in adolescents and adults."

The older, whole-cell pertussis vaccines commonly caused side effects of redness, pain, and swelling at the site of injection; fever, drowsiness, fretfulness, and loss of appetite. Rarely, the whole-cell vaccine was associated with more severe reactions. According to recent National Institute of Allergy and Infectious Diseases (NIAID) studies in infants, acellular pertussis vaccines show much better tolerability and cause significantly fewer local and systemic reactions than whole-cell vaccines. "If these vaccines prevent infection in adolescents and adults and induce immunity, older individuals will no longer serve as a reservoir of infection for young children who are at greatest risk for severe disease," said Ward.

The trial is a double-blinded, controlled, multi-site trial in which volunteers will be randomised to receive either an acellular pertussis vaccine or a hepatitis A vaccine as a control. Participants will be monitored bi-weekly for 12-18 months (Is this considered a long-term study?-Ed.); detailed microbiologic and serologic tests will be performed if a participant becomes ill and has a cough that lasts five or more days. Investigators anticipate that this trial also will provide valuable information regarding the epidemiology, clinical spectrum, and potential costs of pertussis illness in older individuals. It should help to define the degree of the duration of immunity, protective efficacy, and safety of an acellular pertussis vaccine.

This study is being conducted through the NIAID-supported vaccine evaluation networks, which is a branch of the NIH, and SmithKline Beecham through a Cooperative Research and Development Agreement (CRADA). Investigators ... are actively recruiting volunteers to take part in this landmark study.

ACELLULAR PERTUSSIS- HOW MUCH SAFER IS IT?

Between July 1990 and the end of September 1994, when DTaP (Diphtheria, Tetanus, Acellular Pertussis vaccine) was licensed for use in children 18 months and older, 467 adverse events were reported to the Vaccine Adverse Events Reporting System. (Note that only about 10 % of vaccine reactions are ever reported-Ed.) Of these 467 events 251 were treated in emergency rooms, 8 were life-threatening, 46 were hospitalised, 1 person became disabled, 72 unknown recovery, 25 no recovery (does not include deaths), 2 died.

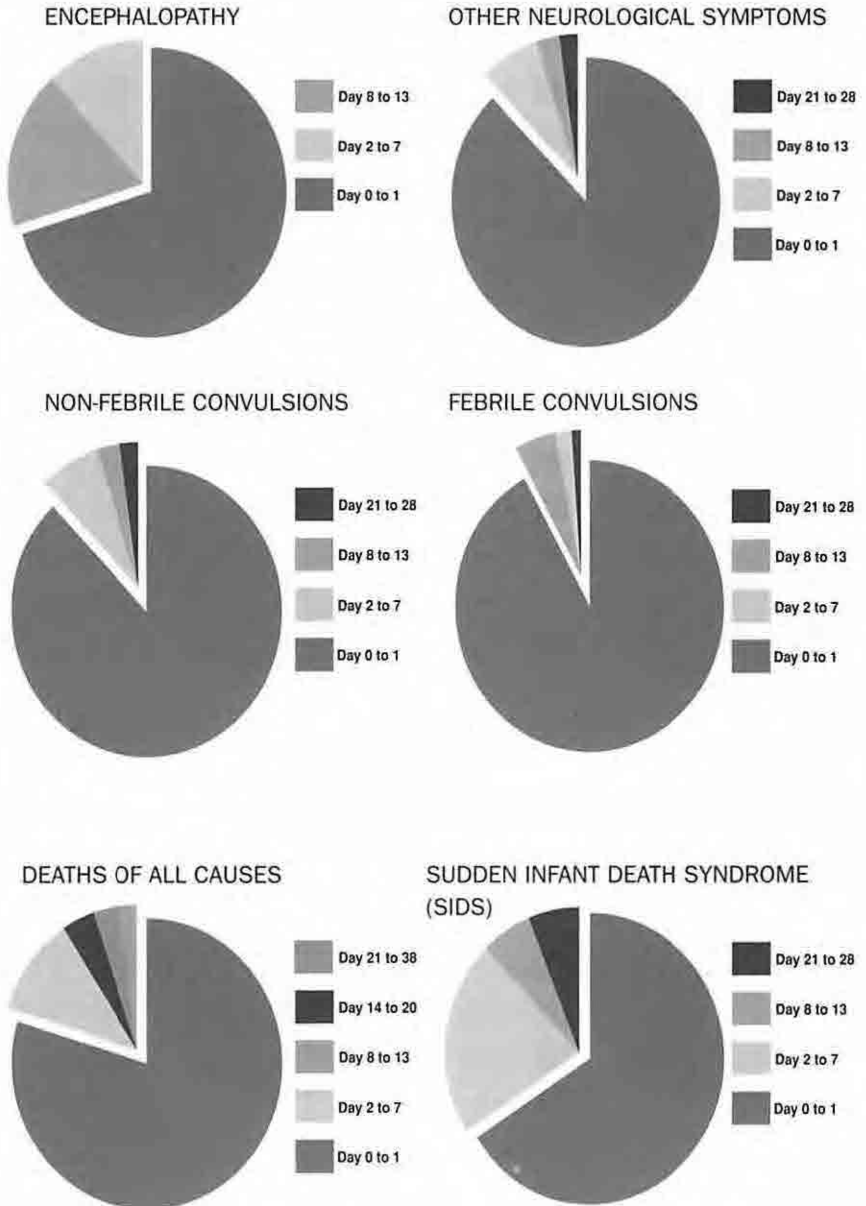
Swedish Acellular Pertussis Vaccine trials indicate that hypotonic-hypo-responsive episodes still remain a problem with acellular pertussis vaccine.

In an article in the JAMA (March 87 Vol 257 no 10), rates of reaction following acellular pertussis were approximately twofold to fourfold higher after the third and forth doses than after the first and second doses.

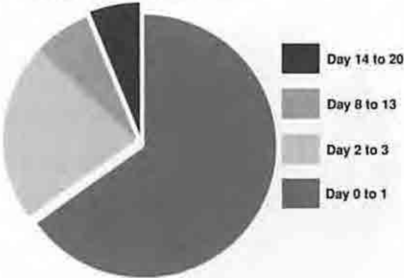
IS VACCINATION LINKED WITH COT DEATH?

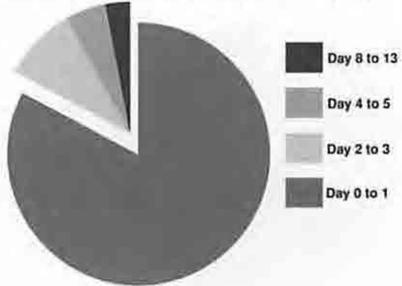
There are many articles from peer-reviewed medical journals that have been published. Some of them have shown a temporal link between vaccines and SIDS- some show a causal link. Why then is it that whenever the issue is brought up in mainstream situations such as the one discussed above, it is always claimed that there is no evidence linking vaccines and SIDS?

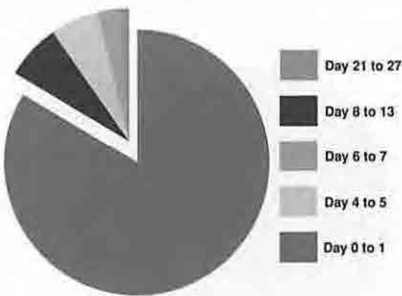
The following graphs are from the US Bureau of Biologics - a government department which is involved in the testing and approval of drugs and vaccines. It is obvious that one need only look at these graphs to see that not only is there a link between vaccines and these events - the link is strong and proven. Why is this information not public? Why is our government and medical community denying or ignoring these facts?

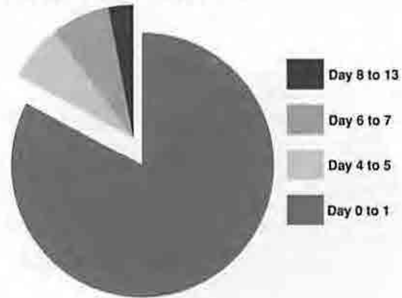

Bureau of Biologics Data
Adverse reactions following vaccination.
ENCEPHALOPATHY
Day 8 to 13
Day 2 to 7
Day 0 to 1
OTHER NEUROLOGICAL SYMPTOMS
Day 21 to 28
Day 8 to 13
Day 2 to 7
Day 0 to 1
NON-FEBRILE CONVULSIONS
Day 21 to 28
Day 8 to 13
Day 2 to 7
Day 0 to 1
FEBRILE CONVULSIONS
Day 21 to 28
Day 8 to 13
Day 2 to 7
Day 0 to 1
DEATHS OF ALL CAUSES
Day 21 to 38
Day 14 to 20
Day 8 to 13
Day 2 to 7
Day 0 to 1
SUDDEN INFANT DEATH SYNDROME (SIDS)
Day 21 to 28
Day 8 to 13
Day 2 to 7
Day 0 to 1

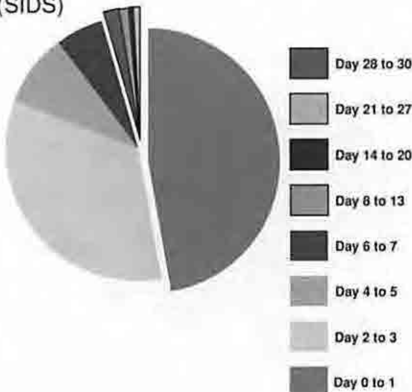
Bureau of Biologics Data
Adverse reactions following DTP vaccination.

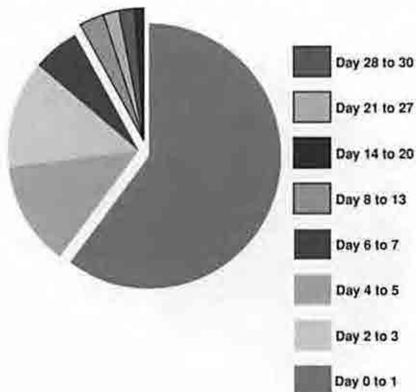












WHOOPING COUGH - WHAT IT IS, AND WHAT YOU CAN DO ABOUT IT!

by Narelle Chenery President - Vaccine Information Service

Whooping cough begins with what appears to be a normal cold, which then develops into a cough. It involves infection by bacteria, which irritate the airways and cause them to become swollen and clogged by thick mucus. The "whoop" comes when the child draws breath over the swollen larynx.

Possible symptoms of whooping cough include:

- Aches and pains,
- Fever,
- Coughing which increases, coming in short sharp paroxysms,
- Vomiting after a bout of coughing,
- Coughing fits that are worse at night which may cause sleeplessness
- In the third week, the child may get worse, and heavy spasms of coughing may develop, often with the characteristic "whoop".

The reassuring aspect of whooping cough is that the onset is gradual. If there is whooping cough going around your neighbourhood and your child develops a cold or a cough, you can start treatment immediately. You have from ten days to two weeks to treat the child, before the coughing becomes more serious, to prevent the whooping stage.

VITAMIN C AND WHOOPING COUGH

Ninety children with whooping cough were given vitamin C orally or were injected with 5000 milligrams daily for 7 days, with the dosage being gradually reduced until a daily level of 100 milligrams was reached. A control group was given the whooping cough vaccine [50].

Results:

The duration of the disease in the children receiving vitamin C was 15 to 20 days, while the average duration for the children receiving the vaccine was 34 days. When vitamin C therapy was started during the catarrhal stage, the spasmodic stage was prevented in 75 percent of the cases.

HERBAL TREATMENT OF WHOOPING COUGH

At the first signs of a cold or slight cough, make a tea using the following prescription:

1 part sundew, 1 part coltsfoot, 1 part elecampane, 1 part squills, 1 part thyme.

Sweeten with liquorice, and add honey if necessary. Give the tea as often as you can, up to the equivalent of four to six cups a day.

If treated properly when it first starts, the symptoms should not worsen to the "whooping" stage. If you miss the first stage and the "whoop" sets in, you can still use the same recipe, giving tea every hour or so, and add one or two of the following herbs: wild cherry bark, wild lettuce, red clover.

To encourage your child to take the herbs, experiment to discover which is the best way to get him or her to take them. You can try:

- Teas - to be taken as often as possible, sweetened with liquorice, honey or aniseed.
- Tinctures - easier because they are more concentrated. Between five and ten drops of the mixture can be given in a drink every two hours, or every hour if the condition is serious.
- Hand and foot baths - using teas or tinctures, diluted in water, two to four times daily.
- Essential oils-choose from basil, cypress, marjoram or thyme, use them in vaporisers, in massage oils for the chest, feet or abdomen. A few drops can be put on the pillow at night, or used in a plant spray to spray the room.

DIETARY TREATMENT OF WHOOPING COUGH

At the onset of cold or cough symptoms give only fruit or fruit and vegetables, with fruit juice, vegetable juice or herb teas, sweetened with honey for a day or two. Then give only light food, with no milk, no sugar, no starchy foods, plenty of soups, grated vegetables, fresh fruit, chicken or fish.

GENERAL ADVICE FOR THE TREATMENT OF WHOOPING COUGH

It is important that the child rest as much as possible to give the body a chance to recuperate. Too much exertion can bring on coughing and deplete the child's energy. Your child may need a lot a reassurance, especially during coughing fits, and may feel better if you hold him or her and talk to help stop panic, which will only make the breathlessness and coughing worse.

- During coughing, sit the child up and encourage him or her to spit up the phlegm into a bowl.
- Rescue Remedy can be used liberally for both parents and child.
- If your child vomits after coughing, make sure they have plenty of herb tea to prevent dehydration.
- Make sure there is plenty of fresh air in the room, and keep chemical and cigarette smoke well away.

Call your doctor immediately if the baby or child is having breathing difficulties, if there is blueness around the mouth or if there is excessive vomiting which could lead to risk of dehydration.

The information above is taken from various books in the VIS library: "Healing Your Child", Frances and Louise Darragh; "The Herbal for Mother and Child", Anne McIntyre; "Nutrition Almanac", Lavon J. Dunne.

Is this a forewarning of what will happen in Australia?

A MOTHER'S STORY

I had spent much time investigating the issues regarding whether or not to vaccinate my child. However, in the long run, husband, extended family and social pressure forced me into agreeing to proceed on the vaccination route. So, at four months of age, when she was incredibly happy, very talkative/squealy, and almost at the "dadda" stage, I took my daughter for her first vaccination, which included HIB and Triple Antigen.

Despite the initial pain, she appeared OK, and whilst I watched her like a hawk, it was not until evening that any real reaction appeared. At first, whilst she did not appear to have a high temperature, her head-not forehead-was extremely hot to touch. This continued for a few days. In the ensuing few days we noticed she had a hot, red leg, was grizzly, and-oddly for her-had made no attempt at vocalisation whatsoever. In addition, she had developed an odd breathing pattern often when she slept-which continues to this day. She takes several breaths and a whoop inwards, then stops and then does it again a few moments later. Some nights are worse than others.

Within days of her vaccination, she had also developed an out-of-control "flapping" with her right arm that continued periodically for three months thereafter. At least this seems to have disappeared now.

On day three after her vaccination, I took her to two different doctors about her flapping arm and no vocalisation, and both told me it was a phase she was going through, that had coincided with the injections, and unless she had an extraordinarily high temperature, not to worry.

After four weeks, she had still not spoken and made virtually no sounds at all, so I made an appointment to see a specialist Paediatrician. By the time I saw him, she had started to vocalise again but very slowly. He told me the reaction I was describing was totally unfamiliar to him and that I should continue on the vaccination route without the pertussis part of the vaccine just to be on the safe side, and suggested it may be worth giving her a brain ultrasound to see if she had suffered some sort of stroke that had affected her language skills. I opted to have no more medical intervention of any description.

Over the past four months, she has regained her vocalisation, although it was like she had to re-learn everything all over again, including her previously happy personality. I always wonder what the long term damage has been.

Anonymity Requested, Australia

LARRY

I am writing this with a lot of sadness. I looked at my son's baby pictures last night, taken when he was about 4 to 6 months old in these various pictures. His face looked so NORMAL. He had huge GRINS in almost every picture and incredible EYE CONTACT. He was being held by my older son and loving it. At this age, he loved to be held and to be touched. He was normal in every way.

I looked and looked. I was terrified to look; every picture I saw made me sadder and sadder. Since he was the third baby, we do not have as many pictures of him,

compared to the first! Still, the evidence was overwhelming. This was a normal, happy, baby. No faraway stares, no resistance to touch, no problems with eye contact, chubby and happy, healthy pink colour to his cheeks, chubby, normal, normal, normal!!!

Contrast this with his pictures at 3 years old. You will see a child with a blank stare, no smile. His eyes have an eerie, faraway look. He won't let you touch him, so definitely no one is holding him in these pictures.

No smile. Oh, how we tried to encourage a smile, but none was to be had. A sad looking child, thin, incredibly thin, and pale. Vacant. So thin, very little muscle tone. His legs are like little pencils, as are his arms, his small body stiff and extremely resistant to any touch. If you pick him up, or even get close to him, his entire body stiffens, like a board. His head, which used to look normally shaped, is now pinched and thin. His jaws look abnormally thin. My two other children have nice, round, full heads; his is pinched and thin. His skin colour is not beige nor white; it is transparent. You can see his veins, especially around his jaw. Sadly, his 4 year old picture is similar. I feel so guilty, so ignorant, so neglectful, that I did not research more these "wonder" vaccines.

Moira

COMPULSORY AIDS VACCINATION IN THE US?

All pre-teenage children in America may soon be compulsorily vaccinated against AIDS and venereal disease. Children aged 11 or 12 are to be targeted in a proposed new wave of vaccinations before they become sexually active. The Centres for Disease Control and the America Academy of Paediatrics, which establish the national vaccination policy in the US, are recommending 'universal application' of the vaccines. They are also calling for the introduction of a hepatitis B jab at the same time, which will be a further requirement for school and daycare admission. The move may merely be the first stage of a policy that will eventually see all infants vaccinated against AIDS. The man behind the proposal is Dr. Neal Halsey from the Johns Hopkins University, who set the current recommended age. Halsey has also advocated injecting the AIDS vaccine into all infants once the vaccine is licensed, despite uncertainty about its safety and effectiveness.

The CDC's recommendation is meeting with some opposition. The Ohio Parents for Vaccine Safety group is urging State legislators to resist the new proposal. "Vaccine policy has gone too far. State legislators should object and draw the line when it comes to forcing VD (Venereal Disease, now termed sexually-transmitted disease) vaccines on babies and school children."

-Townsend Letter for Doctors and Patients, June 1997.

See footnotes at back.

DPT - FROM THE NURSING 95 DRUG HANDBOOK

ACTION: Mechanism: Promotes active immunity to diphtheria, tetanus and pertussis by inducing production of antitoxins and antibodies.

ONSET: After third dose;

DURATION: 4 to 6 years;

INDICATIONS AND DOSAGE:

Primary immunisation-Children 6 weeks to 6 years: 0.5 ml I.M. 2 months apart for three doses and a fourth dose 1 year later. Booster is 0.5 ml I.M. when starting school. Not advised for adults or children over 6 years. The acellular vaccine may be used only for the fourth or fifth dose in children 17 months to 7 years who have previously been immunized with three or four doses of the whole-cell vaccine.

ADVERSE REACTIONS

Systemic Common: anorexia, vomiting, slight fever, chills, malaise; Systemic, life-threatening: Seizures, encephalopathy, anaphylaxis, sudden infant death syndrome. Other: soreness, redness, expected nodule remaining several weeks at injection site.

Contraindications: Contraindicated in immuno-suppressed patients, in those on corticosteroid therapy, and in those with a history of seizures. Defer vaccination in patients with acute febrile illness. Children with pre-existing neurological disorders should not receive pertussis component. Also, children who exhibit neurologic signs after DPT injection shouldn't receive pertussis component in any succeeding injections. Diphtheria and tetanus toxoids should be given instead.

NURSING CONSIDERATIONS

Obtain history of allergies and reaction to immunisations. Acellular vaccine may be associated with a lower incidence of local pain and fever. DPT injection may be given at same time as trivalent oral polio vaccine.

Keep epinephrine [adrenalin] 1:1,000 available to treat anaphylaxis.

Do not use for active infection. Administer only by deep I.M. (intra-muscular) injection, preferably in the thigh or deltoid muscle. Don't give S.C. (sub-cutaneous, meaning under the skin). Shake before using. Refrigerate.

An information booklet is available that describes the risks and benefits of this vaccine. MAKE SURE PARENTS READ AND UNDERSTAND THE INFORMATION BEFORE VACCINE IS ADMINISTERED.

DAMON'S STORY

I am a Mum with three-soon to be four-kids, and I'm terribly disappointed by the lack of advice and treatment from the medical profession and health departments during Damon's ordeal. The following is Damon's story:

ON OCTOBER 3, 1989, when Damon was six months old, he received his third triple antigen. The adverse reactions began 20 minutes later. He stopped recognising me and started screaming constantly. He had a 39°C temperature for 6 days, could not feed or sleep for 10 days.

OCTOBER 4, 1989. I took him to the immunizing doctor. Damon was glassy-eyed, his face was swollen, he was in severe pain with his body going into spasms. The doctor diagnosed Triple Antigen reaction and advised giving Panadol 4 hourly.

OCTOBER 6, 1989. I returned to the doctor's surgery as Damon's condition was unchanged. Damon was referred to a paediatrician who said he was probably getting a virus and advised Panadol and antibiotics. A blood and urine test was done but the specimens were contaminated and the results were therefore inconclusive. The possibility of a vaccine reaction was discounted by this paediatrician. I did not give Damon any Panadol, believing it to be unsafe to suppress his nervous system in the condition he was in, and administered homoeopathic chamomile instead. Of course, he had no antibiotics.

OCTOBER 8, 1989. On contacting a homoeopath I was referred to Lisa Lovett, a Melbourne chiropractor who treats vaccine-injured children. She advised giving Vitamin C, calcium and magnesium in large doses. This I did.

OCTOBER 18, 1989. Spasms lessening. Damon was sleeping at intervals although continuing to scream at night. He was always distressed and exhausted at this time.

At the end of October 1989, he came down with a flu-cough, cold, runny nose, sneezing and fluid in the throat.

MID NOVEMBER 1989, 6 weeks after the vaccination, Damon developed impetigo and whooping cough. The whooping cough lasted until February 1990. During that time, the spasms came and went in varying degrees of severity. Some days he did not have them at all.

MARCH 1990, I discovered Isaac Golden, the Geelong Homoeopath specialising in homoeopathic immunisation and treatment and commenced his treatment for the reaction. The following 5 months showed some improvement with lessening of the spasms. However, the cold symptoms and fluid in the throat persisted. Damon could not lie down without incurring breathing problems. Many nights I sat with him supported against me to aid his breathing. The homoeopathic treatment did not seem to be conquering this problem.

AUGUST 1990, Ian Gawler gave me an outline for holistic healing. I contacted a psychic healer who did a lot of work lessening Damon's fear of vaccines and his broken immune system.

OCTOBER 1990. An acupuncturist agreed (finally) to give Damon laser acupuncture and on October 9 he received his first treatment. He became very settled

and slept until 11pm that night, then screamed for one hour. The spasms seemed to become much worse in that hour. He fell asleep and was much improved the next day. He received his second laser acupuncture treatment one week later. There was no reaction this time and he seemed to know he did not require this second treatment and fought against it. The spasms had stopped and this was a great relief and improvement for him (and me).

However, he continued to be very run down and 'caught everything going', always full of colds and fluid in the throat. He had large lumps in his neck and throat, his white blood cell count was extremely high and his red cell count very low. The doctor thought he might have something like glandular fever but could suggest no remedy. (This was a different doctor; we had moved towns at this time). Damon had not gained weight nor grown in 6 months.

The immunising doctor recently completed a card entitled "Report of Suspected Adverse Drug Reaction' and sent it to the Drug Evaluation Committee in Woden. In November 1989, this doctor also had given me a letter for my future use advising discontinuation of the vaccine program on Damon.

DURING SEPTEMBER 1990 I looked further to alternative treatments. Damon was given Agnus castis for the lymphatic system, Echinacea for the immune system, Biovital, zinc and increased doses of vitamin C to build him up. I took him to a spiritual healer, a kinesiologist, had him Vega tested, did further psychic work with a different healer and changed his name to Damon (up until then, he had been called Damien) and continued with Isaac Golden's homoeopathic treatment. The Vega test indicated allergies to wheat and orange juice and black mould. The wheat and orange juice were cut from his diet; there was no black mound in the new house we now live in.

BY THE END OF JANUARY 1991, Damon had gained some weight and grown. His blood counts were normal and the fluid and lumps in his throat were gone.

The immunising doctor recently completed a card entitled "Report of Suspected Adverse Drug Reaction' and sent it to the Drug Evaluation Committee in Woden. In November 1989, this doctor also had given me a letter for my future use advising discontinuation of the vaccine program on Damon.

I have spoken to the Royal Children's Hospital and Department of Health in Melbourne re vaccine reactions and the registering of such and setting up such a register. At best, they were unsupportive and down-right uninterested.

A couple of things I discovered during Damon's problems may be worth publicising, although they were unsupported by the medical profession. If a child suffers from Candida (thrush) in the mouth or nappy area etc., it is an indication the immune system is not as stable as it could be and thus, vaccinating a child with thrush, as Damon was, could be quite inappropriate. I have discussed this with the Health Department, doctors and Health Centre Sisters without success.

The other thing was black mould. The house we lived in at the time of Damon's

vaccination was riddled with it. This can have an insidious effect on the immune system in general. Coupled with the thrush and it being his third triple antigen, it seems in hindsight that I was asking for trouble when I had him vaccinated.

These are only suggestions, but parents are advised not to vaccinate their children if they are suffering from a virus etc., why not add thrush to that list, too?

Sue Brown Echuca VIC

SHOT IN THE ARM BY RICHARD DAY

Does anyone remember Dr. Jonas Salk, pioneer of the polio vaccine? Hero of science, saviour of public health? His ghost has been stalking the SFU (Simon Fraser University, Canada) campus, so we should remember him, and we should also remember what happened when his concoction was first let loose on an unsuspecting population. On April 12 1955, the American Foundation of Infantile Paralysis announced that inoculation was "safe, potent, and efficient", and would soon eliminate polio altogether. The press, public and governments believed this, and began mass campaigns. Thirteen days after the announcement, children in England who had been inoculated began to show signs of polio. By June 23, the American Public Health Service announced there had been 168 confirmed cases among the vaccinated, with six deaths and 149 cases among the contacts of children given the Salk vaccine. In the name of prevention, the doctors and governments managed to create an epidemic out of a disease that had already all but disappeared. Sound familiar?

Although it is claimed that the measles vaccine being pumped into our bodies causes only "atypical" or "minimised" forms of the disease that are not transmissible, no one fully knows what a given micro-organism is capable of doing in a given host.

VACCINES NOT SAFE

If vaccines are not potent and efficient, we might at least hope that they are safe. But they're not. In addition to the possibility of contracting the very disease against which one is supposed to be protected, there are numerous side effects, both long and short term.

According to Dr. Greg Franklin of SFU Health Services, the number and severity of adverse reactions at SFU is "really hard to know," but he estimates that the number of "mild" cases is "in the tens rather than the hundreds." There are also several cases of "severe" reaction being tracked. This number is almost certainly a low estimate, because it is generally difficult to convince a doctor that a vaccine reaction has actually occurred. These are just some of the short-term, easily-visible results of measles vaccination.

There are also long-term consequences that are much more serious. According to Dr. Robert Mendelsohn these include increased susceptibility to multiple sclerosis, juvenile onset diabetes, and Reye's syndrome-acute encephalopathy (inflammation of the brain), accompanied by fatty degeneration of organs such as the liver, kidneys, and sometimes the heart and pancreas. Because of long time lags between immunisation

and the appearance of these effects, it has been very difficult to "prove" their existence, and thus the evidence has been mostly ignored by the medical establishment.

EFFECTS ON CHILDREN

Those most seriously at risk from mass vaccination campaigns-children— are also those least able to protect themselves. Dr. Guylaine Lanctot is a Quebec doctor who opposes childhood vaccination. In her book, The Medical Mafia, she cites studies that show a causal link between injection of DTP (diphtheria, tetanus, pertussis) vaccine and Sudden Infant Death Syndrome. Dr. Lanctot also claims that vaccinating children can permanently damage the immune system and lead to serious neurological damage. For her efforts, Lanctot has faced disbarment from the medical profession. Exclusion of those who resist this assault on children's health has been practised at SFU as well.

While there is very little mainstream support locally or nationally for the rights of those who oppose mass vaccination and choose other forms of natural immunisation, a group of 180 Swiss doctors has spoken out in a 1990 paper entitled "Medical Objections to a Continued MMR Immunisation Campaign in Switzerland." "In our brochures for parents," the paper reads, "we have tried to indicate precisely why childhood diseases can also have a favourable effect on the maturation and development of the child's organism. If children overcome the disease through their own powers of resistance, this helps the immune system to mature and builds resistance against other diseases of childhood and adult life." This point of view seems to be supported by the guidelines followed for the SFU outbreak, where people born before 1956 were not targeted. The reason: their natural immunity, attained through contracting the disease while still a child, is far superior to the imperfect immunity granted by vaccination.

WHY VACCINATION?

Mass vaccination causes disease. Vaccines kill, maim and disfigure people and ruin their long-term health, attacking especially the immune system itself. Vaccination does not prevent disease outbreak or curb epidemics. But we haven't been told any of this. It might be time to ask why not. Here conspiracy theories abound. Multinational pharmaceutical corporations, of course, benefit from the millions spent on vaccines, and their representatives spend a lot of time and money convincing doctors, both in and out of government, that vaccinating everyone possible with everything possible is "doing the right thing"-witness the fact that it's hard to get a measles vaccination alone, but easy to get MMR (Measles, Mumps, Rubella), or MR (Measles, Rubella) shots.

Large numbers of doctors, especially those doing research in universities, simply wouldn't have a job if it weren't for the money they get from the purveyors of vaccines.

We need to look beyond these easy identifications, and back in time, to understand what's going on. We need to understand the very real and deep fear of infectious disease that hangs over domesticated, urbanised populations. And we need to understand the culture of medical science, with its concentration on viruses-little

specks of DNA that supposedly "cause" disease-and its ignorance of the "host," the particular human body in which the virus thrives or dies.

The most common argument one hears in support of vaccination comes from the experiences of the early part of the 20th century, when diseases such as polio could easily take out a good number of people in Europe and North America. Mass inoculation, so the story goes, has led to the demise of many of these diseases. As Alan Phillips points out, though, "according to the British Association for the Advancement of Science, childhood diseases decreased 90% between 1850 and 1940, paralleling improved sanitation and hygienic practices, well before mandatory vaccination programmes."

It's also important to note that infectious disease is alive and well in the "developing" countries, often in spite of large-scale vaccination programmes. Experience shows that if we want to prevent killer diseases from wiping out human populations, it is far more important to ensure that people are well fed and housed than it is to shoot them up with toxins. But this sort of thinking flies in the face of the medical-scientific model of health care that dominates Western thinking and practice. In this model, a certain virus causes a certain disease, and that's that. No attention is paid to the overall health of the individual affected, but this is of great import, as early scientific opponents of the viral theory showed by successfully ingesting billions of bacilli with no ill effect. A well fed, well-housed, unstressed individual can literally eat measles for breakfast. This also might help to explain why measles happened here and not somewhere else: students are notoriously underfed, under-housed, and over-stressed.

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SCARY ECONOMICS

The people are afraid. The doctors are afraid. The government is afraid. The multinational pharmaceutical companies offer a magic bullet, an easy fix that doesn't require challenging our public or personal priorities. Although not everyone wants, or even needs, to be vaccinated, "medical economics" dictates that large amounts of serum will be bought in bulk and given to all within reach. Much fanfare accompanies the "fast action" taken, and some of us feel better. But mass vaccination is not a panacea, and it is most certainly not a "painless and quick" experience. It is a dangerous and reckless experiment being conducted on people around the world, and we at SFU have just been its latest unwitting subjects. You might want to think twice the next time you're asked to bare your arm for a "painless" injection... and don't forget to ask for that product insert!

The fundamental deception of medicine is the notion that doctors have special healing powers. This idea, held by doctors and patients alike, is embedded in our culture, with roots that go back to the beginning of medicine, and is the source of systematic errors in the practice of medicine.-Thomas Preston, The Clay Pedestal

MEASLES MUMPS RUBELLA

The theme of this book is that there are so many serious questions and uncertainties about the value and effectiveness of vaccines that compulsory (enforced universal) vaccination is morally, ethically and scientifically unjustifiable. Mass vaccination campaigns against measles are an excellent case study which illustrates this point.

Discussing the spread of measles in The epidemic that never was the Bulletin of Medical Ethics (July/August 1995) 110:5 said No-one knows what is the transmission rate of measles among 10-14 year olds. Data for 5-9 year olds is derived from pre-vaccination days when very few cases arose in 10-14 year olds. Note that, before vaccines were introduced, there were very few cases of measles in children over 10. After vaccines were introduced, between half and two-thirds of all cases of measles occurred in persons over 10. This indicates that measles vaccination only delays, but does not prevent, the disease.

The more effective protection against measles damage is to ensure adequate levels of vitamin A.

In the 1994 British measles campaign, a major measles epidemic was predicted just as large amounts of vaccine were approaching their expiry date. How do these viruses know there is a vaccine coming onto the market? Or can it be that the viruses stay the same, it is only the threat from the disease that is exaggerated, and claimed to be more virulent, so as to frighten people into vaccinating? According to the Bulletin of Medical Ethics [53], the second explanation is the correct one.

MEASLES OUTBREAK IN WESTERN SYDNEY

The Medical Journal of Australia 7 August 1995
Measles outbreak-Greg T Beattie
To the Editor:
McDonnell, Jorm and Pattel assert that their article on the 1993 outbreak of measles in Western Sydney "...has provided the most precise estimate of effectiveness of measles vaccine in an Australian setting."[54] Their study compared the vaccination histories of 79 schoolchildren who had measles during the outbreak, with those of 159 matched controls who did not. Vaccine efficacy was calculated at 81% (based on parental recall of vaccination)

See footnotes at back.

and 94% (based on verified vaccination records). However, there was a fundamental error in their selection of controls. Because an attack of measles generally confers lifelong immunity, it follows that the case group was comprised almost exclusively of individuals who had not previously had measles, and who were therefore susceptible. On the other hand, the controls, selected primarily because they did not develop measles during the outbreak, could be expected to consist partly of individuals with a history of measles infection, rendering them immune. For this reason the cases and the controls should not have been presumed equally susceptible.

The authors stated that the last major outbreak in NSW was in 1981. They claimed that their choice of 5 to 9 year olds for the study was therefore a control measure. Measles infection, however, does not occur only during major outbreaks. It would be difficult to remove this problem, because even if controls were screened for evidence of previous measles infection, there is still the possibility that they may have had undetected, mild or subclinical infection which influenced their susceptibility. Controls in this study were matched with considerable attention to detail, even to the point of selecting them from the same classroom as corresponding cases. However, information on measles history was not sought. When such a fundamental criterion as immunity from previous infection is not taken into account, the results must be seriously flawed.

The important finding in the study was that, in 73% of the measles cases, parents claimed their child had been vaccinated, yet only one-third of these could be verified from available records. This highlights the need for a comprehensive and accurate recording system of vaccination histories if vaccine efficacy is to be calculated in this way.

IN REPLY:

Beattie's letter raises an interesting issue about the methodology of case control studies of vaccine effectiveness. In such studies, it is preferable to include subjects with prior histories of the disease in question, particularly when the validity of these histories is unknown. This approach will tend to underestimate vaccine effectiveness because those who have previously had the disease are likely to be unvaccinated, but are susceptible to infection. Thus, their inclusion (as controls) in a case control study will mean that unvaccinated subjects appear relatively less susceptible to disease than vaccinated subjects. Although not stated in our article, we did seek information on prior measles history. Parents of 6% of cases and 9% of controls reported that their child had had measles before the study period. Controls were no more likely than cases to have had measles, casting doubt on the accuracy of these reports.

Mathematical modelling has shown that the inclusion of subjects with a history of prior disease in case control studies may lead to an underestimation of

vaccine effectiveness by up to 10%. This conservative approach seems to have had little effect in our study, given our very high vaccine effectiveness estimate (94% for those with verified vaccination records).

Louise F McDonnell, Louisa R Jorm, Mahomed S Patel.

(Our note: It is only in the past two years that accurate vaccination records have been kept. Certainly when the 5 year olds (born 1990) and 9 year olds (born 1986) were vaccinated, very few parents were given records or kept them in a safe place-Ed.)

MMR VACCINE VIRUSES ARE INFECTIOUS- CHILDREN VACCINATED WITH MMR CAN SPREAD THE DISEASE

According to the Medical Director of Merck Sharpe & Dohme (NZ) who manufacture the MMR vaccine: "The attenuated viruses in MMR can occasionally and to a limited extent be shed from a vaccinated individual into the environment. You would expect this of any virus or bacterium that infected a human body. The number of vaccinated individuals that do shed the virus is quite small but it definitely does occur, and so as a consequence of that there is a small probability that unvaccinated individuals could pick up some form of shed vaccine virus."

According to a study published in the British Medical Journal (4 July 1987), immuno-compromised children should be kept away from MMR vaccinated children for two weeks after vaccination due to the excretion of the virus. It is also an acknowledged fact that some people have caught paralytic polio after coming into contact with the faeces of children who had been recently vaccinated with the live polio vaccine.

The registrar of a hospital in Christchurch (NZ) was found to have caught measles after being vaccinated. The PCR test (which is not routinely given to people in NZ) found that he had caught the vaccine strain of measles from the vaccine. This leads to the question, how many cases of measles this year were caused by the shed vaccine being caught by other children? No-one knows, as the normal measles lab test done does not indicate whether the virus was wild-type or from the vaccine strain. But it is interesting to note there was an increase in measles cases in NZ once the vaccination campaign had started. Another coincidence?

JAPAN'S TROUBLES WITH MEASLES-MUMPS-RUBELLA VACCINE [55]

Abstract: The Japanese Ministry of Health and Welfare (MHW) has released a report on the domestically produced measles-mumps-rubella vaccines that were withdrawn in April 1993, because of vaccine-associated aseptic meningitis. According to the report, an average of 1 in every 1,044 vaccinations has been complicated by aseptic meningitis.

Aseptic meningitis has been reported to be a complication of the MHW measles-mumps-rubella vaccine from the start of its introduction into the national vaccination programme. Originally, the MHW reported that 1 case of aseptic

meningitis occurred with every 100,000 to 200,000 injections. 6 months later, the ministry was forced to correct the figure to 1 in several thousand and to urge caution in the use of measles-mumps-rubella vaccines and to compile a manual for doctors on the prescription of these vaccines.

When introduced, measles-mumps-rubella vaccination was mandatory, but a year later, as reports of adverse effects of the vaccine increased, it was reclassified as one being available on request. The measles-mumps-rubella vaccination programme was suspended when the vaccines were withdrawn.

This paper points up a number of aspects of mass vaccination campaigns which make it morally, ethically and scientifically unjustifiable to enforce vaccination. The high rate of occurrence of aseptic meningitis, the gross underestimate of adverse reactions, combined with the appalling lack of accuracy in official figures ultimately forced health authorities to abandon compulsory vaccination. (In the present pro-vaccination climate in Australia, all parents must have good reason to wonder if our own authorities would be so forthcoming and honest.)

97.5% MEASLES MISDIAGNOSED

Source - Europe Today - April 1997

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 PHLS service 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 "say they can recognise measles a mile off, but we now know that this illness occurs in only 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.

HEPATITIS B - THE DISEASE AND THE VACCINES

Should children be given the hepatitis B vaccine?
What is the real risk of contracting this disease?

When the hepatitis B vaccine was first released on the market it was aimed at high risk groups such as intravenous (direct-injecting) drug users, prostitutes, prisoners and homosexuals. However, this market is limited. As vaccines cost millions of dollars to develop, pressure was placed on the Federal Government to include hepatitis B vaccination into the schedule of vaccines for babies.

Doctors pour medicines about which they know little, for diseases about which they know less, into human beings about whom they know nothing.- Voltaire

Using the justification that babies born to mothers infected with hepatitis B disease have an 85% risk of developing chronic hepatitis B infection, and promoting the idea that injecting all healthy babies with hepatitis B vaccine will protect them when they are teenagers and become sexually active, drug manufacturers and NHMRC have convinced our health department to include hepatitis B into the already bulging schedule.

According to the hepatitis B vaccine manufacturer "the duration of protective effect of the vaccine is unknown at present and the need for booster doses is not yet defined." So much for protecting our children when they are older and sexually active.

Figures collected by the National Notifiable Disease Surveillance System report the following figures for hepatitis B: 1991-108; 1992-133; 1993-278; 1994-327; 1995-321. Keep in mind that vaccination against hepatitis B has increased over these years: initially only adults were vaccinated, now children are as well. Today, however, with the greater majority of the population being vaccinated, the number of cases of the disease continues to rise.

The information supplied by the vaccine manufacturer's product insert, Harrison's Principles of Internal Medicine and The Merck Manual, together with the 1994 report from the Institute of Medicine, are as follows:

- Hepatitis B is spread by direct contact with infected body fluids such as blood and semen.

How many babies does this apply to? According to CDI bulletin Vol 20/no21 there were 321 cases reported in Australia in 1995 with the majority of cases found in the 20-24 age group.

- Hepatitis B is most prevalent in Asia and Africa (10% of the population) with the lowest incidence in the world being in the US and western Europe (0.1% to 0.5%) and Australia.

Why is it necessary to vaccinate every child born in Australia to address a problem in the Far East and Africa?

- Ninety to ninety five percent of hepatitis B cases recover completely after three to four weeks of nausea, fatigue, headache, cough, arthralgia, (joint pain) jaundice and tender liver and are left with permanent immunity.

Why was it necessary to scare the public into believing hepatitis B virus is deadly and infects so many people that every Australian child must be injected with the vaccine?

- The case fatality ratio (death rate) is low, 0.1% to 1.4% of those who contract the disease.
- In 1994, the Institute of Medicine reported that there is scientific evidence that hepatitis B vaccine can cause shock and/or death. Too few studies have been conducted to determine conclusively if a relationship exists between hepatitis B vaccine and Guillain-Barrè syndrome, central demyelinating diseases of the brain such as transverse myelitis, optic neuritis or multiple sclerosis, acute or chronic arthritis or SIDS.
- Officially it is known in medical circles that between 30% to 50% of persons who develop adequate antibody after three doses of vaccine will lose detectable antibody within 7 years [56].

The Communicable Disease Institute reports the majority of cases occur in the 20-24 age group. Therefore, by injecting newborns, the vaccine is not being directed towards the high-risk group.

ANTHONY'S STORY

My third child, Anthony, DOB 11 September 1995, has had reactions to his triple antigen injection and the reaction has gotten worse with each one. With his first triple antigen he had high fever and screamed for four hours. With his second triple antigen he had high fever, went totally crimson all over and screamed plus doubled up for about 4 hours. Then with his third triple antigen he had high fever, vomited, cried non-stop for a full day, went crimson and doubled up. Now I reported this to my doctor and he told me that this is normal. But with my two other children, I never had these reactions. To be quite honest, I'm rather scared of getting Anthony injected at 18 months.

Ms Schultz Woorоolin Qld.

BEN AND LUKE

Whilst pregnant with twins I stumbled on a pamphlet by VAIS. I had heard many parents complain about how their babies 'reacted' to being immunised previously, but had always thought it was 'the thing to do' to protect your child.

One parent (a few years before I became pregnant) rushed her child off to hospital suffering 'pneumonia', only a few hours after her 2nd DPT shot.

At the time I had thought nothing of it, but now realise the mother had said 'it's from her needle, she was fine before she had it.' Luckily, her daughter survived.

After extensive reading, I decided not to vaccinate. Now I see the push is on and wish to help in any way I can to let people know (something our Health Departments and doctors aren't doing). That there are risks involved, and that vaccines are not as effective as they tell us.

Now to my own story - My unimmunised twins. At 11 months of age, one of them, Ben, contracted measles from a vaccinated child (14 months old). My other son, Luke, never came down with it. Neither did my friend's unimmunised child of 15months, despite being exposed to this 'highly contagious disease'. The vaccinated child had the disease much worse than my own, and in fact is still always off to the doctor's with ear infections and the like, regularly. My boys have been to the doctor's once and that was for a check-up!! I am currently homoeopathically immunising them at 16 months of age.

I wish to thank VAIS for being there-what would have happened to my two beautiful boys if I hadn't decided to research this issue? I'm glad I'm not going to find out! We (myself and a few other mums) are starting a support group up in Cairns for parents choosing not to immunise and would be more than happy to assist parents who have had their children vaccinated, and have suffered any reactions. I believe we can all make a difference.

Debbie Vanzoelen Cairns North Queensland.

MARY AND MILVIE'S STORY

There are two people, who can't be here right now, whose story I would like to tell you. In 1947 Mary, a young law student from Estonia, came to Australia as a refugee. She had already fled Estonia during the war, unfortunately to Hitler's Berlin, then came to Australia hoping for better things. She spoke no English and in any case the universities were full. For several years she worked in menial jobs, picked up as much English as she could, and made the best of her new life.

She married another Estonian, whom she met here. They moved to Wollongong and had a child, Milvie. They were very happy, she says; all the locals loved the child. Then the child had her first triple antigen shot. Mary noticed that her daughter's development slowed noticeably after that. She didn't want a second injection, and she says her doctor agreed that it wasn't appropriate to give it.

This was 1961. When I came to Australia in 1970, I taught migrant kids to speak English and I know what the general attitude to migrants was then, so I can easily believe that when a migrant woman refused to give her child a second triple antigen shot, the baby health clinic nurses weren't too pleased. In fact she remembers them being pretty nasty about it, threatening to make trouble for her with the authorities.

It seems that, as often happens, both parents weren't quite in agreement about the wisdom of a second shot. It seems neither was really clear about the purpose of the injection. As Mary remembers it, they thought it might be to do with some tropical disease. Their English wasn't great-nobody was available to interpret for them. One day, Mary went to her doctor about some minor problem of her daughter's-a rash around the mouth. After examining the rash, she says: the doctor turned round, whipped out a needle and vaccinated the child who immediately convulsed. Mary screamed at the doctor "you've killed my child!" She was thrown out into the waiting area. After half an hour, her child was brought out and a taxi called to take them home. That day, she says, their life ended.

With vaccination, it's very different; when it goes drastically wrong, the mother has to live the rest of her life with the memory of herself holding the baby still while the injection was administered.

Within six months, her husband had left and for thirty years Mary has lived alone with her now grown up child, who can speak four words. No social services, no home care, no pension, no nothing for a long time. She couldn't even get hold of a wheelchair.

Mary taught Milvie to walk, carrying her around on her own feet, until she was in her teens. Half the time, Milvie still walks backwards. Ironically, this immense triumph for Milvie further imprisons Mary-the kitchen must be locked because Milvie doesn't understand heat or cold and could burn or electrocute herself; the front door is locked because Milvie doesn't understand traffic, and none of the day care places Milvie could go to, lock their doors. They have no transport - even if they could afford a car, Mary couldn't drive because she now has sight in only one eye. The isolation is extreme. Mary feels like a prisoner-she says she's afraid to live, and afraid to die.

She's tried to get legal compensation for what's happened. She's tried to get help from anywhere she could-all the social services and caring agencies in Wollongong have been harangued and abused by Mary, as I have myself and so has Kerri Hamblin from the Immunisation Investigation Group. I suppose it's just that ordinary help's no longer enough. Her need for love, compassion, and even just simple conversation is so desperate that is scares people away. I myself wouldn't be sure that her story wasn't massive exaggeration, if people like Jenny Tisdell and Naomi Ziems (other parents of vaccine-injured children) here hadn't confirmed it for me from their own experience. They know what it's like.

If a small child gets run over by a car, or drowns in a

swimming pool, the responsibility lies with some person, or people. You can say yes, that driver was careless but I shouldn't have let go of my child's hand. Or I should have been watching, and the pool should have been fenced off... etc. With vaccination, it's very different; when it goes drastically wrong, the mother has to live the rest of her life with the memory of herself holding the baby still while the injection was administered.

And these parents have been misinformed, or not informed at all, about the dangers and side-effects of vaccines. If they dared to ask questions, they've most often met contemptuous dismissal. They've also been under heavy pressure-pressure to conform-get your child immunised no matter what your doubts are-'cos everyone's got to do it otherwise it won't work. Not many people make a free, informed choice.

Vaccination programmes are yet another example of medicine based on fear and ignorance. Although not one vaccine has proven effective in eliminating disease, billions of dollars have been spent worldwide, on the slender argument that these billions reduce the number of hospital admissions, complications and deaths from childhood diseases. In just a few months, the response to the Immunisation Investigation Group's register in this country has led us to suspect that for every serious illness prevented by vaccination, another equally serious illness has been provoked by vaccination. Yet the programmes proceed, almost unchallenged.

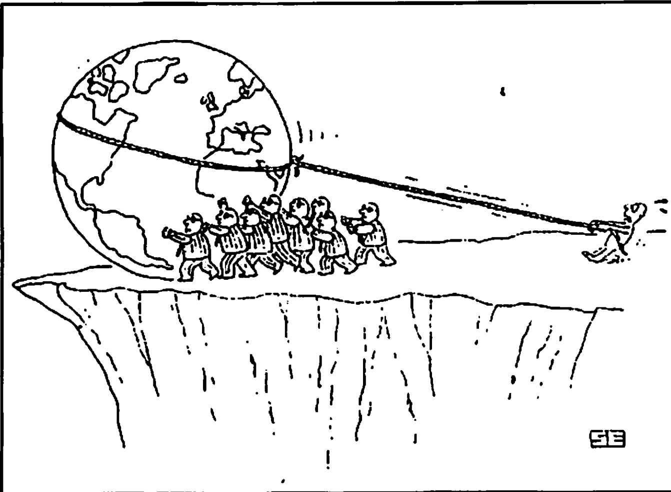
The long-term effects of vaccination may never be known or proved. Although in the US many successful lawsuits have been conducted against vaccine manufacturers, it's almost impossible under British-style justice to prove that a formerly perfectly healthy baby who convulsed twenty minutes after vaccination, did so because of the vaccination. So clearly, immune failure diseases which may take years to develop, such as MS, ME, AIDS, rheumatoid arthritis, may never be firmly linked to vaccines.

The way I see it is this: each of us represents a minute part of the universe. The way we treat our bodies directly parallels the way we treat our planet. If we truly value life, and our children's lives, we'll do everything we can to care for the environment. If we can eat plenty of clean food, drink clean water, breathe clean air and have healthy living conditions, we really have everything that is absolutely essential for survival. Unfortunately, at this time most of us no longer have access to clean food, water, air and living conditions. If we don't take responsibility for changing this, governments won't. We've grown up in the century of instant gratification: everything ready in seconds. We were told we could eat all the highly processed, coloured, flavoured, pre-digested, instant-cook food we wanted. Magic multinational medicine was there to take care of all the problems our new lifestyle created.

At the same time, world conferences were being held, with titles like 'Towards Total World Health by the Year 2000', with grand plans to eradicate disease like weeds, with heavy chemical weedkillers that get rid of the weed-for a while at least-but only by poisoning the soil. And what have we done to our bodies? Pumped them with 'weedkillers': antibiotics, tranquillisers, steroids, contraceptives and, of course, vaccines.

It hasn't worked. Multinational medicine has generated a lot of income for its shareholders for the past few decades, but the bills are rolling in. In the United States, lawsuits for permanent damage to vaccinated children have cost so many millions that the price of a shot in the last decade has jumped from a few cents to several dollars. And presumably drug companies are no more immune to world recession than any other big business. What happens to the world's asthmatics if the makers of Ventolin go bung?

The vaccination question is one that gets bigger and broader every time I think about it. But it's really very simple. It's about the right to information, and the right to make a free choice. And the right to compensation, to make life bearable if things go wrong. Our doctors and our politicians are not gods; they're people we choose, and pay rather well, to do a job for us. They must learn to listen to our questions, and to search honestly for the answers. And we have to teach them.



"THERE ARE THREE KINDS OF LIES: LIES, DAMNED LIES, AND STATISTICS"

-Benjamin Disraeli, 19th Century British Prime Minister

Members of AVN, and other concerned parents and carers, have watched with growing alarm the development of campaigns to 'educate' parents about the apparent 'benefits' of vaccinating their children. Until vaccines against them were developed the infectious diseases of early childhood were regarded as trivial and no real threat to healthy children. The change in risk-assessment of these diseases, before and after vaccine release, is so marked that it appears to be a marketing ploy. Very few people accept that the timing of the new realisation and the release of the vaccines is merely 'coincidence' (a word much beloved of those who dismiss vaccine-associated damage). Certainly the emphasis on newly discovered possible harm resulting from the natural disease fits in well with campaigns to increase acceptance of vaccination.

In Australia from January 1998 parents or guardians who do not vaccinate their children will be penalised by reduction of their maternity payment unless they identify themselves as conscientious objectors. During outbreaks of 'vaccine-preventable' diseases, any unvaccinated child may be barred from attending a care centre or school. Children may be banned so often that they miss a large part of their schooling. If both parents are working, and no other care option is open to them, one parent must stay home to care for the child. In this way, without admitting that vaccination is compulsory, governments and pro-vaccinators will have put so much pressure on parents that, seeing their child so disadvantaged, they may understandably take the line of least resistance and vaccinate their child.

If vaccination gave the protection it is claimed to give, no vaccinated person is exposed to any risk of disease from an unvaccinated person.

At the heart of the vaccination debate is the nagging uncertainty about the extent of possible risks balanced against possible benefits. In our everyday lives we make these sorts of risk-benefit choices daily, almost hourly. Driving a car carries a significant, calculable, known risk of injury or death, but most of us accept the risk without thinking too much about it, get in our car and drive ourselves, our children, our friends, our clients, wherever we want to go. The situation is not so simple with vaccination. Parents and other carers, confronted by the vaccination risk-benefit question, are often at a loss to know what to do: what are the benefits; what are the risks?

The answer to those questions depends almost entirely on the quality of the data used to calculate the risk-benefit ratio. It is this point, how we assess the quality:

accuracy, comprehensiveness and trustworthiness of the data, that divides those who support compulsory vaccination from those who oppose compulsion.

Issues addressed by AVN:

1) compulsory vaccination;
2) indiscriminate mass medication by vaccination;
3) flawed data collection, recording and interpretation. Impossibly restrictive criteria are put in place, with the effect of excluding virtually all but the most extreme and immediate of post-vaccination reactions.
4) official refusal to acknowledge vaccination-related injury or death and grant compensation;
5) use of coercion, vilification, emotional blackmail, discriminatory withholding of payments and threats to refuse entry to schools and care centres. These measures have been used or threatened by Government officials, notably the present Federal Minister for Health and Family Services, Dr. Michael Wooldridge.

HAS THE MEDICAL PROFESSION SOLD OUT?

The benefits of vaccination are promoted by the members-with many notable and honourable exceptions-of a medical profession widely seen to have sold itself to the pharmaceutical industry. Medical practitioners are the major purveyors of the more toxic products of the pharmaceutical industry; pharmacies (chemist shops) offer the remainder. To support and perpetuate this financially most rewarding situation, the pharmaceutical industry is (self-interestedly) generous in funding research on which academic advancement depends. Thus it is that many of those who train the next generation of medical practitioners are indebted to the pharmaceutical industry for their teaching positions and reputation.

Medical bureaucracies are also largely insulated from external criticism. Medicine has powerful allies in business and politics. And it has even co-opted a part of the press which, while willing enough to censure the highest officials in the land, is often timid and subservient before the self-confidently dogmatic physician.

Protected on all sides, medical organizations were able to press forward with one vaccination program after another, ignoring the evidence that these were exacting a toll in ruined lives.[57]

The public at large have lost much of their former confidence in the recommendations of those who were once medical advisers. These advisers are now becoming more authoritarian; they have taken on the role of medical enforcers, attempting to control childhood diseases which were, until very recently (ie, before vaccines), regarded as merely inconvenient to the healthy child. The development of new vaccines, however, suddenly opened up whole new possibilities of medical profit to be gained under the guise of controlling what have newly been rediscovered and

re-labelled as serious, even fatal diseases. (With a new vaccine in the pipeline, chickenpox is likely to be the next disease of childhood to become potentially life-threatening.)

The mix of medicine and business in this multi-billion dollar industry has created potential conflicts of interest in 'consultants' who are paid by pharmaceutical companies. The following report highlights one of the (known) examples of conflict of interest and misuse of the position of Editor of the Journal of the American Medical Association. James Cherry's name is prominent in the scientific literature on vaccines and appears on a number of papers on the subject. He is a professor at the UCLA School of Medicine, a strong advocate of mandatory vaccination and a paid consultant to the largest vaccine manufacturer in the US.

Dissatisfied Parents Together (DPT), the (US) national organisation which represents parents and children who have been injured by vaccines, is asking the Secretary of Health and Human Services to discontinue funding a vaccine study until apparent conflict of interest issues in the committee (appointed by the Institute of Medicine) can be resolved. According to DPT, one of the committee members, Marie Griffin, MD is financially supported by Burroughs-Wellcome, one of the world's largest manufacturers of pertussis (whooping cough) vaccine. Griffin, Burroughs-Wellcome Scholar in Pharmacology at Vanderbilt University, was the principal author of a pertussis vaccine risk study recently published in the 'Journal of the American Medical Association' which disputed the link between the pertussis vaccine and permanent damage. The study received widespread publicity in the national press. As a result of Griffin's study, JAMA published an editorial calling for an end to the federal vaccine injury compensation system on the grounds that the pertussis vaccine does not cause permanent brain damage. According to DPT, the editorial's author, James Cherry, MD, of UCLA, is a paid consultant for Lederle Laboratories, the largest American manufacturer of pertussis vaccine [58].

The medical profession is in a dominant and dominating position in respect of setting government policy on public health issues. "Claiming a monopoly over medical 'science', the profession demanded, and received, a monopoly over medical practice and 'health care'. This was the first step in the emergence and triumph of the medical-industrial complex we know today."[59]

In practical terms, whosoever controls the medical profession controls government health policy. The government is very dependent upon the medical profession for advice on public health issues and policy decisions. The medical profession, in turn, has become enormously dependent upon the pharmaceutical industry, which manufactures and sells vaccines and drugs, an industry which is motivated solely by commercial considerations and the pursuit of profit. Through its influence upon the medical profession, the pharmaceutical industry almost directly dictates the government's vaccination policy.

There is an excellent example of this influence and control in the now-notorious November 1994 measles and rubella vaccination campaign conducted by the British Government. Consider the parallels between this campaign and the Australian campaigns begun in 1997

'MEASLES CAMPAIGN WAS NOT NEEDED'

In November 1994 the British Government ran a campaign to vaccinate all British children against measles. The conduct of the vaccination campaign, however, showed the checks and balances which are supposed to prevent abuse of government power were apparently ineffective. The vaccination campaign took place in a developed nation, a democracy in peace time, a country from which many Australian social, legal, political and medical institutions and conventions are patterned, if not copied exactly. This closeness between Britain and Australia is showing itself again in the way that copycat scare campaigns are now being run by the Australian Government to frighten parents into having their children vaccinated against measles, mumps, rubella-anything and everything-so long as there is a vaccine available.

The parallels between the British and Australian Governments' behaviour and ruthlessness are awesome and frightening. The London-based Bulletin of Medical Ethics published an analysis of the conduct of the British campaign; the analysis was a scathing condemnation of the entire dirty tricks campaign. The measles epidemic was apparently concocted to create market urgency and use up expiring stocks of vaccines held by the two companies to which the supply contract was illegally awarded. There is also good reason to suppose that part of the reason for the campaign was to boost the political standing of the Minister for Health, and to 'show off' before admiring third world countries.

SIDE EFFECTS: OUR INVESTIGATIONS

Dawbarns Solicitors London UK

Clients (and those who have contacted us) have reported to us a number of problems with the vaccine (the MMR and MR). To date we are aware of more than 600 instances of side effects following the MMR and MR vaccines. The figures in square brackets give the numbers reported in respect of side effects so far (as at January 1997). Note that some children will have more than one adverse reaction. The side effects include: Autism [202]; Crohn's disease and other serious chronic stomach problems [110]; Epilepsy [97]; Hearing and vision problems [40]; Arthritis and arthralgia (including crippling juvenile rheumatoid arthritis) [42]; Behavioural and learning problems (in older children) [41]; Myalgic Encephalomyelitis (ME) and chronic fatigue [24]; Diabetes [9]; Guillain-Barrè syndrome [9]; Idiopathic thrombocytopaenic purpura (and other purpuras) [5]; Subacute Sclerosing Panencephalitis (SSPE) [3]; Wegener's Granulomatosis [2]; Multiple sclerosis [1]; Death [14]

(Compare these figures with those given by Dr. David Salisbury, the doctor who was in charge of the 1994 UK vaccination campaign. He claimed that there were NO serious adverse reactions from this vaccination blitz and NO cases of long-term damage.

This is what the Bulletin said:

MEASLES AND DECEPTION

In November 1994, over 7 million British children were immunised against measles and rubella, primarily because government doctors claimed that there would otherwise be a substantial measles epidemic among schoolchildren in 1995. The Bulletin concluded that there was no clear evidence that such an epidemic would have occurred and that parents had been misled, if not coerced, into allowing their children to be injected."[60]

There is enough evidence...however, to conclude that there was never going to be an epidemic. In this Bulletin we review at length the basis for the prediction of an epidemic and for carrying out the immunisation campaign, the extent to which doctors and parents were deliberately misled by government doctors, and the way in which the EU (European Union) competition law was breached in awarding the contract to provide the vaccine. We also note the lack of effect of the campaign.

In its Editorial the Bulletin acknowledged that "It has not been an entirely easy decision to publish this review. It demonstrates that one cannot necessarily trust the information given out by government doctors who, in this case, appear to have agendas on which the best interests of the nation's children did not come first."[61]

Its condemnation of the British vaccination campaign is all the more believable in view of the Bulletin's statement that it "... recognises the enormous value of immunisations properly and appropriately carried out, and would not wish any parent to refuse them without good reasons."

Despite this pro-vaccination stance, however, the Editorial of the Bulletin of Medical Ethics comes down on the side of truth: "In the end, however, truth is more important. If government doctors are allowed to get away with basing the mass campaign on a lie, it will be all the easier for them to be untruthful the next time that it suits their purpose. Like any other doctors they must recognise that it is no longer acceptable to lie to patients."

The Bulletin also drew attention to the ways in which the information given to parents before the campaign exaggerated the dangers of measles while playing down the risks of measles immunisation."[62]

As a matter of policy, the AVN does not support and does not oppose vaccination, but insists that parents must always have the right of choice in matters of vaccination, especially of babies. Compulsion, coercion, lies, scare campaigns of fear and terror, bullying, fining, reducing or depriving of benefits or banning children from schools and care centres should not play any part in a public health initiative. After all, these diseases were not regarded as serious until a vaccine against them came on the market and vaccine manufacturers persuaded doctors that every child absolutely had to have all vaccines possible if they were to survive.

In its analysis the Bulletin had this to say:[63] Given that the (UK) National Health Service was supposed to become less secretive, it seemed surprising that no information was available to support the assertion of a particular size of measles epidemic, or the resultant need to stick vaccine-bearing needles into more than 7 million of the nation's children.

...it is now possible to draw some interim conclusions:

1) there was never going to be a measles epidemic in 1995;
2) there was no justification for concomitant rubella immunisation;
3) the mass campaign was planned as an experimental alternative to a two-dose schedule of measles, mumps and rubella immunisations;
4) the government knowingly misled parents about the need for the campaign and about the relative risks of measles and measles immunisation;
5) the Department of Health broke the European Union's laws on contracts and tendering to ensure that specific pharmaceutical companies were awarded the contract to provide the campaign vaccines.

The epidemic that never was

The report continued ...no basis for the prediction of a measles epidemic in 1995 was given to doctors before the mass vaccination campaign held in November 1994. ...there is no indication of how this projected size of epidemic ("over 100,000 cases likely in 1995/96") was arrived at. It is possible, however, to examine the assumptions on which that projection was based.

This the Bulletin did, with heavy negative criticism of the assumptions which had apparently been selected to achieve the predetermined outcome-to show that there would be a massive epidemic (there was no epidemic) and that there would be a number of deaths, up to sixty three according to one scenario.

Referring to the estimated death toll, the Bulletin said The number of deaths given with certain epidemic sizes in the scenarios are very likely, therefore, to be overestimated. In any case, the death rates used are those which applied between 1971 and 1988. Most of the measles deaths occurred in the early 1970s, since when improved medical and intensive care would be expected to have reduced measles death rates substantially.

CONCLUSION: The prediction of a measles epidemic in early 1995 depended on a very low estimate of vaccine efficiency that does not accord with empirical data, and an assumption of an extremely high transmission rate in 10 to 14 year olds that is not supported by any empirical data. The probable number of deaths was also exaggerated by improper use of statistics and out of date death rates. Had more believable figures been used in the mathematical model it would not have predicted an epidemic in the next five years.

By linking hospital admission records and immunisation records, the authors (of a paper published in March 1995 by the Communicable Disease Surveillance Centre [CDSC]) showed that the incidence of various side-effects was higher than previously thought.

Promoting the campaign

Attention has previously been drawn in the Bulletin to the ways in which the information given to parents before the campaign exaggerated the dangers of measles while playing down the risks of measles immunisation.

By linking hospital admission records and immunisation records, the authors (of a paper published in March 1995 by the Communicable Disease Surveillance Centre [CDSC]) showed that the incidence of various side-effects was higher than previously thought.

CONCLUSION: Remarkably definite information was given to doctors and parents that an epidemic of measles was going to happen in early 1995, when in fact the prediction was based on an extremely tenuous assumption. ...information on immunisation side-effects was not only based on an optimistic assessment of side-effects passively reported, but totally ignored the results of active surveillance by CDSC.

Had there been a real need to protect children's health by running the campaign, it is hard to think of any reason why that need would be served by deliberately giving inaccurate information.

A gift horse for the drug companies?

If there were no epidemic in the next few years, there would be no excuse to buy up the stocks of vaccines held by two British companies-vaccines that were fast approaching their use-by date. But wait-surely the contract to supply so many millions of doses of vaccine would go to public tender, wouldn't it? Wouldn't it?

On the allocation of the contract to supply the needed vaccines, the Bulletin [64] commented "The NHS (National Health Service) Supplies Authority negotiated the vaccine supply contract with two companies, Merieux UK Limited, and SmithKline Beecham Pharmaceuticals. This must have been extremely fortunate for them, since the supplies of measles and rubella vaccine which they had been left with in 1992, and for which there was normally no demand, were soon to go out of date."

Of the motives of the government doctors involved one can say little. Was the campaign an attempt to gain favour in international circles by showing that it could be done in the developed world? Or was there a genuine belief that an epidemic was imminent, even though that belief was dependent on the

See footnotes at back.

totally unsupported claim that measles is transmitted nearly three times faster in secondary schools than in primary schools?

It is clear, however, that many questions may only be answered by an independent inquiry. Such an inquiry is needed because the campaign's protagonists misled millions of parents into allowing needles to be stuck into their children for purposes other than those given in public.

One final question: did the campaign have any effect? Sadly the answer is 'not much'.[65]

And there, in that judgment, is one very compelling reason to oppose compulsory vaccination. In a nation very much like Australia, in a supposed democracy, in a highly developed, industrialised society with a very high standard of living and a high standard of medical and public health services, a major measles, mumps and rubella vaccination campaign was conducted at a cost of more than £20million (around $45million Australian). Seven million two hundred thousand British children were injected to prevent an epidemic which was never going to happen. The result, apart from political puffery, pharmaceutical profits and 7.2million more young people carrying genetic time-bombs in their bodies, is expressed in the Bulletin's analysis: ... did the campaign have any effect? Sadly the answer is 'not much'.[66]

In summary, the case for enforced or compulsory universal vaccination of very young children is fatally flawed by the lies, damned lies and (inaccurate, biased) statistics its proponents find necessary to use to support their case. In the US, where vaccination is mandatory, vaccine manufacturers sponsor research and retain consultants such that their vaccines are 'proven' safe and vaccine damage is dismissed as a 'myth' in the words of one of their paid consultants.

The people caught up in this debate would be excused for thinking that the proponents of vaccination do not dare to tell the whole truth about those dangers and risks that are presently known; the long-term consequences to the second, third and later generations can only be guessed at.

"one cannot necessarily trust the information given out by government doctors who, in this case, (the 1994 British measles and rubella vaccination campaign) appear to have agendas on which the best interests of the nation's children did not come first."

NATIONAL PUSH TO REPORT VACCINE REACTIONS

Australian Doctor Aug 18 1995

Adverse reactions to childhood vaccinations will become notifiable conditions in Queensland according to epidemiologist Dr. John Sheridan. The move comes as part of a national drive to increase the reporting of significant adverse reactions. The ACT reported the highest number of adverse reactions which suggested under reporting from other states. Although it was not possible to ensure reporting, mechanisms were being put in place to encourage and formalise the process. In Queensland the aerogram style reporting forms

introduced to collect information on what vaccines are administered were being modified to include the list of conditions which should be reported.
Conditions to be reported:
The occurrence of one or more of the following conditions within 48 hours of the administration of a vaccine should be notified:
- Persistent screaming for more than three hours
- A temperature of 40.5˚C or more, unexplained by any other cause
- Anaphylaxis
- Shock
- Hypotonic/Hypo-responsive

The occurrence of one or more of the following conditions within 30 days of the administration of a vaccine:
- Encephalopathy
- Aseptic meningitis
- Acute flaccid paralysis
- Convulsions
- Thrombocytopenia
- Death
- Other serious event thought to be associated with a vaccination.

Earlier the forms in Queensland left space available for doctors to record details of any adverse reactions, but most doctors do not take the time to make the reports. Collection of better information would enable authorities to detect any bad batches of vaccine and identify any possible linkages between a particular vaccine and a particular adverse reaction. For this to take place, it would also be necessary to track the manufacturer's lot and batch number which is not being done in Australia. Queensland has not yet recalled a vaccine batch even though in 1997 Brazil recalled two bad batches which had been associated with high number of adverse reactions and deaths.
Dr. Sheridan said that "it's only really by keeping good records that we will be in a position to address these concerns."
Dr. Simon Latham, former director of community child health services for Queensland Health, said he accepted criticism from the anti-immunisation lobby that the collection of adverse reaction information had been lacking. "If we do our job better, people won't have worries and the immunisation rate would be adequate to protect children," he said.

(Note that 'death' is not included in the first list, whereas it is listed in the 30-day list below. See Diphtheria-Pertussis-Tetanus (DPT) Immunisation: A Potential Cause of the Sudden Infant Death Syndrome (SIDS) by William C Torch.)

Regardless of the reasons, the **Australian Vaccination Network** continues to get reports from parents whose children have had reactions to vaccines within the accepted time frame mentioned above. The vast majority of the doctors involved refused to report the event, saying it was a normal reaction and continuing to encourage those parents to vaccinate.

In the USA it is estimated that only 10% of doctors report adverse reactions, even though it is law in that country to report all adverse reactions, with over $830 million

dollars US having been paid out to damaged children through the VICP (Vaccine Injury Compensation Program) no fault compensation programme.

DIPHTHERIA-PERTUSSIS-TETANUS (DPT) IMMUNISATION: A POTENTIAL CAUSE OF THE SUDDEN INFANT DEATH SYNDROME (SIDS)

William C. Torch, Reno Nevada.

A report of eight DPT-vaccine-associated cot deaths in Tennessee, and knowledge of four sudden deaths within 31/2 to 19 hours of innoculation in Nevada (in three infants, one 3-year-old child) stimulated a study on the relationship of SIDS to DPT immunisation in over 200 randomly reported SIDS cases.

Preliminary data on the first 70 cases studied shows that 2/3 had been immunised prior to death. DPT #1,2, and 3 were administered on the average at age 2, 4 and 6 months, respectively.

In the DPT SIDS group 6.5% died within 12 hours of innoculation; 13% within 24 hours, 26% within 3 days and 37%, 61% and 70% within 1,2 and 3 weeks, respectively. Significant SIDS clustering occurred within the first 2 to 3 weeks of DPT #1,2,3,4 The age range of the DPT group was 59 days to 3 years (mean age, 3 months); for the non-DPT group, 17 to 172 days (mean age, 2 months). SIDS frequencies peaked at age 2 months in the non-DPT group and had a biphasic peak occurrence at 2 and 4 months in the DPT group. DPT # 1 and 2 were associated with more SIDS than # 3 or 4 months (ratio 30;11;4;1) Males and females were equally affected.

Cot death occurred maximally in the fall/winter season in the non-DPT group, but was non-seasonal in the DPT group. Death occurred most often in sleep in healthy, allergy-free infants following brief periods of irritability, crying, lethargy, upper respiratory tract symptom, and sleep disturbance. Autopsy findings in both group were typical of SIDS (eg petechiè of lung, pleura, pericardium and thymus; vascular congestion; pulmonary ûdema; pneumonitis and brain oedema.

In conclusion, those data show that DPT vaccination may be a generally unrecognised major cause of sudden infant and early childhood death, and that the risks of immunisation may outweigh its potential benefits.

A need for revaluation and possible modification of current vaccination procedures is indicated by this study.

PROOF OF VACCINATION DAMAGE

The Centres for Disease Control and Prevention (USA) said a case of a teenager who developed polio seven years after he was given the vaccine at age nine raised new questions about the paralytic diseases that health officials hope to eradicate worldwide by the year 2000.

The second National Academy of Science Institute of Medicine report on vaccines again has concluded that virtually all the vaccines given children have been proven to cause damage. The IOM report, produced by a group of leading paediatric figures in America who scoured hundreds of scientific papers, found evidence of a causal relationship between damage and the diphtheria, tetanus, measles, mumps, rubella and oral polio vaccines, hepatitis B and Hib vaccines.

This latest report follows one in 1991 which found evidence of adverse effects from the whooping cough and rubella vaccines. Both studies were requested by the American Congress in the National Childhood Vaccine Injury Act, passed in 1985.

In its latest report the committee concluded that there is a causal relation between:

- Diphtheria and tetanus shots and anaphylactic shock.
- Measles vaccine and death from measles-vaccine strain infection.
- Measles-mumps-rubella vaccine and thrombocytopaenia (a blood condition characterised by a decrease in blood platelets) and anaphylactic shock
- Oral polio vaccine and poliomyelitis and death from polio vaccine strain infection.
- Hepatitis B vaccine and anaphylactic shock

The committee also said that the evidence "favours acceptance" of a causal relation between:

- Diphtheria and tetanus vaccines and Guillain-Barrè paralysis and brachial neuritis (inflammation and breakdown of nerves of the upper spine).

See footnotes at back.

- Measles vaccine and anaphylactic shock
- Oral Polio vaccine and Guillain-Barrè syndrome.
- Unconjugated Hib vaccine and early onset Hib disease in children 18 months or older whose first Hib immunisation is this variety.
- The committee could not rule out a causal relationship between measles vaccines and cases of subacute sclerosing panencephalitis, a fatal wasting disease very rarely caused by measles itself.

The test to which all methods of treatment are finally brought is whether they are lucrative to doctors or not.- George Bernard Shaw: The Doctor's Dilemma

In the earlier report, the IOM concluded that evidence shows a causal relationship between the whooping cough vaccine and anaphylactic shock, extended periods of inconsolable crying or screaming, acute inflammation of the brain and shock. The committee also found evidence that the rubella vaccine could cause short and long term arthritis.

-WDDTY (What Doctors Don't Tell You) 4(8).

DAMAGING LOTS OF DPT VACCINE RECALLED

Sunday, 16 March 1997: For the second time this year, Brazilian health authorities recalled a large lot of DPT vaccine (approx. 5 million doses) due to a higher than acceptable incidence of reactions. This lot had been imported recently from India. DPT vaccination has suffered problems in Brazil since August 1996, when supplies diminished due to bureaucratic problems in vaccine acquisition. Vaccine imported from Switzerland had to be recalled early this year. There is no reliable estimate of how much vaccine coverage suffered after more than 6 months of inadequate supplies and impaired acceptance. Danger of an epidemic, such as the one in Russia in the early 1990s, is real. In Russia, as in Brazil, inadequate supplies and a high incidence of adverse reactions led to a low coverage.

-Luiz Jacintho da Silva, M.D Associate Professor, State University of Campinas

Doctors in general should be treated with about the same degree of trust as used-car salesmen.-Dr. Robert Mendelsohn, Confessions of a Medical Heretic.

JASON'S JOURNEY

As a young mother I, like most mothers, wanted to do the best job I could of caring for my new baby. I breastfed and dutifully took my baby to the health clinic every 4 weeks for a check-up and to be given the next words of wisdom from the clinic sister as to what I should be doing for and with my baby at this age. I remember being told at the second visit that he had to have his vaccinations so I dutifully took him to the doctor that day and had it done. Not a thought entered my head to ask a question about the procedure and indeed not a word was ever mentioned about adverse reactions or anything.

Jason was a happy baby. Scarcely a cry was ever heard, I was there for his every grin and whimper and I remember my mother-in-law saying he never cries because I pick him up before he has a chance to cry.

After he had his first vaccination he screamed and cried for the rest of the day and had a very restless night that night, but seemingly had recovered the next day.

He reached his milestones a little ahead of schedule and was thriving beautifully. A happy contented baby.

At four months of age, as per instructions from the doctor, I returned Jason for his second dosage of vaccinations. This time he screamed louder. I took him home, unable to console him at all. I would breastfeed him and he would vomit straight away (something he had never done), and still the screaming continued. After he had vomited two feeds I called the doctor and told her what was happening. Her advice was to give him juice and don't breastfeed. I did that and he kept some of it down, but still vomited often. I called the doctor the next day and said I thought he was reacting to the vaccination and she said "no, it had nothing to do with it, but to bring him back in" to her. This I did and she immediately referred me to a specialist in the city. I got an appointment a few days later, but, in the meantime, Jason started arching his back and his eyes rolled into the back of his head. I called the doctor again and told her what was happening and she said she wanted to see him. While at her surgery he didn't do anything so I took him home and waited for the specialist appointment. He took a blood sample, looked at Jason and told me he would contact me in a few days. The arching back and rolling eyes continued and his whole body would shudder. (I learned later these were seizures.) These seizures would last a minute or so. I tried breastfeeding again but he continually vomited it across the room so, on the clinic sister's advice, I gave it up. Word came from the specialist that the tests showed he was allergic to wheat, so to stop giving the cereal I had started him on three days before he was vaccinated. I stopped the cereal but still the symptoms continued.

After several days I realised I had to get some answers so I moved to Sydney to find a doctor there who could help. Jason was admitted to hospital that day. The doctor ordered a battery of tests be performed. All this took months and Jason was deteriorating all the time. Finally we were summoned to a meeting with the doctors in November (four months later). I remember vividly there were five older doctors,

my mother and myself. The news was all bad. They told me that they didn't know why Jason was deteriorating, they can't find a cause, but they projected he would survive only a few months. When my mother said she was surprised they couldn't find anything after the extensive tests they had done, one of the doctors piped up with "well, he has some of the symptoms of a condition called Alexander's disease, it's very rare!"

Not long after that I took my baby home and watched him waste away to nearly nothing until he passed away six months later. His dead body was the length of a fifteen month old child's, but he had not progressed from the age of four months.

I did obtain some data on this Alexander's disease and the only symptom he had which was listed was projectile vomiting. I soon realised that the doctor was just saying that so we would have an answer. I think they figured that any answer was better than no answer.

Four years after Jason's death I was watching the Phil Donahue show and they zeroed in on a whole lot of babies and children in the audience. These babies had a similar appearance to Jason as their bodies were wasted away and their heads looked larger than normal. Many of them looked like Jason. I listened and watched keenly. It was a programme on vaccination. The guest speaker was Dr. Robert S Mendelsohn, a paediatrician who was teaching at a Medical School as well as having a private practice himself. He was warning about the dangers of vaccination and saying the risks weren't worth it. Another doctor on the stage was a paediatric neurologist and he stated that most paediatric neurologists don't vaccinate their own children. I was stunned. I remember that Jason's life was never the same from the day he was vaccinated, but it was dismissed by the doctor, so I never gave it another thought until I had seen those babies. So I wrote to Dr. Mendelsohn and he put me on to another doctor who was closer. I discussed my son's experience with him but, without ever seeing Jason, he couldn't shed any light on his death except to say he had all the symptoms of vaccine reactions.

I decided at that point that I had to research to see if that was what had killed my baby. I read widely on the subject. Everything that mentioned vaccination I read-drug company literature, medical journals and the pamphlet which was in the box with the vaccines. The information contained there described Jason's reaction fully. I have studied this procedure for 17 years now and am totally convinced, by the literature and the hospital records, that Jason died as a result of his triple antigen vaccine. If I was not convinced beyond a shadow of a doubt I would certainly keep searching. When I speak to the media they always want to know if the reaction has been verified by the medical profession-it seems that that is all important-and my reply is alway the same: "Of course not!"

According to Australian Medical Association there are no major reactions to vaccines, or at least only one in a million, and none of them has ever seen that one in a million. Amazingly the USA has paid out over $800 million in the past nine years for vaccine damaged children, and they estimate there are 2 billion dollars worth of

claims pending to date. Amazing how we use the same, or similar, vaccines and have none of these reactions. As far as I am concerned, I don't need doctors to verify the reason for my son's death; I know what killed him.

My son was with me for such a short time, but having him has proved to be a great source of inspiration. He taught me so much, and for that I will always be grateful.

I have three living healthy children who, of course, are totally unvaccinated. They are Joshua, 13 years, Toby 11 and Kaila, 7. They are wonderful and very healthy. Through the progression of my research I have leaned not to fear disease. This involves throwing out much of what you were taught as a child and young adult and rethinking the whole health issue.

By not vaccinating and not visiting doctors I have taken responsibility for my own and my children's health-very difficult to do at first. You have to programme your thinking and, firstly, not act or make decisions based on fear. It is a most powerful emotion and is used to perfection by the drug companies and medical industry. I realised that most of what is on TV is fear-mongering and I see it for that now. In other words, when I hear stories about an epidemic of measles, my first thought is that the drug companies must have too much measles vaccine and it's about to expire, so they create this fear epidemic and-presto-the vaccine is swooped up. Suddenly the epidemic is over and the vaccine is praised on the front page of the paper. Buried on page 45 is a story about how there is no more measles vaccine in the city. It works every time. When I see a baby on TV with whooping cough (they use the same film all the time) I wonder how many brain-damaged babies there are from the vaccine. When they talk about babies dying from the diseases, I think of the many that never get on TV who die from the vaccines.

We live a life as natural as possible, given that we live in a city. We filter our water, grow lots of vegetables, play lots of different sports and generally try to make life for our children reasonably stress-free. We generally follow the Fit For Life eating principles. We have been eating fruit only in the morning for 11 years now; that way I know that we are all getting a good dose of vitamins and minerals. We limit dairy products to an occasional bit of cheese and meat is very limited. This has proved to be successful for keeping our family healthy while peers, who are fully vaccinated, have constant ear infections, bronchitis, chest infections etc etc etc, as well as measles, rubella, whooping

Through the progression of my research I have leaned not to fear disease. This involves throwing out much of what you were taught as a child and young adult and rethinking the whole health issue.

When I see a baby on TV with whooping cough (they use the same film all the time) I wonder how many brain-damaged babies there are from the vaccine.

cough and chicken pox. When peers get these childhood diseases we go visiting in the hope that my children will catch one of the diseases and thereby prime their immune system for later life. I realise that, later in life when they are responsible for their own health, they may not take as good care initially, so I would prefer their systems are primed now when they are young and very able to handle whatever comes their way.

Disease is your body's way of cleansing itself. If the body gets a temperature, it is burning off whatever is in the body and upsetting the balance. Leave it alone, the temperature only goes as high as it needs to, to burn off what it needs to. Two of my children have had febrile seizures from temperatures going up very quickly. It has nothing to do with how high the temperature has gone, but it is the rate at which the temperature rises which causes the seizures. They are over quickly and do not do harm to the child. Diarrhoea and vomiting are the body's way of cleansing; leave them alone and just offer clean water and a lot of it.

If Jason's purpose on this earth was to teach me to be a better parent, he succeeded. Had he not lived and died I would probably still be the complacent parent I was when I took him to be vaccinated. For that I and his brothers and sister are ever in his debt. Maybe one day I'll get to thank him. In the meantime I wonder what he would be like today. As I placed a 21st key around the headstone on his grave I wept as I wished I was placing it around his neck. The pain doesn't go away.

Messenger Alexandra Hills, Qld.

PARENTS FEAR VACCINE SIDE-EFFECTS BY MERYL DOREY

The government and the AMA blame Australia's supposedly low rate of vaccination on the worn-out excuses of complacency, laziness and uninformed parents. The Australian Vaccination Network (AVN) disagrees.

A survey published in the Medical Journal of Australia by Dr. Michael Mira, head of the Public Health Unit in Sydney, showed that the main reason given by parents for not vaccinating was fear of vaccine side effects. Dr. Mira said "the main reason parents gave for not immunising their children was not forgetfulness but rather a lack of faith in immunisation". He also found the information from the 'anti-immunisation lobby' "more convincing" than that provided by health departments.

Why is it that even questioning the safety of vaccination is viewed with such disregard by so many doctors?

We are told that unvaccinated children cause outbreaks of infectious diseases. If vaccines don't protect them, then why blame the unvaccinated?

Up to the end of 1997 the AVN has been contacted by almost 400 families whose children have either been injured or killed by vaccines. Not one of these events was reported to the Health Department by the child's doctor. Not one of these parents

The AVN then telephoned over 300 doctors, health clinics and hospitals Australia wide to ask if they had the contact number of the AEFVSS. Of those 300 only 13 had ever heard of this scheme; not one could supply us with a contact number or address. ADRAC collects information on drug reactions but does not have the facility to investigate them.

had ever been warned beforehand that there was a possibility of any reaction greater than a low-grade fever and lump at the vaccine site.

On 20th January 1997 the AVN reported these reactions to Dr. Michael Wooldridge, the Federal Minister for Health, insisting that each and every one of these reactions be thoroughly investigated and that they also be added to the official statistics of vaccine-related adverse events.

Five months later there was still no response from the Health Minister's office, despite frequent phone calls from the AVN. A Federal MP from Queensland was contacted for his assistance. He telephoned Dr. Wooldridge's office and was told that the reports had been lost. Arrangements were made to deliver duplicates of the reports but before that could take place the Minister's assistant discovered that the reports were not lost after all. One month later the AVN received a letter from Dr. Wooldridge who refused to investigate any of the reactions since they had not been reported by doctors *(which was our point exactly!-Ed.)* Since these reports were unsolicited and came from those people who have heard of our organisation (most parents would not know we even exist), we believe that these few reports represent merely the tip of the iceberg, that there are a huge number of unrecognised and/or unreported cases of vaccine injury and death.

Dr. Wooldridge claimed that doctors and vaccine administrators were already reporting adverse reactions to ADRAC (Adverse Drug Reaction Advisory Committee) and to AEFVSS (Adverse Events Following Vaccination Surveillance Scheme). The AVN then telephoned over 300 doctors, health clinics and hospitals Australia wide to ask if they had the contact number of the AEFVSS. Of those 300 only 13 had ever heard of this scheme; not one could supply us with a contact number or address. ADRAC collects information on drug reactions but does not have the facility to investigate them.

Whilst Wooldridge has "no intention of going down in history as a health minister who sat idle on his hands while Australian children died of (what he terms) vaccine-preventable diseases", he will, however, sit idle on his hands while the reports of hundreds of children who suffered adverse reactions are "lost" by his Department. It's not the first time these reports have been lost. None of the doctors who treated the 200 cases concerned bothered to report the reactions, many of which

See footnotes at back.

resulted in either death or severe brain damage. It's easy to see why Wooldridge and his disciples could fool themselves into believing that vaccination is safe, especially when no one bothers to report or monitor the fallout from this practice.

By law, doctors and medical professionals are required to fully inform patients of any side effects of a material nature before performing any medical procedure. Why aren't doctors telling parents this information? Every parent wants their child to be healthy. We are told that the best way to accomplish that is to vaccinate them. Is this really the case?

Evidence from overseas suggests that we should be taking a much closer look at the vaccines currently in use in Australia. Sweden stopped vaccinating against whooping cough in 1979 due to poor efficacy and a high incidence of adverse reactions and have had virtually no problems with the illness since. Three recent studies of our whole-cell pertussis (whooping cough) vaccine showed it to be only 36%-48% effective. (The New England Journal of Medicine, Feb. 8 1996, Vol. 334 No. 6)

Swiss doctors have opposed mass use of the Measles Mumps Rubella (MMR) vaccine because the US, which has mandated use of this vaccine, has a death rate from measles which is 10 times higher than that in Switzerland. (The Immunisation Campaign against Measles, Mumps and Rubella, Coercion Leading to Uncertainty, H. Albonico, MD, et. al., 1991). *'Convulsions after Measles Immunisation' Berlin; BS Lancet, 1(8338):1380 1983 Jun 18.*

The Irish High Court awarded a multi-million dollar payment to the family of a man who became permanently brain damaged after vaccination. The judge summarised, after listening to the testimony of many doctors and specialists, that it was impossible to know the exact contents of vaccines and that science had no idea of what the cocktail of chemicals, contaminants and heavy metals contained in them could do the human body or why they would work to prevent disease.

Only New South Wales (and WA recently) have mandated reporting of vaccine adverse reactions. Dr. Gavin Frost, the former head of the Childhood Immunisation Register Committee, has been quoted as saying that, "Doctors are busy people and reporting vaccine reactions is not their first priority." This is simply not good enough.

As a result of this attitude we have very incomplete and totally unreliable figures on vaccine safety in Australia. In the US, where reporting is mandated, there were 32,000 serious adverse vaccine reactions with more than 700 deaths reported to the Food & Drug Administration (FDA) in the 39 month period ending November 1994. A former head of the FDA says that, despite the law, less than 10% of doctors actually report these reactions and so they estimate that the real figure could be close to 320,000 reactions with more than 7,000 deaths.

Assurances expressed by our government that modern vaccines are extremely safe mean little to the parent whose child has suffered injury or loss of life as a consequence of vaccination. A ban on baby walkers was recommended following the deaths of 6 children in 3 years. Why isn't this same attention paid to a product associated with so many more deaths and injuries which is recommended for use by every Australian child?

It is astounding to realise that vaccines have never been subjected to the standard double-blind test required for every other medication. This is despite research that indicates a possible connection between vaccination and meningitis, encephalitis, autism, Guillain-Barrè paralysis, ADD, ADHD, asthma, arthritis and multiple sclerosis.

Aside from the safety issues, there is also cause to question vaccine effectiveness. Did vaccines really cause the decline in infectious disease which has occurred this century? According to the Australian Bureau of Statistics, between 60% and 90% of this decline (depending upon disease) took place before the introduction of either vaccines or antibiotics. Many doctors have theorised that better nutrition and hygiene, rather than vaccination, have been responsible for this decline.

In a measles outbreak in Western Sydney in 1994, more than 79% of the children who contracted measles were fully vaccinated. (Public Health Bulletin, Vol. 5, No. 6, June 1994) Late last year (1996), 3 boys' schools in Sydney had outbreaks of rubella which involved so many children that schools were almost forced to close. Studies afterwards showed that 90% of those affected had been vaccinated against rubella.

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The government has not kept track of vaccine efficacy and safety. Why have they instituted a vaccination register without the facilities to track vaccine failures, adverse reactions or batch numbers for easy recall of 'hot lots' (batches of vaccines known to be associated with large numbers of adverse reactions)? We are told that the benefits of vaccines outweigh the risks, yet we do not know what the risks are because our government is not interested, or is perhaps afraid, to find out.

Parents demand access to factual information on both sides of this issue while exercising the right to choose the best way to keep our children healthy.

DO PARENTS HAVE RIGHTS?

Do parents have rights when it comes to making decisions on how best to protect their children's health? Can a mother or father, after spending a considerable amount of time researching and becoming informed about a health issue, be forced to submit

See footnotes at back.

their child to a medical procedure which they believe could endanger their child or possibly even kill them?

When the medical procedure involved is vaccination, it seems that both the medical community and the Australian Government would like to take away our rights as parents in regards to this issue. These questions came to a head at the beginning of January 1997 when Commissioner William Carter QC, of the Human Rights and Equal Opportunities Commission, handed down a decision which said that it was legal to discriminate against unvaccinated children. Despite the fact that the Commission in which this decision was made has no jurisdiction to decide a matter of this nature, many child care centres, pre-schools and schools across Australia could be using this case as a precedent to exclude unvaccinated children.

Within days of Commissioner Carter's judgement, headlines announced an epidemic of whooping cough in Sydney and the death from whooping cough of three babies who were too young to be vaccinated. This was very convenient timing on the part of the media-especially since it appears that it may never have happened. The CDI Bulletin (23/1/97), which tracks infectious diseases, reports that for the period 8/12/96-7/1/97 when there was supposed to be an epidemic ripping through Sydney, the entire state of NSW reported only one case of whooping cough. The deaths from whooping cough were supposed to have occurred at the New Children's Hospital but when an AVN member contacted the infectious diseases ward there, they were told that there had been no deaths from whooping cough. A paediatrician who is a member of our group contacted the Northern Areas Health Unit and was told that there had been no whooping cough deaths and, "If you want my opinion, this whole thing is a media beat-up."

Because of this incredible fear campaign being waged through the media, parents started to flock to health centres and doctor's offices to get their children vaccinated. At the AVN, we had phone calls, many of them from parents of children who had been killed or injured by vaccines, asking us what they should do. The campaign was engineered to raise fear and anger in the community at large towards unvaccinated children and the tactic was working. AVN workers started to hear horror stories of people who were no longer allowed to visit family members because their children were unvaccinated, and of people being barred from playgroups and public meetings as a result of their decision not to expose their children to the risk of vaccination.

The other results of this unproven 'epidemic' have been proposals by the government to either bribe parents, doctors and councils to increase the rates of vaccination or to fine parents who have chosen to make an informed decision. There has been talk of taking away the Family Allowance and unemployment benefits of non-vaccinating parents. The Education Minister, Dr. Kemp, has proposed that children without documentary proof of vaccination not be allowed to enrol in school. This would, in effect, be compulsory vaccination without ever passing any legislation to enact the decision.

The newspapers have been filled with angry letters and editorials about this situation. The editor of the Tweed Daily News said that "For a child to die from a preventable disease in this day and age is not only tragic, it is almost criminal." The Sydney Morning Herald (21/1/97) quoted the Federal Health Minister as saying that "It's more likely your child will die because of a meteorite falling from space than die from immunisation."

The 1997 Australian of the year, veterinarian Peter Doherty (a man who doesn't even live in Australia!) said that allowing the 'anti-vaccination' lobby equal time to air its views is akin to giving equal time to murderers.

All of these comments do nothing to address the legitimate concerns and questions of parents whose children are being placed at risk every day by vaccines which are accepted in other countries as being "unavoidably unsafe products".

The whole idea behind making vaccines compulsory should be abhorrent to anyone who believes in democracy. These are not the sorts of measures that a democratic society would consider, especially when there are many valid questions about the safety and effectiveness of the current vaccines and so many doctors are refusing to participate in the government's initiatives because of grave fears of the risks of vaccination.

The implications of compulsory vaccination are horrendous. We need only look to the United States, whose lead we seem always destined to follow, to see what the possibilities are:

1. A Middletown (Ohio) woman with two children killed by the DPT vaccine received two letters from the Ohio Department of Health that her only surviving child had to be vaccinated. (Dayton Daily News, 11/9/88).
2. A Kansas mother, who questioned a public health nurse about what would happen if she did not vaccinate her child, was told that the State would have her immunised and place her in a foster home. The child was permanently handicapped by the injections. (Graham vs. Wyeth, No 85-1481-K, US District of Kansas, 1987).

As parents, we are always told that the benefits of vaccination far outweigh the risks. What are those benefits and risks though, and how is that information gathered? It might surprise most people to know that in the 200 year history of vaccination, no vaccine has ever been subjected to a placebo-controlled, double blind test – a routine procedure which all medications are supposed to undergo before they are approved for use. What clinical trials have been held have been designed in such a way that the true deadly effects of vaccines are disguised or impossible to measure. One favourite trick is to vaccinate the 'case' group with a triple vaccine such as DTP and compare their death and injury rates against those of the 'control' group who are injected with two vaccines. (As usual, impossibly restrictive guidelines are used to exclude almost all cases of vaccine damage.) The results of such trials are then used to 'prove' (to the satisfaction of the vaccine manufacturers) that the rate of injury and death caused by a triple vaccine is not significantly different from the

rate of injury and death caused by the two-component vaccine; therefore the vaccine omitted from the control doses is harmless. This reasoning has been used to claim that the pertussis vaccine is safe.

Another means of manipulating clinical trials is to claim that it would be unethical to continue giving a genuine placebo (truly ineffective preparation) because the vaccine works and must be given to the controls as well to prevent them contracting the disease.

The medical community relies upon the fact that the death rates from infectious diseases have declined this century and vaccines were introduced for mass use this century too, so they assume that the two events must be connected.

A quick look at the figures from the Australian Bureau of Statistics, however, should put that theory to rest once and for all. The great bulk of the decline in mortality from these diseases occurred years before the introduction of vaccines. For instance, the death rate from measles had declined by more than 90% before the measles vaccine was introduced in 1970. Scarlet fever, which used to kill a great number of children, has disappeared despite the fact that there has never been any vaccine against it.

The vaccines we are using are also extremely ineffective. For instance, our whooping cough vaccine has undergone clinical trials in Italy and Sweden and the results were published in the New England Journal of Medicine (8/2/96). It was found to be only 36%-48% effective, which means that less than 50% of the children who receive this vaccine will have any immunity from it. An outbreak of measles in Western Sydney was reported on in the Medical Journal of Australia. It was found that 79% of those who were affected had been fully vaccinated against measles.

No vaccine can provide lifelong immunity-only natural infection can do that-so even those who get protection from vaccination will only be protected for a short time, leaving them susceptible to many of these childhood diseases as adults, when the risk of long term and severe injury from the diseases can be greater.

As far as the risk of vaccination goes, vaccines are linked with many disorders such as permanent brain damage, asthma, eczema, autism, ADD, ADHD, multiple sclerosis, epilepsy, lupus, Guillain-Barrè paralysis, and death.

Most doctors never report vaccine reactions. They are taught in medical school that the only reactions that occur after vaccination are mild and temporary such as a fever and grizzling. It is obvious that vaccinations must not be made compulsory whilst questions exist about their safety and effectiveness. Compulsory medical procedures are also unconstitutional (Australian Constitution, Section 51, Part 23A).

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The best way that we can fight this injustice and protect our children is to become involved in the pro choice movement. Become fully informed about both sides of this issue and make a decision based upon knowledge, not fear. Write to your local and federal representatives and let them know you feel that health issues must always remain a matter of free and informed choice. If we speak out together, there is no way that these draconian measures will ever be put in place. If we remain silent, our children will be placed at risk.

A NURSE'S STORY

I am a registered nurse, midwife and clinical specialist in paediatrics. I have worked in an acute care hospital setting for over twenty years, mostly caring for the 'before cooked to just newly hatched', all the way to the independent and arrogant 18 year old teenager. I have worked with a full range of kids in varying stages of disease-from kids dying of cancer to kids followed from a hospital setting into their own homes when well.

Of all these kids, the most tragic must surely be the once-well babe now irrepairably damaged as a direct consequence of vaccination. I have nursed many such individuals. The little boy was so neurologically assaulted that he fits at the slightest sniff of a cold, despite the handful of pills he takes every day to 'control' his seizures. These seizures distress him and his parents so much that neurosurgeons were consulted as to whether removing part-up to half- of his brain, was an option to stop these seizures. It wasn't.

Then there were the twins: beautiful kids, examined and observed as 'normal' through their birth check and sequential baby health checks, only for them both to commence grand mal fitting within a 1/2hr of their first vaccination. Both were subsequently diagnosed as severely developmentally disabled. One of these children has since died from inhaling vomitus during a grand mal fit.

Many years later the mother of these kids had another child which, like her previous twins, again was fit and healthy. After much consideration Mum decided not to vaccinate this child. The mother's GP, who delivered the twins and cared/cares for the survivor, insisted vaccination was not the cause of the disabled child(ren) and he is 'pretty certain' it wouldn't happen again if she vaccinated the newest family member. Mum will not take the risk. Vaccination has cost her the life of one child, her marriage has been broken by the stress of constant supervision and care of the surviving child, and the quality of life for the family is well below optimal.

These specific cases are truly tragic, especially in light of their medical diagnoses-severe developmental disability, severe prolonged grand mal fitting-aetiology unknown.

SM, Northern Rivers NSW

ALLERGIES OR, THE POISONING OF A PLANET
BY VERONICA GRIFFIN, M.SC. PH.D.

Do your children suffer from allergies? Maybe you too are a sufferer from some sort of sensitivity or intolerance-it would not be surprising. The incidence of allergies and the number of allergic individuals has been increasing steadily since the 1970s. Many practitioners and researchers are of the opinion that allergies to foods, chemicals and environmental toxins are the main cause of most undiagnosed symptoms. It has been estimated that over 50% of the population suffer from conditions directly associated with reactions to foods and the chemicals they contain.

However, allergic reactions to food are by no means new or an affliction of our century. Hippocrates of Kos observed, as far back as 400BC, that milk could cause gastro-intestinal problems, diarrhoea and skin rashes. He wrote: "to many this has been the commencement of a serious disease when they have merely taken the same food twice a day, which they have been in the custom of taking only once." Since the days of Hippocrates dramatic changes have taken place. In his day food was grown on fertile soil and harvested when ripe. No herbicides, pesticides, hormones or phosphate fertilisers were used. There was no industry to pollute the atmosphere or the rain water used to irrigate crops. Planet Earth was a safe, chemical-free place in this respect, although they had their fair share of disasters in a different way: droughts, floods, volcanic eruptions, earthquakes, insect plagues, and epidemics.

The world we live in at the end of the 20th century presents a vastly different picture: industrial pollution is choking our waterways, mass-produced foods are laced with chemicals, as are the animals kept on intensive rearing and fattening programs. Pigs and chickens are kept in large numbers crammed in confined spaces and fed formulations containing hormones, antibiotics and chemical residues. Even cattle grazing in the paddock are injected with growth stimulants and vaccines against a range of diseases, and dipped against ticks. All these chemicals are highly toxic; they enter the animal's system and, therefore, the food chain. The water we drink contains chlorine and other chemicals deliberately added to render it 'safe' for drinking; certain areas even add fluoride, that dubious protection against dental decay.

We are now subjected to over 60,000 chemical compounds, and thousands more are added to the list each year. These compounds cross-react with each other and form other stable or transient compounds which we are not even aware of; their effect on plants, animals and humans is largely unknown. Thousands of those chemicals to which we are exposed belong to the group of aromatic compounds, petrochemical derivatives, and phenols. They share a basic structure of the phenol or benzene ring which is a hexagonal grouping of atoms with different side chains. (This group will be examined in more detail in a separate section.)

Many of these chemical substances are known to be mutagenic (causing mutations or genetic defects), or carcinogenic (causing cancer). There are no known 'safe' limits, since every individual reacts in a different way to the multitude of different chemical cocktails. So it is not surprising that we are faced with a steady increase in acute and chronic illnesses such as allergies, poor immunity, rheumatoid conditions and cancer.

Veterinarians are reporting an increased incidence of tumours in farm animals and pets. The drive to vaccinate is applied not only to humans, but also to animals. Many veterinarians have serious reservations against vaccines, but the push for prevention at all cost of diseases that are extremely rare is putting them under the same pressure as the general practitioner, with information and incentives provided by the same multinational pharmaceutical conglomerates that produce medications for both humans and animals. This applies especially to animals confined for fattening, such as cattle in feed lots, pigs and chickens, which are very vulnerable to diseases that can spread throughout such an enterprise and wipe out thousands of animals. A few years ago Mattie Hendrick, a veterinary pathologist at the University of Pennsylvania School of Veterinary Medicine, noticed that a highly aggressive tumour was showing up in cats, nearly always between the cat's shoulder blades, the site of most vaccinations. This observation led to the identification of what is now known as vaccine-associated feline sarcoma, a rare, but sometimes deadly result from vaccines. The two vaccines implicated as the cause of this cancer protect against feline leukaemia virus and rabies, both highly contagious and deadly diseases. Veterinarians emphasise that the malignancy is rare and occurs in about 2 in 10,000 cats. It is difficult to assess the number of cases which are not recognised, since many remain unreported, or the association with the vaccines is not acknowledged.

DELAYED VACCINE-RELATED REACTIONS

The same can be said with delayed vaccine-related reactions that can build up over years. If you or your child suffer from asthma, hay fever, skin rashes, chronic diarrheoa, chronic infections, chronic fatigue, dark circles under the eyes, mood swings-to name just a few typical symptoms-then allergies are definitely the culprit and need urgent investigation. Many parents report that their children become increasingly intolerant of certain foods after vaccination.

This does not have to manifest immediately after the first shot, but can gradually develop after a period of time and increase as the child receives more vaccines. More often than not, parents do not directly associate allergies and the possible link with vaccines. The manifestation may be insidious. A vicious circle starts: allergies cause diminished immune response and increased vulnerability to infections. Frequent infections, on the other hand, can exacerbate allergic reactions. It is also often reported that adults who receive flu shots or hepatitis B vaccine 'never feel the same again', or feel unwell most of the time, but are not too sick to go to the doctor. When blood tests of such people are evaluated they are usually within normal parameters, therefore, the patient is not sick in medical terms. The typical signs and symptoms of chronic

fatigue start to develop as a result of sensitisation with particular viral particles and/or chemical additives.

A typical case in point is Gulf War Syndrome reported in recent news releases. Thousands of veterans of this war now suffer from chronic fatigue syndrome, fibromyalgia and multiple chemical sensitivities. Yielding to increased pressure, the US and British health departments and departments of veteran affairs have had to face up to the fact that something is drastically wrong with these war veterans. Was it a human trial of new vaccines? Only time will tell whether the sufferers and the public will ever know the full extent of this disaster.

ALLERGIES AND VACCINES

Let us have a closer look at what the medical manuals say about adverse reactions to vaccines and the ingredients listed for different products. We have chosen a sampling of the most popular and talked-about vaccines.

Measles, mumps, rubella, live vaccine

Under the headings of 'Adverse Reactions, Precautions, Contraindications', we find the following comments:

- Do not give MMR to pregnant females; the possible effects of the vaccine on foetal development are unknown at this time.
- Anaphylactic or anaphylactoid reaction to neomycin (an extreme allergic reaction or shock to the antibiotic neomycin). Adequate treatment provisions, including adrenalin, should be available for immediate use in case of anaphylaxis.
- Hypersensitivity to eggs. Live measles and mumps vaccines are produced in chick embryo cell cultures.
- Possible reactions: burning and/or stinging at injections site, moderate to high fever, generalised rash. Both rash and fever appear between the fifth and the twelfth day. Sore throat, malaise nausea vomiting, parotitis, diarrhoea, regional lymphadenopathy, allergic reactions such as weals at injection site, urticaria, arthralgia and/or arthritis.

The mention of arthritis is very interesting indeed, since there is an increased incidence of arthritis in general and particularly in children. Chronic arthritis has been associated with natural rubella infection and has been related to virus or viral antigen isolated from body tissue. The same source claims that 'only rarely have vaccine recipients developed chronic joint symptoms'. Arthritis is a disease of modern civilisation and is on the increase in the affluent Western society, paralleling the increase in the vaccination rate.

Measles virus vaccine, live

This vaccine is produced in chick embryo cultures. The information listed under adverse reactions states:

- Reactions at injection site. Allergic reactions such as weals and flare at the injection site or urticaria have been reported.

Here we need to ask ourselves how many cases have NOT been reported, since the parents did not associate these conditions with the vaccination, or were told that it had nothing to do with it?

- Children developing fever may, on rare occasions, exhibit febrile convulsions.
- Forms of optic neuritis, including retrobulbar neuritis, papillitis and retinitis, may infrequently follow viral infections, and have been reported to occur 1 to 3 weeks following inoculation with some live virus vaccines.

Here we need to ask ourselves how many cases have NOT been reported, since the parents did not associate these conditions with the vaccination, or were told that it had nothing to do with it? At best, the patient can expect a spontaneous remission and no major permanent damage to eye sight. At worst, the patient may end up with vision problems.

According to the same source, isolated cases of ocular palsies and Guillain-Barrè syndrome after immunisations with live attenuated measles vaccine have been reported. The ocular palsies have occurred approximately 3 to 21 days following vaccination. The report further states that 'no definite causal relationship has been established between either of these events or vaccinations'.

If there is no causal relationship, why include it under the heading of Adverse Reactions? Guillain-Barrè syndrome (GBS) is an acute, usually rapidly progressive form of polyneuropathy characterised by muscular weakness and sensory loss that begins from 5 days to 3 weeks after an infection, surgery, or an immunisation. It is the most frequently acquired demyelinating neuropathy (demyelinating means loss of myelin, the sheath tissue which normally covers nerves fibres. This is also seen in diseases such as multiple sclerosis).

Severe cases of acute polyneuropathy represent a medical emergency and require constant monitoring of the patient. The recovery is slow and often incomplete. A high percentage of children retain residual defects requiring orthopaedic appliances or surgery. Approximately 10% of patients relapse after initial improvement and end up with chronic relapsing polyneuropathy. (Ref. Merck Manual).

Influenza vaccine

This is another vaccine produced from virus grown in chick embryos. The vaccine contains thiomersal as preservative. The section of Contraindications, precautions, Adverse Reactions and Interactions, includes the following information.

- Individuals with anaphylactic hypersensitivity to eggs should not be given influenza vaccine.

- Mild fever of short duration may occur occasionally.

Post vaccination neurological disorders have been reported following the use of almost all biological products. In 1976 the US Public Health Advisory Committee on Immunisation Procedures found that Guillain-Barrè syndrome occurred after influenza immunisation at a rate of approximately 1 in 100,000 and that the death rate was approximately 1 in 2,000,000. The same source then reports that recipients of the 1978 and 1979 vaccines failed to establish a relationship between influenza vaccines and Guillain-Barrè syndrome.

This is a rather interesting comment; if there is no direct relationship between the vaccine and the disease, why mention it to the doctors in the first place? The symptoms of Guillain-Barrè syndrome and chronic fatigue syndrome are very similar, and chronic fatigue has reached epidemic proportions in the past few years. It is, therefore, quite realistic to suspect that there is at least an indirect relationship between any vaccine and chronic fatigue syndrome.

Sufferers of chronic fatigue frequently also have food and chemical sensitivities. Many adult recipients of flu vaccines report having had the worst flu in their life, or felt 'fluey' during the whole winter, or just never felt well afterwards. These reactions are rarely reported to the GP who administered the vaccine, as patients may have been advised that they may expect a slight, temporary reaction. The information given in medical manuals states that any of the above-mentioned adverse reactions are 'extremely rare'. Patients are told that vaccines are safe. The information on product inserts is almost never discussed with the patient or parent.

Fortunately, information technology allows consumers to access medical information on the Internet, a fact that appears to cause the pharmaceutical/medical establishment some headache. People are asking questions and expect answers - after all they pay for a service! The pharmaceutical manuals mention the possibility of only short-term allergic reactions, but leave out the possibility of a cumulative long-term systemic effect causing chronic fatigue, arthritis, immune- and degenerative problems, and cancer, after many years.

What Else Is In Vaccines?

Apart from live viruses, animal tissue, hydrolysed gelatine (of animal origin), and the previously mentioned antibiotic neomycin, the following ingredients are routinely added to the carrier fluid as stabilisers and preservatives: phenol, formaldehyde, thiomersal, and aluminium phosphate. What are they, and what reaction can they produce in humans?

PHENOL (carbolic acid) is a corrosive and toxic substance with a distinctive sweet 'medicinal' odour. It affects the central nervous system and can cause liver and kidney damage. Phenol has a local anaesthetic effect, and no pain may be felt on contact. Phenol irritates the skin and is rapidly absorbed.

Toxic or even fatal amounts can be absorbed through the skin, even on small areas. Exposure to phenol fumes can cause severe irritation to eyes, nose, throat, and respiratory

With every dose of vaccine, a dose of phenol is injected into the muscle tissue. The brain is very sensitive to phenol. Phenol can cause seizures and coma and may interfere with the brain's control of normal heart beat. There is no antidote for phenol poisoning.

tract. Ingestion of (swallowing) phenol causes burning of mouth and throat. As little as 1 gram can be fatal to humans. Chronic exposure to phenol may cause vomiting, diarrhoea, dizziness, headache and liver damage. Phenol is a suspected reproductive toxin to animals. Acute overexposure by any route may lead to nausea, vomiting, muscle weakness, and coma.

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FORMALDEHYDE ('formalin') is a colourless organic chemical used in a wide range of products from cosmetics, pressed wood products, furniture, car parts, carpets and as a preservative in vaccines.

Up to 20% of the US population is estimated to be hypersensitive to the irritant effect of formaldehyde. Even low levels of exposure can have serious deleterious effects on health. Hypersensitive individuals have to be extremely careful to avoid fumes and other contacts with formaldehyde. Exposure to formaldehyde vapours can cause skin rashes, headaches, irritation to eyes, nose and throat, nausea, vomiting, and nosebleed. The US Environment Protection Agency has classified formaldehyde as a probable human carcinogen, which means that it is certain to causes cancer in animals and evidence exists it cause cancer in humans. When talking about formaldehyde, most people think of fumes and off-gassing in new homes or offices and cars - hardly ever is formaldehyde in vaccines mentioned, simply because the recipient of such a vaccine does not get to read the insert in the pack! According to chemistry and toxicology books, formaldehyde should NEVER be injected into live tissue. It is used to embalm corpses. Allergies to formaldehyde are on the increase. Once sensitised, people react to further exposures even in minute amounts. The different pathways causing allergic reactions will be discussed later in this article.

THIOMERSAL (sodium ethylmercurythiosalicylate) This is a toxic mercury compound used in a large number of vaccines as a preservative.

Most of us are aware of the toxicity of mercury as used in dental mercury amalgam fillings. In many countries, dentists are now using alternative filling materials since they have realised that they and their assistants are also subjected to mercury vapours while working with amalgam. However, thiomersal, a mercury compound, is routinely and repeatedly injected into small babies, children, and adults. The same substance is also found in eye drops, lens cleansers, and ear drops. Thiomersal has been recognised as a sensitiser which can cause severe reactions including headaches, nausea, vomiting and painful swelling at the injection site. Physicians, dentists and toxicologists have identified six general categories of pathology associated with mercury:

1) Allergies: mercury combines with allergens and increases rupture of white blood cells.
2) Immunological: mercury suppresses the immune system, increasing susceptibility to infections.
3) Collagen diseases: such as discoid lupus erythematosus, systemic lupus erythematosus (SLE), scleroderma.
4) Cardiovascular diseases.
5) Neurological degeneration.
6) Psychological and behavioural problems caused by systemic physiological or neurological damage.

Mercury compounds readily react with sulfhydryl groups in proteins and inhibit important enzyme activities. Both organic and inorganic mercury compounds are highly toxic to humans and animals. Mercury destroys red blood cells and causes chromosomal damage and birth defects. Mercury atoms are known to bind to organelles within the neuron, eventually killing it. Mercury rates as a prime co- factor in dementia, Alzheimer's disease, behaviour abnormalities, ADD, ADHD, encephalitis, violent behaviour, obesity, seizures, asthma, eating disorders, depression, headaches, etc.

Aluminium phosphate, aluminium hydroxide

Vaccines contain a saline or water solution as solvent and an adjuvant which is a 'medication to enhance the effect of another medication'. Common adjuvants are aluminium hydroxide and aluminium phosphate, formaldehyde, and the preservative thiomersal.[67] In vaccine trials the solvent solution without the viral content is often used as a placebo; when injected it causes painful swelling and redness.

When injected with the bacterial or viral content into the body, the formalin coating dissolves and releases the bacterial and viral particles from animal culture sources. The thiomersal and adjuvant chemicals irritate the tissue and increase the action of bacteria and viruses. They also enhance the reaction of the immune system to the foreign protein antigens, severely damaging neurological membranes, especially in babies and children with an immature nervous system. Damage to the myelin sheath causes mild to severe neurological manifestations, learning difficulties, or even death, especially when repeatedly injected and after the cellular structure has already been sensitised by the same substances, causing increasingly severe allergic reactions.

American medical researcher and author Dr. Harris Coulter, Ph.D. explains that his extensive research revealed childhood immunisation to be "causing a low-grade encephalitis in infants on a much wider scale than public health authorities are willing to admit, about 15-20% of all children." He further states that the result of the disease as a known side-effect of vaccination includes autism, learning disabilities, brain damage, seizures, epilepsy, sleeping and eating disorders, sexual disorders, asthma, cot death, diabetes, obesity: all of them are disorders which increasingly affect our modern society.

The same source states as an example the toxic effects following a single exposure to benzene "... the primary acute toxic manifestation of benzene is central nervous system depression, but repeated exposure can result in leukaemia."

Dr. Coulter also points out that "pertussis toxoid is used to create encephalitis in laboratory animals." Thiomersal and aluminium phosphate are adjuvants in pertussis, diphtheria, and tetanus vaccines.

Aluminium has long been associated with neurological changes, especially Alzheimer's disease. Aluminium causes changes in neuron structure and a breakdown of electrochemical neuro-transmission. Most of the research was done with Alzheimer's patients and autopsies of brain tissue of affected individuals. It is only reasonable to suspect the immature brain structure of a small baby to be extremely vulnerable to aluminium compounds injected into its system.

Exposure and Allergic Reactions

Casarett and Doull's Toxicology, fourth edition, states that "exposure to chemicals is divided into four categories: acute, subacute, subchronic, and chronic. ...examples of exposure routes are intraperitoneal, intravenous and subcutaneous injection, oral intubation and dermal application."

Most vaccines are injected; polio vaccine is administered orally. The same source states as an example the toxic effects following a single exposure to benzene "... the primary acute toxic manifestation of benzene is central nervous system depression, but repeated exposure can result in leukaemia."

Phenol contains benzene in its chemical structure. Allergies to chemicals are an immunologically-mediated adverse reaction to a chemical, resulting from a previous exposure and sensitisation to the same chemical, or to a structurally similar one. The group of chemicals sharing the hexagonal benzene ring are a prime example. Once sensitisation has occurred, allergic reactions can be triggered by a new exposure to minute quantities of the same chemical, ie another dose of vaccine at any stage. The immediate and short-term adverse reactions, such as painful swelling, rash, fever, general malaise and crying, are well known. Long-term systemic reactions and injuries, especially to the nervous system, are largely irreversible; so too are the carcinogenic and teratogenic effects of chemicals. Once they occur, they are usually considered irreversible.

Most chemicals that produce systemic toxicity attack certain target organs, ie the one most vulnerable to the chemical assault. The target organ most frequently affected by systemic toxicity is the central nervous system, particularly the brain. This is why statistics compiled by researchers such as Dr. Coulter and Dr.

See footnotes at back.

Scheibner cite autism, learning disabilities, brain damage, seizures, epilepsy, and chronic fatigue as the main long-term manifestations.

The distinguished neurologist Dr. Charles M. Poser has drawn a link between vaccines and demyelination, saying that "almost any... vaccination can lead to a non-infectious inflammatory reaction involving the nervous system... The common denominator consists of a vasculopathy that is often... associated with demyelination." The myelin acts as an insulation sheath around the nerve tissue; without this insulation the complex neuronal network cannot develop or work properly. The myelination process starts soon after birth and continues until the age of 10 years, but most of the myelin is laid down between birth and the age of five years.

On May 26, 1997, the International Daily Mail printed an article under the heading "Fatigue 'time bomb' facing schools". This is of great interest, considering that British Health Authorities have undertaken large vaccination campaigns in past years, especially for 'expected large' measles and flu outbreaks which never happened.

The article reports that the biggest cause of long-term absence from schools is chronic fatigue syndrome (CFS), mentioning a government report in a previous paragraph. It says that the condition accounts for 51 percent of absences by pupils and is a 'time bomb' which must be taken seriously. The five year study into chronic fatigue syndrome covered 1,098 schools with a total of 333,000 pupils and 27,000 staff and reported that 39 percent of all cases of CFS occurred in clusters. The survey was carried out by Essex-based consultant microbiologist Dr. Elizabeth Dowsett, who is a member of the national ME taskforce. The article says "CFS causes long periods of weakness and lethargy which in extreme cases can leave victims bedridden. Some doctors insist the condition does not exist."

Is this another 'coincidence'? How many of these people were vaccinated or re-vaccinated prior to this study? Does this sound familiar? Yes, indeed. This is what many adults experience after receiving flu and/or hepatitis B vaccine. How can a baby or child aged 2-3 years explain how he or she feels while experiencing adverse reactions, other than cry uncontrollably for hours?

The question mark over the safety and efficacy of immunisation grows day by day. One day the victims of this assault will write the last chapter.

(About the author: Veronica Griffin MSc, PhD, is a practitioner of Nutritional and Environmental Medicine and a researcher focusing on allergies, chronic fatigue, food and chemical sensitivity, trace elements and cancer. In her private practice she meets many people who are chemically affected and she has been able to assist sufferers in regaining good health and control over their lives. The vaccination connection has become another focus since she encounters a growing number of children and students with learning and behaviour problems and parents who increasingly question and resist the push for vaccination.)

ABSTRACT: "The effects of injection of thimerosal solution on non-sensitized animals was investigated. Intra-footpad injection of thimerosal solution in non-sensitized mice resulted in a swelling response which peaked 1 h after injection and lasted for more than 24 h. Histopathological examination showed that there were severe edema

There is a community recognition that patients are entitled to make their own decisions about their medical treatment.- Guidelines for medical practitioners on providing information to patients, NHMRC.

and infiltration of polymorphonuclear neutrophils at the site of injection. An increased vascular permeability was observed after cutaneous injection of thimerosal solution on the back of non-sensitized rats. Since mercuric chloride and methyl mercury induced severer reactions, and thiosalicylic acid had no effect, mercury contained in thimerosal would have caused the reactions observed in this study. These results suggest that part of these hypersensitivity reactions against thimerosal observed among patients were possibly induced by the toxic effect of thimerosal. Therefore, thimerosal contained as a preservative in vaccine may augment the side-effects of the vaccination."

MJA Submission on Vaccination
Dr. Mark Donohoe MB BS

(Submitted to the Medical Journal of Australia in February 1997; rejected May 1997)

Immunisation - Lessons from the Current Debate

The immunisation debate is a necessary and important factor in Australia reaching an appropriate level of vaccination. It has, however, become an emotional issue in recent months, leading some authors to go so far as to promote tactics to enforce immunisation on those who have made an informed choice not to vaccinate(1). This debate, therefore, is important for reasons which extend beyond the risks and benefits of immunisation. It is a debate which tests our ability to discuss important and controversial issues openly, which tests medicine's ability to maintain an objective and scientifically supported stand, which tests doctors' ability to fully inform their patients of risks as well as benefits, and tests our profession's honesty in reporting adverse outcomes from vaccine-preventable illness and immunisation adverse reactions.

It also tests our ability as a society to accept the informed decisions of those who choose to hold a contrary viewpoint without prejudice or vilification.

I wish to state my own position on the subject up front. I am in no way 'anti-vaccination' or 'pro-vaccination'. These labels

are media constructs and do a disservice to any thinking person in issues as complex as this. My personal belief is that the informed decisions of an educated public and profession lead to the best choices in medical care. Whether a person so informed decides to vaccinate or not to vaccinate, I am of the opinion that it is not my right to interfere. In my own practice, I have tended to see more iatrogenic problems than are seen in most medical practices. I see many people who believe their own or their children's health has suffered as a result of vaccination, in which adverse effects had not been reported by their own doctors.

«Your CV says you're gullible, naïve, have a lousy memory and capable of great deviousness – you're just the sort of person we're looking for»

The debate, if it continues to be conducted at the extremes, will worsen matters, and may lead to a fall in vaccination rates. It is already confusing parents, who cannot determine a sensible path from the extreme views presented. It also risks causing alienation and vilification of those who decide not to vaccinate. Some, including a few of my medical colleagues, believe that this is an acceptable tactic, in that it will apply social pressure making it difficult or impossible for parents to choose not to vaccinate. It is a tactic which I find reprehensible and profoundly anti-scientific, especially when the alternative is improved education, and gaining an understanding of the reasons people oppose vaccination.

Enforcing one's opinion, no matter how passionately held to be true, by accusing dissenters of negligence, by stifling free speech, by inducing social outrage and indignation, and by manipulating and distorting statistics, are anti-scientific practices which medicine would do well to eschew.

FLAWED METHODS OF ASSESSING ADVERSE OUTCOMES

Immunisations cause beneficial and adverse outcomes(2,3,4,5); to pretend otherwise demonstrates ignorance or deceit. Most adverse reactions are self-limiting and mild, while occasional reactions are serious and may be fatal. That there are major benefits to be gained by the community from immunisation is, to my mind, not in doubt. There is a problem inherent in defining potential adverse reactions to procedures such as immunisation. As doctors, we are dependent upon the medical literature and adverse reactions registers to identify cases where poor outcomes could be attributed to the procedure. This causes something of a dilemma, as can be seen in a recent Coroner's Case. A child died about three hours after being vaccinated from sudden infant death syndrome. The coroner looked to the medical literature to see if

A child died about three hours after being vaccinated from sudden infant death syndrome. The coroner looked to the medical literature to see if such reactions were reported, and to see if evidence exists to support a causal link. Finding no proven association, he determined that there was unlikely to be any association in this case.

such reactions were reported, and to see if evidence exists to support a causal link. Finding no proven association, he determined that there was unlikely to be any association in this case. This particular case is then lost from the literature as a potential adverse reaction, and is not recorded in adverse reaction registers. If the same problem was seen by a thousand coroners around the world in the course of a year, and all went through the same rigorous process, they would all come to the same conclusion. None of the cases would be likely to enter the medical literature or adverse reactions registers, perpetuating the view that such reactions do not occur.

The additional, more subtle problem is that the community may hold a different view regarding these associations, so that children identified at risk of a medical condition (such as infant death syndrome) may remain unvaccinated because the parents fear an adverse outcome. Thus, a pool of children 'at risk' for other illnesses is removed from the vaccination pool, skewing the statistics regarding any association. This type of confounding leads to a potentially serious underestimation of the likelihood of a real association, and may even lead to the paradoxical result that vaccination 'protects' against such unrelated illness(6). The problem here is that we have no method of holding 'possible but unlikely' adverse reactions in such a way that they are available worldwide to the profession for further review. One fear is that such information may be misused by anti-vaccination groups to perpetuate their perceived goals, further reducing vaccination rates and placing the community at an intolerable risk. The view that each individual event must be decided on a frequentist probabilistic basis, and then assigned to one of two outcomes (ie 'adverse reaction' or 'not adverse reaction') is at odds with current thinking on statistical approaches and inference. This 'all or none' approach also contributes to an escalation of the bitter disagreement between the profession and the so-called anti-vaccination lobby, leading the latter to perceive such decisions as part of a conspiracy to suppress information on adverse outcomes.

There is urgent need for Australia to adopt a mechanism of reporting which captures 'possible' adverse reactions, and accumulates them in an organised way which is reviewed regularly and openly using Bayesian statistical methods(7), which have been shown effective in incorporating data progressively over time. These data would be 'out of bounds' for discussion

until analyses are completed (a process open to all interested parties), whereupon a summarised report of findings to date would be prepared for publication in the peer reviewed medical literature. This publication would be regular, and independent of whether adverse reactions were found or not (avoiding the bias of publishing positive results only). The involvement of all interested parties, the accumulation of experience and evidence over time, and the ability to hold as 'undecided' information which does not fit the current understanding of a process or illness, should all do much to improve the quality of science, while reducing the bitterness and polarisation surrounding the debate. Further, it would effectively separate those who seek a better system in recording adverse outcomes from those whose opposition to immunisation is irrational and vindictive.

THE CURRENT EPIDEMIC

There have recently been claims in the media that Australia is suffering a whooping cough 'epidemic'. Curiously, media reports appear to be the only source of this information, and I could find no data in peer-reviewed medical literature to support such claims. The Benenson definition of epidemic (kindly provided to me by Dr. Gavin Frost) appears reasonable, although it is almost impossible to quantify. Epidemic- the occurrence in a community or region of cases of an illness (or an outbreak) with a frequency clearly in excess of normal expectancy. The number of cases indicating presence of an epidemic will vary according to the infectious agent, size and type of population exposed, previous experience or lack of exposure to the disease, and time or place of occurrence; epidemicity is thus relative to usual frequency of the disease in the same area, among the specified population, at the same season of the year.

Do the data support this definition? Are we currently suffering an epidemic in vaccine-preventable diseases? The current national statistics on disease notification suggest not(8). Notifications for every vaccine-preventable disease was lower in 1996 that in 1995, with the exception of diphtheria and polio (which were zero in both years). Decreases ranged from over 60% for measles to 1% for pertussis (whooping cough). Interestingly, only one case of pertussis was reported in New South Wales in the December 1996 reporting period, at the time when NSW Health was announcing the epidemic. As well, three infant deaths have recently been attributed to pertussis (whooping cough) in media reports. Because the information was not released through normal medical channels, it is impossible to determine if these deaths were due to pertussis.

The US statistics(9) suggest that in such young infants, premature birth and sickness are the major risk factors for contracting and dying from pertussis. There is no evidence that exposure is from unvaccinated contacts, although there is evidence that adult hospital staff can be asymptomatic carriers of pertussis, and would therefore be the most likely source of infection. The point should be made that these tragic deaths were in no way related to poor vaccination rates. Such deaths occur even where vaccination is compulsory and complete(9). The babies themselves were too

young to have been immunised, the infection was most likely from an adult carrier(3), and other factors in their medical history most likely predisposed them to a poor outcome(9).

ABS 1995 Study

The 1995 Australian Bureau of Statistics immunisation report(10) has been widely quoted as demonstrating Australia's appallingly low immunisation rate, suggested to be 52.1%. The report suffers severe shortcomings, most admitted in disclaimers within the body of the report, to the extent that it is virtually useless in assessing rates or effectiveness of immunisation in Australia. One can only assume that it has not been read by those quoting it, including the Health Minister. The report shows apparent improvement in immunisation rates since 1989-1990, rather than worsening. The report does warn, however, that the two ABS reports (1989-90 and 1995) are not comparable because of important differences in data collection methodologies. The report was constructed from interviews of parents and based on their recall of immunisation. Where possible, records were consulted to verify the parents' recollection. Most importantly, in the 60% of interviews in which records were consulted, the actual immunisation rate was almost twice as high as the recalled immunisation rate. To suggest that Australia's immunisation record is worse than third world countries is absurd. Australia's complex immunisation schedule (15 separate immunisations in at least 6 episodes over 5 years) is compared to schedules in countries where a single injection is considered evidence of immunisation. In fact, the complexity, changes and additions to the Australian Schedule make the 52.1% fully immunised rate remarkable. To quote the report, "Only those children who have received all the vaccinations appropriate to their age for all conditions covered by the schedule are considered fully immunised".

Given the strict criteria, and the underestimations admitted in the report, the fully immunised rates for individual vaccines were surprisingly good:

Diphtheria/tetanus	68.6%	Pertussis	59.9%
Polio	82.6%	Measles	91.6%
Mumps	89.6%	Rubella	75.5%
Hib	50.2%		

This accords with the findings of Skinner et al(11) regarding children in the northern suburbs of Sydney that "The full immunisation rate was 86 per cent, 14 per cent were partially immunised and only four children had received no immunisations."

The Minister for Health has stated, in his new immunisation policy(12), that he intends to raise Australia's immunisation rate to 90%. This, from these figures, smacks of political opportunism, and could most probably be achieved today in a properly-constructed study. Changes in the schedule in 1993 and 1994 were the main reasons

for the apparent drops in some rates. The problem was not with the parents, but with the doctors who failed to administer the correct vaccine at the contact. In such a case, increased effort in education of doctors, rather than coercion of parents, would seem to be appropriate.

When the reasons for not immunising were assessed, some very interesting results emerged. One point of note was that the failure of the doctor to administer the correct vaccine was not provided as an option in answering. Between 50% and 70% of parents (depending on the particular vaccine) either had not heard of the vaccine, had not got around to it, or mistakenly thought their child was too young to have the vaccine. Around 15% to 20% either opposed immunisation or were concerned about side effects, and about 13% had medical reasons for failing to immunise, or the vaccine was unavailable.

The recent political announcements (withholding of part of the Maternity Allowance and Childcare Cash rebates)(12) do not address these problems. They will defer government payments, increase popularity of a Health Minister, and cause distress and financial hardship for all Australians, especially the poor who most need the Maternity Allowance at the time of the birth. They also divert attention from the current crisis in Australia's health system with a proposal which can only further stress that system.

USE OF THE MEDIA ON MEDICAL ISSUES

In fact, this 'science-by-media-release' seems to be the current fashion in medicine. In this case, the release of misinformation seems to have been for 'motivational' purposes, in support of a more general campaign to increase vaccination rates. It would appear to be part of a deliberate process, foreshadowed by Levy and Bridges-Webb in the Medical Journal of Australia in 1990,(9) when they wrote, "In order to maximize the impact of immunisation programmes, the social and cultural contexts within which immunisation occurs should receive greater consideration". The current actions would seem to be an attempt to counter what was perceived to be successful media manipulation by the anti-immunisation radicals. The goal of higher immunisation rates was set, and a strategy was created to achieve the goal, irrespective of the facts. The 1995 ABS survey was co-opted into the issue, apparently without anyone actually reading it. The result is that trusted professors, doctors and scientists have now descended to the level of their perceived opponents. Truth is the victim, and unimmunised children and their parents are being portrayed as perpetrators, a modern resurrection of a type of 'Typhoid Mary'. One would think we would have learned from our past experience with HIV. Labelled the 'gay plague', misinformation led to the vilification of the perceived perpetrators, namely the male homosexual community. Now, a decade later, bashings and hatred remain a legacy of that ignorance, and the homosexual community is still regarded as pariahs by a significant minority of Australians.

What is going on? Many parents do not immunise because of passionate religious

This may cause a knee-jerk reaction of denial and outrage on the part of my colleagues, but it is my experience gained from those patients who have sought my care in the past. Doctors are responsible for reporting both cases of vaccine-preventable disease and adverse reactions to immunisations.

beliefs. Many parents do not immunise because they have too little information, and too little community support. These people need access to information, resources and education. Many parents, however, do not immunise because they have looked carefully at the pros and cons, and have decided against. They have taken more care than parents who accept immunisation without thinking, and have made their informed choice on behalf of their child. Railing against these parents does far more harm than good. It drives a wedge through communities, creates an atmosphere of fear and mistrust, and paradoxically strengthens the influence of those who oppose immunisation. Jack-booted enforcement, even when the cause is good, inevitably leads to the entrenchment of opposition, and over time can lead to community resentment. When lies or exaggeration are the currency of both sides of a debate, the average parent is left more confused, not less.

Doctors and reporting

There is another, more subtle consequence of such an emotional and polarised debate, one which should concern all doctors. This may cause a knee-jerk reaction of denial and outrage on the part of my colleagues, but it is my experience gained from those patients who have sought my care in the past. Doctors are responsible for reporting both cases of vaccine-preventable disease and adverse reactions to immunisations. Both of these actions are subject to the biases and beliefs of those doctors. I would predict, for example, a significant increase in reporting of vaccine-preventable disease given the current media focus. I would predict also a fall in the reporting of adverse reactions for the same reason. In the current climate, when adverse reactions do occur, doctors seem less likely to attribute them to immunisation, and less likely to report them. Why is this? Because doctors are human. Nearly all have been forced to 'take a side' in the debate, and have consequently had to become proselytes for vaccination. They have cajoled, advised and persuaded vacillating parents about the benefits of immunisation. There has been a tendency to play down the likelihood of common adverse reactions and not provide information on rare but important risks. Immunisations are thus commonly given without the informed consent of the parents. When problems arise after vaccination, these doctors tend to play down the severity of the complaints, and will often deny a connection with the vaccination. The reasons for this are unclear, but may be a misplaced fear that such an admission may lead to the parents avoiding future vaccinations. There are other possible reasons. The adverse reaction reporting rate in Canada(2) is just under one in four thousand doses, while an active surveillance system(4) for serious adverse reactions

picked up five times as many reactions as did the passive reporting system, such as that employed in Australia. This is a problem. If there is a systematic error in the under-reporting of adverse reactions, leading politicians, professors and doctors to deny the existence of adverse outcomes, then suffering is increased. The victims of immunisations become an embarrassment and are denied recognition and compensation. Essential research needed to make immunisation safer and more effective is forgotten. We make do with second rate vaccines, putting the health of all who choose to immunise at unnecessary risk.

If we stifle debate and vilify those who choose not to immunise, then we divide the community. Those who choose not to immunise become pariahs, and are incorrectly blamed for almost any illness which does occur. When parents see their child suffer from an unexpected adverse effect, and are told that what they experienced is just not true, they seek information. If the issue is not open for discussion, then they may seek that information from less reputable sources. Litigation increases when people believe they have been lied to by their doctor and by health authorities, and the increased costs of medical insurance will be passed back to the public in increased fees for their medical care. These are paths I, for one, do not wish to pass down. They are complex issues, requiring openness, debate, information and honesty on the part of all. They are not issues which are resolved by inflammatory proclamations or complex, punitive schemes. We have wasted millions of dollars already in futile attempts to increase vaccination rates by media campaigns, threats, and name-calling. We now face a complex system of withholding of entitlements, which will most hurt the uneducated, the poor and those who speak little English. No one can be proud of the gutter tactics which are being employed by either side, because the real victims are the ordinary Australians who simply want to do what is best for their children.

It is now time to end the battle. A neutral forum is needed, where such language and tactics are discarded, and where there is an honest desire to reach consensus. All share a common goal, to ensure the best possible health and outcomes for all Australian children. They simply interpret the facts differently. Those differences can and must be resolved, before they divide the Australian community any further.

References

1. *Arndt B, Sydney Morning Herald, 19/2/97.*
2. *Duclos P Pless R Koch J Hardy M Adverse events temporally associated with immunizing agents. Can Fam Physician (1993 Sep) 39:1907-13*
3. *Magdzik W [Acellular pertussis vaccine (Pa)] Przegl Epidemiol (1995) 49(3):325-9*
4. *Farrington P Pugh S Colville A Flower A Nash J Morgan-Capner P Rush M Miller E. A new method for active surveillance of adverse events from diphtheria/tetanus/pertussis and measles/mumps/rubella vaccines. Lancet (1995 Mar 4) 345(8949):567-9*
5. *Stratton KR Howe CJ Johnston RB Jr. Adverse events associat than pertussis and rubella. Summary of a report from the Institute of Medicine. JAMA (1994 May 25) 271(20):1602-5*
6. *Fine PE Chen RT Confounding in studies of adverse reactions to vaccines Am J Epidemiol (1992 Jul 15) 136(2):121-35*
7. *Lilford RJ, Braunholz D The statistical basis of public policy: a paradigm shift is overdue. BMJ 313: 7057, 603-7*

8. Communicable Diseases Intelligence, Vol. 21 No. 2, 23 Jan 1997
9. Wortis N Strebel PM Wharton M Bardenheier B Hardy IR Pertussis deaths: report of 23 cases in the United States, 1992 and 1993. Pediatrics (1996 May) 97(5):607-12
10. Children's Immunisation Australia - April 1995. Australian Bureau of Statistics. ABS Catalogue No. 43520
11. Skinner J March L Simpson JM A retrospective cohort study of childhood immunisation status in northern Sydney. Aust J Public Health (1995 Feb) 19(1):58-63
12. Sydney Morning Herald, 27/2/97. Pages 1 and 6.
13. Levy MH Bridges-Webb C 'Just one shot' is not enough-measles control and eradication. Med J Aust (1990 May 7) 152(9):489-91

(This article is the text of a submission to the Medical Journal of Australia. The article was rejected on the basis of anonymous peer review. This can be reproduced as desired with acknowledgment that I am the author. —Dr. Mark Donohoe)

HANNAH'S STORY

Hannah received her 2 and 4 month vaccinations of triple antigen, Hib and Polio Sabin oral vaccine on the due dates. We now do not vaccinate her due to her reactions at both instances which lead me (her mother) to do further investigations into the vaccination /immunisation issues.

When Hannah was due for her first scheduled vaccinations at 2 months I proudly took her along to the local GP as she had not met him as of yet, so I was a little excited as I believed this to be the beginning of the first of her milestones. She was dressed up nicely as we wanted to look good and make good first impressions. When I rang up to make the appointment I was then told to give her a dose of baby Panadol before we come down as this helps the infant to settle as they normally get a small temperature. I unknowingly took this as part of the routine. So off we go all excited that my baby was beginning her vaccination schedule as in all the child care booklets.

She was very happy to meet the local GP and cooed etc, after a quick question and answer time as to her general health, birth, eating and sleeping habits-no mention of any adverse reactions of the vaccinations just a happy grin from the Dr., he gives her the oral Sabin as we talk and then asks me to hold her as she gets her first needle for Hib in the left leg and then she screams, and he reassures me that this is normal and maybe I should hold her very tightly and demonstrates the best hold so he can stick the second needle for triple antigen into her right thigh, which I must admit by now, I was getting quite distressed as my baby was very upset and he just kept saying this was quite normal-all this going on over Hannah's very distressing cries for help, it was at this stage I felt a very sick feeling in my gut that maybe there was more than meets the eye. The Dr. sends us on our way just saying to give her more Panadol and to keep an eye on her temperature if it starts to increase rapidly.

We get home and I console her with a breastfeed and she fell asleep but I noticed that her right thigh had already started to swell and go very red. I put her down where I could see her whilst she slept and kept checking her until she woke. Her temperature was high and the swelling and redness were not changing so I rang the Dr. only to be told this was normal and to keep giving her Panadol until the temperature

drops. Meanwhile I rang my husband to come home early as I was getting very upset about what had transpired this day.

For the next three days we kept up the Panadol (whilst still in contact with the GP). Her thigh had a lump the size of a 20c piece at the injection site for nearly 6 weeks.

During the period between vaccinations I went to the local child health clinic where a dept. of health nurse was giving a talk on vaccination with a fear inducing video. I was then assured that Hannah's reactions were quite normal for the vaccinations she received and was made to feel that I was over reacting and it was for the better of the community and Hannah that I proceed with further vaccinations as the risk of disease outweigh the reactions. I was never told of SIDS, diabetes, asthma, eczema, brain damage, ADD or even death as a result of these routine vaccinations, let alone what was contained in the vaccines themselves.

I then decided to start doing some research of my own and asking other parents of the reactions and their knowledge of vaccinations and the risks involved. The only thing that I came up with before her 4 month shots was that the pertussis component of the triple antigen causes the most of the reactions. It is also possible to spread out the shots and leave out the pertussis.

So off I go to another GP, deciding to try another because I had heard of a 'more caring' doctor. But once again I was not warned of any risks other than high temperature and some local swelling of injection site but was told that because Hannah was so distressed before that this time we would lie her down and the Dr. would quickly inject her whilst she held down her legs to stop any movement. This should minimise any swelling and redness (this did work!). She showed me some statistics beforehand which once again looked more impressive than any others against the vaccination case and also reassured me that whooping cough was a lot worse than the pertussis vaccine assuring me that I was doing the best for all concerned.

I had been told to give her the routine dose of Panadol beforehand but I was concerned about Hannah having a slight rash around her neck. After asking the Dr. before the injections what this could be and if we should vaccinate her at the same time I was informed that this was a type of dermatitis and to bathe her with alpha kerri oil and use sorboline instead of soap. Hannah was then given her vaccinations that morning. When we got home she was not settling well so I decided to give her a bath as instructed with the new oil thinking this may help to soothe her. By lunch time I was back at the surgery as her rash had worsened and she was very unsettled and had a slight temperature. The original Dr. was busy so I had to see another in the surgery and he told me that it was a reaction to the oil and he gave us some sigma cortisone creme to use and of course it had nothing to do with the vaccinations.

By midnight she wasn't sleeping very well and her temperature was only slightly high but the rash was slowly covering her whole body. At 5am I took her into hospital for tests as I was by now a complete mess and just felt so sick to my stomach knowing that it was the vaccinations (that I was so dubious, but trustingly went along with the ones that should know what they are doing-as they were caring doctors) causing my

I was then assured that Hannah's reactions were quite normal for the vaccinations she received and was made to feel that I was over reacting and it was for the better of the community and Hannah that I proceed with further vaccinations as the risk of disease outweigh the reactions.

daughter to become ill. I was so furious with myself, frightened for my daughter and also sick with guilt that I didn't find out more beforehand. That night changed my whole thinking of the medical profession. I was a very mainstream type citizen and believed in the good of the community was best for all, now I look back and think how naive I was and trusting in that others in such a trustworthy position should lie and be so misinformed to lead us the general public blindly into the unknown. I am a professional in my field and I trusted my most cherished possession-my daughter, with what I believed to be a health professional. I always thought if you need a job done properly you get in a professional, so when it came to health I believed the doctor was the person. But as per usual you have to check and double check before you get the correct results.

After blood tests were performed it was confirmed that it wasn't any of the diseases that she had been vaccinated against and that the needles had probably triggered off this reaction and to go home as it was probably to do with the oil. As soon as my mother saw Hannah she said it was eczema which was confirmed by a skin specialist the following day. My family have a family history of asthma and eczema in my generation and my daughter's generation. My husband's family's children of Hannah's generations have also had reactions to the vaccinations too, that I now know. I still do not know what caused the original rash but believe it to be a combination of my diet (as Hannah was fully breastfed at this time) and the use of soaps-more likely the latter.

After this reaction I started to do a lot more research into the vaccination issue and have since been part of the founding committee of the Gold Coast Vaccination Awareness Group and hope to make information more available to members of the general public so that parents are aware of the risks involved and for parents to make an informed decision and to be educated before they vaccinate. Each and every child is very rare, the parent has to accept responsibility for when their child is sick and the decision they have made on their child's health's behalf and that they can live with whatever happens.

The eczema was controlled by bathing with cottonseed oil and using sorbolene cream as soap. It gradually disappeared within 2 months and have not had any recurrence. Hannah was totally breastfeed until 6 months and then was only given very small tastes of fruit and vegetables working up to a full meal

once a day at 12 months and not introduced to meat, dairy or eggs until after 12 months of age, now still only have very limited amounts. Wheat was also introduced slowly and we now have mainly a diet of organic foods. We treat any illness or health problem homoeopathically or naturopathically but are rarely sick.

Hannah is brought up in a loving and caring environment and her parents are still mainstream but now believe that knowledge is your best defence and health your only immunity.

ANOTHER SOURCE OF PERTUSSIS INFECTION?

During the current Australian whooping cough "epidemic", unvaccinated children are being blamed for infecting babies too young to be vaccinated. However, could some of the source of infection be adult carriers who have been vaccinated in their childhood but have since lost their immunity? A September 1996 WHO/UNICEF report entitled "The State of the World's Vaccines and Immunisation", would support this idea. Below are excerpts from Chapter 2:

"Vaccines used in the Expanded Programme on Immunisation"

"Recent studies suggest that the number of adult cases of pertussis may be much higher than previously estimated and that adults may be a major source of transmission and reservoir for the disease. An outbreak in 1991, in a nursing home for the elderly in Wisconsin, in the United States, showed that adults could be infected by pertussis even in a community where no children were present. Elsewhere, adult-to-adult transmission has been reported in the Gambia. And a study in an outpatient clinic in Nashville, USA, found that out of 75 adults complaining of a persistent cough, 16 (almost a fifth) had pertussis. Meanwhile, the Centres for Disease Control and Prevention (CDC) in Atlanta report that the percentage of adolescent and adult cases in the United States almost doubled between 1979 and 1993 (up from 15% to 27% of the total number of reported cases).

"In both developing and industrialized countries cases of pertussis are now increasingly reported among adults who were immunized and even among adults who had already contracted the disease before. It is now believed that vaccine-induced immunity wanes-disappearing altogether after 12 years. As a result, industrialized countries with a 40-year record of immunisation against pertussis are likely to have a large pool of adults susceptible to the disease. By contrast, in developing countries-where immunisation programmes have been established for only 10-15 years-young adults are still protected...

"A 1995 survey by WHO/GPV on immunisation coverage for pertussis reveals that, as immunisation has increased, the age distribution for pertussis has shifted from mainly 1 to 6 year old children to infants under one. Young babies are especially

Ultimately the issues are about who controls medicine and how; about who benefits from it and who are victims. Thus... the central issue above all others, is power.-Ministry of woman's affairs, NZ

vulnerable because mothers pass on only minimal antibody protection during pregnancy. And whatever little protection they may have at birth rapidly disappears during the first few weeks of life-placing babies in the front line for pertussis infection if they are exposed to adults with the disease."

-Campaign Against Fraudulent Medical Research

JAMIE'S STORY

After my son Jamie's second DPT shot he had a hard red and painful lump, about the size of a golf ball, on his bottom at the injection site. When I arrived at the doctors for his third shot I informed the doctor of this, and was told that is was a normal reaction, so I continued with the third vaccine.

After his third shot Jamie seemed unwell and grizzly, so I gave him Panadol and presumed it was another normal reaction. After two or three days of being unwell, James began convulsing. I took him to hospital where he was given tepid baths and double doses of Panadol to reduce his temperature which was 39.1°C The doctor on duty at the hospital then prescribed antibiotics for a throat infection.

Jamie had been a happy and healthy baby up to this, never having been to a doctor during his 8 months of life. He had been sitting and smiling and had never had any difficulty in feeding. He breastfed well for four months and then bottle fed when I returned to work.

After Jamie's third DPT shot he was constantly ill and unhappy. We started to 'prop' him up with a pillow when he sat because he was inclined to topple. He also developed strange hand and tongue movements, rolling his hands and tongue unpurposefully.

After concerns about Jamie's development, at twelve months he was referred to a paediatrician and diagnosed as having cerebral palsy. He remained unwell for much of the next year, constantly catching viral infections and being hospitalised for 'lethargic episodes' *(characteristic of post-encephalitic syndrome-Ed.)*

I resigned from work to care for my son, who required extensive therapy. Jamie is still unable to speak, has weakness associated with low muscle tone and has some difficulties with motor planning. After lots of hard work, physiotherapy, speech therapy and occupational therapy Jamie is walking and attending pre-school three days per week, and we are hopeful that he will continue to develop and lead an independent and fulfilling life.

Kay McLennan East Ballina

THE MORE THINGS CHANGE, THE MORE THEY STAY THE SAME: 1977-1997

The following newspaper article was published twenty years ago. Were government doctors more open-minded and open-eyed back then?

VACCINE RUINS THE LIFE OF BABY GIRL.

Sunday Sun 9th January 1977

Doctors have told a Brisbane mother that the whooping cough element in the vaccine was the cause of the damage of her daughter. She is believed to be one of several children who have been seriously injured by the vaccine, despite claims by the Director General of Health, Dr. P. R. Patrick, that he knows of no cases in Queensland of babies having had adverse reactions from immunisations.

"She was perfectly normal until she had her first Triple Antigen vaccination. Two days after she had it her eyes started to roll and she started to scream. I knew something was seriously wrong." The mother sought immediate medical attention and doctors diagnosed her ailment as encephalopathy as a result of the vaccine. The mother of the affected daughter said her doctor told her that about one child in a thousand was adversely affected by the whooping cough element of the vaccine.

Dr. Patrick's comment followed reports from Britain that the government there is investigating 36 cases of brain damage attributed to whooping cough vaccination. Other babies had become deaf, blind or paralysed after being vaccinated for diphtheria and tetanus.

Health Minister Dr. Llew Edwards agreed that the risk of brain damage-"minute in relation to the number of children vaccinated"-was a gamble that parents had to take. Dr. Edwards was able to quote the number of children who died from pertussis-whooping cough-in 1940, but he couldn't tell us how many children had suffered permanent brain damage from whooping cough vaccine since then. In fact he said no figures had been kept.

His assertion that there had been no proven link between DPT and brain damage is at variance with other medical opinion. "On March 4 1974, which was the fourth day after her first triple antigen, she developed myoclonic jerks and was found to have encephalopathy as a result of the pertussis vaccine". This quote comes from a letter from one doctor to the other about a young Brisbane girl. CSL, the makers of pertussis vaccines, warns doctors "encephalopathy is an exceedingly rare complication of pertussis immunisation".

Parents with information can then decide for themselves whether or not their children should take the risk-no matter how slight-of brain damage or whooping cough. Dr. Edwards did not agree with this approach. He said that if parents were forewarned of possible side effects it might limit and jeopardise the effects of immunisation.

In a follow-up article printed in the Sunday Sun Dr. Edwards has called on Australia's top medical brains to try and find the solution to a problem that threatens the mental health of about one in every thousand children in Australia receiving the DPT vaccine. Dr. Edwards said doctors would continue to use the vaccine while the problem was under investigation. But he said he would expect them to warn parents of the risk before their children were vaccinated and suggested parents consider vaccination carefully before they decided on it. The Queensland Government has now reversed its attitude that the problem does not exist here.

Dr. McCarthy, director of the Commonwealth Serum Laboratories, which manufactures the vaccine, said "Unfortunately some people have to pay the price for protecting the rest of the community". The vaccination is designed to protect babies from the ravages of diphtheria, tetanus and whooping cough but it has been found the whooping cough or pertussis serum can cause serious side effects including mental retardation. "It can cause encephalopathy-damage to the brain-although instances even on a world scale are exceedingly rare."

He said "it's just like getting penicillin, a person might react against it after the first dose, after 15 years, or somewhere in between. It's difficult to tell.

One mother of an affected child said Mothers having their children immunised with triple antigen were treated like cattle having their calves branded. There are no questions about the health of the baby, and mothers are not warned about the possible side effects. (nothing has changed in shopping centre booths, doctors surgery or schools) When her baby had her first needle the baby developed a high temperature later that same day. After her second needle a month later her arm swelled up and she developed two big lumps on the back of her neck. The lumps were still there two months later. The mother was reluctant to have her baby given the third DPT shot but the doctor insisted so the baby eventually received a half dose. Then the baby had a temp of 103 and screamed constantly. She took her daughter to the Mater Hospital and was told by doctors that it was probably due to swollen glands.

SOME HISTORY OF THE POLIO VACCINE

In the early days of vaccine research Hilary Koprowski, Jonas Salk and Albert Sabin worked simultaneously and independently on the development of the polio vaccine. The polio virus was first isolated in liquid in 1908, but no one knew how to keep a virus alive outside of the body. Viruses can only reproduce in living cells. Outside of living cells, they are non-living and can be stored as

chemicals are stored. In 1948 Dr. John Enders and two co-workers grew the polio virus in cells cultured from human placentas cast away at birth. They won the Nobel Prize for this work. In 1955 Wendell Stanley crystallised the poliovirus in his Berkeley lab.

As part of the development of the polio vaccine, Koprowski, Sabin, and Salk held field tests and vaccine trials in the US and other countries. During the 1935 trials, vaccines from viruses cultured in monkey organs accidentally caused polio in several children.

Dr. Jonas Salk, who worked for the National Foundation for Infantile Paralysis founded by Franklin Roosevelt, created a vaccine from chemically inactivated viruses grown in monkey cell tissue. In a field test in 1954, 400,000 received the vaccine. The Secretary of the Department of Health Education and Welfare officially licensed the vaccine soon thereafter. By the summer of 1955, however, the story had changed. Reports came pouring in of children who became paralysed from the vaccine itself, the components of which had apparently not been fully inactivated. More than 200 people were hit with vaccine induced polio in the summer of 1955 and 11 died.

In another incident, between ten and thirty Salk vaccines and Sabin sugar cubes were found to be contaminated with SV40, a simian virus from Asian rhesus monkeys, mainly from India. In 1954 Bernice Eddy, a doctor of bacteriology, discovered live monkey viruses in supposedly inactivated polio vaccines developed by Salk. Her discovery led to the discovery of SV40 at the Merck's vaccine division. SV40 is a simian retrovirus. Monkeys are used in scientific experimentation in viral cancer, and vaccine research and have a high incidence of retroviruses. At least 40 simian viruses have been identified.

Between 1959 and 1965 research on pregnant women showed the incidence of brain tumours in children of Salk vaccinated mothers to be 13 times greater than in children of mothers who hadn't received the Salk vaccine. German scientists have found evidence of SV40 in 30 out of 110 brain tumours. Brain tumours have increased 30% in the US over the past 20 years. Anyone who has received polio vaccine, particularly before 1962, could be at risk of carrying SV40.

In 1961, Congressional hearings before the House Health and Safety Committee were called to investigate the SV40 contamination of some lots of vaccines. In written testimony, Hilary Koprowski, whose polio trials in what is now Zaire were also suspected of being contaminated, admitted that human cells, even with the risk of cancer, are safer than the unknown risks of monkey cells for vaccine research.

-Mothering Magazine Fall 1997

Remember, yours is not a curative, but a preventive profession. You can cure nothing. Nature does the curing. Your task is to make it possible for nature to exercise her wonderful curative powers by providing proper and simple food, cleanliness, proper surroundings and a healthful atmosphere for your patients.- Robert Koch, M.D. Discoverer of the tubercular germ, in a lecture to the 1905 Medical school class at Yale university. (On that last quote, you wonder where they went wrong?)

IMMUNISATION! IN 50 YEARS THINGS HAVEN'T CHANGED MUCH!!

Dr. Harris, Minister for Public Health, Vic. Says:
'I would never allow a child of mine to be immunised.'
Source: 'Argus', 23rd May, 1935

The following occurred in Canberra after this statement was made. The Treasurer of Tasmania, to Dr. Harris, Victorian Minister for Education:
"Are you also the Victorian Minister for Health, and are you the same Dr. Harris who declared publicly that you have no faith in serums and would not permit your own children to be 'Bundaberged'?"
To which Dr. Harris replied: "Certainly I am. You can state anywhere at any time that I did say publicly that on no account whatever, would I risk my own children's lives by having them immunised."
'The Voice' (Hobart, Tas.), May 16th, 1936

MATERNAL VOICE IN THE OUTCRY OF A MEMORY.

As Lisa peels through a tiny, pale blue baby record handbook, the pages reveal the dates when her pain was inflicted, with the aim of preventing what was to be the life-threatening 'illness' she was to have in the growing years ahead of her. They were years in which we struggled against the diseases we were told would be prevented.

Lisa was born in May 1972, weighing 81/2lbs. At the age of 2 months she had her first DPT vaccination, her second at 41/2 months and her third at 51/2 months. Lisa had a reaction to all these injections, but her reaction was noted by the nurse as nothing to be concerned about. She was next vaccinated at 12 months old. It was from that point that a lot of her medical problems started; she was no longer the strong healthy child born the previous year.

From respiratory problems to being diagnosed as an asthmatic at 12 months, Gwen (Lisa's mother) was told it was 'a must' that Lisa have her vaccination shot at 18 months. Gwen did as she had been instructed, believing it to be beneficial for Lisa. No doubt it was the doctor who had pushed the issue, but it was Lisa who suffered.

Age two, in 1974: chicken pox; age three, 1975: whooping cough with asthma at the same time; age five, 1977: measles; age six, 1978: rubella (German measles); age seven, 1979: mumps. The story continued to the age of 16. Lisa suffered glandular fever, scarlet fever and rheumatic fever.

One night in 1975, when Lisa was three, she woke up choking. At first I thought-and believed-it was a severe asthma attack. She was unable to breathe, was choking and had a severe croupy cough. Removing the mucus build-up in her throat was like pulling chewing gum from her mouth. Early the next morning Lisa was seen in the emergency ward at Camperdown Children's Hospital. The doctor's advice was to continue with Lisa's asthma medication and it would pass.

The following evening her condition had become worse, an ambulance took her back to Camperdown Children's Hospital. At this stage a consultation was carried out with a second doctor in the emergency ward. I was told I was becoming an irrational mother, and that Lisa could not die with asthma.

Lisa's condition was so severe the following evening that we demanded a specialist examine her. She was three years old and she had no strength. My husband Don (Lisa's father) and I were not leaving the hospital until we had some answers; we felt that Lisa's life was hanging on a thread. We were told that Lisa had asthma with whooping cough together. When we asked why the previous doctors did not pick this up, the explanation was that a lot of doctors had not come across whooping cough or other cases like this.

At the first examination it was denied that Lisa could die with asthma, but on the second, without any further diagnosis and before seeing the specialist, it was confirmed that death could have resulted from whooping cough and asthma. If it had not been through the persistence of parents like ourselves, demanding answers, the medical say-so of many professionals would be accepted without question.

In 1978, at the age of six, Lisa had the most severe case of German measles the doctor had ever seen, her appearance was like she had been scalded. But, we asked... wasn't this meant to have been prevented by her vaccination? Many people also say that vaccination would have prevented the illness from being as bad. Was that true in Lisa's case? In any case? Nothing had been prevented here.

Lisa and Gwen Whitton May 1997

"The theory of science may have improved, but the evidence of what's not known continues to leave its mark."

THE SCHICK TEST AND IMMUNISATION:

First published by the British Union for abolition of vivisection According to the Health authorities 160,000 children had been immunised in NSW, 100,000 in Queensland and immunisation had correspondingly taken place in the other States over the last few years. There should have been a decline in the death rate, 'if immunisation is an effective preventive measure'. Yet the Commonwealth Year Book

showed, on page 417, that deaths from diphtheria in 1932 were 425, whereas in 1936 the deaths were 454. In Newcastle, NSW, it is shown that in 1936 there were 784 Diphtheria cases with 9 deaths and 2,300 children immunised. In 1937 the figure were 467 cases with 7 deaths and 3,079 children immunised. In 1938 there were 530 cases with 11 deaths and 5,722 children immunised. So that with more than twice as many children immunised in 1938 than in 1936, the deaths had increased by 2. In 3 years 11,101 children had been immunised in Newcastle with a greater death toll at the end of that period than at the beginning.

However, diagnosing diphtheria in vaccinated children would often be revised as tonsillitis. When an immunised patient shows signs of diphtheria infections, except in severe cases, the tendency is to classify the ailment as tonsillitis or any disease other than diphtheria. Nothing much changes!!

There were some well-recorded fatalities around the world regarding inoculations of diphtheria. In Dallas, USA, 10 children were killed in 1919 by toxin-anti-toxin that had passed the tests of the American Health Department. At Baden, near Vienna, 6 healthy babies inoculated as a protection with toxin-anti-toxin, that had been tested and pronounced safe, died immediately. In Bundaberg, Queensland, 12 healthy children, aged from 1 to 7 years, were inoculated with toxin-anti-toxin which had already been used for others without ill-effects. They lived through a night of agony and died the next day. And the list goes on: France, 1931, Italy, 1933. To ward off this fear, and to encourage Australian families to submit their children to the inoculating needle, the immunisers said "we have a new preparation now, which is absolutely safe and harmless. We no longer use toxin-anti-toxin, but 'anatoxin' which is quite a different substance". It is the old story all over again. The inoculations were constantly being changed. Dr. Abraham Zingher said that 14 different mixtures of toxin-anti-toxin had been used on children up to 1924 (New York medical journal, Feb 1924.)

Max Stemler, author of 'The menace of immunisation', approached the Commonwealth Serum Laboratories in Melbourne as to what its chemical contents really are. The reply from Dr. F.G. Morgan, Director of the Laboratories at the time, said "he did not intend to make known what the contents of 'anatoxin' were, as the public was not educated and would not understand." However, the Newcastle Morning Herald of March 10th 1939 reported that the Newcastle Council was about to produce a brochure containing the following information 'Anatoxin contains no serum whatever: no germs, either living or dead, and consists of a purified chemical substance which stimulates the natural defences of the body against diphtheria. Anatoxin contains formalin, and in itself is an antiseptic. No animal product of any kind is used.'

However, the following was published in the Medical Journal of Australia, January 8th 1938, by Dr. Chas. A. Adey (an officer of the CSL): 'the prophylactic agent which we in Australia know as anatoxin consists of diphtheria toxin produced by the growth of diphtheria bacilli in veal broth and rendered non-toxic by treatment with formaldehyde'.

How are diphtheria bacilli obtained? The preparation of serum takes place as

follows: "anti-diphtheria serum is manufactured by injecting a horse with increasing doses of 'toxin' from the 'germs'. Then, after several months' interval, several litres of blood are drawn off from a vein in its neck. The liquid portion, or serum, is drained off and is supposed to contain a substance 'antitoxin', which will neutralise the poison of diphtheria when injected into human beings."

Some quotes from prominent medical men about inoculations:

> *Dr. C. A. Steward "it is proper and pertinent to point out that the public health officials, in urging inoculations, are paving the way for evils which may well exceed those they are desirous of avoiding."*
> *Dr. Benchetrit: "Vaccines and sera are principally responsible for the increase of those two really dangerous diseases, cancer and heart disease."*

The Commonwealth Year Book shows that deaths from cancer increased from 1 in 43 (of the total population) in 1889 to 1 in 8 in 1937. The deaths in the Commonwealth increased from 17,838 for the years 1911-15 to 34,825 for the period 1931-35, whilst the deaths from heart disease increased from 24,358 to 60,227 for the same period.

The South Australian House of Assembly, on July 6th 1938, discussed the value of immunisation: Dr. Southwood, chairman of the Health Department remarked "Practically all young children are susceptible." Mr. Basil J. Parkinson, a Melbourne solicitor, asked: "How then do 95% of them escape? About four-firths of diphtheria cases occur in children under 15, and one fifth up to 60 years or more."

However, as the push to immunise centred around children, it was pointed out on this day that "All adults, including Members of Parliament, members of the Health Department, doctors, nurses, school teachers, newspaper editors, aldermen and other very ardent advocates of diphtheria immunisation should be immunised if the desire is to eliminate diphtheria."

How many doctors and alderman and health department officials had subjected themselves to immunisation? A manifesto which had been issued by nine duly qualified medical practitioners concluded as follows: "Belief in inoculation is one of the present-day fads of the medical profession. It has no backing of common sense and is utterly untrustworthy. It is a case of the remedy being worse than the disease.

As for the doctor who wants to inoculate, as to whether he can guarantee that it will do no harm, and whether it may not even kill a child-he can give no guarantee at all. To give a dangerous inoculation against a disease which may never happen is the height of folly, and all sensible parents will firmly and definitely turn it down." Interesting!

Vaccination is neither scientific nor rational and has been wholeheartedly condemned by many doctors all over the world including: the Minister of Health in the Victorian Parliament, Dr. Angus Johnstone; Medical Officer, Adelaide, Dr. James Wheatly, President of the Society of Medical Officers.

This confirms that, even back in the early 1930s, doctors and parents showed a huge

concern about the dangers and ineffectiveness of vaccines used in Australia. Nonetheless, the Health Department pushed on, attempting to ensure that all were inoculated!

The "Vaccination Inquirer" of August 1938 reports that a petition signed by 58 members of the medical profession, protesting against compulsory immunisation in Guernsey, states among other things: "We base our strong objections to this legislation on the following points:

Immunisation against diphtheria does not do what is claimed for it. In Great Britain there are records of at least 1,000 cases of diphtheria in children and adults who have been declared immune against that disease either by inoculation or because they exhibited a Schick negative condition. There are records of at least 23 fatal cases of diphtheria in immunised children. Manchester has had 148 cases of diphtheria in immunised children, with 3 deaths; Liverpool 245 with 10 deaths; Cardiff 195 cases; Huddersfield 40 cases with 1 death and Leeds 204 cases with 1 death.

An examination of the prevalence of diphtheria in various countries shows that this has no relation whatever to the amount of the inoculation against the disease that has been practised. Diphtheria has practically disappeared from Sweden although no immunisation has been practised in that country. It has become more severe in France and Germany despite the inoculation of hundreds of thousands of children. If English towns are compared, it will be found that those that have never practised immunisation have come off far better as regards diphtheria than those that have been practising this system for a number of years."

HOW EFFECTIVE IS VACCINATION?

A Commonwealth Department of Health booklet claims that vaccination gives more than 95% protection from measles, mumps, rubella, polio and diphtheria, and 80% from whooping cough (pertussis). They admit to minor side effects-low-grade fever, nausea, head colds, cough and swelling of glands.

The booklet gives no comparative figure or studies to support their statements. The Health Department would probably quote as evidence the very low deaths from infectious diseases in the 5 years 1988 to 1992 in Australia: diphtheria 2, whooping cough 6, tetanus 8, measles 17, rubella 1. However, with the figure from current Health Minister, Dr. Wooldridge, that only 54% are fully vaccinated, it stands to reason that the unvaccinated must be protected by some other means!

People have built up natural immunity (through non-intervention) to these infectious diseases by having them and then recovering from them. The fitter and healthier they were, the quicker they recovered and with fewer deaths. The main reasons for this were the better living conditions, cleaner water, better food, hygiene, sewage disposal and adequate housing. In the period from 1900 to when vaccines were used in the 1950s and 1960s, the deaths from these infectious diseases fell continuously from a very high level to a very low level.

Whooping cough deaths went from 619 per million in 1900 to about 15 per million before vaccines were introduced. Deaths from measles fell from 533 per million in 1900 to a very few before vaccines in 1970. Scarlet fever deaths, from a high in 1900, have now

almost vanished without use of a vaccine. In the USA, without use of vaccines, tuberculosis has gone from a very high level in 1900 to almost none now, except that a new strain has now emerged!

WHAT IS THE EVIDENCE AGAINST VACCINATION?

Many studies have shown that vaccination is ineffective. Dr. Beverley Allan of Austin Hospital, Melbourne, checked on army recruits who had been vaccinated for rubella on going into camp. She found that within three or four months 80% had rubella.[68]

In 1980, Cherry reported that, in the USA since 1969, despite 83 million doses of rubella vaccine, there had been periodic upswings. The side-effects of the vaccines have been skin rashes, lymphadenopathy, transient arthritis, pains in the wrists, with the highest incidence in pre-school children three weeks after vaccinations. Cherry admitted: "The point of rubella immunisation is not prevention of rubella but the prevention of the congenital rubella syndrome."

Sir Henry Yellowlees, in the London Daily Telegraph 1976, said that, despite high vaccination figures, there was no noticeable reduction in rubella defects in babies.

Since vaccinated mothers possess only short-term measles immunity, and do not pass this immunity to their babies, their infants are left defenceless against measles, which can be serious in very early infancy. In the past, women caught measles as children, acquiring strong lifetime immunity, passing measles antibodies to their babies during pregnancy, and giving new born babies measles immunity for about a year.

Since vaccinated mothers possess only short-term measles immunity, and do not pass this immunity to their babies, their infants are left defenceless against measles, which can be serious in very early infancy.

Outbreaks after compulsory vaccination

In 1945, the American Government introduced compulsory vaccination against diphtheria into Germany. Before vaccination began there had been 40,000 cases; after vaccination began, the number of cases shot up to 250,000. In addition, figures went up 30% in Paris and 55% in Hungary after vaccination.

The New England Journal of Medicine (July 1994) reported a nationwide epidemic of whooping cough where vaccination had been mandatory since 1978. A total of 74% of those infected had received four or five DPT vaccinations; 82% had had at least three vaccinations that were considered adequate.

See footnotes at back.

Richard Moskowitz, MD, of Boulder Free Clinic, reported 334 new cases at a UCLA campus where 91% were expected to be immune because of vaccination. Vaccine Weekly (quoting from Archives of Paediatrics and Adolescent Medicine July 1995) cited an outbreak of mumps in a high school in Albuquerque, USA, where 97% had been previously vaccinated; of the 54 with mumps, 53 had been vaccinated.

NHMRC ADMISSION OF FAILURE OF INFLUENZA VACCINE

The National Health and Medical Research Council of Australia (NHMRC) gave a clear admission of failure in their report on the Influenza Immunisation Campaign: "Council considers there is inadequate evidence that group vaccination with recent influenza vaccines has any significant influence on the incident of influenza; nor is there sufficient evidence in terms of clinical disease."

In light of the evidence against the effectiveness of vaccines, how can parents have faith in the supposed 95% protection claimed by the Health Department?

HOW DANGEROUS ARE VACCINES?

From around the world evidence is mounting of the many serious side- effects from the different types of vaccination-arthritis, chronic fatigue, asthma, allergies, hyperactivity, ADD, autism, cot death, leukaemia, cancer.

The New England Journal of Medicine (Oct 1985) reported that a quarter of children vaccinated against rubella developed some form of arthralgia or arthritis response.

The Japanese Ministry of Health withdrew measles, mumps, rubella vaccine (MMR) in April 1993 because one in 1044 children got aseptic meningitis. The Japanese Government was sensitive because in 1992 it lost lawsuits arising from deaths attributed to flu vaccines, and in 1994 paid out $27 million in compensation. One study of chronic fatigue syndrome found that 70% had rubella viruses in their blood that could only have come from vaccination.

The Daily Telegraph Sydney (Sept 1994) reported that Dr. Michel Odent, Esther Culpin and Tina Kimmel found that, out of 446 children at Primary Health Centre, North London, 243 had been vaccinated for whooping cough and 203 had not been vaccinated. Of the vaccinated 26 (11%) had asthma, of the unvaccinated only 4 (2%) had asthma.

A preliminary survey by the NZ Immunisation Awareness Society (Oct 1992) reinforces the results from North London. Of 254 children, 133 were vaccinated, 121 not vaccinated. The results are as follows:

	VACCINATED	NOT VACCINATED
Asthma	20 (83%)	4 (17%)
Allergies, rashes	43 (73%)	16 (27%)
Recurring tonsillitis	11 (79%)	3 (21%)
Apnoea, near cot death	9 (82%)	2 (18%)
Hyperactivity	10 (91%)	1 (9%)

—*IAS Newsletter Vol 5 No. 4.*

Hutchins reported on the result of mandatory vaccination with DPT in the US. Almost immediately, the incidence of whooping cough trebled, especially in the age group below six months. This group also experienced the highest mortality from whooping cough. Dr. Berlin reported in The Lancet (1983) on the 1964 Medical Research trial in Britain. Of 9,577 children contacted two weeks after measles vaccination, 18 convulsions were reported, a rate of 1 in 500. In the control group of 16,327 who did not receive any vaccines, only five had convulsions, a rate of 1 in 3000.

AUTISM, BRAIN DAMAGE, AND ATTENTION DEFICIT DISORDER (ADD)

As early as 1943 Leo Kanner [69] reported on eleven cases of autism of children who were frequently retarded, mute and unresponsive to human contact. The outstanding feature of the autistic child was self-absorbed alienation and the child's inability to relate in an "ordinary way" to other people and situations. These children also appeared to have no desire for communication.

He later reported on a further 100 cases. Nearly all these children were from well-educated families in the USA. Whooping cough vaccine was initially introduced in the early 1930s, when only the rich and well- educated parents would have knowledge of the latest medical advances, and could afford a private doctor. These were the only children to be given the whooping cough vaccine.

The next country reporting autistic children was Japan, following the mandatory vaccination program imposed by the US occupation after the second World War. In Britain the whooping cough vaccine did not have widespread administration until the late 1950s; the National Society of Autistic Children was not set up until 1962.

Case after case has been reported that supports the association between autistic behaviour and vaccination. An example is that of baby Garrett, in California. Within

two weeks of his measles, mumps and rubella shot (MMR) at 13 months of age, he began to show autistic behaviour. He became much worse with his Hib vaccination at 18 months, lost eye contact and language skills. His mother found Doctor Sudhir Gupta at the University of California who confirmed that Garrett had an extremely high level of rubella titers (a condition ascertained by serology testing to determine degree of susceptibility). He gave Garrett immune-globulin intravenous infusions (IGIV) and his mother gave Garrett vitamins and nutritional therapy. Today Garrett is a normal active six-year-old, clear of rubella titers.

ENCEPHALITIS

It is undisputed that vaccination can result in neurological damage or, more specifically, encephalitis (brain damage) or encephalomyelitis (inflammation of the brain and spinal cord) (Gelder et al, 1996).

Neurological complications have long been recognised-albeit some time after the vaccinations were routinely administered-for various vaccines including smallpox, rabies, typhoid, influenza and pertussis. The relationship between vaccination and brain damage is so clear that it has even been given its own term-post-vaccinal encephalitis or post- vaccinal encephalomyelitis. It is not disputed that vaccination can cause encephalitis; what IS disputed is the degree of damage that can be caused, the true prevalence of damage, and the degree to which such damage-or the possibility of it-may be cause for concern.

The Commonwealth Health Department, and medical authorities like the NHMRC, argue that serious adverse reactions from vaccines are rare. However, many of the usual signs of encephalitis also represent the most commonly reported adverse reactions to vaccines in Australia. Thus, although encephalitis is not being reported, the signs of encephalitis are. This may suggest that encephalitis is both under-reported and under-diagnosed.

One explanation for this systematic error comes from the Adverse Drug Reactions Advisory Committee (ADRAC), which conducts one of the two surveillance systems that exist for the recording of adverse reactions to vaccines in Australia. In their description of the limitations which apply to their numerical data they state: "Recognition is prerequisite to reporting. The distribution of a special alert to the profession, or the publication of an article or case history, tends to stimulate reporting of similar reactions... On the other hand, well-known complications tend not to be reported to the committee, and our 'relative incidence' figures may therefore be quite biased." (ADRAC, 1992, p5.)

The role of encephalitis in creating behavioural disturbances was recognised as early as 1922. GA Auden summarised a number of cases in which children with encephalitis were observed to change their behaviour: "It will be seen from this series of cases that the chief character changes found in children are an increased emotional instability with a reduction in the volitional inhibitions, leading to aberrations of conduct, a marked restlessness, especially in the evening, accompanied by nocturnal wakefulness (which may be associated with

hallucinatory manifestations) an apathy and inability for sustained attention, and an irregular type of intelligence capacity as revealed by educational tests. The majority of these cases show a heightened sensibility to environmental stress." GA Auden, "Behaviour Changes Supervening Upon Encephalitis in Children," Lancet (October 1922) 903.

Developmental disabilities and other conditions are frequently caused by encephalitis and inflammation of the brain. In an exhaustive study on hundreds of cases of the relationship between vaccination and developmental disabilities, Harris Coulter in his book "Vaccination, Social Violence and Criminality" comes to the conclusion that the principal cause of encephalitis in the USA and in other industrialised countries is the childhood vaccination program.

With mandatory vaccination introduced in the USA in 1978, problems of 'minimal brain damage', known today as hyperactivity, became widespread. The Journal of the American Medical Association (JAMA), 1988, acknowledged that minimal brain damage affected as many as 13% of children in some school districts. The associated symptoms or conditions are varied and wide-ranging from autism, seizure disorders, tics (nerve spasms leading to abrupt and uncontrollable contraction of muscles, particularly of the face) tremors, infantile spasms, motor impairments, poor visual-motor (hand-eye) co-ordination, visual defects, eye disturbances, hearing and speech impairment.

Later, the US Select Committee on Children, Youth and Families found 7.5 million children had delayed development, an increase on the 4.8 million children who had been considered delayed in 1991. Ear infections and other health problems were on the rise.

In 1963 the Scholastic Aptitude Tests for those going to college averaged 476 verbal and 502 mathematics. By 1980, the verbal score had to be dropped to 424, down 52 points, the maths by 36 points to 466. The Education of Handicapped Act of 1975 allocated $1 billion to overcome the problem. It is now estimated that 20% have learning and behavioural problems.

CANCER

In 'The Poisoned Needle', Eleanor Bean gives figures on the increase in killer diseases in the past 70 years; cancer increased by 308% and anaemia by 300%. At the same time, there was a great drop in deaths from infectious diseases because of better conditions.

She quotes from Dr. J. Hodge's book 'The Vaccination Superstition': After a careful consideration of the history of vaccination gleaned from an impartial and comprehensive study of vital statistics, and pertinent data from every reliable source and after an experience derived from having vaccinated 3000 subjects, I am firmly convinced that vaccination cannot be shown to have any logical relation to the diminution of cases of Smallpox and that the practice of vaccination has been the means of disseminating some of the most fatal and loathsome diseases, such as leprosy, paralysis, cancer, syphilis, tetanus and tuberculosis.

Others were of the opinion that danger of cancer existed from vaccinations. Dr. Post of Berlmont, Michigan: I have removed cancers from vaccinated arms from exactly where the

Vaccine industry revenues are estimated at more than $1 billion a year in the US alone. This is up from $500 million in 1990, a 200% increase over six years.- MOTHERING MAGAZINE, August, 1997

poison was injected. Dr. Herbert Snow, surgeon at the London Cancer Hospital: I am convinced that 80% of the cancer deaths are caused by the inoculating or vaccinations they have undergone.

W.B. Clark in New York Press January 1909 wrote: "Cancer was practically unknown until cow pox vaccination began to be introduced. I have had to do with 200 cases of cancer and I never saw a case of cancer in an unvaccinated person".

Innes (1965) found that 59 out of 65 children with leukaemia had been vaccinated. He concluded: the difference between the state of immunisation in leukaemic and non-leukaemic children may therefore be regarded as significant.

Dr. Willard Marmelzet of USA in Medical News (1969) reported that smallpox vaccination has caused cancer in 38 persons whose tumours originated in the vaccination scar.

RECORDING OF ADVERSE REACTIONS

There are currently two systems of recording adverse reactions to vaccines in Australia. One is through the Adverse Drug Reactions Advisory Committee (ADRAC) which is a national organisation that receives and collects data related to adverse reactions. The other system is called the Adverse Events Following Vaccination Surveillance Scheme. They use detailed criteria that stipulate what can and cannot be classified as an adverse reaction to a vaccine. Each of the States collect their own information and forward to Canberra a minimum set of data, as they do also for the notification of infectious diseases.

These two systems, although both operating from the Commonwealth Health Department, are not coordinated. They both represent reports submitted voluntarily by health professionals in the community, who in turn rely on voluntary notification by parents and caregivers. It is not an active system. They use different forms for the reporting of adverse reactions and the data is not currently integrated in any way. Thus it is not clear whether they represent two exclusive data records, which could be added together to ascertain a more accurate record of adverse reactions nationally, or whether there is any overlap in the two systems (in which case the date cannot be combined with accuracy).

HOW CLEAN ARE VACCINES?
BY ELEANOR BEAN

The process of production almost ensures that vaccines will be contaminated with foreign viruses. Mercury compounds and formalin, both of which are themselves poisonous, are used to stabilise and preserve the vaccine. Dr. Leonard Hayflick, when Professor of Microbiology at Stanford University, reported on the problems in Science (1972): Vaccines against human viruses are mostly produced on monkey kidneys and on cultures of chicken embryos-both may be contaminated. A substantial number (25% to 80%) of monkey kidneys processed for vaccine manufacture must be discarded because of extensive contamination of one or more of twenty known viruses. The animal slaughter of monkeys for primary cultures has reached such proportions that several species are endangered. At least several hundred thousand people in the US have been inoculated with live SV-40 virus found in polio vaccines produced in monkey kidney cells. This SV-40 virus produces tumours in hamsters and converts normal human cells to cancer cells in vitro. This SV-40 is not killed by formalin, meaning it has survived the process of formalinisation of vaccines of killed polio virus.

Vaccines were contaminated with a simian immunodeficiency virus (SIV). Pascal contends that the manufacturing process almost guaranteed contamination with foreign viruses, which could not be killed without killing the polio virus.

In the USA, Laboratory Practice (1970) reported: Canine kidney now used for production of measles vaccine in the US is also not without a potential adventitious viral flora. Puppies whose kidneys are the source of these cells have been found infected with infectious canine hepatitis virus. It occurs as a common infection which most young dogs have in the first year of life. One strain of infectious canine hepatitis has been reported to produce tumours in hamsters.

Louis Pascal (1991), in a working paper published by the University of Wollongong, suggests that AIDS originated in two areas in the Belgian Congo as a direct result of mass oral polio vaccination by the World Health Organisation (WHO). Vaccines were contaminated with a simian immunodeficiency virus (SIV). Pascal contends that the manufacturing process almost guaranteed contamination with foreign viruses, which could not be killed without killing the polio virus.

Hilary Koprowski, the manufacturer of the vaccine batch in the two areas wrote: "If indeed somebody were to poke his nose into the live virus vaccine, he might find a non-polio virus in all the preparations currently available." This is a subtle admission that the live vaccine was not clear of other potentially unknown viruses.

The measles, mumps and rubella vaccine used in Australia is imported from the USA. The Sabin polio vaccine is sent from Belgium. Diphtheria, whooping cough,

The Vaccine Adverse Events Reporting Scheme (VAERS) of the FDA admits 11,000 reports annually and agree that only 10 to 15% of adverse reactions are reported.

tetanus (DPT) vaccine is produced in Australia. Is there any certain guarantee that none of these carries dangerous foreign viruses?

WHO PROFITS FROM VACCINES?

The industry for vaccination of humans, animals and birds is the fourteenth biggest in the world. The cost of whooping cough vaccine in the US was 11 cents a shot in 1982, increasing to $11.40 by 1987, and by 1997, $13.00. At that time, a US company put aside $8.00 a shot from its profits to cover legal and damages costs.

The Burroughs-Wellcome Company, the leading British vaccine producer, ceased vaccine production because there was "too much litigation, too little profit". They had to pay £2.75million in an Irish Court to a twenty-four-year-old man with the mental age of a two-year-old for brain damage from vaccination. In Britain, 600 people have received payment for damage from whooping cough vaccine from the scheme set up in 1979, receiving lump sums of £30,000 each.

In the USA, the great power of the vaccination lobby has made the US Government shoulder the vaccine manufacturers' liabilities. The Government established a National Vaccine Injury Compensation Program (NVICP) in 1986, and has paid out in excess of $US800million to families for vaccine injuries, mainly from the whooping cough vaccine. There is a backlog of over 2600 cases. The Vaccine Adverse Events Reporting Scheme (VAERS) of the FDA admits 11,000 reports annually and agree that only 10 to 15% of adverse reactions are reported.

Advertising is a primary source of revenue for the mass media, and pharmaceutical and chemical advertising is a key source of this income. Rockefeller pharmaceutical companies in 1984 spent $1,100 million on media advertising for pharmaceutical products and chemicals. They spent $200 million in Australia to protect this substantial source of income. No wonder there are little or no reports of vaccine damage in our media!

"The vaccine business has continued to thrive despite its disastrous failure, for the main reason it nets millions of dollars for the promoters and this buys power for Government and propaganda control over the masses."

-Eleanor Bean "The Poisoned Needle".

WHY THE PUSH? THE VACCINE MACHINE

"Most of us know that, at this stage in Australia, vaccinations are not compulsory but, of course, the Health Department is trying to encourage it," stated Peter Baratosy MB, BS, PhD, of South Australia, in a recent issue of the International Vaccination Newsletter. He continues: "Recently, a new law was brought in which says that on enrolment in school, the vaccination status of the child must be recorded and, if there is an epidemic, those children not vaccinated must leave school until the epidemic is over. Some school authorities have tried to interpret this as compulsory vaccination prior to being allowed into school." This is not so and parents must be made aware of this.

These companies spend $200 million each year ($8,000 - $10,000 per doctor) to market their products as aggressively as breakfast cereals. Every commercial television channel has advertisements from these companies who never once mention drugless alternatives or the possible side effects of medication [73].

Also, there is a clause in the Australian Constitution that prevents compulsory vaccination.[70] So at present, parents have a legal choice. But with $9 million earmarked in the latest Federal Budget for pro-immunisation advertising, the urgency to educate parents on this issue is of the utmost importance. The public needs to be aware of the debate on vaccine safety and effectiveness.

In the same issue of the IVN was an interview with the President of the National Vaccine Information Centre in the USA, B.L. Fisher.[71] Ms. Fisher was asked about the NVIC, and where they get their support. "Lately, we have been getting more and more grass roots support from individuals across the country who are beginning to realise the dangerous, oppressive time we are in and want to help us change the laws and pursue freedom for everyone to make informed, independent vaccination decisions. We have to work politically to try to win this freedom of choice."

FREEDOM OF CHOICE JEOPARDISED

I think the climate in which to do that will improve as adults begin to realise that they too will be brought into the vaccination net. There are indications that there is a plan eventually to force adults in the USA to be vaccinated with Government-recommended vaccines, and to use economic sanctions to enforce them, including making it impossible to enter college, get health insurance, file your income tax or get a job if you cannot show proof you have been a 'good' citizen and received all the vaccinations.

I have always felt that, when the Government tries in the future to enforce mandatory AIDS vaccination of every man, woman and child, there will finally be

intense public debate about mandatory vaccinations. We should hold vaccination conferences and bring together superior minds in the areas of law, philosophy, ethics and medicine to begin to force a public, international debate about mass vaccinations.

SANITY ON THE HORIZON

I do believe the day will come when the dangers of mass vaccinations will be acknowledged. We are going to have to create a political climate in which fine scientists and physicians - immunologists, neurologists, geneticists, toxicologists, paediatricians - who are not tied financially or professionally to the vaccine infrastructure, are interested in honestly, scientifically, exploring the side-effects of vaccination.

FEAR TO THOSE WHO OPPOSE

There is a lot of fear right now amongst independent-thinking scientists and physicians because they are often harassed and ostracised by their peers when they question vaccination. I have seen doctors who question vaccination forced off hospital Boards, prevented from getting research grants or being published, and basically driven out of their practices.

RECORDING STANDARDS CHANGED

Proponents of vaccine effectiveness fail to mention the changes in the guidelines for reporting disease and epidemics. For example, the criteria for defining polio were changed when the live virus vaccine was introduced. The new definition of a "polio epidemic" required more cases to be reported (35 per 100,000 instead of the customary 20 per 100,000). At this time, paralytic polio was redefined as well, making it more difficult to confirm, and therefore tally, cases. Prior to the introduction of the vaccine, the patient had only to exhibit paralytic symptoms for 24 hours. Laboratory confirmation and tests to determine residual (prolonged) paralysis were not required. The new definition required the patient to exhibit paralytic symptoms for at least 60 days, and residual paralytics had to be confirmed twice during the course of the disease. Finally, after the vaccine was introduced, cases of aseptic meningitis (an infectious disease often difficult to distinguish from polio) were more often reported as a separate disease from polio. But such cases were counted as polio before the vaccine was introduced.[72]

VESTED INTERESTS

What are the origins of this intense resistance to the questioning of orthodox methods? I feel it's vested interests - the pharmaceutical industry and political medicine enjoy a cosy relationship. These companies spend $200 million each year ($8,000 - $10,000 per doctor) to market their products as aggressively as breakfast cereals. Every commercial television channel has advertisements from these companies who never once mention drugless alternatives or the possible side effects of medication [73]. When you couple this with Professor David Eddy's statement that only 15% of medical

interventions are supported by solid scientific evidence [74], you start to realise what is putting the steam into the vaccine machine.

James Carter MD, author of 'Racketeering in Medicine', exposes the medical industry's hype to reveal that very often-surprise!-politically medical decisions are based not on what's best for the patient, but what's best for the bottom line.[75]

Medical historian Harris Coulter, Ph.D., in his book 'Divided Legacy', states that the American Medical Association (AMA) was formed for political purposes, not for the promotion of truth in science and medicine.[76] Organised medicine had to do something because of the homoeopathic profession which was actually beating them in regards to patient satisfaction, as a direct result of non-toxic homoeopathic treatment and a personal approach. Sound familiar?

Organised medicine had to do something because of the homoeopathic profession which was actually beating them in regards to patient satisfaction, as a direct result of non-toxic homoeopathic treatment and a personal approach.

The AMA and the industrial forces interested in promoting technological medicine found allies at the Food and Drug Administration, states Martin Walker in his book, 'Dirty Medicine'. Walker continues, "the FDA has used misinformation in the press, poison pen letters to academic and civil organisations, electronic surveillance, censorship and arrest in its harassment campaigns. With the quiet cooperation of the Internal Revenue Service, the Federal Trade Commission and the Postal Service, the FDA has extended its power."[77]

In his book 'The Handmade Revolution', Craig Cronin points out that the fundamental flaw in the current democratic process is that the government's social philosophy is compromised by economic pressure, and the short-term control of decision-making stymies sustained, responsible, socio-economic change. If you want to remain in power, you have to play the economic game. In current circumstances, because people perceive governments as parental, they will blame them for any disruptions, even though the disruption is for the long-term good. Caught between a rock and a harder place, government social philosophy is thereby compromised. Government intimidation is further exacerbated by the lobbying system which, via indirect bribery (party donations), permits industry to heavily influence the regulatory processes, diluting remedial laws down to the weakness of a 'paper tiger'.[78]

Questionable Conclusions

Founded in 1978, the American Council on Science and Health (ASCH) is financed entirely by large pharmaceutical and

See footnotes at back.

chemical companies, the AMA, the processed food industry and allied foundations such as Ford and Rockefeller. The organisation publishes reports on health risks that are sympathetic to the industry. The Centre for Science in the Public Interest (CSPI) asked eight scientists to evaluate ASCH reports. They concluded that while many of the studies were scientifically sound, the concluding summaries-which is what most people read-often contained a political tone or a conclusion unrelated to the actual results, almost as if they were written by someone other than the researcher.[79]

Are we kidding ourselves?

In an article entitled 'Are We Kidding Ourselves' (March 1994 edition of The Facts Newsletter) Lendon Smith MD states that "over the past ten years I have been able to accept the fact that Mother Nature is a better Doctor. She is cruel, but fair. Modern drugs and vaccines have proven to be a hoax in attaining health". He continues, "I have just finished reading a book by Australian author, Viera Scheibner PhD simply called "Vaccination". She has made an extensive review of the literature and has made some outstanding discoveries that made sense and help explain why my patients-getting the best of paediatric care-were sick more than they should be."

JAPAN HAD FOUND ANSWERS

The most outstanding revelation is that for the past twenty years the Japanese have had one of the best statistics on infant survival. In 1979 the health officers noted that there seemed to be a connection between the DPT (diphtheria, pertussis, tetanus: 'triple antigen') shots and SIDS (sudden infant death syndrome). The Japanese health authorities said no more shots until infants had their second birthday. Result: SIDS cases all but disappeared.

Compare these facts with the 'facts' you may have learned in school or from your doctor:

- The incidence of, and mortality from, any infectious diseases declined by 90 percent before any vaccine came into use.
- During vaccine trials, many children contracted the diseases against which they were vaccinated, often within a few days.
- It has been documented in medical literature that people who contract cancer and other chronic degenerative diseases in later years have had remarkably few of the infectious diseases of childhood.
- Perhaps the most important of all good reasons to accept the infectious diseases of childhood is a well-documented fact that the immune system must be primed and challenged in young individuals if it is to function properly and protect the individual against the far worse auto-immune diseases of later life, such as cancer.
- Pollock et al (1984) also reported that "Since the decline of pertussis immunisation, hospital admission and death rates from whooping cough have fallen unexpectedly." The same was experienced in Sweden after vaccination against whooping cough was discontinued in 1979.

It appears that the American Academy of Paediatrics, the Centre for Disease Control, and the FDA are not reading and evaluating the vast literature that indicates that vaccinations to control whooping cough, diphtheria, measles, mumps, rubella and polio are not effective, and worse yet, are hurting the children's immune systems to the point of allowing these same diseases and other devastations to invade their unprotected bodies.[80] The vaccinations are not working and they are dangerous. We should be working with nature.[81]

With common will, people can transform an apparently hopeless situation into one of great positiveness and initiative. When organised and determined, people can achieve wondrous things. What we can do as health care providers is let our patients know that there is a controversy and point them in a direction to obtain the information needed to make an informed decision. It's frightening stuff because it affects everyone, but the fear dissipates with knowledge.

—Sam Pinkerton, Chiropractor, Paddington, Qld.

J MOULTON'S STORY

I, like many others, would like real reasons and answers to our question regarding Immunisation Reactions. Most parents are oblivious to the risks involved in having their children immunised and yet it is a compulsory part of every child's life. I know a couple who have a child that had a reaction to his injection and has since been diagnosed as Autistic. Unfortunately their son suffered a very severe reaction and has been left partially handicapped.

I know a couple who have a child that had a reaction to his injection and has since been diagnosed as Autistic. Unfortunately their son suffered a very severe reaction and has been left partially handicapped.

I too have a child that had a reaction to 5 year old Triple Antigen Injection commonly known as DPT. My son was immunised on 7th October 1996 and, within four to five hours of its being administered, he was extremely nauseated, delirious and suffering from convulsions-symptoms which he has never previously experienced. This lasted for a period of 48 hours. For a further 48 hours he suffered from dizzy spells, lack of concentration, nausea, loss of appetite, dehydration, high temperatures and lack of energy.

He also had a red blotchy rash which encircled his arm from shoulder to elbow, causing his arm to swell to an extremely large size, which he was unable to move for five days; it was still painful seven days after his injection. Fortunately, my son was luckier than some and words cannot describe the anxiety I felt, especially when I was told that it was just a normal reaction. This is becoming more and more common: I ask why?

J Moulton, Carlisle WA

BEN HAWKINS STORY

On 21/3/1996 my son Ben received his first DPT plus Hib and oral polio vaccines.

Reactions: High temps 38°C, given Panadol, crying constantly, broke out in eczema on the third day, which lasted approximately four weeks.

Just before he was due for his next vaccines he recovered and was his normal self again. On the 23/5/1996 Ben had his second DPT Hib and oral polio vaccines.

Reactions: High temperature 38°-39°C, given Panadol, again crying constantly, saturating night sweats that lasted over a month, broke out in eczema on the third day, thick mucus cough in early hours of morning; diarrhoea for eight days.

When I returned to our doctor with Ben he pushed it away as being coincidental and thought Ben was developing asthma and told me to buy antihistamines (Demazine). I also contacted the Health Department, explained my son's reaction to the vaccines, and was told to go back to my Doctor for further information. She told me that what had happened to Ben was in no way related to the vaccines. Her manner was very abrupt and she was reluctant to be of assistance to me.

The local Clinic Sister at our Community Health Clinic also brushed off my concerns by explaining that in no way was Ben's suffering a result of a reaction from the vaccines he had been given. They did, however, say that they would remove the whooping cough pertussis vaccine when next he was due for vaccination.

A visiting clinic sister at a nursing mothers meeting in Lithgow stated that not all children should be vaccinated as some do have severe reactions.

It took Ben six weeks this time to come back to normal. Ben remains fully breast fed. I also have another child who reacted severely to the vaccines, she too would scream uncontrollably, however, it also was 'never related'. She was constantly sick and crying with eczema, asthma and diarrhoea. Many consulted practitioners blamed bottle feeding as being part of the problem (she is now sixteen). Now I am not so sure that bottle feeding was the problem, as I have found information in medical journals regarding the whooping cough and polio vaccines being a suspected cause of asthma, eczema and other related problems. I have reported Ben's reaction to the Drug and Evaluation Committee. They responded with a letter dated 16th October 1996.

On my last visit to the doctor who vaccinated my son, I took along with me a list of questions. This visit occurred on Friday 20th Sept., 1996.

Q: Did you report Ben's reaction? If yes, when had that happened?

A: No, because he considered it to be coincidental and his own son had reacted ten times worse than Ben had and he didn't report that either. He believed that no matter how bad the reaction was, the illnesses that they prevent are lot worse.

Q: Why didn't he offer me the vaccine information leaflet (that's in with the vaccines)? And could I have one now?

A: He didn't see the point in giving me a leaflet at the time, but yes I could have one now if I wanted it. (I still have not received this pamphlet.)

Q: Did he know that the base of the vaccines is made up of-formaldehyde, mercury and aluminium?

A: No he didn't.

Q: Had he researched vaccines himself?

A: He believed that medical science had proven that vaccines prevented diseases and regardless of the information that I had found and left him to read he wouldn't change his mind and he told me that I should still vaccinate Ben even though he had suffered a "reaction".

Q: Why are some doctors now not vaccinating?

A: Some doctors are going into alternative medicine because that's where the money is.

My son Ben did not suffer with any illnesses before vaccination and, now that he has recovered and I have discontinued the course of his vaccination, he has not been sick since. He is now approaching ten months and he is still fully breast fed.

I would like to state that I fully respect and admire my doctor and he has been my family doctor for some time. I thought I would send this to you as my son's reaction and many others like him are not being reported by the medical practitioners. There are many other children and babies in this area that are suffering similar reactions and we are all being told that it is purely coincidental. My concerns I believe are well justified and although I do not wish to cause any discontent in the community I do believe research should be more readily available and discussed.

Mrs Hawkins Lithgow

ACELLULAR WHOOPING COUGH VACCINE: IS IT SAFE AND EFFECTIVE?

DR. VIERA SCHEIBNER

In 1975, after a spate of 37 crib deaths linked to vaccination, Japanese doctors in one prefecture boycotted vaccination. The Japanese Government responded by lifting the vaccination age to 2 years. However, because there was continued concern about the safety of the whole-cell vaccine, they also developed a new, acellular vaccine which was hoped to be less reactogenic than the standard, whole-cell vaccine.

In 1981 Japan introduced a series of acellular vaccines (Kimura et al. 1991. AJDC; 145: 734) which were supposed to be less reactogenic. However, trials with 115 children ranging in age from about 3 to 23 months showed that local adverse reactions started about 7 days after the first, and 48 hours after the second, third and booster DPT injections containing the acellular pertussis vaccines. Practically every child had some form of local reaction. Noble et al. (JAMA 1987; 257 (10): 1351) concluded that the incidence of more serious local reactions and high temperature may be more common after vaccination with acellular vaccines. They hoped that some questions regarding product-specific and age-specific efficacy may be answered by the then ongoing field trials of Japanese acellular vaccines begun in 1986 in Sweden.

'High-pitched' or 'cerebral cry' indicates great pain due to brain inflammation. The total oblivion of these researchers to the encephalitogenic effects of the acellular vaccines administered to such young babies is quite incredible.

In Japan, the acellular vaccines were quickly introduced into widespread use before characterisation of pertussis antigen contained in the vaccine was completely known. At the time of their introduction, the only requirement of efficacy for Japanese acellular vaccines was their potency, determined by the intra-cerebral mouse protection test.

The 1986/1987 Swedish trial of two Japanese acellular vaccines ended in a fiasco: the efficacy of one vaccine was only 69% and of the other only 54%; Swedish health authorities withdrew their license application (Lancet 1989: 814). In the meantime, other countries, including the United States continued the use of the whole-cell whooping cough vaccine. However, Pichichero et al. (1992. Pediatrics; 89(5): 882) published an evaluation of immunogenicity of and adverse reactions to a two-component acellular pertussis vaccine when given as a primary immunisation series at 2, 4 and 6 months of age. They concluded that this acellular vaccine produced greater immunogenicity and fewer adverse effects than the currently licensed whole-cell vaccine. However, one only had to look at the number of withdrawals and the reasons for withdrawals of babies from the trial, to see that this statement was overly optimistic. 31 of the 380 children withdrew from the study and there was a high incidence of drowsiness and irritability in the recipients of both whole-cell and acellular vaccines and a higher than expected rate of unusual 'high-pitched' crying. 'High-pitched' or 'cerebral cry' indicates great pain due to brain inflammation. The total oblivion of these researchers to the encephalitogenic effects of the acellular vaccines administered to such young babies is quite incredible.

On the basis of this trial, the acellular vaccine was licensed in the US as a booster in older babies, after the 3 primary shots. The way pro-vaccinators advertising the acellular whooping cough vaccines write about them is quite astonishing and certainly revealing: "The National Institute of Child Health and Human Development said...that the new vaccine was about 71% effective in preventing whooping cough among 1,700 infants who were inoculated. A whooping cough, or pertussis vaccine, used in the United States since the 1940s contains a dead pertussis cell...But the vaccine also contains a toxin that in some infants can cause serious side effects...Some doctors claimed that the vaccine can cause brain damage and even death...More that $487 million has been paid in compensation awards through the vaccine injury program" (Washington Press 1994).

In Australia the new acellular vaccine was tested on 5 and 6 year old children in Geelong (Victoria). Parents were told that it is a new formula, but side effects would only be mild. In reality half the recipients were absent from school for several days, and many were admitted in hospitals. Parents were outraged that their children were used as guinea pigs, so the Victorian Chief Health Officer published that it was not a new vaccine, "...it was in fact the same vaccine that has been given for a decade to younger children from the age of two months...reaction to the vaccine reported by parents was expected and the National Health and Medical Research Council's 1994 Immunisation Handbook sent to all doctors (Note: not to parents, and, the doctors who got the handbook did not warn parents) throughout Australia listed possible side effects. These side effects which are listed on the consent form sent home with children by schools prior to vaccination, include localised pain, redness and swelling at the injection site and mild fever (38 degrees Celsius). Other possible side effects are that the child may become grizzly, unsettled and generally unhappy for 24 hours, plus also becoming drowsy." Commenting on high number of children becoming sick, the officer said: "This figure, we believe could reflect a parent's inexperience with this vaccine in this age child, who tends to make his feelings known more forcible than babies."

The reader should ask themselves what sort of reasoning is this. Just because tiny babies can not talk, their vaccine reactions are more acceptable than in the children who can talk and tell their parents how lousy they feel after being injected with?

Science News (1995; 48: 54) published an article "New pertussis vaccines safer, more effective". Anthony S. Fauci, director of the National Institute of Allergy and Infectious Diseases, which co-sponsored the new vaccine trials, hailed the acellular vaccine as "truly effective". "Current vaccines used in the United States contain whole, but inactive, bacteria that cause fever, swelling, fussiness and - very rarely - neurological damage...some countries including Sweden and Italy don't require a pertussis vaccination." And "In the Swedish study, infants received a five-component or a two-component acellular vaccine, the standard whole-cell vaccine, or no vaccine. The five-component acellular vaccine gave 85% protection, while the two-component vaccine gave 58% protection. The Italian study tested two kinds of three-component acellular vaccines against the standard vaccine or no vaccine. Both acellular vaccines offered 84% protection. Surprisingly, the whole-cell vaccine offered no better than 48% protection. Fauci speculates that it performed poorly because the trials omitted boosters." Fauci advised parents to continue with the standard immunisation schedule.

Get the picture? No country which considers itself to be democratic should ever force any medical procedure on its citizens. This is especially valid of vaccines, which are neither safe nor effective, but most of all, quite unnecessary. Infectious diseases of childhood are beneficial for children. They prime and mature the immune system of children and represent developmental milestones. Who with of a sound mind would try, no matter how unsuccessfully, to prevent children from developing normal immunological responses and reach developmental milestones?

Dr. Viera Scheibner, Research Scientist GVAL Advisory Board Chairwoman

SEE HOW IT CHANGES—INFORMATION REQUIRED PRIOR TO IMMUNISATION

These are the 1975 guidelines listing information which should be sought from individuals requiring immunisation advice:

(a) Age and occupation

(b) Current disease:
- Acute transient conditions.
- Chronic conditions, with special reference to diseases of reticuloendothelial system and those necessitating the use of immuno-suppressive drugs.

(c) Previous history of disease, particularly neurological conditions.

(d) Allergies:
- General, such as hay fever, asthma, rashes etc.
- Specific, such as antibiotic, egg and horse serum allergies.
- Eczema.

(e) Immunisation history and previous reactions.

(f) Family history, eg siblings of eczema subjects and family history of severe allergy.

(d) Pregnancy

From National Health and Medical Research Council Guidelines for 1975- "Immunisation Procedures".

NH&MRC STANDARD VACCINATION PROCEDURES

Before administering vaccines, the following procedures should be followed:

1. provide details on risks of vaccination and risks of not being vaccinated.
2. check that preparations have been made to respond immediately to adverse reactions.
3. read the product information.
4. ensure that valid consent is given and recorded.
5. provide the parent or guardian with a pre-immunisation questionnaire.
6. check whether there are any contraindications to vaccination.
7. check the identity of the recipient.
8. administer paracetamol.
9. check the identity of the vaccine to be administered.

10. ensure that vaccines have been stored correctly.

11. check the vaccine to be administered for obvious signs of deterioration (check expiry date and note any particulate matter or colour change that may indicate damage to the vaccine).

12. ensure that the correct vaccines are being administered according to the schedule and that 'catch-up' vaccines are offered if necessary.

13. administer the vaccine using the correct technique.

After administering the vaccine, do the following:

a. Give instructions, preferably in writing, to the parent or guardian regarding what to do in the event of common reaction or serious adverse reactions.
b. Record the vaccination in the personal health record and in the clinical notes.
c. Ensure that the details of childhood vaccination are forwarded to the Australian Childhood Immunisation Register (ACIR) (except in Queensland, Northern Territory and the Australian Capital Territory where details should be forwarded to the State or Territory health service).
d. Check the immunisation status of other family members and offer 'catch-up' vaccination where appropriate.

In situations in which large groups of individuals are vaccinated, the detailed arrangements might vary from those recommended above, but the principles of hygiene, valid consent and thorough pre-immunisation assessment must still be adhered to.

Consent Prior to Vaccination

Parents should be given adequate information to make an informed decision. Valid consent should be obtained prior to each vaccination after it has been established that there are no factors which contraindicate vaccination. The person being vaccinated (or the parent or guardian) should be informed of the benefits and risks of vaccination and possible side effects. Information should be available to allow them to compare the risks of disease complications with the risks of vaccine reactions.

It is preferable that printed information is available to supplement any verbal explanations. If a child is old enough to adequately understand the benefits and risks of the proposed vaccination, yet refuses the vaccination in spite of such understanding, their wish should be respected.

If a child's health status or suitability for vaccination cannot be established, vaccination should be deferred.

Pre-vaccination assessment and notes for parents:

PRE-VACCINATION QUESTIONNAIRE: Before vaccination, the doctor or nurse should make sure that the individual to be vaccinated does not have a condition (or a history of a previous condition) which increases the risk of a severe reaction. One way to do this is to routinely inquire about such conditions. The following information is needed to assess the fitness of a person for vaccination. For parents, the conditions listed below do not necessarily mean that your child cannot be vaccinated today, but please tell the doctor or nurse if any of the following apply: The person to be vaccinated:

a. Is unwell today.
b. Is having treatment which lowers immunity (eg steroid medicines such as cortisone and prednisone, radiotherapy or chemotherapy).
c. Has had a severe reaction to any vaccine.
d. Has any severe allergies to vaccine components (eg neomycin).
e. Has a disease which lowers immunity (eg leukaemia, cancer, HIV/AIDS).
f. Lives with someone who has a disease which lowers immunity (eg leukaemia, cancer HIV/AIDS) or lives with someone who is having treatment which lowers immunity (radiotherapy, chemotherapy or is taking steroid medicines such as cortisone or prednisone).
g. Has had a vaccine containing live viruses within the last month (eg measles, poliomyelitis, yellow fever or rubella vaccines) or an injection of immunoglobulin or a blood transfusion within the last three months.
h. Is pregnant.
i. Has a disease of the brain or spinal chord.
j. Lives with someone who is not immunised.

Before any immunisation takes place, the nurse or doctor will ask you if:

a. You have read this information.
b. You understand this information.
c. You need more information to decide whether to proceed with the vaccination.

The above conditions do not necessarily exclude the person from being vaccinated, but they should be considered by the doctor or nurse giving the vaccination.

Reporting adverse reactions

Vaccines are extensively tested for safety and efficacy before being made available by suppliers. In addition, they are further assessed by the Therapeutics Goods Administration of the Department of Health and Family Services before they receive approval for distribution in Australia. Nevertheless, careful surveillance must be maintained to improve knowledge about adverse reactions. Any serious or unexpected reaction should be reported. Parents and caregivers should be encouraged to notify doctors or nurses of adverse events following vaccination. Medical practitioners and other health professionals should report adverse events to the relevant State or Territory health authority.

VACCINATION: THE LATEST SACRAMENT OF MEDICAL SCIENCE

Like Moses descending from Mt Sinai with the ten commandments, Doctor Wooldridge has come down from the lofty heights of The National Health and Medical Research Council with his Seven Point Plan to better immunisation for children.

1 Restructuring the maternity allowance, providing a bonus for a child's complete immunisation coverage. *(No mention of objectors getting the same bonus.)*

2 Linking the childcare case assistance and childcare cash rebates to a child's immunisation status *(Linked into the childhood immunisation register - something the government and then director, Dr. Gavin Frost, assured us would never happen.)*

3 Financial incentives to medical practitioners *(Very unethical. If vaccination is so important to the community then why do our already well-paid health providers required more money to encourage them to vaccinate?)*

4 Monitoring immunisation targets detailing coverage by both state and local government *(To shame those governments that do not have a high coverage and to applaud and look favourably on those that do.)*

5 Special immunisation days in a calendar year.

6 Nationwide measles eradication program *(Same as the one in the UK in Nov. 1994).*

7 Education and research initiatives and the establishment of the Immunisation Research Centre.

Now with brother Kemp (Federal Education Minister) in tow, Wooldridge is planning to immunise Australia "by hook or by crook". They have been doing their level best to vilify anyone who takes a different view. It may not have occurred to them that not everyone worships at the temple of their medical establishment (both are medical doctors).

Whilst they can't make it compulsory, (the Constitution provides that no medical service can be enforced on the people), they are hellbent on creating divisiveness in the community and vilifying people who choose to manage their children's health as

they see fit. Tactics such as accusing unvaccinated children of placing others at risk, threatening to withhold payments to parents who don't conform, and threatening to exclude unvaccinated children from schools, are not only in breach of the spirit of our law, but soon will be proven illegal.

When the medical lobby refuses to acknowledge or debate any of the problems and issues surrounding vaccination, they have effectively declared it to be a religion. Any 'true' science would welcome critical analysis. Due to the Government's negligence, it is now the role of organisations like VISA to provide that critical analysis, raise awareness and educate the community about issues to do with vaccination, health and healing.

— *Kerry Harte, Vaccination Information, South Australia*

SHOW US THE PROOF THAT VACCINES ARE EFFECTIVE!

For several months the AVN has been asking for Australian scientific studies and research to prove our whooping cough vaccine is effective as touted by the Health Department and numerous doctors who publicly acclaim vaccines are safe and effective. No answers were received. We contacted the Ombudsman's office for help. Within a week of this contact the Federal Health Department forward this reply to us.

> I refer to your letter of 10th May 1997 to the Secretary of the Department of Health and Family Services, a copy of which came to me from the office of the Commonwealth Ombudsman in Queensland. There is no record of your original letter in the department.
>
> No results of formal vaccine effectiveness studies have been published for the Australian whole-cell pertussis vaccine. However, it is known from epidemiological observation that the vaccine is effective. In Australia, the Commonwealth Serum Laboratories (CSL) first manufactured pertussis vaccine in about 1920, and in 1953 a more potent vaccine was incorporated with diphtheria and tetanus vaccines as Triple Antigen with a resulting fall in prevalence and mortality. In Melbourne the case-fatality rate fell from 21% in 1919 to 0.1% in 1969 (Of course our standard of living had not changed during this time, sanitation had not improved!! etc etc.) Although Australia has seen a resurgence in the numbers of cases of pertussis in recent years the mortality rate remains low. (Interesting, as they say your baby will die if it gets whooping cough!!) Despite this success of the existing vaccine, the Government is committed to further improve the situation by increasing the proportion of children who are fully immunised. New vaccines are constantly being examined to determine whether safety and efficacy can be improved. You are probably aware that the National Health and Medical Research Council has recently recommended the inclusion on the childhood immunisation schedule of a new vaccine which has an acellular component.

This vaccine has high efficacy and has a low incidence of minor side effects compared with the vaccines containing a whole-cell pertussis component.

The study to which you refer examined efficacy of a vaccine manufactured in North America and not available in Australia. All aspects of the manufacture of the CSL vaccine used in Australia are subject to stringent quality checking by the Therapeutic Goods Administration including testing of vaccine from each batch.

Recent reports on vaccine preventable disease in Communicable Diseases Intelligence indicate that a significant number of adults, particularly in the 20-50 age range, have pertussis infections. Pertussis is a highly contagious disease and these adults are clearly able to pass on the infection to unimmunised children. The only method to protect our children from harmful and possibly fatal diseases such as pertussis, measles and polio is to ensure that they are fully immunised.

Yours sincerely, Dr. E. D. O'Brien 9.7.1997

QUESTIONS REMAIN UNANSWERED

In March 1997 the Queensland Health Department commenced their aggressive advertising campaign to 'encourage' parents to vaccinate their children. Tim Boyle, member of VAIS, rang Queensland Health and spoke to the superintendent at the Communicable Diseases Branch. Tim asked if they had any data to back up the statement that 'immunisation had prevented more suffering and saved more lives than any other medical procedure this century.'

The spokesperson admitted that the 'anti-vaccination lobby' did provide more data that was referenced and asked if Boyle had checked any of them out.

Boyle was told that they didn't have any. The information was there but 'had to be dug out'. He explained that he had been researching the issue and that all the factual information he had been able to find indicated that vaccination was neither safe nor effective. He felt it would have been more impressive if Qld Health had quoted some statistics, preferably backed up by the original source references. The spokesperson admitted that the 'anti-vaccination lobby' did provide more data that was referenced and asked if Boyle had checked any of them out.

Boyle's response was that he had checked some data by accessing it on the Internet, and that most of it was by qualified professionals in their own fields, published in books and mainstream medical journals or presented at conferences. This was met with the reply, 'that may be the case, but as a department they didn't have the resources to extract data to back up their statements'. (If their statements are not backed up by referenced material, on what basis does this Government Department makes policy and puts that policy into effect, without having data to back up their statements. Nice of the spokesperson to acknowledge that the AVN does what the Government

Department doesn't.) Boyle was offered a book issued by the Federal Government on immunisation which has some statistics, which he is waiting for with interest. Boyle rang on the 3rd March 1997; as of January 1998 it had still not arrived.

WHO'S REALLY BEHIND THE PUSH?

During the 1990s governments in Australia dramatically stepped up their push toward increasing vaccination levels. To that end they have initiated campaigns which threaten one of the very essences of this country's appeal: - freedom of choice.

In 1987, State governments announced through the media that vaccination would be a condition of entry into state schools. This, in effect, meant de facto compulsory vaccination. Although the Government were successful in their initial attempt, some States enacted legislation which, in effect, achieved the same desired outcome. Incorrect statements about the new legislation by health officials and the media misled many parents. For example, The Sydney Morning Herald reported: 'When parents enrol their children in NSW public schools next year they will be asked for documentary proof that they have been fully immunised, under new legislation approved by the State Government'. ('Schools to require Immunity', The Sydney Morning Herald, NSW April 18, 1991). Many parents interpreted this as meaning mandatory vaccinations upon school entry and, worried about their children's education, rushed them for their shots. However, the new legislation only required schools to ask parents to provide their children's immunisation status certificate upon school enrolment. It didn't even make the production of a certificate obligatory. In the absence of a certificate 'the child is taken not to have been immunised against any of the vaccine preventable diseases'(NSW Public Health Act 1991, No 10, Part 3A)

GOVERNMENT GETS TOUGH

Beginning this year (1997) the Liberal/National Federal Government decided to get very tough on vaccine non-compliance by initiating schemes which would be in direct contradiction to the Liberal philosophies of freedom of choice and individual responsibility. The most dramatic is a bold move by the Minister for Education, Dr. David Kemp, who announced in late January that he will be calling on the State and Territory governments to make vaccination compulsory upon school entry — the real thing this time! Dr. Kemp said the matter was so serious that he would put the plan to State and Territory education ministers at a meeting in the next month. He expects 'effective action' to increase the child vaccination rate. 'A school would be quite entitled to say to parents: Go away and have your child immunised and bring the papers back tomorrow,' he said. ('Federal push to enforce compulsory immunisation', SMH NSW January 30th 1997.)

Dr. Kemp did not explain how the policy would be enforced, but said parents who had no acceptable reason for refusing to have their child immunised would have to 'consider their legal obligation to have their child educated'.

Fortunately, Dr. Kemp's proposal was rejected as being too heavy-handed by many

organisations — the Australian Education Union, the Federation of Parents and Citizens' Association, the NSW Teachers' Federation and the NSW State Government, to name a few.

Just a week later, Federal Health Minister Michael Wooldridge assured the Australian public that vaccinations would not be made compulsory. (Michael Wooldridge, 'A Current Affair,' TCN Channel 9, NSW, February 6, 1997).

Citizens should be aware that the Australian Federal Constitution is a more reliable assurance than a politician's word. Section 51, Part 23A of the Constitution makes it unlawful for a government to impose any form of compulsory medication. However, in recent times in this country, governments have shown an increasing propensity to override, circumvent, or simply ignore the Constitution. More on this later

CASH FOR A JAB PLAN

In January 1997 Dr. Wooldridge announced that his ministry, the Commonwealth Department of Human Services and Health, is considering a 'cash for a jab' plan. Under the proposed scheme, parents would receive a cash bonus every time their child received an injection. ('Cash for a tear', The Daily Telegraph, NSW, January 15, 1997)

The Health Minister is also considering payments to doctors and local regions. Doctors could be given a cash incentive if they increased the vaccination rate of children in their practice. Local governments, which run vaccination systems in some States, could have their funding increased if they increased the proportion of children vaccinated. The payments to doctors and local councils would make the scheme open to abuse. It would encourage opportunistic doctors to vaccinate children without parental consent, a problem that already exists thanks to an earlier scheme by the Government. (AVN Newsletter, January 1996)

Already a council has banned two unvaccinated children from attending a council-run childcare centre in Queensland. The cash incentives would encourage such human rights abuses. The foolishness of the Government's intentions is highlighted by its later suggestion that children may also be entitled to McDonald's fast-food vouchers upon vaccination.

CASH PENALTIES PLAN

Soon after the Government announced its cash incentive scheme it decided to take a harder line by threatening to financially penalise parents who fail to vaccinate their children. A spokeswoman for the Health Minister said a financial penalty, perhaps through child allowances, could be part of a national plan to increase vaccinations. 'The cash incentive idea has been blown out of all proportion,' the spokesperson said. 'Why reward parents who aren't doing the right thing?' ('Immunise-or pay the price: Cash penalty plan to increase vaccine rate'. The Sunday Telegraph, NSW, January 26, 1997)

The Government has for some time considered a similar proposal. 'Radford suggested one way to encourage age appropriate immunisation is to link compulsory immunisation to the receipt of family allowances as occurs in some European countries.'

(Childhood Immunisation: A Review of the Literature, The Commonwealth Department of Human Services and Health, 1994)

Many States in the USA have already linked vaccination compliance to receipt of government welfare and, in some cases, 'will override' a parent's right to care for their own children. One example of the consequence of this policy is the case of a Bellefontaine woman whose baby died 17 hours after receiving a DPT shot. The mother was threatened with loss of her WIC benefits (food assistance for low-income families with children) for refusing to vaccinate her subsequent child. (Dayton Daily News May 28 1993)

In Australia the Government has decided to withhold $200 of the maternity allowance until the child is 18 months old. However if you have not vaccinated your child you will still be eligible to collect all monies by becoming a conscientious objector. Do not let any Government Department, media outlet or child care centre tell you otherwise. All families will be entitled to all allowances paid by the Australian Government.

VACCINATION STATUS TRACKING SYSTEM

Beginning last year (1996) the Government implemented the Australian Childhood Immunisation Register (ACIR), a computer database system that would tag, track and monitor the vaccination status of every baby born in this country. The ACIR database makes personal information available for all and sundry to see. Immediately after the ACIR was implemented, reports began coming in that opportunistic doctors, having access to the ACIR database, without parental consent or knowledge were injecting children brought into hospital emergency rooms for unrelated conditions. (AVN Newsletter, January 1996).

The Government justifies the ACIR database based on their misconceived view that the vaccination program is failing largely due to busy but consenting parents who simply forget to take their children for their shots. Through the ACIR parents with children falling behind in their vaccine schedule would receive reminders by post, and further non-compliance would lead to community nurses knocking at their doors offering on the spot vaccinations. This caused many fears among health professionals and parents. Adverse reactions to vaccinations do occur-these are sometimes life threatening — so how would the vaccinator respond in such situations?

SHOPPING MALL VACCINATIONS

Shortly after announcing the ACIR and other methods to increase vaccine compliance the Government announced the introduction of vaccination stalls at shopping malls. Again this was justified by the belief that the falling vaccination levels were due largely to forgetful and busy parents not having the time to arrange their children's inoculations. The vaccination stalls were intended to overcome this situation — parents could simply have their children inoculated while doing the shopping. Would the shopping mall vaccinator be equipped to respond to a life-threatening vaccine reaction?

FEDERAL GOVERNMENT HAS GOT IT WRONG

All the above schemes share a common thread — that the Government attributes the failing vaccination program to complacent but consenting parents. The Government wants us to believe that 90% of parents support vaccinations but don't keep up with the vaccine schedule because of complacency. Using this logic the Government is ignoring a fundamental truth: many parents cease to support vaccination some time during the course of their child's schedule because they have either witnessed their child's reaction, learned about someone else's reaction, or been exposed to information. The fact is that vaccines DO cause adverse reactions and, as demonstrated by the disease outbreaks that still occur in the highly vaccinated United States (a country which has 95% coverage in most States), they aren't all that effective.

VACCINATIONS DO CAUSE HEALTH PROBLEMS

Health hazards from vaccinations can include cancer, multiple sclerosis, autism, leukaemia, lupus, mental retardation, blindness, asthma, epilepsy, cerebral palsy, encephalitis, paralysis, cot death, damage to and/or failure of kidneys, liver, heart and other body organs, arthritis, meningitis, allergies, hyperactivity, chronic ear infections, learning disabilities, and death. *(Viera Scheibner: Vaccination — 100 Years of Orthodox Research Shows That Vaccines Represent a Medical Assault on the Immune System. Scheibner Publications, Blackheath NSW 1993).*

The reason for such problems is simple: no vaccine intended for humans has ever undergone a PROPERLY conducted controlled clinical trial. No one has ever taken a large group of people, vaccinated one half, left the other half alone and compared their health over a substantial period of time. Because there is no scientific basis in the Government's assurances of vaccine safety, their vaccination programs can best be described as a large-scale experiment on the Australian public.

COME CLEAN PLEASE

Until the Government admits to the REAL reason why parents are refusing inoculations, and until they come CLEAN on the REAL risks and limitations of vaccines, instead of continuing its destructive course of deceit, scare-mongering and coercion, while abdicating our country's sovereignty to a world bureaucracy intent on achieving an unrealistic vaccination coverage throughout the world, the human rights abuses caused by the Government's schemes will continue to drag this country down a totalitarian path.

Protect your health freedom - don't allow national and international bureaucrats to steal from you what's rightfully yours!

—*John Lesso, Campaign Against Fraudulent Medical Research*

References:

'Schools to require Immunity', The Sydney Morning Herald, NSW April 18, 1991 NSW Public Health Act 1991, No 10, Part 3A

'Federal push to enforce compulsory immunisation', SMH NSW January 30th 1997

Michael Wooldridge in 'A current affair,' TCN Channel 9 NSW February 6 1997
'Cash for a tear', The Daily Telegraph NSW January 15 1997
Meryl Dorey VAN Newsletter, AVN Bangalow NSW January 1996
'Childcare ban if not immunised', The Cairns Post, Qld., Jan 6th 1997
'Immunise-or pay the price: Cash penalty plan to increase vaccine rate,' The Sunday Telegraph, NSW Jan 26th 1997
Childhood Immunisation: A Review of the Literature, The Commonwealth Department of Human Services and Health, 1994.
For an extensive insight into the dangers of vaccination refer to Viera Scheibner's Vaccination The Medical Assault on the Immune System, Scheibner Publications, Blackheath NSW 1993
Guylaine Lanctot, The Medical Mafia, Here's The Key Inc., Canada, 1995 P124-5
James P. Grant UNICEF, The State of the World's Children, Oxford University Press 94
Peter Sawyer, ' Compulsory Immunisation: Is it Good? Is It Safe? Is It Legal?' Inside News, Maleny Qld May/June 1991; Peter Sayer, One Man Banned, Brian Wiltshire (Ed.), Brian Wiltshire Publ., Round Corner, NSW 1996
'World Government by the year 2000?' Behind the Headlines, America's Future, Inc. St. Louis, MO, December 15, 1996

AVN CALLS FEDERAL LEGISLATION DISCRIMINATORY

The Federal Health Minister, Dr. Michael Wooldridge, has announced that part of the baby bonus and childcare assistance payments would be withheld from parents who chose not to vaccinate their children. The Australian Vaccination Network (AVN) has condemned this move as blatant discrimination.

While there remain unanswered questions regarding the safety and effectiveness of vaccines, it is ludicrous for the government to try to force parents-whose first interest is always the health of their children-to submit to a procedure they do not trust.

AVN questions the priorities of a government that would institute such draconian measures, while completely ignoring more than 200 reports of serious adverse reactions and death associated with vaccination which the AVN delivered to Dr. Wooldridge's office. Parents and other members of AVN are asking for research into the safety and effectiveness of vaccines and that accurate records be kept of the number of children who have been killed or injured by vaccines or in whom the vaccine had not been effective. Instead, the government is attempting to bribe parents into doing something that many parents feel would harm their children's health.

Our Government, and those who instigated the Australian Childhood Immunisation Register (ACIR), have broken their promises. It was solemnly declared 1996 January that 'the information from the Immunisation Register will not be linked with other databases, such as those from the Department of Social Security, nor will there be financial or other penalties for parents who choose not to immunise their children. 'Handbook on the ACIR

Officials of the Australian Medical Association (AMA) were the main consultants involved in developing the Commonwealth Government's new immunisation strategy, and the medical doctors will also be the big-time winners. Doctors are to be paid a $25

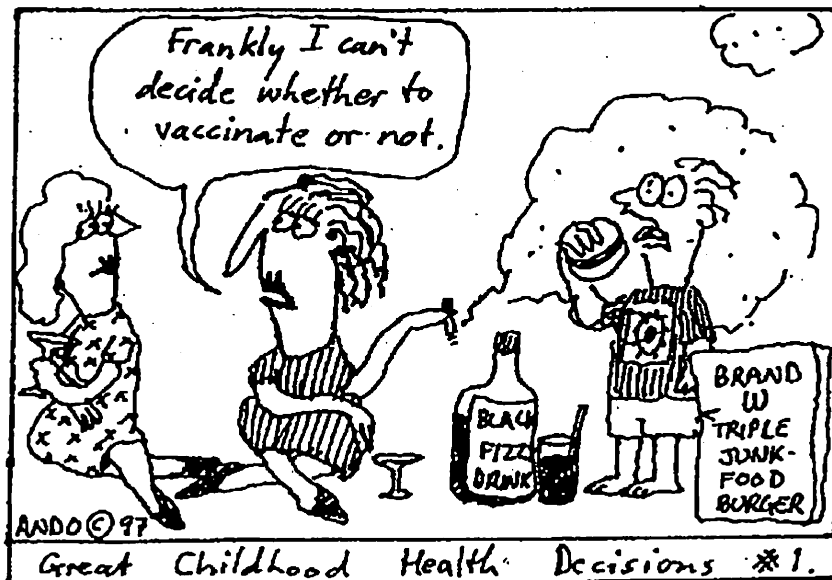
consultation fee, an additional $6.00 per shot (in Queensland doctors receive $3.00 and $3.00 goes into the Qld vaccination compliance tracking system), and now a bonus of $2,500 extra per year as an enticement. Surely these cash inducements would not be necessary if, as the AMA says repeatedly, vaccination is of the utmost importance to public health. It is immoral and unethical to include a third party (a financial incentive) which could jeopardise the doctor-patient relationship.

The cost of Medicare rebates to doctors, paid by taxpayers, is already running out of control. Despite this cost blowout, under the scheme designed in part by the AMA, doctors will benefit handsomely from the enforcement of vaccination in several ways:

- *Increased patient consultations due to increased vaccination compliance;*
- *The need to treat ongoing health problems associated with vaccine damage;*
- *By legally forcing parents who chose not to vaccinate to attend their clinics for 'counselling', for which another consultation fee will be charged.*

The majority of parents who chose not to vaccinate have already spent much time, energy and personal cost investigating vaccination. They rarely, if ever, need to visit a doctor's clinic for themselves or their unvaccinated children.

What will be made clear from this new vaccination strategy is that doctors will get richer and the Government will see that their stated figure — that only 2% of non-vaccinating parents are conscientious objectors — is seriously underestimated. It will become clear that the majority of parents who have chosen not to vaccinate their children have made an educated and quite conscious choice.



ARE THERE ALTERNATIVES?

We are not concerned with diseases but with mistakes... of living. Get rid of the mistakes and the diseases will disappear of their own accord.-Dr Are Waerland.

TRAVEL VACCINES

Some 52 years before Koch first isolated the tubercule bacillus for the tuberculosis vaccine, nosodes (homoeopathic dilutions of the product of the illness in question, given orally) were commonly used as prophylactic (preventative or protective 'just in case') measures against a wide variety of diseases. According to government statistics, the use of these homoeopathic vaccines was accompanied by an amazing drop in the incidence of whooping cough, diphtheria, scarlet fever and measles in children. In all groups, the numbers of people of all ages contracting TB, dysentery, typhoid fever and Asiatic cholera plummeted (Gaier, Thorsons Encyclopaedic Dictionary of Homoeopathy, HarperCollins, London 1991)

The few published studies to have looked at this area suggest that nosodes are effective at preventing specific diseases *(Alternative, WDDTY, February 1995; 5 (11): 9).*

In one large scale study, more than 18,000 children were successfully protected with a homoeopathic remedy (Meningococcinum IICH) against meningitis, with no side effects *(BMJ, 1987, 294; 294-6).*

Before deciding to use homoeopathic prophylaxis, you should consider how great the risk is of contracting a particular disease.

Helios Pharmacy suggests the following: 1 dose (ie, one pill) only unless otherwise stated:

- Cholera: Two weeks before departure- camphor 30 at bedtime and on rising, (ie two doses per day).
- Hepatitis: eight days before departure - Chelidonium 30.
- Polio: Seven days before departure - Lathyrus sativus 30]
- Malaria: Six days before departure - Natrum mur 30

- Yellow Fever: Five days before departure - Arsenium album 30
- Typhoid: Three days before departure - Manganum 30

Every week of your stay

- Chelidonium 30 (hepatitis) and Natrum mur 30 (malaria)

During your stay:

If meningitis becomes epidemic - Belladonna 30 weekly; if you get a cut or puncture wound - Ledum 30 (tetanus prophylactic)

Source: May 1997 vol 8 no 2 WDDTY

REFLEXOLOGY - WHAT IT IS AND HOW IT WORKS BY KERRY A. BRADLEY, REFLEXOLOGIST

Reflexology is based on the belief that the entire body is replicated on the hands, ears and feet. It is applied by the gentle but firm pressure of the practitioner's fingers and hands to specific points on the client's hands, ears and feet to bring about a physiological response within the body. As a practitioner I prefer to use the feet exclusively as I believe they have a far greater impact on the body's own innate ability to heal itself. It is well documented that reflexology can help a multitude of health problems as well as causing a profound sense of relaxation.

BENEFITS:

1) promotes effective lymphatic flow, relieving congestion.
2) increases the function of the nervous system;
3) increases blood flow (circulation);
4) alleviates abnormal muscle tension;
5) encourages the removal of wastes from the body;
6) encourages the body's own innate ability to heal itself;
7) induces a profound state of relaxation;
8) creates a feeling of well being;
9) helps relieve pain;
10) helps the practitioner to determine which system of the body is in need of help.

Whilst visiting Egypt, an American by the name of Ed Case came upon a wall painting in the tomb of Ankhmahor (highest official after the king) at Saqqara, known as "the physician's tomb". Ed Case took a photograph of the painting and had the hieroglyphics translated in Cairo. They read - "Don't hurt me." The practitioner's reply was-" I shall act so you praise me". The tomb was dated early 6th dynasty, about 2330BC.

The greatest threat of childhood disease lies in the dangerous and ineffectual efforts made to prevent them through mass immunization.-Dr Robert S Mendelsohn.

MADELINE'S STORY

Madeline received her third DPT shot and within seventy-two hours her temperature climbed, peaking at 39.5 °C She had a swollen fontanelle,* so her doctor sent us to the Royal Children's Hospital with suspected meningitis. As she had no signs of neck stiffness, the Registrar decided it was an incorrect diagnosis and, thankfully, a lumbar puncture was unnecessary.

K.E. Mowle Brisbane

*(*The fontanelle is the soft spot on the top centre of a very young baby's head. It is the gap or space where the flat bones of the skull do not quite meet, so the baby's brain is covered only by membranes and skin. If the brain should swell, as happened with Madeline, the brain tissue bulges out of the fontanelle. As the baby grows, the skull bones grow together and the fontanelle is closed.-Ed.)*

ANNA'S DAUGHTER

When my healthy, contented four-month baby had her second multiple shots in June 1993, she had a very distressing reaction: she cried and screamed inconsolably all day and into the evening. I could not put her down for even one minute. The only thing which stopped her crying was for me to lie very still on my bed with her lying on me. Any movement by me would set off her high-pitched screaming again. (When I later told the clinic sister about this, she said it proved that the vaccination was working!!!)

Fourteen days later, our baby developed eczema, and became overheated when sleeping, and began to wake up many times during the night. (She had been a "sleep-through" baby from two months of age.)

She also began to have ear drainage problems and later developed numerous food allergies, with one doctor describing the quantity of these as "over the top".

Now, at four years of age, and after much homeopathic treatment and a very strict, restricted diet, the situation is kept under control. But a whole host of common foods and additives will trigger a variety of problems, from a runny nose (which if left untreated would develop into ear infections), to eczema, cold sores, candida problems, night sweating and bowel problems.

A. Klotz Western Australia

HOMOEOPATHY

Patricia Hatherly B.A., Dip.Ed. I.B.C.I.C., Dip.App Sc (Homeopathy)
Kenmore Queensland.

Samuel Hahnemann (1755-1843), the German founder of Homoeopathy, became disillusioned with the current medical practices of his time (such as the use of purgatives and bleeding). This eventually led him to the belief that the answers to disease must lie in Nature. He expressed his understanding thus: "The Author of all good, when He allowed diseases to injure His offspring, must have laid down a means by which those torments might be lessened or removed."

Like the ancient writers such as Paracelsus, Hahnemann observed that the symptoms which various substances produced in a healthy individual could be used as a guide in the selection of that same substance to act curatively in a sick individual. This understanding enabled him to develop what is known as The Law of Similars which is the cornerstone of homoeopathic philosophy. It is well-expressed in the name Homoeopathy derived from the Greek words: 'homoion' and 'pathos', meaning '[the cure] is like the disease'. Hahnemann referred to conventional medicine as Allopathy, meaning '[the cure] is unrelated to the disease'.

Unlike western medical tradition, Homoeopathy never reduces the body down to a collection of disparate parts each treatable in isolation. Rather, the homoeopath is a essentially a Vitalist; that is, one who sees the human organism as a body/mind/spirit complex which, as a whole, makes a response to environmental stressors. In the Homeopaths "Bible" (the Organon), Hahnemann describes an energy or 'dynamis' which gives life to the body. In other traditions, this energy is often referred to as Chi, Prana or Soul. Today, Homeopaths call it the 'Vital Force'.

In keeping with the Vitalist tradition, Homoeopathy sees the Vital Force as being that aspect of each individual which: adapts to environmental influences; animates the emotional state; provides thoughts and creativity and gives rise to spiritual inspiration. Signs and symptoms of disease, then, are referred to by Homeopaths as being the defence mechanism of the Vital Force at work as it attempts to restore equilibrium when subjected to a stressor, whether it be physical, environmental or mental/emotional. A good example of this occurs with food poisoning. As soon as the Vital Force recognises that a poisonous substance has been ingested, the most unpleasant results of vomiting and diarrhoea can be sure to follow as the body attempts to come back to balance.

Disease, then, is merely a response of the body to an assault on the Vital Force. Signs and symptoms such as fever, rash or discharge from the nose or throat are then produced in an attempt to restore order. Disease can be acute, such as with influenza or cholera, where the symptoms come on suddenly and ferociously and leave in a short time with the person either dying or making a full recovery; or it can be chronic where the

Because Homoeopathy is a medical modality which treats the individual rather than the disease, treatment is individualised for each patient. The similimum is always a single remedy (never a mixture) of a specially prepared, potentised substance selected from the animal, vegetable or mineral kingdoms.

symptoms, such as with asthma or diabetes, persist for years, resulting in gradual deterioration of the individual's health.

Classical homoeopathic philosophy revolves around the following principles: The Law of Similars

"Any substance which can produce a totality of symptoms in a healthy human being, can cure that totality of symptoms in a sick human being"

The knowledge of which remedy to prescribe for a patient comes from an understanding of what are called "provings". Provings occur when groups of healthy people, under double-blind conditions, take remedies and keep meticulous diaries over the following days, weeks and months, noting down accurately all the resulting symptoms. These can be physical or mental/emotional. All these symptoms (both objective and subjective) are collated and written up in a book called a Materia Medica. Homeopaths, through many years' extensive study, have a good working knowledge of what is contained in a Materia Medica. Therefore, when sick people present at the clinic, their signs and symptoms are taken down and the "similimum" or similar remedy which closely matches the current symptom picture is selected.

The Single Remedy

Because Homoeopathy is a medical modality which treats the individual rather than the disease, treatment is individualised for each patient. The similimum is always a single remedy (never a mixture) of a specially prepared, potentised substance selected from the animal, vegetable or mineral kingdoms. When taking the case the homoeopath takes careful note of all the physical symptoms. However, environmental stressors and the mental/emotional state of the individual are also noted and used for remedy selection. In this way the profile of the medicine closely matches the personality profile of each patient. Because of this fact, several patients presenting with a known disease such as asthma, for example, will probably be each given a different remedy.

The Single or Minimum Dose

Homeopaths believe that disease occurs primarily as a result of a disturbance to the Vital Force. In weakened or susceptible individuals such an assault results in signs and symptoms being produced as the Vital Force attempts to repair the damage and come back into balance. Usually, the initial disturbance is a one-

off event such as overexposure to cold, wet or hot conditions; or an emotional shock such as that which occurs with the loss of a loved one or loss of employment; or a physical shock such as a fall or exposure to a bacterium. Homeopaths, therefore, believe that the restoration of the Vital Force requires a one-off stimulus in the form of a remedy given in minute quantity, in order for integrity (that is, the removal of signs and symptoms) to be restored to the Vital Force.

The Use of a Potentised Remedy

Hahnemann's believed that disease stemmed from a disturbance to the energetic field of the body; this led him to believe that the best cure could be effected with the use of an energised medicine. Tinctures, which form the basis for the remedies, are made mostly from plants or minerals. Herbal tinctures are usually made by soaking or boiling; while tinctures from minerals are obtained by grinding the substance in a mortar and pestle from which a solution is made.

Homoeopathic remedies used by most practitioners are produced in either the decimal (X) scale or the centisimal (C) scale. The decimal scale (dilution of 1:10) is produced by mixing a drop of the tincture with 9 drops of ethanol. The centisimal scale (dilution of 1:100) is produced by mixing one drop of the tincture with 99 drops of ethanol. Both scales then undergo a progressive series of dilutions with shaking or "succussing" the bottle of medicine in between each dilution. Homeopaths believe that this process imparts a dynamic aspect to the remedies used to match the dynamic aspect of the Vital Force.

The Law of Cure

When treating an individual, the homoeopath observes that the symptoms will always move from: the vital organs to the less vital organs ➔ from within, outwards ➔ from above, downwards ➔ in reverse order of appearance

Asthma usually follows eczema which has been suppressed by ointments of various kinds. In treating an asthmatic, the Law of Cure would be seen to be in action when the symptoms move from the lungs to the skin (ie: from a vital organ to a less vital organ; from within, outward, and in the reverse order of appearance). Eventually, as the Vital Force is strengthened by continuing homoeopathic treatment, the eczema will move down the trunk and onto the extremities before disappearing.

While Homoeopathy builds the Vital Force so that it acts in a protective or preventative manner against chronic disease, it also enjoys a long history in treating all manner of acute diseases. In fact Hahnemann's initial fame arose from the fact that he used Belladonna as a prophylactic medicine against an epidemic of Scarlet Fever. In 1801 he published his results in an essay titled The Cure and Prevention of Scarlet Fever. On this basis, homoeopathic prophylaxis has been worked into protocols which extend over several years and afford good protection against: mumps; measles; tetanus; whooping cough; diphtheria; polio and HIB. Isaac Golden's records show that homoeopathic prophylaxis provides protection in the order of 95%.

For those parents who do not want western vaccination, but want good protection for their children against all or some of the common childhood diseases, homoeopathic prophylaxis is a good alternative and would be provided by any homoeopath on request.

Homeopaths, however, remain divided on this issue, as the absence of "childhood diseases" is seen to be associated with long-term chronic disease. This is probably because the immune system has been 'protected' by vaccination (either allopathic or homoeopathic) and, at a crucial stage of development, fails to be strongly challenged by the fevers and rashes associated with measles, rubella and chicken pox.

For parents who are also of this view, it is recommended that the mother and baby be under the care of a homoeopath during the pregnancy and afterwards, so that on-going constitutional treatment, which builds the Vital Force, can be given. Several options are then available. If a very young baby is exposed to any of the childhood diseases, the homoeopath can give homoeopathic prophylaxis for several weeks to protect against succumbing to the disease at that time. As it is generally recognised that mumps, measles and chicken pox are best contracted in the early school years, those children who may have used short-term prophylaxis during an epidemic in their infancy, will be able to contract the disease at this more appropriate time. Good homoeopathic treatment is then available to treat the symptoms of whatever childhood disease is being experienced.

While many parents may be sanguine about the thought of their children succumbing to mumps, measles and chicken pox, they may not be so keen at the prospect of caring for a baby or child with any of the other common childhood diseases. Polio remains a real threat to children, as vaccinated children secrete live virus for up to 6 weeks following vaccination, and it is easy for little ones to become exposed at pools or other places where children congregate. Many parents, therefore, choose homoeopathic prophylaxis for polio and whooping cough; and perhaps may also include protection against tetanus, diphtheria and HIB.

For those parents who feel that they have no option but to vaccinate using western medicine protocols, Homoeopathy again offers help. The remedy Ledum can be prescribed on the day before and on the day of vaccination, to mitigate against the assault on the Vital Force by the fixatives (such as mercury, aluminium and formaldehyde) in the vaccine. Subsequent to this, a homoeopathic preparation of the vaccine itself (eg: DPT or MMR) can be given in ascending potency to undo any serious long-term damage.

Homoeopathy, then, has much to offer those who seek to build the Vital Force so that it acts in a protective or preventative manner against disease. It is well-recognised that Homoeopathy strengthens the immune system. It offers the discerning parent a range of options concerning vaccination, and it does it with the sure knowledge of over two hundred years of clinical experience. The homoeopathic option is always a gentle one, as the remedies have no discernible drug-like side effects, and always impart a positive, enhancing effect on the Vital Force.

ALESSANDRA

In November 1997 my husband and I took our two month old daughter Alessandra to the local council for her first round of vaccinations. We had both been vaccinated as children, so although we had been using Chinese Medicine for many years, I had no hesitation about having her vaccinated, seeing that we were planning to do a trip to South America six months later. There were quite a few people waiting so we sat waiting for our daughter's name to be called. Finally it was our turn and, as expected, she cried, but only for a minute or two and then she seemed to sleep deeply.

I felt relieved she had handled it so well and it was only a while later that I noticed she was incredibly pale and completely limp. We called for the doctor and he explained her reaction was one of shock which he said was quite normal and nothing to worry about. Ten minutes later he sent us home after giving us instructions to give her Panadol every four hours for 24 hours.

During the car ride home Alessandra seemed very drowsy and pale but she wasn't crying so we assumed it was as a result of the Panadol. Once home I fed her and put her to bed. Two hours later I ran to the bedroom when I heard Alessandra screaming hysterically. I picked her up but she kept on screaming in a horrible high-pitched fashion, all the time with her eyes closed. I had a friend visiting and I commented to her I felt worried about the strange sound of Alessandra's crying as, to me, she sounded so different than before, not like my baby at all. After about twenty minutes I was still unable to calm her down, which had never happened before, and she still had her eyes tightly closed. Suddenly she went limp in my arms and her facial colour started to fade until she was a greyish white, her lips as well. At first I thought she was dead and I felt faint with fear, but watching her little body I realised she was breathing. Panicking, I called the local health nurse and explained that Alessandra was unconscious. Her advice was to put her in the car and rush to the doctor. I called my husband, whose office was on the way, and together we went to the doctor. All the time I was crying, fearing something terrible had happened to my baby. By the time we arrived, 15 minutes later, she had woken up and had started to regain some colour. After the check-up the doctor asked us if the person in charge at the council had examined Alessandra, seeing she had shown signs of shock straight after the injection, and we told him that he had not. He said she should have been examined but that luckily there was no harm done and continued to explain that our daughter had suffered a very rare reaction called "hypotonic hypo-responsive collapse." As a result we were referred to the Children's Hospital for her following doses (of vaccines) but of course, by then the alarm bells had started to ring and I remembered a conversation I had had with my Chinese doctor while I was still pregnant. He casually mentioned, not wanting to influence me one way or another, that shortly after my baby would be born I'd be faced with the question whether to vaccinate her or not. I remember having told him I was all for vaccination and that she would definitely be immunised.

At the Children's Hospital they were very helpful and seemed sympathetic, but still insisted we should continue the program but using acellular vaccines, recently

He told me that a lot of parents ring Canberra to report adverse incidents as they fear the doctor will not do so himself, in just the same way that I had a feeling my ultra-pro-vaccination doctor would leave the report undone.

available in Australia, although they made it quite clear they were unable to guarantee she would not react the same way again.

We felt very confused and started to search for information and eventually came across homoeopathy, which has worked wonderfully well for us. I have since done a lot of reading and have understood what happened to Alessandra was a clear warning sign that my child is totally unsuitable to have any further shots. Worth mentioning is the fact that during my search for helpful information both for and against immunisation I came across a State government official who, in turn, put me on to a Commonwealth official dealing with the collection of data from the "adverse reaction" forms that doctors are legally obligated to fill in. He told me that a lot of parents ring Canberra to report adverse incidents as they fear the doctor will not do so himself, in just the same way that I had a feeling my ultra-pro-vaccination doctor would leave the report undone.

Canberra told me they are aware that failure by doctors to comply with the mandatory reporting is a big problem as it's impossible for them, as a result, to produce accurate statistics and therefore proper guidelines for the future.

Mia Bredenberg

HILARY'S STORY

Hilary was born beautifully healthy at 81/2 lbs., bright-eyed and bushy tailed. I had gone to great lengths ensuring Hilary received top-quality nutrition for the nine months whilst she was growing inside me. It had paid off, and according to the nurses Hilary was the pinkest, healthiest baby on that floor of the hospital.

She thrived, sleeping through the night two days out of hospital. I breastfed her and she suckled away at every chance she got; she loved my milk.

My husband and I took her to the doctor for her first shot at two months of age. We were both concerned, but had never read anything to throw doubt about this medical procedure. However, at the 12th hour, something came over me, in particular, and I wasn't happy about injecting something I knew nothing about into my precious child. Our doctor had recently had her own baby, 4 months prior, and she explained 'the benefits outweigh the risks' and she had had her own child vaccinated. So we went ahead. My husband had to hold Hilary as it was

too distressing for me. Hilary of course screamed but I cannot remember anything strange occurring after she had settled down from the initial pain of the injection.

The second shot was done at the hospital, and I was still none the wiser about this procedure, except it had to be done 'to protect my child from the nasties'. After the shot I bought her home and put her in her cot. Within two hours she was screaming inconsolably. I had visitors arriving to meet Hilary for the first time; they stayed a very short time as I just could not get Hilary to settle and I, as a new mother, was becoming very anxious and concerned. She would not suckle, she would not be still, she would not stop screaming-loud, high-pitched screaming. Not once did I connect this reaction to the vaccine she had had that morning. Heavens, I was not told this could happen. In fact, I was not told anything about what to expect and how to deal with it; reactions just were not discussed. I finally put her in the big bath and she stayed there for several hours, as this seemed to calm her.

This was the start of the downhill spiral in Hilary's health. She started getting lots of serious colds moving into asthma requiring medication, ear infections and lots of antibiotics, bronchitis requiring X-rays, skin rashes requiring cortisone creams, and so on. It was a parent's worse nightmare. All this sickness in a baby who was born so healthy, who had great nutrition, warm clean surroundings and plenty of love and attention-it just didn't add up. After numerous visits to doctors, specialists and hospital admissions Hilary was no better off. Not one of these health professionals could 'fix' my daughter; they kept adding more medication, which only exacerbated her condition. I'm sure not one of these health professionals considered vaccination was the trigger, and neither had I. However, enough was enough-children living in Hilary's environment should not be this sick. I decided to try an alternative health practitioner. First we visited a Naturopath who was the first person to alert me to the fact that vaccination could be the trigger, and gave me some material to read.

This was the start of my passion to learn and research this issue until there was nothing left unread. I was amazed at what I was reading; I was angry at what I was reading! I was angry at what I had done to my beautiful daughter! My education lead me to my homoeopath, who treated Hilary with homoeopathic remedies to counteract the damage vaccines had done to her small body. Hilary was then 3 years old. She spent one year in deep therapy until her symptoms were a thing of the past. From the age of three she has never taken any medication, has rarely suffered ear infections, and her asthma, that required puffers twice daily, has gone. She is that healthy child I bought into this world, full of life and vitality. I continue to use homoeopathy as my preferred health choice for my children.

My son Miles arrived 5 years ago, entering the world just like his sister, healthy and raring to go. We decided not to vaccinate him, although I must admit the thought did frighten us a lot. Our conditioning-that vaccines are good, safe and effective-was deep-rooted. The media's and doctors' pressure in the community to vaccinate was constant. If Miles did develop a cough or croup I would strain myself to check there was no whoop associated with it. However, this was my fear taking over and it soon

subsided. Miles has never had any medication in his life, has visited a doctor three times and rarely, if ever, gets sick. My health choice will remain good nutrition, plenty of love and attention and, if my children did come down with a 'vaccine preventable disease', I would opt to treat them homoeopathically, confidently knowing that this would be their best option.

S & K Lindberg Brisbane.

CHILD CARE NATURALLY!
BY PETER EDWARDS N.D.

The best physician your children will ever have is you! The more I treat children, particularly infants, the more I find the main cause of their recurring health problems is wrong feeding or over feeding or being fed too much of a food that they repeatedly fail to digest adequately. I would like to repeat this statement: All too often the child is being wrongly fed or over fed or is getting too much of a particular type of food they can not fully digest.

The result is systemic congestion through retention of wastes products from incomplete digestion. These become morbid, putrefy and eventually become acidic and cause irritation to the body. The symptoms can appear in any form from mucus discharge, asthma, skin irritation and break out, reflux, colic, so-called allergies, glue ear, ulcer, boils, sleeping troubles, digestion and bowel problems, even temper tantrums and learning difficulties. If not managed correctly, this situation can set the child up for more chronic conditions in the future.

Recently one couple returned home after the first consultation and went through their kitchen cupboards, removing all the foods I had recommended they take out of their child's diet. To their surprise, almost all the foods the child ate consisted of the three foods I identified as contributing to the child's health problems.

A survey in the US found that 16 percent of children's diet is made up of items from three main groups:- 1/ wheat products; 2/ dairy products and finally 3/ sugars.

Almost always I have to reduce the intake of these food in the sick child's diet. Most parents would be surprised at the amount of these particular foods their children eat regularly.

The first thing we learn in nutrition school is 'the food the child craves is most likely the food causing the problem'. Sounds like a contradiction, but consider for a moment people who are addicted to drugs. Even though the substance is not good for them, their body will appear to call for it and crave it. This is really something to think about.

Let's now get down to basics and look at a few good ideas on feeding our children and ourselves. To keep it simple we can say we need living food for our living body- foods that make you feel good, foods that make you function well and feel well. It's as simple as that. Basically keep your food natural and unrefined. Base your meals

around fresh raw fruits and vegetables which supply the basics our body chemistry needs. These foods are not only the finest of clean-burning fuels to run the body, they are also the foods that clean the body as they go! Fruits and salad vegetables are the brooms of the body. If you build at least two of your daily meals around raw fruits and vegetables, much of your daily nutritional needs will be already taken care of. These foods provide the essential raw materials needed to run, sustain and renew the living body.

Live foods are by far the most sensible on which to base your diet. They provide an excellent source of biological energy to run the metabolic machinery most efficiently. They are also the best-living, vitality charged foods for a living, vitality-charged body!

A simple guideline: aim to have at least 2 fruits, 6 vegetables (3 raw), 1 starch food and 1 protein food per day.

BREAKFAST:

Make your first meal of the day fresh raw fruit. 'Fruit is the best way to start the day' not to mention it will clean your body and importantly, clear your head! If you need something a little more solid, have a gluten-free cereal, (rice, corn, millet, etc) with rice or soy milk. Toast, have ryebread. Rye builds muscle; wheat builds fat!

LUNCH:

Whatever you're having, have it with a fresh vegetable salad; it's as simple as that. "A salad a day keeps the doctor away'.

DINNER:

you have already had two meals predominantly raw, now for dinner you can have a cooked meal. Steamed vegetables with fish, free-range chicken or, better still, a vegetarian dish, eg avocado, brown rice, beans, gluten-free pasta, tofu, etc. There are so many excellent healthy vegetarian dishes to choose from. The future will see less animal products consumed simply because there are better quality sources of protein and nutrient available from plants and these are harvested rather than slaughtered.

Remember, we're choosing a higher path now!!

Our bodies need at least two litres of water each day to run the metabolic machinery. If you don't drink that amount, your body will have to recycle what it has, so it has to filter it again through the kidneys. This places an extra burden on not only the kidneys but also the liver and is a cause of fatigue in itself. Your body has to work harder to function properly!

What qualifications do I have? Well, I'm a Naturopath and the father of four beautiful, robust and healthy children who have had no childhood diseases! I'm not a salesman-what I share with you works very well, you just have to give it the chance!

Taken from the book 'Childcare Naturally', a parents' guide by Peter Edwards, ND. Available by mail order from PO Box 5448 Gold Coast Mail Centre Qld 9726 Australia. Ph (07) 5593 2488.

CHIROPRACTIC & HEALTH CARE By Chris Hume-Phillips

CHIROPRACTIC IS A CLINICAL SCIENCE.

It is based on a **law** of biology that there is existent in the organism an ability to be healthy, and to get well. Often called the law of homeostasis, it is often stated as the ability to be well within itself and within it's environment. It draws on the **theory** of physiology that the nervous system, composed of the brain, spinal cord, the peripheral nervous system and the sense organs such as the eye and ear, controls and coordinates all other organs and structures, and relates the individual to his environment,

It **hypothesizes** a relationship between the integrity or health in the nervous system, and integrity and health in the individual. It **conjectures** on the major premise that a loss of body framework integrity can relate to loss of nervous system integrity. These associations of framework dysfunction, and nervous system dysfunction are called subluxations. *Dr. Virgil Strang Dean of Philosophy & Director of Professional Ethics Palmer College of Chiropractic*

A Chiropractor is concerned with helping patients improve their health to a level where their body, and all it's components, are functioning as reasonably close to 100% as possible. This is done primarily by ensuring there are no spinal subluxations present, which may be reducing your brain's ability to control and co-ordinate your body. This form of prevention means your body is in a state where it does not provide invading micro-organisms with an opportunity to proliferate to the point of overwhelming the immune system, resulting in "disease". Chiropractors often describe a "Triad of Health" comprising Structural, Biochemical, and Emotional Components, whereby it is only by correcting weaknesses in all of these, can one be truly Healthy. Whilst the primary modality of a Chiropractor is directed towards correcting Structural problems, ie. Subluxations, attention is also given to evaluating and providing referrals or recommendations to assist the patient in managing the Emotional and Biochemical components. This constitutes Wholistic Health Care.

This approach to the human body is a stark contrast to that used by medicine since the 1800's when Louis Pasteur, and his student, Robert Koch, developed the germ theory, whereby every disease could be accounted for by an invading micro-organsim. Koch, in conjunction with his former anatomy teacher, Jakob Henle, in 1840 came up with the 'Henle-Koche' postulates, which had to be fulfilled before an organism could be stated as being the cause of a disease;

1. A specific organism must be identified in all cases of an infectious disease.
2. Pure cultures of the organism must be obtained.
3. Organisms derived from pure cultures must reproduce the disease in experimental animals.
4. The organisms must be recovered from the experimental animals.
   (History of Medicine, 'Disease Transmission' p56-57)

This process of analysis is said to be "Reactive". That is, it is only after one is sick that the medical practitioner will take an interest in you. A 'Proactive" approach would involve firstly realising that the person is only sick because their body's defences were ALREADY down, and secondly determine what body functions need to be RESTORED to a level where a normal, effective defence against foreign organisms can be carried out.

Hence, the practice of medicine is more concerned with the treatment of disease than it is with the maintenance of health. This explains why most medical drugs and procedures are directed at the AFTER-EFFECTS of infection, and not it's prevention.

If modern medicine were genuinely concerned about the prevention of disease, and the maintenance of good health practices, we would have seen it involved in the removal of consumable products and practices that discourage good health and encourage disease, such as cigarettes, alcohol, recreational drugs, high sugar content foods such as soft-drinks and candy, the use of pesticides/fungicides/herbicides. However, these and many other health-defeating practices continue. Medicine is more concerned with the effects of poor health, probably because it is a more financially viable industry. We must remember that the healthier the population, the less the need for pharmaceutical drugs.

Despite this, an interesting perceptual problem has developed. We are constantly being told of the wonderful new medical technologies we have, and that as a nation, we are getting healthier because we are living longer. The average life expectancy of men and women in 1985 was 72.3 and 78.8 years respectively. In 1995, it rose to 75 and 80.8 respectively.

However, we must remember that many technologies simply prolong the inevitable. Heart bypasses allow patients with poor hearts to live long enough to have another fatal heart attack. Removal of a smoker's cancer affected lung, simply allows the other lung to become cancerous. Removal of a gall bladder doesn't correct the cause of stone formation. Hence our population is living longer because sick, unhealthy people are being kept alive longer.

In the 2 weeks prior to the National Health Survey of 1995

- Over 90% of people aged 65 years or more had reported using medications.
- 11% of the population were on medication for heart problems and blood pressure.
- 24% had used pain killers
- 40% of men were assessed as being overweight or obese, however only 30% of men actually considered themselves as being overweight.

(ABS, National Health Survey 1995, Summary of results, p7,10)

From ABS:Australian Social Trends 1997, "Health of the Population" p49

- Despite around 91% of people aged 15 and over reporting some recent illness or long-term health conditions, 83% assessed their health as good, very good or excellent.

Obviously a great deal of sick people mistakenly think they are healthy. One might then ask; Who would gain most from giving the perception that current health practices are promoting good health?

It is painfully clear that the majority of the population is either not interested in pursuing a healthy lifestyle, or, believes that its current lifestyle habits are 'healthy'. There is also a group that acknowledge they are not healthy, and know they have unhealthy practices, however do not know where to begin to make changes.

The National Health Survey of the Australian Population by the Alcohol and Other Drugs Council, June 1995 found the following;

- The average person spends $3,500 per year on alcohol, tobacco and prescription drugs.
- The average family (1 male adult, 1 female adult, 1 grand parent, one 20 year old son and 1 teenage daughter) consumed the following in 1 year;
- 9.5 cases of light beer
- 37 cases of full strength beer
- 54 bottles of wine
- 346 packets of cigarettes
- in excess of 100 prescription drugs

It would seem that some people would rather spend money on dying sooner, than on living healthier and longer!

A survey found the following to be Australia's most popular supermarket foods:

Coca-Cola 375mL, Coca-Cola 1 litre, Coca-Cola 2 Litre, Diet Coke 375mL, Cherry Ripe, Nesltc's Condensed milk, Tally Ho cigarette papers, Mars bars, Kit Kat, Crunchie bar, Eta 5-star margarine, Heinz baked Beans, Golden Circle Tinned Beetroot, Bushells tea, Diet Coke 1 litre, Cadbury Milk Chocolate, Pepsi Cola 375ml, Coca-Cola 1.5litre, Kelloggs Corn Flakes, Maggie 2 Minute Noodles (chicken flavour), Generic Brand lemon drink, Panadol tablets (24 pack), Meadow Lea Margarine.

Such a shopping list is a sad reflection on the health of our nation. In the year leading to June 1996, we spent $436 million on Coca-Cola (13% up on the year before), and $677 million on carbonated beverages. Despite restrictions on advertising, cigarettes remain in the top 20 fastest growing product brands, as $1.3 billion is spent on them annually. Some $2.038 billion is spent annually on lollies and chocolate. During the 40 Hour famine appeal half a million Australians go without food to raise $7 million. During the same time Australians lose $38 million gambling. *(Dr's D Richards & J Hinwood, "The Australian Chiropractor" April '97 p8)*

It is painfully clear that the majority of the population is either not interested in pursuing a healthy lifestyle, or, believes that its current lifestyle habits are 'healthy'. There is also a group that acknowledge they are not healthy, and know they have unhealthy practices, however do not know where to begin to make changes.

Chiropractors assist patients to take a 'reality check', and consider the long term, negative outcomes of their poor lifestyle habits. For example, smoking can double the degenerative rate of discs in the spine, and reduces both immune cell function and circulation flow (aside from being the single biggest cause of cancer), and alcohol renders the body more susceptible to inflammation. Poor water intake can also enhance spinal tissue degeneration. Lack of exercise increases your risk of serious heart disease. Caffeine reduces immune system function, encourages exhaustion of the adrenal glands, and is now implicated in some forms of bladder cancer.

It is easy to confuse cultural rituals with physical necessities. Chiropractors are often very particular about patient education, helping patients understand some of these myths, and how to help them lead a healthier lifestyle. Their role is not unlike a coach - helping the 'student' become the best they can be.

In Australia, Chiropractic training is over 5 years. It is a full university degree, resulting in qualifications up to a Masters degree. Post-graduate degrees are readily available, including PhD research, along with ongoing professional development and training seminars. Chiropractic is the largest non-medical health care profession, and one of the fastest growing. Chiropractors care for patients of all ages. Often the first subluxation is caused by the birth process itself, particularly where significant forces are used to leverage the baby's shoulders out. Studies dating back to 1921 and as recent as 1994, comment on the presence of significant haemorrhaging (bleeding) of the spinal cord in the upper neck area in autopsies of infants dying shortly after birth.

From birth upwards, our spines are often subject to direct and indirect physical traumas, which result in subluxations forming, and consolidation of pre-existing ones.

Aside from physical traumas, subluxations can also arise from exposure to various toxins, such as caffeine and nicotine, or any of the thousands of man-made chemicals and gasses we are exposed to daily. To ensure your health is being addressed from all angles, common suggestions given to patients include;

- drink at least 2 litres (filtered) water per day (adults).
- avoid sugary food and drinks
- avoid tea, coffee, cola, and chocolate (caffeine products)
- don't smoke, and avoid side-stream smoke.
- breast feed for as long as possible.
- plenty of fresh air, sunshine and regular exercise.
- consult a qualified naturopath to further your health.
- ensure plenty of sleep.
- don't sleep on your stomach (it dramatically affects the neck).
- avoid dairy products especially if an "asthmatic"
- eat plenty of fresh, organically grown, fruit and vegetables.
- have your family's spines checked regularly.
- maintain good posture (simple, yet vital).
- regular multi-vitamins/minerals and anti-oxidants
- appropriate exercises and nutritional recommendations

Vaccination is not preventative care. It does not encourage a healthy lifestyle (the major reason for the reduction of many infectious diseases). No efforts are made to assess the lifestyle habits of households with young children, such as the presence of smokers, hygiene, foods consumed etc, which can be done quickly. Vaccination attests to the medical belief that 'the bug will invade you', irrespective of what your state of health is. A healthy, drug free approach would be to help ensure the child's environment is encouraging the child, and every member of the family, to be living as healthily as possible. If every health care practitioner were to take on this responsibility, the overflow to the community would be enormously beneficial.

Being healthy, isn't just the absence of diseases. It involves ensuring that the body's own inherent desire to be 100% healthy can be fully expressed. This starts with a spine that is free of "vertebral subluxations", including the spines of babies. Not "catching a bug going around" is not so much 'luck', but rather a measure of how healthy you are.

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TRADITIONAL CHINESE MEDICINE —

UNDERSTANDING THE BEST FORM OF PREVENTION: BY ANDREW MCPHERSON

It has always been, and always will be, my contention that 'understanding' is the best for of prevention. Throughout its 6,000-year history, Chinese acupuncture has sought to do just this: to promote greater understanding on health issues and to offer viable solutions to the problems facing numerous generations. What better area then to introduce to the reader interested in the subject of immunisation and to its alternatives?

While the concert of immunisation in the West is only a mere few hundred years old, the Chinese realised from a very early stage that man was in constant battle with sickness and disease. In fact in the Huang di Nei jing (The Yellow Emperor's Classic of Internal Medicine), reputed to be the world's first medical book (written circa 300BC), it records the following: "When the five types of plague or epidemics happen, there can be transference from one person to another. No matter whether the cases are severe or not, the diseases conditions are similar."

This not only shows that epidemic diseases existed thousands of years ago, but also that the Chinese were able to recognise, diagnose, and differentiate them. Furthermore, Chinese medical experience with these epidemics didn't just stop here. Numerous books and treatises throughout the centuries to follow referred to infectious type diseases, their pathogenesis and their treatment. By the time western imperialist powers landed on the shores of China in the 15th Century, bringing with them a whole new range of epidemics, local medical doctors were already relatively well prepared to deal with the veritable onslaught. All that was required was some further adjustment and development to already existing principles.

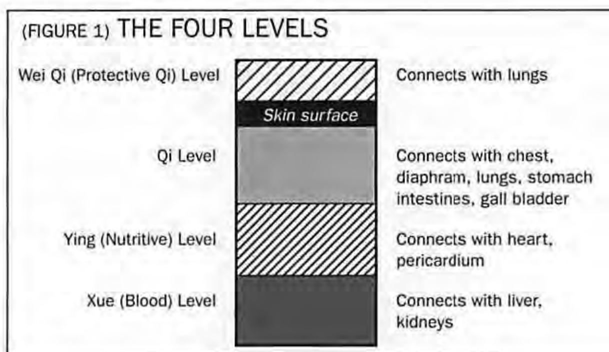
DEVELOPMENT IN UNDERSTANDING

Of all the names of famous Chinese doctors, the two which most stand out when it comes to the development of epidemic disease handing and treatment are Ye Tian shi and Wu Tang. Both these doctors contributed significantly to the development of TCM (TRADITIONAL Chinese medicine) theory regarding epidemic and infectious disease pathogenesis during the last dynasty in China, the Ding dynasty (1644-1911): firstly, Ye Tian shi with his 'four levels' or stages of febrile disease, and secondly, Wu Tang with his "three body divisions' view.

It is interesting to note that Ye Tain shi's theories especially find a place in modern Chinese medicine application. Doctors in the United States and China agree, for example, that diseases such as AIDS fir almost perfectly into Ye Tian shi's view of epidemic pathogenesis. Given that these doctors are obtaining enormous successes in AIDS treatment (1), these conclusions seem amply justified.

So what, then, did Chinese medicine doctors such as Ye Tian shi have to say about epidemic diseases? How do infectious diseases really work when attacking the human body? *1. Refer Dr. Michael O Smith, Lincoln Hospital, New York*

THE FOUR LEVELS'



According to Ye Tian shi, when any infectious disease invades the body it must affect one or more of four different levels in the body. Firstly, the attacking pathogen will invade what's known as the 'wei' or protective qui (energy) level, giving rise to exterior but minor superficial symptoms. Ie. the sort of symptoms that might commonly be associated with a common cold or flu. Secondly, if the pathogen proceeds further it will enter into the 'qui' level of the body bringing with it stronger and more foreboding symptoms this time. Such as strong fevers, perspiration, dyspnoea, restlessness, extreme thirst, diarrhoea and stuffiness of the chest etc. Next, an even more serious invasion of the body could see an involvement of the third level, the 'ying' or 'nutritive' level. This level is concomitant with problems like fevers, skin rashes and delirium.

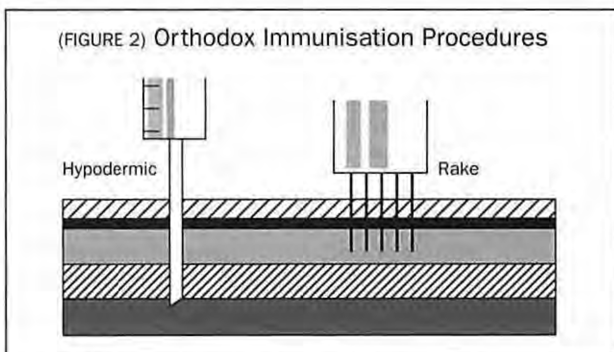
And finally, there is the danger of the 'xue' level (ie. 'blood' level) being affected in the later stages of a disease. Should this happen we could expect to see much more internalised symptoms in the form of bleeding diseases, deafness, tinnitus, heat in the chest, palms and soles, flushed face etc *(see figure 1)*

In summary, the above symptoms and signs, regardless of the western medicine name of the disease, eg pneumonia, measles, mumps, small pox, or even AIDS, indicate

where the disease lies in the body and where it should be expelled from. Furthermore each of the above levels also corresponds to different organs in the body, ie. the lungs corresponds with the wei level; the chest diaphragm, lungs, stomach, intestines, and the gall bladder correspond to the qui level; the heart and pericardium correspond to the ying level; and the liver and kidneys to the xue level. Hence, if any of the different levels has ever been seriously damaged by external pathogens invading the body, one would additionally expect damage to their corresponding organs. You could, in effect, have an incompletely cured disease one year and end up with a major degenerative disease years later.

This is not as amazing or fantastic as it sounds. For example, many people get 'growing pains' as children. This is actually rheumatic fever, one side effect of which can be the development of rheumatic heart disease, which itself in turn could lead to Alzheimer's disease perhaps some 40 or 50 years later. Another even more pertinent example might be Hepatitis B. We now know that hepatitis, an infectious disease, can lead to cirrhosis or hardening of the liver or maybe even liver cancer. Ye Tian shi's four levels completely and perfectly make sense of these diseases and many more.

UNDERSTANDING IMMUNISATION.



(FIGURE 2) Orthodox Immunisation Procedures

It is ironic that the Chinese were actually the first ones to invent immunisation. This has now been recognised and confirmed by the World Health Organisation. However, one should note that the application and usage of the 'ren du' cowpox vaccination as it was originally known, was very different from modern day immunisation procedures. To begin with, the Chinese only used this form of inoculation in the case of small pox, not for any other disease - they obviously never believed it necessary to do so. Secondly, the immunisation procedure involved no injections or puncturing of the skin of any kind - instead the powdered small pox scabs were blown up the nose, to work on the areas most likely to be involved.

Given Chinese experience and understanding of infectious diseases pathogenesis, the implications of this information is enormous. What this essentially means is that by injecting immunisation 'products' directly into the blood stream, or even into the skin surface, you are giving people a small dose of the particular disease being inoculated for *(see figure 2)*

Western medicine admits this and in fact claims this to be the basis of their views on immunisation. However in doing this, rather than simply 'preparing' the body for attack by certain diseases, western doctors are actually introducing small doses of sickness into the different levels of the human body. The result? Well, in the short term, small to large degrees of symptoms of the particular diseases being 'immunised' for. And, in the long run, as the introduced disease pathogens work their way through the different levels and to the different organs, a multitude of many different sicknesses and degenerative disease. It is no wonder then that more and more modern research is finding this to be just the case:

The only wholly safe vaccine is a vaccine that is never used.-Dr James A. Shannon - National Institute of Health, US Government, 1955.

"Research at Rutger's university shows live virus vaccines used against common ailments like influenza or measles may set the stage for a variety of diseases later. A certain enzyme portion or viruses may invade the genetic make-up of a vaccinated person. It may reappear later as multiple sclerosis, arthritis, or even cancer. Over a long period, complications from the vaccine may occur and take a disease course that is not suspected when the vaccine was given." What about immunisation, 5th Edition, p.66.

Rather than having the sudden acute problems associated with the plagues of the past, we may in fact be opening ourselves up to a much more insidious form of slow death.

THE SOLUTION.

Chinese medicine and acupuncture has for centuries understood that to cure, or for that matter to prevent, disease and sickness, it is essential 'to strengthen the true and reduce the evil". No matter how funny this may initially sound, this basically means that through the use of Chinese medicine (including acupuncture, herbs, massage, diet and exercise) it is important to strengthen the body's immunity in addition to expelling any invading pathogens. This is something completely unheard of in western medicine, which cannot improve any function of the human body without damaging some other aspect of a person's health. (A good example being AZT which suppresses bone marrow production and can cause patients to become severely anaemic and weak if taken for very long).

In conclusion then, it is my view that the best way to prevent the spread of sickness and disease is to improve educational understanding of how the body really works, to improve community hygiene levels, to reduce the consumption of

immune system-weakening foods (eg junk food, fatty foods, sweet sticky food, processed foods, etc). and to seek the immediate help of a traditionally trained and orientated Chinese medicine practitioner or acupuncturist should one actually get a serious virus. If we look historically, as well as logically, at this issue, understanding is without a doubt the best form of prevention.

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Bibliography

THE YELLOW EMPEROR'S CLASSIC OF INTERNAL MEDICINE
Translated by Maoshing Ni Published by Shambala Publications Inc 1995(English)
FUNDAMENTALS OF TRADITIONAL CHINESE MEDICINE
Written by Yin Hui he et al Edited or translated by Shuai Xue Zhong
Published by Foreign Languages Press, Beijing 1992 (English)
TREATISE ON FEBRILE DISEASES CAUSED BY COLD WITH 500 CASES
Written by Zhang Zhong jing Published by New World Press, Beijing 1993 (English)
WARM DISEASES STUDY
Published by Shanghai Study Skills Press 1991 (Chinese)
ON THE THEORY AND CLINICAL APPLICATION OF CHANNELS AND COLLATERALS
Written by Guan Zun hui Published by Yunnan Peoples Press 1984(Chinese)
WHAT ABOUT IMMUNISATION/
Written by Cynthia Cournoyer Published by Nelson's Books 1986 (English)
AIDS AND BEYOND
Written by Michio Kushi and Alex Jack Published by One Peaceful World Press 1994 (English)

NATUROPATHIC CARE OF CHILDHOOD INFECTIOUS DISEASES
BY KIM CRONIN

"The Doctor of the future will give no medicine, but will interest his patients in the care of the human frame, in diet and in the cause and prevention of disease" Thomas A Edison.

Naturopaths consider the health and vitality of the body to be as good as the health of each individual cell of which it is composed. Every cell requires for its optimum functioning nutrition which is optimal and not simply meeting average daily requirements. It needs drainage and effective nerve supply. The ability of the body to protect itself against infection is closely linked to underlying levels of well-being. Naturopathy has been practised for many thousands of years. In fact, Hippocrates, known as the father of modern medicine, said himself some 2400 years ago, "let thy medicine be thy food and thy food be thy medicine".

The tenet natural therapists practise by is there are no diseases, only imbalances in lifestyle that lower the vitality or energy of the body system thereby exposing it to the ever-present number of viruses, bacteria, fungi and moulds that are at the ready to

challenge our overworked immune system. The key to good health is to keep balance or homoeostasis by applying the five cornerstones to good health-sunshine, exercise, fresh air, optimal diet and positive mental attitude.

Like Homeopaths, Naturopaths see the symptoms of disease (fever, runny nose, fatigue) as the remedial effort of the body to throw off disease. Disease, as we see it, is an eliminative and cleansing process, one not to be feared or suppressed. The body needs to be able to throw off toxins into the bloodstream but can only successfully do this when the life force, chi, or vitality of the body, is strong. Synthetic medicines appear to cure but only deal with the general symptomatic profile of a disease's expression, without addressing both the totality of the person and the underlying cause of disease, so no "real cure" is effected. Medicine assists Nature but only Nature heals.

Disease and microbes are here to stay. They have always been living in either a state of symbiosis or antagonism with Man and animal. When we provide the right breeding ground they take anchor and dominate our immune system. It is unfortunate that modern medicine adopted the limited view of disease expressed by Louis Pasteur, a French chemist, in the 1800's. Pasteur's Germ Theory now forms the basis of all modern medicine. A contemporary of Pasteur's, Antoine Bèchamp, proposed that the 'soil' or internal body environment was the critical factor in disease, not the microbe as Pasteur postulated. Bèchamp was a better academician and scientist holding a degree in Pharmacy, a Doctorate in Science and in medicine. He was Professor of Medical Chemistry and Pharmacy at Montpelier, Professor of Physics and Toxicology at the Strasbourg Higher School of Pharmacy and Dean of the Faculty of Medicine at Lille. It is Bèchamp's view that reflects Naturopathic philosophy as we know it. Before Pasteur died, he made an admission to the medical community that Bèchamp was right-that in terms of the cause of disease, the 'soil' is everything, the microbe nothing. But no-one was listening. We can see the Germ Theory at work today when looking at the approach of eradicating disease via vaccination.

VIS MEDICATRIX NATURΔ

The roots of naturopathic approach to disease is the vitalistic philosophy of vis medicatrix naturae, "the healing power of nature". Natural medicines are selected to suit the individual's needs, are the least harmful and invasive and best able to work in harmony with the natural healing processes of the body. Vaccination procedures neglect the individual in favour of the mass; neglect bio-individuality and bio-susceptibility, thereby potentiating the risk factor. Most of the childhood diseases targeted by vaccination procedures used to be considered an integral part of a young child's healthy development. Disease caught naturally confers life-long immunity; vaccination does not and cannot offer this level of protection. The side-effects of these diseases are so benign and generally without complication that at most, the modern medical texts recommend bed rest, plenty of fluids and anti-pyretics. When all the previously mentioned facets of health care are employed, children recover healthier and stronger for having gone through the natural disease process. Vaccination alters this process

and charges the body with dead or live attenuated strains of the disease directly into the bloodstream. The body doesn't deal kindly with foreign proteins and toxins injected this way and this can lead to the development of many side-effects, both short and long term. It is no real wonder why today we have such a proliferation of auto-immune diseases drastically on the increase such as cancer, arthritis, asthma and AIDS

There are many books which recount the history of natural infectious diseases and the often widespread epidemics of the past, but these epidemics tell us more than anything else about the standard of living, of hygiene and of health care at the time. Remember that the story of immunisation has its origins in the attempts, over many centuries, to minimise the risks of contracting smallpox. Man has constantly battled with disease and microbes but will never eliminate them. We need to make the resisting force much stronger than the attacking force.

The Disease Crisis : Poor Vitality + Toxins = Chronic disease ➔ death.

The Healing Crisis : Good Vitality + Toxins = Inflammation (fever, skin rashes etc)

Acute conditions have heat, redness, swelling, skin eruptions and indicate good vitality for healing;

Subacute conditions give continuous mucus discharge indicating suppression of vitality due to faulty lifestyle;

Chronic conditions are indicated by destruction of tissue with pathological changes (cancer, heart disease) indicating complete lack of vitality.

The object of Naturopathic treatment is to bring the diseased part of the body into harmony with the whole. This is attempted by promoting the body's own defensive processes and employing measures which are catalytic or constructive

The quality of a young child's health is dependent on prenatal factors such as genetic constitution of the parents and influences during time in the womb. The importance of nutritional, structural and emotional factors to those planning to raise children, both fathers and mothers, cannot be too strongly emphasised.

CHILDHOOD INFECTIOUS DISEASES

It was interesting that when I was researching the nature of these diseases in more depth, I found most medical manuals, including the well respected medical Merck Manual, 15th Edition, 1987, compiled by doctors for doctors, advised treating measles, mumps, rubella, chickenpox etc., with little more than bed rest, liquid diet and soft food, analgesics and ice packs. If they are so easily treated with little medical intervention needed, why the need for artificial immunisation? Prior to the vaccine era, measles, mumps and rubella were treated among the "routine childhood diseases" which most school children contracted before the age of puberty and from which nearly all recovered with permanent, lifelong immunity and no complications or

sequelè. The Merck Manual states that "although the mumps disease occurs at any age, most cases are in children aged 5 to 15, the disease being unusual in children under 2yrs and infants up to 1yr are ordinarily immune. About 25% - 30% of cases are clinically inapparent". Current vaccine programmes call for complete induction of vaccinations during the first 2 years of life thereby pushing the exposure period forward by many years (MMR shot at 12-15mths)

The fact that human infants are born with an underdeveloped immune system magnifies their vulnerability to vaccination side-effects. Breastfeeding infants for as long as possible (at least 9mths) provides a rich source of antibodies from the mother's breast colostrum and milk conferring some degree of natural immunity from these diseases. It allows time for the digestive tract to mature to handle more solid foods later. If this format is altered and the infant is started on commercial formulas too early that often cause digestive and allergic reactions in the infant, then the child's immune system is stressed and constantly challenged. Add to this the repeated vaccinations (injections directly into the bloodstream and not via the normal portal of entry for immune response to be naturally galvanised into action) you have the stage set for many years of ongoing health problems ranging from asthma, eczema, tonsillitis, ear infections, recurrent colds, arthritis, cancer and diabetes.

Although some of these have yet to be proven 'scientifically', a brief look around will show you how so many more people are fighting a progressively tougher battle to stay well. Health is more than just the absence of disease.

IMMUNITY

"The more you depend on forces outside yourself, the more you are dominated by them". Harold Sherman.

Natural immunity in a healthy person is based on a series of body defences similar to an army, navy or airforce. It really is like a war! Cancer cells proliferate unseen or unfelt because they are kept in check by our own internal protecting armies.

At each onslaught, the body builds up a resistance (antibodies) so that future attacks by the same "foreigners" are less severe or are thwarted altogether. The process is gradual, natural and safe. The vaccination process bypasses all of this via the direct injection into the bloodstream. As well as the foreign proteins introduced into the bloodstream, each vaccine has its own preservative, neutraliser and carrying agent, none of which has anything in common with the body.

The DPT vaccine contains the following poisons: formaldehyde, mercury (thimersol) and aluminium phosphate (Physicians Desk Reference, 1980).

The packet insert for the polio vaccine lists monkey kidney cell culture, lactalbumin hydrolysate, antibiotics and calf serum. The packet insert for the MMR vaccine lists chick embryo and neomycin (an antibiotic) mix. Chick embryo, calf serum and monkey kidney cells contain differing strains of genetic material that have the potential to become part of our own genetic material

It is astounding that a thousand generations of knowledge and experience can be wiped out by a single generation of ignorance.-S.M. Richards.

BOOSTING NATURAL IMMUNITY

"Primum, non nocere"-First do no harm

You can provide the best protection for your child by:

1. Maximising nutrition (diet and supplements) for the mother six months before conception, during the pregnancy and after the birth of the baby. Most substances ingested by the mother will pass through the placenta and breastmilk. Seek Naturopathic advice for individual dietary guidelines.
2. Breastfeed for at least 9mths, longer if possible.
3. Seek out a Homoeopath or a Naturopath who uses homeopathic remedies. These are simply wonderful for babies, infants and toddlers, work quickly, are 100% safe with no side-effects. Treating constitutional weaknesses of the mother and father before conception can often provide a short-circuit for inherited disease patterns.
4. Provide a warm, loving and stable environment for the child.
5. Exercise for the family needs to be an enjoyable and regular part of weekly routine.
6. Brief sunbaths are necessary for mother and child. Spend 20mins daily in filtered sunshine. Don't wear sunglasses as they prevent certain types of light penetrating through the pupil, which are necessary for the activation of the pineal gland in the brain to regulate hormonal activity. Sunbathe before 11am and after 3pm (Before 10 and after 4 in the tropics).
7. Nutrition is important. Try eating organic foods (including meat, chicken, tofu and eggs). Chemical-free food doesn't interfere with the subtle physiology of the body, but food pumped with hormones, antibiotics, insecticides and pesticides does. Minimise smoking and alcohol. Eat at least 65% of the diet in the raw and uncooked state . No frying or boiling food and try to food combine for more efficient digestion. (Ask your health practitioner). Ensure you have small but adequate quantities of complete protein in at least 2 meals daily. Protein cannot be manufactured in the body, it has to be supplied.
8. Supplements: Always ensure bowel flora is in the right proportions. If occasional thrush, cystitis, pimples on the bottom, bloat or wind, allergies and rashes are present it may be an indication that either acidophilus or bifidus supplementation in powder form may be needed. There are also other composite formulas available which supply many

other bacteria in the one formula and a dairy-free one is available as well. Feed a little of this powder to your baby on the tip of your little finger each day. Bottle-fed babies especially thrive on this. Good bowel bacterial levels make for a good immune system.

IRON: For babies, there are vegetable and fruit tonics available which can yield approx. 5mg elemental iron with each teaspoon. Most are organic, are safer than tablets, are non-constipating and have no side-effects. Low iron levels are implicated in poor immune status. Ensure the breastfeeding mother has enough red meat, pulses, beans, apricots and green vegetables to cover her own iron stores.

VITAMIN C: Iron is better absorbed when taken with vitamin C as is zinc, another important immune modulator. The general rule I employ in clinic is for the breastfeeding mother to take 1000mg twice per day in juice, sipped through a straw as Vitamin C can strip the enamel from the teeth. This will come through in the milk but if there is diarrhoea, cut back the dosage. For children up to the age of one, I employ 1000mg daily. Use powdered Vitamin C.

GARLIC: A clove a day does keep the doctor away! Wonderful for treating worms in children, but can cause wind in babies. A simple way to have garlic reach the bloodstream is to strap a clove to the sole of the foot at bedtime as the feet are quite porous and open to oil-carried substances.

WATER: Drink filtered or purified water, not tap or chlorinated water. Chlorine is implicated in many bowel disorders and destroys Vitamin E. For a healthy immune system, drink at least 2 litres throughout the day. Note that boiled water has lost most bacteria and chlorine but little else

FRESH AIR: Deep breathing throughout the day helps to pump the vital lymph fluid around the body carrying the fighting cells to areas where most needed.

Extra Beta Carotene (carrots, paw paw, mango, apricots etc) and Vitamin A from fish oils for children is indispensable to help keep lungs working well.

SELF-HEALING: View infectious disease as an opportunity for the body to produce antibodies to fight invading viruses. It is Nature's perfectly designed defence mechanism which needs no improvement in design, just careful maintenance.

The true cause of disease is not due to germs but rather to the state of the internal 'soil' of the person-an accumulation of toxic waste products and chemicals resulting from faulty nutrition, stress, lack of exercise and pollution. Healing requires much energy which the body must conserve for the process. Total rest is required. Fever is a necessary fortifying component for competent immune health.

GENERAL TREATMENT FOR CHILDHOOD INFECTIOUS DISEASES

- Offer extra fluids to sick babies especially if they are feverish. Give filtered water or freshly juiced fruits (not orange, grapefruit or lemon) sipped through a straw. Some drinks can irritate babies with mumps. Cooled herb teas such as sage, elderflowers or camomile with honey can be offered.

- Breastfeed for as long as your baby demands; this is comforting for both of you.
- Observe your child's general colour of skin, lips and toe nails, pupil dilation, extra spots or rashes especially inside the mouth and on the bottom and mucus colour. Keep a record of these details
- Purèe fruit and vegies for older children. No tinned or processed foods.
- Encourage a sick child to rest or sleep as much as possible.
- Be sensible with room temperature. Body heat is lost around the head area of the body. Feel a baby's general body temperature by placing your hand on his/her chest.
- Keep with your child as much as possible and let your child sleep with you as much as possible during the illness.
- Sing to your child or play quiet soothing music. Burn some lavender or eucalyptus oil in the room depending your child's symptoms and temperament.
- Sit in a rocking chair with, if needed, a warm blanket over you both-soothing rocking does work. Talk reassuringly to your child and bring out favourite books and games. Laughter is the best medicine.
- Take care not to overdo things with the child as relapses can occur

AIM TO AVOID:

- Overstimulating or having visitors come by.
- Feeding a sick baby against his/her wishes.
- Taking a child out with a fever.
- Worrying if your child becomes clingy or whingey. This is the first sign they are not well. It soon passes.

SPECIFIC TREATMENT FOR INFECTIOUS DISEASES

Incubation and infectious periods of the various diseases vary so become familiar with each pattern where possible. NEVER give a child aspirin in any form during or after a childhood illness as this can cause serious complications.

CHICKENPOX

Otherwise known as varicella caused by herpes zoster virus which causes shingles in adults

INCUBATION PERIOD: 7 - 21 days; Infectious period: From a few days before the rash appears until the last spot or blister has formed a scab.

SYMPTOMS: Begins with feeling unwell, a rash and maybe a slight temperature. Rash begins as a pink dot then blister to the size of a pea. Loss of appetite and vomiting may occur. On the 2nd day, the spots first appear on the trunk then spread to the face and limbs. 24hrs elapse between appearance of the blister to formation of the crust. Temperature can increase at this time. Immediately the crust forms, the spots start to itch which may last until the scabs drop off leaving normal skin after 1 or 2 weeks. Serious complications are rare and the majority of children require no treatment at all. The most common problems occur from infection of the skin at the spot. Complications can arise in adults with chickenpox.

It is spread via vapour droplets exhaled with every breath. Outbreaks are strongest in the autumn and winter and appear to occur in 3 to 4 year cycles. A newborn is protected for several months from conception if the mother had the disease prior to or during the pregnancy. The immunity diminishes by 12 months of age.

An experimental vaccine is available and is promoted for use by high risk people such as those who take anti-cancer or immunosuppressive drugs

WHAT TO DO: Homoeopathic treatment is quick and successful. I have used a complex formula by Brauer (SA, Australia) called R68 or Herpeszostin which is available through Naturopaths in conjunction with iron phosphate celluloid or tissue salt for temperature alleviation. Dose is one tablet crushed every 30 mins until temperature is stable. Ant. crud. 12C for itching is very successful and plenty of Vitamin C which acts as an anti-inflammatory. Can use a vitamin C with bioflavanoids for better temperature and anti-inflammatory control. For general protection of family and friends, Varicella 30C once daily for 7 days is the preferred homeopathic remedy.

Dab dilute cider vinegar on very itchy spots (one tablespoon to 1/2 litre of warm water) or use bicarbonate of soda and water dabbed on or placed in the bath. Wear loose clothing and put on cotton gloves or mittens on the child during sleep.

Take extra Vitamin E (you can split open a capsule and put it into food) to prevent serious scarring.

Seek help if: the scabs become badly inflamed or there is pus oozing from them, itching is severe, or spots affect the eyes (not just the eyelids).

GERMAN MEASLES

Otherwise known as rubella or 3-day measles. Rubella is Latin for "reddish". It is a virus spread by airborne droplets or close contact.

INCUBATION PERIOD: 14-21 days; Infectious period: One week before and at least 5 days after the rash appears.

SYMPTOMS: A (generally) short-lived, mild infection, less serious than measles. It often starts as a mild cold. The rash appears in a day or two, first on the face and behind the ears, then down the body. Some lymph nodes (glands) swell and become tender. Spots are flat but on a light skin they appear pale pink. Joints may become painful, especially ankle joints, but bed rest or propping feet up, doing rotation exercises and massage followed by heat packs can alleviate the symptoms. Cases are often difficult to diagnose because symptoms are so mild.

The rubella virus is the only one known to damage developing babies in utero.

There is no treatment that will cure the disease and only the body's own defences will end infection. Complications are rare in children. It occurs more commonly in spring and summer months and runs a 4-6yr cycle of minor epidemics.

WHAT TO DO: No specific treatment is needed, however, I have used the homoeopathic remedy Rubella 30X once daily for 7 days at first sign of symptoms. Plenty of fluids and perhaps Phytolacca decandra (pokeroot) cream to massage

into swollen glands; a herbal combination of phytolacca, echinacea and red clover taken daily is a good lymph and blood cleanser. Keep starchy foods to a minimum during illness and always eliminate sugar and white flour-based foods. Use vitamin C at up to 1000mg per year of age (1 yr old to take 1000mg, 2 yr old takes 2000mg up to maximum of 4000mg daily or bowel tolerance level.)

Rubella 30X can safely be used by pregnant women if exposure to the virus has occurred.

MEASLES

(Rubeola or Morbillus): Otherwise known as 9-day measles.

INCUBATION PERIOD: 8 - 21 days. Infectious period: 4 days before and 5-10 days after rash appears.

SYMPTOMS: A highly contagious acute disease characterised by fever, cough, runny nose, conjunctivitis, eruptions (Koplick's spots) in the mouth or labial mucosa and a rash. Begins like a bad cold and cough with sore, watery eyes. The child becomes gradually more unwell with a temperature. Look for small spots like grains of sand (Koplick's spots) in the mouth and inside cheeks and labia. These confirm measles before the characteristic rash appears, usually a day or two later. Rash begins behind the ears and frontal hairline. The fever and respiratory symptoms will be at their height. Spots are small, red and slightly raised. Rash spreads down the body. At 7 or 8 days from the onset, the illness subsides and the eruption fades, to be replaced by small bran-like scales lasting a further 6 to 7 days. During this period it is important that there is no exposure to chill or cold and exposure to bright light is minimised.

WHAT TO DO: Don't be tempted to suppress a fever, even if the temperature is high, as it essential the disease "burns" itself out naturally. Keep the child cooled in other ways. Some complications thought to come from the fever suppression are ear infections, pneumonia and (rarely) encephalitis. Children need careful nurturing through this illness.

HOMEOPATHIC TREATMENT WORKS WONDERS. I use Morbillinum 30C once daily for 7 days for the family and individual homeopathic remedies for the various symptoms. Constitutional remedies are needed in all cases but seek the counsel of a qualified Homoeopath for these

Administer vitamin C powder as per usual and perhaps a little extra liquid zinc. Give rest and plenty to drink. Keep warm and have warm drinks to ease the cough. Chamomile, lemongrass, honey and lemon work well, but for persistent dry cough try a cut onion that has been marinating in raw honey in a warm place for 12 hours. Take 1 teaspoonful when needed. This can ease and often eradicate the most stubborn of coughs and is perfectly safe and soothing. Remedy for rash with hard, dry, painful cough, made worse with movement, is Bryonia 12C. Tight, dry cough and thirst, and perhaps vomiting, use Phosphorus 12C. Brauers, Australia, make a range of complexes suitable for dry cough, fever, inflammation etc., which

are easily available and easy to administer. Children enjoy taking remedies that are homoeopathic rather than herbal as, generally, the taste is much more pleasant. Bathe the eyes with Euphrasia lotion to ease soreness. Use cooled, boiled, filtered water and sterilise eye baths after each use. Use pawpaw ointment around and on lips to protect skin.

NOTE: Immunisation has perhaps shifted the incidence of measles back to older age groups who historically are less able to tolerate the illness. The Merck Manual also states that live, attenuated measles vaccine administration has been known to precede development of AMS (Atypical Measles Syndrome) of adolescents. Measles has a naturally low mortality rate and is usually benign unless complications ensue.

MUMPS

INCUBATION PERIOD: 12-28 days; Infectious Period: 2 days before swelling appears until it has gone – 10 days in all, generally.

SYMPTOMS: Parotitis or mumps is another common childhood illness of viral origin which goes unnoticed in 30-40% of cases. It can start with a fever and pain around the ear or a feeling of discomfort when chewing. Swelling then starts in the salivary glands (in front of the ear and just above the angle of the jaw) which gives it a rabbit-cheeked appearance. It often starts on one side then moves to the other. The child's face is back to normal in a week. Loss of appetite, headache and back pain may ensue. Glands under the tongue and jaw may also swell. Spread by droplet infection or direct contact with materials contaminated with infected saliva. Most cases are in children 5-15 years and unusual under 2 years. We give the MMR shot at 12-15mths. Problems can occur when mumps is contracted past the age of puberty. Epididymo-orchitis (inflammation of the testes and epididymus) occurs in 30-40% of males past puberty and ovarian and breast involvement in the female. Inflammation of the brain lining is an occasional complication.

WHAT TO DO: Allow the disease to run its course with bed rest, soft diet and plenty of liquids. Ice packs can often help to reduce the swelling.

Use homeopathic Belladonna 12C for glands that are hot and swollen, red and sensitive to touch. Use Ferrum Phos. 6C for temperature or use tissue salt of ferrum phos. crushed and put into bland juice and water. Offer few fruit juices as these stimulate the salivary glands. Use a straw to drink with and purèe or liquefy food. Suck on ice cubes or crushed ice. Administer vitamin C as previously recommended in powdered form and put into diluted juice. Parotidinum 30X is my choice of remedy. One dose every 12 hours for 3 doses, followed by 1 dose every 3 weeks from Autumn to Spring for prevention and to reduce severity of attack. The family can take this also. Brauers Lymplex formula also works well for glandular swelling. Try to avoid using Paracetamol and other fever reducing agents. Sponge down the child and keep cool in other ways.

WHOOPING COUGH

INCUBATION PERIOD: 7 -21 days; Infectious period: Up to 5 weeks after the first bout of coughing starts. Caused by the Bordetella pertussis bacterium.

SYMPTOMS: Begins like a cold and cough with slight fever and runny nose. After about 2 weeks, coughing bouts start. These may end up being uncontrollable and the child may choke and vomit. Babies under 1 year often find it difficult to breathe and feed so you will need the services of both a Homeopath and Naturopath on board as soon as the first signs appear. If, however, severe distress is apparent, seek medical attention. Complications are rare in children over 1 year. Since vaccination, more adolescents and adults are the source of the disease. Epidemics occur in 3 to 4 year cycles. Protection isn't transferred to babies from the mother so they are susceptible from birth. The vomiting is really more characteristic of whooping cough than the whoop. The Chinese call it "the 100 day cough" because it can drag on for so long.

WHAT TO DO: Homeopathic Pertussin 30C once daily for 7 days can be given to family and friends for protection, and also to the child suffering, and for a barking, spasmodic cough give Drosera 30C at one dose only.

Antibiotics are often given and if this is your preferred course then ensure acidophilus supplement is given alongside it, and for 2 months after the course has finished. Other treatment is symptomatic: avoid stimuli which can cause coughing; provide a warm room, especially at night; offer small frequent meals and drinks and no rushing about. Use a vaporiser filled with plain water to humidify the air. Use a little lavender and/or rosemary oil (essential oils) in the vaporiser at night to help clear the nasal passages, or put a drop of each on a piece of cotton wool and place it under the sheet. Use almond oil to massage onto baby's back and chest. Essential oils can interfere with the action of homeopathic remedies so use with caution.

Cut out all cow's milk and all dairy products from your child's diet for a week or two, as they encourage mucus production. Clear your child's nostrils gently with a tissue or cotton bud soaked in water, oil or breastmilk, to make breathing easier.

DO NOT:

- Suppress the cough with routine cough medicines as this prevents the expelling of mucus from which a secondary infection can occur.
- Give constant cod liver oil to children as a "proving" may occur with repeated bouts of cold and coughs.
- Smoke or put your child into a smoky atmosphere.

TETANUS

Caused by a bacterium called Clostridium tetani, this organism is found freely in soil, dust in buildings and in the garden. It is killed by oxygen and grows only in oxygen-free (anaerobic) surroundings.

INCUBATION PERIOD: 6-10 days, occasionally several months. Symptoms: Tetanus is a disorder of the central nervous system caused by improperly cleaned wounds. Symptoms include tightening of the body muscles, spasms of the jaw muscles, convulsions, headache and depression. Most cases recover when properly treated. Wounds should be thoroughly cleaned and not allowed to close until healing has occurred beneath the surface of the skin.

WHAT TO DO: For any cut that is large, jagged or torn, or if yellowish tissue bulges from the wound, seek medical treatment. For small puncture wounds and shallow lacerations wash away from the wound site and not over it. Apply Calendula, Hypericum or Hypercal solution to the wound. A dose or two of Hypericum 30X or Pyrogen 30X usually works to prevent infection. Ledum tincture can be used when the wounded area to the foot feels "cold". Soak wound in a 1:5 dilution of the tincture and take Ledum 6X or 30X (2-3 tabs) until symptoms subside. Give 1000mg vitamin C every 2 hours, up to 4000mg daily for children. Cut back if diarrhoea occurs and only do this for the first 24 hours. 500mg vitamin C every 2 to 3 hours for the following week, then once daily, is more than adequate to saturate the tissues. Colloidal silver is a natural antibacterial, antiviral and antifungal solution that can be used with confidence both externally and internally. In most cases I have seen, the above combinations of treatment have cleared infection very quickly and cleanly.

SUMMARY

Parents who accept responsibility for refusing to have their children vaccinated must also accept the responsibility for maintaining their children's diet and well-being that will enable them to withstand infections and be better able to cope with infections should they occur, without undue problem.

"Those who disregard the Laws of Heaven and Earth have a lifetime of calamities, while those who follow the Laws remain free from dangerous illnesses."-Old Chinese Proverb

References

1. *The Merck Manual, 15th Edition, 1987. Published by Merck Sharp and Dohme Research Labs.*
2. *Vaccines: Are they Really Effective? by Neil Miller. 4th edition. Pub: New Atlantean Press, 1994.*
3. *Vaccination and Immunisation: Dangers, Delusions and Alternatives by Leon Chaitow. Published by C W Samuel Co Ltd, 1987.*
4. *The Family Encyclopedia of Medicine and Health Group Medical Authors. Consultant Dr Maxine Long. Published by the Book Company 1996.*
5. *Homeopathy for Pregnancy, Birth and Your Baby's First year by Miranda Castro, published by St Martins Press, 1993.*
6. *Homeopathy and Your child by Lyle Morgan II. Published by Healing Arts Press, 1992.*
7. *Immunisation - The reality behind the myth by Walene James. Published by Bergin and Garvey, 1988.*
8. *Birth to Five by the Health Education Authority, UK. Published by HEA, 1994.*

BENJAMIN'S STORY

I would like to point out at this time, that had I been aware of the side effects of vaccination I know I would not have allowed him to be inoculated. I feel angry that this information was never given to me, especially since I did ask questions regarding side-effects.

My son Benjamin was induced three and a half weeks early due to my toxaemia, and fetal heartbeat monitoring showing signs of stress for my baby.

When Benjamin was three or three and a half months old, he suffered whooping cough. At the time, I was told he was lucky that he had already had his first triple antigen injection as his illness could have been worse. This was told to me by the nurses and doctors at Fremantle Hospital. One Doctor, however, advised that in his opinion, the whooping cough vaccine was very weak, and therefore rejected the viewpoint of his peers.

Ben has been left with asthma and the "common cold" and 'flu infect him with chest infections, requiring at least one course of antibiotics each occurrence.

I am now wondering if the fact of his inducement should have been taken into account at the time of his first injection. If Ben was vaccinated to coincide with the dates had he been born full term, would his lungs have been more developed? I would like to point out at this time, that had I been aware of the side effects of vaccination I know I would not have allowed him to be inoculated. I feel angry that this information was never given to me, especially since I did ask questions regarding side-effects.

Ben also suffered febrile convulsions after his measles injection which he had at 13 months. My Doctor advised that these were a direct result of his injection. Ben will be four years old in May, and still suffers convulsions when he is sick. Only twice have I been able to keep his temperature down and avoid a convulsion.

Ben has not been vaccinated since. My other two children each had their vaccinations without any obvious problems, but I am very angry that I was not given the information I requested on the side-effects of vaccinations. What right do the medicos of Australia have to take it upon themselves to decide what is correct for my children?

Mother, Western Australia

A BRISBANE MUM'S STORY

My daughter was born of a difficult birth (foetal distress followed by emergency caesarian) followed by fitting. The fits ceased after the first few days. Our Paediatrician prescribed Phenobarb for some months. Our baby remained under the care of this doctor who cared for her extremely well at and after birth.

First Vaccination: The GP gave half dose because she was worried about the fitting after birth. We had no idea why. The Paediatrician said that half a dose was no good and to give full doses from now on. He said that because children die from these diseases it was necessary to vaccinate every child. He did not tell us of any dangers of side-effects from vaccination.

Second vaccination: the dose was a full dose, followed by a very high fever during the night which was finally brought down, after phoning the Paediatrician, using Panadol, and sponging. He rang us the next morning to see if our baby was OK. She was.

Third vaccination: this was also a full dose and so was the measles / mumps vaccine. After these our daughter became unwell with colds and an ear infection. This was treated with Amoxycillin which caused severe diarrhoea. Just after this, she had her first seizure which required an emergency trip in the ambulance, lumbar puncture, and other tests in the hospital to establish the cause of it. No cause was found and we were sent home after a day in the hospital for observation. The next seizure required the same treatment and we were given a bottle of Dilantin and told to watch her all the time, never leave her alone outside or in the bath, and to give her the medicine to a strict schedule.

The third seizure occurred. We saw the same doctor who could not have cared less. I told his registrar that we would like to see the doctor as private patients, and our daughter was then given her first EEG at the hospital. We made an appointment with this Paediatrician, but did not keep it. Instead we saw our GP who referred us to "the top neurologist", who took an EEG and told us that our daughter was OK. He changed her drug to Tegretol because "Dilantin thickens their gums, and we don't give it to girls".

The seizures increased in number and severity. The neurologist gave us Valium, which we administered rectally to stop the fits. Sometimes it worked; at other times we would have a trip in the ambulance, sirens blaring, to the hospital to have the fit stopped. At least we were met by a doctor we knew and there were no more tests.

Our daughter now had no interest in anything much. Her attention span, always long for her age, had shortened, and she was prone to mood swings, periods of sitting still followed by excitable periods where she was near hysteria. She was three years old.

We sought out a wonderful Naturopath who referred us to an excellent Chiropractor, who straightened our daughter's spine. The Naturopath was an enormous help. She discovered food allergies and introduced us to Brain Gym exercises and cassette tapes which encouraged positive thinking. Our daughter benefited greatly from this, as our household was a very negative environment by now, with us just living from day to day, and waiting for the next seizure. Because the fits only occurred during sleep, our daughter now slept every night with her father, while afternoon naps were taken with her mother in sentry mode. We never left her alone. She never had a baby sitter because the seizures were so traumatic for everyone that we did not wish to inflict it on another adult, and we could not allow our daughter to go through it without one of us being there.

This went on for a while, with trips to the neurologist who told us that our daughter was fine, and prescribed an increased dosage of Tegretol after every fit. Each increase involved holding our daughter down while a blood test for toxicity was taken. After some time, the neurologist changed the medication to Epilim, which he said was not monitored by blood test. But our daughter was NOT fine, she looked like a limp rag.

Seizures were becoming more severe and more frequent. The neurologist said that he would increase the Epilim, but we would need to take our daughter for a blood test first. We didn't. She had a seizure that we could not stop, and we were unable to get hold of her neurologist. His wife gave us a number for another doctor, a paediatric neurologist, who met us at the hospital. He was like a breath of fresh air. He told us that the Epilim dose needed to be increased, but that no blood test was required to monitor the drug.

After we changed to this doctor, we soon started to see results. There were two more fits followed by increases in Epilim dosage. After this there were no more fits. She stayed on the medication for two years after the last fit, then came off the Epilim very gradually. She has been fit free ever since!

Up until the withdrawal of the drug, our daughter experienced learning difficulties. Things learned were not retained. Since then she has become an excellent reader and is now coming to grips with maths. She has changed from an apparently disinterested child into one with an inquiring mind. At age five she attended a clinic to improve her motor skills. There was an improvement in both fine and gross motor, but it is only now that handwriting skills are evident. This is frustrating for her, as her brain now moves quicker than she can get her thoughts down on the paper. She practises handwriting at home. She now sleeps alone, having moved out of the double bed at the age of eight.

She is, and always has been, a good swimmer, but not a runner. She ran 1km for the first time last week at the age of eight and a half.

She still has food allergies, but now understands the need to avoid these foods. She is still prone to colds followed by infection which need antibiotic treatment, and from seven to ten days off school.

P and C, Brisbane

DWAYNE'S STORY

Dwayne was born a beautiful, healthy, normal baby, who fed well, slept well, and overall had a good routine. He had one cold when he was one month old and was prescribed Amoxil for this.

Dwayne had his first DPT vaccination in November 1984 at two and a half months old. He suffered colic-like symptoms through to December 1984, for which Merbentol was prescribed.

His second DPT vaccination was in January 1985, aged five months. We left the surgery and went to my mother's house, ten minutes away. On changing Dwayne's nappy, I noticed large red blotches over his body. I rang the GP straight back. The GP

said: "Oh dear, he appears to have had a slight reaction to his vaccine," and requested that I bring Dwayne back to the surgery immediately. By the time we reached the surgery, the blotches had increased, and were joining together. The GP observed, left, came back with another GP, they both left, (which seemed like forever), and when he returned he smeared a cream over Dwayne's body, and said he would be fine. He also told me to give Dwayne some Panadol as some children experience some discomfort or slight temperature after a vaccination.

Dwayne was not a contented baby after this. He was irritable, cried a lot, letting out high-pitched squeals. His sleeping habits were now poor; he would not feed well, and did not respond to any attempts at comforting. He also had reduced movement.

In February 1985, he developed a disturbing cough. Visits to the GP suggested the cause to be teething. At 3pm one morning, we were absolutely beside ourselves, and took Dwayne to the hospital. We were consequently told that he may have slight whooping cough. The cough thankfully petered out around April, 1985.

Dwayne received his third lot of vaccinations at this same time, aged 8 months. Before this, I expressed concern to our GP regarding Dwayne having the vaccination due to the reaction with the second one. The GP was one step ahead of me, saying that due to the slight reaction Dwayne had last time, and the most likely villain being the whooping cough component, they had decided to leave that out of future vaccinations for him.

I was not at all comfortable with this, but was eventually persuaded to let Dwayne have the diptheria and tetanus components after the GP's speech on the consequences that he could suffer if he contracted one of these infectious diseases. I was a young mother, scared witless, and did not know of the other disastrous side of vaccinations, only of what Dwayne experienced with the second vaccination.

Dwayne remained very demanding, still not sleeping or eating much, still squealing, not developing, and constantly grizzling and crying. Visits to our GP found us coming home with no answers, except "maybe mum's very tired, needs a break, and possibly over-reacting a little." I was even prescribed Valium! (One of these was enough for me, and the rest were flushed down the toilet. It was hard enough coping with Dwayne as it was, without being spaced-out myself.)

Dwayne received his forth vaccination (measles mumps, rubella) in October 1985, aged 14 months. He did get a slight dose of either measles or mumps-not sure which-and not sure if it was before or after the vaccine.

Dwayne never crawled! He made numerous attempts to walk, but was always stiff, and would always fall stiff to the ground. He suffered constant coughs and colds, just getting over one long enough to get another one. He was holding his ears frequently, and screaming, but it was hard to tell if the screaming was from that or from something else, because screaming and crying is what Dwayne did almost every day anyway. Visits to the GP were fruitless.

Dwayne was admitted to hospital at 15 months of age, and again at 17 months, with vomiting, diarrhoea, high temperatures, and stiffness of the body. Both times,

tests were done for gastroenteritis and meningitis, but these tests revealed nothing, and the symptoms were put down to 'mystery viruses'.

Dwayne went for his fifth lot of vaccinations in July 1986, aged 23 months. He received the diptheria and tetanus components, while the whooping cough one was left out.

Regarding Dwayne's ears, we requested to see an ear, nose and throat specialist. He diagnosed glue ear and grommets were inserted in both of Dwayne's ears. Dwayne then had a hearing test, but this was abandoned because he would not stop screaming long enough to cooperate, or for the equipment to get a reading. We were sent home, and told that they felt Dwayne could hear adequately. Dwayne also had his tonsils and adenoids removed due to throat infections.

Dwayne has not had his sixth vaccination, his boosters, or any other shots since.

Dwayne experienced increased epileptic activity, and on calling the Neurologist, we were told to increase the Frisium. Then Dwayne started 'head dropping' and falling to the ground.

We requested to see a specialist due to concerns about Dwayne's growth, and we were sent to Princess Margaret Hospital to see a Neurologist. Tests were carried out, eg: Developmental Assessment, Cat Scans, EEGs, chromosome and blood tests. At the end of all of it, we were told that Dwayne had the development of a 15 month old baby! He was then just under two and a half years of age. The EEG showed signs of epileptic activity, something we had not witnessed, but were told he was possibly having while he was sleeping (an occasion that did not happen often.)

On being discharged from PMH, we were told everything Dwayne did not have, but were offered no explanation whatsoever as to the real reason our son was so sick. A disastrous mess. The Neurologist prescribed Tegretol for the epileptic activity. We went back to see him shortly after, having experienced the activity for ourselves, and were told to increase the Tegretol. With activity still increasing, Dwayne was admitted to PMH again for more EEGs. The result was additional medication called Frisium. We were told that Dwayne had a sensory type of epilepsy triggered off by the changing of nappies, something he insisted on frequently, whether he was wet or dry, as he enjoyed the sensation.

Dwayne experienced increased epileptic activity, and on calling the Neurologist, we were told to increase the Frisium. Then Dwayne started 'head dropping' and falling to the ground. We could not contact the Neurologist, so we went to the GP, who after evaluating Dwayne's weight for age, increased the Tegretol.

Finally we got an appointment with the Neurologist, and informed him of the head-dropping and falling to the ground, which by now had increased to six times per day. He changed the medication to Epilim, with instructions to decrease the Tegretol as the Epilim increased, and to continue with the Frisium. What nightmares! The head dropping was increasing, as well as the constant crying, squealing and irritability. It was hell!

We came across an article on Autism. Realising that Dwayne showed signs of autistic-like behaviour, we managed to convince the GP to refer us to a Specialist, who then referred us to the Autistic Centre in Victoria Park. After the appointment we were encouraged to take Dwayne back to Mildred Creek for a two-week stay so they could do an assessment. We did this and the result was that Dwayne was diagnosed with Autistic tendencies, but did not meet all of the criteria for full Autism.

Not long after this I became very ill, and was raced to hospital for an emergency operation, which laid me up for three weeks. My husband was left to cope alone at home, and had to take four weeks off work, so then we had no money coming in either.

After coming home to the continuous nightmares, I had a nervous breakdown, and was hospitalised again. To be truthful, I just wanted to die. Thankfully, with the help of my family, I recovered.

With all faith lost in the medical profession, we took our son to see a Naturopath. We believe this man saved our son's life, and also saved him from severe disabilities. I hate to think of where we would be today if it was not for this person. By now, Dwayne was having up to twenty episodes of head-dropping and falling violently to the ground each day; we thought many times that we were going to lose our son.

FEBRUARY 11TH, 1997: Dwayne no longer cries all day. He is at most times quite happy if he is doing the things that he like to do. But after twelve years, we still have a three-year-old child. I cannot remember the last day Dwayne was sick, quite some time ago now. He is healthy now, but still suffers some allergies. He is fairly mobile, but still falls over often, needing some assistance with nearly everything that he does, such as bathing, dressing, using his bowels, etc. He feeds himself, but needs constant prompting, and is still very demanding. He has some behavioural problems, hates changes in routine, prefers the company of adults to his peers, or prefers to be on his own. He cannot talk yet, and still squeals and screams every day. There are still no signs of epilepsy, seven years later. Life with Dwayne though, is still very difficult.

There are only a few things that Dwayne likes, his favourite being quiz shows on TV: Sale of the Century, Wheel of Fortune, and Family Feud. He also enjoys watching the weather after the news. He has a love of horses, and has his own pony and loves me to take him for rides. He loves to ride on the school bus when able, and enjoys watching vehicles, so long as they keep moving.

Dwayne was assessed again for Autism in November of last year, and now has the label of Autistic, after his condition met all of the criteria for Autism.

We will never forget that day, over eleven and a half years ago now. No one could possibly ever imagine the hell we have been through during the years, except the

many others like us who have been there too. We will forever remain adamant that the DPT vaccine is responsible for everything our son has suffered in the past eleven and a half years, and it is responsible for all the disabilities he still has today. The great powers behind vaccinations have been knowingly maiming children since vaccines began, destroying their lives and that of their carers. I don't know how any of them can sleep at night, and I cannot help but wonder how many in the medical profession or government have indeed had their children fully vaccinated!!!

E. Reynolds, Western Australia

GWENDOLYN'S STORY

During the last months of my pregnancy I was confined to bed with high blood pressure and toxaemia. This also occurred during my two later pregnancies. Gwen was born in June 1962. She was examined and declared normal. I suffered postpartum eclampsia, for the only time in my life.

Birth to vaccination: Gwen's development was normal. On regular routine visits to the baby health centre she was always seen to be well, happy and settled. She responded to attention with smiles and gurgles and at six months she could hold her bottle and also sit up without support. On routine visits to the doctor he assured me that Gwen was normal.

Vaccination and aftermath: on 4th July 63 Gwen had been very well, and responded joyfully to both sets of grandparents. I took her to the family doctor for the Salk vaccine and her third triple antigen shot. We had moved from this area but returned to our doctor as he had given the two previous injections.

It was a very hot day and the doctor joked that the vaccine should be OK as it had been kept in the fridge.

Immediately after the injection, Gwen cried very loudly and did not stop until long after our departure from the surgery. The doctor told me to watch her for convulsions. When she did stop crying I noticed that her eyes were glazed and she seemed to be trembling. Then she became very still. I exclaimed about her stillness, but she fell asleep with the motion of the car as we drove back home so I forgot about being anxious.

That night I watched her have convulsions. Over the next few weeks I respectfully summoned the local GP as these convulsions persisted. We were soon consulting a specialist at the Children's hospital on a regular basis. He prescribed medication to control her fits, which consisted of vigorous shaking, then limpness and sleep. He told me that X-ray and EEG showed severe brain damage, and that Gwen would never walk. The local GP even went so far as to tell me to stop being a mother hen with one chick and go and have more children (he was sick of being summoned by me on various nights).

She became more like a vegetable, took little interest in anything, could no longer sit up and could barely hold her head up. I was heartbroken.

When we moved to Melbourne we attended the Children's hospital. The medication was phased out as Gwen's fits receded. I bought her a trainer walking seat and she

learned to push herself backwards, and by the time she was two she could walk by herself. On our return to Sydney the doctors were amazed but could do nothing to improve her condition.

We moved to Canberra when Gen was three. She was extremely hyperactive and had to be watched all the time. Although she liked being with other children, she did not relate to or with them at all.

I bore two more children, David and Sean. Neither was vaccinated with the whooping cough or Salk vaccines, but they grew up in rude good health. Both were very bright students and now hold responsible and challenging positions. During these years no doctors-in Sydney, Melbourne, or Canberra-would admit or testify that the vaccinations could have caused such a change in Gwen. They tried to say that she had been deprived of oxygen in my womb, despite my reports of her normal early milestones.

When our marriage broke up, I brought the children back to Sydney. We enrolled Gwen in a six month intervention program for autistic children at North Ryde. A doctor here agreed that the vaccination, possibly the whooping cough component, would have caused the damage to Gwen's brain. At this time the possibility of legal action had expired (or so I was advised as it was more than seven years since it started.) Gwen attended the course at North Ryde, then attended Karonga School for Special Purposes at Epping, then Crowle when she graduated to primary school. When she graduated from Crowle she was thirteen years old, but functioning as a two or three year old. She went to live at Stockton Centre. I was still a single parent with no support from Gwen's father.

Although the fits that she had as a baby were long past, they returned with puberty, and recur if she is not medicated effectively. I believe that the residents of Stockton Centre were given Sabin droplets and hepatitis B vaccine and that Gwen may have reacted badly to both. As adults, the residents of Stockton Centre seem to be given activities and entertainment and drugs, rather than intensive training in learning programs. The school there was closed. If staffing was increased, perhaps she could be trained to do more things, for example, to care for her day to day needs, and take better care of her belongings.

At present Gwen can do easy shape puzzles, sing parts of easy songs, and detect fast food outlets with great accuracy and enthusiasm. She responds to simple invitations, requests and commands, especially if it suits her, but does not converse, she merely repeats familiar phrases over and over.

She enjoys our visits. She has been to Sydney for visits and Christmas with the family. The history of all her medications and reactions would make another story in the saga of trying to keep her calm and manageable. She was a beautiful baby and a good looking teenager, but now she has had fits and fallen on her face several times and the present medication is causing obesity. She had to have some teeth extracted even though I tried very hard, using the Vern Barnett Clinic at Westmead, to help preserve her teeth.

People were infected with the polio virus in Australia in 1993. Three quarters of these were under the age of one year. 185 cases were recorded in 1992, 140 of them being under the age of one year. Twenty of the latter were deaths classified as SIDS. CDI Bulletin Yearbook - 1994

She should have had a better life but was given a life sentence by the vaccinations. It is a never-ending grief and writing this is quite difficult.

Sylvia, Sydney

HOMEOPROPHYLAXIS –

PREVENTION OF CHILDHOOD INFECTIOUS DISEASES USING HOMEOPATHIC REMEDIES BY ISSAC GOLDEN

Calls for the compulsory vaccination of all Australian children have followed recent tragic fatalities due to whooping cough in New South Wales and Victoria.

I believe that most Australians would agree with the Government's goal of trying to prevent potentially serious infectious diseases such as whooping cough and Hib (Haemophilus influenzae type b meningitis) in as many Australian children as possible. Whether there is a similar need to prevent mild diseases, such as mumps and measles, is questionable, as simple infectious diseases are known to help mature a child's immune system.

Supporters of pharmaceutical medicine suggest that the only way to prevent infectious diseases is to vaccinate. In fact, other non-pharmaceutical options are definitely available.

The other options fall into two types-general protection and disease-specific protection.

- General protection comes from dietary, herbal, nutritional, chiropractic, homoeopathic, constitutional and anti-miasmic treatments intended to improve overall vitality and immune competence. Such treatments are always of great value, as is lifestyle awareness. The stronger the immune system in general, the less severe will be symptoms arising from an infection.
- Disease-specific protection is provided by homeopathic remedies selected using the Law of Similars to target specific diseases. Often nosodes are used, but other remedies certainly are available and, for some diseases, preferable to nosodes (eg Lathyrus sativus for polio). Such protection targets selected diseases and offers a higher rate of disease prevention than general protection.

If parents undertook both types of protection, their children would have high levels of overall health, plus high levels of protection against those diseases parents were concerned about.

In this article, I will discuss the homeopathic method of disease-specific prevention, which is called homeoprophylaxis (HP).

A Brief History of Homeopathic Medicine

Homeopathy was founded in the late 1700s by a German physician, Dr. Samuel Hahnemann. Dr. Hahnemann was fluent in seven languages and was able to read old medical texts, including the works of Hippocrates, Paracelsus and others. Hahnemann was familiar with natural law which stated that substances which could cause symptoms in people also had the capacity to heal. One day Hahnemann experienced this law in action, and this lead him to restate and make its findings practically useful.

He formulated the Law of Similars, which is the foundation of homeopathic medicine. It states that a substance which can cause symptoms in a healthy person is capable of removing SIMILAR symptoms in unwell patients.

A simple example is the use of Ipecac. Doctors prescribe Ipecac to induce vomiting in people who need to discharge the contents of their stomachs due to poisoning, etc. Homeopaths use potencies of Ipecac to treat patients who are continually nauseous and who vomit (especially patients with clean, moist tongues). Thus, Ipecac can cause vomiting in healthy people, and remove vomiting in unwell people.

Homeopathy was tested by the plagues of infectious diseases which swept Europe in the early 1800s – typhoid, malaria, scarlet fever and cholera. Historical records kept in European towns show that the new medicine proved to be successful in both treating and preventing these diseases.

In 1801 Dr. Hahnemann wrote an essay titled 'The Cure and Prevention of Scarlet Fever', in which he described his use of the remedy Belladonna both to treat and to prevent scarlet fever in many patients. This was the beginning of Homeoprophylaxis.

Homeoprophylaxis

Just as homeopathic treatment is based around the Law of Similars, so is the prevention of disease using homeopathic remedies.

It may be stated in two ways:

1. A substance which is capable of producing in many healthy persons a group of symptoms similar to the characteristic symptoms of an infectious disease, is capable of preventing those characteristic symptoms in most previously unprotected persons. For example, Hahnemann's 'proving' of China, which is a prophylactic for Malaria. Nosodes are further examples.
2. A substance which is capable of removing the characteristic symptoms of an infectious disease in many infected patients, is capable of preventing similar characteristic symptoms in previously unprotected persons. For example, Hahnemann used Belladonna both to treat and to prevent Scarlet Fever.

Homeopathy was tested by the plagues of infectious diseases which swept Europe in the early 1800s – typhoid, malaria, scarlet fever and cholera. Historical records kept in European towns show that the new medicine proved to be successful in both treating and preventing these diseases.

Those readers who would like to examine other issues relating to this topic may refer to my book "Homeophrophylaxis-a Practical and Philosophical Review".

An HP program is therefore prepared by using remedies selected according to the Law of Similars as having a direct relationship to the disease intended to be prevented.

The remedies are administered regularly, but without frequent repetition of any one remedy. In this way, the patient is not over-sensitised through excessive dosing.

I will now describe my personal experience using an HP program, which is prepared in the form of a Kit.

A Specific Homeoprophylactic Program

My first Kit was prepared in 1986. It has been modified twice since then to include the Hib remedy, and to use triple doses where appropriate.

The program covers whooping cough, tetanus, polio, diphtheria, measles, mumps and Hib. The instructions make it clear to parents that, if they wish to cover only some of these diseases, then that is fine, and also they may change the timing of remedies if they wish.

Over the page is a sample Status Form, which may be used to show preschools, etc., shows the recommended timing of the program.

Results Using the Program

Since beginning this program, I have invited parents to return an annual Questionnaire so that the results of using the program may be better evaluated.

To date, I have collected over 1,200 responses, each response covering a year of a child's life. While the survey is not statistically perfect, it now represents a significant body of information and gives a reliable guide to both the safety and effectiveness of HP.

a) Safety: HP remedies are non-toxic, especially when one compares them to the potentially lethal cocktail which makes up a vaccine. However, about 10% of children using the program show some reaction. These reactions are typically very mild and brief.

Often the reactions occur in children who have already been vaccinated. As such, they usually represent a 'clearing' of some inner disturbance in the child. They certainly show that the child who reacts would be at risk from the much harsher stimulus of the vaccine.

HOMEOPATHIC PREVENTATIVE PROGRAM AGAINST INFECTIOUS DISEASES – STATUS SHEET

Name .... is being protected against the following infectious diseases using high potency homeopathic remedies. Clinical studies over 200 years indicate that this program is comparably effective to conventional vaccines, and is non-toxic. The following chart indicates the current program status of the patient and has been dated and signed by the parent, and signed by the homeopath who prepared the program.

AGE REC/GIVEN	REMEDY	POTENCY	DATE REC.	GIVEN BY:
1 month	Pertussin	200		
2 months	Pertussin	200 M, 10M		
4 months	Lathyrus Sativus	200		
5 months	Haemophilus	200 M, 10M		
6 months	Haemophilis	M		
7 months	Haemophilis	M, M, M		
9 months	Diphtherinum	200		
10 months	Diphtherinum	200M, M, 10M		
11 months	Tetanus Toxin	200		
12 months	Tetanus Toxin	200, M 10M		
13 months	Pertussin	200, M 10M		
14 months	Morbillinum	200		
15 months	Morbillinum	200, M 10M		
16 months	Lathyrus Sativus	200, M 10M		
17 months	Haemophilis	M, M, M		
19 months	Parotidinum	200		
20 months	Parotidinum	200, M 10M		
22 months	Diphtherinum	200, M 10M		
24 months	Tetanus Toxin	200, M 10M		
26 months	Lathyrus Sativus	200, M 10M		
28 months	Haemophilis	M, M, M		
32 months	Pertussin	200, M 10M		
41 months	Tetanus Toxin	200, M 10M		
46 months	Haemophilis	M, M, M		
50 months	Diphtherinum	200, M 10M		
54 months	Morbillinum	200, M 10M		
56 months	Lathyrus Sativus	200, M 10M		
60 months	Tetanus Toxin	200, M 10M		

REMEDY-DISEASE RELATIONSHIP:
Pertussin - Whooping Cough; Tetanus Toxin - Tetanus;
Haemophilis - Haemophilus influenzae type b;
Lathyrus Sativus - Polio; Diphtherinum - Diphtheria;
Morbillinum - Measles; Paratodinum - Mumps.

HOMEOPATH:

b) Effectiveness: To date, the effectiveness of HP remedies is shown to be 89%. This figure is a general guide only, but it shows three things.

Firstly, the figures confirm the historical evidence supporting the use of HP. Secondly, they show that no program can guarantee 100% protection against infectious disease. Thirdly, they are very comparable to the effectiveness of vaccines which, at best, ranges from about 75% to 95% in effectiveness. Thus, practical experience shows clearly that HP offers an alternative to vaccination which is both non-toxic and comparably effective. It is a genuine alternative for parents to consider.

ARGUMENTS AGAINST HOMEOPROPHYLAXIS

It is relevant to discuss briefly some of the common arguments against HP put forward both from the vaccination lobby and from within the homeopathic profession.

It is hardly surprising that supporters of pharmaceutical medicine claim that HP does not work. They also claim that homeopathic treatment doesn't work. Doctors in Australia appear to be many years behind their colleagues overseas in this regard, as homeopathy is practised by orthodox medical practitioners in many countries.

The fact is that most 'scientists' cease to be scientific when the topic of vaccination is raised. They make false statements supporting vaccination and playing down its adverse reactions. They also attack HP, and claim, without any proof whatsoever, that it is ineffective.

A number of attempts to disprove HP have been embarrassing in that they exposed the detractors' ignorance of the subject. After all, I have had to spend literally hundreds of hours reading medical journals to write on the topic. I have yet to find a medical scientist who has bothered to spend a hundred minutes studying HP before making a 'scientific' pronouncement that it does not work.

There is some disagreement over the use of HP within the homeopathic profession. This usually arises for one of three reasons:

1. IGNORANCE - unfortunately not all practitioners are trained in the history and use of HP. Some are actually surprised to find that HP exists. Fortunately, most specialist colleges are now remedying this omission.
2. FEAR - some practitioners fear a backlash from the health authorities if they are seen to be speaking against vaccination. In the case of medical Homeopaths this is understandable, since they have been threatened with loss of licence, etc., if they don't vaccinate. This is behind the statement by the Australian Medical Faculty of Homeopathy supporting vaccination. This, of course, in no way lessens the clinically proven value of HP.
3. PHILOSOPHICAL - some Homeopaths believe that we should allow a child to get all diseases and then treat the symptoms. There is some merit to this idea, and the supporters of the Steiner system would also find appeal in this argument.

Personally, I have no problem with this approach, provided that it is accepted by the parents as well as the practitioner. In practice, I would argue that firstly there is nothing philosophically wrong with the use of HP, as is evidenced by the impressive

list of Homeopaths who have used it. Secondly, it presupposes that an experienced Homeopath is always on hand to treat serious acute illness. In practice this is not so.

Some other practitioners worry about using nosodes, some worry about giving regular doses of medicine, some just dislike something which they personally have not experienced. All I can say is that in over 10 years of using HP intensively, and having seen it not prevent diseases in some cases, that the overwhelming majority of unsolicited comments I get from parents is that their children are wonderfully healthy, certainly compared to their vaccinated peers.

There are many other related issues concerning the use of HP. Readers who are interested can find these issues discussed in the 5th edition of my book "Vaccination? A Review of Risks and Alternatives".

CONCLUSION

It has not been the purpose of this article to discuss the significant adverse effects of vaccination. This is covered thoroughly in other publications. However, it has been shown that those parents who have decided not to vaccinate, who would like to protect their children with a disease-specific method which is both non-toxic and comparably effective, DO have an option.

Homeopathic medicine has been assisting the prevention of infectious diseases for 200 years, and offers parents a genuine alternative to vaccination, an alternative which will in no way compromise the health of their children.

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HEALTH – THE ONLY IMMUNITY

For those who have read and understood the chapters on "Toxaemia" and "The True Nature of Sickness" in 'Vaccination–The Hidden Facts by Ian Sinclair, it will be apparent that there can be only one form of protection against infectious disease, and one form only-HEALTH.

True health, on a physical level, is a state in which the insides of our bodies are clean and hygienic, and under such conditions, infectious disease cannot and will not arise. No matter how many 'germs' one is exposed to, one will not experience sickness unless those germs have a medium in which to flourish. This medium must consist of decaying organic matter along with other toxic wastes. Without that medium, germs have nothing to feed on and cannot thrive.

Therefore, the real key to protection against infectious disease lies not in creating artificial immunity to supposedly disease-carrying germs, but in preventing the development of toxaemia which is what gives rise to disease in the first place. As toxaemia is brought about by unhealthy living, eg malnourishment, poor diet, unhealthy living conditions, overwork etc., then the only way to avoid toxaemia is in

Even the World Health Organisation has stated that "the best vaccine against infectious disease is adequate nutrition".

the adoption of healthy living habits, eg correct diet, healthy environment, fresh air, sunshine etc.

Let me provide some expert testimony which supports this view. In his book 'Natural Therapeutics' (Vol I. Philosophy, 1924), Dr. Henry Lindlahr asks:

"Which is more rational and sensible? The endeavour to produce immunity to disease by making the human body a swill pot for the collection of all sorts of disease, taints and poisonous antiseptics and germicides, or to create natural immunity by building up the blood on a normal basis, purifying the body of morbid matter and poisons, correcting mechanical lesions and cultivating the right mental attitude? Which one of these is more likely to be disease building - which more healthy building?"

Herbert Shelton tells us: "The true prevention of disease has nothing to do with vaccines, serums, antitoxins, drugs, operations and the like. True prevention involves adequate food, pure air, an abundance of sunshine, proper exercise, sufficient rest and sleep, cleanliness, mental poise and the absence of all devitalising habits and ruinous excesses."

In Britain, the Howey Foundation has published a leaflet on 'True Immunity' in which they state: "We believe that the building-up of positive health by a good diet and healthy living provide adequate protection against disease... Acute episodes are opportunities for the body to remove excess toxic wastes, the accumulation of which allow bacteria to multiply unduly in the first place. Vaccines ... may have disastrous long-term effects, and make no positive contribution to the health of the individual ... Those who lead healthy lives in hygienic surroundings should think twice before submitting themselves or their children to the purposeful introduction of a disease into their bodies."

Natural Hygienist Dr. Virginia Vetrano says: "We may avoid disease only by maintaining a high state of health. Germs and viruses to which healthy people may be exposed will not produce disease, not only because their bodies resist invasion by microorganisms and can exterminate them as rapidly as they may enter, but also because a healthy body that functions normally does not accumulate metabolic waste which is the basic cause of disease..."

Even the World Health Organisation has stated that "the best vaccine against infectious disease is adequate nutrition".

What it all boils down to is this-if you truly desire health, and freedom from disease, then you must be prepared and willing to live your lives in accordance with the laws of nature. These laws involve correct nutrition, getting plenty of fresh air and sunshine,

resting and sleeping when necessary, keeping the mind happy and fulfilled. Those cultures who adhere to these laws in their daily lives, for example the Vilacabambans in Ecuador or the Hunzas in Northern Pakistan, have a high degree of health and longevity with a virtual absence of the infectious and degenerative diseases that afflict our own society.

It would be true to say that civilised or orthodox living is not natural living but unnatural living. Our eating habits are poor and consist of too much 'dead' and denatured food, we are basically sedentary, we get little fresh air and sunshine and when we do, for most of us, it is in a polluted environment, our sleep patterns are erratic and unsettled, and our minds are often restless and dissatisfied.

Dr. Max Bircher-Benner who established his famous health clinic still operating in Switzerland today summed it up so well, when he said:

"No people in history ever lived so entirely wrong in so many directions as do the majority of civilised nations today".

The adoption of a more natural way of living does not mean abandoning all the comforts of home. It does not mean leaving your city, moving to the country and growing alfalfa sprouts. It does not mean rising every morning at 4.00 a.m. and doing two hours of yoga and meditation. And it does not mean abandoning those occasional treats and pleasures that add a little spice to your life. It is not what you do 10% of the time that determines your health, but what you do 90% of the time.

The adoption of a more natural way of living does mean, however, that certain orthodox living habits be abandoned, or at the very least, curtailed. And in no other area could this be so essential than in the area of-EATING! Our orthodox eating habits are a major factor in the development of infectious disease as well as most other diseases in our society. This is because our diets are too high in animal, dairy and refined processed foods. Not only are these foods unsuitable to the body, but they also contain a large amount of toxic wastes in the form of drugs, hormones, chemicals, pollutants, insecticides and other harmful substances. To make things worse, we do not just eat these foods, we over-eat them.

The truth is that the nutritional needs of the body are exceedingly simple and are best satisfied on a diet of fresh fruit and vegetables. A small amount of grain, seeds and nuts are permissible to enhance the palatability of the diet. Contrary to orthodox opinion, we are not meat eaters but fruit eaters as evidenced by the science of Comparative Anatomy. One of the most famous Anatomists, Professor Baron Culvier in his 'Leàon d'Anatomie Comparative' says:

"Comparative anatomy teaches us that man resembles the frugivorous animals in everything, the carnivorous in nothing ... it is only by softening and disguising dead flesh by culinary preparations that it is rendered susceptible to mastication or digestion, and that the sight of ...its bloody juices and raw horror does not excite loathing and disgust...

"Man resembles no carnivorous animal. There is no exception unless man be one, to the rule of herbivorous animals having cellulated colon. The orang-outang is the most ... anthropomorphous (man-like) of the ape tribe, all of whom are strictly frugivorous. There is no other species of animals which live on different foods in which this analogy exists".

If you can accept this viewpoint, and are prepared to adjust your diet to a more natural way of eating, then the place to start with is 'quantity', followed by 'quality'.

Fruit contains an abundance of nutrients as well as the important amino acids essential for the growth of our bodies. It is worth noting that protein content for fruit ranges between 0.4 and 2.2 per cent, which approximates to the protein content of human mothers' milk, which is between 1.0 and 2.4 per cent. The strongest animals-the ox, elephant and horse-can maintain their size and strength on a diet of nothing more than grass. The gorilla, whose digestive system and physiological characteristics are similar to man's, can maintain its enormous strength and size on a diet of oranges, bananas and mangoes.

Now all this is not to suggest that you need to become a fruitarian, but to simply impress upon you the importance of fruit in our diets, and at the same time the fallacy that meat and dairy products are essential foods for man. These latter foods are totally unsuitable for the body in that they are too high in fat, protein and cholesterol, totally devoid of fibre and many essential nutrients, and create in the body a residue of poisonous waste which provides the ideal soil for germs to flourish. The retention of this waste ultimately causes cellular degeneration leading to such conditions as arthritis, rheumatism, diabetes, kidney disease and even cancer.

If you can accept this viewpoint, and are prepared to adjust your diet to a more natural way of eating, then the place to start with is 'quantity', followed by 'quality'. Start by reducing the consumption of animal, dairy and refined foods and substituting them with fresh fruits and vegetables. There needs to be a gradual change to enable your taste buds and body to adjust. Your goal should be a diet in which 80% consists of fruits and vegetables and the remaining 20% consists of grains, legumes, nuts and seeds. Animal and dairy products should be kept to an absolute minimum, if eaten at all.

When it comes to children, the same rules apply. A diet high in fresh fruit and vegetables will provide them with all the necessary protein and other essential nutrients needed for the growth and development of their bodies. At the same time this diet contains only a minimum of toxic residue (pesticides and insecticides, unless you can get organically grown fruit/vegetables), thus ensuring that toxaemia does not develop. We should realise that the body can eliminate a certain amount of chemical residue from the diet. It is only when it becomes excessive through over-eating and eating the wrong foods that toxaemia, and hence sickness results.

The story of the 'Hopewood' children serves well to demonstrate the value of this diet for children. In 1940, the founder of the Australian Natural Health Society, Leslie Owen Bailey, accepted guardianship of 85 children who were to become well known as the 'Hopewood' children. He refused to vaccinate these children and raised them on a meatless diet which consisted entirely of unrefined foods, primarily fruits and vegetables. None of these children acquired any of the diseases against which they would have been vaccinated.

Furthermore, their dental records revealed that they had 16 times less decay than other Sydney children the same age. In 1947, the Institute of Dental Research, under the guidance of Dr. N. E. Goldsworthy, produced a brochure: 'Every Doctor a Dietitian' which told of the world dental record attained by the Hopewood children. They were credited with having a higher standard of dental health than any other group ever studied, including New Guinea native children, who were supposed to have the best teeth in the world.

Even the medical profession took an interest, with Sir Lorimer Dodds and Dr. Clements of the Health Department monitoring the children's health over nine years. According to Natural Health magazine, November/December 1990, "They examined tonsils and adenoids and said they had never seen a group so free of trouble as the Hopewood children, yet they still could not accept that this was the result of diet and natural way of living".

Is it any wonder that they failed to see the connection? Most doctors receive little training in the Health Sciences. For example, the renowned Harvard Medical University conducted a basic nutrition test for doctors in which 80% of them failed!

Whilst correct diet is of fundamental importance to human health, it is not the only factor. It must be accompanied by all the other factors previously mentioned, which include fresh air and sunshine, regular enjoyable physical activity, rest and sleep and generally a happy outlook on life. The mental state is no less important than the physical state. It also requires proper nourishment in the form of joy, laughter, cheerfulness, and all the other positive emotions. The negative emotions of fear, depression, anxiety, worry, etc., do as much to create sickness as do bad diet and lack of exercise. How many people carrying the AIDS virus are perfectly healthy until the day they are told they are infected? There can be no greater factor in the development of disease than the emotion of fear.

There is a story of a cholera plague heading towards Baghdad, and on its way, it passed an Arabian caravan. One of the Arabs asked where it was heading, to which it replied "I'm on my way to Baghdad to kill 5,000 people". A short time later a cholera epidemic struck Baghdad and 45,000 people died. On its return, the cholera plague passed the same caravan and the Arab said to it, "You lied to me, you said you were going to kill only 5,000 people." To this the cholera plague answered, "I did, the rest died of fear!"

Fear, fuelled by ignorance, is probably the greatest single factor in the development of disease, in that it literally freezes the vitality of the body, the very power that is

responsible for every metabolic activity within our system. It can be likened to cutting off the electricity supply to the household; everything comes to a stop. When this occurs in the body, there is an immediate increase in metabolic waste, thus triggering any latent bacterial or viral illness into immediate activity.

Only by understanding the true nature of sickness, and how it develops within our bodies, can we overcome our fear of disease. If your body is not healthy because of bad eating, lack of exercise, negative emotions etc., and you experience acute disease eg mumps, measles, influenza, or herpes, then all that is happening is your body is taking the opportunity to off-load excess toxic waste. It is not something to fear, but something to 'rejoice' over, for it shows that your body is still strong enough to activate such a cleansing process.

Once you understand this, you will realise that attempts to protect ourselves from disease by such means as vaccines and serums are ludicrous, for the simple reason that these diseases are not harmful, but beneficial, and in reality, are designed to protect us. Disease is not something that attacks us from without, but is something that develops from within.

Our only means of prevention is to ensure that the conditions which give rise to disease-toxaemia-do not develop in the first place. Much to the dismay of the vaccine enthusiasts, I believe there to be no other way.

People's blind faith in orthodox medicine is pathetic and public ignorance is appalling. This is not to be wondered at, because misleading and totally false information abounds, sometimes from the most respected sources. Whereas some "old wives' tales" may have some substance of fact, there is much information being disseminated by "experts" which is utterly wrong and frequently merely an opinion based on wishful thinking. Ross Horne - The Health Revolution, 1997.

…e choice or forced vaccination?

A BLI BLI couple had the courage to stand up for the rights of all parents to make a decision that is right for them.

…astonished that the Maroo-…uncil feels it has the… I don't believe…

Cash for jabs

Federal Health Minister Michael Wooldridge said conscientious objectors would have to provide a medical certificate or a statutory declaration to be exempt from…

Council to debate immunisation policy

by JOHN GILES

REDLAND Shire Council is expected to bring in a formal policy on child immunisation this year.

Considerable publicity has surrounded Maroochy Shire's decision to ban children who are not immunised from child care c…

"While no offi… Council polic… munisa…

Science fiction v science fact

By MERYL DOREY

Calls for inquiry over orphans used as drug-test guinea pigs

By JODIE BROUGH
In Canberra

The Federal Government brushed aside calls yesterday for a royal commission into the use of orphaned babies and children as guinea pigs in scientific experiments as national anger grew over the affair.

The Minister for Health… Wooldridge, dismis… tions the Go… liable f…

Some tests carried… vomiting and… known…

…comes two years after calls for an inquiry into CSL's manufacture of potentially lethal human hormone drugs.

CSL made the drugs to treat short stature in children and infertility in adults in a Government-sponsored program between 1967 and 1985.

Four women treated for infertility and a man injected with growth hormone have died of the rare brain condition Creutzfeldt-Jakob (CJD) disease.

Guinea pig role for plants

SCIENTISTS are using plants to produce what could be a new breed of vaccines.

VACCINES GROWN IN PLANTS

Patients sue for dishonesty

Data links injections with cot death scourge

DR Viera Scheibner, a retired principal scientist with the New South Wales Government, became drawn into the vaccination debate through her concern about sudden infant death syndrome (cot death).

After combing through some 20,000 pages of medical literature on the subject for the past 18 months, she agrees that the ineffectiveness and dangers of vaccines are well-documented.

And many studies which…

No alternative left

…nal" cancer patients that orthodox medical practitioners would…

…options of the population. The HIC's proscription… the face of public pe… which sees traditional… as a dangerou…

THE ROLE OF THE MEDIA IN VACCINATION CAMPAIGNS

Medicine has powerful allies in business and politics. And it has even co-opted a part of the press which, while willing enough to censure the highest officials in the land, is often timid and subservient before the self-confidently dogmatic physician.[82]

Media outlets-both print and electronic-are heavily dependent upon government for much of their 'news' and information. This dependency is exploited by all levels of government when they use the media to manipulate information and to control public opinion. An example of this is the leaking of policy decisions so public reaction can be tested 'unofficially' and those decisions changed if there is sufficient opposition.

The dark side of the relationship between media and government is that the media must toe the government line to maintain the information flow which is their life blood. By publicising issues such as children being permanently injured or dying from 'vaccine-preventable' diseases, the media are onto a sure winner. After all, who could possibly object to preventing children dying from 'vaccine-preventable' diseases? The answer by implication, sometimes openly stated, is that anyone who opposes vaccination is asking for children to die.

By ignoring, glossing over or distorting reports of children dying from ('preventable') vaccines, the media pander to their government masters and present themselves as champions of the public good. In this climate of self-promotion and fawning on their masters, the sad fact is that any member of the media who wished to speak out against compulsory vaccination, because of vaccine-related damage, would be unlikely to be given air time or print space.

Part of the AVN's ongoing effort to promote informed choice in vaccination is directed against the tide of carefully crafted government propaganda published through the compliant and subservient media. On two occasions the AVN has successfully applied to the Australian Press Council to protest against the publication of misleading articles appearing in both the Australian Newspaper and The Courier-Mail. The Press Council saw fit to instruct both newspapers to publish a Letter to the Editor from AVN. We will continue to monitor the press very closely, placing objections first to the editor of the newspapers, asking for a correction of misleading information. If the correction is not forthcoming, we will submit a complaint to the Australian Press

Council. We urge all readers to continue to monitor the media and challenge any paper when incorrect or misleading information is printed.

INACCURATE QUOTES - OUR ELECTED MEMBERS AND DOCTORS IN THE MEDIA

> The Cairns Post, Wednesday, January 22nd 1997 ... 'Mr. Entsch's comments that vaccination should be compulsory for entry into school, were prompted by the current outbreak of whooping cough in New South Wales — which has claimed three young lives and infected more than 1000 others. He said he also was alarmed by a general rise in the incidence of controllable childhood diseases.'

The reporter, Tracey Ferrier, did not investigate the Member for Leichhardt's comments before committing them to print. Mr. Entsch's comments are incorrect as shown below. Surely, since vaccination is a medical procedure, trusted prominent people like Warren Entsch should be made accountable for fuelling the vaccination debate with emotional blackmail and non-facts.

FACTS ARE: according to the Communicable Diseases Intelligence Bulletin the number of whooping cough cases from 24th November 1996 to 21st January 1997 was 135, not 1000. Only one case of whooping cough was reported in December, at the time of the supposed 'epidemic'. In fact, notifications for every 'vaccine-preventable disease' were lower in 1996 than in 1995. Measles decreased 60% and whooping cough 1%; they did not rise as Mr. Entsch commented.

> On 27th March 1996 Councillor Able (Logan City Council) stated there were 20 cases of whooping cough in unvaccinated children taking up hospital beds at the (Brisbane) Mater hospital. He blamed lazy, complacent parents who could have easily prevented this illness through vaccination. AVN rang the Mater hospital to be told 'there had been NO cases of whooping cough admitted at the Mater so far that year'.

Another example, printed in the Wynnum Herald, 19th March 1997. A Dr. Laidlaw, on behalf of the Bayside GP Division, stated

> 'the latest figures released by Queensland Health indicated the risk of death following a whooping cough injection is 'one in half a million injections' *(keeping in mind that our children have 5 injections before they are five years of age).' However,* one in two hundred babies who contract whooping cough will die. After 2000 recorded cases of whooping cough in Queensland between 1990 and 1994, parents should ask themselves which set of odds they prefer for their children.

Australian Bureau of Statistics figures indicate that, during the four-year period mentioned by Dr. Laidlaw, one death occurred, not ten as Qld Health and Dr. Laidlaw indicated. Neither the Bureau of Statistics nor Queensland Health could indicate how many children died from the whooping cough vaccine injection during that period.

Dr. Margaret Burgess is a spokesperson for the New Children's Hospital in Sydney. Earlier this year, on the ABC radio show 'The World Today', and in several publications including Practical Parenting, (April edition), Dr. Burgess claimed that there had been several deaths from whooping cough in the preceding few weeks in Sydney. AVN contacted every hospital in Sydney and was unable to find one in which a child had died from whooping cough. The journalist who had presented the radio show checked back with Dr. Burgess, only to be told that there had been two deaths — one in Sydney and one in Melbourne. So what was the truth? Which of Dr. Burgess's statements were factual? Or were they both made up?

Co-ordinator of the Lithgow vaccination support group, Leanne Hawkins sent this letter to Sue Campbell-Lloyd, Immunisation Program Coordinator, and received this reply:

> I refer to your letter to me regarding adverse reactions following immunisations.
> The NSW Health Department acknowledges that no substance is 100% safe or effective and that adverse events following immunisation do occur. Serious events following immunisation, however, are rare and no child should be denied the benefits of immunisation unless there is a scientifically demonstrated reason to do so.
> The NSW Public Health Act 1991 requires health professionals to notify one or more of the following conditions within 30 days of the administration of a vaccine: Persistent screaming (for more than three hours); anaphylaxis; shock; hypotonic/ hypertonic episodes; encephalopathy; convulsions; aseptic meningitis; thrombocytopaenia; death.
> These notifications are reviewed annually (my note: once a year will hardly enable them to withdraw a batch that is causing more reactions than normal) by the NSW Immunisation Advisory Committee and the results are published in the NSW Public Health Bulletin.
> I have enclosed a copy of "Understanding Childhood Immunisation" and "Immunisation-Myths and Realities" for your information. Both these publications were written to assist parents in making an informed choice regarding immunisation.
> I thank you for your letter and trust that this information clarifies the situation for you.

Mrs. Hawkins wrote long involved factual letters to several TV and newspapers expressing her concerns. Mike Munro from A Current Affair replied on 21.1.1997 *(during the big scare campaign urging parents to vaccinate against Pertussis, please note NSW continues to have whooping cough outbreaks all during 1997)*

Dear Mrs. Hawkins,

Thankyou for your letter/fax.

I can understand how you feel and that your top priority is the welfare and health of your children. We are now considering a forum/debate on the whole subject in a bid to air more fully both sides of the argument. As Journalists we often have to air what the experts say but there are always two sides to every story. We may be in contact with you if we conduct a forum. Thanks again for your effort in writing.

Mike Munro.

VACCINATION AND THE MEDIA – A PERSONAL BATTLE – ISSAC GOLDEN

On Wednesday 25.5.94, Channel 9's A Current Affair broadcast a story concerning the use of Homoeopathic medicines to prevent infectious diseases. I had been interviewed some months previously, and as a consequence of statements contained in the story, I decided to take legal action against Channel 9.

The story of 'A Current Affair'

I had three major concerns about the accuracy of A Current Affair's story.

1. An interview their reporter conducted with a large Geelong family who had used the Homoeopathic method for ten years was not aired. This report, which was highly favourable to Homoeopathy, was intended to provide balance to the story. Its omission certainly left the remaining story totally one-sided.
2. The reporter stated that "many homoeopathic colleges recommend conventional vaccination". Two quotes accompanied this statement.

The first was from a doctor at the Royal London Homoeopathic hospital, giving the impression that all Homoeopathic doctors support vaccination in preference to the homoeopathic option. Of course, this impression is incorrect, as shown by published statements by members of the medical faculty who DO use the homoeopathic method. One, Dr. Dorothy Shepherd, even wrote a book "Homoeopathy in Epidemic Diseases", in which she discussed her considerable use of homoeopathy in both the treatment and prevention of infectious diseases.

Further, the 'quote' was deliberately distorted. Firstly, my name was added to the doctor's original statement to make it appear that the doctor was referring to me. His original statement did not mention me! Secondly, only part of the British doctor's original statement was shown. He also spoke of the efficacy of the Homoeopathic remedy Pertussin to prevent whooping cough.

The second "quote" was from the ex-president of a naturopathic organisation ANTA. This man was not a specialist homoeopath, and when I asked him about his statement which

appeared in Choice magazine several years previously, he claimed to have been misquoted. I had advised the reporter of this fact during my interview. Further, public statements by AMTA show that their official view is totally different from the position quoted. The reporter ignored this also. The reporters asked me a question concerning those Homeopaths who disagreed with the use of Homeoprophylaxis, and I replied that some did but that the majority did not. Further, I know the principals of six Homoeopathic colleges in Australia (besides my own); five of them clearly support my position, and one is undecided. There are a couple more colleges and I do not know their position.

In summary, the reporter's statement concerning "many homoeopathic colleges" was simply untrue. The change of a direct quote is unethical. The refusal to follow-up information is simply poor journalism.

3. The story then moved to northern NSW and ran material from some doctors who "researched" a whooping cough "outbreak" (among 35 children). The study was not discussed with me. I had obtained a copy of this study some months before the interview. I did not bother mentioning it to the reporter as it was such a poor piece of research.

However, this segment of the story was given the greatest emphasis, and heavily influenced the final impression viewers were left with (as evidenced by Ray Martin's closing comment about evidence). The reporting was either unresearched, or deliberately biased, as will now be shown. The research was reported in the New South Wales Public Health Bulletin, Vol. 4, No.7, July 1993, titled "Whooping Cough in the North Coast Region" by Susan Furber, Tim Sladden, Michael Levy and John Beard. Dr. John Beard was interviewed by the reporter.

WHAT WAS PRESENTED ON A CURRENT AFFAIR COMPARED WITH THE FACTS!

1. The reporter stated "the supporters of homoeopathy got a rude shock" from the study.

UNTRUE! Those relatively few Homeopaths who knew of the study dismissed it as irrelevant due to its inaccuracies.

2. The reporter stated that 6% were vaccinated, 14% homoeopathically immunised, "and the rest, well most of them, had never been immunised at all".

UNTRUE! The report said, "46% were partially immunised (less than 4 doses of TA Triple Antigen)". Further, the report said that 39% of those children who were vaccinated caught the disease!

3. Dr. Beard stated that "in fact the evidence was that it (using the homoeopathic method) may even have increased their risk" of infection.

UNTRUE! The report clearly stated that "The sample size was too small to demonstrate possibly significant results". In other words, Dr. Beard's own report showed that he was not justified in drawing such conclusions from his research. But even if Dr. Beard's results had been statistically significant (which they were

> *not) his study did not incorporate the four controls which any study on Homoeopathy must consider (and which the researchers were no doubt unaware of due to their ignorance of the homoeopathic method). He even referred to "homoeopathic vaccines" - we do not use vaccines, and the method of protection is totally different from vaccines.*

Dr. Beard's study considered eight children who were "homoeopathically immunised". My own research at the time of interview included over 860 responses (it is now over 1,200 responses). Our basic methodology was substantially the same, ie parent questionnaires.

Yet the program's selection of clips from my two hour interview did not include one relating to the effectiveness of the Homoeopathic method and my own research. This, after all, was meant to be the point of the program, ie, does the homoeopathic method work? The selection of clips raises questions as to the program's bias.

The program finished with Ray Martin talking about overwhelming "facts", supporting vaccination - taken purely on the word of a Prof. Dwyer, who offered no evidence, and who did not address the following facts:

1. Most vaccines have not been double-blind, placebo-controlled trialed.
2. Official statistics from health departments around the world show major declines in disease trends occurred before mass vaccination, the use of which made little difference in most cases.
3. Epidemiological evidence is useless, unless we know exposure, as well as vaccination rates. We do NOT know exposure rates in national populations.
4. Cases can be reported showing useful results from using vaccines. Many reports also exist in the medical literature showing mass failures of vaccination in highly vaccinated populations. Conclusion - it works sometimes, with side effects that have been poorly studied.
5. Diseases such as smallpox disappeared in countries that banned the vaccine just as quickly as it did in vaccinated countries. There were no overwhelming "facts" as Martin stated.

In conclusion, it is obvious that some of the material presented in the program was very inaccurate and misleading. The only logical conclusion to be drawn was that either (i) the report was deliberately misleading, or (ii) the report was unintentionally misleading.

At the best, A Current Affair was guilty of shoddy journalism. At the worst, they were guilty of deliberate distortion of evidence. During the program, I was called dangerous, irresponsible, misguided, ill informed and a quack. A legal friend of mine said I had clearly been defamed.

THE COURT ACTION

The court action took the following course:

1. Following the program I was going to write a letter to the Press Council of Australia and to Channel 9 concerning statements made in their program which were simply untrue.
2. A legal friend of mine looked at the matter, and suggested that I had a very good case for defamation, and offered to help me with running the case. He also spoke to a Senior Counsel, who was of the same opinion, and also offered to assist. They both thought it would be a simple case involving three or 4 days in court.
3. We commenced legal action, and things proceeded well for a time. The Senior Counsel was increasingly certain that our case was an excellent one. However, after exchange of certain documents, the Counsel approached my solicitor and I, and announced that instead of a case running a few days in court, he believed that Channel 9 had decided to make it a test case, running for possibly a month, and he needed money up front to continue.
4. I sought (and paid for) another opinion from another Senior Counsel, often retained by a different TV station, who agreed that Channel 9 were setting up my case to be a long and expensive one. He advised that I would need some thousands of dollars to get the case to pre-trial, and $20,000 at least to continue after that. If successful, such costs would be recoverable, but the money was needed up front to run the case. I also inquired about the possibility of my running the trial without a Counsel, and although he advised strongly against this, I decided that I would be prepared to do this if I could get the case to court.
5. However, I still needed $5,000 to get the case to pre-trial. My friend Jeni Edgley offered to run an appeal via her 'Rainbow News' magazine. We raised some money, which immediately went to pay legal costs outstanding, but not enough. I had a deadline which I had to met, and at the deadline I was about $4,000 short, and so I had to make the decision to withdraw from the legal action. Channel 9 agreed to this, with each party bearing its own costs. Amazingly enough, some weeks after the action had ceased, one of Jeni's readers who had been overseas, contacted me with the incredibly generous offer of funding the costs up to pre-trial, but unfortunately it was too late. Even if we had proceeded, I still would have been left with the daunting task of facing Channel 9's QCs alone in court, but it would have been interesting, to say the least.

I had approached Legal Aid, and even though I was within their income limits, they would not take on a defamation case. The bottom line was that Channel 9 had decided to throw as much money at the case as they could, and their tactic succeeded, because I could not match the funds needed. This is a common story, and is one of the reasons why this book is being written.

My experience showed again that our legal system is biased in favour of the wealthy. It also showed that the standard of journalism in the 'popular' media in this country is very

poor. We cannot rely on program presenters to present truthful and accurate information. We must take on the responsibility to find such information ourselves.

WATCHDOG OUTCOMES

A member of VAIS contacted the editor of "First Steps" magazine published by Toddler Kindy Gymbaroo Pty Ltd after reading an article on immunisation. The editor welcomed VAIS comments and suggested we submit an article and information for further reading. After several months the VAIS representative received this reply from the editor dated 3 March 1997.

> Firstly I must apologise for the delay in response to your letter and information on the anti-vaccine campaign. (The information supplied was not anti vaccination but pro choice, pro information, stating facts which could be substantiated by medical journal references-Ed.)
>
> I had mentioned to you that I may be prepared to include this information in an edition of 'First Steps' however due to the latest round of negative publicity and the soaring rates of preventable childhood disease in Australia I decided that I must get an opinion of your literature from an expert in the field of medicine and vaccinations.
>
> Unfortunately, we have been recommended against publishing your article.
>
> According to our reviewer, much of the information contained within your handouts are not supported by research literature and some of the information is factually distorted or incorrect. He is also concerned that it will encourage complacency in an already complacent world.
>
> We do try to present parents with an overall picture in many of the early childhood areas, but we are not prepared to put our publication in a position where it will be no longer supported by the many people in the medical and para medical professions who support us at this present time.
>
> I will however include in the next edition (due out in June) a letter to the editor and a contact address for your organisation.
>
> Yours sincerely, The Editor.

Members reply dated 5th March 1997:

> Thankyou for taking the time to read the material I sent to you last year about vaccination. I genuinely welcome any feedback to the issues that our material is intended to raise. I can appreciate your loyalty to the medical profession as you mentioned, and would in no way expect you to threaten that security.
>
> Immunisation has received a great deal of publicity lately, and like yourself, we aim to reflect the ambitions of any parents concerned about the pros and cons of immunisation. Sadly, not all parents experience with vaccines are as romantic or predictable as the Health Department portrays.
>
> Consider those parents who agree to vaccinate their children; is it not a responsible action to insist that serious adverse reactions are recorded and

We have at all times attempted to address the concerns of the editors asking for input on what may not be correct on our brochure. Not once has anyone replied to this request.

investigated, to further understand vaccines and further reduce the risks of your child becoming a victim?
Despite the fact that all of our work is part-time and unpaid, we go to great lengths to present only factual, referenced material. We realize that a lot of the information we circulate can shock to the point of appearing unbelievable. Subsequently, you did not identify the provider of your medical advice, or the information you believe is not supported by research literature, distorted and or incorrect. For the benefit of all concerned I would greatly appreciate it if you could provide me with this information, so that we can investigate it accordingly and promptly.
Yours Sincerely, R. Iwinski

To date no reply has been forthcoming.

Several attempts by VAIS and the Australian Vaccination Network to balance reports in the many magazines aimed at new parents and children have resulted in a similar response. We have at all times attempted to address the concerns of the editors asking for input on what may not be correct on our brochure. Not once has anyone replied to this request.

February 1997 The Gold Coast group managed to have our brochure published in a local state school newsletter, the same newsletter that had previously published some Health Department material. The AMA contacted the education dept. urging them to not let this happen again. However, VAIS also contacted the education department putting our side forward. The Senior adviser to the Education Minister wrote back explaining that our material could not be substantiated and would encourage people not to vaccinate but he did not mention which 'facts' on the brochure he was concerned about.

VAIS wrote three times, each time getting a standard reply without pinpointing anything on our brochure. VAIS and AVN brochures are factual and allow parents a balanced view of a medical procedure called vaccination. VAIS suggested that if our information was not allowed within the school system then the health department had no right to use this avenue to push its policies. Three months later, Qld Health was offering incentives (free movie tickets, McDonalds vouchers, theme pack discounts, etc) through the school system encouraging parents to return immunisation forms and allowing their children to be vaccinated.

ANDREW

He was born a healthy 7lb 8oz in October 1987. His twin sister was stillborn. He was well until Sept. 1988 when, within a few hours of his third DPT vaccination, he took two long epileptic seizures and was unconscious for over two hours. He spent the following month in hospital in Glasgow. Medication brought his epilepsy under control for a time, but he also lost the ability to speak, although he had previously used several single words.

At eighteen months his epilepsy worsened, he spent long periods in hospital and over the next two and half years his balance deteriorated until he was unable to walk. His muscles have all weakened, his grip is poor for fine motor control and he cannot do anything for himself except throw a ball and press buttons on a "noisy book". He has a minimum of ten grand mal seizures every day (the worst has been over two hundred) and several others where he manages to have a bit of control and doesn't lose consciousness. He has to be fed finely chopped soft food and is fed by nasal gastric tube when he is unwell. All drinks have to be given to him slowly from a baby's beaker, as he has reflux problems. He is doubly incontinent and has to be given regular enemas.

He contracted viral pneumonia two years ago, was gravely ill and in a coma for nearly three weeks. As soon as he came round he was giggling when his physiotherapists were working on him. It's been a long haul to get some weight back on him, but he's remained happy and cheerful throughout. He has "forced" down lots of good tasty foods and various ice-creams as if there was no tomorrow.

He's always a good natured and happy boy. He enjoys watching Thomas the Tank Engine on video, also various cartoons. He enjoys music and any outings. He loves being in a swimming pool as, with a rubber ring, he has improved balance in the water and a small degree of independence.

Andrew was awarded £30,000 (approximately $60,000 Australian) as a one-off payment for Vaccine Injury by the UK Government which admits that he suffered an adverse reaction. This is the maximum payment made and is supposed to compensate him, and us, for his ruined life.

Anne

PARENTS' STORY-S. MCCARTHY

My curiosity about vaccinations began when I was still pregnant and went to the Royal Brisbane Hospital for one of my antenatal check-ups. I was taken into a room and questioned about my partner's and my family's health record. When I informed the lady that my husband was of aboriginal descent, she immediately assumed that my baby would undergo the Hepatitis B vaccination. She ticked the yes box without so much as a glance in my direction, leading me to believe that this was compulsory. I immediately felt intimidated and was looking for a quick exit. After a series of events that made me feel as though I was a number, and not actually a living, breathing human being, I left and once through the doors, burst into tears.

Since the birth of my son, I have had many reminder notices sent to me. Some have come from the Roma Hospital, the fear of God has been put into me by the local doctor here, and most recently a reminder notice from the Immunisation Register in Perth.

My next visit to the hospital was quite the opposite. I am still uncertain if it was the fact that my husband came with me, or whether it was my insistence that the box ticked 'yes' be changed to 'no', but their opinion on the hepatitis B vaccination rapidly changed. The Head Midwife came to me, apologising profusely for any inconvenience caused, and informed me that the hepatitis B vaccination is a free service offered by the Federal Government to Aboriginal and Ethnic groups. (Hepatitis B is now offered but often given to all babies at birth from 1997-Ed.) It is offered to these groups because they allegedly belong to the high risk groups, such as intravenous drug users. It is by no means compulsory. My husband whole-heartedly believes that this needle-offered free of charge-is one form of "ethnic cleansing". I have no doubts that because this needle is forced onto these groups that this is the specific reason why this illness is rampant. I left feeling as though I had won a huge battle, and yes, the little box was changed to 'No'.

My next encounter was at the Mitchell Hospital with a relieving Matron. I had written out a brief birth plan, in which I had specified no needles were to be given to my child without my consent. This small statement sent shock waves through the woman sitting in front of me. She then began her lecture for around half an hour about the dangers of not vaccinating your child. I find it now somewhat amusing that every sentence spoken by her began with "In the medical Journal it says...". I must have been very emotional during my pregnancy, because once again, I left the hospital in tears, once again feeling intimidated and very small.

Since the birth of my son, I have had many reminder notices sent to me. Some have come from the Roma Hospital, the fear of God has been put into me by the local doctor here, and most recently a reminder notice from the Immunisation Register in Perth. It bothers me that people in Perth know that I have not yet immunised my child. Perhaps the best series of letters has come from the State Government-employed Local Aboriginal Health Nurse here in Mitchell. She writes every time there is a day for vaccinations, offering me a free pick-up and drop-off. I have, from a distance of course, watched the health and well being of children in the community of Mitchell. My young neighbour was recently vaccinated against Mumps and was quarantined for 10 days with this illness.

Another lady, who had her daughter vaccinated against

whooping cough, says that at the same time each year, her daughter is stricken with a sickening cough. I am presently living in Mitchell, a small town in south-west Queensland. In this small community, the doctor has led me to believe that there is a 95% 'successful' immunisation rate. I have battled to keep my 14 month old son unimmunised, in what I see now as my triumph. I am proud to say that my son's health is superb. Apart from the odd flu, he is very alert, gentle, happy and of course quite cheeky. I stand fully by my decision not to immunise my son, and my expected unborn child. All I hope for people everywhere is an honest, unbiased and informed choice for all.

S. McCarthy, Mitchell, Qld.

C. CLARK

I am a mother who decided not to vaccinate her daughter. It was one of the harder decisions I have made in my life because I, like all parents, want what is best for my child. After much research it became clear to me that vaccination was not in her best interests and could, in fact, seriously compromise her health, both long and short term. After searching through libraries, the Internet and talking to doctors, I discovered that the vaccines currently in use are neither as safe nor as effective as I had previously believed. They have been implicated as a cause of allergies, autism, Attention Deficit Disorder, hyperactivity, brain damage, cancer and SIDS. There is even a mighty convincing theory around that a polio vaccine was responsible for transmitting the HIV to humans because the vaccine for the polio virus was grown in the kidneys of monkeys who were infected with a virus much like HIV. Scary stuff.

Not only are vaccines not safe, they are also not very efficient, which is why we need to promote theories like 'herd immunity' to compensate for the fact that immunisation doesn't always work. There have been many cases overseas where the population has been nearly 100% vaccinated yet the disease still broke out! I myself was fully vaccinated yet I still got whooping cough as a child. So much for the idea that vaccinating my child will protect yours.

It worries me that Australia seems to be going the way of America and we might soon see vaccination made mandatory. In the US, parents must go to court to get a medical, religious or philosophical exemption if they do not want their children vaccinated. The United States government also pays out $90 million per year to parents whose children have been killed or injured by vaccines. I would like to see a lot more debate on the pros and cons of vaccination so that parents can have access to balanced information before they decide whether or not to vaccinate their children. I would also like to see more research done on vaccines by people other than the big drug companies who make billions from them. If someone comes up with vaccines that are safe and effective, I might even get my daughter vaccinated, though maybe, by then, she will be old enough to decide for herself.

Mrs C Clark Fremantle WA

A FATHER'S STORY

All was fine before the first vaccination! Like most parents, we wanted the best of health for our child, and believed that vaccination was the way to go.

After the first vaccination, at the age of two months, our child's sleeping patterns changed. He slept very little and woke up frightened with any little noise. He suffered a sore throat. He sometimes went blue in colour, with his eyes rolling into the back of his head. He suffered one seizure (to our knowledge) and was taken to the Doctor the next day.

At four months of age, he received his second vaccination, and within three to four days, things got a lot worse! Our son suffered too many things to mention, but he was having seizures two to three times per day, and he was always sleepy, and seemed "floppy".

He is now twelve months old, and fortunately he is a lot better at this time. We have no doubt in our minds what has caused all of these terrible problems. Our biggest mistake was vaccinating our child, and we have paid a big price.

J. Borg Victoria

OVER BOY'S INJECTION

A 14-YEAR-OLD boy has lodged a writ in the NSW Supreme Court claiming compensation for permanent brain damage and epilepsy allegedly caused by a routine vaccination.

The boy was vaccinated as a baby in November 1978 with the triple antigen vaccine which contains diphtheria, tetanus and whooping cough (DPT).

By FIA CUMMING

The writ is the first of its kind to be lodged in Australia, although vaccine damage compensation is well established in many other countries, including the US, UK and New Zealand.

If successful, it will open the way for a host of similar compensation claims, possibly against doctors, drug companies, hospitals or even health authorities.

"Immunisation ... very safe," Ms ... said. "There are ... tunately occasi... some problems.

"But the harm... ated with not im... ing is so much ... and the number ... dren dying and ... damaged is fa... than anything ..."

... group aiming to educate on vaccines

STEPHANIE Messinger's story is one that puts fear into all parents.

After taking her child to be immunised with the triple antigen vaccine, a horrific series of events occured.

In 1977, her son ... child died at ...

Ms Messinger founded the Vaccination Awareness Group at the beginning of ... to educate parents ... choices ...

... three years of his life ... out of hospital. ... that until their ... five they were ... ection was caused ... defect. The father ...

... when their son ... improvement. ... it was not a ... caused by ... vaccine. ... ressed the ... nst vacci- ... choice ...

... give your children good exercise, and keep their immune system up."

Last week the group participated in a display for Immunisation Awareness Week co-ordinated by the Redland Shire Council.

However, it was a condition of participation that Mrs Messinger not attend, and council screened the ...

Plea for study on vaccine-SIDS link

By Nance Haxton

THE possible link between cot death and vaccination should be investigated, Capalaba-based Vaccination Awareness and Information Support Group member Kim Hines has said.

"The public should realise that ... never been a medical ... able relationship ... vaccines ..."

... vaccination compulsory, however, a new policy was being implemented to remove unvaccinated children from school in the case of disease outbreaks," Dr Latham said.

VAIS member Stephanie Messinger said the new policy was nothing short of discrimination.

"Unvaccin..."

Kids' ban proposed

LOGAN CENTRAL: Logan City Council wants children barred from schools ... their parents can prove they ... immunised.

In recent months ...

'Living with a time bomb'

Child's health 'with parents'

Inoculate or lose up to $96 a week

By ANDREW McGARRY

PARENTS who fail to immunise their children will lose up to $96 a week in benefits and as $200 of maternity allowance under a federal government initiative to stop children ... of preventable illnesses.

Working parents with ... munised children will ... Childcare Assistance ... to $96 a week ...

Mother talks of vaccine danger

By RACHEL SYERS

At five-months-old, Danny was immunised against whooping cough - the next day he had a serious seizure and has suffered from inoperable epilepsy ever since, resulting in intellectual and physical disability and paralysis.

Danny is now ...

Vaccine decision reversed

CANBERRA.— The National Health and Medical Research Council has overturned its recommendation made six years ago to withdraw the fourth booster for the whooping cough vaccine which was suspected of causing brain damage in children.

Three babies die after polio vaccinations

... RTA (JP): Minister of ... Sujudi reported yesterday ... three children died this ... being vaccinated for ... that diseases, not ... affected them.

... occurred in ... Tanjur, West ... ung, Sujudi ... ce on the ... drive, which ...

... receiving two polio vaccine drops at a vaccination post in Palasari village.

An 18-month-old un... fied child died in Cia... four-month-old ... died in Lamp... receiving ...

Dangers of vaccination well documented

... John Moss (June 4) should ... ing babies long ... immunisa-...

... healthy, thriving baby is no longer healthy and thriving ... Since Japan stopped ... nation until 24 months of ... SIDS rate has plummeted ... In the US, where they ... vaccination damage ... nation fund, they have ... of dollars ...

... well informed on this issue. There are books available and ... Vaccination Awareness ...

... when parents do suggest vaccines may have been the trigger, they are assured by "god-like doctors" that the vaccine definitely not the cause ...

Smallpox vaccination may be AIDS catalyst

LONDON.— The AIDS epidemic may have been sparked by the world-wide vaccination campaign which eradicated smallpox.

New research suggests immunisation with the smallpox vaccine Vaccinia awakened a dormant human immuno defence virus infection (HIV).

The Times newspaper reported yesterday the evi-...

Mothers in dark on infant jabs

By PHILIP HAMMOND

Thursday August 14 Courier 97

MOST mothers having their children vaccinated are not sure what diseases the jabs are targeting, according to a newly-released Brisbane study.

A survey of 248 mothers and other carers taking children ... Brisbane City C... in clinics ...

... unsure of the relationship between vaccination and the likelihood of catching a disease.

Brisbane-trained ... Alison Blair, Eliza... Monica Nah...

... stages at wh... should ...

Call for facts on needles

PARENTS of Logan City school ... immunisation will ...

... government literature), ensure politicians publicly acknowledged and respected ... families ...

... decided it would support a Queensland Government health policy to introduce "compulsory choice of vaccination rather ...

VACCINE SAFETY AND EFFECTIVENESS

MEDICAL REFERENCES THAT QUESTION THE SAFETY AND EFFECTIVENESS OF VACCINATIONS (AND VACCINATORS)

"Important deficiencies in knowledge and practice of immunisation (among general medical practitioners) have been identified."

Rixon G, March L, Holt DA. (1994) (Public Health Unit, Northern Sydney Area Health Service) "Immunisation practices of general practitioners in metropolitan Sydney" Aust J Public Health 18(3): 258-260.

An anonymous postal survey of all known general practitioners in the Northern Sydney Health Area (N = 987) examined the provision of immunisation services in general practice. Questions were asked about knowledge of storage of vaccines, the ages of patients administered measles-mumps-rubella vaccine, the use of reminder systems for subsequent vaccinations and whether maternal and family health was discussed at immunisation visits. There were 394 (40 per cent) respondents. Only 30 per cent used temperature monitors in their vaccine refrigerators, and 26 per cent correctly identified the period after opening that Sabin may be used (eight hours). Forty-one percent correctly injected infants in the anterolateral aspect of the thigh and 40 per cent administered measles-mumps-rubella vaccine by the recommended age of 12 months. Forty-one percent of respondents always used visits for immunisation to discuss other issues of maternal and child health and 16 per cent used reminder systems for follow-up. Sixty-six per cent of general practitioners stated that they were more likely to review the immunisation status of adolescents routinely, compared to 55 per cent who reviewed adults and 44 per cent who reviewed senior citizens. Routine review of all three groups was carried out by 43 per cent. These results must be interpreted with caution because of low response rates, and cannot necessarily be generalised to all general practitioners providing immunisation services. Nevertheless, important deficiencies in knowledge and practice of immunisation have been identified.

Ellenberg, S; Chen, R; Freeman, P. (1997) "The complicated task of monitoring vaccine safety." Public Health Reports, 112(1):10-19.

ABSTRACT: Vaccination is an essential component of modern public health programs and is among our most cost-effective medical interventions. Yet despite vaccines' clear effectiveness in reducing risks of diseases that previously attacked large proportions of the population, caused many deaths, and left many people with permanent disabilities,

current vaccination policies are not without controversy. Vaccines, like all other pharmaceutical products, are not entirely risk-free, while most known side effects are minor and self- limited, some vaccines have been associated with very rare but serious adverse effects. Because such rare effects are often not evident until vaccines come into widespread use, the Federal government maintains ongoing surveillance programs to monitor vaccine safety. The interpretation of data from such programs is complex and is associated with substantial uncertainty. A continual effort to monitor these data effectively and to develop more precise ways of assessing risks of vaccines is a necessity to ensure public confidence in immunisation programs.

Strassels, SA; Sullivan, SD. (1997)
"Clinical and economic considerations of vaccination against varicella."
Pharmacotherapy, 17(1): 133-139.

ABSTRACT: We evaluated the medical and economic literature pertaining to varicella vaccine in healthy children in an effort to provide perspective for both clinicians and those responsible for making payment policies. Chickenpox is relatively mild in most immunocompetent children; however, disease-related direct and indirect medical costs have been estimated at approximately $400 million/year. A vaccine effective in preventing the disease is now available in the United States and may offset some of these expected costs. Universal vaccination for patients older than 12 months of age without history of varicella infection or other contraindication is recommended by the American Academy of Pediatrics. It is estimated that it would save $0.90/dollar spent and $5.40/ dollar spent from payers' and society's perspectives, respectively. Thus varicella vaccination is cost-beneficial only when considered from a societal perspective.

Bakshi, R; Mazziotta, JC. (1996) "Acute transverse myelitis after influenza vaccination: Magnetic resonance imaging findings." Journal of Neuroimaging, 6(4): 248-250.

Descriptions in the literature of magnetic resonance imaging (MRI) findings in post-vaccination myelitis are scarce. Described here is a case of acute transverse myelitis that occurred after administration of an influenza vaccination. T1- weighted MRIs showed diffuse, fusiform spinal cord enlargement, extending from C-3 to rostral thoracic levels. Intramedullary lesions containing increased T2 signal were found in the areas of cord enlargement. The involvement on MRI was profound, extending far rostral to the level of the discrete clinical myelopathy. The lesions did not enhance after contrast administration. The patient had a complete long-term recovery of neurological function. (For how long a term was the patient monitored?-Ed.) This represents the first report of MRI findings in acute transverse myelitis after influenza vaccination.

Gustafsson, L; Hallander, HO; Olin, P; Reizenstein, E; Storsaeter, J (1996) "A

Controlled Trial of a Two-Component Acellular, a Five Component Acellular and a Whole-Cell Pertussis Vaccine." The New England Journal of Medicine; 334:349-55

BACKGROUND. Because of concern about safety and efficacy, no pertussis vaccine has been included in the vaccination program in Sweden since 1979. To provide data that might permit the reintroduction of a pertussis vaccine, we conducted a placebo-controlled trial of two acellular and one whole-cell pertussis vaccines.

METHODS. After informed consent was obtained, 9829 children born in 1992 were randomly assigned to receive one of four vaccines: a two-component acellular diphtheria-tetanus-pertussis (DTP) vaccine (2566 children), a five-component acellular DTP vaccine (2587 children), a whole-cell DTP vaccine licensed in the United States (2102 children), or (as a control) a vaccine containing diphtheria and tetanus toxoids (DT) alone (2574 children). *(Note that the performance of the pertussis vaccine is being compared against a 'control' which is not inactive, as it ought to be for the results to be scientifically valid. It is being measured against another vaccine.-Ed.)* The vaccines were given at 2, 4 and 6 months of age, and the children were then followed for signs of pertussis for an additional 2 years (to a mean age of 2 1/2 years).

RESULTS. The whole-cell vaccine was associated with significantly higher rates of protracted crying, cyanosis, fever and local reactions than the other three vaccines. The rates of adverse events were similar for the acellular vaccines and the control DT vaccine. After three doses, the efficacy of the vaccines with respect to pertussis linked to a laboratory-confirmed case of pertussis on contact with an infected household member with paroxysmal cough for 21 days was 58.9 percent for the two-component vaccine (95 percent confidence interval, 50.9 to 65.9 percent), and 48.3 percent for the whole-cell vaccine (95 percent confidence interval, 37.0 to 57.6 percent)

CONCLUSIONS. The five-component acellular pertussis vaccine we evaluated can be recommended for general use, since it has a favourable safety profile and confers sustained protection against pertussis. The two-component acellular vaccine and the whole-cell vaccine were less efficacious.

Greco, D; Salmaso, S; Mastrantonio, P; et. al., (1996). "A Controlled Trial of Two Acellular Vaccines and One Whole-Cell Vaccine Against Pertussis." New England J. Med. 334: 341-8.

BACKGROUND. Concern about both safety and efficacy has made the use of whole-cell pertussis vaccines controversial. In some European countries, including Italy, the rate of vaccination against pertussis is low.

Methods. We conducted a double-blind trial in Italy in which infants were randomly assigned to vaccination at two, four, and six months of age with an acellular pertussis vaccine together with diphtheria and tetanus toxoids (DTP); a DTP vaccine containing whole-cell pertussis (manufactured by Connaught Laboratories); or diphtheria and tetanus toxoids without pertussis (DT). The acellular DTP vaccine was either one containing filamentous hemagglutinin, pertactin, and pertussis toxin inactivated with

formalin and glutaraldehyde (SmithKline Beecham) or one with filamentous hemagglutinin, pertactin, and genetically detoxified pertussis toxin (Chiron Biocine). Pertussis was defined as 21 days or more of paroxysmal cough, with infection confirmed by culture or serologic testing.

RESULTS. The efficacy of each vaccine, given in three doses, against pertussis was determined for 14,751 children over an average of 17 months, with cases included in the analysis if cough began 30 days or more after the completion of immunisation. For both of the acellular DTP vaccines, the efficacy was 84 percent (95 percent confidence intervals, 76 to 89 percent for SmithKline DTP and 76 to 90 percent for Ciocing DTP), whereas the efficacy of the whole-cell DTP vaccine was only 36 percent (95 percent confidence interval, 14 to 52 percent). *(Every child who receives DTP is at risk of severe injury, but the vaccine was useless in two of every three of those children put at risk. It seems that it is only when there is a new vaccine to be pushed onto the market that the lack of efficacy of the old vaccine is admitted.-Ed.)* The antibody responses were greater to the acellular vaccines than to the whole-cell vaccine. Local and systemic adverse events were significantly more frequent after the administration of the whole-cell vaccine. For the acellular vaccines, the frequency of adverse events was similar to that in the control (DT) group. *(It is not valid to have a 'control' group which receives vaccine toxins; the 'control' substance must be inactive. A comparison of vaccinated with unvaccinated children would show the true extent of vaccine damage. However, such a comparison would be so revealing that vaccine manufacturers are pushing as hard as possible to achieve 100% vaccination coverage-then there won't be anyone unaffected to compare against.-Ed.)*

The antibody responses were greater to the acellular vaccines than to the whole-cell vaccine. Local and systemic adverse events were significantly more frequent after the administration of the whole-cell vaccine.

CONCLUSIONS. The two acellular DTP vaccines we studied were safe, immunogenic, and efficacious against pertussis whereas the efficacy of the whole-cell DTP vaccine was unexpectedly low. *(The frequency of adverse events was the same for the three-vaccine as for the two-vaccine mixture, so it is assumed-wrongly-that the three vaccine mix must be okay. The conclusion that the acellular DTP vaccine is safe is premature, given that it may be years before the extent of vaccine-related damage is revealed.-Ed.)*

"In fact, the whole question of vaccine detoxification has never been systematically investigated."

"...there is sufficient experimental data to implicate both endotoxin and PT in adverse neurologic reactions to pertussis vaccine."

Menkes, J.H. and Kinsbourne, M. (1990) "Workshop on Neurologic Complications of Pertussis and Pertussis Vaccination." Neuropediatrics 21: 171-176. mrk Baraff, LJ, Ablon, WJ, Weiss, RC; Possible temporal association between diphtheria-tetanus toxoid pertussis vaccination and sudden infant death syndrome; Pediatric Infections Diseases; Jan-Feb 1983; 2 (1) 7-11.

Because diphtheria and tetanus toxoids pertussis (DTP) vaccine is routinely given during the period of highest incidence of sudden infant death syndrome (SIDS), this study was undertaken to determine if there is a temporal association between DTP immunisation and SIDS. Parents of the 145 SIDS victims who died in Los Angeles County between January 1, 1979 and August 23, 1980, were contacted and interviewed regarding their child's recent immunisation history. Fifty-three had received a DTP immunisation.

Of these 53, 27 had received a DTP immunisation within 28 days of death.

Six SIDS deaths occurred within 24 hours and 17 occurred within 1 week of DTP immunisation. These SIDS deaths were significantly more than expected were there no association between DTP immunisation and SIDS. An additional 46 infants had a physician/clinic visit without DTP immunisation prior to death. Forty of these infants died within 28 days of this visit. These deaths were also significantly more than expected. These data suggest a temporal association between DTP immunisation, physician visits without DTP immunisation and SIDS.

Stewart, GT; Immunisation against whooping cough; British Medical Journal, 31 January 1976; letters:

Sir: In showing that 75% of infants below 3 months of age with whooping cough were admitted to hospital and that 42% of all hospital admissions of children notified as whooping cough were infants or 5 months or younger, Dr.'s. Christina L. Miller and W.B. Fletcher (17 January, p 117) have indeed confirmed the widely-held belief that: "in young infants whooping cough is still dangerous". They have not shown that "at all ages previous vaccination reduced the severity of the disease." What they have shown is that, among notified cases, a significantly higher proportion of the more severe cases and of those admitted to hospital were not immunised or were incompletely immunised. This does not mean that immunisation is necessarily protective. Of 8092 cases notified to them, 2940 (36%) were fully immunised while only 2424 (30%) were definitely not immunised.

In the same issue (p128) Dr. ND Noah claims that "current vaccines provide young children with substantial protection against whooping cough". What he actually shows, in a single tabulation of notifications uncorrected for age, is that the incidence of whooping cough is lower in immunised than in non-immunised children. But the

rate of notified infection was still relatively high (50 per 100,000) in 1974 in children fully immunised with the new vaccine. There is no evidence in either article that immunisation of older children protects younger ones.

SEVERAL QUESTIONS ARISE:

1. What kind of immunisation is this for which success is being claimed? It is an immunisation which leaves those at highest risk (that is, below 6 months of age) unprotected and which, even when complete, is associated only with partial protection of those in the lowest risk groups.
2. What kind of epidemiology is this which advocates immunisation by excluding consideration of factors other than immunisation? It is admitted in both articles and is indeed obvious from the data that factors other than immunisation must influence susceptibility to whooping cough. If immunisation is to be tested for efficacy, the data must be standardised for domestic, demographic and social factors. Whooping cough is much lower in incidence, hospital admissions are less frequent, and immunisation schedules are often better maintained in districts where socioeconomic conditions are favourable. The reported association between protection and immunisation could be an expression of better social conditions and child care as much as of biological protection by pertussis vaccine.
3. What kind of editorial policy is this which publishes incomplete data and promotes far-reaching claims about the efficacy of immunisation but refuses to publish collateral data questioning this efficacy? Paradoxically, the articles by Dr.'s. Miller and Fletcher and Dr. Noah reinforce the suggestion made in my letter in your issue of 10 January (p93) that evidence about the efficacy of pertussis vaccine is lacking. The question remains.

Strom, J.; Further Experience of Reactions, Especially of a Cerebral Nature, in Conjunction with Triple Vaccination: A Study Based on Vaccination in Sweden 1959-65; British Medical Journal; 11/11/67; 4, 320-323

The previous report concerning reactions in conjunction with triple vaccination in Sweden during the period 1954-8 (Strom 1960) aroused considerable attention and also criticism (Malmgren et al., 1960; Hellstrom, 1962). To question the propriety of recommending universal vaccination against whooping-cough in all circumstances and in all countries was naturally a serious matter. Even if the predominant view is still that pertussis vaccination is of such value that it should be universally recommended, certain authorities (Wilson and Miles, 1964; Herrlich, 1965; Ehrengut 1966) express some doubt on the point.

However, one absolute requirement must be that the complications occurring in connection with vaccination are carefully observed and recorded. It is also important to note whether in due course the incidence or the severity of the side-effects is reduced. A further requirement is to ascertain whether the complications that may occur are likely to affect the incidence and fulfilment of vaccination.

SUMMARY: Among 516,276 triple-vaccinated children in Sweden from 1959-

1965, neurological reactions to the vaccination occurred in 167 cases-destructive encephalopathy 3, convulsions 80, hypsarrhythmia 4, shock 54, uncontrollable screaming 24, serous meningitis 2.

Serous meningitis was also found in three out of nine examined cases of convulsions, and elevated protein in cerebrospinal fluid in one out of four examined cases of shock.

Apart from these objective signs of meningeal involvement in certain cases, the study shows that in conjunction with both convulsions and shock there may be no or very little rise of temperature. The convulsive symptoms therefore cannot be classified as a matter of course as simple febrile convulsions.

The incidence of neurological reactions was 1:3,600 vaccinated children (1:3,100 if cases of persistent uncontrollable screaming are included), a rise in relation to the figure of 1:6,000 reported in a study from the years 1954 to 1958. The rise is probably merely apparent, however, owing to the more watchful eye that is kept on these conditions. The more severe reactions leading to permanent injury seem to have decreased.

Analysis of the vaccinations of 208,186 children showed that 75.3% had been completely vaccinated. The figure for the non-vaccinated was 16.4%, rather more than half of them due to the parent's refusal. Vaccination had not been completed in 8.3%; in at least 3% the reason was probably the severe reaction to a preceding vaccination.

Apart from neurological reactions, erythema, exanthema, oedema and gastro-intestinal symptoms have also been reported. The great majority of reactions occurred after the first injection. Repeated injection appeared to produce the same reaction.

All forms of reaction can be explained as being of toxic origin. An allergic mechanism would appear to be of relatively limited significance; a certain individual predisposition, however, seems to be a factor to reckon with.

Finally, it is emphasized that when nationwide vaccination is recommended, detailed information should be required concerning postvaccinal reactions, as is done in Sweden in conjunction with triple vaccination.

Ditchburn, Robert K.; Whooping Cough after stopping pertussis immunisation; British Medical Journal; 1979, 1, 1601-1603; 16, June 1979;

SUMMARY AND CONCLUSIONS: An epidemic of whooping cough occurred in a rural practice in Shetland, containing 144 children under 16. Before July 1974, all children were immunised against pertussis, but after that date immunisation was stopped. Of the 134 children studied, 93 had been immunised. Sixty five of the children developed whooping cough. The incidence of infections was similar in those who had and had not been immunised. The incidence was also similar in those born before and after July 1974.

There was not evidence to support the routine use of pertussis immunisation in rural Shetland. "Not even countries with immunisation rates of 90-95% have managed to eradicate pertussis or prevent disease in infants below the age of immunisation."

Trollfors, S; Bordetella Pertussis Whole Cell Vaccines - Efficacy and Toxicity; Acta Paediatrica Scandinavica 73: 417-425; 1984

ABSTRACT: The literature concerning efficacy and side effects of pertussis vaccines is reviewed. With few exceptions, most vaccines induce a protective immunity lasting for 2 to 5 years. The large-scale use of pertussis vaccine has markedly contributed to the decrease in pertussis morbidity in small children but in some countries the incidence has increased in older children. Not even countries with immunisation rates of 90-95% have managed to eradicate pertussis or prevent disease in infants below the age of immunisation. The pertussis-associated mortality is currently very low in the industrialized countries and no differences can be discerned when countries with high, low and zero immunisation rates are compared. Local and benign systemic reactions are commonly seen after immunisation. The vaccines also sometimes cause convulsions, a shock-like state and, rarely, serious neurological reactions.

Fine, E.M.; Chen, R.T.; "Confounding in Studies of Adverse Reactions to Vaccines." American Journal of Epidemiology; Vol. 136; Number 2; July 15, 1992.

Several social and medical attributes are associated with both avoidance or delay of vaccination and an increased risk of adverse events such as sudden infant death syndrome or childhood encephalopathy. Studies that fail to control adequately for such confounding factors are likely to underestimate the risks of adverse events attributable to vaccination.

This paper reviews the literature on studies of severe adverse events after the administration of pertussis antigen-containing vaccines, with particular attention to the measures taken by different investigators to avoid this problem. Most published studies have reported a deficit of sudden infant death syndrome among vaccinees, which may reflect confounding in their study designs. An expression is derived to explore the extent of underestimation that may be introduced in such studies, under different sets of conditions. Confounding of this sort is a general problem for studies of adverse reactions to prophylactic interventions, as they may be withheld from some individuals precisely because they are already at high risk of adverse events.

"...only about 15% of medical interventions are supported by solid scientific evidence..."

Smith, R.; The British Medical Journal, Volume 303, 5 October 1991

EDITORIAL: "Where is the wisdom we have lost in knowledge, and where," asked TS Eliot, "is the knowledge we have lost in information?" There are perhaps 30,000 biomedical journals in the world, and they have grown steadily by 7% a year since the seventeenth century. Yet only about 15% of medical interventions are supported by solid scientific evidence, David Eddy, professor of health policy and management at Duke University, North Carolina, told a conference in Manchester last week. This is partly because only 1% of the articles in medical journals are scientifically sound and partly because many treatments have never been assessed at

all. "If," said Professor Eddy, "it is true, as the total quality management gurus tell us, that 'every defect is a treasure', then we are sitting on King Solomon's mine." What are the implications for those purchasing health care if the scientific base of medicine really is so fragile? Because, as Professor Eddy said, "it is not enough to do the thing right; it is also necessary to do the right thing." The implications for purchasers of the poverty of medical evidence were considered at the Manchester meeting, which was organised jointly by the British Association of Medical Managers and the resource management unit of the NHS Management Executive.

Professor Eddy began his medical life as a cardiothoracic surgeon in Stanford in California but became progressively concerned about the evidence to support what he and other doctors were doing. He decided to select an example of a common condition with well established treatments and assess in detail the evidence to support what he and other doctors were doing. Beginning with glaucoma, he searched published medical reports back to 1906 and could find not one randomised controlled trial of the standard treatment. Later he traced back the confident statements in textbooks and medical journals on treating glaucoma and found that they had simply been handed down from generation to generation. The same analysis was done for other treatments, including the treatment of blockages of the femoral and popliteal arteries; the findings were similar. That experience "changed his life," and after taking a degree in mathematics at Stanford University he became a professor at Duke University and one of the consultants most in demand in the United States.

"...a substantial proportion of fully vaccinated children had been involved in the chain of transmission."

Sutter, RW, Patriarca, PA, Brogan, S. et al., "Outbreak of paralytic poliomyelitis in Oman: Evidence for widespread transmission among fully vaccinated children." The Lancet; Vol 338:Sept 21, 1991.

From January, 1988, to March 1989, a widespread outbreak (118 cases) of poliomyelitis type 1 occurred in Oman. Incidence of paralytic disease was highest in children younger than 2 years (87/100,000) despite an immunisation programme that recently had raised coverage with 3 doses of oral poliovirus vaccine (OPV) among 12-month-old children from 67% to 87%.

We did a case-control study (70 case-patients, 692 age-matched controls) to estimate the clinical efficacy of OPV, assessed the immunogenicity of OPV and extent of poliovirus spread by serology, retrospectively evaluated the cold chain and vaccine potency and sought the origin of the outbreak strain by genomic sequencing. 3 doses of OPV reduced the risk of paralysis by 91%; vaccine failures could not be explained by failures in the cold chain nor on suboptimum vaccine potency. Cases and controls had virtually identical type 1 neutralising antibody profiles suggesting that poliovirus type 1 circulation was widespread. Genomic sequencing indicated that the outbreak strain had been recently imported from South Asia and was distinguishable from isolates indigenous to the Middle East. Accumulation of enough children to sustain

the outbreak seems to have been due to previous success of the immunisation programme in reducing spread of endemic strains, suboptimum efficacy of OPV and delay in completing the primary immunisation series until 7 months of age. Additionally, the estimated attack rate of infection among children aged 9-23 months exceeded 25% in some regions, suggesting that a substantial proportion of fully vaccinated children had been involved in the chain of transmission.

Gaebler, JW, Kleiman, MB, French, MIV et al. (1986) "Neurologic complications in oral polio vaccine recipients." Journal of Pediatrics, 108: 878-881.

Between April 1982 and June 1983, four children 3 to 24 months of age were referred for evaluation of neurologic abnormalities found to be compatible with vaccine-related poliovirus infection, which had not been suspected by referring physicians. Patients were epidemiologically unrelated residents of Indiana, and none had prior symptoms suggestive of immunodeficiency.

All had received poliovirus vaccine orally (first dose in three, fourth dose in one) and a diphtheria-tetanus-pertussis injection in the left anterior thigh within 30 days of symptoms. A vaccine-like strain of poliovirus was isolated from each patient, and each had symptoms (left leg paralysis in three, developmental regression, spasticity, and progressive fatal cerebral atrophy in one) persisting for at least 6 months. Immune function was normal in two with poliovirus type 3 infection and abnormal (hypogammaglobulinemia, combined with immunodeficiency in two with type 1 and type 2 infection, respectively. The incidence of observed vaccine-related poliovirus infection in Indiana recipients of orally administered poliovirus vaccine was 0.058 per 100,000 per year, significantly greater (P<0.001) than predicted.

"...live virus vaccine cannot be administered without risk of inducing paralysis."

"The live poliovirus vaccine has been the predominant cause of domestically arising cases of paralytic poliomyelitis in the US since 1972. In avoiding the occurrence of such cases, it would be necessary to discontinue the routine use of live poliovirus vaccine."

Salk, J. and Salk, D., Science, V 195; 4/4/77

ABSTRACTS CONCLUSION: Contrary to previously held beliefs about poliovirus vaccines, evidence now exists that the live virus vaccine cannot be administered without risk of inducing paralysis. The live poliovirus vaccine carries a small inherent risk of inducing paralytic poliomyelitis in vaccinated individuals or their contacts. Where paralytic poliomyelitis is prevalent, this risk is relatively less than that of the natural disease; but where naturally occurring poliomyelitis has been suppressed or eradicated, the risk from live poliovirus vaccine is greater than that of the natural disease. This is similar to the present situation with smallpox vaccine.

The live poliovirus vaccine has been the predominant cause of domestically arising cases of paralytic poliomyelitis in the US since 1972. In avoiding the occurrence of such cases, it would be necessary to discontinue the routine use of live poliovirus vaccine.

McCloskey, BP, The Relation of Prophylactic Inoculations to the Onset of Poliomyelitis The Lancet, April 8, 1950; 659-663;

An epidemic of poliomyelitis commenced in Melbourne, Victoria, in January of 1949, and later spread to the country areas of the State of Victoria and to the adjoining State of South Australia (July-August). The incidence in the other States of Australia was low during this period. The epidemic in Victoria is now subsiding.

Early in the epidemic, attention was directed to a few patients who had been given an injection of pertussis vaccine or of a mixture of diphtheria toxoid and pertussis vaccine shortly before the onset of their symptoms.

The parents of these children were naturally inclined to blame the inoculations for the development of the disease, though their medical attendants either dismissed the possibility of any causal relationship or else considered the effects to be due to a radiculitis caused by the vaccine. It was decided to inquire for a history of immunisation in the course of a routine investigation of reported cases; though any real association between inoculation and poliomyelitis infection was then considered highly improbable. Considerable evidence, however, will be presented to show that such an association has existed in this epidemic.

Kyle, Walter S., Simian retroviruses, polio vaccine and the origin of AIDS The Lancet, Vol 339: March 7, 1992.

Scientists recognised the problems of undetectable simian viruses in polio vaccines in the 1950s when live SV-40, discovered in all Salk inactivated vaccine, appeared in Sabin's original seed strains. As an attorney, I was prompted to seek out documents from US government and vaccine manufacturers by a medicolegal case of paralysis in a contact of a vaccinee. When that case was settled my background as a graduate electrical and mechanical engineer prompted my continued scientific inquiries. These have led to a hypotheses on the origin of AIDS.

My hypotheses that the virus particles found in these vaccine lots were HIV (or some variant) can be tested by analysing stored samples by the polymerase chain reaction (PCR). Reverse Transcriptase analyses of the released vaccine have shown up positive for such simian viruses up to 1985, and a critical look should now be taken at all such vaccines. If US government

My hypotheses that the virus particles found in these vaccine lots were HIV (or some variant) can be tested by analysing stored samples by the polymerase chain reaction (PCR).

laboratories have already done PCR tests on stored samples of the incriminated lots of polio vaccine which remain, the results should be made public.

Payne, FP, Baublis, JV, Itabashi, HH, Isolation of measles virus from cell cultures of brain from a patient with subacute sclerosing panencephalitis, New England Journal of Medicine, Vol. 281, No. 11, Sept. 11, 1969

CASE REPORTS: A 6 year-old boy, whose parents denied a history of measles in the patient or his siblings, had received live measles virus vaccine in December, 1966. One year later, during January of 1968, he began to show behavioural changes. By February, it was noted that he began to fall frequently to the left, to use his left hand in preference to his right and to respond to questions with only "Yes" or "No". By the end of the month, he was aphasic and incontinent, and a right hemiparesis had developed. In early March, a progressive quadruplegia was manifest and he experienced generalized convulsions...he died in April 1968, 3 months after the onset of his symptoms.

Ronne, T., (1985), Measles virus infection without rash in childhood is related to disease in adult life. The Lancet, 5 Jan 1985: 1-5 Shasby, M., Shope, T.C., Downs, H., Hermann, K.L. and Polkowski, J., (1977) Epidemic measles in a highly vaccinated population, The New England Journal of Medicine, 296, 585-589.

ABSTRACT: During November 1975, to May, 1976, measles occurred at a rate of 20.3 cases per 1,000 in a purported immunized population, of whom historical and serologic survey revealed that 9 percent had no history of either measles illness or vaccination and 18 percent did not have detectable measles antibody. Antibody was detectable in 92% of those vaccinated at 13 months, 80 percent at 12 months and 67 percent of those vaccinated when less than one year old ($P < 0.001$), but no significant differences existed with increasing years since vaccination ($P < 0.1$). A second vaccination increased detectable antibody prevalence only in those originally vaccinated when less than nine months old (42 to 80 percent, $P < 0.02$). During a measles outbreak, more cases occurred in those receiving vaccine when less than 12 months old than in those vaccinated at 12 months (37 percent vs. 9 percent, $P < 0.001$) A second vaccination protected those originally vaccinated at <12 months (35 percent ill without second vaccination vs. 2 percent with, $P < 0.001$). Thus, a single measles vaccination of children <12 months old does not protect; a second vaccination will protect this group.

Nussinovitch, M., Harel, L., Varsano, I., (1995), Arthritis after mumps and measles vaccination, Archives of Disease in Childhood, 72:348-349.

ABSTRACT: Measles, mumps and rubella vaccine carries a risk of joint symptoms particularly in children under 5 years. A boy who presented with an inflamed knee after measles and mumps vaccination is reported; synovial fluid aspirated from the joint contained 4.3x109/l leukocytes. It is thought that the mumps component is the aetiological cause of acute monoarthritis.

Thompson, N.P., Montgomery, S.M.., Pounder, R.E., Wakefield, A.J., Is Measles Vaccination a risk factor for inflammatory bowel disease? The Lancet, Vol 345: 1071-1073, (29/4/96).

SUMMARY: Measles virus may persist in intestinal tissue, particularly that affected by Crohn's disease, and early exposure to measles may be a risk factor for the development of Crohn's disease. Crohn's disease and ulcerative colitis occur in the same families and may share a common aetiology. In view of the rising incidence of inflammatory bowel disease (Crohn's disease and ulcerative colitis), we examined the impact of measles vaccination upon these conditions. Prevalences of Crohn's disease, ulcerative colitis, coeliac disease, and peptic ulceration were determined in 3545 people who had received live measles vaccine in 1964 as part of a measles vaccine trial. A longitudinal birth cohort of 11,407 subjects was one unvaccinated comparison cohort and 2541 partners of those vaccinated was another. Compared with the birth cohort, the relative risk of developing Crohn's disease in the vaccinated group was 3.01 (95% CI 1.45-6.23) and of developing ulcerative colitis was 2.53 (1.15-5.58). There was no significant difference between these two groups in coeliac disease prevalence. Increased prevalence of inflammatory bowel disease, but not coeliac disease or peptic ulcerations, was found in the vaccinated cohort compared with their partners.

These findings suggest that measles virus may play a part in the development not only of Crohn's diseases by also of ulcerative colitis.

Miller, E, Goldacre, M, Pugh, S, Colville, A, Farrington, P, Flower, A, Nash, J, MacFarlane, L, Tettmar, R; Risk of aseptic meningitis after measles mumps and rubella vaccine in UK children; The Lancet, Vol 341: April 17, 1993

ABSTRACT: Cases of aseptic meningitis associated with measles/mumps/rubella vaccine were sought in thirteen UK health districts following a reported cluster in Nottingham which suggested a risk of 1 in 4,000 doses, substantially higher than previous estimates based on cases reported by paediatricians (4 per million). Cases were ascertained by obtaining vaccination records of children with aseptic meningitis diagnosed from cerebrospinal fluid samples submitted to Public Health Laboratories of cases discharged from hospital with a diagnosis of viral meningitis.

Both methods identified vaccination 18-35 days before onset as a significant risk factor and therefore indicative of a causal association. With both, half the aseptic meningitis cases identified in children aged 12-24 months were vaccine-associated with onset 15-35 days after vaccine. The study confirmed that the true risk was substantially higher than suggested by case reports from paediatricians, probably about 1 in 11,000 doses.

However, the possibility that the aseptic meningitis induced by vaccination was largely asymptomatic and a chance laboratory finding in children investigated for other clinical conditions, particularly febrile convulsions, could not be excluded.

Comparison of national reports of virus-positive mumps meningitis cases before and after the introduction of this vaccine indicated that the risk from wild mumps

was about 4-fold higher than from vaccine. Altogether, 28 vaccine-associated cases were identified, all in recipients of vaccines containing the Urabe mumps strain. The absence of cases in recipients of vaccine containing the Jeryl Lynn strain, despite its 14% market share, suggested a higher risk from Urabe vaccine.

A prospective adverse event surveillance system using the study methods is currently being established to assess the risk, if any, from the Jeryl Lyn strain which is now the only mumps vaccine used in the UK.

Farrington P Pugh S Colville A Flower A Nash J Morgan-Capner P Rush M Miller E, A new method for active surveillance of adverse events from diphtheria/tetanus/pertussis and measles/mumps/rubella vaccines, Lancet 1995 May 27;345(8961):1369 Abstract: We describe a new method for active post-marketing surveillance of vaccine safety based on patient records. We studied the association between diphtheria/tetanus/pertussis (DPT) vaccination and febrile convulsion, and between measles/mumps/rubella (MMR) vaccination and febrile convulsion and idiopathic thrombocytpoenic purpura (ITP) in five district health authorities in England by linking vaccination records with computerised hospital admission records.

We found an increased relative incidence for convulsions 0-3 days after DPT vaccination. The effect was limited to the third dose of vaccine for which the attributable risk (all ages) was 1 in 12,500 doses.

We found an increased relative incidence for convulsions 0-3 days after DPT vaccination. The effect was limited to the third dose of vaccine for which the attributable risk (all ages) was 1 in 12,500 doses. Completion of vaccination by 4 months instead of 10 months after the change in the UK to an accelerated immunisation schedule may have resulted in a 4-fold decrease in febrile convulsions attributable to DPT vaccine. 67% of admissions for a convulsion 6-11 days after MMR vaccination were attributable to the measles component of the vaccine (risk 1 in 3,000 doses).

An excess of admissions for a convulsion 15-35 days subsequently; there was no evidence of a mumps strain-specific effect. The estimated absolute risk of 1 in 24,000 doses was 5 times that calculated from cases passively reported by clinicians. This finding emphasises the need for active surveillance of adverse events. The record linkage method that we used is an effective way to identify vaccine-attributable adverse events.

Glossary

antibody:	*an immunoglobulin which binds to foreign protein so that it may be destroyed.*
encephalitis:	*inflammation of the brain.*
encephalopathy:	*any sickness in the brain.*
measles:	*an acute infectious fever caused by infection with a virus; characterised by catarrh of the respiratory passages, conjunctivitis, Koplik's spots in the mouth and a distinctive rash.*
mumps:	*an acute infectious disease caused by a virus; characterised by a painful swelling of the parotid gland (salivary gland under the tongue).*
paralysis:	*loss of movement.*
radiculitis:	*inflammation of the nerve roots where they leave the spinal column.*
rubella:	*(German measles)*
titer (or titre):	*measure of quantity, used when estimating the amount of antibodies.*

VACCINE CRITICS FEAR CUT IN THEIR FUNDING

Fear of funding cuts has prevented many doctors from publicly criticising the Federal Government's decision to ignore the advice of the NHMRC on the acellular pertussis vaccine, according to leading researchers. One of the researchers said he had to speak out because many advocates of immunisation were frightened to take on the government. "Lots of people won't go public because they rely on federal funding," he said.

The immunologist was willing to speak on the record about his concerns over the decision, but withdrew his comments after receiving a telephone call from Health Minister Dr. Michael Wooldridge's office. The immunologist told Australian Doctor he was sorry it was not possible to have an open discussion on the efficacy of acellular pertussis vaccines and the wider issue of improving Australia's immunisation rates. "I'm disappointed... that a lot of people are not coming out in public," he said. His concerns were sparked by Dr. Wooldridge's decision not to fund the acellular vaccine for the primary course, claiming a Swedish study found the acellular vaccine was less efficacious than whole-cell vaccine when used in the primary course. The immunologist, who has a copy of that study, said it tested vaccines which were not used in Australia.

CAROL'S STORY

When my first child was due to have her vaccination at the age of 6 weeks, I held back. Based on my basic understanding of biology, I had doubts and waited-under pressure, I might add, from the health authorities-until she was 8 weeks old. Needless to say, she had a reaction severe enough for me to call a doctor who told me it was normal.

With my second born, the same thing happened. When I asked the nurse administering the vaccine about the sense in introducing viruses to babies, I received the reply "My dear, I have seen babies with whooping cough, and it is not a pretty sight...". So my second child received the vaccine, had a reaction and again, I was told this was normal. However, the site of the injection became a hard lump and some six months later, it popped and out came the vilest pus. In the meantime, he had become ill at 3 months with a 'viral infection' shortly after the vaccination. He was unable to breathe and was vomiting and coughing. He was taken to hospital and, in fact, spent the night.

Aida, my third child, was born in March 1996. She received her first vaccination at 4 months (DPT, Hib and Oral Polio). She had a reaction, just as my first two had, but now (conditioned?) to expect this response I did not react in the same alarmed fashion. I had seen the other two come through OK and I got my partner to video the effects of the vaccine (severe swelling from hip to knee, burning fever, screaming) while we waited for the emergency doctor, who never showed.

I dealt with the swelling and brought the fever down with Calpol (paracetamol for children and infants) and ice. Eventually, nearly 3 hours later, she settled and went to sleep and I thought that all would be well in the morning. But from the next day my life and that of my family changed for ever.

Up to four months, Aida had met all the normal developmental milestones, but the day after the vaccine she became a child who stopped smiling and responding to her family. She lost all use of her limbs, her head stopped growing, she developed strabismus (squinting of the eyes) and she started to cough. The main problems Aida experienced following the quadruple vaccine were vomiting and gagging constantly on mucus; terrible smelly diarrhoea with severe nappy rash, and a kind of oral thrush in the mouth which I have been told is called geographic tongue. The previous course of vaccination was halted by the clinic following Aida's reaction and the DTaP (diphtheria, tetanus and acellular pertussis vaccines) was recommended. I was told that this had not been tested but learnt later this was untrue as it has been used since the 1970s in Japan.

When Aida was 10 months we got to see a paediatrician and assumed our appointment was going to outline what could be done to help Aida. Instead, we found the paediatrician wanted to give Aida the DTaP. It was at this meeting that I was told, despite no tests being done, that it was unlikely Aida would have reacted to the quadruple vaccine and the paediatrician did not think conducting any tests or

examinations was useful. I was told that Aida probably had an underlying congenital disorder that was triggered by the vaccines. When I mentioned Aida's development up until that point, and informed the paediatrician about Aida's high Apgar[83] rating at birth, to get him to reconsider his position and take up my concerns, I just received a reply "yes, it is true... she did have a high Apgar". This was the end of our discussion and Aida was given the DTaP.

Aida stopped eating at 10 months following that DTaP. She became very ill, was unable to breathe, her airways blocked with mucus, she was coughing, vomiting and choking on mucus. An ambulance was called and Aida was admitted into hospital with fever and a 'viral infection'. She spent 5 days in hospital. She stopped eating and developed oral hypersensitivity. I reported all of this to the paediatrician and expected some concern or interest to be shown, as this illness had occurred within 10 days of her being given the DTaP. But nothing changed. Nobody took any notice of my concerns about Aida no longer accepting oral feeds. She was now purely breastfed.

About 5 months ago Aida was given a naso-gastric tube (a tube passed through the nose into the stomach so soft, semi-liquid or liquid food can be pumped in). Over time she has begun to eat again and enjoys it. The sensitivity around her mouth has decreased. At one time we could not even kiss her face! She is still on the naso-gastric tube and we are considering the possibility of gastrostomy (an opening made directly into the stomach through which food may be passed).

I have described all of this to the doctors and they say there is very little chance of the vaccine causing this, she must have been born with an underlying condition that would have been triggered by the vaccines. Think about that. You have a child and the vaccine makes the child self-destruct... Well, that's OK, because she was born with "an underlying congenital disorder". So it is OK for them to keep giving these vaccines to every child, some of whom will be damaged because no controls are being set to determine who should receive the vaccine and who is susceptible to damage. If there is a tendency for vaccines to cause damage where there is an underlying disorder, should we not know who it will damage, and keep those ones as far away from the vaccine as possible?

Aida had suffered from a viral infection sometime between 4 and 6 months which had caused demyelination. Her brain stopped growing, she has problems with balance and coordination of her arms and legs. Aida is now 20 months old. She is unable to see more than a metre away. She cannot yet sit up by herself, nor will she roll over. She recognises us and responds by smiling and lovely cooing.

If you think that there could be a family history that could make vaccinating your child dangerous, delay, research and then commit yourself, one way or the other. If only I had taken the cues, I could have avoided inflicting this damage on my child.

Investigate before you vaccinate – Carol

ABOUT THAT NEW VACCINE FOR CHICKENPOX...

The newest vaccine to hit the market is the new Varivax vaccine (chickenpox vaccine) it is new to us but not the vaccine manufacturers they have been sitting on this vaccine for a long time waiting for the right time to release and that is when most families have both parents working and making it harder for them to lose work time so this vaccine is a money making gold mine to these vaccine companies .

Now this vaccine is so new that it is in phase four studies at the FDA's request. What that means is this vaccine manufacturers will monitor several thousand vaccinated children for 15 years to determine the long term effects of the vaccine.

Here are a few facts to raise your eyebrows and most of these can be found right in the manufacturers product insert.

- Individuals vaccinated with Varivax may potentially be capable of transmitting the vaccine virus to close contacts. Therefore, vaccine recipients should avoid close association with susceptible high risk individuals (eg newborns, pregnant women, immuno-compromised persons).
- Pregnancy should be avoided for at least 3 months after vaccination
- The long term effect of Varivax on the incidence of herpes zoster (shingles) particularly in those vaccinees exposed to natural varicella (chickenpox) is unknown at present.
- Physicians advise Varivax vaccine recipients not to use salicylates (aspirin or aspirin-containing products) for six weeks after vaccination because of the chance of contracting Reyes syndrome.
- There have been no studies conducted on it for carcinogenic (cancer causing) mutagenic (damaging genes) potential or for impairment of fertility.
- This vaccine was cultured in lung tissue obtained from two human aborted fetuses. The vaccine may even contain 'residual components' of fetal lung cells.
- No one knows if this will open our children up to getting chickenpox when they become older and the effects of chickenpox can be more harmful.
- First Year of Vaccine Adverse Events Reporting System (VAERS) based surveillance of the Varicella vaccine has showed over 1,500 reports. Most of the reported categories are rashes, followed by lack of effect, fever, infections and local injection site reactions. 5% of these reports have been serious including two deaths.

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ROLE OF VACCINES IN AUTO-IMMUNE BRAIN DISEASES

Italian physicians studying the immunogenetic basis for demyelination in the brain have investigated 30 cases of post-vaccination diseases of the central nervous system and concluded that vaccination may cause auto-immune central nervous system diseases in genetically predisposed individuals. In discussing their findings in a 1996 article published in the Mediterranean Journal of Surgery and Medicine, Massimo Montinari, Biagio Favoino and Angela Roberto observed that "auto-immune diseases are more frequent in nations where vaccines are widely used, the so-called "clear" communities." Genetic Code May Be Involved - The physicians studied patients between the ages of 3 months and 32 years who developed epilepsy, myoclonic epilepsy, evolutive encephalopathy, autism and other neurological dysfunction following documented immediate reactions to vaccination including high fever, seizures and diarrhoea. Their data suggests that several gene combinations may make some individuals susceptible to developing auto-immune-induced brain and immune system dysfunction following vaccination. They also suggested that the chemical thimerosal, which is a mercury derivative and has been added to most vaccines as a preservative, may also be involved in both neurological and gastro-intestinal dysfunction following vaccination. The researchers are currently studying the association between vaccination and chronic inflammatory bowel disease.

ZERO APATHY AND EVEN LESS COMPLACENCY BY SHIRLEY LEWIS

Shirley Lewis was a co-founder of the Immunisation Investigation Group (IIG) which has operated out of Katoomba in the Blue Mountains for more than 10 years. With Kerri Hamblin, Shirley has been at the forefront of the push for informed choice. While there were no national groups and no widespread support for the whole idea of pro choice vaccination policy, Shirley and Kerri persisted in their message of free health choices for all Australians. They established the Adverse Reactions Register which the AVN administers today. With the IIG, there would be no AVN. Their clear vision and the fearless example these two women have set has enabled us all to pursue our long-term goal of no discrimination against anyone who has made an informed vaccination choice - no matter what that choice might be.

Since 1987 the Immunisation Investigation Group (IIG) has played a big part in changing Australia's attitude to vaccination. Starting from a tiny group in the Blue Mountains, NSW, we have set ourselves to inspire, irritate or assist-according to whom we were dealing with!-parents, nurses, doctors, lawyers, journalists, natural therapists, media and politicians.

Since I was quite young, it's been my fate to have to speak out against the usual voices. I've earned the glorious titles of idiot, naive, idealistic, ill-informed, but I've never cared much. The point, I've come to realise, is not for me, or my side, to be right-but for there to be a debate. It is apathy, the unquestioning acceptance of authority, of the main viewpoint, that allows cruelty, greed and the resulting world misery to continue. We can have the world we all say we want, if we really want it. But it can be hard work.

In 1986 Tracey Morgan and I researched and wrote an article about vaccination for 'Australian Wellbeing'. I knew the then editor, Barbara McGregor, would publish it. She trusted me and, unlike most Australian media persons, wasn't scared of being sued or losing her job.

In my first Wellbeing article (December 1986), I bent over backwards to be fair to the medical profession. My Dad's a doctor. Even though I'd been practising acupuncture for four years, and wouldn't touch antibiotics with a barge-pole, it was natural for me to trust my local GP.

Dr. Cuddly was very nice, invited me into his home for the interview. One of the Cuddly kids had not been immunised for whooping cough-could not be immunised "for neurological reasons", said Dr. Cuddly. When her husband was out of the room, Mrs. Cuddly said "I would like to kill any mother (sic) who infected my child with whooping cough by failing to vaccinate her child."

Another interesting thing Dr. Cuddly said was: "If your child gets rubella (German measles) the best thing to do is throw a party and invite all his/her friends." He said catching the disease itself was the best way to immunise, and that "we" don't know when we immunise, whether we will get permanent immunity, or merely postpone the disease.

This was radical thinking for an Australian GP in the mid-1980s. And he shouldn't have let that one out. The official story was (and still is) that vaccination is good for you and everybody else.

I spoke to several other friendly doctors, they all assured me they knew all about vaccination and it was fine, absolutely safe, side effects were extremely rare, etc. To find out what Australian doctors were being told, I went to the medical library at Westmead hospital and did an on-line search for reports and research on vaccine failure or damage.

I found almost nothing. Lucky that Tracey Morgan had articles and reports, from all over the world, which told quite a different story. My eyes bulged as I read them. So, in the Wellbeing article we reproduced the inaccurate extracts of UK and other medical graphs that were published in 'respectable' Australian medical journals, giving false information about the role of vaccines in reducing infectious diseases.

We also quoted two little-known surveys in Sydney in the early 1980s, showing that fewer than 50% of 7-12 year-old children fully-'immunised' against polio, still had antibodies to all 3 strains of polio virus then identified. If polio broke out in Australia now, under government policy unvaccinated children may be asked to leave school during an outbreak, however parents should be aware that they do not have to

leave and should ensure that the child who has the disease has infact been tested to prove the disease is infact what the doctor diagnosed. Parents of vaccinated children would continue sending them to school, thereby exposing them to the risk of this crippling disease. Dr. Cuddly's cheery smile if we passed in the street did not change after my article was published. But Mrs. Cuddly, one of the receptionists in her husband's 'family' practice, has never spoken to me again except in the chilliest of tones. I found more sympathetic doctors.

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Around that time a well-known Aussie TV doctor, let's call him Dr. Soap, was making a promotional film for the NSW health department. Now, all Dr. Soap's medical knowledge came from commercial TV scripts. Yet he saw nothing odd about appearing in white coat with stethoscope, on homesy TV video screens in K-Mart, Katoomba, and no doubt all over the State, telling mums 'n' dads how important it was that little Johnny should be protected (sic) by vaccinations.

There were slogans around at that time showing spotty kids and teddy bears, proclaiming loud and clear: 'MEASLES-ONE SHOT GIVES LIFELONG PROTECTION.' A claim they could never justify, for measles shots had only been available for a few years. *(A second shot at 10-16 years was recommended after the 1994 measles 'epidemic' found that adolescents were the major age group which contracted measles. As the vaccine did not give life-long immunity the 'booster' shots were recommended. Similar story in USA UK and NZ. -Ed)*

The IIG was just a bunch of slightly bedraggled mums with babes in arms and pre-schoolers hanging onto our fingertips—or so we thought. We met for the first time in 1987 outside the office of Bob Debus, our State member. The NSW Labour Government Health Department announced that vaccination would be a 'condition of entry' to schools and institutions. Although this use of words was deliberately obscure, the media asked no questions.

At our request, Debus obtained assurances from the Health Department that this did not mean vaccination would be compulsory. Funny, it sounded as if it did, and many people believe to this day that vaccination is compulsory. Having worked in journalism for many years, I feel sure the words 'condition of entry' were chosen with great care.

Health departments have always known how to use the media. In 1986, a well-timed call on a quiet news day, from them to any

newspaper or media outlet, always resulted in a front page 'No-News' article about complacent and irresponsible parents, looming epidemics, etc. An ABC 7.30 Report story was typical, starting with a close-up shot of a cute baby, snatches of innocent childish voices singing 'Oranges and Lemons' and the reporter's tinsel tones: 'Every mother wants what's best for her baby-immunisation.' I wrote to the reporter; she didn't write back.

A batch of words with no medical backup whatsoever began to creep into our language, such as atypical: the term used if a disease is diagnosed in someone who's been fully vaccinated, eg atypical measles or whooping cough; vaccine-preventable: many expert opponents of vaccine say there is no absolute proof that vaccine has ever prevented any disease; lifelong protection (see above); complacent: adjective used to insult parents who, after much personal searching, decide not to let their children be vaccinated.

The IIG was a small group, with most of the work done by Kerri and a trickle of dedicated helpers. There was very little money and we felt we could do so little. The media didn't want to know: every time the IIG phoned journalists with our story, we were told, 'Oh, that story's already been covered'. Or 'Oh, we couldn't put that on TV; it might stop people vaccinating their children'. Health departments, doctors and community nurses preferred to believe the false graphs in their medical newsletters.

But the clock was ticking; and Kerri and a very small but hardworking group kept working. Kerri in particular talked to people, and listened to their views, with endless patience. Me, I'm one of those who hates arguing and is hopeless at remembering itty-bitty statistics. Kerri persisted, insisted, "When the time is right". Letters and requests for information kept coming in; the IIG photocopied material and sent it out all over Australia. We spent a fortune on postage and phone calls. Some people gave donations, many didn't even think to send a stamped envelope. Kerri worked full-time, for no pay.

Ignorance and fear were the big things we had to dispel. We were getting there, sure, but how many reincarnations would we have to use up? There was the odd wonderful moment. I'd done a very successful TV interview in Newcastle, under blazing lights, with a rare sympathetic TV reporter. There was a wonderful woman up there called Jennie Tisdell, whose child Lara was damaged very severely by a measles shot. Jennie let everybody know how this had affected all their lives, and no one could doubt her.

Media people were scared that if they put those sorts of stories on 'people might stop vaccinating their children'. Yeah. But in 1990, after years of failing to get media attention, the IIG launched a Register of Vaccine Failure and Damage. It was an idea from Sue Brown, from Victoria, who spent 15 months nursing her son back to health after his Triple Antigen shot at 6 months and then couldn't get Victorian health officials to consider a register. We bought a big, hard-backed book, wrote down all the cases we knew of and called a media conference-TV, radio and the lot, they were all there. The NSW Health Department were on the phone to us at once, Dr. Gavin

Frost phoned me within hours. We were promised all kinds of help which never materialised, including a computer.

Hundreds of people have since come forward, including 50 or more whose children have been severely brain damaged and/or died after vaccination. The oldest we know of is Mary Griffin, of Wollongong, who is in her 70s. Mary's daughter Milvie was brain-damaged by vaccine-given against her mother's wishes-at 2 years old. Now in her 40s, all she can do is feed herself, walk backwards, and say a few infantile words. Kerri and I have interviewed many of these people and seen and heard what vaccination has done to their lives.

Our instant media attention lasted about four years. Debates and news stories were often eclipsed by main media figures with limited medical knowledge (eg. Geraldine Doogue, Andrew Olley, Ray Martin) who made patronising pro-vaccination comments at the end. Nevertheless, people were getting the stories they needed, the word was spreading and the number of parents refusing to vaccinate rose.

In 1992 the current MMR (mumps, measles, rubella) vaccine was withdrawn as unsafe. Health departments failed to notify the public or doctors. The IIG publicised it. We were gaining support from a considerable number of lawyers and politicians, as well as health professionals, even a few doctors.

In 1995, the director of the central Sydney division of group practices, Dr. Michael Mira, quoted in the 'Medical Observer', said that in a recent survey conducted in his area, "the main reason parents gave for not immunising their children was not forgetfulness but rather a lack of faith in immunisation". He also found the information from the 'anti-immunisation lobby' "more convincing" than that provided by health departments.

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The Federal Health department meanwhile announced a national register of all children 0-6 years, openly intended to coerce unwilling parents into vaccinating their children. (The word 'immunisation' had mysteriously disappeared from Health Department bulletins and releases, presumably on legal advice.) Both Dr. Andrew Refshauge, (NSW Health Minister) and (former Federal Health Minister) Dr. Carmen Lawrence, in a letter to an IIG member, still spoke of 'complacency' among non-vaccinating parents. This accusation amazes me. Australia is the most laid-back place in the world, right? I mean, it's the home of the attitude "she'll be right mate, no worries." If thousands of Australians, over a few years, start to get steamed up about something: talking, writing letters, forming groups, you can bet there's something at the bottom of it. And it's not complacency.

Refshauge's PR office put out a media release talking of 'on the spot' vaccines to

be given to children in their homes by visiting health workers-if the child concerned is seen to be more than 90 days 'overdue' for their vaccine. It certainly puts a young mother with three pre-schoolers on the spot if a nurse arrives at the door with a needle. Words that could be used to describe such an incident are harassment, coercion, abuse, invasion of privacy, etc. What is the real intention behind such an action, if not to remove choice and enforce compliance?

When will the government invite parents to contact them, say on a free phone, to tell them about vaccine damage, failure, or even transient acute reactions? Why does the government not want to know? It's politicians, doctors and health workers-not to mention civil rights groups who have been, to date, absolutely fixed in their views-who need to look very hard at their complacency.

The media, on the whole, will run a story if it's good enough. But it's no good Mrs. S or Mr P saying their child got whooping cough after being fully immunised against it. It has to be confirmed by Dr. Q, and Dr. Q is damned hard to find. Yes, we know they get intimidated by their medical associations etc. But what about the Hippocratic oath?

Over these ten years we have fought a number of giants: health departments; media; drug companies; medical conformity. We have fought for the right of parents to informed choice. And we have won not through the wisdom or generosity of any of these giants, but through courage and hard work.

In 1989-90 government figures showed that only 53% of Australian children were 'immunised'. In spite of huge expenditure, dishonest advertising, concealment and threats by government departments from top to bottom, slightly fewer Australian parents are now vaccinating their children. This is partly due to word of mouth-women (and men) sitting round with babies and toddlers, quickly spread the word if they know of a child reacting at all badly to a 'shot'.

As one well-known TV actor said "If something terrible is going to happen to my child, I'd rather it was because he got a complication of measles than that I had taken him to a doctor and allowed a vaccination that ruined his whole life."

We have worked hard to break down barriers of fear and ignorance. No parent who refuses vaccination should be charged with complacency. There is now clear evidence in the community to support the decision not to vaccinate. This evidence relates to outbreaks of disease in fully vaccinated children.

In most of the cases we have seen, vaccination damage leads to marriage breakdown (frequently the father leaves), drug and alcohol dependency and extreme distress among other children in the family (no time or energy left for them). Every mother we have spoken to has mentioned the guilt she bears, knowing she was the one who held out her baby to have the shot that terminated his/her hopes, dreams and expectations of a normal healthy life.

This is not a war between informed, aware, caring people (government, doctors and media) and ill-informed, complacent, careless parents. It is a war between people with position, microphones and money, (hundreds of millions of dollars spent to

promote vaccination) and parents who will have to live their whole lives with the consequences of their decision. The government is not, yet, living with these consequences. Only we can make them.

Ways must be found to inform people, to compensate those who have suffered and are suffering and to protect the individuals' right to choose responsibly. Governments will not be become responsible, until we are.

Working on this issue has been the only way I could say, to all the parents and siblings of children damaged by vaccination-and to each of those children-Yes, I know. I've heard and seen what you have suffered. I believe you. You are my family, and I will do my best to see that what you have suffered is known to others, and to warn them of the dangers of vaccination.

To quote Nelson Mandela: "We ask ourselves who am I to be brilliant, gorgeous, talented and fabulous? Actually, who are you not to be?"

The IIG wants government to give:

1. Absolute clarification, via media through press release, advertising etc, that vaccination has never been and never will be compulsory;
2. Provision for notification of adverse reaction AND vaccine failure, eg a free phone number;
3. Full, fair and accurate information to the public, so that parents may exercise their right to make an informed choice about vaccination. (This should include specific information about the effectiveness, both hoped-for and actually proven, of antibiotics.)

Shirley Lewis is a writer and natural therapist.

OUTBREAKS OF INFECTIOUS DISEASES AMONG SCHOOL CHILDREN BY SHIRLEY LEWIS

Korowal School, Scott Avenue, Leura: four children in one class developed whooping cough.

A was first to contract the disease. A was fully vaccinated, and took erythromycin; A's sister E, also fully vaccinated, also got it. B was vaccinated, but her parents-who are pro-vaccination, claim the health department did not advocate the pre-school booster when the child was 5. C we don't know about. D was not vaccinated. D's 2 siblings F and G (unvaccinated, no whoop) and mother H (fully vaccinated) also got it. All saw doctors for confirmation.

Another family with children at Korowal has four children aged 15 to 3 months, as follows: J, 15, vaccinated for whooping cough at 2,4 and 6 months, reacted very badly to all 3 with very high fever and tremors. Had orange-sized red lump on buttock. At

I asked if he had any figures to demonstrate that only unvaccinated people get the disease. He didn't. He said it was a fundamental and "...a basic axiom of medical belief... I don't have any figures because it's such a fundamental doctrine of holy writ in medicine..."-Greg Beattie - cross examining Dr Michael Whitby, Director of Infectious diseases at Princess Alexandra Hospital in Brisbane, at the Maroochydore District Court, July, 1996.

age 3 contracted whooping cough, medically confirmed. Was continuously unwell 'catching everything' until homeopathic treatment at age 7. Since then well. K and L not immunised because of brother's experience; have not so far contracted whooping cough.

M, 3 months, currently has whooping cough at the most dangerous time possible, was really sick for 3 nights and now after 10 days is almost better. This family also saw a doctor, who begged them to give the baby erythromycin, even though the mother, a trained midwife, felt he wasn't sick. Two other children (not listed here) who have been in contact with the baby are on erythromycin although they're also not sick. This mother describes the reaction in her group of friends and acquaintances as 'hysterical'.

In many cases it appears parents of vaccinated children blame non-vaccinated children for causing the outbreak of the disease, even if the vaccinated children are first to show symptoms.

Blaxland Public School

Most children at this school have been vaccinated. N, a 7 year-old unvaccinated boy, was the only child to be excluded from school for 2 weeks, 'for his protection', four days after a little girl, O, was sent out of class with a sudden rash, which mimicked measles. Three teachers and a handful of parents thought it was measles. A local GP confirmed measles, and the acting head teacher insisted that N stay away, in spite of an important parade that N had been looking forward to. After 10 days the head teacher said N could return to school. O had been back at school 3-4 days before N was allowed to return. O's brother P then got 'measles'. Their mother, Q, got it, but as she had already had measles, she went back to the doctor, and a blood test showed that the disease was rubella.

The mother had vaccination against rubella during pregnancies earlier, so in theory she should have been immune. (vaccination against rubella is not always effective in every person, and in most, the 'immunity' does not last very long, perhaps ten years at best-Ed) The children's father, R, then got rubella.

So 4 people had a misdiagnosed disease which they were spreading round the 'vaccinated' community. The final irony is that 'N', the unvaccinated child, had had rubella before, so he was prevented from attending school for no reason.

The significance of a diagnostic error between measles and rubella is that rubella causes foetal abnormalities and pregnant women must avoid exposure to it. At Blaxland school, no pregnant woman would be worrying about this disease because everyone, including the doctor, thought it was measles.

But supposing this misdiagnosis had involved polio? The mother who reported this case says she has never experienced 'complacency' about vaccination in Blaxland, where almost everyone vaccinates their children. "You don't tell your neighbours you haven't vaccinated," she says. This mother also reported she knows of a vaccinated child who had measles years later, then two years later got it again; a woman who vaccinates her children because her husband would blame her if they got a disease; another, whose child got a full-blown dose of measles just after vaccination, said "now we're sure he's immune!"

From these two outbreaks of 'vaccine-preventable' diseases in the Blue Mountains, involving 17 people, the outcome was: 14 people (11 adults, 3 children) got an infectious disease; 8 were fully vaccinated, 1 missed the booster shot; 2 are of unknown vaccination status. All 3 children who did not contract the disease concerned were unvaccinated.

Under these circumstances, perhaps we could consider other possible explanations for the rise in the number of cases of whooping cough: from 340 in 1991, to 5600 in 1994; measles: 1380 to 4900; rubella: 620 to 3300 (Sun-Herald).

We hope we have shown why the word 'complacency' as used by Dr. Refshauge is both inaccurate and insulting to electors, and we request that this situation be remedied without further delay. Eight years of misinformation on this subject is eight years too long. I've seen the bad side of doctors, too, and it is bad. If we put up with careless or patronising treatment from doctors, not only are we mad, we also make it worse for the next person.

How many parents immunise their children solely because they fear they will be refused entry to places like hospitals, child care centres and pre-schools? Such refusals have happened often. How many parents don't find time to read even a summary of the arguments against vaccination? No health department we know of has shown more than passing interest in warning of, or collecting evidence of, vaccine failure and damage. The reason for this is clearly indicated in the federal Health Department's final ACIR consultation report (1995) p.38: *"There are also legal considerations...such as the liability that might be implied by the apparent admission that the symptoms were the result of the vaccination."*

A Little Bit of History

A friend of mine phoned me one morning to tell me that she had found her great-grandfather's diary. He was a sea captain and kept a very accurate account of happenings in his daily life. On one occasion, he had written, "Little J... died today aged four years", and he had underlined the words, "NEVER THE SAME AFTER VACCINATION." Now, this all occurred back in 1900, in NZ when smallpox vaccination was made compulsory.

I was extremely interested in this little bit of history because in 1900 my great grandmother in NZ was threatened with jail if she did not have her children vaccinated for smallpox. Great Gran stood up to the authorities and said she would not allow

that "filthy stuff" (her words) to be injected into her healthy children and eventually they left her alone. Her children were not vaccinated, nor did they contract smallpox.

Our Great Gran was a radical in her time-quite outspoken. Since that time it has been family policy to stay healthy through a good, wholesome, varied diet, good hygiene, clean drinking water and NO VACCINATIONS.

As children, the four of us contracted measles, and welcomed a week off school. According to Mum we flew through little childhood complaints and, of course, built up our own strong natural immunity for life. (With these vaccinations, it appears children are having to receive repeated boosters shots, and yet are still contracting the disease.) My brother and I also contracted whooping cough (simultaneously); Mac at 2 1/2 years old, myself at 6 months. The family doctor advised plenty of fluids and to keep us inside the house and warm. Now, in our early fifties and late forties respectively, we are all healthy, strong individuals as are all our offspring.

The polio vaccine, contaminated with the SV-40 virus, was purchased by the NZ Government back in the 1960s and I plainly remember all the class queued up for it except for the four of us left at our desks. One child called out to us, "Oh, you'll catch polio." And my little sister retorted, "Oh no we won't-because our mother said we won't." I can laugh at that incident now, but it wasn't so funny for the neighbour's child. Not long after that oral vaccine dose, he began taking seizures (he was perfectly normal until then) and that became his way of life until a massive seizure at the age of 21 from which he died. Strange, as the mother of the child also received the vaccine and a fleshy growth was removed from her brain years later. The SV-40 virus is known to cause brain tumours-both benign and cancerous. I know personally of a number of children who have had peculiar turns after being vaccinated and of several who, having been vaccinated, have contracted the disease that they were vaccinated for.

Governments come and go, so do their policies, and so does medical opinion. Eventually, this worldwide 'needle happy regime' will collapse, as all misguided systems do. Future generations will shake their heads in disbelief that so many helpless innocents had to suffer before the abhorrent practice of vaccination was finally abolished.

Denise Gasparich Bonogin, QLD

JENNIE'S STORY OF ELIZABETH

All three of our children have received all of their vaccines right on schedule (isn't this what good parents do?) Our youngest, Elizabeth, received her 15 month shots (MMR, Hib, and DPT) in February 1997. One week later she was rushed to our local Children's Hospital having a major seizure. She spent the next two weeks having countless seizures. At one point she was placed in intensive care because they thought that she would stop breathing on her own. She had three spinal taps, eight EEGs, two MRIs, countless blood tests, and a muscle biopsy. Her final diagnosis: encephalopathy caused by her MMR vaccination.

Elizabeth lost all of her developmental milestones. She has spent the past 6 months

having physical and occupational therapy. She just recently stopped taking phenobarbitol daily. Her vision may be permanently impaired.

I am opposed to vaccinations partly because of our experience. More than that though, I am opposed because of many of the reasons mentioned in (the AVN) article. I don't believe that they do what they claim, I think the body has a wonderful way of dealing with illness without an artificial boost to the immune system. The ingredients in many vaccines would make you shudder (formaldehyde is one). Our daughter has been fortunate to recover as much as she has; many do not.

Parents say, "I'm vaccinating because I would rather be safe than sorry". I thought that I was being safe, and now I am very, very sorry.

Sincerely, Jeannie Griffin

PS. I would be delighted for Elizabeth's story to be distributed more so that others will possibly reconsider vaccinating their children.

(This story, tragic as it is, has one bright spot-the diagnosis of encephalopathy caused by the vaccine. It is rare indeed that any medico will make that admission in writing on a patient's case history. If enough parents are aware of the dangers from vaccines then, even if they do decide to vaccinate, they will be alert to any alteration of consciousness, fever, hypo-responsive episodes, etc. By maintaining this vigilance, and by taking their child to hospital if they suspect any adverse effects, parents will present doctors with evidence that what the vaccine and drug manufacturers have told doctors may not be entirely true-Ed)

PLAN DRAWN UP FOR REGISTER OVERHAUL

The Australian Childhood Immunisation Register (ACIR) should be made more accountable and publish an annual report detailing its financial affairs and immunisation coverage, according to a new report.

The independent evaluation of the ACIR, released by Federal Health Minister Dr. Michael Wooldridge, found problems and concerns with the way the register operates, saying overall responsibility for its management and performance should go to a new registrar of immunisation.

Problems identified in the report include discrepancies between doctors' records and details entered on the ACIR, evidence suggesting reminder notices were of little use, and GP dissatisfaction at high rejection rates of their paper-based returns to the ACIR.

In addition, the report said there was unanimous provider disenchantment with the forms used to notify the ACIR of immunisation episodes, little awareness among doctors or patients of the register's 1800-number free telephone inquiry service, and GP concerns about reporting payments.

The report found that for 28.7% of encounters there was a discrepancy between ACIR and doctors' records, with doctor error suggested as the main cause for this. Just over half of parents thought recalls or reminders were of little value, either because they were considered late or because parents were already aware of their children's immunisation needs.

Dr. John Aloizos, public health adviser on the consultancy team which carried out the evaluation, said the problems were not surprising given the register was less than two years old. In addition, many problems highlighted were being addressed.
Australian Doctor 17/10/97

TYLER'S STORY

Tyler was born old on 1st September 1996. At 9lb (4.08kg) and 2 foot (61cm) long, he came in this world looking like he was a toddler. He viewed the room around him and assessed the situation. "Yes", he would like to stay and "yes, you can be my daddy" he 'said' to his father. Tyler was the sole survivor of triplets. After 5 miscarriages, kidney failure plus a broken rib during the pregnancy, the big day had finally arrived and we were blessed. From the moment he was born he was not like other children, he slept in forty minute cycles, screaming between three minutes and three hours every cycle over a 24hr period (a family trait, so I discovered). He failed Tresillian, Karitane and Koala cottage, our local residential stay units. At eight months and four days he walked, at ten months he had 25 words, by Christmas he was talking in three word sentence structures, "what ya doing?", "where ya goin'?" and the screaming decreased enormously. However, the sleep was still a problem and remains so today.

Within 48 hours Tyler had had 17 seizures characterised by holding his right arm extended in front of him and wandering about aimlessly until he hit something. We had guests over that weekend and at first thought that Tyler was playing a new game or trick until he hit the TV for the fourth time and put his teeth through his tongue.

At eleven months we took him to a Sleep Disorder Specialist who told us that Tyler had Short Sleep Syndrome (no surprise there) and he advised us that children like this were always the smartest and we should be lucky because he was obviously gifted. So at eleven months we had him assessed developmentally and were not surprised to discover that our eleven month old was developmentally three years of age. Should he continue to develop at that pace we were advised to consider enrolling him in primary school at the age of three. Whilst we were exhausted it was nice to know that our child was special in an advanced way.

When his first birthday arrived it was time for his MMR vaccination; as he had passed his DTP with flying colours we weren't all that worried. To be on the safe side, though, we had him supervised at the local hospital and after three hours were sent home. Within 48 hours Tyler had had 17 seizures characterised by holding his right arm extended in front of him and wandering about aimlessly until he hit something. We had

guests over that weekend and at first thought that Tyler was playing a new game or trick until he hit the TV for the fourth time and put his teeth through his tongue. I rang the hospital, "Don't worry," they said, "if he's still unwell in the morning bring him down, we're too busy to see him today and on a weekend the doctors won't come and visit anyway".

By Monday he had lost all eye contact and something was not right, we couldn't work out what it was but later we realised that Tyler wasn't talking, we thought he was just feeling miserable. Our experience at Westmead Kids Hospital was nothing short of deplorable, no medical records bracelet was given, no observations recorded and no tests were done. After four days we were discharged with no follow up, no medication, and no appointment. We were told nothing by the staff, but the registrar vaguely mentioned epilespy but wasn't sure because no one had seen a fit and a EEG was booked for some weeks away. I insisted and the EEG was done during Tyler's stay, but it came back normal. I questioned them about his speech and was told by our doctor " He's young he'll learn to talk in his own time." Clearly she did not believe us that Tyler had been talking previously, nor did she care. Her role, she told us, "was to administer medication".

Rehabilitation was not within her area of expertise, nor could she recommend anyone for a future referral. I insisted Tyler be seen by a speech therapist; I was advised that that was not possible as they were booked out. I insisted and threatened legal action, a speech therapist arrived, handed my husband several sheets on nursery rhymes and how to talk to your child, and left. Clearly she had no intention of assessing Tyler. We left the hospital. We were getting nowhere. We had a follow up appointment in a year's time should we need it.

Tyler was screaming, biting and kicking for up to 8 hours a day. He could walk but was very wobbly and we spent several hours down at the local casualty with suspected concussions. He started to follow the lines in the carpet for hours at a time and collect all the blue things in the house and store them under the dining room table, we were at our wits end. We decided to focus our energy on getting early intervention and not worry about how Tyler came to be so ill. No luck there, the waiting lists were12-18 months long and without a diagnosis/prognosis no one knew how to treat him. We placed him on private waiting lists at speech therapy centres and were just about ready to lose our home ($200 a week in speech therapy) when Tyler was picked up by a government speech therapist. To this day we thank God she saw what we did and he immediately began therapy. It became very clear to our therapist, Lana Meggs, that she could teach Tyler a handful of words and within a few weeks an epileptic fit would occur and all his language would be lost forever; those words don't and still haven't come back, sending us back to the "da da", "ga" and "ba" every time. During this time our speech therapist contacted the hospital and Tyler was readmitted under a new doctor, tests are still under way but to date very little is being done.

Very slowly (I mean very slowly) his eye contact came back; some days there was no improvement at all. I had to wait every morning to see what he was like before

planning the day. But, miraculously, he started to make hand gestures for things like "drink" and "eat"; our little boy was coming back to us. We took to this in a big way, we had a direction, he led, we followed with gusto.

Our next hurdle was sign language. Unless you are deaf you cannot learn sign language in this state (NSW). Not ones to mess around we lobbied the government and won, but not before six months had expired, 147 phone calls had passed and only after threatening media humiliation and legal action. This prompted one particular doctor to contact us and agree to see Tyler (yes, the same doctor who told us to come back next year). Having viewed Tyler's documentation from his early intervention assessment he decided that Tyler had a vascular cerebral artefact in the left temporal lobe (possibly due to a stroke), epileptic aphasia and central deafness or auditory verbal agnosia.

At no time has anyone ever mentioned to us that the vaccination was partially or fully responsible for this occurring. The best they have come up with is that Tyler's sleep problem was probably vaguely epileptic and that the vaccination may have thrown his system over into full epilepsy. Without tests they cannot tell us anything and many refuse to test, thus never having to claim either way whether the vaccination was a cause or a catalyst.

Today Tyler is a happy, healthy, little boy who can talk on days without fits. We know when a fit is coming as he puts his teeth through his tongue a few days before hand. He uses sign language permanently to supplement his speech difficulties and behaviourally we are on an up swing at the moment. They never last, but we welcome them anyway. He starts deaf school in January and we hope he will remain there without further difficulty. Tyler's condition has all the appearance of being caused by his vaccination.

(We have set up a web site and) part of this site will be dedicated to increasing the awareness of vaccination dangers (we are not anti-vaccination, we just want support when things go wrong) and part will be dedicated to getting the help once a problem occurs.

VACCINATIONS AND IMMUNE MALFUNCTION

Although it is unpleasant to think about, it is necessary to point out that there are now serious trends of increasing health problems among American children. Allergic diseases such as eczema and asthma are on the rise in both frequency and severity. For example, surveys have shown a 46% increase nationwide in deaths from asthma between 1977 and 1991. Common ear, sinus, throat, and bronchial infections are occurring on a scale unknown in earlier generations. Young parents have commented that, among their friends and acquaintances, a majority of children are on antibiotics frequently or, sometimes, continually. It was not like this 20 or even 30 years ago. With each passing year there are increasing cases of the crippling of the immune systems of children.

Surveys among elementary school teachers confirm this trend. Among young adults the Chronic Fatigue Syndrome, now recognized to be an immunologic disorder, is widespread, affecting millions.

Auto-immune diseases, those in which the immune system attacks the body's own cells and tissues, are also increasing. As yet no one knows the full answer for these unfortunate health trends; but there is now a great deal of evidence that current childhood vaccine programs may be one of the underlying causes.

BASIC CONCERNS ABOUT CURRENT CHILDHOOD VACCINES - MULTIPLE VACCINES DURING EARLY INFANCY

Current vaccine programs call for many vaccines during the first 6 months of life. It is taken for granted that an infant's immune system has an unlimited capacity to respond to these vaccines, but this is not true. The newborn comes into the world with a highly immature and undeveloped immune system. It does not ordinarily become fully developed until about 12 years of age. The process it takes to become mature and strong requires a series of natural infectious challenges. According to standard paediatric texts these are spaced over time, approximately an average of once every 6 weeks, most of which occur without illness.

Auto-immune diseases, those in which the immune system attacks the body's own cells and tissues, are also increasing. As yet no one knows the full answer for these unfortunate health trends; but there is now a great deal of evidence that current childhood vaccine programs may be one of the underlying causes.

In contrast, the vaccines are different from this natural spacing of challenges, because they are given right in a row in a very short period of time. Also all vaccines, except one that is given orally, are injected directly by needles into the system. This is disturbing because they are bypassing the mucosal immune system (the Secretory IgA system) of the respiratory and gastro-intestinal systems. These systems can act as a cushion for many infections. Therefore, it is hard to believe that the challenge of receiving these vaccines would not overstimulate and use up the capacity of the infant's immune system-which would leave it more vulnerable to other infections. As observed by Harris L. Coulter, it is more than coincidence that a series of infections often occurs after these vaccines. Viral vaccines have also been shown to depress cellular immunity, which serves as the body's first line of defence against infections.

In 1984 a little-noted letter was published in the New England Journal of Medicine that reported a significant though temporary drop in T-helper lymphocytes in 11 healthy adults given routine tetanus vaccinations. To explain: the T-helper lymphocytes are a class of white blood cells. They help to govern the immune system. It is a fact, and a concern, that drops in T-helper lymphocytes are characteristic of acquired immune deficiency syndrome (AIDS). And in 4 of the 11 people to receive the tetanus vaccine,

the T-helper lymphocytes dropped to levels that are seen in active AIDS patients. This was the effect in healthy adults. One must wonder what the effects of multiple vaccines given to infants must be on various parameters of the immune system, but as far as I am aware this has not been tested.

LIVE VIRUS VACCINES INCUBATED IN ANIMAL TISSUES

Live virus vaccines require incubation in animal tissues. The oral polio vaccine is incubated in monkey kidneys, and the MMR (measles, mumps, rubella) in chick embryo. Viruses are made up of purely genetic material. They are prone to the process of 'jumping genes' which means the viruses may incorporate genetic material from the animal tissues in which they are incubated. As a result, they can introduce this material into the child receiving the vaccine. In theory, this could set the stage for later immune disorders including auto-immune diseases.

LIVE VIRUS VACCINES SUBJECT TO VIRAL CONTAMINATION

It is justified to be concerned about the oral polio vaccine-incubated in monkey kidneys. African monkeys are now known to carry simian immunodeficiency viruses (SIVs). And it is now generally accepted that some mutation of one of the varieties of SIVs was the original source of the AIDS epidemic. In 1985 a SIV was discovered very similar to the AIDS virus. Because the earliest known case of AIDS was around the time and location of the polio vaccine programs in Africa, the question is whether the polio vaccine, (possibly contaminated with the SIV), could have been the original source for AIDS. Articles have appeared reviewing this matter and calling for further research investigation. Although polio vaccines are now screened for the AIDS virus, the question is more than academic. New SIVs continue to be discovered, so there still exists the possibility of viral contamination. The Salk polio vaccine, which is given by injection, consists of killed polio virus and therefore is free of the danger of live virus contamination.

INTERACTIONS OF THE IMMUNE AND NERVOUS SYSTEMS

If the vaccines children receive can alter the immune system, it is likely that sometimes they may disturb the brain and nervous system. Hugh H. Fudenberg, MD, considered by many to be one of the leading immunologists of our times, has pointed out that there is a uniquely close association between the brain and immune system. There are many cell receptors common to both systems. If vaccines injure the immune system, then it reasonable to assume that the injuries could affect the brain and nervous system, because of the close interaction. This can result in various forms of neurobehavioral problems.

INTERFERENCE WITH NATURAL PROCESSES:

In earlier times measles, mumps, and rubella (German measles) were called minor childhood diseases. In the vast majority of instances, children passed through these

illnesses without serious complications. Could it be that these minor childhood diseases were friends in disguise? Were they naturally forcing the immune system through struggle and exercise to become strong and better able to defend the body? At least one authority thinks so: In Great Britain there has been a sharp increase in Crohn's disease, a potentially serious intestinal disorder, among children of East Indian origin who had been raised in Britain and therefore had been immunised with the MMR vaccine. In contrast, Crohn's disease remains very rare in India, where vaccines are not widely administered. Dr. John Walker-Smith of St. Bartholomew's Hospital in London, a specialist in intestinal diseases of children, offered the following idea: "It is possible that the decline of many childhood infections might allow children in the West to grow up without the vigorous development of their immune systems that such infections would ordinarily promote. One wonders whether that stimulation of the immune system, particularly in early childhood, may be advantageous in later life."

It is true that there were occasional serious complications from these diseases. For instance, measles in former times was complicated by encephalitis in 1 out of every 1,000 or 2,000 cases, sometimes leading to blindness, deafness, or death. If we take a position against the MMR vaccine, does this mean we accept these occasional complications? By no means! We can guard against these complications through good nutrition and a clean environment. In third world countries, high doses of vitamin A over short periods of time have been found to be protective with marked reduction of complications. In addition, there may be other answers. A rational position about the MMR vaccine would be this: if it is found to cause more serious diseases than it is preventing, and there are many reasons for believing this is the case, then other answers should be sought.

PERTUSSIS (WHOOPING COUGH) VACCINE SURROUNDED BY CONTROVERSY

In a recent medical report it was stated that, throughout the world, pertussis remains a major cause of death among infants with an estimated 600,000 deaths annually. Because of a fear of a return of pertussis epidemics, the pertussis vaccine is one of the most strongly supported measures by public health services in the USA-BUT it is also one of the most controversial. The history of the pertussis vaccine in Sweden is one that is seldom publicized. It gives an entirely different point of view from that of the US Public Health Service. Sweden banned the pertussis vaccine in 1979, and yet Sweden now has the second lowest infant mortality rate in the world, while the USA ranks a very poor 20th. The course of events leading to the 1979 ban are briefly summarized in the following: During the 1970s in Sweden, despite general pertussis immunisation, pertussis returned after more than 10 years of absence. Surveys showed that 84% of children with pertussis had been fully vaccinated against the disease. Concluding that the pertussis vaccine was ineffective, it was banned in 1979. The result was the number of cases of the disease gradually increased, but deaths remained rare. One authority concluded that the disease is now much milder than in earlier

times-and that would explain the very low death rate. To agree with this outlook, a report in 1984 stated that the pertussis death rate was generally currently very low in industrialized countries. There was also no difference in the severity or number of cases of pertussis between countries with high, low and zero immunisation rates.

Earlier it was stated that the pertussis vaccine has been the most controversial among childhood vaccines. Here are some of the reasons: In a survey published in the Journal of the American Medical Association it was reported that children receiving the pertussis vaccine were 6 times more likely to develop asthma than those not receiving the vaccine. In 1975 Japan raised the age of pertussis vaccination to 2 years of age, rather than giving it during infancy as in the USA. Since then, there has been a decline in sudden infant death syndrome (cot deaths) and spinal meningitis among infants. In spite of the lack of pertussis vaccine for infants, Japan is credited with the lowest infant mortality in the world.

In the Journal of Infectious Diseases in 1992 there was a report of the DPT vaccine (diphtheria-pertussis-tetanus) provoking a significantly higher incidence of paralytic poliomyelitis during a polio epidemic in the country of Oman. Although the wild polio virus does not exist in the USA at this time, this report does suggest that the DPT vaccine can and often does lower the resistance of the vaccinated person, opening the way for other diseases. In this country, the effect may be the increasing cases of common respiratory infections, asthma and other forms of allergies, and neurobehavioral disorders. Probably the greatest source of controversy for the pertussis vaccine is that it has been implicated in causing brain damage, resulting in various stages of autism among vaccinated children. However, in a recent report in the Journal of the American Medical Association, serious neurologic illness following the DPT vaccine was studied. It was concluded that there is no increased risk, BUT, many would question the validity of this study as it was limited to only 7 days following the vaccine. In the case of cancer we know that there may be a delay of up to 40 years between the original insult and cancer onset. Slow viruses and auto-immune diseases may take long periods between the cause and onset. A study limited to 7 days cannot include these possibilities. In a survey of the pertussis epidemic in Cincinnati in 1993, it was found that from 74% to 82% of children with the disease had been highly immunized. Although different interpretations were given by the authors of the report, it would appear to agree with the conclusions in Sweden that the vaccine is ineffective.

HOMEOPATHIC ALTERNATIVE

Homeopathy is a complete system of healing, discovered 200 years ago by a German physician, Dr. Samuel Hahnemann. It has its own method of diagnosing and its own special remedies. The remedies are all natural, rarely have side-effects and are not addictive. They are safe for adults, the elderly as well as for infants and children. Even pregnant women can take the remedies safely. Homeopathic remedies are very effective in acute and chronic diseases. In the US, homeopathy is a legally recognized method of healing. Nosodes are homeopathic preparations made from cultures of microbes

and viruses. The nosode is prepared by serial dilution. Nosodes are administered in two different basic ways. In the case of nosodes from bacteria and viruses, the preparation carries the molecular imprint of the proteins and other constituents of the pathological agent. The working of the nosode is based on the fact that the immune system is sensitized to this molecular imprint without being exposed to the virulence of the living agent. The use of nosodes as a replacement for vaccination is based on this mechanism. A nosode from a pathological agent, such as the measles, whooping cough (pertussis), etc, carries the molecular imprint of the agent and therefore sensitizes the immune system in such a way as to prepare the body for the defence against that same pathological agent. This is important in the case of children's diseases, where a primary infection is necessary to immunize the child, often for life, at a moment when the baby is highly vulnerable. Whether a baby will be immunized with a vaccine or not, the administration of a nosode for each of the common children's diseases is an ideal way to start building immunity. Because of the fact that the agent is present in the nosode as an imprint and not as a virulent entity, it is a safe and gentle way to sensitize the immune system. It will protect against shock and serious consequences in the case of infection or vaccination.

CONCLUSIONS

All of the above discussion leads to one basic question: Does society, through the agency of government, have the right to compel parents to vaccinate their children against the parents' wishes? Although still a minority, there does seem to be several parents strongly against vaccines for their children. The argument for required vaccines believes that, if vaccines are made optional to all parents, the level of mass immunisations may fall to the point where epidemics of former times may return. On the surface this is a compelling argument. On the other hand there is the moral issue: of all human rights, the right of free choice about what happens to our bodies or the choice of parents as to what is done to the bodies of their children, should be one of the most sacred and inviolable. How do we reconcile these two viewpoints? I believe that both viewpoints, that of safety and restoration of human rights, will be best served by granting parents perfect freedom to accept or reject immunisations for their children as they see fit.

There are growing numbers who believe that vaccine programs have not been adequately researched for their long-term safety. As long as parents have the option of rejecting vaccines for their children, they also have it in their power to push for technologic advances that would bring greater safety in the field. On the other hand, if current vaccination programs became universally required, a process already far advanced, the inevitable result, in my opinion, would be a scientific standstill and a maintenance of the dangers listed above.

ENLISTING THE LAW TO FIGHT DISCRIMINATION -GREG BEATTIE

In Australia we have the freedom to choose whether we want our children vaccinated. Also it is not a prerequisite for entry to school or any profession outside the military. That means we're not compelled to choose vaccination. Unfortunately it doesn't mean we will be treated equally and fairly regardless of our decision. We may not enjoy the same conditions as others because, although we have a freedom of choice, some elements in society may wish that we didn't. Some people believe that if we're not vaccinated we may be dirty, diseased, not fit to mix with or a threat to others. They may discriminate against us or deny us opportunities that are available to others. Often this may be an attempt to get us to change our decision. Often the discrimination is carried out by government policy makers. Legally, this discrimination or unfair treatment is tolerated until it is shown to be in disagreement with existing laws, or until a new law is passed forbidding it.

There is a local authority in south east Queensland where children are not permitted to enter child care or family day care unless they are vaccinated. It is the Shire of Maroochy on the Sunshine Coast. The Shire Council has a policy with no exemptions. If you want child care for your children get them vaccinated or go to a private centre. Too bad if you don't believe in it, if you've had a serious reaction in the family before, if you are religiously opposed to it, or if you prefer other ways of protecting your child's health. The only way they'll accept a child who can't show proof of vaccination is if a doctor provides a statement advising that your child cannot be vaccinated for medical reasons.

My family is contesting the policy through the Human Rights and Equal Opportunity Commission. In July this year, after two and a half years of attempting to resolve the matter informally, it was brought before a hearing at the Maroochydore District Court. We are presently awaiting the outcome. Here's a rough outline of what has happened so far.

1. THE POLICY SEEMED INCONSISTENT

I knew that this policy was not quite right. It represented an overuse of power. There was no legislation anywhere in Australia mandating vaccination. It was not required in any State for school entry. The National Health and Medical Research Council (the advisory body in Australia) didn't even recommend making it mandatory. Some States opted for what they called 'compulsory choice'. This meant that a certificate showing the vaccine status of a child was to be presented for school entry. However, a certificate showing 'unvaccinated' was just as valid as any other. Even if a certificate was not produced, the child was recorded as unvaccinated and permitted to enter.

I was also aware that, before any legislation could be introduced, there would be a discussion paper and plenty of community input. This would have turned into quite an ordeal and none of the governments intended to take that step. But here it was. In the Shire of Maroochy it was happening-without any legislation! Just a policy written in the Policy and Procedures Manual - Child Care Centres. And it was being enforced! How could they do this?

It occurred to me that the Maroochy Shire Council had more power than the State or Federal governments. After all, it could introduce mandatory vaccination without any accompanying legislation! (It transpired at the hearing that it could not be confirmed whether the policy was even discussed at a Council meeting prior to its introduction!)

2. I COMPLAINED TO THE COUNCIL

I complained to the Council in writing on April 7, 1993. I pleaded with them to accept my children. I offered to take full responsibility for my children's health (presuming they were concerned about me suing them if my child became sick). The Council replied that my children could not be exempted, and the policy was there to protect the other children at the centres. I was looking at inconsistency no. 2. I hadn't really expected anyone to think like that! My children were seen as a threat to others-even though the others were vaccinated. My children were not diseased; in fact they were very healthy. But they were declared unfit for child care by the Maroochy Shire Council because they might pass diseases on to other children-vaccinated children! So they were banned.

The Council defended this logic. Then I thought, if they have the power to do this they could also exclude my children from other facilities they provide-libraries, parks, toilets, playground equipment etc.

3. I COMPLAINED TO THE OMBUDSMAN

I suggested to the Ombudsman, Mr. Fred Albeitz, that the Council was overstepping its bounds of authority. He investigated the matter and presto-the Council came up with legal advice (a ream of paper an inch thick) saying that they were merely complying with their duty of care under the Child Care Act and the Workplace Health and Safety Act. The truth was that neither of these Acts even mentioned vaccination, but Mr. Albeitz informed me that unless I obtained legal advice supporting my view he could not consider it any further.

4. I COMPLAINED TO THE HUMAN RIGHTS AND EQUAL OPPORTUNITY COMMISSION

The staff at the Commission were very helpful. It turned out that there was legislation that the policy was inconsistent with... or at least the Council would have to demonstrate that it wasn't. Australia has a Disability Discrimination Act (1992) which says it is unlawful to discriminate against a person because they carry now, or in the future, organisms causing, or capable of causing disease. It resulted largely

because of the discrimination that was being experienced by people who were HIV positive. Put simply this law meant you could not treat a person unfairly, or disadvantage them in any way, because you suspected they were a disease carrier-or a potential disease carrier.

This was exactly what the Council was doing. They were assuming unvaccinated children were bigger disease carriers than vaccinated children, and therefore treating them unfairly. It seemed to be obvious discrimination-and it was? I sent my complaint to the Human Rights Commission and they agreed the Council was discriminating. They asked the Council for a response.

5. The Council conceded they were discriminating

But they claimed it was necessary for the protection of public health. Section 48 of the Act states that if the discrimination is reasonably necessary to protect public health it is not considered unlawful. This became the point of debate. Was the policy reasonably necessary or not? They maintained that unvaccinated children were a threat to public health. Therefore the exclusion policy was necessary-and the discrimination lawful.

I disagreed. I argued that they could not demonstrate this perceived threat, that it didn't exist and that vaccines themselves were a threat to public health. After attempts to resolve the matter by conciliation, it was referred for a hearing.

6. The case was dismissed

At this point the Disability Discrimination Commissioner, Ms. Elizabeth Hastings, decided to discontinue the investigation because in her view the Council were acting under "very strong guidelines" from the NHMRC. After two years of battling, the case was stopped-just like that! I must admit I wasn't sure which way to turn. Was it the NHMRC I had to challenge on this? If so, what legislation would apply? I wrote to the NHMRC asking them for clarification on what recommendations they had in place regarding the issue. They replied that they had no such recommendation for school or preschool entry.

7. I successfully appealed

I wrote to the President of the Human Rights Commission, Sir Ronald Wilson, quoting the NHMRC's stance. He overturned the Commissioner's decision and instructed her to continue with the investigation.

8. A hearing was organised.

A different Commissioner was appointed-the Hon. William Carter. The Council applied to hire a barrister for the hearing, even though I was representing myself and they already had a solicitor for the case. The application was refused.

Here's roughly what happened at the hearing...

Day 1, July 22

The Council was represented by their solicitor, Mr. John Hall. They had four witnesses: Mrs. Jenny Walker, manager of child care services, and three experts:- Professor John Pearn of the Royal Children's Hospital, Dr. Michael Whitby, Director of Infectious Diseases at the Princess Alexandra Hospital, and Dr. Brian Feery, Consultant on Immunisation from CSL Ltd.

I had myself as a witness and one expert witness, retired Principal Research Scientist Dr. Viera Scheibner, as well as a half dozen written statements from doctors and other prominent individuals. The Commissioner explained the procedure to us and then called me to the witness stand to present my case.

MY STATEMENT: I explained my reasons for not vaccinating my children-that after careful consideration of the available literature I was of the opinion that it was not in their best interest, that it would probably not protect against disease and that it was injurious. I then explained that there was no legislation in Australia mandating vaccination, that the Health Department did not require it, that the Education Department did not require it, that the National Health and Medical Research Council did not recommend it-so how can it be so necessary? I also explained that the Australian Constitution (Section 51 part 23a) did not give parliament the power to legislate on medical matters so as to introduce a form of civil conscription. I also explained that consent to medical treatment was not considered valid if obtained by unfair advantage, and that vaccination, if carried out with such invalid consent, amounted to assault under section 245 of the Criminal Code.

I pointed out that vaccination was a controversial issue and that many health professionals were not in favour of it. I read a quote from US State Senator John J. Haluska delivered before the Federal Court regarding the introduction of compulsory vaccination for polio in the mid 50s: There exists now, and perhaps, always will exist differences of medical opinion with respect to the effect of drugs and therapeutic treatments. Any attempt to regulate by law in those fields where honest differences of opinion exist between groups of qualified practitioners is contrary to public interest.

When I finished the Council representative asked me one question-Did I get my children into another child care centre? I answered "yes" and followed with a description of the trauma associated with doing so. The question was obviously an attempt to show that the discrimination did not really disadvantage me.

DR. VIERA SCHEIBNER

Next was my expert witness, Dr. Viera Scheibner. She described her research into the link between cot death and vaccination, then gave a precis of the estimated 60,000 pages of vaccination literature she has gathered from refereed medical journals. She used overhead transparencies to demonstrate the harm and the ineffectiveness of vaccination in reducing disease. She discussed whooping cough in countries that don't vaccinate for it, such as West Germany and Sweden, and contrasted it with the situation in the US where whooping cough has been increasing since vaccination was

mandated in 1978. She spoke about the failure of the measles vaccine, referring to studies in Canada, the US, Hungary and Australia, and the documented side effects from the measles and rubella vaccines; also the recent UK mass vaccination campaign for measles which produced over 500 cases of serious adverse reactions (the Bulletin of Medical Ethics alleged the reason for the campaign was that stocks from two vaccine companies were near expiry date and had to be used up!).

Dr. Scheibner mentioned the 12 to 15% mortality rate of atypical measles, an especially vicious form of measles that only affects the vaccinated, and questioned why the package insert for DPT produced by Lederle in the US carried the warning, "The occurrence of Sudden Infant Death Syndrome has been reported following administration of DPT" when no such information appeared in Australian package inserts.

She went on to talk about the advantages of childhood infectious diseases not only in providing immunity but also protecting against serious chronic conditions later in life. She went into depth about the biased guidelines in medical textbooks encouraging doctors to diagnose the vaccine preventable diseases only in unvaccinated patients.

The Commissioner was visibly disturbed by her presentation and constantly interrupted her to ask questions and clarify what she was saying. He challenged her repeatedly and remarked that what she seemed to be saying was that all the governments of the world had gotten it wrong. He questioned her as to how this could be. Why do so few medical people speak up about it? What do the others have to gain? How appropriately qualified are you to speak on this matter? Etc, etc.

Dr. Scheibner stood up admirably to a very gruelling testing (almost an interrogation) by the Commissioner. He questioned the appropriateness of a scientist whose former speciality was micropalèontology commenting on vaccination. But Dr. Scheibner illustrated her expertise well, adding that she had written a book on the subject and had been accepted by the College of Physicians in Montreal as an expert witness on the link between vaccination and cot death. When she left the witness stand Dr. Scheibner left a large bundle of published medical papers for the Commissioner.

That was it from my side... now it was the Council's turn. Their job was to demonstrate that their actions were reasonably necessary to protect public health. Their first witness was Professor John Peam from the Royal Children's Hospital in Brisbane. He spoke briefly about the effectiveness of vaccination, mentioning that serious side effects do occur but that they were far outweighed by the benefits. He then went on to speak at length about the ethical dilemma, ie, what are the rights of the child? Is it permissible for parents to deny children the right to be vaccinated?

In my cross examination I asked him to clarify the terms vaccination and immunisation which he used interchangeably. I then asked him to tell us whether he considered immunity from natural infection to be immunisation. He replied that he used the term immunisation to cover "all forms of inoculation to prevent disease", but he did not consider naturally acquired infection to be a form of immunisation although it was comparable to, or better than, vaccination.

I asked him if he was aware of the US Institute of Medicine's report on the side

effects of vaccination-the one regarded by officials to be the most exhaustive and comprehensive to date. He wasn't. He was also unaware of the latest figures from the Australian Bureau of Statistics concerning the very low vaccination rates in Australia.

I questioned him as to why the Sunshine Coast region with its very high vaccination compliance of 86% (more than twice the national average) was experiencing the same problems as the rest of the country-in fact it was the second worst in the State for measles. He said that 86% was not enough to achieve herd immunity, and that without about 90% vaccination rate for measles there will be epidemics "...and those 10% of people who are unimmunised of course are the ones who get the measles." I asked if he had any figures to demonstrate that only unvaccinated people get the disease. He didn't. He said it was fundamental and "... a basic axiom of medical belief... I don't have any figures because it's such a fundamental doctrine of holy writ in medicine...".

I presented published papers that were widely circulated in major medical journals, disputing his view. He was not aware of them. I explained that I respected his views and that the only reason I was putting him (and myself) through all this was that he did not respect mine. He replied that he admired "... concerned and caring parents who defend what they believe is right for their children". I then questioned him on the subject of vaccine-induced polio in the US-how almost all cases of polio in the US in the last 30 years have been caused by the vaccine. He was totally unaware of it- "No. No comment. I'm not able to. I'm just ignorant of that I'm afraid." He was also unaware that laboratories in Australia report over one hundred notifications of polio virus infection each year-"I don't know that and I frankly wouldn't believe it also." After I produced the documentation, and asked him what he thought the source of all this polio virus was he replied, "I assume it's the harmless Sabin virus. But I'm not a virologist, I'm really only guessing there." When I pressed him for comment on why, in 1992, 20 of those cases of infection with "harmless Sabin virus" resulted in SIDS deaths, he had no answers. That was the end of day one.

Day 2, July 23

The Council called Mrs. Jenny Walker, their child care services manager, to the witness stand. She gave a brief outline of the history and reasons for the policy. However, in cross examination, she was not able to answer any of my questions regarding the consultation that took place prior to introducing the policy, the reasons for it, who was responsible for drawing it up, whether it was the subject of a Council vote or discussion before its introduction, etc.

Dr. Michael Whitby, Director of Infectious Diseases at Princess Alexandra Hospital in Brisbane, was the Council's next expert witness. He started by saying that as the Australian Medical Association (AMA) spokesperson on infection, he had spoken publicly on this issue for a number of years. Later during my cross examination I asked him to clarify the AMA's position regarding mandating vaccination, and he confirmed that they did not support it. He then clarified with the Commissioner that he was speaking at the hearing as an individual, not as an AMA representative. In his

presentation he spoke briefly of the 'eradication' programmes for smallpox and polio, and said that we need vaccines to eradicate the vaccine-preventable diseases. He agreed that there were side effects but claimed there were side effects in all public health measures-"The point of course of all public health measures is that the general good of the community far outweighs the detrimental effects in certain individuals."

He commented on Dr. Scheibner's view that vaccines were of no benefit saying there was no question that they eradicated smallpox and polio and that the majority of people vaccinated for measles will not get the disease. He said the State and Federal governments were opting out of facing the real problem by not introducing compulsory vaccination. He was then asked to comment on the written statements I submitted the day before. He spoke at length about polio and quoted an outbreak in Finland in 1984 to support his argument. However, he had a very embarrassingly poor recollection of the outbreak. On cross examination I asked him how many cases were involved in the outbreak. He said he wasn't sure but he thought it was around 140. When I suggested that there were only 10 cases and six of them were in previously vaccinated persons he refused to believe it. Luckily I had the published paper there to show him. The outbreak had occurred in the face of a model vaccination program. Polio vaccination of infants had been running at 98%!

He said he wasn't sure but he thought it was around 140. When I suggested that there were only 10 cases and six of them were in previously vaccinated persons he refused to believe it. Luckily I had the published paper there to show him. The outbreak had occurred in the face of a model vaccination program.

Also, I noted that he had made reference to Dr. Archie Kalokerinos's letter (which I had submitted the previous day) mentioning the US swine flu vaccination programme in the 1970s. He said that the campaign was a mistake and everybody laughed at President Ford, but there was no detrimental effect as far as he knew. I mentioned the sacking of Dr. Anthony Morris from his position in the FDA for criticising the programme, the papers published in the American Journal of Epidemiology, and the many millions of dollars paid out for death and permanent paralysis as a result of the programme. He was aware of none of it.

I produced textbooks showing that doctors are urged to base their diagnoses partially on the vaccine status of the patient, ie, a vaccinated patient is less likely to be diagnosed as having the disease they were vaccinated for, although they present the usual symptoms. He agreed there was likely to be bias when doctors are diagnosing, but he rejected that this would have any impact on the notification statistics. I mentioned provocation polio and

asked for his opinion on how much of the polio from the 1940s and 1950s was provoked by injections of other vaccines. He replied, "I do not believe there is any evidence of that at all." When I produced an editorial from The Lancet saying that the available studies show about 15% were caused by the DPT vaccine, he still refused to accept it, saying it was "... someone's view of the literature." I asked him for his comments on why the Sunshine Coast area had experienced problems with disease which were just as bad as (or worse than) the rest of the country, despite having vaccination compliance twice as high as the national average. He said you will still get disease outbreaks if vaccination rates are below the optimum 95%. I then asked for his comments on the recent observed links between measles vaccine and chronic bowel disease, and whooping cough vaccine and asthma. He said none of them had been substantiated.

The last witness to be called by the Council was from Victoria, Dr. Brian Feery. It seemed Dr. Feery was the star supporter of vaccination. He had a long list of credentials including being an employee of Commonwealth Serum Laboratories (now CSL Ltd, sellers of vaccines) for twenty years up to 1990. He was author of a long list of published research papers. He supplied to the Commissioner the only piece of published evidence the Council produced-a copy of his paper "The Evidence in Favour of Immunisation" published in the Medical Journal of Australia in 1994. He stated that he was now retired. He commenced his presentation by saying it was "... rather incongruous perhaps that the benefits of vaccination should be questioned on the 200th anniversary of Jenner's first vaccination." He went on to talk about smallpox, diphtheria, polio, measles and hepatitis B. He said he was rather troubled by the selective questioning and the statistical management of some of the questions which had come up in the hearing. He said the benefit/risk ratio is overwhelming for all the vaccines in question. He said that the rate of complications for those who get the disease are 100 to 1000 times greater than for those who get the vaccine. He didn't mention the rate of complications for the group who got both the vaccine and the disease! This group probably represent the majority of the victims of vaccine preventable diseases, yet they are never considered in the risk/benefit equation. Regarding encephalopathy from whooping cough vaccine he said the High Court in England and the Institute of Medicine in the United States established that there was no link-which is of course not true. He said countries that don't vaccinate for whooping cough or have stopped vaccinating have more whooping cough-eg West Germany. He said diphtheria and tetanus vaccines were probably 96% effective. Regarding polio he said that in Australia the disease was increasing in the 1940s and the changeover came with vaccination.

I started my cross examination by referring to his paper, The Evidence in Favour of Immunisation, in which he stated that "... in Australia the reductions in mortality cannot fail to impress. 91% reduction from measles (since immunisation was introduced in 1970). I pointed out that from the turn of the century to just before the vaccine was introduced there was a 98.5% reduction, and asked him why he

failed to mention that. Surely that was just as impressive? He replied "I don't know whether that was valid to the article". I produced graphs of death rates from the various diseases this century and asked him why he did not mention in his article that the vast majority of the reduction in deaths occurred before vaccination. He replied "It was not the purpose of the article. Editorials are confined to a particular length. You are not free to ramble on about things which are not relevant to the subject."

In referring to the graphs he said "This is a perfect example of the selective data that has been presented in this inquiry. It's not the totality of the picture." I suggested that his reason for omitting the information was that it didn't support his view. This angered him and he asked me if I was accusing him of being dishonest. He said that I had impugned his character. I apologised for any personal offence he felt. I was, however, glad that the gravity of his omission was apparent to him.

I then questioned him regarding his comments on whooping cough in the UK after the vaccination rate dropped in the mid 70s from 80% to 40%. He stated in his paper that as a result of this drop they experienced two severe outbreaks with more than 100 000 cases and 27 deaths. I asked him why he didn't mention that these 27 deaths represented a huge decline from the 66 deaths in the two previous outbreaks when the vaccination rate was high... and why he didn't mention that the deaths during the period of low vaccination were the lowest ever on record? As I had provided him with the official UK government statistics the night before he was not able to dispute this.

He argued that there must have been an increase because there were so many cases reported. This was correct. There were about twice as many reported as in the previous outbreaks. We then discussed why there were twice as many cases reported and yet half as many deaths? He suggested it was due to improvements in medical care. I suggested it was because only a fraction of the cases (maybe as low as 10%) are reported normally, unless the authorities are expecting an epidemic, in which case they urge doctors to report all cases they find.

Once again I suggested he omitted the information because it conflicted with his view. He replied, "No. That implies dishonesty. I'm presenting the facts as they are apparent in the published literature. I have no axe to grind. I'm not earning my living doing this." So I questioned him about how he did earn his living. He revealed that he was currently employed by CSL Ltd -a vaccine manufacturer and distributor-as a consultant to medical, pharmaceutical and other groups in Australia who might want to learn about vaccination. He confirmed that he was involved in educating health professionals on the subject (such as the other witnesses appearing for the Council).

I suggested to the Commissioner that Dr. Feery, being on the payroll of CSL Ltd, may have a conflict of interest in the case. The Commissioner indicated that that was for him to adjudicate upon.

Summation

I spoke for about five minutes on the need for the vaccination decision to remain the domain of parents. As long as the desirability of it was still the subject of debate

at all levels of the health structure we must be given a free choice-with no threats or unfair treatment attached. I pointed out that the Council had supplied only anecdotal or personal opinion as evidence whereas my side had supplied large amounts of published refereed medical evidence, and government statistics.

The Council's solicitor, Mr. Hall, urged the Commissioner to consider that although their witnesses' evidence was largely opinion, it was gained over many years' clinical experience.

AFTERWARDS

The Australian Council for Immunisation Information assisted greatly by purchasing a copy of the transcript of the hearing. In the meantime we wait for the Commissioner to hand down his decision. At the time of writing it is now three months to the day. This is indeed a test case. Health officials, child care providers and parents all over the country are awaiting the outcome. It will either be a victory for tyranny or freedom-for the drug companies or the people. Let's hope the Commissioner endorses the right of Australia's caring parents to choose whether their children are submitted to questionable medical interventions

(Greg and Jacqui Beattie lost their case. Commissioner William Carter, QC, said that discrimination against unvaccinated children was allowable in order to protect the vaccinated.. In the hearing the three witnesses for the Maroochy Council who were denying child-care places to unvaccinated children were unable to show any evidence to support their case. Mr. Beattie, on the other hand, and his expert witness, Dr. Viera Scheibner, brought reams of medical journal articles to prove that unvaccinated children are not a threat to anyone.

Commissioner Carter did not allow most of this evidence to be presented in the hearing but asked that it be tabled so that he could study it at his leisure. In his decision, however, he admitted that he hadn't addressed this information in making his decision. -Ed.)

ANOTHER PARENT'S STORY

Aged 22, a single mother, being guided by my family, I believed, like many others, that it was my duty to vaccinate my daughter. Initially there were no obvious side effects. By the time she was 6 months she was at the start of a long haul of illness. First ear infections, then throat infections, adenoid problems and chest infections. I had no idea why this was happening, then at approx. 15 months she was taken for her measles, mumps, rubella vaccine. By the afternoon she was burning hot and like a floppy doll and whimpering. I stayed up with her for most of the night. I took her to another doctor in the morning who told me to take her home and give her Panadol. I did this and approx. 3 hours later I was watching my baby fitting, her lips turning blue, then stopping and laying limp. I thought she was dead. I rang an ambulance. It seemed like an eternity, it was probably 8 or so minutes until they arrived. She was hospitalised and by the second day had a raging throat infection. As time went on we went through constant ear infections, adenoid problems and, to add to the list, asthma.

When the doctors could give her no more antibiotics and wanted to investigate a

suspected immune problem, take out her adenoids and give her grommets in her ears, we decided to start looking at alternative treatments and started our education. I now have a beautiful, healthy daughter, but unfortunately she has a few more hurdles. She has a fine motor problem, problems with her fingers and hands mainly. We will continue to look for alternative treatment and give her as much encouragement and support we can and thank God that this is all she has.

By Shan Hunt.

JARED JAMES - A GENETIC CONNECTION?

To question the practice of vaccination makes a lot of people very uncomfortable. Talking to a parent whose child has died as a direct result of vaccination is equally disturbing. Twenty eight years ago I almost lost my sister at age 12 months when she experienced a series of major convulsions, significant decline in developmental and learning skills, resulting in years of exhaustive brain tests and untold stress on my family. Nothing was found. The only connection my mother accepted was that she was vaccinated two days before the first attack.

Unaware of any pre-disposition to a family history towards vaccine reactions, I agreed to my first born son receiving his shots. After his first dose he responded with a temperature and high-pitched screaming, lasting for 12 hours. Reluctantly, I conceded to his second dose upon which he reacted again immediately and violently with a temperature, swelling at the injection site and again, high pitched screaming. My anxiety turned to panic when he began to stiffen up and arch his back. His eyes were bulging and I began to cry in fear. While still in the surgery I expressed my panic at his reaction, to which I was calmly told 'This is normal – don't worry'. It took me almost ten minutes to put him into the baby capsule for the journey home, all the while praying that I had done the right thing. When we got home nothing would settle him. Being a fully breastfed baby, I became even more frantic when he refused my efforts to breastfeed. The recommended dose of Panadol then produced a rash which spread over his entire body. I called the surgery a few hours later, and again advised to simply continue with the Panadol. It had been over 24 hours now and Jared had neither breastfed or responded to us normally. His state went from screaming with an arched back, to instant flop and sleep. By this stage, my husband and I were desperate. I remembered reading about the benefits of homeopathic remedies, and after a few minutes searching the phone book, had found a local homeopath who was happy to see him immediately (it was 10pm). Within half an hour of receiving this medication, Jared began to settle, and finally began to respond like the baby we knew.

I have since encountered many 'victims' of vaccination, namely the parents of children who have suffered both minor and major effects, feeling completely helpless and frustrated with what is marketed as being safe and essential for all. Nothing could be further from the truth. Parents CHOOSING not to vaccinate is often the result of anxiety, personal tragedy and the willingness to question and research - consuming immeasurable amounts of time, money and energy. I was horrified to

discover that Jared's symptoms were worthy of 'immediate medical attention' (according to the booklet 'Standards For Childhood Immunisations' distributed by the Commonwealth Health Dept. – one I urge all parents to read!)

To reveal ALL the side-effects of vaccination exposes nothing new. The factual information opposing vaccines is not widely publicised, yet surprisingly, easily available to anyone who cares to find it. Hundreds of books and clinical studies world wide, questioning the value of vaccination, have arrived at similar conclusions – despite the high toxicity of the vaccine ingredients, the absence of reporting and/or acknowledging vaccine side effects, no long term studies of its effects on the immune system, and fully vaccinated individuals still contracting the diseases they were 'protected' from; there is a lot of income being generated in its development, manufacture and distribution - more valuable than the 'occasional' loss of life or the long term health of the human race.

Ignorance and greed are mankinds greatest misfortunes. Nobody's perfect, and in decades to come, I imagine the practice of vaccination will sit high on the list of medical quackery alongside thalidomide and DDT.

My aim here is not to condemn those who have partaken in the governments vaccination program, but to acknowledge and support all who have chosen, or are looking for safer alternatives. Four years later, we have since had another son, who will remain unvaccinated, while Jared continues to battle with a variety of skin conditions – a detoxification response which we manage with whole food and natural health therapies. My childrens' life is worth much more than all the pro-active noise I, and many thousands like myself can make. Whether it's vaccination, guns or native titles, it is also freedom of speech and the recognition of basic human rights to question everything.

R. Iwinski, Shailer Park Qld

CHILD CARE PAYMENTS BILL 1997 – BY MERYL DOREY

25th February, 1997 - "...the Federal Government today announced a radical package of measures which includes linking Maternity Allowance Payments to completing immunisation at 18 months of age and linking Child Care Assistance and the home child care allowance to immunisation status" Press Release, Commonwealth Department of Health and Family Services.

When the Federal Government produced this press release, the AVN was alerted to this threat not only to our freedom of choice, but to our privacy as well. In linking vaccination compliance with government entitlements, the only possible way to implement these changes was by linking the Medicare database-where the Australian

Childhood Immunisation Register (ACIR) is maintained-with the database for the Department of Social Security. This would effectively create an Australia Card and all children under the age of 7 would be on it by April 1998 when this legislation is supposed to take effect.

These actions directly contradict promises made by the previous Labor government regarding privacy provisions of the ACIR: "Other than the link with Medicare to keep up to date the details on new enrolments, changes of address and service provider details, information from the Register will not be linked with other databases such as those from the Department of Social Security, nor will there be financial or other penalties for parents who choose not to immunise their children." Implementation of the Australian Childhood Immunisation Register, Introduction; p.1

Less than 2 years after the ACIR was introduced, the present government is trying to break both of these promises made to the Australian public.

Lynne Grimsey of the Gold Coast Vaccination Awareness Group has been keeping her eyes open for any legislation regarding payments and vaccination status. Of course, she got very little help from any government or non-government source, but on October 17th, she called and told me that the Bill had been listed on the Internet. I was horrified by what I saw there.

We discovered that the legislation had passed through the House of Representatives unopposed and-unless something drastic happened-the same thing would take place in the Senate and this Bill would become law. We had to do our level best to make sure this didn't happen.

Despite promises from every politician that it would be an easy matter for any parent to be exempted from the vaccination requirement, and statements to the effect that the only people who would be affected by the legislation would be those who had simply forgotten or neglected to vaccinate their children, it was obvious that the government was going to make it as difficult as possible for non-vaccinators to qualify for these payments.

The funds being dealt with in the Child Care Payments Bill 1997 are the Maternity Allowance and Child Care Payment. Parents who were not able to prove that their children were fully vaccinated, and who did not have a valid conscientious objection which had been vetted by a vaccination provider, would not be eligible for the Child Care Payment at all and would miss out on $200 worth of Maternity Allowance.

I faxed the relevant sections of this Bill to all the AVN groups, along with a list of suggested amendments, and asked for suggestions or comments.

The three clauses to which we objected dealt with the following issues:

- The Bill defined as "immunised" any child who has been vaccinated according to the NH&MRC schedule.

  It makes no allowances for children who have contracted and recovered from

infectious diseases and have developed natural immunity. Since only those who are defined as "immunised" are eligible for the payments covered by this Bill, children with natural immunity would still have to be vaccinated. Aside from the fact that natural immunity is ALWAYS better than vaccine-induced sensitisation, children who have had the disease should not be vaccinated since they may be at an increased risk of side-effects from the vaccine.

- The Bill defined a conscientious objector as someone who has such a compelling conviction that vaccination must not take place they must refuse.

This in itself might not appear to be too bad, but we had to then turn around and convince a vaccination provider that we had enough knowledge about vaccines to allow them to certify us as conscientious objectors. Since the vaccination provider would probably be quite pro-vaccine, they might or might not approve us as objectors.

- The third clause deals with the need for conscientious objectors to be counselled by vaccination providers regarding the benefits and risks of vaccination.

According to the Bill, in order for parents of unvaccinated children to qualify for these payments, a vaccination provider must sign a form saying that they have received "counselling" about the benefits and risks of the procedure. Why do only non-vaccinators receive this counselling? According to the High Court decision of Rogers vs. Whitaker, anyone submitting to a medical procedure is entitled to know ALL the relative risks entailed by that procedure.

We discovered that the legislation had passed through the House of Representatives unopposed and-unless something drastic happened-the same thing would take place in the Senate and this Bill would become law. We had to do our level best to make sure this didn't happen.

The whole concept of linking vaccination compliance with financial payments, aside from being immoral, seemed to be in contravention of the Australian Constitution. We knew, however, that nothing would be accomplished at this late date by being unreasonable.

We appealed for donations for Lynne and I to go to Canberra to lobby the Senate to amend the Bill. The response was fantastic! By that night, we had raised enough money to pay for our airfares as well as the airfare of Brad Farmer, lobbyist extraordinaire, who volunteered his time to help us with our efforts.

We had one weekend to prepare for our trip. The Senate could be voting at almost any time and we had to get down there are quickly as possible. We phoned the Senators to try to get appointments to see them. Their response was far from encouraging. Many told us that we should just call them when we got to Canberra and maybe, just maybe, they would see us then. We tried to explain that we were going to be there for only two days, that the members of our organisation had paid for us to get there so we really, really needed to see them, even if only for a few minutes. The result was that by Friday, we only had 4 appointments, and a couple of those were just tentative.

We made up a 40+ page information pack for every Senator and several extras for the media. We included information on why the Bill could be in contravention

of the Australian Constitution, the decision of Rogers vs Whitaker as well as facts about the ineffectiveness and dangers of vaccines. We included our 30+ page list of medical references that question the safety and effectiveness of vaccines.

We flew to Brisbane and thanks to Brad's connections, took up residence in Senator Bob Brown's office. We began calling Senators and were much more successful at getting appointments. Carrie Wright from VAN CAN met us at Parliament and spent the whole 2 days lobbying along with Lynne, Brad and myself. Altogether, we saw 12 Senators, 4 MPs and 2 aides. We told each of them why we objected to this Bill and asked them to support amendments which Senator Brown from the Tasmanian Greens and Senator Meg Lees from the Democrats would be introducing on our behalf.

It was a bit of a roller-coaster ride, going from Senators like Rosemary Crowley, a GP herself who told us that she was sceptical but would keep an open mind and would support what we were asking for since it seemed to her to be reasonable, to Senator Sue Knowles who informed us in no uncertain terms that she wanted to make it "bloody hard" for parents to not vaccinate their children. She insisted that it was all those unvaccinated kids running around and causing outbreaks of whooping cough and measles. When we showed her the government's own information proving that it was mostly the vaccinated who were contracting these diseases, she told us that she didn't believe those statistics! She said she had information which showed this wasn't the case, but couldn't produce any. Funny that...

We had a very informative talk with Leon Beswick, immunisation policy adviser to Michael Wooldridge, the Federal Minister for Health. Beswick also couldn't produce any information to back his claim that unvaccinated children were placing the vaccinated at risk. He said that the purpose of this proposed Bill was to increase the rates of vaccination in Australian children but was a bit upset when I told him that everything the government had done so far, at great expense to the taxpayer, had done nothing to raise the level of vaccination and that this Bill wouldn't work either.

We were exhilarated that we had obtained the support of the Democrats, the Greens and the Independent Senator Brian Harradine for our proposed amendments. We also had tentative support from Labor which meant that, barring anything untoward, we should be able to have at least a fighting chance of getting the changes through the Senate.

This was a far better result than we could have ever hoped for. We left for home with high hopes of success. Once we got home, the work really began! We wrote to all of our members to ask for them to lobby the Senators for support and to make donations to allow us to get back to Canberra in the future when the amended Bill was expected to go to the House of Representatives to be voted upon.

The Senate voted on Tuesday, November 11th and passed 2 out of 3 amendments to the Bill. The legislation now makes allowances for children who have developed natural immunity by contracting and recovering from infectious diseases. These children will no longer have to be vaccinated in order to be eligible for these payments. It also changed the definition of a conscientious objector to anyone who has a

It also changed the definition of a conscientious objector to anyone who has a conscientious, philosophical, religious or medical objection to vaccination. These parents will not have to prove their objection to anyone-simply stating that they object will be enough.

conscientious, philosophical, religious or medical objection to vaccination. These parents will not have to prove their objection to anyone-simply stating that they object will be enough.

The one amendment that didn't get through was the one dealing with the need to be counselled by a vaccination provider. The way the legislation stands right now, we will still need to see a doctor-at our own expense-to be told about the benefits and risks of vaccination. No doubt, the benefits will be grossly overplayed while the risks will be down-played or ignored completely.

The battle is not yet over. We are pursuing the possibility of a constitutional challenge to this Bill since it seems to contravene Section 51 part 23A of the Constitution which states that, "The Parliament shall, subject to this Constitution, have power to make laws for the peace, order and good government of the Commonwealth with respect to: The provision of maternity allowances, widows' pensions, child endowment, unemployment, pharmaceutical, sickness and hospital benefits, medical and dental services (but not so as to authorise any form of civil conscription), benefits to students and family allowances."

This is one of the reasons why it is essential for all of you to write letters to the editor and to your MPs on this subject. We must get some media coverage of our reasons for objecting to this blatantly discriminatory legislation and, since the newspapers won't cover this subject, the only way to get exposure is through letters to the editor.

Before finishing up with this report on the Bill, I thought I might reproduce some sections of the Hansard dealing with the Senate debate which was quite extensive and which mentioned the AVN several times.

I must thank Senators Brown, Harradine and Lees for their invaluable assistance and for the intelligent arguments used to show up the government's lack of information and outright misstatements regarding the effectiveness and safety of vaccination.

SENATOR BROWN: Looking ahead to amendments coming down the line, we are intending to move that the conscientious objector does not have to first be counselled by an immunisation provider or such person, which would indicate that a conscientious objector at least has to have medical grounds for objecting.

Let us assume this amendment gets passed. If the person simply writes to say that they have a conscientious objection and we have

dropped the requirement that they be counselled by an immunisation provider about the benefits and contraindications of immunisation, does the government's interpretation remain the same: that a letter of conscientious objection-notwithstanding the grounds for that conscientious objection-will suffice to ensure that they do not have their payments terminated?

SENATOR HERRON: (QLD Minister for Aboriginal and Torres Strait Islander Affairs) - My understanding is that it (the clause requiring counselling) gives a person the opportunity to realise the benefits of immunisation and also to discuss the reasons why they are objecting to the immunisation so that it is not done flippantly-I suppose that is as good a word as any-or without considerable thought. So an intermediary exists beyond just a written letter because there is a risk to both the child concerned and other unimmunised children who may be carriers.

Senator Herron later continued on regarding this same clause as follows:

Perhaps Senator Harradine missed one word in my statement previously, and that was "intelligent". I said that any intelligent parent analysing the material that I provided before the chamber (on the risks of not vaccinating) would have no choice but to accept that immunisation was in the best interests of the child. I said "intelligent parents". That was the point I was making.

SENATOR BROWN: ...I just want to briefly take up the point about the intelligent parent. I cannot accept what the minister says at all. The fact is that there is very much contradictory evidence and debate, even in scientific and medical circles, about vaccination. As a general practitioner, in the past I have been in the position of having to help inform people about vaccination. When you do get to the little wrappers that come with the little bottles of vaccine and read the small print, the alarm bells start ringing.

Without fear or favour at this stage, I will only do this once - we ought to put the other side of the story for the so-called intelligent adults, to use the minister's term. From the Australian Vaccination Network, I have reports from three parents who came and saw me in recent times about what may be seen as the other side of the story. I inform the committee in brief, of the network's argument.

Senator Brown then proceeded to read aloud the AVN's "Did You Know" sheet in from of the Federal Parliament!

We did not succeed in getting all of the amendments through and, indeed, there has been some discussion about amending legislation which is probably unconstitutional by its very nature. In the time that we had, however, it was thought best to just try and protect a parent's choice as much as was humanly possible. To try and get the legislation thrown out at that point seemed to be impossible - but hopefully, we will be able to do just that with our planned constitutional challenge.

Probably the best result of our trip was raising the awareness of members of Australia's Parliament to the fact that there are two sides to this issue; that those who choose not to vaccinate are caring and intelligent parents and that we have a wealth of medical literature to back up our arguments.

One of our last appointments was with Senator Lee, Shadow Health Minister. He told us that we had done an incredible job of letting everyone know who we were and why we were there. Even the Senators and Representatives who had not met with us personally were aware of our presence and what we were on about.

Our next effort will hopefully take place early in this new year. We are planning to charter buses to bring families, especially those whose children have been killed or injured by vaccines, to a protest on the steps of Federal Parliament. It is hoped that we will be able to bring parents and children from all over Australia to a protest designed to demonstrate why Australians are refusing to vaccinate their children. At that time, we would also like to meet with members of the Senate and the Lower House to discuss subjects such as vaccination compensation, the reporting of adverse vaccine reactions and full disclosure of all side effects and risks of vaccines.

Senator Brown has undertaken to introduce legislation making it a requirement under the law for all doctors to report adverse reactions following vaccination. The list of reportable reactions will be based upon the NH&MRC list and doctors would be compelled to report these reactions, even if they feel that they are not related to the administration of a vaccine. This would be a very important step in ensuring better collection of accurate statistics and the ramifications of this measure cannot be underestimated. Once we have doctors actually reporting all events following vaccination, we will begin to see that the rate of reactions is substantially higher than the government has said.

We will also approach Senator Brown to request that he introduce legislation requiring doctors to report the vaccination status in all cases of reportable infectious diseases. This will show on a national basis what was demonstrated in SA last year where 1,094 cases of whooping cough were reported. Of all those whose vaccination status was known, 89% were fully vaccinated against whooping cough.

I hope that you feel as good as we do about what was accomplished in Canberra. Perhaps the AVN is the mouse that roared, but when this mouse opened up its mouth, the government listened to what we said.

To quote Margaret Mead, "Never doubt that a small group of thoughtful, committed people can change the world. Indeed it is the only thing that ever has."

AVN's Response to Senator Herron's statements in Parliament 27/11/97

Senator Herron claims that there has been a virtual elimination of Haemophilus influenzae disease in vaccinated children since the introduction of the Hib vaccine.

- The Hib vaccine which we currently use in Australia, HibTITER, has been banned in Italy (British Medical Journal; Italians ban Hib vaccine in BSE scare, Volume 314, 8/2/1997) for fear that the gelatine it contains, which was derived from bovine brain and nervous system tissue, could cause CJD, an invariably fatal disease, in vaccine recipients. The MMR vaccine also contains a high percentage of animal-derived gelatine products.
- In 1993, the Australian Government licensed the HibTITER vaccine against Haemophilus influenzae type B. This vaccine was to replace the earlier, ineffective vaccine. It was meant to protect against the capsular form of Hib and the vaccine contains thiomersal, a mercury derivative in a ratio of 1:10,000. It does nothing to vaccinate against the non-capsular (and now more common) form of Hib, nor does it prevent any other form of bacterial meningitis. It also contains diphtheria toxoid meaning that babies who get both Hib and DPT will get a double-dose of diphtheria toxoid. The safety of this procedure has not been studied in Australia, but since the childhood diphtheria vaccine is twice the potency of the adult vaccine, this could possibly lead to increased reactions in children (Product information, HibTITER, Wyeth-Ayerst - enclosed).
- The decision to license this vaccine in the US was based upon a Finnish trial in which 30,000 children received the vaccine. Only 99 out of the original 30,000 were followed up to determine the safety of the vaccine-surely not an adequate number? Of these 99, there was increased irritability in 41% and after nine months, there were 3 cases of Hib infection among those who had received 3 doses of PRP-D 14. To the best of our knowledge, there have been no Australian studies of either the safety or effectiveness of this vaccine.
- The manufacturer cites that the safety of this vaccine has been studied in 401 infants who received 1,118 doses of vaccine.

Since 3 doses of the vaccine are recommended, there should have been 1,203 doses administered to these infants. There were 85 less doses administered. Does this mean that 85 children pulled out due to reactions? Were 85 children excluded from the study for some reason? There is no explanation given for this omission.

While there has been a decline in Hib meningitis since the introduction of the Hib vaccine in Australia, studies have shown that the decline had occurred in age groups which would not have been covered by this vaccine and therefore, there must be a reason other than vaccination for the decrease in cases of Hib.[15]

In addition, the medical definition of a rare adverse event is one which occurs in less than 1:10,000 recipients of a drug or vaccine. Why then was the study group used here so small as to be incapable of determining even rare reactions to this vaccine which is administered yearly to millions of children worldwide? Despite these limitations however, the study still found that in this group of 401 children, there were 133 cases of irritability, 91 of sleepiness, 38 of prolonged crying for 4 hours of more, 23 of appetite loss, 9 of vomiting, 2 of diarrhoea and 1 of rash.

The following reactions are also listed by the manufacturer as occurring after vaccination with HibTITER: Rash, hives (urticaria) erythema multiforme, convulsions, vomiting/diarrhoea and Guillain-Barrè syndrome.

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While there has been an overall decline in cases of Hib-caused meningitis in Australia, according to the Public Health Bodies (as reported in the CDI Bulletin), there has been an increase overall in bacterial meningitis. Most of this has been due to both pneumococcal and meningococcal bacteria-both of which are more difficult to treat than Hib. Perhaps through the use of this vaccine we have suppressed one disease only to see a rise in two others?

- There are many studies which show that Hib infections follow administration of the Hib vaccine.

In fact, one study [16] states that, "Any fever occurring in the immediate post-immunisation period must alert the possibility of a Hib infection." Since fever is one of the most common side effects of this vaccine, we must be aware that there is a possibility that a large number of children who receive this vaccine develop either subclinical or symptomatic cases of Hib infection from the vaccination. The AVN has on its adverse reactions register three instances of Hib meningitis following vaccination. Like all other reactions that have been reported to us, none of these has ever been reported by the doctors or hospitals involved.

Senator Herron argues that the formaldehyde that is used in vaccines is in very low concentration and is, therefore, not a problem.

- Formaldehyde is a schedule 6 poison. The definition of a Schedule 6 Poison is a poison which "must be made available to the public but are of a more hazardous or poisonous nature than those classified in Schedule 5."

Schedule 6 poisons must be kept in containers marked POISON when being used for any purpose. (Standard for the uniform scheduling of drugs and poisons, No. 11, Australian Government Publishing Service, Canberra, 1996). According to the Poisons Control Centres in Queensland and NSW, there are no safe levels of formaldehyde if being injected into the human body. It is a toxic substance and should be avoided at all costs.

According to the National Research Council in the United States, "Fewer than 20% but perhaps more than 10% of the general population may be susceptible to formaldehyde and may react acutely at any exposure level."

Senator Herron agrees that there was a major decline in deaths from infectious diseases before the introduction of vaccines, but argues that vaccines are still needed because children are still dying from these diseases.

- The AVN would like to ask how many of the children who have died from these diseases in the past 10 years were vaccinated against them?

We are aware that of the 4 children who died in Australia from measles in 1994, 3 were vaccinated against measles and the fourth had an immune system that had been damaged by vaccines and was, therefore, not able to overcome an illness that has been historically benign in healthy, well-nourished children.

Many may not remember, but prior to the introduction of the measles vaccine, the development of measles in a child was not cause for fear. According to the MacMillan Guide to Family Health, 1982 (before mass use of the vaccine in the UK where this information originates):

> *"Measles is a highly contagious disease which chiefly affects the skin and respiratory tract. It is a notifiable disease. The incubation period is 10-14 days. The first symptoms are raised temperature, runny nose, red watering eyes, dry cough and sometimes diarrhoea. By the third day, the temperature falls and tiny white spots like grains of salt appear inside the mouth. On the fourth and fifth days, temperature rises again and the characteristic measles rash appears, starting on the forehead and behind the ears and gradually spreading to the rest of the body but not usually the limbs. By the sixth day, the rash is fading and by the seventh day all the symptoms have gone. In the vast majority of children who catch measles, the disease disappears within 10 days and the only after effect is lifelong immunity to another attack."*

- According to the study entitled "The Immunisation Campaign against Measles, Mumps and Rubella, Coercion leading to Uncertainty - Medical Objections to a Continued MMR Immunisation Campaign in Switzerland", Albonico, H et al, 1991, "When the Swiss MMR immunisation

In other words, despite high levels of vaccination, there are increasing numbers of both cases and deaths from measles-and the majority of those developing these diseases in the US, as in Australia-are vaccinated.

See footnotes at back.

campaign was introduced, the USA was cited as an important example since, in a twenty-year campaign, America achieved an immunisation level of over 95% and a reduction in, for example, cases of measles by 99%. Recent developments in the USA should, however, give cause for thought: since 1982 there have been increasingly severe epidemics of measles; in 1989 380% more cases were notified than in the previous year.

Despite vaccination an ever greater number of adolescents became ill and because of inadequate immunity of mothers, also an increasing number of infants. In both age groups, childhood diseases have taken a more serious course than is usual at that age for them; according to official statements, mortality from measles in the USA has risen tenfold."

In other words, despite high levels of vaccination, there are increasing numbers of both cases and deaths from measles-and the majority of those developing these diseases in the US, as in Australia-are vaccinated.

Senator Herron claims that "Only viral vaccines are cultured in material derived from animal tissue. Bacterial vaccines are manufactured in cultures free of animal cells. Careful screening and testing ensure that the resulting vaccines are free from known contaminants, including bacteria and viruses."

- The vast majority of vaccines are viral so this is a concern even if there were no animal components in the bacterial vaccines. The DPT vaccine is cultured in a 'broth' that contains foreign proteins. We also believe from our research that this 'broth' contains animal tissue. As soon as we have finished our investigations, we will inform the Senate of our findings.

Senator Herron asserts that, "The SV-40 virus contaminated some batches of polio vaccine between 1955 and 1963, but there has been no evidence of increased risk of mortality, especially cancer mortality, in persons who have received this vaccine. Since 1963, all polio vaccines have been demonstrated to be free of SV-40 as well as other known possible contaminants. There is no scientific evidence whatsoever linking AIDS to polio vaccines."

- It was known as early as 1958 that SV-40, a known carcinogen, contaminated the polio vaccines. This information was suppressed because it was felt that the polio vaccine campaign was vital and the risk of complications from this contaminant was low. When it finally did become public knowledge that the vaccine was contaminated by this virus in 1963, the US government began to use a different monkey to culture the polio vaccine. This monkey has, to the best of our knowledge, never been tested to see if it carries SV-40. It does, however, carry many other viruses and bacteria which have not been studied and which definitely do contaminate the polio vaccines we use today.

One other note of interest-when the US government finally did stop using the old batches of SV-40 contaminated polio vaccine, it had many batches left over. Rather than destroy them, these batches were sold to countries around the world who were desperate for polio vaccine. One of those countries was New Zealand. Did Australia also buy contaminated vaccine from the US at this time?

The AVN calls on Senator Herron to produce the studies which demonstrate that the polio vaccine has been free of SV-40 since 1963. Our information is that the US government has not and will not allow testing of its lots of polio vaccine. We would be grateful if Senator Herron can show otherwise.

The AVN also calls on Senator Herron to produce the study to back up his claim that there has been no evidence of increased risk of mortality from cancer in recipients of contaminated polio vaccine.

- Regarding the link between AIDS and polio vaccine, the AVN commends to interested readers the book entitled "The White Death" by Julian Cribb, Science reporter for the Australian Newspaper and employee of the CSIRO. His historical and well-referenced research into this subject can easily show that there is a great deal of scientific evidence linking AIDS to the polio vaccine.

It does, however, carry many other viruses and bacteria which have not been studied and which definitely do contaminate the polio vaccines we use today.

Regarding the use of foetal tissue in production of vaccines:

- The AVN has faxed Senator Herron a great deal of information on the ongoing use of aborted foetal tissue in both vaccines and other pharmaceutical production and research.

If any other Senator would like to see this information, we would be happy to provide it. The stance of the AVN is that, while many parents are pro choice on the issue of abortion, every person has the right to be aware that the products that they are using have been produced on human foetal tissue.

Senator Herron claims that vaccination guarantees 95 percent success.

- His own government has admitted that the effectiveness of the DPT vaccine ranges from 70 to 80 percent.

His statement is false and I ask that Senator Herron retract it or produce the studies to prove that all vaccines protect 95% of those who are vaccinated.

- No vaccine provides lifelong immunity. The measles vaccines which we administered to our children in 1970 to protect them for life are now requiring boosters before high school.

There are already plans under way to introduce boosters at university age as well. The government is planning on introducing the acellular pertussis (whooping cough) vaccine for booster doses for children as well as adults. The realisation is that 60% and more of those contracting whooping cough in Australia are adults. Therefore, adults provide the largest vector for transmission of whooping cough to infants (not unvaccinated children as we have been told). The hope is that 5 to 10 yearly boosters of whooping cough vaccine will be offered to adults in an attempt to prevent these already vaccinated individuals from spreading the disease.

Since vaccines don't give lifelong immunity, how can they be considered to be 95% effective? If anything, since all vaccine-induced immunity (or sensitisation) wanes

or disappears over time, you could argue that the actual effectiveness of vaccines would have to be 0%.

Senator Herron was unable to verify that the United States Government has paid out in excess of $US800 million to families of children who had been killed or injured by vaccines.

- This is very easily verified by visiting the web site of the Vaccine Injury Compensation Program (VICP).

This is the US government body which administers the fund to compensate vaccine victims. This information may also be obtained by writing to the Food and Drug Administration (FDA) which oversees the VICP. The most recent figures for vaccine awards may be found at http://www.hrsa.dhhs.gov/bhpr/vicp/monthly.htm. The compensation figures are also attached to this letter. These figures represent payments made up until the 31st October, 1997 and the figure at that time was $US824.7 million.

Senator Herron asserts that, "The fact that compensation has been paid does not prove that vaccines have been the cause of problems experienced."

- Senator Herron must think that the US government is extremely magnanimous if he feels that they would spend all of this money on compensation without any proof that vaccines are causing the injuries and deaths. The only reason the US government instituted this plan was because the pharmaceutical companies were threatening to cease production of vaccines because they were losing too much money paying out compensation to families of vaccine injured and killed children.

In 1986, the government indemnified the pharmaceutical companies and set up the VICP using funds provided by parents who vaccinated their children. In essence, parents are paying for their own compensation. This has raised the price of the DPT vaccine from 15 cents per dose prior to VICP to more than $15 per dose today.

In addition, it is extremely difficult to win a case under the VICP. Their rules are extremely stringent, requiring onset of symptoms within 4 hours of administration of the vaccine, not paying for collapse or seizures, and many other restrictions. Despite this, they have paid out close to $100 million US each year since they have been in operation.

- If this government and its Health Minister do not want to go down in history as the government that sat on its hands while Australian children died from vaccine injuries, it had better begin to listen to the complaints of the many, many parents who have chosen not to vaccinate their children and those who have suffered the tragedy of vaccine injuries and deaths. Senator Herron may be assured that there will be many, many compensation cases on behalf of vaccine injured and killed children brought to Australian courts over the next few years.

Senator Herron questions the validity of the study by Dr. Michel Odent which was published in the letters column of the Lancet.

- The AVN tries at all times to use material which has been sourced from peer-reviewed medical journals. This has been no exception.

We said that there were several studies which showed a strong connection between vaccination and the development of asthma. Two of them were conducted by Dr. Michel Odent at the Primal Health Research Centre in London; one was conducted by the Immunisation Awareness Society in New Zealand and the fourth was published in the peer-reviewed journal, Epidemiology.[17]

The study cites that "Results of the Christchurch Health and Development Study, conducted by a team of New Zealand researchers, found a greater rate of asthma and allergy episodes among immunized children. Of 1,265 children born in 1977, the 23 who did not receive the diphtheria/pertussis/tetanus shot had no recorded asthma or allergy problems before age 10. Of the children who were vaccinated, 23.1 percent had asthma episodes, 22.5 percent had asthma consultations, and 30 percent had consultations for other allergic illnesses. The comparison produced similar results at ages five and 16, and the discrepancy does not appear to result from use of health services, ethnicity, socioeconomic status, or parental atopy or smoking."

These results agree with the results of the two Odent studies and one IAS study which found that vaccinated children were 5-6 times more likely to be asthmatic than the unvaccinated. Since 2 children die every day in Australia from asthma, surely this connection should be investigated and not swept under the rug.

The Australian Vaccination Network believes that all parents must be assisted to make an informed choice regarding this vital decision, not just assisted "to get their children immunised" as Senator Herron states. The government must prove that it has the information to back up its claims regarding the safety and effectiveness of vaccines.

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POLICY OF THE QUEENSLAND COUNCIL PARENTS AND CITIZENS ASSOCIATION

Council believes that the health and wellbeing of the school community should be protected by controlling outbreaks of preventable infectious diseases.

Parents should be responsible for: all decisions-ethical, moral and religious-regarding the vaccination of children under their care and protection.

The Education Dept should be responsible for: maintenance and administration of school-based vaccination records; advice to parents of the vaccination status of their children as recorded in school-based records; maintenance of school-based vaccination records and the integrity of that data; provision of information to parents regarding disease prevention and control policies and procedures.

Parents should be responsible for: all decisions-ethical, moral and religious-regarding the vaccination of children under their care and protection.

The Health Dept. should be responsible for: establishment of a record of vaccination status for all persons who have received vaccinations against preventable infectious diseases; notification to parents of changes to the vaccination status of their child; production and provision of information to parents regarding vaccination issues; maintenance of records of vaccination and the validation of that data against evidence provided by parents and general practitioners; provision of records for individuals from the central record to parents, schools and other public health organisations-only with the prior approval of the parent.

Government policies and procedures regarding controlling outbreaks of preventable infectious diseases should apply equally to all sectors of the school community, including students, teachers, administrative personnel, volunteer workers and other paid workers.

WHOOPING-COUGH VACCINATION: HISTORICAL, SOCIAL AND POLITICAL CONTROVERSIES.

Dyson S,J Clin Nurs, 4: 2, 1995 Mar, 125-31

ABSTRACT: New acellular whooping cough vaccines may have the effect of leading us to forget that infectious diseases such as whooping cough have declined in the context of particular historical, social conditions and persist in the context of particular types of social inequalities. The debates over the existence of damage from whole-cell whooping cough vaccine, and the respective risks of the vaccine and the disease are still unresolved owing to methodological limitations of studies on both sides of the argument. One-sided health 'education' campaigns on whooping cough vaccine have questionable ethics, and suppression of dissenting views is counterproductive. Health professionals and parents have a right to know the political context of the debate.

(The eminent British philosopher) Lord Russell once said "The trouble with the world is that the stupid are cocksure, and the intelligent are full of doubt."-Robyn Williams, speaking on the ABC Radio National program Ockham's Razor, Sunday, 16th March, 1997.

Uptake of immunisation should reflect the particular individual's needs and acceptance of a particular vaccine be on the basis of informed consent. Such an approach therefore negates the need for compulsory immunisation. In the UK compulsory immunisation would be inappropriate given that approximately 3-4% of the population would not take up particular aspects of the childhood immunisation programme.

In light of the high public regard for medicine, it may come as a surprise that modern medical techniques such as vaccinations and antibiotics have had no significant impact on the overall death rate in industrialized societies during the past century. Death rates in these societies have certainly declined sharply, but they did so before the introduction of vaccinations and antibiotics.- (McKinlay & McKinlay, 1977; McKeown, 1979)

UNIVERSITY OF MANCHESTER WEB PAGE: 'IMMUNISE'

National Vaccine Injury Compensation Program - Vaccine Injury Table (Effective Date: March 24, 1997)

Vaccine	Illness, disability, injury or condition covered	Time period for first symptom or manifestation of onset or of significant aggravation after vaccine administration
Vaccines containing tetanus toxoid (eg;DTaP;DTP;DT; Td or TT)	A. Anaphylaxis or anaphylactic shock B. Brachial Neuritis C. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury or condition arose within the time period prescribed	4 hours 2-28 days Not applicable
Vaccines containing whole-cell pertussis bacteria, extracted or partial cell pertussis bacteria, or specific pertussis antigen(s) (eg, DTaP, DTP, P, DTP-HiB)	A. Anaphylaxis or anaphylactic shock B. Encephalopathy (or encephalitis) C. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury or condition arose within the time period prescribed	4 hours 72 hours Not applicable
Measles, mumps, and rubella vaccine or any of its components (eg, MMR, MR, M, R)	A. Anaphylaxis or anaphylactic shock B. Encephalopathy (or encephalitis) C. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury or condition arose within the time period prescribed.	4 hours 5-15 days (not less than 5 days and not more than 15 days) for measles, mumps, rubella, or any vaccine containing any of the foregoing as a component.
Vaccines containing rubella virus (eg, MMR, MR, R)	A. Chronic arthritis B. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury, or condition arose within the time period prescribed	7-42 days Not applicable
Vaccines containing measles virus (eg, MMR, MR, M)	A. Thrombocytopenic purpura B. Vaccine-Strain Measles Viral Infection in an immunodeficient recipient C. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury or condition arose within the time period prescribed	7-30 days 6 months Not applicable
Vaccines containing polio live virus (OPV)	Paralytic Polio - in a non-immunodeficient recipient - in an immunodeficient recipient - in a vaccine-associated community case Vaccine-Strain Polio Viral Infection - in a non-immunodeficient recipient - in an immunodeficient recipient - in a vaccine-associated community case	 30 days 6 months Not applicable 30 days 6 months Not applicable

National Vaccine Injury Compensation Program - Vaccine Injury Table - cont...

Vaccine	Illness, disability, injury or condition covered	Time period for first symptom or manifestation of onset or of significant aggravation after vaccine administration
	C. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury or condition arose within the time period prescribed	Not applicable
Vaccines containing polio inactivated virus (eg. IPV)	A. Anaphylaxis or anaphylactic shock	4 hours
	B. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury or condition arose within the time period prescribed	Not applicable
Hepatitis B. vaccines	A. Anaphylaxis or anaphylactic shock	4 hours
	C. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury or condition arose within the time period prescribed	Not applicable
Hemophilus influenzae type B polysaccharide vaccines (unconjugated, PRP vaccines)	A. Early-onset Hib disease	7 days
	B. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury or condition arose within the time period prescribed	Not applicable
Hemophilus influenzae type B polysaccharide conjugate vaccines	No condition specified	Not applicable
Varicella vaccine	No condition specified	Not applicable
Any new vaccine recommended by the Centres for Disease Control and Prevention for routine administration to children, after publication by the Secretary of a notice of coverage	No condition specified	Not applicable

QUALIFICATIONS AND AIDS TO INTERPRETATION

Anaphylaxis and anaphylactic shock

Anaphylaxis and anaphylactic shock mean an acute, severe, and potentially lethal systemic allergic reaction. Most cases resolve without sequelae. Signs and symptoms begin minutes to a few hours after exposure. Death, if it occurs, usually results from

airway obstruction caused by laryngeal edema or bronchospasm and may be associated with cardiovascular collapse. Other significant clinical signs and symptoms may include the following: Cyanosis, hypotension, bradycardia, tachycardia, arrhythmia, edema of the pharynx and/or trachea and/or larynx with stridor and dysapnea. Autopsy findings may include acute emphysema which results from lower respiratory tract obstruction, edema of the hypopharynx, epiglottis, larynx, or trachea and minimal findings of eosinophilia in the liver, spleen and lungs. When death occurs within minutes of exposure and without signs of respiratory distress, there may not be significant pathologic findings.

Encephalopathy

For purposes of the Vaccine Injury Table, a vaccine recipient shall be considered to have suffered an encephalopathy only if such recipient manifests, within the applicable period, an injury meeting the description below of an acute encephalopathy, and then a chronic encephalopathy persists in such person for more than 6 months beyond the date of vaccination.

An acute encephalopathy is one that is sufficiently severe so as to require hospitalization (whether or not hospitalization occurred).

1. For children less than 18 months of age who present without an associated seizure event, an acute encephalopathy is indicated by a "significantly decreased level of consciousness" (see "D" below) lasting for at least 24 hours. Those children less than 18 months of age who present following a seizure shall be viewed as having an acute encephalopathy if their significantly decreased level of consciousness persists beyond 24 hours and cannot be attributed to a postictal state (seizure) or medication.
2. For adults and children 18 months of age or older, an acute encephalopathy is one that persists for at least 24 hours and characterized by at least two of the following:

- A significant change in mental status that is not medication related; specifically a confusional state, or a delirium, or a psychosis;
- A significantly decreased level of consciousness, which is independent of a seizure and cannot be attributed to the effects of medication; and
- A seizure associated with loss of consciousness.

3. Increased intracranial pressure may be a clinical feature of acute encephalopathy in any age group.
4. A "significantly decreased level of consciousness" is indicated by the presence of at least one of the following clinical signs for at least 24 hours or greater (see paragraphs (2)(I)(A) and (2)(I)(B) of this section for applicable timeframes):

- Decreased or absent response to environment (responds, if at all, only to loud voice or painful stimuli);
- Decreased or absent eye contact (does not fix gaze upon family members or other individuals); or
- Inconsistent or absent responses to external stimuli (does not recognize familiar people or things).

5. The following clinical features alone, or in combination, do not demonstrate an acute encephalopathy or a significant change in either mental status or level of consciousness as described above: Sleepiness, irritability (fussiness), high-pitched and unusual screaming, persistent inconsolable crying, and bulging fontanelle. Seizures in themselves are not sufficient to constitute a diagnosis of encephalopathy. In the absence of other evidence of an acute encephalopathy, seizures shall not be viewed as the first symptom or manifestation of the onset of an acute encephalopathy.
   Chronic encephalopathy occurs when a change in mental or neurologic status, first manifested during the applicable time period, persists for a period of at least 6 months from the date of vaccination. Individuals who return to a normal neurologic state after the acute encephalopathy shall not be presumed to have suffered residual neurologic damage from that event; any subsequent chronic encephalopathy shall not be presumed to be a sequela of the acute encephalopathy. If a preponderance of the evidence indicates that a child's chronic encephalopathy is secondary to genetic, prenatal or perinatal factors, that chronic encephalopathy shall not be considered to be a condition set forth in the Table.

An encephalopathy shall not be considered to be a condition set forth in the Table if in a proceeding on a petition, it is shown by a preponderance of the evidence that the encephalopathy was caused by an infection, a toxin, a metabolic disturbance, a structural lesion, a genetic disorder or trauma (without regard to whether the cause of the infection, toxin, trauma, metabolic disturbance, structural lesion or genetic disorder is known). If at the time a decision is made on a petition filed under section 2111(b) of the Act for a vaccine-related injury or death, it is not possible to determine the cause by a preponderance of the evidence of an encephalopathy, the encephalopathy shall be considered to be a condition set forth in the Table.

In determining whether or not an encephalopathy is a condition set forth in the Table, the Court shall consider the entire medical record.

Residual Seizure Disorder

A petitioner may be considered to have suffered a residual seizure disorder for purposes of the Vaccine Injury Table, if the first seizure or convulsion occurred 5-15 days (not less than 5 days and not more than 15 days) after administration of the vaccine and 2 or more additional distinct seizure or convulsion episodes occurred within 1 year after the administration of the vaccine which were unaccompanied by fever (defined as a rectal temperature equal to or greater than 101.0 degrees Fahrenheit or an oral temperature equal to or greater than 100.0 degrees Fahrenheit). A distinct seizure or convulsion episode is ordinarily defined as including all seizure or convulsive activity occurring within a 24-hour period, unless competent and qualified expert neurological testimony is presented to the contrary in a particular case.

For purposes of the Vaccine Injury Table, a petitioner shall not be considered to have suffered a residual seizure disorder, if the petitioner suffered a seizure or convulsion unaccompanied by fever (as defined above) before the fifth day after the administration of the vaccine involved.

Seizure and convulsion

For purposes of paragraphs (2) and (3) of this section, the terms, "seizure" and "convulsion" include myoclonic, generalized tonic-clonic (grand mal), and simple and complex partial seizures. Absence (petit mal) seizures shall not be considered to be a condition set forth in the Table. Jerking movements or staring episodes alone are not necessarily an indication of seizure activity.

Sequela

The term "sequela" means a condition or event which was actually caused by a condition listed in the Vaccine Injury Table.

Chronic Arthritis

For purposes of the Vaccine Injury Table, chronic arthritis may be found in a person with no history in the 3 years prior to vaccination of arthropathy (joint disease) on the basis of:

- Medical documentation, recorded within 30 days after the onset, of objective signs of acute arthritis (joint swelling) that occurred between 7 and 42 days after a rubella vaccination;
- Medical documentation (recorded within 3 years after the onset of acute arthritis) of the persistence of objective signs of intermittent or continuous arthritis for more than 6 months following vaccination:
- Medical documentation of an antibody response to the rubella virus.

For purposes of the Vaccine Injury Table, the following shall not be considered as chronic arthritis: Musculoskeletal disorders such as diffuse connective tissue diseases (including but not limited to rheumatoid arthritis, juvenile rheumatoid arthritis, systemic lupus erythematosus, systemic sclerosis, mixed connective tissue disease, polymyositis/dermatomyositis, fibromyalgia, necrotizing vasculitis and vasculopathies and Sjogren's Syndrome), degenerative joint disease, infectious agents other than rubella (whether by direct invasion or as an immune reaction), metabolic and endocrine diseases, trauma, neoplasms, neuropathic disorders, bone and cartilage disorders and arthritis associated with ankylosing spondylitis, psoriasis, inflammatory bowel disease, Reiter's syndrome, or blood disorders.

Arthralgia (joint pain) or stiffness without joint swelling shall not be viewed as chronic arthritis for purposes of the Vaccine Injury Table.

Brachial neuritis

Brachial neuritis is defined as dysfunction limited to the upper extremity nerve plexus (i.e., its trunks, divisions, or cords) without involvement of other peripheral

(e.g., nerve roots or a single peripheral nerve) or central (e.g., spinal cord) nervous system structures. A deep, steady, often severe aching pain in the shoulder and upper arm usually heralds onset of the condition. The pain is followed in days or weeks by weakness and atrophy in upper extremity muscle groups. Sensory loss may accompany the motor deficits, but is generally a less notable clinical feature. The neuritis, or plexopathy, may be present on the same side as or the opposite side of the injection; it is sometimes bilateral, affecting both upper extremities. Weakness is required before the diagnosis can be made. Motor, sensory, and reflex findings on physical examination and the results of nerve conduction and electromyographic studies must be consistent in confirming that dysfunction is attributable to the brachial plexus. The condition should thereby be distinguishable from conditions that may give rise to dysfunction of nerve roots (i.e., radiculopathies) and peripheral nerves (i.e., including multiple mononeuropathies), as well as other peripheral and central nervous system structures (e.g., cranial neuropathies and myelopathies).

Thrombocytopenic purpura

Thrombocytopenic purpura is defined by a serum platelet count less than 50,000/mm3. Thrombocytopenic purpura does not include cases of thrombocytopenia associated with other causes such as hypersplenism, auto-immune disorders (including alloantibodies from previous transfusions) myelodysplasias, lymphoproliferative disorders, congenital thrombocytopenia or hemolytic uremic syndrome. This does not include cases of immune (formerly called idiopathic) thrombocytopenic purpura (ITP) that are mediated, for example, by viral or fungal infections, toxins or drugs. Thrombocytopenic purpura does not include cases of thrombocytopenia associated with disseminated intravascular coagulation, as observed with bacterial and viral infections. Viral infections include, for example, those infections secondary to Epstein Barr virus, cytomegalovirus, hepatitis A and B, rhinovirus, human immunodeficiency virus (HIV), adenovirus, and dengue virus. An antecedent viral infection may be demonstrated by clinical signs and symptoms and need not be confirmed by culture or serologic testing. Bone marrow examination, if performed, must reveal a normal or an increased number of megakaryocytes in an otherwise normal marrow.

Vaccine-strain measles viral infection

Vaccine-strain measles viral infection is defined as a disease caused by the vaccine-strain that should be determined by vaccine-specific monoclonal antibody or polymerase chain reaction tests.

Vaccine-strain polio viral infection

Vaccine-strain polio viral infection is defined as a disease caused by poliovirus that is isolated from the affected tissue and should be determined to be the vaccine-strain by oligonucleotide or polymerase chain reaction. Isolation of poliovirus from the stool is not sufficient to establish a tissue specific infection or disease caused by vaccine-strain poliovirus.

Early-onset Hib disease

Early-onset Hib disease is defined as invasive bacterial illness associated with the presence of Hib organism on culture of normally sterile body fluids or tissue, or clinical findings consistent with the diagnosis of epiglottitis. Hib pneumonia qualifies as invasive Hib disease when radiographic findings consistent with the diagnosis of pneumonitis are accompanied by a blood culture positive for the Hib organism. Otitis media, in the absence of the above findings, does not qualify as invasive bacterial disease. A child is considered to have suffered this injury only if the vaccine was the first Hib immunisation received by the child.

MARELLE BURNUM BURNUM

As a mother, ex-schoolteacher, wife of the late Burnum Burnum who claimed England on the white cliffs of Dover in 1988 for the Aboriginal People of Australia, and as a practising Naturopath Healer of 18 years, I have observed many things and acquired a great deal of wisdom.

I am proud to state that, to date, not one of my clients' precious children, (the future of tomorrow) has ever contracted whooping cough. My late husband often stated publicly that (orthodox) vaccination for aboriginal children was the modern form of genocide.

I attribute this honourable record to the modalities and approach I have used.

1. Firstly ensure that your family has the best possible nutrition available to you. Lots of orange coloured fruit and vegetables, eg mango, paw paw, pumpkin, sweet potato, apricots, carrots, etc. These contain beta-carotene which enhances the immunity and strengthens the mucous membranes. Mucous membranes are our first line of defence against the surrounding sea of germs and viruses.
- Avoid dairy products which clog the lymphatic system, preventing drainage of fats and toxins. Dairy products create mucus and attract bacteria. Have soya products and rice milk.
- Eat abundant fresh fruit and vegetables and salad daily. Live food keeps our children alive. Eat wholemeal foods with the zinc and B vitamins intact.
2. Preserve and cultivate an immune system into strength by avoiding drugs, antibiotics, chemicals and toxins. The chemicals found in foods and innoculations block the liver pathways and weaken immunity.
3. Homoeopathic immunisation stimulates the immune system at a cellular level without shock or side effects. See information provided and the step-by-step procedure we adopt at our clinic.
4. A herbmix is administered to the babies soon after birth. Starting with 2-3 drops twice daily in a little expressed breastmilk. This mix is increased as the baby grows, month by month. *(Contact for further information)*

Sundew is the most precious herb, as it is a prophylactic (preventative) for whooping cough. It can be administered during an epidemic or if the person has whooping cough. It is a natural antibiotic. Echinacea enhances the immune system and resists bacteria and viruses. St. Mary's Thistle: liver prophylactic. Phyllantuis protects against hepatitis B. Fennel aids digestion and detoxifies.

5. A loving, nurturing, understanding environment should surround the children. Genuine concern and care, with parents meeting the child's needs, not their own. A functional family situation helps to support the immune system. Unfortunately a child who is vaccinated by the orthodox method, then reacts, suffers the scenario below:
    a. A damaged immune system;
    b. A carrier of the virus;
    c. No further protection;
    d. Usually no diet advice;
    e. Fear in the household environment and guilt that the child has reacted.
6. To enhance your family's natural immunity and make it easier to ward off viruses and illness. We encourage you to:

- Exercise regularly - night walks with the family, bike rides with the family, bush walks, sports and swimming etc.

- Eat plenty of fresh fruits and vegetables (organic if possible).

- Ensure one complete protein daily eg fish, chicken, eggs, soya products, lentils and brown rice (at the same meal).

- Always choose wholemeal bread, pasta, spaghetti and brown rice unless you have been advised to go on a special diet.

- Avoid soft drinks, cordials, artificial colours, flavours and preservatives. Avoid tea, coffee and sugar. Instead have water, herbal teas, 100% juices diluted with water, or preferably freshly squeezed juices.

- Avoid dairy products. Replace with soya milk, rice milk or goat milk. Have tofu or Vitari instead of ice cream, and use avocado, tahini paste or natural peanut butter instead of butter.

- For healthy snacks choose fruit packs, fresh fruit segments, wholemeal muffins, home made pancakes and cookies using wholemeal flour, eg carrot cake, etc.

- Eat crisp breads with salmon, salad and sprouts; home-made popcorn without the salt and butter.

So you can see that Naturopathically, at our clinic, our children can be up to five times more protected. Should a reaction occur after orthodox vaccination, the homoeopathic remedy Bell 30 or Bell 200 and tepid baths should be administered,

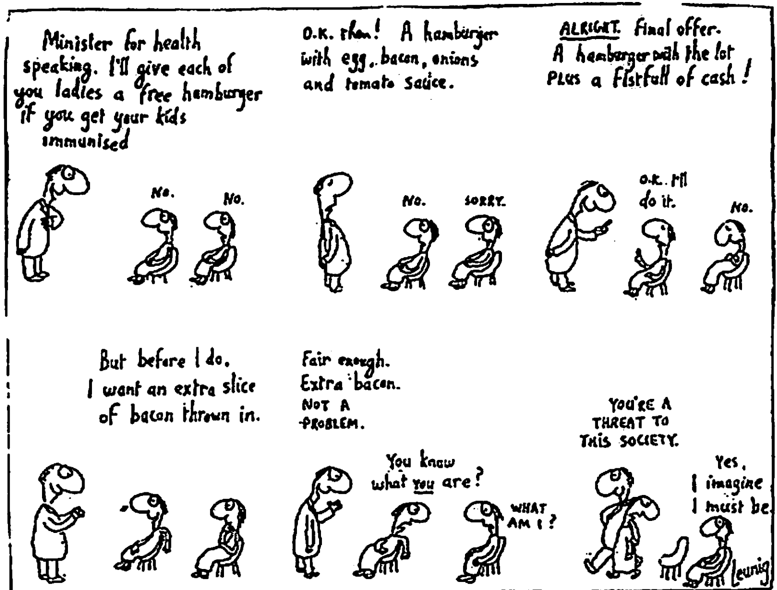
under the supervision of your naturopath. Panadol should only be used if there is a history of febrile convulsions. This is because temperatures are the body's natural mechanism for 'burning out' and 'extinguishing' virus and bacteria.

I will conclude by sharing that my son Umbarra who is half aboriginal and eight years of age, has to date avoided any dose of antibiotics; he has no asthma or eczema. Aboriginal genetics predispose my son to diabetes and middle ear infections; his own father was diabetic. Through diet, and the use of herbal and homoeopathic remedies, we have avoided and prevented any use of antibiotics to date.

If I, as a mother and naturopath, could be shown that vaccines would enhance my son's immunity, I would not hesitate to vaccinate. But, I cannot find this evidence.

Mothers and fathers, child-carers and relatives, use a skill which is ancient within - your intuition - your instinct! You know what is right for your baby in your heart

Marelle Burnum Burnum, Galesong Naturopathic Therapist. Phone: 02 95423398



debate immunisation

THE Vaccination Awareness and Information Service (VAIS) has challenged the Bayside Division of General Practice to a public debate on childhood immunisation.

Group spokesperson Stephanie Messenger said the debate should centre on factual information to allow parents the opportunity to make an informed decision for themselves and their children.

they subjected their children to vaccination.

"The Bayside Division of General Practice has yet again jumped

both Swedish and Italian studies (New Eng. Journal Medicine 8/2/96 vol 334, No. 6) shown the pertussis (whooping cough) vaccine used today in Australia to be only 36 per cent-48 per cent

slam doctors' jab campaign

by PAUL WESTON

GOLD Coast doctors want to force frightened parents to immunise their children despite potential horrendous side-effects, according to natural therapists.

Australian Natural Therapists Association Queensland branch chairman Ross Mack yesterday criticised the campaign

Brisbane who suffered permanent brain damage after being immunised with the triple antigen vaccine for whooping cough.

Ban on children without vaccine

Peanuts vaccine

SCIENTISTS are a step closer to developing a vaccine to protect people from a potentially fatal allergy to peanuts.

Vaccination promise broken

Medical secrecy

THE Commonwealth

Parents live with results

IN the vaccination debate some people have called for the "rights of the child" to be upheld, maintaining that compulsory immunisation must be implemented.

So what are c

I feel that a c home (shelte

AMA Queensland president Eileen

Only 29 percent of entry children in Queensland are fully immunised: the

Commissioner Carter not that both Mr Beattie and his wife, Jacqui Hutcher, were vigorously opposed to the vacci

Vaccine for whooping cough in legal hiccup

THE Commonwealth Serum Laboratory (CSL) has asked the Federal Government to indemnify it against possible damages claims involving whooping cough vaccine.

The move reflects increasing concern in the medical profession about the possibility of successful compensation claims by parents of babies damaged by the vaccine.

The request was made by the CSL managing director, Mr Brian McNamee, to protect private investors buying a stake in CSL

After consulting other departments, including Attorney General's, the Health Department has backed Mr McNamee's request, which is still being considered by the Government.

Whooping cough, or pertussis vaccine is widely acknowledged to be the most impure of the routine childhood vaccines and the one most likely to cause harmful side effects, including brain damage.

In Australia, a case has been lodged in the NSW Supreme Court against a doctor who administered

Queensland Lawyers say the chances of one or more of the claims succeeding have been greatly boosted by a landmark case in Ireland which awarded more than $6 million to a man brain damaged as a baby.

The whooping cough vaccine is routinely given to Australian babies as part of the triple antigen DPT — diphtheria, pertussis and tetanus.

A National Health and Medical Research Council survey in 1989-90 showed that only 71 per cent of babies were

Feds pick up jab tab

THE Federal Government will pick up the tab for childhood immunisation vaccines

ister Graham Richardson propose a $50 million nation al plan to take over responsibility from the states but Cabinet baulked at the cost.

Dr Lawrence has now de streamlined plan

ing action saying only 53 per cent of children are fully immunised and one in five is not immunised at all.

Measles and whooping cough killed 457 children between 1980 and 1990, and last year there were about 4000 cases each of rubella and

Adults who spread whooping cough

CONGRATULATIONS on your responsible article (Daily Telegraph, August 9) on the major problem of adults unknowingly spreading whooping cough.

The Health Department is aware of this problem but has given it little publicity, preferring instead to blame complacent parents of unvaccinated children.

Currently, our whooping cough vaccine is 70 per cent effective, leaving 30 per cent of vaccinated children

However, last year in Italy and Sweden effectiveness trials were completed on two commonly used whooping cough vaccines with alarming results; they were found to be only 36 per cent and 48 per cent effective, leaving more than half of those vaccinated without protection.

According to the Department

those contracting infectious diseases is only recorded in South Australia, Tasmania and Canberra.

According to South Australia Health Commission figures from 1990 to 1996, babies from 0 to 11 months

fully vaccinated, 66 not vaccinated, eight partly vaccinated and 1411 unknown.

In 1732 cases aged 20

Doctors' vaccination

seven to 10 days.

The president of the Australian Medical Association's Gold Coast branch, Dr Gretchen Hitchins, said children who were not vaccinated were at risk of catching a disease and spreading it throughout the community.

She said doctors were appalled that only 53 percent of children were immunised.

"Ideally it should be up about 85 to 90 percent to

Public debate on jabs for kids

ANTI-IMMUNISATION groups will hold Queensland's first major public debate on immunisation in Brisbane in April following moves by councils to discriminate against

tors, who have been attacking us," she said.

The threat of compulsory immunisation of school children has raised

THE WEST AUSTRALIAN TUESDAY JANUARY 21 1997

Make child jabs compulsory: MP

TO VACCINATE OR NOT? THE CHOICE IS YOURS.

"All truth goes through three stages. First it is ridiculed. Then it is violently opposed. Finally, it is accepted as self-evident." (Schopenhauer)

A GUIDE FOR MAKING A CHOICE

Weigh the pros and cons for each vaccination, gathering information from both sides. It is sensible to do this when pregnant rather than waiting until after the baby is born.

Parents should take their own beliefs and feeling into account when weighing the risks of contracting each disease versus the efficacy of each vaccination.

Seek out medical providers who are sympathetic to your needs and wishes. Parents deserve doctors sympathetic to their needs, especially their wish to make an informed decision

Bear in mind that, as with any decision, you will have to live with the consequences. If you decide not to vaccinate, you will have to ask yourself whether you are prepared to nurse your child through a childhood illness such as measles. Likewise, you will also need to ask yourself how you might feel if your child contracted a particular disease from the vaccine or became chronically ill as a result of the vaccine programme.

Don't feel rushed or pressured to start the vaccination program.

- Ask your doctor to administer one at a time, since we do not contract more than one disease at a time. This way, if there is an adverse reaction, you and your doctor will know which one is the culprit.
- Make your peace with the fact that this is a difficult decision and there are risks attached to any decision. Your goal is to make sure the risks are minimised.

Baker in 1949 wrote about measles and whooping cough: "Actually there is no correlation between the severity of the infectious disease and the cerebral involvement. In many cases with only a mild illness severe post-encephalitic complications may arise months or even years later."[84]

VACCINE DANGERS EXPOSED!

- Suspected Connection Between Contaminated Polio Vaccines and Brain, Lung and Bone Cancers Revealed From blue chip MONEY and NEW YORK magazines, read by more than 10 million people, to THE STAR tabloid, picked up by nearly four million shoppers in supermarkets everywhere, many more unsuspecting Americans now know that polio vaccines grown on the kidney tissues of monkeys have been contaminated with monkey viruses and that federal government public health agencies have known all along but have covered it up.

- DPT vaccine dangers and flaws in the mass vaccination system were also highlighted in the comprehensive and hard hitting MONEY magazine article which featured the work of the National Vaccine Information Centre and parents whose children were injured or killed by the whole cell pertussis vaccine portion of the DPT shot and victims of the oral polio vaccine.

- Monkey Viruses - When Did They Know? - The NEW YORK magazine article (Nov. 11 issue) hit the newsstands the first week in November with the title "A Shot in the Dark" (reinforcing the 1985 book exposing DPT dangers with the same title). Detailing the development and marketing of the historic Salk vaccine given in 1955 to about 10 million American children, NEW YORK described how scientists inside and outside of government and pharmaceutical companies have known for nearly four decades that many polio vaccine batches, especially between 1955 and 1963, have been riddled with Simian Virus 40 (SV40). Readers learned how scientists have also known that SV40 causes cancer in hamsters and, in NEW YORK's most important and disturbing revelation, were informed that scientists have recently identified SV40 DNA and some of the whole virus in the tumors of adults who were vaccinated with the contaminated polio vaccine as children and are now dying from brain, lung and bone cancers.

- Follow the Money - Within seven days, the NEW YORK article was replaced on the newsstands by MONEY magazine (December issue) featuring an 11-page article called "The Lethal Dangers of the Billion Dollar Vaccine Business." Writer Andrea Rock chronicled the results of a four-month investigation during which she employed the well known journalistic tradition of "follow the money." The money trail led her to the conclusion that there have been "severe violations of public trust" by federal regulatory agencies; that "health officials publicly downplay the lethal risks of vaccines;" that medical experts with financial ties to vaccine manufacturers heavily

influence government decisions that have endangered the health of immunized kids while enhancing the bottom line of drug companies;" and that "manufacturers put profits ahead of vaccine safety - with impunity." MONEY also examined the growing body of evidence that polio vaccines have been carrying monkey viruses into the human population with possibly lethal consequences.

- Some States Got Bad Batches - On the heels of the NEW YORK and MONEY magazine exposes, a familiar tabloid read by shoppers standing in grocery store lines - THE STAR - contained an article in its November 26 issue with the headline "Polio Vaccine and Cancer: What You Need to Know." Condensing information from NEW YORK and MONEY, it warned readers that "If you were one of the millions who lined up for lifesaving shots in the 50's, you may now face deadly disease." The STAR included a list of 19 states which received polio vaccine with extremely high levels of SV40) which received polio vaccine with somewhat lower levels of SV40 beginning in the spring of 1955.

- Brain Cancer Increase Tied to Monkey Viruses - Highlighted in the MONEY article is a study by Italian researchers published in October 1996 in Cancer Research suggesting that one possible reason for the 30 percent increase in brain tumors in the US over the past 20 years, as well as the mysterious rise in other rare lung and bone cancers, is that SV40 is now being spread sexually between adults and also from mother to child in the womb in much the same way as AIDS is spread. The study's scientists report that SV40 was detected from 1992 in the brain tumors of children born after 1965 who did not receive original polio vaccines containing SV40. The SV40 has also been detected in 25 percent of the blood and semen of healthy study subjects.

- SV40 Can Turn Cells Malignant - Michele Carbone, an Illinois molecular pathologist, and his colleagues have conducted studies which suggest that SV40 is a catalyst for different types of cancer in people who received contaminated polio vaccine as well as their children. Dr. Carbone has also discovered SV40 genes and proteins in humans suffering from bone and lung cancers and has shown that SV40 can turn a cell cancerous by switching off a protein that protects cells from becoming malignant. This means that not everyone who is infected with SV40 will get cancer because it takes a number of different kinds of assaults on the immune system to trigger the malignancy; however, SV40 infected individuals could be predisposed to developing certain kinds of cancers.

- The Story That Won't Go Away - It was in the fall of 1995 that THE VACCINE REACTION first reported that pathologist John Martin, M.D., Ph.D. had discovered an atypical virus infecting humans and had identified it as being of African green monkey origin using DNA sequence analysis. The genetic code of the cytomegalovirus Dr. Martin detected in patients suffering from a variety of immune and neurological dysfunction was nearly identical to a virus commonly

present in African green monkey kidney tissues used to make live polio vaccines given to American children today.

- Six months later in the Spring of 1996, THE VACCINE REACTION alerted readers to the work of microbiologist, Howard Urnovitz, Ph.D., who presented a well documented theory that the human immunodeficiency virus (HIV-1) is a monkey-human hybrid that was created after more than 320,000 Africans were injected between 1957 and 1959 with lots of experimental live oral polio vaccines contaminated with different monkey viruses, including simian immunodeficiency virus (SIV) and SV40. Like Martin, Urnovitz maintains that it is highly probable that monkey viruses introduced into humans via contaminated polio vaccines are playing a role in the current epidemic of immune and neurological disorders in the baby boomer generation and in their children.

- Government Response Weak - In a November 20 "rebuttal" to the MONEY magazine article, the Centres for Disease Control (CDC) developed a "Q & A" list that attempted to answer the most serious questions raised by journalist Andrea Rock. The CDC devoted a total of 16 short lines to answer questions raised about monkey virus contamination of polio vaccines in the MONEY investigation. Even though the CDC admitted that "recently information has been presented that suggests SV40 may be carcinogenic in humans...," readers were advised that "people do not need to be tested to see if they were exposed to the virus."
  NVIC Calls For Public Disclosure of Information - In a November 13 press release, the National Vaccine Information Centre called on vaccine policymakers at the CDC and the American Academy of Pediatrics to fully inform parents about the fact that the live oral polio vaccine (OPV) can cause polio in a child or a close contact and that both the live and inactivated polio vaccines (IPV) are grown on monkey kidney tissues that could be infected with monkey viruses.
  NVIC noted that Lederle Laboratories, which makes and sells OPV in the US, and Connaught Laboratories, which makes and sells IPV in the US, both use African green monkey kidney cells to make their vaccines. However, Connaught also makes an IPV vaccine grown on human diploid (lung) cells which it sells to other countries, including Canada.
  Vol. 2, No. 4 Published bi-monthly by the National Vaccine Information Centre December 1996 Barbara Loe Fisher, Editor

- CHRONIC ILLNESS COSTS US $425 BILLION - In an article in the November 13 Journal of the American Medical Association, it was revealed that chronic illnesses that cause auto-immune and neurological dysfunction are costing the nation $425 billion a year in health care expenses and another $234 billion in indirect costs such as from lost days of work. The study said that the vast majority of people classified as having chronic health conditions, such as arthritis and diabetes, are not disabled but require constant treatment and medication. More than 60 percent

of chronically ill adults are between the ages of 18 and 64 years of age. It is estimated that by the year 2030, the numbers of chronically ill Americans will rise from 100 million to 148 million and the price tag for their care will increase to $798 billion.

- Centrelink (DSS) has sent to all parents eligible to receive financial entitlements a booklet titled "You and Your Family. On page 3 it clearly states that Centrelink will need to know that your child has been immunised to pay your maternity immunisation allowance. Centrelink officers are also telling parents over the phone that they must have their children vaccinated to receive maternity allowances and child care rebates. This is incorrect, as the policy clearly makes allowances for those parents who do not wish to vaccinate their children to also receive all payments. The AVN contacted the Commonwealth Ombudsman regarding the misinformation distributed by Centrelink-a government department. As yet no reply has been received.

RUBELLA VACCINE DERIVED FROM ABORTED FOETUS FUELS CONTROVERSY

Zeroing in on the little-known fact that rubella vaccine was originally derived from tissue taken from the lung cells of an American foetus deliberately aborted in the 1960s, a leading Catholic high school in Britain withdrew from a nationwide rubella vaccination program. Ampelforth College, North Yorkshire, announced it would not allow its students-all boys-to receive the rubella vaccine. A statement by the Benedictine headmaster said, "We believe that now is the time to ensure that the products of abortion are never again used for medical purposes. We must now give witness to the values for which we stand."

However, Britain's public health service and the Linacre Centre for Health Care Ethics encouraged all Catholic parents to have their children, especially girls, vaccinated against rubella.

Rubella is a very mild 24-hour disease in children and natural immunity is permanent. However, rubella can be dangerous to some-but not all-developing foetuses if a mother is infected with rubella during the first three months of pregnancy. Babies with congenital rubella syndrome can have defective hearts, be deaf, blind and brain damaged. Rubella vaccine can cause chronic arthritis as well as, in less common cases, cause neurological and immune system damage.

The rubella vaccine currently used in the US and in most countries was developed after an American researcher at the Wistar Institute cultured rubella virus from a foetus aborted because the mother was infected with rubella. This vaccine is called RA 27/3 because the rubella virus was isolated from the 27th aborted foetus sent to the Wistar Institute in the 1964 rubella outbreak. Researchers were unable to culture rubella from the tissues of the first 26 foetuses sent to Wistar, which had been aborted

by doctors because the mothers had rubella during pregnancy. The Catholic school headmaster in Britain commented, "Might there be an obligation to refuse to consent to rubella vaccination in order to discourage the demand among biomedical scientists for foetal tissue from aborted babies?"

"When it happens to you or your child, the risks are 100%"

CIVIL LIBERTIES ORGANISATIONS DIVIDED

In January 1997, The Courier-Mail (Brisbane) published comments by Mr Ian Dearden, President of the Civil Liberties Union. He was quoted in that newspaper, and in a letter to us as saying called for legislation by the Government in the area of vaccination "with regards to childcare, kindergartens and schools. They will continue to watch the topic with interest.

VAIS wrote to Mr Ian Dearden the following: We would be interested to know what sort of legislation are you requesting? It concerns us that the Government is considering penalties and education disruptions for unvaccinated children. As we have repeatedly brought to your attention, there is no proof that unvaccinated children are spreading or contracting these disease in greater numbers than their vaccinated peers. Any penalties or education disruptions would be pure discrimination and emotional blackmail. Parents should be encouraged to vaccinate through conviction and not fear. The amount of pressure placed on parents to vaccinate without fully knowing the consequences is dangerous, considering vaccines can and do cause damage.

Arnott's removed millions of dollars worth of biscuits from retailers' shelves because of the possibility that one person might have been affected. We continue to blindly encourage parents to vaccinate knowing that at least some children will react to them. How many will be affected by vaccines? Australians do not know because we do not keep adequate records.

REPLY RECEIVED:

Thank you for your letter,

Our comments about "legislation by the Government in the area of vacination" was intended to reflect our view that if there is to be a situation of regulation of children without vaccination, then there needs to be in place a "conscientious objection" proviso, and there needs to be a form of regulation so that the matter doesn't end up as an "ad hoc" situation without regulation in terms of the access of unvaccinated children to educational facilities etc.

Ian Dearden

President, Queensland Council for Civil Liberties

WHERE DO PARENTS STAND?

Dear Assistant Ombudsman,

I hope this letter finds you fit and well.

We have been concerned over the last year about the misrepresentation of facts given to parents about vaccination compliance and entitlements. I have over this year forwarded to your office several examples of this. However, many of them have been with regards to Elected members of Parliament, which you have no jurisdiction.

We now wish to draw to your attention to the following and request your help in rectifying the inaccurate and misleading information published in a Centrelink, a Government department, publication 'You and your Family'. This publication has been distributed to all Australian families. The front cover highlights information relevant to new policies on entitlements and advertises information. 'All about Maternity Immunisation Allowance'. However, on page three the Maternity Immunisation Allowance is explained but conveniently neglects to mention that those families whose children are not vaccinated or who have natural immunity and do not require a vaccine 'for protection' are also entitled to this allowance. The opening line explaining states, 'Centrelink will need to know that your child has been immunised to pay your Maternity Immunisation Allowance.' This is incorrect and misleading and needs to be addressed immediately.

This brochure has gone into every Australian home, 'confirming' that maternity allowance will only be paid to those who are vaccinated.

Australian parents are being misled and could be possibly influenced to vaccinate their children when in fact they would prefer not to. This is vaccination by stealth! Many politicians and councillors have also sent separate fliers to their constituents with similar misleading information, about the maternity allowance and child care rebate being paid only to those who have had their children vaccinated. There is no mention of conscientious, religious, philosophical or medical objections, although these options are available to every parent. Vaccination is not compulsory and is not a requirement to receive any allowances or entitlements given to working or non-working parents.

We do note that in smaller print they state subject to passage of legislation as this legislation has only just gone through Parliament. This is no excuse for misleading parents into believing they have no options.

We believe that this issue is very important and if it were any other issue than vaccination it would certainly attract public outcry through media exposure. However, as vaccination is a very emotional and controversial issue very little media attention has occurred, for various reasons, and so our only avenue to ensure Australian parents are given every opportunity to receive accurate information from the Government is to call on your department.

We hope that you will consider our request for help and we await your advice as soon as possible.

Yours in health, Susan Lindberg, Secretary, AVN

MATERNITY IMMUNISATION ALLOWANCE

Centrelink, (DSS) has produced a booklet entitled You and Your Family, which was sent to all Australian families in December 1997. Page 3 describes the Maternity Allowance saying that;

> *"From January 1998, Maternity Allowance will be paid in two installments. You will receive $750 when your child is born, and a Maternity Immunisation Allowance of $200 when your child is 18 months old. Centrelink will need to know that your child has been immunised to pay your Maternity Immunisation Allowance."*

Nowhere in this publication (funded by taxpayer dollars) does it mention the fact that exemptions for conscientious or medical reasons are freely available. This is in violation of the Trade Practices Act, Section 52 which states that;

"General prohibitions - s. 52 Misleading or deceptive conduct:

Section 52 is a very broad provision. It prohibits conduct by business which is misleading or deceptive, or which is likely to mislead or deceive. Whether or not conduct is held to be misleading or deceptive will depend on the particular circumstances of each case. Generally, sellers are required to tell the truth or refrain from giving an untruthful impression. Failure to disclose material information may in some circumstances be a breach of the Act. The duty to disclose can arise even where there is no particular relationship between the parties - such as trustee and beneficiary or principal and agent."

The provisions for conscientious objection have been part of the legislation governing the Maternity Allowance since it was introduced and later passed in the Veterans Affairs Legislation Amendment (Family and Other Measures) Bill 1997. There is no excuse for an omission of this kind and the reaction of Jocelyn Newman's office is also inexcusable.

We spoke with one of Senator Newman's assistants, on 5/1/97 about the fact that the information being given out is incorrect and was told that they are aware of their mistake and will correct it when the next booklet is put out - in March or later! This is simply not good enough. The changes to these entitlements began on January 1, 1998 and the government should be trying, both by mailing a correction to those who were misinformed and through the media, to immediately remedy their mistake.

In addition to the errors in print, there is also a problem with the Centrelink information number - 131305. Early January 1998, we received a complaint from a parent that when they called this facility, they were given incorrect information. We spoke with three of the agents at Centrelink. They all told us that if we were not going to vaccinate our child, we could not get the $200 payment. When we questioned them as to whether there were any exemptions, we were told no - that the whole purpose of the legislation was to get people to vaccinate and if we weren't going to, then we would not be getting the payment.

We then spoke with two supervisors, at the 131305 number. One supervisor had no knowledge of any legislation regarding this payment - inexcusable for the body which

DOCUMENTING A HOMEOPATHIC SCHEDULE

Date:

To Whom it may concern,

______________________________ made an informed decision as to the most effective method to enhance their child's/children's immunity. After gathering abundant information from pubic meetings, medical journals, lectures, books, seminars, AVN and discussion, it was decided that homoeopathic immunisation, lifestyle changes and diet were the most effective and safe ways to enhance immunity. Homoeopathic immunisation covers the following diseases, and were prescribed for __________________________ .

Pertussis ( )
Polio ( )
Hepatitis A ( )
Measles ( )
Rubella ( )
Tetanus ( )
Diphtheria ( )
H.I.B. Meningitis ( )
Mumps ( )
Hepatitis B ( )

For further information please call me on the number below

Yours faithfully,
Your name and contact number.

is supposed to be administering it. The other knew that there were exemptions and could not explain why the staff were misinforming those who called, but assured us that he would take care of the situation immediately and make sure that everyone was aware of their responsibility to give correct information.

On 5/1/98, we again contacted the 131305 number. We said that we wanted to know if we could still get the $200 maternity allowance if we did not vaccinate. He told us that it was only for people who were vaccinating. When we asked if there were any exemptions, he started to read out the act, describing medical exemptions. He seemed quite reluctant to even let us know about that. When we asked if there were any other exemptions available because a medical exemption did not fit our criteria, he again reluctantly told us that there are conscientious exemptions available. However these exemptions are not easy to get and the doctor the parent sees must be satisfied that you are truly a conscientious objector before you will be allowed to claim the money. This is, of course, completely false and against the entire spirit of this legislation.

We have contacted many Baby Health Centre, several doctor's offices asking about the exemption form. Nobody has seen it. This legislation went into effect on January 1 and yet nobody seems to know exactly how it works or even have the forms needed to administer it.

We have contacted many Baby Health Centre, several doctor's offices asking about the exemption form. Nobody has seen it. This legislation went into effect on January 1 and yet nobody seems to know exactly how it works or even have the forms needed to administer it.

Something must be done to remedy this situation immediately. The Commonwealth Ombudsman has replied to our concerns requesting that we obtain a formal response from Centrelink. The Ombudsman is of course concerned if a Government department misleads the general public. As of printing this book no response has arrived from Centrelink on this "unfortunate printing error". As soon as we receive their response we will certainly follow it up with the Ombudsman.

The AVN has also contacted a group of Solicitors who are now looking at the legal implications of misleading the public and violating the Trade Practices Act, Section 52 .

Educate before you choose to vaccinate. Be assured of your rights and do not believe everything you are told or read until you have researched the source and confirmed it to be so.

The AVN will continue to monitor Government policies associated with vaccination and parents rights to choose. It is also up to every parent to voice their concern and unhappiness to their Federal and State Politician when blatant mistakes have

been made which would confuse new parents. Misleading parents, which perhaps would coerce them into vaccinating their children through fear of segregation and financial penalties rather than conviction in the process is very unfair. After all vaccination is a medical procedure one that does carry risks no matter how rare some believe them to be.

JESSICA'S STORY

Jessica was born a very healthy baby in July 1990. She was very happy. Jessica was sleeping through the night very early on, and she was using all of her communication skills excellently. The day Jessica had her Triple Antigen shots at eight weeks, her whole body was very tender to touch and she became very restless. Over the next few days, an eczema rash had appeared on her face.

Creams did not relieve the rash and by twelve weeks Jessica was completely covered in eczema. She was not sleeping, was having trouble feeding and was crying all of the time. Jessica was hospitalised for two days. They treated her condition as over-heating and a fungal infection. At thirteen weeks, none of this treatment had any effect on her condition and she was hospitalised in Camperdown Children's Hospital.

By this time she had raging temperatures, infections under her finger nails, and a constantly runny nose. She also had diarrhoea, as well as still being covered in eczema.

Consequently, Jessica had stopped gaining weight, and her learning skills had stopped. The suggested treatment was to wrap her whole body in wet bandages after applying Cortisone creams.

I asked what would be done for the rest of the symptoms, and I was told that they would have to be treated separately when the eczema was under control. I asked whether all of her symptoms were caused by the same thing, and I was told "NO". I was also told she would be hospitalised three to four times a year.

When we left the hospital, her eczema was under control for a couple of days, but as time went on she was again constantly wrapped in wet bandages and covered in creams. By December, the weather became very hot and it was very hard to control the rash. She was continuously crying and was a very unhappy baby. She would have bouts of very high temperatures for no apparent reason and still had diarrhoea. I can remember putting her to bed some nights and thinking she would not make it through the night. I felt very alone!!!

Although my family and friends believed that the shots had caused this destruction to Jessica's immune system, no one in the medical profession took me seriously, so we were left to look after her the best that we could. I was very concerned that each Doctor that we spoke to would not treat all of her symptoms as a whole problem. I

Although my family and friends believed that the shots had caused this destruction to Jessica's immune system, no one in the medical profession took me seriously, so we were left to look after her the best that we could.

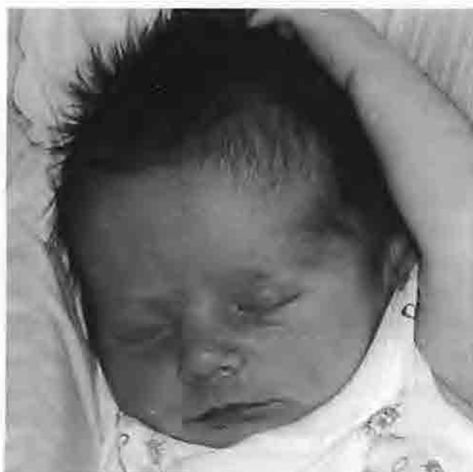
told them all that I thought (knew) that it was caused from an allergic reaction to the shots. They all said that this was not the reason. Only one Doctor said to me that he could understand why I would not have her vaccinated again.

Fortunately, when Jessica was six months old, she was treated by a Herbalist and within two weeks she showed signs of improvement. It took many months of constant work by the Herbalist to clean up the damage that had been done to her liver and kidneys. The eczema subsided, as well as all of the other symptoms, and she was putting weight on again. Even her smile had returned. She was never in hospital again.

Jessica turns seven this year; she is still very sensitive to many things and lives on a controlled diet which excludes: dairy products, eggs, wheat, processed meats, citrus fruits and additives.

Although Jessica is now a healthy child, I will never forget the feeling of helplessness my family went through. At that time it was a living nightmare. I feel that if we were to have given her a booster shot (as I was encouraged to do), Jessica would have died or been brain damaged, because I had seen how it affected a very healthy and intelligent child.

C. Rogers N.S.W.



"How can we implement changes? Compared to the opposition we are indeed small in numbers and material resources, but we now have a powerful ally. There is a new spiritual awakening aboard in the world, a consciousness that recognises the essential non-material nature of reality and the primacy of spirit in human affairs. When we tap into this spirit within ourselves and others, as Mahatma Gandi did, we can do the "impossible" and change the world."

IF YOU FEEL YOUR CHILD HAS HAD A REACTION TO A VACCINE WE URGE YOU TO:

1. Report this reaction directly to the doctor who administered the shot. Your doctor may refuse to acknowledge that the vaccine was the cause of the reaction or refuse to report the reaction to the appropriate body. You must put pressure on him/her to do so. If they still refuse, please contact the Health Department in your state with your concerns .
2. Contact The Australian Vaccination Network, which has been collecting vaccine reaction data over the last few years.
3. Keep accurate records of your child's development and/or behaviour.
4. Obtain the batch number of the vaccine, and note the expiry date, time administered, health of child at the time of vaccine, and procedure taken by your doctor.
5. Seek out an alternative health carer who may be able to help redress the effects of the vaccine on the body.

The President of the SIDS Foundation in Qld was asked by letter to explain their reaction to the Japanese experience. The reply stated that you cannot use Japan as an example because Japan doesn't autopsy all the babies that die. I replied stating that the point was that the babies aren't dying as they were.-Stephanie Messenger VAIS, Brisbane.

MOST doctors admit their ... lacking when it comes to givi... patients advice on what ... ing to a new survey. ...

Cash lure plan for parents to immunise

Vaccine action officials escape over baby's death

FEDERAL Government initiatives to ... Australian im... ...ion rates were ...scribed as ...mail.

ter Michael Wooldridge has flagged a seven-point $35 million strategy to improve the immunisation rate.

The plan includes taking $200 from parents' maternity allowance and ... their child care bene... ...less children are ... said ...

would be exempt if they signed a statutory declaration and presented a letter from a doctor.

Mrs Grimsey said her group was not radically anti-immunisation but believed people should be given a choice.

"We are willing to have a public discussion with the Australian Medical Association on the issue," said Mrs Grimsey.

"The Government is ...y to making vac... ...ulsory."

...aid the ...

The ... and father of eight, signed a formal statement from the village head's office saying he would not sue for damages, and that his daughters' death was not related to the polio vaccine. The victim's ... told the ...

officials at the post were not medical professionals, but laypersons recruited for the nationwide drive like millions of others, it may be difficult to pin responsibility on them.

held on Oct. 15. The ... is planned for ... Meanwhi... regent ...

Hospitals to give kids on-the-spot vaccination

anti-polio drive is ... quotas, Amir said ... should serve as ...

...EN admitted to hospital ...ing fully vaccinated ...on the spot" immun... ...eensland Health ... said last night. ...some child... the net"

Forced vaccination threatens rights

To try to enforce compulsory vaccination is a ludicrous and serious threat to a basic human right in a democratic society - that is to have the right to choose which medical procedures are carried out on yourself and your children.

The whole truth regarding the present ...oping cough epidemic is a bigger ... than the low vaccination ... ...arch demonst... ...is of ...

New book alleges cot death coverup

By DONNA CHISHOLM

RETIRED forensic scientist Jim Sprott has alleged a national cover-up of the true cause of cot death in a new book due for release this week.

The Cot Death Cover-up claims research on Sudden Infant Death Syndrome in New Zealand has been in the doldrums and ... though warnings ... death rate ...

Main points

• Not to sleep with the baby, ... especially if the mother smoked ...

Baby dies after getting anti-polio vaccine

Parents question vaccine information

VACCINATION DEBATE

By JOHN GILES

A GROUP of concerned Redlands residents is questioning the accuracy of vaccination information provided to parents by government and local body health officials.

They became so worried about lack of access to information relating to "the other side of the vaccination story" that they decided to form their own lobby group.

The Vaccination Awareness and Information Service (VAIS) claims it's not an anti-vaccine group.

"We're pro-information and pro-choice," founding member Stephanie Messenger said.

"When we asked why such vital information is not recorded, we were told it would be too expensive," Mrs Messenger said.

Vaccination case from angry mum

... The obsessed ... vaccine and that the family would ... The grandmother had told a health ... Maryati had a fever for th...

Maryati lost consciousness ... ed on the way to a clinic. The vaccination ... located in the Ciodeng area in the village ... Palasari, was then closed down. "Health officials ...

a problem ... ealth officials should have informed ... mother) of immediate measures to the fever, or give medicine and urge the child to a doctor immediately. ... could be postponed," Kartono ...

No proof vaccine dangerous: AMA

Disagreement reigns on immunisation

'Asthma' was whooping cough

By JOHN GILES

SOME Redlands children may have contracted life-threatening whooping cough without realising it, according to a local parent.

The woman, who declined to be named for ethical reasons, ...

... move to educate

Never doubt that a small group of thoughtful committed citizens can change the world. Indeed, it is the only thing that ever has.-Margaret Mead.

IS VACCINATION A GAME OF ROULETTE?

The game of roulette originated in France during the late 17th or early 18th century. In play, an ivory marble is cast onto a spinning horizontal wheel (roulette) divided into numbered shallow compartments. Players place wagers predicting in which number the ball will come to rest.

Russian roulette is a macabre and deadly 'game' of chance: a six-chambered pistol is loaded with a single live round, the chamber is spun so the player does not know if the bullet is in the firing position, the pistol barrel is placed against the player's head and the trigger pulled. If the cartridge is fired, the player dies.

The title of this book, Vaccination Roulette-Experiences, Risks and Alternatives was chosen with both of these interpretations in mind. Vaccination is a gamble against unknown odds; the big question is whether the risks associated with vaccination justify the benefit. Vaccination Roulette was written to make you more able to assess the odds you face in this life-and-death gamble.

A small but growing number of orthodox medical practitioners, after reading the scientific literature on the dangers and ineffectiveness of vaccination, have changed their attitude from giving vaccination their unquestioning support, as they were trained to do, to a more informed caution. There is enormous peer pressure placed on dissenting medicos who are threatened with professional victimisation under the profession's 'best practice' guidelines-the standard of practice or treatment agreed to by slightly more than half of its practitioners.

Another reason for reluctance to admit that vaccines cause damage is the huge amounts of compensation that the government and medical profession would have to pay to its victims if it were admitted that there is a causal relationship between vaccines and consequent damage or death. By closing ranks in the face of the threat of litigation, by freezing out those medicos who will not toe the official line, by re-diagnosing and re-labelling vaccine-related damage and death, by 'losing' or denying researchers access to relevant medical records, by teaching the new generation of

medicos that vaccines are God's gift to medicine, and by any other means possible, the truth is suppressed.

Vaccine manufacturers invest huge amounts of money in research and development; they expect not only to recover those costs but also to make a significant ongoing profit, so they use any and every marketing strategy possible. These ploys include manipulation of the media, political lobbying and exerting a controlling influence upon the teachers and practitioners of the medical profession. Vaccine industry revenues in the US alone were estimated at more than $1 billion in 1996, compared with $500 million in 1990-doubling in six years.

Medicos are trained by those who have reached high standing in the profession; this high standing is usually reached in part through research. Part of the drug companies' marketing strategy is to grant funds for research. The grateful researcher, whose academic and professional progress depends on these funds, cannot expect to continue to receive more grants if the results of that research 'bite the hand that feeds it'. The temptation to fudge results and omit embarrassing data has proven irresistible to more that one researcher on the 'publish or perish' treadmill.

The medical profession has a virtual monopoly on government support of their pharmaco-therapeutic, germ = disease paradigms; they enjoy taxpayer-paid Medicare rebates on almost all the services they provide. As well as benefiting from direct payment through bulk billing Medicare, a wealth of 'freebies' for the practitioner is available from the drug and vaccine manufacturers who 'support' those who prescribe drugs and vaccines with stationery, computers, conference subsidies, samples and 'information'. The drug companies' own data, or research they themselves funded at 'independent' centres, reassures the overwhelmed doctor how good their drugs are and when to prescribe them. In that environment it is very unlikely that doctors would take a strong stand against the products and philosophy of the drug companies which have nurtured medical professionals since the first year of their training.

See footnotes at back.

Instead of open, honest, clearly explained information about mass vaccination, which might have merited consideration of the proposal and respect for its aims, there has been an evident side-stepping and avoidance of reasoned debate and an abrogation of duty of care owed.

"...unless doctors warn parents, there is no way parents can know about the possible harmful effects of 'treatment'. The pharmaceutical industry is generally opposed to informing the end-consumer about the ill-effects of its products, and some medical professionals and pharmacists help the pharmaceutical industry to profit from keeping the public in the dark."[1]

There is a huge volume of literature which documents the dangers and ineffectiveness of vaccination, but it seems that pro-vaccinators are not prepared to acknowledge or discuss any evidence contrary to their view. Personal attacks have been directed against the people who oppose compulsory vaccination, ignoring the evidence, on the pretext that they do not have certain qualifications. Evidence is evidence: surely not even the medical profession could be so arrogant that it will listen only to one of their own, and then only if they conform to the orthodox opinion.

So far there has been virtually no reasoned response given to rebut the claims and answer the scientific evidence against vaccination. Instead of open, honest, clearly explained information about mass vaccination, which might have merited consideration of the proposal and respect for its aims, there has been an evident side-stepping and avoidance of reasoned debate and an abrogation of duty of care owed. Prompted by a self-interested medical profession, urged on by commercial organisations that manufacture vaccines, the government is attempting the unconstitutional 'civil conscription' of de facto compulsory vaccination.

In 1985 Harris Coulter and Barbara Fisher published a book titled **DPT: A Shot in the Dark**[2] and in 1990 Coulter published *Vaccination, Social Violence and Criminality: THE MEDICAL ASSAULT ON THE AMERICAN BRAIN.*[3] Although the material refers to America in particular, it obviously applies to all vaccinating nations. Writing in the later book, Coulter said: In 1985 Barbara Fisher and I wrote **DPT: A Shot in the Dark**-the first critical survey of this most sacred cow of American medicine. We described the typical side effects of the DPT (diphtheria-pertussis-tetanus) shot which nearly every American baby receives starting at two months. We estimated that 1,000 babies, at a minimum, die from this vaccine every year while 12,000 are permanently damaged.[4]

Our figures have never been challenged by the medical establishment, although these numbers were far more pessimistic that previous assessments.

And the Congress agreed with our conclusions. In December 1986, it adopted the National Childhood Vaccination Compensation Law, authorizing payment of damages to children harmed by an immunisation.

(The American Congress acknowledges that children are damaged and killed by vaccination, and pays compensation to the families affected. Other nations have set up similar vaccination compensation programs. In Australia, however, Federal Health Minister Michael

Wooldridge has said "It's more likely your child will die because of a meteorite falling from space than die from immunisation" [5] *and has refused to establish or even consider a vaccine injury compensation fund.-Ed.)*

Growing awareness of vaccination risk has made parents more willing to sue vaccine producers. One manufacturer, Lederle Laboratories, informed physicians in 1987 that "a significant portion" of the price of vaccines was being reserved to pay future damage awards. There has been no official reaction to the very serious charges made in **DPT: A Shot in the Dark.**[6]

The American Psychiatric Association publishes a guide to mental illnesses in this country, the Diagnostic and Statistical Manual, which devotes seventy pages to "Disorders Usually First Evident in Infancy, Childhood, or Adolescence." (Third edition, Revised, 1987). The second edition in 1968 dealt with these disorders in only 31/2 pages. *(The US Congress passed the Immunisation Assistance Act, which started the national vaccination campaign rolling, in 1965.-Ed.)* The first edition, in 1952, did not mention them at all. "Disorders Usually First Evident in Infancy, Childhood, of Adolescence" are clearly mushrooming.[7]

By their financial rapacity and therapeutic ruthlessness, by advocating compulsory vaccination without addressing parents' and scientists' very real concerns, doctors have tarnished and lost their former image as disinterested professional advisers of their 'patients'-the trusting, uninformed, general public. They have become aggressive marketers to their hapless 'clients' of interventionist therapies that profit the drug and vaccine manufacturers, while adverse reactions to such medical assaults are not acknowledged, are denied, are 'creatively diagnosed' to be something else, rebutted with data from flawed research, or dismissed as 'coincidence'.

There is a growing protest against this alliance of medicine, money and government, but the dominating influences in the pharmaceutical-medical profession seem to have forgotten, or arrogantly to be ignoring, the wisdom of Abraham

A health team would sweep into an area, line up all the Aboriginal babies and infants and immunise them. There would be no examination, no taking of case histories, no checking on dietary deficiencies. Most infants would have colds. No wonder they died. Some would die within hours from acute vitamin C deficiency precipitated by the immunisation. Others would suffer immunological insults and die later from pneumonia, gastroenteritis or malnutrition. If some babies and infants survived, they would be lined up again within a month for another immunisation. If some managed to survive even this they would be lined up again. Then there would be booster shots, shots for measles, polio and even TB. Little wonder they died. The wonder is that they survived.- Archie Kalokerinos MD Every Second Child.

Lincoln : If you once forfeit the confidence of your fellow citizens, you can never regain their respect and esteem. It is true that you may fool all the people some of the time; you can even fool some of the people all the time; but you can't fool all of the people all the time.

Given the clear acknowledgment by other nations that vaccination causes damage and death, the mounting evidence that later brain damage is not always signalled by a neurologic reaction at the time of vaccination, and the growing proportion of "developmentally disabled" children in the US, where vaccination is compulsory, the AVN calls on the Australian Government to rethink its campaigns promoting universal vaccination. As a start, and at the very least, let the supporters of vaccination disprove the thesis put forward by Harris L Coulter in his 'Vaccination, Social Violence and Criminality': "that childhood vaccination programmes cause a wide range of neurologic disabilities, and that these disabilities yield the bulk of the autistics, minimally brain-damaged and sociopaths who have undermined the American educational system and American society, giving this country during the past two decades the highest crime rate in its history. The most cogent evidence for this is found in the symptomatic parallels among the five conditions described: vaccine damage, the post-encephalitic syndrome, autism, minimal brain damage and the sociopathic personality."[8]

The AVN thanks especially those medical practitioners who, in supporting the call of freedom of choice in vaccination, themselves risked censure and being struck off the medical register. We echo Harris Coulter in saying: Any blaming of physicians voiced in this book is, in fact, a rebuke directed against its bureaucratic structure, which has prevented many well-meaning practitioners, who understand the potential dangers of vaccination, from speaking out.[9]

There is still so much uncertainty about the risks and benefits of vaccination that, in a democracy under rule of law, it is morally, ethically and scientifically impossible to justify or to enforce compulsory vaccination. This book tells only a select few of the vast number of stories collected detailing injuries and death caused or triggered by vaccines.

AVN hope that this publicity given to adverse reactions will prompt others to share their stories, to contact a support group (listed following page), provide information to the community and watchdog media and government propaganda. Ultimately, we are responsible for our children's health and well-being. It is in our best interests to be aware of the procedures and risks of all medical intervention, and in doing so, insisting that all reactions are reported, paving the way for the Australian government, the medical profession and the media to guarantee vaccine safety, accountability and responsibility to long-term community health.

THE AUSTRALIAN VACCINATION NETWORK AND OTHER SUPPORT GROUPS:

WEB SITE:HTTP://WWW OZEMAIL AU/SHOTINFO

AVN membership is available for those interested in receiving up to date information on a regular basis. AVN publishes 4 newsletters annually. Membership is $30 per year and entitles all members access to our extensive library as well as regular contact by way of our 27 page newsletter.

Keep up to date and informed-become a member of a growing group of concerned and caring parents, doctors and other health workers

SUPPORT GROUP CONTACTS:

- (Byron Bay) Meryl Dorey PO Box 177 Bangalow, NSW, 2479
  Tel: (02) 6687 1699 Fax: (02) 6687 2032; email:van@mypostbox.com
- (Brisbane) Susan Lindberg PO Box 9086 Wynnum Plaza, Qld, 4178
  Tel: 07-38247580 Fax: 07 38932423 Email: vais@powerup.com.au
- (Gold Coast) Lyn Grimsey GCVAG PO Box 153 Mudgeeraba, Qld., 4213
  Tel: (07) 5530 6625
- (Cairns) Debbie; CAIRNS PO Box 585 Edmonton Qld. 4867
  Tel: (070) 36 3118; Peter: (070) 559043.
- (Sydney) Angie (VIS) PO Box 213 Oatley NSW 2223
  Tel: (02) 4739 5627 Fax: (02) 9631 0356.
- (Victoria) Narelle (VIS) PO Box 206 Bentleigh Victoria 3204
  Tel: (03) 9593 1244.
- (Perth) Vic 38 Garling St Willagee Perth WA 6156 (VAG)
  Tel/fax: (09) 3371074.
- (ACT) Carrie, VAN CAN, PO Box 116 Watson, ACT 2602.
- (South Australia) Kathy, VISA, PO Box 643 Magill SA 5072 (08) 8336 5236.
- (Darwin) Sue, DVAG PO BOX 37615 Winnellie NT 0835.
- (Tasmania) Angela, VISTAS PO Box 188 Sandy Bay Tasmania 7006.

- (Lithgow NSW) Leanne, VIP PO Box 684 Lithgow NSW 2790
  Ph: (02) 6353 1373.
- (Newcastle NSW) Prue VAGON PO Box 320 Kotara NSW 2289.
- Coffs Harbour Support Group: Robert, (02) 6652 3930.
- Kingaroy Support Group: Meg, (071) 68 4945.
- Bundaberg Support Group: PO Box 2444 Bundaberg Qld 4770.
- Western Sydney Support group: Jenny, (02) 4628 0674.
- Grafton Support Group: PO Box 1468 Grafton NSW 2460.
- Moe Vic Support Group: Kathy, (03) 5174 1136.
- South Coast NSW Support Group: Anne, (02) 4448 7375.

RECOMMENDING READING

Available from The Australian Vaccination Network PO BOX 177 Bangalow NSW 2479, your local library or some books shops.

1. A Shot in the Dark by Harris L. Coulter and Barbara Loe Fisher.
2. Vaccination, Social Violence and Criminality: The Medical Assault on the American Brain by Harris L. Coulter.
3. Vaccination, The Hidden Facts by Ian Sinclair
4. Health: The Only Immunity by Ian Sinclair
5. Vaccination: The Medical Assault on the Immune System by Veira Scheibner
6. Vaccines: Are they Really safe and effective by Neil Z. Miller
7. Immunisations: Theory vs Reality by Neil Z. Miller
8. There is Always an Alternative by Peter Baratosy
9. Vaccination: The Cruel Deception by Chris Borleis
10. How to raise a healthy child in spite of your doctor by Robert Mendelsohn
11. Vaccination-A Parent's Dilemma by Greg Beattie

AUDIO AND VIDEO TAPES

1. The Needle, The Law and the Damage Done by Meryl Dorey
2. The Hand that Rocks the Cradle by the Health Care Reform Group
3. Dangers and Ineffectiveness of Vaccinations by Viera Scheibner
4. For an Informed Choice by Immunisaiton Awareness Society NZ
5. Natural Choices in Good Health for the Mind, Body and Spirit Video by Jeni Edgley, Naturopath, with appearances by clinical nutritionist Bernard Jensen, PhD, DC; Ian Gawler, veterinary surgeon and former decathlon athlete, and William Vayda, ND, DO, Dip. Ac. Available from the Hideaway Health Retreat, PO Box 259, Nerang, Queensland 4211 Australia.

OTHER GROUPS AND HELPFUL RESEARCH AVENUES

1. The Immunisation Awareness Society, PO Box 56048, Dominion Road, Auckland, NZ

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2. DPT (Dissatisfied Parents Together) 128 Branch Road, Vienna, VA USA 22180

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3. Physicians for Study of Pertussis Vaccines, Box 345,
   1107 San Pablo Avenue, El Cerrito, CA 94530

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4. Australian Institute of Homoeopathy, PO Box 122 Roseville (Sydney) NSW 2069. (Send $AU15 for their book on vaccine guidelines and research information).

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5. National Vaccine Information Centre 512 Maple Avenue West, #206
   Email: info@909shot.com Vienna, VA USA 22180
   Web Page: http://www.909shot.com Operated by Dissatisfied Parents Together (DPT), a national non-profit educational organisation representing thousands of parents and health care professionals concerned about childhood diseases and vaccines.

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6. Vaccine Information and Awareness (VIA) Karin Schumacher, Director,
   PO Box 203482 Email: via@eden.com Austin, TX 78720
   Web Page: http://www.eden.com/~via Ph: 512-832-4176;
   Fax: 512-873-87714.

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7. Harris L. Coulter, Ph.D., Founder
   Web Page: http://home.earthlink.net/~emptherapies/
   4221 45th Street N.W. Washington, D.C. 20016, USA.
   Ph: (202) 364 0898 Fax: (202) 362 3407
   Dedicated to publicizing alternative medical thinking and to the public's right to information and choice oftreatments, including (but not limited to) vaccinations.

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8. Aurum Healing Centre Publishes Vaccination? A Review of Risks and Alternatives. PO Box 155, Daylesford Vic. 3460. (03) 5348 4667. Includes a specific homeopathic programme for protection from common childhood diseases, an alternative to vaccination, and a supplementary homeopathic programme if exposed to infection.
(052) 29 7697. $AU20 surface, $AU25 airmail as an Australian bank draft.

9. Campaign Against Fraudulent Medical Research Co-ordinator: Mr. John Leso PO Box 234, Lawson, NSW 2783 Email: cafmr@pnc.com.au AUSTRALIA Phone/fax: 61 (047) 58-6822

10. Ohio Parents for Vaccine Safety (OPVS) Kristine Severyn, R.Ph., Ph.D. $10.00/year 251 W. Ridgeway Dr., Dayton, USA 45459

11. Dr. William Campbell Douglass, publisher of A Second Opinion-$49.00/yr PO Box 467939, Atlanta, GA 30346.

12. International Vaccination Newsletter Kris Gaublomme, M.D. (+32 11-227869; +32 89-304985 fax) D/J - USA, Krekenstraat 4, B-3600 Ghent, BELGIUM Fee: Eurocheck 500BEF ($20.00 Visa, Mastercard)

13. What Doctors Don't Tell You
Lynne McTaggart 4 Wallace Rd., London N1 2PG, ENGLAND

14. Primal Health Research Centre Dr. Michel Odent-$18.00/year (qtrly)
59 Roderick Road, London NW3 2NP ENGLAND (071-267-5123 fax)

INTERNET RESOURCES :

Good web sites and Internet addresses for those wanting more information or to continue further education.

1. New Atlantean Immunisation Resources:
http://www/new-atlantean.com/global/vaccine.html
A very good list of resources and global pro choice vaccine groups.
Also a very good list of books, tapes and videos from around the world.

2. The Australian Vaccination Network web:htpp://www.ozemail.au/~shotinfo
Email: vais@powerup.com.au or van@mypostbox.com

3. Vaccination/Information Paradigm -
web:http://www.cco.net/~trufax/vaccine/vacindex.html
A very good source of research info which looks to be updated regularly.

4. Dispelling Vaccination Myths
   web:http://www.livelinks.com/sumeria/health/myth2.html
   Well documented report that is revised periodically (last July 14th 1996)

5. The Hidden Debate
   web:http://www.firehorse.com.au/feline.imm/imm0.html or alternatively at - http://www.peg.apc.org/~etp/imm/re2html interesting report.

6. Louise Maguire Foundation - Institute for Research into Ailments from Vaccination: Email - gaublomm@planetinternet.be Editor of the international vaccination newsletter published 4 times a year from Belgium.

7. National Vaccine Information Centre - web:http://www.909shot.com run by Dissatisfied Parents Together (DPT)- GOOD INFO

8. Global Vaccine Awareness League - http://www.pages.prodigy.com/gval/ started by a mother whose 22 month old child died just after a DPT shot - a moving story.

9. Merck Corportation - vaccine manufacturer- http://www.merck.com. But they do not release vaccine product information to Internet sites outside of the USA.

The following sites allow you to search for information on various diseases, vaccines etc.

- http://www.medscape.com
- http://www.healthy.net/library
- Magic Garden Three important vaccination articles can be found at Web: http://www.magicgarden.com/community/childcare/childcareindex.html9)
- Do Vaccines Really Work and Are They Safe?
  Web: http://www.groupz.net/~CRSinc/vaccine.html

Parents seeking doctors who are open, not judgemental and willing to discuss and listen to your concerns should contact The Australasian College of Nutritional and Environmental medicine Inc. This referral service operates throughout Australia and New Zealand, through (03) 9589 6088 Monday Friday, 10am to 4.30pm or by mail to 13 Hilton Street, Beaumaris Vic 3193 stating the suburb you live in.

NATURAL THERAPIES/HOMOEPATH

Shortis Natural Therapies
155 Rous Road, Alstonville NSW 2477 Ph:02 6628 1069 Fax: 02 6628 1069

Ms Chris Russell – Homoeopath,Herbalist
McLennan Lane, Lismore, NSW 2480 Ph: 02-66215121 Fax: 02-55222698

Ceclie Carter – Intergrated Health Centre
Church Lane, Murwillumbah NSW 2484

Burleigh Chiropractic Centre
Park Ave, Burleigh Heads Qld 4220 Ph: 019-662435 Ph: 02-66721587

David Guthrie – Naturopath,Medical Herbalist, Kinesiology and deep tissue massage
Lot 5 Tristran Pde, Left Bank Road Mullumbimby NSW 2482 Ph: 02-66843236

Carol Hayward – Naturopath/Classic Homoeopath
135 Bark Hut Road, Woolgoolga NSW 2456 Ph: 02-66541996

Ms Susie Hope – Naturopath, Bodyworks, Herbalism
6 Surf Street, Emerald NSW 2456 Ph/Fax: 02-66562000

Gordon M. Downie, N.D. – Naturopath Melbourne Alternative Medicine
201 Springvale Road, Nunawading VIC 3131 Ph: 03 9894 4455

Isaac Golden - Homoeopath Aurum Healing Centre
PO Box 155, Daylesford VIC 3460 Ph: 03 5348 3667

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1915A Dandenong Rd, North Clayton VIC 3168 Ph: 03 9562 4390

Patricia Hatherly – Classical Homoeopath/Naturopath
24 Mirbelia Street, Kenmore Hills QLD 4069 Ph: 07 3878 9767

Vicki Williams – Classical Homoeopath
10 Coles Street, Arana Hills Qld 4054 Ph: 3851 0456 Fax: 3851 0947

Dr. A.J. Newman – Chiropractic, Naturopath, Acupuncturist
Suite 23 Commercial Cntr, Isle of Capri QLD 4217 Ph:07 5538 2496 Fax: 07 5592 5682

Rod Lyons – Homoeopath
12 Braewood Drive, Currumbin Valley QLD 4223 Ph: 07 5533 0344

Veronica Griffin – Nutri-concepts Nutritional Medicine
36 Kewarra Street, Kewarra Beach QLD 4879 Ph: 070-578377 Fax: 070-578211

Mackay Acupuncture and Naturopathic Clinic
62 Sydney Street, Mackay QLD 4740 Ph/fax: 07 4951 3353

Faye N. Rosie
14 Rowling Street, Nakara NT 0810 Ph: 08-89454597

CHIROPRACTIC SERVICES

Bond Chiropractic Centre
30 Ferrers Street, Mt. Gambier SA 5290 Ph:08 8725 2077

Dr. Linot Turley
6 Crouch St North,Mt. Gambier S.A. 5290 Ph: 08-87250644 Fax: 08-87257573

Rex Goode – Clarendon Chiropractic Centre
PO Box 685, Clarendon SA 5157 Ph: 08 8383 6317

Stuart Road Chiropractic – Dr. Margie Barry
Suite 3 Stuart Road, Dulwich SA 5065 Ph: 08 8431 9100 Fax: 08 8431 9122

Dr Rhonda VB Wallis
39 Russell Road, Athelstone S.A. 5076 Ph/fax: 08-83365533

Andrew Vincent Chiropractor
2nd Floor, 117 Queen St, Brisbane QLD 4000 Ph: 07 3229 2776 Fax: 07 3221 1601

Sam Pinkerton – Chiropractor
95 Latrobe & CE, Paddington QLD 4064 Ph: 07 3367 1233

Judith Akins and Neal Rennie – Middle Street Clinic
Shop 10, Robertson Village, 17 Barrett St Robertson QLD 4109 Ph/fax: 07 3274 2974

Coast Chiropractic Kawana – Mark Postles
5/134A Point Cartwright Dve, Buddina QLD 4575
Ph: 07 5444 3499 Fax: 07 5444 2877 Email: mpostles@squirrel.com.au

Ritchie Chiropractic
42 Ashmore Road, Bundall QLD 4217 Ph:07 6527 5737 Fax: 07 5526 7701

Dennis Richards
5 Boyd St, Tweed Heads NSW 2485 Ph: 07 5536 5799 Fax: 07 5536 5777

David J Byrnes
174 Pacific Highway, Coffs Harbour NSW 2450 Ph: 02 66524025

Main Road Chiropractic Clinic
515 Main Road, Eltham VIC 3095 Ph:03 9439 5444

Moe Chiropractic Clinic
9 Haigh Street, Moe Victoria 3825 Ph: 03-51275757 Fax: 03-51261366

Dryden Chiropractic
48 Grey Street, Traralgon VIC 3844 Ph: 03 5176 1555

Rainbow Chiropractic Centre
53 Shannon Avenue, Geelong West VIC 3218 Ph: 03 5221 2888

Main Road Chiropractic Clinic
515 Main Road, Eltham Vic 3095 Ph: 03 94395444

Coxon and Ulbrick Chiropractors
292 Corrigan Road, Keysborough VIC 3173 Ph:03 9798 1402 or 03 9798 1156

Dr Ian Deitch
Viewbank Chiropractic, 147 Lower Plenty Road Ellesmere Pde Rosanna
Victoria 3084 Ph: 03-94583255

Sharon Williams
13 Upper Level, Kambah Village Kambah ACT 2902 Ph: 02-62961362

Kinesiology

AASTRA-Kinesiology Work Group
3 Young Street, Queanbeyan NSW 2620 Ph:02 6297 3401

Robert J. Kidd
329 High Street, Coffs Harbour NSW 2450 Ph/fax: 0266523930

Ansua Learning Centre – Maureen Hawke
Practical and Effective help for children with learning behaviour
and developmental problems ADD ADHD
333 Given Tce, Paddington Qld 4064 Ph: 07-33691011 Fax: 07-33672242

Between Nov 1993 and March 1994 417 vaccination articles appeared in the National Press of those 24 were "anti-vaccination" (5.8%) Source Immunisation - Review of the Literature page 19 Guylaine Lanctot author of The Medical Mafia.

SOURCES REFERRED TO AND FURTHER READING

Adams et al.(1993) "Decline of childhood Haemophilus influenzae type B (Hib) disease in the Hib vaccine era."JAMA 269(2) (January 13, 1993): 221-226.

Allan, B. (1973) "Rubella immunisation" Aust J Med Tech 4:26-27.

Amiel-Tison, C. (1973) "Neurologic Disorder in Neonates Associated with Abnormalities of Pregnancy and Birth" Current Problems of Pediatrics III:3 (January 1973), 3-37.

Anonymous, (1995). Bulletin of Medical Ethics, 110. July/August.—, (1996).Bulletin of Medical Ethics, January.—, Archives de Pediatrie, (April 1996); 3 (4) "Haemophilus influenzae Type B Meningitis in the Immediate Post-Immunisation Period-Consequence or Coincidence." Archives de Pediatrie, (April 1996); 3 (4):342-344.

Arnason, B. "Neuroimmunology" (Editorial)New England J. Med. 316:7 (1987) 406-408.

Baker, A.B. (1949)"The Central Nervous System in Infectious Diseases of Childhood" Postgraduate Medicine 5:1-12.

Bakshi, R; Mazziotta, JC. (1996) "Acute transverse myelitis after influenza vaccination: Magnetic resonance imaging findings." Journal of Neuroimaging, 6(4): 248-250.

Bannister, Roger (1978) Brain's Clinical Neurology. Fifth Edition, Oxford University Press.

Bean, Elinor The Poisoned Needle

Buttram, Harold E. and Hoffman, John C. (1985). Vaccinations and Immune Malfunction. The Randolph Society Inc. Quakertown PA.

Ciaranello, R.D., VandenBerg, S.R., Anders, T.F. (1982). "Intrinsic and Extrinsic Determinants of Neuronal Development: Relation to Infantile Autism"

J. Autism 12:2, 115-139. Commonwealth Department of Human Services and Health (1995) Understanding Childhood Immunisation. AGPS, Canberra.

Coulter, Harris L. (1990). Vaccination, Social Violence and Criminality: The Medical Assault on the American Brain. North Atlantic Books, Berkeley, CA.

Coulter, Harris L. and Fisher, Barbara. (1985)DPT: A Shot in the Dark. Harcourt Brace Jovanovich, New York.

Dawbarns (1997) "Mumps, Measles and Rubella (MMR) Vaccines and Measles Rubella (MR) Vaccines" Dawbarns Fact sheet (24 February 1997) 11.Dawbarns Solicitors, King's Lynn, Norfolk, UK

De Long, R. (1986) "A possible cause of acquired immune deficiency syndrome and other new diseases." Medical Hypothesis 13:395-97. [Cited in Dawbarns fact sheet (24 February 1997), 11.]

Dietrich, R.B., Bradley, W.G., Zaragoza, E.J., et al., (1988) "MR Evaluation of Early Myelination Patterns in Normal and Developmentally Delayed Infants" AJR (April 1988) 150:889-896.

Dobbing, John (1968) "Effects of Experimental Undernutrition on Development of the Nervous System." In N.S. Scrimshaw and J.E. Gordon, ed., Malnutrition, Learning, and Behavior. Cambridge: MIT Press. [Cited in Coulter, H. L. (1990) 155]

Ehrengut, W. (1981) "Pertussis Vaccine" BMJ 283:494.

Ellenberg, S; Chen, R; Freeman,P. (1997) "The complicated task of monitoring vaccine safety." Public Health Reports, 112(1):10-19.

Elliott, Frank A. (1986) "Historical Perspective on Neurobehavior" Psychiatric Clinics of North America (June) 9(2): 225-239. [Cited in Coulter, H. L. (1990) 155]

Eskola, J., Peltola, H., Takala, A.K., et al., (1987) "Efficacy of Haemophilus influenzae type b polysaccharide-Diphtheria toxoid conjugate vaccine in infancy." New England Journal of Medicine, 317(12): 717-722.

Fine, EM; Chen, RT (1992) "Confounding in Studies of Adverse Reactions to Vaccines." American Journal of Epidemiology; 136(2): (July 15).

Fisher, Barbara L (1997) "Why should hepatitis B vaccine be given to all children?" Health Watch 2:(4) 6.

Gaebler, JW, Kleiman, MB, French, MIV et al. (1973) "Neurologic complications in oral polio vaccine recipients." Journal of Pediatrics, 108: 878-881.

Greco, D; Salmaso, S; Mastrantonio, P; et. al., (1996) "A Controlled Trial of Two Acellular Vaccines and One Whole-Cell Vaccine Against Pertussis." New England J. Med. 334: 341-8.

Gustafsson, L; Hallander, HO; Olin, P; et al., (1996) "A Controlled Trial of a Two-Component Acellular, a Five Component Acellular and a Whole-Cell Pertussis Vaccine." New England J. Med.; 334:349-55.

Hemachudha, T, Griffin, DE, Giffels, JJ, et al. (1987) "Myelin Basic Protein as an Encephalitogen in Encephalomyelitis and Polyneuritis Following Rabies Vaccination." New England J. Med. 316:(7) 369-374.

Jackson, David M., Soothill, Rayner (1989) Is the medicine making you ill? Angus and Robertson, Sydney

Javier, RT, Sederati, F, Steven, JG (1986) "Two avirulent Herpes simplex viruses generate lethal recombinations in vivo." Science 234, (November 7, 1986) 746-47.

Kanner, L (1943) "Autistic Disturbances of Affective Contact." The Nervous Child II:217-250.

Karlin, Isaac (1986) "A Psychosomatic Theory of Stuttering." J. Speech Disorders 12: 319-322.

Kemp, Trudi; Pearce, Neil; Fitzharris, Penny; et al., (1997) "Is Infant Immunisation a Risk Factor for Childhood Asthma or Allergy?" Epidemiology (11/97) 8(6):678.

Kirschner, C (1988) "Recent Trends and Prevalence Rates and Numbers of Blind and Visually Handicapped School children" American Foundation for the Blind (Unpublished).

Laufer, M.W. and Solomons, G. "Hyperkinetic Impulse Disorder in Children's Behaviour Problems" Psychosomatic Medicine 19:1 (1957), 38-49. [Cited in Coulter, H. L. (1990) 155] Markowitz_Le, et. al. "Changing Levels Of Measles Antibody-Titers In Women And Children In The United-States - Impact On Response To Vaccination" Pediatrics 97:1 (1996) 53-58. (IS: 0031-4005)

McDonnell, LF; Jorm, LR; Patel, MS (1995) "Measles outbreak in Western Sydney: vaccine failure or failure to vaccinate?" Med J Aust 162: 471-475.

Menkes, John H. (1980). Textbook of Child Neurology. Philadelphia: Lea and Febiger.

Menkes, J.H. and Kinsbourne, M. (1990). "Workshop on Neurologic Complications of Pertussis and Pertussis Vaccination. Neuropediatrics 21: 171-176.

Menolaschino, F.J. and Egger, M.L. (1978) Medical Dimensions of Mental Retardation. Lincoln: University of Nebraska Press. [Cited in Coulter, H. L. (1990) 155]

Merritt, H.H. (1979) Textbook of Neurology. Sixth edition. Philadelphia: Lea and Febiger.

Miller D.L., Ross E.M., Alderslade R. et. al. (1981) "Pertussis Immunisation and Serious Acute Neurological Illness in Children." BMJ 282(May):1595-1599.

Miller D.L., Madge M., Diamond, J. et. al.,(1993) "Pertussis Immunisation and Serious Acute Neurological Illnesses in Children" BMJ 307(Nov): 1171-1176.

Miller, Neil Z. (1992). Vaccines, Are They Really Safe and Effective? (A Parents Guide to Childhood Shots) North Atlantic Books, Berkeley, CA

Neal, Josephine B. (1942) Encephalitis: a Clinical Study New York: Grune and Stratton.

Neustaedter, Randall The Immunisation Decision North Atlantic Books, Berkeley, CA

Newacheck, P.W., Bidetti, P.B. and McManus, P. (1984) "Trends in Childhood Disability." A.J. Public Health 74(3) (March): 232-236.

Newacheck, P.W. and Halfon, N. (1986) "Trends in Activity-Limiting Chronic Conditions among Children." A.J. Public Health 76(2) (February): 178-184.

Odent, Michel. (1994) "Long term effects of early vaccinations." Primal Health Research 2:1 (Summer), 6.

Pascal, Louis. (1991) "What Happens When Science Goes Bad. The Corruption of Science and the Origin of AIDS: A Study in Spontaneous Generation." University of Wollongong Working Paper No. 9, December 1991.

Poser, C.M. (1973) "Neurologic Syndromes That Arise Unpredictably." Consultant (January), 45-55.

Rimland, B. and Larson, G. E. (1997) "The Manpower Quality Decline: An Ecological Perspective." Armed Forces and Society 8(1): 31-33.

Rivers, Thomas M. and Schwentker, F.F. (1935) "Encephalomyelitis accompanied by myelin destruction experimentally produced in monkeys." J. Exp. Med. 61:689-702.

Rixon G, March L, Holt DA. (1994) "Immunisation practices of general practitioners in metropolitan Sydney." Aust J Public Health 18(3): 258-260.

Salk, J. and Salk, D. (1977). Science, 195: (4 April) Sawadaet al. (1993) Lancet 342:(7 August) 371.

Scheibner, Viera (1993) Vaccination - The Medical Assault on the Immune System. Self published, (1993). Blackheath, NSW.

Schumacher, Karen (1997). Vaccine Information and Awareness Website Homepage.

Smith, R (1991)mrk "Where is the wisdom?" (Editorial) The British Medical Journal, 303, 5 October.

Strassels, SA; Sullivan, SD. (1997) "Clinical and economic considerations of vaccination against varicella." Pharmacotherapy, 17(1): 133-139.

Sutter, RW, Patriarca, PA, Brogan, S, et al., (1991) "Outbreak of paralytic poliomyelitis in Oman: Evidence for widespread transmission among fully vaccinated children." The Lancet; Vol 338:Sept 21.

Trollfors, S (1984) "Bordetella Pertussis Whole Cell Vaccines-Efficacy and Toxicity." Acta Paediatrica Scandinavica 73: 417-425.

Uchida T, Naito S, Kato H, et. al.(1994) "Thimerosal induces toxic reaction in non-sensitized animals." Int Arch Allergy Immunol 104(3):296-301. Washington Post, The. June 8, 1988. A-6.

Weiner, LB, Corwin, RM, Nieburg, PI, et. al. (1986) "A measles outbreak among adolescents" The Journal of Pediatrics, 90(1)(January):17-20.

Weizman, A., Weizman, R., Szekely, G.A. et. al., (1982) "Abnormal Immune Response to Brain Tissue Antigen in the Syndrome of Autism" A.J. Psychiatry 139(11): 1462-1465

Wharton, YL (1977) "List of Hypotheses Advanced to Explain the SAT Scores Decline." College Entrance Examination Board. New York.

Wooldridge, Michael, interviewed by Ray Martin, A Current Affair TCN Channel 9, NSW, February 6, 1997.

Yawata, Makoto (1994) "Japan's troubles with measles-mumps-rubella vaccine." The Lancet, 343:8889 (8 January) 105 (2)

Most medical scientists and practitioners are locked into a system imposed on them by those financing an industry which focuses on sickness rather than health, and which forces them to some degree into the role of "sorcerers' apprentices", engaged in runaway technology of a science which has gone off the rails. Doctors who choose not to subscribe to the system become subject to a different kind of aggressive management, peer criticism being just one of them, and only because they choose to follow, as the first path, the oath that many took on graduation-"first, do no harm".-Erwin Alber, Of Sorcerors and Apprentices. IAS Newsletter vol5:no3 Dec 1992.

FOOTNOTES

1 *Jackson, David M., Soothill, Rayner (1988).*
2 *Harcourt Brace Jovanovich, New York. Revised 1991, Avery Publishing Group Inc., NY.*
3 *North Atlantic Books, Berkeley CA.*
4 *Coulter, H.L. (1990) xi-xii.*
5 *The Sydney Morning Herald (21/1/97).*
6 *Coulter, H.L. (1990) xii.*
7 *Coulter, H.L. (1990) xiii.*
8 *Coulter, H.L. (1990) 249.*
9 *Coulter, H.L. (1990) 261.*
10 *Also called immunisation. 'Immunisation' means to become immune, that is-in this context-protected from disease. Because vaccination does not reliably confer long-lasting or natural immunity, the word 'vaccination' is used instead of the word 'immunisation', except where another author's words are quoted.*
11 *Poser, Charles M. (1987) 45-46. [Cited in Coulter, H. L. (1990) 156]*
12 *Coulter, H.L. (1990) 262.*
13 *Odent, Michel. (1994) 6. [See also Javier, R. et al. (1986).De Long, R. (1986).] [Cited in Dawbarns fact sheet (24 February 1997), 11.]*
14 *Eskola, J., Peltola, H., Takala, A.K., et al., (1987)*
15 *Adams et al. (1993)*
16 *Anonymous, (1996) Archives de Pediatrie, (April).*
17 *Kemp, Trudi; Pearce, Neil; Fitzharris, Penny; et al., (1997).*
18 *Federal Health Minister, Dr Michael Wooldridge, in The Sydney Morning Herald (21/1/97).*
19 *Coulter, H.L. (1990) 160.*
20 *Bannister, R. (1978) 408ff.*
21 *Coulter, H.L. (1990) 157.*
22 *Rivers, T.M. et.al. (1935). [Cited in Coulter, H. L. (1990) 157]*
23 *Coulter, H.L. (1990) 160.*
24 *Arnason, B. (1987) 406. Hemachudha, T. et. al. (1987). [Cited in Coulter, H. L. (1990) 158]*
25 *Menkes, J.H. (1980) 375. Weizman, A. et. al. (1982). Bannister, R. (1978) 408. Poser, C.M. (1987) 46, 52, 55. [Cited in Coulter, H. L. (1990) 158]*
26 *Merritt, H.H. (1979) 104. [Cited in Coulter, H. L. (1990) 101.]*
27 *Coulter, H. L. (1990) 101.*
28 *Neal, Josephine B. (1942) 378-379. [Cited in Coulter, H. L. (1990) 102.]*
29 *Hemachudha, T., Griffin, D.E., Giffels, J.J., et al. (1987) 369-374.*
30 *Ciaranello, R.D. et. al., (1982), 136. [Cited in Coulter, H. L. (1990) 155]*
31 *Ciaranello, R.D. et. al., (1982), 137. Dobbing, J., (1968), 184. Dietrich, R.B., (1988), 893. [Cited in Coulter, H. L. (1990) 155]*
32 *Dobbing, J. (1968) 184, 196. Dietrich, R.B. (1988) 893. Elliott, Frank A. (1986) 232. [Cited in Coulter, H. L. (1990) 155]*
33 *Laufer, M.W. and Solomons, G. (1957) 45. Dietrich, R.B. (1988) 893. [Cited in Coulter, H. L. (1990) 155]*
34 *Amiel-Tison, C. (1973) 6. Dobbing, J. (1968) 196. Menolascbino, F.J. et. al. (1978) 247. [Cited in Coulter, H. L. (1990) 156]*
35 *Poser, Charles M. (1987) 45-46. [Cited in Coulter, H. L. (1990) 156]*
36 *Coulter, H. L. (1990) 144.*
37 *Newacheck, P.W. et al., (1986), 179. [Cited by Coulter, H.L. (1990) 257, 258.]*
38 *Newacheck, P.W. et al., (1986), 179. Newacheck, P.W. et al., (1984), 236. [Cited by Coulter, H.L. (1990) 257, 258.]*
39 *Kirschner, C. (1988), 4. Newacheck, P.W. et al., (1986), 178. [Cited by Coulter, H.L. (1990) 257, 258.]*
40 *Coulter, H.L. (1990) 253.*
41 *Coulter, H. L. (1990) 249.*
42 *Rimland, B. and Larson, G. E. (1981) 31-33. [Cited in Coulter, H. L. (1990) 255]*
43 *Rimland, B. and Larson, G. E. (1981) 33. [Cited in Coulter, H. L. (1990) 255]*
44 *Wharton, Y. L. 1977. 'List of Hypotheses Advanced to Explain the SAT Scores Decline'. New York. College Entrance Examination Board. [Cited in Coulter, H. L. (1990) 255.]*
45 *The Washington Post. June 8, 1988. A-6. [Cited in Coulter, H. L. (1990) 256.]*
46 *Coulter, H. L. (1990) 259.*
47 *Neuropediatrics 21: (1990) 171-176*
48 *Ehrengut, W. (1981).*
49 *Menkes, J.H. and Kinsbourne, M. (1990).*
50 *Reference to come SDL*
51 *Archives of Pediatrics & Adolescent Medicine, (July 1995) 149(7):774-778.*
52 *JAMA July 7 1994.*
53 *op. cit.(1995) 110:7 (July/August).*
54 *McDonnell, LF; Jorm, LR; Patel, MS (1995).*
55 *Yawata, Makoto (1994).*
56 *Reference to come SDL*
57 *Coulter, H.L. (1990) 261.*
58 *Neustaedter, Randall The Immunisation Decision North Atlantic Books, Berkeley, CA*
59 *Coulter, H. L. (1990) p261.*
60 *Bull. Med. Eth., (January 1996) 13.*
61 *op. cit. 1.*
62 *op. cit. 7.*
63 *Bull. Med. Eth.,110 (July/August 1995) 2.*
64 *op. cit. 8.*
65 *op. cit. 8.*
66 *op. cit. 8.*
67 *Uchida T, et.al. (1994)*
68 *Allan, B. (1973).*
69 *Kanner, L. (1942-43) 250.*
70 *International Vaccine Newsletter. Kreken Straat 4. B-3600 Ghent, Belgium.*
71 *National Vaccine Information Centre, 128 Branch Road, Vienna, VA 22180, USA.*
72 *Vaccine, a Parent's Guide, Neil Z. Miller, New Atlantean Press, PO Box 9638, Santa Fe, NM 87504, USA.*

73 Say No to Drugs WCA Pamphlet, Australian version, available from Waterdale Printing Service 8/149 Upper Heidelberg Road, Ivanhoe, Vic. 3079.
74 "Where is the Wisdom? The Poverty of Medical Evidence." BMJ Volume 303 October 1991.
75 Racketeering in Medicine. The Second Opinion, PO Box 467939, Atlanta, VA 30346-7939, USA.
76 Divided Legacy. Centre for Empirical Medicine, 4221 45th St., NW Washington D.C. 20016, USA
77 Dirty Medicine. Martin Walker, Slingshot Publications, BM Box 8314, London WC1N 3XX, England.
78 The Handmade Revolution. The B.E.S.T. Foundation PO Box 231, Sandgate, Qld. 4017, Australia
79 Dirty Medicine. Martin Walker, Slingshot Publications, BM Box 8314, London WC1N 3XX, England.
80 Vaccination — 100 years of Medical Research shows that vaccines represent a medical assault on the immune system. Viera Scheibner, Ph.D. Blackheath, NSW, 2785, Australia.
81 The Facts Newsletter, PO Box 427, Portland, OR 97207, USA.
82 Coulter, H.L. (1990) 261.
83 Apgar score: a scoring system for assessing a baby's condition at birth. A value of 0, 1 or 2 is given to each of five signs: colour, heart-rate, muscle tone, breathing effort and response to stimulation. A score of 10 indicates the baby is in excellent condition.
84 Baker, A.B. (1949). [Cited by Coulter, H.L. (1990) 120.]
85 Buttram, H E.et al. (1985) 73, 156

Vaccine development has become big business. Worldwide revenues of nearly $3 billion are expected to more than double to $7 billion over the next five years as more vaccines are developed.
More than 200 viral and bacterial vaccines are currently being created by USA and Australian health agencies and vaccines manufacturers.