



Vaccine Refusal Form by Campana Detenganlavacuna 18.08.2013

We, _____, hereby state that we have chosen not to vaccinate our child, _____ because we are philosophically opposed to the concept of vaccines. We maintain this is a responsible and ethically justifiable position for the following reasons:

- vaccination is a medical intervention performed on a healthy child that has the ability to result in injury or death of that child;
- the fact that there can be no guarantee that the deliberate introduction of killed or live microorganisms into the body of a healthy child will not compromise the health or cause the death of that child, either immediately or in the future;
- no predictors have been identified by medical science that can give advance warning that injury or death may occur in any individual child;
- there are no guarantees that the vaccine will indeed protect the child from contracting a disease;
- there is an absence of adequate scientific knowledge regarding the way vaccines singly, or in combination, act in the human body at the cellular and molecular level.

Therefore, we believe that vaccination is a medical procedure that could reasonably be termed as experimental each time it is performed on a healthy child. Our state law makes provisions for non-vaccination of children whose parents object to vaccines for religious or philosophical reasons. We accept full responsibility for the health of our child, and because of philosophical conviction, do not wish our child vaccinated. In the event of any infectious condition, our child would of course remain at home. We further understand that during the course of an outbreak of any so called "vaccine preventable disease" would occur at your facility, our child is subject to exclusion from your facility for the duration of the outbreak.

_____ Date _____

_____ Date _____

<http://www.scribd.com/doc/55222985/Vaccine-Refusal-Form>

If not delivered within 7 days please return to:

Vaccination Information (SA)
PO Box 643 Magill SA 5072

The views expressed in this publication come from a variety of sources and do not necessarily reflect one overall view on vaccination or immunity. The decision about whether or not to vaccinate is yours alone.



INVESTIGATE BEFORE YOU VACCINATE

Spring 2013

OVER-VACCINATION – A MULTI-BILLION DOLLAR MARKET



VACCINES ARE BIG BUSINESS, WORTH BILLIONS OF DOLLARS ON AN INTERNATIONAL BASIS

A recent report on the global vaccines market notes: "Thanks in part to the adult influenza market and vaccines such as Gardasil and Prevnar, the global vaccines market has enjoyed a decidedly solid boost in revenue. Ten years ago, the vaccine market sat at \$5.7 billion dollars...now, that market has soared to \$27 billion." [1]

So from 2003 to 2013 the vaccine market has increased nearly five-fold! This is astonishing.

Is all this vaccination really necessary and beneficial to individuals, or is there some very lucrative over-vaccination going on, with the sanction of governments and the medical/scientific establishment?

Are vaccines now being seen as the saviour for pharmaceutical companies facing the patent cliff? [2]

"There can be very little doubt that vaccines can and do cause autism. In these children, the evidence for an adverse reaction involving brain injury following the MMR that progresses to an autism diagnosis is compelling. It's now a question of the body count. The parents' story was right all along. Governments must stop playing with words while children continue to be damaged. My hope is that recognition of the intestinal disease in these children will lead to the relief of their suffering. This is long, long overdue."

- Dr Andrew Wakefield
See story page 8

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The World Health Organisation (WHO) has indicated we are experiencing a vaccine boom. [3] An article published in New Scientist in late 2011 says: "No longer the unprofitable runt of the pharmaceutical family, vaccines are fast becoming the industry's breadwinner... While the rest of the pharmaceutical sector struggles to keep afloat as expiring patents send profits plummeting, the vaccine industry has become remarkably buoyant". [4]

In 2009, Associated Press reported: "Vaccines now are viewed as a crucial path to growth, as drug companies look for ways to offset a slowing of prescription-medicine sales amid intensifying generic competition and government pressure to restrain prices under the federal health-care overhaul". [5]

There are forces working very hard to set up a massive international vaccine market in developed and developing countries. Relationships between the vaccine industry and organisations such as the WHO, US Centers for Disease Control and Prevention (CDC), US National Institutes of Health (NIH), the GAVI Alliance, and the Bill & Melinda Gates Foundation etc need to be scrutinised.

LACK OF TRANSPARENCY AND ACCOUNTABILITY IN VACCINATION POLICY

Children are the major target for the vaccine industry's growth, as indicated by ever-increasing national vaccination schedules. [6] New vaccines continue to be added to vaccination schedules with an alarming lack of transparency of the process, see for example the controversial human papillomavirus (HPV) vaccine. Children who are already likely to be immune after the first dose of the Measles/Mumps/Rubella (MMR) vaccine are arbitrarily revaccinated with a second dose, often misleadingly termed a 'booster'. In recent times adults are also being urged to have repeated vaccinations, for example annual flu vaccinations of dubious value, and recent calls for questionable 'boosters' with the failing whooping cough/pertussis vaccine.

Are people being properly informed about the risks and benefits of these vaccines? Is legally valid 'informed consent' being obtained before vaccination?

With vaccine manufacturers sizing up the potential for lucrative global vaccine markets, industry-funded 'peer-reviewed literature' being used to promote vaccine products, and scientists lining up for vaccine royalties, there are strong vested interests to consider. There are also questions about the long-term efficacy of some vaccines, inadequately researched possible adverse reactions to vaccination, and the, in effect, limited liability of international vaccine manufacturers.

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Labor to cut tax benefit for parents who don't immunise children

By political reporter Eliza Borrello, Mon 19 Aug 2013
Prime Minister Kevin Rudd has announced that parents who choose not to have their children vaccinated will miss out on thousands of dollars in government benefits.

Speaking at Westmead Hospital in Sydney on Sunday, Mr Rudd said those who do not vaccinate their children will not get the Family Tax Benefit A end-of-year supplement.

The payment is worth \$726 per child, per year and is paid when children are vaccinated at one, two and five years of age.

Since last year, parents who have not immunised their children have not received the benefit; however, those registering as so-called conscientious objectors have.

Under Labor's policy, exemptions would only be made on religious or medical grounds.

Labor says it wants to boost immunisation rates and prevent children who are not vaccinated from getting diseases like whooping cough and measles, and putting others at risk.

The Government says the science of immunisation "cannot be disputed".

"Immunisation is the safest and most effective way for parents to protect their children from disease, and one of the most important public health measures at our disposal," a Government statement said.

Federal Health Minister Tanya Plibersek told Sky News the plans will boost immunisation rates.

"It is one of the single more effective and cheapest ways of keeping our community healthy," she said.

"We think about 3 million lives are saved a year around the world.

"We're very lucky that in Australia so many of these diseases have almost disappeared that sometimes people become a bit complacent."

Australian Medical Association president Dr Steve Hambleton says the benefits of immunisation far outweigh the risks.

"The strong message here is the Government is rewarding people who do the right thing ... [and] fully immunise their children," he told ABC News 24.

"If we can get the immunisation rates above 90 per cent, we will abolish diseases like measles and can we can attack things like whooping cough."

Sydney's Daily Telegraph newspaper, which is read by thousands of voters in key western Sydney seats, has been running a campaign critical of parents who do not vaccinate their children.

Hi VISA community,

This article states that "the benefits of vaccination cannot be disputed". By that they mean that nobody is allowed to dispute them! It's time the government made public the number of vaccinated children who still get the disease and also the adverse events recorded from vaccines. Pity their records are inadequate if not non-existent. By the governments own admission only 1 to 10% of adverse events are reported and if a child comes down with a communicable disease they do not necessarily record their vaccination status.

The schedule of recommended vaccines has gone through the roof as has all manner of medical testing, procedures and prescriptions. Even young people are prescribed pharmaceuticals and told they will have to take them for the rest of their lives. To question all of this and make different choices that trust in the bodies innate ability to heal itself with nutrition and attention to all of the things that contribute to a healthy life is understandable.

You are a calm clear educated sustainable lot making the best choices for your families and not relying on some fabricated herd immunity to dodge a bullet. More concerned about what is in the needle than the act of giving it. And both.

There have always been exemptions on philosophical medical and religious grounds to vaccination which have to be signed off by a provider - largely a GP. If they refuse and insist you vaccinate then you have the right to a guarantee of compensation and medical support should your child experience any of the adverse reactions listed as a requirement to be reported if they occur at any time after vaccination. Seek signed documentation by the person administering the vaccines that if your child has an ear infection (for example) and you need medical assistance and time off work to care for the child that this will be compensated for financially.

And if you think you have read all of the above before—you may well have as I have lifted it largely from our Facebook page - VISA - Vaccination Information Serving Australia

Please look us up and like us! We have also had a lovely volunteer (Lesley) updating our website and hope to bring that to you soon. If you can please email me at visa@adelaide.on.net with current contact details you will be added to a database for regular correspondence.

Kathy Scarborough

PS We will be at the Sustain Expo in Melbourne October 18, 19 and 20. Come and say hello and email visa@adelaide.on.net if you would like to help!



To the Australian Human Rights Commission

Dear Commissioner Trigg and Commissioner Broderick, In 2005 the ex chief-editor of the New England Journal of Medicine of 20 years, Marcia Angell MD, stated "The Medical establishment is complicit in the deception of the public and they have abdicated their duty of care to the public" (p.154).

In 2010 the Baxter report stated that the Australian Commonwealth Health Department is so riddled with conflict of interest that it is necessary to separate out the policy functions of this department from the service departments because policies are no longer being made in the public interest. This report also informed Australians of the conflict of interest within the roles of the TGA which is 100% funded by industry. This body is responsible for approving drugs and monitoring the safety of drugs in the Australian population. A body that is sponsored by industry will protect industry interests.

It is a fact that the TGA does not have a monitoring system that can accurately determine causal relationships between adverse events in the population and vaccines. Therefore it is unable to report accurately on the frequency with which adverse reactions occur in the Australian population and the types of adverse reactions that occur.

The Federal Health Minister, Tanya Plibersek and the Chief Medical Officer, Christopher Baggoley, are being informed by 'experts' that consumers concerned about vaccines are presenting 'misinformation' from the internet. Therefore these government representatives (health ministers are not required to have qualifications in science or health) are not addressing the concerns consumers have about vaccines. The evidence for this is presented on my website www.vaccinationdecisions.net

In addition, doctors are required to comply with government vaccination policy and they are provided with 'information sheets' about the benefits and risks of of this procedure to inform the public. These information sheets are being produced by pharmaceutically sponsored research and an

accreditation board (ACCME) that is dominated by pharmaceutical interests. It is a fact that doctors are not educated about the ingredients of vaccines and all the known science on the risks of vaccines is not being included in the 'information sheets'. Doctors are at risk of being de-registered from the medical profession if they present information on the risks that is not included in the information sheet.

This situation is being supported by the mainstream media - 70% owned by Rupert Murdoch - and by lobby groups who have influence in the media and are spreading misinformation about consumers and doctors who are present the risks of vaccination. Pro-vaccination lobby groups in Australia have set up a 'Hall of Shame' website where these individuals are ridiculed. This is a reality in Australia today and well respected doctors and scientists are being discredited on this website. Lobby groups are also targeting all political parties with political donations to ensure they are supporting the current government recommendations on vaccines

Until the government can demonstrate to Australians that non-biased science is being used in vaccination policies and until the recommendations of the 2010 Baxter report are introduced into the health system there should be no coercive measures in vaccination policies. Population Health is at risk if biased science is being used in vaccination policies.

On behalf of many concerned Australians I would like to request that our right to maintain choice in the use of medical procedures in public health policies be addressed in an amendment to the Human Rights and Discrimination Act or that it is addressed in a Bill of Rights for the Australian people.

The public must be involved in the development of public health policy in order to protect the public interest yet this principle has been ignored in Australian vaccination policies.
Kind regards, Judy Wilyman, PhD Candidate

Membership Application

Name Occupation

Address Suburb Postcode

Phone Fax Email

- \$25.00 - Membership (student/pension)
- \$35.00 - Membership (standard)
- \$70.00 - Membership (business)
- \$..... - Donation

Please tick the appropriate box and include a cheque or money order made payable to:
Vaccination Information Serving Australia
PO Box 643 Magill SA 5072

Or credit card details: Visa Mastercard Bankcard

Expiry Date / Card Number

Name



Healthcare Workers: How to Refuse Mandatory Vaccines and Not Get Fired February 28, 2012

To whom it may concern:

I am writing to formally defend my decision to decline the influenza vaccination. I have made this decision based on strong moral and ethical convictions that are supported by my religious beliefs, medical research and legal precedent.

Medical research indicates that the efficacy of the influenza vaccination is grossly exaggerated (1).

The British Medical Journal has questioned the validity of studies claiming efficacy and stated that "evidence from systemic reviews shows that inactivated vaccines have little or no effect on the effects measured." (2)

Another journal has proven influenza vaccinations have not changed the amount of doctor visits or hospitalizations in children (3,4,5), and another shows that vaccinations have not impacted the mortality rate of the elderly population. (6,7)

There is also a lack of supporting evidence to show that vaccinating healthcare workers prevents influenza transmission. (8)

I believe that these vaccinations are providing a false sense of security and therefore putting our patients at risk.

An even greater risk exists for those that receive the vaccination. The CDC lists the following as being found in the influenza vaccination: Neomycin, Polymyxin B, formaldehyde or formalin, thimerosal, embryonated chicken eggs, egg albumin, gelatin, Gentamycin, Polyoxyethylene 9-10 Nonyl Phenol (Triton N-101, Octoxynol 9), chick kidney cells and Taurodeoxychoalate. (9)

Many of these are known carcinogens and detergents that have unknown effects on the human body. Chronic over exposure to antibiotics has also proven to be detrimental to overall health. (10)

Some of the potential side effects from the vaccination include anaphylaxis, allergic asthma, redness and discomfort at the injection site, Guillain-Barre Syndrome, vasculitis, body aches, paresthesia, neuropathy, seizure, facial palsy, facial paresis, Stevens-Johnson Syndrome, headache, sore throat, muscle aches, cough, chills, fever, encephalitis and meningitis. (11)

Thimerosal has been shown to potentially increase the risk of Alzheimer's Disease, brain damage and nervous system injury. (12,13,14)

This is especially alarming to me as my grandfather passed away at the beginning of the year as a result of Alzheimer's Disease. Package inserts also state that the vaccination/mist "has not been evaluated for carcinogenic or mutagenic potential or its potential to impair fertility." This clearly states then that very little is known about the long-term health effects of receiving this vaccination. There is also no guarantee of protection from influenza or potential temporary or permanent injury or even death.

I believe that vaccination is an invasive medical procedure and based on the above, is an experimental procedure. While I support the hospital's desire to maintain safety for both patients and staff, I cannot support the use of mandatory vaccinations to achieve this goal. The mandatory administration of this is in direct violation of the Nuremberg Code which states in article 1 that consent should be voluntary and allow for "free power of choice without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion." Article 6 states, "the degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment." And article 9, "During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him to be impossible." (15)

As a Christian I believe I am to treat my body with respect as it is a gift from God (see 2 Corinthians 7:1 and 1 Corinthians 6:19 and 20). I believe that destroying life and knowingly injecting myself with toxins is a contradiction to my beliefs and unacceptable. Health is of great importance to me and something that I do not take lightly. I choose to maintain my health by following The Weston A. Price Foundation's recommendations on nutrition. 916)

I also adhere to regular exercise, proper vitamin D intake (17), adequate rest and stress management, and appropriate preventative health care. My desire is to continue to do the above and to partner with (hospital name withheld) in providing excellent patient care.

Sincerely, Becky

1 Cochrane Database Syst Rev. 2006;1.
2 BMJ 2006;333:
3 Arch PediatrAdolesc Med. 2008 Oct;162(10):943-51
4 Cochrane Database Syst Rev. 2008;2.
5 Arch Dis Child. 2004 Aug;89(8):734-5.
6 Lancet Infect Dis. 2007 Oct;7(10):658-66
7 Am J RespirCrit Care Med. 2008 Sep 1;178(5):527-33. Epub 2008 Jun 12.
8 Cochrane Database Syst Rev. 2010 Feb 17;(2):CD005187
<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf> accessed 12/11/11
10 <http://articles.mercola.com/sites/articles/archive/2003/06/18/antibiotics-bacteria.aspx> accessed 12/11/11
11 Package inserts for FluMist and Fluarix
12 Toxicological & Environmental Chemistry. 2009;91(4):735-49.
13 Cell BiolToxicol. 2010 Apr;26(2):143-52. Epub 2009 Apr 9.
14 http://drtenpenny.com/should_flu.aspx accessed 12/11/11
15 <http://ohsr.od.nih.gov/guidelines/nuremberg.html> accessed 12/11/11
16 <http://www.westonaprice.org/> accessed 12/11/11
17 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2870528/> accessed 12/11/11

- See more at: <http://kellythekitchenkop.com/2012/02/healthcare-workers-how-to-refuse-mandatory-vaccines-and-not-get-fired.html#sthash.AYT3YKQu.dpuf>

National Immunisation Program Schedule from 1 July 2013



Age	Vaccines	Total
Birth	Hepatitis B (hepB) a	1
2 months	Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), Haemophilus influenzae type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV) Pneumococcal conjugate (13vPCV) Rotavirus	8
4 months	Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), Haemophilus influenzae type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV) Pneumococcal conjugate (13vPCV) Rotavirus	8
6 months	Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), Haemophilus influenzae type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV) Pneumococcal conjugate (13vPCV) Rotavirus	8
12 months	Haemophilus influenzae type b and Meningococcal C (Hib-MenC) Measles, mumps and rubella (MMR)	5
18 months	Measles, mumps, rubella and varicella (chickenpox) (MMRV)	4
4 years	Diphtheria, tetanus, acellular pertussis (whooping cough) and inactivated poliomyelitis (polio) (DTPa-IPV) Measles, mumps and rubella (MMR) (to be given only if MMRV vaccine was not given at 18 months)	4
School programs 10-15 years	Hepatitis B (hepB) c Varicella (chickenpox) c Human papillomavirus (HPV) d Diphtheria, tetanus and acellular pertussis (whooping cough) (dTpa)	6
Pregnant women	Influenza (flu)	
65 years and over	Influenza (flu) Pneumococcal polysaccharide (23vPPV)	

Footnotes to the National Immunisation Program (NIP) Schedule (edited*)

- Hepatitis B vaccine: should be given to all infants as soon as practicable after birth. The greatest benefit is if given within 24 hours, and must be given within 7 days.
- HPV vaccine: is for all adolescents aged between 12 and 13 years. A catch-up program for males aged between 14 and 15 years is available until December 2014. Contact your State or Territory Health Department for details on the school grade eligible for vaccination.

* extra doses of pneumococcal vaccine are recommended for babies born at less than 28 weeks gestation and Aboriginal and Torres Strait Islanders.

Further information and immunisation resources are available from the Immunise Australia Program website at the or by contacting the infoline on 1800 671 811. You should contact your State or Territory Health Department for further information on the program specific to your State or Territory:

- Australian Capital Territory (02) 6205 2300
- New South Wales 1300 066 055
- Northern Territory (08) 8922 8044
- Queensland 13 HEALTH (13 4325 84)
- South Australia 1300 232 272
- Tasmania 1800 671 738
- Victoria 1300 882 008
- Western Australia (08) 9321 1312

All information in this publication is correct as at May 2013



The lack of transparency and accountability in the promotion of vaccine products is unacceptable. Government bodies are using coercive policies to press vaccines of questionable value on mass populations of children and adults and this must be challenged.

HUMAN VACCINATION AND COMPANION ANIMAL VACCINATION – LESSONS TO BE LEARNED

It is now taken as a given that ‘vaccination is good’, ‘vaccination is safe’, ‘you can’t have too many vaccines’. Paul Offit, Chief of the Division of Infectious Diseases and the Director of the Vaccine Education Center at the Children’s Hospital of Philadelphia, is famous for his flippant remark that a baby’s immune system could handle as many as 10,000 vaccines, and upping the ante by saying it was probably “closer to 100,000”. [8]

Paediatrician Paul Offit’s cavalier attitude contrasts quite markedly with the more considered opinion of Ronald Schultz, Professor and Chair of the Department of Pathobiological Sciences, University of Wisconsin-Madison, and an expert in companion animal vaccines.

While Professor Schultz acknowledges that “vaccination should be considered an important medical practice” he also cautions on the over-use of vaccines: “I tell practitioners that vaccines are drugs, albeit biological drugs. I remind them that they would not consider it good medicine to give an unnecessary pharmaceutical drug on a recurring basis. I think it is even worse to give a vaccine, or biological drug, that isn’t necessary. The possible adverse consequences of a vaccine generally far outweigh the adverse consequences of a pharmaceutical drug. A pharmaceutical drug is usually much more restricted in its action. However, each time we stimulate an immune response, we have to look at the effect on all body systems—not only on antibody responses or cell-mediated immunity, but also on interactions with the endocrine system and the nervous system.” [9]

There are interesting comparisons to be made between companion animal vaccination and human vaccination. For instance, veterinary academics and veterinarians have raised concern about over-vaccination of companion animals and its possible connection with immune-mediated hemolytic anemia, thrombocytopenia, polyarthritis, atopy, chronic allergies, asthma etc. [9] Are there lessons here for human vaccination? For example, could there be a possible connection with over-vaccination and allergies, which have been reported to have hit “epidemic proportions” [10,11,12,13,14] in Australia, and other health problems in humans? While it may be difficult to prove a connection, surely it would be prudent to reduce unnecessary vaccination to avoid any risk?

While international dog and cat vaccination guidelines warn that we should decrease companion animal vaccination, i.e. “we should aim to reduce the ‘vaccine

load’ on individual animals in order to minimise the potential for adverse reactions to vaccine products” [15], vaccination of humans is increasing at a startling rate.

Professor Schultz is an author of the companion animal vaccination guidelines, which acknowledge that “there is gross under-reporting of vaccine-associated adverse events which impedes knowledge of the ongoing safety of these products” [15] While these animal vaccination guidelines are compromised in that they are industry-funded, they are nevertheless a groundbreaking initiative, with their concept of categorising ‘core’, ‘non-core’ and ‘not recommended’ vaccines.

With the increasing number of human vaccines coming onto the market, it’s time to adopt the cautious attitude exhibited by experts in animal vaccination, and critically consider the worth of individual vaccines, and the potentially deleterious consequences of over-vaccinating humans with a multitude of vaccine products throughout life.

THE “ARROGANCE OF PREVENTIVE MEDICINE”

Considering ever-growing vaccination schedules, the thoughts of Professor Emeritus David Sackett, (a pioneer of evidence based medicine), on “the arrogance of preventive medicine” should be borne in mind, i.e.:

“But surely the fundamental promise we make when we actively solicit individuals and exhort them to accept preventive interventions must be that, on average, they will be the better for it. Accordingly, the presumption that justifies the aggressive assertiveness with which we go after the unsuspecting healthy must be based on the highest level of randomised evidence that our preventive manoeuvre will, in fact, do more good than harm. Without evidence from positive randomised trials (and, better still, systematic reviews of randomised trials) we cannot justify soliciting the well to accept any personal health intervention. There are simply too many examples of the disastrous inadequacy of lesser evidence as a basis for individual interventions among the well: supplemental oxygen for healthy premies (causing retrolental fibroplasia), healthy babies sleeping face down (causing SIDS), thymic irradiation in healthy children, and the list goes on.” [16]

Also consider Professor Schultz’s warning that: “Vaccines are medical products that should only be given if needed and only as often as is necessary to provide protection from diseases that are a risk to the health of the animal. If a vaccine that is not necessary causes an adverse reaction that would be considered an unacceptable medical procedure, thus use only those vaccines that are needed and use them only as often as needed.” [17]

VACCINATION RECOMMENDATIONS MUST BE TRANSPARENTLY EVIDENCE-BASED

Aggressive marketing by the pharmaceutical industry and industry-affiliated ‘experts’, including lobbying for compulsory vaccination with vaccines of dubious value



Reducing Children's Pain and Distress Towards Flu Vaccinations: A Novel and Effective Application of Humanoid Robotics

Vaccine 24/4/2013 Beran, Tanya N. ; Ramirez-Serrano, Alex ; Vanderkooi, Otto G.; et al.

In this study, Canadian researchers evaluated the use of a humanoid robot to interact with children during their annual flu vaccination. They hypothesized that these children would feel less pain and undergo less distress compared with children who did not have this interaction. This was a randomized controlled study in which 57 children with a mean age of 6.87 years were randomly assigned to a vaccination session with a nurse who used standard administration procedures, or with a robot that was programmed to use cognitive-behavioral strategies with children as a nurse administered the vaccination. Children, parents, nurses, and researchers completed measures of pain and distress. The researchers found that interaction with a robot during flu vaccination resulted in significantly less pain and distress in children according to ratings from parents, children, nurses, and researchers. The researchers noted that this is the first study to examine the impact of child-robot interaction to curb children's pain and distress during a medical procedure.



FDA approves first GMO Flu Vaccine containing Reprogrammed Insect Virus

A new vaccine for influenza has hit the market, and it is the first ever to contain genetically-modified (GM) proteins derived from insect cells. According to reports, the U.S. Food and Drug Administration (FDA) recently approved the vaccine, known as Flublok, which contains recombinant DNA technology and an insect virus known as baculovirus that is purported to help facilitate the more rapid production of vaccines.

According to Flublok’s package insert, the vaccine is trivalent, which means it contains GM proteins from three

different flu strains. The vaccine’s manufacturer, Protein Sciences Corporation (PSC), explains that Flublok is produced by extracting cells from the fall armyworm, a type of caterpillar, and genetically altering them to produce large amounts of hemagglutinin, a flu virus protein that enables the flu virus itself to enter the body quickly.

So rather than have to produce vaccines the “traditional” way using egg cultures, vaccine manufacturers will now have the ability to rapidly produce large batches of flu virus protein using GMOs, which is sure to increase profits for the vaccine industry. But it is also sure to lead to all sorts of serious side effects, including the deadly nerve disease Guillain-Barre Syndrome (GSB), which is listed on the shot as a potential side effect.

“If Guillain-Barre Syndrome (GSB) has occurred within six weeks of receipt of a prior influenza vaccine, the decision to give Flublock should be based on careful consideration of the potential benefits and risks,” explains a section of the vaccine’s literature entitled “Warnings and Precautions.” Other potential side effects include allergic reactions, respiratory infections, headaches, fatigue, altered immunocompetence, rhinorrhea, and myalgia.

According to clinical data provided by PSC in Flublok’s package insert, two study participants actually died during trials of the vaccine. But the company still insists Flublok is safe and effective, and that it is about 45 percent effective against all strains of influenza in circulation, rather than just one or two strains.

FDA also approves flu vaccine containing dog kidney cells

Back in November, the FDA also approved a new flu vaccine known as Flucelvax that is actually made using dog kidney cells. A product of pharmaceutical giant Novartis, Flucelvax also does away with the egg cultures, and can similarly be produced much more rapidly than traditional flu vaccines, which means vaccine companies can have it ready and waiting should the federal government declare a pandemic.

Like Flublok, Flucelvax was made possible because of a \$1 billion, taxpayer-funded grant given by the U.S. Department of Health and Human Services (HHS) to the vaccine industry back in 2006 to develop new manufacturing methods for vaccines. The ultimate goal is to be able to quickly manufacture hundreds of millions of vaccines for rapid distribution.

Meanwhile, there are reportedly two other GMO flu vaccines currently under development. One of them, which is being produced by Novavax, will utilize “bits of genetic material grown in caterpillar cells called ‘virus-like particles’ that mimic a flu virus,” according to Reuters.



American Journal of Reproductive Immunology. 31/7/2013

Human Papilloma Virus Vaccine and Primary Ovarian Failure: Another Facet of the Autoimmune/Inflammatory Syndrome Induced by Adjuvants.

Colafrancesco S, Perricone C, Tomljenovic L, Shoenfeld Y

Source

Zabludowicz Center for Autoimmune Diseases Sheba Medical Center, Tel-Hashomer, Israel; Rheumatology Unit, Department of Internal Medicine and Medical Specialities, Sapienza University of Rome, Rome, Italy.

Abstract

PROBLEM:

Post-vaccination autoimmune phenomena are a major facet of the autoimmune/inflammatory syndrome induced by adjuvants (ASIA) and different vaccines, including HPV, have been identified as possible causes.

METHOD OF STUDY:

The medical history of three young women who presented with secondary amenorrhea (absence of menstrual period) following HPV vaccination was collected. Data regarding type of vaccine, number of vaccination, personal, clinical and serological features, as well as response to treatments were analysed.

RESULTS:

All three patients developed secondary amenorrhea following HPV vaccinations, which did not resolve upon treatment with hormone replacement therapies. In all three cases sexual development was normal and genetic screen revealed no pertinent abnormalities (i.e., Turner's syndrome, Fragile X test were all negative). Serological evaluations showed low levels of estradiol and increased FSH (follicle stimulating hormone) and LH (leuteinising hormone; stimulates ovulation) and in two cases, specific auto-antibodies were detected (antiovarian and anti thyroid), suggesting that the HPV vaccine triggered an autoimmune response. Pelvic ultrasound did not reveal any abnormalities in any of the three cases. All three patients experienced a range of common non-specific post-vaccine symptoms including nausea, headache, sleep disturbances, arthralgia and a range of cognitive and psychiatric disturbances. According to these clinical features, a diagnosis of primary ovarian failure (POF) was determined which also fulfilled the required criteria for the ASIA syndrome.

CONCLUSION:

We documented here the evidence of the potential of the HPV vaccine to trigger a life-disabling autoimmune condition. The increasing number of similar reports of post HPV vaccine-linked autoimmunity and the uncertainty of long-term clinical benefits of HPV vaccination are a matter of public health that warrants further rigorous inquiry.

Three newborn babies die after routine vaccination

Saigon Daily, Sunday July 21st



Three newborn babies died on July 20 soon after they were given vaccination shots against Hepatitis B, at the General Hospital in Huong Hoa District in the central province of Quang Tri.

The three babies were vaccinated under the National Expanded Program on Immunization, informed Tran Van Thanh, director of the provincial Department of Health.

The vaccine was produced in 2012 with expiry date until 2015 and distributed by the Preventive Medicine Center on July 18.

Soon after the babies were vaccinated, their condition deteriorated.

The babies were children of Nguyen Dinh Dao and Nguyen Thi Nga from Dong Chin Village in Huong Hoa District; Nguyen Minh Tien and Tran Thi Ha from Khe Sanh Town of Huong Hoa District; Ho Van Hang and Ho Thi Du from Village 7 in Thuan Commune of Huong Hoa District.

Nguyen Dinh Dao spoke with tears in his eyes that he and his wife had decided to have a second child after 12 years.

Many relatives of the babies gathered at the hospital to gather more information. On the same afternoon, forensic experts of the provincial police force arrived at the hospital to investigate. Later, relatives of the babies took the bodies back home for burial.

After this incident, the provincial Department of Health has informed medical units to seal the remaining vaccine batches for further investigation.

The health sector has also sent people to visit the babies' families for consolation and financial support.

(e.g. HPV and annual flu vaccines), is threatening citizens' autonomy.

It's time there was an investigation into the relationships between governments, the vaccine industry, and the industry's handmaidens in the scientific/medical establishment, but who can we trust to do that? The mainstream media has generally been completely useless on this matter, and incapable of providing critical analysis, merely supporting the status quo.

Where are the whistleblowers?

Citizens must be allowed to have a rational debate on this important subject to ensure public confidence in vaccination practice. All vaccination recommendations must be transparently evidence-based.

By Elizabeth Hart

www.over-vaccination.net

References: (Links current as at 3 May 2013.)

- [1] 20 Top-selling Vaccines – H1 2012. Fierce Vaccines, 25 September 2012.
- [2] "...big companies were also buying up smaller medical firms and diversifying their product ranges to protect themselves from "significant sales losses". GlaxoSmithKline, Britain's biggest drug maker, has already broadened its portfolio to include vaccines and consumer healthcare, for example." Big Pharma won't fall off a patent cliff, says S&P. The Telegraph, 18 December 2012.
- [3] State of the world's vaccines and immunization. WHO, UNICEF, World Bank. 3rd ed. Geneva, World Health Organization, 2009.
- [4] Vaccines enjoy a healthy return. New Scientist, 28 September 2011.
- [5] Vaccines become drugmakers' profit boosters. Pharmaceutical companies drawn to development of vaccines for variety of diseases. The Columbus Dispatch, 30 November 2009.
- [6] Australian National Immunisation Program Schedule from 1 February 2013 to 30 June 2013 and Australian National Immunisation Program Schedule from 1 July 2013; the United Kingdom NHS Vaccination Schedule; the United States Birth-18 Years & "Catch-up" Immunization Schedules, 2013 and Adult Immunization Schedules, 2013.
- [7] Pharma conflicts must be disclosed. The Australian, 25 June 2012.
- [8] Stomping Through A Medical Minefield. Newsweek Magazine, 24 October 2008.Day,
- [9] A New Look at Traditional Practices. A Roundtable Discussion. Veterinary Healthcare Communications, 2002.
- [10] Child allergy rates at 'epidemic proportions'. Sydney Morning Herald, 9 March 2010.
- [11] Chain reaction – In less than a generation, food



allergies in children – some of them potentially fatal – have reached epidemic levels. GoodWeekend, 23/7/11.

[12] Kemp, AS, Mullins, RJ, Weiner, JM. The allergy epidemic: what is the Australian response? Medical Journal of Australia. Vol. 185, No. 4, 21 August 2006.

[13] Food Allergy. The Health Report, ABC Radio National, 30 May 2011.

[14] HealthNuts Research Update 2011. Murdoch Children's Research Institute.

[15] MJ, Horzinek, MC, Schultz RD. Guidelines for the Vaccination of Dogs and Cats. Journal of Small Animal Practice. Vol. 51, June 2010.

[16] Sackett, D. The arrogance of preventive medicine. CMAJ. Aug. 20, 2002; 167 (4) 363-364.

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- Vaccination Answers Informed Sources**
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- Vaccination Information Service**
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- Great Southland Vaccination Network**
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The VISA Business Subscription is for the "Vaccination aware" businesses who would like to join our information service as members.

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For those of you who aren't aware, on the 8th of August The Chiropractic Board of Australia put out the following press release and as a result I have not listed chiropractors who have been business members in this issue.

"The Chiropractic Board of Australia is cracking down on chiropractors who step outside their primary role as healthcare practitioners and provide treatment that puts the public at risk.

To protect public safety, the Board has:

- ordered practitioners to remove all anti-vaccination material from their websites and clinics
removed several courses from the list of approved CPD programs, and
introduced random audits of practitioner compliance with the Board's registration standards.

Details of the Board's initiatives are published in the report of its July Board meeting.

Board Chair, Dr Phillip Donato OAM, said the Board took its core role of protecting the public extremely seriously.

"We know the vast majority of Australia's 4,600 chiropractors work effectively to provide high quality care in the best interests of their patients," Dr Donato said.

"However, the Board takes a very strong view of any practitioner who makes unsubstantiated claims about treatment which is not supported within an evidence-based context," he said.

"We will not tolerate registered chiropractors giving misleading or unbalanced advice to patients, or providing advice or care that is not in the patient's best interests."

The Board's Code of Conduct details its expectations of the chiropractic profession.

"We hold chiropractors to account against the standards set out in the code and anyone with any concerns about individual registered chiropractors should bring these to the Board," Dr Donato said.

Other codes and guidelines are published on the Board's website.

"The Board reminds chiropractors that they need to comply with the Law and the standards set by the Board. We take a very dim view of any practitioner who does not put the best interests of their patients first," Dr Donato said."



Hi All,

My recent paper on HPV vaccines that was published in the Infectious Agents and Cancer Journal has been accepted for oral presentation at the 3rd World Congress on Cancer Science and Therapy in San Francisco in October 2013. My paper is titled 'HPV vaccines have not been demonstrated to be cost-effective in countries with Pap screening and surgery'. Here is a link to the paper http://www.infectagentscancer.com/content/8/1/21

The reason the HPV vaccine, Gardasil, is not cost-effective in most developed countries is that most women in these countries are not at risk of cervical cancer and this vaccine does not cover 13 (or more) of the HPV strains that are linked to causing cervical cancer. This means that, even if the vaccine is proven to prevent cervical cancer in years to come, it can only prevent at best, 70% of cervical cancer cases.

In contrast, Pap screening combined with surgical procedures is known to detect and prevent 9 out of 10 cases of cervical cancer. In other words, Pap screening (combined with surgery) is almost 100% effective at detecting and preventing cervical cancer. This prevention is virtually risk free and will still be needed by Australian women even if they are vaccinated. How can this situation be cost-effective for the Australian government?

This vaccine costs \$450 per person - (3 doses of Gardasil vaccine). Yet this vaccine only contains 2 of 15 or more strains of HPV that are associated with causing cervical cancer. It is also known that the majority of women who get infected with HPV 16 and 18 (the strains covered in the vaccine) will never get cervical cancer. This is because infection with HPV on its own does not cause cervical cancer - co-factors are necessary and these co-factors are not common in developed countries like Australia.

This vaccine has not been tested for efficacy against cervical cancer and it has not been tested for safety against unvaccinated women. The clinical trials tested this vaccine against women who were given the aluminium adjuvant. This adjuvant is linked in the medical journals to hypersensitivity (allergies) and delayed autoimmune reactions.

Did you know that the US Health Department has paid out \$US 5,877,000 in compensation to HPV vaccine damaged women? And this is only the reactions that have been accepted by the US National Vaccine Injury Compensation Program (NVICP) as being linked to the vaccine.

Did you know that between 1st September 2010 and 1st September 2011 there were 26 deaths that were linked by the US vaccine adverse events reporting system (VAERS) to Gardasil.

One paper that is being used to promote Gardasil is titled 'Answering human papillomavirus (HPV) concerns; a matter of science and time' by Hawkes et al. This paper

provides misleading information about the safety and efficacy of HPV vaccines and I have provided the following analysis for debate on this topic http://www.vaccinationdecisions.net/resources/Comment%20on%20the%20Hawkes%20et%20al%20paper%20IACJ%20130717.pdf

This vaccine has been introduced into the population without proof that it will prevent any cervical cancer and as Australia already has a program in place which is demonstrated to be effective in reducing cervical cancer and as the majority of Australian women (and those in other developed countries) are not at risk of cervical cancer I hope that you will get involved in this debate and ensure that the Australian government is accountable for this policy.

Kind regards
Judy Wilyman, PhD candidate
www.vaccinationdecisions.net

Early promise for malaria vaccine

AAP, August 12, 2013

A NEW malaria vaccine that mimics the effects of mosquito bites has shown early promise by offering 100 per cent protection to a dozen human volunteers, researchers say.

Maryland-based Sanaria's PfSPZ vaccine contains live parasites and is complicated to make because it requires scientists to dissect the salivary glands of mosquitoes to get at the parasites that cause malaria.

These sporozoites are then weakened so they cannot cause illness and incorporated into a vaccine, which must be injected into a person's veins several times, with each shot about a month apart.

A test of the same vaccine two years ago that administered it into the skin of patients, the way most vaccines are given, showed protection in only two of 44 volunteers.

But the latest trial showed that injecting the vaccine into the bloodstream protected against malaria in all six volunteers who received a five-shot regimen at the highest dosage, according to the results published in the US journal Science.

The study included 57 people, including 40 who received the vaccine in varying doses, and 17 controls.

Co-author Robert Seder at the National Institute of Allergy and Infectious Diseases told Science the findings were "very promising" but that the vaccine needed more study.

"We need to repeat it in a larger number of people."

Lead researcher Stephen Hoffman, the chief executive of Sanaria, said he believed the vaccine would eventually be used to eliminate malaria.

"It's reasonable to suggest that within three-to-five years, a safe, reliable vaccine could be a commercial reality and provide medical benefit to a huge population," he said.



Cervix vaccine issues trigger health notice



Speaking out: Mika Matsufuji (center), who represents a parents' association of cervical cancer vaccination victims, answers reporters' questions Friday at the health ministry in Tokyo.

The Japan Times, Jun 15, 2013

The health ministry has issued a nationwide notice that cervical cancer vaccinations should no longer be recommended for girls aged 12 to 16 because several adverse reactions to the medicines have been reported.

"It is necessary to gather information immediately to accurately grasp how often (the side effects) are occurring," said Mariko Momoi, who chairs the panel at the Health, Labor and Welfare Ministry that decided to suspend the recommendation. Momoi is vice president of the International University of Health and Welfare.

Cervical cancer vaccines are a recent addition to the regular vaccination list and were added after a revision to the Preventive Vaccination Law took effect in April. In Japan, cervical cancer is second only to breast cancer among those aged 20 to 39 and is estimated to strike nearly 9,000 women each year.

Despite the notice, issued Friday, most local governments will likely keep the vaccinations in question on their lists of free vaccines. But a ministry official said the vaccination rate is certain to drop sharply.

The two vaccines sold in Japan are Cervarix, made by GlaxoSmithKlein PLC of Britain, and Gardasil, made by Merck Sharp & Dohme, known as Merck & Co. in the United States.

Mika Matsufuji, 46, who represents an association of cervical cancer vaccination victims' parents, said the health panel's decision was a "big step forward." Her daughter, who was vaccinated with Cervarix in 2011, lost the ability to walk and is now in a wheelchair, she said.

The group is calling for the vaccinations to be halted.

The panel said there was a strong possibility that severe

prolonged pain was caused by some of the vaccinations. It concluded that active recommendation of cervical cancer vaccinations should thus be halted until a more complete picture of their side effects can be attained.

The ministry said this is the second time it has suspended a recommendation related to the regular vaccine program since problems cropped up with the Japanese encephalitis vaccine in 2005.

In 2011, however, Pfizer Inc.'s Prevnar and Sanofi SA's ActHIB vaccines were suspended for about a month following the deaths of four children.

The panel focused on 38 cervical vaccine recipients who reported widespread pain. Given the timing of their symptoms, the panel concluded that a causal link to the vaccines could not be ruled out in many of the cases.

There were 245.1 reports of side effects per million vaccinations for Cervarix, and 155.7 reports per million for Gardasil — more than two other, separate vaccines that affect both sexes and were added to the regular list at around the same time.

Reports of side effects from the other two medicines came to 89.1 per million for a set of pneumococcus vaccines and 67.4 per million for Japanese encephalitis vaccines.

Correspondence on HPV Vaccines

The Sunday Mail, 18/8/2013, response to "The Medical Marvel"

Your two page spread in relation to the "Medical Marvel" Ian Frazer needs some comment. Firstly, the Gardasil vaccine is continually referred to as a cervical cancer vaccine; it isn't! It is a human papilloma virus vaccine and not all cervical cancer sufferers have been found to have HPV. Secondly, it is of interest to note that a woman who worked on the development of this vaccine has since come out and said that she didn't know why the program was continued with because the vaccine was of so little use? What exactly are taxpayers paying out millions of dollars to subsidise? Thirdly, where did you get the figure that 275000 lives have been saved by this vaccine and how can that ever be proven? Why did you not mention that dozens of girls, overseas, have died as a direct result of negative side effects, or have been permanently impaired. One young girl in the southern suburbs of Adelaide regressed into a childlike state immediately after having the jab! I understand that two of the ingredients in this vaccine cause infertility in laboratory animals? To hear Minister Plibersek state that the science regarding vaccines cannot be disputed is ridiculous. All scientific findings and hypotheses should be open to discussion especially where there is proof that damage can be caused.

Alex Hodges Box 228, Birdwood 5234



Flu vaccine reduces heart attack risk, UNSW study finds

By Nonee Walsh, Updated Thursday 22 Aug 2013



Photo: The researchers say their findings should reignite the debate over who gets the flu vaccine.

An Australian study has found the flu vaccine can almost halve the chances of a heart attack for middle-aged people showing signs of heart disease.

Researchers from the School of Public Health at the University of New South Wales found the link after examining more than 500 patients at Westmead Hospital in Sydney's west.

Their findings have been published today in the international journal Heart.

The study was led by the head of the School of Public Health, Professor Raina MacIntyre.

"The flu vaccine reduces the risk of heart attack. It has a protective effect of (a) 45% reduction of the risk of heart attack.

"What we were able to do is compare the vaccination rates and the heart attack rates between people and measure vaccine effectiveness."

Professor MacIntyre says the findings add weight to arguments that the flu vaccine should be recommended for people over the age of 50, who are generally at a higher risk of suffering a heart attack.

"Previously the policy debate has looked at the cost effectiveness of lowering the age of vaccination below 65 to the age of 50, looking only at the cost of preventing influenza," Professor MacIntyre said.

"What this study shows is that, at least, policy makers should be also looking at the cost saving of preventing heart attack."

The influenza vaccine is currently free for people over 65 and those with specific chronic diseases, including heart disease.

Professor McIntyre says the vaccine is significantly underused by those aged 50 to 64, and there would be much higher rates if the jab was recommended for everyone.

"Heart attack is the leading cause of death in Australia, and in the world in fact, so there is potentially a significant population health impact from a vaccine that can reduce the risk of heart attack," she said.

Alex fires back..

In response to Professor MacIntyre's media release stating that flu vaccinations can prevent heart attacks, I beg to differ and would like to know who funded this study?

Two elderly people I know both suffered severe breathing difficulties after flu shots and were hospitalised for a week. On being checked out by their cardiologists, they were both found to have suffered 25% permanent heart muscle damage which in my opinion, would surely put them at greater risk of a heart attack?

I am deeply concerned at what people are not being told about the ingredients in these vaccines, and the potential side effects. There are numerous studies published overseas pointing to these injections doing a lot more harm than any perceptible good.

Alex Hodges Box 228 Birdwood 5234

Mercury in Vaccines

Journal of Toxicology and Environmental Health

Mercury in Vaccines from the Australian Childhood Immunisation Program Schedule

David W. Austin a , Kerrie A. Shandley a & Enzo A. Palombo, Faculty of Life and Social Sciences, Swinburne University of Technology, Melbourne, Australia

Available online: 23 Mar 2010

Despite the removal of the mercury (Hg)-based preservative thimerosal from vaccines listed on the Australian Immunisation Program Schedule for children, concerns remain among some researchers and parents for the safety of the present schedule, in part due to a fear of residual trace levels of Hg. The purpose of this study was to independently assess childhood vaccines for the presence of Hg. Eight vaccines administered to children under the age of 5 yr were assessed for Hg content via a DMA-80 direct mercury analyzer. Seven of the 8 vaccines contained no detectable levels of Hg (less than 1 ppb); however, 1 vaccine (Infanrix hexa) tested positive for Hg at 10 ppb. The result was confirmed and validated by retesting the original sample. Follow-up testing was conducted on three additional samples of Infanrix hexa (one from the same production lot and two from a different lot). All three tested positive

for Hg (average of 9.7 ppb). Although the levels of Hg detected are substantially lower than any established exposure safety limits, the results of this study reveal that inaccuracies exist in public health messages, professional communications, and official documentation regarding Hg content in at least one childhood vaccine. In the interests of public health, it is incumbent on vaccine manufacturers and responsible agencies such as the Therapeutic Goods Administration and the Federal Department of Health and Ageing to address this issue as a matter of urgency.



MMR Vaccine Causes Autism, Courts Quietly Confirm

www.whiteoutpress.com July 27, 2013. Austin.

After decades of passionate debate, parents probably missed the repeated admissions by drug companies and governments alike that vaccines do in fact cause autism. For concerned parents seeking the truth, it's worth remembering that the exact same people who own the world's drug companies also own America's news outlets. Finding propaganda-free information has been difficult, until now.

Dr. Andrew Wakefield

At the centre of the fifteen-year controversy is Dr. Andrew Wakefield of Austin, Texas. It was Dr. Wakefield that first publicized the link between stomach disorders and autism, and taking the findings one step further, the link between stomach disorders, autism and the Measles Mumps Rubella (MMR) vaccine.

For that discovery way back in 1996, and a subsequent research paper published by the doctor in 1998, Andrew Wakefield has found himself the victim of a world-wide smear campaign by drug corporations, governments and media companies. And while Dr. Wakefield has been persecuted and prosecuted to the extent of being unable to legally practice medicine because of his discovery, he has instead become a best-selling author, the founder of the Strategic Autism Initiative, and the Director of the Autism Media Channel.

But in recent months, courts, governments and vaccine manufacturers have quietly conceded the fact that the Measles Mumps Rubella (MMR) vaccine most likely does cause autism and stomach diseases. Pharmaceutical companies have even gone so far as to pay out massive monetary awards, totalling in the millions, to the victims in an attempt to compensate them for damages and to buy their silence.

Grassroots outcry

It was a regular reader named Kathleen that brought this ongoing story to our attention here at Whiteout Press. When asked what her connection to the vaccine-autism battle was, the young reader replied, "I just researched it for a school project a while back and then I stayed on top of it, until I couldn't stand it anymore. I'm not a parent, nor do I belong to any organization - a mere outside observer."

This reader isn't alone. The news that vaccines cause autism has spread across the US despite a coordinated media black-out. She takes her concerns one step further explaining, "All I want is to see this information where the public can access it. I've looked everywhere, and no one gives this dire Wakefield situation even ONE small mention." She goes on to give us another motivation for her activism, "In Washington State, where I'm from, vaccines have become mandatory for school children, which is very frightening!"



Dr. Andrew Wakefield and family at a recent demonstration. Image courtesy of the Vaccine Resistance Movement.

Landmark rulings

In December 2012, two landmark decisions were announced that confirmed Dr. Wakefield's original concern that there is a link between the MMR vaccine, autism and stomach disorders. The news went mostly unreported, but independent outlets like The Liberty Beacon finally began publishing the groundbreaking news.

The website wrote last month, 'In a recently published December 13, 2012 vaccine court ruling, hundreds of thousands of dollars were awarded to Ryan Mojabi, whose parents described how "MMR vaccinations" caused a "severe and debilitating injury to his brain, diagnosed as Autism Spectrum Disorder ('ASD').'"

The Liberty Beacon went on to describe the second court ruling that month, as well as similar previous verdicts writing, 'Later the same month, the government suffered a second major defeat when young Emily Moller from Houston won compensation following vaccine-related brain injury that, once again, involved MMR and resulted in autism. The cases follow similar successful petitions in the Italian and US courts (including Hannah Poling, Bailey Banks, Misty Hyatt, Kienan Freeman, Valentino Bocca, and Julia Grimes) in which the governments conceded or the court ruled that vaccines had caused brain injury. In turn, this injury led to an ASD diagnosis. MMR vaccine was the common denominator in these cases.'

The report echoes the exact same sentiment that our reader conveyed - Dr. Wakefield has had his career and reputation destroyed over the past 15 years, but has just been vindicated. The account reports, 'While repeated studies from around the world confirmed Wakefield's bowel disease in autistic children and his position that safety studies of the MMR are inadequate, Dr. Wakefield's career has been destroyed by false allegations. Despite this he continues to work tirelessly to help solve the autism catastrophe.'



The article from The Liberty Beacon closes with a direct quote from Dr. Wakefield himself to the independent grassroots outlet,

"There can be very little doubt that vaccines can and do cause autism. In these children, the evidence for an adverse reaction involving brain injury following the MMR that progresses to an autism diagnosis is compelling. It's now a question of the body count. The parents' story was right all along. Governments must stop playing with words while children continue to be damaged. My hope is that recognition of the intestinal disease in these children will lead to the relief of their suffering. This is long, long overdue."

Wakefield attacked again

Since the world has slowly become aware of the dangers of the MMR vaccine, parents around the globe have refused to get their children vaccinated. Earlier this year, the UK government singled out Dr. Wakefield and blamed him for the rising number of measles outbreaks in the country. In an April 2013 interview, he responded publicly.

The website TheRefusers.com published both the video, as well as the written transcript, of Dr. Wakefield's public response. Below are some excerpts of the doctor's remarks:

"The important thing to say is that back in 1996-1997 I was made aware of children developing autism, regressive autism, following exposure in many cases to the measles mumps rubella vaccine. Such was my concern about the safety of that vaccine that I went back and reviewed every safety study, every pre-licensing study of the MMR vaccine and other measles-containing vaccines before they were put into children and after. And I was appalled with the quality of that science. It really was totally below par and that has been reiterated by other authoritative sources since."



Have you thought about going cloth?

Cloth nappies have come a long way since terry towelling squares. Modern versions are much more absorbent, less bulky and easier to wash. Plus they are just as easy to use as disposables and they look great!

The Cloth Nappy Library is an introduction to the using cloth nappies. The library contains 12-15 varying types of nappies.

Why a cloth nappy library?

- To promote Modern Cloth Nappies (MCNs)
- For families to try different brands before they choose to purchase
- For families to discover the easiness of using MCN's.
- For families to benefit through less waste disposal and cost savings when using MCN's.

The Cloth Nappy Library gives you the opportunity to try out different types, sizes and brands of modern cloth nappies for two weeks to help you find the perfect nappy system for you and your baby. Access to the library retails at \$60 for 2 weeks, but through the subsidy program families only pay \$20.

KESAB and Eco Bums will be holding information sessions discussing the many environmental and financial benefits of using cloth as well as demonstrating the different types of nappies that are in the hire kits.

To find out if a nappy demonstration is near you, go to the KESAB website or contact Grace Barila grace@kesab.asn.au to arrange a group demonstration.