

October 15, 2015

**Committee Secretary  
Senate Standing Committees on Community Affairs  
PO Box 6100  
Parliament House  
Canberra  
ACT 2600**

Dear Sir or Madam,  
please find below my submission to the Senate Inquiry regarding the proposed "No Jab, No Pay" bill.

Best regards,  
Pavel

Firstly, allow me to start by expressing an emotion - which is total disbelief that someone (let alone someone in a position of authority and responsibility) could come up with a policy like this which tramples basic laws, is dangerous to people's health and is financially irresponsible all at the same time. All of this without any due consideration to actual facts but based on religious belief.

Before you say "no, it is not religious", see some good definitions ([link](#) [1]) of what is what:

*"If you believe science is already determined, and is merely about majority consensus, you are actually referring to religion.*

*If you believe a potential finding in scientific studies, or hypotheses presented by scientists are unquestionably true, you are actually talking beliefs.*

*If you believe in this concept of science above all else, and cannot consider criticism or permit this science to be challenged or questioned, then you are following dogma.*

*If you believe all people must follow this science without doubting or searching for more answers, you are demanding an act of faith.*

*If you believe that the amount of science you have at your hands right now is the ultimate knowledge, and that all people must be compelled through peer pressure or laws to follow this science, you are attempting to make our country a theocracy."*

An executive summary of my submission:

- I (and my family) do not believe vaccines are useful
- I (and my family) believe vaccines are too dangerous and their purported "benefits" (even if true) do not justify the risks (even the acknowledged ones, much less the ones that the industry is trying to suppress)
- I (and Australian and international law) believe that I should have the right to make decisions about potentially dangerous medical treatment (regarding myself and the children I am responsible for)
- punishing me for exercising my right means that the Australian state does not recognise it as a right any more - it is now making it a privilege for the rich (such as the ex-Prime Minister who introduced this legislation but said in an interview that he will not vaccinate his daughters ([The Australian](#) [2]) - so, on his pay scale he will be allowed the choice but the "little people" will not - is this your idea of a fair Australia?)
- this new government policy is based on profound misunderstanding of what vaccines do; moreover, it has already been declared ineffective (based on evidence, no less!) by this very government itself
- our children will not get vaccinated, no matter what
- this will potentially isolate them from their peers and will be a detriment to their development as members of this society
- the financial pressure put upon us will push me into unemployment which will cost the government much more than the childcare subsidy it will save

Now, to the point (or bullet points). I will try to make a general case for each, and a personal one (as to how all of this relates to me personally) where appropriate.

## 1. Political

In his first statement after being elected Liberal leader, our respected prime minister Malcolm Turnbull said, among other things:

"This will be... a thoroughly Liberal government committed to freedom, the individual and the market." ([Business Insider](#) [3])

I am just wondering here - **which part of "freedom" and "the individual" does the new policy promote?**

For me personally, this policy is the *only* issue on which I will base my vote come the next elections. Not that anyone will care for "just a voter" but it has to be said so I am saying it here.

## 2. Legal

Since Ancient times it has been a well established principle that one of the main attributes of a "free person" is that the person owns, as a bare minimum, his body. This was a cornerstone of Roman law, on which modern Western jurisprudence is based. I find it embarrassing (even more - I find it disturbing) that such basics have to be reminded to the law-makers of a supposedly "free" and "democratic" country. A mark of ownership of a master over his slave was the marking of said slave with a tattoo or an ear-ring piercing. It was not the tattoo or ear-ring itself but the act of forcing it on the individual that gave this any significance. There is no difference between this and a mandated medical procedure which involves injecting known poisons into your body (or if there is, it is in favour of the Roman slave-owner who at least did not endanger the life and health of his slave in the process).

For your reference, here are some quotes from the [The Universal Declaration of Human Rights](#) [4]:

*Article 3. Everyone has the right to life, liberty and security of person.* (note: physical security includes not being injected with poisons. This is unconditional, no "do it for the greater good" get-out clause included for governments to bypass it)

*Article 21. (2) Everyone has the right of equal access to public service in his country.* (note: how will this work when you start discriminating school children next and limit their access to education?)

*Article 23. (2) Everyone, without any discrimination, has the right to equal pay for equal work.* (note: this is now gone, if my co-workers get

a subsidy to help them work while their children are at daycare and I do not; further discussed below)

*Article 25. (2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.* (note: this is now gone; some will enjoy government-sponsored care and some will not)

*Article 29. (2) In the exercise of his rights and freedoms, everyone shall be subject only to such limitations as are determined by law solely for the purpose of securing due recognition and respect for the rights and freedoms of others and of meeting the just requirements of morality, public order and the general welfare in a democratic society.* (note: this is now gone; and no, discriminating me is not “for the general welfare of a democratic society”; further discussed below)

If your advisers have told you that “I still have a right to refuse vaccination, I just have to pay for it now” - please tell them to put their law degrees into the rubbish bin. **If I will be financially punished for exercising my right, it is no longer a right; it is now a privilege, or a commodity to be purchased.**

Since others have already pointed out the Nuremberg Code and other minor points, I'll not expand into these. I want to just draw your attention to this bit from the Australian Immunisation Handbook [5]:

*“For consent to be legally valid, the following elements must be present:*

...

*2. It must be given voluntarily in the absence of undue pressure, coercion or manipulation.*

...

*4. It can only be given after the potential risks and benefits of the relevant vaccine, risks of not having it and any alternative options have been explained to the individual.”*

Given that a) there will now be much undue pressure, coercion and manipulation by the government (more on that below), that b) I have yet to hear of a doctor going through all the “potential risks” before administering a vaccine, and moreover c) that no “alternative options” will be allowed, there are some consequences that spring to mind.

Firstly, the easiest of all - you will need to amend this Handbook and all other material mentioning “Valid consent” (which would include also going through all legislation relevant to medical procedures and amending them all accordingly); incidentally, this will make Australia the first civilised country to remove informed consent (which would put this act in the Political category above as a source of international shame) but I guess you have already figured this into the equation and do not care.

Secondly, a quite new factor comes into play now. If you propose a course of action to somebody (explaining risks and benefits) and this somebody agrees - they are then taking the responsibility for it. If you mandate a course of action though, withdrawing any options - then you take the responsibility for the outcome. This comes in several varieties. For the moral one, I guess you do not care. There could be a **criminal responsibility** though, where the outcome cripples an individual or results in death (more on this below). And then there is the financial responsibility.

As a side note, it has to be mentioned that in the US, the motherland of all huge vaccine corporations, these corporations have found it expedient to lobby for (and receive) an exemption from normal law. Nobody can sue them for vaccine injury (funny why they needed that, given the claims that “vaccines are perfectly safe”); however, people can get compensation from the government instead through a special National Vaccine Injury Compensation Program [6] - which is a direct result of the government taking responsibility for something it mandates.

I just wonder - will such a compensation fund be legislated here? **Has this been foreseen and budgeted for with the current measure?** Which is discussed in the next point.

But before that, I want to point out the “slippery slope” legal argument too. Once you establish the precedent that you can enforce a medical procedure on somebody for the “greater good of society” defined as “a diminished probability of some mild disease” (i.e. we are not talking of clear and undisputed danger to the public by something like Ebola) - then, what next? In the US, most males are circumcised not for religious reasons but as a health measure against the spread of STDs. **Will you mandate circumcision here too**, to help stop the spread of STDs? If not - why not? And what would be the (legal) difference between such a measure and what you are planning to do now?

### 3. Economic Impact

According to the latest report of the “National Vaccine Injury Compensation Program” [7], the US government has paid out \$276,424,636.81 for the 2013 and \$223,352,578.46 for the 2014 financial year (**they have paid out a total of 3.22 billion dollars** on this since the start of the program). To this, you will need to add the cost of running the scheme itself. The figures would have been much higher if the scheme did not operate in a (typically American) way which requires parents to undergo a costly (to themselves), adversarial, tedious and long process of litigation.

True, the absolute numbers in Australia will be lower due to our smaller population, but our budget is also smaller in proportion. Also, the Yanks can easily afford this as they have collected [8] \$19.425 billion just from the top 20 pharmaceutical company settlements (some would call them fines); for, among other things “**failure to disclose safety data**”, “kickbacks to physicians”, “**making false and misleading statements concerning the safety of a drug**”, and outright “**fraud**” (more on this in the Health and Science section). Even China fined GSK \$489 million [9] for “paying bribes to doctors to use its drugs”. Since we haven't, I suppose we shall need to shoulder all the expense on taxpayer's money.

Note also that the relative cost (per person) in Australia will be much higher, as our courts tend to give higher compensations such as the \$11 million payment the parents of a WA girl received [10], who “*suffered a hypoxic brain injury, kidney, liver and bone marrow failure ... can now no longer walk and talk and needs round-the-clock care*” - due to a “routine”, “perfectly safe” vaccine. This vaccine was administered to her after hundreds of cases with lighter symptoms occurred in Perth which the local health authorities ignored and continued vaccinating, **since they rely on the belief that vaccines are safe and continue to vaccinate even in the face of direct evidence to the contrary.**

Now, I will not get into the “small” details of the cost of vaccines themselves. I will not even take a “jab” at recent newspaper headlines like “Drug Goes From \$13.50 a Tablet to \$750, Overnight” [11] and ask what is to stop the same from happening with vaccines in Australia. The huge price increase of medical drugs in general after our “free trade” agreement with the US is also a separate matter.

However, since the government press release (and the canned response my MP was instructed to send me, as well as all other MPs in the land) mentioned that the government “will not pay for my lifestyle choices”, may ask some questions:

- does this go both ways? **Will you refund me the not inconsiderable amounts Medicare does NOT spend on me and my children?** By the way, this is a good place to mention that a) I pay the Medicare Levy (because I refuse to participate in the private insurance racket, where a private insurer can offer you a policy that gives absolutely nothing and you will save money by paying \$800 for it - thanks to another wise intervention by our government), and b) the total interaction of my family with Medicare, excluding the birth of our children, has been “nil” in the words of the Medicare report in my my.gov.au account. **My two children, for their combined lifetime of ten years, have been to a doctor’s office once each and that was to get the exemption form signed. They have also had zero medication.** (more on this below)

- if you introduce this principle (that the government will not pay for anything related to “lifestyle choices”), will you be fair and expand it to everyone? Get smokers to pay for their cancer treatment? Drunks to pay for getting stitched after a pub fight? Regular McDonalds customers for everything related to diabetes and obesity? Drivers for electing to drive and get in an accident instead of staying home in safety? Old people for the lifestyle choice of getting old, instead of jumping off a cliff as they did in Ancient Japan so as not to be a burden on society? Where does it stop?

- last but not least, if you think that my “lifestyle choices” cost you anything - don’t you have the burden of proof on such a claim? (more on this below too)

Now, for the “personal” bit of economic impact, let us see how the measure will work out for me.

I currently work full-time, earning slightly more than \$40/hour. Most Australians are not in the high-six-figure bracket, so I am a fairly typical case. My two children go to childcare, which is heavily subsidised by the government. This **enables me to work**. Period. This is **the one and only reason for the existence of the childcare subsidy**. With it, my family can make ends meet. We are not getting richer, we are not getting poorer, we are exactly at the break-even point.

An important point to note is that **I am still a net contributor into the system**. The taxes I pay are still more than the subsidy I get. In other words, when all is said and done, the state has decided to lower my tax burden (to a non-zero amount, so I am still paying) but all in all it is me giving money to the government, not the other way round.

This is how things stand now. Let us then run two scenarios after the proposed change, and go through the numbers below.

#### **Scenario 1: I continue working.**

Wage: \$40/hour, times 7.6 hours/day, less tax = \$240/day.

Childcare (full amount, without the subsidy): \$8.50/hour, times 10 hours/day (I need to travel to work and back), times 2 children = \$170/day.

Travel to and from work: bus tickets, times 2 = \$14.

Take-home wage: \$56/day, or **\$7.37/hour**, or \$14,560pa.

Note that I will still have to pay the Medicare levy at the end of the financial year, because I am still seen as a high-earning individual and the fact that I am also a high-spending individual will not be taken into account; so the final total will be (less 2% of 80k):

#### **I work for \$12,960pa**

Note also that I am still paying considerable taxes and am still a net contributor to the system (while the system has decided to throw me under the bus).

#### **Scenario 2: I stay home with the kids.**

Newstart Allowance (as per Centrelink online calculator): \$476.70/fortnight, or \$12,394.20pa.

To simplify things, let’s only claim Rent Assistance in addition: \$150.50/fortnight, or \$3,913pa.

Total: **\$16,307.2pa when I stop working**

Comparison: **I am \$3,347.2pa better-off** than Scenario 1.

Additional bonus: I get to spend quality time with the kids, and have all the leisure time in the world to pursue my hobbies.

Note that **I am now a total liability to society**. According to you though, which is the rational course for me to take?

#### 4. Health / Science

So, why do I refuse to vaccinate my children?

First, I want to make an important point here. Given that it is my **right** to have a choice, it is not incumbent upon me to justify my choices. You cannot withdraw somebody's right on the basis that "you know better" why he should not be able to exercise it. In this respect, nobody who refuses vaccination *has* to explain (much less prove) why they have made such a decision. For an analogy you can understand - if every time I want to enter a public park I have to explain to somebody why I want to do so and prove that I have a legitimate reason to do it, then I am no longer "free" to enter it - I am granted a conditional privilege.

For the benefit of clarification though, you can see my reasoning below.

The above-mentioned canned reply which the government instructed MPs to send mentioned that **"the science on this is settled"**. **Whoever wrote this bit of wisdom has no idea how science works, or what science IS.** Real science is never settled. It rests on theories. A "theory" is something which describes the observable world. It is only useful (and - provisionally! - accepted) if it describes it correctly and can predict future events correctly. If it fails to describe the world correctly (due to us observing a new phenomenon, or re-evaluating something we have already observed before because we can now measure it better) - the theory is discarded. This is why people are building the Hadron Colliders of this world - because science is never settled. **Refusing to discard a theory in the face of contradictory facts is, as already said above, religious belief. And, as a reminder, forcing it onto others makes you a theocracy.**

Accepted medical science at one point recommended prayer as a means of salvation. Then it was leeches and blood-letting as the answer to everything. Then electric shocks. Then (well into the 1960-ies) accepted medical science claimed there is no link between smoking and cancer (there were even ads with "the doctors' favourite brand" of cigarettes [12]; by the way, in 1994 the CEOs of large companies testified under oath in front of another Senate Inquiry that there is no research to prove smoking is addictive). Thalidomide was "tested to be safe" and was approved for use. DDT was the salvation of humanity. Research showed that eating (any) fat was bad for you, so the US became a nation of diabetics while avoiding fats; now science says that "er... fat is not really that bad after all" (apart from artificial ones, see below). All sorts of bacteria around you were bad, so Americans did everything they could to sterilise their homes and get rid of all "germs" (home detergents and disinfectants are a multi-billion industry). Now many have allergies and ailments that are unheard of in third world countries, cannot eat real yoghurt or cheese, and are resorting to "poo transplants" (yes, this is a thing now) to restore the gut flora they killed off; it turns out some bacteria are actually essential to your health and even your life...

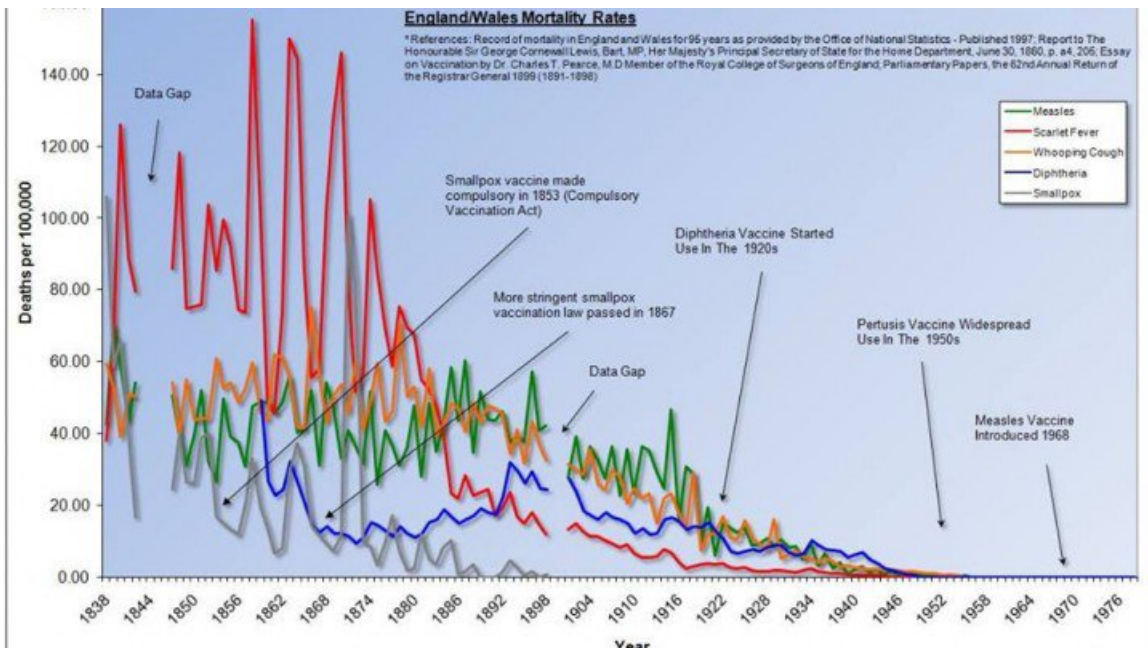
Given that it took the FDA in the US close to 60 years to finally admit that artificial trans fat are bad [13], don't you think it's sort of naive to rely on the current state of "settled science" as (presently) recognised by such venerable institutions?

**In short, don't tell me "the science is settled". It never is.**

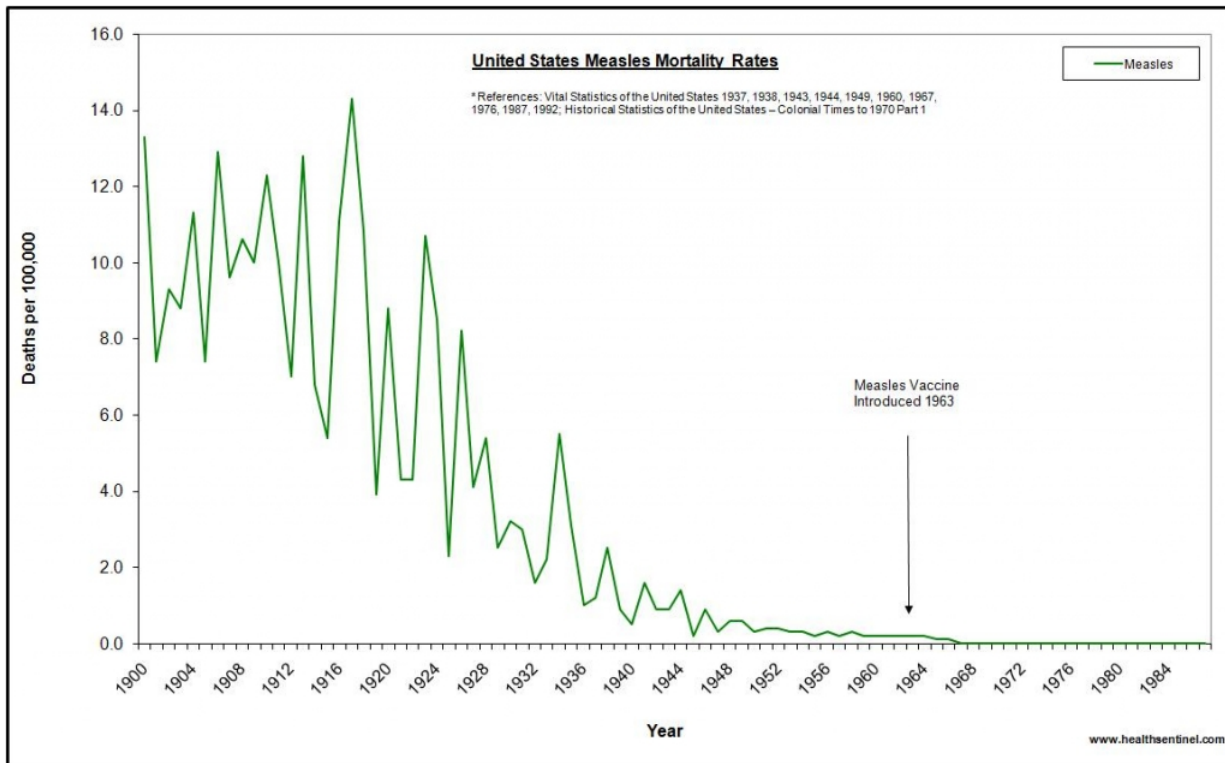
##### 4.1. Benefits of vaccines are overstated

We often see claims that "vaccines eradicated this disease" and "vaccines eradicated that disease". In one word - no. They did not. Mortality rates from any cause had been dropping for decades before vaccines were introduced. The ones that the pro-vaccine lobby likes to point out - polio and measles, had stopped being lethally dangerous long before the vaccines were introduced. These diseases disappeared even in populations that were never vaccinated. "Polio was eradicated in India by a massive vaccination campaign by the government" - yes... so what then eradicated polio in Somalia, where there has not been a government in decades? Western Sahara? North Iraq (you don't think that Islamic State vaccinates, do you?), South Sudan, the parts of Nigeria governed by Boko Haram etc. etc. Not to mention the disappearance of diseases like the plague (the virus is still alive, there is an average of one case per year worldwide - yet no epidemics), typhoid, leprosy and countless others. Take a recent one - Ebola. A vaccine for it was developed, and the very first thing the scientists did (at the press event where they announced it) was to complain that it cannot be tested, as nobody is getting the disease any more. So, how did these diseases disappear and why do you think that whatever caused them to do so cannot also be responsible for measles and polio?

This is a pesky little fact that contradicts the "vaccines eradicated disease" theory.



On measles... It has not been “deadly” for many decades (it stopped being so before the vaccine was introduced; there are now hundreds of cases annually, including our own “outbreak” here in Brisbane two months ago - no deaths). It is a mild childhood disease - a child gets it, feels sick for a couple of days, gets lifetime immunity and goes on. In the developed world, there has been **exactly one** case of death attributed to measles in the last decades, and that was a woman who was a) hit by massive doses of immunodepressants (so, her system had been deliberately weakened to near-death by drugs administered to her) and b) vaccinated for measles [25]. So the vaccine did not really help her at all.



And you want me, in order to prevent what is at worst a mild inconvenience to my child, to risk (quote from the manufacturer's product insert [14]): "*Panniculitis; atypical measles; fever; syncope; headache; dizziness; malaise; irritability. Vasculitis. Pancreatitis; diarrhea; vomiting; parotitis; nausea. Diabetes mellitus. Thrombocytopenia; purpura; regional lymphadenopathy; leukocytosis. Anaphylaxis and anaphylactoid reactions... Arthritis; arthralgia; myalgia. Encephalitis; encephalopathy;*"... the list goes on for a page and a half. This is the information that the manufacturers themselves distribute (and why the real situation may be much worse is discussed below).

What will the child get from this vaccine, at best? A supposed "immunity" for some years (how many - unknown), with some probability (significantly lower than 100% - a fact which the government itself not only admits but uses as justification for the new policy). Which "immunity" will expire without warning at some future date and get him to experience the consequences for an adult with measles (its symptoms are light for children and much worse for adults)?

Same with other vaccines: "*Vaccines do not protect most of us for a lifetime, as we used to believe. They simply postpone the susceptibility to the corresponding diseases but do not extinguish this susceptibility completely. When children are vaccinated against chickenpox, for example, they become vulnerable to it again once the vaccine's protective effect expires. By that time they might be adolescents or adults, when chickenpox is much more difficult to bear. Additionally, other mild childhood diseases, if pushed into adulthood, can have dire consequences. Mumps is dangerous for males after puberty due to the potential for causing sterility, and rubella is dangerous for pregnant women due to the potential of causing birth defects in the developing fetus. But do doctors inform us about the consequences of the vaccine-induced delay in susceptibility to viral diseases when they vaccinate our children?*"

For some lighter reading, here is a nice article to read and spend some thought on: [Measles deaths in Africa](#) [15]. The short story from it: recent announcements that vaccines have saved millions of lives in Africa are totally invented and **based on zero facts**. Nevertheless, these claims make it into the mass media and become part of the "science" which is "settled"...

On polio... The disease, again, had become non "deadly" (and also not crippling) before the vaccine was introduced. The page on the CDC site which glorifies the vaccine compares "now" with the situation in 1921!? Sorry, but that's like saying that the present Australian government has saved us from the horrors of the Great War. "Hundreds of thousands of Australians were dying on the fronts before our time, but not any more". Well, yes. Factually true. LONG before your time, though.

It is also worth noting that the "wild" polio virus has been wiped out for a long time and the recent cases are all caused by the "tame" virus contained in the vaccine. The World Health Organisation attributed the [re-emergence of polio in Europe](#) [16] and [parts of Asia](#) [17] (where it had been unheard of for a long time) to "vaccine-induced" infection. So, let me get this straight - there was once a virus, it disappeared, and we are now breeding a new one and injecting it in our children to prevent... what exactly? A vaccine to protect everyone from being hurt by the consequences of the vaccine itself? **Sounds very much like a protection racket to me...**

Whooping cough? "[Utah Whooping Cough Outbreak \(Pertussis\) Only in Vaccinated Children](#)" [18]. See also the graphs [here](#) [19], and read the bits which say "*you will discover that the average rate in the past five years was actually slightly higher than that in the last five years recorded before mass vaccination started*", and "*To add insult to injury, not only is the whooping cough vaccine not able to protect against this newer, more dangerous strain, but mass use of vaccination may have led to its emergence in much the same way as overuse of antibiotics has led to the emergence of more dangerous strains of bacteria.*"

"The move to an artificially created vaccine for whooping cough is behind an increase in cases of the deadly disease in the US." [20]

"Dozens of children exposed to healthcare worker with whooping cough in Melbourne" [21]; from the same article: **"Boosters are required for adults every 10 years. The staff member was appropriately immunised and last received a booster five years ago."**

Need I say more?

#### 4.2. Dangers of vaccines are understated

In some debates on the matter, I have had my background questioned - "you are not a doctor, so how do you know"? For a clarification - the quarrel, as such, is not with doctors. Doctors study the science which is given to them, they do not invent it. The quarrel is with "researchers" who create this "science". Recently, the editor of the "Lancet" (look it up... it is a scientific journal of considerable renown) [decried](#) [22] the fact that most medical research nowadays is industry-sponsored, self-serving and unreliable.

Unlike others who are opposed to vaccines, I have actually read research papers that "prove" one or another vaccine safe. With my non-medical background being a PhD in data mining, and having published some articles in peer-reviewed journals myself, I can say I have some basic understanding of research methods, their shortcomings and how they can be easily manipulated. I have read articles where:

- **the statistical sample is negligible** so no valid conclusions can be honestly made

- **the experiment design was flawed** - e.g. researchers studied vaccine outcomes by going through the records of a health insurance fund and looking for claims against it; overlooking the fact that the insurance does not cover vaccine injuries so they would not be reported to the fund

- **proper measurement methodology completely lacking**; comparing "measles cases before and after vaccination campaigns" - where a simple fact is not accounted for, namely that before vaccinations people would get visible symptoms and their case would be reported while after vaccinations they would not have visible symptoms so the case would not end up in the statistics (i.e. "reported incidence of disease" was taken to be the same as "total incidence of disease" which is obviously not the case; the discrepancy varied significantly before and after so cannot be discounted because the variation of the error significantly distorts the outcome)

- **redefining terms** - e.g. a group of vaccinated children is compared to a group of unvaccinated children, with "vaccinated" being defined as those who had two or three doses of a vaccine and "unvaccinated" defined as those who only had one; or "people had disease X at rate Y, we vaccinated them and now they do not have it; true, they have disease Z now, at exactly the same rate and with the same symptoms but what

is causing it is different (like, the little buggers what did it look different under the microscope) so it doesn't count"

On that note, some quotes from the Wall Street Journal: "India's Victory Over Polio Has an Unexpected Consequence" [23]: *"India's aggressive eradication of polio established the template for moving a disease from endemic to eliminated and has been lauded by the World Health Organization. But in the process, a rise in the prevalence of another polio-like condition, acute flaccid paralysis (AFP), has been recorded ... the condition is the sudden onset of muscle weakness or the inability to move limbs, and can be a tell-tale sign of polio, but is also a symptom of other diseases ... Research ... shows a positive correlation between the number of doses of polio vaccine given to a child on average in a state and the number of reported cases of AFP"*.

And countless cases like this: *"Her aunt had nursed diphtheria cases in Britain in the 1950s, and she said that her niece had the typical symptoms of diphtheria. The girl was flown by helicopter to a bigger hospital in Auckland, where they took a swab from her throat and confirmed diphtheria. When they learned that the girl was fully immunised, one of the doctors said to the mother, Then it can't be diphtheria. They changed the diagnosis to bacterial tracheitis."*

- **misleading interpretation of the experiment** - one group of children was injected with an "activated" vaccine and the other with "not activated", the outcomes were found to be comparable so the vaccine was declared safe; however, the experiment only proves that the "activated" part of the vaccine is as safe (or as dangerous) as the "inactivated" part - nothing tests the delivery mechanism for example (where the whole cocktail of toxic ingredients lives; I'll spare you the list as other submissions will have pointed these out already), or the "inactivated" vaccine - i.e. what actually gets injected into children

- **shifting goalposts** - from "the vaccinated children are healthy" (or, as a bare minimum, "vaccinated children do not get disease Y any more"; or - if we are to be honest - "vaccinated children get disease Y at lower rates compared to unvaccinated children") success is re-defined as "the vaccinated children have X count of antibodies for Y disease in their blood two months after vaccination"

- **sweeping stuff under the carpet** - like a study (covering 85 people in a Phillipine village! see "statistical sample" above) where a group of vaccinated children were compared to a group of unvaccinated children and were found to be marginally better off; true, they also came from families who were better off to begin with (thus could afford vaccination), had access to better food and lived in homes with running water and electricity unlike the other group - but hey, let's ignore these factors and concentrate on the vaccine alone? Incidentally, this same research found that children whose mother does NOT own an iron (for ironing clothes) do better at school compared to those whose mothers do... Comes to show the perils of trying to generalise on a tiny sample where any number of other factors come into play.

- **utter disregard (or lack of knowledge) of elementary maths**. When I was studying statistics and theory of probability, one of the "funny" examples in the textbook was a very easy problem which was given to doctors and it turned out they could not solve it, in a rather pathetic manner. Sadly and not so funny, I have seen the same example used in pro-vaccine propaganda (I'll not call it research). It goes like this:

- 1 in 10 people who develop an advanced form of disease X will die

- 1 in a million doses of vaccination will result in vaccine injuries, and 1 in 10 of these will result in death

- so, we are a million to one times better off taking the vaccination risk (pretending that non-deadly vaccine injures do not exist, along the way).

Yes, I have actually seen this argument advanced. What it conveniently forgets is a thing called "prior probability", namely - your average chance of becoming part of the first group of people in the first place, when the "1 in 10" chance will kick in (i.e. not only getting a specific disease, but also getting the worst possible complications from it). Take measles, for example. With something in the region of 100 cases in general per year in Australia [24] and zero serious cases resulting in death (**same outcome for both vaccinated and unvaccinated people**), your chance of getting in that group is exactly zero. If you vaccinate the whole population, twice (which the government aims to do), it will result (at the above rate which is arbitrary, just for the sake of illustration) in four deaths. Congratulations, you killed four people to save zero people. If we take the US for illustration, where the population is 15 times larger, you would have killed 60 people and saved again zero, because the one person who died of measles there was vaccinated but was not saved [25].

(weird, but... *after* I wrote this, I found the following article:

"ZERO U.S. Measles Deaths in 10 Years, but Over 100 Measles Vaccine Deaths Reported" [26] so I even had the ball-park figure right.)

The most serious problem though is that people only publish what supports their pre-conceived notions (or what they were paid to pre-conceive). This could be genuine and honest "selective reporting bias" (look it up) - for example, I am a researcher, I do a test run of something, the result is "obviously wrong" (flies in the face of what the textbook says or what I firmly believe to be true) so I think - "well, I must have messed up somewhere" and I bin it. Or, if I am a large company or even a "charitable foundation", I might not want to publicise the fact that my experiment killed seven children [27] so I just keep quiet and hope nobody will follow it up. I re-run the tests and voila - it now "works", it proves just what it should prove so I publish. The result of this cherry-picking (motivated by self-censorship or something else) is that only what supports the "settled science" and looks good for manufacturers gets published.

Now, why would an experiment support something and then another experiment not support it, you may ask? There is what is known as the "probability curve" (look up a German guy named Gauss). If you do a test run of tossing coins 100 times, in most cases it will come up 50/50 or near that; in some (much fewer test runs) it will come up 60/40 and in some cases even 70/30. If you toss the coins long enough, you may even get a straight 100/0 run. Given that people find it acceptable to publish and call "statistically significant" even a result of 51/49 (so they do not even need to keep trying too long), and that **nobody** publishes their "failed" experiments, what does that tell us? In one word - that all the published research proves **nothing** because we don't know what the unpublished research was.

Where biology and real people get involved, things are much more complicated than just tossing a coin. You start getting factors like "did subject A have breakfast today", "did subject B break up with her boyfriend yesterday", "did subject C get bored with the experiment and start flushing the drug down the toilet and entering random stuff in the questionnaire" etc. etc. As a practical case in point, see the article



“I Fooled Millions Into Thinking Chocolate Helps Weight Loss. Here’s How.” [28] in which one guy, with a budget consisting of his pocket money, conducted and published scientific research proving that eating chocolate makes you slim. Which was then picked up by the media and would have become part of the “settled science” if he had not owned up. If he can do it for a laugh with his pocket change, what can a company (whose very existence depends on it) do with a budget in the trillions?

Speaking of which, if you return to the list of so-called “settlements” [8] (read: fines) of pharmaceutical companies, at the very top of the “Violations” list you will see “**Criminal: Off-label promotion, failure to disclose safety data.**” Explainer: “off-label promotion” is industry jargon for “selling drugs that have not been approved yet, so carry unknown risks as they have not been properly tested”.

Some more quotes regarding Merck and a vaccine (which is in the Australian immunisation schedule) you are trying to mandate me to put into my children; from court case “United States v. Merck & Co.” [29]:

*Merck’s misconduct was far-ranging: It “failed to disclose that its mumps vaccine was not as effective as Merck represented, (ii) used improper testing techniques, (iii) manipulated testing methodology, (iv) abandoned undesirable test results, (v) falsified test data, (vi) failed to adequately investigate and report the diminished efficacy of its mumps vaccine, (vii) falsely verified that each manufacturing lot of mumps vaccine would be as effective as identified in the labeling, (viii) falsely certified the accuracy of applications filed with the FDA, (ix) falsely certified compliance with the terms of the CDC purchase contract, (x) engaged in the fraud and concealment described herein for the purpose of illegally monopolizing the U.S. market for mumps vaccine, (xi) mislabeled, misbranded, and falsely certified its mumps vaccine, and (xii) engaged in the other acts described herein to conceal the diminished efficacy of the vaccine the government was purchasing.”*

“Merck accused of stonewalling in mumps vaccine antitrust lawsuit” [30]: “Instead of answering the question, the letter said, Merck has been consistently evasive, using cut-and-paste answers saying it cannot run a new clinical trial to determine the current efficacy, and **providing only data from 50 years ago.**”

And this is not only about vaccines, it is all sorts of drugs where safety research was done by the manufacturers themselves or “sponsored” by them. A recent one, for example, says “*The medicine Aropax was declared safe for use in adolescents in a drug company funded study in 2001 but a new look at that study has found it hid results about dangerous suicidal behaviour.*” ([link](#) [31]) You can find dozens of such cases, I’ll not clutter my submission with them.

And you now want me to take the word of criminals (found to be such by the US government) who would have been imprisoned for life if they were natural persons and not corporations, and put my children’s lives in their hands?

We should also raise the question of why only “science” (settled or not), in the shape of “research articles published in mainstream journals” should have a say in “how dangerous vaccines are”?

Why not plain everyday facts, like the 13 people dead in Italy after a routine flu shot [32]?

Headlines like “Healthy People Who Were Vaccinated for the Flu Continue to Die” [33] (“*More deaths among otherwise healthy people are being reported all across the United States among children and adults who received this years flu vaccination.*”)

Why not this case now in the Supreme Court of India [27], for example? Let’s see... 16,000 girls vaccinated, “many” ill, “scores of teenaged girls hospitalised in a small town” alone, at least seven dead... but, nobody chose to publish it in a peer-reviewed journal so it did not happen? By the way, do your maths - if 7 out of 16 thousand died, how many will die if you vaccinate a million Australian girls?

Then, I also want to make some sort of “general” points here... It is not only a question of “is vaccine X safe”. It is also a question of “is a combination of vaccines safe” and “is the process of vaccination itself” safe. On the latter point - the deaths of dozens of Syrian children [34] may or may not be due to a bad vaccine batch; the infection of American children with HIV by a nurse re-using the same syringe was definitely not due to a bad vaccine; but, they were both definitely due to the process of vaccination itself, which (like every medical procedure) apparently carries risks which cannot be ignored. “Bad luck”, “staff ignorance” or “negligence” would not have come into play in the first place had vaccination not been done. **Where is THAT accounted for in your “settled” vaccines-are-safe science?**

On the former point. Vaccination is a part of medicine, and medicine is (or should be) about making people healthy. Not about people “having X count of antibodies” in a cubic millimetre of blood. So, what is the overall result then?

Why does the most vaccinated nation in the world have the highest infant mortality rate [35] among all developed countries? And why, in a country-by-country comparison, **infant mortality rate is directly proportionate to vaccination rate**? I am not even taking the autism epidemic into the debate - the “settled science” says it just coincided with mass vaccinations and the fact that the most vaccinated country is the only country with autism issues is, again, just a coincidence (while, of course, the elimination of a disease cannot be just a coincidence with a vaccine campaign - it was definitely due to the campaign even if the campaign happened some years later, or in a different country altogether). Just as smoking and cancer were a coincidence too, according to previously “settled” science. Even if we accept this (for the time being, until it un-settles like the others) - what about actual **deaths**? Go through the numbers there and **think** before you force my children into a situation where they can end up on the wrong side of these statistics.

### 4.3. Vaccines actually spread diseases

Here is what a hospital recommends for the safety of immunocompromised patients in its “Inpatient Visiting Guide” [36]:

- “To avoid contact with a person who has a rash after recently receiving the chickenpox (varicella) vaccine.”
- “To avoid contact with a person who has received a intranasal flu vaccine within one week.”
- “If a household contact (infant) has recently received rotavirus vaccination, all family members should wash hands thoroughly and frequently after contact with the vaccinated infant, especially when changing diapers.”

- "Household contacts not receive the Oral Polio Vaccine."

You can also see in the attached scan what the well-known Johns Hopkins Hospital advises on the matter in its *Patient Information* brochure.

The image shows a patient information brochure from Johns Hopkins Hospital. The title is "Care at Home for the Immunocompromised Patient". It is page 1 of 4. The brochure contains a table with four rows of questions and answers. A red hand-drawn box highlights the "Can I have visitors?" section, and a red arrow points to the "Are there any precautions I should follow about my medicine?" section.

| 1 of 4   |   | The Johns Hopkins Hospital Patient Information        |  | Page 1 of 4  |  |
|--|---|---|--|--|--|
|  |   | <b>Care at Home for the Immunocompromised Patient</b> |  | Original Date: 9/05<br>Oncology Revised/Reviewed: 6/12 |  |
| What can I do to prevent infection?                          | <ul style="list-style-type: none"> <li>Hand washing is the <b>best way</b> to prevent infection.</li> <li>Carry hand sanitizer with you at all times.</li> <li>Wash with soap and water or hand sanitizer                             <ul style="list-style-type: none"> <li>-before and after you use the bathroom</li> <li>-before and after preparing or eating food</li> <li>-after touching pets or animals</li> <li>-after contact with someone who has an infection such as a cold or the flu</li> <li>-after touching surfaces in public areas (such as elevator buttons, handrails and gas pumps)</li> </ul> </li> </ul> |   |  |  |  |
| Do I need to wear a mask?                                    | <ul style="list-style-type: none"> <li>Wear an N95 respirator mask when you travel to and from the hospital, when you are in the hospital, within two football fields of construction or digging, and in any public place.</li> <li>Close all car windows and turn on the re-circulate button of your ventilation system.</li> <li>Avoid crowds if possible. An area is crowded if you are within an arm's length of other people.</li> <li>Avoid closed spaces if possible.</li> </ul>   |   |  |  |  |
| Can I have visitors?   | <ul style="list-style-type: none"> <li>Tell friends and family who are sick, or have recently had a live vaccine (such as chicken pox, measles, rubella, intranasal influenza, polio or smallpox) not to visit.</li> <li>It may be a good idea to have visitors call first.</li> <li>Avoid contact with children who were recently vaccinated.</li> </ul>   |   |  |  |  |
| Are there any precautions I should follow about my medicine? | <ul style="list-style-type: none"> <li>Do not take aspirin or aspirin-like products (such as Advil™, Motrin™ or Excedrin™) unless told by your doctor.</li> <li>You should wear a medical alert bracelet that identifies you as a cancer patient or bone marrow transplant patient at risk for bleeding or infection.</li> <li><b>Keep a current medication list with you at all times.</b></li> <li>Do not take any herbal products.</li> <li>Avoid grapefruit juice, which interacts with many medications.</li> </ul>  |   |  |  |  |

As already mentioned, the World Health Organisation attributed the re-emergence of polio in Europe [16] and the death of a child [17] in Laos to "vaccine-induced" infection.

Many other vaccines "shed" the virus, including those administered to infants. [37]

"Public Health Officials Know: Recently Vaccinated Individuals Spread Disease". [38]

I can keep citing such till tomorrow.

**Apparently, vaccinated people represent the danger, and not the other way round.**

#### 4.4. Unvaccinated children are much better off than the vaccinated

Sometimes, a claim is made that “no large scale study has been done to compare vaccinated with unvaccinated children”. Now, it is true that most published research is sponsored by companies pushing a specific product so it only tests just the one product. But, there was actually a general comparison [35] done of the overall health outcomes of the two groups which I already mentioned above. It is quite enlightening. In short: it compares infant mortality rates in developed countries only (so we are not comparing Netherlands to Somalia, or year 2015 to year 1921) and is based on their health and death registries - so not “anecdotal data” but reliable statistics over something like half a billion people, going back many years. The highlights: **the most vaccinated country in the world (the US) has the highest infant mortality rate among developed countries. Cases of “unexplained infant deaths” tend to coincide with the vaccination schedule.**

Quote: “Prior to contemporary vaccination programs, “Crib death” was so infrequent that it was not mentioned in infant mortality statistics.” When it became a concern for the public, **some infant deaths were reclassified** as “suffocation” or something else, but **their total number remained the same** (see “redefining terms” above).

There are others too, for example this one [39] that says “**children who were undervaccinated because of parental choice had lower rates of outpatient visits and emergency department encounters than age-appropriately vaccinated children**”.

Coming back to my earlier statement that my children have had zero encounters with doctors or medication... I wanted to do some research before we signed the objection forms, so I started with the obvious - how do vaccinated children compare to unvaccinated in their health. I found nothing published. So I contacted Medicare and asked. Medicare is best positioned to know this, as they know perfectly well a) who is vaccinated and who isn't, b) who has gone to a doctor, when and why, and c) who is diagnosed with what. So, I thought it will be a simple matter for them to pull such data. Furthermore, I thought they would already be in possession of it - it is the basis of rational decisions on the topic, isn't it? So policy makers would have already requested it, yes? As it turned out - no. They did not have it, which was because nobody asked for it, and they were not going to get it for me.

So, I ask you here - **what is the basis of your policy if you did not even bother to go to your own, world-best database and GET THE FACTS** instead of relying on somebody's “settled science”? **You should not be asking “scientists” which children are healthier - you should be TELLING them** because you (through Medicare) are in a position to actually **know**. Which, for some reason, you seem to have elected not to do.

Just in case some thinking person gets to read this and has a desire to follow it up, please get the following data and **publish it** so as to make this debate informed (as it should have been from the start, and not based on unfounded mass-media hysteria as it is now):

- **how many children in Australia are fully vaccinated as per schedule?**
- **how many are not vaccinated at all?** (leave the intermediate cases out so as not to muddle the issue)
- **how many doctor visits per year, on average, for each group?**
- **how many diseases** (“disease”, not “knife wound”, “playground fall” or “spider bite” etc.) **per year, on average, for each group?**
- **what is the average cost, in dollars to Medicare, of a child in each group?**

#### 4.5. Why does the government's argument “for the public safety” not stack up (or why is the herd immunity argument a fraud)?

Even if you ignore all of the above, the government's and the pro-vaccine lobby's claims are mutually exclusive, so the whole story upon which this measure is based is even inconsistent in itself.

First, the government cannot have it both ways - the unvaccinated are a threat to the vaccinated? Really? Aren't the vaccinated “protected” by the vaccine? No? So, why bother then?

Oh, but the poor kids who cannot be vaccinated for some medical reason... Well, what about the poor kids who are not vaccinated due to their parents' choice? There have always been some of them - have they suffered? Open up your databases and see instead of relying on guesswork.

Second. If it is all about “protection”, why are there still going to be any exemptions at all? Exemption on medical grounds - fair enough, the child almost died by a previous vaccine so will not get new ones. But... isn't this child still a threat, medical excuse or not? Ban him from the childcare centre, right? (or make sure his parents cannot afford to send him there, which amounts to the same thing) Moreover, why exclude unvaccinated children only? They are excluded as “potential carriers of a disease” (with some unknown but low probability, at some unknown time in the future). **How about children who are already (quite definitely, and now) found to be carriers** of something - why are they not persecuted too? For example, if my child somehow manages to get Hepatitis B, he will then get a medical exemption from vaccination, will be a certified carrier of the disease but will be OK to enrol at childcare - while as a potential carrier he will not? And this is rational according to you? Oh, it's **illegal to discriminate on the basis of medical status? And how is “vaccination status” not part of “medical status”?**

Not to mention the 20% of people who “get the jab” but “it doesn't work” for them so they are in fact not vaccinated? What are you doing against them?

Third... We keep reading how there are pockets of suburbs or whole regions that are significantly under-vaccinated (funny how they tend to be the places where the most educated people live - makes you think...). So, have they become hotbeds of epidemics? Veritable valleys of death and lamentation? Look around yourselves, dear politicians - chances are, you live in one of these pockets too. Do you see people dropping like flies in the street? I'd bet not. So **why discuss theories of “what will happen if...” when it has already happened** in places that you can go and visit and see for yourselves?

Last but not least, back to third grade maths. The government finds it a problem that 1.77% of people have chosen not to vaccinate [40]. *“We really need to keep vaccination rates at that 90 per cent plus level to keep herd immunity. Associate Professor Christopher Carter, CEO of the Inner North West Melbourne Medicare Local, told Tom Elliott.”* ([link](#) [41]) Now, I don’t get it - isn’t 100 minus 1.77 way more than 90% already? Or 95%, which seems to be the target in the UK [42]? We should have achieved herd immunity heaven long ago?

What is the problem then? Ah, vaccines “do not catch” in some people, so only 80% get immunity and we need to protect those other unfortunate 20%. So, do these 20% count towards the unvaccinated great unwashed masses? If they do, **there never will be herd immunity** - even if 100% vaccinate, we will only get 80% “protected” so no herd immunity. (plus, **if they are effectively not vaccinated - why are they not excluded from childcare too?**)

But wait, there is more... The effect of a vaccine wears off after time. A child who gets vaccinated against something today will be “unprotected” against it in 5, 7 or 10 years at most. Then he will be an adult for another 50 or 60 or 70 years. So, statistically speaking, all the adults are spreaders of disease - how is my child “protected” if the five children his age around him are vaccinated, and the hundreds of adults in public places around him are not?

Now, maybe you have a measure figured out for this too. Adults will need to get vaccinated to death (pardon, till death) and if they are not - they will be excluded from shopping malls, cinemas, offices, streets... With checkpoints before you are allowed to join the protected? *“Going into the building, comrade? May I see your vaccination card? What, two weeks past your schedule? Step this way - will you go quietly or do I need to call security?”* Is this how you see the future? May we be INFORMED about this now so we know when to leave the country, while we are still allowed onto public transport?

Sounds far-fetched, doesn’t it? But, without it, the policy to only vaccinate 12% of the population (which is children below age of 10) makes no sense. **Getting the children who are now “missed” will only push your “herd immunity” from 11.79% to 12% (or from 9.43% to 9.6% if we discount those who vaccinate but the vaccine “doesn’t take”)**...

Ironically, even the **Australian Department of Health itself has already acknowledged that this strategy does not work.** *“Department of Health divisional executive director Chris Brook said states were abandoning the “cocooning” program... The Pharmaceutical Benefits Advisory Committee, which is totally independent and very expert, has determined that there is no clinical effectiveness of this strategy.”* ([link](#) [43]) In case you were wondering, *“Cocooning is defined as the strategy of protecting infants from infectious diseases, especially pertussis, by vaccinating those in close contact with them.”* ([link](#) [44]) (and if this measure has some different goal, let me know)

Back to that pesky “settled science” thing, here is a [nice article](#) [45] by somebody who has a PhD in immunology with something of an explainer on “herd immunity” much more eloquent and well-researched than anything I can achieve. Short story: **herd immunity was never an established fact; it has always been a hope which sadly never materialised.** Some choice excerpts:

*“Along with the growth of interest in herd immunity, there has been a proliferation of views of what it means or even of whether it exists at all.”*

*“Perhaps with a good intention to immediately put an end to any risk of congenital rubella in their community, elementary school children were vaccinated en mass against rubella in 1970 in Casper, Wyoming. Ironically, nine months after this local vaccination campaign took place, an outbreak of rubella hit Casper, Wyoming. The herd immunity effect did not materialize...”*

*“Disregarding these realities of disease control and eradication, the unsubstantiated belief in herd immunity continues to influence vaccine-related legislation in many U.S. states and other countries. The notion of herd immunity is used as a trump card to justify any measures, often at odds with personal freedom of choice, aiming to increase vaccination compliance. An implicit assumption is that liberal vaccine exemption policies would somehow compromise this precious herd immunity, which the public health authorities strive to establish and maintain via mass vaccination.*

*Although the evidence for vaccination-based herd immunity is yet to materialize, there is plenty of evidence to the contrary. Just a single publication by Poland & Jacobson (1994) reports on 18 different measles outbreaks throughout North America, occurring in school populations with very high vaccination coverage for measles (71% to 99.8%). In these outbreaks, vaccinated children constituted 30% to 100% of measles cases. Many more similar outbreaks occurring after 1994 are described in epidemiologic publications.”*

*“The herd immunity theory is based on a faulty assumption that vaccination elicits in an individual a state equivalent to bona fide immunity (life-long resistance to viral re-infection). As with any garbage in-garbage out type of theory, the expectations of the herd immunity theory are bound to fail in the real world.”*

*“Rapid loss of vaccine protection in low-responders is the reason for the paradox of a “vaccine-preventable” disease becoming the disease of the vaccinated. Such disease cases are not early-age vaccine failures due to maternal antibody interference, they are anticipated vaccine failures due to waning vaccine protection.”*

*“Imported by a high-school teacher during the spring break trip abroad (himself vaccinated against measles in his childhood), the outbreak happened to spread swiftly from this index case, involved more than 600 individuals including 21 infants, and lasted for half a year. Nearly half of the measles cases in this outbreak were twice-vaccinated individuals.”*

*“The medical establishment assumes that vaccinated children, if they themselves get virally infected or even develop full-blown (called breakthrough) disease, cannot transmit it to others. Some cite a paper published in the prestigious Journal of American Medical Association (JAMA) in 1973 as providing evidence for this assumption. Indeed, the title of the article reads Failure of Vaccinated Children to Transmit Measles. However, careful examination of the study design reveals that the study did not properly address the question it should have addressed: whether vaccinated children who definitely got infected during an outbreak did or did not transmit the virus to others, who were still susceptible to the virus. ... Curiously, the study data show that non-sick unvaccinated children also fail to transmit measles (which they obviously did not contract during that particular outbreak) to their younger pre-school siblings...”*

*“A recent study, based on the 2011 outbreak of measles in New York City, has clearly documented that a twice-vaccinated person (an adult) can transmit measles to others.”*

*“To prevent an outbreak, 70-95% of the population, according to very broad theoretical estimates, has to be truly immune that is, resistant to viral infection, not just protected from developing the full range of symptoms that conform to the accepted clinical definition of the disease. However, 100% vaccination compliance can at best make only a quarter of the population become resistant to viral infection for more than a decade. This makes it apparent that **stable herd immunity cannot be achieved via childhood vaccination** in the long term regardless of the degree of vaccination compliance.”*

*“Is Revaccination a Solution to Waning Vaccine Protection Against Measles? ... poor responders to the measles vaccine remain poor responders to further vaccination and **cannot rescue herd immunity.**”*

*“Mass vaccination of children initially achieves rapid results in disease reduction through attempted viral eradication only because it hitch hikes on top of the permanently immune majority of adults who acquired their immunity naturally in the pre-vaccination era. The problem is, however, that the proportion of vaccinated but non-immune young adults is now growing, while the proportion of the older immune population is diminishing due to age. Thus, over time mass vaccination makes us lose rather than gain cumulative immunity in the adult population. At this stage **the struggle to control imported outbreaks is going to become an uphill battle regardless of vaccination compliance**, with the Quebec measles experience of 2011 being a harbinger for more of such out-of-control outbreaks to come.”*

*“The medical establishment got it all in reverse; **it is not vaccine-exempt children who endanger us all, it is the effects of prolonged mass-vaccination campaigns that have done so.**”*

As a point of historic interest, and recapitulation of this part, the term “herd immunity” was coined in 1933 (long before mass vaccinations) by a researcher who found that epidemics tend to occur when less than 68% of the population have natural immunity to measles. Note 1: 68%, and not 80%, 90%, 95%, 98% (the current **already achieved** situation in Australia) or 99.99% (the goal of this measure) - which is the shift of the “herd immunity target” over time. Why does it have to shift? Because it doesn’t work, at any vaccination level, due to Note 2: he was speaking of “natural immunity” and not “vaccine immunity”. Natural immunity is what a child gets after it has had measles - it means the person (as a child or later as adult) **can no longer get the disease.** “Vaccine immunity”, on the other hand, means that the child will still get it - only with suppressed symptoms; it will still be a virus carrier though.

For a clarification of the vocabulary used, it also has to be noted that with the proposed measure the government seems to want to achieve “cocooning” (which, as mentioned above, it has already declared ineffective) and not “herd immunity” - **seems it hasn’t even got the terminology right...**

#### 4.6. Further absurdity of the measure

First and foremost, the danger to people of compromised immunity does not come from unvaccinated persons. If my child gets measles - he will get symptoms and will stay home sick. If a vaccinated child (or adult carer!) gets measles - he will not get symptoms and will go to daycare as usual. Which is exactly why the fully-vaccinated nurse in Melbourne was in a position to spread the virus to dozens of children [21] before being detected.

Not to mention that in all probability the virus will have come from the vaccine in the first place.

See what the UK government for example has to say on the matter [46]: “There is a potential for transmission of the live attenuated virus in Rotarix® from the infant to severely immunocompromised contacts through faecal material for at least 14 days.” Not to mention “As with all vaccines, there is a very rare possibility of this vaccine causing a severe allergic reaction called anaphylaxis.” Something that the Government of Victoria acknowledges too [47], although it neglects to mention the risk to everyone around the newly-vaccinated person (aka his “contacts”).

Finally, some random questions that come to mind...

One, “catch up vaccinations” - so, for us to get the childcare benefit, my child is supposed to be on a “catch up schedule” to make up for missed time? To get “protected” by diseases that would have been dangerous to him when he was one year old? He will get this now, when he is seven - in order to... what? Retrospectively make him “protected” six years in the past?

Two, he will be vaccinated in order to “protect those around him” - from tetanus? It is not a even a communicable disease.

Three, Hepatitis B. “It is spread through unsafe sex and other activities where blood or body fluids are exchanged (such as drug use with shared syringes)”. Which of these activities do you think happens at the childcare centre where he goes? **Dear politicians, you have much explaining to do** if you think they happen on such a scale that you need to vaccinate every child in the land for “protection”. And do you know that the effects of the vaccine will wear off after no more than seven years? (apparently, this is the “accepted wisdom” on the topic; Merck themselves state in the vaccine insert that “The duration of the protective effect of RECOMBIVAX HB in healthy vaccinees is unknown at present and the need for booster doses is not yet defined.” **So much for “settled science” - even the manufacturers themselves admit in plain text that they have no idea.**)

In other words, the effects of the vaccine will be gone when he is old enough to be able to enjoy the means of getting the disease. Can you tell me again why then he needs to risk “pain, tenderness, pruritus, erythema, ecchymosis, swelling, warmth, nodule formation, nausea; diarrhea, pharyngitis; upper respiratory infection; vomiting; abdominal pains/cramps; dyspepsia; influenza; paresthesia; Pruritus; rash (non-specified); angioedema; urticaria; arthralgia including monoarticular; myalgia; back pain; neck pain; shoulder pain; neck stiffness; lymphadenopathy; dysuria; hypotension; Guillain-Barr syndrome; multiple sclerosis; exacerbation of multiple sclerosis; myelitis including transverse myelitis; seizure; febrile seizure; peripheral neuropathy including Bell’s Palsy; radiculopathy; herpes zoster; migraine; muscle weakness; hypesthesia; encephalitis; Stevens-Johnson syndrome; alopecia; petechiae; thrombocytopenia; optic neuritis; tinnitus; conjunctivitis; visual disturbances; uveitis?” Plus another half page of side effects when combined with other drugs (as it will be, in large doses)?

**5. Conclusion**

1. *Our children will not get vaccinated, new policy or not.*
2. *This will not save you money, on the contrary - will cost way more.*
3. *The policy is based on disgraceful ignorance.*
4. *It also sets a dangerous precedent of trampling basic law and rights, with unpredictable consequences (say "scope creep").*

Pavel Kalinov, PhD

—ADDRESS—

—email, phone—

## 6. Links to References

- [1] **The Vaccine Reaction** <http://www.thevaccinereaction.org/2015/09/the-religion-of-anti-science-fanaticism/>
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