

Submission To The Scrutiny of Acts and
Regulations Committee (SARC)

Re: Conflicts of the no job no pay policy with the
Victorian Charter of Human Rights and
Responsibilities

Attn : Ms Lizzie Blandthorn MP

Written by : Trent Wiseman

As a Victoria father of two daughters under the age of three, I would like to weigh in on your review of human rights issues relating to the proposed no jab, no pay/play policy. I've heard views on the breach of the Nuremberg code in relation to informed consent without coercion being a prerequisite to any medical treatment. I'm no lawyer but the no jab no pay/play policy definitely seems to be in breach, a discriminatory means of implementing crippling financial duress and social segregation on those attempting to implement their internationally prescribed human right to informed consent for the health of their children. And while I don't pretend to understand the full intricacies of the human body and its immune system, I have now spent three years of my spare time researching health, nutrition and vaccines for the good of my family. What I can say with absolute certainty is that in speaking to enough practitioners, reading endless books and watching all available documentaries on these topics, there are recurring messages on the benefit of a holistic approach to health and nutrition, and the cases for the opposing, often wide-held conventional viewpoints that have the origins of their recommendations based in profit driven industries, become ever less credible.

Now please don't misconstrue my viewpoint here to be naive or one sided, I've studied all angles of vaccination, spoken to multiple doctors, scientists, an immunologist, a pharmacist, homeopaths, naturopaths, chiropractors, midwives, nurses, etc. In my immediate family I have an MD, a couple of naturopaths, a doctor of Chinese medicine and a paramedic student. While not all of these oppose vaccination, and those that do feel obliged to whisper in hushed tones for fear of repercussions in Australia's censored medical environment, this has been discussed a length, endless times. So when in my investigation of the issue I read opinions that I we should "stop being so f****n lazy and just get your kid vaccinated", I find the misleading of the public on vaccine related health messages unbelievably frustrating. Rather than blindly accept the advice of one bulk billed doctor, trained primarily in the prescription of pharmaceuticals, to administer an injection that will absolve us of all our parental responsibilities of working hard to preserve the health of our children, we put great strain on our family, financially and time wise, by gathering the opinions and expertise of these practitioners at the coalface, the benefit of their real world experience. We pay extra for the organic food, for the supplements, for chiropractic adjustments, for less toxic personal and cleaning products. We certainly haven't made the easy choice, definitely not the lazy choice, but a pro-active, hard earned informed choice as to what will deliver the best outcome for our children. You today, and our government are in the same position now. To take the easy road, to blindly accept long held conventional beliefs, or to truly investigate this matter and empower the public to continue to make informed decisions for their families well-being that I absolutely consider their human rights. Every scientific belief is known to be true until it's proven otherwise. Every drug that's been withdrawn from the market for killing its consumers was first tested and proven to be 'safe and effective'. Thus the lessons of history beg us to take the precautionary principle in this respect.

My wife and I started out pro-vaccine, who wouldn't? We are told that vaccines are safe and effective, that they are responsible for the eradication of past disease epidemics, and have almost succeeded in ridding the world more of these life threatening illnesses that plagued us in years gone by. Researching beyond government health guidelines and pharmaceutical industry handouts, many flaws emerge in these claims. To begin to fathom the enormity of how we could possibly be so misguided in our health policy there are many factors to take into account. Firstly the vaccine industry is reputed to now be a \$48b per year profit driven market, with pharmaceutical companies holding shareholder profits and market share as first priority rather than consumer health. Logically, it is in their best financial interest not to cure disease, but to manage lifelong chronic illness. These companies have collectively been fined or paid out fraud settlements to the value of almost \$20b now, and in the case of pharmaceutical fraud, this is generally a case of falsifying data or continuing to market products that they know are killing people. Again, killing people. One would like to believe this to be conspiracy theorist, yet once more we look to the lessons of history regarding the tobacco industry, asbestos, viox, thalidomide, Agent Orange, etc. Abundant, widely accepted research is now being published in the most esteemed of medical journals as to the dangers and inefficacy of statin drugs, that the cholesterol message was absolutely wrong for the past 40 years. That fluoride is now classed as a neuro-toxin along with the likes of lead and mercury, that there is actually no evidence that the ingestion of fluoride through our water supply provides any dental benefit what so ever, yet results in a likely 7pt IQ reduction in children from fluoridated communities. The findings of this study appeared in the Lancet, March 2014, and yet there has been no discussion of any resultant change to our Australian fluoridation policy. Our steadfast defence of long held beliefs so often contradicts clear logic.

The government bases our health policies and regulations upon advice from pharmaceutical lobby groups and our medical associations. Our doctors and those comprising these medical associations base their knowledge and viewpoints on the new data emerging from studies published in medical journals. Yet when up to 98% of advertising revenue for these medical journals comes from pharmaceutical companies, how can we be assured that there is not a conflict of interest here?

Dr Richard Horton, the current chief editor of The Lancet, the most esteemed peer reviewed medical journal in the world states:

"The case against science is straightforward: much of the scientific literature, perhaps half, may simply be untrue. Afflicted by studies of small sample sizes, tiny effects, invalid exploratory analysis and flagrant conflicts of interest, together with an obsession for pursuing fashionable trends of dubious importance, science has taken a turn towards darkness."

In 2005 Dr. John P.A. Ioannidis, currently a professor in disease prevention at Stanford University, published the most widely accessed article in the history of the Public Library of Science (PLOS) entitled Why Most Published Research Findings Are False. In the report he states:

“There is increasing concern that most current published research findings are false.”

“It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of the New England Journal of Medicine.” – Dr. Marcia Angell, a physician and long-time editor-in-chief of the New England Medical Journal (NEMJ) (source)

In the case of cholesterol lowering statin drugs, it's reported that drug studies financed by the pharmaceutical industry are up to 20 times more likely to yield a positive result than those funded independently. And of the research findings to be published, studies yielding positive results were twice as likely to reach the literature, and those with negative findings were often adjusted to achieve a more favourable outcome. Pharmaceutical whistle blowers are coming forward at an ever increasing rate.

Congressman Bill Posey has appealed to the US government to take action on a cover up of negative findings in a 2004 study of the safety and efficacy of the MMR vaccine headed by Dr William Thompson. Thompson says, “I was complicit, and I went along with this, we did not report significant findings . . . I have great shame now when I meet families with kids with autism because I have been part of the problem.”

Dr. Diane Harper was a leading expert responsible for the Phase II and Phase III safety and effectiveness studies which secured the approval of the human papilloma virus (HPV) vaccines, Gardasil™ and Cervarix™. She states:

“There is no demonstrated relationship between the condition being vaccinated for and the rare cancers that the vaccine might prevent, but it is marketed to do that nonetheless. In fact, there is no actual evidence that the vaccine can prevent any cancer. From the manufacturers own admissions, the vaccine only works on 4 strains out of 40 for a specific venereal disease that dies on its own in a relatively short period, so the chance of it actually helping an individual is about the same as the chance of her being struck by a meteorite.”

Dr. Peter Rost, MD, a former vice president of one of the largest pharmaceutical companies in the world (Pfizer), shares the truth:

"The truth is that the pharmaceutical industry has saved millions of lives, yet it is also an industry which has caused a lot of grief and pain when it hasn't handled its new drugs appropriately or when it has covered up fatal side-effects. Merck is the latest villain, and David Graham from the FDA claims that Vioxx has killed about 60,000 patients"

Former Merck sales rep Brandy Vaughan explained that for five ruthless years, Merck and Co. knowingly deceived and poisoned 80 million people around the world with their infamous and deadly drug Vioxx. The drug was taken off the market in 2004 after a study revealed that Vioxx doubled the risk of heart attack and stroke in those who took the drug.

Two former Merck scientists, Stephen Krahling and Joan Wlochowski, filed a whistle-blower lawsuit accusing the drug maker of falsifying data about its mumps vaccine, saying the company is refusing to answer a key question about effectiveness of the product. Specifically, the scientists complain that Merck is being evasive about the actual effectiveness rate, an issue that is at the heart of their 2010 lawsuit. As noted previously, the former virologists charged the drug maker knew its vaccine was less effective than the purported 95% level, and alleged senior management was aware and also oversaw testing that concealed the actual effectiveness.

In light of these revelations, the integrity of studies in drug safety and efficacy performed by the pharmaceutical companies must be called into question and further independent testing seems a necessity. Furthermore, the influence of these companies upon the prescribing habits and recommendations of our doctors and governments must be curtailed.

The greatest reasoning behind wide scale vaccination programs is the concept of herd immunity. Claims that vaccines are responsible for the eradication of past disease epidemics are constantly repeated, yet further investigation clearly shows otherwise.

"...the largest historical decrease in morbidity and mortality caused by infectious disease was experienced not with the modern antibiotic and vaccine era, but after the introduction of clean water and effective sewer systems." - The Journal of Paediatrics, December 1999, Vol. 135, No. 6, p. 663.

"Up to 90% of the total decline in the death rate of children between 1860-1965 because of whooping cough, scarlet fever, diphtheria, and measles occurred before the introduction of immunizations and antibiotics" - Dr Archie Kalokerinos, MD

"My data proves that the studies used to support immunization are so flawed that it is impossible to say if immunization provides a net benefit to anyone or to society in general. This question can only be determined by proper studies, which have never been performed. The flaw of previous studies is that there was no long-term follow-up and chronic toxicity was not looked at. The American Society of Microbiology has promoted my research...and thus acknowledges the need for proper studies." - John B. Classen, MD, MBA

Dr Lawrence Wilson, MD, States:

"Vaccine advocates claim that the reduction in certain diseases is mainly due to vaccination. However, careful studies, such as that by J.B. and S.M. McKinlay, show that the vaccine-related diseases such as tuberculosis, diphtheria, smallpox and others were declining before vaccination came along. Improved hygiene, better sanitation and better nutrition of the people are the likely factors in their decline. This has been shown to be the case in many nations since then.

The McKinley study indicated that vaccines accounted for only about 4% of the decline of several important diseases. However, it can appear that vaccines were of more benefit because they came along about the same time that hygiene, sanitation and nutrition improved.

It is also well-known that vaccines do not protect 100% against a disease, and they offer only temporary or partial immunity."

The stated requirement of a 95% vaccination rate to achieve herd immunity is an incredibly random, flawed claim. Vaccine achieved immunity has been accepted to last anywhere from 2 - 10 years, thus all of those that have not kept up to date with booster shots would no longer be covered. Then there are also a percentage of recipients for whom the vaccine simply doesn't work. In addition there are also those from an era prior to the administration of the entire current vaccine schedule, those that have refused, and so on. So realistic figures of vaccine achieved immunity would be far less than the current 92% claimed in Victoria. In many cases, immunisation rates actually have an inverse relationship to disease prevalence. With higher rates of whooping cough vaccination than ever before, we still have recent rates of contagion per 100,000 people greater than in the years prior to mass vaccination programs commencing in the late 1940s. Newly vaccinated individuals 'shedding' the virus vaccinated against, and the ability to be a carrier of the disease without showing symptoms seem the likely reason.

The New York Times reports on a new study finding that the greatest risk to infants of being infected with the bacteria that causes whooping cough, or pertussis, now comes from their older siblings. One recent study published in Paediatrics concluded, "Tdap protection wanes within 2 to 4 years. Lack of long-term protection after vaccination is likely contributing to increases in pertussis among adolescents." Whooping cough, the greatest fear mongering discussion point for the necessity of vaccination is being often spread by the recently vaccinated. The other common reference is the threat of measles, however looking to the past measles wasn't seen as the life threatening affliction it is now made out to be. It was considered a mild childhood disease, a rite of passage to develop the immune system. Parents had measles parties to get this pesky disease out of the way and achieve lifelong immunity for their children. Now however, mortality rates from third world

countries are employed to market measles as impending threat, when the fact is that based on American statistics since the turn of the century, over 100 children have died from the MMR vaccine, yet no one has actually died from measles itself. Vaccine safety and efficacy are hugely overstated, as are the actual disease risks.

The most important point however is vaccine safety. Regardless of constant dispute and denial of vaccine side effects, the following is a list from package inserts;

* HPV or Gardasil: Death reports are beginning to accumulate as this new vaccine is given to more and more teenage girls and even boys, although they cannot get the same condition of cervical cancer, which the vaccine is supposed to prevent, so this is patently insane except to try to prevent transmission of the sexually-transmitted HPV virus. However, the vaccine only covers some strains of the virus, so it is not even fully effective, if it works at all.

Other "side effects" have so far included: Bells Palsy, Guillan-Barre syndrome, seizures, blood clotting and heart problems, miscarriages and foetal abnormalities amongst pregnant women who received the vaccine.

Thousands have experienced syncope, rashes, facial paralysis, seizures and other effects, especially when this vaccine is combined with any of about 18 others in young girls or boys.

* Polio Vaccine Side Effects: Contracting polio from the vaccine, spreading the disease to others and Guillain-Barre syndrome. (Guillain-Barre syndrome is a severe fever and nerve disease that did not exist prior to vaccination.)

* The "Safe" DaPT (formerly DPT-diphtheria, pertussis, tetanus): This is one of the worst, with many instances of high fevers, shock, convulsions and death.

* Smallpox: Gangrene, smallpox, encephalitis, liver, spleen, pancreas and kidney disorders, herpes and polio.

* HiB (Influenza): When given with the DPT, persistent crying, seizures, hives, asthma and kidney failure.

* MMR (measles, mumps, German measles): Contracting measles, seizures, Guillain-Barre syndrome, arthritis, autism, nerve deafness and death.

* Hepatitis B: Shock, arthritis, Guillain-Barre, bronchospasm, multiple sclerosis, herpes, and possible sudden infant death.

* Chickenpox: Seizures, fevers, death and contracting chickenpox (in 27% of cases), which can cause birth defects if it spreads to pregnant women.

* Flu Shots. These can cause the flu in people who are healthy.

Adverse effects of the 30 or so other "mandated" vaccines would fill another 10 pages, but the point is clear. Vaccines are not safe at all.

While the public is told that vaccine reactions are extremely rare, generally 1 in a million, true figures are far higher, and still not indicative of the magnitude of the problem as only a very short term assessment is acknowledged, and often the association is refuted.

Dr L.Wilson states;

"Most vaccine problems are never reported. Until 1991, no centralized method existed to even report vaccine adverse effects.

According to the FDA, only about 10% of vaccine side effects are reported. However, other studies reveal that only 1 to 4% of adverse effects are ever reported.

For example, in 1998, the National Vaccine Information Center did a survey of New York pediatric offices and found out that "only one in 40 doctors reports a death or an injury following vaccination." That is only a 2.5% reporting rate! If we extrapolate this percentage of under-reporting, one finds that at least 20 million adverse effects have occurred since 1991.

Unfortunately, paediatricians and other doctors have an incentive not to report vaccine problems. Vaccination is the bread and butter of much of the paediatric profession."

In reference to these acute reactions, the greatest indication of the contradiction of vaccine theory is the comparison of the number of vaccine doses administered to children under 5, to infant mortality rates by country. Obviously the primary objective of vaccination is to save lives, yet the countries of the world with the lowest rates of infant mortality(Japan, Sweden, Denmark) are those with the least shots included in the vaccine schedule of young children, and vice versa. A clear correlation exists with the higher the vaccine doses equating to higher infant mortality. Furthermore, With America rating 34th in the world for infant mortality rates, the worst in the developed world, and the highest number of vaccine doses, the state of Mississippi boasts America's highest vaccination rate of 99.7%, and also the country's highest levels of infant mortality. This is an undeniable link warranting further investigation, the obvious conclusion would be to perform comparative studies of the health outcomes of vaccinated to unvaccinated, yet this has never been done on a large enough scale.

"In 2005, Julie Gerberding, director the Centers For Disease Control, stated that studying the health of vaccinated versus unvaccinated children would be "something that could be done". Yet no such studies have been begun by our government, in spite of begging and pleading by several groups of concerned citizens.

In October, 2007, however, Generation Rescue, a private group, spent their own money to conduct a survey of 17,674 children in California and Oregon from ages 4-17. 911 unvaccinated children were found. The study showed that the incidence of ADHD among the older unvaccinated boys was less than one fourth that of the vaccinated boys. The incidence of autism among boys who were not vaccinated was less than half that of boys who were vaccinated.

This is extremely damning evidence, and quite easily verified by more studies, but so far the government refuses to do the studies.

The California-Oregon study was conducted based on an earlier smaller study of Amish people in 2005. The Amish do not allow their children to be vaccinated. This study revealed only three cases of autism.

Upon further investigation, all three of these children had been vaccinated. Two were adopted into the community after vaccination. The third was a boy whose mother joined the Amish community after he was vaccinated. In other words, no autism at all was found among the Amish!"- Dr L.Wilson, MD

A further correlation between the vaccine/ autism link is shown by the natural birth clinic of the late Dr Meyer Eisenstein, MD, MPH. Eisenstein's clinic, recommending against vaccination, boasted a patient base of roughly 35,000, none of which to his knowledge showed any signs of autism or adhd. This is in stark contrast to general rates in the US of 1 in 50, or as high as 1 in 34 in some communities. This rise in autism over the past 30 years from 1 in 10,000 to the current us rate of 1 in 50 clearly shows that this is a man-made disorder.

Bernard Rimland, PhD, is director of the Autism Research Institute and founder of the Autism Society of America. He wrote:

"The FDA, CDC and various medical associations have failed miserably in their duty to protect our children (from the horrors of vaccination, editor's note). Rather than acknowledge their role in creating the immense, catastrophic rise in autism, they have resorted to denial and obstruction. They stand to lose their credibility and billions of dollars in liability suits that will soon reach our courts. The truth must and will emerge."

The health concerns are far broader than merely the disputed autism link. Along with the rise of the number of vaccines administered to children are corresponding instances of life long chronic illness such as asthma, allergies, cancer, auto immune conditions, SIDS, etc. These links are also continually refuted but the reality is that something in our modern lifestyle has creating this increase and the studies conducted generally show a 2 to 5 fold increase in many of these conditions among the vaccinated. The synergistic toxicity of chemical exposure through vaccines, our food and water supplies, cleaning products, etc., is a likely causative factor.

"Health authorities tell us the amount of mercury, aluminium and other toxins in vaccines is small. Let us review the numbers.

The recommended exposure to mercury for a newborn is 1-4 micro-grams or mcg. It is estimated that today's child receives up to 212 mcg of mercury from his recommended vaccines! Similar huge exposures occur to aluminium, cadmium, lead and other toxic chemicals and metals.

Add to this that most children born today already have excessive levels of these toxins in their bodies. This is due to vaccines given to the mother, along with environmental exposures that range from silver amalgam dental fillings that are half mercury to eating too much fish. Many pharmaceutical drugs also contain the same preservatives and chemicals as vaccines. Childhood is also a time of extreme vulnerability to toxic chemicals of any kind because the nervous system and other body systems are growing fast." - Dr L.Wilson

In pursuit of a reduction of infant mortality figures, we need to look to the countries such as Japan, who have a delayed vaccine schedule and only administer 11 doses to children under five, and Denmark and Sweden (11 doses), and achieve far greater mortality figures than either Australia (27 doses) or USA (36). The results seem quite clear.

"My suspicion, which is shared by others in my profession, is that the nearly 10,000 SIDS deaths that occur in the United States each year are related to one or more of the vaccines that are routinely given children. The pertussis vaccine is the most likely villain, but it could also be one or more of the others" - Dr Robert Mendelsohn, MD

"Delay of DPT immunization until 2 years of age in Japan has resulted in a dramatic decline in adverse side effects. In the period of 1970-1974, when DPT vaccination was begun at 3 to 5 months of age, the Japanese national compensation system paid out claims for 57 permanent severe damage vaccine cases, and 37 deaths. During the ensuing six-year period 1975-1980, when DPT injections were delayed to 24 months of age, severe reactions from the vaccine were reduced to a total of eight with three deaths. This represents an 85 to 90 percent reduction in severe cases of damage and death" - Dr Raymond Obomsawin, M.D.

"The cause of Sudden Infant Death, or SIDS, is not known. It is increasing, however, wherever vaccination is practiced. A revealing study was conducted in Australia in the 1970s. Due to safety concerns, vaccination was made voluntary in Australia. Almost immediately half the population stopped vaccinating.

The same year, the incidence of Sudden Infant Death also decreased in Australia by about 50%. Obviously, this is an area in need of greater research to confirm or disprove a link between SIDS and vaccination." - Dr L. Wilson, MD

So while it is claimed that those that oppose vaccines don't understand the science, and that the science is settled, it is obvious that those outside of the pharmaceutical industry funded laboratory environments studying the theories of immunity, there are many professionals that have repeatedly observed the real dangers of vaccines. Note the following list.

Doctors and Scientists with Concerns about Vaccines

Shizuo Akira, MD, PhD

David Amaral, PhD, MIND Institute, UC-Davis

François-Jérôme Authier, Professor, PhD

David Ayoub, MD, Radiologist

Anne-Catherine Bachoud-Levia, PhD

Toni Bark, MD

David S. Baskin, PhD

Denis Bedoret, PhD

Russell Blaylock, MD, CCN, former clinical assistant professor of neurosurgery at the University of Mississippi Medical Center in Jackson, MS. and is currently a visiting professor of biology at Belhaven University, Jackson, MI

Mary Ann Block, DO

T. Bobrowicz, PhD

Kenneth Bock, MD

Marie-Françoise Boissea, PhD

Subbarao Bondada, PhD

Jeff Bradstreet, MD

Pierre Brugierese, PhD

Julie Buckley, MD

Thomas Burbacher, MD

Fabrice Bureau, PhD

Rashid Buttar, DO, FAAPM, FACAM, FAAIM

Stephanie F. Cave, MS, MD, FAAFP

E. Cernichiari, PhD

Pierre Cesaroa, PhD

Lakshman Chelvarajan

T. Chen, PhD

Xavier Chevalierf, PhD

Shiv Chopra, MSc, PhD

Stephanie Christner, DO

T. Clarkson, PhD

John Barthelow Classen, MD

Cevayir Coban, PhD

Maryline Couettea

Andy Cutler, PhD (research chemist)

Jeffrey Dach, MD

Josep Dalmau, MD, PhD

Vicky DeBold, PhD, RN

Jamie Deckoff-Jones, MD

Christophe J Desmet, PhD

Mary Catherine DeSoto, PhD

Richard Deth, PhD

J.G. Dórea, PhD

Peter Doshi, PhD Johns Hopkins School of Medicine

M. Duszczuk, PhD

Steven Edelson, MD, Director of the Autism Research Institute in San Diego

(The late) Mayer Eisenstein, MD

(The late) Frank Engley Jr. PhD

Håkan Eriksson, PhD

Christopher Exley, PhD

Carl Feinstein, MD

Peter Fletcher, PhD, former Chief Scientific Officer, at the UK Department of Health

Lisa Freund, PhD

Paula A. Garay, PhD

Robert F. Garry, PhD

Thomas V. Getchell, PhD

Romain K. Gherardi, Professor, head of the department of Histology, Henri Mondor hospital, Paris, Neuropathologic and Clinical activities at the Neuromuscular Disease Reference Center, and is coordinator of the Department of Neurosciences INSERM

Beatrice Golomb, PhD, MD

Jay Gordon, MD

K.S. Grant, PhD

John Green, MD

Boyd Haley, PhD

Richard Halvorsen, MD

Diane Harper, MD, MPH, MS

(The late) Bernadine Healy, MD

Martha Herbert, MD, PhD, Professor of neurology at Harvard Medical

Laura Hewitson, PhD

Robert T. Hitlan, PhD

Amy Holmes, MD

Brian Hooker, PhD

Mady Hornig, PhD

Suzanne Humphries, MD

Mark Hyman, MD

Philip Incao, MD

Ken J Ishii, PhD

Emmanuel Ittie, PhD

Dr. Jill James, PhD

Bryan Jepson, MD

Archie Kalokerinos, MD

Jerry Kartzinel, MD

Matthew S. Kayser, MD

Marcel Kinsbourne, PhD

Kouji Kobiyama, PhD

Sheldon B. Korones, MD

Arthur Krigsman, MD

Pierre Lekeux, PhD

A. Lerner, PhD

N. Liberato, PhD

S.X. Lin, PhD

Andrew D. Livingston, PhD

Yushu Liu, PhD

Brian J. Lopresti, PhD

Kurt M. Lucin, PhD

Patrick Maisona, PhD

M. D. Majewska, PhD

Jennifer Margulia, PhD

Thomas Marichal, PhD

N. Scott Mason, PhD

A. Kimberley McAllister, PhD

Jaquelyn McCandless, MD

Susan McCreddie, MD

(The late) Dr. Robert Mendelsohn, MD

(The late) John Menkes, MD, Former head of pediatric neurology at UCLA Medical School. Menkes was also director of pediatric neurology at the Cedars-Sinai Medical Center in Los Angeles. In addition, he was a member of the Forum for Vaccine Safety with the National Institute of Medicine.

Joseph Mercola, DO

Claire Mesnil, PhD

K. Meyza, PhD

S. Midha, PhD

P. Mierzejewski, PhD

Donald W. Miller, Jr. MD

Richard Moskowitz, MD

Elizabeth Mumper, MD, Associate professor of clinical paediatrics at the University of Virginia

Devi S. Nambudripod, MD

Meryl Nass, MD

C. Nelson, PhD

E. Newell, PhD
Raymond Obomsawin, MSc, PhD
Tetyana Obukhanych, PhD
Keiichi Ohata, PhD
M. Olczak, PhD
Dr. Mehmet Oz
Larry Palevsky, MD
Elodie Passeria, PhD
Michael S. Petrik, PhD
Jon Poling, MD
Diana Popa, PhD
Massroor Pourcyrus, MD
Sandy Reider, MD
(The late) Bernard Rimland, MD
Aviva Jill Romm, MD
Robert Rowen, MD
Catherine Sabatel, PhD
E. M. Sajdel-Sulkowska, PhD
Bob Sears, MD
Martyn A. Sharpe, PhD
Chris Shaw, Professor, PhD
DD Shen, PhD
K. Vijendra Singh, PhD
Yehuda Shoenfeld, MD, FRCP
Peter Siesjö, PhD
Ken Stoller, MD
Carol Stott, PhD

Arnold J. Stromberg, PhD

Z. L. Sulkowski, PhD

Louise Swarbrick, PhD

Rena C. Tabata, PhD

Sherri Tenpenny, DO

Paul Thomas, MD

Jaime Tomko, PhD

Lucija Tomljenovic, PhD

Anju Usman, MD

Eva Vanamee, PhD

Judy Van de Water, PhD, Immunology, UC Davis

Michelle Veneziano, DO

Chiara Villac, PhD

Andrew Wakefield,

John Walker-Smith, Professor

Judy Wilyman, PhD candidate

Margaret C. Wong, PhD

Tony Wyss-Coray, PhD

V.C. Yang, PhD

Amy Yasko, MD

Edward Yazbak, MD

Walter Zahorodny, PhD, Assistant Professor of Paediatrics, University of Medicine and Dentistry of New Jersey

A. M. Zavacki, PhD

A long but obviously not exhaustive list, yet what's missing from this discussion is the input of all of those Australian doctors with vaccine concerns. In this country, the many health professionals that I personally know that oppose vaccines are all afraid to say so publicly for fear of having their medical licenses revoked. Those that merely suggest that there may be an issue with vaccine safety are publicly humiliated and threatened with deregistration.

Finally, in assessment of the Nuremberg code and its relevance to this issue, principle 1 states;

The voluntary consent of the human subject is absolutely essential.

This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision.

And in relation to informed consent;

The Nuremberg Code has not been officially adopted in its entirety as law by any nation or as ethics by any major medical association. Nonetheless, its influence on global human-rights law and medical ethics has been profound.⁶ Its basic requirement of informed consent, for example, has been universally accepted and is articulated in international law in Article 7 of the United Nations International Covenant on Civil and Political Rights (1966).^{6,22} Informed consent, with specific reliance on the Nuremberg Code, is also the basis of the International Ethical Guidelines for Biomedical Research Involving Human Subjects, the most recent guidelines promulgated by the World Health Organization and the Council for International Organizations of Medical Sciences (1993).²³ - Evelyne Shuster, Ph.D.

N Engl J Med 1997; 337:1436-1440 November 13, 1997 DOI: 10.1056/NEJM199711133372006

I assert that there are clear conflicts here. Pharmaceutical companies have far too great of an influence on doctors and health policy, and in light of the widespread corruption surrounding this industry, their assurances of safety and efficacy of their own profit driven products cannot be blindly accepted. Major reform is required to vaccine testing, including of the vaccine schedule as a whole, not merely individually. There are indisputable risks to vaccination, including death. Censorship of proper debate regarding vaccine safety is incredibly dangerous, and blatantly unacceptable. The greater good philosophy is now likely causing more harm than good, and this inevitable path towards mandatory vaccination has no defined end point. America has around 70 doses on their childhood vaccination schedule, we're not far behind. There are another 270 in development and an infinite number in the future. There is something wrong with vaccines, we are getting sicker as a species. The precautionary principle must be adopted here. Our doctors need to be free to discuss their findings on vaccination. We need open vaccine discussion. Without this, there is no informed consent. Proposed legislation to discriminately remove government payments from families that refuse vaccination and deny childcare and kindergarten entry is an absolute form of financial and social coercion. In this thorough study of the best course for favourable long term health outcomes for my children, I, like many I know will never submit them to the possible dangers of vaccination, and as a parent, as a conscientious objector, as an Australian, that must remain my right. You now have the power to look beyond the hype and fear-mongering to explore why countries with better health outcomes than ours chose to administer less than a third of possible vaccine doses. You have the power to call for a proper debate on vaccination as planned in France. You have the power to prevent our government from bringing about legislation that will cause death and suffering, the greatest possible breach of human rights.

Just don't make this decision lightly. Your committee, and this moment will be critically viewed in the future as having guided us in a distinct direction, either positive or negative, based on your decisions made at these cross roads which you now stand. Conscientious objection exemptions must remain unpunished.

Yours sincerely,

Trent Wiseman

References;

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