From: Dean & Angela Kelly
Sent: Monday, 19 October 2015 1:59 PM
To: 'Dean & Angela Kelly'; SARC
Subject: RE: URGENT - No Jab No Play Bill

Oops, sorry, Lizzie

The below email, was meant for you.

Kindest regards
Dean and Angela Kelly

From: Dean & Angela Kelly
Sent: Monday, 19 October 2015 8:36 AM
To: 'sarc@parliament.vic.gov.au'
Subject: URGENT - No Jab No Play Bill

Dear Minister Barber

It has been noted that “On 6th October the Victorian government was provided with a government committee report that raised several quite serious concerns about the Public Health and Wellbeing (No Jab No Play) Bill 2015. On Thursday 8th October, the Legislative Assembly (Lower House) passed this Bill despite there being absolutely NO discussion about the concerns raised in the report. MPs contacted said they had not read the report. 

NOT READ A REPORT ON A BILL THEY PASSED!! And there is no record of it in Hansard.”

What an insult to all the people who have taken the time to send in their submissions, to the people who have liaised with those submitters and uploaded their submissions and finally, to those committee members who have taken the time to go through all those submissions and written the report. This is not how a democracy should work. This is absolute contempt!

How can anyone, especially one who holds such a position of responsibility, pass judgement without hearing all of the evidence?

Can you imagine if our courts were allowed to work in a similar fashion, where jurors could give their verdict without hearing all of the evidence?

We hope that something will be done about this serious breach of trust and responsibility!

Those that choose to not vaccinate, are constantly being blamed for ‘outbreaks’; even the CDC admits that whooping cough outbreaks cannot be blamed on those choosing not to vaccinate: "vaccinated people are reservoirs for silent infection and become potential transmitters to unprotected infants" and "Therefore, even young, recently vaccinated children may serve as reservoirs and potential transmitters of infection":

http://wwwnc.cdc.gov/eid/article/6/5/00-0512_article

In 1991 less than 71% of Australian children were fully vaccinated and there were only 347 cases of Whooping Cough.

Meanwhile in 2011 with around 90% of children vaccinated, there were 38751 cases; that’s an increase of over 11000%

So the above quote from the CDC explains the increase; it is not because of the unvaccinated children, it is because of the vaccinated!

If you were unaware of this simple fact, then before you vote on this draconian bill, please update your information.
We have compiled well over 130 independent scientific research articles in this email, as well as excerpts from highly qualified doctors and scientists.

**Turning a blind eye to this particular evidence, which shows how harmful vaccine ingredients are, is gross negligence!**

You are also effectively allowing yourself to be a henchman/flying monkey for Big Pharma.

Surely you would rather be a fully informed protector of our children, than a sock puppet for a greedy industry that uses money to influence our government policies?

Are you aware of:

**Virus shedding:** “The term is used to refer to shedding from a single cell, shedding from one part of the body into another part of the body, and shedding from bodies into the environment where the viruses may infect other bodies.”


The below excerpt not only shows the ineffectiveness of vaccines, but how viral shedding is used as a marker for contagiousness.

“Infected patients were a highly vaccinated population, 63% of the cases had been vaccinated for mumps and 49% had received two doses of vaccine. An important control activity is exclusion of patients from work or school. Public Health experts do not agree on whether patients should be excluded from school or work 5 days or 9 days following symptom onset. The purpose of this study was to determine the probability of viral shedding (as a marker for contagiousness) as a function of time after onset of symptoms.”


**Vaccine virus shedding and vaccine virus transmission:**

- [http://pediatrics.aappublications.org/content/106/2/e28.full](http://pediatrics.aappublications.org/content/106/2/e28.full)
- [http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2866412/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2866412/)

The Herd Immunity Hypothesis was not hypothesised with vaccinations (which are unpredictable in efficacy and their waning times) in mind, it was hypothesised with NATURAL LIFELONG IMMUNITY in mind. Following is another excerpt from Dr Tetyana Obukhanych, who earned her Ph.D. in Immunology at the Rockefeller University in New York, NY with her research dissertation focused on understanding immunologic memory, perceived by the mainstream biomedical establishment to be crucial to vaccination and immunity. During her subsequent involvement in laboratory research as a postdoctoral fellow within leading biomedical institutions, such as Harvard Medical School and Stanford University School of Medicine, Dr. Obukhanych realized the flaws and limitations of current immunologic paradigms.

“Let us now remind ourselves that the touted purpose of establishing herd immunity via a high degree of vaccination compliance is to be able to promptly cease any outbreak of a benign childhood disease so that a vulnerable but vaccine-ineligible population (i.e., infants or individuals taking immuno-suppressive medications) could avoid contracting the disease that is dangerous only at their age or given their state of health. 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, even 100% vaccination compliance can at best make only a quarter of the population become resistant to infection for more than ten years. 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.

Normal variations in the gene pool (i.e., personal, immuno-genetic profile) affect how efficiently antigens get processed and presented to the immune system for the purposes of antibody production. This might be one of the reasons why only a fraction of children can respond well to vaccination (i.e., can generate and maintain high enough antibody titers for many years), whereas other apparently healthy children do not. Would re-vaccinating those whose personal immuno-genetics do not favor high antibody production in response to the measles vaccine, correct their inherently low degree of vaccine responsiveness? The research that attests to the futility of such an endeavor is gleaned from observations summed up by Dr. Gregory Poland:

"In studies of measles, post-immunization measles antibody in the 'low positive' range did not protect against clinical measles when subjects were exposed to the wild measles virus, whereas high levels were protective. Furthermore, non-responders to a single dose of measles vaccine, who demonstrated an antibody response only after a second immunization, were still six times more likely than were responders to a single dose of measles vaccine to develop measles on exposure to wild virus. Others examined 'poor responders,' who were re-immunized and developed poor or low-level antibody responses only to lose detectable antibody and develop measles on exposure 2-5 years later."[7]

The answer is clear: poor responders remain poor responders to further vaccination and cannot contribute to herd immunity from viral diseases in the long run. Then why would the medical establishment insist that vaccine-based herd immunity is even possible if only stricter or more frequent vaccination measures were implemented? Why, for the sake of an unattainable idea, would pediatricians and public-health officials pester those families who choose to shield their children from potential vaccine injuries or to ensure their children's health via natural vaccine-independent strategies?

**A Self-Defeating Public Venture**

The biomedical belief that a vaccine-exempt child endangers society by not contributing to herd immunity is preposterous, because vaccinating every single child by the required schedule cannot maintain the desired herd immunity anyway. It is time to let go of the bigotry against those seeking vaccination exemptions for their children. Instead, we should turn our attention to the outcome of mass-vaccination campaigns that lies ahead.

As I have explained elsewhere, 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 real immunity naturally in the pre-vaccination era.[8] 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 old 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 vaccine compliance, with the Quebec experience of 2011 being a harbinger for more of such outbreaks to come.

Mass vaccination eventually ceases endemic disease outbreaks by removing virus circulation in the community, instead of inducing permanent immunity in the vaccinated. However, viral diseases, although reduced in incidence in many countries, are not fully eradicated from all parts of the World. A region-specific elimination of viral exposure by means of mass vaccination at the time when the virus is present globally is hardly good news. Prolonged mass childhood vaccination is a measure of disease control that with time makes our entire adult population (but more importantly infants) more and more defenseless against the incompletely eradicated virus, which can be easily re-imported. Why do we then choose to put so much effort into a self-defeating public-health venture?

Two epidemiologists, who have recognized the potential problem of this waning vaccine-based protection and have included this parameter into their herd-immunity modeling, predict:

"For infectious diseases where immunization can offer lifelong protection, a variety of simple models can be used to explain the utility of vaccination as a control method. However, for many diseases, immunity
wanes over time.... Here we show how vaccination can have a range of unexpected consequences. We predict that, after a long disease-free period, the introduction of infection will lead to far larger epidemics than that predicted by standard models. These results have clear implications for the long-term success of any vaccination campaign and highlight the need for a sound understanding of the immunological mechanisms of immunity and vaccination."[9]

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. When would the medical establishment (and the media) start paying attention to the long-term consequences of mass-vaccination measures instead of hastily and unjustifiably blaming every outbreak on the unvaccinated?" [http://www.greenmedinfo.com/blog/herd-immunity-myth-or-reality](http://www.greenmedinfo.com/blog/herd-immunity-myth-or-reality)

An excerpt from Dr Lucija Tomljenovic, University of British Columbia, Faculty of Medicine:

"Vaccine- or Hygiene-Preventable Diseases?
The prevalent view that vaccines are the sole cause of the disappearance of infectious diseases requires intellectual caution because it has been clearly demonstrated that factors such as clean water and improved sanitation, as well as better nutrition, availability of antibiotics, greater access to health care, and technological advances in maternal and neonatal medicine have also played a major impact on infectious disease incidence (83). In fact, according to the U.S. Centers for Disease Control and Prevention (CDC), these measures accounted for 90% reduction in infant mortality and 99% reduction in maternal mortality since 1900 (84). So clearly then, vaccines could not have played such a major role in health as often claimed. This fact (of major reduction in mortality rates due to better sanitation measures prior introduction of vaccines) is also illustrated by a 2002 review in Lancet Infectious Diseases (83) which clearly shows that the crude death rate from infectious diseases in the U.S. in the 20th century has decreased to baseline levels prior to wide-spread introduction of vaccination practices (see Figure 1 below).
Figure 1. Source: Aiello and Larson (83)."

Please take a look at the science, independent of those making money from the vaccines. Would you accept the 'science' today, from tobacco companies claiming that cigarettes are safe? Well, that's what happened only a few decades ago.

The below studies are included, so that you can see that it is a case of history repeating, with Big Pharma following in Big Tobacco's footsteps:

So here we go again; this time it’s pharmaceutical companies. You should be looking at medical research that is done by independent researchers, who are not being funded by, or include employees of, Big Pharma, who bias the research.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3482043/

Surely, you are not that naive, to think that companies that make billions of dollars a year from vaccines, and their paid monkeys, would not want bias research?

If we have included over 130 scientific research articles that show how dangerous vaccines and their ingredients are, why on earth would you choose not to heed these warnings?

The only sense we can make of it, is that our government is actually part of this corruption!

The questions on everyone's lips should be:
If vaccines are so effective, why is it an issue if non vaccinated children attend childcare?
If vaccines actually work, then shouldn't the vaccinated be protected against childhood diseases?
If vaccines don't offer full protection, like in genetically low responders, then these children are essentially unvaccinated and pose the same 'risks' as the non vaccinators, so are they still going to be allowed to attend childcare?

And how will you determine who these children are?
If they are still allowed to attend childcare, then the reasoning you offer for the No Jab No Play Bill is utter rubbish.

Then you are obviously only pushing this Bill through, in return for the lobbying dollars of Big Pharma.
Children under the age of 12 months should not be in childcare.
You should be introducing policies to allow/ensure that a parent stays home and cares for their baby for the first 12 months.

Conscientious objectors are not going to change their minds.
They conscientiously object because they have done the research, as we have, and know that vaccines are far more dangerous than the diseases that they are supposed to protect against (incorporating the mortality statistics of Third World Countries is deceptive).
They will not set their child on fire to keep other children warm.
They also know, what you obviously do - that vaccines are ineffective (why else would you feel you need to protect the vaccinated from the non vaccinated?)
You will be faced with people having to give up work, thus needing to go on welfare.
You say "The Victorian Charter of Human Rights and Responsibilities is a law that protects the human rights of all people in Victoria. The rights in the charter may be subject to reasonable limitation. Reasonable limitation involves balancing the rights of the individual with the need for government to protect the broader public interest especially in relation to public safety, health and order."

Whereas The Declaration of Helsinki claims that "the subject’s welfare must always take precedence over the interests of science and society"

Please see the following excerpts from scientific studies:

"Some adverse events are unlikely to be detected in prelicensure clinical trials because of their low frequency, the limited numbers of enrolled subjects, and other study limitations. Therefore, postmarketing monitoring of adverse events after vaccinations is essential. The cornerstone of monitoring safety is review and analysis of spontaneously reported adverse events."


"While pre-licensure activities form the foundation for the development of effective and safe vaccines, post-licensure monitoring and assessment, are necessary to assure that vaccines are effective and safe when translated in real world settings".


So basically, the real clinical trial of the vaccine begins, once it is being given to the masses; our children are their guinea pigs (as well as their cash cows).

Therefore, vaccines are experimental!

Our children should not be expected to prove that vaccines are unsafe!

And they obviously are, given that disability and death occur from vaccines:


The US Vaccine Injury Program have paid out almost 3 billion USD in compensation, as a result.

How could anyone think that it is okay, let alone safe, to inject a vulnerable baby (whose immune system is undeveloped) with mercury, aluminium, formaldehyde, MSG, 2-Phenoxyethanol (aka. Ethylene glycol monophenyl ether - EGME), animal dna, dna from aborted foetuses, insect dna and stray viruses, to name a few.

Please read The Declaration of Helsinki, a set of ethical principles regarding human experimentation developed for the medical community by the World Medical Association (WMA). It is widely regarded as the cornerstone document on human research ethics.

"The fundamental principle is respect for the individual (Article 8), their right to self-determination and the right to make informed decisions (Articles 20, 21 and 22) regarding participation in research, both initially and during the course of the research. The investigator's duty is solely to the patient (Articles 2, 3 and 10) or volunteer (Articles 16, 18), and while there is always a need for research (Article 6), the subject's welfare must always take precedence over the interests of science and society (Article 5), and ethical considerations must always take precedence over laws and regulations (Article 9)."


Excerpt from Australian Treaty Series Convention On The Rights Of The Child:

Article 2

1. States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child’s or his or her parent’s or legal guardian’s race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

2. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child’s parents, legal guardians, or family members.

Article 18
1. States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. Parents, or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern.

2. For the purpose of guaranteeing and promoting the rights set forth in the present Convention, States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children.

3. States Parties shall take all appropriate measures to ensure that children of working parents have the right to benefit from child-care services and facilities for which they are eligible.

Article 32
1. States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development.

Article 36
States Parties shall protect the child against all other forms of exploitation prejudicial to any aspects of the child's welfare.

Our government should be protecting our children from the corporate greed of pharmaceutical companies, not allowing them to be exploited!!! The chicken pox vaccine, is proof that vaccines are purely about profit!

Please read the 10 points of The Nuremberg Code:

1. Required is the voluntary, well-informed, understanding consent of the human subject in a full legal capacity.

2. The experiment should aim at positive results for society that cannot be procured in some other way.

3. It should be based on previous knowledge (like, an expectation derived from animal experiments) that justifies the experiment.

4. The experiment should be set up in a way that avoids unnecessary physical and mental suffering and injuries.

5. It should not be conducted when there is any reason to believe that it implies a risk of death or disabling injury.

6. The risks of the experiment should be in proportion to (that is, not exceed) the expected humanitarian benefits.

7. Preparations and facilities must be provided that adequately protect the subjects against the experiment's risks.

8. The staff who conduct or take part in the experiment must be fully trained and scientifically qualified.

9. The human subjects must be free to immediately quit the experiment at any point when they feel physically or mentally unable to go on.

10. Likewise, the medical staff must stop the experiment at any point when they observe that continuation would be dangerous.

Please read The Australian Immunisation Handbook, especially the section titled "Valid Consent", which states "It must be given voluntarily in the absence of undue pressure, coercion or manipulation":

Please read the Victorian Healthcare Association's Informed Consent for Treatment/Intervention:

Please read The Attorney General’s Rights of parents and children:

Please see the following independent scientific medical research (no Big Pharma scientists or CDC scientists biasing the outcomes):


http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3364648/

We have included the following information, so that you can see that Phenoxyethanol is also known as EGME, and the following studies referring to EGME are actually about Phenoxyethanol (aka. Ethylene glycol monophenyl ether - EGME) which is a glycol ether: http://en.wikipedia.org/wiki/Glycol_ethers

The FDA says this about Phenoxyethanol, yet it is allowed to be injected into infants and children: "Phenoxyethanol is a preservative that is primarily used in cosmetics and medications. It also can depress the central nervous system and may cause vomiting and diarrhea, which can lead to dehydration in infants." http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/2008/ucm116900.htm
"Central nervous system depression or CNS depression refers to physiological depression of the central nervous system that can result in decreased rate of breathing, decreased heart rate, and loss of consciousness possibly leading to coma or death. CNS depression is specifically the result of inhibited brain activity" - sounds a little like SIDS...


A quote from Dr Blaylock, who is a retired U.S. neurosurgeon, who’s achievements include introducing a new treatment for a subset of brain tumours, as well as improving certain operations treating water on the brain. Over the past 15 or more years, he has been studying the effects of immune stimulation on the developing child’s brain and has written and published numerous papers for peer-reviewed journals on the subject:

"There is compelling research that shows that stimulating a pregnant animal during mid-term pregnancy dramatically increases the risk of the newborn having autistic or schizophrenic behaviour as it ages or reaches adulthood.

The risk is increased in the order of 14-fold, which is tremendous.

We know that women who get the flu during pregnancy have a similar increase risk of their child developing autism or schizophrenia.

At first, you may assume that the flu virus entering the baby’s brain would cause the effect, but careful research found that the virus does not enter the baby’s brain.

Rather, it is immune cytokines from the mother’s immune reaction to the virus that causes the problem. Unlike the flu virus, the offending cytokine passes through the placenta and damages the developing brain of the baby.

In essence, they found that anything that stimulated the mother’s immune system, could raise the risk of autism and schizophrenia in the baby.

To show that it is not the virus, they stimulated the pregnant animal’s immune system with special chemicals alone and got the same effect.

Another set of studies found that stimulating the mother’s immune system, during pregnancy, not only increased the baby’s risk of having a seizure, but increased seizure risk, even when the child became an adult.

So we see that activating immunity, as with vaccination, can significantly raise the risk of your child having a seizure, even extending into adulthood."
It is also known that stimulating the mother’s immune system, during pregnancy, can trigger preeclampsia in the mother and hypertension in the baby, when the baby becomes an adult. The bottom line is, vaccinating a pregnant women is vary hazardous to the mother’s health, as well as the baby.

At this point you may ask—but if a natural flu infection can cause this, as well as vaccination, shouldn’t we protect pregnant women by vaccination?

If the vaccine was effective you might make that conclusion, but there is no evidence the vaccine has any effectiveness.

Pregnant women have a state of immune suppression and vaccines are notorious for not working in immune suppressed people.

Even more important is the fact that a woman’s risk of getting the flu and having the genetic risk factors for autism or schizophrenia, is small overall, but if you vaccinate all pregnant women, as the CDC is calling for, you will have a large number of babies affected by autism, schizophrenia or seizures because they will all have had intense immune stimulation by the vaccine.

Humans have a long period of intense brain development that occurs after birth.

The most intense period of brain development is during the first two years of life, but for critical areas of the brain used for higher brain function, this can extend to 27 years of age.

Repetitive stimulation of the brain, by giving a series of vaccines, has been shown to significantly disrupt brain development, resulting in learning difficulties, behavioural problems and language problems.

In fact, studies have shown that immune stimulation in small children can also result in schizophrenia in a significant proportion."

**References:**

[1](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2441883/)
[2](http://www.ncbi.nlm.nih.gov/pubmed/18832344)
[3](http://www.ncbi.nlm.nih.gov/pubmed/12752028)
[5](http://www.ncbi.nlm.nih.gov/pubmed/21816387)
[6](http://www.ncbi.nlm.nih.gov/pubmed/19857543)
[7](http://www.ncbi.nlm.nih.gov/pubmed/25762938)
[8](http://www.ncbi.nlm.nih.gov/pubmed/24566386)
[9](http://www.ncbi.nlm.nih.gov/pubmed/15749254)
[10](http://www.ncbi.nlm.nih.gov/pubmed/12514227)
[12](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3203331/)

**5. Potential Mechanisms of Action**

Despite the fact that formaldehyde exposure may cause reproductive and developmental toxicity, as suggested by evidence from both human and experimental animal studies, our current understanding of likely mechanisms of action (MOA) is very limited. To date, few human studies have been designed to investigate possible formaldehyde MOAs, though hypotheses have been generated from limited preclinical results obtained in recent animal studies. Currently, the mechanisms by which formaldehyde is proposed to induce reproductive and developmental toxicity include genotoxicity, oxidative stress, disruption of the activity of proteins, enzymes and hormones important for the maturation of the male reproductive system, apoptosis and DNA methylation. It should be noted that most of the proposed mechanisms are hypothesis and require validation, particularly in reproductive systems.
levels [51] were also reported. Among the adverse effects observed in formaldehyde injection studies intraperitoneal in male rats were: Leydig cell impairment [54]; decreased testicular weight and levels serum testosterone [54–55]; decline in sperm count [55], motility [55–56] and viability [56]; increased phenotypic sperm abnormalities, lethal mutations and reduced number of successful matings [57]; and decreased DNA and protein content in the male testis, prostate and epididymis [56]. The only reproductive study to orally administer formaldehyde to male rats found sperm head abnormalities in the exposed s

In the mice studies, mostly male mice were exposed through intraperitoneal (i.p.), intravenous (i.v.), intramuscular (i.m.) and intragastric (i.g.) injection, as detailed in Table 5. One such study found a lin relationship between sperm head DNA alkylation and administered dosages of formaldehyde by injec (i.p. and i.v.) in male CF-1 strain mice [64]. Several studies reported decreased sperm counts and incr rates of deformed sperm cells [60,65–67]. DNA-protein crosslinking (DPC) was observed in the testic cells of formaldehyde-injected males in two studies [68–69], and one of these studies also reported DI breakage [68–69]. The only injection study of female mice found irregular estrous cycles, damaged at smaller oocytes and fewer mitochondria and fibrosis in reproductive tissue [70]. In the only oral study

4.2.3 Other animals Reproductive toxicity studies were conducted on three bird species. During the avi epidemic in 2008–2009, a study was conducted to test the effectiveness of formalin-based avian influ inactivated vaccines. It was found that vaccine preparations containing 0.81% formalin injected intramuscularly significantly reduced egg production in hens, lowered estradiol and hemagglutination inhibition antibody levels and caused a degenerative change in ovarian follicles and the uterus [71].

In their 2001 study, Thrasher and Kilburn also examined the effects of exposure through injection and exposure. They found that pre- and post-implantation deaths increased twofold following exposure by injection [74]. Results following prenatal oral exposure were inconclusive, though physical deformities were observed in the rat pups of exposed mothers [74].

Several studies examined developmental toxicity following injection. As well as examining the effects formaldehyde on rat fetal development described above, in the same study, Thrasher et al. also injecte tail veins of pregnant adult mice with 0.05 ml of 1% formalin containing 3.5 mg of 14C-labeled formaldehyde. The animals were killed at intervals from 5 min to 48 hrs, and radioactive formaldehyde incorporation was followed by frozen section autoradiography and liquid scintillation detection. In the 5 minutes, more rapid uptake of radioactive formaldehyde was observed in uterus, placenta and fetal tissues, compared with other maternal organs. Incorporation of the labeled isotope was found to be grt in fetal brain than the maternal brain and elimination of formaldehyde from fetal tissues was slower th maternal tissues [74]. Formaldehyde elimination was also shown to be slower in fetal tissue than in maternal tissue following maternal exposure by injection, also in the tail vein, in another study [78]. A Chinese study injected (i.g.) pregnant mice with various concentrations of formaldehyde and found evidence of DNA breakage and damage and DPC, with more severe effects in the fetus than in the mo [79]. Pre- and post- implantation deaths increased significantly with paternal exposure by intraperiton injection [80–81]. In a study of 34 pregnant mice who were orally exposed to formaldehyde, 22 died l
Ex vivo studies, examining the effects of formaldehyde exposure on rat and mouse embryos in culture, conducted. Harris et al. exposed mouse whole-embryos (gestation day 10-12) to formaldehyde in culture medium and found that formaldehyde had deleterious effects on embryo growth and viability and produced a depletion of glutathione (GSH) in the visceral yolk sac and embryo [90]. Neurosone closure, crown-rump length and somite number were reduced by formaldehyde. Further, GSH depletion was shown to potentiate formaldehyde toxicity. Hansen and colleagues exposed mouse and rat embryos in culture to formaldehyde by direct addition to the culture medium and by microinjection [91]. They observed a dose-dependent inhibition of viability and significant increases in incomplete axial rotation and neural tube closure following both exposure routes in mice but microinjection induced these effects at the lowest concentration range tested (0.003 - 0.5 μg). Ten to 15-fold higher concentrations were required to elicit the same decrease in viability and increase in incomplete axial rotation in exposed rat embryos. These findings show that the visceral sac serves a general protective role against toxicity and inherent differences in the embryonic metabolism of formaldehyde may determine species sensitivity.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3482043/

It is well recognised that almost 70% of the entire immune system is represented in the gut
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2515351/
Rather than assaulting a developing immune system with harmful vaccines, perhaps money should be spent on promoting gut health, and supplementing quality probiotics.

Surely it would be illegal (blackmail is illegal, isn’t it?) and unethical to pass the discriminatory No Jab No Play Bill!

Yours sincerely
Dean and Angela Kelly