

PUTTING VACCINES IN PERSPECTIVE

“Laying aside the very real possibility that various vaccines are contaminated with animal viruses and may cause serious illness later in life (multiple sclerosis, cancer, leukaemia, ‘Mad Cow’s’ disease, etc) we must consider whether the vaccines really work for the intended purpose.”

DR WILLIAM CAMPBELL DOUGLASS (A SECOND OPINION)

WELL ADJUSTED BABIES

Dr Jennifer Barham-Floreani

BACH. APP. CLINICAL SCI. AND BACH. CHIROPRACTIC

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The number of children today who have allergies, asthma, behavioural disorders or who are now labelled minimally brain damaged, or worse, autistic, is exorbitant. As parents, we need to ask why is this so? We need to consider the high level of toxins that children are exposed to through current lifestyle and dietary choices. As we will discuss in Chapter 23, many of our foods contain hormones and pesticides, and are processed with an array of chemicals. Even more alarming is conventional medicine's blanket use of vaccines and antibiotics, with very little consideration for the potential dangers involved.

Deciding whether or not to vaccinate your child is a personal choice. Either decision will involve risks and challenges, and it is therefore imperative to make a personally informed decision by sourcing varied literature. As guardians, we need to thoroughly research this topic and be confident with our choice.

What we inject into our children and the impact these chemicals may have on their developing brains and their health is paramount. It is infinitely more important than the education they will receive at kindergartens and schools.

Not only is the topic of vaccination laden with propaganda, it is often a highly emotive debate and the arguments both 'for' and 'against' can be convincing. Rather than debating the issue, this chapter focuses on the health risks involved for your child with either decision.

Let us respect good critical thinking and analysis of the process involved, rather than simply purchasing the blanket insurance policy that vaccine manufacturers provide.

Firstly, we must acknowledge which aspects of these arguments relate to real health threats and which are imagined. It is also vitally important that, irrespective of our vaccine decision, we have a health framework available that will support, inform and guide us. **Whether we vaccinate or not, as parents our greatest focus should be on how we can protect and strengthen our child's immunity.** We need a circle of health practitioners accessible to us in times of health and ill health, who can utilise holistic techniques and offer proactive steps to raise the health status of our family.

Rather than debating the issue, this chapter focuses on the health risks involved for your child with either decision.

THE VACCINATION THEORY IS HONOURABLE

In theory, vaccination makes a lot of sense and the intention is honourable. As a parent, it is our every wish that in a time of exposure to germs our child can mount an effective and strong immune response.

The theory behind vaccination is to artificially expose a child to antigens in a weakened form, so that they mount an immune response by producing antibodies (defensive 'soldier' cells). The germ is most frequently injected into the blood or given orally, bypassing important defences in the skin, mucus membranes, respiratory tract and liver. Once mobilised, these antibodies or 'soldiers' stay in the body so that with a subsequent exposure to the same germ, the same antibodies will be triggered and hopefully protect the child against the illness.

Unfortunately, no guarantee can be offered as to how effective this artificial immunity may be or how long it may last. The process of 'vaccination' (artificial immunity) differs from 'immunisation' (natural immunity), where a child is naturally exposed to full-strength antigens found in the environment and the body combats these germs (again naturally) through numerous defence pathways and acquires lifelong immunity. This process is a complex phenomenon involving many bodily responses, organs and systems, and is distinct from that of immunisation. Many people are confused by these terms.

CHOOSING NOT TO VACCINATE— SOME MAJOR BELIEFS AND CONCERNS:

- An unvaccinated child may be at greater risk of contracting childhood illnesses.
- These illnesses and diseases are a serious health threat for a child if contracted. They may even be fatal.
- Not vaccinating is socially irresponsible, as unvaccinated children place other children at risk.
- A child may not be able to attend school unless she is vaccinated.
- A family may not be entitled to government rebates if their children are not vaccinated.

CHOOSING TO VACCINATE— SOME MAJOR BELIEFS AND CONCERNS:

- The immunity offered with vaccines may not last.
- Vaccination may threaten a child's health status rather than contribute to it.
- The health threat involved for a child exposed to the stabilising and preserving substances contained in vaccines is unknown.
- The long-term health consequences of vaccines are unknown.
- Vaccine dosage is the same for all children, irrespective of age and weight, whereas normal drug dosage is age and/or weight dependent.
- A vaccinated child's natural immunity may suffer.
- There are too many scheduled vaccines for children today.
- Vaccines may not protect your child against illness. In fact, there is a possibility of contracting the very disease the vaccine is supposed to be protecting against. The antibody response may persist, mutate, or over-react, appearing weeks, months or years later with a sinister health threat or consequence.
- Should the artificial immunity diminish and the individual be re-exposed to the antigens as a teenager or adult, the health consequences are unknown. It is suggested that the severity of experiencing these diseases increases with age and can often be fatal.

To vaccinate your child or not is one of the biggest decisions you will make for your child's future. As a mother and health practitioner who has worked with children who have been vaccine-injured (and their parents, who live in regret), I urge you to take any additional time that you may need to make a confident choice.

A well respected chiropractic colleague and researcher once said that, "It is very difficult, as practitioners, to discuss with parents the risks involved with vaccination until you yourself have held your unvaccinated child through the night as they battle against a serious childhood illness. Until you have felt this anxiety as you watch your child visibly distressed, until you have had to question your knowledge, not until then will you be truly empathic for other parents as they face the extremely hard decision of whether to vaccinate their child or not."

At two months of age, our second, unvaccinated child contracted whooping cough via his older brother. For toddlers and older children, whooping cough presents as

unrelenting coughing and gasping for breath, generally occurring at night and with exercise. Such coughing can continue for many months and may result in permanent lung damage. For a newborn baby, whooping cough is extremely dangerous and at times it can even be fatal.

So a few years ago, Simon and I found ourselves with the haunting nightmare of holding our baby through the night, monitoring his breathing as he coughed and gasped. This experience did indeed test our resolve and we were forced to draw on our support network of healthcare providers. We performed chiropractic checks on our baby daily and utilised a whooping cough homeopathic. I dosed myself with an array of vitamins to boost his immunity via breast milk and kept him hydrated with constant breastfeeding. Whooping cough is often slow to develop and may respond well to conservative management, including chiropractic, osteopathy, homeopathy, herbs, acupuncture or acupressure.

Within two days, the severity of our baby's symptoms cleared and within a two week period, each of our boys had complete resolution of their symptoms. Some people may say we were extremely lucky, while others may acknowledge the enormous effort we consistently place in strengthening our children's health. As a mother, I simply reflect on this time and give thanks.

As a 'practitioner couple', we have been blessed with numerous experiences that have built our confidence and trust in the body's innate intelligence. Even though we were anxious and concerned during the course of this experience (as any parent would be), there wasn't a moment where we questioned our vaccination decision. It was made without arrogance or ignorance, as we were highly aware of the risks involved with not vaccinating children. This statement is made as a parent who has independently researched this topic and has firm confidence with their vaccination choice.

At the end of the day, the responsibility of the health threats associated with vaccinating or not vaccinating lies with us—the parents and guardians—and no one else. We are the ones who will live with the ramifications and consequences. As a writer who is challenging this social 'sacred cow', my wish is that, whatever your vaccination choice may be, you have absolute confidence with your decision.

This chapter discusses the health risks involved with vaccinating and not vaccinating, providing a resource for you during your decision-making process.

“There is no need to protect children from contracting infectious diseases of childhood. These diseases are there to prime and mature their immune system.

An unvaccinated child will have a couple of common colds within the first year of life, while chronic ill-health, a constant stream of common colds, otitis media, and upper and lower respiratory tract disease is well documented in vaccinated children...

A well-nourished child will go through rubella, whooping cough, chicken pox and the rest with flying colours. Only the vaccinated develop atypical forms of the diseases (atypical measles, mumps and whooping cough) which are much more dangerous.”

VIERA SCHEIBNER, PHD (RESEARCHER AND AUTHOR)

WHAT IS ALL THE FUSS ABOUT VACCINATION?

You may not know of a child who has been vaccine-injured and you may wonder why some people make such a fuss about vaccines. You may intend to vaccinate your baby because you think that is the most appropriate and responsible action you can take. Both parents and guardians need to read this chapter in its entirety.

You may rationalise, “Well, I was vaccinated and I wasn't harmed—my health has been great.” But did you know that children today receive almost three times the number of vaccines of children raised in the previous two to three decades?

In Australia, our National Health and Medical Research Council currently schedule 33 vaccines by the age of four, and a vitamin K injection and Hepatitis B vaccine are routinely given to newborn babies.¹

While paediatricians in the US recommend 48 doses of fourteen vaccines by age six, this figure has tripled in the past 25 years, with eight vaccines being given on a single day when a child is six months old and up to twelve vaccines on a single day once a child reaches 15 months.²

In certain scenarios, the vaccination theory may be honourable. However, here in Australia, our government takes no responsibility for vaccine-injured children.³ In fact, our government's Immunise Australia⁴ program and respective website omits documentation on the health threats involved with vaccination and instead appears to coerce a mostly naive public into subjecting their children to mass inoculations.

If you were to look at the Immunise Australia Campaign website (www.immunise.health.gov.au/faq.htm)—which I urge you to do as part of your research—you may feel slightly bewildered. Rightly so. This website, a government directive, discusses commonly asked vaccination questions while irresponsibly negating safety concerns.

No discussion is made regarding factors that can increase the likelihood of a reaction at the time of vaccination or of the variables that predispose children to neurological injuries, including autism. Why is this so? Surely a government that fails to financially support or compensate for vaccine-injured children would want to minimise the risk of injury and not mislead Australian families about vaccine safety. Since many parents will choose to vaccinate, don't they deserve to know how they may avoid or eliminate additional risks?

Two proposed 'question and answers' on the Immunise Australia Campaign website are most disconcerting. One question asks, "Should children with coughs and colds, or those on antibiotics or with chronic illness, delay their vaccinations?" The answer given: "Babies with colds without fever and those receiving antibiotics in recovery phase can be safely vaccinated." **Some researchers have found that there are definite risks involved with vaccinating your child if your child is unwell or taking antibiotics at the time of vaccination.**

Some researchers now question if the number of vaccines a child receives and the timing of these injections has led to the dramatic rise in the number of autistic children. Currently in Australia, one child in every 100 is being diagnosed as falling within the autistic spectrum, compared with one in 10,000 children only 15 years ago.

UK experts state that the most severe forms of autism are now diagnosed in one in 500 UK children—a five-fold rise over 20 years. And one American child in 166 has been diagnosed with "autism spectrum disorder."⁵

Another question asks, "What if someone else in the family has had a reaction to an immunisation; should we still vaccinate?" The response given: "Immunisations should not be missed if a family member has had any reaction to a vaccine, as reactions are not hereditary."⁶

Research shows that there should be great concern when vaccinating if a sibling has exhibited signs of a vaccine injury.⁷ We will discuss these variables later in the section "The Straw That Broke the Immune System's Back!"

"I just want to start by asking the CDC one question: How stupid do they think we are? I made a movie about two dumb guys, but nobody is this stupid!"

ACTOR JIM CARREY ADDRESSING 8,500 PARENTS IN THE "GREEN OUR VACCINES MARCH AND RALLY," CAPITOL GROUNDS, WASHINGTON DC.

WHY DO SOME FAMILIES QUESTION VACCINES?

Throughout history, medical 'experts' have consistently endorsed products and assured the public as to their absolute safety. Time and time again, these assurances have been proven false, while illness and casualties have mounted. Here are a few examples of what experts once told us:

- Asbestos was safe.
- Thalidomide was safe and highly therapeutic for pregnant mothers.
- Cigarette smoking was harmless.

Experts tell us that vaccines are safe despite an escalation of evidence to suggest otherwise. Are our children now the innocent 'guinea pigs'?

US researchers of Northern University Boston⁸ discovered an apparent link between thimerosal, a controversial mercury-based preservative once commonly used in all childhood vaccines (and currently found in 13 vaccines), and an increased risk of neurological disorders such as autism and ADHD. They reported that childhood vaccines "could have accounted for the increased level of autism since 1980". This story was front page news on the 5th February 2004 in the UK, US and

Canada, yet remained completely unreported in Australia.

The report continued; "While some vaccines have been thimerosal-free since the 1960's, new additional (thimerosal-containing) shots were added to a child's regime in the early 1980's. This preservative has also been used in 2005 in the annual flu shot."

The team of researchers found that, "Thimerosal, ethanol and the heavy metals lead and mercury, all interfere with DNA function crucial to the normal development of the brain. What's more, thimerosal did so at doses 100 times lower than a child would receive after a single shot with a thimerosal-containing vaccine." They claimed that a recent review of 'adverse events' in the US had also found a significant correlation between shots containing thimerosal, and autism.

A human body, especially of infant weight and size, may never be able to handle the impact of mercury alone that is present in such unsafe levels in vaccines.

Many of our health authorities credit vaccines with declining disease rates, safety and effectiveness. These assumptions are directly contradicted by:

- health statistics
- hundreds of published medical studies
- reports by the US Food and Drug Administration and Centre for Disease Control
- reputable research scientists

Dr Carley MD⁹, a court qualified expert in vaccine induced diseases, states that, "Mercury is 1000 times more toxic than lead, and is second only to uranium as the most toxic metal. **If children receive all recommended vaccines, they will receive 2370 times the allowable 'safe limit'—if there is such a thing as a safe amount of a toxic poison—in the first two years of life.**" She continues to discuss how, sadly, "Thimerosal is the only dangerous substance in vaccines to receive mainstream media attention, after the explosive rate of occurrence in autism in the last generation". Figures released by the California Department of Developmental Service revealed that the number of children with autism increased by 273% between 1987 and 1998.¹⁰ How can this be?

In the late 1990s, Dr Andrew Wakefield uncovered a link between MMR vaccination and autism. Since then, an ever-growing number of researchers are pointing to the MMR vaccine as being the root cause of the epidemic of neurobehavioural disorders. One researcher in this area, Dr Vijendra Singh at the University of Michigan, published his findings that a significant majority (84%) of autistic children tested had antibodies to Myelin Basic Protein (MBP) in the brain. Moreover, there is a strong correlation between MBP antibodies and antibodies to the MMR vaccine.¹¹

His findings suggested that exposure to the MMR vaccine may cause the immune systems of children with autism to launch an attack against their own brain cells.

Variables that increase risk of autism or other neurological disorders

During a speech at the 2002 International Vaccine Conference¹², British vaccine expert Dr Andrew Wakefield listed suspected variables which predispose a child to developing autism and other neurological disorders soon after vaccination. These included:

- A family history of auto-immune disease
- Food and milk allergies
- A state of illness at the time of vaccination
- Recent or current antibiotic use at the time of vaccination
- Simultaneous administration of several vaccines
- Prior or current exposure to mercury (found in most vaccines)

Dr Wakefield then commented on the absurdity of giving children vaccines containing both live antigens (germs) and mercury, which cripples their ability to deal with the live organisms.

So where does this leave parents who are anxious about infectious diseases such as measles, whooping cough and meningitis? As parents, do we know what the true risks of these illnesses are, versus the real risks of their relative vaccines?

Modern medicine is indeed responsible for saving many lives. New technologies allow medical specialists to alleviate pain and prolong life. However, pharmaceutical companies selling drugs and vaccines are an extremely powerful lobbying force. It would be naive to think that they are averse to manufacturing consent for their products by breeding fear and helping us to forget how harmless (and indeed potentially beneficial) many childhood diseases are. Like any other company, pharmaceutical companies simply want to make profits for shareholders and they are unconcerned with the long-term consequences of their actions.

Even with the currently high level of government pressure to subject our children to a vast number of vaccines, more parents than ever before are questioning the safety and necessity of vaccines.

Health authorities are aware that adding more injections to an immunisation program creates bad publicity. Therefore, to placate an increasingly needle-shy public, numerous combination vaccines have been introduced. Combination shots are harder for parents to refuse because the single shot vaccines have become less and less available, yet they pose a far greater threat for your child's health.¹³

If you have any hesitations about vaccinating your child, contrary to the increasing pressure from the “Immunise Australia Program”, you may choose to delay this important decision until your child is older, and at that stage re-assess available literature.

PERSONAL REASONS FOR THE CHOICES WE MAKE

JOE AND NICOLA'S CHOICE

Joe and Nicola followed the full vaccination program with their first child. After months of their baby suffering severe allergies to many household and dietary items, this couple searched for answers. Many therapists agreed that their child displayed high levels of chemical toxicity.

After spending considerable amounts of time and money researching possible reasons for their child's poor health, Joe and Nicola fell pregnant with their second child. This time, they decided not to vaccinate. This second child, now aged four, has suffered no form of allergy or sensitivity. This couple strongly urge other couples to investigate vaccines and the recurrent use of antibiotics and how they may relate to chemical toxicity.

GRAHAM AND SARAH'S CHOICE

Graham and Sarah had a god-daughter who, after suffering apparent reactions to her first two vaccine schedules, was left brain injured. When they themselves became parents, they decided not to vaccinate and instead sourced alternative methods of immune-strengthening for their baby, including homeopathic vaccinations. *Please see Resources section.*

LI AND KATE'S CHOICE

With Li being Japanese, this couple were familiar with Japan's legislative changes regarding vaccination. The couple decided to wait until their child was two years of age before they would make their vaccination decision.

In 1979 the Japanese government noted a cause and effect relationship between DPT (diphtheria, pertussis, tetanus) shots and Sudden Infant Death Syndrome (SIDS). The Japanese Health Department ordered the postponement of routine DPT shots until children were at least two years old. SIDS in Japan has almost disappeared while the incidence of other serious infectious diseases, like meningitis, sharply increased in two year olds but greatly declined in children under two years. SIDS in the United States claims the lives of 8000 babies a year. Could vaccines be a contributing factor?¹⁴

MICHAEL AND GRACE'S CHOICE:

Michael and Grace fully vaccinated their first two children. Their third child, however, reacted violently to her six month shots and so they decided to postpone her vaccination program. Michael and Grace are now concerned about their daughter's developmental skills (she is now two and a half), despite doctors reporting that she is fine. This little girl lacks the ability to walk or sit easily and her vocabulary is limited to no more than a few words.

This couple would never have imagined that vaccines may be unsafe, particularly when their other children had had no reactions. Michael and Grace now generously offer their time to discuss their experiences with other families and readily distribute literature on the dangers of mercury, vaccine ingredients and antibiotics.

Before you make a decision whether or not to vaccinate your child, it is vitally important that you research this topic so that you can independently and easily answer the following questions. Once answered, you can then trust that you'll make the right decision for your family—a decision that can be made with confidence, rather than based on the opinions of others. Ask yourself:

- Do we feel that we have read enough information on the inherent risks of vaccines?
- Have we researched childhood illnesses and weighed the dangers of vaccinating them against the dangers of our child experiencing natural childhood illnesses?
- Can we be assured that we made a fully informed decision to vaccinate our child?
- What steps will we take if they suffer a vaccine reaction?

EXAMINING SOME OF THE HEALTH THREATS INVOLVED WITH VACCINATING AND NOT VACCINATING

1. ARE VACCINES SAFE?

There is ongoing debate about whether vaccines are safe, scientific or even rational. As a parent however, safety should be our greatest concern. Having spent many hours reviewing literature on the safety and effectiveness of vaccines, these two issues alone seem very confusing. Statistics can be used by those 'for' or 'against' vaccination to make very convincing arguments. It is also extremely hard for the reader to make a discerning decision when only part of the statistics or data are generally offered.

LOOKING AT STATISTICS

When discussing the seriousness of childhood diseases, the Immunise Australia website offers many statistics of children dying or suffering serious complications from varied diseases that are still prevalent in our society.¹⁵ This is a great concern, for it is cited that between 1989 and 1998 there were 581 recorded deaths from diseases preventable by vaccines. These included 440 deaths from Hepatitis B, 88 deaths from haemophilus influenzae type B, one death from diphtheria, 19 from measles and its late complication of subacute sclerosing panencephalitis (SSPE), 14 from whooping cough, three from mumps and 16 from tetanus.

As a discerning reader of statistics, one needs to ask about the cultural and demographic factors involved for each of these deaths. How many of the victims were living with poor health and unsanitary housing conditions? How many of these deaths occurred in Australian Aboriginal communities or refugee camps, both environments frequently known to have substandard health levels and a high prevalence of Hepatitis B?¹⁶ Furthermore, how many of these victims were already vulnerable when they contracted the disease that caused their death?

When looking at statistics, we should also investigate what percentage of these victims had been vaccinated or not. It is argued that these reported deaths were vaccine-preventable diseases, but there is no information offered as to whether or not the victims had in fact been vaccinated against the disease. Nor is there comment on the age of the victims and whether their artificial immunity may have lapsed, leaving the individual susceptible to experiencing the severity of the illness as an adult. Attempting to seek the answers to such questions via government departments is most often a futile expedition.

Statistics should be examined rationally, rather than from a fear-driven perspective. Familiarise yourself with the Immunise Australia website, not for its statistics but for its information regarding health threats and complications of many childhood diseases—it is important to be aware of these. Reading about childhood illnesses allows parents the opportunity to consider if their established health framework would offer essential support for their family at this time.

Did you know there are practically no long-term studies showing the effect of vaccination on overall health? This appears to be a glaring omission amidst the mass of material promoting vaccination.

There is one study that is an exception. Research conducted by Dr M Odent¹⁷, which showed negative long-term effects of vaccination. For instance:

- Dr Odent found that breastfed children who received the pertussis vaccine had a five times greater chance of developing asthma in later years than unvaccinated children who were breastfed.

- The vaccinated children had twice as many ear infections as the unvaccinated children.
- The vaccinated children were likely to be hospitalised for longer periods than those who did not receive vaccines.

Other articles have indirectly supported Odent's hypothesis regarding a link between asthma and DPT vaccination. Take, for example, a study of over 1000 children in New Zealand born in 1977. The 23 who were not vaccinated against DPT and polio had no recorded asthma or other allergic illnesses before the age of ten. In the immunised children, 23.1% had asthma, 22.5% had asthma consultations, and 30% had consultations for other allergic illnesses. Similar distinctions between the vaccinated and unvaccinated children were seen at ages five and sixteen years.¹⁸

FOOD FOR THOUGHT

Have you ever wondered why so many children have anaphylactic or immune reactions to nuts? It is now estimated that approximately 200,000 Australian children suffer nut allergies. Did you know that vaccine injections induce a sudden attack of foreign materials deep into the body's defence systems. In fact, the word 'allergy' was not coined until 1906¹⁹, not long after mass vaccination began and injections of adjuvant materials (including emulsified peanut oil) became commonplace. Could such exposure result in the increasing number of these disastrous hypersensitivities?

“Perhaps I'm getting old and a bit cynical, but I'm really not sure that we have the full safety picture on 2-phenoxyethanol. It certainly does not look to be a safe and efficacious vaccine – preservative.”

DR. MARYTEELING, MEDICAL DIRECTOR OF THE IRELAND MEDICINES BOARD

VACCINE INGREDIENTS

Most vaccinations have never been subjected to the standard double-blind tests required for other medications, nor have any significant long-term safety studies been performed on vaccines.²⁰ Any vaccine that has had safety testing (which refers to immunogenicity testing, i.e. testing the effectiveness of a vaccine via the presence of vaccine antibodies) will have only been tested for brief periods of time.

In fact, pre-licensing safety studies are carried out over such a brief period of time that most vaccine side-effects and casualties are considered not clinically relevant. During initial manufacturing, vaccines are required to pass quality, safety and efficiency assessments by the Australian Therapeutic Goods Administration (much like its counterpart the US FDA).²¹ Alarmingly, though, an audit of this regulating body revealed a significant number of drug recalls of previously registered 'safe' pharmaceuticals. These drugs were recalled due to the large numbers of adverse reactions and associated deaths.²²

Did you know that by exposing your child to vaccines, they will be threatened with 40 dose combinations of highly toxic substances?²³ For example:

DTP vaccine—contains cultured diphtheria bacterium, pertussis organisms and tetanus toxoid, sodium chloride, sodium hydroxide, formaldehyde, hydrochloric acid, aluminium and thimerosal (given at two, four, six months, 15–18 months and 4–6 years).

Polio vaccine—contains three types of polio viruses grown in monkey kidney cell culture and calf serum, antibiotics neomycin, streptomycin and sorbitol. The inactivated polio vaccine contains three types of polio viruses grown in monkey kidney cell cultures, formaldehyde and polymyxin B (given at 2 and 4 months, 15–18 months and 4–6 years).

Vaccines contain a number of substances which can be divided into three main groups.

1. Micro-Organisms
2. Chemical Substances
3. Preservative and Tissue Fixatives

Known side-effects have been noted and are discussed in the following pages.²⁴

One distressing flaw of mass inoculation is the assumption that all children, regardless of age, should be treated the same. No consideration is given to the dosage, as relative to body weight. A two month old (weighing eight pounds) receives the same dosage as a five year old (weighing 40 pounds)—with five times more body mass.²⁵

VACCINE INGREDIENTS

1. MICRO-ORGANISMS; EITHER BACTERIA OR VIRUSES.

These antigens initiate the infectious disease that the vaccine is in theory supposed to prevent. These include animal, bacterial, viral and/or genetically engineered DNA and yeast.

The long-term effects of genetically modified ingredients and foreign or animal proteins have not been studied on the human body. There have been great concerns about the vaccines developed in calf serum sourced from the UK, considering the prevalence of “Mad Cow’s” disease.

2. CHEMICAL SUBSTANCES; THESE ARE KNOWN AS ADJUVANTS (LATIN MEANING ‘TO HELP’) AND ARE SUPPOSED TO ENHANCE THE IMMUNE RESPONSE TO THE VACCINE.

These may include:

- Oil Emulsions
 - Freund’s emulsified oil adjuvants (complete and incomplete)
 - Arlachel A
 - Mineral oil
 - Emulsified peanut oil adjuvant (adjuvant 65)
- Mineral compounds, such as aluminium hydroxide, aluminium phosphate and calcium phosphate. Aluminium has long been associated with neurological changes, especially Alzheimer’s disease. It is also known as a hormone disruptor or oestrogen mimic.
- Bacterial products, such as Bordetella Pertussis. There have been a number of recorded reactions to Bordetella Pertussis including convulsions, infantile spasm, epilepsy and SIDS.
- Liposomes, or immunostimulating complexes (ISCOMs).
- Aborted human foetus cells. The rubella portion of the MMR vaccine is cultured on the cell line of an aborted human foetus, as are the chickenpox and polio vaccines.

3. PRESERVATIVE AND TISSUE FIXATIVES; INTENDED TO HALT ANY FURTHER CHEMICAL REACTIONS AND THE DECOMPOSITION OR MULTIPLICATION OF THE LIVE OR ATTENUATED BIOLOGICAL CONSTITUENTS OF THE VACCINE.

These include:

- Carbolic acid or Phenol, which affects the nervous system and can cause liver and kidney damage, seizures or comas, and may interfere with the brain's control of normal heart beat.
- Formaldehyde, a known cancer-causing substance used to preserve the dead. Formaldehyde is known to cause gradual damage to the nerve and immune systems, and has recently been shown to cause irreversible genetic damage at long-term low-level exposure.

According to the Australian National Research Council and the Poisons Information Centre (QLD), "There is no acceptable safe amount of formaldehyde if being injected into a living human body. It is a toxic substance and should be avoided at all costs."

- Mercury (thimerosal), a known neurotoxin. Mercury is a brain poison that has been linked with many forms of brain damage and is believed to be partly responsible for the 1300% increase in autism in developed countries.

Are you aware that the chemical 2-phenoxyethanol (2-PE) is now being used as a preservative in some vaccines as an alternative to thimerosal? 2-PE is toxic to cells as it is an anti-microbial and therefore inhibits their phagocytic activity (a natural and essential immune response), this is our immune system's primary response mechanism.

It has been demonstrated that 2-PE can cause systemic poisoning, headache, shock, weakness, convulsions, kidney damage, cardiac failure, kidney failure and death.

2-PE also contains ethylene oxide, an irritant which causes dermatitis, burns, blisters and eczema. Dr. Mary Teeling, Medical Director of the Ireland Medicines Board says, "Perhaps I'm getting old and a bit cynical, but I'm really not sure that we have the full safety picture on 2-phenoxyethanol. It certainly does not look to be a safe and efficacious vaccine – preservative."

- Acetone, disinfectant, antifreeze, MSG, egg protein and sulfites. MSG has been linked with seizures and brain tumours, while egg protein has been associated with life threatening anaphylactic reactions.
- Antibiotics, associated with allergic reactions.

Constant media attention and mounting research supporting mercury and autism links has resulted in some vaccines recently being promoted as mercury-free. This is certainly a positive step, however, when we examine other vaccine ingredients such as aluminium, formaldehyde, antibiotics and genetically engineered ingredients, even without mercury these injections could hardly be considered harmless.

Not only are the unknown short-term effects disconcerting, vaccines have not been evaluated for their ability to remain latent in the body for any number of years, to mutate or to result in long-term illness or disease.

Vaccine safety is of great concern when we consider that a baby's brain will continue to develop until they are four to five years old and cranial nerves are not fully protected during early childhood.²⁶ Not enough information is known about the physiology of the newborn or how a newborn's body may cope with the massive assault of toxins and chemicals found in substances such as vaccines. It makes sense that babies are too immature to receive vaccinations at two months of age, or the subsequent repeats at four and six months of age.

Did you know that insurance companies, who conduct the best liability studies, refuse to cover for adverse reactions of vaccines?²⁷

ONE PARENT'S EXPERIENCE

All of a sudden after my son's 'two-month' round of immunisation, he seemed extremely uncomfortable and we put it down to severe colic/reflux. Over the next 12 months, we consulted a number of paediatricians and a gastroenterologist, and were continually advised to change my son's milk. So we went from breast milk to soy and various hypoallergenic brands of formula. Solids were a disaster at four months, six months, ten months... His gut just couldn't handle anything solid and therefore he suffered (we all suffered from his constant screams from pain) through simple food trials. We take for granted giving a baby stewed fruit or mashed potato, but even those foods were disastrous.

It has been said (and I truly believe it) that the amount of vaccine he received at two months and then again at four months totally shattered his gut/immune system. My son's stomach couldn't handle food – he could only drink milk for the first year of his life.

VACCINE SIDE-EFFECTS

Sadly, the general public are mostly unaware of the true number of children who have been permanently damaged or have died as a result of a vaccine reaction. Some parents may be surprised that governments worldwide have databases of children who have either died or have disabilities attributable to vaccines.²⁸ The Federal Food

and Drug Administration Authority has created the Vaccine Adverse Effects Reporting System (VAERS)—a system for reporting vaccine reactions.²⁹

Perhaps the reason that the Australian government has not made vaccinations officially compulsory is that they would have to compensate for vaccine-related injuries. Compensation claims for vaccine damage in countries where vaccinations are compulsory (for example, some states of the US) have been exorbitantly high.³⁰ Japan discontinued compulsory vaccination in 1994 after the government saw the potential for disaster with liability for compensation.³¹

It is now estimated that one American child in 166 has been diagnosed with autistic spectrum disorder.³² The U.S. Federal Government's National Vaccine Injury Compensation Program (NVICP) has paid out over \$834 million to parents of vaccine-injured children and families of children who have died; a rate that is close to \$90 million a year in taxpayers' money.³³

The NVICP has received over 5000 claims since 1988, including over 700 for vaccine related deaths. In fact, some 2000 death and injury cases³⁴ may never be resolved. The Vaccine Injury Compensation Program is funded from an excise tax on every vaccine purchased.³⁵

Around the world, evidence is mounting against vaccination and the side-effects of vaccines are being readily questioned. These side-effects may include arthritis, chronic fatigue, asthma, allergies, hyperactivity, ADD, autism, cot death, leukaemia and cancer.³⁶ *The New England Journal of Medicine* reported that a quarter of children vaccinated against rubella later develop some form of arthritis or arthritis response.³⁷ One study on chronic fatigue syndrome found that 70% of sufferers had rubella viruses in their blood that could only have come from vaccines.³⁸

In October 1999, a UK medical researcher³⁹ and autism expert disclosed the link between MMR (measles, mumps, rubella) vaccine and autism, and agreed to testify as an expert witness on behalf of over 100 parents of autistic children seeking compensation from three manufacturers of the MMR vaccine for allegedly damaging their children.⁴⁰

In the UK, where the MMR vaccine controversy continues, company spokesman Dr A.J. Beale cites the reasons for closure of Britain's leading vaccine manufacturer as involving "too much litigation and too little profit".⁴¹ Many parents in the UK have tried to demand single shots against measles, mumps and rubella, but the Blair



government refuses to sanction single vaccines. Government spokespersons declare that to do so would hurt the reputation of the MMR vaccine.⁴²

Published vaccination reactions:⁴³

- Encephalitis or meningitis
In the form of irritability, high-pitched screaming, persistent crying, excessive sleepiness, infantile spasms, convulsions, seizures and mild to severe brain damage.
- Severe infection, e.g. meningococcal meningitis
- Allergies, eczema or hay fever
- Asthma
In a primary health centre in London it was reported that of 446 children, 243 had been vaccinated for whooping cough and 203 had not. Of the

vaccinated, 11% experienced asthma while only 2% of those unvaccinated had asthma.

- Bowel problems including Coeliac, Crohn's disease and colitis
- Autism and neurological damage
- ADD and behavioural problems
- Epilepsy
- Autoimmune diseases
- Leukaemia
- Cot death
- Blindness
- Deafness

The Japanese Ministry of Health withdrew the MMR vaccine in 1993 because of the number of children who developed aseptic meningitis. The government had become extremely cautious after losing lawsuits in 1992 arising from deaths attributable to the flu vaccine, and in 1994 they paid out \$27 million in compensation for this particular vaccine alone.⁴⁴

In the UK, the observation period for pre-licensing trials of the MMR vaccine was criticised by some leading authorities. A former principal medical officer in the Medicines Division of the Department of Health, who served as a medical advisor on the safety of medicines, said, "Being extremely generous, evidence on safety was very thin. Being realistic, there were too few patients followed up for insufficient time. Three weeks is not enough... neither is four weeks."⁴⁵

According to the Australian government's Adverse Drug Reactions Advisory Committee (ADRAC)—the government body that is responsible for tracking adverse reactions to vaccinations and other drugs—only 1–10% of reactions are ever reported. This would mean that the figures used by the medical community to claim the safety of a vaccine are at least 90–99% inaccurate.⁴⁶

The Australian Vaccination Network has its own adverse reactions database. They have received more than 800 serious reactions or deaths following vaccinations, none of which were reported by doctors to ADRAC. Some parents had even received doctors' certificates to state that their child had been vaccine-injured and permanently brain damaged, only to find that their claim had never been reported to ADRAC.⁴⁷

Some authors discuss the potential for vaccine side-effects such as encephalitis, cot death, and asthma as a phenomenon of 'immune corruption'.⁴⁸ In effect, the vaccine process challenges the immune system by suppressing T cells and renders the immune system less able to fight infection and detect cell mutations, while at the same time hyper-exciting the B cells or part of the immune system that creates antibodies. They suggest that this leads to abnormal immune system responses which may then result in eczema, asthma, ADD, MS, Crohn's disease, colitis, encephalitis, etc.

A recent article⁴⁹ discussing "Shaken Baby Syndrome," questions whether a vaccine reaction may be a plausible explanation when parents are accused of abusing their babies. The triad of symptoms linked with "Shaken Baby Syndrome" include retinal haemorrhage (blood behind the eyes), subdural haemorrhage (bleeding under the brain's outer membrane) and brain swelling. Most medical opinion adamantly rejects the idea of a vaccine reaction being able to trigger these reactions; however Professor John Hilton, former chief forensic pathologist of NSW, refutes this.

Hilton says, "I am a strong supporter of childhood vaccination, but a scenario that is not impossible is that a child prone to febrile convulsions is then vaccinated and then has a convulsion."

He was asked whether "such convulsions could start a cascade of catastrophic reactions?"

"Yes, it can. Hypoxia, cerebral swelling, raised cranial pressure, all of these can lead to retinal haemorrhages and brain injury."

For more information, www.sbsmedical.org is an objective website set up by Australian families and www.dontshake.com is the site of the US National Centre on Shaken Baby Syndrome.

As we can see from above it may be sometimes difficult for experts to differentiate if a baby has died as a result of Shaken Baby Syndrome (SBS) or a vaccine reaction. As a prime example of this, alleged child abuser Alan Yurko was recently released after being imprisoned for several years and found not-guilty of abuse, when it was proven that his child did indeed die of a vaccine reaction.⁵⁰

PUBLISHED CASE STUDY

An infant had been diagnosed by his paediatrician as having colic and an intolerance to his mother's breast milk. The infant had experienced these symptoms since birth, evidenced by near constant crying, shaking, screaming and vomiting during and after feeding.

Vomiting and a full body rash were the result of the first attempts to breastfeed, and these symptoms persisted despite trying two different commercial formulas. Upon recommendation, the infant's mother sought the advice and care of a chiropractor.

RESULTS ► To her complete surprise and delight, after a chiropractic adjustment, the

mother commented, "This is a completely different baby." The vomiting had ceased, and on the third visit a significant decrease of symptoms was noted.

Three days later, the mother took her baby for a hepatitis vaccination. Within three hours of the vaccination, the infant experienced a return of all symptoms and irritability, in addition to a low-grade fever.

CONCLUSION ► This patient exhibited resolution of symptoms following chiropractic care, with a successful return to breastfeeding confirming the infant was not allergic to breast milk, as previously indicated by the paediatrician.

Symptoms then returned within three hours following the administration of the hepatitis vaccination. This case report raised the question of a possible link between colic and the administration of the hepatitis vaccination. The infant in this case study appeared to experience the predictable stress reaction following vaccination described by vaccine expert Dr Scheibner in 1993.⁵¹

WHAT'S THE CORRELATION OF MERCURY AND ALUMINIUM WITH ALZHEIMER'S DISEASE?

World renowned immunogeneticist, Dr Hugh Fudenburg⁵², reported that if an individual had five consecutive flu shots between 1970 and 1980 (the years of study) his chance of developing Alzheimer's Disease is ten times greater than if they had only one, two or no shots. When asked why, Dr Fudenburg stated, "**It was due to the mercury and aluminium in flu vaccines. The gradual mercury and aluminium build up in the brain tissues eventually cause cognitive dysfunction, explaining one reason why Alzheimer's is expected to quadruple in our heavily vaccinated society during the next several decades.**"

2. ARE VACCINES EFFECTIVE AND WHAT ARE THE OTHER RISKS INVOLVED?

During the Industrial Revolution, widespread poverty led to illness and death in epic proportions. Malnourished families dwelled in overcrowded, unsanitary housing conditions and both adults and children worked excessively long hours for meagre wages. The British Association for the Advancement of Science reports that between 1850 and 1940, with the improvement of sanitary and hygienic practices, deaths attributable to infectious diseases fell by 90%.⁵³ This was well before mandatory vaccination.

Ivan Illich, in his book *Medical Nemesis*, states that, “**90% of the total decline in mortality had occurred before the introduction of antibiotics and widespread immunisation, due to improved hygiene, sanitation, nutrition and education**”.⁵⁴ It would seem that vaccination may have been of benefit in controlling epidemics where standards of living were slower to improve, but in general the decline of communicable diseases during the Industrial Revolution was not attributable to the introduction of vaccines.

In Great Britain, polio epidemics peaked in 1950 and then decreased by 82%, before vaccines were introduced in 1956.⁵⁵ In 1900, 619 million people died from whooping cough. This figure later dropped to 15 million, again before vaccines were introduced.⁵⁶ Scarlet fever deaths were also extremely high in the 1900s and have now almost vanished—without the development of an appropriate vaccine.⁵⁷

Diphtheria has virtually disappeared in Sweden where compulsory vaccination has been abandoned since 1979, while in France and Germany, despite the inoculation of almost all children, the incidence of diphtheria has become severe. In other countries, the prevalence of diphtheria has shown no relation to the level of inoculation.⁵⁸ Death from whooping cough is currently very low in industrial countries and no difference can be discerned between countries with high, low or zero immunisation rates when compared world wide.⁵⁹

*“The greatest threat of childhood diseases lies in the dangerous and ineffectual efforts made to prevent them through mass immunisation. Much of what you have been led to believe about immunisations simply is not true. If I were to follow my deepest convictions I would urge you to reject all inoculations for your child. There is no convincing scientific evidence that mass inoculations can be credited with eliminating any childhood diseases.”*⁶⁰

ARE VACCINES EFFECTIVE TODAY?

Again, it is very hard to examine the effectiveness of current vaccines when the data offered by statistics is often incomplete.

When discussing vaccination statistics, the Australian Consumers' Association magazine *Choice*⁶¹ stated, "The increasing vaccination rates are reflected in the much lower rates of various widespread childhood diseases." Let's examine why this is not only an incorrect but also a completely irresponsible statement, where insufficient information is offered proclaiming the effectiveness of vaccines and where safety concerns were summarily dismissed.

CERVICAL VACCINE FOR HERPES PAPILOMA VIRUS (HPV)

HPV is a sexually transmitted disease. Government departments for disease control across the world now recommend the Gardasil vaccine to young girls for prevention of the disease. The vaccine is also believed to prevent cervical cancer.

Six million cases of HPV occur each year in the US alone.⁶² Interestingly, 90% of these cases clear up of their own accord within two years. By eating correctly, exercising and minimising stress, your immune system should be healthy enough to eradicate HPV. America's Center for Disease Control (CDC) even admits to this fact on their website. Furthermore, as a sexually transmitted disease, it is nearly 100% avoidable by modifying lifestyle habits.⁶³

The Gardasil vaccine is also not a full insurance policy against cervical cancer or HPV; one can also get 'non-vaccine' types of HPV even if you have a Gardasil shot.

Gardasil was released in the US on June 8th 2006. Fourteen months later (August 2007), a review of the National Vaccine Information Centre (NVIC) revealed 2207 reported adverse reactions to Gardasil. Among them:⁶⁴

- Five girls died
- 31 were considered life-threatening
- 1,385 required a visit to the emergency room
- 451 of the girls had not recovered (as of July 2007)
- 51 of the girls were disabled

We should bear in mind that reported adverse reactions to vaccines are estimated by the FDA and CDC to be representative of only 1–10% of actual cases.

America's CDC and FDA are alleging that the vast majority of these cases are not related to the vaccine. They continue to promote Gardasil as safe.

Meanwhile, more than 17 Australian girls have experienced side-effects each week, including numbness, dizzy spells, fainting, seizures and paralysis. In fact, as of November 30, 2007, 496 adverse reactions have been reported to Australia's TGA—of which 468 had the cervical cancer vaccine as the sole cause.⁶⁵

The NVIC, which was co-founded by Barbara Loe Fisher, one of the top vaccine experts in the world, has called for the CDC and FDA to publicly release the study design, data and names of principal investigators involved.⁶⁶

She says, **“Parents of young girls and women cut down in their prime—some of them paralysed or dead within hours or days of getting the Gardasil vaccine—deserve better answers than a whitewashing of this vaccine’s very serious side effects.**

Until there is an independent confirmation of these unverified findings by individuals and companies without financial ties to the government or industry, it is not credible.”

Grace Filby, a prominent scientist and independent health researcher (who earned a Churchill Fellowship for her research into phage therapy), warns of HPV vaccine dangers.⁶⁷ She too is calling for an urgent investigation into the dangerous side-effects of Gardasil.

Filby believes that not enough is known about the effects of the vaccine on children with pre-existing medical conditions and weakened immune systems. She says, “We simply do not know whether the vaccine interacts with other medication or medical conditions, and the manufacturers have not studied it yet. This could be a very valid reason why some families and schools might hesitate or opt out.”

Healthcare officials and the media are portraying Gardasil as the long awaited cure for cervical cancer. Cervical cancer is a serious issue, and those whose lives have been touched by this cancer may understandably feel inclined to see the HPV vaccine as a cure. However, the side-effects of this brand new vaccine are only just beginning to surface, and as time goes by, the severity of these side-effects seems to be increasing. We need to ask, is Gardasil really the answer?

I have serious reservations about this vaccine and urge parents to consider safer methods of reducing cervical cancer and HPV risk. Our society is not afflicted by epidemics of these diseases, contrary to how the media portray them. Why then is there such a push for mass inoculation? My guess is that if we were able to follow the

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money trail back to the pharmaceutical companies involved, we would find the answer in a profit forecast or sales ledger somewhere.

LET'S EXAMINE "MENINGOCOCCAL C"

Meningitis, while serious, is extremely rare. The three most commonly known causes of bacterial meningitis are HIB, pneumococcal and meningococcal infections.

The overall risk for all meningococcal strains is about 1:30,000. For C strain, the risk of infection is 1:135,000. The risk of death from C strain is under 1: 1,000,000 (based on 2002 Australian figures).⁶⁸

DID YOU KNOW THAT:

- Meningococcal C vaccine offers no protection from other strains according to both vaccine manufacturers and government information. There are 13 strains of Meningococcal C bacteria, but only three of them are contained in this vaccine.⁶⁹
- Recent studies on the epidemiology of meningococcal disease have shown that when targeting C strain for eradication, there is an increase in the prevalence of B strain. These statistics show that, whilst the introduction of vaccination against a particular strain of meningitis may lead to a decline in the incidence of that particular strain, the overall rate of bacterial meningitis has increased exponentially.⁷⁰

SIDE-EFFECTS OF MENINGOCOCCAL VACCINE:

- The meningococcal vaccine has had more reported adverse reactions than any other vaccine in 37 years (2003 figures).⁷¹

While the DPT (Diphtheria, Pertussis and Tetanus) vaccine has been so reactive that its use is now being phased out, there have been double the number of reactions to the meningococcal vaccine as compared with other vaccines, including DPT.⁷²

- The first Western country to use the meningococcal vaccine was the UK, and within the first ten months there were more than 16,000 adverse reactions and 12 deaths.⁷³

QUESTIONS TO ASK YOUR VACCINATION PROVIDER

When vaccinating, you need to consider other health threats, including the plausibility of your child contracting the very disease you are trying to protect them from. It is a good idea to ask your chief medical advisor or maternal health nurse to dis-

cuss the following with you:

- **Whooping Cough**

The New England Journal of Medicine reported that even though Great Britain has had mandatory vaccination for whooping cough since 1978, a resurgence of the virus has occurred. In fact, 74% of those who contracted whooping cough had also received four or five DPT vaccinations and 82% had had at least three vaccinations, all of which had been considered adequate. Sweden in 1979 stopped vaccinating against whooping cough, as adverse side-effects outweighed any proposed benefit.⁷⁴

- **Polio**

In 1986, Oman experienced a widespread polio outbreak six months after achieving complete vaccination. If vaccinations are effective, how can this be? Meanwhile, the US reports eight cases of vaccine-associated paralytic poliomyelitis per year, following inoculation with the oral polio vaccine.⁷⁵

- **Measles**

Previous Australian Federal Health Minister, Dr Michael Wooldridge, stated that the Centre for Disease Control had reported a measles outbreak in a documented, 100% vaccinated school-aged population. A study examining this phenomenon suggested that, "The apparent paradox is that, as measles immunisation levels rise to high levels in a population, measles becomes a disease of the immune persons."⁷⁶ Before vaccines were introduced, there were very few cases of measles in children over the age of ten. **Since the advent of vaccinations, between half to two thirds of all cases of measles occur in people over the age of ten, indicating that the measles vaccine does not prevent the disease, it simply delays it and, in some cases, increases the complications.**

- **Influenza**

When questioned on the efficacy of the influenza vaccine, the National Health and Medical Research Council of Australia (NHMRC)⁷⁷ gave a clear admission of the vaccine's failure: "The council considers there is inadequate evidence that group vaccination with recent influenza vaccines has any significant influence on the incidence of influenza, nor is there sufficient evidence in terms of clinical disease."

- **Hepatitis**

A survey in the UK involving 600 doctors revealed that 50% of them refused the Hepatitis B vaccine, despite the fact that they belonged to a high risk group and had been urged to receive vaccination. The doctors cited a lack of trust in the vaccine and doubted its benefits.⁷⁸

3. BY CHOOSING NOT TO VACCINATE, ARE WE EXPOSING OUR CHILDREN TO EXTREMELY DANGEROUS DISEASES?

“ARE GERMS DANGEROUS?”

Good health is your best defence system.

Many parents have great concerns about germs. They believe that vaccines are one method of helping to protect themselves and their children from the germs that are easily passed from person to person.

However, bacteria and viruses are an essential part of nature. They exist everywhere and they must be preserved. The human bowel, for example, could not function without digestive bacteria. Germs and bacteria do not create illness. Even Louis Pasteur, on his death bed, condemned his own “Germ Theory” when he said, “**The seed (germ) is nothing; the soil (body) is everything.**”⁷⁹

Your immune system holds the key to your health. There are times when a person's immune system is strong and other times when it is weakened. Have you ever wondered why a group of people, exposed in equal measure to the same germs, respond differently? Why is it that only some of these people will become ill after exposure? If your immunity is low and is further challenged by a virus, your body may not be able to cope with the additional stress. Your body's equilibrium can be disrupted and illness created. If your immunity is strong, your body will be able to fight bugs and germs with ease, well before symptoms would normally eventuate. Good health is your best defence against illness.

“AM I PLACING OTHER CHILDREN AT RISK?”

Advocates of vaccination argue that personal and individual rights should give way for the common good and health of all. ‘Herd immunity’ is the argument referred to by many practitioners who claim that if enough people in a community are immunised, all will be protected. But if vaccine surveillance reveals that even ‘fully vaccinated populations’ can contract these diseases, then clearly the ‘herd immunity’ theory is incorrect. **If vaccines are effective—if they offer the protection they claim—then vaccinated children would not be at risk of exposure from those who chose not to vaccinate.** Evidence suggests that vaccines may indeed be an unreliable method of preventing disease.

“AM I BEING IRRESPONSIBLE BY NOT VACCINATING”

Most childhood diseases are self-limiting, rarely dangerous and have few serious consequences. In fact, these illnesses can be of benefit to your child as they stimulate and encourage their defence systems which play an integral role in strengthening their immunity.

Children who experience an illness and fight the sickness naturally have a much stronger immunity than children whose responses are suppressed. Childhood diseases have been known to have a role in maturing the immune system and protecting against asthma, cancer and other serious diseases.⁸⁰

While it is essential to be aware of the complications of childhood illnesses, remember that statistics offered on victims who suffer serious complications of childhood illnesses appear to be those who are also severely immuno-compromised to begin with.

Should your choice be not to vaccinate, you may like to source varied practitioners, associations, web sites and books that can help to build your family's health framework. Take the necessary time to learn how you can proactively strengthen your child's health, so that even in times of ill health you will have support readily available.

“The most powerful thing you can do to change the world is to change your beliefs about the nature of life, people, reality, to something more positive... and begin to act accordingly.”

SHAKTI GAWAIN

THE BENEFITS OF CHILDHOOD ILLNESSES SUCH AS CHICKENPOX

There is little doubt that chickenpox (varicella-zoster) is a mild illness for healthy children aged one to ten. Even in the height of deadly epidemics in the 19th century, chickenpox was never regarded with fear.⁸¹ Today, however, with clever marketing, pharmaceutical companies have created a 'need' for a vaccine that has unknown long-term side-effects.

Some medical journals have started to examine the integrity of drug manufacturers, especially regarding the use of vaccines for harmless illnesses such as chickenpox. An article published in *The British Medical Journal* 2002, entitled "Selling Sickness: the Pharmaceutical Industry and Disease Mongering", stated that, "**The social construction of illness is being replaced by the corporate construction of disease.**"⁸²

Promoters have created a two-pronged advertising campaign. Firstly, they highlight the very rare complications that can occur with chickenpox, while neglecting to say that these outcomes were seen in immuno-compromised children suffering from leukaemia or cancer.⁸³ Secondly, the advertising campaign compares the cost of a vaccine to the economic cost for parents having to take leave from work to look after sick children. This advertising crudely appeals to the desire for immediate economic gain above and beyond the long-term health of our children.

Natural immunity ensures that an individual does not contract chickenpox as an adult. The chickenpox vaccine claims an effectiveness of six to ten years, and therefore will result in many people suffering this illness as adults.⁸⁴ For adults, chickenpox is much more serious and can even be life threatening; in fact, death is twenty times more likely for adults who contract the virus than it is for children.⁸⁵

The single varicella vaccine is already available and GlaxoSmithKline (an enormous pharmaceutical company) are currently trialling a combination MMRV vaccine (measles, mumps, rubella and varicella). It has been suggested that this combined shot will soon be available in Australia, or else the varicella vaccine will be added to another alternative vaccine.⁸⁶

In his book *The Human Herpesvirus*,⁸⁷ Phillip Brunell of the Department of Paediatrics, University of Texas, writes about the varicella-zoster vaccine (VZ vaccine). "Natural infection with the VZ virus (chickenpox) is presumed to occur via the respiratory route. The vaccine, on the other hand, would be given by injection. It is known that for herpes simplex, injection results in ascent along the nerves directly into the central nervous system. This raises some theoretical concern about the propensity of this route to produce infections of the nervous system."

In *The Journal of American Medical Association*⁸⁸, it was revealed that the US Vaccine Adverse Event Reporting System (VAERS) had reported a total of 6574 reactions to the chickenpox vaccine between March 1995 and July 1998. 4% of the reactions were serious, including convulsions, thrombocytopenia, encephalitis and fourteen deaths.

4. IS VACCINATION LINKED WITH COT DEATH?

Sudden Infant Death Syndrome (SIDS, or “cot death”) is the diagnosis given when the specific cause of death of an infant is unknown. Both national and international studies have shown vaccination to be one of the many possible causes of SIDS.⁸⁹

In the USA, one study found that the peak incidence of SIDS occurred between two and four months of age, correlating exactly to when the first two routine immunisations are given. **“There is absolutely no way a pathologist can tell the difference between a crib death and death caused by vaccination,”** states medical historian and author Dr Harris Coulter. **“It appears that the term Sudden Infant Death Syndrome was invented to explain away the coincidence that babies die about the same time they receive vaccines”**.⁹⁰

In 1950, before mass immunisations were mandated, the USA had the third lowest infant mortality rate in the world. By 1986 however, the country had dropped to the 17th place. The US is now known for its appalling infant mortality rate. The greatest percentage of these deaths is claimed by Sudden Infant Death Syndrome, taking the lives of 8000 babies a year.⁹¹

Australian doctor Veira Scheibner, while monitoring infants before and after DPT shots in the 1980's, discovered that there was a significant change in both the depth and frequency of breathing. **Some babies even stopped breathing and required CPR. These respiratory changes would last for weeks, then subside, then return with subsequent DPT vaccines.**⁹² DPT shots are given at two, four, and six months, again at 15–18 months and then again at 4–6 years of age.

*“The only safe vaccine is
the one that is never used.”*

DR JR SHANNON (FORMER DIRECTOR OF THE AUSTRALIAN
NATIONAL INSTITUTE OF HEALTH, DECEMBER 2003)

THE STRAW THAT BROKE THE IMMUNE SYSTEM'S BACK!

When discussing SIDS, autism or any of the potential side-effects of vaccines (or antibiotics), it may be beneficial to step back and take a broad perspective. Most children are exposed to many immuno-toxins (i.e. toxins to the immune system)

throughout childhood. For some children, this exposure begins during pregnancy with a mother smoking or taking medications, and continues with the pain-relieving drugs given during labour and a multitude of subsequent vaccines and courses of antibiotics. Each of these toxic exposures assaults the immune system.⁹³ Any one of these immuno-toxins may be the final 'straw that breaks the immune system's back' for that individual, leading to any number of health consequences or disease. **Genetics will determine the strength of the immune system and perhaps just how many assaults your immune system can tolerate before it reaches its 'critical mass'.**

Some researchers are now questioning the potential link of pethidine (meperidine) usage and Sudden Infant Death Syndrome, SIDS.⁹⁴

Pethidine is a sedative used in labour and its ability to cross the placental barrier and depress the baby's respiratory centre is well documented. An antidote (drug) to counteract the depressive effects on the baby can be given. This gives only temporary relief and the baby may still suffer breathing difficulties when the antidote wears off.

Not surprisingly, babies who have been exposed via their mothers to pethidine during labour show a higher incidence of respiratory problems. Pethidine also distributes into breast milk.

Researcher Lisa Landymore says, "It is possible that a side-effect such as respiratory distress, which most commonly occurs immediately after pethidine exposure, will manifest itself at a later date, perhaps upon exposure to some other trigger such as antibiotics, which also carry a risk of life-threatening anaphylaxis."

Antibiotics may increase developmental delay and autism.

The broad spectrum antibiotics Augmentin and Ceclor have been linked to autism from as little as three doses. Augmentin is made from Amoxicillin and clavulanic acid, of which the product of fermentation is ammonia. The effects of ammonia on brain and nerve function have long been questioned. *Please refer to Chapter 20.*⁹⁵

This broad outlook on the effects of chemical toxins on the immune system, in addition to other risk factors, may be one plausible explanation for the escalation in cases of Sudden Infant Death Syndrome, Shaken Baby Syndrome, behavioural disorders and autism.⁹⁶

RISK FACTORS THAT MAY CONTRIBUTE TO SIDS⁹⁷

- Spinal cord, brain stem or nerve irritation resulting from a traumatic birth and affecting the respiratory centre. *Please see Realities of Intervention—Chapter 10.*
- Chemical toxicity due to drug or chemical exposure during gestation, birth, and during the period of breastfeeding (e.g. environmental toxins and prescription drugs).
- Chemical toxicity associated with vaccines.
- Antibiotic exposure, either prescribed or via vaccines.
- Cigarette smoke exposure during gestation or post-birth.
- Infant's sleeping position, exacerbating nerve, brain stem or spinal cord tension.

RISK FACTORS ASSOCIATED WITH VACCINES THAT MAY CONTRIBUTE TO NEUROLOGICAL DAMAGE OR BRAIN INJURY⁹⁸

- Chemical toxicity due to drug exposure during gestation, birth, or during the period of breastfeeding (e.g. antibiotics and other prescription drugs.)
- Previous exposure to mercury and administration of multiple vaccines.
- Recent or current antibiotic usage at the time of vaccination.
- A state of illness at the time of vaccination.
- Child prone to febrile convulsions.
- A family history of auto-immune disease.
- Food and milk allergies.

HOMEOPATHIC VACCINATION

Although it was first described by Hippocrates 2500 years ago, homeopathy as it is practised today evolved 200 years ago. Homeopathy means “similar suffering”.

My basic understanding of the central philosophy of homeopathy is that if a substance can produce symptoms in a healthy person, then a substance with a similar vibration should relieve symptoms in a sick person.

HOMEOPATHIC REMEDIES ARE USED FOR:

1. Prevention
2. Treatment of disease
3. As a cleanser to detoxify side-effects of orthodox vaccinations, taken before and after vaccination.

Homeopathic vaccination, or homeoprophylaxis (HP), uses disease-specific remedies that are non-toxic and provide a level of protection comparable to vaccines. It is believed that a HP works in a similar way to live vaccination by inducing the antigen (as cell frequencies) to the specific childhood disease.⁹⁹

The advantage of homeopathic vaccination is that it is not administered by a live virus or bacteria that has been attenuated and preserved in toxic substances. Instead, homeopathy creates 'shadow experience' by utilising a frequency that is stored in a memory device (either a pill or liquid), and is significantly less threatening to the body.¹⁰⁰

As with all medical and allied health procedures, HP is not effective in all cases, yet it represents possibly the 'greenest' vaccination procedure available at this time.

HP was first used in the late 1790s and has a 200-year history of substantial effectiveness in epidemic situations around the world.¹⁰¹

Efficacy depends on factors such as general health, overall immunity, constitutional strength and compliancy to the dose schedule. It is possible for the child to contract the disease, though it will usually be less severe. In this event, the child should be immediately assessed by the appropriate practitioner.

Commencing in 1985, Dr Isaac Golden has conducted the world's largest trial¹⁰² of the long-term use of HP against common childhood diseases. His research has demonstrated a level of effectiveness of around 90% with positive long-term health effects.

In his book, *A Review of Risks and Alternatives, 6th edition*, Dr Golden's 15 years of research show that a five year HP program has been effective for disease prevention for the following six potentially serious diseases: Whooping Cough, Polio, Tetanus, Meningococcal disease, Pneumococcal disease, Haemophilis Influenzae Type B (Hib).

There is a considerable body of research evidence supporting these findings, which are available either via Dr Golden's web site (www.homstudy.net) or in his major publication entitled *Vaccination & Homeoprophylaxis*.

TWO COMMON MISCONCEPTIONS

“VACCINATIONS ARE COMPULSORY FOR SCHOOLING”

Vaccinations are not compulsory in Australia. Under the Australian Constitution, Section 51, Part 23A, the statement is made that “any compulsory medical procedure is unconstitutional”.¹⁰³ Enrolment in childcare and school cannot legally be refused on the basis of vaccination status, although a 'conscientious objection' form will be required upon enrolment. This will entail going along to your G.P. and asking for a conscientious objection form which both parties will then sign to state that together you have discussed vaccination and that as legal guardian for your child you object to inoculations.

It is best to seek an open minded physician who can discuss the issue objectively, otherwise doctors (who are not familiar with current risks involved) may simply try to intimidate you. If you are well read, it is important to appreciate that you may actually know more about the risks involved than they do.

“WE WON'T BE ENTITLED TO OUR GOVERNMENT ALLOWANCES!”

As a form of coercion for parents who have not vaccinated their baby, the Australian government has decided to withhold a portion of the maternity allowance until the baby is 18 months old. However, this withholding cannot be enforced if you choose to become a 'conscientious objector'. Parents who submit a 'conscientious objection' are, according to law, eligible to receive full childcare and maternity allowances, as payable by the Australian Government.¹⁰⁴ Do not allow any department official to tell you otherwise or to withhold your entitlements.

“To find yourself, think for yourself.”

SOCRATES

PLEASE CONSIDER WHEN VACCINATING

You may have read this chapter and decided that vaccinating your child is still the best decision for your family. If this is the case, there are many proactive steps that you can take for your child during this process.

If you decide that you would like to vaccinate, please consider the following:

- Delay starting your vaccination programme for as long as you can. A minimum of 12 months would be favourable, while two or more years may have greater benefit. This allows your child's own natural immunity time to strengthen.
- Make sure that your baby is 'well' at the time of vaccine administration and is not taking antibiotics. Colds or irritability with teething are very good reasons to postpone vaccines, despite contradictions by the Immunise Australia brochures.
- Continue to breastfeed until your child has at least finished their infant vaccination programme. Breast milk will offer an immune boost (*please see Chapter 16—Breastfeeding*).
- Ask for mercury-free vaccines; these are often withheld and will not be used until old stocks are used up. Remember that other vaccine ingredients, such as formaldehyde, aluminium and antibiotics, are all toxic substances.
- Be wary of vaccinations if there is a family history of convulsions, epilepsy or any other neurological problems.
- Take your child to a chiropractor prior to, during and after vaccinations which may help to reduce nerve irritation, chemical toxicity and increase their immune strength (*please see Chapter 21—Chiropractic and Children*).
- Utilise the knowledge and skill of naturopaths and homeopaths prior to, during and after vaccination. Homeopathic vaccinations are an effective and safe alternative to conventional inoculations and warrant your investigation. Homeopaths can also be used to detox the side effects of orthodox vaccination. *Please see Resources section.*
- At the time of vaccination, provide your child with wholesome foods. Some research discusses the benefits of high levels of vitamin C and calcium for a period of time prior to such injections, as both these nutrients can become deficient during the process. Both vitamin C and calcium are essential to proper functioning of the immune and nervous systems. Acute deficiencies of calcium and vitamin C may produce immediate results such as a high fever and convulsions after vaccination.¹⁰⁵

BUILDING A HEALTH FRAMEWORK FOR YOUR FAMILY

There are many ways to nourish your child's immune system. The stronger their immunity, the healthier they will be. General protection comes from clean fresh air, good nutrition and lifestyle habits. Keeping abreast of healthy nutrition and lifestyle choices is much easier when you are surrounded by like-minded people. Proactive parents are constantly sourcing the latest information and tools which may offer greater quality of life.



When establishing a health framework for your family, it is beneficial to incorporate wellness practitioners who support and inspire your health choices. **There is great comfort in having your chiropractor, naturopath and/or homeopath available in times of health and ill health. Whether you decide to vaccinate your child or not, these practitioners can offer you wonderful ancillary care.**

A HEALTH FRAMEWORK FOR YOUR FAMILY SHOULD INCLUDE:

- Optimum maternal health during gestation.
- Breastfeeding for as long as you can.
- Reducing toxicity by eating fresh organic produce, chemical-free, unrefined food items and drinking plenty of filtered water. *Please see Chapters 5 and 6.*
- Chiropractic care for the whole family to maximise genetic capacity.
- An array of holistic practitioners including naturopaths, nutritionists, homeopaths, acupuncturists and Chinese herbalists whose skill and knowledge you can utilise.

All of these practitioners (chiropractors included) will reduce your need for antibiotics and prescription drugs. Some practitioners may also recommend dietary changes, supplements, herbs or homeopathics help to boost your child's constitution.

- Having access to various associations, websites, books and like-minded people. Keep abreast of research, as knowledge is power.
- A loving, positive home environment.
- Regular exercise for the whole family. Walking, riding, and swimming are all activities that can be enjoyed together.

HOW CAN A CHIROPRACTOR HELP MY VACCINATED CHILD?

It is important to note that **there are no preliminary steps that can guarantee against vaccine injury or the side-effects of vaccines.**

If you feel strongly about vaccinating your child, prior to doing so your chiropractor can help to remove nerve interference that may already be compromising your child's health. **After vaccination, chiropractic adjustments may help the nervous system combat the effects of the vaccine. Chiropractic adjustments will also help to re-strengthen your child's immunity and maximise their genetic capacity for health.**

HOW CAN A CHIROPRACTOR HELP MY UNVACCINATED CHILD?

It is reasonable to expect that an unvaccinated child will most often display a more intense response to a childhood infection than a vaccinated child who has previously been artificially exposed to the disease organism. In times of distress, it is important that you have the right advice and support available to help you combat these illnesses naturally.

Chiropractic adjustments remove nerve interference and, due to the intricate connections between the nerve and immune systems, chiropractic adjustments help to strengthen your child's ability to combat childhood illness. *For further information on the Immune and Nerve systems, please see Chapter 21—Chiropractic and Children.*

Chiropractors may also offer nutritional advice and discuss lifestyle practices that will help you and your family live life with greater zest. Your chiropractor can direct you towards other holistic practitioners who can proactively support your family's health objectives.

INVESTIGATE FOR YOURSELF

Having spent literally hundreds of hours studying literature that both supports and opposes vaccination, I have regrettably been led to believe that vaccines impose a significant threat to the health of our children. Although biased towards not vaccinating, I have attempted to acknowledge throughout this chapter that there are health threats involved with either decision. The opinions I express may not reflect those of other practitioners, associations or political bodies.

As parents, the responsibility of the associated health threats of vaccinating and not vaccinating lie solely with us and no one else. We are the ones who will live with our decisions and all of their ramifications. No one can guarantee you or your child absolute safety with either choice, and all practitioners, orthodox and complementary, should encourage families to investigate the risks for themselves.

I urge you again not to rush this vitally important decision. Investigate this topic for yourself, keep abreast of current research, ask good questions and do not allow yourself to feel intimidated. It is my wish for your family that whatever you decide, you have absolute confidence and peace of mind with your individual vaccination choice.

Please see Resources section for suggested reading material.

Praise for Well Adjusted Babies

“Jennifer’s book has empowered us with priceless knowledge, the confidence to question, and has given us choices that we never realised we had. It is also an entertaining and delightful read.”

CRAIG AND MICHELLE ATTARD (NEW PARENTS)

“Well Adjusted Babies explains the risks associated with some of the more common aspects of modern living such as particular foods, drugs and household toxins, as well as the medical interventions that tend to feature commonly in orthodox models of pregnancy and birthing. Jennifer also discusses issues surrounding vaccination, breastfeeding and nutrition, encouraging the reader to ensure that the decisions that they make are ones that sit comfortably with their own beliefs and ethos.”

MERYL DOREY (EDITOR, INFORMED VOICE MAGAZINE)

“I believe every practitioner (chiropractor or not) who claims to promote wellness, indeed every expectant mother, should have a copy of this book.”

DR GLENN MAGINNESS (CHIROPRACTOR AND PAEDIATRIC EDUCATOR)

“Well Adjusted Babies is a sensitive, touching and beautiful book about conception, pregnancy, delivery and parenting from a chiropractic perspective. The reader remains enthralled with the candour with which the author tells her journey and the passion she brings to the at times very sensitive subject matter.”

DR PHILLIP EBRALL (HEAD, DIVISION OF CHIROPRACTIC, RMIT UNIVERSITY)

“Jen celebrates life with deep honesty and compassion, and encourages us all to do the same in her wonderful book. Well Adjusted Babies is a sweet reminder that our greatest teacher and companion is our own heart.”

TIFFANI CLINGIN (KINESIOLOGIST)

OTHER WELL ADJUSTED PRODUCTS INCLUDE:

- **Well Adjusted Babies**
THE COMPLETE BOOK
- **BBB Pillow**
COMFORT FOR BABY, BREASTS AND BELLY
- **Which Foods When**
A HANDY CHART FOR INFANT NUTRITION
- **WAB Audio**
MP3 CHAPTERS FROM WELL ADJUSTED BABIES
- **Which Foods When Cookbook**
A COLOURFUL EXTENDED COOKBOOK & REFERENCE
FOR HEALTHY INFANT NUTRITION

FOR ORDERS & MORE INFORMATION,
PLEASE VISIT OUR WEBSITE:

www.welladjustedbabies.com

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