



NaturalSolutions
F O U N D A T I O N

ANTI-VAXXERS HANDBOOK

All the Facts You Need to Stop the Pro-Vaxxers

**Silly Season in the Halls of Government
You Just Can't Make This Stuff Up!**

**Rima E. Laibow, MD
Medical Director
Natural Solutions Foundation**



www.DrRimaTruthReports.com

THE SILLY SEASON

**How a Bad Bill
Becomes a Bad Law**

Demand a 5 Year Moratorium on All Childhood Vaccines

<http://TinyURL.com/VaccineMoratorium>

ANTI-VAXXERS HANDBOOK

Dedicated to the World's #1 Anti-Vaxxer
Counsel Kent Heckenlively



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Where there is Risk there Must be Informed Consent!

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HOW A BAD BILL BECOMES A BAD LAW

The following is, unfortunately, a *real* document submitted by, unfortunately, a real member of Parliament, the [questionably] Honorable Walt Secord. It helped advance a bill in the New South Wales legislature forward to become a truly horrific law. Unfortunately, that law has been enacted and will damage and violate the rights and the bodies of the people of New South Wales until it is repealed. The harm done through this legislation is, literally incalculable.

Let history record that the Parliament of New South Wales, relying on these specious arguments, violated the universal right to Informed Consent, trampling on the sanctity of the family and the health of its citizens. Let this critique of the Hon. [sic] Walt Secord stand as a permanent indictment of his capacity as a legislator and the breathtaking irresponsibility and shallowness of the Members of the New South Wales Parliament who voted for this disastrous law without doing their own simple due diligence as their responsibilities as public servants compels.

Secord, a member of Australia's Shadow (minority, in this case Labor) Government, is a Canadian-born Mohawk-Ojibway Indian who emigrated to Australia and of whom his boss said, astonishingly enough, in praise (!), "He was creative. He could always muster up a [positive] story from virtually nothing. You need someone like that in government. He had the energy to trawl through the *Government Gazette* and find things others had missed."¹

Well, the Hon [sic] Walt Secord has trawled through the Government Gazette and found things that threaten the rights of everyone in his country, starting with New South Wales, and that assault science and sense so badly that the mind truly boggles.

His statement supporting a bill that would make NOT vaccinating your child a type of child abuse was sadly, I suppose, to be expected but so beautifully expresses the fatuous nonsense of the religious vaccinologists that it needs a response. Tragically, this fatuous nonsense has prevailed and New South Wales has declared open season on the health of its residents, violated parental rights to a horrifying degree and declared permanent silly season in the halls of its Parliament.

**With this analysis, I hereby challenge the unscientific and Makes a Story from Virtually Nothing Hon [sic] Mr. Secord to a public debate on vaccine safety, efficacy and necessity. **

Perhaps the Hon [sic] Mr. Secord will, unlike the Ministers of Health of Australia, Queensland, New South Wales and a slew of knee jerk lap dog "journalists" [sic] will accept my offer. They can reach me at Dr.Rima@NaturalSolutionsFoundation.com. I would hope they would grant me a visa to hold that debate on their own dear soil, unlike the visa application of Anti Vaxxer #1 Kent Heckenlively, Esq.,^{2,3} whose application was denied because discussing the real facts of vaccination procedures, and its very, very real dangers would be "detrimental to the orderly conduct" of Australian society. In fact, Australian Immigration Minister, Peter Dutton, says that

¹ <http://www.smh.com.au/nsw/warrior-who-served-many-chiefs-20110611-1fxyo.html>

² [Inoculated: How Science Lost its Soul in Autism](https://youtu.be/H2ufKA-xAug), <https://youtu.be/H2ufKA-xAug>

³ Plague: One Scientist's Intrepid Search for the Truth
https://books.google.com/books/about/Plague.html?id=87BfBgAAQBAJ&source=kp_cover

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having Counsel Heckenlively on Australian soil to discuss vaccination dangers is “not in the national interest”⁴. Protecting children from “unavoidably unsafe”⁵ vaccines not in the national interest? One wonders what is.

If poisoning children is required for the orderly conduct of Australian society, and is in the national interest of Australia, it does not sound like a very good place to live!

Herewith, my comments to the Hon [sic] Mr. Secord’s formal presentation of support for the insane Amendment which totally removed all parental rights on the subject of vaccination and forces every child in Australia to be subjected to the well-documented “unavoidably unsafe” risks⁶ of multiple vaccinations.

Please note that my comments are in **blue and boldface**. The official document presented by the Honorable [sic] Walt Secord remains in black. Black: a color of deep mourning, a color of death, a color of destruction. How fitting.

CONSCIENTIOUS BELIEFS & INFORMED CONSENT

Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Bill 2017 Second Reading The Hon. [sic] WALT SECORD (10:20): I move: That this bill be now read a second time. As Labor's shadow Minister for Health and Deputy Leader of the Opposition, I am pleased to introduce the Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Bill 2017. The bill is for an Act to amend the Public Health Act 2010 to prevent unvaccinated children being enrolled at childcare facilities if the only reason that they are unvaccinated is a parent's personal beliefs, which are inaccurately described as "conscientious beliefs".

No, they are accurately described as “Conscientious Beliefs”. The Australian Law Dictionary (with which you should be acquainted) defines Conscientious Beliefs as follows: “A principle that a person is prepared to apply consistently in the face of obstacles because of its association with a valued sense of conscience.”⁷ meaning that these are quite appropriately described as “conscientious beliefs”. Parents applying these values have given up the right to receive various funds for support of their children and the ability to enroll their children in many daycare centers, irrationally closed to them because of unscientific and unconstitutional policies.

For your reference, Hon. Secord, the Australian Constitution is another document you might want to become acquainted with. A review of the law in this area concludes that unless you and the rest of the legislators involved in this highly unethical set of proposed and enacted statutes wish to declare that you consider every parent in Australia, or your local sector of it, to be incompetent and in need of Court supervision for all of their healthcare decisions regarding themselves and their minor children what you propose is both in violation of the codes governing the conduct of health care and the statutory law,

⁴⁴ <https://www.theguardian.com/australia-news/2017/aug/31/dutton-bans-kent-heckenlively-worlds-no-1-anti-vaxxer-from-visiting-australia>

⁵ Bruesewitz v. Wyeth LLC, United States Supreme Court <https://www.supremecourt.gov/opinions/10pdf/09-152.pdf>

⁶ Bruesewitz v. Wyeth LLC, United States Supreme Court <https://www.supremecourt.gov/opinions/10pdf/09-152.pdf>

⁷ <http://www.oxfordreference.com/view/10.1093/acref/9780195557558.001.0001/acref-9780195557558>

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case law and regulatory framework of your entire country.⁸ Not to mention the binding international law of Informed Consent, encoded in the Nuremburg Code.⁹

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

You might find it illuminating to consider, for example, “Any new approach to informed consent would need to be reflected in guidance such as the Australian Charter of Rights in Healthcare, the National Safety and Quality Health Service Standards, the National Framework on Advance Care Directives, publications on communication with patients and the national codes of conduct of health practitioners”¹⁰

I would also remind you, [Hon] (sic) Mr. Secord, that Australia, between the years of 1958 and 1992, ratified the entire set of treaties and conventions which comprise the Geneva Convention. That means that for all of Australia, including the States, the international law of Informed Consent is enshrined in the legal system and cannot be amended by legislation so it must be amended by withdrawing from the treaty itself.

Hon [sic] Mr. Secord, you might want to check out this brief and referenced review of international law, to which your country is bound, <http://drrimatruthreports.com/the-sources-of-the-law-the-right-of-informed-consent/>. I believe you and the other members of Parliament could put your time to much better use than violating international and constitutional law in Australia by attempting to abrogate the already established rights of parents to make medical decisions without prejudice, pressure or over reaching. You might also want to consider the Common Law principle of the illegality of forcing someone to give up one right for another.

THE BAD LAW’S THREAT TO NECESSARY MEDICAL EXEMPTIONS

For the purposes of the bill a childcare centre is a childcare day centre, a family or home day care environment or a preschool. To be very clear, this bill will not affect exemptions for children with genuine medical contraindications certified by a medical practitioner.

To be very clear, since the attack dogs are seeking to deregister the physicians who, using their genuine best judgement, medical and scientific knowledge and experience, seek to grant those exemptions this is both disingenuous and misleading language, not suited to those whose position entitles them to be addressed as “Honorable”.

The Hon. [sic] WALT SECORD: Indeed, the purpose of the bill is to protect those children who legitimately cannot be vaccinated by encouraging healthy children to be vaccinated.

⁸ <https://www.alrc.gov.au/publications/10-review-state-and-territory-legislation/informed-consent-medical-treatment>

⁹ https://en.wikipedia.org/wiki/Nuremberg_Code

¹⁰ The codes of conduct for the 14 national boards of health practitioners are available at Australian Health Practitioner Regulation Agency, *National Boards* <http://www.ahpra.gov.au/National-Boards.aspx>

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Those children who cannot be vaccinated are far more endangered by those who have been vaccinated since the literature is abundant on viral shedding and disease spreading by the vaccinated to the vulnerable, which, interestingly, also included the vaccinated since levels of protection, as distinct from levels of antibodies, are dismal for every vaccine. Dismal, that is, absent the equally dishonest and disingenuous statistical manipulation and obfuscation carried out to bolster the unscientific claims that vaccines “save lives”.

If your logic had any merit to it, Hon. [sic] Mr. Secord, unvaccinated children with medical exemptions would be barred, for their own protection, of course, from any intercourse with vaccinated children, all of whom would be strictly quarantined so long as they or their contacts were shedding any infective viruses.

On a public policy basis, that could be difficult, since there are documented cases of people shedding viruses that were introduced into their bodies as much as 30 years later.¹¹ Those shed viruses remain infective and capable of causing disease.

As the BBC reported, vaccinated people are shedding infectious viruses not only into their own local environment, but into the community as well noting, “*several highly mutated polio strains, originating from vaccines, had recently been isolated from sewage samples in Slovakia, Finland, Estonia and Israel.*

All bore the molecular fingerprints of "iVDPVs" - vaccine-derived polio viruses from immunodeficient individuals.

The researchers are calling for enhanced surveillance including sewage sampling and stool surveys to search for the presence of iVDPV strains.”¹²

This is consistent with the information on the US CDC’s website which states, for example, that the principle cause of polio, one of the diseases supposedly “eradicated” by vaccination against it, is vaccination. To wit: “*Live attenuated polioviruses replicate in the intestinal mucosa and lymphoid cells and in lymph nodes that drain the intestine. Vaccine viruses are excreted in the stool of the vaccinated person for up to 6 weeks after a dose. Maximum viral shedding occurs in the first 1–2 weeks after vaccination, particularly after the first dose.*

Vaccine viruses may spread from the recipient to contacts. Persons coming in contact with fecal material of a vaccinated person may be exposed and infected with vaccine virus”¹³ and “However, one case of VAPP [Vaccine Associated Paralytic Polio – Author] occurred for every 2 to 3 million doses of OPV administered, which resulted in 8 to 10 cases of VAPP each year in the United States From 1980 through 1999, VAPP accounted for 95% of all cases of paralytic poliomyelitis reported in the United States.” The CDC further notes, “*There is no procedure available for identifying persons at risk of paralytic disease*”. Couple that with the fact that the last non-vaccine related case of polio in Australia was in 1972,¹⁴ and you have an absolute illogicality: The vaccine will inevitably cause the disease in a certain number of children, which disease we have not had for 45 years so we should keep vaccinating “against” the disease in question, causing inevitable infectious disease organism shedding

¹¹ <http://www.bbc.com/news/health-34082627>

¹² Ibid

¹³ <https://www.cdc.gov/vaccines/pubs/pinkbook/polio.html>

¹⁴ <http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-poliomyelitis.htm>

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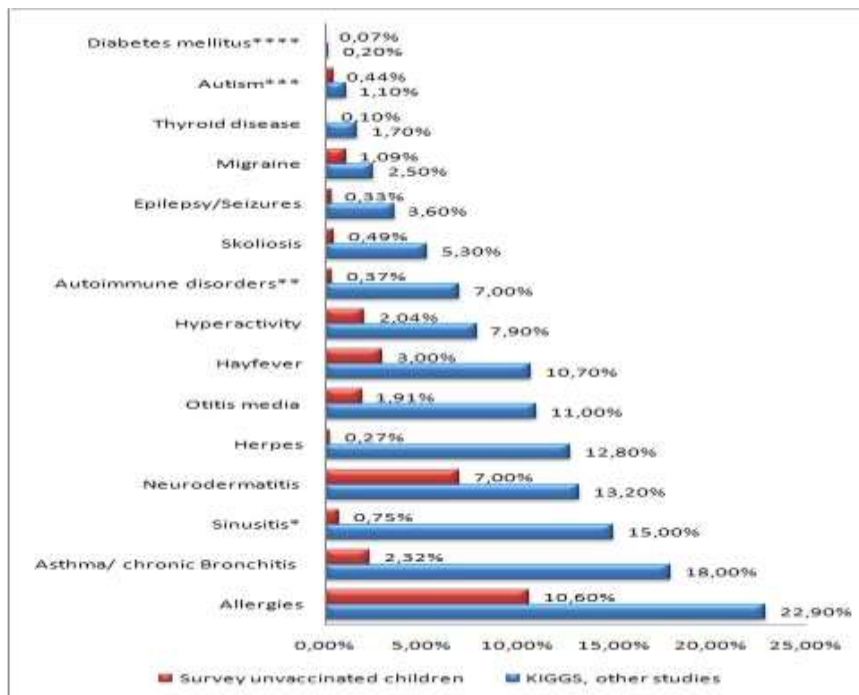
and the disease itself along with a certain number of adverse events, both long and short term. So of course, we should create public policy which punishes parents who seek to protect their children from this and other associated unavoidable dangers which accompany vaccination. And that, Hon [sic] Mr. Secord, is just for polio.

AN INFORMED CONSENT REFUSAL IS BASED ON SCIENCE

A parent's refusal to vaccinate their child is not based on science or medicine; it is based on individual belief. I encourage members to be clear on that distinction as we debate this bill.

The distinction that you urge members to be clear on is totally fallacious, Hon [sic] Mr. Secord.

The science is actually quite supportive of the decision to not vaccinate one's child, given that it shows that there is much to be concerned about when children are vaccinated. For example, a large German study of 17461 vaccinated children, the KIGGS Study, examined their health.¹⁵ Their well-documented their findings showed chronic, neurological and other conditions present and prominent among children. Another study, conducted similarly, the www.impfschaden.info study¹⁶ looked at the health of 16230 totally unvaccinated children. The results, shown here in summary graphic form, are stunning: science shows clearly that vaccination significantly impairs the health of children.



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Then there is the flu vaccine, Hon [sic] Mr. Secord. In 2012 a peer-reviewed placebo-controlled, double blind clinical study conducted in Hong Kong compared children vaccinated with the flu vaccine against unvaccinated ones. It found that the seasonal

¹⁵ <https://www.kiggs-studie.de/english/results.html>

¹⁶ <http://www.vaccineinjury.info/survey/results-unvaccinated/results-illnesses.html>

¹⁷ Ibid

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trivalent flu vaccine resulted in 5.5 times more incidents of respiratory illness than the placebo group.¹⁸

A significant number of those respiratory ailments involved hospitalization and there were some deaths among the vaccinated group, Hon [sic] Mr. Secord, but not among the non-vaccinated. I would say that is reason for worry based on science, wouldn't you, Hon [sic] Mr. Secord?

Then there was a study carried out in New Zealand which shows that, compared to unvaccinated children, vaccinated children were more likely to suffer from asthma, eczema, ear infections, hyperactivity and many other chronic conditions. Actually, about 11 times more likely.

Additionally, the study identified that there was a ten-fold increase in the incidence of tonsillitis in the children who were vaccinated, and a total lack tonsillectomy operations among the children who were unvaccinated.

What are the risks and traumatic sequelae, to say nothing of the costs, of tonsillectomies in your State, Hon. [sic] Mr. Secord? In reading your comments I do not find that mentioned.

In 1992, the Immunization Awareness Society (IAS) conducted a survey to examine the health of New Zealand's children. In all, 495 children's health was surveyed: 226 vaccinated and 269 unvaccinated children between 2 weeks and 46 years.

Asthma, eczema, ear infections/glue ear, recurring tonsillitis, hyperactivity, diabetes or epilepsy) whether or not he or she needed grommets, had had a tonsillectomy, or were shown to develop motor skills (walking, crawling, sitting-up etc.) were assessed.

Although the study was designed to assess the health of vaccinated and unvaccinated children and compare them, an interesting fact emerged during the study which would give the reasonable parents of any child for whom vaccination is being considered pause about the wisdom of such a course of action.

Indeed, this piece of information alone might turn parents into rational conscientious objectors.

Fully 92 percent of the children requiring a tonsillectomy operation had received the measles vaccination, indicating that the vaccination for measles may have made some of the children more susceptible to tonsillitis. The study also revealed that 81 of the families had both vaccinated and unvaccinated children. Many of these families had vaccinated their older children but had grown more reluctant to vaccinate their younger children, due to their growing concerns regarding vaccine safety.

Based on their analysis of the data the authors concluded that the study:

¹⁸ <https://academic.oup.com/cid/article/54/12/1778/455098/Increased-Risk-of-Noninfluenza-Respiratory-Virus>

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*“provides solid scientific evidence in support of considerable anecdotal evidence that unvaccinated children are healthier than their vaccinated peers.”*¹⁹

Hon [sic] Mr Secord, perhaps you are unfamiliar with a very important recent peer-reviewed scientific study published in the US in 2017²⁰ which compared the health of vaccinated and unvaccinated 6-12 year-olds in that country. It is quite important for you to know about since you mistakenly believe that there is “no science” to show that conscientious beliefs questioning the safety of vaccines have any science informing their beliefs. *Indeed, they do.* Dr. Anthony R. Mawson and his team studied a cross section of homeschooled children between the ages of 6-12 years in the US states of Florida, Louisiana, Mississippi, and Oregon.

Their findings are compelling: vaccinated children were significantly more likely than the unvaccinated children to have been diagnosed with otitis media, pneumonia, allergic rhinitis and other allergies, eczema/atopic dermatitis, learning disabilities, ADHD (attention deficit and hyperactivity disorder), neurodevelopmental disorders (i.e., learning disability, ADHD or ASD) and any chronic illness. In addition to these diseases, Mawson and his team stated that: “The vaccinated were also more likely to have used antibiotics, allergy and fever medications; to have been fitted with ventilation ear tubes; visited a doctor for a health issue in the previous year, and been hospitalized.”

The study significantly reported a *linear relationship* between the number of vaccine doses administered at one time and the rate of hospitalization and death [that is, the higher the number of injections, the more hospitalizations and deaths occurred. The hospitalization rate increased from 11% for 2 vaccine doses to 23.5% for 8 doses ($r^2 = 0.91$), while the case fatality rate increased significantly from 3.6% for those receiving from 1-4 doses to 5.4 % for those receiving from 5-8 doses. Not only that, but the younger the infant at the time of hospitalization, the higher the rate of hospitalization and death.

The results of this study are truly shocking but if this were not bad enough, the results of the study showing that the younger the child at hospitalization the greater the risk of hospitalization and death prompted Mawson and his team to carry out a scientific study looking at just these factors.²¹

The results are very disturbing and confound completely your provably false assertion that there is no scientific basis for caution and the protective wish to avoid vaccines. Consider the health of a pre-term child, Hon [sic] Mr Secord, perhaps your own grandchild.

Although no association was found between preterm birth and Neuro Developmental Disorders (NDD) in baby who were not vaccinated, the picture changes dramatically in the presence of vaccination. Remembering that between 8 and 27% of severely preterm babies

¹⁹ <http://wavesnz.org.nz/wp-content/uploads/2015/02/The-1992-IAS-NZ-Survey-of-Vaccinated-vs.-Unvaccinated-Children.pdf>

²⁰ <http://www.cmsri.org/wp-content/uploads/2017/05/MawsonStudyHealthOutcomes5.8.2017.pdf>

²¹ <https://worldmercuryproject.org/wp-content/uploads/Preterm-Unvaccinated-vaccinated-study-preterm-birth-Mawson-2017.pdf>

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will go on to become autistic, the fact that *no* relationship between pre term birth and NDD was found in the absence of vaccination is striking. Couple that, however, with the strong correlation between preterm birth and autism in the presence of vaccination and you have data which throws the practice of vaccination into serious question: vaccination turns out to be significantly associated with NDD in children born at term (OR 2.7, 95% CI: 1.2, 6.0). However, vaccination coupled with preterm birth was associated with increasing odds of NDD, ranging from 5.4 (95% CI: 2.5, 11.9) compared to vaccinated but non-preterm children, to 14.5 (95% CI: 5.4, 38.7) compared to children who were neither preterm nor vaccinated.

What this means in simple terms, Hon [sic] Mr Secord, is that preterm babies who are vaccinated are being exposed to neurological hazards that can leave them severely damaged for life with little or no gain to the child and extreme cost to society and the family as well.

So your confident assurance to other members of this House is, at best, ill-informed and at worst designed to mislead your fellow members.

The question requires an answer, Hon. [sic] Mr. Secord: Are you ignorant of the science of vaccine damage, ill-disposed to consider it for some reason known to you or intentionally deceptive in your remarks?

It is possible, Hon. [sic] Mr Secord, that you are blindly following the assertions of the CDC in that the CDC maintains there is “no relationship between Thimerosal-containing vaccines and autism rates in children,” even though the data from the CDC’s own Vaccine Safety Datalink (VSD) database shows a very high risk. There are a number of public records to back this up, including this Congressional Record from May 1, 2003.²² The CDC’s refusal to acknowledge thimerosal’s risks is exemplified by a leaked statement from Dr. Marie McCormick, chair of the CDC/NIH-sponsored Immunization Safety Review at Institute Of Medicine. Regarding vaccination, she said in 2001, “...we are not ever going to come down that it [autism] is a true side effect”.²³

VACCINATION IS NOT “A PROVEN MEDICAL TREATMENT”

The bill only affects parents who, due to their personal beliefs and opinions **and, I would add, to the science of the matter**, deny a proven medical treatment that protects both their children and other children from preventable serious illnesses. **See above. The treatment is not well proven in the least and the hazards are emerging from the anecdotal to the scientifically validated.**

When the data on over 400,000 infants born between 1991 and 1997 were analyzed by CDC epidemiologist Thomas Verstraeten, MD, it was documented unequivocally that in 2000

²² <https://www.gpo.gov/fdsys/pkg/CREC-2003-05-21/pdf/CREC-2003-05-21-pt1-PgE1011-3.pdf>

²³ <http://thefreethoughtproject.com/cdc-forced-release-documents-showing-knew-vaccine-preservative-autism/>

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CDC officials were informed internally of the very high risk of autism, non-organic sleep disorder and speech disorder associated with Thimerosal exposure.²⁴

Perhaps because of motivations similar to your own, Hon(sic) Mr. Secord, those data were intentionally reanalyzed to bury that reality. Among the tragic consequences, alongside the autistic and damaged legions of children world-wide, it is possible that we should include the dreadful error of perhaps-well-intentioned legislation like this to socially engineer compelling parents to do their children harm for reasons known only to the State, but certainly *not* to science.

This misinformation was so concerning that a member of the US House of Representatives, Dave Weldon, Florida, wrote to the head of the CDC to question this reassurances of the safety of vaccines, the lack of their relationship to autism and the methods used to obfuscate science and truth by this agency. An excerpt of the letter follows:

“I have read the upcoming Pediatrics study and several earlier versions of this study dating back to February 2000. I have read various e-mails from Dr. Verstraeten and coauthors. I have reviewed the transcripts of a discussion at Simpsonwood, GA between the author, various CDC employees, and vaccine industry representatives. I found a disturbing pattern which merits a thorough, open, timely, and independent review by researchers outside of the CDC, HHS, the vaccine industry, and others with a conflict of interest in vaccine related issues (including many in University settings who may have conflicts).

A review of these documents leaves me very concerned that rather than seeking to understand whether or not some children were exposed to harmful levels of mercury in childhood vaccines in the 1990s, there may have been a selective use of the data to make the associations in the earliest study disappear. While most childhood vaccines now only have trace amounts of mercury from thimerosal containing vaccines (TCVs), it is critical that we know with certainty if children were injured in the 1990s.

Furthermore, the lead author of the article, Dr. Thomas Verstraeten, worked for the CDC until he left over two years ago to work in Belgium for GlaxoSmithKline (GSK), a vaccine manufacturer facing liability over TCVs. In violation of their own standards of conduct, Pediatrics failed to disclose that Dr. Verstraeten is employed by GSK and incorrectly identifies him as an employee of the CDC. This revelation undermines this study further.

The first version of the study, produced in February 2000, found a significant association between exposure to thimerosal containing vaccines (TCVs) and autism and neurological developmental delays (NDDs). When comparing children exposed to 62.5 ug of mercury by 3 months of age to those exposed to less than 37.5 ug, the study found a relative risk for autism of 2.48 for those with a higher exposure level. (While not significant in the 95% confidence interval for autism, this meets the legal standard

²⁴ <http://thefreethoughtproject.com/cdc-forced-release-documents-showing-knew-vaccine-preservative-autism/>

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of proof exceeding 2.0.) For NDDs the study found a relative risk of 1.59 and a definite upward trend as exposure levels increased.

A June 2000 version of the study applied various data manipulations to reduce the autism association to 1.69 and the authors went outside of the VSD database to secure data from a Massachusetts HMO (Harvard Pilgrim, HP) in order to counter the association found between TCVs and speech delay. At the time that HP's data was brought in, HP was in receivership by the state of Mass., its computer records had been in shambles for years, it had multiple computer systems that could not communicate with one another (Journal of Law, Ethics and Medicine Sept. 22, 2000), and it used a health care coding system totally different from the one used across the VSD. There are questions relating to a significant underreporting of Autism in Mass. The HP dataset is only about 15% of the HMO dataset used in the February 2000 study. There may also be significant problems with the statistical power of the HP dataset.

In June of 2000 a meeting was held in Simpsonwood, GA, involving the authors of the study, representatives of the CDC, and the vaccine industry. I have reviewed a transcript of this meeting that was obtained through the Freedom of Information Act (FOIA). Comments from Simpsonwood, NJ meeting include: (summary form, not direct quotes):

** We found a statistically significant relationship between exposures and outcomes. There is certainly an under ascertainment of adverse outcomes because some children are just simply not old enough to be diagnosed, the current incidence rates are much lower than we would expect to see (Verstraeten);*

** We could exclude the lowest exposure children from our database. Also suggested was removing the children that got the highest exposure levels since they represented an unusually high percentage of the outcomes. (Rhodes)*

** The significant association with language delay is quite large. (Verstraeten);*

** This information should be kept confidential and considered embargoed;*

** We can push and pull this data anyway we want to get the results we want;*

** We can alter the exclusion criteria any way we want, give reasonable justifications for doing so, and get any result we want;*

** There was really no need to do this study. We could have predicted the outcomes;*

** I will not give TCVs to my grandson until I find out what is going on here.*

Another version of the study - after further manipulation - finds no association between TCVs and autism, and no consistency across HMOs between TCVs and NDDs and speech delay.

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The final version of the study concludes that "No consistent significant associations were found between TCVs and neurodevelopmental outcomes," and that the lack of consistency argues against an association. In reviewing the study there are data points where children with higher exposures to the neurotoxin mercury had fewer developmental disorders. This demonstrates to me how excessive manipulation of data can lead to absurd results. Such a conclusion is not unexpected from an author with a serious, though undisclosed, conflict of interest.

This study increases speculation of an association between TCVs and neurodevelopmental outcomes. I cannot say it was the author's intent to eliminate the earlier findings of an association. Nonetheless, the elimination of this association is exactly what happened and the manner in which this was achieved raises speculation. The dialogue at the Simpsonwood meeting clearly indicates how easily the authors could manipulate the data and have reasonable sounding justifications for many of their decisions.

The only way these issues are going to be resolved - and I have only mentioned a few of them - is by making this particular dataset and the entire VSD database open for independent analysis. One such independent researcher, Dr. Mark Geier, has already been approved by the CDC and the various IRBs to access this dataset. They have requested the CDC allow them to access this dataset and your staff indicated to my office that they would make this particular dataset available after the Pediatrics study is published.

Earlier this month the CDC had prepared three similar datasets for this researcher to review to allow him to reanalyze CDC study datasets. However when they accessed the datasets - which the researchers paid the CDC to assemble - the datasets were found to have no usable data in them. I request that you personally intervene with those in the CDC who are assembling this dataset to ensure that they provide the complete dataset, in a usable format, to these researchers within two weeks. The treatment that these well-published researchers have received from the CDC thus far has been abysmal and embarrassing. I would also be curious to know whether Dr. Verstraeten, an outside researcher for more than two years now, was required to go through the same process as Dr. Geier in order to continue accessing the VSD."²⁵

IS INFORMED CONSENT A "LOOPHOLE"?

As we talk about individual choices and parents' rights, let us keep that specific factual context in mind. The bill is necessary because of a loophole in the existing legislation, created by the previous Minister for Health. It is now necessary to ban the setting up of specialist anti-vaccination childcare centres in New South Wales.

Why is that necessary, Hon [sic] Mr. Secord? It is not permitted under the governing law of the land and superseding International Treaty Law. It is not required by health considerations and it is not scientifically justified since there is significant risk to the entire

²⁵ <http://thinktwice.com/fraud.htm>

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vaccination schedule. In fact, the US Supreme Courts and others have held, repeatedly, that vaccines are “unavoidably unsafe” and they actually constitute an uninsurable risk. So what, exactly are we demanding of parents? That they subject their children to uninsurable risks and that, in order to be able to have day care for them, despite their inalienable right of Informed Consent, they be forced to give up the right to make decisions on their children’s behalf when the science tells them that extreme caution is warranted?

Why, Hon (sic) Mr. Secord? What is the dog that you have in this particular fight?

Labor's bill also makes it an offence for a principal or operator to enrol; a child at a childcare facility or at home-based child care without a vaccination certificate or a medical contraindication certificate. The maximum penalty for a principal or operator will be \$5,500. This legislation fixes and builds on the work of the Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Act 2013.

This is public policy by economic blackmail, nothing more and nothing less. Punish the day care center proprietors to force the parents into line? How deceitful, Hon [sic] Mr. Secord. How does this square with your ethical obligations under the Nuremburg Code?

I supported that legislation in June 2013, but at that time I expressed my concerns about the so-called "conscientious exemption". **To remind you, Hon [sic] Mr Secord, there is nothing “so-called” about this conscientious exemption.** It turns out my concerns were well founded as this loophole was set to be significantly exploited. To give context, Australia, including New South Wales, clearly has a vaccination crisis.

Yes, sir, we do. We have a *constitutional* vaccination crisis, a *moral* vaccination crisis, a *public health* vaccination crisis and a *medical* vaccination crisis because vaccines are being pumped into children despite the known, and the many more unknown, dangers of same. The crisis, Hon [sic] Mr Secord is not that we have too few vaccinations but that we have too many for safety, sanity or security.

We now have preventable diseases such as measles,

Contrary to propaganda, measles is a minor and insignificant disease which when contracted from another person, not from a vaccination, not only confers life-long immunity, but reduces the incidence of certain cancers and other health problems later in life. In fact, a peer reviewed study published in the Lancet shows that risk of certain malignant tumors increases over 1000% in people who did not have measles as children!²⁶ Or something. Because the entire house of damaged cards on which the immunization system rests is tumbling down while you, Hon (sic) Mr. Secord, attempt to coerce, compel and control the free and responsible choices of parents to vaccinate or not vaccinate their children or congregate with other vaccinated or unvaccinated children.

²⁶ <https://www.ncbi.nlm.nih.gov/pubmed/2856946/>

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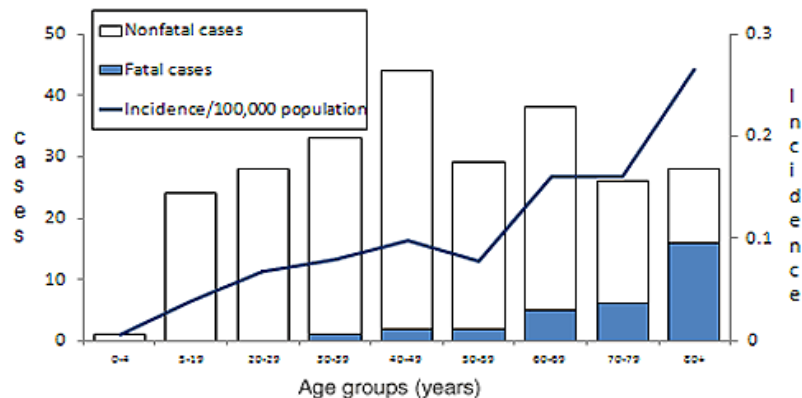
In this *you* stand in the dock with the Nuremburg defendants, imposing “intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion”

For example, a German Court recently determined that there is no scientific proof whatsoever that the measles virus actually exists.²⁷ That being the legally defined case, what has been injected as “the measles virus” is actually fragments of cells which, upon injection, cause potentially cataclysmic reactions including inflammation of the brain and other tissues.

We recognize the downstream effects of these cataclysmic responses to the injection of cell fragments with names like autism, Neuro Developmental Disorders, Irritable Bowel Syndrome and a host of other vaccine injuries. And parents must, in the face of this crumbling scientific edifice, have the right to protect their children as they see fit.

whooping cough, It is interesting, Hon [sic] Mr. Secord, that the more whooping cough rates rise, the more fatalities we have from whooping cough. Before widespread pertussis vaccination was accomplished, older preschool and young school children typically developed the disease. Their airways were large enough to allow the passage of sufficient air to prevent death in most cases.²⁸ Now most fatalities occur in very young infants whose airways are too narrow to prevent strangulation during the course of the disease. However, at this point, outbreaks of pertussis are occurring in populations of fully vaccinated children all over the world.²⁹

tetanus Despite a good deal of misinformation, tetanus is virtually unknown in babies and young children making deaths a non-problem. Under those circumstances, what would be the point of vaccinating children against tetanus, even if the assumption were made that the vaccine was either safe or effective, Hon [sic] Mr. Secord?



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²⁷ <http://anonhq.com/anti-vaxxer-biologist-stefan-lanka-bets-100k-measles-isnt-virus-wins-german-federal-supreme-court/>

²⁸ <https://www.cdc.gov/pertussis/outbreaks/trends.html>

²⁹ https://wwwnc.cdc.gov/eid/article/6/5/00-0512_article

³⁰ <https://www.cdc.gov/vaccines/pubs/surv-manual/chpt16-tetanus.html>

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and tuberculosis. I take it, Hon [sic] Mr. Secord, that although you set yourself up as an authority on these matters, lacking, as you do, a biological or medical degree of any sort, you are unaware of the fact that, as Ingrid Cassel, MD, [who actually does have a medical degree] summarizes:³¹

The world's largest (and only double-blind) vaccine trial of BCG vaccine was conducted in India. The India study showed that incidence of TB was higher in the vaccinated group than in the control (unvaccinated) group.³²

The New Scientist wrote: “The world's biggest trial to assess the value of BCG tuberculosis vaccine has made the startling revelation that the vaccine does not give any protection against bacillary forms of tuberculosis.”

While the Scientist noted, in discussing a similar study in South Africa, “In the vaccine group, 13 percent of infants were infected with the TB bacterium over a 2-year period, and 2 percent developed active disease. In the placebo group, 12 percent were infected and 3 percent developed disease. “The vaccine induced modest immune responses against TB in the infants, but these were much lower than those previously seen in adults, and were insufficient to protect against the disease,” the University of Oxford’s Helen McShane, who developed the vaccine, said in a press release?³³

Please note, Hon [sic] Mr. Secord, that Helen McShane is a professor of Vaccinology at Oxford University as well as the Wellcome Senior Clinical Fellow, Honorary Consultant in HIV and Genito-Urinary Medicine, Oxford Martin Senior Fellow, Group Head / PI, Consultant Physician, Fellow and Member of congregation.³⁴ She, of course, would not have as much knowledge on this topic as you, a Member of Parliament and would have to defer, I am sure, to your biomedical and virological wisdom on these matters.

Similarly, the Lancet published the results of a study of 83,000 people who had been vaccinated against TB and concluded that they could find no statistically significant protection by the BCG vaccine against tuberculosis. Holland does not have a BCG vaccine program, and they have the lowest TB death rate in Europe.³⁵

THE VACCINATED AND MEASLES OUTBREAKS

Only yesterday, NSW Health reported another measles outbreak in Western Sydney. NSW Health Director of the Communicable Disease Branch, Dr Vicky Sheppard, said that measles was the most contagious disease known. A person can catch measles by entering a room half an hour after an infected person has been there and they can still catch the infection. This morning,

³¹ <http://proliberty.com/observer/20030723.htm>

³² <http://eprints.nirt.res.in/845/>

³³ <http://www.the-scientist.com/?articles.view/articleNo/34268/title/New-TB-Vaccine-Fails-Trial/>

³⁴ <https://www.ndm.ox.ac.uk/principal-investigators/researcher/helen-mcshane>

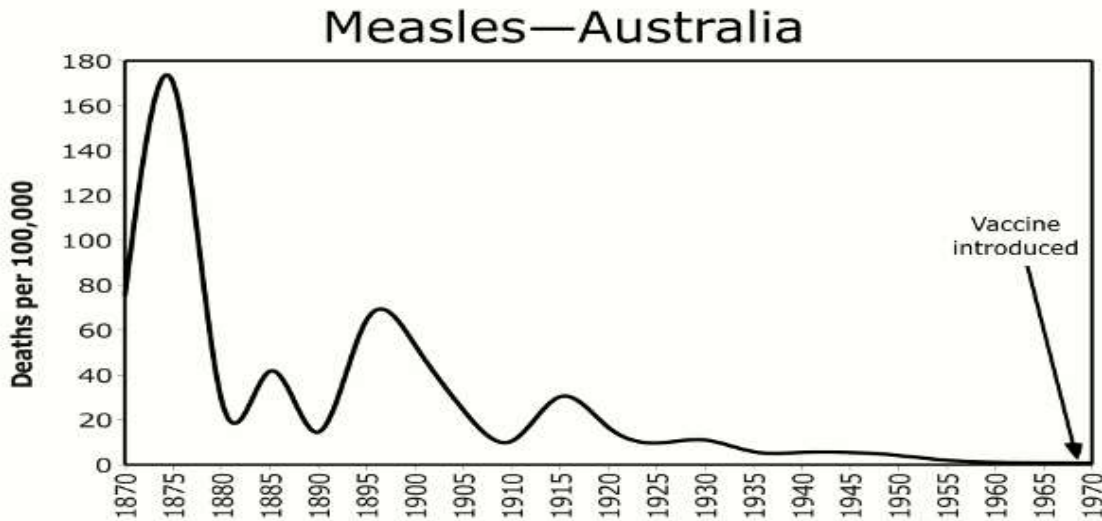
³⁵ [http://www.thelancet.com/journals/lancet/article/PII0140-6736\(92\)90794-4/abstract?version=printerFriendly](http://www.thelancet.com/journals/lancet/article/PII0140-6736(92)90794-4/abstract?version=printerFriendly)

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we learn that another six people have been infected, including three children. NSW Health confirm that the victims spent time at Westmead Children's Hospital. This brings the total number of people with measles in New South Wales for 2017 to 19, according to official notifications.

And the number of people who have died from this self-limiting and actually beneficial disease is exactly what, Hon [sic] Mr. Secord?

You might be interested in a graph showing the answer to that question:



© 2011 Greg Beattie

Plot points are 5-yearly totals.

Sources: Data published by Commonwealth of Australia in *The History of Diphtheria, Scarlet Fever, Measles, and Whooping Cough in Australia, 1788–1925* (Cumpston, 1927) and Commonwealth Year Books, plus Australian Bureau of Statistics population data.

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Or, given the pervasive illogic and lack of science that permeates and pervades this entire sad document of yours, perhaps not

The March edition of the Medical Journal of Australia reported that approximately 37,000 conscientious objectors are registered nationally. That means there are about 13,000 in New South Wales. Let me spare you a little pain, Hon [sic] Mr. Secord. Another person of probably no scientific merit or credentials is Professor Tetyana Obukhanych, PhD³⁷ since she merely holds a PhD in Immunology, earned her PhD in Immunology at the Rockefeller University in New York and did postdoctoral training at Harvard Medical School, Boston, MA and Stanford University in California. and is not a member of your august legislative body. She has, however, written an Open Letter to Legislators like you and your colleagues to inform you of the many scientific errors contained in your proposed legislation.”³⁸. I

³⁶ <https://imgur.com/WRf1Wxi>

³⁷ <http://vaccine-injury.info/tetyana.cfm>

³⁸ <http://thinkingmomsrevolution.com/an-open-letter-to-legislators-currently-considering-vaccine-legislation-from-tetyana-obukhanych-phd-in-immunology/>

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commend it to you highly. And I further commend to you the easy to understand, detailed discussion of your favorite unscientific myth, Herd Immunity by another ill-prepared person, Suzanne Humphries, MD, a scientific expert in the area. Her paper, entitled, “Herd Immunity: Flawed Science and Mass Vaccination Failures”³⁹ really should be required reading for people who, like you, Hon [sic] Mr. Secord, are presuming to act legislatively in ways that threaten the well-being of the entire populace without scientific basis for those actions.

Now we learn that anti vaccination groups are planning to further exploit this loophole, with two separate reports that groups are planning to set up a so-called "vaccine-free day care" centre. A mother on Sydney's northern beaches has called for expressions of interest. In September 2015, a Lismore mother announced she wanted to set up a similar venture. Both have attracted national attention. In recent months, reports show that patients are presenting to New South Wales hospitals with vaccine preventable diseases in increasing numbers.

That suggests, Hon [sic] Mr Secord, that the standard of living, the hyenine, the sanitation, the diet and the education of the families in question is in need of support by your government. Vaccination has never prevented⁴⁰ a single disease, nor can it. It has harmed innumerable immune and nervous systems, however.

1. If you are, in fact, truly interested in the well-being of the people you represent as an elected Member of Parliament, you might care to take a few moments to read my paper on this topic which shows, using government statistics, that my position is supported by science while yours, Hon [sic] Mr. Secord, is supported by the pharmaceutical industry. This is, of course, no coincidence. The statistical linkage between low-vaccination rate areas of Australia and the incidence of vaccine preventable infections is well established. Yes, Sir, it is. It is an inverse relationship: the higher the vaccination rate, the higher the incidence of what you incorrectly refer to as “vaccine preventable infections”

As Dr. Obukhanych so succinctly says,

2. “IPV (inactivated poliovirus vaccine) cannot prevent transmission of poliovirus (see appendix for the scientific study, Item #1). Wild poliovirus has been non-existent in the USA for at least two decades. Even if wild poliovirus were to be re-imported by travel, vaccinating for polio with IPV cannot affect the safety of public spaces. Please note that wild poliovirus eradication is attributed to the use of a different vaccine, OPV or oral poliovirus vaccine. Despite being capable of preventing wild poliovirus transmission, use of OPV was phased out long ago in the USA and replaced with IPV due to safety concerns.
2. Tetanus is not a contagious disease, but rather acquired from deep-puncture wounds contaminated with *C. tetani* spores. Vaccinating for tetanus (via the DTaP combination vaccine) cannot alter the safety of public spaces; it is intended to render personal protection only.
3. While intended to prevent the disease-causing effects of the diphtheria toxin, the diphtheria toxoid vaccine (also contained in the DTaP vaccine) is not designed to prevent colonization and

³⁹ <http://www.greenmedinfo.com/blog/herd-immunity-flawed-science-and-mass-vaccination-failures>

⁴⁰ <http://drrimatruthreports.com/wp-content/uploads/Final-All-India-Medical-Congress-Paper.020415.pdf>

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transmission of *C. diphtheriae*. Vaccinating for diphtheria cannot alter the safety of public spaces; it is likewise intended for personal protection only.

4. The acellular pertussis (aP) vaccine (the final element of the DTaP combined vaccine), now in use in the USA, replaced the whole cell pertussis vaccine in the late 1990s, which was followed by an unprecedented resurgence of whooping cough. An experiment with deliberate pertussis infection in primates revealed that the aP vaccine is not capable of preventing colonization and transmission of *B. pertussis* (see appendix for the scientific study, Item #2). The FDA has issued a warning regarding this crucial finding.^[1]
 - Furthermore, the 2013 meeting of the Board of Scientific Counselors at the CDC revealed additional alarming data that pertussis variants (PRN-negative strains) currently circulating in the USA acquired a selective advantage to infect those who are up-to-date for their DTaP boosters (see appendix for the CDC document, Item #3), meaning that people who are up-to-date are *more* likely to be infected, and thus contagious, than people who are not vaccinated.
5. Among numerous types of *H. influenzae*, the Hib vaccine covers only type b. Despite its sole intention to reduce symptomatic and asymptomatic (disease-less) Hib carriage, the introduction of the Hib vaccine has inadvertently shifted strain dominance towards other types of *H. influenzae* (types a through f). These types have been causing invasive disease of high severity and increasing incidence in adults in the era of Hib vaccination of children (see appendix for the scientific study, Item #4). The general population is more vulnerable to the invasive disease now than it was prior to the start of the Hib vaccination campaign. Discriminating against children who are not vaccinated for Hib does not make any scientific sense in the era of non-type b *H. influenzae* disease.
6. Hepatitis B is a blood-borne virus. It does not spread in a community setting, especially among children who are unlikely to engage in high-risk behaviors, such as needle sharing or sex. Vaccinating children for hepatitis B cannot significantly alter the safety of public spaces. Further, school admission is not prohibited for children who are chronic hepatitis B carriers. To prohibit school admission for those who are simply unvaccinated – and do not even carry hepatitis B – would constitute unreasonable and illogical discrimination.

In summary, a person who is not vaccinated with IPV, DTaP, HepB, and Hib vaccines due to reasons of conscience poses no extra danger to the public than a person who is. No discrimination is warranted.”⁴¹

Children are getting serious illnesses that are entirely preventable

Balderdash? See above. as a result of parents failing to properly vaccinate. **Balderdash and more balderdash. See above. That alone would, in my view, justify closing the so-called conscientious objector loophole. If, Hon [sic] Mr. Secord, that were true, it might. Since it is concocted out of fairy dust and pharmaceutical money, there is nothing for you to worry about. Added to the argument is a rational, objective view about what the loophole truly supports. The fact is that this is not conscientious objection. Balderdash again, Sir. Go back and read the science that has been presented to you above vs. the religiosity of your**

⁴¹ <http://thinkingmomsrevolution.com/an-open-letter-to-legislators-currently-considering-vaccine-legislation-from-tetyana-obukhanych-phd-in-immunology/> Op Cit

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“belief”. Tell me, Hon [Sic] Mr. Secord, if a position is bought and paid for, is it still a belief? And does a servant of the people have the liberty of holding a bought and paid for “belief” that is in direct contradiction to established scientific fact but serves the special interests of a non-constituent group or is that a conflict of interest which might even have legal consequences? Please enlighten me because I am only a physician and scientist, not a lofty Member of your legislative body.

CONSCIENTIOUS OBJECTIONS TO VACCINATION

The term "conscientious objection" comes from the anti-conscription movements of the early twentieth century, and the anti-vaxxer movement has stolen the term in an attempt to lend moral credibility to vaccine refusal. That comparison is not valid, nor does it deserve any credibility. Vaccine refusal supports personal opinion—not the opinion of the child, but of the parent, who is not an expert.

Oh, Dear, Hon [sic] Mr. Secord. You are repeating yourself and it does you no credit with a thinking audience. Where do you get your campaign contributions from?

There is no scientific or medical debate on this: That is settled.

On this you are, at last, right! The science is settled. Vaccinated children are sicker by far than their unvaccinated peers. Vaccines do not provide protection. They irritate the immune and other systems and are highly productive for the illness industry. So, yes, the Jury is very much in, as you say. The jury is in. Vaccinations work Indeed they do, if the goal is to *increase* pharmaceutical profits through chronic diseases. Did you know, Hon [sic] Mr. Secord, that autism, a vaccine preventable disorder (don't vaccinate and the disease is prevented) is now more profitable in the UK than cancer since it has overtaken that disorder as the most expensive disorder in that nation? More expensive than cancer, heart attacks and strokes?⁴² And they save lives? Not according to experts like Russell Blaylock, MD, who has studied the matter in great depth and who says that the myth that vaccines save lives is based on fear fairy tales, not science.⁴³ But, of course, he, also, is a mere physician and neuroscientist, not an elevated savant like you, Hon [sic] Mr. Secord.

The greatest improvements to world public health are due to sterilisation of equipment, washing hands, the provision of clean water Yes and yes, immunisations.

No. You almost got that right, Hon [sic] Mr. Secord but then you blew it.

No great public debate takes place in our churches, mosques, temples, synagogues, or other places of worship. No great debate takes place amongst our ethicists or philosophers.

⁴² <https://www.theguardian.com/society/2014/jun/09/autism-costs-more-cancer-strokes-heart-disease>

⁴³ <http://www.vaccinationinformationnetwork.com/dr-blaylock-vaccine-program-based-upon-nonsense-fear-fairy-tales/>

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What are you talking about, Hon [sic] Mr. Secord? The most significant moral issue of the 21st Century, Informed Consent, debate is *not* one for our churches, mosques, temples, synagogues or other places of worship? This is not, for most of us, anyway, a religious issue although there are people who refuse them for religious reasons. This is a scientific discussion and the result of the discussion is well and truly concluded by those interested in holding a position based on facts, not propaganda, religious-like fervor and special interest money. Lots and lots and lots of special interest money. Please remind me where you said your campaign donations and other financial inputs to you come from again, Hon [sic] Mr. Secord.

Vaccine refusal is not a scientific, moral or ethical resistance.

Right again, Sir. It is a rational position based on strong scientific information and reasoning.

It is an egregious elevation of personal choice. I find it hard to understand how it is an egregious elevation of personal choice when the right of Informed Consent, of which Vaccine Refusal is a subset, is enshrined in International Law and, as a signatory of the Geneva Convention, your country is bound to support and uphold this right for everyone in that country. Egregious elevation of personal choice, Hon [sic] Mr. Secord? Do you have a clear understanding of the way International Law and treaties to which a nation is a signatory actually function? It might be helpful to have that in place before you participate further in the legislative process so that you do not waste the time of the tax payers, your employers, and your fellow legislators.

The fact of the present situation is that children are getting ill—unnecessarily ill, seriously ill and sometimes fatally ill.

Yes, indeed they are. Following vaccination. Are you unaware, Hon [sic] Mr. Secord of the science documenting that at least 6 vaccines are associated with the development of diabetes Type I in children,⁴⁴ narcolepsy,⁴⁵ inflammatory bowel disease,⁴⁶ autism,⁴⁷ sudden infant death,⁴⁸ and, tragically and totally presentably, many, many more.

If you doubt this, Hon [sic] Mr. Secord, please read the package inserts that come with each and every single vaccine vial. They make the point clearly. Compelled by the government, at least in the US, to include that information, the litany of vaccine preventable diseases is tragic and horrifying. Preventable, that is, by NOT vaccinating,

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<https://www.ncbi.nlm.nih.gov/pubmed?term=%22Journal+of+pediatric+endocrinology+%26+metabolism+%3A+JPEM%22%5BJour%5D+AND+495%5Bpage%5D+AND+2003%5Bpdatt%5D&cmd=detailssearch>

⁴⁵ <https://www.cdc.gov/vaccinesafety/concerns/history/narcolepsy-flu.html>

⁴⁶ Thompson, NP, measles vaccination is a risk factor for inflammatory bowel diseases? The Lancet, t.345, 1995

⁴⁷ <http://ireport.cnn.com/docs/DOC-1164046>

⁴⁸ https://www.researchgate.net/publication/7833641_Unexplained_cases_of_sudden_infant_death_shortly_after_hexavalent_vaccination

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while no disease is, in fact, preventable by vaccinating. Except, Hon [sic] Mr. Secord, one disease: Pharmaceutical Malnourishment, the prevention of which requires as many vaccines as possible.

What sources of income do you have, again, Sir?

It is due to deference to personal choice. That is wrong. I am a parent and my partner has three young grandsons. I am a big defender of personal choice, but my defence cannot run as far as the right to refuse to vaccinate your child.

Oh, Dear, Hon [sic] Mr. Secord, your weak defense of personal choice is directly endangering young innocents. Perhaps your partner's own children will pay more attention to science than to bombast and refuse to vaccinate their young children. I certainly hope so for the sake of the young children in question.

Personal choices that needlessly deny medical treatment to children have a name—child neglect. I will say that again: To refuse to vaccinate your child or to subject someone's child to your unvaccinated child is child neglect.

Not according to either science or logic, both of which seem to be in sadly short supply in this document and, we must presume, in your reasoning ability, Sir. Please go back and reread what I have noted for you, Hon [sic] Mr. Secord. Lives depend upon it. Many, many lives.

In fact, another “poorly credentialed” scientist, Andrew Moulden, MD, PhD (neurophysiology) was able to demonstrate that EVERY dose of EVERY vaccine caused irreversible micro-stroke damage and taught parents and doctors, but apparently not legislators, how to identify that damage.⁴⁹

We do not give parents personal choices to not educate their children, because this would be neglect. We do not give parents personal choices to not adequately house or clothe their children, because this would be neglect. We do not give parents personal choices to not adequately feed and nourish their children, because this would be neglect. Why then are vaccinations any different?

Very simple, Hon [sic] Mr. Secord: because vaccination is dangerous, deleterious and, as the US Supreme Court stated, Unavoidably Unsafe. Housing, clothing and educating our children is the opposite: safe and necessary. Vaccination fails that test.⁵⁰

⁴⁹ <https://www.healthnutnews.com/dr-andrew-moulden-learning-to-identify-vaccine-damage/>

⁵⁰ <https://www.supremecourt.gov/opinions/10pdf/09-152.pdf>

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To those who will argue that this is the State interfering in parental choices, I will be very clear: Yes, we are interfering in parental choices. A State does this in various ways in a civil society on a daily basis. We do not opt-in to seatbelt laws, because they save lives.

Actually, there is real science that makes that argument clearly, Hon [sic] Mr. Secord. There is, despite your puffery and posturing, actually no such independent research that makes the argument for vaccines. They are, as Courts have found around the world, an Uninsurable Risk. Seat Belts are NOT an Uninsurable Risk. And so on and so forth. And so on and so forth? How lightly you take intrusions into our freedoms, Sir. Why should vaccination refusal be so privileged by this Parliament? See above, Sir, read the science. Why would our State fine the parent who does not have their child in the right booster seat but respect the one who skips booster shots that vaccinate against polio, tetanus and whooping cough? Because there is science to support the first but only corrupt science-for-hire and magnificent propaganda to support the second. No one ever developed a fatal or life-destroying reaction to a seat belt since they are applied TO the body, not injected INTO the body, bypassing the immune system's defenses. No one. Ever. No one ever developed seizures or narcolepsy or Gillian Barre Syndrome from the use of a seat belt. No one. Ever.

I think that the comparison is odious, given the strong data and simple logic. Either you are unable to carry out simple logical operations, Hon [sic] Mr. Secord, or you have quite the separate, unannounced, agenda. Neither is encouraging in a public servant, Sir.

THE SCIENCE IS SETTLED?

The fact is that the anti-vaxxer loophole deeply privileges personal opinion in the face of all medical, scientific and policy evidence.

Well, actually, that is not the fact, Sir. The anti-vaxxer “loophole respects,” as you do not, the scientific and clinical data that has as its objective the well-being of children, not of the medical industrial complex and its handmaiden politicians. It never should have been opened by the previous Minister for Health, and it certainly needs to be closed. Because it is inconvenient for your other agenda, Hon [sic] Mr. Secord? It is in everyone's interest to increase vaccination rates. Everyone, that is, except the vaccinated and those they come into contact with. Remember, Hon. [sic] Mr. Secord, that those vaccinated against viral diseases spread those diseases post vaccination for variable periods so that the vulnerable, whom you claim to want to protect, are, in fact, exposed to infections that you profess concern that they cannot defend themselves against. Your logic, and your honorable intentions, are highly questionable, Sir. Your public policy is dangerous, totalitarian and illogical. I presume that does not concern you.

I do not want to revisit the evidence for that statement in detail, because I do not wish to add to the perception that there is any debate about it from any evidence-based framework. Science can never be settled. Religion is settled because it is based on dogma. Does not Australia separate Church and State? You are breeching that separation, Hon [sic] Mr. Secord, with your devotional adherence to illogical and dangerous dogma not

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supported by science. And, like any fanatic, you are willing to sacrifice the innocent on the altar of your intolerance and ignorance.

For shame, Sir, for shame! And in the guise of a public servant, no less. For shame.

That is settled.

No, sir. That is dogma, not science, and is the only thing that can be “settled”.

Vaccinations have saved millions, probably billions, of lives in the developed and developing world.

Actually, hygiene, sanitation, clean water, education and improved diet has saved millions, probably billions.

That is settled.

No, again, Sir. That is alleged and unproven by any examination of the history of infectious disease. Over and over and over.

This is why mothers in Africa and the Indian subcontinent line up for hours to vaccinate their children.

No, again, Hon [sic] Mr. Secord. They line up because of propaganda that tells them that they should do that for their children’s benefit despite the scientific falsity of this alleged truth. They line up because they, quite literally do not know better. They do not have the truthful information to make an Informed Consent. They line up for the same reason that they use formula instead of breastfeeding their children: because commercial interests have been permitted to purvey lies.

Again. yet on the northern beaches of Sydney and in parts of the North Coast, they are resisting.

Indeed they are, Sir. These parents are better educated and more able to evaluate truth for themselves. So you would prefer that the affluent, educated and informed populace of your fortunate nation should surrender the fruits of their education and reasoning skills to behave like people who have no access to these resources of mind and science? How very revealing, Hon [sic] Mr. Secord. African mothers think that Australian ones are favored and fortunate but you tell us that it is the African mothers who, in the main, do not read science journals or have the highly educated options of Australian ones that you seek to have your population emulate. I strongly suggest that you are a politician in the wrong society. There are plenty of countries where the literacy rate is only a fraction of that in Australia where your brand of totalitarian rule might fare better than in a prosperous, well-educated First World nation.

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Vaccination rates in northern New South Wales, in some parts of the State's east and in the northern beaches have slipped to unacceptably dangerous levels.

Wrong again, Sir. Since every study examining the matter finds that unvaccinated children are healthier than vaccinated ones, the rates you reference might be unacceptably low to you and your handlers, but they are highly encouraging to anyone interested in child and societal health and the personal and financial burdens imposed by iatrogenic illnesses, like the long and short term ones caused by vaccination., but they are.

In 2014-15 the Byron Shire rate was 61 per cent, the Mullumbimby rate was 46.7 per cent, and Murwillumbah rate was 76 per cent. These are at dangerous levels.

Dangerous to whose interests, Hon [sic] Mr. Secord? Not to the health and well-being of the children and their families.

Across the northern New South Wales local health district the vaccination rates for children under the age of two is just 84.9 per cent. That is the worst local health district in the State.

It would be very instructive to do a study comparing children in that district with economically and socially matched children in another district with a higher vaccination rate. You will find, because, I remind you, science is never, can never be, must never be, settled, that the health care status is better and the health care costs are lower. So to whom is this the worst level? To those who profiteer from human illness and its consequent miserly, Hon [sic] Mr. Secord.

Just yesterday I read about a measles outbreak in Romania where the national vaccination rate is at 86 per cent. Romania has seen nearly 2,000 cases of measles, including 17 children who have died since February 2016, the World Health Organization has reported. The decline in vaccinations in Romania has been attributed to the anti-vaccination movement in Romania. Romania now has Europe's highest measles infection rates.

Recall, Sir, that in China, where absolutely everyone is vaccinated against measles, there are periodic outbreaks. Recall that in the United States, every one of the last 5 measles outbreaks was, in fact, traced to a proband (that means the person who initiate the problem, Hon. [sic] Mr. Secord. I included the definition because your obvious lack of familiarity with science led me to not want to use a word that I was certain you would not understand without giving you the courtesy of a definition) who was either fully or partially vaccinated and in three of those outbreaks, the very virus that spread through the vulnerable community was, in fact, traced to the vaccine. Oops!

In contrast, there is some good news in New South Wales . Parts of Wollongong have the highest vaccination rates in New South Wales. Woonona, Woonona East and Russell Vale have the second-highest vaccination rates in Australia, second only to the Goulburn Valley in Victoria. In Australia, we need to have a herd immunity rate of about 95 per cent

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Oh, dear! The unscientific, unproven, often asserted and nonsensical myth of Herd Immunity.^{51, 52, 53}

so that we can provide a form of indirect protection from infectious disease that occurs when a large percentage of a population has become immune, and sadly, as these vaccination rates drop, we are seeing these diseases in New South Wales again. Just last month it was reported that for the first time in decades a tetanus case had emerged in a seven-year-old girl in northern New South Wales—that is truly terrifying.

Perhaps, Hon [sic] Mr. Secord, someone should look into the water supply in Northern New South Wales.

How could this House accept that New South Wales vaccination rates are lower than those in developing countries such as Rwanda, Eritrea and Bangladesh, which have vaccination rates of between 93 and 99 per cent?

Once again, Sir, you are proffering nonsense, and unscientific nonsense at that. Bangladesh, you tell us, has a vaccination rate of 99%. Yet Bangladesh has a tetanus death rate of 0.0339 people per 100,000 people.⁵⁴ New South Wales has a population of about 7.7 million people⁵⁵ meaning that its tetanus rate would be not one 7 year old girl, but significantly more than 2.61 cases of tetanus a year if the cause of tetanus were the significantly lower vaccination rate of New South Wales compared to Bangladesh.

One must, however, reasonably deduce that medical care, diet, sanitation and other factors might well be different in Bangladesh, whose poverty and illness statistics are thoroughly dissimilar to Australia's.^{56, 57} You are, Sir, not even comparing apples to oranges. You are comparing apples to fishing hooks. Australia's GNI, according to the latest UNICEF data available, is, in US\$, 59,570 per year while that of Bangladesh, according to the same data base, is 840, 71 times higher. So how, exactly, does the Bangladeshi tetanus rate, which is most lethal in men over the age of 80⁵⁸, by the way, in that country compare with the death rate of tetanus in Australia? Well, the "dangerously unvaccinated" Australian population experienced, according to the Health Department of Australia, a death rate of 0.009 deaths for all ages⁵⁹ with the highest death rate being in people over 60.⁶⁰

⁵¹ <http://vaccine-injury.info/tetyana.cfm>

⁵² <http://www.greenmedinfo.com/blog/herd-immunity-myth-or-reality>

⁵³ <http://vaccinationcouncil.org/2012/07/05/herd-immunity-the-flawed-science-and-failures-of-mass-vaccination-suzanne-humphries-md-3/>

⁵⁴ <http://global-disease-burden.healthgrove.com/l/8260/Tetanus-in-Bangladesh>

⁵⁵ <http://australiapopulation2017.com/population-new-south-wales-2017.html>

⁵⁶ https://www.unicef.org/infobycountry/bangladesh_bangladesh_statistics.html

⁵⁷ https://www.unicef.org/infobycountry/australia_statistics.html

⁵⁸ <http://global-disease-burden.healthgrove.com/l/8260/Tetanus-in-Bangladesh>

⁵⁹ <http://www.health.gov.au/internet/publications/publishing.nsf/Content/cda-cdi34suppl.htm~cda-cdi34suppl-3-vpd.htm~cda-cdi34suppl-3-vpd15.htm>

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Since it is clear, Hon [sic] Mr. Secord, that your math skills are as weak as your science ones, let me do the math for you: the death rate in “dangerously unvaccinated” Australia is more than 3 times LOWER than “well [sic] vaccinated” Bangladesh.

can we continue to accept that parents in an affluent and fortunate country such as Australia would choose not to vaccinate their children?

Yes, sir, we can, precisely because they are affluent and fortunate to be well-educated. That is precisely why we should accept that and spread the benefits of their affluent educational good fortune to the rest of the country by stopping all mandatory vaccinations programs and halting all voluntary ones until each and every vaccine can be shown by rigorous scientific determination that each one is BOTH safe AND effective.

We should join the alert and informed people in the United States by calling for a 5 year childhood vaccine moratorium (<http://TinyURL.com/VaccineMoratorium>) on which non citizens and non residents are invited to comment as well as people in the UIS.

You might note that Australian vaccines are no safer than US ones and, although their law requires EVERY vaccine to be prove BOTH safe AND effective, the number of vaccines ever so proven is zero.

What is that number in Australia, Sir? We have to find ways to increase vaccination rates. Please tell me, based on science, why we have to do that, Sir. You have thus far presented only puffery and assertions with false comparisons and meaningless statements that have no scientific validation whatsoever. So whose ox is gored, exactly, if we do not find ways to increase vaccination rates? How much money did you, your family, your campaign and other associated entities receive from interests whose ox that may be?

The results of the anti-vax movement now show us it is not only open to us but incumbent upon this Parliament to plug choice-based loopholes.

See above. All of above.⁶¹

Vaccinations are the only way to protect against serious diseases like polio, mumps, whooping cough, meningococcal, diphtheria and tetanus. Is to improve diet, hygiene, water quality, sanitation and education. The only way. The data are stunningly clear. No-one has the right to infect someone else's child, as has been proposed in a number of invitations on social media forums to set up "pox parties". That means, of course, that all of the vaccines for viral diseases can only be given to people who are quarantined until they are no longer infective.

⁶⁰ Ibid

⁶¹ <http://www.health.gov.au/internet/publications/publishing.nsf/Content/cda-cdi34suppl.htm~cda-cdi34suppl-3-vpd.htm~cda-cdi34suppl-3-vpd15.htm>

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Bravo, Hon [sic] Mr. Secord. That is the very first intelligent suggestion you have made in this paper. Wait. That is not what you meant. Sigh. Too bad. Let us revisit the logical fact, Sir, that if a vaccine is working, the vaccinated have nothing to fear from the unvaccinated. If a vaccine is not working, the vaccinated have nothing to fear from the unvaccinated. But everyone has something to fear from vaccines.

To fail to vaccinate your child is simply irresponsible; it is neglect.

I would put that little differently, Hon [sic] Mr. Secord. To inject something into your child which has not been shown to be EITHER safe OR effective but which has been shown to cause grave harm in substantial numbers of recipients and which is known to contain several ingredients independently identified as causing life-long injury or even death, THAT, Hon [sic] Mr. Secord, is child abuse and neglect of the worst kind.

It is for this reason that the New South Wales Labor Party has supported Federal Government measures like "No jab, no pay" and the stand of the Prime Minister to drive up vaccination rates.

I do not doubt, Hon [sic] Mr. Secord, that there is a reason, but, as I have alluded to several times above, I do not believe that you have been even remotely forthcoming as to what it is.

I was asked yesterday on ABC Illawarra by broadcaster Nick Rheinberger if I supported Prime Minister Malcolm Turnbull's position on vaccinations. I said yes, without hesitation.

Do you support, and participate in, the profitability that his position on vaccines means for Mr. Turnbull and his wife? Is your Party nothing but "controlled opposition"?

I am 100 per cent on board. I am in total agreement with him and Labor leader Bill Shorten. In fact, I would support even further and tougher measures on vaccinations at both the State and Federal levels.

Pause for a moment, Sir, in your anti-scientific fervor and reflect on a simple question: what if we are right and vaccines carry significant risks and you are wrong, the benefits are less than the risks? What then, Sir, for the lives lost and destroyed, damaged and derailed. What then, Sir? Are you still on board 100%? Are you still in favor of harsher and more definitive punitive measures for parents protecting their young as is their right?

These parents probably, I would daresay, use seat belts for their children because they do want to protect them. And they have taken the time to become informed enough to NOT use toxic injections for them for the same reason: they do want to protect them.

It is for this reason that we propose New South Wales taking the lead on this issue. This legislation before us will give New South Wales the toughest anti-vaccination laws in Australia.

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We make no apologies for taking these tough steps to protect children and the overall community.

Would that you were, indeed, taking steps to protect them, Hon [sic] Mr. Secord.

I would like to take this opportunity to appeal to New South Wales Premier Gladys Berejiklian and Minister for Health Brad Hazzard to put aside partisan politics and provide their bipartisan support to this sensible legislation.

You have created an oxymoron, Sir. You write of “sensible” legislation. This legislation is not sensible because it violates science, to say nothing of the internationally guaranteed Right of Informed Consent, guaranteed to the residents of Australia through her ratification of the Geneva Convention. There is no way you, the Prime Minister of New South Wales or, indeed, of Australia itself, can avoid that small legal hurdle: you simply lack the authority to abrogate the Right of Informed Consent for the people who live in a country, including yours, of a signatory to International Treaty Law, no matter how much it would please you or your masters.

On the weekend, the Premier was asked at a press conference of her views on this bill and she was reluctant to give her in-principle support.

Could sanity still exist in the Parliament of New South Wales despite your best efforts? I would be cheered to think so, Hon [sic] Mr. Secord.

Former health Minister Jillian Skinner refused to toughen the laws, but we have a unique opportunity before us: we can protect a whole generation of children.

Indeed you can, Sir. You can protect them from ever knowing what it is like to be healthy and have a fully competent immune system. You can protect them from growing up without asthma, autism, diabetes, auto immune disorders including psoriasis, eczema, allergies, neurological impairments and a host of other things that the pharmaceutical industry would adore having them protected from.

Good job, Sir. Protecting all of us right out of our birthright of immunity and health.

I now will briefly address specifics of the bill. Clause 2 states that the bill will commence on the date of assent of the proposed Act. Clause 3 amends the Public Health Act 2010 with the effect that the principal of a childcare facility must not enrol, or permit to be enrolled, an unvaccinated child at the facility if the only reason provided for failure to vaccinate the child is that the parent of the child has a conscientious belief that the child should not be vaccinated against specified vaccine-preventable diseases. The proposed amendments also make it an offence for the principal of a childcare facility to enrol a child at the facility if the principal has not been provided with a vaccination certificate or a medical contraindication certificate. Breaches of this requirement will result in a penalty of 50 penalty units. That is currently set at \$5,500. Furthermore, under the legislation, a medical contraindication certificate means a certificate in

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the approved form by an authorised practitioner certifying that a specified child should have an exemption for one or more vaccine for specified vaccine-preventable diseases due to a medical contraindication to vaccination. I would not dispute the right or the need to have exemptions for the rare cases of children who cannot be safely vaccinated on legitimate, documented and proven medical grounds. I refer here to genuine medical risks assessed by practising general practitioners—not those placed on the internet by people with no medical qualifications or quacks, like the American David "Avocado" Wolfe who visited Australia in February.

Sir, are your command of logic and your style of rhetoric so meager that you must resort to calling people who do not agree with you by childish, derisive names? Really? Are you prepared for an equal onslaught of accurate, but demeaning sobriquets? Please let me know. Insulting you would actually be quite a delight.

I make no apologies for calling on the State Government to intervene to stop a talk by him at the new International Convention Centre Sydney, paid for by the New South Wales taxpayers.

When dogma is settled, debate is unnecessary and dangerous to the good order of the theocracy. When science, not religion, rules, there can be no suppression of debate. I guess you missed the lesson of theocratic history and the rise of the enlightenment where questions were to be asked if science was to proceed.

I thought it was irresponsible for the Berejiklian Government to allow a taxpayer-funded facility to be used as a platform for him. I also note that the member for Summer Hill, Jo Haylen, led an effort to remove him from a council facility and it was successful.

There is a name for these tactics. Dictatorship would be a good one. Are you practicing to become Joseph Stalin? He also ruled what science could be spoken and what could not. Lysenko was one of his pets. Perhaps you have heard that Lysenko's science was accorded the status of dogma and turned out to be – *WRONG*. Several million people starved to death in Russia because no one could question Lysenko without suffering exactly the same fate as the ones that you are imposing on dissident voices and would like to further impose.

After between 6-19 million people starved to death because no one could question Lysenko's incorrect science, one of the officials of Stalin's government declared the famine a great success because it fully installed the form of agriculture Stalin wanted to see installed.⁶² I wish I could see a difference between you and the monster, Stalin. At the moment what I see as a difference is a differential power base and opportunity situation. Other than that, your ways and means seems to be taken right from his playbook.

At the end of the day, this bill comes down to whether personal opinion should trump evidence in a matter of public health policy.

⁶² <https://www.loc.gov/exhibits/archives/ukra.html>

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Yes, it does. And that issue has already been settled by an international treaty to which Australia is an irrevocable party.

We know, as legislators, that it cannot. As I have said on many occasions, I am all for listening to other views, but public health policy is not a matter of opinion, philosophy or religion.

Precisely, but not in your hands, Hon [sic] Mr. Secord, as your despicable actions have demonstrated. Public health policy is a matter of evidence. Hear! Hear! But where is your evidence, Sir? Bangladesh tetanus deaths in 80+ year-olds means that Australian children need more vaccines? Evidence? Sir, you cause rational people to blush.

There is no other way to do it. The evidence is in **Right. See above. Again.** and the jury has reached its conclusion. **Right. See above. Again.** It is clear. **Right. See above. Again.** It is settled.

Oops! There is that impossible “settled science” thing again. And here is a little helpful secret, Hon [sic] Mr. Secord: repetition is not science and it is not evidence. It is just that: repetition.

Despite endless revisiting, re-publication and promotion of that evidence, **Right. See above. Again.** a fringe just refuses to accept it.

You, Sir, are a member of the real fringe, bound and determined to repeat the outworn untruths that vaccines are safe, effective and necessary. You are very much a part of the fringe. It is often said that insanity is doing the same thing over and over and expecting different outcomes. Does that make you a member of the lunatic side of the fringe, Sir? You keep saying the same untrue and unsupported things over and over and demanding that people accept what you say as true because, well, because you said it. So what part of the irrational fringe do you occupy, Sir?

Is that their right? **Yes, it is. Well, thank you for that!** But, it is not their right to think that it is fine to drive after 10 schooners or to refuse to wear seat belts or to drive excessively in a school zone—if they act on those thoughts, the law will intervene. Why? To protect everyone else, including our children. As I have said, we would not privilege the views of a person who argued against drink driving laws, speed restrictions in school zones, or seat belt laws due to personal choice, so why should they apply to vaccinations? **As I have said, see above. Again.** I would like to close by referring to a recent article written by two American paediatricians—one a mother of three—based on their experiences at Miami Children's Hospital, Florida. In a moving piece by Dr Phoebe Danziger and Dr Rebekah Diamond, who wrote of their great frustration in treating: ... a purposefully un-immunized child for a serious brain infection ... requiring weeks of hospitalization with intravenous antibiotics—and then watch his mother continue to refuse vaccines for him or his siblings, and we can't do anything about it.

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I did not have any contact with that family but if they had asked me I would have advised that the child's immune system was obviously very damaged and the introduction of vaccines and the associated heavy metals, toxins, etc., would have been very unwise. Further, I would have, as a physician, advised her against vaccinating any of her other children lest they share a genetic vulnerability to damage resulting from vaccines. Bravo for that mother. Kudos to the doctors for having compassion for their parents but they were giving the mother bad advice without knowing it, perhaps, if they advised her to vaccinate her children.

They continue: There are many ethically grey areas of medicine, but this is not one ... By continuing to allow exceptions, we are fueling the misconception that vaccinations are an option, a choice, a subjective topic ... when all of the data proves they are not.

As above, all of the data proves no such thing. All of the data proves the exact, diametrically opposite thing. And under International Law, vaccination IS an option.

Enacting a policy that is consistent with the science would provide clarity for the parents—the majority of whom are loving caretakers trying to do the right thing.

You and I agree, Hon [sic] Mr. Secord: enacting a policy that IS consistent with the science WOULD provide clarity for the parents. Yes, Sir, but your conclusion is not supported by the scientific data which is nowhere near “settled” unless, like the science of Egyptian embalming, it ceases to be relevant.

CONCLUSION

They conclude: There is simply no reason vaccinations should be treated differently than any other form of medical care, and they must be protected within the same framework that has been created for child protection and against medical neglect.

Yes! They are the right and responsibility of the parent to make decisions about and injecting children with deadly and dangerous substances IS the true neglect, and, worse, abuse. You, Sir, are legislating for compelled child abuse.

Remember the recent Prime Minister's reluctance to vaccinate his own 14 year old daughter with Gardasil, but not to vaccinate others' children. Is that you hypocritical position, too, Sir, or are you really a benighted and misinformed unscientific agenda-server? You allude, in the beginning of this paper to young children in your partner's life. I sincerely hope that they are exempted from your vaccine madness. It would be tragic for you and your partner to learn what a vaccine injury, as so many families have on the broken bodies of their children.

As a legislator, I can only agree. In almost every question this House faces where parental choice comes up against children's rights, we defer to the rights of the child.

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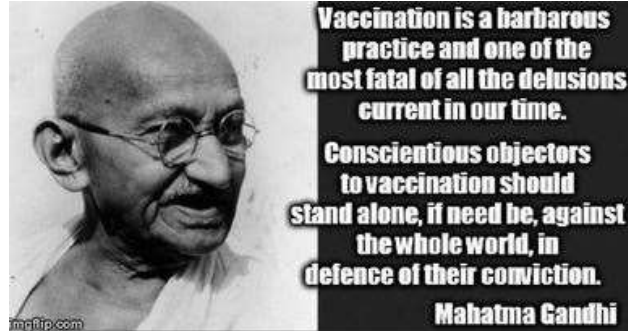
So are you deferring to the right of the child's immune system to remain un-assaulted by government pseudo-science and government tyranny in which the government seizes control of someone's body and does with it what it chooses? This is not democracy and it is not freedom. It is tyranny for the benefit of the pharmaceutical and other interests that you, wittingly or unwittingly, serve. Shame on you, Sir, Shame on you! This is no different.

If vaccination refusal is viewed as a right of parents then it is one that directly conflicts with the right of a child to be free of preventable, serious, and possibly fatal illnesses. **Right. See above. Again.**

It is time to treat vaccination not as a choice of parents but as the right of children. **Right. See above. Yet again.** This bill takes a small but significant step in upholding that right. I thank the members for their consideration and commend the bill to the House.

This bill takes a large and significant step toward *totally tyranny* of State ownership of persons. The name of that ancient and discarded system is "SLAVERY". *Shame, Sir, shame.*

The Natural Solutions Foundation stands with the conscientious objectors to vaccination and offers this eBook as an object lesson showing how a bad bill, "informed" by the pseudo-science of "unavoidably unsafe" vaccination, becomes a bad law.



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