Submission No: 001

[redacted]

28 June, 2015

The Committee (Childcare Vaccination)
Parliament House
George Street
Brisbane 4000

Dear Sir/Madam

I refer to the *Public Health (Childcare Vaccination) and Other Legislation Amendment Bill 2015* that is presently before Parliament.

Firstly I would question the wisdom of forcing vaccination on parents by linking it to family assistance payments, which, of course is a federal matter.

Shouldn't it be the parents who decide? I personally know several children who have been injured by vaccination. It is the reason I decided to look into the matter of vaccination and decided not to vaccinate my last three children, who now seem the healthiest.

Major decline in deaths from tuberculosis, scarlet fever, measles, smallpox, whooping cough, etc. occurred well *before* vaccination was introduced into most of the western countries and decline was virtually the same in countries in which the vaccines had not yet been introduced compared to countries in which they had.

It is obvious, therefore, other factors were at play in the reduction of deaths from these diseases, such as better hygiene, nutrition and sanitation, most probably.

I enclose relevant graphs (chapter 1) from the book, *"Vaccination, the hidden facts"* by Ian Sinclair.

Please also find an article from a British medical journal about research by an Australian doctor, Deirdre Little, on vaccine, Gardasil.

I would kindly ask the Committee to consider these facts.

Kind regards

G. Osmak

Gail Osmak (Mrs)

BIOETHICS , CONTRACEPTION , POPULATION CONTROL
Thu Aug 8, 2013 - 9:05 pm EST

16-year-old girl became infertile from Gardasil vaccine: British Medical Journal Case Reports

Thaddeus Baklinski

August 8, 2013 (LifeSiteNews.com) - The *British Medical Journal (BMJ) Case Reports* journal has reported that a healthy 16-year-old Australian girl lost all ovarian function and went into menopause after being injected with the human papilloma virus (HPV) vaccine Gardasil.

Dr. Deirdre Little, the Australian physician who treated the girl, provides solid evidence that Gardasil caused the destruction of the girl's fertility.

She also pointed out that Merck Pharmaceutical, the manufacturer of Gardasil, has no supporting information on the effects of the vaccine on ovaries, suggesting that Merck had either done no safety testing on Gardasil in relation to its effects on women's reproductive systems, or had suppressed the information.

Dr. Little's report states that before the Gardasil vaccination, the girl had regular menstrual cycles, had been thoroughly examined and tested, and had no family or personal medical history that could explain the premature menopause.

The girl received the Gardasil vaccination in the fall of 2008. By January 2009, her cycle had become irregular. Over the course of the next two years, her menses became increasingly scant and irregular, until by 2011, she had ceased menstruating altogether.

"This patient presented with amenorrhoea after identifying a change from her regular cycle to irregular and scant periods following vaccinations against human papillomavirus," Dr. Little wrote in the report.

Dr. Little carried out numerous tests on the girl, including checking hormone levels and internal organ function, and diagnosed her as having "premature ovarian failure." She also found that the girl had no living egg cells.

After investigating other possible causes of the girl's premature ovarian failure, Dr. Little was left with the Gardasil vaccination as the only remaining explanation.

"Although the cause is unknown in 90% of cases, the remaining chief identifiable causes of this condition were excluded. Premature ovarian failure was then notified as a possible adverse event following this vaccination," Dr. Little stated.

In the report titled "Premature ovarian failure 3 years after menarche in a 16-year-old girl following human papillomavirus vaccination," Little wrote that Merck had only tested Gardasil's effects on the testes of rats.

Dr. Little contacted the Therapeutic Goods Administration (TGA) of Australia, the equivalent of the U.S. Food and Drug Administration (FDA), for information about the safety testing of Gardasil on women's ovaries.

She found that the TGA had records of various tests on rat testes, but no records of the effect of the vaccine on rat ovaries in the Australian Public Assessment Report for Human Papillomavirus Quadrivalent Vaccine (Gardasil).

Dr. Little's report states that, "It is not known whether this event of premature ovarian failure is linked to the quadrivalent HPV vaccine. More detailed information concerning rat ovarian histology and ongoing fecundity post-HPV vaccination was sought from the Therapeutic Goods Administration (TGA)."

It revealed that "no histological report has been available for vaccinated rat ovaries."

In other words, the TGA had no safety information on the effect of Gardasil on female reproductive systems.

"This event could hold potential implications for population health and prompts further inquiry," Dr. Little's report concluded.

"Gardasil has been controversial from the beginning," noted Steven Mosher of the Population Research Institute.

"While other vaccines protect against diseases spread by casual contact, Gardasil was developed to protect against a sexually transmitted disease," Mosher said, adding that Merck Pharmaceutical has proven effective in lobbying governments around the

P.T.O.

world to make the vaccine mandatory for schoolchildren.

"Tens of millions of young girls have received the Gardasil vaccine since its approval by the FDA six years ago. If even a tiny fraction of them have experienced infertility as a result, then these girl children have been denied a very fundamental right, that is, the right to decide how many children they want to have," Mosher said.

"In the case of the Australian girl the effect is irreversible. She has lost an integral part of her womanhood, while still but a child," he said. "Women deserve better."

An abstract, with link to the full text of the *British Medical Journal Case Reports* report by Dr. Deirdre Little titled "Premature ovarian failure 3 years after menarche in a 16-year-old girl following human papillomavirus vaccination" is available here.

For more information, see **LifeSiteNews' extensive coverage** *of the issues associated with Gardasil.*

Correction: This article originally attributed the report to the British Medical Journal, rather than BMJ Case Reports, which is a separate journal.

GAIL OSMAK

VACCINATION

The "Hidden" Facts

by
Ian Sinclair

Foreword by Dr Archie Kalokerinos
Author of *Every Second Child*

FOREWORD

by

DR ARCHIE KALOKERINOS

To immunize or not to immunize is a question that, today, is often asked. To answer is difficult. So much knowledge is required for even partial understanding that one would almost find it necessary to complete a university course in medicine before even the basic facts could be grasped logically. There is, therefore, a need for a comprehensive text on the subject. Ian Sinclair has filled that gap.

Like most physicians, I spent my training and early post graduate years totally believing in the miracle of vaccines. I remember, only too clearly, the last polio epidemics that swept through Australia. Several infants, children and adults died under my care. One of my colleagues suffered almost total paralysis. When a vaccine was introduced I almost cried with relief and accepted it blindly.

It was the same with diphtheria. I struggled to save a few and lost a few. The suffering of those little children is something I will never forget. Neither will I forget how a tiny boy died in violent spasms due to tetanus.

And so I was totally and firmly on the value of vaccines.

The first change in attitude came ten years after graduation when I observed that routine vaccinations and immunization made some children sick and could even lead to death. I must stress that this was an observation - not a "theory".

So I changed my attitude and realised that children who were ill - even with a trivial 'cold' should not be immunized. To me this was a simple and important 'fact'. To my surprise, my colleagues not only disagreed, they became hostile - a hostility that killed two infants in the area under my partial control. In this way I was forced to think and study more deeply. What I found was a minefield which was really a conspiracy to hide the truth from the people on this earth.

I well remember, some years ago, listening to a knighted medical researcher as he spoke, on the radio, about vaccines. He told two classical stories form the history books. The first concerned Edward Jenner who, according to history, watched as the milkmaid caught cowpox and this protected her from smallpox. So Jenner got some of the 'cowpox' and inoculated it into someone's arm - it fostered and the pus was then inoculated into someone else - 100% success was claimed. 100% !! How absurd - complete with all sorts of germs including hepatitis, syphilis and whatever. If one did that today, without antibiotics, the death rate would be huge.

Worse still, the genetic make up of smallpox vaccine is known today. It is not cowpox. Where it came from is unknown. Now this does not prove that the vaccine is inefficient. It simply means that the history is wrong. So do not let it be used as a basis for supporting vaccination.

Then we have Louis Pasteur and his four dogs. Two were given his rabies vaccine - two were not. On exposure to rabies the two vaccinated dogs survived. The two non-vaccinated dogs died. TRIUMPH!! So it seems, but what rubbish.

First, Pasteur tried to get that result many times and failed. The two vaccinated dogs would die - or one would die. Eventually, by chance he got the "right" result and this is what is told in history (only that).

Even today a rabies vaccine cannot be made that gives such protection. With tetanus I can tell a personal story. At University we were taught that no cases of tetanus occurred during World War II amongst Australian Service men because they were all vaccinated against tetanus. I believed this until I suffered an injury after being fully immunized. I received a booster shot and got tetanus. The cultural shock was enormous. When I reviewed the literature I found many such cases. In civilian practice it is impossible to totally protect against tetanus. Under near ideal conditions, there were in fact, cases in the army. They were kept well hidden.

Three outstanding fiascos during recent years demonstrate how the entrenched attitudes of medical authorities lead to enormous loss of life and suffering. All three I personally tried to stop and was soundly abused. The first is the immunization campaigns in Africa where dirty needles were used. It is thought by many that this is what spread AIDS so rapidly.

The second was the swine flu fiasco in the USA 1976. The history of that should be studied by all.

The third is the use of AIDS loaded hepatitis B vaccine by the Canadian Health Authorities in the 1980s.

If doctors like myself are to be regarded as "ratbags" - then how does one explain these three massive tragic events?

Only after realising that routine immunizations were dangerous did I achieve a substantial drop in infant death rates. It is, therefore, with a sense of gratitude, that I welcome the contribution made by Ian Sinclair.

Dr Archie Kalokerinos

INTRODUCTION

In 1985, prompted by the local health authorities, I decided to have my one year old son vaccinated. Within one month of his first vaccinations, he developed an acute skin complaint, eczema, which required hospitalisation. Whether his condition was caused by the vaccinations, I do not know. During his hospital stay, a young doctor approached me and requested that my son be given the whooping cough vaccine, which he still had not received. After he explained to me the dangers of this disease and the importance of vaccination, I gave him my permission.

Whether it was fate, I do not know, but the next day I came across a British magazine; Here's Health, March 1980, which contained an article on the dangers of whooping cough vaccine by a Scottish Professor of Medicine, Gordon Stewart. Apart from the fact that it had a failure rate of around 30-50%, Professor Stewart warned that this vaccine could result in severe adverse reactions including brain damage and death. What concerned me was that the young doctor who advised me to vaccinate my son against whooping cough made no mention of these risks whatsoever.

From that moment onwards, I began to collect information on vaccines generally, and it seemed that the more I looked, the more I found, particularly in regard to the dangers and risks associated with vaccinations. I also found a large body of evidence showing that vaccines were not responsible for the decline in infectious diseases over the preceding 100 years. I finally reached a point where I became so alarmed at what I had learned, that I felt the information should be passed on to other parents.

That is the sole purpose of this book. It is not my purpose to tell parents or anyone else for that matter whether they should vaccinate or not. I believe the information in this book will enable people to reach their own decisions and I feel that is how it should be.

In writing this book, I have chosen not to reference it in the normal 'scientific' manner, for the simple reason that it has not been written for scientists, but for laymen. Those who wish to verify any of the information not specifically referenced should consult those books listed under bibliography. In particular, however, I would point to Hannah Allen's: Don't Get Stuck; Walene James': Immunization - Reality Behind The Myth; Leon Chaitow's: Vaccinations And Immunizations, and Dr Robert Mendelsohn's: How To Raise A Healthy Child In Spite Of Your Doctor.

Whilst I have endeavoured to provide relevant information on vaccination in Australia, the truth is that there is little available data covering the efficacy or dangers of vaccines in this country. As a NSW Health Official has stated: *"We rely on overseas studies. We haven't the money to spend on this kind of research. In Australia, we take it on trust that vaccinations are good for us. Our State and Federal Health Departments can't work out a co-operative policy for the gathering of information. We're not doing detailed studies: we're not even collecting decent statistics. We are still following the obsolete principle that if they do it overseas, it's all right. Even though there's massive doubt overseas."* It is for this reason that the bulk of the information in this book will relate to the USA or the UK, for this is where most studies and reports on vaccinations emanate from. This should make little difference, however, for I believe that if a vaccine can be proven to be safe and effective overseas, then surely that vaccine will be safe and effective here. On the other hand, if a vaccine is shown to be both dangerous and ineffective overseas, is there any reason to believe that the same will not apply in Australia?

Finally, I should point out that in Chapters 5-8, I have critically examined the medical theories behind vaccination as well as presenting alternative theories as taught by Natural Health Science. I would therefore ask you to keep in mind the words of Thomas Huxley, who over 130 years ago wrote:

> *"Theories of science must be judged on the basis of fact and reason, not by the authority of dogma".*

Ian Sinclair
January 1992

CHAPTER ONE

DID VACCINES REALLY SAVE US?

> *"Immunization against the common childhood infections - diphtheria, tetanus, pertussis, poliomyelitis, measles, mumps, and rubella has been the single most effective action of modern medicine in reducing overall morbidity and mortality rates".*
>
> Essentials of Infectious Disease, Mandell & Ralph

Medical science claims that its world-wide vaccination programs are almost entirely responsible for the decline in incidence and mortality of infectious diseases. In an immunization leaflet published by the Department of Health and Community Services, it is claimed that:

> *"Immunization has prevented more suffering and saved more lives than any other medical intervention this century".*

To verify such claims, all we need do is examine statistical and graphical evidence which reflects the decline in mortality from infectious diseases over the last one hundred years, and compare it with the commencement of vaccinations.

Tuberculosis

In Australia, the tuberculosis death rate fell from 68 per 100,000 of mean population in 1921 to 49 per 100,000 in 1931 to 18 per 100,000 in 1951. Drug therapy was the first medical measure aimed at eliminating tuberculosis in Australia and did not commence until 1950. Commenting on the decline of tuberculosis (Medical Journal of Australia (18/11/1967), Dr Lancaster writes:

> *"... a study of the trend of mortality from tuberculosis shows that the greater part had already disappeared before the coming of these agents (drugs) in Australia."*

In England, up until the mid 19th Century, tuberculosis was one of the biggest killers and during the 1850s claimed 3,000 persons per million population. Yet the decline in mortality from tuberculosis commenced around 1850 and by the time the BCG (tuberculosis) vaccine was introduced in 1954, the death rate had declined by 95 per cent. According to Thomas McKeown, Professor of Social Medicine at Birmingham University, UK,

> *"The advent of BCG vaccination made little or no difference to the decline in mortality from TB in England and Wales."*

In the USA there has never been vaccination against tuberculosis yet the decline in this disease paralleled that of England and other European countries.

Measles

In Australia, measles deaths for the period 1911-1915 were 1,505; 1931-1935 were 391; 1951-1955 were 181; 1966-1970 were 99. Vaccination campaigns against measles did not commence in Australia until 1970. In the Australian Medical Journal (23/8/1952) Dr Lancaster says:

> *"It is of importance to note that the fall in Australia in the mortality rates from measles occurred in the absence of any improvements in therapy or active measures in prophylaxis."*

At the turn of the century in England and Wales the measles death rate was 318 per million population. By 1956, seven years before vaccination against measles commenced, this figure declined to less than 1 per million population.

In USA in 1900 there were 13.3 measles deaths per 100,000 population. By 1955, without any vaccination against measles, the death rate had declined to 0.03 deaths per 100,000, a decrease of 97.7 per cent.

Smallpox

Before Edward Jenner introduced his smallpox vaccine around 1800, smallpox deaths in England had fallen from 500 to 200 per 100,000 population over the preceding two centuries. By the time compulsory vaccination was introduced in 1852, the mortality had fallen to 40 per 100,000 population. It is significant to note that between 1867 and 1880, the period when compulsory vaccination was strictly enforced, the death rate leapt from 28 to 45 per 100,000 population.

A report appearing in Medical History, 1983 concluded that vaccination could not have been solely responsible for the decline of smallpox in Britain:

> *"The history of smallpox in the later years of the 19th century does not support the contention that vaccination was fully or finally responsible for the eventual disappearance of the disease in Britain."*

Leon Chaitow, in his book Vaccination and Immunization points out:

> *"The credit for the decline in the incidence of smallpox could not be given to vaccination. The fact is that its incidence declined in all parts of Europe, whether or not vaccination was employed."*

Consider the following statistics as provided by Herbert Shelton (Hygienic Care of Children p401) for the UK.

Period	% of births Vaccinated	Smallpox Deaths
1872 - 1881	85.5	3,708
1882 - 1891	82.1	923
1892 - 1901	67.9	437
1902 - 1911	67.6	395
1912 - 1921	43.3	12
1922 - 1931	43.1	25
1932 - 1941	34.9	1

Appropriately the Vaccination Inquirer, London, February 1947, asked "*How could an operation that was declining be responsible for the extermination of smallpox?*"

Australian doctor, Dr Glen Dettman states in Health Consciousness, October 1986:

> "*It is pathetic and ludicrous to say we vanquished smallpox with vaccines, when only 10 per cent of the population were ever vaccinated*".

Whooping Cough (Pertussis)

In Australia, whooping cough deaths for the period 1911-1915 were 1,657; 1931-1935 were 1,186; 1946-1950 were 321; 1956-1960 were 42; 1966-1970 were 23. Vaccination against whooping cough did not commence in Australia until 1948, by which time the major decline had already occurred. Regarding the decline of whooping cough in Australia, Dr Lancaster says (Medical Journal Australia 9/2/1952): "*The causes for this decline are by no means certain. There has been no efficient prophylactic immunization nor can changes in therapy have had much effect, since the decline appeared before 1931*".

In England during the 1860s the death rate from whooping cough was about 1,372 per million children under 15 years. By 1901-1910 it had fallen to 815 per million children and by 1940 to 140 per million. By the time a nationwide vaccination program had commenced in the late 1950s, the rate was down to 5 children per million. In his article on whooping cough which appeared in Here's Health, March 1980, Professor Gordon Stewart, a central figure in vaccination campaigns in the UK since 1947, wrote:

> "*... there was no extensive vaccination against whooping cough until 1958, by which time mortality was very low indeed and prevalence decreasing.*"

Diphtheria

In Australia, diphtheria deaths for the period 1911-1915 were 3,677; 1921-1925 were 2,565; 1926-1930 were 1990; 1931-1935 were 2,083. Diphtheria vaccination commenced around 1932-1935 by which time a major reduction in the death numbers had already occurred. Dr Lancaster, referring to the decline in diphtheria, says:

> "*... when the decline in mortality from diphtheria is compared with the decline in mortality rates from other childhood infections, it is seen that its relative decline has been no better than those of measles or pertussis (whooping cough) for which there was no specific treatment or prophylaxis up to the end of the period considered here*".

In England in 1860 diphtheria claimed annually over 1,000 deaths per million children, yet by 1870 this figure had fallen to around 400 deaths per million, even before the diphtheria germ had been isolated. By 1940 when diphtheria vaccination commenced, the annual death rate was down to less than 300 per year. From his book, Beyond The Magic Bullet, Bernard Dixon states:

> "*Immunization against diphtheria, introduced on a large scale around 1940, appears to have had a dramatic effect on the incidence of the disease. The number of cases in Britain fell by between fifty and sixty thousand each year, until 1955, since when there have been only sporadic outbreaks. However, if we take a longer time scale, over the past century, and alter the criteria, we see a different picture. Diphtheria deaths in children went down continuously from 1300 per year in 1860, to under 300 per year in 1940, with a particularly*

> *large drop around 1900, the year when antitoxin was first used. Yet the steepest decline was between 1865 and 1875 - before the diphtheria bacillus had even been isolated".*

Throughout Europe and America, diphtheria commenced its decline well before the introduction of diphtheria antitoxin, let alone vaccination. In Denmark, Sweden and Norway, deaths from diphtheria declined rapidly without vaccination. In Norway diphtheria had virtually disappeared by 1939 when only 18 cases per million were recorded.

Poliomyelitis

In Australia, polio deaths for the year 1950 were 113; 1951 - 346; 1952 - 109; 1953 - 165; 1954 - 80; 1955 - 30; 1956 - 57; 1957 - 8; 1958 - 4; 1959 - 5; 1960 - 2; 1961 - 21; 1962 - 25. The Salk polio vaccine commenced in July 1956 at which time deaths were at a record low. It is therefore doubtful that polio vaccination had much to do with the decline in death rates. Dr Lancaster, writing in the Medical Journal of Australia, (18/11/1967) states:

> *"Although great epidemics of poliomyelitis have been reported from Australia, it has not been a great cause of mortality, and so inoculation or feeding with living attenuated virus cannot have greatly affected the mortality from all causes".*

In Britain the major decline in polio mortality occurred between 1950 and 1956, still two years before widespread vaccination commenced. The number of deaths went from a high of 755 in 1950 to 137 in 1956, a reduction of 82 per cent. Europe also experienced a similar decline without extensive vaccination. From his book, How To Raise A Healthy Child In Spite Of Your Doctor, Dr Robert Mendelsohn writes:

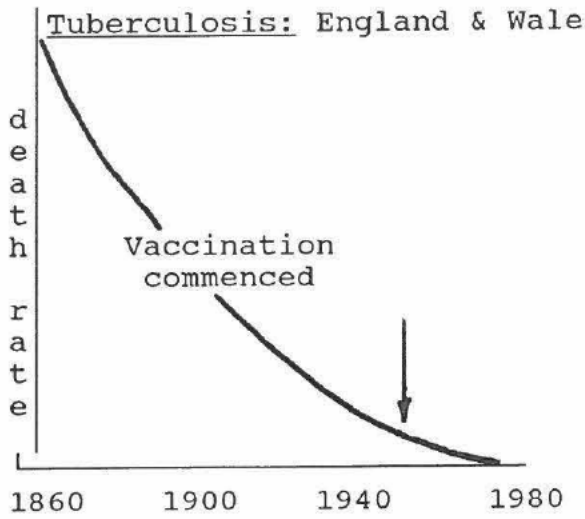
> *"... the fact is that no credible scientific evidence exists that the vaccine caused polio to disappear ... it also disappeared in other parts of the world where the vaccine was not so extensively used".*

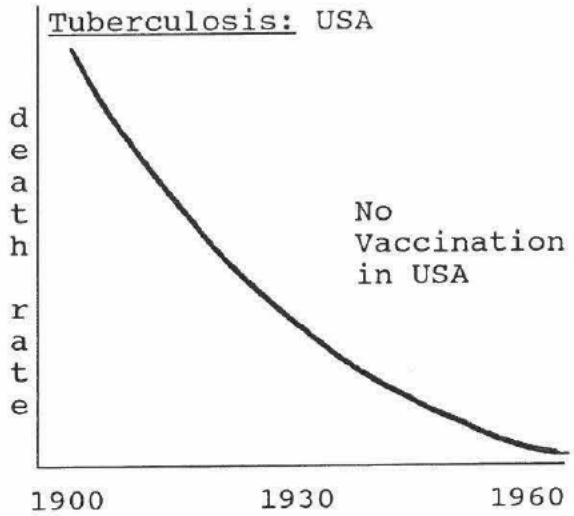
Scarlet Fever

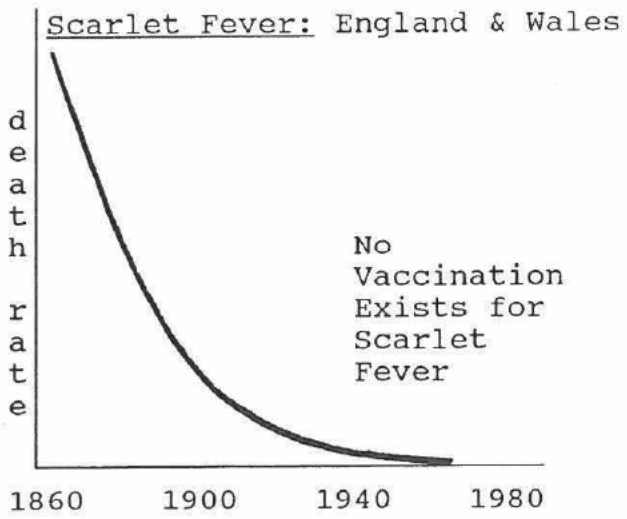
Around 1900 there were 4,000 to 5,000 deaths per annum in England. By 1923, deaths were down to less than 1,000 and by 1950, down to less than 33 per annum, in spite of the fact that no vaccine for scarlet fever has ever been developed. Commenting on this decline, Leon Chaitow (Vaccination And Immunization) states: *"This was achieved without any immunization and the decline has been steady and dramatic for most of this century, long before antibiotics were introduced".*

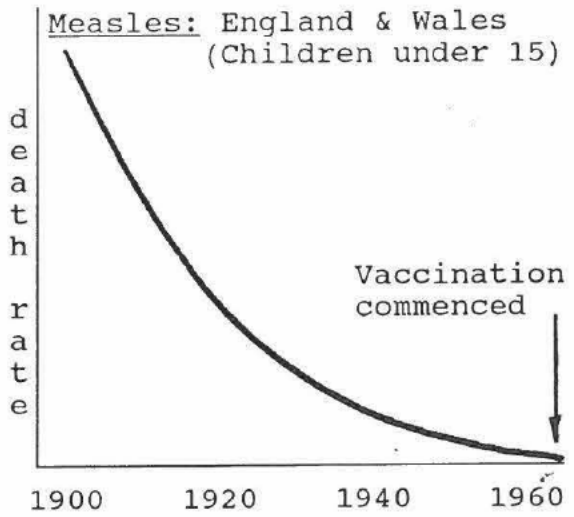
In New York City, USA, mortality from Scarlet Fever went from 155 per 100,000 population to 2 per 100,000 without the aid of vaccines, serums or antitoxins. Similar reductions occurred in other US states. (Hygienic Care of Children, H Shelton).

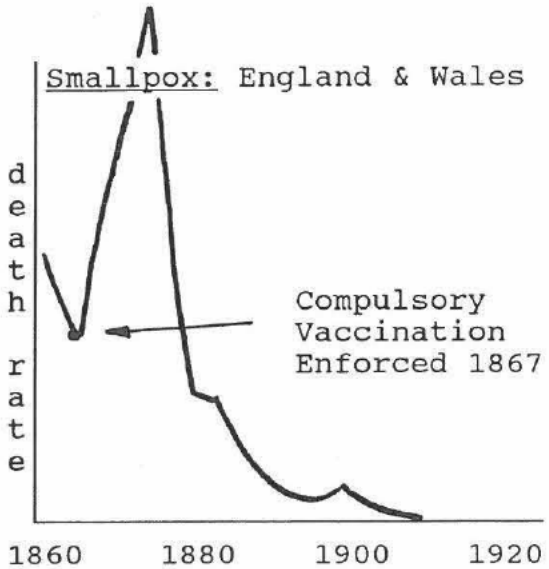
The following graphs provide clear evidence that the major decline in mortality from infectious disease occurred BEFORE vaccination commenced, and what's more, that the introduction of widespread vaccination had virtually no impact on the rate of decline thereafter.

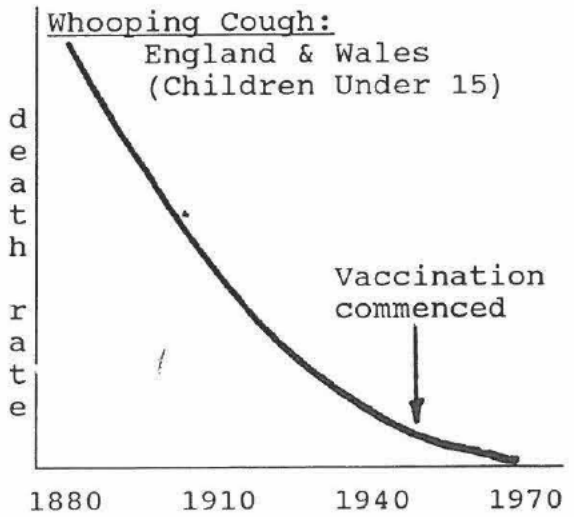

Tuberculosis: England & Wales
death rate
Vaccination commenced
1860
1900
1940
1980

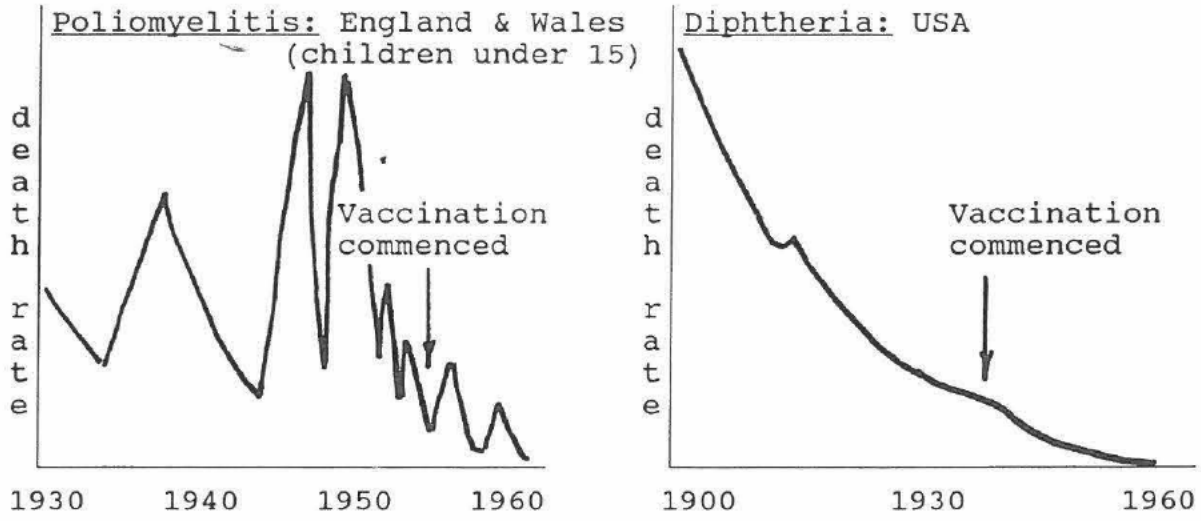

Tuberculosis: USA
death rate
No Vaccination in USA
1900
1930
1960


Scarlet Fever: England & Wales
death rate
No Vaccination Exists for Scarlet Fever
1860
1900
1940
1980

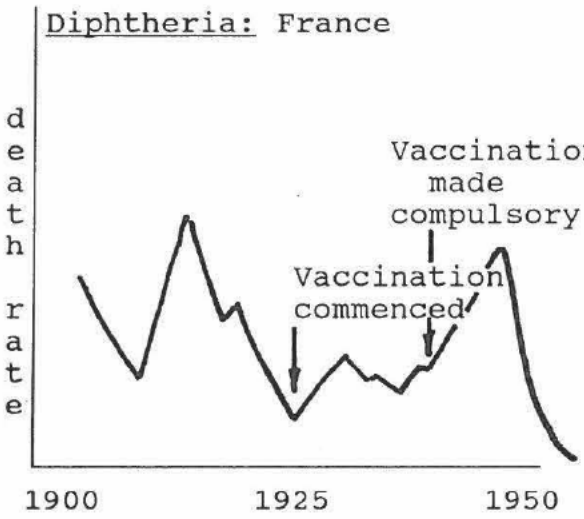

Measles: England & Wales (Children under 15)
death rate
Vaccination commenced
1900
1920
1940
1960

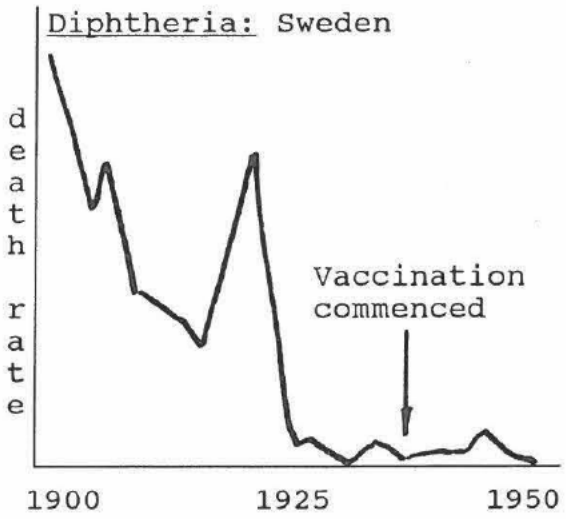

Smallpox: England & Wales
death rate
Compulsory Vaccination Enforced 1867
1860
1880
1900
1920

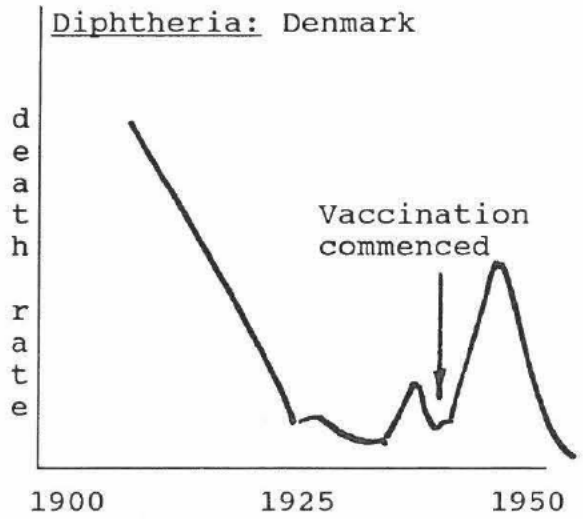

Whooping Cough: England & Wales (Children Under 15)
death rate
Vaccination commenced
1880
1910
1940
1970

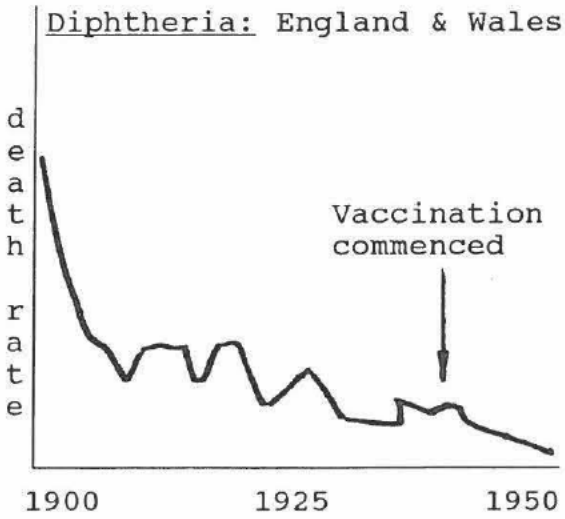

Poliomyelitis: England & Wales
(children under 15)
death rate
Vaccination commenced
1930
1940
1950
1960

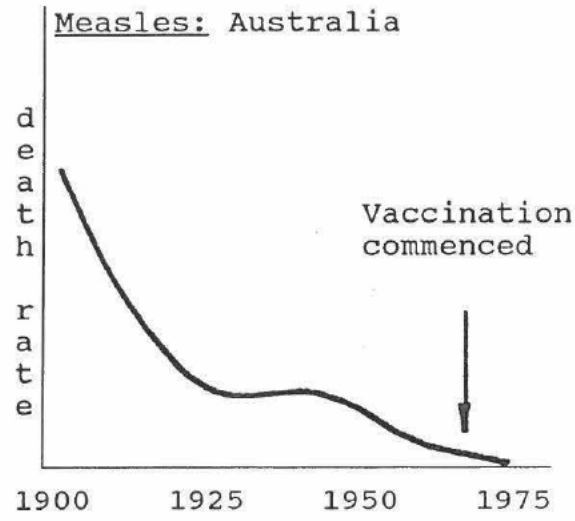
Diphtheria: USA
death rate
Vaccination commenced
1900
1930
1960

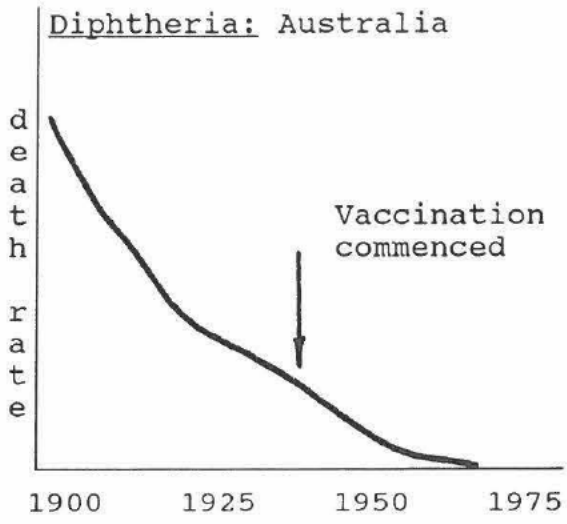

Diphtheria: France
death rate
Vaccination made compulsory
Vaccination commenced
1900
1925
1950

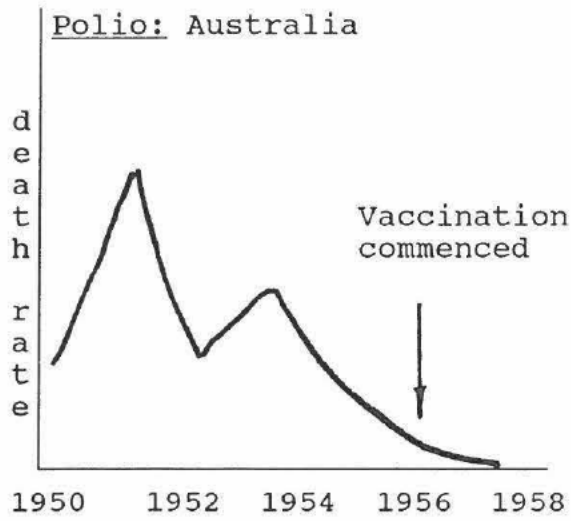

Diphtheria: Sweden
death rate
Vaccination commenced
1900
1925
1950

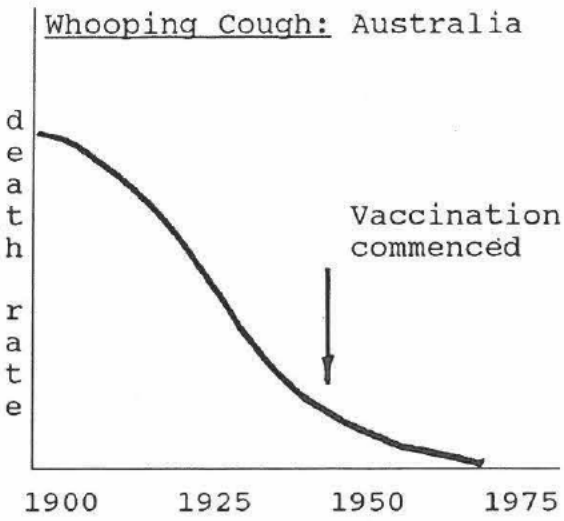

Diphtheria: Denmark
death rate
Vaccination commenced
1900
1925
1950

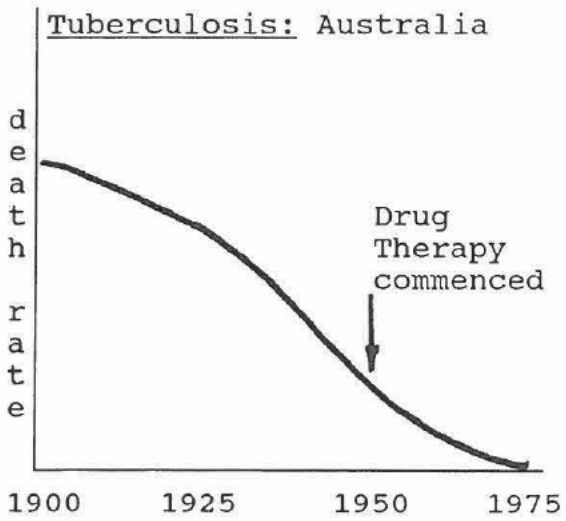

Diphtheria: England & Wales
death rate
Vaccination commenced
1900
1925
1950


Measles: Australia
death rate
Vaccination commenced
1900
1925
1950
1975


Diphtheria: Australia
death rate
Vaccination commenced
1900
1925
1950
1975


Polio: Australia
death rate
Vaccination commenced
1950
1952
1954
1956
1958


Whooping Cough: Australia
death rate
Vaccination commenced
1900
1925
1950
1975


Tuberculosis: Australia
death rate
Drug Therapy commenced
1900
1925
1950
1975

The aforementioned graphs and statistics clearly refute medical claims that vaccination was responsible for the decline in incidence and mortality from infectious disease. World renowned microbiologist, Professor Rene Dubos has acknowledged that the decline in mortality caused by infections *"began almost a century ago and has continued ever since at a fairly constant rate irrespective of the use of any specific therapy. The effect of antibacterial drugs is but a ripple on the wave which has been wearing down the mortality caused by infection in our communities".*

Professor Dubos has further stated:

> *"Modern Science's role in defeating infectious diseases has been greatly exaggerated. Many of the most terrifying leprosy, plague, typhus, - had all but disappeared from Europe before serums, vaccines, and drugs were developed to combat them".*

Ivan Illich in his book, Medical Nemesis, writes:

> *"The study and evolution of disease patterns provides evidence that during the last century doctors have affected such patterns no more profoundly than did priests during earlier times. Epidemics came and went, imprecated by both and untouched by either. They are not modified any more profoundly by the rituals performed in medical clinics than by the exorcisms customary at religious shrines.*
>
> *"The combined death rate from scarlet fever, diphtheria, whooping cough, and measles among children up to fifteen, shows that nearly 90 per cent of the total decline in mortality between 1860 and 1965 had occurred before the introduction of antibiotics and widespread immunization."* (in reference to the UK).

Professor Gordon Stewart of Glasgow University, Scotland, comments on the decline of infectious diseases (Here's Health, March 1980).

> *"In assessing the rise or fall of any infectious disease, it is essential firstly to look critically not only at its prevalence now, but also at what has been happening in the past. When this is done, it becomes clear that most of the major infectious diseases, especially those of childhood, have decreased in prevalence and mortality in all developed countries more or less continuously for 50 years or more.*
>
> *"The essential fact is that the decline in prevalence and severity of these major infections, and several others, occurred before there was any national vaccination programme."*

A report by Dr H O Lancaster which appeared in the Medical Journal of Australia, Nov 1967, showed that the major declines in death rates occurred in Australia from 1860 onwards, and that most of these gains in the health of the population have been independent of medical or surgical intervention. In the Medical Journal of Australia (9/2/1952), Dr Lancaster has written:

> *"It is well known that mortality rates in general have tended to fall over the last 50 years ... the explanations usually given emphasize the effects of sulphonamide drugs, the antibiotics and better medical care ... the antibiotics have come into general use in Australia only since 1945, and their effect on mortality before that year must be considered as negligible. Nor were the sulphonamide drugs in common use before 1940. It is probable that only*

> *minor changes in the treatment of the acute infectious diseases took place over the years 1908 - 1945".*

John and Sonja McKinlay, Boston University, USA, have researched the decline of infectious disease in the USA and report:

> *"In general, medical measures appear to have contributed little to the overall decline in mortality in the USA since about 1900 - having in many instances been introduced several decades after a marked decline had already set in and having no detectable influence in most cases".*

Graphical evidence also reveals that the introduction of vaccination made no impact on the rate of decline for the different infectious diseases, and in the cases of smallpox (UK) and diphtheria (France and Denmark), there was an actual increase in the death rate after compulsory vaccination was enforced. This raises the questions: are vaccines 'effective' and more importantly, are vaccines 'safe'?

Before we find the answers to these questions, it is important to establish the true reasons for the decline in incidence and mortality from infectious disease over the last one hundred years.

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1. *Australian graphs and statistics are based on the official death numbers as recorded in the Official Year Books of the Commonwealth of Australia. It is also worth noting that between 1860 and 1915 the death rate declined from 20.86 (1860) to 10.66 (1915), mostly in relation to the infectious diseases.*

2. *Remaining graphs and statistics extracted from the books, The Cruel Deception, by Dr Robert Sharpe, and How To Raise A Healthy Child In Spite Of Your Doctor, by Dr Robert Mendelsohn.*