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Thomas McLennan, Investigator,
AHPRA,
GPO Box 9958, Melbourne, Victoria, 3001

Dear Mr McLennan,
Re: **Investigation by AHPRA pursuant of Notifications**

– Reference Numbers – 00334157 & 00334452

I write in response to your request dated 8 November 2016, entitled **'Request for Information'.**

This investigation relates to my support of parents who had decided not to vaccinate their children and to seek exemption from the penalties embodied in the Australian Government's **'No Jab No Pay'** and the Victorian Government's **'No Jab No Play'** legislation.
The reasons why parents decide against vaccination for their children See chart - exhibit 29 . These parents who decline to vaccinate are generally personally aware of vaccine-damaged children, either their own, amongst relatives and or the children of friends and acquaintances. Some work with autistic children whose parents confirm a strong belief that their children's autism was caused by vaccination. Such parents do not believe assurances that childhood vaccinations are 'very safe', or that their child's vaccine adverse event was 'just a coincidence'. Most of these vaccine-refusing parents are remarkably well-read on vaccine issues. In, short, they have good reasons for fearing that vaccination may damage their children's health.

Up until the last quarter of 2015, my medical practice had minimal involvement in vaccination issues until the imminent introduction of these legislated changes resulted in parents of over one hundred children converging on my Mitcham part-time practice, seeking help to gain medical exemption from vaccination for their children. Their common concern was about lack of safety of the scheduled vaccines, a concern that I share, and which has been further increased in hearing their stories of vaccine-damaged children.

My responses to your specific questions are given below on page 7.

Introduction

In 2010, I completed a Critical Thinking Module of the RACGP that high-lighted the importance of:-

- Informed consent and its requirements
- Quality of evidence, levels and grades of evidence
- Therapeutic guideline statements.

Whilst this training was imposed on me without any evidence that I lacked knowledge in this area, the study required in the module did sharpen my awareness of serious deficiencies in the application of informed consent and quality of evidence of vaccine safety in Australia's national vaccination policy. I now find myself being critical of these deficiencies, but also being investigated because of my application of this knowledge to the needs of the children whose parents have decided not to vaccinate their children.

My position on childhood vaccinations

I am not anti-vaccinations. It is quite apparent to me, as to most medical health professionals that childhood vaccinations have or may have reduced the morbidity and mortality of common infectious diseases that have ravaged children world-wide for centuries, and vaccinations may have contributed to eradication of some infections.
In addition, I observe that most children are not ostensibly harmed by infant/child vaccinations. Documented observations that vaccinated children are less healthy and have more sick days than unvaccinated children, may be an acceptable price to pay if the incidence of deaths and seriously damaging consequences of most vaccine- targeted infections is significantly reduced, without increase in deaths and damaging consequences of the vaccines themselves. However this assumption is yet to be evaluated rigorously by high quality scientific investigation, as far as I have been able to ascertain from years of personal study on the topic of vaccination safety.
So I am pro-safe vaccinations, that is, vaccines proven safe by good science. I am not anti-immunisation. I am pro-safe vaccines. However I have doubts about the safety of many current vaccines based on years of observations of vaccine-damaged children, reports of others who have witnessed post-vaccination tragedies, and on my own study. I cannot recommend unsafe vaccines or vaccines not proven safe.

Informed consent and childhood vaccinations

I refer you to the Australian Competition and Consumer Commission's website information entitled "Consumer protection and medical professionals - Informed consent", and in particular, the following statements:
'Doctors are obliged by common law and professional practice obligations to provide sufficient information to ensure informed consent by patients. This includes:
• risks, side effects, permanency of outcome, and other aspects of the nature and quality of treatment;
• alternative treatment options and the consequences of not having treatment, post-treatment care and potential complications, charges, including for ancillary and add-on services.

(see https://www.accc.gov.au/.../professiona.../medical-professionals)
In addition, I am informed there are serious omissions from the Australian Childhood Immunisation Handbook relating to the ability of doctors to provide a valid informed consent in the best interests of a child.

Currently Informed Consent and lack of scientific proof of safety

For adequate informed consent to be given to parents deciding whether or not to vaccinate their children, solid scientific evidence is required of the risks of vaccinating, - evidence that compares the rates in vaccinated versus unvaccinated children of: all-cause mortality, autism and autism-spectrum disorders, other neurologic damage, attention deficit and hyperactivity disorders, allergies, asthma, epilepsy, auto-immune diseases (eg. type 1 diabetes), annual sick days, - that is, of all the adverse conditions for which there is evidence that vaccinations may be implicated.
My research indicates that such information necessary for informed consent cannot be provided currently in Australia because the high quality evidence required is lacking. Hence informed consent based on truthful high quality scientific evidence cannot be given. My belief that childhood vaccinations are unproven hangs on this perceived lack of evidence in which comparison is made of health outcomes in vaccinated versus unvaccinated.

Coercion and Consent

Vaccination in Australia is described as not compulsory, that is 'consensual'. However, as stated in the Australian Immunisation Handbook, consent is only legal if it is free of coercion, pressure and manipulation. This is not the case now as the 'No Jab, No Pay' and 'No Jab, No Play' legislation applies significant coercive pressures against parents who choose not to vaccinate their children, - most often for very good reasons. These parents have also been denied informed consent based on good quality evidence.

Hence any coerced decision to vaccinate against their better judgment is *non-consensual.* The distinction between compulsory vaccination and non-consensual vaccination has become rather blurred.

Indications of lack safety of childhood vaccinations

Under-reporting of adverse vaccine reactions
Throughout the world, especially in English-speaking and European countries in which reporting of vaccine adverse reactions is passive and voluntary, there appears to be substantial under-reporting of harm caused by infant/child vaccinations. There are no reliable estimates of reporting rates of vaccine adverse events (VAE's). Some estimates put reporting at less than 5%. As government vaccine safety advisory bodies rely on under- reported estimates of VAE's, our governments, the medical profession and the community are being advised that there are very few VAE's and that vaccination is very safe, when in fact this may not be the case. Most likely, these assertions of safety are very much over-stated.
In addition, general practitioners are accepting immunisation incentive payments to promote vaccination, are informed that vaccines cause no harm, and are thus incentivised to dismiss VAE's reported to them by patients as 'coincidental' and not to report VAE's. GP's are most often time-poor and reporting is non-remunerated. These factors may further reduce reporting of VAE's. Hence one would expect harm caused by vaccinations to be grossly under-estimated.

The response to vaccine-induced health damage in the USA

By the mid 1980's, the number of cases of vaccine-induced harm had become considerable, and led to unsustainable costs from litigation directed at vaccine manufacturers. Some vaccine manufacturers stopped supplying as they could not afford the costs of litigation. This alarmed health authorities and the medical profession. So in 1986, **1986 National Childhood Vaccine Injury Act** created the National Vaccine Injury Compensation Program (NVICP), to protect the vaccine industry from the financial costs of litigation against damage caused by their unsafe vaccines. Clearly the priority was to protect the established vaccine manufacturers rather than protect America's children from the consequences of unsafe vaccines.

Commenting on this development, in the US Supreme Court case 'Bruesewitz v Wyeth', the reporting judge acknowledged that the 'Vaccine Court" (of the National Vaccine Injury Compensation Program) was created under the NCVI Act to provide compensation for damage caused by child vaccines that were '***unavoidably unsafe'***. The NVICP was established in 1988 to ensure vaccine supplies and to guarantee the profits of vaccine manufacturers. It also removed incentives and down-graded the necessity to develop safer vaccines. (**Exhibits 1a, 1b, 2 & 3)**

Since inception until 2014, the NVICP has admitted paying out over US$3 billion to vaccine-damaged individuals, in spite of rejecting about 60% of applications for vaccine injury damage claims. Most of the parents who attended me for help with exemption applications were aware of this further indication of that childhood vaccines may be unsafe.

Harmful vaccine ingredients

Thus vaccine-induced harm continued to rise, not the least, autism. Research reports and reviews noted that the neurotoxic effects of **mercury** in child vaccines could be a factor. There followed a concerted drive to produce published journal articles that exonerated mercury, which almost convinced some that it was safe to inject babies with mercury. However, following a top-secret meeting of US government health officials and industry representatives at Simpsonwood in 2000, mercury was gradually phased out of most infant vaccines, but not out of influenza vaccines, which are still being recommended for pregnant mothers. (**Exhibit 4**)

Community suspicions that the vaccines may have been linked to autism, (see abstracts in **Exhibit 5**) resulted in a deluge of vaccine-industry funded published articles that claimed to refute a link between vaccinations and autism. Such articles comprise all the quoted published 'science' in government publications such as the fact sheet on vaccines and autism of Australia's National Centre for Immunisation Research and Surveillance (NCIRS). No mention is made of evidence such as in **Exhibit 5,** that implicated vaccines in autism. There have been no studies comparing vaccinated versus unvaccinated children for rates of autism, although one study highlighted by the Immunise Australia and the NVIRS fact sheet claimed in its abstract to have done just that. Critical analysis of the full text article reveals that the 'unvaccinated' group was in fact vaccinated, but not with MMR, and that the MMR-vaccinated group had an 8.8% higher rate of autism cases than the non-MMR group of vaccinated children. **(Exhibit 6)** Since the removal of mercury from most infant/child vaccines, are vaccines safer? Unfortunately, child vaccines also contain **aluminium,** a known neurotoxin which may also contribute to autism and other neurological damage. The doses of aluminium that infants and children receive in vaccines has increased steadily with the number of vaccine doses. A 2016 review by Miller dispels any misconceptions about aluminium in childhood vaccines being safe. **Exhibits 7, 8, & 9.** Aluminium is also suspected to trigger auto-immune diseases in some individuals. which has prompted much research and commentary, as in the reference book –'Vaccines and Autoimmunity'by Yehuda Shoenfeld et al. **(Exhibit 10)**

Vaccine-induced **autoimmunity** has become a major concern to public health, as it may contribute to multiple sclerosis, systemic lupus erythematosis, Guiiain-Barré syndrome, myopathies, macrophagic myofasciitis, vasculitis rheumatoid arthritis, type 1 diabetes, juvenile arthritis, Crohn's disease, ulcerative colitis, purpura, and psoriasis. Long-term studies comparing vaccinated versus unvaccinated individuals would be necessary to

establish the full extent of vaccine-induced auto-immunity, as autoimmune diseases may take years to manifest. But it is quite likely on existing evidence that highly-vaccinated communities may be facing a scourge of autoimmune disease. **(Exhibits 11 & 12**)

Formaldehyde, a known carcinogen, is also an ingredient of many child vaccines. It would be not be permitted for formaldehyde to be present in pharmaceutical drugs and supplements, but it is uncritically injected it into infants.

The belief that 'vaccines save lives'

It is widely believed that 'vaccines save lives', but there are no studies comparing **infant mortality** in vaccinated versus unvaccinated children. There is however contrary evidence that the infant mortality rates increase proportionally to the number of vaccine doses, **(Exhibit 13)** and that vaccines do contribute to Sudden Infant Deaths (SIDS). **(Exhibits 14, 15, 16a, 16b, 16c)** Hence this belief, that 'vaccines save lives', is not supported by high-grade scientific evidence. This is *belief in faith without adequate evidence*, in my opinion.

In addition, it may be claimed that my assisting parents to gain exemption on very plausible health grounds may 'put lives at risk', - based on the belief that more unvaccinated children will die of infectious diseases than vaccinated children. There is no solid evidence for this 'belief in faith'. . These parents have decided not to vaccinate. They are willing to bear the financial penalties of **'No Jab, No Pay'** in order to, as they see it, protect their children from unsafe vaccines. My support in assisting them in obtaining exemption on health indications from the penalties for not vaccinating makes no difference to their decision not to vaccinate. But the suggested immune-supporting supplements may provide added protection against infections and the severity of infections. I do not advise parents to vaccinate or not to vaccinate.

Suppression of data revealing harm caused by child vaccines

The much-publicised case of Dr.William Thompson, a CDC scientist, who released data withheld and later destroyed by the CDC (US Centre for Disease Control), is featured in the documentary 'Vaxxed'. *(A digital copy on a memory stick is provided to AHPRA herewith).* **(Exhibit 17)** The data linking vaccination with autism in African-American children was published in a journal article by Professor Brian Hooker, but retracted within two weeks, under pressure from the CDC, on grounds confirmed by the author to be false. **(Exhibits 18 & 19a, 19b)** Another recent study, which showed a higher rate of allergies and neurological damage (autism, ASD, ADHD, etc.) in vaccinated children briefly surfaced in abstract form online before disappearing without trace from both digital and print media. (**Exhibit 20)** These examples are indicative, as has been apparent for many years, that it is much easier to have pro-vaccination articles published than articles that reflect

adversely on vaccine safety, and that censorship is been imposed on the release of any information that reflects adversely on vaccination.

Concerning my support of parents seeking exemption from the penalties for not-vaccinating under the **'No Jab, No Pay'** and **'No Jab, No Play'** legislation.

From the latter part of 2015, I experienced a growing number of requests to the above practice address, for consultations from parents who wished to protect their children from the risks of vaccine-related damage to their children's health that they perceived to be very real. I did not solicit these contacts in any way.

Answers to Specific Questions

1a Advice given to parents not wishing to vaccinate their children

At these consultations, **I did not give advice about vaccinations**. These parents had made up their minds not to vaccinate. Rather, I listened to and documented their reasons for not wishing to have their children vaccinated. Most often the parents consulted have been highly informed people with good and responsible reasons for deciding not to vaccinate.
The only advice I offered related to a recommendation for them to give their children evidence-based immune boosting **nutritional supplements** that may reduce the child's risk of infections – namely Vitamins A, C, D and zinc, listed with dosages on a supplement sheet provided - (**Exhibit 21**) *References will be provided on request.*

At no stage did I ever advise any parent(s) not to vaccinate a child, not only because I never see parents who wish to vaccinate, or are undecided, but also **because I respect parental decisions to vaccinate**.

The fundamental reason why I do not offer any advice to vaccinate or not to vaccinate is because I consider that I lack adequate scientific evidence to compare health outcomes in vaccinated versus unvaccinated children. Comparisons between treated and untreated groups is fundamental to good quality evidence in medicine. Comparisons between vaccinated and unvaccinated children in rigorously controlled studies are the only type and quality of evidence that is acceptable to me as adequate indicators of vaccine safety.

I have been searching for over two decades for such evidence and have found only a limited number of studies that do compare truly unvaccinated children to vaccinated children for health outcomes. These studies unfortunately do not reflect well on vaccine safety. For instance, higher rates of allergic disorders, and inflammatory bowel disease have been shown in vaccinated children in comparison to unvaccinated children. (**Exhibit 22**). However, there are no controlled studies comparing vaccinated to unvaccinated children for the critical issues of infant death and SIDS, nor for autism and autism-spectrum disorders.

1b My reasoning for amending vaccine exemption forms

As stated above, I believe that informed consent is essential to be provided to parents making decisions about vaccinating their children. This requires truthful and comprehensive information about vaccine safety and the risks of vaccinating. This can only be derived from high quality evidence comparing treated versus untreated, ie., vaccinated versus unvaccinated children for health outcomes, both good and bad. To me this is an essential requirement of informed consent. I would hope that it would be an essential requirement of Australia's Health authorities responsible for advising governments, the medical profession and the public about vaccine safety. But this appears not to be the case.
Hence my adding this requirement of vaccine safety proven by controlled trials comparing health outcomes in vaccinated versus unvaccinated children, as an amendment to medical exemption forms is a reflection of my concerns about adequate informed consent and proof of safety. – based on the professed standards of evidence of the medical profession.

The medical exemption forms only allow for exemption on the basis of immune-compromise and past anaphylactic reaction to vaccination. These limited reasons are based on those listed in the Australian Immunisation Handbook. Legal advice I have obtained has indicated that these limited reasons for exemption are not mandatory – they are guidelines only, and not exclusive, and that the relevant legislation* allows for a doctor to write a letter recommending against vaccinating a child on other grounds at the doctor's discretion in order to protect the child from a predictable chance of significant damage to the child's health, *as the doctor judges to be in the best interest of the child's future health.*

NEW TAX SYSTEM (FAMILY ASSISTANCE) ACT 1999 – amended on 23/ 11/ 2015 –* which states; **SECTION 6:"(3) : The child **meets** the immunisation requirements if:
(a) a general practitioner has certified in writing that the immunisation of the child would be medically contraindicated.

It must be stressed that it is the Hippocratic duty of the doctor to put the child's best interest first in deciding whether or not to recommend exemption on health grounds, and to evaluate responsibly and honestly whether the doctor considers the child may or may not have significant other susceptibilities to vaccine damage. The limited grounds for exemption in the Australian Immunisation Handbook exclude other very good grounds for exemption. In my duty and priority to help protect children who have indicators of susceptibility to vaccine damage.

In this duty, I choose not to be limited by the restriction of risk to immune-compromise and past vaccine-related anaphylaxis as the only currently accepted criteria for medical exemption.

Next I discuss why I choose to recognise reasons outside of currently recognised exemptions criteria.

Other grounds for considering vaccinating a particular child may be harmful and contraindicated

i) ***The child has already experienced significant vaccine damage from prior scheduled vaccines.***

In general, once a child's health is significantly harmed by a vaccination experience, in the parent's estimation, most parents will not wish to continue vaccinating the child, understandably, in my opinion. It is also understandable that the parent may not wish to put any younger unvaccinated sib(s) at risk of the sort of vaccine damage witnessed in the older child. I have seen several vaccine-damaged children whose parents were advised by their doctors that the adverse vaccine event in their child was 'just a coincidence' and that they should continue to vaccinate on schedule. The result was serious progressive neurological damage to autism in one child with each vaccination and the progressive increase in the symptoms carefully documented by the mother. I consider it is usually unwise to continue vaccinating children who have already demonstrated significant susceptibility to vaccine adverse effects. I will continue to hold this view until there is solid and credible scientific proof to the contrary.

Illustrative case A: Vaccine-induced autism - (retracted name) aged 6., was a healthy vaccinated child, developing normally, until he received the MMR vaccination at the age of 18 months. Immediately, he lost eye contact and speech. He was in 'another world, withdrawn and totally affection-less', according to his mother. His parents have no doubt that the MMR jab caused his autism. He attends the (retracted name) for autistic children. His mother says all the mothers of autistic children in his class who attend his school say they believe that vaccination was the cause of their child's autism. (retracted name) has been attending a naturopath since the age of 30 months, who has assisted in achieving some recovery. His eye contact is 90% recovered, and there is improvement in his concentration, comprehension, and sleep. He is still being toilet trained, makes lots of sounds, but is still speech-less at the age of 6 years. (retracted name) parents have understandably chosen not to vaccinate him further. But they are being financially penalised for that wise decision.

ii) ***The child is unvaccinated but has significant health issues that may be caused or aggravated by vaccination****.*

There is evidence that vaccines may cause or contribute to allergies, recurrent infections (particularly respiratory tract infections), neurological damage-especially ADHD and autism-spectrum disorders, asthma, diabetes type 1, etc. It is not unreasonable in my view, until proven otherwise, to withhold vaccination from unvaccinated or part- vaccinated children who are already affected to some degree by such vaccine-related health problems, and to rely on other methods of protecting the child from the risk of infection.

Exhibits 5 (autism), 20 (infections, allergies, & neuro-developmental disorders), 23 (allergies), 24 (neurological damage), 25a, 25b, 26a, 26b & 27 (diabetes).

iii) ***There is a cluster of vaccine-damaged individuals in the child's family, ie., several or many family members adversely affected by vaccination.***

Such 'clustering is likely to be indicative of a familial susceptibility to vaccine damage to health. The new science of '*Adversomics'* studies polymorphic and genomic susceptibility factors in vaccine-damaged individuals. It has been noted that such identifiable risk factors are also found in greater frequency and density in family members of the vaccine-affected individual. Hence family clustering of vaccine injury suggests a likely greater vulnerability to vaccine injury in unvaccinated children in the family. Re 'Adversomics' - **Exhibit 28**

Illustrative case B: *Eczema and food allergies + family clustering of vaccine damage – (retracted name) (aged 4) and (retracted name) (aged 2). These allergic children have eczema well-controlled on a gluten-free diet. Their mother developed severe erythematous skin reactions after both childhood vaccinations and after influenza vaccination. Her sister, now aged 37 suffered facial paralysis after her last child vaccination and her mother discontinued influenza vaccinations after severe reactions. Of the children's cousins, one boy (aged 7) developed ASD – Asperger's and two others aged 4 and 2 years developed eczema after childhood vaccinations. The parents of (retracted names) have understandably chosen not to vaccinate them further.*

The (retracted name) parents communicated in writing to the Victorian Minister for Health, Ms Jill Hennessy, with the intention of helping her appreciate why parents like them decide not to vaccinate. Ms Hennessy's response was to release information to the Herald-Sun, commencing trial by media of myself, and initiated a complaint against myself to the AHPRA via the Chief Medical Officer. They are being penalised for their decision under 'No Jab, No Pay' and under 'No Jab, No Play.'

A chart summarising the reasons of parents for deciding not to vaccinate their children is included. This is derived from data in the patient files of 18 children selected by AHPRA in this investigation. **Exhibit 29**

The immunisation exemption form provided to Australian doctors does not allow for any of the above-listed indications for possible or likely vaccine-related damage to a child's health. Hence it does not allow me to use my knowledge and discretion in deciding what is safe or unsafe for a child, in order to protect the child from predictable and possible damage to health from vaccination. As a doctor, I am professionally bound under the Hippocratic Oath to act in the patient's best interest to help protect the child from vaccine damage feared by the parent if I deem this risk sufficiently probable. The exemption form does not allow me or other doctors to do this. Bearing in mind the above additional grounds for considering the child may be at risk, and if I agree with the parent that the child may be at risk because of susceptibility indicators listed above in **1 b** i),ii) & iii), I have a duty to recommend accordingly. This I have usually done as appropriate in a letter explaining the reasons why the child may be susceptible to vaccine damage.
The exemption form does not allow for these other considerations, and it appears that our health authorities do not respect the clauses in the legislation* that allow for a doctor to exercise discretion for other legitimate grounds for exemption. Clearly, I do not agree that children can be adequately protected from vaccine-damage if grounds for exemption are limited to immune-compromise and past vaccine-related anaphylaxis.

It is of interest that staff of the Australian Childhood Immunisation Register did initially grant exemptions to many children whose parents submitted exemption forms amended by me to include the requirement of proof of safety, until subsequent intervention dictated a change of response and retractions of exemption were issued.

The clause that states the child is pregnant as a grounds for temporary exemption is of course ridiculous if the child is less than 10 years old – as all of the children presenting to me were under the age of 10.

1 c
The evidence and my reasoning is discussed above in 1 b.

Further responses to your notification letter dated 8 November 2016

*Whether my assertions to patients and in correspondence that certain **childhood vaccines have not been proven safe**, meets the standards reasonably expected by the public and my peers.*

The medical profession professes that its treatments are based on 'the best quality evidence' Hence my requirement that vaccine safety must be based on the best possible evidence is consistent with the standards of scientific proof required by our profession. Controlled analysis of health outcomes in treated versus untreated groups is fundamental to the best quality evidence. So in that respect I meet the standards expected by my peers. Likewise, the public expect public health authorities and the medical profession to only recommend and administer vaccines to our infants and children that are proven safe.

The highest levels and grades of evidence all depend on comparisons between treated and untreated groups. In post-market surveillance of vaccination programs, it is clearly impractical to expect randomised double-blind controlled trials. However, it is possible to do comparative studies comparing health outcomes in vaccinated versus unvaccinated children. Without such studies, there is no proof of safety.

Most of my medical peers in Australia, uncritically accept therapeutic guidelines in determining their views about treatment interventions. In addition many GP's accept vaccination incentive payments to promote vaccinations. They have been indoctrinated to believe that vaccines are very safe and the any vaccine adverse events reported to them are 'just a coincidence'. They are unaware that there are no proof-of-safety controlled clinical trials of childhood vaccines. This is where I differ from my peers, because I do look at evidence, and demand to be convinced of vaccine safety. My beliefs are based on evidence, not 'belief in faith'.

The public place their faith in government health officials, politicians, and in their doctors, that vaccines are safe and effective. They have no idea that the basis of beliefs about vaccine safety is so poorly based in evidence.
I have studied vaccine science for over 20 years and continue to study this topic intensely. I have a large file of data about vaccination on my computer. As stated above I have a file of abstracts of controlled trials of vaccine outcomes, but none of these reflect well on vaccine safety.
I have written letters to the Minister for Health, Susan Ley (2) and the Victorian Chief Medical Officer, Professor Stuart Guest, seeking evidence of vaccine safety that compares health outcomes in vaccinated versus unvaccinated children. I would be happy to be proven wrong in my contention that childhood vaccines are unproven for safety. However, no evidence to the contrary has emerged as yet.

2. *Whether by altering vaccine exemption forms to include a requirement for vaccine safety proven by controlled clinical studies comparing health outcomes in vaccinated versus unvaccinated children I would meet the standards expected by the public and my peers.*
   Both my peers and the public would, I believe expect good quality proof of safety. If they became aware that such proof of safety was lacking, that there was gross under-reporting of vaccine adverse events, and corruption of the evidence about the safety of vaccines, as described above, they would be appalled, I consider. They would then appreciate why I have amended immunisation exemption forms to include a requirement of proof of safety by controlled clinical studies comparing health outcomes in vaccinated versus unvaccinated children.
   There are many doctors in Australia who do have doubts about vaccine safety and are aware that many children are and have been damaged by vaccines. They choose not to raise their hands to help non- vaccinating parents because they know that any doctor who does question vaccine safety as I do, privately, will be attacked

by the pro-vaccine forces in medicine and government.
Doctors who are unaware of the lack of proof of safety, who believe in faith that vaccines are very safe, who follow guidelines uncritically – being unaware of the omissions in evidence of many guideline statements, who accept vaccination incentive payments to promote vaccination, who dismiss vaccine adverse effects as 'coincidence', - these doctors are ignorant about the lack of proof of vaccine safety. They would be expected to regard my calls for proof of safety and my amendment of exemption forms to this effect, as inconsistent with their viewpoint on vaccinations which believes in faith that what they have been told about vaccine-safety is totally correct. Such 'peers' would naturally not appreciate my demands for proof of vaccine safety and informed consent and the right of patient consent without coercion to apply to child vaccinations as it does to other areas of medical therapeutics.
Clearly, I amended exemption forms by adding a condition of proof of vaccine safety to better allow expression of my professional concerns about vaccine safety and lack of proof of vaccine safety, and to better help protect children with identifiable susceptibilities to vaccine damage from a possible increased risk of harm from vaccinations. In addition, these amendments of exemption forms sound an alarm that the issue of proof of safety of vaccines and the harm caused by unsafe, unproven vaccines, needs to be addressed.
I was under the misapprehension that our health officials would have respect for the need for proof of safety with high quality evidence. At first many of these exemption applications were granted. But later, they were retracted as politics intervened. So clearly, there is no requirement in our government for a high standard of proof of safety in the form of controlled clinical trials comparing health outcomes in vaccinated versus unvaccinated children.

3. *Whether, after the inception of the **No Jab, No Pay** legislation, - since about September 2015, by supporting exemptions for childhood immunisations for reasons outside of currently recognised exemptions, I have failed to demonstrate responsibility to contributing to the effectiveness and efficiency of the healthcare system,....*

The effectiveness of the Australian vaccination policy is dependent on its ability to reduce deaths and severe adverse consequences of infectious diseases without itself causing death and unacceptable adverse *reactions.*
The policy can only benefit from high quality surveillance of vaccine adverse effects, and reforms designed to correct its deficits, such as:
- serious under-reporting of vaccine adverse events, and consequent over-stating of vaccine safety;
- lack of controlled analysis of health outcomes in vaccinated versus unvaccinated

children in controlled studies on an ongoing basis in Australia and overseas, to better provide evaluation of vaccine safety, in particular;
- protection of vaccine manufacturers from litigation costs of harm from 'unavoidably unsafe' vaccines; - lack of awareness and concern about vaccines that cause harm and lack of a priority to develop safer vaccines;
- concealing information about vaccine failures and ineffectiveness – eg. the acellular pertussis vaccine having been shown not to have provided protection against recent whooping cough epidemics in Australia and overseas; (**Exhibit 30, 31, 32**)
- concealing information about transmission of infection by live vaccines, such as measles as has already occurred (unreported) in Australia, and been reported overseas.

PROPOSALS for REFORM of AUSTRALIAN CHILD VACCINATION POLICY to IMPROVE SURVEILLANCE and VACCINE SAFETY.

i) Medical Practitioners must report all vaccine-related adverse effects brought to their attention by parents, with no exceptions. This includes conditions such as autism/ASD that are currently dismissed as not vaccine-related.

ii) Medical Practitioners should be adequately remunerated for lodging reports about vaccine adverse events reported to them by patients.

- iii) Parents of vaccine-damaged children must be able to sue for compensation for harm caused by child vaccinations. There must be no impediments to their right to sue, and no disincentives to vaccine manufacturers to develop safer vaccines caused by protection from being sued.

- iv) Post-market surveillance must include on-going clinical studies comparing health outcomes in vaccinated versus unvaccinated children in all Australian states, NT and ACT. Such studies could also test homeopathic prophylaxis and supplements in the unvaccinated groups.

v) Parents must be provided with factually truthful information about risks and benefits of vaccinating based on information drawn from these clinical studies comparing health outcomes in vaccinated versus unvaccinated children in Australia.

- vi) When certain vaccines are found to be more damaging to child health than other vaccines, they must be withdrawn from use and replaced only with vaccines proven safe.

- vii) Harmful vaccine ingredients such as aluminium, mercury, formaldehyde, should be replaced with safer ingredients.

These are some of my suggestions for reform of public vaccination practices in our healthcare system.

Unquestioning compliance with a healthcare-vaccination system that is based on lack of proof of safety, which hides the truth of unsafe vaccines and coerces dissenting parents to vaccinate, in my view does not 'demonstrate responsibility to contributing to the effectiveness and efficiency of the healthcare system'. I would prefer to contribute to reform that puts our children's safety first, rather than the profits of the vaccine industry.

3 a. 'Ensure the services are necessary and likely to benefit the patient'
The consultations concerning exemption were initiated by the parents, and paid for by them at no charge to Medicare. The parents would be the best judges of necessity and benefit. I will attempt to obtain their answers to these questions in the next few months per email communications sent later in January 2017, after return from holiday.
3 b. - 'Understand the principles of public health, including disease prevention and control; and
3 c. –'Participate in efforts to promote the health of the community and being aware of your obligations in disease control'.

These are very broad questions, not necessarily related to the vaccine exemption issue. I have my own views about disease prevention and control, promoting the health of the community and obligations in disease control, but lack of time and lack of definition of these broad questions does not permit me to answer satisfactorily at this stage, under a separate cover.

I request AHPRA reword these questions in more detail, and to explain why it seeks to broaden the investigation away from the vaccine issue to unrelated topics. to assist my response in late January 2017.

4. Whether in 2015-2016 by writing letters and exemption notices for childhood immunisations for reasons outside of currently recognised exemptions, I have failed to:

a. Be honest and not misleading when writing reports and certificates.
I declare that the answer to both considerations is 'NO', I have been totally honest in conveying the health issues of the child, its family, known cases of vaccine-damage, etc., as reported to me by the parents, nor have I knowingly been misleading.

b. Take reasonable steps to verify the content before signing a report or certificate.

My answer is ‘NO’. I always show the letters and certificates recommending against vaccination on health grounds to the parents, before signing, to check the accuracy and correctness of the contents. If subsequently I see that something in a letter template is inadequate, I will revise as appropriate. For instance, I changed the word ‘compulsory’ to ‘non-consensual’ after I saw that ‘non-consensual was more suitable.
c. Made clear the limits of my knowledge and not give opinion beyond those limits.

My answer is NO, I have not failed in this respect. I always say if I do not have knowledge or evidence to support a statement or answer a question. For instance, I do not offer opinion about vaccine effectiveness, unless I am aware of specific data about vaccine efficacy, which I only have for the measles vaccine, and the acellular whooping cough vaccine.

A synopsis of why I choose to recognise reasons outside of currently recognised exemptions criteria, is discussed above on pages 4-5.

In conclusion, I state again: - I am not against childhood immunisations with safe vaccines, but I have serious concerns about the safety of some vaccines, past and present injected into our children.

I have played no part in the decision of parents not to vaccinate, and therefore claims that I am ‘putting children at risk’ because their parents choose not to vaccinate is clearly incorrect, in my view.

My sole concern in supporting parents who choose not to vaccinate is to help protect children with likely susceptibilities to vaccine damage from being harmed by unsafe vaccines, when other safer methods of protecting them from communicable infections are available. In this respect, my motives are consistent with the stated mission of the Medical Board of Australia to ‘protect the community’.

Yours sincerely,

DR. JOHN PIESSE

Reference to Exhibits

DR JOHN PIESSE
December 2016

EVIDENCE EXHIBITS related to CHILD VACCINATION ISSUES

1. The case: **Bruesewitz v. Wyeth** et al. 2010-2011. The Supreme Court of USA judgment discusses how recognition that vaccines are '**unavoidably unsafe**' underpinned the US National Vaccine Injury Compensation Program which was established by legislation in 1986. Its purpose was to protect vaccine manufacturers from litigation costs caused by their ' unavoidably unsafe' vaccines. Claims made in the NVICP required that vaccines be 'unavoidably unsafe' in order to be adjudicated in the NVICP 'Vaccine Court'.
   https://www.supremecourt.gov/opinions/10pdf/09-152.pdf
   http://www.hrsa.gov/vaccinecompensation/
2. ' **How the CDC and Vaccine Court Created an Epidemic of Autism**' - an article from Natural Blaze by Rosanne Lindsay which exposes the damage to public health in the USA caused by the NVICP 'Vaccine Court' and the Centres for Disease Control.
   https://www.naturalblaze.com/2016/12/how-the-cdc-and-vaccine-court-create-an-epidemic-of-autism.html
3. '**End Pharma Liability Shield Endangering Public Health and Human Rights**' - an article by Barbara Loe Fisher of the National Vaccine Information Centre (NVIC) that further elaborates on the harm caused by indemnifying the manufacturers of unsafe vaccines, and calls for return to civil liability for vaccine manufacturers.
   https://www.nvic.org/NVIC-Vaccine-News/November-2016/end-pharma-liability-shield-protect-human-rights.aspx
4. An excerpt from the 2010 book ' **Make an Informed Vaccine Decision'** by Mayer Eisenstein which discussed the Simpsonwood secret meetings of officials that planned a surreptitious phase-out of mercury in child vaccines whilst the official line was that mercury injected into mothers and babies is safe.
   http://autismrawdata.net/blog/simpsonwood 2011 online article
5. **Abstracts supporting a link between VACCINES and AUTISM.** 27 abstracts from PubMed which do not even rate a mention in Immunise Australia's information to doctors, nor in the fact sheet on vaccines and autism of the National Centre for Immunisation Surveillence. Both governments, the medical profession and the public are being misled by such one-sided viewpoints about vaccines safety which omits evidence contrary to the dominant view that vaccines are very safe. **Google Doc Link**
6. **A critique of *Masden KM 2002,* –** an article quoted by Immunise Australia and the NCIRS as providing proof that the MMR vaccine did not cause autism. The abstract claims to compare autism rates in vaccinated versus unvaccinated children, and that MMR vaccination did not increase the incidence of autism. A review of the full-text article showed that
   i) no truly unvaccinated children were evaluated in the study, and
   ii) that the MMR-vaccinated group had an 8.8% higher incidence of autism than vaccinated children who had not received the MMR vaccination.

   One wonders if the advisors to government who quote this study even bothered to read beyond the abstract, let alone critically.
   N Engl J Med. 2002 Nov 7;347(19):1477-82. PMID:12421889
   A population-based study of measles, mumps, and rubella vaccination and **autism**.
   Madsen KM, Hviid A, et al
   ***Reanalysis of the data* – Google Doc Link**

7. A review of a recent study by **Shaw and Tomljenovic 2013** which discusses the significance of rising aluminium doses in vaccination schedules as a cause of neurological damage and autism.
J Inorg Biochem. 2011 Nov;105(11):1489-99. PMID:22099159
Do aluminum vaccine adjuvants contribute to the rising prevalence of autism?
Tomljenovic L, Shaw CA

8. A 2016 review – **Aluminium in Childhood Vaccines Is Unsafe** – by Miller NZ, which examines the science and lack of science that underpins vaccine-related harm to health caused by aluminium in vaccines. The review also discusses the politics that has allowed the danger of aluminium in childhood vaccines to be ignored and played down. ***Journal of American Physicians and Surgeons*, 2016 Volume 21 (4), 109-117.** Google Doc Link
9. **Abstracts** that discuss the health implications of **Aluminium in Vaccines**, (Google Doc link)
10. An article by Dr Lawrence Palevsky entitled **Aluminium and Vaccine Ingredients** which explains the disruptive effect aluminium exerts on normal immune function. https://cdn2.hubspot.net/hubfs/2206747/NorthportWellnessCenter_July2018/PDF/Aluminum_and_Vaccin.pdf
11. **Vaccines & Autoimmunity** by Schoenfeld Y, Agmon-Levin N and Tomljenovic L – chapter headings and summaries of a major book on the topic. *Wiley Blackwell 2015*
Google Doc Link
12. **'Vaccines and Autoimmune Diseases of the Adult'** – a 2010 review article that discusses the extent of reported vaccine-induced autoimmune diseases.
Discovery Medicine, 9(45):90-97, February 2010; Orbach H et al
PMID:20193633
http://www.discoverymedicine.com/Hedi-Orbach/2010/02/04/vaccines-and-autoimmune-diseases-of-the-adult/
13. **'Autoimmunity and Vaccination' –** 48 abstracts (2005 – 2016) from a PubMed search. (Google Doc Link)
14. **'Infant Mortality Rates Regressed against Number of Vaccine Doses Routinely Given'** – Miller NZ and Goldman GS 2010. An important analysis that shows that infant mortality increases with the number of vaccine doses, - that is, vaccination increases infant mortality. Hum Exp Toxicol. 2011 Sep;30(9):1420-8. PMID:21543527
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3170075/
15. **SIDS and VACCINATION – Abstracts** that support a link between vaccinations and (unexpected) Sudden Infant Deaths. Again, not the sort of information one sees provided to Government and the community by advisory bodies such as Australia's National Centre for Immunisation Research and Surveillance (NCIRS), Australian Technical Advisory Group on Immunisation (ATAGI), and Advisory Committee On The Safety Of Vaccines (ACSOV).
(Google Doc Link)
16. **CDC's Own Data: Vaccine-Infant Death Link.** A reprint from GreenMedInfo of a 2015 article by Sayer Ji which details reporting of SIDS on the US Vaccine Adverse Event Reporting System (VAERS) which demonstrates that in spite of under-reporting, SIDS is a definite and major risk of infant vaccination.
https://www.greenmedinfo.health/blog/cdcs-own-data-vaccine-infant-death-link 2015
https://www.greenmedinfo.health/blog/vaccines-proven-cause-sudden-death-children 2015
http://m.greenmedinfo.com/blog/epidemic-sudden-infant-deaths-medically-induced-syndrome-1 2014
17. **131 Ways for an Infant to Die: Vaccines and Sudden Deaths** – a 2013 article NZ Miller which explains how the manipulation of data and definitions in the classification of infant deaths has been used to hide the truth about vaccine-related infant deaths. http://thinktwice.com/131_ways_for_an_infant_to_die.pdf
18. '**Vaxxed- from cover-up to catastrophe'** (digital copy) – the documentary movie, on memory stick. Link
19. **Measles-mumps-rubella vaccination timing and autism among young African American boys: reanalysis of CDC data – Hooker BS 2014**. *Translational Neurodegeneration* 2014, **3**:16 doi:10.1186/2047-9158-3-16
https://translationalneurodegeneration.biomedcentral.com/articles/10.1186/2047-9158-3-16

This article provided 'new epidemiological evidence showing that African American males receiving MMR vaccine prior to 24 months of age are more likely to receive an autism diagnosis'. This revealing study was retracted 2 weeks after publication, on a 'trumped-up charge', after the CDC exerted pressure on the journal publisher. Hooker's research was finally republished in 2018 and survived retraction. https://www.jpands.org/vol23no4/hooker.pdf. Both the retracted 2014 article and the 2019 article can be found on DuckDuckGo but has been censored from searches by PubMed and Google Scholar.

20. Email from Associate Professor Brian Hooker, author of the above study (15), in response to my enquiry about the reason for retraction of the article. **(Google Doc Link)**
21. **a, b - Vaccination and Health Outcomes: A Survey of 6- to 12- year-old Vaccinated and Unvaccinated Children based on Mother' Reports –** abstract of an article which appeared briefly online in abstract form only, then totally disappear in any printed or digital form after pressure from pro-vaccination sources. It was finally published in 2017 and survived retraction.

a. Front. Public Health 2016; 4:270.doi: 10.3389/fpubh.2016.00270 – Mawson AR

b. **https://worldmercuryproject.org/wp-content/uploads/Unvaccinated-vaccinated-ASD-ADHD-study-Mawson-2017.pdf J Transl Sci, 2017 Volume 3(3): 1-12 Pilot comparative study of the health of vaccinated and unvaccinated 6- to 12- year old U.S. children** *{not in PubMed]*
Mawson AR [1], Ray BD, Bhuiyan AR, Jacob B.

22. **Preventive Supplements to Boost Immunity against Infection** – this is a hand-out instruction sheet given to parents listing supplements known to have immune-enhancing effects. **(Google Doc Link)**
23. **Vaccines – Controlled Comparison Studies – Vaccinated v Unvaccinated -** a compilation of **abstracts** of studies comparing vaccinated to unvaccinated children for vaccine and nutrient interventions. **(Google Doc Link)**
24. **Allergy and Vaccination – Abstracts** – this collections of abstracts indicates that vaccination increases the incidence of allergic disorders such as eczema, food allergy, and asthma, and that delaying vaccination may reduce this adverse effect of vaccination. **(Google Doc Link)**
25. **The California-Oregon Unvaccinated Children Survey** gathered data from 17,674 and showed a 155% higher incidence of neurological disorders in vaccinated compared to unvaccinated boys in over 9000 boys evaluated. https://rense.com/general78/unvac.htm & https://archive.is/ttkXf
26. a. Summaries of studies indicating a link between **Vaccination and Type 1 diabetes** – from the book '**Miller's Review of Critical Vaccine Studies'** pp194- 204, *New Atlantean Press, 2016.* **(Google Doc Link)** Also- 26 b. abstracts: **(Google Doc Link)**
27. '**Juvenile Diabetes and Vaccination – New evidence for a connection'** – a discussion paper from the NVIC about the likely link between vaccination and diabetes in children. https://www.nvic.org/vaccines-and-diseases/Diabetes/juvenilediabetes.aspx
28. **'The Link Between Vaccines and Type 1 Diabetes** – Heinze M from preventdisease.com 14/04/2016. Provides an overview of the topic for the lay reader. http://preventdisease.com/news/14/041614_The-Link-Between-Vaccines-And-Type-1-Diabetes.shtml
29. '**Adversomics: a new paradigm for vaccine safety and design'.** – a 2015 review article. Adversomics is the study of vaccine adverse events, susceptibility factors to VAE's and its relevance to minimising harm caused by vaccines. It explains that individuals who suffer VAE's have identifiable polymorphic and genomic susceptibility factors which are also prevalent in family members of the affected children, which may explain 'clustering' of VAE's in family's of children adversely affected by vaccinations.
Whitaker J et al. *Expert Rev Vaccines*. 2015 ; 14(7): 935947.doi:10.1586/14760584.2015.1038249.
https://www.ncbi.nlm.nih.gov/m/pubmed/25937189/
30. **Parental Reasons for Not Vaccinating** - a summary in chart form of reasons for deciding not to vaccinate given by parents of the 17 children whose files have been requested by the AHPRA investigation. **(Google Doc Link)**
31. **Whooping Cough Vaccine Failure in Australia** – article by Greg Beattie from Australian Government sources which indicated that 89% of whooping cough cases, 2008-2010, were

vaccinated by the acellular pertussis vaccine, whereas 11% were unvaccinated. The vaccination rate was believed to be 90%.
https://vaccinationdilemma.com/whooping-cough-australian-children-how-many-were-vaccinated/

32. **‘ Unexpectedly Limited Durability of Immunity Following Acellular Pertussis Vaccination in Pre-Adolescents in a North American Outbreak’ -** similar figures from Marin County, California indicate low efficacy of the acellular pertussis vaccine in a whooping cough outbreak in 2010.
Clin Infect Dis. 2012 Jun;54(12):1730-5. PMID:22423127 – **Witt MA et al.** ***[abstract]***
and https://academic.oup.com/cid/article/54/12/1730/452864 ***[full-text article]***