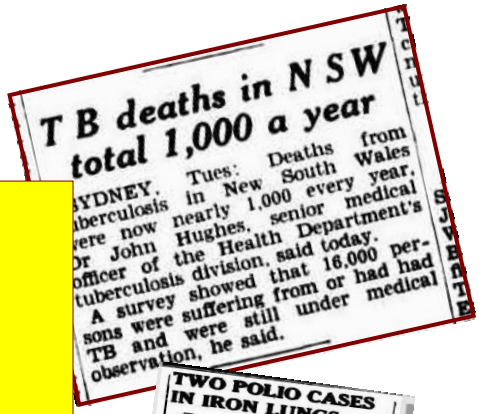
MERYL DOREY'S TROUBLE WITH THE TRUTH:

PART 3: LIES AND FRAUD


SMALLPOX.
SEVEN FRESH CASES


T B deaths in N S W total 1,000 a year

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TWO POLIO CASES IN IRON LUNGS


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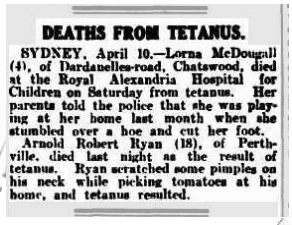
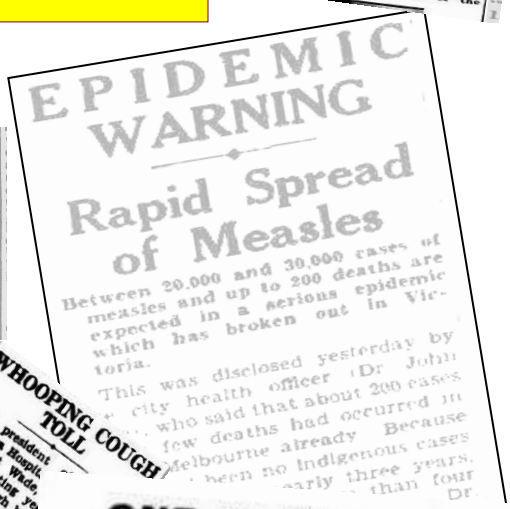

DEATHS FROM TETANUS.

SYDNEY, April 10.—Lorna McDougall (4), of Dardanelles-road, Chatswood, died at the Royal Alexandria Hospital for Children on Saturday from tetanus. Her parents told the police that she was playing at her home last month when she stumbled over a hoe and cut her foot.
Arnold Robert Ryan (18), of Perthville, died last night as the result of tetanus. Ryan scratched some pimples on his neck while picking tomatoes at his home, and tetanus resulted.


EPIDEMIC WARNING

Rapid Spread of Measles

Between 20,000 and 30,000 cases of measles and up to 200 deaths are expected in a serious epidemic which has broken out in Victoria.

This was disclosed yesterday by ... city health officer (Dr John ... who said that about 200 cases ... few deaths had occurred in ... Melbourne already. Because ... been no indigenous cases ... early three years, ... than four ... Dr

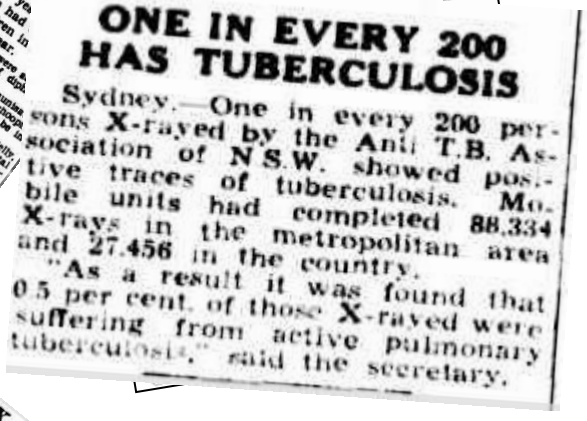

WHOOPING COUGH TOLL

The president ... Alexandra Hospit... Sir Robert Wade, ... annual meeting ye... whooping cough had ... death of 60 children in ... hospital during the year. ... disclosed. 295 cases were ... classified. The total of dis... there said that immuni... to 50th whoop... ... hoped it would be in


Doctors fear polio outbreak from vaccination neglect

By Nicholas Timmins

Britain risks outbreaks of polio and tuberculosis because of complacency over vacci- The number of cases of tuberculosis has fallen to fewer than 7,000 a year. But Dr ... said: "The danger is

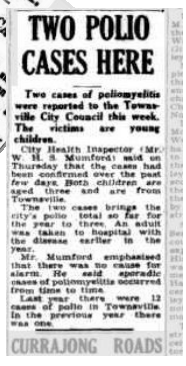

ONE IN EVERY 200 HAS TUBERCULOSIS

Sydney.—One in every 200 persons X-rayed by the Anti T.B. Association of N.S.W. showed positive traces of tuberculosis. Mobile units had completed 88,334 X-rays in the metropolitan area and 27,456 in the country.
"As a result it was found that 0.5 per cent. of those X-rayed were suffering from active pulmonary tuberculosis," said the secretary.

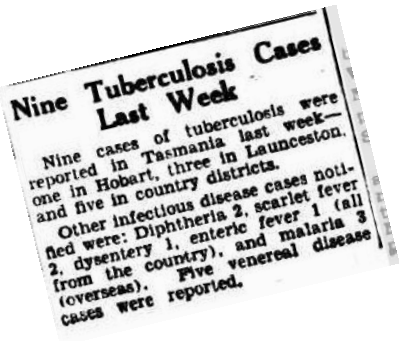

Appeal for iron lungs as polio outbreak precaution

By John Roper
Health Services Correspondent
A National Health Service hospital unit specializing in ... again a real possibility". Dr Spencer said yesterday. "There has been an increasing number of cases of polio contracted in ...


SMALLPOX.
SEVEN FRESH CA...


TWO POLIO CASES HERE

Two cases of poliomyelitis were reported to the Townsville City Council this week. The victims are young children.
City Health Inspector (Mr. W. H. S. Mumford) said on Thursday that the cases had been confirmed over the past few days. Both children are aged three and are from Townsville.
The two cases brings the city's polio total so far for the year to three. An adult was taken to hospital with the disease earlier in the year.
Mr. Mumford emphasised that there was no cause for alarm. He said sporadic cases of poliomyelitis occurred from time to time.
Last year there were 12 cases of polio in Townsville. In the previous year there was one.
CURRAJONG ROADS


Nine Tuberculosis Cases Last Week

Nine cases of tuberculosis were reported in Tasmania last week—one in Hobart, three in Launceston, and five in country districts.
Other infectious disease cases notified were: Diphtheria 2, scarlet fever 2, dysentery 1, enteric fever 1 (all from the country), and malaria 3 (overseas). Five venereal disease cases were reported.

KEN MCLEOD

MERYL DOREY'S TROUBLE WITH THE TRUTH:

LIES AND FRAUD

Acknowledgements: Many people contributed to this, all members of the Facebook Group "Stop the Australian Vaccination Network." This group is dedicated to detecting and exposing the wilful dishonesty of the so-called "Australian Vaccination Network." Particular thanks go to Candice Harris, Kate Squires, David Hawkes, Peter Tierney, Trevor Lowe, Peter Bowditch, John Bundock, and Paul Gallagher.

A correction: In "Meryl Dorey's Trouble With The Truth Part 1", on page 42, I listed

"LIE 23. AND NOW, (DRUM ROLL)..... FOR THE BIGGEST LIE OF ALL.." I said that

> "*Many of us first encountered Meryl Dorey and the AVN in 2009, when she sat in the audience of the TV show "Sunday Night" and announced her ignorance to the whole country by commenting on Pertussis (whooping cough):*
>
> *"You didn't die from it 30 years ago and you're not going to die from it today"*.

I confess. I made an error. The fact is that she said that in a previous TV interview, and the tape was re-run for the studio audience, including her. So I made an error in saying that she said it live in the studio audience, when in fact she sat there while the tape was re-run.

I feel better now.

MERYL DOREY'S TROUBLE WITH THE TRUTH:

LIES AND FRAUD

MERYL DOREY'S TROUBLE WITH THE TRUTH:

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YET ANOTHER LITTLE INTRODUCTION:

In "Meryl Dorey's Trouble With The Truth" Parts 1 and 2, I introduced Meryl Dorey as the leader of the so-called Australian Vaccination Network, (AVN), and showed that Dorey tells many lies and engages in bizarre conspiracy theories and wild hyperbole to denigrate vaccines and the medical profession. I then compared each statement of hers with other documents of hers, or documents sourced from experts, to make an overwhelming case that she habitually lies to promote her anti-vaccination agenda.

Readers who have not yet read Parts 1 and 2 should do so before they read this magnificent piece of literature, as some of the contents here follow on from contents there. I shall follow the same format here as in Part 2, that is to use the generic term "item" for each contentious statement of hers, then at the end of each section describing the "item", I shall then suggest a category to assign it to, (for example "lie" "delusion," "hyperbole"), but it is up to the reader to make his or her own evaluation.

Remember that in Parts 1 and 2, I displayed screencaps of statements made by Meryl Dorey where she admitted that she will tell lies and hide lunatic conspiracy theories if she thinks such deception will advance her argument.

SO, WE'RE OFF AND RACING.....

ITEM 1: LYING UNDER OATH.

Perceptive readers like you will recall that in Part 2, I introduced "ITEM 57 – AND WHILE WE ARE TALKING ABOUT COPYRIGHT....." I showed that my colleagues and I, members of a Facebook Group called "Stop the AVN" have been making screencaps of the more interesting and bizarre posts made by Meryl Dorey elsewhere, and posting them on the Facebook Wall. I showed in Item 57 that we have been receiving notices from Facebook Head Office that these posts had been the subject of complaints from Meryl Dorey, and had been removed. On the weekend of 30 April and 1 May 2011, many of our screencaps suddenly disappeared and we were deluged in takedown notices from Facebook. Two people had their Facebook accounts closed. I also showed that on 2 May 2011 Meryl Dorey published a document on the Web where she announced that she had *"filed approximately 50 copyright claims against various Facebook members for using screenshots of my posts without my permission."* [1]

[1] * http://avn.org.au/nocompulsoryvaccination/?p=1015 accessed 20 May 2011.

In Part 2, I referred to the relevant US and Australian legislation and showed that our reproductions were perfectly legal and that there was no breach of copyright. I left the matter by saying:

> *"Evaluation: 50 vexatious and mendacious copyright complaints to Facebook. Quite an achievement."*

Since then, new evidence has arisen.

A few days after I published Part 2, I was notified by Scribd (an on-line repository for documents) that a complaint had been received that my reproduction there of a letter from NSW Office of Liquor Gaming and Racing (OLGR) to the Public Officer of the AVN, Ms Meryl Dorey, was a breach of her copyright. I protested, and eventually the document was restored. I also requested a copy from Scribd of the copyright violation notice, and Scribd obliged. What did I find in it?

I found that Meryl Dorey was the complainant and claimed that she was the copyright owner. She then went on:

> *"Under penalty of perjury in a United States court of law, I state that the information contained in this notification is accurate, and that I am authorized to act on the behalf of the exclusive rights holder for the material in question;....."*

So Meryl Dorey claimed, under oath, that she was the copyright owner of the letter written by the NSW Government. The NSW CRIMES ACT 1900 - SECT 330 says:

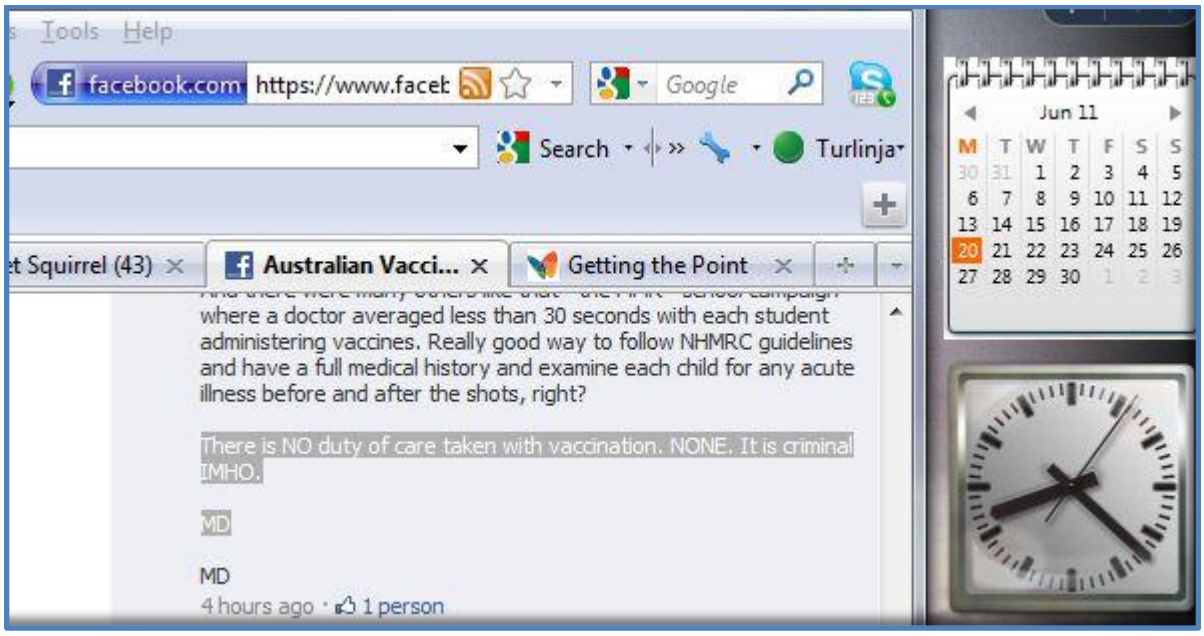
> *"A person who makes on oath any false statement knowing the statement to be false or not believing it to be true, if it is not perjury, is liable to imprisonment for 5 years."* [2]

EVALUATION: A bare-faced lie told under oath, attracting 5 years in the slammer. Quite an achievement.

[2] The full correspondence with Scribd is at http://www.scribd.com/doc/56103783/Support-Desk-Request-112431-Re-Your-Document-Has-Been

ITEM 2: "NO DUTY OF CARE TAKEN WITH VACCINATION."

On the AVN Facebook page on 20 June 2011, Meryl Dorey said *"There is NO duty of care taken with vaccination. NONE. It is criminal IMHO. MD"* ("IMHO" is geekspeak for "In My Humble Opinion.")



In this rather lunatic posting, she is alleging that all medical professionals who administer vaccines do not perceive themselves as having a 'duty of care.' One would hope that "Australia's Leading Expert on Vaccination" [3] would be aware of "The Australian Immunisation Handbook: 9th Edition" which devotes the entirety of Part 1 to "Vaccination Procedures, "directly addressing duty of care issues.[4] Indeed she is aware of the Handbook, as she has posted extracts from it on the AVN website.[5] So it is clear that she hasn't a clue what she's talking about.

Dorey keeps saying that she is *"not anti-vaccination, but pro-choice"* [6] but this little rant screams that she's anti-vaccination to the point where she loses touch with reality.

EVALUATION: Possibly a level of ignorance that registers 10 on the Richter Scale of Ignorance, but more probably a downright LIE.

[3] Meryl Dorey's Trouble With The Truth - Part 1 Page 20, "LIE 7. AUSTRALIA'S LEADING EXPERT IN VACCINATION?"
[4] http://immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-vaccinationprocedures
[5] http://www.avn.org.au/vaccs/F4818C51-114C-431C-9EA3-05F70006B49B.html accessed 21 June 2011.
[6] [6] Meryl Dorey's Trouble With The Truth - Part 1 page 32, LIE 20. "I'M NOT ANTI-VACCINE, I'M PRO-CHOICE!"

ITEM 3: "VACCINES IMPLICATED IN SOUTH KOREAN STUDY"

In this little gem brought to you via Twitter on 17 June 2011, Meryl Dorey made the statement:

> *"South Korean study shows autism 1:38 – up from 1:10,000 25 years ago. Vaccines implicated as well as antibiotic overuse and env*(iromental) *chemicals."*

She repeated the allegation in the AVN magazine "Living Wisdom" issue 8 2011.

The study she referred to was published online in the American Journal of Psychiatry on May 9 [2011][7].

"Prevalence of Autism Spectrum Disorders in a Total Population Sample.[8]

The conclusions of the paper are:

> *"Two-thirds of ASD cases in the overall sample were in the mainstream school population, undiagnosed and untreated. These findings suggest that rigorous screening and comprehensive population coverage are necessary to produce more accurate ASD prevalence estimates and underscore the need for better detection, assessment, and services."*

A word search of the paper for "vaccine" found only:

[7] Am J Psychiatry 2011; 168:904-912
[8] http://www.ncbi.nlm.nih.gov/pubmed/21558103

> *"Dr. Fombonne and Dr. Leventhal* (study authors) *have served as expert witnesses for the U.S. Department of Justice for autism vaccine trials. Dr. Fombonne also has served as an expert witness for the U.S. Department of Health and GlaxoSmithKline for autism vaccine trials."*

This was only a reference to their expertise.

A word search for *"antibiotic"* found none.

A word search for *"chemical"* found none.

A word search for the *"environment"* found this:

> *"....the nature of South Korean education, in which the school day exceeds 12 hours, 5–6 days a week. Teaching is highly structured, with much behavioral regulation, in settings where socialization is subordinated to educational progress. For quiet, high-functioning children with ASDs, this environment may reduce the likelihood of referrals to special education programs."*

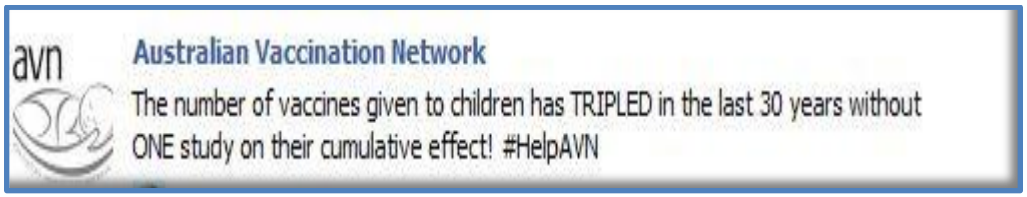
This was only a reference to the South Korean teaching environment, not environmental chemicals.

The paper was a report on the prevalence of ASDs, not causes.

Evaluation: Dorey's claim, that the increase in ASDs in S Korea implicated vaccines, overuse of antibiotics, or environmental chemicals, is a complete fabrication three times over.

ITEM 4: "THE NUMBER OF VACCINES GIVEN TO CHILDREN WAS TRIPLED"

This appeared on the AVN Facebook page on 17 June 11.



Let's be clear about this. Her claim is that *"the number of vaccines given to children has TRIPLED in the last 30 years without ONE study on their cumulative effect!"*

This shouldn't be too hard to check. A quick Google search turned up a paper published in "Pediatrics" the official journal of the American Academy of Pediatrics, *"On-time Vaccine Receipt in the First Year Does Not Adversely Affect Neuropsychological Outcomes"* 1. Michael

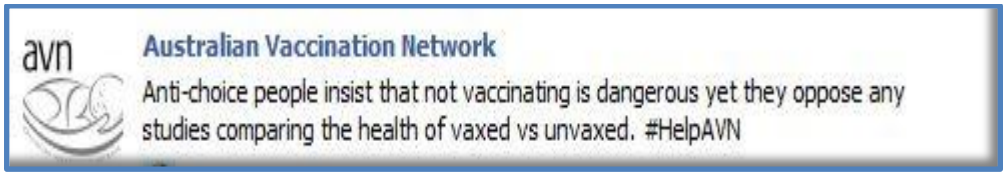
J. Smith, MD, MSCE, 2. Charles R. Woods, MD, published online May 24, 2010. [9] The conclusions are:

> *"Results: Timely vaccination was associated with better performance on 12 outcomes in univariate testing and remained associated with better performance for 2 outcomes in multivariable analyses. No statistically significant differences favored delayed receipt. In secondary analyses, children with the greatest vaccine exposure during the first 7 months of life performed better than children with the least vaccine exposure on 15 outcomes in univariate testing; these differences did not persist in multivariable analyses. No statistically significant differences favored the less vaccinated children.*
>
> *"Conclusions: Timely vaccination during infancy has no adverse effect on neuropsychological outcomes 7 to 10 years later. These data may reassure parents who are concerned that children receive too many vaccines too soon."*

So there's the study that Dorey claims does not exist.

EVALUATION: LIE.

ITEM 5: "THEY OPPOSE ANY STUDY COMPARING THE HEALTH OF VAXED VS UNVAXED."



From the AVN's Facebook page 17June 2011.

There's a few problems here.

Firstly, the epithet "anti-choice" is frequently used by anti-vaccinationists to disparage people who object to their dishonesty. For the record, I and my colleagues in "Stop the AVN" are not anti-choice; we are anti-lies. We are happy for people to make their own choices as long as they are not lied to. If we detect lies, we will expose them.

Next, we do not oppose studies comparing the health of the vaccinated vs the health of the unvaccinated. Where did Dorey get this from? It is a complete fabrication.

As the blogger "Orac" put it:

[9] http://pediatrics.aappublications.org/content/early/2010/05/24/peds.2009-2489.abstract

"This fabrication is part of a new strategy implemented by the anti-vaccinationists. Specifically, they are demanding what they like to call a "vaxed versus unvaxed" study. Basically, their claim is that unvaccinated children are so much healthier than vaccinated children, and they think that such a study would prove it. Of course, they only hit on this message after making some rather embarrassing missteps. In particular, they didn't seem to realize that a randomized, double blind study of vaccination according to the currently recommended schedule versus unvaccinated children was totally unethical. So, they figured out another angle. They acknowledge that a randomized trial of unvaccinated versus vaccinated children would not be feasible (although they appear not to be able to admit just how unethical it would be), and blithely suggest instead an epidemiological study of the vaccinated versus the unvaccinated without realizing just how horrendously difficult it would be to overcome the confounders that would plague such a study or that ethical considerations still require sound scientific justification for such a study. That's why it's so cute to see anti-vaccine loons trying to justify such a study.

"All of which is why it's pretty amusing that just such a study was recently reported in Germany."

He goes on to show that:

"Unvaccinated kids differ from vaccinated kids only in having a much higher risk of vaccine-preventable disease!" [10]

Orac is referring to the study "*Schmitz, R; Poethko-Müller, C; Reiter, S; Schlaud, M (2011). Vaccination Status and Health in Children and Adolescents: Findings of the German Health Interview and Examination Survey for Children and Adolescents (KiGGS) Dtsch Arztebl Int, 108 (7), 99-104."*

Evaluation: To refer to us as "anti-choice" is a lie; to say that we "oppose any studies comparing the health of the vaxxed vs the unvaxxed" is also a lie. Her strategy of making these claims is exposed by "Orac" as gross deceit. Let's call it three lies.

[10] http://scienceblogs.com/insolence/2011/03/for_the_anti-vaccinationists_out_there_t.php

ITEM 6: THE PERTUSSIS VACCINE HAS NOT BEEN TESTED.

On 17 May 2011 on Radio 2GB at 1615, in an interview with Ben Fordham, Meryl Dorey said that regarding the Pertussis vaccine:

> *"testing has not been done; the vaccine is assumed to be safe and effective."*

See the NSW Health Care Complaints Commission Report page 7 where she has been told that this is not correct.[11] Note that she said that after receiving the HCCC Report which showed clearly that she was wrong to say this, yet she said it again.

Evaluation: Lie

ITEM 7: COMPENSATION PAID FOR AUTISM CAUSED BY VACCINATION TO "HUNDREDS POSSIBLY THOUSANDS".

On 17 May 2011 on Radio 2GB at 1615, in an interview with Ben Fordham, Dorey said that the US Vaccine Injury Compensation Program

> *"…has paid hundreds and possibly thousands of families whose children have become autistic after vaccination…"*

She went on to say that this was *"a fact".* Evidently she obtained this from a publication issued by the US Lobby Group, "Age of Autism."

But on May 10th, Age of Autism's Executive Summary read in part;

> *"This study found 83 cases of acknowledged vaccine-induced brain damage that include autism, a disorder that affects speech, social communication and behavior."*

The "Age of Autism" lobby group is hardly a reliable source; they also try to "prove" that some vaccines cause autism. But even so, a week earlier, the primary instigators of the "research" had published their own findings and offered only 83 cases.

That was hardly credible, as only 21 were sourced from VICP cases. The rest were obtained via telephone questionnaire (without expected compliance to research ethics) and the "diagnosis" was made by asking questions about autism- like symptoms.

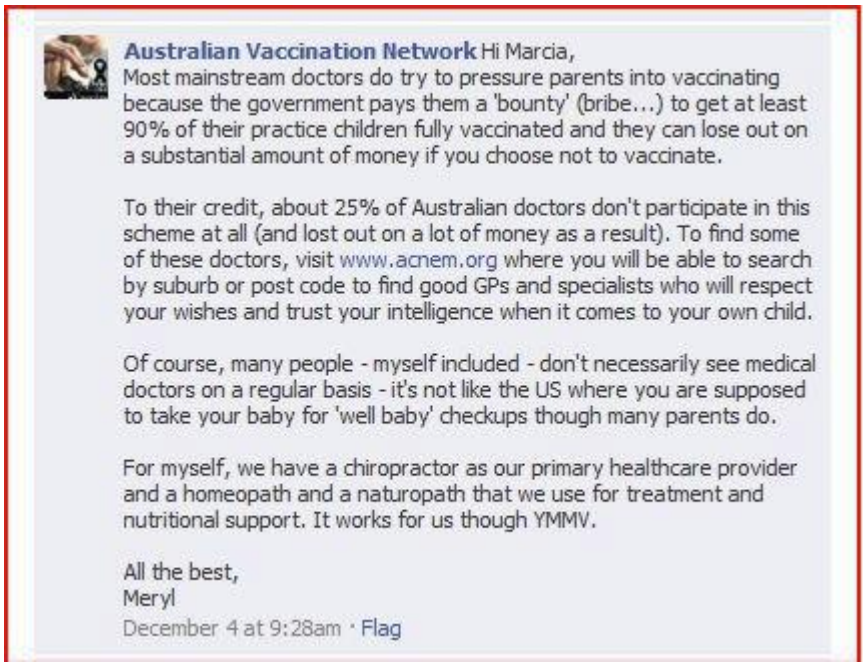
So the 21 VICP cases which morphed into *"hundreds, possibly thousands"* of injuries causally related to autism, is simply in Dorey's head.

Evaluation: Exaggeration of such an extent that it must be regarded as a lie.

[11] http://www.scribd.com/doc/51130605/HCCC-Final-Report-Text-seachable

ITEM 8: CALL THE AUSTRALIAN COLLEGE OF NUTITIONAL AND ENVIRONMENTAL MEDICINE

This Facebook post was made by Meryl Dorey on December 4 2010:



Australian Vaccination Network Hi Marcia,
Most mainstream doctors do try to pressure parents into vaccinating because the government pays them a 'bounty' (bribe...) to get at least 90% of their practice children fully vaccinated and they can lose out on a substantial amount of money if you choose not to vaccinate.

To their credit, about 25% of Australian doctors don't participate in this scheme at all (and lost out on a lot of money as a result). To find some of these doctors, visit www.acnem.org where you will be able to search by suburb or post code to find good GPs and specialists who will respect your wishes and trust your intelligence when it comes to your own child.

Of course, many people - myself included - don't necessarily see medical doctors on a regular basis - it's not like the US where you are supposed to take your baby for 'well baby' checkups though many parents do.

For myself, we have a chiropractor as our primary healthcare provider and a homeopath and a naturopath that we use for treatment and nutritional support. It works for us though YMMV.

All the best,
Meryl
December 4 at 9:28am · Flag

This was sent to the Australian College of Nutritional and Environmental Medicine and the following response was received:

> *"... As you can probably imagine, we are aware of the issues surrounding the AVN. However, we were not aware of the recent mention of ACNEM you found on the AVN blog.*
>
> *"The blog comment is inaccurate ... the Primary Course addresses nutritional and environmental biochemistry relating to many common conditions, not vaccination.*
>
> *"Unfortunately, to suggest that a proportion of ACNEM members might stand aside from the GPII immunisation program implies that this may relate to the teaching or policies of the College which is obviously not the case.*
>
> *"ACNEM does not currently have a College position on vaccination, other than to encourage people to discuss the issues with their doctor with a view to arriving at an informed decision, primarily because the issues are multiple, complex and prone to misunderstanding..."*

Evaluation: Gross misrepresentation of the College's position.

ITEM 9: **"THE FLU VACCINE IS BRIMMING WITH MERCURY."**

In an email dated 12 June 2011 Meryl Dorey claimed that:

'*the flu vaccine* (is) *brimming with mercury (24.5mcg per dose)'.*

First, a little bit of background. A mercury compound, usually known as Thiomersal and commonly known in the US as thimerosal, is an organomercury compound. This compound is a well established antiseptic and antifungal agent. It is sometimes used in multiuse vials because of the risk of contamination from repeated insertions of hypodermics. Multiuse vials are generally used during mass immunisations in areas where the expense of using single use vials is prohibitive, such as in developing countries with stressed health budgets. In the doses used in vaccination, it is safe. It has been removed from some childhood vaccines because of public pressure, not because of any known hazard.

The term "flu vaccine" is such a vague term that the statement is impossible to really falsify. There are hundreds of different flu vaccines across the world, from different vendors, with different sets of flu antigens for different countries, updated every year. But let's look at CSL's Fluvax product information insert, [12] regarding one of the most common if not "the" 'flu vaccine in Australia, available on the CSL website. It shows NO thiomersal, or any other mercury compound, at all, in the vaccine.

We looked at three of the junior flu vaccines in MIMS. None of them contain thiomersal.

We looked at Sanofi Pastuer's product information on the 'Fluzone' vaccine which is available in the USA. This is available in 3 preparations: Paediatric, Fluzone and High Dose Fluzone. Both the paediatric and high dose contain no thiomersal. Only the multi-use of Fluzone has thiomersal at 25mcg/dose. [13]

- GSK have three flu vaccines in the US, one of which is the monovalent H1N1 vaccine The 'Fluarix' product information categorically states it is prepared without preservatives, and does not contain thiomersal. [14]

- 'Agriflu' for over 18 yrs is only available in single dose vials, no preservatives. [15]

- We found some flu vaccines with 25mcg thiomersal/dose;

- 'Flulaval' is for over-18 years, and comes in multi-dose vials containing 25mcg thiomersal/dose [16]
- 'Influenza A H1N1" only comes in multidose vials, and contains 25mcg thiomersal per dose. [17]

[12] http://csl.com.au/s1/cs/auhq/1217017237558/Web_Product_C/1196562642777/ProductDetail.htm
[13] source: https://www.vaccineshoppe.com/image.cfm?pi=flu&image_type=product_pdf
[14] http://tiny.cc/zmdx8
[15] http://tiny.cc/3ks7m
[16] http://tiny.cc/1uso2

- 'Fluvirin' for >4yrs, available in single and multi-dose vials, the multi-dose contain 25mcg thiomersal/dose. Single dose nil thiomersal. [18]
- 'Influenza A (H1N1) 2009' - single & multi-dose vials, single no preservative, multi-dose 25mcg thiomersal/dose.[19]

So, many flu vaccines contain no mercury at all, some do, but none of them are *"brimming with mercury."*

Evaluation: This is just another illustration of Dorey's ability to interpret information in such a spectacularly wrong way, and her pathological lying to cement her anti-vaccination ideology.

ITEM 10: DRUG INTERACTIONS ARE NOT TESTED.

Meryl Dorey made this post on 8 January 2011.

For the faint of seeing, Dorey said here *" people continue to take these drugs without asking why and mixing them in combinations of 4, 8, 10 at one time because their doctors have prescribed them even thought they have not been tested...."*

What? People take large numbers of combinations of drugs without anyone knowing the effects of pharmaceuticals, interactions and contraindications?

Well, pharmaceutical companies, in their product information inserts, do indeed provide information on drug-drug interactions, and also food and alcohol interactions, side effects, effects on the operators of heavy machinery and vehicles, and other things to watch out for. All of these things are repeated three times:

1) By the prescriber

---

[17] http://tiny.cc/x79wz
[18] http://tiny.cc/2...50jd
[19] http://tiny.cc/17fg0

2) By the pharmacist

3) In the leaflets included with the drug

Evaluation: Bollocks!

ITEM 11. NO PANDEMIC?

As reported in the US magazine "Vaccine Times" [20] Meryl Dorey said in a retweet:

"Vaccine Times" reports:

> *"The link she provides links to a website called 'What Doctors Don't Tell You' (http://goo.gl/S4Rap), which has an article about the 2009 H1N1 pandemic. Clearly, Dorey agrees with the article, otherwise she wouldn't have linked to it as she did. Thus, she must agree with the following from the article:*
>
> *'Our health officials still insist on describing the swine flu (H1N1) as a pandemic – even though the UK's health supremo admitted this week that just 70 people died from the infection, forgetting that he had predicted 750,000 deaths.*

[20] Oct-December 2010 issue page 12 http://www.vaccinetimes.com/wp-content/uploads/2010/12/Oct-Dec-2010-Issue-Final.pdf

'Of course, swine flu was never a pandemic even though the World Health Organization (WHO) classified it as such in 2009, and regulators and researchers the world over have perpetuated the myth.'

"Basically they, and Dorey by endorsement, are saying that because the number of deaths from the swine flu was low, this was not a pandemic.

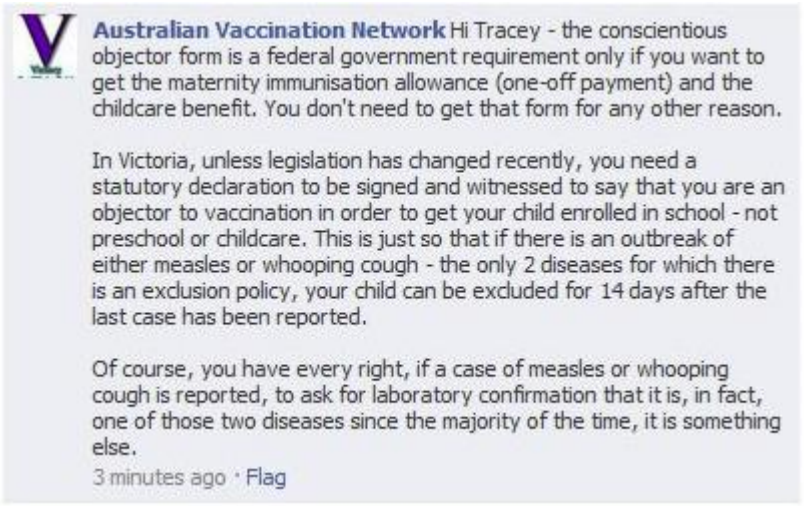
"The word "pandemic" does not refer to numbers of people infected, number of deaths, or the rate at which the disease kills. It refers to how widespread geographically the disease becomes. "

The article goes on to list the WHO Phase definitions, and is well worth reading.

Evaluation: This shows that the self-proclaimed "Australia's Leading Expert on Vaccination" misrepresents what the word "pandemic" means, and that she will use this misrepresentation to label public health experts and pharmaceutical companies as *"liars who use fear to drum up business."*

ITEM 12: BACK TO SCHOOL

Meryl Dorey made this post on Facebook on 1 February 2011



Let's analyse this, firstly the claim that:

"*you must sign a stat*(utory) *dec*(laration) *to get into school in Vic without vaccination."*

The Victorian Dept of Health has published a document *"Starting primary school? School entry immunisation status certificates" which says that:*

"It is a legal requirement to provide a school entry immunisation status certificate on enrolment to primary school in Victoria." [21]

There is no mention of statutory declarations.

She also says, *"you can ask for laboratory confirmation".* That would be rather pointless, as the school will not release a child's medical records. Dorey has run into this issue before, when she demanded, and was refused, a child's medical records from the Health Service. [22] She was told very clearly then that Privacy laws prohibit that, so it is rather astounding that she is telling people to do it. A rational person would have learned that lesson.

Next, we have her claim that in *"the majority of time, it is something else."* Where did that come from? There is no evidence to support that allegation.

Finally, Dorey's caveat "*unless legislation has changed recently.*" A quick Google search found the 1998 version of the Health (Immunisation) Regulations 1990, made under Section 144 of the Health Act. This requires the presentation of the certification of immunisation status prior to school entry. The certificate of immunisation shown in these regulations includes provision for an unvaccinated child to receive a certificate. So nothing has changed here for at least 13 years.

Evaluation: Meryl Dorey clearly does not know what she is talking about, and lies to further her anti-vaccination agenda.

ITEM 13: GARDASIL VICTIM HAD 100% CONTAMINATION WITH HPV RECOMBINANT DNA

Crikey, that does sound scary; 100% contamination is bad enough, and recombinant DNA sounds awfully like Genetically Modified DNA and Frankenstein's Monster, so where did that come from?

It started with an article *"SANE Vax Inc. Discovers Potential Bio-hazard Contaminant in Merck's Gardasil™ HPV 4 Vaccine"* dated September 5, 2011. [23] SANE Vax is an American anti-vaccination lobby group.

[21] http://www.health.vic.gov.au/__data/assets/pdf_file/0017/236114/PH036-Starting-primary-school-A4-1110.pdf
[22] Email: Corben, Paul, Director Public Health, North Coast Area Health Service, 19 May 2009
[23] http://sanevax.org/sane-vax-inc-discovers-potential-bio-hazard-contaminant-in-merck%E2%80%99s-gardasil%E2%84%A2-hpv-4-vaccine/

This was then Tweeted by Meryl Dorey who said *"the contamination of these vaccines is a developing story that MUST be heard...."*

So what of this claims in the article that:

"Gardasil victim found to have HPV DNA in her blood 2 Years Post-Vaccination

"13 different vaccine vials – 13 different lots of Gardasil from around the world tested

"Results – 100% contamination with HPV Recombinant DNA." ??

My colleague David Hawkes investigated this. He found, in brief:

> *"This test does not appear to have been published, it involves blood and not tissue samples which are what Dr Lee has published previously. Dr Lee is the president of the company which has developed, and owns, this test. One of Dr Lee citations is a letter to the journal debating a paper which states that new FDA approved HPV PCR tests can give 2 – 4 fold higher levels of false positives than other tests for HPV. Dr Lee's HPV test is referred to as a "homebrew" test and is not currently FDA approved. It is worth noting that even if this test is accurate (and this is difficult to know since no information on controls or quantitation on DNA levels), the level of DNA found would have to be below the level of detection for every other test and therefore the relevance of these tiny amounts is in doubt. Another point of interest related to false positives is how specific these tests are and what regions of DNA have been detected, but this is a smaller more technical issue. "This sample tested positive for recombinant HPV-11 and HPV-18 residues, both of which were firmly attached to the aluminum adjuvant." This statement is not supported by the details of any tests, controls, etc. The article claims that "In an effort to help her now very sick daughter the mother went to an MD practicing naturopath who conducted a toxicity test that*

eventually found HPV DNA in the girl's blood." DNA would not show up on a toxicity test. There is also not a single citation for the statements of fact such as

' "Natural HPV DNA does not remain in the bloodstream for very long."

' "rDNA is known to behave differently from natural DNA."

"This article also states "However, Gardasil™ is the first vaccine found to be contaminated by a genetically engineered DNA used to manufacture virus-like particle proteins for the vaccine." I will give the authors the benefit of the doubt and assume that this is true but as only the HPV and HepB vaccines contain DNA based viruses/VLPs it is not quite as impressive as it is made out. The article also states "High rates of autoimmune disorders, 380 reports of abnormal pap tests...". This is based on self reporting in the VAERS system and these claims are unverified. Also for this data to mean anything it would be needed to be put into context. It has been stated that 23 million doses of Gardasil were given out in the US [24] by 2009. Therefore, 380 abnormal pap tests for roughly 7 million women (23 million doses divided by 3 doses per woman, [25] seems very very low, in fact it is 0.005%. The most recent data from the US (2007) shows that 12, 280 women were diagnosed with cervical cancer, this calculates as 0.008% (based on 50% women in a population of 308 million) which means that vaccinated women had a lower rate of cervical cancer than the general population. It would also be worth noting that these calculations are not quite compatible as the first is from all vaccinated girls/women whereas the second set is from a single year.

"In conclusion, this whole article makes a lot of broad statements that are not backed up with any citations or data. The test used to detect HPV DNA is from an unpublished assay based on other assays which have been demonstrated to have a very high level of false positives. Finally the authors try to correlate the HPV DNA with high rates of reactions to the HPV vaccine based on unverified VAERS data, which shows a lower level of cervical cancer in the vaccinated population anyway."

Evaluation: So what of Meryl Dorey's tweet that a "Gardasil victim had 100% contamination with HPV recombinant DNA? Bollocks; Meryl Dorey sees what she wants to see and will republish anything that denigrates vaccines, no matter how unreliable.

[24] http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/ucm179549.htm
[25] http://www.cdc.gov/cancer/cervical/statistics/

ITEM 14: HOW'S THIS FOR SOME QUALITY DRIVEL?

The article linked to is "The Daily Health Report" an on-line newsmagazine, dated 24 January 2010 and is titled *"Student Dies From Flu, Vaccination Effectiveness Questioned."* It was retweeted by Meryl Dorey soon after publication.

It is clear that Dorey did not read the article. Nowhere did it say that the student who died had received the flu vaccine. It says that "students" have had flu vaccinations, not the "student" who died. There was no mention of whether the 14 students who left school during the week with flu-like symptoms were vaccinated or not.

Evaluation: Gross misrepresentation.

ITEM 15: GARDASIL IS AS DEADLY AS CANCER

This is yet another mendacious retweet from Meryl Dorey. It links to an article in on-line magazine "Free Press" on 14 February 2011.

The link goes to http://www.free-press-release.com/news-gardasil-developer-claims-vaccine-prevents-abnormal-pap-tests-not-cervical-cancer-1297697975.html Ben Goldacre investigated the article and wrote:

> *"Jab 'as deadly as the cancer'" roared the giant black letters on the front page of the Sunday Express this week. "Cervical drug expert hits out as new doubts raised over death of teenager" said the subheading, although no such new doubts were raised in the article. We will now break with tradition and reproduce a whole paragraph from the Express story. I'd like you to pay attention, and perhaps build a list of its claims in your mind. This is one of those stories where every single assertion made on someone else's behalf is false.*
>
> *"THE cervical cancer vaccine may be riskier and more deadly than the cancer it is designed to prevent, a leading expert who developed the drug has warned. She also claimed the jab would do nothing to reduce the rates of cervical cancer in the UK. Speaking exclusively to the Sunday Express, Dr Diane Harper, who was involved in the clinical trials of the controversial drug Cervarix, said the jab was being "over-marketed" and parents should be properly warned about the potential side effects."*
>
> *"The story seemed unlikely for three reasons. Firstly, Professor Harper is not a known member of the antivaccination community, which is vanishingly small. Secondly, it was on the front page of the Sunday Express, which is indeed cause for concern. Lastly, it was by specialist health journalist Lucy Johnston, whose previous work includes "Doctor's MMR fears", "Exclusive: Experts Cast Doubt On Claim For 'Wonder' Cancer Jabs", "Children 'Used As Guinea Pigs For Vaccines'", "Dangers Of MMR Jab 'Covered Up'", "Teenage Girls Sue Over Cancer Jab", "Jab Makers Linked To Vaccine Programme", and so many more, including a rather memorable bad science story, the front page: "Suicides 'Linked To Phone Masts".*
>
> *"So I contacted Professor Harper. For avoidance of doubt, so that there can be no question of me misrepresenting her views, unlike the Express, I will explain Professor Harper's position on this issue in her own words. They are unambiguous.*
>
> *" 'I did not say that Cervarix was as deadly as cervical cancer. I did not say that Cervarix could be riskier or more deadly than cervical cancer. I did not say that Cervarix was controversial, I stated that Cervarix is not a 'controversial drug'. I did not 'hit out' – I was contacted by the press for facts. And this was not an exclusive interview.'*
>
> *'Professor Harper did not "develop Cervarix", as the Sunday Express said, but she did work on some important trials of Gardasil, and also Cervarix. "Gardasil is not a 'sister vaccine' as the Express said, it is a different compound. I do not know of the side effects of Cervarix as it is not available in the US." Furthermore she did not say that Cervarix*

was being over marketed. "I did say that Merck was egregiously overmarketing Gardasil in the US- but Gardasil and Cervarix are not the same vaccines."

'And here is the tragedy. In a clear example of the extent to which academics are often independently-minded about the interventions they work on, Professor Harper is a critic of Gardasil, or more specifically of how it is marketed.

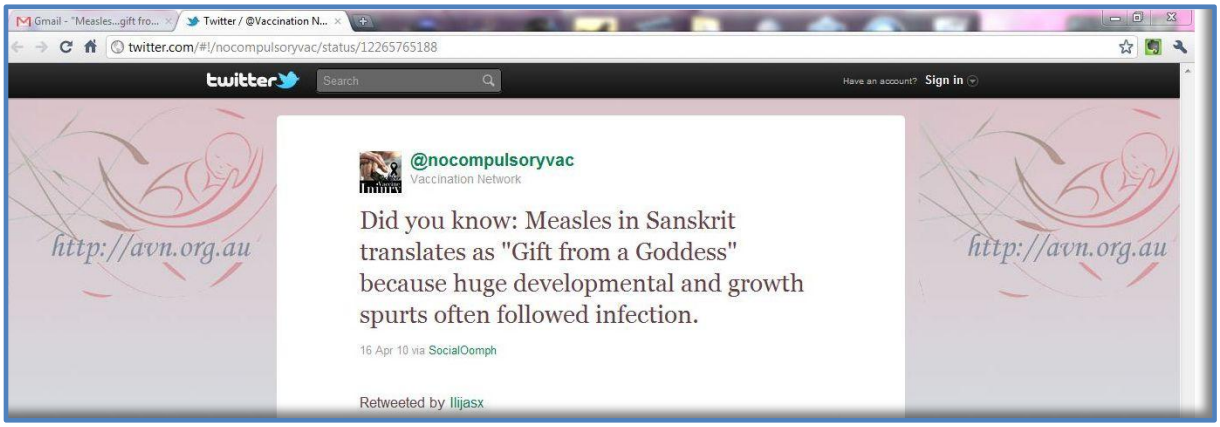
'Briefly, her view (which has been published a long time ago) is that we do not yet know how long the protection from these vaccines will last, and this will affect the cost-benefit decisions. She is concerned that aggressive advertising aimed directly at the public – which is not permitted in Europe, with good reason – may lead people to falsely believe they are invincible to HPV, and so neglect other precautions. Lastly, she suspects from modelling data that for the specific and restricted group of women who are punctilious about attending every single one of their cervical cancer screening appointments, vaccination may have little impact on their risk of death from cancer; but even this group will still benefit from the reduction in reproductive problems caused by treating precancerous changes in cervical cells, and from avoiding the unpleasantness of screening and treatment."

So Meryl Dorey's retweet was wrong. She blindly accepted anything that is critical of the Gardasil vaccine and republished it far and wide. That it has already been shown to be wrong concerned her not one bit.

Evaluation: Mendacity.

ITEM 16: THE GIFT FROM THE GODDESS

In a Tweet dated 16 April 2010, Meryl Dorey said this:



"Measles in Sanskrit translates as "Gift from a Goddess"? No it does not. W.C. Rucker claims that 'the word "measles" traces its genealogy back through the German "masern" to the

Sanskrit "masura," a word originally meaning "spots."[26] Obviously the German is inaccurately expressed; it would be more accurate to identify the German and Sanskrit words as cognate. In a Sanskrit dictionary the word “masuri मसूरी ” means “small-pox,” and the Sanskrit equivalent of the English word “measles” is “masurika मसूरिका,” from 'a kind of herb', 'lentil' or 'pillow', as in “an eruption of lentil-shaped pustules.” There is no etymology involving gifts from goddesses.

The World Health Organisation tells of a superstition in the Indian subcontinent that smallpox resulted from a wrathful kiss by the Goddess of Smallpox, Shitala Mata. [27] That is quite the opposite to Dorey’s claim.

None of this was difficult to find; there are Sanskrit-English dictionaries on the web, such as “Spoken Sanskrit.” So what do we make of Dorey’s claim that “measles” translates as “Gift from a Goddess”?

Evaluation: No prizes for guessing: pure lie, and one designed to fit in with her theory that measles is not harmful, even beneficial. And this is a vaccine-preventable disease that still kills around 345,000 people a year.[28] Insanity.

ITEM 17: ACTION ALERT: SAVN IS MOBILISING!!!!!

On May 28 2011, Meryl Dorey published this:

[26] http://infomotions.com/etexts/gutenberg/dirs/1/9/9/6/19965/19965.htm
[27] http://www.searo.who.int/en/Section10/Section2596_15012.htm
[28] http://www.unicef.org/media/media_38076.html

It says *"SAVN is mobilising to write letters of complaint…"* Let's have a look at the SAVN wall of the same time. Spot the call to arms. Spot the mobilisation. This is the first post where the newspaper article in "The Australian" is linked:

Nothing there, so how about the second post where the article is linked:

Nope. Not there either. Note, this was the first that the AVN admins heard about this so-called "mobilisation": I and other admins were meeting in Canberra at the time and never discussed it, indeed it was several hours before we became aware of the article in "The Australian" and Meryl Dorey's post.

Evaluation: Lie.

ITEM 18: THE ORAL POLIO VACCINE AND ALL THAT DNA STUFF

First a little bit of background. The Oral Polio Vaccine is highly effective and inexpensive (about US$0.10 per dose), and consists of a mixture of live attenuated poliovirus strains of each of the three serotypes. In very rare cases, (about 1 in 2.5 million), the administration of OPV results in vaccine-associated paralysis associated with a reversion of the vaccine strains to the more neurovirulent profile of wild poliovirus. [29] It is used widely because;

- It can be given by volunteers and does not require trained health workers or sterile injection equipment.
- It is inexpensive.
- It is safe, effective, and induces long-lasting immunity to all three types of poliovirus.
- In areas where hygiene and sanitation are poor, immunization with OPV can result in the "passive" immunization of people who have not been directly vaccinated.

Nevertheless, that 1 in 2,500,000 risk is anathema to anti-vaxxers, who are not faced with the budgetary constraints and moral dilemmas of public health officials.

So, we begin this sorry episode with the following BBC article. Note that it begins:

> *"Polio has been found in China for the first time since 1999 after spreading from Pakistan, the World Health Organization (WHO) has confirmed.*
>
> *"It said a strain of polio (WPV1) found in China was genetically linked with the type now circulating in Pakistan."*

[29] http://www.who.int/biologicals/areas/vaccines/polio/opv/en/index.html and http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Polio_immunisation?open and http://www.polioeradication.org/Polioandprevention/Thevaccines/OralpoliovaccineOPV.aspx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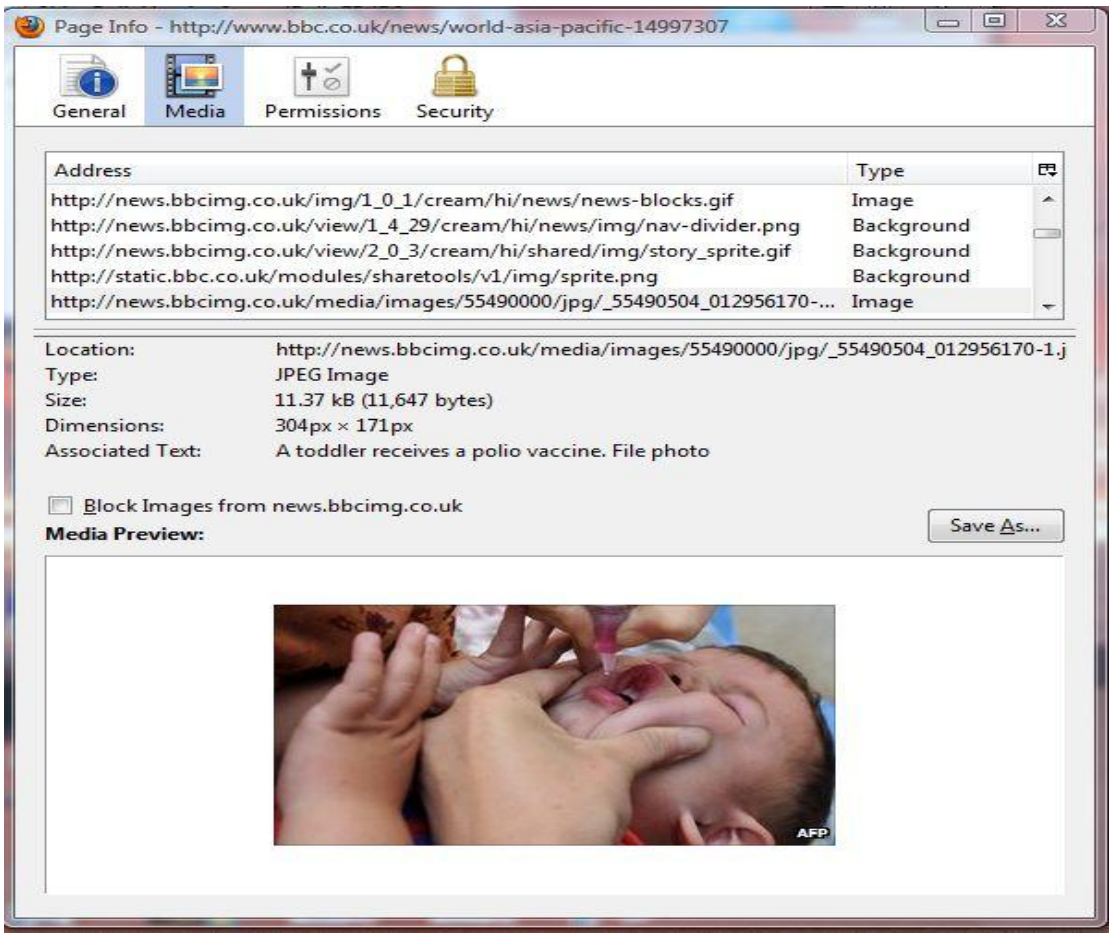
20 September 2011 Last updated at 21:30 GMT
Polio strain spreads to China from Pakistan
Polio has been found in China for the first time since 1999 after spreading from Pakistan, the World Health Organization (WHO) has confirmed.
It said a strain of polio (WPV1) found in China was genetically linked with the type now circulating in Pakistan.
At least seven cases have now been confirmed in China's western Xinjiang province, which borders Pakistan.
Polio is highly infectious and affects the nervous system, sometimes resulting in paralysis
The WHO warned there was a high risk of the crippling virus spreading further during Muslim pilgrimages to Mecca.
Polio (also called poliomyelitis) is highly infectious and affects the nervous system, sometimes resulting in paralysis.
It is transmitted through contaminated food, drinking water and faeces.
'Right things done'
On Tuesday, the WHO said the polio cases in Xinjiang had been detected in the past two months.
The Chinese authorities are now investigating the cases, and a mass vaccination campaign has been launched in the region.
"So far all the right things are being done," WHO spokesman Oliver Rosenbauer told Reuters news agency.
Polio was last brought into China from India in 1999. China's last indigenous case was in 1994.
Pakistan is one of a handful of countries where polio remains endemic.
WHO officials had been warning for some time that the virus was spreading within the country to previously uninfected areas.
The UN's children fund, Unicef, has said that eradicating polio from Pakistan depends on delivering oral vaccines to each and every child, including the most vulnerable and the hardest to reach.
Polio was virtually eliminated from the Western hemisphere in the 20th Century.
Related Stories
UN warns on Pakistan polio rates
Polio threat to Pakistan children
Funds for polio eradication drive
More on This Story

The BBC could not be more clear; polio has spread to China from Pakistan, it is the Wild Polio Virus Strain 1, and furthermore the virus is genetically linked with the wild strain circulating in Pakistan.

In spite of all that clarity, Dorey posted this on 21 September 2011,

Where did she get the information in the BBC article that this might be *"more vaccine associated polio?"* To claim that the image that accompanied the BBC article indicates the type of vaccine being used in China is just plain daft. It is what is referred to in the media as a "stock image" taken from a library, and it is not difficult to find out where the image came from. The Mozilla Firefox "Page Info" facility shows this for the image:



So, this shows that the photo has the Associated Text *"A toddler receives a polio vaccine. File photo."* On the basis of a stock image, Dorey then leapt to these conclusions:

> *"more vaccine associated polio"* and
>
> *"The picture looks like someone getting oral in which case, that is most likely where the outbreak is coming from."*

Then Dorey tweeted this on 22 September

Now, Remember, the BBC article began:

> *"Polio has been found in China for the first time since 1999 after spreading from Pakistan, the World Health Organization (WHO) has confirmed.*
>
> *"It said a strain of polio (WPV1) found in China was genetically linked with the type now circulating in Pakistan.*

This is Leaping to Conclusions of Olympian Standards;

- ignoring what the article said about which strain of polio it is,
- assuming from a stock image that the vaccine being used is the oral type,
- ignoring the statement that the strain was genetically identical to that circulating in neighbouring Pakistan.

My colleague Peter Tierney challenged Meryl Dorey as follows:

> *"On the topic of providing accurate information in relation to vaccination, can you please clarify this statement for me?*
>
> *'More vaccine associated polio? What type of vaccine do they use in China - is it oral or injected? Anyone know? The picture looks like someone getting oral in which case, that is most likely where the outbreak is coming from.'*
>
> *This comment was from yourself, attached to this article:*
>
> *http://www.bbc.co.uk/news/world-asia-pacific-14997307*
>
> *The second paragraph in the article, cited by you, states this:*
>
> *'It said a strain of polio (WPV1) found in China was genetically linked with the type now circulating in Pakistan.'*

Given that the article clearly states that the strain of Polio is Wild Polio Virus 1, do you think the comment from yourself is accurate, or helpful for your readers to understand? Will you ensure that you make a correction underneath your post, ensuring that your readers are receiving accurate, reliable information?

Kind Regards,

Peter"

Meryl Dorey then began a long, circuitous, and painful episode of prevarication, obfuscation, and evasion, all the time failing to answer Peter's simple question *"Will you ensure that you make a correction?"* She also said:

"Dear Peter,

At the time that I wrote that post, I also sent a question to a group of doctors and specialists around the world that I am in touch with. The question was - when an oral polio vaccine reverts to neurovirulence, does it still show up as a vaccine virus. After all, it has combined, in the person's gut, with their own DNA and been changed back into a virus that can cause clinical polio. So when one tests for that, how does the virus appear- as wild type or as vaccine type?

I have been getting responses back ranging from no, it shows up as vaccine type and WPV1 is always wild to no, it shows up as wild type because it has changed back to its wild form in combination with the person's own DNA."

What?? The vaccine strain virus recombines with the person's own DNA to form wild type polio? Bollocks! This is a plain lie. Polio viruses, including vaccine strains, have a high mutation rate and it is this mutation rate that can cause reversion. As the World Health Organisation says:

"In very rare cases, the administration of OPV results in vaccine-associated paralysis associated with a reversion of the vaccine strains to the more neurovirulent profile of wild poliovirus." [30]

Also, as the Global Polio Eradication Initiative says:

"In some cases it is believed that this vaccine-associated paralytic polio (VAPP) may be triggered by immune deficiency." [31]

After several attempts to have Meryl Dorey admit she was wrong and issue a correction, Peter Tierney was banned from the discussion forum. Read all about his valiant effort in his article"Banned from Vaccination Respectful Debate." [32]

[30] http://www.who.int/biologicals/areas/vaccines/polio/opv/en/index.html
[31] http://www.polioeradication.org/Polioandprevention/Thevaccines/OralpoliovaccineOPV.aspx

Evaluation: Meryl Dorey made heroic assumptions about the vaccine being used in China, ignored clear statements in the BBC article, refused to make a correction when shown to be wrong, then embarked on a new round of lies to cover up the first, and then banned the person who showed her she was wrong.

ITEM 19: "A CRIME THAT DESERVES ALL THE ATTENTION IT CAN GET."

On 20 May 2011, Meryl Dorey made the following post on her blog, as a lead-in editorial to an article by Christina England: [33]

> *" UK Paediatrician and MSBP Expert Knew Babies Suffered Breathing Problems and Died After Vaccination*
>
> *"Christina England has written many pieces on those families who have been fraudulently accused of either killing or harming their children via MSBP (Munchausen's Syndrome by Proxy) or SBS (Shaken Baby Syndrome).*
>
> *"This article is extremely important because it shows very clearly that when vaccinations have been implicated in the damage to children, any and all options will be explored to cover this link up and to deflect attention from the true cause of the injury or death.*
>
> *"How many falsely-accused parents are now in prison because of people like David Southall? How many times have vaccines and drugs killed children with the death being placed with the parents?*
>
> *"This is a crime that deserves all the attention it can get. Please forward a link to this blog to everyone on your list."*

Christina England wrote:

> *"I have come across a document that proves without doubt that Southall recorded 5 cases of sudden infant death syndrome, documenting the children's full vaccine status. Two of these children died very shortly after routine childhood vaccinations. All 5 children were being monitored in a large, population based, nonintervention study researching sudden infant death syndrome (SIDS). A total of 15 children children* (sic) *died in the study. It was noted that 3 of the 5 children suffered cyanotic episodes, meaning that they failed to breath for short periods of time, causing unconsciousness and seizures as a result. These attacks can sometimes be described as breath holding, apnoea or breathing difficulties.*

---

[32] http://www.scribd.com/doc/66748760/Banned-From-Vaccination-Respectful-Debate
[33] http://avn.org.au/nocompulsoryvaccination/?p=1058

"Why were the vaccine details of these children recorded by Southall? Could it be that he was researching a link between vaccines and SIDS at the time?...."

Well, I might have to agree with her. I think she did find a paper that discussed 5 cases of SIDS with vaccination status recorded. But there's nothing sinister here. For anyone doing research with children, it's one of those things that are recorded, like height, weight, birth date, and maybe even eye colour. Shall I go on? Birth weight, gestation period, Apgar scores, smoking status of family, etc etc etc. There's no big deal about recording vaccination status, except to someone who wants to make a big deal out of it.

They really are callous people. It's hard enough to lose a baby without conspiracy theorists conducting their own coronial inquest.

Evaluation: Howling-at-the-moon-conspiracy theory.

ITEM 20: IT IS MY WILL! SO THERE!

In an email to her acolytes dated Monday, 30 November 2009 1:59 PM titled *"Urgent Action Alert! Legislation for forced medication...."* Dorey said:

"Please be sure to use the terms "my will" in your letter since that will ensure that it will be answered."

In a Yahoo discussion message dated Wed, 21 May 2003 06:29:02 she said that her acolytes should use the phrase when writing to politicians:

"It is my will that you..... and then continue with your demands."

Also Tue Jul 14, 2009 9:02 pm she said:

"According to what I have been told, a letter phrased in this way cannot be ignored but must be answered."

There is just one problem with this; it is utter garbage. I worked in the Senate for 3 years, and can confirm that arrogant nonsense like this has only one destination, the rubbish bin.

Evaluation: Arrogant delusion.

ITEM 21: HPV ADVERSE EVENT REPORTS

This table of HPV vaccine adverse events was posted on the AVN's Facebook page, heavily moderated by Meryl Dorey.

HPV VACCINE VAERS REPORTS

Description	Female	Male	Total
Disabled	737	3	744
Deaths	82	3	99
Did Not Recover	4,498	39	4,498
Abnorm. Pap Smear	385	N/A	N/A
Cervical Dysplasia	142	N/A	N/A
Cervical Cancer	41	41	N/A
Life Threatening	425	8	435
Emergency Rm. Visit	8,682	122	8,882
Hospitalized	2,212	27	2,252
Extended Hosp. Stay	195	3	198
Adverse Events	22,514	412	22,382

[34]

A table of VAERS reports does NOT mean that these adverse events are caused by the HPV vaccination.

This is the CDC's explanation of the limitations of their Vaccine Adverse Reactions Reporting System.

> *"VAERS Limitations*
>
> *VAERS data cannot be used to prove a causal association between the vaccine and the adverse event. The only association between the adverse event and vaccination is temporal, meaning that the adverse event occurred sometime after vaccination. Therefore, the adverse event may be coincidental or it may have been caused by vaccination, however we cannot make any conclusions that the events reported to VAERS were caused by the vaccine."* [35]

It goes on to say of the most serious alleged adverse event, death:

> *"As of June 22, 2011 there have been a total 68 VAERS reports of death among those who have received Gardasil® . There were 54 reports among females, 3 were among males, and 11 were reports of unknown gender. Thirty two of the total death reports have been confirmed and 36 remain unconfirmed due to no identifiable patient*

[34] AVN Facebook page 14 August 2011
[35] http://www.cdc.gov/vaccinesafety/Vaccines/HPV/gardasil.htm accessed 14 August 2011

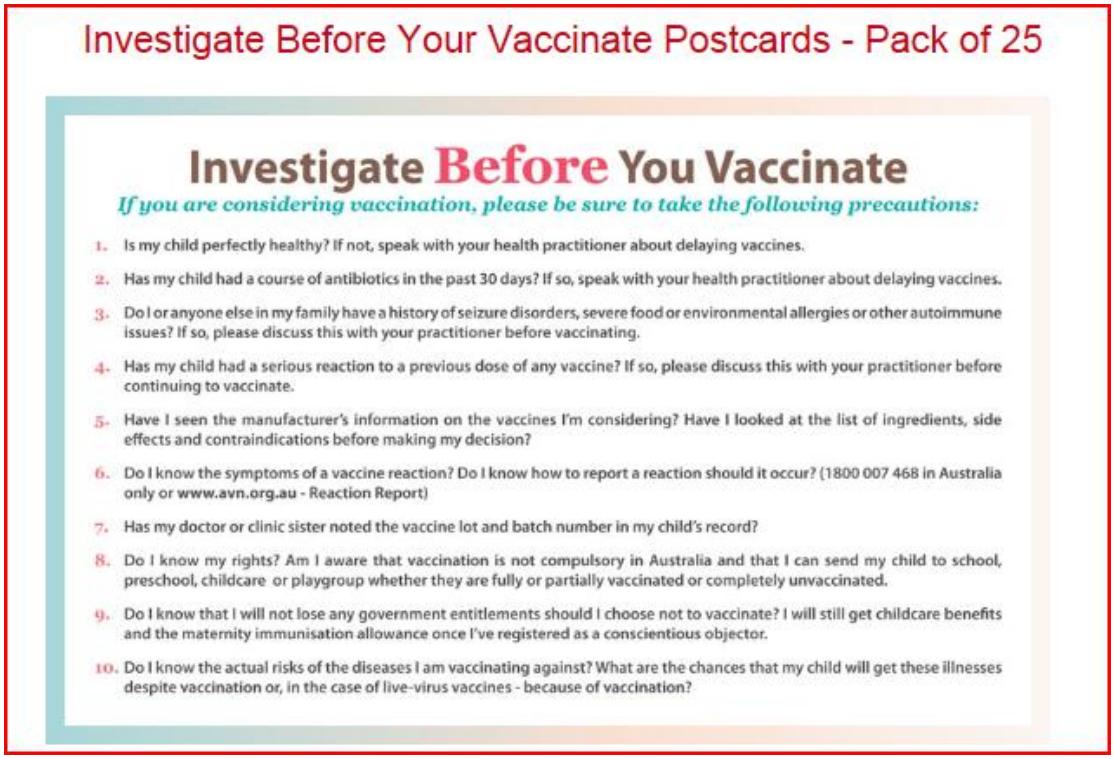
information in the report such as a name and contact information to confirm the report. A death report is confirmed (verified) after a medical doctor reviews the report and any associated records. In the 32 reports confirmed, there was no unusual pattern or clustering to the deaths that would suggest that they were caused by the vaccine and some reports indicated a cause of death unrelated to vaccination."

So, Meryl Dorey's dishonesty in citing VAERS as a reliable source of adverse events following immunisation, particularly the HPV vaccine, is exposed.

Evaluation: Dishonesty.

ITEM 22: THE "INVESTIGATE BEFORE YOU VACCINATE" POSTCARDS

Recently, the AVN has begun selling and giving away information cards as follows. This is the front,



and the reverse shows this:

The sales pitch below the display of the cards says:

> *"Product Description*
>
> *"The AVN have produced this sturdy, full-colour postcard to allow everyone to distribute information about vaccination in a gentle, non-confrontational way. These postcards ask parents to answer 10 questions before making a decision about vaccinating their child and include details about the fact that vaccines are not compulsory in Australia (which many parents are unaware of) and financial entitlements will not be withheld if you choose not to vaccinate.*
>
> *"A few ideas for distribution are:*
>
> ** Send to friends, family members and acquaintances if they are pregnant or recently had a child.*
>
> ** Distribute via natural health practices by placing on the counter for clients to take.*
>
> ** Health food stores or home delivery services can slip one into customers' bags or boxes.*
>
> ** Market stall owners can leave cards on their stand, again for people to take*
>
> ** Leave copies at schools, preschools, childcare centres and other places where children and parents regularly attend."*

A few ideas for distribution are:

- Send to friends, family members and acquaintances if they are pregnant or recently had a child.
- Distribute via natural health practices by placing on the counter for clients to take.
- Health food stores or home delivery services can slip one into customers' bags or boxes.
- Market stall owners can leave cards on their stand, again for people to take
- Leave copies at schools, preschools, childcare centres and other places where children and parents regularly attend.

The cards are dishonest, and consequently a danger to public health for the following reasons.

Re the card's "Point 6", which says:

> *"Do I know the symptoms of a vaccine reaction? Do I know how to report a reaction should it occur? (1800 007 468 in Australia only or www.avn.org.au – Reaction Report)."*

This is not correct: The first point of contact for a patient to notify an Adverse Drug Reaction, (ADR), including vaccines, is to the doctor or nurse administering the vaccination, and they in turn must report it to the Therapeutic Goods Administration.

The phone number given on the card, 1800 007 468, is that of the AVN.

The AVN has failed to mention that ADRs should be first notified to the doctor, nurse, or the TGA.

The AVN has failed to disclose the identity of the owner of the AVN's "adverse reactions service".

Indeed, the card is misleading in saying that people who genuinely believe that they may suffered an ADR should call *"1800 007 468 in Australia only".* This is not correct; the phone number for reporting adverse drug reactions, including vaccines, is the TGA's at 1800 044 114. (ADRs may also be lodged by email, fax and post.)

Consequently the average person may be fooled into reporting it to an organisation with no authority, expertise, or credibility; an organisation known to the State and Commonwealth Health Authorities to be deceptive, subject of a Public Health Warning, and adversely reported on in the HCCC's comprehensive Report.

The organisation with the legislated responsibility to receive and investigate ADRs is the TGA, not the AVN. Failing to make that clear is misleading, deceptive, and dangerous.

Point 6 is so misleading that it is blatantly dishonest, and is a clear case of unconscionable conduct.

RE the card's "Point 8" which says:

> *"Do I know my rights? Am I aware that vaccination is not compulsory in Australia and that I can send my child to school, preschool, childcare or playgroup whether they are fully or partially vaccination or completely vaccinated?"*

The first part of the second sentence is correct; vaccination is not compulsory in Australia. The following statement that

> "*I can send my child to school, preschool, childcare or playgroup whether they are fully or partially vaccination or completely vaccinated"*

is not correct.

The Australian Human Rights Commission has held that:

> *"the exclusion of unvaccinated children from day care centres was reasonably necessary to protect public health and, accordingly, any discrimination by the* (Maroochy) *Council was not unlawful by reason of s.48 of the Act"* and *"that the decision of the) Council to exclude the children from the child care centre is one which is reasonably necessary to protect public health."* [36]

So Point 8 is untrue; schools and child health care centres may exclude unvaccinated children. To attempt to persuade parents that they need not vaccinate their children because they cannot be excluded is, bearing in mind the health consequences, unconscionable.

Re the card's Point 10, which is much more insidious. It says:

> *"Do I know the actual risks of the diseases I am vaccinating against? What are the chances that my child will get these illnesses despite vaccination or, in the case of live-virus vaccines - because of vaccination?"*

Clearly the objective of this paragraph is to entice innocent parents to call the AVN and to be fed a litany of untruths.

So Point 10, in leading innocent people to call the deceptively- named "Australian Vaccination Network", is deceptive, and bearing in mind the consequences of this disinformation, unconscionably so.

There are other issues to consider here:

Privacy Legislation: There is no indication as to how the AVN will comply with privacy legislation. There is a Privacy policy published on the AVN's website, but it does not cover personal information gathered as a result of ADRs obtained via phone calls. So, how does the

[36] See GREG BEATTIE (ON BEHALF OF KIRO AND LEWIS BEATTIE) v MAROOCHY SHIRE COUNCIL No. H96/87.

AVN handle identifying information? Does the AVN have protocols for how the information is stored and managed? I suggest they do not have the appropriate protocols in place.

Deception: The AVN "VACCINE REACTION REPORT FORM" as displayed on the AVN website is a copy of the NSW Health Dept form, with a few additions made by the AVN so that it looks official.

Incompetence: The AVN's "VACCINE REACTION REPORT FORM" has the appearance of being more concerned with gathering newsworthy events to give to the media and to give to lawyers who might initiate a class action. It has vaccination schedule errors; for example it does not have the DTPa/Hib/hepB/polio combination (the normal one) or the new prevanar 13. It also does not have HPV for adults.

Further, if the AVN does withhold names and contact details, the reports are useless; they cannot be used by the Health authorities to investigate the reported problems. In the past, the AVN has been found to accumulate unsubstantiated and incorrect vaccine adverse reaction reports. This leads to poor outcomes for the accurate tracking of real vaccine adverse reaction data. The contact details given are deliberately incorrect and misleading.

So, the gathering and misuse of Adverse Drug Reactions could seriously affect the accurate tracking and monitoring of serious matters. A parent could quite reasonably feel they have done their duty by reporting an ADR to the AVN, and not know that they should have informed their doctor instead. The ADRAC could then remain in ignorance of a serious threat to health and safety. The AVN is deliberately inserting itself into an authorised and closely regulated monitoring system, to the detriment of that process, and to the detriment, therefore, of the community.

It is clear also that the purpose of the cards is to discourage vaccination.

Evaluation: Two clear lies, plus dishonesty and incompetence that creates a danger to public health.

ITEM 23: TRAVELLING TO KENYA

On the AVN Facebook page, "Emma McIntyre" asked what she should do about vaccination before travelling to Kenya, and Meryl Dorey made this response:

Emma McIntyre

Hi all, I will be going to Kenya soon for a few months. I've been given a huge list of recomended vaccines to get. I've never had a vaccine in my life and am generally quite a skeptic. What should I do in this situation? Bearing in mind that I will be working in closely with children. Are there any alternatives or are some vaccines necessary?

August 16 at 8:20pm

Australian Vaccination Network Hi Emma,
I recommend that you do two things at the very least:

1- Get copies of the manufacturer's package inserts for all of the vaccines the doctors are saying you should take. Pay extra close attention to the ingredients, side effects and contraindications for all of these vaccines. Then, make a list of questions you have based on this information. Ask your doctor those questions and ask an organisation like the AVN.

2- Speak with a natural therapist or two (perhaps a Chinese Herbalist and a homeopath for instance), about how the diseases you may be exposed to in Africa can be both prevented and treated by their modalities and what sort of remedies they recommend you take along with you for that purpose.

Then, and only then, you will be confident in making an informed decision.

MD

August 17 at 10:04am · 1 person

The Australian Government's Smart Traveller website on August 17 offered advice for travellers to Kenya to vaccinate for Tetanus, Diphtheria, Pertussis, (whooping cough), Polio, Measles, Mumps, Rubella, Chicken pox, (varicella), Influenza rotavirus, Haemophilus influenzae type b, Pneumococcal Hepatitis A, Hepatitis B, Typhoid, Rabies (if on an extended stay or working with animals), Meningitis, Cholera, Malaria, Dengue Fever, and Yellow Fever.

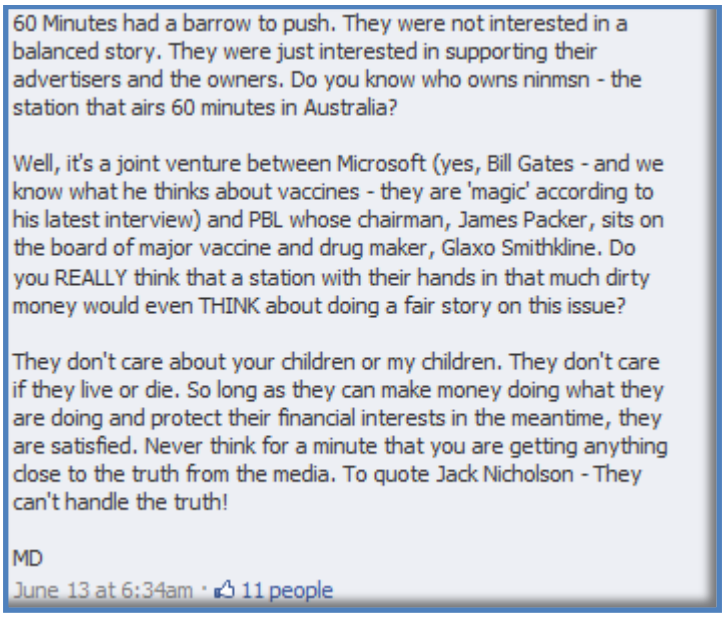
In contrast the AVN's Meryl Dorey recommends herbs and homeopathy.

Evaluation: Advice that is just plain barking mad, and downright dangerous.

ITEM 24: WHO OWNS CHANNEL NINE?

After Australia's Channel 9 broadcast a "60 Minutes" program [37]excoriating the anti-vaccination movement in Australia, Meryl Dorey wrote on the AVN Facebook page:

> *"Do you know who owns ninmsn* (sic) *- the station that airs 60 minutes in Australia?*
>
> *"Well, it's a joint venture between Microsoft (yes, Bill Gates - and we know what he thinks about vaccines - they are 'magic' according to his latest interview) and PBL whose chairman, James Packer, sits on the board of major vaccine and drug maker, Glaxo Smithkline. Do you REALLY think that a station with their hands in that much dirty money would even THINK about doing a fair story on this issue?"*


60 Minutes had a barrow to push. They were not interested in a balanced story. They were just interested in supporting their advertisers and the owners. Do you know who owns ninmsn - the station that airs 60 minutes in Australia?

Well, it's a joint venture between Microsoft (yes, Bill Gates - and we know what he thinks about vaccines - they are 'magic' according to his latest interview) and PBL whose chairman, James Packer, sits on the board of major vaccine and drug maker, Glaxo Smithkline. Do you REALLY think that a station with their hands in that much dirty money would even THINK about doing a fair story on this issue?

They don't care about your children or my children. They don't care if they live or die. So long as they can make money doing what they are doing and protect their financial interests in the meantime, they are satisfied. Never think for a minute that you are getting anything close to the truth from the media. To quote Jack Nicholson - They can't handle the truth!

MD

June 13 at 6:34am · 11 people

There's a few problems with this.

Firstly, ninemsn is a website jointly operated by Microsoft and the Nine Network. The web address does not signify ownership or equity by any party.

Next, The Nine Network is owned by a private equity group, CVC Asia Pacific, not the Packer company Consolidated Media Holdings or PBL. On 27 October 2008, James Packer and Consolidated Media Holdings representatives quit the board of PBL Media, ending financial backing and future associations with that company.

Next, James Packer does not appear on the list of directors of the pharmaceutical giant Glaxo SmithKline. [38]

Evaluation: Three lies all intended to denigrate the producers and journalists at Channel 9 and 60 Minutes.

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[37] "Getting the Point" http://sixtyminutes.ninemsn.com.au/stories/8259732/getting-the-point

[38] http://www.gsk.com/about/boardofdirectors.htm

ITEM 25: 50% OF VIETNAM VETERANS

On her "No Compulsory Vaccination" blog dated July 25 2011, [39] Meryl Dorey reported on her attendance at the recent Nexus Conference. She described meeting people who told her of their dreadful experiences on vaccines, including:

> *"Another gentleman – a few years older than me – was a Vietnam war veteran. He told me that the soldiers who went overseas were given an incredible number of vaccines – including plague which was never a licensed shot in Australia – or anywhere else that I am aware of. So the vets, once again, were used as guinea pigs for no purpose."*
>
> *"He told me that 50% of all Vietnam veterans have died since the war – an incredibly high number of people who should just be leaving the prime of their lives but who – because of both mental and physical problems which were caused by medical 'treatments', exposure to agent orange and their experiences overseas – died way too young."*

50% of men who served in Vietnam are dead? Peter Bowditch did some research and found:

Of 61,000 people[40] who served in Vietnam, 17,400 had died at the end of June 2011. [41] That's 28.5% Yes, that is awful, but my point here is that Dorey has taken wildly inaccurate gossip as proof of the evils of vaccines.

And what of her statement

> *" – including plague* (vaccine) *which was never a licensed shot in Australia – or anywhere else that I am aware of. "*

A Google search for material on a plague vaccine found plenty of information such as this paper dated November 1973, "Clinical and Serological Responses to Plague Vaccine USP" Peter J Bartellone. The CDC has published a paper [42] dated June 1982 titled "Plague Vaccine," which refers to the vaccine licensed in the USA. Another paper[43] dated December 1996 published by the CDC "Prevention of Plague: Recommendations of the Advisory Committee on Immunization Practices (ACIP)" refers to a licensed vaccine produced by Greer Laboratories.

I could go on; there have been licensed plague vaccines for a very long time.

Evaluation: Meryl Dorey has no idea of what she is talking about, and just makes it up as she goes along. Two lies.

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[39] "Nexus Conference – 3 days of amazing support" http://avn.org.au/nocompulsoryvaccination/?m=201107

[40] Australian Dept of Veterans' Affairs "Welcome to the Nominal Roll of Vietnam Veterans." www.vietnamroll.gov.au/

[41] Number of deaths from a private site tracking veterans http://www.facebook.com/l/JAQBcBq6iAQAu037zIjGcVhpKLAbucy54ex6vU9mWPLB5zg/amvif.com/mortality/

[42] http://www.cdc.gov/mmwr/preview/mmwrhtml/00041848.htm

[43] http://www.cdc.gov/mmwr/preview/mmwrhtml/00044836.htm

ITEM 26: WE DON'T PAY DOCTORS EXTRA TO COUNSEL PATIENTS

On her Facebook page [44]Meryl Dorey said:

> *"We don't pay doctors extra to prescribe antibiotics or to counsel patients on good nutrition or lifestyle changes."*

After all these years of analysing Meryl Dorey's tenuous grasp on reality, I am still amazed at her ability to make stuff up. So to fix this one: GPs are paid extra to develop and deliver a plan to counsel patients about nutrition and lifestyles changes. It's called the "CHRONIC DISEASE MANAGEMENT: PREPARATION OF A GP MANAGEMENT PLAN (GPMP)." [45] The MBS Item Number is 721, and the Medicare rebate is $136.05. [46]

[44] AVN Facebook page 26 July 2011
[45] http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare-chronicdiseasemanagement
[46] Dept of Health and Aging, Medicare Benefits Schedule Online

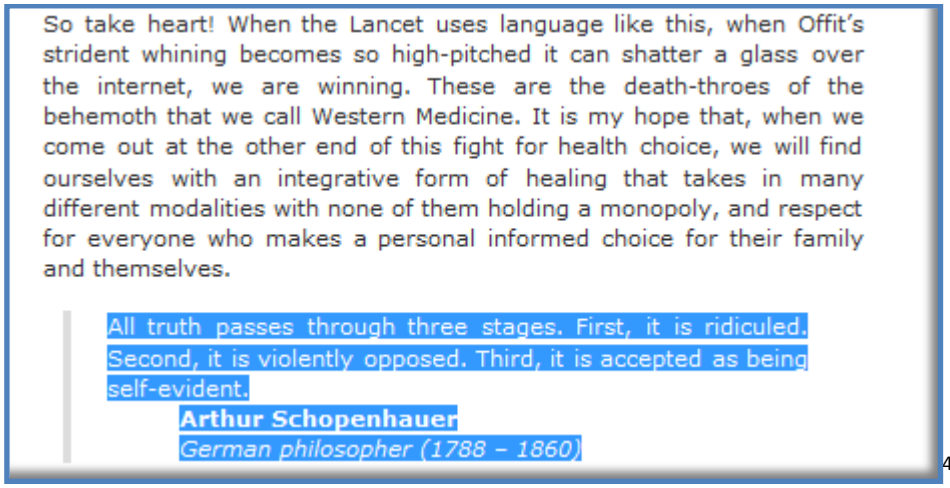
If other health care providers such as nutritionists are involved, it is called the "Team Care Arrangement" [47] and Medicare rebates range from $60 to $120 depending on which speciality is involved.

The GPMP takes more time and is thus better reimbursed but the whole purpose of the GPMP was to allow time for discussion of modification of lifestyle factors to prevent further costs to the public purse from chronic disease. So GPs are paid extra to discuss what Meryl says they aren't.

Evaluation: Meryl Dorey does not know what she is talking about.

ITEM 27: MISQUOTING ARTHUR SCHOPENHAUER, GERMAN PHILOSOPHER

Meryl Dorey often quotes Schopenhauer to justify her contrarian views.


So take heart! When the Lancet uses language like this, when Offit's strident whining becomes so high-pitched it can shatter a glass over the internet, we are winning. These are the death-throes of the behemoth that we call Western Medicine. It is my hope that, when we come out at the other end of this fight for health choice, we will find ourselves with an integrative form of healing that takes in many different modalities with none of them holding a monopoly, and respect for everyone who makes a personal informed choice for their family and themselves.

> All truth passes through three stages. First, it is ridiculed. Second, it is violently opposed. Third, it is accepted as being self-evident.
>
> **Arthur Schopenhauer**
>
> *German philosopher (1788 – 1860)*

[48]

> *"All truth goes through three stages: First it is ridiculed; second it is violently opposed; and third, it is accepted as self-evident."*

The blogger "The New Rambler" investigated this and found that there are a few problems with the use of this quote. [49]

Firstly, although it appears widely throughout the internet, there is no proof that he ever said this. It is just an internet meme. [50]

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[47] http://www.dcgpa.com.au/_cms/CMS_images/resources/Preparation%20of%20a%20Team%20Care%20Arrangement%20-%20Item%20723.399.pdf

[48] "Vaccination backlash or the rise of vaccination education?" http://avn.org.au/nocompulsoryvaccination/?p=508 accessed 5 September 2011

[49] http://cinrambler.wordpress.com/2009/10/21/all-truth-goes-through-three-stages/

[50] Ralph Keyes. The Quote Verifier. New York: St. Martin's Griffin, 2006.

Next, there are two logical (mis)statements in this. The first is the most obvious: if a statement is true, then it will pass through these three stages. The second, implied statement, is the one most used when this line is quoted: If a statement is ridiculed, then it must be true.

Next, the quote is easily shown to be wrong.

Einstein's Theory of Relativity was neither ridiculed nor violently opposed. Plate tectonics, quantum mechanics, the existence of black holes, belief that meteorites came from the sky, belief that the platypus is a real animal, belief that bacteria cause ulcers, belief that doctors should wash their hands before surgery, the acceleration of the expansion of the Universe, and plenty more were all ridiculed at first but never violently opposed.

The Nazi belief that Aryans are the Master Race was ridiculed by Charlie Chaplin, The Three Stooges, Spike Jones, and Daffy Duck, but it certainly never rose to the status of a truth and was never seen as self-evident.

A better quote would be:

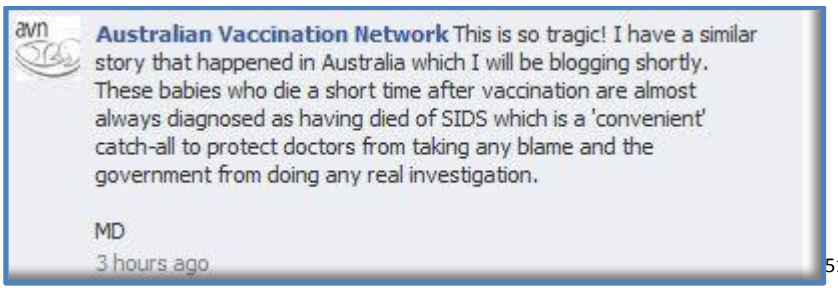
> *"Most truths are accepted without quibble; some truth is ridiculed;, some truth is violently opposed then later seen as self-evident; but lots of goofy crap goes through the first two stages as well."*

So anyone who uses the "All-Truth-Goes-Through-Three-Stages" quote is probably hiding a lack of support for their position.

Finally, Schopenhauer did say that *"woman is by nature meant to obey."* Nice guy.

Evaluation: Meryl Dorey does not know what she is talking about.

ITEM 28: THE WORLD'S BIGGEST COVER-UP



[51]

Have I got this right? Babies who die a short time after vaccination are almost always diagnosed as having died of SIDS to cover-up deaths caused by vaccinations?

[51] AVN Facebook page 3 August 2011

Dorey is alleging that there is a world-wide conspiracy involving doctors, nurses, pathologists, bereaved families, coroners, police, counsellors, charities, researchers, charities (such as the SIDS Foundation), journalists; the list goes on. We are being asked to believe that the same police who bang up [52] bank robbers and murderers are willing participants in this. Then Coroners are supposed to go along with a nod and a wink to this charade. Remember most of these people are parents themselves and want the best for their children and all children.

Evaluation: Barking mad.

ITEM 29: MERCURY LINKED TO AUTISM

In an AVN newsletter dated 16 August 2011, Dorey said this:

Mercury poison linked to autism

Despite years of denial and assurances from the medical community that mercury is perfectly safe in vaccines and was only removed 'as a precaution', the evidence is mounting that this poisonous substance can and does cause neurological problems.

A FAMILY history of mercury poisoning has emerged as a significant risk factor for developing autism, Melbourne researchers say.

A Swinburne University survey of 522 Australian survivors of pink disease - a form of mercury poisoning common in the early 20th century - found that one in 25 of their 398 grandchildren aged six to 12 had an autism spectrum disorder. The prevalence is six times higher than the one in 160 diagnosed in the general population.

The study, published this week in the Journal of Toxicology and Environmental Health, found the grandchildren did not have elevated rates of any other conditions such as epilepsy, Down syndrome, fragile X syndrome or attention deficit hyperactivity disorder.

Dorey is referring to a study recently published in the "Journal of Toxicology and Environmental Health" about a possible link between mercury and autism spectrum disorders. In her comment Dorey claimed that this article refutes doctors and scientists who have

[52] "bang up": American readers may substitute "throw in the calaboose."

claimed that mercury in vaccines is safe. Once again, she is either ignorant or is deliberately ignoring the distinction between ethyl mercury and methyl mercury.

Ethylmercury is a metabolite of thimerosal and differs from methylmercury in a number of ways. Ethylmercury does not bioaccumulate. Methylmercury does. Ethylmercury is not 100% mercury by weight, therefore the common antivaxxer stance that vaccines are injecting a massive dose of mercury is a fallacy. The LD50 of ethylmercury is 45mg/kg for rats when administered intravenously.

The study is titled "ANCESTRY OF PINK DISEASE (INFANTILE ACRODYNIA) IDENTIFIED AS A RISK FACTOR FOR AUTISM SPECTRUM DISORDERS". The study was defining a link between extreme Hg exposure and the development of Pink Disease, or Hg hypersensitivity as a potential cause of ASD.

It mentions vaccines once;

> *"Mercury contained in vaccines (as a preservative under the tradename Merthiolate, but more commonly known as thiomersal/ thimerosal), dental amalgams (silver fillings), seafood, and the atmosphere is argued to be the primary set of sources of Hg exposure for infants both in utero and in their early years".*
>
> *"the phenomenon of Hg preferentially distributing to the developing fetus via the umbilical cord in Hg-exposed mothers is well documented"*

In conclusion: Dorey has again selectively quoted science to perpetuate fear and uncertainty about vaccines and autism. The article does not conclude that vaccines are an important source of mercury, and indeed if this were the case we would have seen a reduction in the number of ASD cases diagnosed since the removal of thimerosal from the Australian childhood vaccine schedule in 2002.

Evaluation: Wilful ignorance and gross dishonest misrepresentation of the science.

ITEM 30: YEAH, THAT'S REAL FUNNY, MERYL.

These AVN Facebook screencaps are: Top from 18 August 2011, Bottom post from September 2010

Meryl Dorey's comment about the death of a baby who had died of chicken pox?

"It's not April Fools today, it's spring!"

Evaluation: Callousness found only in a psychopath.

ITEM 31: 54.1% OF ALL AMERICAN CHILDREN SUFFER AT LEAST 1 CHRONIC CONDITION.

In the long-awaited "Living Wisdom" magazine, Editor Meryl Dorey wrote

We are sicker than ever —
and that's got to change

An estimated 54.1% of all American children are now suffering from at least 1 chronic condition[1] and that figure increases as more vaccines and more drugs are added to the schedules and pharmacopeia available to Western medical doctors.

A very recently-published study showed that for every 1% increase in the rate of vaccination, an additional 680 children will be diagnosed as autistic.[2] A recent study in Korea indicates that autism has increased from 1 child in 10,000 only a bit over 20 years ago to 1 child in 38 today – a disaster that could see our health system bankrupt and our social structure destroyed as children disabled by this condition grow up to rely on parents and family members who will be unable to go out to work because they have to stay home to take care of their children into and throughout adulthood.

[53]

Let us analyse the claim:

> *"54.1% of all American children are now suffering from at least 1 chronic condition...."*

This is a cherry-picked piece of data with no context taken from a study in "Academic Pediatrics." The surgeon- blogger "Orac" does a good job demolishing it in his article *"A canary in the coal mine? Or a bird pining for the fjords?:"* [54]

One of Orac's best paragraphs is:

> *"Obviously, this study has a number of limitations, the most important of which being that all the results are self-reported and that there was no verification by medical records."*

He also shows that of that 54.1 %, 43.2% points are "Overweight/obese (10 -17 Years). Now obesity is a problem in the USA, but there is no mention in the paper, or anywhere else, that the obesity epidemic is due to vaccines. A rational person would have considered too much junk food as a cause, but we're not dealing with a rational person here.

Evaluation: Wilful cherry-picking

[53] Living Wisdom magazine, issue 8 2011 page 7
[54] http://scienceblogs.com/insolence/2011/05/a_canary_in_the_coal_mine_or_a_bird_pini.php

ITEM 32: THE REQUIREMENT FOR A GP'S HEALTH ASSESSMENT

In an email titled *"[AVN] URGENT ACTION ALERT - preliminary - please share widely (mostly for Australians)" dated* Sunday, 21 August 2011 9:07 AM, Meryl Dorey said as follows:

> *"The Australian government has just instituted a requirement for all parents to bring their child into a GP for a health assessment. Compliance with this requirement will determine whether you do or you don't get the family allowance. Letters are going out to parents this week - some have already been received.*
>
> *"Vaccination is a big part of this requirement and it is not impossible that doctors will deem unvaccinated children to be 'at risk' with an intervention such as forced vaccination or removal from families for these kids. Remember, Australia is the home of the Stolen Generation and that happened because one group of people considered themselves to be experts in how children should be raised.*
>
> *"Next year, mental health assessments will be added to the mix - there are questions on here already in that regard but they are not required at this point. Imagine when they are, the number of children who will be medicated as a result! Please read this excellent blog for more information on this situation -* ***Unfit Until Screening And Intervention Says Otherwise!"*** (Dorey's emphasis).

The complete email is at Appendix 1.

It goes on and on, but you get the picture, a diatribe against a government program to improve the health of Australia's children, especially the disadvantaged. Brace yourself, here's more of it:

> *"What if your primary care practitioner is not a GP? What if your health philosophy has indicated that mainstream medicine is not in your child's best interests? What if you are a Christian Scientist whose religion says that you don't see doctors?*
>
> *"Are there exemptions available for those who don't normally see doctors? And if the doctor – whose philosophy and practices differ from you own - determines that your child is at risk, what are the potential outcomes?*
>
> *"Will breastfed babies be at risk because of their slower weight-gain as compared to those fed artificial breast milk (ABM?)*
>
> *"Will children who are not using full sentences at 3 years of age be labelled as developmentally delayed and forced into treatment even though a proportion of children at this age will not be speaking in sentences but will catch up later without intervention?*

"Will this one doctor's word be taken as gospel even though his training does not give him any expertise in these areas (they are actually meant to assess the nutritional requirements of children when doctors learn almost nothing about nutrition in school).

"It is hard to imagine anything good coming of this move and the downsides could be disastrous for many families who are not mainstream in their lifestyle and health choices. After all, the government is proposing a 'report card' on your parenting skills and if anyone wants to see a dysfunctional family - just watch question time in Parliament any day of the week when they are sitting! Who are they to try and tell us that our children are healthy or well-adjusted?"

In response to this alarming rant, Candice Harris found this document in one minute of websurfing. It is a Dept of Health two-page public document explaining the program, titled "Medicare Benefits Schedule (MBS) Healthy Kids Check Fact Sheet": [55]

"In circumstances where a parent/guardian chooses not to immunise their child, the Healthy Kids Check cannot be provided as a service for which an MBS rebate may be claimed. A medical practitioner may choose to provide a service that mirrors the Healthy Kids Check, but that service would not be regarded as a Healthy Kids Check for the purpose of Medicare billing."

So to put these lies to rest:

1. The Australian government has not instituted a requirement for all parents to bring their child into a GP for a health assessment. The program applies only to those families receiving income support payments from Centrelink. It is not mandatory.

2. Vaccination is not a big part of this *"requirement."* As the Fact Sheet says, "The Healthy Kids Check is to be delivered in conjunction with the four year old immunisation...."

3. Nowhere in any of the program's documentation is an allusion to *"doctors will deem unvaccinated children to be 'at risk' with an intervention such as forced vaccination or removal from families for these kids."* That is pure hysterical invention.

4. Considering that these checks are to be performed on 4 year olds, a connection between breastfeeding and being underweight is pure hyperbole.

5. Compliance with this *"requirement"* will not determine whether you do or you don't get the family allowance. In the Centrelink document "Healthy Start for School Initiative", [56] it is

[55] http://www.health.gov.au/internet/main/publishing.nsf/Content/C844E3AC733B002CCA2574720013A5B3/$File/MBS%20Healthy%20Kids%20Check.pdf

[56] http://www.centrelink.gov.au/internet/internet.nsf/filestores/fpr080_1107/$file/fpr080_1107en.pdf

made clear that *"your child will be required to undergo a relevant health check" .... " to receive the Family Tax Benefit Part A Supplement."* ($726.35 per eligible child.) Centrelink lists eight family assistance packages, of which the Family Tax Benefit Part A Supplement is only one. Eligibility for this government support also requires recipients to lodge tax returns; how Orwellian. There is no benefit named "Family Allowance."

6. The Australian government has not *"just"* (i.e. very recently) instituted this *"requirement."* The Healthy Kids Check was brought in several years ago as a strategy to provide a framework and incentive for children between the ages of 3 and 5. It was structured around the visit that would usually be made for the 4- year immunisations. This initially had MBS item numbers 709 and 711 (An Item number is the number for a service that the doctor or patient uses to claim the rebate from Medicare). Recently, these services were rolled into a group of item numbers for any form of health assessment (701, 703, 705, 707). [57] New numbers could look like new services to the paranoid.

This check required vaccination to have been previously performed, or be performed at this visit in order to claim it. A visit that did not involved vaccination was billed at the usual consultation item number (usually 23 or 36).

There was no consequence if a child did not get this check performed.

7. As we have seen, vaccination is not a big part of this *"requirement".*

8. It is impossible that *"doctors will deem unvaccinated children to be 'at risk' with an intervention such as forced vaccination or removal from families for these kids."* In the event of a carer and treating doctor disagreeing on an appropriate treatment course, the matter may be referred to the State Dept of Community Services, but that would be extremely unusual.

To add a little bit of complexity, there is a similar Australian Government family assistance program, the "Healthy Start for School," HSfS. Although the Healthy Kids Check DOES require vaccination to access that particular item number, the Healthy Start for School program (which is linked to FTB supplement A) does not. There are no forced medication requirements.

So it is all a beat-up.

To finish this one off; in a follow-up email dated 23 August, 2011 Dorey mentioned that her diatribe was stirred up by the CCHR, Citizen's Commission for Human Rights, an arm of the so-called Church of Scientology cult. In the second email the CCHR is mentioned four times as

[57] http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=A26&qt=NoteID

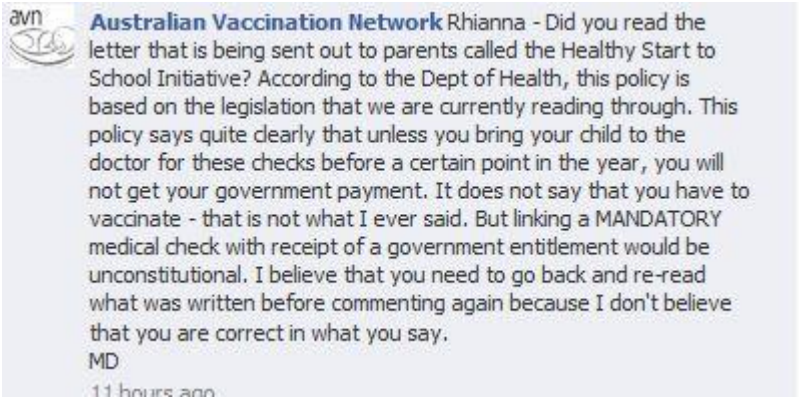
the source of the campaign. That would explain the panic around the *"Next year, mental health assessments will be added to the mix."*

Evaluation: Paranoid hysteria first aroused by cult propaganda, then driven by Meryl Dorey's ignorance and propensity to make stuff up and lie.

ITEM 33: IT'S UNCONSTITUTIONAL!

In the online debate [58] that followed the matter above, Meryl Dorey made the claim that:

> *".... unless you give your kids all vaccines by the time they turn 4, you will not be entitled to this payment - that would be unconstitutional ...."* and
>
> *"If someone is counting on that money and they are told that the only way they can get it is if they fully vaccinate, they are in a tight spot, aren't they? Also, that is in contravention of the Australian Constitution - you can check that out yourself."* and



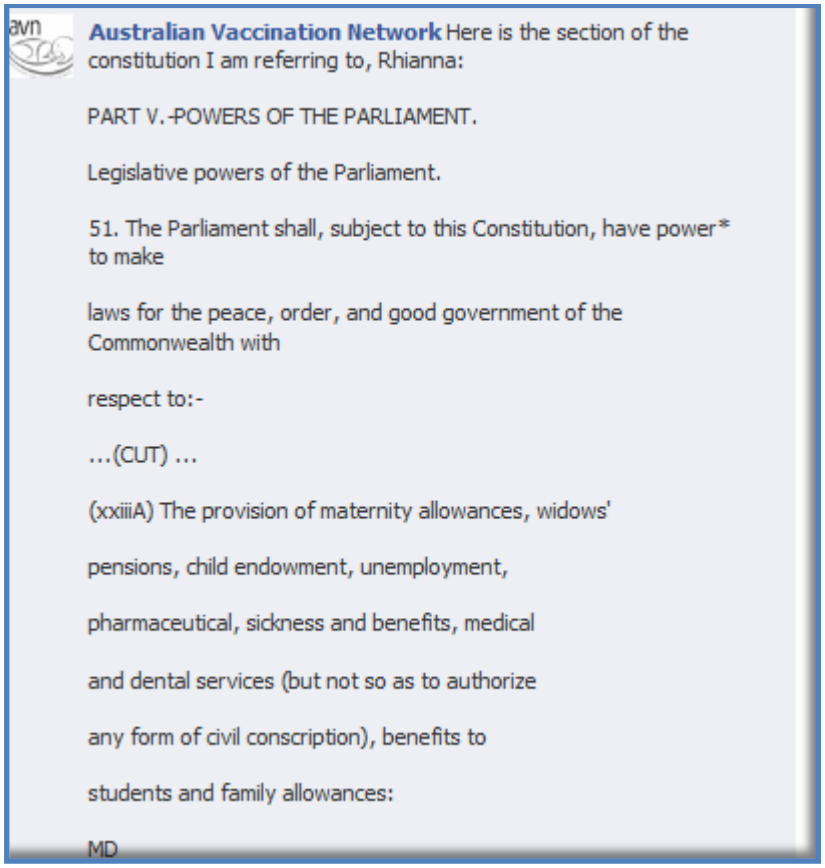
> *"....linking a MANDATORY medical check with receipt of a government entitlement would be unconstitutional."*

We have already seen above that the health checks are not mandatory.

But "*unconstitutional*"? A quick read of the Australian Constitution does not support Dorey's claim.[59]

When challenged, Dorey then posted this as proof of her claim:

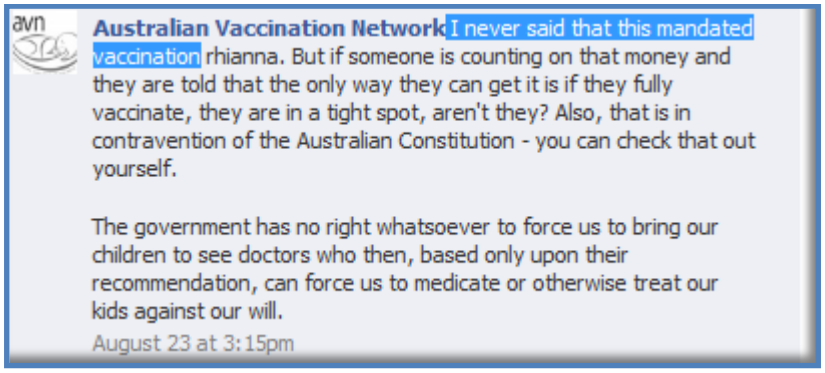
[58] August 23 at the AVN Facebook page
[59] http://www.austlii.edu.au/au/legis/cth/consol_act/coaca430/



Nope, that still does not substantiate her claim; she just made it up. In fact, this section of the Constitution validates the Commonwealth's actions regarding the health checks and Family Tax Benefits.

Evaluation: A Big Fat Lie.

ITEM 34: "I NEVER SAID THAT, RHIANNA."



So, Meryl Dorey claims that she *"never said that the health checks mandated vaccination...."*.

BUT, she DID that;

- in the Facebook post the same day, displayed on the previous page;

- In the email titled *"[AVN] URGENT ACTION ALERT –"* three pages earlier, she uses the word *"requirement"* five times;
- used the word *"requirement"* on the AVN Facebook page three times in discussions about the health check program;
- Used the world *"mandatory*" twice in her AVN blog article "Latest update on Healthy Kids checks dated August 28th, 2011
- Used the word *"requirement*" nine times in the same article.
- In her "Living Wisdom" email newsletter dated 29 August 2011, [60]she used the word *"requirement"* three times;
- In that same newsletter, she used the word *"mandatory"* once.

Evaluation: Bare – faced lie.

ITEM 35: THE FRAUDULENT APPEAL, (YES, ANOTHER ONE.)

In the AVN newsletter mail dated 5 August 2010,[61] Meryl Dorey said:

> *"....we have discovered that this is not the first time the HCCC has stepped outside of its jurisdiction to persecute a non-profit organisation. There is another group who was in our situation less than a decade ago.*
>
> *"They fought against the HCCC - all the way to the Supreme Court. And they won! It cost them $150,000 - but they got every cent back and more because the court found that the HCCC had acted outside of its jurisdiction when they tried to prosecute this organisation."*

She also said:

> *"It is certainly not the first time the HCCC has acted in an incorrect manner and this body, set up to protect the people of NSW from incompetent and dangerous doctors, seems to have a long history of being partial to the medical profession whilst coming down hammers and tongs against those in the natural health arena.*
>
> *"The Walker Inquiry into the HCCC - available here; and the inquiry into the HCCC's botched investigation of Graeme Reeves - found here, are but two examples.*

So we have supposedly three allegations of incompetence and partiality levelled at the HCCC:

- the Walker Enquiry,
- the Graeme Reeves investigation, and
- the *"other group who fought the HCCC and won"*.

[60] http://globalskywatch.com/chemtrails/ubbthreads.php?ubb=showflat&Number=4361
[61] also archived at http://archive.constantcontact.com/fs082/1101800214009/archive/1103647849324.html

To examine each in turn:

The Walker Enquiry. As Peter Bowditch reports:

> *"The "Walker enquiry" was not "into the HCCC", but was a "Special Commission of Inquiry into Camden and Campbelltown Hospitals". The HCCC certainly came under criticism, but it was not for "being partial to the medical profession" and had absolutely nothing to do with "those in the natural health area". The legislation covering the HCCC was subsequently changed to clarify how the Commission should act in similar circumstances in the future."*

The Graeme Reeves investigation. Peter Bowditch reported:

> *"The "botched investigation of Graeme Reeves" again had nothing to do with "those in the natural health area" and the criticism of the HCCC was simply that they had acted according to the law as it stood at the time and had not taken any action against Dr Reeves because he had already been deregistered."*

The *"other group who fought the HCCC all the way to the Supreme Court."* I and some lawyers have gone through the Supreme Court Case Law database, and there is no mention of such a case. [62] So, this claim is pure invention.

But it gets worse.

The email contains an appeal, based on these fictional cases, for donations of large sums of money.

> If you own a natural therapies manufacturing company; if you are in a group of practitioners who would each like to chip in $1,000; if you have a business of any kind and believe in what the AVN stands for; please consider making a pledge to form a fighting fund that will see us moving forward and continuing to help and support Australian families and Australian practitioners.

And:

> We are not asking you to give us your money at this point in time. Like we did when we had our large fund-raiser earlier this year, we are only asking for pledges. If we get enough pledges to get this action going (and we need a minimum of $100,000 - $150,000), then we will go for it.

[62] Australasian Legal Information Institute http://www.austlii.edu.au/au/nsw/

Clearly, Meryl Dorey did *"go for it"* and initiate legal action against both the HCCC and OLGR, so large sums of money were raised. So what if an appeal is made for large sums of money, over $100,000, on the basis of three lies, and people do make those donations?

The NSW Crimes Act 1900 CRIMES ACT 1900 says:

> *"192E Fraud*
>
> *(1) A person who, by any deception, dishonestly:*
>
> *(a) obtains property belonging to another, or*
>
> *(b) obtains any financial advantage or causes any financial disadvantage,*
>
> *is guilty of the offence of fraud.*
>
> *Maximum penalty: Imprisonment for 10 years."*

"Property" is defined in the Act as including "*every description of real and personal property; money....",*

Whoops! Three lies that were used to deceive people into donating very large sums of money, contravene the NSW Crimes Act, and attract 10 years in the slammer. Take a bow, Mrs Dorey, you have hit the big time. [63]

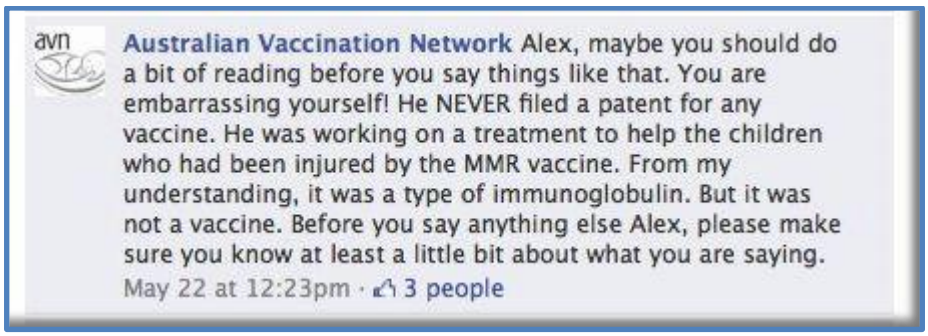
Evaluation: Three great big lies.

ITEM 36: WAKEFIELD'S PATENT

On May 22 2011, Meryl Dorey said:

> *"He* (Wakefield) *NEVER filed a patent for any vaccine."*

In case you missed it, she's rather emphatic here, that's *"NEVER".*



[63] Big thanks to Peter Bowditch who discovered this and published comment at http://www.ratbags.com/rsoles/history/2010/09september.htm#4avn1 at least a year before I noticed it.

Oh yes he did! UK Patent Application (Number 98 12056.1, filed 04.05.1998), shows the Applicant as the Royal Free Hospital of London and the "Neuroimmuno Therapeutics Research Foundation" of South Carolina and the co-inventor as "Andrew Jeremy Wakefield." [64]

The abstract title referring to the pharmaceutical composition, says:

> *"Such a composition may be used as measles virus vaccine....."*

Evaluation: Lie

ITEM 37: THE MMR VACCINE IS CAUSALLY RELATED TO AUTISM

Liz Gray yes it does every mother ive spoke to say the same MMR DOSE GIVE AUTISM WAKE THE HELL UP!!!!!!
18 minutes ago

Liz Gray leisure time lucky u u dont get a break with autism,the sooner its BANED THE BETTER AN I HOPE THEY ALL SUE
14 minutes ago

Australian Vaccination Network Liz, please calm down. MMR vaccine is causally related with autism and a range of other issues but I don't believe that Robert was saying there was no link (I hope I got that right, Robert). He was speaking about the language that was used.

Also, there is no reason to use that language on this page - Trudy, may I mention your post too? Can I please ask that everyone re-read their posts before sending them and if you are using language that you would not use in front of your children, don't use it here either.

Thanks,
12 minutes ago

Liz Gray So pull your head out of the sand for god sake i should get on to today tonight an complain cause ima sick of been LIED TO MUMS KNOW BEST NO MMR
11 minutes ago

Liz Gray there is more an more kids with autism figures are fudged 1 in 150 more like 40 in 150 have this why ?what are they hiding? sooner they ban this the better
3 minutes ago

Liz Gray ask robert Kennerdy JR listen to his interview GOOGLE IT
about a minute ago

From the AVN Facebook page 26 August 2011, 8:23 am. There it is gain, *"MMR vaccine is causally related with autism."*

[64] http://briandeer.com/mmr/1998-vaccine-patent.pdf

Bullshit, that claim has been demolished so many times I can't count. It has been pointed out to Dorey so many times I can't count. But she still persists with it.

Go to the CDC website, (www.cdc.gov), go to the search function, type in "MMR + autism", and you will be led to a table of nine research papers [65] that thoroughly debunk that old canard. Note that the Danish study, which followed more than 500,000 children over 7 years, found no association between the MMR vaccination and autism. (The results were published in the *New England Journal of Medicine* (2002; 347:1477-82).

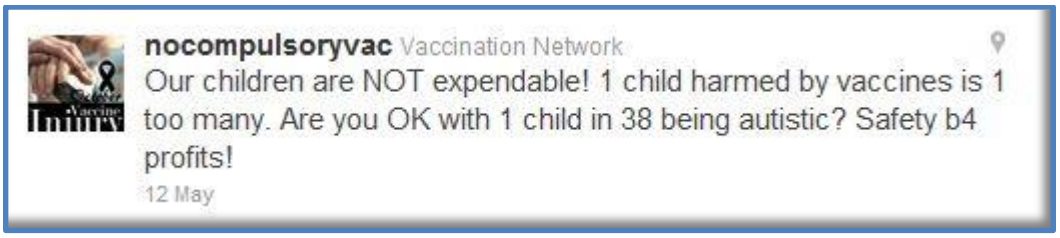
Meryl Dorey also made this claim in her response to the HCCC, and this was analysed in detail and debunked on page 15 of the Commission's Report. The Report says in part:

> *"Ms Dorey contends that: 'Dr Wakefield's study was only the first of many to indicate a very strong and, in some cases clinically verifiable connection between vaccination and the development of [autism spectrum disorders]'.She lists ten articles to support this. Of these, four were authored by Dr Wakefield and a further three do not relate vaccination to autism. The remaining three articles hypothesise a link between MMR vaccine and autism, but have not established any causal relationship between vaccination and autism.*
>
> *"In the submission to the Commission , Ms Dorey includes a number of new references which discuss the link between the MMR vaccine and ISS, Crohn's Disease and autistic enterocolitis. These references also include one where the alleged link was inconclusive and one linking autism and ileal / colonic inflammation. Ms Dorey supports the use of these references in this submission by stating: "While it is true that several of the articles I presented to confirm Wakefield's original hypothesis did not specifically mention vaccination, they all described conditions in children which are identical to the novel autistic entercolitis first discovered in the gut tissue of autistic children by Dr Wakefield. "*

Evaluation: A Lie, then using debunked references to substantiate the lie, then using irrelevant references to substantiate the lie, then just make stuff up to confuse everybody, then repeat the lie after being shown to be wrong.

[65] http://www.cdc.gov/vaccinesafety/00_pdf/VSD_Chart_of_Autism_Studies-Updated_Sep_27_2010.pdf

ITEM 38: 1 IN 38 CHILDREN ARE AUTISTIC



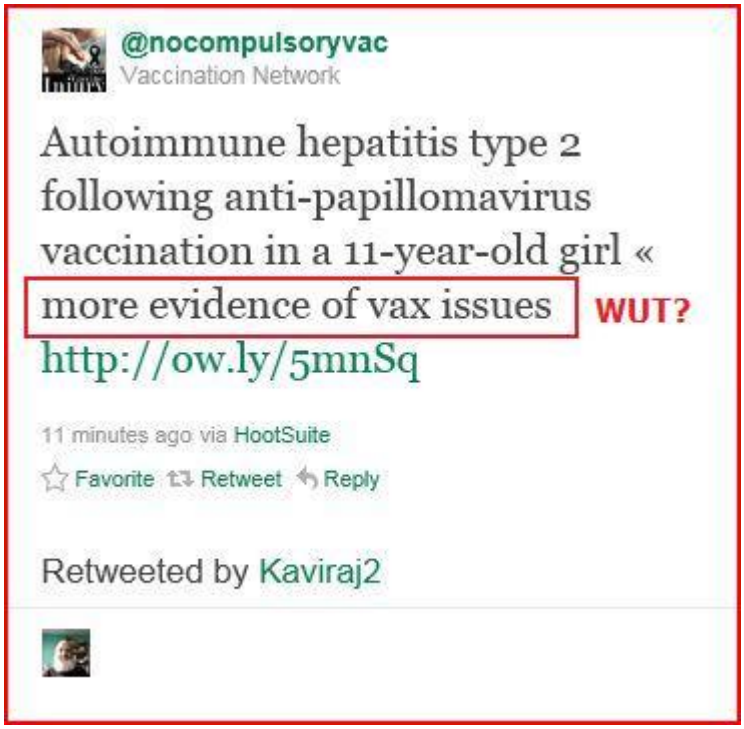
This follows on from the previous item. Meryl Dorey's Twitter 12 May 2011 claimed that vaccines cause autism, to the extent that 1 in 38 children are autistic supposedly due to the harm caused by vaccines. She keeps claiming this in spite of the massive amount of research debunking that claim, and being formally told by the HCCC that this is untrue. (See the previous item.) She offers no references to substantiate the claim.

Evaluation: Lie.

ITEM 39: HEPATITIS FOLLOWING HPV VACCINATION

On June 21 2011, Dorey posted this on Twitter and Facebook:

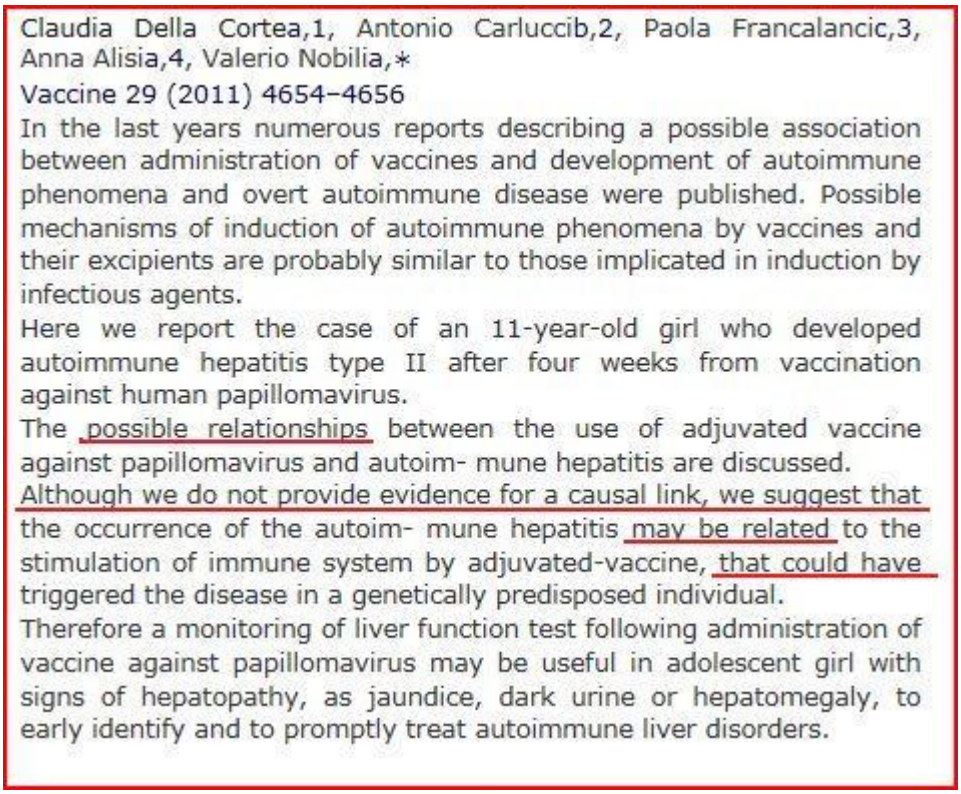
> *"Autoimmune hepatitis type 2 following anti-papillomavirus vaccination in a 11-year-old girl << more evidence of vax issues."*



She then wrote a blog that went further:

"How much more evidence are we going to need to see before we say that we registered this dangerous vaccination before we had any idea of the many autoimmune conditions it would cause? It's time to withdraw Gardasil and Cervarix from the market"

Let's have a look at the abstract Dorey copypasted into her blog post; the source of the link in the above Tweet and Facebook post.



Claudia Della Cortea,1, Antonio Carluccib,2, Paola Francalancic,3, Anna Alisia,4, Valerio Nobilia,*

Vaccine 29 (2011) 4654–4656

In the last years numerous reports describing a possible association between administration of vaccines and development of autoimmune phenomena and overt autoimmune disease were published. Possible mechanisms of induction of autoimmune phenomena by vaccines and their excipients are probably similar to those implicated in induction by infectious agents.

Here we report the case of an 11-year-old girl who developed autoimmune hepatitis type II after four weeks from vaccination against human papillomavirus.

The possible relationships between the use of adjuvated vaccine against papillomavirus and autoim- mune hepatitis are discussed.

Although we do not provide evidence for a causal link, we suggest that the occurrence of the autoim- mune hepatitis may be related to the stimulation of immune system by adjuvated-vaccine, that could have triggered the disease in a genetically predisposed individual.

Therefore a monitoring of liver function test following administration of vaccine against papillomavirus may be useful in adolescent girl with signs of hepatopathy, as jaundice, dark urine or hepatomegaly, to early identify and to promptly treat autoimmune liver disorders.

What do we find?

"....possible association...."

"Possible mechanisms....."

"possible relationships"

"…we do not provide evidence for a causal link…"

"....may be related…"

".....that could have…"

"....in a genetically predisposed individual."

"....monitoring of liver function test"

"....may be useful...."

So Dorey has completely failed to include these caveats. She extends the lie when she uses the words;

" ....we registered this dangerous vaccination before we had any idea of the many autoimmune conditions it would cause...."

- when the paper clearly refers to one case of a disease in a genetically predisposed individual. In other words, the condition was possibly genetic, the person may have been predisposed to develop it, and the vaccine may (with eight caveats) have triggered it.

Dorey has exaggerated the findings of the paper to a heroic level and in doing so attempted to deceive her readers.

Evaluation: Lie.

ITEM 40: THOSE MYSTERIOUS SECURITY GUARDS.

On 1 September 2009, she said:

"In conjunction with the HCCC complaint, several anti-AVN websites have sprung into existence, some of them inciting violence against AVN activities and myself"

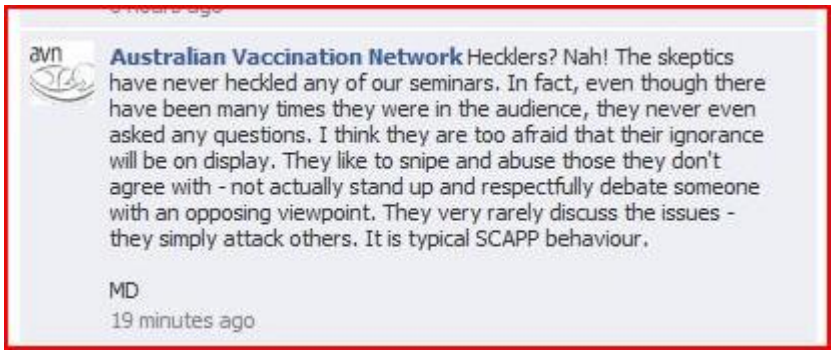
Due to these threats, for the first time in 16 years, we hired a security guard...."

But on 26 July 2010, Dorey said:

"We have been hosting seminars since 1994. Never in all that time have we had to worry about security."

On 26 July 2010, Dorey also stated that:

"The skeptics have never heckled any of our seminars. In fact, even though there have been many times they were in the audience, they never even asked any questions."



In fact, Dorey even told Howard Sattler, on Perth Radio, that there have not been any threats to Dorey or the SLWA. Brief audio here:
http://mp3twit.com/fhb

So, on 1 September 2009 she had to hire security guards, yet twice on 26 July 2010 and later on radio, she said that she never had any security problems, nor suffered any heckling or been asked any questions by the skeptics.

Well, it all adds to the drama doesn't it? It hypes up the acolytes. It ensures the herd will stick by the freedom- fighting ideologue, while she rings the bell of the cash register in sneering gratitude.

Dorey was challenged about the contradiction as follows:

Instead of a retraction, an admission of an error, an explanation, Sunny Benton's post was deleted. We're still waiting for an answer.

Evaluation: The claim that she had to hire security guards in response to threats has been exposed by her own words as a pack of lies.

ITEM 41: ANOTHER BEAT-UP

(AVN Facebook page 7 September 2011)

What she left out of the Reuters Report [66] was:

> *"Overall, the vaccine's benefit-risk balance remains positive, the watchdog added.*
>
> *"More than 31 million doses of Pandemrix have been given to people in 47 countries, and GSK said it had been notified of 335 cases of narcolepsy in those vaccinated as of July 6."*

So the risk is about 1 in 100,000, according to the researchers, and:

> *"Researchers at Finland's National Institute for Health and Welfare said the increase they found in narcolepsy was "most likely" a joint effect of Pandemrix and some other factor or factors."*

Several other pharmaceutical manufacturers, including Novartis, Sanofi, CSL and Baxter, also made vaccines against H1N1 flu during the 2010 pandemic.

Glaxo SmithKline have acted responsibly, as one expects of any corporation, and withdrawn the product until the problem is better understood. Such action is taken in every manufacturing industry. In my own, aviation, the aircraft manufacturers monitor their products carefully, and when a problem is detected, action is taken via Manufacturer's or the Regulator's Airworthiness Directives. This can happen several times a month, yet I don't hear of anyone refusing flights to Paris because of that.

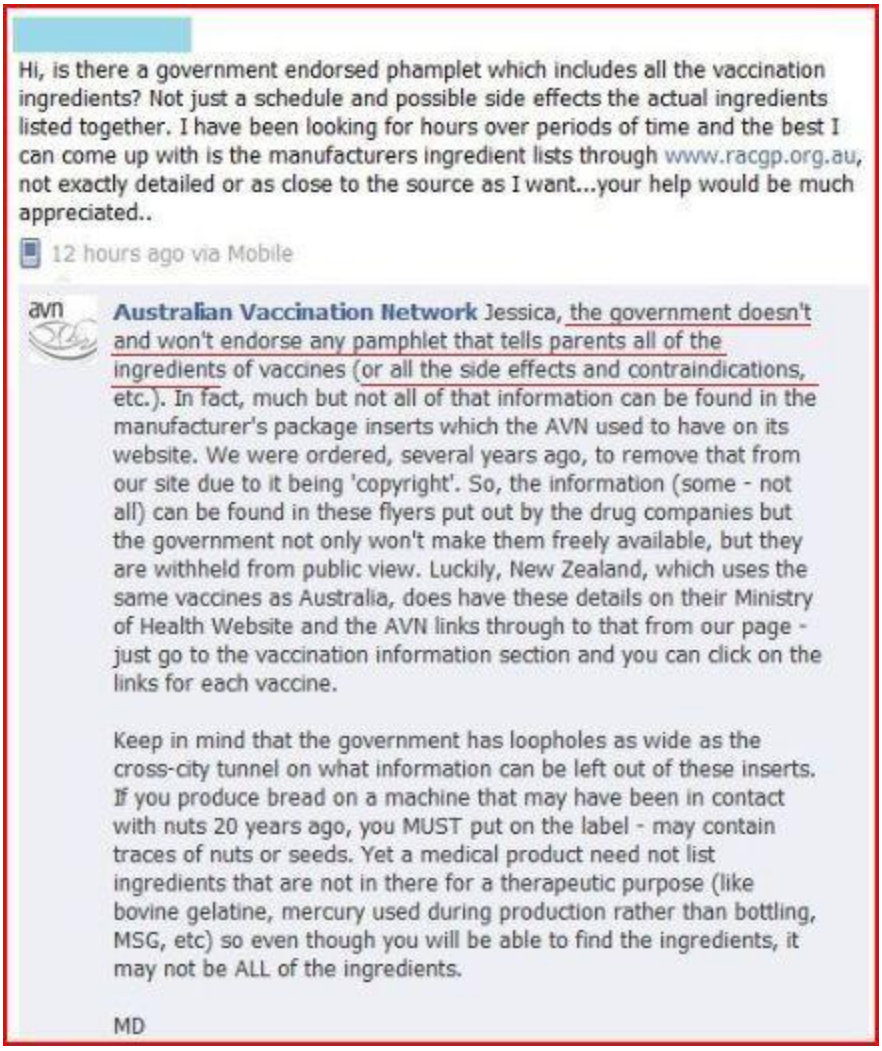
Evaluation: What a beat-up.

[66] http://www.reuters.com/article/2011/07/21/us-glaxosmithkline-idUSTRE76K4M920110721

ITEM 42: THE GOVERNMENT WON'T ENDORSE ANY PAMPHLET ....

On 21 August 2011: Meryl Dorey responds to a question on the AVN page by saying that:

> *"the government won't endorse any pamphlet that tells parents all of the ingredients of vaccines (or all the side effects and contraindications, etc.)*



Hi, is there a government endorsed phamplet which includes all the vaccination ingredients? Not just a schedule and possible side effects the actual ingredients listed together. I have been looking for hours over periods of time and the best I can come up with is the manufacturers ingredient lists through www.racgp.org.au, not exactly detailed or as close to the source as I want...your help would be much appreciated..

12 hours ago via Mobile

Australian Vaccination Network Jessica, the government doesn't and won't endorse any pamphlet that tells parents all of the ingredients of vaccines (or all the side effects and contraindications, etc.). In fact, much but not all of that information can be found in the manufacturer's package inserts which the AVN used to have on its website. We were ordered, several years ago, to remove that from our site due to it being 'copyright'. So, the information (some - not all) can be found in these flyers put out by the drug companies but the government not only won't make them freely available, but they are withheld from public view. Luckily, New Zealand, which uses the same vaccines as Australia, does have these details on their Ministry of Health Website and the AVN links through to that from our page - just go to the vaccination information section and you can click on the links for each vaccine.

Keep in mind that the government has loopholes as wide as the cross-city tunnel on what information can be left out of these inserts. If you produce bread on a machine that may have been in contact with nuts 20 years ago, you MUST put on the label - may contain traces of nuts or seeds. Yet a medical product need not list ingredients that are not in there for a therapeutic purpose (like bovine gelatine, mercury used during production rather than bottling, MSG, etc) so even though you will be able to find the ingredients, it may not be ALL of the ingredients.

MD

That is clearly wrong; anyone who has obtained a prescription medication will notice that in the packet, there is a small brochure containing all that and more.

This is because a pharmaceutical company, as part of an application to register a restricted medicine, must also lodge a draft product information document must be lodged in a form approved by the secretary under section 7D of the Therapeutic Goods Act 1989. [67]

See the six pages of Appendix Two

"FORM FOR PROVIDING PRODUCT INFORMATION FOR A RESTRICTED MEDICINE OR OTHER MEDICINE IN RELATION TO WHICH THE SECRETARY

[67] http://www.tga.gov.au/industry/legislation-pi.htm

REQUIRES PRODUCT INFORMATION TO BE PROVIDED
Therapeutic Goods Act 1989"

It covers all the matters, and more, which Ms Dorey said the government says the "*the government won't endorse":*
i) Name of the medicine
ii) Description
iii) Pharmacology
iv) Clinical trials, both positive and negative.
v) Indications
vi) Contraindications
vii) Precautions
viii) Interactions with other medicines
ix) Adverse effects
x) Dosage and administration
xi) Overdosage
xii) Presentation and storage conditions
xiii) Name and address of the sponsor
xiv) Poison Schedule of the medicine
xv) Date of first inclusion in the Australian Register of Therapeutic Goods
xvi) Date of most recent amendment of the document.

If the Secretary of the Department is satisfied that the information provided by the sponsor conforms to 7D(1) of the Therapeutic Goods Act, the brochure may then be approved.

Note Dorey's use of the word *"endorse."* This is a layman's term that demonstrates her complete ignorance of Australian government processes. The correct terminology, as used throughout all Australian legislation, is *"approved."*

If you go to the Australian Immunisation Handbook, [68] you will find all that information repeated. It's not as if the Australian Government was trying to hide it; it's freely available to everyone, and further, it is required to be provided to every customer in a printed document.

What do they say about the MMR vaccine?

[68] http://www.health.gov.au/internet/immunise/publishing.nsf/content/handbook-home

There's the "ingredients."

Vaccines

One measles-mumps-rubella (MMR) vaccine is currently available in Australia. It is anticipated that measles-mumps-rubella-varicella (MMRV) vaccines will become available in the near future. A monovalent vaccine is available for rubella where this is specifically required (see Chapter 3.19, Rubella). Separate administration of measles, mumps or rubella vaccine is not recommended as an alternative to MMR vaccine and no monovalent vaccines for mumps or measles are licensed in Australia. Measles immunity induced by single-dose vaccination provides long-term
immunity in most recipients.[1,22] However, approximately 5% of recipients fail to develop immunity to measles after 1 dose.23 Following a second vaccine dose, approximately 99% of subjects overall will be immune to measles. Combination MMRV vaccines have been shown, in clinical trials, to produce similar rates of seroconversion to all 4 vaccine components compared with MMR and monovalent varicella vaccines administered at separate injection sites.[24,25] Data on the use of MMRV vaccines are not available for people >12 years of age.

- **Priorix (MMR)** – GlaxoSmithKline (live attenuated measles virus (Schwarz strain), RIT 4385 strain of mumps virus (derived from the Jeryl Lynn strain) and the Wistar RA 27/3 rubella virus strain). Each 0.5 mL monodose of the reconstituted, lyophilised vaccine contains not less than $10^{3.0}$ $CCID_{50}$ (cell culture infectious dose 50%) of the Schwarz measles, not less than $10^{3.7}$ $CCID_{50}$ of the RIT 4385 mumps and not less than 103.0 $CCID_{50}$ of the Wistar RA 27/3 rubella virus strains; lactose; neomycin; amino acids; sorbitol and mannitol as stabilisers.

Contraindications

If using MMRV vaccine, additional contraindications relating to the varicella vaccine component are outlined in Chapter 3.24, Varicella.

(i) Allergy to vaccine components

Vaccination is contraindicated where there has been:

- anaphylaxis following a previous dose of MMR or MMRV, or
- anaphylaxis following any component of the vaccine.

Providers should consult the product information regarding vaccine components when MMRV vaccines are available.

Top of page

(ii) People with impaired immunity

Measles-, mumps-, rubella- and varicella-containing vaccines are contraindicated in individuals with impaired immunity. In addition, there are no clinical
trials or post-licensure data to address the safety and immunogenicity of MMRV in children or adults with impaired immunity. However, based on recommendations for the component live attenuated vaccine viruses, both MMR and MMRV are contraindicated in the following groups:

- those with primary or acquired cellular immunodeficiency states, including impaired immunity due to HIV/AIDS or conditions in which normal immunological mechanisms may be impaired. MMR (but not MMRV) vaccine can be given to HIV-positive children who do not have impaired immunity (see 'Precautions' below),
- those taking high-dose oral corticosteroids (in children equivalent to either >2 mg/kg per day prednisolone (≥20 mg per day total) for >1 week or >1 mg/kg per day for >4 weeks) (see Section 2.3.3, Vaccination of individuals with impaired immunity due to disease or treatment),
- those receiving high-dose systemic immunosuppressive treatment, general radiation or x-ray therapy,
- those suffering from malignant conditions of the reticuloendothelial system (such as lymphoma, leukaemia, Hodgkin's disease).

And there's the "contraindications."

Here's the "side effects."

Adverse events

(If using MMRV vaccine, additional adverse events relating to the varicella vaccine component are outlined in Chapter 3.24, Varicella.)

- Malaise, fever and/or a rash may occur after MMR vaccination, most commonly 7 to 10 days (range 5–12 days) after vaccination and lasting about 2 to 3 days. High fever (>39.4°C) occurs in approximately 5 to 15% (common to very common), and rash occurs in approximately 5% (common) of MMR vaccinees.[1,23] The risk for febrile seizures is approximately 1 case per 3000 doses of MMR vaccine administered.23 Slightly higher rates of fever were observed in clinical trials of MMRV vaccines, as compared with giving MMR and monovalent varicella vaccine at the same time but at separate sites.[24,25]
- A varicelliform rash may occur after vaccination with MMRV (see Chapter 3.24, Varicella 'Adverse events'). The appearance of a rash after monovalent varicella vaccine occurs in <5% (common) of vaccinees, and similar rates are observed with the use of MMRV.[35]
- Adverse events are much less common after the second dose of MMR and MMRV than after the first dose.
- Anaphylaxis following the administration of MMR is very rare (less than 1 in 1 million doses distributed).23 Although no cases of anaphylaxis were reported in MMRV clinical trials, the incidence is likely to be similar to that occurring with use of MMR. Anaphylaxis after vaccination is likely due to gelatin or neomycin anaphylactic sensitivity, not egg allergies (see 'Precautions' above).
- It is uncertain whether encephalopathy occurs after measles vaccination. If it does, it is at least 1000 times less frequent than as a complication from natural infection.[1,23]
- Other rare adverse events attributed to MMR vaccine include transient lymphadenopathy and arthralgia (see Chapter 3.19, Rubella). Parotitis has been reported rarely.[23]
- Thrombocytopenia (usually self-limiting) has been very rarely associated with the rubella or measles component of MMR occurring in 3 to 5 per 100 000 doses of MMR vaccine administered.[2,23,32,33] This is considerably less than after natural measles, mumps and rubella infections33 (see also Chapter 3.19, Rubella). Any association with MMRV vaccine is expected to be similar.
- It is recommended that parents/vaccine recipients be advised about possible symptoms, and given advice for reducing fever, including the use of paracetamol for fever in the period 5 to 12 days after vaccination. The use of aspirin after MMRV vaccination is not recommended for 6 weeks (see Chapter 3.24, Varicella).
- It had been hypothesised that the measles component of the MMR vaccine may be causally linked with autism, autistic spectrum disorder and inflammatory bowel disease.36 There has been no credible scientific evidence to support this claim. Most proponents of the hypothesis have retracted this claim[37] and there is now good evidence to refute it38 (see Appendix 5, Commonly asked questions about vaccination).

Go to Pertussis,

Vaccines

Acellular pertussis-containing vaccines have been used for both primary and booster vaccination of children in Australia since 1999. There are a number of acellular pertussis vaccines, which contain 3 or more purified components of B. pertussis. In the 3 component vaccines, these are pertussis toxin (PT), filamentous haemagglutinin (FHA) and pertactin (PRN). In the 5 component vaccines, fimbrial antigens or agglutinogens are also included. Acellular pertussis vaccines with 3 or more antigens have similar efficacy to good quality wholecell vaccines18 and are immunogenic and safe. Although serious adverse events such as hypotonic-hyporesponsive episodes can still occur, they are much less common than with whole-cell vaccines.18 Vaccines containing DTPa are also available in various combinations with inactivated polio, hepatitis B and Haemophilus influenzae type b vaccines.

The acronym DTPa, using capital letters, signifies child formulations of diphtheria, tetanus and acellular pertussis-containing vaccines. The acronym dTpa is used for adolescent/adult formulations which contain substantially lesser amounts of diphtheria toxoid and pertussis antigens (see formulations).

The adolescent/adult formulation dTpa vaccines are immunogenic, safe and well tolerated in adults.[19-21]

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Formulations for children aged <8 years

- **Infanrix hexa** – GlaxoSmithKline (DTPa-hepB-IPV-Hib; diphtheria-tetanusacellular pertussis-hepatitis B-inactivated poliomyelitis vaccine-*Haemophilus influenzae* type b (Hib)). The vaccine consists of both a 0.5 mL pre-filled syringe containing 30 IU diphtheria toxoid, 40 IU tetanus toxoid, 25 µg pertussis toxoid (PT), 25 µg filamentous haemagglutinin (FHA), 8 µg pertactin (PRN), 10 µg recombinant HBsAg, 40 D-antigen units inactivated polioviruses type 1 (Mahoney), 8 D-antigen units type 2 (MEF-1) and 32 D-antigen units type 3 (Saukett) adsorbed onto aluminium hydroxide/phosphate; phenoxyethanol as preservative; traces of formaldehyde, polymyxin and neomycin and a vial containing a lyophilised pellet of 10 µg purified Hib capsular polysaccharide (PRP) conjugated to 20–40 µg tetanus toxoid. The vaccine must be reconstituted by adding the entire contents of the syringe to the vial and shaking until the pellet is completely dissolved. May also contain yeast proteins.
- **Infanrix-IPV** – GlaxoSmithKline (DTPa-IPV; diphtheria-tetanus-acellular pertussis-inactivated poliomyelitis vaccine). Each 0.5 mL pre-filled syringe contains 30 IU diphtheria toxoid, 40 IU tetanus toxoid, 25 µg PT, 25 µg FHA, 8 µg PRN, 40 D-antigen units inactivated polioviruses type 1 (Mahoney), 8 D-antigen units type 2 (MEF-1) and 32 D-antigen units type 3 (Saukett) adsorbed onto aluminium hydroxide; phenoxyethanol as preservative; traces of formaldehyde, polymyxin and neomycin.
- Infanrix Penta – GlaxoSmithKline (DTPa-hepB-IPV; diphtheria-tetanusacellular pertussis-hepatitis B-inactivated poliomyelitis vaccine). Each 0.5 mL pre-filled syringe contains 30 IU diphtheria toxoid, 40 IU tetanus toxoid, 25 µg PT, 25 µg FHA, 8 µg PRN, 10 µg recombinant HBsAg, 40 D-antigen units inactivated polioviruses type 1 (Mahoney), 8 D-antigen units type 2 (MEF-1) and 32 D-antigen units type 3 (Saukett) adsorbed onto aluminium hydroxide/phosphate; phenoxyethanol as preservative;

Contraindications and side effects?

Contraindications

The only true contraindications to acellular pertussis vaccines are:

- anaphylaxis following a previous dose of an acellular pertussis vaccine, or
- anaphylaxis following any vaccine component.

Precautions

Children who have a hypotonic-hyporesponsive episode (defined in 'Adverse events' below) following DTPa-containing vaccines should receive further doses as scheduled in the National Immunisation Program. Supervision may be required under some circumstances and specialist advice can be obtained from a clinic specialising in the assessment and management of putative adverse events following vaccination (see Appendix 1, Contact details for Australian, State and Territory Government health authcrities and communicable disease control).

A history of extensive limb swelling after a booster dose of DTPa is not a contraindication to adolescent/adult formulation dTpa at 12–17 years of age (or older).[24] Parents of children about to receive the booster dose of a DTPacontaining vaccine (at 4 years of age) should be informed of the small but welldefined risk of this adverse event which, even when extensive, is usually not associated with significant pain or limitation of movement.

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Adverse events

Significant adverse events following pertussis vaccination should be reported as set out in Section 1.5.2, Adverse events following immunisation.

- Acellular pertussis vaccines are associated with a much lower incidence of fever (approximately 20%, very common) and local adverse events (approximately 10%, common) than whole-cell pertussis vaccines (approximately 45% and 40%, respectively) which are no longer used in Australia).[18,39]
- Following the introduction of DTPa in Australia, there was an increase in the incidence of extensive local adverse events in children receiving booster doses at 18 months and 4 years of age.[40]

Extensive limb swelling, defined by swelling and/or redness involving at least half the circumference of the limb, and the joints both above and below the injection site, was common (occurring in 2% of vaccinees) following a booster dose of DTPa given at 18 months of age; this was 1 reason for ceasing this booster dose in 2003. Although it is still too early to assess the effect that removing the 18-month booster dose has had on the incidence of local adverse events following the booster dose at 4 years of age, recent anecdotal reports of much less extensive swelling are encouraging.[41]

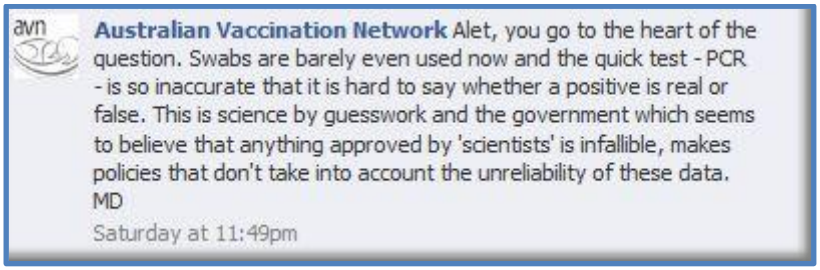
Such reactions commence within 48 hours of vaccination, last for 1 to 7 days and resolve completely without sequelae.[25] The pathogenesis of extensive limb swelling is poorly understood. In an analysis of fourth and fifth dose follow-up studies that examined 12 different DTPa vaccines, 2% (common) of 1015 children who received consecutive doses of the same DTPa vaccine reported entire thigh swelling, which resolved completely.[25]

- Children who experience a febrile convulsion after a dose of DTPa-containing vaccines are at increased risk (albeit low) of further febrile convulsion following a subsequent dose of DTPa-containing vaccines. These risks can be minimised by appropriate measures to prevent fever, so vaccination is still recommended.

  Febrile convulsions are very infrequently reported following DTPacontaining vaccines. The risk is even lower in infants who complete their primary course at 6 months of age, as febrile convulsions are uncommon under 6 months of age.
- Hypotonic-hyporesponsive episodes (HHE), defined by an episode of pallor, limpness and unresponsiveness 1 to 48 hours after vaccination, often preceded by irritability and fever, occur rarely following DTPa. Shallow respiration and cyanosis may also occur in an HHE. The whole episode lasts from a few minutes to 36 hours. In Australia during 2005, 1.33 cases of HHE were reported per 100 000 doses of DTPa or DTPa-hepB vaccines given.[41] Follow-up of children with HHE shows no long-term neurological or other sequelae and they can receive further doses of DTPa-containing vaccines.[42]
- Pertussis vaccine does not cause infantile spasms or epilepsy.
- Sudden infant death syndrome (SIDS) is not associated with either DTPa or any pertussis-containing vaccine.43 Some studies suggest a decreased risk of SIDS in children who have been vaccinated (see Appendix 5, Commonly asked questions about vaccination).

Evaluation: We can conclude that the claim that *" the government won't endorse any pamphlet that tells parents all of the ingredients of vaccines (or all the side effects and contraindications, etc.)* is one big fat lie.

ITEM 43: SWABS ARE BARELY USED NOW



From Meryl Dorey's AVN Facebook post of 24 September 2011. Her claim that

"Swabs are barely used now...."

is a little ambiguous. If she is saying that swabs are not used so much these days for Pertussis culture, then she is correct. (Pertussis cultures are rarely used nowadays as it is a particularly difficult bug to grow and results take a long time.) If she is saying that swabs are

not used for PCR [69]culture testing, then she is very wrong. It appears from her following statements regarding the supposed inaccuracy of the PCR test, that she is indeed claiming that.

Swabs are used for testing as a matter of routine, and the preferred method is PCR. Samples for some PCR tests (e.g. pertussis) are collected on swabs, and laboratories are moving more and more to swabs, away from invasive tests like nasopharyngeal aspirates. Testing now is done with a deep nasal swab on which the lab performs pertussis identification by PCR. At the same time, they also PCR for Influenza, RSV, Adenovirus, Rhinovirus and a number of other respiratory viruses.

As the NSW Hunter New England Area Health Service Pathology Service says in their staff manual "Pertussis PCR Testing":

> *"Nasopharyngeal swab (dry) or a nasopharyngeal aspirate are the preferred specimen types for this assay. If a patient refuses to have one of these samples taken, then a dry throat swab is a less preferable alternative."*[70]

Or as the Commonwealth Dept of Health and Aging say in their document "Communicable Diseases Intelligence Volume 31, Number 2, Bordetella pertussis PCR positivity, following onset of illness in children under 5 years of age:"

> *"Of 1,826 pertussis notifications to BSPHU between January 2001 and December 2005, 155 (8.5%) were children under 5 years of age, with 115 pertussis PCR positive results"*
>
> *"Sensitive and specific laboratory investigations are vital for accurate diagnosis of pertussis. Available tests include bacterial culture, polymerase chain reaction (PCR) (nasopharyngeal aspiration or throat swabs) and serological assays (mainly to pertussis toxin). Culture can be fastidious and time consuming, while serology has several limitations, including the delay inherent in collecting paired sera to detect an antibody rise. PCR is being used more frequently, especially in infants, and has a shorter turn-around time and higher sensitivity than culture."* [71]

Evaluation: Meryl Dorey's statement that *"swabs are barely used now"* is a great example of her undying ability to make stuff up, get confused, and lie.

[69] The polymerase chain reaction (PCR) is a scientific technique in molecular biology to amplify a single or a few copies of a piece of DNA across several orders of magnitude, generating thousands to millions of copies of a particular DNA sequence. In the public mind, it is used often in TV crime shows with "DNA fingerprinting."
[70] http://www.haps.nsw.gov.au/research/Communique_List/Pertussis_PCR_Testing.aspx
[71] http://www.health.gov.au/internet/main/publishing.nsf/content/cda-cdi3102f.htm

ITEM 44: THE PCR TEST IS SO INACCURATE

Following on from the item above, we move to her claim that the PCR [72] test:

> *"....is so inaccurate that it is hard to say whether a positive is real or false"*

This is just laughable. This is one of those memes that are endlessly misquoted on the internet by the anti-vaccination brigade. It was first based on a paper published in Canada years ago, that suggested that many of the positive PCR swabs in one outbreak were actually due to cross-reactivity with *B Parapertussis.* To the cranks, the PCR for Pertussis has a 100% false positive rate; therefore no one actually has Pertussis.

A study evaluating the sensitivity and accuracy of the PCR test for B Pertussis published in the Journal of Clinical Microbiology in 1997 found:

> *"The overall sensitivity of PCR was 65% (623 of 956), which was higher than the sensitivity of cultures (58%) (P < 0.001). Factors influencing the sensitivity of PCR were the interval between the onset of symptoms and sampling and the vaccination status of the patient. The specificity of PCR was 98% (1,451 of 1,486). The positive and negative predictive values were 95 and 81%, respectively. Parapertussis PCR, using primers BPPA and BPPZ, was positive in 11 of 18 culture-positive cases and was confirmed by serology in another 4 cases. In conclusion, PCR is a valuable complement to cultures and can probably replace cultures for diagnosis of B. pertussis and Bordetella parapertussis infections."*[73]

And as published in the Journal of Clinical Microbiology in 2004 testing 3096 patients:

> *"The sensitivity of the PCR was 97 % and of culture 58 %. The specificity of PCR was 93 % when regarding culture as 100 % sensitive. There was a significant relationship between laboratory method and age, as the superiority of PCR was most marked in the age group 0.5–3 years. The PCR assay proved highly sensitive for the diagnosis of pertussis. The specificity estimate of the PCR assay suffers from the influence of a gold-standard method with a low sensitivity. The PCR assay is considered highly specific due to the amplification of two different sequences in two separate assays."*
> [74]

[72] The polymerase chain reaction (PCR) is a scientific technique in molecular biology to amplify a single or a few copies of a piece of DNA across several orders of magnitude, generating thousands to millions of copies of a particular DNA sequence. In the public mind, it is used often in TV crime shows with "DNA fingerprinting."
[73] "Evaluation of PCR for Diagnosis of Bordetella pertussis and Bordetella parapertussis Infections" Lena Lind-Brandberg, et ors, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC104608/
[74] "Comparison of culture and PCR for detection of Bordetella pertussis and Bordetella parapertussis under routine laboratory conditions" Dragsted et ors.

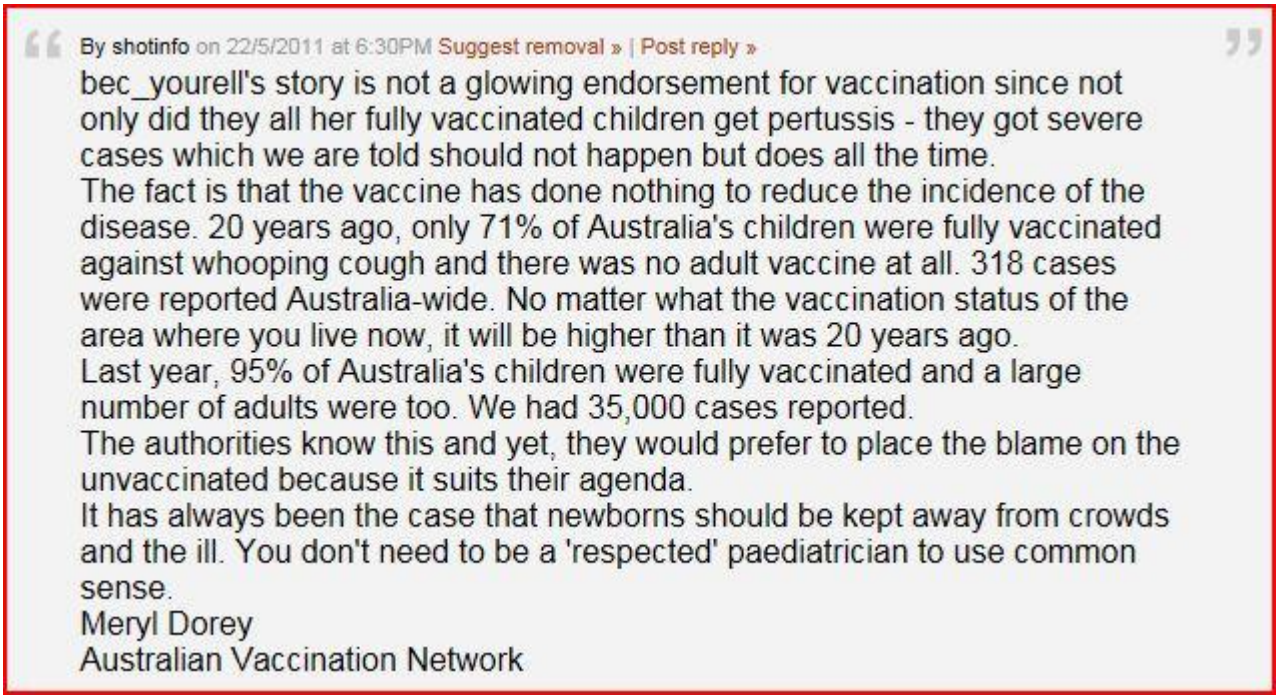
Evaluation: Her claim that her claim that the PCR test:

> *"....is so inaccurate that it is hard to say whether a positive is real or false"*

is shown by the science as a great example of her undying ability to make stuff up, get confused, and lie.

ITEM 45: THOSE PESKY PERTUSSIS VACCINATION DATA SETS.

On May 22 2011, Meryl Dorey commented in "The Lismore Northern Star" newspaper online comments section, saying



By shotinfo on 22/5/2011 at 6:30PM Suggest removal » | Post reply »

bec_yourell's story is not a glowing endorsement for vaccination since not only did they all her fully vaccinated children get pertussis - they got severe cases which we are told should not happen but does all the time.
The fact is that the vaccine has done nothing to reduce the incidence of the disease. 20 years ago, only 71% of Australia's children were fully vaccinated against whooping cough and there was no adult vaccine at all. 318 cases were reported Australia-wide. No matter what the vaccination status of the area where you live now, it will be higher than it was 20 years ago.
Last year, 95% of Australia's children were fully vaccinated and a large number of adults were too. We had 35,000 cases reported.
The authorities know this and yet, they would prefer to place the blame on the unvaccinated because it suits their agenda.
It has always been the case that newborns should be kept away from crowds and the ill. You don't need to be a 'respected' paediatrician to use common sense.
Meryl Dorey
Australian Vaccination Network

Cast your mind back to "Meryl Dorey's Trouble With the Truth Part 2", *"Item 28 - we have a 95% vaccination rate but a record increase in pertussis…"* where this particular piece of deceit was demolished.

Also go back to two years to September 4 2009, when Dorey used exactly the same argument on ABC Radio. Here is the summary of the upheld complaint regarding her misleading use of these data sets, published November 11 2009.

Upheld Complaints

Mornings, 4 September 2009

Summary published: Wednesday 11, November 2009

Complaint: A complaint was received in relation to a segment about whooping cough vaccination on the ABC Mid North Coast *Mornings* program. The complainant raised a number of concerns about the segment, including that it was inaccurate and lacked balance.

Audience and Consumer Affairs response: The complaint was upheld on two counts of inaccuracy in relation to statistical information referred to in the segment. The presenter referred to statistics which suggested that whilst the rates of vaccination had increased, the number of cases had also substantially increased in the period 1991 to 2008. The statistics were drawn from different data sets and related to different groups of children. Although each individual statistic was in and of itself accurate and drawn from a verifiable Government source, the comparative manner in which they were presented was misleading. Further, the first vaccination rate statistic was for the year 2001 but was presented as a vaccination rate for 1991. Other concerns raised by the complainant were not upheld.

Dorey, to this day, denies providing these data sets to the ABC Presenter despite the presenter stating on air that she got the data sets from Dorey. Also, here is an email from Dorey to the ABC, sent prior to the interview, published by Dorey in her blog [75] on August 10 2010.

From: Meryl Dorey
Date: 4 September 2009 8:49:40 AM AEST
To: [redacted]
Subject: Information on whooping cough incidence / vaccination rates

Dear Janine,

I just wanted you to have this information prior to my interview this morning because I will be referring to it in my talk. As I told Katya (not sure if I'm spelling that properly so apologies if it's wrong), I want to keep this on a scientific level – and avoid emotional issues and personal accusations.

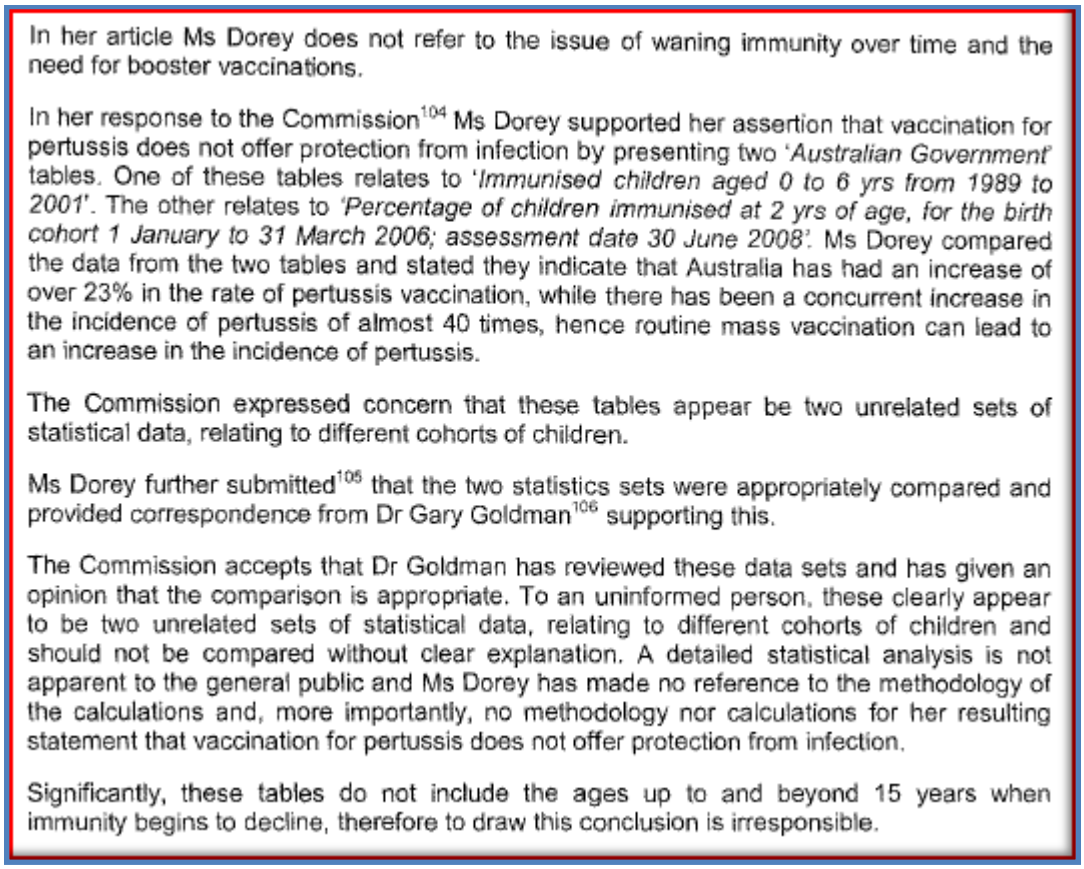
A summary of the following information is that in 1991, Australia had a whooping cough vaccination rate of 71.6% and 318 cases reported nationwide. Last year (2008), for the first time, our whooping cough vaccination rate was in excess of 95% – the stage at which we have been told the disease will disappear. Instead, we had 14,522 cases last year – the highest on record – and this year is already over 19,000 without any decline in vaccination.

So blaming the unvaccinated for these deaths and for the record outbreak is ignoring the fact that more people are vaccinating then ever before and we have seen an increase in incidence of 40 times sine 1991.

Thanks so much,
Meryl

[75] http://avn.org.au/nocompulsoryvaccination/?p=801

On July 7 2010, the HCCC released its Final Report into its investigation of the AVN. Here is what the report has to say about Dorey's argument:



In her article Ms Dorey does not refer to the issue of waning immunity over time and the need for booster vaccinations.

In her response to the Commission[104] Ms Dorey supported her assertion that vaccination for pertussis does not offer protection from infection by presenting two '*Australian Government*' tables. One of these tables relates to '*Immunised children aged 0 to 6 yrs from 1989 to 2001*'. The other relates to *'Percentage of children immunised at 2 yrs of age, for the birth cohort 1 January to 31 March 2006; assessment date 30 June 2008'*. Ms Dorey compared the data from the two tables and stated they indicate that Australia has had an increase of over 23% in the rate of pertussis vaccination, while there has been a concurrent increase in the incidence of pertussis of almost 40 times, hence routine mass vaccination can lead to an increase in the incidence of pertussis.

The Commission expressed concern that these tables appear be two unrelated sets of statistical data, relating to different cohorts of children.

Ms Dorey further submitted[105] that the two statistics sets were appropriately compared and provided correspondence from Dr Gary Goldman[106] supporting this.

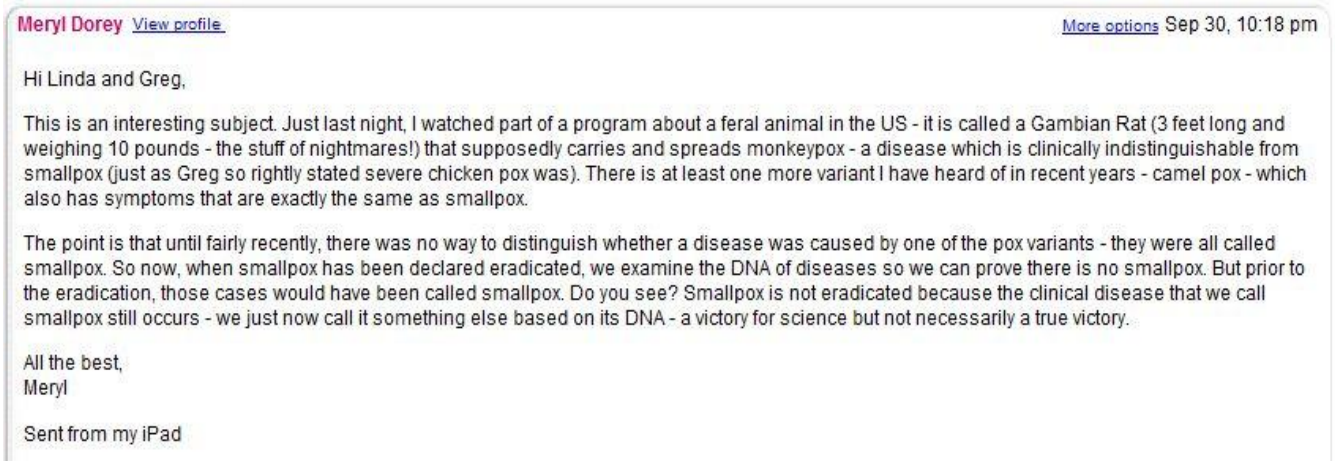
The Commission accepts that Dr Goldman has reviewed these data sets and has given an opinion that the comparison is appropriate. To an uninformed person, these clearly appear to be two unrelated sets of statistical data, relating to different cohorts of children and should not be compared without clear explanation. A detailed statistical analysis is not apparent to the general public and Ms Dorey has made no reference to the methodology of the calculations and, more importantly, no methodology nor calculations for her resulting statement that vaccination for pertussis does not offer protection from infection.

Significantly, these tables do not include the ages up to and beyond 15 years when immunity begins to decline, therefore to draw this conclusion is irresponsible.

So, after being "corrected" by the ABC on 11 November 2009, and the HCCC on 7 July 2010, she then made the same claim on the Lismore Northern Star's on-line comments on May 22 2011. She wilfully continues to use this misleading argument to deceive the community about the facts surrounding Pertussis vaccination.

Evaluation: Lie

ITEM 46: AND NOW WE PAUSE FOR SOME LIGHT RELIEF:



Meryl Dorey View profile More options Sep 30, 10:18 pm

Hi Linda and Greg,

This is an interesting subject. Just last night, I watched part of a program about a feral animal in the US - it is called a Gambian Rat (3 feet long and weighing 10 pounds - the stuff of nightmares!) that supposedly carries and spreads monkeypox - a disease which is clinically indistinguishable from smallpox (just as Greg so rightly stated severe chicken pox was). There is at least one more variant I have heard of in recent years - camel pox - which also has symptoms that are exactly the same as smallpox.

The point is that until fairly recently, there was no way to distinguish whether a disease was caused by one of the pox variants - they were all called smallpox. So now, when smallpox has been declared eradicated, we examine the DNA of diseases so we can prove there is no smallpox. But prior to the eradication, those cases would have been called smallpox. Do you see? Smallpox is not eradicated because the clinical disease that we call smallpox still occurs - we just now call it something else based on its DNA - a victory for science but not necessarily a true victory.

All the best,
Meryl

Sent from my iPad

> *"....there was no way to distinguish whether a disease was caused by one of the pox variants - they were all called smallpox. So now, when smallpox has been declared eradicated, we examine the DNA of diseases so we can prove there is no smallpox. But prior to the eradication, those cases would have been called smallpox. Do you see? Smallpox is not eradicated because the clinical disease that we call smallpox still occurs - we just now call it something else based on its DNA - a victory for science but not necessarily a true victory."*

It's rather difficult to understand this rambling and irrational post. If I have got it correct, Meryl Dorey theorises that smallpox has not been eradicated because of the past confusions with similar viruses; cowpox, monkeypox, and camelpox. Or, smallpox never existed because of the confusion of similar poxes. Supposedly, doctors could not make a correct diagnosis as the clinical symptoms were the same.

There's quite some inconsistent logic and dishonesty in this, and that should be obvious to any rational person. The use of terms such as "chicken" "camel" "small", "cow", "monkey" etc, demonstrates that early practitioners were able to differentiate aetiology, symptomology and outcomes.

Every primary grade schoolchild has learned the story of how Dr Jenner was the first, in 1796, to prove that cowpox infection could be used to immunise people against smallpox.

Evidently, Meryl Dorey thinks that doctors never could tell the difference between severe chicken pox, monkeypox and the rest, and smallpox. Does she think that before DNA profiling, doctors used crystal balls?

The world's only remaining smallpox is stored at two World Health Organization (WHO) laboratories in the USA and Russia. In 1979, the WHO declared smallpox an eradicated disease, but what would they know?

Evaluation: Just plain stupidity. We now return you to our normal program.

ITEM 47: THE GREAT LABORATORY MERCURY TESTING APPEAL SWINDLE

In many of the AVN publications, since as early as May 29, 2006, Meryl Dorey made public appeals for donations, saying inter alia:

> *"What your donation will go towards"*
>
> *"• Ability to offer our services and our magazine in the Bounty Bag which is given to every woman who births in hospital.*
> *• Ability to proceed with our plans to have all currently licensed childhood and adult vaccines tested for the presence of mercury, lead and other heavy metals. "*

The Internet Archive shows that the appeal to fund vaccine testing has appeared on the AVN's website since 3 February 2007.[76] The same appeal appeared in Meryl Dorey's emails, in the AVN magazine "Living Wisdom" and the AVN HPV brochure attached at Appendix 5.2.

This appeal remained on the AVN website until late- 2010, when a concerned member of the public alerted the Office Of liquor Gaming and Racing. So the appeal was conducted over four years,

I have dealt with the appeal for donations to pay for Bounty Bag inserts in "Meryl Dorey's Trouble With The Truth – Part 1", LIE 6. BOUNTY BAGS, so now I will concentrate on this promise to establish a vaccine testing laboratory. It is highly unlikely that this was ever a possibility. Such laboratories and procedures are expensive, (well into the hundreds of thousands of dollars), and require expertise at a PhD level, while Meryl Dorey has no qualifications whatever.

So, over all this time, the AVN appealed for money for these purposes while they were not realistic possibilities. According to the AVN's financial statements, in that time they raised about $308,000 in donations.

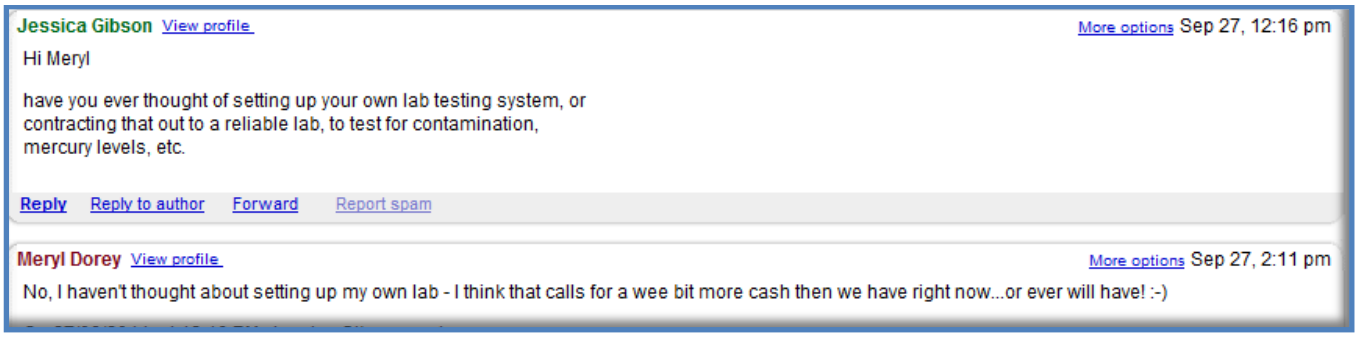
A quick glance at the AVN's annual financial statements shows that over the years that this claim has been made, the organisation made no efforts to develop the facilities and expertise required for such a scientific enterprise, or to conduct such testing through outside contract pathology laboratories.

Not long after the appeal disappeared from the AVN website, Meryl Dorey said in her email *"Updated news - Australian Vaccination Network" of* 12 October 2010:

[76] The Internet Archive is at http://web.archive.org. Search there for the AVN's "Donations" page www.avn.org.au/donation.html

> In addition to this Summit, I will be meeting with several different laboratory owners during my visit to the US to finalise the testing of Australia's vaccines for the presence of heavy metals (including mercury) and certain proteins which should not be there but which, if they are present, could be one of the causes of the recent epidemic of food allergies and anaphylaxis in our kids. I will keep you all up to date with any developments from this initiative.

Nothing more was heard of this laboratory testing scheme for the next 11 months, until someone asked on the AVN's Google Discussion Group "Vaccination-Respectful Debate":



Jessica Gibson View profile — More options Sep 27, 12:16 pm

Hi Meryl

have you ever thought of setting up your own lab testing system, or contracting that out to a reliable lab, to test for contamination, mercury levels, etc.

Reply | Reply to author | Forward | Report spam

Meryl Dorey View profile — More options Sep 27, 2:11 pm

No, I haven't thought about setting up my own lab - I think that calls for a wee bit more cash then we have right now...or ever will have! :-)

The query dated 27 September 2011 is:

> *"Hi Meryl*
>
> *"have you ever thought of setting up your own lab testing system, or contracting that out to a reliable lab, to test for contamination, mercury levels, etc.*

Meryl Dorey's reply of not quite two hours later is:

> *"No, I haven't thought about setting up my own lab - I think that calls for a wee bit more cash then we have right now...or ever will have! :-) "*

This exposes one lie. Meryl Dorey, by making public appeals for donations to fund such a lab testing system over four years in several venues, and assuring her readers that she will be meeting with US laboratory owners to finalise the testing of Australia's vaccines, had indeed thought about it.

It also shows that the appeals for donations to do that were baseless, i.e. lies.

So these fundraising appeals, to pay for Bounty Bag inserts and pathology testing facilities appear to be clear breaches of the NSW CRIMES ACT 1900:

"178BA Obtaining money etc by deception
(1) Whosoever by any deception dishonestly obtains for himself or herself or another person any money or valuable thing or any financial advantage of any kind whatsoever shall be liable to imprisonment for 5 years.
(2) In subsection (1):
"deception" means deception (whether deliberate or reckless) by words or conduct as to fact or as to law ...."

Evaluation: Lies and criminal fraud.

ITEM 48: THE GREAT APPEAL FOR ADVERTISING SCAM

Bounty Bags and lab testing were not the only appeal scams. Meryl Dorey has conducted an appeal for money for an advertising campaign. My colleague Paul Gallagher has researched this and published a document *"How Meryl Dorey stole $12,000 from AVN members and/or donors."* [77] This refers to a fund-raising appeal that raised $12,000 to fund an advertisement initially touted for "The Australian" newspaper, but which was changed to run in "Child" magazine.

An investigation conducted by the OLGR found that:

"This appeal raised $11,910. None of the funds were applied to the specific purposes".

Where did that money go?

See Paul's document at Appendix 3 to learn all about it.

Evaluation: Lie and fraud.

ITEM 49: THE GREAT APPEAL TO STEAL CHILDREN SCAM

See also Paul Gallagher's document *"When Is It OK To Steal Children? How Meryl Dorey exploited a member's family to steal $12,000 from donors"* [78] at Appendix 4. In this, Paul shows that Meryl Dorey conducted a public appeal to help a family to avoid the Dept of Community Services and the Police who were attempting to serve a Supreme Court Order. An investigation conducted by the Office of Liquor Gaming and Racing found that:

[77] http://www.scribd.com/doc/66224889/How-Meryl-Dorey-Stole-12-000-From-AVN-Members-and-Donors

[78] http://www.scribd.com/doc/64762940/When-is-It-OK-to-Steal-Children

"The appeal ran for a short time in 2008 and raised $11,810. None of the funds were spent on this purpose."

That's a nice way of saying:

"This was a fraud."

Evaluation: Lie and fraud.

AND IN CONCLUSION.....

This document and the earlier chapters, "Meryl Dorey's Trouble WithThe Truth" Parts 1 & 2 have been sent to Ms Dorey for comment and correction. She was also challenged on 28 September 2011 on her Google Discussion Page "Respectful Debate" to provide substantiation or retraction but has not responded. Not once has she challenged any of my claims, so let's take it as read that she cannot find fault with any.

At the end of Part 2, I said that I had listed a total of 142 items of dishonesty, and produced a detailed rebuttal for each of them. This document, Part 3, includes another 67. This gives an astounding total of 209 lies, and let's not forget that many of them have been told many times over. This raises several questions:

- How can one mind be so deceitful?
- Why does anyone believe her?
- How does she continue to get away with it?

A more interesting question is "why does she do it?" Astute and perspicacious readers like yourselves will have noticed that in many of her lies, there is a financial element.

Consider these items:

In Part 1: LIE 4. COPYRIGHT BREACHES WERE "IGNORANCE RATHER THAN FRAUDULENCE''

LIE 6. BOUNTY BAGS

In Part 2: ITEM 1 – "LIVING WISDOM" SUBSCRIPTIONS

ITEM 5 – PUBLIC APPEALS FOR DONATIONS

ITEM 16 – (ANOTHER) PUBLIC APPEAL FOR DONATIONS

ITEM 18 - THE NON –PROFIT VOLUNTEER-RUN ORGANISATION

ITEM 25 - "NO SERIOUS BREACHES OF THE CHARITABLE FUNDRAISING ACT"

ITEM 26 - UNABLE TO FIND AN AUDITOR

ITEM 46 - THE CLEAN BILL OF HEALTH

And now revealed in Part 3:

ITEM 22: THE "INVESTIGATE BEFORE YOU VACCINATE" POSTCARDS

ITEM 35: THE FRAUDULENT APPEAL, (YES, ANOTHER ONE.)

ITEM 47: THE GREAT LABORATORY MERCURY TESTING APPEAL SWINDLE

ITEM 48: THE GREAT APPEAL FOR ADVERTISING SCAM

ITEM 49: THE GREAT APPEAL TO STEAL CHILDREN SCAM

Can you see the pattern here? Many of her lies are intended to denigrate her critics, create a sense of crisis of "them vs us," and also to create a persona of a poor downtrodden crusader for truth who needs your money to bring the truth to light. Through all of this, there is a finely interwoven thread of frauds, scams, and just plain swindles, all intended to defraud supporters and the general public, whether the lie is an outright appeal for money under false pretences, or the copying and selling of publications subject to another publisher's copyright.

There is more to this: under the New South Wales Incorporated Associations Act, the AVN is required to conduct an Annual General Meeting within six months of the completion of their financial year, [79] The AVN is also required to submit the Annual Financial Statement to the AGM for acceptance, and then to submit the Annual Financial Statement to the NSW Office of Fair Trading, who then makes it available to the general public; i.e. traders and suppliers and busybodies. However, since the AVN was formed in 1994:

- Annual Financial Statements for the years 1994, 1996, 1997, 1998, 1999, and 2000 were not submitted.
- The Annual Financial Statement for the year 1995 was not submitted until July 1996.
- Annual Financial Statements for the years 2001, 2002, 2003, 2004, and 2007 were not submitted until September 2008.
- The Annual Financial Statement for the years 2005 and 2006 were not submitted until April 2008.
- The Annual Financial Statement for the year 2008 was not submitted until June 2009.
- The Annual Financial Statement for the year 2009 was not submitted until August 2010.
- We're still waiting for the 2010 Annual Financial Statement.

[79] The AVN runs Financial Years co-incident with calendar years, so they end on December 31.

Of all the 16 years it has been in existence, only twice could it be possible that the AVN has complied with this requirement of the Act: 1995 and 2008. On many occasions, the Statements were lodged only after stern warnings from the Office of Fair Trading. [80]

See the Association Extract, a register of documents received from the AVN by the Office of Fair Trading. [81] It is clear that while defrauding the public Meryl Dorey (President and Public Officer of the AVN), is going to extraordinary lengths to avoid scrutiny.

What scrutiny we have been able to achieve of the documents lodged with the Office of Fair Trading shows that a total of $308,000 was raised during the time of these fund-raising scams up to 31 December 2009. All the while Meryl Dorey failed to comply with the Charitable Fundraising Act and the Charitable Trusts Act. See the report summary issued by the investigators from the Office of Liquor Gaming and Racing, who found 25 breaches of the Charitable Fundraising Act, which attract penalties of $25,500 in fines and five years jail, and another four breaches of the Charitable Trusts Act, (with the penalties not shown in the report, as that falls to another department's jurisdiction). [82]

Not counted in that $308,000 are the proceeds of sales of copyright material and whatever was raised in the fraudulent appeal shown in "ITEM 35: THE FRAUDULENT APPEAL, (YES, ANOTHER ONE)" on page 54. Dorey did say in that appeal that *"we need a minimum of $100,000 - $150,000"* to fund the AVN's legal actions against OLGR and the HCCC, and considering that these actions are proceeding, then a large sum of money was raised, even if we have no way of knowing (yet) of just how much.

A calculation of the total amount raised from all these appeals and scams, and others not mentioned here, approaches $500,000. None of it was processed according the relevant NSW legislation; where did it go?

So this is no simple matter of a crank publishing bizarre conspiracy theories and lies. Behind all of that is a business intended to defraud the innocent and make lots of money for Meryl Dorey.

Meryl Dorey: liar and fraud.

[80] Personal communication from the OFT.
[81] http://www.scribd.com/doc/37980984/AVN-OFT-Association-Extract
[82] http://www.scribd.com/doc/50933157/OLGRresponse18102010complete

Appendix 1.1

Ken McLeod

From: "Meryl Dorey" <meryl@avn.org.au>
To:
Sent: Sunday, 21 August 2011 10:07 AM
Attach: healthy_kids_check_template_idgp_-_do_not_open (1).rtf
Subject: [AVN] URGENT ACTION ALERT - preliminary - please share widely (mostly for Australians) [1 Attachment]

Hi all,

I am hoping that everyone who reads this email will share with all of their friends and family. This is happening in Australia right now but it is planned for most Western nations down the track and if it is allowed to stand…well, that doesn't really bear thinking about.

The Australian government has just instituted a requirement for all parents to bring their child into a GP for a health assessment. Compliance with this requirement will determine whether you do or you don't get the family allowance. Letters are going out to parents this week - some have already been received.

Vaccination is a big part of this requirement and it is not impossible that doctors will deem unvaccinated children to be 'at risk' with an intervention such as forced vaccination or removal from families for these kids. Remember, Australia is the home of the Stolen Generation and that happened because one group of people considered themselves to be experts in how children should be raised.

Next year, mental health assessments will be added to the mix - there are questions on here already in that regard but they are not required at this point. Imagine when they are, the number of children who will be medicated as a result! Please read this excellent blog for more information on this situation - Unfit Until Screening And Intervention Says Otherwise!

What if your primary care practitioner is not a GP? What if your health philosophy has indicated that mainstream medicine is not in your child's best interests? What if you are a Christian Scientist whose religion says that you don't see doctors?

Are there exemptions available for those who don't normally see doctors? And if the doctor - whose philosophy and practices differ from you own - determines that your child is at risk, what are the potential outcomes?

> Will breastfed babies be at risk because of their slower weight-gain as compared to those fed artificial breast milk (ABM?)
>
> Will children who are not using full sentences at 3 years of age be labelled as developmentally delayed and forced into treatment even though a proportion of children at this age will not be speaking in sentences but will catch up later without intervention?
>
> Will this one doctor's word be taken as gospel even though his training does not give him any expertise in these areas (they are actually meant to assess the nutritional requirements of children when doctors learn almost nothing about nutrition in school).

It is hard to imagine anything good coming of this move and the downsides could be disastrous for many families who are not mainstream in their lifestyle and health choices. After all, the government is proposing a 'report card' on your parenting skills and if anyone wants to see a dysfunctional family - just watch question time in Parliament any day of the week when they are sitting! Who are they to try and tell us that our children are healthy or well-adjusted?

Appendix 1.2

Below is the letter that has been sent out. Please watch this space as we will be having an action alert in the next few days to get the ball rolling on overturning this requirement. This information needs to go viral - please forward as much as you can and you have my permission to post this to your blogs, websites or anywhere else you think it will be read by those who need to be aware.

Meryl Dorey

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Freedom is not merely the opportunity to do as one pleases; neither is it merely the opportunity to choose between set alternatives. Freedom is, first of all, the chance to formulate the available choices, to argue over them -- and then, the opportunity to choose. - C. Wright Mills

The authority of any governing institution must stop at its citizen's skin. - Gloria Steinem

We rely on the help and support of our members and subscribers to continue offering our services freely and without prejudice.

Please consider helping us by subscribing to Living Wisdom and renewing your membership promptly if you are already an AVN member. Go to http://www.avn.org.au to subscribe or renew.

We also sell books, videos and DVDs on vaccination and other health issues. Go to http://shop.avn.org.au/ for more details.

Hi all,

I am hoping that everyone who reads this email will share with all of their friends and family. This is happening in Australia right now but it is planned for most Western nations down the track and if it is allowed to stand…well, that doesn't really bear thinking about.

The Australian government has just instituted a requirement for all parents to bring their child into a GP for a health assessment. Compliance with this requirement will determine whether you do or you don't get the family allowance. Letters are going out to parents this week - some have already been received.

APPENDIX 2.1

FORM FOR PROVIDING PRODUCT INFORMATION FOR A RESTRICTED MEDICINE OR OTHER MEDICINE IN RELATION TO WHICH THE SECRETARY REQUIRES PRODUCT INFORMATION TO BE PROVIDED

Therapeutic Goods Act 1989

This form has been approved under subsection 7D(1) of the *Therapeutic Goods Act 1989* (the Act) for use by applicants for registration of restricted medicine to accompany the application in accordance with paragraph 23(2)(ba) of the Act, and for registration of other medicine for which the Secretary has given notice that product information (PI)[1] is to be provided to the Secretary as referred to in subparagraph 25(1)(da) of the Act.

REQUIREMENTS

PI provided of the kind described in the dot points below in relation to the medicine must be set out under the following specified headings in the order set out below:

i) Name of the medicine

- The Australian Approved Name (AAN) of the therapeutically active ingredient or, in the case of a mixture of active ingredients, of each therapeutically active ingredient.
- The chemical structure of each therapeutically active ingredient, except in the case of therapeutically active ingredients that are:
  - inorganic salts or simple organic compounds where a molecular formula may be included;
  - complex biological molecules such as large peptides and proteins, where a simpler schematic presentation of the structure may be included; and
  - substances where the structure is not defined.
- The CAS[2] Registry Number of the medicine.

[1] Product information is defined in subsection 3(1) of the Act in relation to therapeutic goods as "information relating to the safe and effective use of the goods, including information regarding the usefulness and limitations of the goods".

[2] Chemical Abstracts Service.

ii) Description

- A description of relevant physical and chemical characteristics of the medicine and its formulations.
- List of excipients.

Note: Australian Approved Names should be used for the excipients.

iii) Pharmacology

- The pharmacology and pharmacological actions of the medicine, followed by the pharmacokinetics (with subheadings in the following order: absorption; distribution; metabolism; excretion), especially in humans.

iv) Clinical trials

- Clinical trials related to the indications, both positive and negative.

Note: If the medicine was registered prior to 1991 and there have been no applications to the Therapeutic Goods Administration requiring the advice of either the Australian Drug Evaluation Committee (ADEC) or the Advisory Committee on Prescription Medicines (ACPM) since then, it is unlikely that a suitable clinical trial data will be available. In that case, the Clinical Trials section need not be completed.

v) Indications

- The therapeutic applications of the medicine.

Note: The therapeutic applications should be stated clearly and concisely, and should define the target disease or condition, distinguishing between treatment (symptomatic, curative or modifying the evolution or progression of the disease), prevention (primary or secondary) and diagnostic indications. Mandatory conditions of product usage, where relevant, should also be included if not covered more appropriately in other parts of the PI.

vi) Contraindications

- A description of situations in which patients:
  - should never be treated with the medicine, and
  - should generally not be treated with the medicine.

Note: Situations where life threatening or fatal adverse reactions may occur can also be referred to.

vii) Precautions

- Effects on fertility.
- Use in pregnancy (see note below).

- Use in lactation.
- Paediatric use.
- Use in the elderly.
- Genotoxicity.
- Carcinogenicity.
- Effect on laboratory tests.

Note 1: The circumstances where caution is required in relation to the medicine should be described. The actions the health care professional should take should also be described. Information on precautions should include, but not be limited to, information of the kind listed above. Additional information can also be provided if appropriate.

Note 2: Examples of the circumstances where caution is required could be in relation to particular population groups or clinical situations where dosage adjustment is required.

Note 3: An example of the actions the health care professional should take could be to specify particular investigations that may need to be carried out.

Note 4: In relation to use in pregnancy, include a proposed or approved Australian Pregnancy Categorisation, any relevant standard text for the class of medicine and other information consistent with this categorisation, as well as effects on labour and delivery.

viii) Interactions with other medicines

Note: In relation to interactions with other medicines, include known clinically relevant interactions and other potentially serious interactions. Interactions should be grouped according to outcome, for example, potentiation or reduction of effect, and the mechanism of action should also be explained where this is known.

ix) Adverse effects

- Severity, clinical importance and frequency of adverse effects.

Note: For clarity and consistency, the following format is preferred:

1. A table of adverse events (not adverse reactions) at a cut-off of, for example, 1% comparing the frequency of adverse events (n(%) or (%)) on drug with placebo/active comparator (if studies support this comparison) (usually very common and common);

2. A line listing of adverse reactions that fall below the cut-off by System Organ Classes (SOC) using CIOMS[3] frequencies (usually uncommon, rare); and
3. A post-marketing section of adverse reactions by system organ class using CIOMS frequencies (usually rare or very rare).

x) Dosage and administration

- Dosage (dose and interval).
- Dosage adjustment in:
  - renal insufficiency;
  - hepatic insufficiency;
  - dialysis; and
  - concomitant disease.
- Maximum tolerated daily dose and the maximum dose for an entire course of therapy.
- Monitoring advice.
- Other relevant information such as relationship to meals and compatibility with other medicines and fluids.

xi) Overdosage

- Symptoms, signs and recommended treatment of overdosage or accidental poisoning.

Note 1: It is usual to include the following statement under this heading:

For information on the management of overdose, contact the Poison Information Centre on 131126 (Australia).

Note 2: If activated charcoal is considered to be potentially useful in the management of overdose of the medicine, then a suitable statement for inclusion would be:

Activated charcoal may reduce absorption of the medicine if given within one or two hours after ingestion. In patients who are not fully conscious or have impaired gag reflex, consideration should be given to administering activated charcoal via a nasogastric tube, once the airway is protected.

Note 3: Whole bowel irrigation may be useful in the management of overdose of slow release preparations with significant toxicity (eg. slow release calcium channel blockers) or medicine not absorbed by charcoal (eg. iron, lithium). If whole bowel irrigation is considered to be potentially

[3] Council for International Organizations of Medical Sciences.

useful in the management of overdose of the medicine, then a suitable statement for inclusion would be:

> *Whole bowel irrigation (eg. 1 or 2 litres of polyethylene glycol solution orally per hour until rectal effluent is clear) may be useful for gut decontamination*.

Note 4: For all overdoses, the mainstay of treatment is supportive and symptomatic care. This should be emphasised before discussion of specific antidotes. Information on serious toxicity, T_{max}, elimination half-life (in the setting of overdose) and the effectiveness of haemodialysis and repeated doses of activated charcoal in removing the medicine are very useful in the management of overdose. Any available information on these issues, including animal data, should be considered for inclusion.

Note 5: Syrup of Ipecac and gastric lavage are no longer considered to be standard therapy for gut decontamination. Reference to these interventions therefore need not routinely be included.

Note 6: It is generally inappropriate to include LD_{50} values from any animal studies.

xii) Presentation and storage conditions

- The presentation of the medicine, including information about:
  - dosage form;
  - quantity, proportion or strength of each therapeutically active ingredient;
  - container type;
  - pack sizes; and
  - any other information relevant to the presentation or appearance of the medicine.
- Storage conditions.

Note 1: The pharmaceutical form should be described by the AAN term, together with a visual description of the appearance of the product (colour, markings, etc). In the case of products to be reconstituted before use, a reference to the appearance before reconstitution should be included.

Note 2: Reference should be made to the immediate container for the medicine using the AAN term and the material of construction of the immediate container (for example, “glass vials”, “PVC/Aluminium blisters”). Any other component of the product should be listed (for example, needles, swabs, measuring spoons, syringes or inhaler devices). The container of any solvent provided with the medicine should also be described.

Note 3: All pack sizes should be listed. Pack sizes mentioned should include the number of units, total weight or volume of the immediate container (as appropriate) and the number of containers present in any outer carton.

xiii) Name and address of the sponsor

- Name and street address of the sponsor of the medicine.

xiv) Poison Schedule of the medicine

- The schedule of the current Poisons Standard in which the medicine is included (if applicable).

xv) Date of first inclusion in the Australian Register of Therapeutic Goods (the ARTG)

[To be completed when the medicine is included in the ARTG.]

xvi) Date of most recent amendment

[Item to be completed at the time of any approval of a variation to the approved PI.]

APPENDIX 3.1

How Meryl Dorey stole $12,000 from AVN members and donors

Back in the days just before community members were forced to take a stand against the Australian Vaccination Network for their harassment and abuse of grieving parents, things were different. Having run almost unchecked as a largely law breaking enterprise their confidence and gall in scamming the public was at an all time high.

Yet Dorey's urgent threats directed at parents of compulsory vaccination for toddlers never existed. Parent's have never been *forced* to vaccinate children. The many alerts such as *"Action Alert – compulsory H1N1 (swine flu) vaccination just around the corner"* were all scams to scare members into giving the AVN money. Dorey's claimed funding destinations never existed. The most famous is the *Bounty Bags* rort. Assisted by sisters Jane and Nicola Beeby, the scam was to take donations to "fund" AVN material in *Bounty Bags* maternity packages. The problem was the Bounty Bags company despised the AVN and had nothing to do with them. AVN did the same with Copeland Publishing and their *Child* magazine – an example of which we'll see below.

The AVN knew no bounds. They had logo'd polo shirts, T-Shirts boasting *Love Them, Protect Them, Never Inject Them*, media appearances, glossy magazines resembling competence, craftily tipping uncertain parents further into a maelstrom of doubt. "Tell them they have aborted foetal cells in them", Dorey was want to advise her minions. Anti-freeze, immortal cells used in production lead to cancer, crushed up monkey kidney, heavy metals, mercury, mercury, mercury. Dorey zipped from community hall to community hall running the same unsubstantiated claims with photos easily dated from the 1970's. Horrific injuries blamed on every type of vaccination. For unsuspecting Aussies they were dark days indeed. To this day, not one "vaccine injury" has been backed by evidence or accepted by ADRAC.

Until of course, selfless volunteers followed through with the laws they had flaunted for so long. Eventually The NSW Health Care Complaints Commission found that the Australian Vaccination Network website:

- provides information that is solely anti-vaccination
- contains information that is incorrect and misleading
- quotes selectively from research to suggest that vaccination may be dangerous.

And because of this, in their public warning about the AVN, "the Commission recommended to the AVN that it should include a statement in a prominent position on its website to the following effect":

- The AVN's purpose is to provide information against vaccination, in order to balance what it believes is the substantial amount of pro-vaccination information available elsewhere.
- The information provided by the AVN should not be read as medical advice.
- The decision about whether or not to vaccinate should be made in consultation with a health care provider.

The AVN never complied, refuting the HCCC observation of being anti-vaccination, claiming that they are for "informed choice". Bizarre given that academic Brian Martin writes in defence of their "dissenting" anti-vaccination stance. He echoes Meryl Dorey's complaint that they are an essential whistle blower suffering suppression of free speech.

Paul Gallagher. Sept. 24th, 2011 From: http://luckylosing.com/2011/07/17/how-meryl-dorey-scammed-and-stole-11000-from-avn-members-andor-donors/

Below we'll get a touch of the charity fraud. But reading the group emails of how they mocked legitimate charities associated with medical care was chilling. "I tell them I'm a charity", boasted Dorey. Ultimately this scam fell apart. The Office of Liquor Gaming and Racing stepped in conducting an "audit that revealed breaches of charitable fundraising legislation".

From Lismore Northern Star:

These included fundraising without authority, unauthorised expenditure and failure to keep proper records of expenditure. The AVN offices were searched by the OLGR recently and staff were interviewed.

Dorey lied at the time to the public and the OLGR – as I reveal below. Despite these serious offences she claimed that the OLGR found their donation box was the wrong size and that;

…the OLGR had found several errors with the network's bookkeeping system and some minor problems with the way in which fundraising income was accounted for… errors which any small, volunteer-run organisation can and does make…

So let's examine one very clear example. Documented no less in their own archives – in their own words. Signed off in the applicable financial statement, no less. Orchestrated by Meryl Dorey and the Beeby sisters and the AVN committee I'd like to bring to your attention the admission and publication by The Australian Vaccination Network that they successfully raised $11,910 which was to fund an advertisement.

I believe the manner and timing in which the money was raised, the prompt closing of the donation window and subsequent failure to reference the fate of the $11,910 is significant. The source for this is archived editions of Living Wisdom, running from March 2nd, 2009 to June 25th, 2009. These archives may be found here.

I might stress at the outset that material in AVN archives of Living Wisdom is in dissonance to Meryl Dorey's assertion to the OLGR that the AVN did not have access to auditors between July 2nd 2007 and June 2nd 2009, when it was *without authorisation* to fund raise. The February 2009 edition, under the heading *The AVN needs your help*, includes;

The AVN has now reached a crisis point and it's up to you to decide whether or not we are able to continue to provide these services. Our auditors have told us that they they have serious concerns about our financial status and our ability to continue as a viable entity…. Our debts are just over $50,000 – more than half of that co-signed for by Meryl Dorey personally…..

On October 16th, 2010 Mel McMillan wrote an article in The Lismore Northern Star entitled AVN seeking legal advice. It includes;

It is understood that between July 2, 2007 and June 2, last year (2009), the AVN was without authorisation to fundraise. Ms Dorey admits this was true but claimed the OLGR was aware of the AVN's fundraising status. 'During this time we were unable to find an auditor,' Ms Dorey said.
'It took the AVN 12 months to find an auditor and then another year before the audit was conducted because the AVN was put at the bottom of the new auditor's work pile', Ms Dorey claims.

I believe this disparity suggesting a delay until mid 2010 in finding auditors, is quite pertinent. Either Ms. Dorey misled members, readers and donors or misled the OLGR. Which brings the next matter – the successful collection of $12,000 into stark consideration. The appeal began in the very next Living Wisdom publication on March 2nd 2009, 11 days after the published claim that AVN auditors had "serious concerns about [the AVN] as a viable entity".

Regarding the advertisement, the March 2nd, 2009 edition sought donations from members totalling $53,000 by Monday March 9th, 2009. It suggested readership numbers meant a donation of $20 would suffice. The AVN had been in touch with Generation Rescue in the USA (they claimed citing no correspondence) and were "given permission" to run their USA focused advertisement in Australia. Donors could email judy@avn.org.au for internet banking or donate directly into:
Australian Vaccination Network Gift Fund Westpac BSB 032591 Account – 196282

Further ambiguity as to financial record management appears in the same issue under *Your support is amazing!* It is claimed that the call for $50,000 11 days earlier had allowed the AVN to "continue… for now". It includes;

The AVN committee is in the process of working with our accountants in order to develop systems which will make our operations more sustainable. In the meantime, if there are any business mentors out there who would like to help us with advice, that would be very much appreciated.

A suspicious typing error led to *Generation Rescue* being referred to as *Operation Rescue*, and was corrected later the same day. Yet they'd just been in frequent contact with Generation Rescue, negotiating a deal…. hadn't they? Four days later on March 6th, 2009 under *Update on Fundraising for Autism Ad*, the AVN's Living Wisdom claims a total raised of $5,000.

By March 31st, 2009 the AVN Living Wisdom claims under *What's been happening?* – Item 1 – that $7,000 of $53,000 has been raised. At this point the authors claim to have been seeking to; *"Fund a full page ad in The Australian newspaper"*. However, rather than a one off ad, they now seek;

"a full page ad in every edition of Copeland Publishing's CHILD magazine…. This will cost $26,000 in total".

Copeland Publishing do not accept or agree with AVN material. An advertisement claiming vaccines cause autism is factually absurd, deeply offensive, runs against the ethics and standing of Copeland and CHILD magazine, and would have lost them support and paying customers. The closest the AVN have come was a discussion online to have members flood GP offices and "sneak" anti-vaccination material into existing copies of CHILD magazine

This attack was phase two in a 2010 revenge attack on Copeland for refusing to publish AVN propaganda, earlier reported in an "Action Alert" by Dorey herself, calling for letters to bombard Copeland Publishing. Later praised here. And still later praised as a "fantastic job".

The next mention of the fund raising drive is in Living Wisdom, June 14th, 2009 [incorrectly headed "July 2009"] under *Two weeks left – please don't let this effort go to waste!* They write (again with no citation of Generation Rescue);

We need to raise $23,000 in total and if we get 2/3 of the money, the American organisation, Generation Rescue, will give us the other 1/3. So far, we have raised $7,000 and we need to raise another $8,000 before Generation Rescue will give us the rest. I feel that we have given it a really good go, but it's time to say there needs to be a time limit.

We cannot get the media to cover this issue from our side at all. They still insist that there is no evidence that children are becomming autistic as a result of vaccination. We know this is not the case. The US vaccine court knows this is not the case. But the average Australian mum and dad still has no idea. It is vital that we get this information out there. It will blow the roof off of the claims by our government, our medical community and others who want to continue the cover-up of this issue.

Please, if you have not already donated towards this cause (please click here [Ed: no longer functioning] to read more about this effort and to see a copy of the ad), do so today. If you can, forward this letter (using the link below) to your friends, family, workmates or anyone else who has an interest in child health.

Today, is Monday, June 15th. We will give it until Monday, June 29th to raise the rest of these funds. Your help and support are very much appreciated.

Oh, one other VERY IMPORTANT thing. When you make your donation via our website, please use this link [Ed: no longer functioning] so we will know to direct your donation towards this fundraising appeal? It is for a $20 donation. If you want to donate more, just change the quantity (in other words, if you want to donate $100, just change the quantity to 5 and that will be 5 X $20 or $100 in total).

A fund raising closure date of June 29th is now set.
The bank deposit account details change to;
Westpac Account Account name – Australian Vaccination Network, Incorporated BSB – 032 591 Account Number – 188223

At this point the total sought is $15,000 – $7,000 raised plus $8,000 needed. On June 25th – 11 days later – an additional $4,000 is reported, bringing the total raised to $11,000. They write in Living Wisdom;

We are entering the home stretch folks. On June 14th in our last e- newsletter, I put out an appeal for the final $8,000 needed to get our ad regarding the connection between autism and vaccination into all of the Copland Publishing magazines (Sydney's Child, Melbourne's Child, etc.). We have raised about 1/2 of that $8,000 but, like the saying goes (sort of!), you can't be a little bit pregnant or a little bit dead. $4,000 won't get the ad in these publications – we need another $4,000 and we only have 3 days to get it.

Based on the last receipt of $4,000 in 11 days, or indeed the initial $5,000 in four days, if the fund raising was extended for a short time past the final 3 days, the $15,000 sought may have been achieved. The outcome of this fundraising attempt or the promised advertisement is not noted again. According to the OLGR it reached $11,910.

No mention is made of monies raised over the final three days in which donations would have continued coming in – perhaps the $4,000 sought. Nor indeed was there any mention of whether the AVN itself could contribute with the help of accountants the AVN claimed were making "our operations more sustainable".

APPENDIX 3.5

Donations appear to have been made, or at least called for, into two separate Westpac accounts. The AVN Gift Fund and The AVN Incorporated. No mention of trust account deposits is presented to members. Monies raised in this manner are legally bound to be placed in trust accounts and members notified.

The $11,000 is not mentioned again in subsequent Living Wisdom editions. The only reference to money (two weeks later) are calls to buy tickets to seminars, sign up for membership or subscribe to Living Wisdom. The *at least* $11,000 is by their own admission, in AVN hands. Money raised immediately after a separate appeal for $50,000 to keep the organisation afloat. After financial auditing found "serious concerns about [the AVN] as a viable entity". The latter being acknowledged again on March 2nd, 2009.

Of course I informed the OLGR of how this "minor problem with how fundraising was accounted for", by Dorey and most likely the Beeby's. Both Meryl Dorey's and Jane Beeby's signature's are on the annual financial statement covering this period. Again, in their own words they damn themselves. The question must be asked: Was there ever a real appeal to fund an advertisement? Or was it a ploy targetting readers touched by autism? *The average Australian mum and dad still has no idea. It was a government and media cover up.*

The evidence is overwhelming. The money appears as good as stolen. Dorey denies accountability to the OLGR, claiming their motivation to act is derived from the HCCC whose motivation was derived from "forces" intent on suppressing their civil rights. To point out these scams is according to Dorey and the likes of Dr. Brian Martin, suppressing their right to free speech.

I'm afraid I beg to differ.

On October 18th, 2010 the NSW Office of Liquor Gaming and Racing wrote to Mr. Ken McLeod in response to his many complaints about AVN breaches of the charitable fund raising act 1991. It included, along with 17 confirmed breaches of the Act:

During the course of the inquiry evidence of possible breaches of the Charitable Trusts Act 1993 was detected in relation to the following specific purpose appeals conducted by AVN: [....]

2. Advertising Appeal – initially this was an appeal for the specific purpose of raising funds for an advertisement in the Australian commencing in March 2009 and concluding July 2009. The specific purpose was changed during the course of the appeal to fund advertisements in Child magazine. This appeal raised $11,910. None of the funds were applied to the specific purposes. It is noted that AVN did spend some $15,000 during the period December 2009 to July 2010 on various forms of advertising.

Two days later the Minister for Liquor, Gaming and Racing revoked the fundraising authority held by the AVN.

APPENDIX 4.1

When Is It OK To Steal Children?

How Meryl Dorey exploited a members' family to steal $12,000 from donors

An excellent question and I'm glad you asked.

It has been posed before of course. By the same person who opined, and in circumstances similar to that which elicited, "Court orders rape of a child" after a mother was ordered in the Family court to vaccinate her daughter.

Although continuing on with, "Think this is an exaggeration? This is assault without consent and with full penetration too…", Meryl Dorey AVN president did attempt to explain herself. Or rather, offer a kind of acknowledgement of her members who were not up with the gravity of *assault by vaccination* and thus took offence.

I don't won't to hype this up as it was pretty gross. Yet it undermines the straight faced denials of being antivaccination. Indeed, of being "for informed choice". It brings in an emotional element impervious to the very rational compromise that defines advocacy in a democracy. It moves it to the extremes of activism.

The type of placard waving, spittle flying abuse of the status quo that doesn't help anyone. And if actions speak louder than words, the August 2008 debacle that Dorey initially wrote about under When is it OK to steal children?, long ago destroyed any semblance of bipartisan credibility.

This is when the AVN usurped the actions of a family hiding an HBV positive mother, husband, newborn and 3 year old from DoCS, police and NSW health to avoid the standard HBV vaccine regimen to protect the newborn. DoCS had taken out a Supreme Court order to ensure vaccination of the neonate – but not the 3 year old.

The parents kept it up long enough to ensure the six day window of opportunity for protection had expired. Then the AVN abandoned the parents to the law and the father to a possible jail sentence – only prevented by DoCS in view of family cohesion. Dorey went on to milk her members for money via a Fighting Fund which she began within 48 hours after the birth, rising to a Donation Challenge with $500 being the magic figure. With a long history of misappropriating funds, this would be easy.

Almost $12,000 was raised. The parents received none of this money. Members were coaxed along as if they *were* receiving funds and later congratulated for their "your help" in securing a victory for the family.

They were housed with a sympathiser or living in a motel and met their own costs. Dorey's trick was to plead about more families sure to face this on a regular basis. In fact she boasted of inside information (from the father she exploited no less) that it occurred regularly. The AVN was financially in need and *had* to stay open. The NSW Attorney General might pursue the family (wrong). The AVN were to lobby parliamentarians on behalf of members, over this very type of threat (still waiting).

Paul Gallagher Sept. 13, 2011. From: http://luckylosing.com/2011/08/29/when-is-it-ok-to-steal-children/

According to NSW Office of Liquor Gaming and Racing in a letter to Mr. Ken McLeod on October 18th, 2010, we can read on page two;

During the course of the inquiry evidence of possible breaches of the Charitable Trusts Act 1993 was detected in relation to the following specific purpose appeals conducted by AVN:

Fighting Fund – to support a homeless family, allegedly seeking to avoid a court order to immunise a child with legal and living expenses. The appeal ran for a short time in 2008 and raised $11,810. None of the funds were spent on this purpose.

A similar case in QLD in which a 9 week premature baby was "vaccine injured" by the HBV vaccine (inexplicably leading to all three children being removed by DoCS) was set to cost the AVN $30,000. Apparently – as Meryl Dorey relays it – this family wished to refuse vaccination and so DoCS had deemed this worthy of removing all children. This resulted in "a challenge being set" by an anonymous donor and the infamous $500 Donation Challenge was born. All this just fades away as new scams arise. No accounts follow, no reports of progress, no follow up on expenditure.

This case began when a hepatitis B positive woman of Chinese heritage, married to a member of The Australian Vaccination Network gave birth to a boy in Sydney on August 19, 2008. NSW Health HBV policy directive January 27, 2005 states in part;

VACCINATION OF NEONATES

- ***All pregnant women are to be offered screening for hepatitis B, surface antigen (HBsAg) and should be provided with verbal and written information about hepatitis B and the hepatitis B immunisation program. The health interpreter service is to be used whenever necessary.***

- ***Neonates born to HBsAg positive mothers are to be offered, hepatitis B immunoglobulin (HBIG) within 12 hours of birth and a total of four doses of hepatitis B vaccine to be administered at birth, two, four and six months of age.***

- ***All other neonates are to be offered a total of four doses of hepatitis B vaccine at birth, two, four and six months of age. The birth dose is to be administered using a monovalent thiomersal free vaccine, and offered within 7 days of birth. The subsequent 3 doses may be given in a combination vaccine as part of the routine Australian Standard Vaccination Schedule (ASVS).***

First up, let me stress staff don't bully, harass or intimidate parents. Dorey has made much of this fallacy, yet back in 2009 when investigating the veracity of *another* attempt to raise money to "steal babies" I was reassured by the head policy analyst of NSW Health and many senior hospital staff (who remembered this very case) that was a rather shocking, offensive and false accusation. The policy exists for staff – not as a directive for patient outcome. To this we can add that HBV is a notifiable disease, and the circumstances would have likely been submitted as a matter of course.

NSW Health state in Hepatitis B Control Guidelines;

Public health priority: High for newly acquired cases, routine for unspecified cases. PHU response time; Investigate confirm newly acquired cases and all other confirmed cases

within 3 working days. Enter confirmed newly acquired unspecified cases on NDD (Notifiable Diseases Database) with 5 working days. Case management; Investigate likely source of newly acquired cases. Contact management. Ensure that contacts of newly acquired cases are offered post-exposure prophylaxis.

HBV is a public health risk. It must be reported and entered on a database. Case management includes tracking down the source of infection. Clearly this neonates welfare was paramount and perhaps an issue for health professionals before his birth. The HBV policy directive also stipulates that the Hospital Coordinator ensures parents and health care providers are made aware of the vaccination programme. Which means benefits and risks. HBV can be asymptomatic in pregnant mothers with high viral load, hence strong likelihood of transferring the virus. We may assume hospital staff were aware of this mothers status in this regard. Later news reports suggest this is the case.

Citing baseless concerns about aluminium (aluminum) in the vaccines causing more damage than hepatitis B the parents refused. Here's where the danger of AVN misinformation kicks in. Aluminium is the most common metal in nature. Over our lifetime we accumulate between 50 – 100mg. During the first six months of life babies do receive about 4mg from vaccines in the form of an aluminium salt.

There are various aluminium salts and HBV vaccine usually contains aluminium phosphate. Aluminium acts as an adjuvant – to promote immune response, concomitantly allow less antigen per dose and decrease toxicity of antigens. It's worth noting that babies receive 10mg from breast feeding, 40mg from formula and 120mg from soy based formula over the same six month period.

All but 1% is eliminated. Elimination rates have been gauged at 50% in 24 hours, 85% in two weeks and 96% in about three years. Exposure via vaccines is significantly less than through food. Other medications and particularly antacids also present more aluminium. Over around 70 years numerous studies have found it to be safe. One of it's tricks as an adjuvant is to keep antigens near the injection site to be more readily accessed by immune cells. This may cause irritation. There may be redness and at worst a nodule may form due to the aluminium. In view of hepatic damage, cancer, cirrhosis and towering lifestyle challenges from hepatitis, the risk/benefit is clear. [Source]

Naming the parents "Stephen and Cassandra" Dorey wrote on August 21st;

A NSW couple are tonight in hiding after hospital doctors and the Department of Community Services took out a court order insisting that their baby, who is now only 48 hours old, be vaccinated against Hep B.

Steven and Cassandra are the proud parents of baby Jonathan, born in Sydney on Tuesday this week. Cassandra had tested positive for Hep B several years ago and so, before leaving hospital with their newborn, she was advised to give the baby a Hep B vaccination. Having done her research, she believed that her child was at greater risk from the vaccine than from Hep B. She refused the shot as did her husband. After all, vaccination is not compulsory in Australia.

Because of this refusal, Cassandra and Steven were informed by hospital staff that they were not allowed to leave the hospital until the child was vaccinated. Refusal to do so would result in their arrest and a loss of custody. Due to these threats, they agreed to make an appointment at their GP on Thursday afternoon to have the shot administered.

Paul Gallagher Sept. 13, 2011. From: http://luckylosing.com/2011/08/29/when-is-it-ok-to-steal-children/

DOCs was called in to witness the vaccination and they were sent home with a warning that they had better show up for the shot. [...]

The parents are now in hiding…

On August 23rd, the SMH reported;

A SYDNEY couple was on the run with their two-day-old baby last night after the Department of Community Services took out a Supreme Court order to have the boy vaccinated against hepatitis B. [.....]

Professor Isaacs said the baby had a 5 to 40 per cent chance of contracting hepatitis B from its mother and "about 30 per cent of people with hepatitis B will develop cancer or cirrhosis and die young … I don't understand why these people are willing to sacrifice their child for a warped idea when the benefits far outweigh the risks."

It's nice that the ABC refer to the AVN as an "anti-vacccination group" – twice - which Meryl denies constantly. Disturbingly as time went by Dorey's ignorance about hepatitis B infection, viral load, symptoms, seroconversion, vaccine ingredients – in fact all the nuances she should know of became plain. Making much of the non compulsory nature of vaccination, Dorey also writes the next day under that image of antivaccination conspiracy horror we all know and love, Family forced into hiding because of vaccination;

Family forced into hiding because of vaccination

Dorey writes;

Whilst it is true that the mother tested positive to Hep B several years ago, to say that she suffers from Hepatitis B is wrong. She has no symptoms of disease as most people who are exposed to this and develop antibodies to it don't have any symptoms nor will there be any long-term problems as a result of their antibody status. The lack of knowledge about this status is shocking!

Paul Gallagher Sept. 13, 2011. From: http://luckylosing.com/2011/08/29/when-is-it-ok-to-steal-children/

Yes the lack of knowledge is astounding. But on Dorey's part. The above statement is shifting focus onto whether or not the mother is "suffering" as if this can qualify the scale of risk to the newborn. In fact it's arguable, but not certain, that testing had revealed that this mother was presenting with high HBV DNA levels and/or was HBeAg-positive (indicating virus replication) whilst also being entirely asymptomatic.

Either way DoCS argued the the likelihood of neonate infection was high. Evidence supports action against hep B baby's parents;

The Department of Community Services (DOCS) says it has compelling medical evidence to support the action being taken against a Sydney couple refusing to vaccinate their baby boy.

A court order forcing the parents to immunise their son against hepatitis B has been extended in the Supreme Court today.

DOCS spokeswoman Annette Gallard says it is highly likely the child will contract the illness from his mother if he is not vaccinated soon.

In all updates and gushing thank you blurbs, Dorey asks for donations. It was an ideal saga to groom members on an emotional level which is made clear by the many lies perpetrated. Like a rogue internet scam the real aim here is to make money. From Legal Update September 5th;

We are desperate to help these families as I'm sure many of you are too….. We are stretched beyond belief at this point in time and really need your assistance more than ever so please – if you have an extra few dollars there that you think you can spare, visit our web site and donate.

It contained an email that is almost too good to be true;

Dear Meryl

After the newsletter today I would like to donate more to the fighting fund. Can you let people know that if a further 10 people donate $500 each (or more) for this critical issue I will donate a further $500. Anonymously.

It could be any family in this position – if we act now it won't be all unvaccinated families. Thanks again for your untiring work and generosity of spirit.

Kind regards
Name withheld upon request

September 2008, Update on Stephen and Cassandara;

…until we get legislation enacted in NSW specifically protecting the rights of parents to freely choose whether or not they want to vaccinate their children, this sort of discrimination will continue to occur and helpless, uninformed families will continue to buckle to the pressure to vaccinate their vulnerable children.

What will it take?

APPENDIX 4.6

At this point, the AVN has been literally run ragged over this last 4 weeks. We have completely expended our very meagre resources and are in a very tenuous position indeed. Whilst we have raised funds to help Stephen and the other family in Ipswich (whose case is proceeding thanks to your help!) that we discussed in the last E-Newsletter, we ourselves have been left ragged and completely unfunded as a result.

Still later on September 25th, 2008 is Thank you doesn't even come close. Something we've all heard before is the promise of missing magazines. But in bold is a clear breach of the Charitable fundraising act 1991;

Unfortunately, the AVN itself is not in such a good position. We have spent a lot of time and resources helping these families and it has taken a toll on both the AVN's finances and on the production of our next issue of Living Wisdom magazine which many of you will have realised by now is running behind schedule [...]

…many other families who either now or in the future may face a similar situation. We also know that many of you have been thinking – and rightly so – that if this sort of discrimination could happen to these families, it could happen to any one of us as well.

With this in mind, it is vital that the AVN stay open for business and in a strong enough position to help any other families faced with something like this. Currently the AVN is facing the serious prospect of having to close because of financial constraints. We therefore ask that if you have donated funds to our legal Fighting Fund in recent times, you consider allowing us to use a portion of that donation for our day to day running expenses and to pay some outstanding debts.

If you have made such a donation to the Fighting Fund and would rather it remains there to be used only to pay the legal expenses of families fighting this discrimination, please let us know either by telephoning or email. If you did make a donation but we haven't heard from you by 7th October 2008 about this matter, we will assume that you have no objection to the AVN utilising your contribution for the administrative and operational purposes of the AVN and the Living Wisdom magazine.

Of course, no follow up of just how much money was nicked because the AVN "assume you have no objection" was ever published. Not until the OLGR informed Ken McLeod that it was 100%. The above also claims "… thanks to your help one of these cases has been settled with a positive outcome".

Well, that's a complete falsehood. No money went anywhere. The couple remained in hiding for about four weeks. Eventually they fronted the Supreme Court and with the help of DoCS (who did not press any charges), were able to return home without the father needing to serve the prison sentence the judge dearly wanted to give him.

As for the impending forced vaccination of so many others that Dorey needed money to prevent, they simply vanish. There's no AVN record of the couples three year old being vaccinated nor any "victory" preventing this. Perhaps she was, perhaps not. The family disappears from AVN circles, hopefully settling into sound advice.

Within four weeks Dorey shifts her attack on the HBV vaccine from forced vaccination of babies to making up stories of health workers who had no choice.They were being forced into vaccination and contacting her as a result. They had "life threatening" reactions.

Paul Gallagher Sept. 13, 2011. From: http://luckylosing.com/2011/08/29/when-is-it-ok-to-steal-children/

These workers were eventually diagnosed with Lupus Panniculitis, Dorey tells us.

Plainly she is inventing claims of evil hospitals and staff hiding the truth from these poor people. Who, of course, can only be helped by Dorey, Google and the ever-rolling donation machine. This time members are offered “Pain Free Funding”, as Dorey asks for their **maternity immunisation allowance** and to be nominated at *Ritchies* supermarkets.

It’s a sickening scam given the AVN is not responsible for any legislative structure and couldn’t lobby the entrance to a hotel;

A couple of our members have recently donated part of their Maternity Immunisation Allowance to us. They said that without the AVN’s lobbying Parliament to get legislation put through to ensure their rights to government entitlements, they wouldn’t have this money or the Childcare Allowance anyway so they felt that we deserved part of it for our support of them. We thought this was a great idea! If you are in a position to give us a portion of your Maternity Allowance, we would be very grateful – just one more idea that hopefully won’t put too big a hole in anyone’s pocket.

If you’re familiar with the AVN you can see what went on here with the HBV family. The archives are here in which you’ll find no further mention of how donations were managed or who won these dubious prize offers.

A year later, Meryl Dorey would try awakening the scam again. This time seemingly inventing the entire charade.

Paul Gallagher Sept. 13, 2011. From: http://luckylosing.com/2011/08/29/when-is-it-ok-to-steal-children/

One of the newest vaccines to be added to the Australian vaccination schedule is called Gardasil. It is produced here in Australia by CSL Pty Ltd. The national program to vaccinate girls against cervical cancer began on 2 April in South Australia, with other states and territories to follow. This campaign will cost $537 million over the next five years – the cost of the vaccine alone being $437 million.

Initially, the vaccine will be 'offered' to girls aged 12-13 years with a catch-up programme for those aged 13-18 years and others aged up to 26. It is planned to eventually include infants in this vaccination programme once the catch-up has been completed, with Gardasil being added to the Australian Childhood Immunisation Schedule for both boys and girls.

What causes cervical cancer?

Cervical cancer is considered by the medical community to be a sexually transmitted disease. Doctors in general seem to think that HPV or the Human Papillomavirus, a virus which is associated with warts including genital warts, is the cause of cervical cancer. Therefore, vaccinating against HPV, according to these same sources, will prevent cervical cancer. No doubt, a very worthwhile step to take when approximately 740 Australian women are diagnosed with cervical cancer each year, leading to approximately 270 deaths.

Early detection or vaccination?

For decades, the preventative of choice for women has been the pap smear, a rather invasive and sometimes uncomfortable procedure which is administered in doctor's surgeries or clinics across Australia. This test, recommended to begin annually after a woman's first sexual encounter, is meant to detect early changes to the cells of the cervix – the opening of the womb – which may indicate pre-cancerous changes.

It is thought that annual pap smears will virtually eliminate cervical cancer and indeed, most of the women who are diagnosed with this disease have not had annual pap smears. This test needs to be performed annually because there is a very high rate of both false negative and false positive results so annual screening should, it is presumed, catch any problems early.

Whilst a very dangerous disease if it is allowed to progress past the early stages, the mortality (death) rate from cervical cancer is actually quite low – only 4 women out of 100,000 who are diagnosed with cervical cancer will die from it.

APPENDIX 5.1
AVN HPV Brochure

So does HPV cause cervical cancer?

Up to 80% of the women in developed countries such as Australia show laboratory evidence of exposure to and past infection with HPV. Less than 1% of all women in developed countries however will be diagnosed with cervical cancer. The connection between the two is tenuous at best – incomprehensible at worst.

In fact, well-published molecular biologists such as Peter Duesberg and Jody Schwartz – both from the University of California – have indicated that rather than causing cancer, HPV may instead be an indicator of changes to the immune system which may actually be a sign that a person may be more susceptible to cancer.

So will use of the HPV vaccine prevent cervical cancer?

There are more than 100 strains of HPV. The current vaccine, Gardasil, is quadrivalent or contains only 4 of these strains and states in the manufacturer's information that it cannot treat or prevent HPV from other strains. Therefore, even if HPV were the single or most prevalent cause of cervical cancer, use of this vaccine would literally be a shot in the dark.

In addition, what most parents or young women who are considering taking this vaccine are unaware of is the fact that it is an experimental vaccine without any proven track record of safety or effectiveness. The only studies which have been conducted were paid for wholly or in part by the vaccine manufacturer and all they were testing for was the development of antibodies after vaccination. It is interesting to note that these levels of antibodies declined to very low levels after 24 months, leading one to question why this vaccine, like the vaccination against Hepatitis B – another sexually-transmitted disease – will be targeting infants who will not be sexually active until many years after any 'immunity' from the vaccine has worn off.

It is presumed that once a person has developed a certain level of antibodies to a disease, they can technically be considered to be immune. Unfortunately, it has been known since the 1930s that antibodies are only one indicator of immunity – and not necessarily the most important measure either. People with very high levels of antibodies have still contracted the disease they were supposedly immune to whilst people with low to no antibody levels but active infection with a virus or bacteria have remained symptom-free. So the test of antibody levels which was used to determine that people who received the vaccine became immune to the virus was not an indicator of immunity at all – it simply indicated exposure to the vaccine.

Safety in question

This vaccine was trialled on approximately 21,000 individuals – none of whom were followed for a long enough period of time to determine whether or not there were any side effects which arose weeks rather than

days after vaccination. In addition, the age group that was tested was much older than the age group which is included in the Australian schedule and a large cohort of men was included in this study despite the fact that no men are targeted by this shot at this time.

The 'placebo' which was used in the study was aluminium hydroxide – an adjuvant (chemical substance which is added to a vaccine to provoke a reaction) which has a very long list of reactions associated with its use. By definition, a placebo must be a totally inert substance which will never provoke a response. Aluminium hydroxide cannot possible be considered a true placebo. Therefore, when the manufacturer said that there were not many more reactions in the group which received the vaccine when compared with the group that received the 'placebo', that is not necessarily a recommendation of safety.

In fact, there were 102 serious adverse events reported during this clinical trial including 17 deaths. Nearly 90% of those who received Gardasil and 85% of those getting the aluminium 'placebo' reported one or more adverse effects within 15 days – a very high level of reactions. These included headache, fever, nausea, dizziness, vomiting, diarrhoea and myagia amongst those who received the placebo. These were also reported in the vaccine group along with reports of gastroenteritis, appendicitis, pelvic inflammatory disease, asthma, bronchospasm and arthritis.

Gardasil has not been evaluated for its ability to cause genetic abnormalities, for its safety in pregnant or breastfeeding women or for its ability to cause cancer. Anyone who takes this vaccine or who allows it to be administered to their child is playing a fine game of vaccination roulette with an unknown benefit and a possibility of great risk.

The Australian Vaccination Network recommends that we all become fully informed about the relevant risks and benefits of vaccines – and all medical procedures – and make the best possible choices for our families and ourselves. We ask everyone to remember that vaccination is not compulsory in Australia so the decision to vaccinate is and always must be yours and yours alone.

As a volunteer-run charitable organisation, the AVN relies on the support of others. No matter how small the contribution, it all adds up to help keep us in operation.

What your donation will go towards:

- Lobbying Federal Parliment for changes to legislation.
- Ability to offer our services and our magazine in the Bounty Bag which is given to every woman who births in hospital.
- Ability to proceed with our plans to have all currently licensed childhood and adult vaccines tested for the presence of mercury, lead and other heavy metals.
- Cover the costs of our HOTLINE number, which allows parents and health professionals to report vaccine reactions.

Please send your cheque or money order payable to the AVN, OR fill out your credit card details and send to the address below. Include SASE if receipt required. Thank you!

YES! I would like to make a donation of $ .....

Name:.....

Address: .....

Phone: .....

Credit Card Type: AMEX/Bankcard/Mastercard/VISA/Diners

Card No: .....

Exp Date: ..... **Verif.No.**(last 3 digits on back of card): .....

Signature: .....

For an AVN membership and all its benefits, please go to:

http://www.avn.org.au/joinAVN.html

www.avn.org.au
Ph: 02 6687 1699 **Fax:** 02 6687 2032
HOTLINE: 1800 007 468 **E-mail:** meryl@avn.org.au
PO Box 177 Banglalow 2479 NSW AUSTRALIA

APPENDIX 5.2
AVN HPV Brochure

HPV
(Human Papillomavirus) Vaccine

< Vaccine Testing Claim Here

Vaccine against cervical cancer

www.avn.org.au