What is the Australian Vaccination Network (AVN)?

The AVN was founded in 1994 by a group of parents and health professionals who were concerned about protecting the rights of Australians to make free and informed health choices. Since its inception, this organisation has been run on a volunteer-basis though it currently has two part-time employees who work in administration.

From the beginning, the AVN has believed that:

Both sides of every health issue should be freely available to anyone who is trying to make a decision. After all, the best health choices will always be informed choices.

Research into the benefits and risks of treatments and medical procedures should always be performed independently of those who hold a vested interest. Drug companies should not be funding safety and effectiveness studies any more than tobacco companies should be funding studies into the safety of cigarette smoking though currently, all research into drugs and vaccines is funded, in part or in whole by the drug companies who will profit from their use.

All information about health issues and parenting should be presented in a format that makes it understandable to anyone who wishes to access it. Medical jargon has no place when it comes to helping people make the best choices for their families and for themselves. This is why the AVN established its magazine, Living Wisdom - to give everyone who is searching for information on health and parenting an easily understood and up-to-date source of essential information.

Is asking scientifically based questions about the effectiveness of vaccination a crime against humanity?

In his complaint, Mr McLeod displays a slide from a talk by Prof Peter Doherty in which he states that “Childhood Vaccination Denial is a ‘Crime Against Humanity’. According to Mr McLeod’s complaint, the AVN’s legal right to question information regarding the safety and effectiveness of vaccines is equated with a crime against humanity. He states that the increase in the incidence of whooping cough due to a supposed decrease in vaccination was, “a tragedy and a completely preventable tragedy.”

The AVN denies that there has been any decrease in the vaccination rate against whooping cough. In fact, since 1991, Australia’s rate of vaccination against pertussis (whooping cough) has gone from 71.4% (with 318 cases reported nationwide) to 95.1% (with 14,522 cases reported nationwide).

Dr Julie Leask, a social scientist in the medical faculty of the University of NSW
stated in a recent article that, “A few media reports lately have suggested we are having a drop in rates. This is a blow-up. There is no sign of this from national rates which remain stable at about 94% for two year olds.”

Since the AVN was established, Australia has experienced an increase of over 23% in our rate of vaccination against whooping cough with a concurrent increase in the incidence of this disease of almost 40 times. Please refer to the Australian government graphs below:

Table 2.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>% Fully Immunised</td>
<td>86</td>
<td>69</td>
<td>69</td>
<td>77.4</td>
</tr>
<tr>
<td>Diphtheria/Tetanus</td>
<td>71</td>
<td>68</td>
<td>61</td>
<td>71.6</td>
</tr>
<tr>
<td>Pertussis(a)</td>
<td>72</td>
<td>83</td>
<td>83</td>
<td>82.9</td>
</tr>
<tr>
<td>Polio</td>
<td>86</td>
<td>(b)92</td>
<td>(b)92</td>
<td>84.9</td>
</tr>
<tr>
<td>Measles</td>
<td>86</td>
<td>(b)90</td>
<td>(b)92</td>
<td>84.9</td>
</tr>
<tr>
<td>Mumps</td>
<td>81</td>
<td>(b)90</td>
<td>(b)90</td>
<td>84.9</td>
</tr>
<tr>
<td>Rubella(c)</td>
<td>n.a</td>
<td>(b)76</td>
<td>(b)76</td>
<td>84.9</td>
</tr>
<tr>
<td>Hib(d)</td>
<td>n.a</td>
<td>n.a</td>
<td>81</td>
<td>70.8</td>
</tr>
<tr>
<td>Hepatitis B(e)</td>
<td>n.a</td>
<td>n.a</td>
<td>n.a</td>
<td>72.1</td>
</tr>
<tr>
<td>All above</td>
<td>53</td>
<td>53</td>
<td>35</td>
<td>54</td>
</tr>
</tbody>
</table>

(a) Combined diphtheria-tetanus vaccine (DTP) booster at 4-5 years (or prior to school entry) was replaced by diphtheria, tetanus and pertussis vaccine (DTP), August 1994.
(b) Children aged 0-12 months have been excluded from estimates for Measles-Mumps-Rubella (MMR).
(c) Vaccination against Rubella at one year of age was introduced from 1991.
(d) Requirement for vaccination against Hib was introduced into the recommended schedule in April 1993.
(e) Vaccination against Hepatitis B was introduced into the recommended schedule in May 2000.

Source: ABS 1989-90 National Health Survey; ABS 1995 Children’s Immunisation and Health Screening Survey; ABS 2001 National Health Survey.

Table 1. Percentage of children immunised at 2 years of age, preliminary results by disease and state or territory for the birth cohort 1 January to 31 March 2006; assessment date 30 June 2008*

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>ACT</th>
<th>NSW</th>
<th>NT</th>
<th>Qld</th>
<th>SA</th>
<th>Tas</th>
<th>Vic</th>
<th>WA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of children</td>
<td>1,204</td>
<td>22,941</td>
<td>932</td>
<td>14,687</td>
<td>4,608</td>
<td>1,601</td>
<td>16,598</td>
<td>7,182</td>
</tr>
<tr>
<td>Diphtheria, tetanus, pertussis (%)</td>
<td>96.7</td>
<td>94.9</td>
<td>96.1</td>
<td>94.9</td>
<td>95.4</td>
<td>95.1</td>
<td>95.9</td>
<td>93.8</td>
</tr>
<tr>
<td>Poliomyelitis (%)</td>
<td>96.6</td>
<td>94.8</td>
<td>96.1</td>
<td>94.8</td>
<td>95.3</td>
<td>95.1</td>
<td>95.8</td>
<td>93.7</td>
</tr>
<tr>
<td>Haemophilus influenzae type b (%)</td>
<td>96.6</td>
<td>95.4</td>
<td>95.4</td>
<td>93.9</td>
<td>94.4</td>
<td>95.4</td>
<td>94.6</td>
<td>93.6</td>
</tr>
<tr>
<td>Measles, mumps, rubella (%)</td>
<td>95.5</td>
<td>93.7</td>
<td>96.4</td>
<td>94.0</td>
<td>94.7</td>
<td>94.5</td>
<td>95.0</td>
<td>92.9</td>
</tr>
<tr>
<td>Hepatitis B (%)</td>
<td>97.2</td>
<td>95.7</td>
<td>97.3</td>
<td>95.6</td>
<td>96.2</td>
<td>96.2</td>
<td>96.4</td>
<td>94.8</td>
</tr>
<tr>
<td>Fully immunised (%)</td>
<td>94.8</td>
<td>92.5</td>
<td>94.7</td>
<td>92.6</td>
<td>93.3</td>
<td>93.4</td>
<td>93.6</td>
<td>91.2</td>
</tr>
<tr>
<td>Change in fully immunised since last quarter (%)</td>
<td>+0.6</td>
<td>-0.2</td>
<td>+0.8</td>
<td>+0.1</td>
<td>+0.6</td>
<td>-0.7</td>
<td>+0.1</td>
<td>-0.5</td>
</tr>
</tbody>
</table>

* The 12 months age data for this cohort was published in Commun Dis Intell 2007;31:333.
Contrary to the assertions of Mr McLeod, the current increase in the incidence of pertussis has nothing to do with any purported decline in the rate of vaccination. Instead, we are seeing an outbreak of pertussis despite a substantial increase in vaccination against it — an experience which is being duplicated in every country for which mass vaccination against this illness exists.² ³

In fact, many studies have indicated that rather then protecting young infants, those for whom pertussis can have the highest incidence of both serious morbidity and mortality, routine mass vaccination can lead to an increase in the incidence of pertussis in the most vulnerable age groups as indicated by the following graph:

![Graph showing percentage distribution of pertussis cases before (grey bars) and after (black bars) widespread use of pertussis vaccine.](image-url)
The AVN also questions Mr McLeod’s use of the words, “vaccine denier” to describe the AVN and myself. This term makes no sense and requires further explanation. At no time has either the AVN nor myself denied that vaccines exist. The only bone of contention here is whether or not there is enough scientific evidence to support the claims that the benefits of vaccination outweigh its risks.

**T-Shirt Slogan**

Mr McLeod asserts that a slogan on one of the T-Shirts which the AVN has for sale in its shop, namely a slogan which reads, Love Them, Protect Them, Never Inject them, constitutes one of our logos. Mr McLeod is incorrect. Our trademarked logo appears below:

![Logo](avn.png)

A T-Shirt slogan is simply that – a slogan. One that will appeal to some people whilst not to others. While the AVN itself is not anti-vaccine, we accept that a percentage of our members are and therefore, we provide a message that they will feel comfortable displaying. This T-Shirt does not necessarily reflect the opinion of all AVN members or of our committee, nor is it now or has it ever been our logo.

**The HCCC’s jurisdiction**

In his complaint, Mr McLeod claims that the AVN and myself are both under the jurisdiction of the HCCC because we are both health service providers and I am a health practitioner.

Reading the definition under the Health Care Complaints Act 1993, the relevant sections according to McLeod are:

(f) community health services,

(g) health education services, and
(k) services provided in other alternative health care fields,

Neither the AVN nor myself provide any of the above services. We are not employed in community health, we do not teach or provide any other educational services nor do we work in the fields of alternative health or health care. We do not administer medications, diagnose, or provide medical advice.

We do however lobby in support of parental choice when it comes to vaccination and health and provide referenced information on the benefits and risks of vaccination. These activities would not normally fall under the HCCC’s jurisdiction nor are they illegal or prohibited in Australia according to current legislation at either the State or Federal level.

The AVN maintains that if we are under the jurisdiction of the HCCC due to our activities, Mr McLeod and the Australian Skeptics are also subject to the same rules due to their activities.

Response to Section 5 of the McLeod Complaint - So Called Right of "Free Speech"

Contrary to Mr McLeod’s ‘American TV’ version of Constitutional Law (under which he has adopted foreign terms such as “Right to Free Speech” derived from the US Constitution), there is in fact an implied freedom of communication and discussion on political and government affairs contained in the Australian Constitution and embodied within the federal system of government.

The source of this freedom is the proper reading of sections 7 and 24 of the Constitution. It has been found by the High Court of Australia that these sections, when read in context, provide that members of the Senate and the House of Representatives to be directly chosen at elections by the people and that therefore this requirement embraces all that is necessary to effectuate the free election of representatives at periodic elections, including the right to unfettered communication and discussion of all matters relating to government and public policy.4

Freedom of communication on matters of government and politics has been determined by the High Court as being an indispensable incident of the system of representative government that the Constitution creates. 5

Integral to this system is a constitutional freedom of public discussion of public affairs and political and economic matters among all members of the community, and a freedom to communicate information and opinions about matters relating to the government of the Commonwealth and the country.6

This freedom of communication and discussion is protected against the exercise of federal and state legislative and executive power7 and extends to all those who
participate in ‘political’ discussion (such as the AVN) and therefore is not limited only to electors and elected.\textsuperscript{8}

It has been determined therefore that such discussion includes discussion of the conduct and policies of government, political parties, public bodies, and public officers and it also includes discussion of the political views and public conduct of those who are engaged in activities that have become the subject of political debate.\textsuperscript{8} The High Court has extended this freedom of communication on matters of government and politics extends to all non-verbal conduct,\textsuperscript{9} which would include content on the AVN website and all published materials of the AVN which is the subject of this complaint from Mr McLeod.

A law prohibiting the broadcasting of political advertisements during federal, State or Territory election campaigns is offensive to this freedom and is therefore invalid.\textsuperscript{10} Similarly (and most relevantly to this case), a law making it an offence to publish any material calculated to bring the Industrial Relations Commission into disrepute is invalid because the law restricts the constitutional freedom to discuss matters relating to the government and the executive arm.\textsuperscript{11} Such a law is also invalid because the restriction contained within it demonstrates that the law is not reasonably appropriate and adapted to the protecting the arm of government (being the IRC) sanctioned under the Commonwealth Parliament’s legislative power.\textsuperscript{11}

Mr McLeod seeks to point to common law or statutory remedies such as defamation and copyright etc as overriding this constitutional right to communicate, but he misconstrues/misrepresents the scope and effect of such rights when up against this implied right of political discussion. The High Court has determined that any common law or statutory remedy for defamation may not be granted if its exercise would infringe upon the freedom to discuss government and political matters that the Constitution impliedly requires.\textsuperscript{12}

Further, the courts have found that a statute that diminishes the rights or remedies of persons defamed and correspondingly enlarges the freedom to discuss government and political matters is not contrary to this constitutional implication. The common law rights of persons defamed may be diminished by statute but they cannot be enlarged so as to restrict the freedom required by the Constitution. This means that all statutes (whether state or commonwealth) that purport to define the law of defamation are construed so that they conform with the Constitution. Where such provisions are inconsistent with the Constitution, they are invalid to the extent of that inconsistency.\textsuperscript{4}

Thus, Mr McLeod’s faith in the power of these common law restrictions on “free speech” (as he incorrectly labels it) is misplaced and erroneous. The implied constitutional right of free communication and discussion will trump such rights
relied upon by him as constraining the right of the AVN to disseminate information.

The courts have established that common law remedies (such as those referred to by Mr McLeod) may be developed or amended to confer a head or heads of privilege in terms broader than those that conform to the constitutionally required freedom, but those common law terms cannot narrow such constitutional protections. Laws made by Commonwealth or State Parliaments (including the Health Care Complaints Act 1993 NSW) can successfully extend a head of privilege (such as to create new rights of patients and health consumers), but they cannot derogate from the common law to produce a result that diminishes the extent of the immunity of free communication conferred on the AVN by the Constitution.4

This, of course, is all a matter of balance and acting responsibly, being approaches that the AVN has endorsed and put into action at all times. The AVN's charter is to put a balance of information regarding health policy before its viewers/website users/subscribers and the nature and content of our information cannot be aligned with the "holocaust denier" type causes pointed by Mr McLeod in Part 5, page 6 of his complaint document. Such an assertion by him, along with the pejorative terms like "quack" in his complaints, is extremist, deliberately provocative, manifestly unreasonable, and it is submitted reveals more about his bias, prejudices and ‘jihad-like’ mentality when seeking to confront the AVN on this issue.

It is submitted that the HCCC should approach this complaint with this attitude of balance, and act to responsibly and lawfully when weighing up the competing interests at stake in the circumstances regarding the subject of this complaint. The High Court cases cited above confirm that the HCCC has a constitutional obligation to ensure that the ‘gag order’ and other similar provisions of the Health Care Complaints Act are not attempted to be implemented in response to this complain in a way that would offend or restrict the AVN's constitutionally protected freedom of political expression.

Such use of these provisions to silence the AVN on the issues that it seeks to encourage debate and discussion about amongst members of the public, the medical profession and government policymakers/regulators will necessarily infringe the requirement of freedom of communication on matters of government and politics imposed by sections 7, 24, 64 and 128 of the Constitution. It is submitted that, if the Heath Care Complaints Act is used in this way in the circumstances of this case, the provisions of the Act will be held to be invalid as offending the test provided by the High Court in Coleman v Power (2004) 209 ALR 182, being the most recent case to consider these matters, which is...
1. a state law that effectively burdens freedom of communication about government or political matters either in its terms, operation or effect; and
2. a state law which is has the effect of preventing or controlling communication upon political and governmental matters in a manner that is inconsistent with the system of representative government for which the Constitution provides.

In closing on this particular subject, I submit a statement made by the Foreign Minister, Stephen Smith, as quoted in August 22nd, 2009 edition of the Daily Telegraph. In a speech before Federal Parliament, Mr Smith stated that, “We understand, respect and recognise free speech. We value the capacity of someone to come to our country and say things, even if we do not agree.”

Does the AVN provide information on the benefits of vaccination?

Mr McLeod alleges that, “Nowhere in all my research into the AVN did I find any statement from the AVN supporting vaccination in any way.” It is his assertion that since we do not provide pro-vaccination information, we are ipso facto anti-vaccine and all of our information is immediately considered to be “…clearly wrong, misleading, deceptive, biased and a danger to public health.”

This is an interesting point of view since, if we extrapolate what Mr McLeod has asserted, both the government’s information and that of the mainstream medical community can be tarred with the same brush. Nowhere in their publicly-available information do the government or the mainstream medical community either link to an organisation such as the AVN nor do they provide full-details on the side effects, ingredients and contraindications of vaccines to those who seek it. In fact, the AVN was forced to remove this information from our web site when we published the manufacturer’s package inserts for vaccines. We were told that this information is privileged and therefore, we would no longer be able to reference it directly.

While the AVN has always stated that we support everyone’s right to make free and informed health choices and we have spent years providing referenced information on the risks and effectiveness of medical procedures – information sourced from peer-reviewed, mainstream medical journals – we have never stated that we would provide information which the government and the medical community makes freely available to all Australians.

We are an unfunded, membership-run organisation and it is not our role nor are we resourced to provide the government’s information though we do have links on our website to the Merck Manual, the Department of Health and Human services and various other websites where people can access this information. We have done this despite the fact that the government has not seen fit to link to
the AVN website nor do they provide any of our information to parents who are seeking enough data to make an informed choice about vaccination and health.

**Does the AVN make dangerous statements or give advice?**

Mr McLeod seems to feel that providing information is the same as giving advice.

This is untrue and since its inception, the AVN has never provided medical or health advice. According to Wikipedia, “Medical advice is the giving of a formal professional opinion regarding what a specific individual should or should not do to restore or preserve health. Typically, medical advice involves giving a diagnosis, prescribing a treatment for medical condition.”

The AVN does not engage in any of these activities. The only time we provide advice is when suggesting a course of political action or a campaign to lobby parliament, write letters to the media or contact a public official regarding a health issue.

The AVN does provide information to those who request it or seek it out. Our information is referenced from primary medical sources so if there is a danger in this data, Mr McLeod will need to take that up with the publisher of the original papers.

**Specific responses to Mr McLeod’s assertions:**

In section 7.1, Mr McLeod quotes from our website, “Some countries such as Japan have stopped using the combination vaccine because of the increased risk.”

I am unsure of where the problem arises here. It is absolutely true that Japan ceased the use of the combination triple vaccine (measles, mumps and rubella) due to an increased risk of aseptic meningitis in vaccine recipients. This risk is evident in those who receive the Mumps portion of the vaccine – a risk associated with the Urabe strain which was used in Japan.

I stand by what is stated on the AVN website – Japan banned the use of the combination MMR vaccine in 1993 and since that time, it has only offered individual shots against these illnesses and has removed the former requirement for parents to use these vaccines. This is due to studies in Japan which found that the rate of reactions being experienced to the MMR vaccine were 2,000 times higher than the stated rate of 1:200,000.
At no point did I claim that the banning of the MMR vaccine in Japan was due to a link between MMR vaccination and autism – this claim was made by Mr McLeod and is not true.

In section 7.1.2, Mr McLeod claims that I have misstated the link between the MMR vaccination and autism in the case of Bailey Banks vs the Department of Health and Human Services. He states that the evidence was not strong enough to claim this link yet, “The Court found that Bailey would not have suffered this delay but for the administration of the MMR vaccine…a proximate sequence of cause and effect leading inexorably from vaccination to PDD [Autism].”

Mr McLeod also claims that PDD NOS (Pervasive Developmental Disorder, Not Otherwise Specified) is not in fact within the autistic spectrum of disorders. This is a perplexing claim since Yale University Medical School, a leading authority on both the treatment and diagnosis of autistic spectrum disorders clearly states that, “PDD-NOS is often incorrectly referred to as simply “PDD. The term PDD refers to the class of conditions to which autism belongs.”

In fact, Bailey Banks’ case is not the only one in which the vaccine courts in the US have conceded that a child’s autism was directly related to their ASD (autistic spectrum disorders).

In February of 2009, the same court unanimously decided that Hannah Poling (Hannah Poling v. Secretary of HHS [case: 02-1466V]), the daughter of a paediatric neurologist and a former registered nurse who is now an attorney, had become autistic as a direct result of the 9 vaccines she received in one day.

There is currently an omnibus proceeding awaiting trial in the US whereby the parents of over 5,300 children who became autistic after vaccination are awaiting their day in court to present their cases.

In section 7.1.3, Mr McLeod cites a table from the UK NHS which alleges a very high rate of reactions from measles disease whilst playing down the reactions from the measles vaccine. These are very commonly-quoted statistics but to date, I have never been able to find a primary source for these figures and so, I treat them with a great deal of scepticism since it is easy for these types of statements to be made without the evidence to back them up.

I can with great confidence (because I have a primary reference) state that, “Convulsions after measles vaccine injections occurred in 1 in every 526 vaccine recipients.”

And as for the serious nature of measles infection, here is a description of the disease from the MacMillan Guide to Family Health in 1982 – published several
years before the introduction of the MMR vaccine. Please keep in mind that this book was edited by Dr Tony Smith, then deputy-editor of the prestigious British Medical Journal.

“Measles is a highly contagious disease which chiefly affects the skin and respiratory tract. It is a notifiable disease. ...In the vast majority of children who catch measles, the disease disappears within 10 days and the only after effect is lifelong immunity to another attack.”

It seems that, like so many of the common diseases of childhood, prior to the introduction of a vaccination for measles, the disease itself was not considered harmful. Most of the fear of measles seems to have emerged since the vaccination against measles was introduced.

In 1970, the individual measles vaccine was added to the Childhood Immunisation Schedule in Australia. That year, there were a total of 3 deaths from measles reported by the Australian Bureau of Statistics. The following table shows the incidence of measles deaths in Australia since 1925. As you can see, the vast majority of the mortality from measles had disappeared well before the introduction of vaccination against measles.

![Figure 1: Measles in Australia 1925-1985](from Isaac Golden, “Vaccination? A Review of Risks and Alternatives, 1994: p.4)

The number of deaths reported since that time is a matter for conjecture but my statement that there were 12 deaths reported each year was taken directly from a press release from Dr Michael Wooldridge’s office, the then Minister for Health. I believe that even the government is not sure of how many people are dying from this disease, but it’s interesting to see that in the first press release, dated 9 July,
1998, Dr Wooldridge stated that, “Measles killed on average more than 12 people a year for 14 years in Australia between 1978 and 1992, a total of 164 children.” Just three months later, however, on the 15th of October, he claimed that, “Even in Australia, on average, 14 people died from measles each year between 1978 and 1992.”

Which one is it? If the government itself has no idea how many people are dying from these diseases, what else are they ignorant of?

For instance, Prof Peter McIntyre of the National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases (NCIRS) claims that, “there has not been a death from measles in Australia in over 20 years.”

Once again, this statement is incorrect and demonstrates that those in positions of authority in the health department sometimes display an amazing amount of ignorance of the facts they should be aware of.

Below is a table from the NSW Health Bulletin showing that there were two deaths from measles in NSW in 1992 and 1 in 1991 – certainly well within that 20 year period during which Prof McIntyre said that we had no deaths.

I have not searched for the same information in other states – but I do remember that there were 2 deaths from measles reported in QLD in 1994 – the year the AVN began. The Communicable Diseases Intelligence (CDI) Bulletin reported that, “The last nation-wide measles epidemic occurred during 1993 and 1994, when six cases of encephalitis, three cases of meningitis, and two deaths were reported.”
It is interesting to note that one of these deaths was of a fully vaccinated adult and the other was an aboriginal child with underlying health issues.

Regarding Mr McLeod’s graph in section 7.1.3.1 showing complications from mumps infection in Australia, and his claims that the AVN is being deliberately selective because we did not give this information out to our members, I fear that either Mr McLeod never read the article he pulled the graph from or he is demonstrating the same selective quoting he has accused me of.

The article attached to the graph below discusses changes in the epidemiology of mumps in recent years since the introduction of mumps vaccination. How it is re-emerging (as are so many of the diseases against which we vaccinate) and how at the present time, we are seeing it in more and more adults, which has led to an increase in the severity of mumps complications.

As with varicella (chicken pox), measles, and rubella, rather than getting rid of the disease completely, vaccination has simply shifted the age distribution from childhood, when it is generally a minor illness, to adulthood when the complications can be more serious.

<table>
<thead>
<tr>
<th>Complication</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerebrospinal fluid pleocytosis</td>
<td>50%</td>
</tr>
<tr>
<td>Orchitis/eosinophilic-orchitis*</td>
<td>Up to 30%</td>
</tr>
<tr>
<td>Meningitis</td>
<td>10%</td>
</tr>
<tr>
<td>Oophoritis†</td>
<td>5%</td>
</tr>
<tr>
<td>Pancreatitis</td>
<td>4%</td>
</tr>
<tr>
<td>Acute unilateral deafness</td>
<td>0.005%</td>
</tr>
<tr>
<td>Spontaneous abortion†</td>
<td>27%</td>
</tr>
</tbody>
</table>

* In post-pubertal males. † In post-pubertal females. ‡ If infection occurs in first trimester.

When it comes to Rubella, in the section above, Mr McLeod correctly states that the consequences of rubella infection during the first trimester of pregnancy can be congenital abnormalities of the foetus. The disease itself is mild in those who contract it however - that was my statement and I stand by it.

Rubella is one of the so-called TORCH diseases. The acronym stands for the various illnesses which can cause congenital problems if contracted during pregnancy. They are as follows:
Rubella is just one of these and not even the most important when it comes to pregnancy. All viruses have the ability to cause abnormalities in an unborn child, but the most dangerous are, in order:

1 = HIV,
2 = Cytomegalovirus,
3 = Toxoplasma gondii,
4 = Rubella,
5 = Chickenpox, etc.

Whilst I do not downplay the risk of infection with any of these viruses during pregnancy (and with Rubella, the risk ranges from between 20% and 80% - a truly ridiculous range which leads one to believe that nobody has a clue as to how likely a child is to get Congenital Rubella Syndrome (CRS) if their mother is exposed during the first trimester), it is also true that the rubella vaccine was introduced in the mid-1960s at the same time as abortions because easier to obtain. Women who are exposed to or who contract rubella during their pregnancy are regularly offered and most often accept a therapeutic abortion. So, is the decline in CRS due to the introduction of the vaccine or to the increased use of abortion?

In section 7.1.3.2, Mr McLeod cites the AVN’s statement that, “Research also suggests that there is a connection between MMR vaccination and the development of autism,…” He then goes on to say that, “the AVN is referring to the Wakefield study published in the Lancet.”

This is completely untrue. 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 ASDs. Below, I will submit a selection of the many articles published in peer-reviewed journals since Wakefield’s initial article hypothesising that there could be a connection between vaccination and the development of ASDs:

Key realities about autism, vaccines, vaccine-injury compensation, Thimerosal, and autism-related research, P.G. King and G.S. Goldman/MedicalVeritas 5 (2008) 1610–1644
An Investigation of the Association Between MMR Vaccination and Autism in Denmark; G.S. Goldman, Ph.D., F.E. Yazbak, M.D., F.A.A.P., Journal of American Physicians and Surgeons Volume 9 Number 3 Fall 2004


Constipation With Acquired Megarectum in Children With Autism; Nadeem Afzal, MRCPCH*, Simon Murch, PhD*, Kumran Thirrupathy, MBBS*, Leslie Berger, FRCR, Andrew Fagbemi, MRCPCH* and Robert Heuschkel, FRCPCH*, PEDIATRICS Vol. 112 No. 4 October 2003, pp. 939-942


Regarding Mr McLeod’s assumptions about the deaths from and preventability of pertussis in section 7.2.1 and 7.3, I believe that I have covered that issue sufficiently above.

In Mr McLeod’s section 7.4, he associates my refusal to reply to his accusatory and abusive emails with an admission that my own and my children’s cases of whooping cough were not diagnosed by a doctor – they were. And I stand by my own personal experience (which is what I was discussing) when I say that none
of us were ill for more than 2 weeks and we did indeed treat our pertussis homoeopathically. Mr McLeod’s assertion that my lack of reply meant my statement was untrue is amusing, to say the least. I do not correspond with people who do not treat me with respect and I will not change this policy.

In 7.5, Mr McLeod incorrectly states that the death rate from diphtheria only dropped after the introduction of the vaccine. According to the Australian Bureau of Statistics and the Australian Yearbook, this is not the case. While it is true that the death rate continued to decline after the introduction of the diphtheria toxoid vaccine, the bulk of this decline occurred well before it was ever administered in Australia. This experience is duplicated in the UK and the US.

The first graph (following), charts the deaths in Australia from diphtheria between 1880 and 1970. The first arrow indicates where the diphtheria vaccine was introduced; the second, where it was added to the vaccination schedule. I think it is very obvious that diphtheria vaccination had nothing to do with the decline in deaths.

The next two graphs show the same information for diphtheria and several other diseases for the US and the UK respectively. Their experience mirrors our own and shows that while there definitely was a very large decline in mortality from infectious diseases during the twentieth century, there is no evidence from government statistics to show that vaccination played any part in contributing to that decline.
In 7.6, Mr McLeod states that vaccinations don’t suppress the immune system. He provides no proof of this statement, simply says that when I had said in the
past that vaccines could suppress the immune system, that was “demonstrably untrue”.

One of the best and most easily understood explanations of how vaccines suppress the immune system is by Dr Philip Incao. He explains how vaccines can cause a shift from Th1 to Th2 immunity and that, “These two functional branches of the immune system may be compared to the two functions in eating: tasting and recognizing the food on the one hand, and digesting the food and eliminating the food waste on the other hand. In the same way, the humoral or Th2 branch of the immune system "tastes" and recognizes and even remembers foreign antigens and the cellular or Th1 branch of the immune system digests and eliminates the foreign antigens from the body. But just as too much repeated tasting of food will ruin the appetite, so also too much repeated stimulation of the "tasting" humoral immune system by an antigen will inhibit and suppress the digesting and eliminating function of the cellular immune system. In other words, overstimulating antibody production can suppress the acute inflammatory response of the cellular immune system!”

In animals, post-vaccination immune suppression has long been recognised and in fact, is not questioned. See the following extract from the Sunday Herald in the UK:

“A combined vaccine similar to the controversial MMR jab was withdrawn from use on cattle because it did not work properly, a leading Scottish vaccine expert has revealed.

As a cluster of measles cases were reported in an area where parents are boycotting MMR due to suspected links with autism and bowel disorders, Dr John March of the government-funded Moredun Research Institute, warned that vaccines for cattle are tested more thoroughly than jabs for children.

March believes the measles vaccine weakens the immune system and that this can be problematic when it is given at the same time as other live vaccines, such as mumps and rubella.

He said it is not known, as yet, whether the MMR vaccine causes autism - as some experts have claimed - but he believes there is the "potential for problems".

"Immuno-suppression can easily be detected and monitored in an individual animal. With current human vaccine trials this would never be observed," he said. Perhaps only one in 200 children may not be able to handle three live viruses
and these are the ones who become autistic. It is more likely to happen with three simultaneous live infections. We simply do not know, as we have never done these studies.

"If we look at a similar situation in animals then yes, the measles vaccine did interfere with the other component. It did affect the immune response. Although there is this potential in humans, they say it is not going to happen so they are not going to investigate. 25

Below are just a few of the hundreds of references to peer-reviewed studies which demonstrate the vaccines are indeed immune-suppressive:

Susceptibility to Infection After Vaccination; Ehrland, W, Br Med J, Mar 11, 1972, 1:683


Depression of Immune Response to an Inactivated Hepatitis A Vaccine Administered Concomitantly with Immune Globulin; Green, MS, et al, J Infect Dis, 1993 Sep; 168(3):740-743

Depressed Lymphocyte Function after Measles-Mumps-Rubella Vaccination; Munyer, et al, Jour Infection Disorder, vol 132, No 1, July 1975, p 75-80


In 7.7, Mr McLeod questions my statement regarding the risks of the Gardasil vaccine. He quotes me as saying that, “The total number of Gardasil-related deaths is 47 since the vaccine was approved in 2006.” and claims that this is incorrect since a CDC spokesperson alleged that there were 4 deaths from Gardasil and that there had supposedly been fewer complaints regarding adverse effects from this vaccine then from other drugs.

I would like to state that as of the writing of this section of my reply on the 30th of August, 2009, the total number of women who have died from Gardasil in the US (where the figure of 47 deaths initially came from) is 74 and the number of reported reactions is 15,720. This information is from the Vaccine Adverse Events Reporting System (VAERS) in the United States and is searchable on their database which can be found at http://tinyurl.com/yflfb9.
Just as in Australia, VAERS admits that only between 1 and 10% of reactions actually get reported which means that the deaths and injuries following vaccination in general and Gardasil in particular are grossly understated.

As for fewer complaints being received due to Gardasil than to other drugs, here is the statement from the CDI Bulletin’s Annual Report for 2007:

“There were 1,538 AEFI records for vaccines administered in 2007. This is an annual AEFI reporting rate of 7.3 per 100,000 population, the highest since 2003 and an 85% increase compared with 2006 (835 AEFI records; 4.0 records per 100,000 population). The increase was almost entirely due to reports following the commencement of the national 3-dose human papillomavirus (HPV) vaccine program for females aged 12 to 26 years in April 2007 (n=705 reports) and the national infant rotavirus vaccine program in July 2007 (n=72 reports).”

In fact, NSW saw an increase in reported reactions of 1,662.5% due to the introduction of the Gardasil vaccine – a statistic which would certainly put paid to any assertion that this vaccine does not cause more reactions than other drugs or vaccines.
SUMMARY:

In conclusion, We consider this to be a mischievous and ill-informed complaint.

Mr McLeod, claims that the AVN and myself, Meryl Dorey, are both health service providers and I am a health practitioner. We reject this claim completely.

Neither the AVN nor myself provide such services. We do not work in community health, we do not teach or provide any other educational services nor do we work in the fields of alternative health or health care. We do not administer medications, diagnose, or provide medical advice.

We do however lobby in support of parental choice when it comes to vaccination and health, and provide referenced information on the benefits and risks of vaccination. These activities would not normally fall under the HCCC’s jurisdiction nor are they illegal or prohibited in Australia.

The AVN maintains that if we are under the jurisdiction of the HCCC due to our activities, Mr McLeod and the Australian Skeptics are also subject to the same oversight, as they promote information of a similar nature about the benefits of vaccines.

According to Mr McLeod’s complaint, the AVN’s legal right to question the safety and effectiveness of vaccines is a crime against humanity. This is clearly an unreasonable and inflammatory statement.

He claims that freedom of speech is not a right of all Australians.

Mr McLeod claims that the AVN gives medical advice, confusing this with giving out information about health issues. He contends that the slogan on one of many products being sold by the organisation is a statement of the goals of the organisation, and proves that the organisation is ‘anti-vaccination’.

Mr McLeod also claims that the AVN is against vaccination because it does not provide the full gamut of justifications for the practice. This does not make the AVN a health service provider, nor does it make it anti-vaccination.

Manufacturer’s package inserts for vaccines cannot be regarded as ‘anti-vaccination’. An attempt was made to include these on our web site. The AVN was told that this information was privileged and therefore should not be available to the public. The AVN was forced to remove this information, although it can be accessed through an internet search by any member of the public. We still provide links to the Merck Manual, the Department of Health and Human services and various other websites where people can access this information such as the package insert information on the web site of the New Zealand Ministry of Health – a government organisation that uses the same vaccines licensed in Australia.
Although the complaint is not about the accuracy of the information the AVN provides, it was felt necessary to set the record straight about some of Mr McLeod’s claims.

He makes claims about the effectiveness of vaccination that are shown to be false and misleading.

Mr McLeod claims MMR vaccine does not lead to autism, though this has been accepted as a cause by the US Vaccine Court on two occasions. The data he uses to justify vaccination are shown to be an unreliable basis for such a conclusion. This is the case for measles, rubella, diphtheria and HPV vaccines.

Mr McLeod’s statement that vaccinations don’t suppress the immune system is shown to exhibit a very limited understanding of the human immune system.

The AVN and myself, Meryl Dorey, defend both the veracity of the information we provide and our right to continue to disseminate this data.

While the majority of the medical community and those in government believe that vaccinations are perfectly safe and effective, a significant minority question these assertions.

The AVN is an organisation which asks for full, transparent and scientific information about vaccination to be freely available to all those who seek to make an informed choice about this medical procedure. We believe that open and honest debate will benefit all Australians and that the only ones who could possibly ask to see this debate stifled would be those who hold a vested interest in silence – the pharmaceutical industry and their shareholders.

Since we have shown that our information is:

- Sourced from peer-reviewed medical journals
- Given freely to those who request it
- Not medical advice or education
- Not dangerous to the broader community
- Legal under the Australian Constitution

We hope to see a quick and positive resolution to this complaint and a complete exoneration of the work of the AVN and myself.

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3 Impact of routine vaccination with a pertussis toxoid vaccine in Denmark; 10.1016/j.vaccine.2004.03.046
4 Lange v Australian Broadcasting Corp (1997) 189 CLR 520; 145 ALR 96 at 104; 71 ALJR 818
5 Australian Capital Television Pty Ltd v Commonwealth (1992) 177 CLR 106; 108 ALR 577 at 667; 66 ALJR 695 per McHugh J
6 See the judgements of members of the High Court in Australian Capital Television Pty Ltd v Commonwealth (1992) 177 CLR 106; 108 ALR 577 at 594 per Mason CJ, at 603 per Brennan J, at 617 per Deane and Toohey JJ, at 652 per Gaudron J
7 See the judgements of the High Court in Australian Capital Television Pty Ltd v Commonwealth (1992) 177 CLR 106; 108 ALR 577 at 603 per Brennan J, at 654 per Gaudron J, at 669 per McHugh J
8 See Theophanous v Herald & Weekly Times Ltd (1994) 182 CLR 104 at 122 per Mason CJ, Toohey and Gaudron JJ
9 See Levy v Victoria (1997) 146 ALR 248 at 252 per Brennan CJ, at 267 per Toohey and Gummow JJ, at 274 per McHugh J, at 286 per Kirby J
10 See Australian Capital Television Pty Ltd v Commonwealth (1992) per Mason CJ, Brennan, Deane, Toohey, Gaudron and McHugh
11 See Nationwide News Pty Ltd v Wills (1992) 177 CLR 1 per Brennan, Deane, Toohey and Gaudron JJ
12 See Lange v Australian Broadcasting Corp (1997) 189 CLR 520
13 http://en.wikipedia.org/wiki/Medical_advice
16 http://www.med.yale.edu/chldstdy/autism/pddnos.html
20 Prod Roy Soc Med, 1974; 67: 24
25 MMR-type vaccine for cattle withdrawn after test fears 15 years ago; The Sunday Herald, Feb. 3, 2002
26 ANNUAL REPORT: SURVEILLANCE OF ADVERSE EVENTS FOLLOWING IMMUNISATION IN AUSTRALIA, 2007; Glenda Lawrence, Michael S Gold, Richard Hill, Shelley Deeks, Amy Glasswell, Peter B McIntyre, CDI Vol 32 No 4 2008
27 Cancer vaccine linked to illness in women; The Sunday Telegraph, July 06, 2008