



Dear Australian Elected Representative,

The enclosed informational packet and DVD of “Vaxxed: From Cover up to Catastrophe” has been sent to you by one of your constituents to raise public awareness of vaccine injuries. Vaccine injury is not nearly as rare as pharmaceutical companies lead the public to believe. A 2010 Harvard Medical School [study](#) stated that "fewer than 1%" of all vaccine reactions are reported.

Your constituent has sent you the enclosed DVD and packet to bring awareness to the frequency of vaccine injury, and to honour those who have been injured or killed by vaccines. Please take a few minutes of your time to learn more about vaccine injury by watching “Vaxxed” and by reading through the enclosed packet.

The film “Vaxxed: From Cover up to Catastrophe” investigates the charges made by a whistle-blower at the Centers for Disease Control and Prevention, the leading national public health institute of the United States, who revealed that the agency manipulated data on an important study showing a causal link between the Measles-Mumps-Rubella (MMR) vaccine and autism.

For further questions about the film or anything in this information packet, please contact info@vaxxedthemovie.com.

Sincerely,

The Vaxxed Team, on behalf of your constituent.

Do You Know What's In A Vaccine?



Don't You Think You Should?

You research your baby's car seat, cot and pram - what about their vaccines?

Have you looked at the ingredients, side effects and contraindications listed on vaccine package inserts to consider if these shots are right for you and your family?

Did you know...

that doctors who question vaccine safety, effectiveness or necessity can face disciplinary action?

that the rich and well-educated have some of the lowest vaccination rates?

that babies are given the Hepatitis B shot on day of birth, when there is negligible risk for this sexually transmitted disease?

that vaccines may be contaminated with a large number of animal viruses and bacteria, some of which have been linked with cancer and other chronic diseases?

that the media considers it to be 'false balance' to report anything about vaccination that is not completely positive?

that vaccine companies have paid billions of dollars in fines in recent years due to fraudulent business practices, bribery and deceptive marketing?

that vaccines do not undergo the same rigorous scientific testing for safety or effectiveness which other drugs must go through?

that there have been no large studies done that compare all health outcomes in fully-vaccinated vs fully-unvaccinated children?

that on average there are over 3,000 side effects including 4.3 deaths reported every year in Australia following vaccination?

“Infectious deaths fell before widespread vaccination was implemented”

- Professor Fiona Stanley,
Australian of the Year (2003),
Child Health Since Federation,
2001

Please visit
avn.org.au/leaflet
for information and
discussion regarding these
issues.

Children's Immunisation Schedules Australia

1960

13 doses

Diphtheria-Tetanus-Pertussis
Polio
Diphtheria-Tetanus-Pertussis
Polio
Diphtheria-Tetanus-Pertussis
Polio
Polio

"I'm fully vaccinated
and I'm fine"

~ But with higher rates of cancer, developmental disorders, asthma, allergies and autoimmune diseases than ever before, what's in store for our youngest generation?

The USA's National Vaccine Injury Compensation Program has paid out \$3.6 billion to vaccine-injured individuals since 1989.

1975

18-19 doses

Diphtheria-Tetanus-Pertussis (3 months)
Diphtheria-Tetanus-Pertussis (4 months)
Diphtheria-Tetanus-Pertussis (5 months)
Polio (6 months)
Polio (8 months)
Polio (10 months)
Measles (12 months)
Diphtheria-Tetanus-Pertussis (15-18 months)
Diphtheria-Tetanus (5-6 years)
Rubella (females) (12-14 years)

Improved nutrition, sanitation and hygiene are understood to be the major factors that resulted in the greatly reduced mortality from infectious diseases observed before mass vaccination was introduced.

2018

45 doses plus

Hepatitis B (at birth)
Diphtheria-Tetanus-Pertussis-Hepatitis B-Polio-Hib (2 months)
Pneumococcal (2 months)
Rotavirus (2 months)
Diphtheria-Tetanus-Pertussis-Hepatitis B-Polio-Hib (4 months)
Pneumococcal (4 months)
Rotavirus (4 months)
Diphtheria-Tetanus-Pertussis-Hepatitis B-Polio-Hib (6 months)
Measles-Mumps-Rubella (12 months)
Meningococcal ACYW (12 months)
Pneumococcal (12 months)
Measles-Mumps-Rubella-Varicella (18 months)
Diphtheria-Tetanus-Pertussis (18 months)
Hib (18 months)
Diphtheria-Tetanus-Pertussis-Polio (4 years)
Human papillomavirus (HPV) (2 doses, 12 - 13 years)
Diphtheria-Tetanus-Pertussis (12 - 13 years)
Annual flu shot in some states



To My Australian Elected Representative:

As a parent, it is my duty to make decisions for my children that I believe is best for them - especially when it comes to medical interventions like vaccinations that carry with them a known risk of permanent disability or death. This is a choice that is not taken lightly and we parents must make this choice without coercion or manipulation, as stated on the Government's own website:

“For consent to be legally valid, the following elements must be present:

- *It must be given by a person with legal capacity, and of sufficient intellectual capacity to understand the implications of being vaccinated.*
- ***It must be given voluntarily in the absence of undue pressure, coercion or manipulation.***
- *It must cover the specific procedure that is to be performed.*
- *It can only be given after the potential risks and benefits of the relevant vaccine, risks of not having it and any alternative options have been explained to the individual.”*

By taking away family and childcare payments or the right to an early education from the children of low-income families or single parent families who conscientiously choose to selectively vaccinate or not vaccinate, you are putting us in the impossible position of having to choose between feeding and housing our families and vaccinating our children against our will, **THIS IS NOT LEGAL CONSENT, IT IS BLACKMAIL!**

If any of these children are injured or killed because their parents have been forced to vaccinate under duress, is the government or you as a government representative prepared to accept legal responsibility? Especially as there is no victim-friendly compensation system in place in Australia.

Stop using whooping cough rates as an excuse to attack conscientious objectors and start looking at the real problem - the whooping cough vaccine.

In 1991, <71% of Australian children were fully vaccinated and there were only 347 cases of whooping cough. In 2011 with 90% of children vaccinated, we had 38,751 cases - an increase of over 11,000%!

The vaccinated can become asymptomatic transmitters of whooping cough and infect young infants, while the dominant strain of Whooping Cough is not even targeted by the vaccine. A study has also linked the whooping cough outbreaks to vaccinated children and adolescents.

If raising already high vaccination rates is the purpose of this part of the legislation and the wealthy areas of Australia have the lowest vaccination rates, how does targeting low-income or single-parent families change the vaccination rates of high income families who will still be able to choose to get their child an early education?

I have seen children who have been injured or killed after vaccination in Australia, like Saba Button, Ashley Epapara and Lachlan Neyland and the hundreds of children rushed to hospital during the Fluvax debacle of 2009. By bringing in punishments for families who choose not to vaccinate, you are saying that these children are acceptable collateral damage and that they have less value than children injured or killed by disease. How would you feel if this was your child?

My children deserve better than a one-size-fits-all approach to health care - especially when the healthcare products are being produced by a multi-billion dollar industry with a long and sordid history multi-billion dollar fines for fraud and deceptive practices. Just look at the industry whistle-blowers who have courageously come out to testify of this fact, such as Dr William Thompson PhD, Dr's Stephen Krahling and Joan Wlochowski and the revelations of Peter Gøtzsche from the Cochrane Collaboration.

If there is a risk, there MUST be a choice, ALL parents have the RIGHT and the duty to decide WHICH risk is acceptable to our own families!

References:

<https://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home~handbook10part2~handbook10-2-1>

Pertussis notifications from 1991-2013 NNDSS
http://www9.health.gov.au/cda/source/rpt_2.cfm

Pertussis vaccination rates for 2011
[https://www.health.gov.au/internet/main/publishing.nsf/Content/cda-cdi3704-pdf-cnt.htm/\\$FILE/cdi3704a.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/cda-cdi3704-pdf-cnt.htm/$FILE/cdi3704a.pdf)

Pertussis Vaccination rates in 1990-2001
<https://www.abs.gov.au/ausstats/abs@.nsf/mf/4813.0.55.001#4.%20RESULTS%20-%20VACCINATION%20COVERAGE>

Whooping cough resurgence due to vaccinated people not knowing they're infectious?

<https://www.sciencedaily.com/releases/2015/06/150624071018.htm>

Whooping cough increase related to current vaccine

<https://www.abc.net.au/science/articles/2015/04/24/4222316.htm>

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<https://newsroom.unsw.edu.au/news/health/sharp-rise-cases-new-strain-whooping-cough>

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Open Letter from International Organizations to the WHO on the Issue of Vaccine Safety

To the World Health Organization and those attending the meeting of the Global Vaccine Quality Control Laboratories Network (Rome 25th-27th, September 2018).

To the European Parliament, the European Medicines Agency and the European Directorate for the Quality of Medicines

Dear Members of the World Health Organization,

By sharing science and joining efforts towards better health, your organization has improved the lives of millions of people, and we are grateful for this. Providing better nutrition, clean water, improved hygiene, and access to medical care, mortality and infectious disease have been drastically reduced. Your extraordinary communication campaign to detect cases of disease and their contacts, and isolate them, finally led to the eradication of the once devastating smallpox.¹ These are great achievements and these noble goals should be further pursued. Today however, today we are facing a new epidemic: chronic disease. In the USA, one in two adults has a chronic disease and one in four has two or more.²

Obesity, asthma, cancer, immune and autoimmune diseases, neurological and developmental disorders, are 'lifestyle diseases' mainly caused or aggravated by bad nutrition and toxic load. Vaccines are administered to healthy individuals to prevent targeted infections, but their long-term impact on the immune system and their potential role in chronic disease is not being evaluated. Individual risk of poor outcomes to both infection and vaccination varies widely and mass vaccination without proper discrimination at the individual level has led to injuries, death, and unintended consequences. Recently, independent researchers and laboratories have discovered that many vaccines are contaminated with retroviruses³ and polluted by nanoparticles⁴. High levels of aluminum associated with vaccine adjuvants have been found in the brains of autistic children or in people suffering from neurological disorders such as Alzheimer's disease.^{5, 6}

In your previous meeting you advocated for less independent testing, considered 'redundant', in order to speed up the supply of products.⁷ The recent administration of 250,000 defective vaccines in China⁸, the tragedy of the oral polio campaign in India with over 450,000 cases of paralysis and death⁹, the damage caused by the Dengue vaccine in the Philippines¹⁰, reports from all over the world of chronic pain and paralysis after administration of the HPV vaccine^{11, 12} show that vaccine safety and efficacy are being tragically disregarded in this drive for fast-tracking approval and easy certification.

If developing standards and sharing best practice amongst controlling bodies is needed, testing by national and independent laboratories must be maintained, since fraud and technical hazard from storage or transportation can still occur and biases

or new findings would not be detected. According to your report, it was noted that the aims of the network are a good fit with industry's proposal for risk-based testing and networking.¹³ But this 'risk-based' approach geared to reducing test requirements for vaccines considered of 'low risk', seems a dangerous pursuit. Many health authorities complain about vaccine hesitancy, but fail to reassure the public by providing the safety data they request. All over the world, millions of people have signed petitions demanding more safety, transparency and independent research, but decision makers chose fast-tracking instead.

To restore confidence lost, we insist that before any kind of recommendation or authorization is issued, ALL vaccines pre-qualified or recommended by the WHO will be submitted to:

- Extensive clinical trials conducted by bodies independent from the manufacturers
- Middle- and long-term studies on efficiency and safety, not 'days'.
- Tests for carcinogenic properties
- Tests around fertility issues
- Tests on pregnancy, spontaneous abortion and the developing foetus
- Mutagenic effects (changes induced in the DNA)
- Tests for effects on the neurological system and development of the brain
- Real inert placebo testing, which is almost never done on vaccines

We also insist that the WHO should provide studies on:

- Adjuvants and preservatives such as aluminum and mercury and their bioaccumulation
- Other toxic material used, such as polysorbate, Tween 80, formaldehyde etc
- Vaccine safety and the age of vaccine administration
- The impact of full vaccine schedules on the global health of a population
- The comparison of vaccinated versus unvaccinated populations in global health terms
- Viral transmission of people recently vaccinated with live virus vaccine such as measles, mumps, rubella, varicella, influenza or oral polio vaccine for example.

In particular, we ask that the use of combined vaccines and the same-day administration of multiple vaccines be thoroughly investigated. Figures from India show that the numbers of deaths within three days following vaccination doubled when using a Pentavalent (5-in-one) vaccine rather than a triple DTP vaccine. It is projected that this change will cause between 7020 and 8190 deaths each year in infants in India¹⁴. It further appears that in confidential periodic safety reports of the hexavalent Infanrix polio vaccine submitted to the EMA, the manufacturer GSK has deleted a number of death cases between reports.¹⁵

Concerning the measles-mumps-rubella vaccine and its link with autism, the only reference mentioned on the autism section of your website is an out-dated French article translating press claims that have been disproven in a decision from the

English High Court in 2012.^{16, 17} While an expert from the CDC has confessed in 2014 to having manipulated the data of a key reference study, no further investigations have been made yet.¹⁸ With one in 36 children diagnosed with an Autism Spectrum Disorder in the USA¹⁹, this study is an absolute priority and independent laboratory testing and new clinical trials must now replace the flow of 'inconclusive' statistics.

Confirming this priority, an Italian Parliamentary Commission recently reported numerous deaths, autoimmune diseases and cancers in military personnel after multiple vaccines had been administered and called for more research and precautionary measures²⁰. The long-term effects of vaccines are not studied and the recent revision of the classification of "Adverse Events Following Immunization" does not allow for accurate reporting of death cases or of side effects not previously declared by the manufacturer.²¹ With the alarming rise in chronic diseases, immune, autoimmune and developmental disorders worldwide, immediate responsible action is imperative.

In its recent resolution on vaccine hesitancy, the European Parliament calls for "transparency and declaration of conflicts of interest, including researchers working for the World Health Organization and the European Medicines Agency." It proposes that "researchers subject to a conflict of interest be excluded from evaluation panels"; further "calls for the confidentiality of the deliberations of the EMA evaluation panel to be lifted"; proposes that "the scientific and clinical data which inform the conclusions of the panel, and whose anonymity is guaranteed in advance, be made public".²² It fails however to question biased reports.²³

When it comes to approving or recommending a new vaccine, we know that:

- Pre-licensure studies are exclusively carried out by the manufacturers who stand to profit. This is a clear conflict of interest.
- Pre-licensure studies do not and cannot capture all adverse events that will occur in real world situations.
- Peer reviewed scientific journals have huge conflicts of interest and most studies are biased or false^{24, 25, 26}
- Post-marketing surveillance in all countries is woefully inadequate. Only 1 to 10% of adverse events are being reported. In the USA, the mandatory biennial safety reports from US Health & Human Services to Congress on vaccine safety have simply never been written.²⁷

The funding of your organization relies on important private donations, such as the GAVI alliance, a partnership with banks and industries. The fact alone that this very meeting is funded by a private investor, the Bill and Melinda Gates Foundation,²⁸ is highly questionable. Given this inherent conflict of interest, it is therefore absolutely imperative that independent studies and experts be involved in the approval and recommendations of vaccines and vaccine policies. And if the WHO guarantees the safety of the vaccine it is pre-qualifying, it should also assume liability for adverse

events following vaccination.

Promoting mandatory vaccination for entire populations with products that essentially rely on manufacturers' data for their general safety and efficacy is an evident breach of the precautionary principle and as such becomes a forced medical experiment. Since the health risk of vaccination is entirely borne by individuals, the WHO must ensure that it is minimal, and that fully informed consent is observed.

In order to restore public trust in health authorities and improve public health policies worldwide, we therefore demand actions and answers that meet our requests.

We thank the honorable members of this assembly for their attention and pray they will open their hearts and minds to our message.

Signed by:

America

Robert Kennedy Jr., Children's Health Defense, USA
James Lyons-Weiler, the Institute for Pure and Applied Knowledge, USA
Bernadette Pajer, Informed Choice Washington, USA
Vera Sharav, Alliance for Human Research Protection, USA
Brandy Vaughan, Learn the Risk, USA
Catherine Ford, Vaccine Injury Awareness League, USA
Norma Erikson, Sanevax, USA
Ashleigh Parchman, TN Medical Freedom Alliance
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Christina Favazza, Florida health action network
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Alicia Marie, Minnesota Vaccine Freedom Coalition
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Sue Fischer Collins, New Jersey Coalition for Vaccine Choice
Tara Marie, Wisconsin Coalition for Informed Vaccination
Michelle Cotterman, Health Freedom Ohio
Jennifer Larson, The Canary Party
Mark F. Blaxill, Health Choice
Debby Lammam, Medical Freedom Nevada
Stacy Cayce, Oregonians for Medical Freedom

Stephanie Stock, Ohio Advocates for Medical Freedom
Karri Lewis, AWAKE California
Terry Roark, California Coalition for Vaccine Choice
MaryJo Perry, Mississippi Parents for Vaccine Rights
Jennifer Stella, Health Choice Vermont
Yvette Negron-Torres, Virginians for Medical Freedom
Angie Gallagher, Minnesota Vaccine Freedom Coalition
Denise Gonzalez Cosner, New Jersey Medical Freedom Advocates
Jessica Marie, Hawaii for Informed Consent
MacKenzie Strickland Fraser, Health Freedom Florida
Suzanne Waltman, Michigan for Vaccine Choice
Kristen Holland, Tennessee Coalition for Vaccine Choice

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Sabrina Iglesias, Libertad Sanitaria Uruguay

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Impffrei, Austria
Dr. Kris Gaublomme, Preventie Vaccinatieschade, Belgium
Initiative Citoyenne, Belgique
Andrei Edrev for Alternative Energy, Bulgaria
Cijepljenje Pravo Izboru, Croatia
Dr. Ivana Delas for the Croatian Association of Parent Activists, Croatia
Rozalio, Czech Republic
Liga Lidskych Prav, Czech Republic
Vaccinations Forum, Denmark
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Marie-Rose Cuisigniez, Association Liberté Information Santé, France
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Impfkritik, Germany
Artzen fur Individuelle Impfentscheidung, Germany
Impf-Info, Germany
Eltern fur Impfaufklarung, Germany
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Colibri, Puglia, Italy
Comitatio Faenza, Italy
Genitori di Cervia per la Libera Scelta, Italy
Genitori del No Obbligo, Lombardia, Italy
Genitori del No Obbligo, Piemonte, Italy
Genitori per la Libera Scelta, Monza e Brianza, Italy
CliVa, Toscana, Italy
E Pur Si Muove, Rimini, Italy
Gruppi Uniti, Italy
Il Sentiero di Nicola, Italy
Libero per Tutti, Forli, Italy
Dario Miedico e Emiliano Gioia, SiAmo, Italy
VacciPiano, Sicilia, Italy
Nepriklausomas Skiepu Informacijo Centras, Lithuania
Colette Welter, Aegis, Luxembourg
Nederlandse Vereniging Kritisch Prikken, The Netherlands
Stichting Vaccinvrij, The Netherlands
Foreningen for Fritt Vaksinevalg, Norway
Justyna Socha, Piotr Jawornik Ogólnopolskie Stowarzyszenie Wiedzy o
Szczepieniach STOP NOP, Poland
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Sloboda v Ockovani, Slovakia
Svood, Slovenia
Asociacion de Afectadas por la Vacuna del Papiloma, Spain
La Liga para la Libertad de Vacunacion, Spain
Sara Boo, NHF, Sweden
Netzwerk Impfentscheid, Switzerland
Infovaccins.ch, Switzerland
John Stone, Age of Autism, UK
Anna Watson, Arnica, UK
Freda Birrell, Association of HPV Vaccine Injured Daughters, UK
The Informed Parent, UK
Jabs, Justice, Awareness and Basic Support, UK
Joan Shenton, Immunity Resource Foundation, UK

Australia

Meryl Dorey, Australian Vaccination-Risk Network, Australia
Elisabeth Hart, Over-vaccination.net, Australia

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SEPTEMBER 20, 2018

Robert F. Kennedy, Jr. Demands the Office of the Inspector General and Congress Investigate Department of Justice for Fraud and Obstruction of Justice



WASHINGTON, D.C. Robert F. Kennedy Jr., Chairman of Children’s Health Defense (CHD), and Rolf Hazlehurst, parent of a vaccine-injured child, petitioned the Department of Justice (DOJ) Office of Inspector General (OIG), and the Senate and House Judiciary Committees today to investigate actions taken by federal personnel during the “Vaccine Court” Omnibus Autism Proceedings (OAP).

Recently discovered evidence provided by Kennedy and Hazlehurst details obstruction of justice and appallingly consequential fraud by two DOJ lawyers who represented the Department of Health and Human Services (HHS) in 2007. These actions led to a denial of justice and compensation for over 5,000 families who filed claims of vaccine injury leading to autism in their children.

Vaccine manufacturers have enjoyed blanket liability immunity from vaccine injuries since Congress created the National Vaccine Injury Compensation Program (NVICP) as part of the National Childhood Vaccine Injury Act (NCVIA) of 1986. To expedite the more than 5,000 petitions filed in the program between 2001 and 2007, the “vaccine court” consolidated the petitions into the OAP. Rather than each petition being determined on its own merits, the court determined the outcomes for all 5,000 cases based on six representative test cases.

Kennedy and Hazlehurst provide newly discovered evidence that the leading HHS expert, whose written report was used to deny compensation to over 5,000 petitioners in the OAP, provided clarification to the DOJ lawyers that vaccines could, in fact, cause autism in children with underlying and otherwise benign mitochondrial disorders. The witness informed the DOJ attorneys that they were taking his entire written statement out of context and the statement should not be used as a blanket statement for all children in the OAP, which is exactly what they did. “The DOJ intentionally and fraudulently misrepresented its own expert’s written opinion. In order to prevent the expert from revealing the truth to other petitioners or the special master these DOJ lawyers canceled the expert’s oral testimony to keep him from stating his true opinion in public. In the process, the DOJ and HHS concealed critical material evidence of how vaccines can cause autism in some children” stated Hazlehurst, who obtained depositions and sworn affidavits documenting these facts.

“Congress created the National Vaccine Injury Compensation program to compensate the injured, not to create a federal program where dirty legal maneuvers are utilized to deny compensation. It is unethical for attorneys to consciously exclude evidence in any legal proceeding; it is grounds for disbarment and, potentially, criminal action,” Mr. Kennedy said. “DOJ attorneys have committed fraud to deny Congress’ promise to these families for rightful compensation and lifelong care for their injured children.”

The fraud by the two DOJ attorneys directly influenced the 2011 *Bruesewitz v. Wyeth* Supreme Court decision which all but shut the door forever for families seeking redress for vaccine injury in the civil court system.

Since this miscarriage of justice, roughly one million children have been diagnosed with autism. An unknown percentage of these cases are the result of vaccine injury. As of 2015, the projected annual cost for autism was \$268 billion and is expected to reach \$1 trillion by 2025. These growing costs now fall on families and on taxpayers through the costs borne by local school districts, states and Medicaid.

Congress has a moral and legal duty to investigate these highly unethical actions of the Department of Justice in the Omnibus Autism Proceeding.

A crowdfunding campaign has been set up to help CHD pay for legal initiatives at <https://www.indiegogo.com/projects/children-s-health-defense#/>.

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