Dear Representative Burton,

The following is my testimony for the hearings on Vaccines: Finding a Balance Between Public Safety and Personal Choice.

My name is Meryl Dorey and I am an American citizen who has been living in Australia for the last 11 years.

I came to this issue in the way that so many other parents have - through the vaccine injury of my own child. (note: Please be aware that with only one exception- the DPT vaccine - the vaccinations used in Australia are the same as those used in the USA.)

Almost 11 years ago, my son Matthew was born. His was a traumatic birth, but he was healthy and of a good size. He reacted to his first vaccination at 2 months - the DPT/OPV combination. His high pitched screaming for 5-6 hours and high fever were of great concern. His development that night of sleep apnoea absolutely terrified my husband and myself. Today at ten years of age, he still has severe sleep apnoea as well as growth and immune system problems that he was left with as a result of his shots. You see, my doctor felt that it was only the pertussis component of the vaccine which was a danger to Matthew and so, he continued to receive his shots on schedule until, at the age of 18 months, he was hospitalised with what was diagnosed as severe gastroenteritis but which we now believe to have been encephalitis after an MMR vaccine. He spent 3 days in hospital and was discharged with hand flapping and other symptoms of a child in the autistic spectrum.

He underwent years of medical treatment including the removal of his tonsils and adenoids before he was 3, in an attempt to improve his breathing (it did not work). My husband and I feel that all of these conditions are related to his reactions to the shots, though no doctor has ever stated this. My own GP recommended that he not receive any more pertussis vaccines but said that his condition was not related to the vaccine.

It was this kind of denial and illogical behaviour which made me begin my search into this issue and which led to the establishment of the Australian Vaccination Network, an organisation much like the National Vaccine Information Centre in the USA. This organisation was started by health professionals (including doctors), parents and others who would like to see full and complete information on both the risks and benefits of vaccination and oppose any form of compulsory medication or vaccination.

In my work with the Australian Vaccination Network, I have been contacted via our adverse reactions hot-line by more than 600 parents who believe that their children have been adversely affected or killed by their shots. Like the NVIC, we are only funded by memberships and donations and have never had enough money to advertise our reactions hot-line nationally. This figure, therefore, would only represent the tip of the iceberg when it comes to the actual number of vaccine reactions taking place.

Without exception, these cases were never reported by the doctors who administered the vaccines despite the fact that a significant proportion of these events took place within a very short time period of the vaccination.

Reporting of vaccine reactions is mandatory in the States of New South Wales and Western Australia. Despite this regulation, many doctors fear to report vaccine reactions. They do not want to admit that something they have done has caused the death or injury of a child; they do not want to expose themselves to litigation; and they have been taught in medical school curriclua which have been written and funded by the very same pharmaceutical companies which produce and profit from vaccines, that vaccines do not cause serious reactions. Even though they see the evidence of these affects before them, their very training tells them that it is 'coincidental' or 'would have happened any way'.

The fact is that study after study has shown that the vast majority - up to 99% - of reactions are never reported. Yet the government and the medical community rely on these figures which are 99% incorrect. If financial or agricultural estimates were off by 99%, heads would roll. In this instance, however, the only heads that roll are those of innocent children and their families who have been told that vaccines will protect and not hurt their children.

In trying to balance public safety vs. personal choice, you have started out with the assumption that if vaccinations were to cease today, or levels of vaccination compliance were to fall below a certain point, there would be increases in both the morbidity and mortality of infectious diseases. This has simply not been shown to be the case. In fact, the mortality from certain diseases such as measles increased substantially AFTER the mandating of the measles vaccine.

Yes, there may be an increase in the reported cases of these illnesses, but almost every study done on the actual severity and mortality from these diseases have shown that both hospitalisations and deaths declined when the vaccination rate declined. I will list several citations, but there are many, many more.\* Not only that, but in countries like the USA with mandated high levels of vaccination, there have been increases in many of these diseases with, for instance, whooping cough in the mid 1990's increasing to levels above those of the mid 1960's - years before mandatory vaccination.

Every parent wants what is best for their child. Every parent wants to protect them from the dangers of the world. Every parent has a right to make free and informed choices of the best ways to go about providing that protection. Events of recent weeks with hearings on the dangers of anthrax vaccines, hepatitis B vaccines and the withdrawal of the rotavirus vaccine after it's very recent approval, have shown that vaccination may not be the best way to go about providing that protection for every child.

In much the same way as the tobacco companies and medical organisations claimed for decades that cigarettes were not dangerous to the health, pharmaceutical companies and medical organisations like the AMA and the American Acadamy of Pediatrics are now claiming that vaccines are safe, effective and necessary. These claims are not backed up by the published medical literature. Not only that, but the relationship between these organisations constitutes one of the greatest conflicts of interest seen in the modern world.

Since the American courts have described vaccines as "unavoidably unsafe products that are quite incapable of being made safe for their intended and ordinary use." (Lukaszewics -v-Ortho Pharmaceutical Corp.), to mandate that children or adults receive these shots is both immoral and unethical.

Until vaccines can be made 100% safe and 100% effective, mandating their use must be considered anathema in any society purporting to be democratic. The children of America, the children of the future, are counting on you to set the moral standard by which their lives will guided.

Thank you,

Meryl Dorey

proud American citizen and

National President of the Australian Vaccination Network, Inc.

\*Citations regarding mortality and morbidity in countries with high vaccination rates and low vaccination rates:

Hutchins, SS; Cochi, SL; Brink, EW; Patriarca, PA; Wassilak, SCF; Rovira, EZ; Hinman, AR; Current Epidemiology of Pertussis in the United States; Tokai Journal of Experimental Clinical Medicine; Vol 13 Suppl; 00 103-109, 1988

Isacson, Jerker, Birger, Trollfors, Tranger, J., Zackrisson, Gunilla and Lagergard, Teresa, (1992) How common is whooping cough in a nonvaccinating country?, The Pediatric Infectious Disease Journal, 284-287.

Christie, C.D.C., Marx, Mary L., Marchant, C.D., Reising, S.F., (1994), The 1993 epidemic of pertussis in Cincinnati; Resurgence of disease in a highly immunized population of children, The New England Journal of Medicine, p. 16-20

Aaby, P; Bukh, J; Lisse, IM; Smits, AJ; Measles vaccination and child mortality (letter); Lancet, July 11, 1981; 2 (8237); 93.

Aaby, P; Samb, B.; Andersen, M.; Simondon, F.; No long-term excess mortality after measles infection: a community study from Senegal; American Journal of Epidemiology; Vol. 143, No. 10: 1035-41

Miller, CL; Ten years of measles vaccinations: a review of the advantages and hazards of vaccination; Nursing Times; December 14, 1978; 2059-60.

Bellini, W.J., Rota, P.A., (1994) Virology of measles virus, The Journal of Infectious Diseases, 170 (Suppl.1) S15-23.

Poland, GA; Jacobson, RM; Failure to Reach the Goal of Measles Elimination: Apparent Paradox of Measles Infections in Immunized Persons; Archives of Internal Medicine; Vol 154, August 22, 1994; 154:1815-1820

Shasby, M., Shope, T.C., Downs, H., Hermann, K.L. and Polkowski, J., (1977) Epidemic measles in a highly vaccinated population, The New England Journal of Medicine, 296, 585-589.

Mulholland, K., (4/2/95), Measles and pertussis in developing countries with good vaccine coverage, The Lancet, Vol 345, 305-307.

Wassilak, S.G.F., Orenstein, W.A., Strickland, P.L., Butler, C.A., Bart, K.J., (1985), Continuing measles transmission in students despite a school-based outbreak control program, American Journal of Epidemiology, Vol 122, No. 2, pp 208-217.

Weiner, LB, Corwin, RM, Nieburg, PI, Feldman, HA; A measles outbreak among adolescents; The Journal of Pediatrics, January 1977; Vol 90, No 1, pp 17-20.

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"All truth goes through three stages. First it is ridiculed. Then it is violently opposed. Finally, it is accepted as self-evident." (Schopenhauer)

Any information obtained here is not to be construed as medical OR legal advice. The decision to vaccinate and how you implement that decision is yours and yours alone.

## [Burton] [Vaccination]

Matter L; Bally F; Germann D; Schopfer, The incidence of rubella virus infections in Switzerland after the introduction of the MMR mass vaccination programme., Eur J Epidemiol, 11:3, 1995 Jun, 305-10

Romanus, V, Jonsell, R, Bergquist, SO; Pertussis in Sweden after the cessation of general immunization in 1979; The Pediatric Diseases Journal; Vol 6, No. 4; 1987.

Ditchburn, Robert K.; Whooping Cough after stopping pertussis immunisation; British Medical Journal; 1979, 1, 1601-1603; 16, June 1979;