



**WAVESnz**  
**WARNINGS ABOUT VACCINE EXPECTATIONS**



## **INVESTIGATE BEFORE YOU VACCINATE**

Making an informed decision  
about vaccinating your children

## ABOUT WAVESnz

WavesNZ is a voluntary and charitable organisation founded in 1988. Its members include an increasing number of parents, caregivers, health professionals and other adults who have concerns about the safety and efficacy of vaccines, wish to make an informed decision about whether or not to vaccinate themselves or their children; and wish to maintain their right to choose to vaccinate or not.

WAVESnz believes that:

- natural immunity is superior to artificial immunity;
- human milk is the best immune stimulator during the first year of life;
- a healthy diet and lifestyle more effectively prevent disease than artificial immunity;
- most childhood illnesses serve to strengthen and mature the child's immune system and provide lifelong immunity; the vast majority of childhood infections are benign and self-limiting in a healthy child.

What we do:

- provide information to people so that they can make informed decisions about vaccination;
- campaign to ensure continued freedom of choice regarding vaccination;
- debate vaccination issues through symposia, displays, seminars and the media.

# What's all the fuss about?

## An introduction to the vaccination controversy

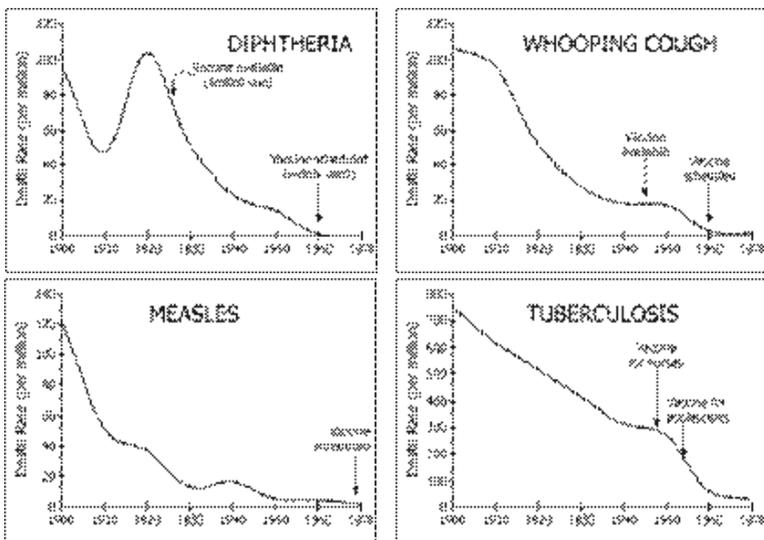
Here at WAVESnz, we're often approached by people wanting to know 'everything' there is to know about vaccination. Unfortunately, being such a complex topic with so many facets to be explored, becoming informed at even a basic level can be a time-consuming and difficult task. The aim of this leaflet is to provide an initial overview of some of the most pressing issues surrounding the vaccination debate, with ideas of where to find further information.

## THE DECLINE OF INFECTIOUS DISEASES

Contrary to popular belief, and the propaganda pushed by those who promote vaccination as the 'only responsible choice for parents', vaccination has not been responsible for the major decline in infectious diseases seen in the past century. Government statistics from years prior to the introduction of vaccines paint a much different picture, with each respective disease's morbidity and/or mortality rate declining drastically prior to the introduction of its relevant vaccine.

Many graphs promoted by vaccine-promoters show dramatic drops in disease rates following the introduction of each respective vaccine, as compared to rates just a few years earlier. However, if we extend the timeframe back further, you'll see vastly greater drops in rates over the preceding decades prior to the introduction of the vaccine, giving a much less impressive picture of the impact that particular one has made.

So what has made the difference? Improvements in living conditions including improved sanitation, hygiene, water supplies and housing, better nutrition and isolation procedures. In New Zealand the death rate from childhood diseases declined by up to 98% between 1890 and the 1940s before vaccination was introduced. The graphs below illustrate this decline. The death rate from diseases for which no vaccine was used also declined, e.g. Scarlet fever declined steadily throughout the 20th century to the point of being almost eradicated without the use of vaccination. The decline in the death rate from measles, whooping cough, tuberculosis and diphtheria before vaccination is mirrored in other countries such as the United States, England and Wales and Australia. It has been estimated that only 3.5% of the decline in death rate from infectious diseases can be attributed to the combined effect of vaccination and drugs.



## DISEASE, THE IMMUNE SYSTEM & VACCINES

The modern medical model of disease treatment, including vaccination, has its theoretic underpinnings in the “germ theory”, attributed to Louis Pasteur. Pasteur said “The microbe causes the illness. Look for the microbe, and you’ll understand the illness.” His followers today in the medical-industrial complex have conveniently forgotten he also said “I’m convinced that when a wound becomes infected and festers, the course that the wound takes depends upon the patient’s general condition and even his mental condition.” The idea that the environment of the host (human) is so important in determining the development and progression of disease is unpopular with the pharmaceutical industry who profit from a widespread belief in, and desire for, a quick fix for health problems.

Vaccines are commonly believed to work by producing antibodies. However, a number of researchers have found that the presence of antibodies only indicates that the immune system has come into contact with an antigen, not that a person is actually ‘immune’. One medical paper said that “it is known that, in many instances, antigen-specific antibody titres do not correlate with protection.” For example, it has been established that there is no clear correlation between antibody levels and protection against whooping cough and that there is no generally accepted laboratory measure of immunity.

The medical community does not have even a basic understanding of the new-born human immune system. Studies show that the immune systems of new-born animals can easily be altered to ensure that they cannot respond properly later in life.

Compounding the issue is the fact that at least two generations of numerous, routine vaccinations has left babies born today much more vulnerable to disease than earlier generations have been, as vaccinated women pass on less antibodies to their babies than those who have gained natural immunity by naturally contracting diseases, meaning the children of vaccinated women are more susceptible to disease in the first year of life.

Indeed, studies exist in the medical literature demonstrating that vaccination leaves children more susceptible to disease for some time afterwards, as it ‘overloads’ the immune system, which in turn leads to lower overall resistance. Viral vaccines have been shown to depress cellular immunity, which serves as the body’s first line of defence against infection and disease. This suppression of the cellular immune system results not in the prevention of disease but the inability of the body to manifest, respond to and to overcome disease!

## VACCINE MANUFACTURE

Vaccines contain myriad highly toxic substances that are poisonous to our bodies. For example, many vaccines contain formaldehyde, an extremely toxic compound and known carcinogen. Vaccine promoters will frequently argue that 'you will find more formaldehyde in a pear'; this disingenuous argument ignores the fact that you do not inject fruit into your body, and that routes of ingestion make a vast difference to how the body processes toxins.

Many vaccines also contain aluminium, which frequently causes reactions at the injection site and can cause an allergic response to subsequent doses of the vaccine. Aluminium has been associated with Alzheimer's disease and dementia. Some adult vaccines still contain thimerosal (for example, some flu vaccines), an ethyl mercury sodium salt (49% mercury); mercury is a heavy metal and one of the most toxic substances known to man. Concerns about the toxicity of mercury in vaccines and links between thimerosal and a vast number of illnesses and disabilities led to calls for thimerosal to be removed from childhood vaccines.

In some vaccines 2-phenoxyethanol has replaced thimerosal as a preservative. It is commonly used as a solvent for dyes, inks and resins, in germicides, and in other pharmaceuticals. It is an irritant for the skin, eyes, mucous membranes and respiratory tract and reactions to exposure can include coughing, headache, abdominal pain and nausea.

Vaccines are manufactured using animal and human tissue including foetal calf blood, chick embryo fluid, monkey kidney cells, and human diploid cells which are derived from two aborted human foetuses, and pose even greater risks in terms of potential auto-immune responses. Vaccines contain DNA derived from the cell culture and may contain other viruses. The presence of contaminating viruses or integrated gene sequences from oncogenic (cancer causing) viruses is a major health concern and total safety requires the complete absence of DNA in the vaccines.

Viruses that have contaminated vaccines include avian leukosis virus from chick embryos and bovine viral diarrhoea virus from foetal calf blood. Continuous monkey cell cultures can cause tumours and human foetal cells are also susceptible to malignancy.

Perhaps the most well-known episode of vaccine contamination to ever take place is the SV-40 incident that took place in the 1950s and 60s. Simian (monkey) Virus 40 contaminated both the killed and the live virus polio vaccines administered to millions of children around the world. It has been confirmed beyond doubt that this virus has caused a variety of serious cancers in a large number of people who received the vaccine. Perhaps most alarmingly, SV-40 has also been found in the sperm and blood of healthy people, indicating that it can be passed from generation to generation along cell lines.

Another consideration to make is that live virus vaccines have been proven to cause the disease that they are supposed to prevent, in both vaccine recipients and their close contacts. The most

well known of these is the oral polio vaccine in which the polio virus can be excreted in the faeces of the vaccine recipient for six to eight weeks after vaccination and can infect non-immune people. This is the main reason that many countries have reverted to use of the killed virus polio vaccine. Measles, mumps, hepatitis A, and chickenpox vaccines have all been documented to cause the disease in vaccinees and in their close contacts who have no immunity. This process is known as 'shedding' and can in itself potentially cause outbreaks of disease, as well as posing risks to the immune-suppressed and very young or old so often touted as the most vulnerable groups in pro-vaccination literature.

## VACCINE EFFICACY

Vaccines are not very effective in preventing the disease that they are supposed to protect against. There are many, many medical studies documenting outbreaks of disease in highly vaccinated populations; some outbreaks have occurred in 100% vaccinated communities. In New Zealand in 1999, 68% of the notified cases of whooping cough were fully vaccinated. In the 1984-85 New Zealand measles epidemic in children over 15 months old 40% of the cases of measles occurred in vaccinated children. In the US there are frequent measles outbreaks in 98% to 100% vaccinated communities.

There are also well-documented outbreaks of mumps, rubella, and polio that have occurred in highly vaccinated populations. Numerous studies have found that immunity to hepatitis B lasts only five to ten years after vaccination. One study found that only 50% of vaccinated people had any immunity after four years and in another 61% of teenagers had no immunity only 14 years after vaccination.

One large World Health Organisation trial involving 260,000 people, that was done on the BCG vaccine for tuberculosis, found more cases of TB in the vaccinated group than the unvaccinated and concluded that there was no evidence of a protective effect of the vaccine.

## VACCINE SAFETY

All vaccines can cause adverse reactions and most vaccines can be extremely dangerous for many children. Unfortunately, there is no way of knowing beforehand whether or not your child will have an adverse reaction, and if so whether it will be minor and short lived, or life-threatening, debilitating, or ultimately lethal – and there is no way of knowing whether or not the vaccine will go on to cause an autoimmune condition later in life. Once a vaccine has been administered, you cannot take it back.

A somewhat astonishing fact many find very surprising is that there have never been any long-term safety studies conducted on vaccines in which the health of vaccinated children is compared with a group of unvaccinated 'control' children! Vaccine safety tests are based on poor scientific methodology, with studies being too small, too short, and too limited in populations represented, and are not subject to independent criticism.

As more and more children in the world are vaccinated, it is becoming increasingly difficult to compare the health of unvaccinated with vaccinated children. The incidence of vaccination side-effects is often compared to what is called the 'background incidence' of such a disease or condition. This 'background incidence' is the usual incidence of this occurring over the whole population. The use of vaccinated children as controls in vaccine safety studies is unscientific.

The peer reviewed medical journals publish hundreds of reports of serious adverse reactions to all vaccines including many, many reports of permanent disability and death. Adverse reactions to vaccines can occur soon after administration of a vaccine, making themselves easily apparent, or progress slowly over the following weeks or months. The list below details some of the reactions that the manufacturers of vaccines used in New Zealand admit to. The information has been collated from the datasheets for individual vaccines.

- pain, hardness, redness and swelling at the injection site.
- fever, unusual crying, restlessness, irritability, sleeping more or less than usual, vomiting, diarrhoea, headache, sweating, chills.
- difficulty in breathing, convulsions, inconsolable screaming, encephalitis.
- Guillain-Barre syndrome, multiple sclerosis, arthritis, myalgia, loss of vision or loss of hearing, thrombocytopenia, vasculitis, swelling of the lymph nodes.
- collapse or shock-like state, brain damage, anaphylactic reactions, death.

In addition vaccines have been linked with or shown to cause autism, meningitis, diabetes, AIDS, and degenerative brain diseases leading to death.

Many countries have a vaccine adverse reaction reporting system. In New Zealand it is the Centre for Adverse Reaction Monitoring, or CARM, in Dunedin. Like many similar systems, such as the Vaccine Adverse Event Reporting System (VAERS) in the US, CARM is a passive surveillance system that relies on health professionals and vaccinees voluntarily reporting adverse reactions. In the US between January 1990 and August 2013, 356,537 vaccine adverse reactions were reported to VAERS. Interestingly, following the licencing of the Human Papilloma Virus (HPV) vaccine in 2006, adverse reaction reports to VAERS increased by more than 10,000 per year. Between 1989 and 2007 the US government had paid out US\$1.18 billion dollars to the families of vaccine damaged children. Vaccine reactions are grossly under-reported and it is widely accepted that only 1 – 10% of all reactions are reported.

## THE MONEY TRAIL AND BIG BUSINESS

The vaccine industry earns billions of dollars annually. In 1989 –99 in New Zealand the Health Funding Authority expenditure on vaccination was almost \$11.8 million dollars, \$6.3 million of which was just to buy the vaccines. The manufacturers all have to provide a return on their shareholders' investment and have been known to place profit before safety, placing people receiving the vaccines at greater risk. Shares in pharmaceutical companies are some of the most profitable in the world. A large number of the studies conducted and subsequently published in peer reviewed medical journals are funded by big pharmaceutical companies. Many of the supposedly independent people involved in research into the safety of vaccines, and those involved in licensing vaccines have financial ties to the pharmaceutical companies (shares, research funding, etc.). A number of health and illness support groups and charities urge people to vaccinate themselves against various diseases, and give out printed materials sponsored by vaccine manufacturers inclusive of their corporate logos, all the while claiming to be independent and free from corporate influence.

## CHOOSING NOT TO VACCINATE

It is very important to understand that in New Zealand vaccinating your children is not compulsory. There is no penalty for choosing not to vaccinate, and unvaccinated children are allowed to attend school. However, the Health (Immunisation) Regulations 1995 require parents of children born since January 1995 to show their "Immunisation Certificate" when they enrol at an early childhood centre or school. If you do not show this form, your child will be registered as unvaccinated. No institution can force you to present a certificate, or to have your child vaccinated in order to enrol. In the event of an outbreak of measles or whooping cough the Medical Officer of Health may order that healthy, unvaccinated children be excluded from school for a period of up to two weeks.

While some vaccines are recommended for adults, e.g. 10- yearly DT boosters and annual flu vaccine, none are compulsory. However, if you are considering employment in any health sector which involves working with the public, your contract may be conditional on vaccination with any or all vaccines, as directed. In our opinion, this constitutes mandatory vaccination and is a breach of your right to choose your own medical care, as assured by the NZ Bill of Rights Act 1990.

## CHOOSING TO VACCINATE

If you choose to proceed with any vaccinations you should obtain the package insert of the vaccine(s) and read it thoroughly. Do not accept "Patient Information" which omits important information including side-effects. Request New Zealand Physicians Circulars, or Professional Data Sheets. Many of these are on the internet at <http://www.medsafe.govt.nz/Profs/datasheet/DataSheet.htm>. Pay particular attention to contraindications, warnings, precautions and adverse reactions. Ask your doctor to explain the signs and symptoms of all adverse reactions so that you may recognise them should they occur.

Factors that can **increase** the risk of adverse reactions are:

- a child not well at the time of vaccination;
- a family history of allergies, vaccine reactions, convulsions, epilepsy or any other neurological or immunological condition
- a bad reaction to a previous vaccine;
- an allergy to one of the ingredients in the vaccine;
- vaccinating a premature infant according to chronological, rather than gestational, age.

Prior to vaccination obtain the following information for your records, verified and signed by the vaccine administrator:

- evidence that you (or your child) are healthy;
- if for a child, evidence that the child is developing normally;
- time and date of administration;
- name of vaccine administrator and credentials;
- name and manufacturer of the vaccine;
- the lot and batch number of the vaccine;
- written verification that the vaccine has been stored correctly at all times.

This information is critical for obtaining Accident Compensation coverage in the event of compensatable injury. Any vaccine reaction should be reported on a H1574 form by your doctor, yourself or the person who administered the vaccine. Send the completed form to:

**The National Toxicology Groups Centre for Adverse Reaction Monitoring**

**PO Box 913**

**Dunedin**

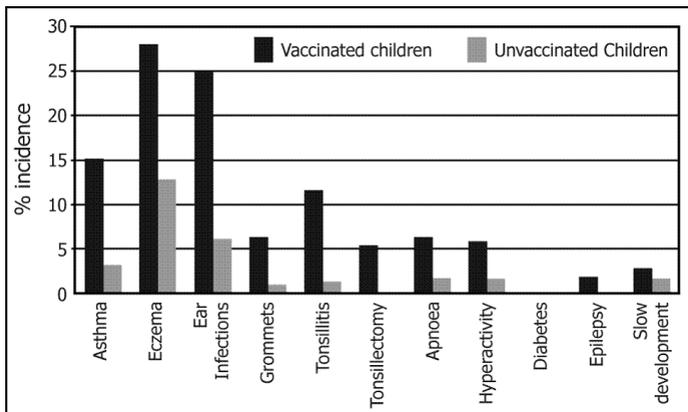
**New Zealand**

Ensure that ALL symptoms are recorded on the form and retain a copy for your own records. Request verification in writing that the data has been entered into their computer. The form should be available from your doctor but can be obtained by writing to the Toxicology Centre for Adverse Reactions, or at [www.medsafe.govt.nz/regulatory/forms.htm](http://www.medsafe.govt.nz/regulatory/forms.htm).

## UNVACCINATED CHILDREN ARE HEALTHIER

Unvaccinated children are generally healthier than their vaccinated siblings, cousins and schoolmates. A 1992 IAS survey on the incidence of chronic conditions showed that vaccinated children suffer significantly more from asthma, eczema, ear infections, tonsillitis, ADHD and apnoea attacks than unvaccinated children. There were 269 unvaccinated children and 226 vaccinated children surveyed from throughout New Zealand. The results are summarised in the graph below. A 1997 study of 1265 Christchurch children born in 1977 found that 23% of the children vaccinated with DTP and polio had asthma episodes and 30% had had doctor consultations for allergies by the age of ten. None of the unvaccinated children had asthma or had doctors consultations for asthma or allergic conditions.

*The incidence of each of eleven chronic childhood conditions in vaccinated and unvaccinated children expressed as a percentage of the total vaccinated and unvaccinated children surveyed.*



In a healthy well-nourished child with a healthy immune system, the vast majority of childhood diseases are mild and self-limiting. In fact, these diseases serve to strengthen and mature a child's immune system, enabling it to function better when facing more serious challenges later in life.

*"I cannot see how it is justifiable to promote mass vaccination of children everywhere against diseases which are generally mild, which confer lasting immunity, and which most children escape or overcome easily without being vaccinated."*

Professor Gordon Stewart, Department of Community Medicine, University of Glasgow.

## INFORMED CONSENT

In New Zealand, health professionals have a legal obligation to provide informed consent before vaccinating a child or adult. Informed consent can only be provided by a patient or caregiver (parent) when the patient or caregiver has considered all the information pertaining to the risks and benefits of vaccination.

It is very important to understand that there is immense pressure placed on health professionals to provide only information that is sanctioned by the Ministry of Health. However, “official” information is incomplete and it is recognised by New Zealand consumer advocacy and health organisations that further information is necessary in order for people to be able to make an informed decision.

*“The only safe vaccine is a vaccine that is never used”*

Dr. James A. Shannon, National Institute of Health

## WAVESnz SUPPORT NETWORK

WAVESnz is a charity and Incorporated Society, and as such we rely on your donations to keep us going. We are run entirely by a small group of dedicated volunteers, working towards our mission of raising awareness of vaccine-related issues and fighting for our right to informed consent and choice in the matter, for our children and our children's children. As such, we welcome any contributions.

Articles are available on the website and include:

- *information that encourages parents to make informed decisions and take full responsibility for their family's health regarding vaccinations;*
- *warnings about vaccine expectations;*
- *parents' experiences of vaccine reactions, childhood diseases and how they managed the illness, including the health options available to them;*
- *information from overseas about legal/medical problems relating to vaccines;*
- *information on ways to naturally support and bolster immunity, without resorting to vaccinations.*

Feel free to contact us to be put in touch with a support person in your area or to talk to someone about vaccine related issues. You can purchase or download our brochure or purchase the e-book "Investigate before you vaccinate: making an informed decision about vaccination in New Zealand."

**[www.wavesnz.org.nz](http://www.wavesnz.org.nz)**

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**[www.facebook.com/iasnz](https://www.facebook.com/iasnz)**

**Phone 0508 82 99 33**

WAVESnz provides information to encourage parents/caregivers to make informed decisions and take full responsibility for their family's health regarding vaccinations. WAVESnz is a voluntary organisation funded by monies received from donations and grants. The information contained in this brochure should not be construed as medical or legal advice; the vaccination decision is yours alone to make.

