

Thank you for holding this senate inquiry. I believe immunisation is the biggest issue facing Australia at the moment.

If we get it right, we will power ahead as a country. We will be able to lower the health care and social welfare budgets both now and well into the future. But if we get it wrong the errors will be costly. We will create long term budget blowouts for health, welfare and education.

In a little while I'm going to describe some of the problems I have observed with our current immunisation system, suggest some solutions and explain how I think they can save our country a fortune. But first you may like to know who I am and why I am writing to you.

My name is Fiona Lippey. The press have given me many nicknames over the last 13 years. They have called me "Australia's Most Miserly Mum", "The Queen of Frugals", "Australia's Savviest Shopper", "Consumer Advocate" and said things such as "Fiona led the frugal movement in Australia". This is because 13 years ago I used my Industrial Design and computer skills to set up a website to help people save money, it is called SimpleSavings.com.au. From there, I have helped several hundred thousand Australians lower their bills and produced the best selling book, "The \$21 Challenge". I have included my book in this submission, in case you would like a sticky beak. (1)

Saving money is my very public passion. But I also have a private passion. My private passion is immunisation. **Since my son was immunised 14 years ago, I have been a silent observer.**

The first thing I observed was my own son's reaction to his vaccines. He had a mild reaction to his first set of needles (high fever, horrifying screams, given Paracetamol, good again within 24-48 hours), he had a stronger reaction to his next set (fever, Paracetamol, sick for one week) and an even stronger reaction to the third set (fever, Paracetamol, sick until a naturopath prescribed him his first ever homeopathic remedy four months later). In hindsight, I should have stopped vaccinating my son then, but my family is full of doctors and nurses and I believed the medical mantras, "Vaccines are essential" and "If you start a course of medicine, you must finish the whole course". At 14 months he had the DTPa.

My son grew ill, but this time the homeopathic drops did not "fix him". The naturopath tried to help us but failed. I bombarded the naturopath with questions, but we had reached the limits of her skills and she got so annoyed with me, she handed me her Materia Medica (homeopath's bible) and said, "Here, you figure it out!".

This lead me in search of a homeopathy teacher. I had seen homeopathics work, but I couldn't figure out how, what, when and why, they worked. By the time I found a "good homeopath" my son was three and a half years old. He had been continually ill for two and a half years, he had been deaf for six months and needed grommet surgery (estimated cost \$3000). The homeopath was Fran Sheffield, she fixed my son in one \$90 appointment.

Listening to him recover his hearing was mind blowing. We gave him the drops at night and I awoke with my son singing Happy Birthday to himself. At first, he was missing most of the consonants, but he improved quickly and by the end of it he sounded like a normal three year old. It went like this....

"aap-ee eeff aa oo uuu. Hap-ee eff aa oo uuu. Happy Beff aa oo uu. Happy Birthday to uu. Happy Birthday to you. Happy Birthday to you!"

While most people would just be grateful that their son had their hearing back, I was adding up the numbers. Fran's appointment cost \$90, the grommet surgery would have cost \$3000. **My first visit to Fran saved me \$2,910. I was hooked!**

I was stunned by how much money we had saved. I found myself wondering how much money these grommet procedures cost the government and how much of that is avoidable. Then I started hassling Fran for more information. I wanted to know how much money potentised drugs (regularly mis-named 'homeopathic remedies') could save the government. That is how I learned about one of her osteomyelitis patients.

Osteomyelitis is a bone infection conventional medicine has immense trouble treating. One of Fran's patients had been suffering from Osteomyelitis(2) for nearly twenty years. As she listed the surgery, home care and medicine, I started adding up the numbers. The government had spent well over \$100,000 on his treatment. But Fran cured his Osteomyelitis in four appointments at the total cost of \$360. **That is \$99,640+ saving on just one person!**

I could give you more examples of expensive illnesses that potentised drugs could cure cheaply if we taught our doctors how to use them. But that is not the focus of this inquiry. It is an inquiry about immunisation. So let's get back on track.

Let's focus on making Australia's immunisation system the best and most cost effective system in the world. To do this we must first examine the flaws in the current system.

Here are some of the problems I have observed in the last 14 years:-

People are losing faith in the current system

The wealthy, intelligent leaders in our community are becoming 'conscientious objectors' because they no longer trust our immunisation system. They no longer trust the government's ability to distinguish between a good and a bad vaccine. These are not the sort of people to be swayed by a pretty brochure or marketing jargon. The only way to re-earn their trust is to improve the system.

People blame the vaccines for Autism

Many people say that the increase in the number of vaccines children are receiving correlates with the massive increase in Autism. People say that it is very rare for a "non-vaccinated" child to get Autism. This perception undermines the government's entire immunisation system.

Untested vaccine schedule

While individual vaccines are tested, the cumulative effect of our current vaccine schedule is not. We do not know if it is wiser to give a child nine vaccines or thirty.

Vaccine overload

One of the common stories I have heard parents of Autistic children tell is this; the child was fine for the first couple of vaccines, then their child grew ill after one of the later vaccines, generally between 12-36 months. It never seems to be one particular vaccine, it appears to be a cumulative effect.

Unknown number of vaccine injuries

It is not disputed that vaccines hurt some people. What we don't know is how many people are experiencing side effects or the severity of the side effects because very few reactions are recorded.

It is estimated 1% of short term adverse reactions are reported and delayed adverse reactions (slow deterioration of mental faculties after vaccine) are generally denied in Australia.

Doctors rarely report vaccine reactions

My best friend is a GP, so I asked her why she thinks doctors rarely report vaccine side effects. Her answers were simple. "We never report drug reactions. Why would we do it for vaccines?", "We are trained to think vaccines are good. We don't want to see the reactions... medical bias is a part of it." and "We know they hurt people, but it is seen as taking one for the team."

The government does not know how much the vaccines are costing us

Not knowing who or how many people are being harmed means we don't know how much money vaccine injuries are costing the government.

For example, we know asthma is a common vaccine side effect. We know that one in ten Australian children get Asthma. We spend \$156.8 million per year treating children with Asthma. (6) But we don't know how many of those children have vaccine induced Asthma, because we have never checked.

We have never combined the Medicare and the PBS data to work out what percentages of vaccinated, partially and un-vaccinated children require Asthma treatment. We do not know how many children have vaccine related Asthma or how much money treating this side effect is costing the government.

Neither have we used Medicare data to assess which group (vaccinated, partially vaccinated and never vaccinated) are healthier. We could work this out by comparing the number of doctor visits each group make per year.

If you brought the data together you could see what is happening in our communities. You could fine tune our vaccination system and start hunting down its hidden costs.

Our poorly designed system means we pay for drug companies' errors

Not knowing how many people are being injured means we have no way to check if the vaccines are as safe as the manufacturers claim. This means they can fudge their statistics or dump questionable stock on the Australian market without consequence.

To explain my observation, I want to re-tell my colleague's story. These are her words:

"My youngest, a son, developed polio two weeks after his Sabin Polio vaccine. He was 15 then and is 31 now so has had his life ruined by this vaccination. His adolescence was truncated as he went on to develop Chronic Fatigue Syndrome. He has never been able to have a normal adult life. He cannot walk very far or stand for long! That particular vaccine was withdrawn after there was so much litigation in USA. However that does not comfort my son, on DSP since 18 and no prospect

of ever being able to work. The head Neurologist at RAH admitted that it was no doubt due to the vaccine but he would not sign anything so we could not sue anyone for compensation for my son. My son has done the rounds of many, many doctors and specialists and alternate medicine practitioners. We have tried hard to get him well. He is currently feeling very depressed and angry at the government for forcing him to have this vaccine. My son also does not make antibodies in the normal way-hence he actually got Mumps a year after having that immunisation! How can anyone know in advance whether their child will react and how severe or long lasting that reaction will be?"

"My son has had it very difficult. I home schooled him for Years 10-12 but it got so difficult that he asked to withdraw from school altogether, without matriculating. At 22 years old he entered uni under the Mature Age scheme, to study for a Science Honours Degree. Finally last year after nearly nine years he completed the undergraduate part. However it has been a very hard slog for him as some semesters he had to withdraw as he felt so ill. Now time for him to do Honours (in two years) but he feels too ill to do this! He feels very depressed about it. He has been on DSP since 18 and is embarrassed about this. He lives in State Housing and is embarrassed about this too. He is embarrassed to use his Disability sticker in car parks as he thinks people will see him looking ok and will think he's a fraud. He walks very slowly so I don't think anyone would think that. He is feeling extremely angry about the anti-vacciners who are saying yucky things on websites and it really upsets him because if he had not had the Sabin at 15, he would no doubt have had a normal adolescence and early adulthood and have a job and a girlfriend and a home of his own. He says that I am the only person who stands by him. Others think it is "all in his mind". I think he might try to commit suicide if I didn't emotionally support him. When he was 17, he took my car and was gone ages. I was very fearful. When he came back he said he had wanted to throw himself in the car, over a cliff! He had been driving in the hills. Enough of my ranting. I don't find many people who are sympathetic, either. Thank you Fiona!"

Now, I'm going to strip the emotions away and look at the economics. Here we had a healthy teenager, the government had invested a lot of money in his schooling and would have received life long tax payments for their investment. Instead, the vaccine ruined his earning potential and the government had to foot the bill for his health care, housing and disability pension. But the doctor did not report it as vaccine damage, therefore **the government doesn't even know why they are forking out these bills.**

To me this is an example of total system failure. The government were sold an inferior product, then the government was left having to pay hundreds of thousands of dollars for the damage that product caused.

The government have made themselves and us soft targets

If the government were smarter they would be finding a way to bill the vaccine manufacturers for adverse reactions and inferior results. Such as negotiating contracts of sale with inbuilt penalties.

For example

- if the number of people with whooping cough grows to 100 per 100,000 when 90% of people are vaccinated. Then the manufacturer are hit with penalties, such as manufacturer having to pay the government's costs. (Whooping cough related doctor and hospital visits)
- if 1 in 100 children are reacting to the vaccine when they said it would only be 1 in 1000. Then the manufacturer is hit with penalties, including lifetime care of vaccine damaged individuals.

The system needs improving

The rise in conscientious objector numbers says one thing; people want a better system. And the rise in Homeoprophylaxis use says those people are prepared to take matters into their own hands.

The unstoppable Homeoprophylactic underground

Those looking for something better are immunising their children with Homeoprophylaxis (HP). This is an issue at the moment, because there is little formal research, the government do not know how many people are using HP and have no way to stop the growing trend.

Legislating against HP would be dangerous

You can't legislate against it, because homeoprophylactics are too easy to make. To make homeoprophylaxis at home all you need is infected snot, blood or tissue, a couple of glass jars, water and alcohol. (15) This makes it unpoliceable.

At the moment, HP is made in laboratories by pharmaceutical companies. (16) They are generally sold through naturopaths and homeopaths, but I have seen them passed from one parent to another. If you write poor HP legislation you will encourage people to make and distribute their own backyard, highly questionable nosodes. It's a possibility we should do our best to avoid.

If you can't stop it, go with it

If Australians are using HP, then the government needs to know more about it. The smartest thing for the government to do is to go with the trend and give priority funding for HP research. I have seen many claims about what HP can do. I believe researching the following claims/questions will give the government the biggest returns:-

The pertussin nosode is better then the DTPa vaccine for preventing whooping cough

When Isaac Golden tested the Pertussin Nosode he found it was 86.2% effective (3), but the current DTPa vaccine is less than 80% effective.

The DTPa vaccine has other problems. Some people vaccinated by the DTPa still get whooping cough but they are asymptomatic.(17) This means they are contagious without symptoms, so they don't visit the doctor, get swabbed and receive antibiotics. Instead, they continue to cough in public places and infect others. It also means it is impossible to work out how effective the current DTPa vaccine is because these vaccinated whooping cough carriers are unidentifiable. The only thing we do know is that the Pertussin nosode is more effective at preventing whooping cough than the DTPa vaccine.

Not only does it do a better job at protecting people, it is also safer. There are no long term side effects. The pertussin nosode is so safe it can be given to newborn babies to protect them from whooping cough. This is important because it is when they are the most vulnerable.

Immunising people with the pertussin nosode is also far cheaper than giving them the DTPa vaccine. Homeopathic nosodes cost very little to make and distribute. People can be immunised for a couple of cents a dose.

When you compare products, the Pertussin Nosode is significantly better than the DTPa vaccine. This is why I would like the government to invest in Pertussin Nosode research.

The Golden Staph nosode immunises people against Staph infections

It is recommended that people take a dose of the Golden Staph nosode before entering hospital to protect them from staph infections. Homeopathic literature says that this should give a 80-95% protection against acquiring a staph infection.

At the moment, 20% of surgery in NSW is deemed a failure (needs to be repeated) because of Staph infections acquired during the surgery. This costs the government a fortune.

If immunising people with the Golden Staph nosode is as effective as expected, surgery rates will drop by 20%, you would free up hospitals beds, reduce waiting lists and save phenomenal amounts of money. This is why I would like to see the government invest in Golden Staph nosode research.

Meningococcinum immunises against Meningococcal

Every time I read an article about someone dying or losing their limbs from Meningococcal, I want to cry. Meningococcal B is a dangerous and cruel disease for which we do not have a vaccine available in Australia. Everyone accepts that there is little they can do. But that is not true. In Brazil in 1998 they stopped a Meningococcal epidemic by immunising 65,826 people in three days. (73% of their population.) The Meningococcinum nosode was 95% effective after six months and 91% after a year. (13)

(The fact that they tested and proved the nosode on 65,826 people is very significant, because the HPV vaccine was only tested on 25,000 people before it was sold to the world.)

Meningococcinum nosodes are already available for sale in Australia. We could be immunising Australians against Meningococcal. Then the pain, trauma and expense could be avoided if... our government invested in Meningococcinum Nosode research.

Homeoprophylaxis prevents Asthma and Eczema

You have probably heard of Issac Golden's 15 year clinical study where he created and tested an alternative to Australia's immunisation schedule. In his study he showed that children immunised with homeoprophylaxis were 7.4 times less likely to get Eczema and 15 times less likely to have Asthma. (3)

10% of Australian children have Asthma. In the 2008-2009 financial year Asthma cost the government \$655 million.(6) Anything that has the potential to lower asthma rates is worth investigating.

25% of children under the age of 2 have eczema. Eczema costs an average of \$425 per patient per year to treat in Australia.(5)

Autism is also a major problem in Australia. According to the Murdoch Institute's latest research, 2.5% of children under four in Australia have Autism and 80% of the victims are male. This is the same as saying 4% of young boys (1 in 25) have lifelong mental disability.(19) In future years, caring for these Autistic boys is going to cost our government a fortune. We should expect blow-

outs in education, health care, public housing and disability pension for many, many years.

Unfortunately, Isaac Golden's study was too small to determine how much lower Autism rates are for children immunised with HP. I expect a larger study would have shown HP significantly lowers Autism rates.

Isaac Golden's HP system has other benefits, **Homeoprophylactics are as cheap as lollies to manufacture and distribute. They can not be patented. This means the government will always be able to buy them for a couple of cents a dose.** (That is a big part of the reason drug companies will never fund HP research.)

The Leptospirosis trial in Cuba showed that manufacturers can make and sell homeoprophylaxis for 1/15th the cost of vaccines.(8) This means if our government switches to HP, we will drop the yearly upfront cost of immunising Australia from 320 million dollars per year to 22 million dollars a year. That is an enormous year in, year out saving. We would be mad to ignore it.

Product comparison table

At the beginning of my submission, I told you that one of the nicknames I earned by the press is “Australia's savviest shopper”. To do that name justice, I am going to compare “HP” and “Vaccines” as if it I was trying to work which is the smartest product to buy.

	Vaccines	HP
Cost	Expensive (320 million year + hidden costs)	Cheap (22 million year, 93% upfront saving)
Shelf life	Short (a few months to 3 years)(14)	Very long (10+ years)
Storage	Difficult (fridge and freezer required)(14)	Easy (store in cupboard)
Transport	Difficult (Cold chain required)(14)	Easy (Can travel in the post)
Safety	Questionable (Many adverse reactions. Probable links to Asthma, Eczema, Autism.)	Safe (No long term adverse reactions, reduces Asthma, Eczema)(3)
Production	Difficult (Complex, slow, high-tech factory required)	Easy (Fast, simple, few infrastructure costs)
Research	Difficult, high risk	Easy, low risk
Flexibility	Poor (struggles to cope with disease evolution)(10)	Brilliant (very fast)(10)
Effective	Yes (Seems to protect population as claimed, Whooping Cough is the only exception)	Yes (Generally provides 90% coverage. But, it is early days. More research needed.)

As you can see HP wins hands down. It is the better product. This is why I believe government investment in HP will bring massive savings, both now and many years into the future.

(I also think our government researching HP would be a great way to get the vaccine manufacturers to lower their prices. If vaccine manufacturers know you are examining other options, it would give our government an upper hand in price negotiations.)

The latest science

At the moment, Cuba are leading the world in homeoprophylaxis research. In 2007 they wiped out a Leptospirosis epidemic in two weeks by immunising 2.3 million people with a multi-strain Leptospirosis nosode. (7,8,9) Last year, the Cuban scientists worked with their government to trial a homeoprophylaxis influenza nosode on 90% of their population. (9.2 million people) (12) But Homeoprophylaxis research is still in its early days. Here in Australia we have the opportunity to overtake Cuba and become world leaders. With the government's encouragement we could push our scientists to the top.

The 'Valid consent' law could create havoc

There is one more reason why I think the government should make researching HP a high priority. It revolves around 'Valid Consent'.(20) This '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.' This means that by law both the government's vaccine literature and anyone administering a vaccine must inform the person that HP is an immunisation option. It does not matter whether or not the government likes HP. The patient must be informed. If this is enforced, then HP will spread like wildfire. I think it would be wise for the government to prepare for that eventuality now by investing in HP research and creating competent systems before things grow out of control. This will keep you a step ahead of the game.

Instead of fixing the current system or investing in homeoprophylaxis research, our government wants to bring in the “No Jab, No Pay” policy

I think the “No Jab, No Pay” policy is counter-productive, short sighted and the kind of policy someone thinks up after they have had a few too many wines.

If you want to increase immunisation rates, the “No Jab, No Pay” is the worst way to attempt it. It ignores the market, it ignores history.

It ignores the lessons learned on Captain James Cook's voyage to Australia.

Do you remember the story? Back in Cook's day ships had a huge problem with scurvy and Captain Cook believed eating sauerkraut prevented it. But the sailors did not want to eat it. Captain Cook knew that demanding the sailors eat it would weaken his position and cause a mutiny. Instead he placed the Sauerkraut on the Captain's table and in Captain Cook's own words:

“The Moment they see their Superiors set a Value upon it, it becomes the finest stuff in the World”

Captain James Cook understood group dynamics. He made eating “sauerkraut” a badge of wealth, so everyone would want it.

The 'No Jab, No Pay' does a similar thing. But, it makes “not vaccinating” a badge of wealth. This policy supports the myth that vaccination is going out of style. It feeds the trend against vaccines. That is why I think the “No Jab, No Pay” policy is extremely stupid.

If you want to increase immunisation rates, stop doing the same old thing, stop making the same mistakes, stop dominating people and start moving forward. Focus on improving things and making our immunisation system the best in the world.

Kind regards,

Fiona Lippey

Supporting documents

1. \$21 Challenge Book by Fiona Lippey and Jackie Gower

2. Osteomyelitis – 19 Years and Counting ... Until Homeopathy

<http://homeopathyplus.com.au/osteomyelitis/>

“In the years following, Ron underwent nine separate operations on his leg. On each occasion, the dead flesh and bone was scraped away and intravenous antibiotics given. For Ron, this involved considerable pain, lengthy stays in hospital, and disruption to his work and family life. Because the ongoing infection had weakened the bone, his femur even refractured at one stage.”

“Six weeks later,* his GP and specialist gave him a clean bill of health.”

3. Vaccination & Homoeoprophylaxis: A Review of Risks and Alternatives, 6th edition by Dr Isaac Golden

This entire book is important, but the sections relevant to my submission are on:-

Page 33

“So we can compare a saving of 20 deaths a year from fewer measles deaths as a result of vaccination, with the causation of 320 deaths a year from an increase in asthma as a result of the vaccination.

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“In 1994, Dr Odent and colleagues reported clear evidence that children who received pertussis vaccine had a 5.43 times greater chance of developing asthma in later years than unvaccinated children. They also had twice as many ear infections and were likely to be hospitalised for longer periods. These findings provide convincing evidence that the long term risks of vaccination have been understated (Odent M. et.al, 1994b. pp. 592-3)”

Page 113

“Homeopathy offers a simple and safe alternative to routine vaccination against whooping cough.”

“The nosode Pertussin can be administered infrequently in high potencies, offering a decided advantage in that it is non-toxic (unlike the conventional vaccine), and therefore can be given safely to very young babies who are at most risk from both the disease and the vaccination.”

“The potential value of the nosode has even been noted in the British Medical Journal, where Dr A Campbell stated: “In common with other medication, Pertussin is safe and free from side effects but its efficacy as a preventative is uncertain as no clinical trials have been carried out. There is no reason why this form of homeopathic immunization should not be given to children who are considered unsuitable for the orthodox vaccine, or those whose parents refuse orthodox immunization” Campbell A, 1986, p. 538)”

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Dr Tome Hellar said, "I find it difficult to be certain that the vaccine is as safe as the authorities says it is. Somehow, the more strident the experts become, the less believable I seem to find them" (Heller T, 2001, p. 838).

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"Whooping Cough Efficacy 86.2%"

"HP has been used for over 200 years, with clinical reports showing a high level of effectiveness."

"My research over nearly 20 years shows both the effectiveness and efficacy of my long term HP program of around 90%."

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Asthma – Immunisation by HP was 15 times safer than vaccination

Eczema – Immunisation by HP was 7.4 times safer than vaccination

Allergies - Immunisation by HP was 5 times safer than vaccination

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"My doctoral research, supervised as it was by a Professor of Medicine and a medical epidemiologist, and examined by Doctors of Medicine who also has PhD's, as well as training in homeopathic medicine, has shown the following:"

"use of appropriate homeoprophylaxis programs has the potential to reduce the incidence of chronic debilitating illnesses in our community"

"Economically, practically and morally, a dual system of immunisation where parents are supported to choose between vaccination and homeoprophylaxis makes complete sense. It's time has come. Let's make it happen."

4. Families suffer as eczema cases soar by Amy Simmons

<http://www.abc.net.au/news/2011-09-07/eczema-on-the-rise-in-australia/2874462>

"the impact eczema has on people's daily lives is largely underestimated."

"Australia has one of the highest incidences of eczema in the world."

"In Australia, up to one in four children develop eczema before the age of two. The corresponding figure 50 years ago was less than 10 per cent," said paediatric dermatologist Dr John Su.

"Studies have found the impact of moderate and severe eczema on families is significantly higher than the impact of diabetes on families ... and financially we also found the community cost of eczema is significantly higher than asthma," he said.

"Eczema has a huge toll on families. Babies don't sleep, they get infected, they're constantly scratching, they get restless. The parents don't sleep, they get sleep deprived and they can't go to work.

"I've seen parents split up over kids with eczema."

5. Morbidity and cost of atopic eczema in Australia.

<http://www.ncbi.nlm.nih.gov/pubmed/14961903>

"The average annual out-of-pocket cost for products used for treatment was A\$425, ranging from A\$13.50 to over A\$2000 per individual. The average out-of-pocket cost for medical consultations was A\$120, ranging from zero to over A\$800 per individual."

6. In the 2008–09 financial year, asthma expenditure was \$655 million (0.9% of the total allocated health expenditure)

<http://www.aihw.gov.au/asthma/expenditure/>

Total Asthma expenditure \$655 million
70 million spent treating children aged 0-4
86.8 million spent treating children aged 5-14
That is 156.8 million spent treating children 14 and under each year.

7. Large-scale application of highly-diluted bacteria for Leptospirosis epidemic control.

<http://www.ncbi.nlm.nih.gov/pubmed/20674839>

"This formulation was administered orally to 2.3 million persons at high risk in an epidemic in a region affected by natural disasters."

"After the homeoprophylactic intervention a significant decrease of the disease incidence was observed in the intervention regions."

"The homeoprophylactic approach was associated with a large reduction of disease incidence and control of the epidemic. The results suggest the use of HP as a feasible tool for epidemic control, further research is warranted."

8. Article: Stunning Cuban experiences on leptospirosis

<http://www.homeopathy europe.org/media/news/stunning-cuban-experiences-on-leptospirosis>

This article tells how they delivered 4.8 million doses for a tiny \$200,000. To vaccinate that many people would have cost \$3,000,000. This means HP is 1/15th the cost of vaccines.

"A part of the Ministry of Public Health, the Finlay Institute, is the Cuban research institute. It has WHO qualified facilities, produces allopathic vaccinations and acts as supporting institution for research, production and development of high quality homeopathic products."

"On October November 2007, three provinces of the eastern region of Cuba were affected by heavy

rainfalls causing floods of big areas and damage to sanitary and health systems. The risk of leptospirosis infection raised extremely dangerous levels with about 2 million people exposed to potentially contaminated water.”

“Considering this situation, the Finlay Institute prepared a leptospira nosode 200 CH using 4 circulating strains and following international quality standards. A multidisciplinary team travelled to the affected regions to conduct the massive administration of the nosode. Coordinated action with public health system infrastructures allowed the administration of a preventive treatment consisting in two doses (7- 9 days apart) of the nosode to about 2,4 million people (4,8 million of doses). The coverage of the intervention rose up to 95% percent of total population of the three provinces at risk.”

“the intervention showed a dramatic decrease of morbidity two weeks after and a reduction to zero mortality of hospitalized patients”

“The costs of the leptospirosis project were US\$ 200,000, whereas the costs of ‘normal’ vaccination, only for the most at-risk populations, ie children, pregnant women, and the elderly, are about US\$3,000,000.”

“full scientific verification”

“The Finlay Institute is offering their facilities and specialists to spread this alternative to all regions needing emergent alternatives for epidemic control and prevention.”

9. Dr Gustavo Bracho | Homeopathy versus vaccines for Leptospirosis epidemics

<https://www.youtube.com/watch?v=OjcRiegiKBg>

“In these three provinces of the eastern side of Cuba they were having an epidemic of Leptospirosis in 2007. The situation was aggravated because of the impact of a hurricane on this area that cultures a lot of food in the area. Then the water. A very dangerous situation there.. so we decided to go with a homeopathic remedy because of the timing. We were running out of time and so we decided to prepare a homeopathic remedy to prevent Leptospirosis and we did it and apply it to close to 92% of the population of that area.” (Quote starts 0:48)

“Conventional vaccines and particular this Leptospirosis vaccine needs to be delivered in two doses. With the time frame of four to six weeks between each doses. When you get the last doses you need to wait at least 21 days to get, to rise protection. To get an immune response to protect the individual. So when you calculate all the time, it is a time between three to four months to get real protection with a conventional vaccine.

We didn't have the time at that moment. The other problem is that we didn't have enough vaccines to protect the whole population. We only have enough vaccine to immunise only 0.1% of the population at risk.

The time you need to produce these vaccines is three months. So starting today you would need to wait three months to produce the vaccine, plus three months to get protection, then is half a year. We didn't have that time, at that moment.” (Quote starts 2:44)

10. Dr Concepcion Campa Huergo - Creator of meningitis B vaccine explains her passion for homeopathy

<https://www.youtube.com/watch?v=oyPvftE7Xh8>

In this video of the Dr Concepcion Campa Huergo explains HP as the Holy Grail of vaccines because they are safe, quick to make, easy to transport and have long shelf lives. Her exact words are;

“Back in the 1990's, in the world of vaccines we had a dream: one day we would succeed developing oral vaccines that would no longer require refrigeration and not need any sort of cold chain, would have no adverse reactions, would be cheap, low cost. Vaccines that, moreover, would be sufficiently flexible to be able to change according to the kind of germ out there fast enough to halt any outbreak that we might find ourselves facing.

Unfortunately, it is a dream that in the world of vaccines has never come true. Indeed, I believe it is becoming harder and harder for such a dream to come true because of all the regulations, all the different controls. Today it can take years to develop an allopathic vaccine far enough for it to be finally approved. Notwithstanding, I believe that to be just what a homeopathic monoprophylaxis could achieve. That is why it is a dream which I pursue so tirelessly. And I believe if we pull together we will be able to make it come true.” (Quote starts at 2:51)

Another important things Dr Concepcion Campa Huergo reveals is, “We are engaged in very significant research projects to develop monoprophylaxis for different diseases such as hepatitis A, conjunctivitis, dengue, cholera, flu, pneumococcal disease – all of them.”

11. Dr Concepcion Campa Huergo creditals

<http://www.ncbi.nlm.nih.gov/pubmed/21487354>

12. Dr Gustavo Bracho | Cuban leptospirosis study, results and cost benefit potential

<https://www.youtube.com/watch?v=HsJSPgcmh4s>

In this video Dr Gustavo Bracho talks about their latest research, “with influenza we run a very big trial comprising close to 90% of the Cuban population that should be 9 million people and it just finished last year we are making the surveillance and getting data to see the impact of such intervention” (Quote starts at 0:59)

13. Meningococcinum: Its protective effect against meningococcal disease

<http://www.homeopathyoz.org/images/diseases/mc-brazil.pdf>

“mortality rate, from 10 to 12%”

“The actual work relates the use of the nosode Meningococcinum 30 CH on people from 0 to 20 years of age in Blumenau, Brazil, in 1998. The results were statistically significant, offering a protection against MD of 95% in six months and 91% in a year.”

“There was, after this, contact with homeopaths who had experience using the nosode for immunisation. There was experience with immunisation using Meningococcinum in Florianopolis and nearby towns in 1989, and the reports had been sufficiently positive.”

“Due to popular demand, they opted to prolong the use of the medication.”

“The name, age and neighbourhood of each immunised person was recorded. So that we later could compare the names of the cases of MD with the names on this list.”

“The use of Meningococcinum as a prophylactic to meningococcal disease is not a new development in the medical homeopathic field. It was used in Guaratinueta-SP, Brazil, in 1974, with positive results”

“We must point out the excellent receptivity of the population to the campaign.”

“Eisfelder applied the medicine to 50,000 children and only one developed polio (which evolved without sequels of paralysis)”

14. Vaccine Management: Recommendations for Handling and Storage of Selected Biologicals

<http://wonder.cdc.gov/wonder/prevguid/p0000075/p0000075.asp>

Shelf life of various vaccines

DPT:	Up to 18 months
HBCV (Haemophilus):	Up to 2 years.
HB Vaccine (Hep B):	Up to 3 years.
HBIG (Hep B):	Up to 1 year.
OPV (Polio):	Up to 1 year
IPV (Polio):	Up to 18 months
Influenza Vaccine:	Formulated for use with current flu season (a few months)
MMR:	Up to 2 years.
Td Adult (Tetanus):	Up to 2 years.
Pneumococcal:	Up to 2 years.

15. How to make a nosode or autonosode. Homeopathic remedy preparation

<https://www.youtube.com/watch?v=ZDuH4VbXvnc>

This video is of a man showing people how to make their own nosodes in a public toilet. I have included it to show you what could happen if the government writes poor HP legislation.

16. Production of Homeopathic Medicines

<https://www.youtube.com/watch?v=oew8mkV1d6Q>

At the moment, nosodes are made in high quality laboratories with strict standards such as this one.

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

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

“Their research points to a different, but related, source of the outbreak -- vaccinated people who are infectious but who do not display the symptoms of whooping cough, suggesting that the number of people transmitting without symptoms may be many times greater than those transmitting with symptoms.”

“detailed epidemiological model of whooping cough transmission to conclude that acellular vaccines may well have contributed to -- even exacerbated -- the recent pertussis outbreak by allowing infected individuals without symptoms to unknowingly spread pertussis multiple times in their lifetimes.

'There could be millions of people out there with just a minor cough or no cough spreading this potentially fatal disease without knowing it,' said Althouse. 'The public health community should act now to better assess the true burden of pertussis infection.’”

18. How was the HPV vaccine tested?

<http://www.hpvvaccine.org.au/the-hpv-vaccine/how-was-it-tested.aspx>

Vaccine was only tested on “more than 20,000” woman and “more than 4,000” men.

19. New Australian autism findings baffle researchers

<http://www.kidspot.com.au/new-australian-autism-findings-baffle-researchers/>

“Researchers found the prevalence of ASD (autism spectrum disorder) diagnosis before age of seven was higher (2.5 percent) in the younger age group compared with 1.5 percent in the older age group,” states the Murdoch Children’s Research Institute’s [press release](#).

“The prevalence of ASD in over 2 percent for the younger group is higher than in previous Australian studies,”

“One of the other astounding results of the study was the fact that in both ages brackets, more than 80 percent of those diagnosed were boys.”

But experts believe that whatever the result, Aussie schools need to be prepared to deal with more children who have been diagnosed with Autism.

“Children with autism have a range of needs during those school age years and we need to make sure that teachers are educated and that the resources are there,”

“And then, as they leave school, we have to be thinking about how we can support them from transition from probably a pretty supportive environment out into the adult world - we need to have programs to assist them in that transition”.

20. Welcome to The Australian Immunisation Handbook 10th Edition (updated June

2015) (Extract)

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

2.1.3 Valid consent: “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.”