Newsletter 158 Professor Fiona Stanley's Public Health Comments

4 May 2017

Professor Fiona Stanley was our Australian of the Year in 2003, for her work in children's health. Her expertise is in public health (Infectious Diseases) and *she is not a medical doctor.* This is because the control of infectious diseases is **not** a medical issue and was never considered to be a medical issue. It became a medical issue in 1990 when the industry/medical complex expanded - and *after* the ***risk*** of these diseases was reduced in developed countries. Infectious diseases belong to the field of 'social medicine' (public health) because the control of these diseases was due to significant public health reforms in the 1900's - *prior* to the introduction and widespread use of most vaccines (Fiona Stanley, 2001). This is why public health is taught in the **Faculty of Social Sciences** at the **University of Wollongong** (not the Faculty of Science, Medicine and Health) and why my research that investigates the rigour of the science underpinning vaccination policies has been completed in the School of Humanities. I completed a PhD that investigates the science (or lack of) that has been used by governments to develop vaccination policies. Yet powerful industry ***pro-vaccine lobby groups*** inform the public in the mainstream media that this is a 'medical issue' and consumers must obtain their information from 'medical doctors' and not the Social Sciences (public health experts). This claim is false and a PhD in social sciences examines the rigour of the underpinning science as well as the political, cultural and ethical context of the scientific issue. My thesis was also assessed by epidemiologists and immunologists prior to being accepted by university examiners in social sciences.

The ***risk*** from infectious diseases was reduced with improved sanitation, hygiene, nutrition, breast feeding, smaller families and better education by 1950 (Polio requires a separate discussion around the context of this disease). Whilst there were still ***cases*** of infectious diseases after 1950, the ***risks*** had been reduced for the **majority** of the population in *developed countries*. Most cases were mild or asymptomatic in developed countries after 1950. This is why measles and chickenpox parties became fashionable from 1950-1990

and why chickenpox is not recommended on the national schedule in many European countries. Eg. the UK. It is known that most cases (in countries with public health reforms) are mild or sub-clinical infections that create herd immunity through long-term community protection. This natural exposure is necessary for proper development of the human immune system, which is more than just the raised antibody titre and short term protection that a vaccine sometimes produces.

Here is a quote from Professor Fiona Stanley's article in 2001:
"***Infectious deaths fell before widespread vaccination was implemented***" (Child Health Since Federation, 2001, p. 378) And
"*The majority of the fall in the under 5 mortality rates (80%) had occurred by 1960: prior to the introduction and widespread use of the majority of vaccines*". (Stanley 2001, p.370 and p.379)**.**

These historical facts are being countered by false and misleading information being presented by "Science" websites and governments, that imply that because a vaccine was licensed in a particular year that it was used in **mass campaigns from that year,** with **high vaccine up-take rates**. This information is false and it is being used to claim that the 16+ vaccines in use in 2017 have reduced the *cases* of these infectious diseases (not the risk) and therefore they do 'more good than harm' in the population. This claim is simplistic and fraudulent because it ignores the reduction in the **risk** of these '**cases**' that had occurred by 1950 and it ignores the increasing life-threatening chronic illness and autism that is occurring with the increased use of multiple vaccines in infants and children.

Professor Fiona Stanley has clearly stated that vaccines **did not reduce the risk** of infectious diseases by *creating herd immunity,* so there is no justification for mandating 16+ vaccines in any government policy. Vaccines will not increase community protection because 'vaccine-created' herd immunity did not control these diseases and there are still outbreaks in highly vaccinated populations (>90%). It is everyone's right to choose which vaccines (and how many) they use in their own bodies, with accurate information on the **risks** and benefits of this procedure and the **ingredients** of the vaccines that are being injected into the tissues. Currently this information is not being provided by most Australian doctors and this is a breach of their Code of Ethical Practice which includes the right to informed consent, of the risks and benefits, to all medical interventions.

Currently the Australian government is discussing mandating 16+ vaccines for all children entering school (*No Jab No **Play*** policy) and they have already discriminated against healthy children with the *No Jab No **Pay*** Social Welfare policy that rewards parents who use all the 16+ vaccines. This will be extended to all adults in the future as the adult immunisation register has already been implemented. Many employment situations and health degrees in Australia already require mandatory vaccination with vaccines ***that have never been tested for safety using a true inert placebo.*** This is contrary to our right to freedom for all medical interventions, and particularly our right to choose what drugs are injected into *our own healthy bodies*. Please get involved in this debate and expose the myths that governments are peddling with respect to current national vaccination programs.

Reference:

Stanley FJ. 2001. Centenary Article: Child Health Since Federation. In Yearbook Australia 2001. Canberra: Australian Bureau of Statistics [ABS Catalogue No. 1301.0]. pp368-400.

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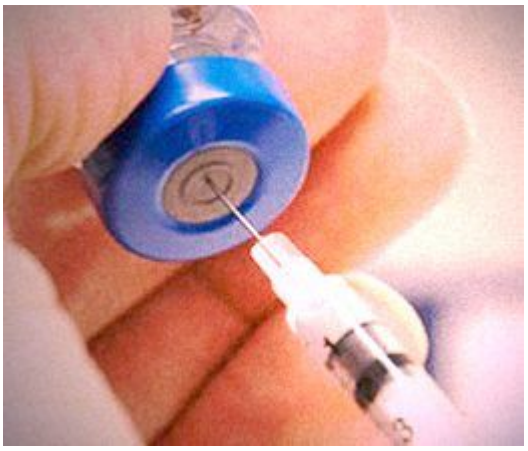
The Science and Politics of the Australian Government's Vaccination Policies

Vaccination Decisions



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