DEPARTMENT OF THE PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

Proactive Release

Submissions on the Child and Youth Wellbeing Strategy

August 2019

The Department of the Prime Minister and Cabinet has released the following submission received during its public consultation on the child and youth wellbeing strategy.

Some of the information contained within this release is considered to not be appropriate to release and, if requested, would be withheld under the Official Information Act 1982 (the Act).

- Where this is the case, the information has been withheld, and the relevant section of the Act that would apply, has been identified.
- Where information has been withheld, no public interest has been identified that would outweigh the reasons for withholding it.

Key to redaction codes and their reference to sections of the Act:

- **9(2)a** – Section 9(2)(a): to protect the privacy of natural persons, including deceased people.

child & youth wellbeing

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Child and Youth Wellbeing Strategy – Submission T1756emplate

This document is intended for individuals or groups who wish to make a formal submission on the child and youth wellbeing strategy.

Please complete this template and email it to: childandyouthwellbeing@dpmc.govt.nz

A guide to making a submission is available on the DPMC website https://dpmc.govt.nz/our-programmes/child-and-youth-wellbeing-strategy

Submissions will close on **Wednesday 5 December**.

Please provide details for a contact person in case we have some follow up questions.

Contact Name:	9(2)□(a)
Email Address:	
Phone Number:	
Organisation Name:	[Please include if you are submitting on behalf of an organisation]
Organisation description: (tell us about your organisation – i.e. who do you represent? How many members do you have? Are you a local or national organisation?)	

Executive Summary: (Please provide a short summary of the key points of your Submission - 200 words)	Possibly the most significant issue for NZ children is the government's destructive vaccination programme. The Prime Minister has proudly announced the appointment of 600 more special needs places in schools – "one in five NZ children has a developmental or other disability". How she intends to resolve this dreadful situation was not indicated. There is no doubt that the plummeting health of our children is due to vaccinations. Studies, including a NZ one, have shown that unvaccinated children are far healthier than those who have been vaccinated.

Submission Content

New Zealand Prime Minister Jacinda Ardern has just announced 600 new school staff to support children with special learning needs, casually mentioning that

"One in five New Zealand children has a disability or other learning and behavioural needs"

There appears to be little interest in scrutinising the reason for this disastrous situation, or considering the contribution of New Zealand's vaccination programme.

- Vaccines contain some of the most poisonous substances known to man
- Countless studies have supported a causality between vaccines and autism
- Countless parents have seen a dramatic change in their child post vaccination
- Child health is deteriorating in high vaccinating countries, including New Zealand
- Autism was unheard of 100 years ago

But:

Health authorities insist that 'vaccines are safe and effective', and that there is no link between vaccines and developmental disabilities, or between vaccines and chronic health problems. Concerns about vaccine ingredients are brushed aside by outright denial of their toxicity or claims that amounts are too small to be harmful - while somehow still being significant enough to be efficacious.

The confidence in vaccines expressed by the pharmaceutical companies and the health authorities is not born out by the statistics.

Vaccines and Infant Mortality

A comparison between the infant mortality rates of industrialised countries and the number of vaccines scheduled for infants shows a close correlation between mortality rates and the number of vaccine doses given (figures are from 2009 and 2010 respectively)

The US is the biggest vaccinator in the world, with 26 doses given to children before one years of age. It is 34th in the world in infant mortality, in negative terms, i.e. 33 countries have lower rates of infant mortality than the United States. A child born in the U.S. is 76 percent more likely to die before their first birthday than infants born in other wealthy countries, and children who survive infancy have a 57 percent greater risk of death before reaching adulthood.

The correlation between mortality rates and vaccination rates show a consistent pattern, with only a few exceptions. Japan and Sweden scheduled the lowest number of vaccines at 18 each and after Singapore have the best infant mortality rates. Germany ranks 11th for infant mortality and 12th in terms of the number of vaccines scheduled.

The deteriorating health of children in the first world

Barbara Loe Fisher:

We want government officials to explain to us why our country, which spends the most on health care and has one of the highest child vaccination rates in the world, is crippled by a chronic disease and disability epidemic that costs more than two trillion dollars a year [a]nd has created the sickest child and young adult population in America's history:

- 1 child in 6 learning disabled;
- 1 in 9 with asthma;
- 1 in 10 diagnosed with a mental disorder;
- 1 in 13 severely allergic to food;
- 1 in 20 epileptic;
- 1 in 50 developing autism;
- 1 in 400 with diabetes
- and millions more struggling with other kinds of brain and immune system damage marked by chronic inflammation in the body.

The figures only continue to increase: a study carried out by the US's Center for Disease Control showed that over the years 1997 to 2008, the

- Prevalence of DDs has increased 17.1%—that's about 1.8 million more children with DDs in 2006–2008 compared to a decade earlier;
- Prevalence of autism increased 289.5%;
- Prevalence of ADHD increased 33.0%; and,
- Prevalence of hearing loss decreased 30.9%.

The rise of Autism

Autism appears to have been virtually unknown, certainly unrecognised, before the vaccine age. Leo Kanner of Johns Hopkins University wrote in 1943,

"Since 1938, there have come to our attention a number of children whose condition differs so markedly and uniquely from anything reported so far, that each case merits – and, I hope, will eventually receive – at detailed consideration of its fascinating peculiarities." Since the '30s there has been a thousand-fold increase in autism in the US.

Hundreds of studies have shown a link between autism and vaccines, or between autism and vaccine ingredients like aluminium and mercury, see eg 157 Research Papers Supporting the Vaccine/Autism Link

ASD is about 4 times more common among boys than among girls. The latest figures from the US show that 1 in 36 children, 1 in 28 boys are on the spectrum.

New Zealand statistics are not as well recorded as in the US, but the autism figures are (or should be) startling (from the NZ Health Survey 2016-17).

children	Autism sp	Total	2.2
children	Autism sp	Boys	3.6
children	Autism sp	Girls	0.8
children	Autism sp	2-Apr	1
children	Autism sp	5-Sep	2.7
children	Autism sp	Oct-14	2.5
children	Autism sp	Total Mao	2.5
children	Autism sp	Maori boy	3.7
children	Autism sp	Maori girl:	1.3
children	Autism sp	Total Paci	1.6
children	Autism sp	Pacific bo	3.2
children	Autism sp	Pacific girl	0
children	Autism sp	Total Asia	0.5
children	Autism sp	Asian boy	0.5
children	Autism sp	Asian girls	0.5
children	Autism sp	Total Euro	2.5
children	Autism sp	European,	4
children	Autism sp	European,	0.9

Sudden Infant Death Syndrome (SIDS, Crib Death Cot Death)

Vaccination is the major cause of cot death. Sudden Infant Death syndrome mortality rate in the period zero to three days following DTP was found to be 7.3 times higher than in the period 30 days after immunization.

A natural experiment in an urban African community likewise led to the conclusion that the DTP was associated with increased mortality. The Introduction of Diphtheria-Tetanus-Pertussis and Oral Polio Vaccine Among Young Infants in an Urban African Community:

Allergies

Vaccines are the major cause of food allergies.

Nobel Laureate Charles Richet demonstrated over a hundred years ago that injecting a protein into animals or humans causes immune system sensitization to that protein. Subsequent exposure to the protein can result in allergic reactions or anaphylaxis. This fact has since been demonstrated over and over again both for humans and animals. Milk, egg are common ingredients in vaccines, and peanut oil was widely used in the past.

Gardasil

Gardasil has been described as the greatest medical scandal of all time. After Gardasil was licensed and three doses recommended for 11-12 year old girls and teenagers, there were thousands of reports of sudden collapse with unconsciousness within 24 hours, seizures, muscle pain and weakness, disabling fatigue, Guillain Barre Syndrome (GBS), facial paralysis, brain inflammation, rheumatoid arthritis, lupus, blood clots, optic neuritis, multiple sclerosis, strokes, heart and other serious health problems, including death, following receipt of Gardasil vaccine. Merck are now facing court action in countries that include Australia, India, Japan, Colombia, France and Spain.

HPV vaccines are not indicated, not effective and not safe. There is substantial evidence to show that:

- HPV vaccines cause, not cure, cervical cancer
- HPV cause, not cure genital warts. Moreover,
- Many thousands of children have died, or are paralysed or epileptic or otherwise manifestly damaged because of HPV vaccines

As early as 2010 the NZ authorities knew that Gardasil had, killed three girls and debilitated hundreds of others but refused to remove it from the schedule. See also The Gardasil Criminal Enterprise Still Defies Gravity

Pregnancy

Despite the known risk to the foetus from any vaccine, both the flu and the Dtap vaccine are pushed on pregnant women. Both are associated with spontaneous abortion. A CDC study shows up to 7.7-fold greater odds of miscarriage after the influenza vaccine. The DTAP vaccine package insert advises against use for pregnant women – but DTAP in pregnancy is still in the Immunisation Schedule.

Vaccinated versus unvaccinated children

Comparative studies all show that unvaccinated children are far healthier, with far less chronic illness. One of the earliest was carried out in New Zealand, showing a dramatic difference in the state of health between vaccinated and unvaccinated.

In 1992, the New Zealand Immunisation Awareness Society conducted a survey of its members' children to compare the health of vaccinated children with that of unvaccinated children.

The survey comprised 254 children, 133 (52.3%) of them vaccinated, 121 (47.6 %) of them unvaccinated. The preliminary results were as follows:

Health problem:	vaccinated	unvaccinated	total
Asthma	20	4	24
Allergies	43	16	59
Recuring ear infections or glue ear	26	8	34
Grommets (ear tubes to drain pus)	8	0	8
Recurring tonsillitis	11	3	14
Apnoea or near miss cot death	9	2	11
Hyperactivity	10	1	11
Petit mal epilepsy	1	0	1

The peer-reviewed Mawson Study showed that vaccinated children had a 700% greater chance of a developmental disability than unvaccinated children. A large German study had similar findings.

Vaccine Ingredients

New Zealand recommends 29 vaccines by the age of 15 months.

Vaccine ingredients are primarily toxic, carcinogenic, or irritant metals or chemicals, but also include animal proteins. Concerns about vaccine ingredients are brushed aside by denials of their toxicity or claims that amounts are too small to be harmful - while somehow still being significant enough to be efficacious.

In New Zealand, pregnant women are advised to be inoculated against influenza, and tetanus/diptheria/pertussis (whooping cough) as one injection commonly referred to as Dtap. The current NZ schedule recommends Influvac and Boostrix.

Influvac Tetra contains: '

- antigens for four types of influenza
- Calcium chloride dihydrate ('Harmful if swallowed. Causes skin irritation. Causes serious eye irritation.'
- dibasic sodium phosphate (Irritant and Health Hazard: Ingestion may injure mouth, throat, and gastrointestinal tract, resulting in nausea, vomiting, cramps and diarrhea; pain and burning in mouth may occur. Contact with eyes can lead to chronic damage. corrosive towards metals').
- magnesium chloride hexahydrate (toxic, irritant)
- monobasic potassium phosphate (p**otassium** poisoning can result in heart effects, change in respiration rate, tingling in the extremities, heaviness in the limbs, nausea and diarrhea)
- potassium chloride (essential mineral, excess can cause nausea, vomiting, diarrhea, intestinal discomfort)
- sodium chloride (common salt)

It may (ie almost certainly) also contain limited quantities of

- ovalbumin (eggwhite protein)
- formaldehyde (known carcinogen),
- cetrimonium bromide (can cause adverse health effects or possibly death by causing chemical burns throughout the esophagus and gastrointestinal tract that can be followed by nausea and vomiting
- sodium citrate, slight abrasive
- sucrose,
- gentamicin sulfate (antibiotic),
- tylosine tartrate (antibiotic),
- hydrocortisone (steroid) and
- polysorbate 80 (function is to perforate blood/brain barrier)

Boostrix contains:

- tetanus/diptheria/pertussis antigens,
- aluminium hydroxide,
- aluminium phosphate,
- formaldehyde,
- polysorbate 80, and
- sodium chloride.

New Zealand does not inoculate at birth. A six week baby is given Rotavirus (Rotarix®); Diphtheria/Tetanus/Pertussis/Polio/Hepatitis B/Haemophilus influenzae type b (Infanrix®-hexa), and Pneumococcal (Synflorix®), thus eight vaccines.

Rotarix contains:

- live attenuated human rotavirus RIX4414 strain,
- sucrose,
- di-sodium adipate, a mild irritant. and

- Dulbecco's Modified Eagle Medium (DMEM); contains ferric nitrate, described as thus. "DANGER! OXIDIZER. CONTACT WITH OTHER MATERIAL MAY CAUSE FIRE. HARMFUL IF SWALLOWED OR INHALED. CAUSES IRRITATION TO SKIN, EYES AND RESPIRATORY TRACT. AFFECTS THE LIVER."

Infanrix hexa® contains lactose, sodium chloride, aluminum salts, residual formaldehyde, polysorbate 20 and 80, M199, potassium chloride, disodium phosphate, monopotassium phosphate, glycine, neomycin sulphate, polymyxin B sulphate and aluminum phosphate.

Synflorix® contains polysaccharide derived from 10 Streptococcus pneumoniae serotypes, 9-16 micrograms of Protein D carrier protein, 5-10 micrograms of tetanus toxoid carrier protein, 3-6 micrograms of diphtheria toxoid carrier protein and 0.5 milligrams of Aluminium

At 5 months the infant is given repeats of the 6-valent Infanrix and the 10-valent Synflorix

At 15 months the infant gets the 10-valent Synflorix, the tri-valent measles/mumps/rubella (Priorix®), Haemophilus influenzae type b
(Hiberix®), Varicella (Chickenpox) (Varilrix®)

At four years is given 4-valent Infanrix-IPV (Diphtheria/Tetanus/Pertussis/Polio) and tri-valent Priorix

11 or 12 years: Tetanus/Diphtheria/Pertussis (Boostrix™); Human Papillomavirus (HPV) - 2 injections (Gardasil® 9) given at least 6 months apart for those aged 14 and under, 3 injections given over 6 months for those aged 15 and older