I’m here today to give you an overview of conflicts of interest in vaccination policy, including examining the influence of powerful individuals such as Bill Gates and Rupert Murdoch, and the network of conflicted academics involved in industry-funded vaccine trials who are also influencing vaccination policy, particularly Terry Nolan the former Chair of the Australian Technical Advisory Group on Immunisation, ATAGI, and Robert Booy, the Head of Clinical Research at the National Centre for Immunisation Research and Surveillance.

The public is largely unaware of the wide web of conflicts of interest impacting on taxpayer-funded vaccination policy.

This is a complicated subject which needs detailed analysis, but I hope the information provided here today provides a springboard to think about this.
I should explain why I’m involved in this project.

I’m an independent citizen. I’ve no vested interests apart from making our Federal and State governments accountable for mandated vaccination policies.

I’ve been investigating this area for the past ten years.

I became interested in vaccination when one of my dogs became very ill after vaccination and was put down. I subsequently discovered that over-vaccination of companion animals is very controversial, but most pet-owners were being misled by their vets about this.

I started investigating and challenging the Australian Veterinary Association and the Australian Pesticides and Veterinary Medicines Authority about this issue, along with another pet owner, Bea Mies.

CHOICE consumer magazine reported on over-vaccination of pets in 2010.

Other mainstream media also reported on over-vaccination of pets.
Things have changed a lot since then, and now the media generally won’t touch anything critical of vaccination.

I was particularly interested that dog and cat vaccination guidelines were warning to decrease vaccination of pets to minimise the risk of adverse reactions to vaccines, and admitting that vaccine-associated adverse events were grossly under-reported.

This set me thinking about comparisons with human vaccination, where vaccination is going through the roof, and effective vaccine safety surveillance is not happening.

SLIDE 3

Coercive over-vaccination policy in Australia

- At least 46 doses of vaccines for children on the national schedule, and counting. Adults are facing whole of life vaccination.

- No Jab, No Pay and No Jab, No Play laws are forcing compliance to the schedule. Doctors cannot obtain valid ‘informed consent’ in this coercive environment.

- Effective vaccine safety surveillance is in question – can doctors be trusted to acknowledge and report adverse events after vaccination?

- Vaccine problems emerging e.g. pertussis/whooping cough, measles, mumps, HPV, flu, including multiple revaccinations with failing products.

In Australia, the vaccination schedule for children is growing out of sight, and adults are increasingly in the frame for more and more vaccines.

The community is not consulted about adding vaccines to the taxpayer-funded schedule.

There are at least 46 doses of vaccines on the national schedule for children now. I suggest children are being over-vaccinated with this growing amount of vaccine products and revaccinations.

Federal and State Government No Jab, No Pay and No Play laws are forcing the community to be compliant to the vaccination schedule.
Parents aren’t allowed to consider the risks and benefits of each individual vaccine.

In this coercive environment, doctors cannot perform their ethical duty and obtain valid ‘informed consent’ before each vaccination.

This also raises the question whether doctors can be relied upon to acknowledge and report adverse events after vaccination?

There are problems emerging now with vaccines, for example the failing pertussis/whooping cough vaccine, and also issues with measles, mumps, HPV and annual flu vaccinations and others.

We have to question repeated revaccinations throughout life, what are the long-term consequences?

**SLIDE 4**

**How does a vaccine product get on the taxpayer-funded schedule?**

Vaccine manufacturers submit their vaccine products for assessment and registration by the Therapeutic Goods Administration, the TGA. The TGA uses manufacturer supplied data for this process. The TGA is funded by industry for this service, which means it has a conflict of interest.

So how does a vaccine product get on the taxpayer-funded schedule?
The Australian Technical Advisory Group on Immunisation, ATAGI, recommends vaccine products for the taxpayer-funded national schedule.

Many members of ATAGI also work on industry-funded vaccine trials, which means they have a conflict of interest.

Terry Nolan was Chair of ATAGI for the period 2005 to 2014 and the schedule grew substantially during his tenure.

Terry Nolan remains very influential on vaccination policy, both in Australia and internationally, as I will demonstrate later in this presentation.

The Pharmaceutical Benefits Advisory Committee, the PBAC, has the final say on whether vaccine products will be added to the taxpayer-funded schedule. While the PBAC may initially reject vaccine products, the vaccine manufacturers often persist until they get their product on the schedule.

An example to watch at the moment is the persistent campaign for the GlaxoSmithKline Bexsero meningococcal B vaccine, which has already been rejected three times by the PBAC.

If this vaccine gets on the schedule, this will mean another four doses of aluminium-adjuvanted vaccine for babies. As this audience probably knows, there are concerns about the increasing use of aluminium-adjuvanted vaccines.

Meningococcal B only very rarely has serious consequences, so mass vaccination with this vaccine product is highly questionable.

I’ll talk more about the Bexsero meningococcal B vaccine later.
As noted in the previous slide, the Australian Technical Advisory Group on Immunisation, ATAGI, recommends vaccine products for the taxpayer-funded schedule, and many of its members work on industry-funded vaccine trials, that is they have conflicts of interest.

Under Terry Nolan’s chairmanship of ATAGI from 2005 to 2014, annual vaccine expenditure in Australia was trending towards $450 million in 2015/16\(^1\), up from $10 million per annum in the mid 1970s.\(^2\)

An article published in the Australian Doctor in November 2005 titled “We’ll be fast: new vax boss” reports: “The new head of the Federal Government’s revised vaccine advisory group, Professor Terry Nolan, will prioritise timely responses to new vaccines and industry developments...” It appears Terry Nolan created ATAGI as a pipeline for industry.

During Terry Nolan’s tenure at ATAGI, there was reluctance to make public the membership of this group, and their potential conflicts of interest. Judy Wilyman and I have sought to access this information. For example, I wrote to then Health Minister Nicola Roxon on this matter in November 2011, and then to Prime Minister Tony Abbott in January 2015. Only in recent years has inadequate conflict of interest information for members of ATAGI become publicly accessible, and there is still no historical information about previous members, such as former ATAGI Chair Terry Nolan.

Other organisations and conflicted academics are part of the wide web of
influence on vaccination policy.

For example, the Murdoch Children’s Research Institute is involved in vaccination research.

This institute was founded by Rupert Murdoch’s mother, Dame Elisabeth Murdoch, and continues to be supported by the Murdoch Family.

The former Chair of ATAGI, Terry Nolan, is now a Group Leader in vaccination and immunisation research with this Murdoch institute, with involvement in projects funded by GlaxoSmithKline, Pfizer, Novartis, Sanofi Pasteur and Novavax. He’s been involved in studies regarding the Bexsero meningococcal B vaccine.

Another organisation influential on vaccination policy is the National Centre for Immunisation Research and Surveillance.

The Director of the NCIRS also holds an influential ex officio position on ATAGI.

While the NCIRS claims to provide ‘independent expert advice’ on vaccination, the former director, Peter McIntyre, was associated with industry-sponsored vaccine research.

The Head of NCIRS Clinical Research, Robert Booy, is also involved in industry-sponsored research.

Robert Booy is also a Director and Scientific Advisory Member of the Immunisation Coalition, an industry organisation which is sponsored and supported by GlaxoSmithKline, Pfizer, CSL company Seqirus, Sanofi Pasteur, Roche and others, including Google.

Robert Booy is also the Medical Advisor for Meningococcal Australia, a patient organisation campaigning for taxpayer-funded meningococcal B vaccination, which is funded by meningococcal B vaccine manufacturers GlaxoSmithKline and Pfizer.

Robert Booy is often cited in the media supporting vaccine products, using his university affiliation, but his conflicts of interest via the vaccine industry are seldom publicly disclosed.

Another organisation impacting on vaccination policy is the Australian Academy of Science with its publication The Science of Immunisation, Questions and Answers, which was funded by the Australian Government Department of Health.
Along with others such as Peter McIntyre of the National Centre for Immunisation Research and Surveillance, and Ian Frazer, a co-inventor of the HPV vaccines, Terry Nolan was a member of the working party for this publication.

Starting in 2012 / 2013, I contacted the Australian Academy of Science requesting disclosure statements for people associated with The Science of Immunisation, persisting for two years on this matter which the Academy seemed reluctant to address.

The Australian Academy of Science has now finally published a Disclosure Register, but with inadequate information.

References:

I’ve mentioned how vaccine expenditure has risen dramatically in Australia.

This is a world-wide phenomenon, with the global vaccine market predicted to rise from US$5.7 billion in 2002, to more than US$77.5 billion in 2024, a more than 13 fold increase.
Pharmaceutical companies are now seeing vaccine products as a crucial path to market growth.

A factor that is likely to have influenced this global deluge of vaccine products is the United States implementing a system in the mid-1980s to protect vaccine manufacturers from vaccine product liability.

References:
2. Vaccine market size to reach (US)$77.5 billion by 2024 / CAGR: 10.3%. Grand View Research, March 2018.

A number of organisations are facilitating the booming vaccine market for pharmaceutical companies.

As you’d expect, the World Health Organization is heavily involved in promoting vaccine products and has a Global Vaccine Action Plan to deliver “universal access to immunization”.

The WHO’s Strategic Advisory Group of Experts on Immunization, SAGE, is the principal advisory group to the WHO for vaccines and immunization, advising the WHO on overall global policies and strategies.

Members of SAGE include Terry Nolan, former Chair of ATAGI, and Andrew Pollard, the current Chair of the UK’s Joint Committee on Vaccination and Immunisation. Both of these people have been involved in
the promotion of meningococcal B vaccination, and are in a position to influence global vaccination policy regarding this vaccine product.

The foremost organisation supporting the Global Vaccine Action Plan is the Bill and Melinda Gates Foundation, this philanthropic foundation has been a major game changer in promoting the booming global vaccine market.

**SLIDE 8**

The Bill and Melinda Gates Foundation is the largest philanthropic foundation in the world with an endowment of US$42.9 billion, as at 2015.

The report *Philanthropic Power and Development: Who shapes the agenda?* provides valuable critical analysis of the power and influence being exerted by the Gates Foundation, including in regards to international vaccination policy.

This report is essential reading to understand the influence of powerful individuals on vaccination policy affecting us all.

Bill and Melinda Gates have been involved in vaccine promotion since 1998, with the creation of their Children’s Vaccine Programme, and subsequently sponsored meetings that led to the creation of the Global Alliance for Vaccines and Immunization, GAVI, which works with vaccine manufacturers.

The Gates Foundation sees vaccines as a “**quick-win solution to global health challenges**”, and with their donations of billions of dollars to this cause
have become the dominant player in setting the international vaccination agenda, with the WHO and others to do their bidding.

While many would see the Gates’ fervour for vaccination as a laudable pursuit, it should also be considered if the Gates Foundation’s emphasis on vaccine solutions for multiple health problems is undermining other more holistic approaches to health policy.

With the Gates Foundation being firmly wedded to vaccination ideology as a magic bullet for the world’s ills, would any insiders have the courage to broach potential problems with repeated revaccination throughout life?

SLIDE 9

The Bill and Melinda Gates Foundation is wielding its influence via a wide range of organisations.

Now even the supposedly independent ‘evidence based medicine’ Cochrane group has joined this gravy train and accepted funding from the Gates Foundation.

Cochrane promises to “gather and summarize the best health evidence from research to help you make informed choices about treatment”, but can we trust Cochrane to objectively review data on vaccination with their Gates’ connection? The World Mercury Project provides a critique of Cochrane in the article Are Cochrane Reviews Truly ‘Independent and Transparent’?
Cochrane has other conflicts of interest, including the stifling of criticism of a review on aluminium and vaccine safety prepared by Cochrane authors, published in 2004. This review promoted aluminium-adjuvanted vaccines as being safe, despite being based on data of low methodological quality. Despite a lack of good quality evidence, these Cochrane authors unaccountably recommended that no further research be undertaken on this topic.

Cochrane remain under challenge from me for the far-reaching effects of this poor quality review, as detailed on my website: https://over-vaccination.net/aluminium-and-vaccine-safety/

SLIDE 10

Other powerful individuals influencing vaccination policy are members of the Murdoch family.

The international Murdoch media group, now known as News Corp and headed by Rupert and Lachlan Murdoch, pursued a relentless media campaign for over two years in its Australian newspapers such as The Daily Telegraph, the Herald Sun and others, demanding No Jab, No Play!

This campaign was obligingly adopted as policy by then Prime Minister Tony Abbott, with cross-party support from Bill Shorten and Greens Leader Richard Di Natale.
Richard Di Natale played an influential and biased role in the Senate Hearing on the No Jab, No Pay bill which should be subject to investigation, as should the involvement of the coercive vaccination lobby groups Friends of Science in Medicine and SAVN which were represented by Sue Ieraci (FSM), David Hawkes (SAVN and FSM), John Cunningham (SAVN and FSM) and Patrick Stokes (SAVN).

Following the farce of the Senate hearing, the No Jab, No Pay law was enacted in January 2016, under Malcolm Turnbull as Prime Minister.

While running their No Jab, No Play campaign, the Murdoch media group did not clearly disclose their conflict of interest in this matter, i.e., the Murdoch family’s involvement in vaccine research and development via the Murdoch Children’s Research Institute, founded by Rupert Murdoch’s mother Dame Elisabeth Murdoch.

Lachlan Murdoch’s wife Sarah Murdoch has been on the Murdoch Children’s Research Institute Board of Directors since 2014, and has been the organisation’s Ambassador since 2000.

Former ATAGI Chair, and WHO SAGE member Terry Nolan is now employed by the Murdoch Children’s Research Institute, where he is involved with research funded by GlaxoSmithKline, Pfizer, Novartis, Sanofi Pasteur and Novavax.
The National Immunisation Conference regularly held by the Public Health Association of Australia illustrates the cosy relationships between Federal and State governments, policy influencers such as the National Centre for Immunisation Research and Surveillance, and the vaccine industry, for example GlaxoSmithKline, Pfizer, CSL company Seqirus and Sanofi Pasteur.

The Australian Government Department of Health was the principal sponsor of this conference, recently held in Adelaide, showcasing vaccine products, including the GlaxoSmithKline Bexsero meningococcal B vaccine. The South Australian Government was also a principal partner.

Australian Health Minister, Greg Hunt, gave the opening address for this conference, with keynote speakers including the Australian Government’s Chief Medical Officer, Brendan Murphy, along with many other speakers from the conflicted network of academics influencing vaccination policy.

In this regard I suggest you read Associate Professor of International Criminology Paddy Rawlinson’s essay Immunity and Impunity: Corruption in the State-Pharma Nexus, which discusses the mandating of vaccine products in direct violation of the principle of informed consent, and the undermining of freedom of speech on this matter.
As mentioned previously, the National Centre for Immunisation Research and Surveillance’s Robert Booy is also a Director and Scientific Advisory Member of the industry-funded Immunisation Coalition, a significant part of the network influencing taxpayer-funded vaccination policy in Australia, being sponsored and supported by GlaxoSmithKline, Pfizer, CSL company Seqirus, Sanofi Pasteur, Roche and others, including Google.

Members of the Immunisation Coalition, particularly Robert Booy, are often quoted in mainstream media articles supporting vaccine products, without clear disclosure that this is an industry-funded body.
There’s actually a vast network defending the status quo on vaccination. This slide shows what we’re up against. Citizens concerned about vaccination policy are being suppressed by this network which labels them ‘anti-vaxxers’ and shuts down debate.

For example the university and government funded The Conversation website publishes articles relevant to vaccination policy, and censors citizens who question these articles. The Conversation also supports members of the coercive vaccination lobby groups Friends of Science in Medicine and SAVN, that is Sue Ieraci (FSM), David Hawkes (SAVN and FSM), Rachael Dunlop (SAVN and FSM), and Patrick Stokes (SAVN).

The Australian Medical Association and the Australian Health Practitioner Regulation Agency, AHPRA, also protect the status quo for the vaccine industry, aided and abetted by doctor websites such as Medical Observer and MJA Insight.

And of course the mainstream media provides biased coverage on vaccination policy, led by the Murdoch media group, which is conflicted by the Murdoch family’s association with the Murdoch Children’s Research Institute. The taxpayer-funded ABC and SBS have been particularly negligent in failing to provide critical analysis of taxpayer-funded vaccination policy.
Right now yet another vaccine product is being pushed for the national schedule, the GlaxoSmithKline Bexsero meningococcal B vaccine. This vaccine has already been rejected three times for the taxpayer-funded schedule due to ‘multiple uncertainties’.

Which raises the question, on what evidence did the TGA approve and register this ‘uncertain’ product?

Meningococcal bacteria is largely quite harmless, and only rarely a serious matter. And this is interesting, why are serious meningococcal cases so rare? This is what independent immunologists should be investigating to develop our knowledge of the human immune system.

Despite the rarity of serious meningococcal B, the South Australian government is considering implementing mass vaccination of children, thereby ignoring the Federal government’s PBAC evaluation process.
The Medical Observer website for doctors has published articles calling for the addition of the Bexsero meningococcal B vaccine to the taxpayer-funded schedule, citing Robert Booy and Terry Nolan’s support of this vaccine product.

Robert Booy referred to the UK adding the vaccine to its childhood schedule to justify adding it in Australia, but failed to reveal the Bexsero vaccine product was also originally rejected in the UK, a decision that was overturned after intensive lobbying by vested interests, and when a person involved with the development of the Bexsero vaccine product, Andrew Pollard, became Chair of the UK’s committee approving vaccine products, the Joint Committee on Vaccination and Immunisation, another blatant example of conflict of interest.

In South Australia, a Bexsero meningococcal B vaccine trial funded by GlaxoSmithKline is underway, involving up to 60,000 students.

An article published in the Murdoch Advertiser newspaper (in December 2016) says “It is hoped the findings will provide a strong push to get the vaccine on the taxpayer-funded National Immunisation Program.”

ATAGI member Helen Marshall is the lead investigator on this GlaxoSmithKline funded trial, which appears to be biased from the outset. Given her role on ATAGI, Helen Marshall has a serious conflict of interest.
A TV advertisement urging students to participate in this trial says “Help protect yourself, while also protecting your family and friends”. I suggest these students are being misled about the effectiveness of this still ‘uncertain’ vaccine product.

It is notable that both Robert Booy and Helen Marshall are members of the coercive vaccination lobby group Friends of Science in Medicine, which was influential at the Senate Hearing re the No Jab, No Pay bill.

SLIDE 16

Is meningococcal vaccination creating more problems with the evolution of new strains?

ABC Health Report’s Dr Norman Swan asks whether…

"immunisation caused the problem... that there is an ecological niche, if you like for meningococcal infection. You get rid of C because of immunisation, then B emerges, then C and W and Y, because there’s just an empty space for it to inhabit, a bit like sparrows..."

Consider in light of the emerging problems with pertussis vaccination, with the startling global resurgence of pertussis/whooping cough being attributed to the immunological failures of acellular vaccines.

Could meningococcal vaccination create more problems with the evolution of new strains?

Dr Norman Swan asked this question when discussing meningococcal W on the ABC’s Health Report in January 2017.

It’s notable that after a media campaign in Victoria and Western Australia, the PBAC has fast-tracked approval for the Pfizer Nimenrix ACWY meningococcal vaccine for the national taxpayer-funded schedule, based on ATAGI advice. This vaccine product will be on the schedule from July 2018.

So where are we going with this, working our way through the meningococcal alphabet?
Where are we headed with this ever-increasing number of vaccines and revaccinations?

Is it feasible to vaccinate against every ailment, including rare diseases such as meningococcal B?

What does the future hold for highly vaccinated populations? Will future generations be made dependent on vaccine products, with natural immunity being destroyed?

What does the future hold with pharmaceutical companies and governments controlling immunity? What about the vaccine failures that are now emerging, for example pertussis/whooping cough, and problems with other vaccines?

There are parallels to consider with the emerging problems from the over-use of antibiotics, and over-prescribing of other medical products such as opioids and anti-depressants.

We need independent ‘big picture thinkers’ to consider the frightening possibilities with the over-use of vaccines. Instead, vaccination policy is dominated by Big Pharma and academics on the teat of industry research funding.
Vaccination policy is a shambles, awash with conflicts of interest. The vaccine industry is driving vaccination policy in their quest to develop lucrative vaccine markets.

There must be an independent and objective review of the burgeoning and conflicted taxpayer-funded vaccination schedule.

Citizens must demand transparency and accountability for vaccination policy from the governments that are supposed to serve us.

For information about this presentation, please contact Elizabeth Hart, Over-vaccination.net - elizmhart@gmail.com

The next slides list a summary of conflicts of interest of people mentioned in this presentation, i.e., Terry Nolan, Robert Booy, Helen Marshall and Andrew Pollard

SLIDE 18 - Terry Nolan – Conflicts of interest...

GSK Bexsero Meningococcal B vaccine promotion and conflicts of interest...

**Terry Nolan**

- Group Leader, Vaccine and Immunisation Research Group (VIRGo), Murdoch Children’s Research Institute. Funding from GlaxoSmithKline, Novartis, Pfizer, Sanofi Pasteur and Novavax.
- Past Chair of the Australian Technical Advisory Group on Immunisation (ATAGI) 2005-2014. An article published in Australian Doctor in November 2005 titled “We’ll be fast: new vax boss” notes: The new head of the Federal Government’s revised vaccine advisory group, Professor Terry Nolan, will prioritise timely responses to new vaccines and industry developments...
- Member of the WHO Scientific Advisory Group of Experts (SAGE).
- Member of the Working Group for The Science of Immunisation, published by the Australian Academy of Science with financial support from the Australian Government Department of Health.
SLIDE 19 - Robert Booy – Conflicts of interest...

GSK Bexsero Meningococcal B vaccine promotion and conflicts of interest...

Robert Booy

- Director and Scientific Advisory Member of the Immunisation Coalition, which is sponsored and supported by GlaxoSmithKline, Pfizer, Saqirus, Sanofi Pasteur, Roche and others including Google.
- Head of Clinical Research, National Centre for Immunisation Research & Surveillance (NCIRS). Research includes studies supported by vaccine manufacturers.
- Medical advisor for Meningococcal Australia, which is funded by GlaxoSmithKline and Pfizer.
- Member of Friends of Science in Medicine, which supported the No Jab, No Pay bill at the Senate hearing in November 2015. The No Jab, No Pay law was subsequently enacted in January 2016.

Elizabeth Hart - Over-vaccination.net June 2018

SLIDE 20 - Helen Marshall – Conflicts of interest...

GSK Bexsero Meningococcal B vaccine promotion and conflicts of interest...

Helen Marshall

- Lead Investigator on the ‘B Part of It’ Bexsero meningococcal B vaccine trial in South Australia, funded by GlaxoSmithKline.
- Member of the Australian Technical Advisory Group on Immunisation (ATAGI).
- Research includes studies funded by GlaxoSmithKline, Novartis, Pfizer, Merck and Sanofi.
- Member of Friends of Science in Medicine, which supported the No Jab, No Pay bill at the Senate hearing in November 2015. The No Jab, No Pay law was subsequently enacted in January 2016.

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GSK Bexsero Meningococcal B vaccine promotion and conflicts of interest...

Andrew Pollard

- Was involved in the development of the Bexsero meningococcal B vaccine previously owned by Novartis and now owned by GlaxoSmithKline.
- Director of the Oxford Vaccine Group. Receives research funding from the Bill and Melinda Gates Foundation, Wellcome Trust, Global Alliance for Vaccines and Immunisation (GAVI), and others. Other investigators in the Department conduct research funded by vaccine manufacturers.
- Chair of the UK Department of Health's Joint Committee on Vaccination and Immunisation (JCVI).
- Chair of the European Medicines Agency Scientific Advisory Group on Vaccines.
- Member of the WHO Scientific Advisory Group of Experts (SAGE).
- Chaired the UK’s National Institute for Health and Care Excellence (NICE) meningitis guidelines development group.