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The Price of Freedom is Eternal Vigilance

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### THOUGHT OF THE WEEK: Universal Vaccination Passport has been in development since 2018, requires absolute compliance with endless list of vaccines:

<https://www.naturalnews.com/2020-06-03-universal-vaccination-passport-absolute-compliance.html>

<https://alor.org/Storage/Library/PDF/200117-PublicPrivatePandemicCalltoAction.pdf>

[https://alor.org/Storage/Library/PDF/designing-implementing-immunisation-information-system\\_0.pdf](https://alor.org/Storage/Library/PDF/designing-implementing-immunisation-information-system_0.pdf)

[https://alor.org/Storage/Library/PDF/2018\\_vaccine\\_confidence\\_en.pdf](https://alor.org/Storage/Library/PDF/2018_vaccine_confidence_en.pdf)

### THE HEALTH OF VACCINATED vs UNVACCINATED CHILDREN By Mrs Vera West

Just in case preparing for the apocalypse and end times is soaking up your spare time, for those still interested in the vaccination debate, a study in the journal *SAGE Open Medicine*, of the health outcomes of vaccinated versus unvaccinated children, has concluded that unvaccinated children are less likely to be diagnosed with various developmental problems. Here, this is so important that I will go to the primary source:

[https://childrenshealthdefense.org/news/new-research-study-clarifies-health-outcomes-in-vaccinated-versus-unvaccinated-children/?fbclid=IwAR0GNI2x4ESoEXCY9fB77Q\\_8QbVOv3BUdndgQicKwB6\\_TJk8nS0m20izxwY](https://childrenshealthdefense.org/news/new-research-study-clarifies-health-outcomes-in-vaccinated-versus-unvaccinated-children/?fbclid=IwAR0GNI2x4ESoEXCY9fB77Q_8QbVOv3BUdndgQicKwB6_TJk8nS0m20izxwY)

<https://journals.sagepub.com/doi/pdf/10.1177/2050312120925344>

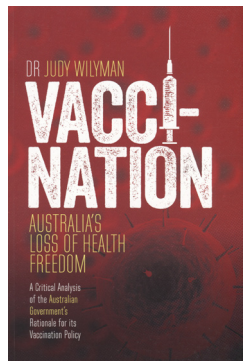
“**Abstract Objective:** The aim of this study was to compare the health of vaccinated versus unvaccinated pediatric populations. **Methods:** Using data from three medical practices in the United States with children born between November 2005 and June 2015, vaccinated children were compared to unvaccinated children during the first year of life for later incidence of developmental delays, asthma, ear infections and gastrointestinal disorders. All diagnoses utilized International Classification of Diseases–9 and International Classification of Diseases–10 codes through medical chart review. Subjects were a minimum of 3years of age, stratified based on medical practice, year of birth and gender and compared using a logistic regression model. Results: Vaccination before 1year of age was associated with increased odds of developmental delays (OR=2.18, 95% CI 1.47–3.24), asthma (OR=4.49, 95% CI 2.04–9.88) and ear infections (OR=2.13, 95% CI 1.63–2.78). In a quartile analysis, subjects were grouped by number of vaccine doses received in the first year of life. Higher odds ratios were observed in Quartiles 3 and 4 (where more vaccine doses were received) for all four health conditions considered, as compared to Quartile 1. In a temporal analysis, developmental delays showed a linear increase as the age cut-offs increased from 6 to 12 to 18 to 24months of age (ORs=1.95, 2.18, 2.92 and 3.51, respectively). Slightly higher ORs were also observed for all four health conditions when time permitted for a diagnosis was extended from 3years of age to 5years of age. **Conclusion:** In this study, which only allowed for the calculation of unadjusted observational associations, higher ORs were observed within the vaccinated versus unvaccinated group for developmental delays, asthma and ear infections. Further study is necessary to understand the full spectrum of health effects associated with childhood vaccination.”

In my opinion this is yet another criticism of the orthodox vaccination position. It begs the question though, why there should be this difference in the first place. Today I received from the editor my shiny copy of Dr Judy Wilyman’s *Vaccination: Australia’s Loss of Health Freedom* (2020), which I am sure will supply some answers for future articles.

<http://vaccinationdecisions.net/my-book-australias-loss-of-health-freedom-is-now-available/>

“**My Book “Australia’s Loss of Health Freedom” is now available for posting.** This book documents the false information provided by the Australian government that ultimately led to the mandating of vaccines for social services and education (early childhood and university) in Australia in 2016. It also led to forced vaccination being included in the Public Health Act in the event of a ‘severe public health incident’ and also

in the Biosecurity Act 2015. This ‘severe public health event’ is not defined in the 2016 Act and no public consultation was sought regarding the removal of Australians bodily autonomy in 2015. This book is my PhD that describes the historical control of infectious diseases in Australia. It also documents the Global Health Regulations that were used to manipulate a ‘Swine Flu’ Pandemic



in 2009 instigated by the WHO: an organisation that has conflicts of interest with Big Pharma, Bill Gates, the World Bank and the International Monetary Fund. I have also provided an in-depth case study of the unproven HPV vaccine that is being promoted as a ‘prevention for cervical cancer’ but is causing serious damage and infertility in young women and men.”

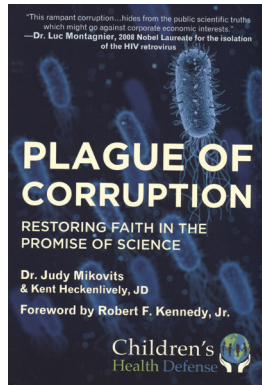
No wonder the authorities were/are, upset with her. Amazing that she was still able to get the PhD, not that they did not resist it. [https://en.wikipedia.org/wiki/Judith\\_Wilyman](https://en.wikipedia.org/wiki/Judith_Wilyman)

## PLAGUE OF CORRUPTION - RESTORING FAITH IN THE PROMISE OF SCIENCE

By Dr. Judy Mikovits & Kent Heckenlively, JD - Foreword by Robert F. Kennedy, Jr.

*A behind the scenes look at the issues and egos that will determine the future health of humanity.*

**Dr. Judy Mikovits** is a modern-day Rosalind Franklin, a brilliant researcher shaking up the old boys’ club of science with her groundbreaking discoveries. And like many women who have trespassed into the world of men, she uncovered decades-old secrets that many would prefer to stay buried. From her doctoral thesis, which changed the treatment of HIV-AIDS, saving the lives of millions, including basketball great Magic Johnson, to her spectacular discovery of a new family of human retroviruses, and her latest research which points to a new golden age of health, Dr.



Dr. Mikovits has always been on the leading edge of science. Dr. Mikovits has seen the best and worst of science. When she was part of the research community that turned HIV-AIDS from a fatal disease into a manageable one, she saw science at its best. But when her investigations questioned whether the use of animal tissue in medical research

were unleashing devastating plagues of chronic diseases, such as autism and chronic fatigue syndrome, she saw science at its worst. If her suspicions are correct, we are looking at a complete realignment of scientific practices, including how we study and treat human

disease. Recounting her nearly four decades in science, including her collaboration of more than thirty-five years with Dr. Frank Ruscetti, one of the founders of the field of human retrovirology, this is a behind the scenes look at the issues and egos which will determine the future health of humanity. Dr. Judy Mikovits spent twenty years at the National Cancer Institute, working with Dr. Frank Ruscetti, one of the founding fathers of human retrovirology, and has coauthored more than fifty peer-reviewed scientific papers. She co-founded and directed the first neuroimmune disease institute using a systems biology approach in 2006. Dr. Mikovits lives in Southern California with her husband, David.

**Kent Heckenlively, JD**, is a science teacher, attorney, founding editor of “*Age of Autism*”, and writer for *Bolen Report*. Kent and his wife Linda live in Northern California and have two children, Jacqueline and Ben. **Robert F. Kennedy, Jr.** is a *New York Times* bestselling author and one of the nation’s leading environmental activists. His writing has been included in anthologies of America’s best crime writing, best science writing, and best political writing. He is president of *Waterkeeper Alliance*, the world’s largest clean water advocacy group; a professor of environmental litigation at Pace University Law School in White Plains, NY; and a senior attorney at the Natural Resources Defense Council. Mr. Kennedy is a former Assistant District Attorney in Manhattan. **Available here:** <https://www.amazon.com.au/Plague-Corruption-Restoring-Promise-Science/dp/1510752242/>

## HAEMOPHILIA HOLOCAUST by Richard Davis MBBS, FFARACS, FANZCA, CF

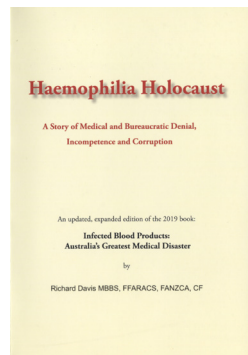
**Intro:** This book raises many significant and important national interest issues. It is based on work done by, and is written by, Richard Davis, an anaesthetist who has devoted his life to the safety of blood and blood products.

In the 1970s he introduced pre-donated autologous blood transfusions in South Australia. *An autologous blood donation is when a person donates blood for their own use, prior to a scheduled elective surgery.*

He believed autologous blood to be safer and better than the then standard Red Cross homologous blood. He also writes from the heart, as a close friend had died

from immuno-deficiency virus infection (IDV) due to a contaminated blood transfusion. Richard Davis was awarded a Churchill Fellowship to study blood transfusion medicine in Europe and America. In 1980, the Royal Australasian College of Anaesthetists and Intensive Care awarded him The Gilbert Brown Prize for research into safe blood transfusions. Davis argues in this book that Australia was slower than other nations to respond to the issue of tainted blood. He believes that proportionally more Australians were affected than in many other countries.

He also believes there were conflicts of interest involving the Federal Government and CSL and the Red Cross which have still not been resolved. The Australian Red Cross believes that about 8,000 Australians were affected with Hepatitis C and about 2,500 were infected with IDV after being treated with contaminated blood and blood products. Australia's Tainted Blood Action Group believes up to 20,000 Australians were infected. Other nations have conducted national inquiries, all of which have found the disaster was entirely predictable



and was their worst medical disaster. Developed nations have introduced arrangements to ensure that blood and blood products are now controlled by appropriate governance and organisations. In Canada, after prolonged legal battles, the Supreme Court found the Canadian Red Cross guilty of mismanaging the nation's blood supply. In France the Health Minister and blood transfusion

doctors were convicted of failing to adequately screen blood, leading to the deaths of people from AIDS. In Ireland, a tribunal was established to review the issue. In Germany, the German Red Cross, the German medical profession and the government were blamed for selling contaminated blood. In Italy, a court ordered the Health Ministry to pay damages to people infected. In the USA, following court action, haemophiliacs who were infected by contaminated blood products received a settlement of \$100,000 each, plus legal fees. In Switzerland, where the Red Cross is revered, people were shocked when it was found the organisation had been selling infected blood.

England is presently conducting a major national inquiry and Davis believes that a similar review should occur in Australia.

It is estimated that nearly one-third of infected haemophiliacs in Australia died from the effects of IDV. Davis questions why the government allowed the importation of foreign plasma, much of which proved to be contaminated. He questions why the Australian Red Cross collected blood from prisoners, knowing that they were frequently infected with blood-borne viruses. He also asks why safer, heat-treated, blood products were not released for use until the old, non-heat-treated, but contaminated, stocks had been used. He infers that the Federal Government, CSL, and the Red Cross (which had provided valuable blood services but had benefitted financially from government payments) acted to preserve their interests while not acting quickly to preserve the health of people receiving blood products.

Haemophiliacs are a small group within the Australian community. They have suffered enormously from contaminated blood products. Although the blood system in Australia is now safer, the incentives for reimbursement and provision of services have not changed fundamentally. Fortunately, doctors are now much more careful when using blood products. The haemophiliac population is such a small, vulnerable group that they are unable to instigate a review. However, at the very least, the government should fast track the provision of gene therapy services for haemophiliacs in order to avoid future problems with contaminated blood products. -- Prof Brendon Kearney

**Available from Head Office - \$20 Posted**

## **YOUR COUNTRY NEEDS YOU By Mrs Vera West**

If you thought vaccination was quite a good idea provided it was not compulsory, you probably had many friends. But what happens to freedom of choice if it becomes compulsory? Well, the detail in the story below will open your eyes as to just how vaccination can be used as a tool for a number of things you certainly will not want. Consider the Covid-19 episode and how the masses are anxious to find a vaccine so they can have the jab. In such a crazy environment it will be seen as acceptable to make it compulsory. It will soon follow that these other planned vaccines will become a 'licence to live'.

<https://www.naturalnews.com/2020-06-03-universal-vaccination-passport-absolute-compliance.html>

“Long before the current pandemic, the European Union had been in the planning stages of developing a “common vaccination card/passport.” This universal vaccination passport is also designed for the “greater good” and will be implemented as a requirement to protect the “public health.”

How might your liberty and livelihood be restricted if

you do not succumb to all the vaccines required for the universal passport?

Populations around the world are currently being conditioned to socially distance themselves from one another, in the expectation that everyone they meet is a biological source of contamination — innately guilty of spreading disease. Showing no authorization of immunity, every person is to be considered a filthy vector of disease and is to be avoided at all costs. The vaccination passport will be presented as the solution to quell these disease fears. By showing electronic proof of vaccination, people will be able to “return to normal” – a term used by authorities to coerce people to believe that biologics (vaccines) are the passport to prove absolute immunization. The commercialization of social distancing will continue until all citizens can prove they have received the authorized injections. The European Union has been working on global vaccine passport since 2018.

The planning stages began in 2018 when the European Union released a survey comparing public confidence/

skepticism toward vaccines. The survey, titled “2018 State of Vaccine Confidence” was presented to the European Commission. The report immediately criticized “vaccine hesitancy” and praised “vaccine confidence,” in an attempt to build public trust in the effectiveness and safety of vaccines. The report immediately blames “vaccine delays and refusals” as the sole reason why outbreaks occur, why people are dying. One of the ways these central vaccine planners can eliminate “vaccine delays and refusals” is to blame people for diseases they don’t have. The next step is to socially isolate anyone who refuses vaccines by restricting their liberties.

A “common vaccine passport” achieves these goals. **This passport is blatant coercion, a violation of informed consent in medicine, an attack on personal choice, and ultimately sets the stage for segregation of healthy, unvaccinated people from society.**

The central vaccine planners do not care how they ultimately coerce or manipulate people into submission. Soon after this coercive report was published, the EU commissioned a technical report titled “*Designing and implementing an immunization information system*” which mapped a monitoring system to ensure compliance to vaccinations. The report examined the development of a “common vaccination card/ passport for all including a comprehensive electronic immunization information system that can monitor vaccine compliance. Finally, the report sought to “overcome the legal and technical barriers impeding the interoperability of national immunization information systems.”

By the third quarter of 2019, the EU created the “*Vaccination Roadmap*” designed to combat “vaccine hesitancy.” During this time, social media platforms

began to label any information about vaccine choice, natural immunity, vaccine risk, and vaccine injury as dangerous “misinformation.”

**Global Vaccination Summit and the “call to action” to implement the vaccine passport**

By September 2019, the EU and the World Health Organization held the “Global Vaccination Summit.” There, “influential” leaders announced “*10 Actions towards Vaccination for All*” – a coercive plan to manipulate people into vaccine compliance. To make matters worse, just a month later, Event 201 was held. Sponsored by Johns Hopkins Center for Health Security, the World Economic Forum, and the Bill & Melinda Gates Foundation, Event 201 simulated a pandemic exercise focusing on a zoonotic novel coronavirus originating in bats. By November of 2019, these central vaccine planners had suggested a “call to action.”

All this planning came before the current pandemic. The people who have planned for a vaccine passport are now calling for a “certificate of immunity.” Central vaccine planners like Bill Gates are now parading the media, and are putting their “call to action” into motion. People are now being told by their governments and their media that life cannot go back to normal unless there is a vaccine. The vaccine, currently being rushed into existence, will enable the coercive and forceful vaccination passport to become a reality. The planning is documented. The coercion is out in the open.”

The plan for a global passport had thus been sitting there being developed, waiting for exactly the right moment, and now the globalists are going in for the kill, so to speak. \*\*\*

**TARGET FOR THE WEEK**

The finance for the COVID 19 stimulus packages has been raised by the Government selling approx \$47 billion of Bonds to the Reserve Bank of Australia (RBA) . For the Commonwealth Government of Australia to raise funds from an Australian owned RBA makes a lot of sense and I am pleased they have pursued such a policy rather than borrowing from overseas sources.

Taking it one step further; if the Australian Government has borrowed the money from the Australian owned RBA; why will there be any need to repay the debt? It could just as readily be an issue of debt-free credit.

**Contact MPs** - send a copy of our *Pro Forma* Letters on this subject to your MPs, offering support of this initiative. ANY replies please be sent to HQ as this topic is very important to develop a profile on MP’s responses. You may also find other *pro forma* letters from the "Actionist Corner" useful as you contact your Fed MPs c/o Parliament House, Canberra ACT 2600 - ND

**TRAINING**

To become an effective Actionist, training is essential. Social Dynamics Training is now available Online. **Book your training now—heritagebooks@alor.org** Utilize the online 'Actionist Corner' with many links to *pro forma* letter templates, brochures and other important training and research resources available.

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