

The Claims Underpinning Mandatory Vaccination with 12+ Vaccines in Western Australia

1. The Goals stated by Labor Minister Sue Ellery are not for a 'Health' Policy

The WA government has stated in parliament (Hansard) that the reasons it is going ahead with this vaccination policy are:

- i) To increase childhood immunisation (vaccination) rates
- ii) To protect children from vaccine-preventable diseases.

Increasing childhood vaccination rates is not the same goal as 'improving health outcomes'. The evidence shows that children's health **has declined significantly** as each new vaccine has been added to the national vaccination program.

Further, the WA government has not provided evidence that these vaccines are 'preventing' the infectious diseases. (See Question 1 below). Many disease outbreaks are occurring in highly vaccinated populations.

The WA government has not included a responsibility to protect against preventable chronic illness in this 'health policy' only 'protection from infectious diseases'. The policy therefore cannot be considered a 'protective health policy'.

The chronic illnesses are being caused by vaccines as described in the US Department of Justice Reports on the US Vaccine Injury Compensation Program, the pharmaceutical companies package inserts and the peer-reviewed scientific literature.

2. The Evidence Shows that Higher Immunisation (Vaccination) Rates are Damaging Children and Community Health

Children's health has **declined significantly** over the last two decades as the vaccination program has expanded.

The Australian government has not investigated this plausible causal link between vaccines and chronic illness in children. It is ignoring this medical literature.

This evidence of children's health is proof that this policy is not a 'protective health' policy. It is a policy to **increase the use of vaccines** just as the government has stated: It is to 'improve the immunisation (vaccination) rates in the population'.

3. There is No Evidence to Support Mandatory Vaccination

The government has not provided any evidence that:

- 1) Unvaccinated or not 'fully' vaccinated children pose a greater risk in society (Question 1) or
- 2) That vaccines can create herd immunity with a 95% uptake in the population (Question 2)

The government has not provided this evidence to support this policy. Transparent answers to the community's 6 questions (below) are required to prove that this policy is beneficial.

Adverse-events to vaccines occur in genetically diverse populations' therefore mandating this medical intervention for 12+ vaccines will result in significant harm in the Australian population.

This policy is clearly not for a legitimate public health policy because it is discriminatory and the majority of adults have never used the 12-16 vaccines that are now being mandated for children to participate in society. This is evidence that the vaccines did not control these diseases in the Australian community because they have never been used with a 95% uptake rate to reduce the deaths and illnesses in any developed country. **(Refer: PhD Fact Sheet)**

Conclusion:

There is evidence that some vaccines are effective in preventing these diseases in individuals but there is **no evidence to mandate** any vaccine in genetically diverse populations. This will cause serious damage to the genetic fabric of society and it will cause great anxiety to parents in the Australian community.

Six Questions to Justify this Policy:

1) The statistics for the number of vaccinated and unvaccinated children in WA per year:

- i) getting these 12 diseases and
- ii) dying of these 12 diseases?

2) Name any population/country that has used these 12 vaccines with a 95% uptake rate to control the disease?

3) Provide the statistics that show that the *overall* health of WA children (infectious diseases and chronic illness) has improved since 1990 when the vaccination program expanded.

4) i) Has the health minister been informed of the ingredients of the 12 vaccines and the serious adverse-events that are listed on the package inserts from the vaccine manufacturers?

ii) Please provide a link to your knowledge of the ingredients of vaccines and their side-effects.

5) i) What percentage of WA children will die or be harmed by using 12 vaccines?

ii) How are the latent effects of the chemicals in the vaccines and the interaction with individual genetics being monitored in WA?

iii) What adverse events (AE's) have been included in the government's risk assessment for using 12 vaccines in 0-4 year old children and what is the frequency of these AE's in this demographic of the population?

6) i) Why has the government reduced the medical exemptions to vaccination that are linked to family genetics (disease pre-disposition) that were previously contraindications to vaccination and

ii) Why has the government removed our religious and conscientious freedom to choose not to use this medical intervention?

Please provide the answers to these questions to the community to justify the implementation of the No Jab No Play policy.

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