

**From:** Bridget Melling-Williams <[REDACTED]>  
**Sent:** Thursday, 1 October 2015 12:01 AM  
**To:** SARC  
**Subject:** Public Health and Wellbeing Amendment (No Jab, No Play) Bill 2015 - Submission

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Dear Ms Lizzie Blandthorn MP, Chair, Scrutiny of Acts and Regulations Committee,

I am writing in response to the proposed legislation that would ban unvaccinated children from kindergartens and childcare centres in Victoria from 2016.

Firstly there is no such evidence or 'science' to prove that this move would decrease the level of contractable childhood illnesses at all in Victoria.

Furthermore there are scientists and experts in the field who are questioning the safety and efficacy of vaccines and I put to you that where there is risk and where there are questions there must be a choice.

To disregard such information and questions marks definitive changes in our freedoms as we know them now. And this poses fundamental questions of human rights and needs to be considered more deeply.

I believe vaccinations have a place and can be used responsibly to slow disease where necessary. I am not saying I don't believe in them. And I am not saying that I don't believe in the science. I don't believe all the science is being represented by the mainstream media and considered by the Australian government. I do not believe that the current vaccination schedule as it exists today is something I want to blindly follow without question for my children. I want more information. And I find it an assault on my human rights as a parent that the privilege of childcare and kindergarten should be denied to me because of my pursuit for the truth and the health of my children.

I will firstly address efficacy and secondly vaccine injury, both with direct quotes and references from doctors and scientists and reputable investigative journalists.

NY Times 25<sup>th</sup> November 2013.

"But scientists say the problem of surging whooping cough cases has more to do with flaws in the current vaccines than with parents' resistance. The new finding suggests yet another weakness of the vaccine — that even people recently vaccinated may be continuing to spread the infection without getting sick." See here for full article.

Dr Suzanne Humphries MD Internal Medicine and Nephrology

"Whooping cough reports are now increasing despite very high vaccination rates. In fact the rates today are even higher than they were when vaccine uptakes were much lower. Why do you suppose that is? How many whooping cough shots did children get when you were growing up? Now we are supposed to accept the idea of 'lifespan vaccination' where whooping cough

vaccines are pretty much a regular event, cradle to grave, yet the incidence of clinical whooping cough today - in the most heavily vaccinated populations, is increasing,

And again Dr Suzanne Humphries MD in another article writes "Within the scope of vaccination, when a quasi-sterile situation is created, and measles breaks out in the midst, the only solution within that paradigm is to vaccinate more people, more often. This is a backwards solution to the problem when considering who remains susceptible even in the face of full compliance: infants and non-immune adults. Susceptible age groups have essentially traded places since vaccinating. What used to happen with measles is that infants were protected by maternal antibodies, adults were protected by continued exposure, and infected children handled the disease normally and became immune for long periods of time. So, while measles vaccines have decreased the expression of measles infections, it has not necessarily improved the bigger picture. And certainly there are numerous troubles with the side effects of the vaccine." See here

Dr Gary S. Goldman, B.S, Ph.D. who was Research Analyst for the Varicella Active Surveillance Project (VASP) CDC

"Prior to the universal varicella vaccination program, 95% of adults experienced natural chickenpox (usually as school aged children)—these cases were usually benign and resulted in long term immunity. This high percentage of individuals having long term immunity has been compromised by mass vaccination of children which provides at best 70 to 90% immunity that is temporary and of unknown duration—shifting chickenpox to a more vulnerable adult population where chickenpox carries 20 times more risk of death and 15 times more risk of hospitalization compared to children. Add to this the adverse effects of both the chickenpox and shingles vaccines as well as the potential for increased risk of shingles for an estimated 30 to 50 years among adults. The Universal Varicella (Chickenpox) Vaccination Program now requires booster vaccines; however, these are less effective than the natural immunity that existed in communities prior to licensure of the varicella vaccine." See here for full paper.

Dr Tetanya Obukhanych PhD Immunology has studied Immunology in some of the world's most prestigious medical institutions. She earned her PhD in Immunology at the Rockefeller University in New York and did postdoctoral training at Harvard Medical School, Boston, MA and Stanford University in California.

She writes on 15<sup>th</sup> April 2015 "a person who is not vaccinated with IPV, DTaP, HepB, and Hib vaccines due to reasons of conscience poses no extra danger to the public than a person who is. No discrimination is warranted." See here for full article.

Vaccine Injury is an area that has not been addressed at all by the Australian government and appears very underplayed in mainstream media. The safety of vaccines and risk of injury - regardless of how large or small that risk is means that parents should have the right to weigh up those risks and make a choice.

Many other countries including the U.S. have such compensation schemes. In the U.S. so far 4,252 families have been paid out for vaccine injury to the tune of \$3.2 Billion Dollars. These are government taxpayer funds (because pharmaceutical companies have immunity - excuse the pun - from such lawsuits). And these are compensations for devastating injuries from vaccines. For Australian families who have already been touched by vaccine injury there has been no compensation and no acknowledgement. And because of this we do not know how many families have been affected. I personally know one family who have lost a child.

Who then, is responsible for the children - the collateral damage if you will, that acquire vaccine injury from compulsory vaccinations in Australia?

Dr F. Edward Yazbak, MD, FAAP board-certified Pediatrician with special training in infectious diseases, has been a fellow of the American Academy of Pediatrics since 1963. He was formerly the Assistant Clinical Director of the Charles V. Chapin Hospital (Infectious Diseases), the Pediatric Director of Child Development Study at Brown University and the Director of Pediatrics at the Woonsocket Hospital in Rhode Island.

In a most revealing article In Perspective: Measles 2015, he writes

"The most ardent supporter of vaccination programs only needs to witness or be touched by one serious vaccine reaction to fully understand and respect the wishes of those who support freedom of choice relative to routine pediatric vaccinations."

“Parents who want to protect their children should certainly have them properly vaccinated but they cannot and should not force others to do the same. Vaccination is a medical intervention. Forcing parents to have their children vaccinated is a restriction of their right to free choice. It also seems illogical if it is intended to protect other already fully vaccinated children.” See full article [here](#).

Dr Michael W. Elice, M.D. is a board certified Pediatrician in New York who has treated Autistic Spectrum Disorders, mitochondrial, immune and metabolic dysregulation for the past 10 years.

In this article [Measles Matters 2/3/2015](#) Dr Elice writes “The media would have us believe that this is a result of the fringe population of anti-vaxers who refuse to have their children vaccinated according to the guidelines of the current vaccine schedule. Medical reporting has brought to light the glaring ineffectiveness of the measles vaccines in fulfilling their widely claimed promise of preventing outbreaks in highly vaccine compliant populations. In fact, measles outbreaks have occurred in populations that have been vaccinated on the average of 77%- 99%, not the so-called anti-vaxers.

“I am not advocating that vaccines be discontinued. I am advocating that doctors and patients become aware of the ingredients of these vaccines, what they can potentially do to affect an adverse outcome in an immunologically compromised child. Adverse reactions to MMR and other vaccines have been reported in numerous clinical trials and studies. I am advocating that medical practitioners and researchers, not journalists, address the real medical epidemics of autism, asthma, GI disease and autoimmune diseases facing our society and people around the world. Stop hyping the safety of MMR vaccines which may actually be more dangerous than live measles and may be ineffective in preventing the illness which they are so anxious to report as a dangerous epidemic itself. Let’s stop believing that the mainstream media is telling us the truth when all they are doing is shutting down any intelligent and open discussion about vaccine safety and how to improve it.” See full article [here](#).

David Kirby, an award winning investigative journalist for over 30 years

has published this article in the Huffington Post. “..many of the large epidemiological studies that purport to show no association between MMR or thimerosal and autism were conducted by people with vested interests—financial or professional—in defending vaccines and vaccine programs. Much worse than that, the vast majority of these studies were marked by methodological flaws that limit their usefulness and legitimacy.”

“A good example is ADEM, or acute disseminated encephalomyelitis, in which the brain’s myelin sheath is severely damaged, usually only temporarily. The U.S. Vaccine Injury Compensation Program (VICP), better known as “Vaccine Court,” has ruled that HepB, MMR and other vaccines can result in ADEM and other demyelinating disorders. In one case, [Bailey Banks](#), the VICP found that MMR-induced ADEM resulted in Pervasive Developmental Disorder-Not Otherwise Specified, which is an ASD.” Full article [here](#)

On April 25, 2015 Emmy award winning investigative journalist Sharyl Atkisson (CBS CNN)

“It’s theoretically possible that all of the studies supporting a possible link between vaccines and autism are wrong. And, if the propagandists are to be believed, each of the researchers is an incompetent crank, quack, nut or fraud (and, of course, “anti-vaccine” for daring to dabble in research that attempts to solve the autism puzzle and leads to vaccine safety issues). The scientists and their research are “controversial,” simply because the propagandists declare them to be.

“The disparaged scientists include well-published neurologists, pharmacists, epidemiologists, immunologists, PhD’s, chemists and microbiologists from places like Boston Children’s Hospital, Horizon Molecular Medicine at Georgia State University, University of British Columbia, City College of New York, Columbia University, Stony Brook University Medical Center, University of Northern Iowa, University of Michigan, University of Arkansas for Medical Sciences, Arkansas Children’s Hospital Research Institute, Al Azhar University of Cairo, Kinki University in Japan, the University of Pittsburgh School of Medicine, Swinburne University of Technology in Australia, Institute of Psychiatry and Neurology in Poland, Department of Child Health Care, Children’s Hospital of Fudan University in China, Utah State University and many more.” Full article and links to all the studies [here](#).

Stephanie Seneff Ph.D is a Senior Research Scientist at the MIT Computer Science and Artificial Intelligence Laboratory.

She holds a B.S. degree in Biophysics, an M.S. and E.E. degrees in Electrical Engineering, and the Ph.D degree in Electrical Engineering and Computer Science, all from MIT. She has published over 170 refereed articles.

In recent years, Dr. Seneff has focused her research mainly on the relationship between nutrition and health. Since 2011, she has written over a dozen papers (7 as first author) in various medical and health-related journals on topics such as modern day diseases (e.g., Alzheimer, autism, cardiovascular diseases), analysis and search of databases of drug side effects using NLP techniques, and the impact of nutritional deficiencies and environmental toxins on human health.

She writes in summary that she revealed in her own studies on VAERS a correlation between autism and MMR. See here.

Since that study Dr Seneff writes about more studies and her findings of glyphosates within vaccines and how they disrupt our physiology. She has since published two more papers with other colleagues in which they propose that glyosphate enhances the toxicity of aluminum.

On July 29<sup>th</sup> 2015 Dr Seneff writes “This pattern is unfolding across multiple vaccine series. The original Hib vaccine targeted just Haemophilus influenzae type b. The result was that types a, e, and f gained prominence. So a new pneumococcal vaccine (Pevnar 7) was introduced to cover seven strains. A few years later, this was replaced by “Pevnar 13.” They are playing a similar game with Gardasil: the original Gardasil vaccine covered four major strains of HPV. But it’s been found that women who are vaccinated against these four have a higher risk of being infected with some other strain not covered by the vaccine. The answer, it seems, is to add more strains to the mix. “Gardasil-9” is about to appear, covering nine strains of HPV and with twice as much aluminum content. The original Gardasil vaccine already had a high level of a very toxic form of aluminum. There are more than eighty different strains of HPV, so this is not a scalable solution.

“Thus, we can never win this game. In fact, a placebo controlled study in Hong Kong found that those who were vaccinated against the flu had no statistically significant improvement in flu infection rates, but had a 4.4-fold increase in infection with syncytial virus, a strain that produces symptoms nearly indistinguishable from influenza.<sup>20</sup> People who get the flu vaccine every year are reducing their general immune health with each vaccine, due in part to the accumulation in their tissues of mercury and glutamate. Very soon it will become clear to everybody that the flu vaccine has no benefit, and I think it is likely contributing to the epidemic we’re seeing in Alzheimer’s disease in the elderly, because of the toxic effects of glutamate and mercury on the brain.”

“When most people think of potential harm from vaccines, they think of mercury, as this has been the most widely publicized toxicant contained in vaccines. The issue of mercury in vaccines has allegedly been put to rest, following a reduction in mercury burden around the year 2000, but that did not lead to a reduction in the incidence of autism. However, that experiment was flawed because other factors, particularly a simultaneous increase in the aluminium content in vaccines, but also an increase in toxic exposure from food (more about that later) likely were offsetting factors. Dialysis dementia establishes beyond a shadow of a doubt that aluminium is toxic to the brain. Patients with kidney failure develop dementia if there is too much aluminium present in the dialysate.

“It is disturbing to me that we are now (in my opinion, recklessly) administering the flu vaccine to infants and pregnant women without regard to the fact that about half of the flu vaccines administered contain mercury as a preservative. As mentioned previously, the flu vaccine also contains glutamate, a known neurotoxin.

“Potential links between MMR and autism are probably the second-most common general perception about vaccine risk. Many people are aware of the “discredited” Lancet paper published by Dr. Andrew Wakefield in 1998,<sup>3</sup> which proposed a link between the measles component of MMR and gut disease in children with autism. This paper engendered an intense investigation, which led to its retraction and a campaign to discredit its author through accusations of fraud. Wakefield is a gastroenterologist, and therefore an expert on children with gastrointestinal disorders. Today it has become very clear that gut dysbiosis is strongly linked to autism, and, furthermore, that gut dysbiosis is rapidly becoming an epidemic. See full article here.

Prof Mary Holland is a Director of the Graduate Legal Skills Program at New York University School of Law, specializing in international human rights, public law and vaccine safety law and injury compensation.

She writes in the Yale Journal of Health Policy, Law, and Ethics, 3/3/2013 of the HepB vaccine for infants and young children. “Mercury is a recognized neurotoxin, with an amount as low as 0.5 ppb able to destroy human neuroblastoma cells. The vaccine today continues to contain 0.3 ppb thimerosal, or what the CDC denotes as a ‘trace’ amount. Both approved vaccines also

contain aluminum as an adjuvant to boost immune response. Like mercury, aluminum is also a recognized toxic substance and both metals potentially stimulate autoimmune syndromes.

I cannot conclude without mentioning the alarming rise in allergies that also correlate with increased vaccination schedules. Michelle Berriedale-Johnson reviews Heather Fraser's book "which suggests that the peanut allergy epidemic, which has seen a ten-fold increase in the incidence of peanut allergy in children over the last 12 years, was a disaster waiting to happen, which could have been foreseen by anyone studying the medical literature on injection, vaccination and allergy." The History of the Peanut Allergy Epidemic.

These are but a few experts that I have chosen to quote calling for more transparency. Starkly contrasted against the ever increasing revelations of fraud by pharmaceutical companies that we have come to blindly accept as par of the course. There is the letter by [CDC whistleblower Dr William Thompson](#) presented in the US House of Representatives on July 29<sup>th</sup>, 2015 regarding burying the evidence of a study that supported autism and vaccine links. There is the [\\$13 Billion in fines](#) paid by pharmaceutical companies for fraud over the past few years. And yet why do we blindly accept everything they say as the truth?

Parents who are taking the time and effort to delay or select or omit vaccinations are doing it out of conscientious consideration. It is much easier to go along with the mainstream and keep your head down and not question anything. Every single family that I know personally who has taken the time to conscientiously consider the vaccination schedule as a guide and not an end, are parents who treat their children with the utmost of respect. And are parents who put the health of their children as a priority. They are not the ones eating junk food and lurching into obesity and diabetes. They are teaching their kids about health. That might sound like a big claim but that is my personal observation of my community.

I am not an irresponsible parent. I have been reading research on this subject for over 15 years. My interest started long before I had children. And I came to my own decisions through due diligence and consultation with many educated experts in the field of health including MDs. I have gathered much information including published works. Please do not take this lightly. This is a very serious law and one which will mark a complete divide within our community. No parent should have to make the choice between an unnecessary medical procedure and education and childcare. Forcing parents to vaccinate through bullying and coercion is most definitely a matter of human rights. Please consider this carefully.

Kind regards

Bridget Melling-Williams

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