

Dear Committee Secretary

I am writing to you on the subject of the Victorian government's proposed 'No jab, no play' amendments, to be directed at children who are not fully compliant with the current childhood vaccination schedule. I am deeply concerned that proposed changes to the current legislation run counter to the legal requirements of informed consent to medical treatment, and in fact may constitute an illegal application of 'undue pressure, coercion and manipulation', in direct contravention of the requirements of s.2.1.3 of the recently revised Australian Immunisation Handbook, 10th Ed. The proposed legislation could also breach of the Victorian Government's obligations under the National Partnership Agreement on Universal Access to Early Childhood Education 2015. At a time when vaccination compliance in Australia has never been higher, I question the motivating force behind the proposed legislation, which strongly coerces medical treatment of infants and children by removing the right of their parents to conscientiously object to all or part of the childhood vaccination schedule without fear of incurring serious financial or social penalty.

My interest in vaccination has arisen relatively recently, as a consequence of my pre-natal care, which was shared between two medical jurisdictions, the UK and Australia. Most of my care was carried out under National Health Service ('NHS') midwives in England, where my family was resident for the first five months of my pregnancy. Part of this early pregnancy care involved blood screening, including testing for maternal Hepatitis B infection. In the UK, if a mother tests positive for the Hep B virus at this time, her baby will be offered the vaccine immediately after birth. As stated on the NHS website, those at risk of contracting Hep B are babies whose mothers carry the virus, intravenous drug users, people who have sex with intravenous drug users, people who have multiple sexual partners and practise unsafe sex, and those people from countries where Hep B is endemic.

Australian health policy is different - all Australian newborns are vaccinated against Hep B, regardless of the health status of the mother. I understand that the policy underlying universal Hep B vaccination seeks to ensure that Hep B positive mothers who have not accessed prenatal care nor been tested for the virus are not able to transmit the virus to their babies. However, this policy results in nearly all Australian babies, the vast majority of whom are not at risk from this disease, being unnecessarily medicated in their first hours of life. After carefully considering the matter my husband and I declined to have our newborn son vaccinated. Indeed it was not possible for us as responsible parents to consider exposing our newborn son to the risk, however small, posed by an unnecessary medical intervention.

I ask the committee, if a mother tests negative for Hepatitis B infection during pregnancy, what is the scientific rationale for coerced vaccination of her healthy infant? And if that healthy mother declines the vaccination on behalf of her healthy baby, what is the scientific rationale behind the proposed denial of access to that family of childcare and pre-school?

It appears that most Australian health professionals, who are operating in the paradigm of universal newborn vaccination for Hep B, have come to believe that this practice reflects clinical necessity, rather than just representing a policy choice which hopes to 'catch' those few vulnerable babies whose mothers are Hep B positive. It is a commonly heard sentiment from mass vaccination proponents that, 'The science is clear!' But a culture of practice is not the same as good science. The

proposed legislation will deny parents the ability to withhold consent for vaccination, without penalty, even where it is medically unnecessary. Public health policy in Australia must be both scientifically literate and reflect long-established ethical norms.

After the Abbot government announced its' intention to suspend payments to 'non-compliant' families, there was much discussion in the media about what kind of parents are choosing to question current vaccination orthodoxy. The finger was pointed at the most affluent and most well-educated in the community, who studies show are the most likely to selectively vaccinate, vaccinate according to delayed schedules, or refuse vaccination entirely. I believe that this group is most capable of ensuring they are fully informed of necessity, risks and benefits, most able to have the capacity to look beyond the current orthodoxy, and is most likely to read articles and studies in peer reviewed scientific journals, which call into question this current orthodoxy.

It has been said by vaccine advocates in this debate that vaccination of our children is part of the 'social contract'; that our right to enjoy society's benefits ought to be conditional upon compliance with the vaccine schedule, that is, compliance with the medication of healthy infants and children, with whatever vaccines that policy makers and the medical establishment deem 'necessary' at any particular time. In nineteen countries (including New Zealand), an integral part of this social contract is the existence of a no-fault compensation scheme for children and adults who suffer severe vaccine injury. This part of the social contract is strikingly absent in Australia.

As for the effect of your proposed legislation on my family, the passage of the proposed amendments will make our life a little more difficult, but will not alter in any way the serious and considered choices we have made and will continue to make for our son.

Yours sincerely

Clarissa and David Miller-Stinchcombe