Submission for the
Scrutiny of Acts and Regulations Committee Inquiry into
Public Health and Wellbeing Amendment (No Jab, No Play) Bill 2015

1.0 Summary
The legislation proposes a violation of civil rights out of some murky sense of the greater good. The proposed legislation is unlawful in Victoria due to contravening various rights under the Victorian Charter of Human Rights and Responsibilities and provisions in the Equal Opportunity Act 2010 and also infringes on Commonwealth law and International covenants. Excluding healthy unimmunised children from childcare, early education etc. will not serve to further protect the public health as there is no evidence that mandatory use of all the vaccines on the recommended national program are necessary, safe or effective for children or adults.

2.0 The proposed legislation is not lawful in Victoria
2.1 Victorian Charter of Human Rights and Responsibilities
The Victorian Human Rights Commission website states: ‘the Victorian Charter of Human Rights and Responsibilities contains twenty basic rights that promote and protect the values of freedom, respect, equality and dignity’. Many of these will be breached if the No Jab No Play bill is introduced (no allowances for Conscientious Objection to the immunisation schedule).

- **Right to recognition and equality before the law (section 8)**
  Families not 100% complying with the open-ended vaccination schedule will be discriminated against and denied childcare and early education opportunities. Parents will be forced to give up work due to the lack of childcare if they do not want to comply with the ever expanding Childhood vaccination schedule. This is discrimination and segregation based on compliance with a medical procedure.

- **Right to life (section 9)**
  Vaccines can kill. Consider Ashley Epapara.

- **Right to protection from torture and cruel, inhuman or degrading treatment**
  When it cannot be predicted who will be harmed by a vaccine and cannot be guaranteed that those who have been vaccinated won’t get infected or transmit infection, the ethical principle of informed consent becomes a civil, human and parental right that must be safeguarded in law. How can the science be settled if (for example) scientists do not understand pathogenicity and immunity?
  
  Note: the Infanrix (DTaP) product information states: ‘The role of the different components produced by B. pertussis in either the pathogenesis of, or the immunity to, pertussis is not well understood. There is no well established serological correlate of protection for pertussis’.
• **Right to privacy and reputation (section 13)**
  Any medical procedure is a private and personal matter between the patient and his/her medical practitioner and not a matter to use punitively. It would be considered outrageous to use pap smear screening records as eligibility for employment. How is vaccination for childcare any different?

• **Right to freedom of thought, conscience, religion and belief (section 14)**
  This is discussed in detail in section 3.5 of this submission.

• **Right to freedom of expression (section 15)**
  Expressing one’s thought, conscience, religion and belief. Canons of conduct that give effect to a religion or belief.
  Note: Many people would consider their family’s medical record private and would not discuss vaccination status openly if the various levels of government weren’t trying to coerce compliance.

• **Right to protection of families and children (section 17)**
  In the area of vaccination children have fewer rights than adults. Today a child at 6 months of age would have more vaccinations that its parents did after completing a tertiary education. Children today are expected to have more vaccines and more doses than their parents and expected to comply for fear that they be denied childcare and early education (and in the case of the Commonwealth No Jab No Pay legislation parents will be denied some government support due to the vaccination status of their child).

• **Cultural rights (section 19)**
  This is discussed in section 3.5 of this submission.
  Aboriginal persons have less rights as they require an additional vaccine (Hepatitis A) of two doses and an extra dose of pneumococcal vaccine to be considered ‘fully vaccinated’ according to the current Childhood Immunisation Schedule.

### 2.2 Victorian Equal Opportunities Act 2010

The Equal Opportunities Act prohibits discrimination on the basis of a number of attributes, including disability or religious belief. Being ‘unvaccinated’ is considered to meet the definition of disability under this act and the Commonwealth Disability Discrimination Act. Refusing to vaccinate may also be the action of a religious belief. This is discussed specifically in sections 3.5 and 3.6.1.

The proposed bill will incite discrimination and victimisation and cause social and economic disadvantage to children unable to attend childcare and early learning and/or parents who will unable to work due to the lack of childcare.

The proposed bill cannot be applied equally as those of a higher socio-economic status can afford to private childcare (such as a stay at home parent or nanny), and private education (home-schooling or private tutor).
The Health Minister is ignoring the principle of the Equal Opportunities Act - which is fairness and equality for all people. Denying a child childcare and early learning on the basis of vaccination status, is in essence a form of discrimination, and children have a right\(^1\) not to be treated in a discriminatory fashion. This is primarily because vaccination status does not preclude a child’s ability to attend childcare. Also a healthy partially vaccinated or unvaccinated child poses no greater risk (refer section 4) than a healthy fully vaccinated child. The legislation would there enact an Orwellian concept of ‘some are more equal than others’.

### 3.0 The proposed legislation breaches Commonwealth law and International Covenants

#### 3.1 Rights of a Child

Dr Paula Gerber, an Associate Professor and the Deputy Director of the Castan Centre for Human Rights Law in the Faculty of Law at Monash University stated in 2013:

> 'It is not in the best interests of children to try to increase one right (health) by denying access to another right (education)......... Using punitive measures to try to improve immunisation rates violates the core principles of the Convention on the Rights of the Child.'\(^2\)

Legislation such as this also diminishes a child’s future rights. Our parents could vaccinate us without fear or favour; if the bill is enacted, our children and grandchildren will not have the same entitlement.

Some of the applicable articles in the UN Convention on the Rights of a Child (CRC)\(^3\) are:

- **Article 2** - no child should be treated unfairly on any basis. This would include vaccination status and the beliefs of the parents.
- **Article 18** - the Convention does not take responsibility for children away from their parents and give more authority to governments.
- **Article 28** - all children have the right to a primary education. The legislation will effect early learning and special needs learning, this will inevitably effect a child’s capacity for primary school education and being able to integrate special needs or disabled children into mainstream primary schools.

The first or fundamental education a child receives in kindergarten and early learning centres help in children developing their personality and abilities and learning to live peacefully, protecting the environment and respectful of other people, that is, **Article 29.**

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3.2 The Nuremburg Code

The Nuremberg Code explicitly rejects the moral argument that the creation of benefits for many justifies the sacrifice of the few. Every experiment, no matter how important or valuable, requires the express voluntary consent of the individual. The right of individuals to control their bodies trumps the interest of others in obtaining knowledge or benefits from them. (When it cannot be predicted who will be harmed by a vaccine and cannot be guaranteed that those who have been vaccinated won’t get infected or transmit infection - it’s an experiment.)

The First Principle of the Nuremberg Code is that the voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision.

Why is it that people who have probably never read a product insert or know that a toxoid vaccine is incapable of preventing transmission of a disease or that scientists do not understand pertussis pathogenicity or immunity want to put foreign matter into children, potentially either killing them or making them dependant of medication for life?

3.3 The Constitution - civil conscription and practical compulsion was 4.2

The proposed legislation contravenes the Australian Constitution Section 51 which enables constituents to choose a medication or medical treatment while ‘Parliament shall have the power to make laws... with respect to... medical and dental services’ (but does not as to authorise any form of civil conscription).

If the government cannot lawfully achieve this directly (as our Constitution (S51) does not allow civil conscription to a medical service), and needs to create an indirect and elaborate situation to manipulate parents to choose between a medical procedure (which carries the risk of injury and death), and sacrificing their livelihood, then this is practical or effective compulsion. ‘Practical compulsion’ as a legal concept was defined in British Medical Association v Commonwealth⁴.

Whether called ‘civil conscription’ or ‘practical compulsion’ is semantics, as the aim or intended outcome is still the same: compulsory vaccination.

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⁴ http://www.austlii.edu.au/au/cases/cth/HCA/1949/44.html
3.4 Commonwealth Disability Discrimination Act

As I understand it, the reason that NSW included philosophical exemptions in its No Jab No Play laws which commenced in January 2014, was because of the concern that not including exemptions would violate the Commonwealth Disability Discrimination Act (DDA).

Being unvaccinated is considered to meet the definition of disability under the DDA. This is the position Greg Beattie argued in his case (Beattie v Maroochy Shire Council). "The Inquiry Commissioner, W Carter QC, noted that the definition includes:

_The presence in the body at any future time of organisms which cause, or are capable of causing, illness or disease. Such diseases, on the evidence, may include diphtheria, pertussis, measles, poliomyelitis, and others against which vaccination is available._

Although the children did not presently have any infectious illness, the fact that they had not been immunised against childhood illnesses meant they could, at some time in the future, contract such an illness and as such were subject to a 'disability' as required by the Act. Having established that the children were in fact suffering from a disability, the complaint that they were treated less favourably by the council on account of that disability prima facie amounted to unlawful discrimination.

3.5 Discrimination based on philosophical beliefs and conscience.

As the only exemption that would be allowed is a medical contraindication, this violates the human right to freedom of thought, conscience or religion as stipulated in the following International treaties.

- The International Covenant on Civil and Political Rights (ICCPR)- Article 18 protects the right to freedom of thought, conscience and religion. Such that a belief - whether informed by religious doctrine, conscience or something different altogether – is to be protected under law.
- The Declaration on the Elimination of All Forms of Intolerance and of Discrimination Based on Religion or Belief (DEAFIDBRB), protects the right to freedom of thought, conscience and religion, and under Article 2, limits the State from engaging in discrimination on such a basis.

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3.5.1 Religious discrimination

Precise definition of the concept of religion, or of what generally constitutes 'a religion', is difficult, if not impossible, because of the intangible and wide-ranging nature of the topic. Generally, a religion is regarded as a set of beliefs and practices, usually involving acknowledgment of a divine or higher being or power, by which people order the conduct of their lives both practically and in a moral sense. This method of defining religion in terms of a mixture of beliefs, practices, and a Supernatural Being giving form and meaning to existence was used by the High Court of Australia in 1983.\(^9\) The High Court stated that “For the purposes of the law, the criteria of religion are twofold:

- first, belief in a Supernatural Being, Thing or Principle; and
- second, the acceptance of canons of conduct in order to give effect to that belief, though canons of conduct which offend against the ordinary laws are outside the area of any immunity, privilege or right conferred on the grounds of religion.”

Although the above definition may be regarded as useful in going some way toward describing the nature of the entities included in the classification, it is by no means all-inclusive. Some of the entities included in the classification do not fit the definition, but are regarded, either universally or widely, as religions. For instance, Buddhism is universally accepted as a religion although it does not acknowledge a personal God. Similarly, Confucianism is regarded as a religion, even though it involves no belief in the supernatural, because it provides the moral code of its adherents.\(^10\)

There are two modern religions that specifically discourage the use of vaccines;

1. Church of Christ, Scientist: more generally known as the Christian Scientists, a Christian denomination which eschews medicine and currently has a religious vaccine exemption.\(^11\)
2. Church of Conscious Living: reject orthodox vaccination, for adults, children and animals, and more generally avoid the consumption, inhalation or injection of synthetic drugs, both legal and illegal.\(^12\)\(^13\) (Pagan)

As most religions predate vaccination, there is no canon stating 'you will not vaccinate'. However all religions have as a fundamental principle a respect for life specifying essentially that one should not kill. The degree to which this is interpreted and enacted will depend on the particular religion (and the devotion of the individual), as examples:

- Christian - According to the Bible not all killing is murder. Murder is the unlawful taking of a human life. The command not to murder applies to human beings and not to animals. God gave animals to mankind for his use (Genesis 1:26-30; 9:1-4).

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\(^10\) \url{http://www.abs.gov.au/ausstats/abs@.nsf/0/775012EF0058A77DCA25697E00184BDC?opendocument}
\(^12\) \url{http://churchofcl.com/}
\(^13\) Note: When the ‘Church of Conscious Living’ was established ‘guidelines from the Attorney General's department in Canberra were followed’. (Personal communication, 2 September 2013)
But, this does not mean that humans have the right mistreat animals and the environment (Genesis 2:15; Deuteronomy 22:6-7; 25:4; Proverbs 12:10).

- Roman Catholic- Pope Gregory IX in the Decretals of 1230 treated both contraception and abortion as "homicide." In 1930 the encyclical Casti Connubii of Pope Pius XI decided to tidy up the tradition by saying that contraception and sterilisation were sins against nature and abortion was a sin against life. Both contraception and abortion were generally forbidden.  

- Buddhists refrain from deliberately causing the death of any living being and as such are vegetarians according to their religious belief - and there is NO vaccine which is vegetarian. All vaccinations have to be cultured on animal and human tissue and blood products. ‘Scientists depend upon animal tissue to produce the viral strains found in vaccines. The Measles, Mumps, and Rubella (MMR) vaccine, for instance, contains live strains of each of these three viruses.’  

- In Islam, prohibitions on illegal acts or objects are observed by Muslims in accordance to their obedience to the Quranic commands. Actions that are haram result in punishment, and are therefore considered a sin if carried out by a Muslim. An Islamic principle related to haram is that if something is prohibited, then anything that leads to it is also considered haram. There are two types of haram, one of which, al-harām li-dhātihi, is prohibited because of the harm it causes to an individual. This includes ‘actions’ such as premarital sex, murder, or getting a tattoo and ‘food and drinks’, such as pork and alcohol. (refer section 3.5.1.2)

- Paganism. As people who venerate nature, Pagans do not condone cruelty to animals. They may choose to be vegetarian or avoid foods that are ethically compromised (pork, cage-laid eggs etc.) or environmentally unsustainable.

Some of the examples given above may not be considered as important as vaccination to some people. But who is anyone to scorn another a person’s beliefs?

Vaccination has always carried with it a risk of (disability and) death, which is in conflict with Christian, Islamic, Buddhist and Pagan beliefs. To illustrate the risk of death associated with vaccines, in 1927 twelve children died from the diphtheria vaccine in Bundaberg and in 2010, two year old Ashley Epapara died in Brisbane after a receiving a ‘flu’ vaccine.

Vaccines also contain fragments of a line of aborted foetal cells, are grown on animal tissue and/or a tested on animals (frequently mice), this would be in conflict with Roman Catholic, Buddhist and Pagan principles. This is discussed further in section

3.5.1.1

16 www.paganawareness.net.au
People may choose to accept or reject vaccines based on religious beliefs. These religious beliefs are many and varied, some can be defined in religious literature (see sections 3.5.1.1 and 3.5.1.2), others more generally revere the lives of humans and animals. Children unvaccinated for religious reasons will be treated less favourably by this legislation which amounts to unlawful discrimination by the attribute of religious belief.

3.5.1.1 Biblical Wisdom, Health Science and Vaccination

Obviously there was no vaccination in biblical times, but there were several references on what should and should NOT be put into the body, leading to the conclusion that vaccines are contrary to religious philosophy. Below are listed selected biblical prohibitions and the corresponding vaccines that contain the prohibited substances.

**Genesis 9:3-4 [KJV] and Leviticus: 3:17 and Leviticus 17:10-14 Acts 15:28-29 [KJV]**

prohibit the consumption of blood. Vaccines that contain blood cells or blood products can be found in the table below.

### Vaccines that contain blood cells or blood products

<table>
<thead>
<tr>
<th>VACCINIE</th>
<th>BRAND NAME</th>
<th>BLOOD PRODUCT CONTAINED:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adenovirus</td>
<td></td>
<td>human serum albumin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>fetal bovine serum</td>
</tr>
<tr>
<td>DTaP-IPV</td>
<td>Kinrix</td>
<td>calf serum</td>
</tr>
<tr>
<td>DTaP-HepB-IPV</td>
<td>Pediarix</td>
<td>calf serum,</td>
</tr>
<tr>
<td>DTaP-IPV/Hib</td>
<td>Pentacel</td>
<td>bovine serum albumin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CMRL 1969 medium [supplemented with calf serum]</td>
</tr>
<tr>
<td>Hep A</td>
<td>Vaqta</td>
<td>bovine albumin</td>
</tr>
<tr>
<td>Japanese Encephalitis</td>
<td>Ixiaro</td>
<td>bovine serum albumin</td>
</tr>
<tr>
<td>MMR</td>
<td>MMR-II</td>
<td>fetal bovine serum</td>
</tr>
<tr>
<td>MMRV</td>
<td>ProQuad</td>
<td>bovine calf serum</td>
</tr>
<tr>
<td>Polio IPV</td>
<td>Ipol</td>
<td>calf serum protein</td>
</tr>
<tr>
<td>Rabies</td>
<td>Imovax</td>
<td>albumin</td>
</tr>
<tr>
<td>Rabies</td>
<td>RabAvert</td>
<td>human serum albumin</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>RotaTeq</td>
<td>fetal bovine serum</td>
</tr>
<tr>
<td>Smallpox/Vaccinia</td>
<td>ACAM2000</td>
<td>human serum albumin</td>
</tr>
<tr>
<td>Varicella</td>
<td>Varivax</td>
<td>fetal bovine serum</td>
</tr>
<tr>
<td>Zoster/Shingles</td>
<td>Zostavax</td>
<td>bovine calf serum</td>
</tr>
</tbody>
</table>

**Leviticus 11:7 and 11:29** prohibit the consumption of unclean animals such as swine, weasel, mouse. [KJV]. The table below lists vaccines with porcine ingredients.

Vaccines with Pig (unclean) ingredients\textsuperscript{20}:

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>BRAND NAME</th>
<th>PORCINE PRODUCT CONTAINED:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>FluMist</td>
<td>hydrolyzed porcine gelatin</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>RotaTeq</td>
<td>“DNA from porcine circoviruses [PCV] 1 and 2 has been detected in RotaTeq. PCV-1 and PCV-2 are not known to cause disease in humans.”</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>Rotarix</td>
<td>“Porcine circovirus type 1 [PCV-1] is present in Rotarix. PCV-1 is not known to cause disease in humans.”</td>
</tr>
<tr>
<td>Zoster/Shingles</td>
<td>Zostavax</td>
<td>hydrolyzed porcine gelatin</td>
</tr>
</tbody>
</table>

Leviticus 11:20 - 11:23 \textsuperscript{[NIVUK]} states that all flying insects that walk on all fours are to be regarded as unclean (with the exception of locust, katydid, cricket or grasshopper). The Human Papillomavirus/HPV vaccine (Cervix) contains insect cell [moth] and viral protein

Two additional ingredients that are frequently interpreted as being unclean or biblically prohibited are monkey cells and human diploid cells used in the culture of vaccines. Polio IPV (Ipol), DTaP-HepB-IPV (Pediarix) and DTaP-IPV (Kinrix) vaccines contain monkey kidney cells.

Whole human diploid cells from aborted babies are not present in the final product, the vaccine fluids. However, fragments of the continuous cell lines that originate in tissue from aborted babies do remain in vaccines. Human diploid cells are used in the culture of Adenovirus, DTaP-IPV/Hib (Pentacel), Hep A (Vaqta), Hep A/Hep B (Twinrix), MMR (MMR-II), MMRV (ProQuad), Rabies (Imovax), Varicella (Varivax) and Zoster/Shingles (Zostavax) vaccines.

3.5.1.2 Quran

In terms of haram meat, Muslims are prohibited from consuming flowing blood. Some meats that are considered haram, such as pork, dog, cat, monkey, or any other haram animals,\textsuperscript{21} There are a number of Quranic verses regarding the prohibition of meat in Islam, for example: \textit{He hath forbidden you only carrion, and blood, and swineflesh, and that which has been immolated to (the name of) any other than God. But he who is driven by necessity, neither craving nor transgressing, it is no sin for him. Lo! God is Forgiving, Merciful.} (Quran 2:173). As detailed in the previous section, vaccines contain the blood serum / albumin from a number of different animals including pig.

\textsuperscript{20} CDC's February 2012 Excipient & Media Summary]Source of vaccine excipients [February 2012]: 

\textsuperscript{21} https://en.wikipedia.org/wiki/Haram
The Quran prohibits the consumption of substances that cause harm to the individual (*al-harām li-dhātīhī*), these include alcohol, drugs, tattoos, tobacco, and cigarettes; also nutmeg, vanilla extract and gelatine because they contain alcohol or porcine products. Vaccines can cause harm and also contain harmful substances, as examples:

- **MENJUGATE SYRINGE** (Meningococcal Group C -CRM197 Conjugate Vaccine)
  
  Immune System Disorders: lymphadenopathy, anaphylaxis including anaphylactic shock, hypersensitivity reactions including bronchospasm, facial oedema and angioedema.

  Nervous System Disorders: dizziness, convulsions including febrile convulsions, faints, hypoaesthesia and paraesthesia, hypotonia.  

  **No carcinogenicity, mutagenicity or fertility studies have been conducted** with MENJUGATE SYRINGE.  

  Each 0.5 mL dose of the reconstituted vaccine contains: **Aluminium hydroxide** (1.0 mg), mannitol, sodium phosphate monobasic monohydrate, sodium phosphate dibasic heptahydrate, sodium chloride, water.

  The manufacture of this product includes exposure to **bovine** derived materials. No evidence exists that any case of vCJD (considered to be the human form of Bovine Spongiform Encephalitis(BSE)) has resulted from the administration of any vaccine product.

- **Aluminium hydroxide**, aluminium phosphate and calcium phosphate are commonly used as adjuvants which are used to enhance the immune response to an antigen. Aluminium has been implicated as a cause of brain damage, suspected factor in Alzheimer’s Disease, dementia, convulsions and comas.

  The FDA states:  

  ‘*The alumin(i)um content of large volume parenteral* (LVP) *drug products used in total parenteral nutrition (TPN) therapy must not exceed 25 micrograms per liter ([micro]g/L)*’

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22 MENJUGATE SYRINGE Product Information, 2013, p10
23 MENJUGATE SYRINGE Product Information, 2013, p 5  
24 ‘No evidence exists’ this literally mean no research has been undertaken therefore no evidence exists, that is ‘undone science’.
25 MENJUGATE SYRINGE Product Information, 2013, p1
27 Parenteral dosage forms are intended for administration as an injection or infusion. Common injection types are intravenous (into a vein), subcutaneous (under the skin), and intramuscular (into muscle). Infusions typically are given by intravenous route.
Referring to the table below, at birth a baby will receive 86.5 micrograms of aluminium and at each of the 2, 4 and 6 month vaccinations the infant will receive a total of 945 micrograms of aluminium each time/day. For each of the 2, 4 and 6 months vaccinations this is 37 times greater than the recommended IV amount for an adult. The FDA and AAP documents state that **there may be a problem, it hasn’t been studied it yet, so the aluminium in injectable solutions should be limited.** However no one is considering the levels in vaccines.

<table>
<thead>
<tr>
<th>Age</th>
<th>‘Recommended’ immunisations</th>
<th>Vaccines used in Queensland</th>
<th>Product information statement</th>
<th>Aluminium content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>Hep B</td>
<td>HBVaxII (paediatric)TM</td>
<td>‘each 0.5 mL dose of the paediatric formulation vaccine contains 5 μg of hepatitis B surface antigen adsorbed onto approximately 0.25 mg aluminium hydroxide’.</td>
<td>0.25 milligrams is 250 micrograms Aluminium hydroxide( Al(OH)₃) is 34.6% aluminium so each vaccine dose contains <strong>86.5 micrograms</strong> of elemental aluminium</td>
</tr>
<tr>
<td>Scheduled vaccines at 2, 4 and 6 months</td>
<td>Hep B, diphtheria, tetanus, pertussis, HIB &amp; polio</td>
<td>Infanrix hexaTM</td>
<td>0.82 mg of aluminium per 0.5 mL dose</td>
<td>820 micrograms</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal</td>
<td>Prevenar 13™</td>
<td>0.5 mL dose contains 0.125 mg aluminium</td>
<td>125 micrograms</td>
</tr>
<tr>
<td></td>
<td>Rotavirus</td>
<td>RotaTeq™</td>
<td>nil &amp; taken orally not injected</td>
<td>nil</td>
</tr>
</tbody>
</table>

- The mercury compound thimerosil is still used as an adjuvant in the influenza vaccine. It is the second most poisonous element known to man (next to uranium)
- Formaldehyde (embalming solution) - used in vaccines as a tissue fixative. Fewer than 20% but perhaps more than 10% of the general population may be susceptible to formaldehyde and may react acutely to any exposure level. Formaldehyde is oxidised to formic acid which leads to acidosis and nerve damage.
- Monosodium glutamate - an excitotoxin. Injections of glutamate in laboratory animals have resulted in damage to nerve cells in the brain.  
- The interactive and cumulative effects of all the vaccines on the childhood schedule are unknown.

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32. FDA web page ‘FDA and Monosodium Glutamate (MSG)’
3.5.1.3 Medical Beliefs

In Beattie v Maroochy Shire Council, the Maroochy Shire Council offered Professor John Pearn from the Royal Children’s Hospital in Brisbane as an expert witness. Prof Pearn had a deep faith in vaccination and when Beattie questioned him asking if he could provide any evidence to demonstrate that only the unvaccinated get the disease he stated ‘Well it’s fundamental - it would be a basic axiom of medical belief that if you weren’t protected either by a previous wild type infection or by immunisation you’re likely to get the disease. I don’t have any figures because it’s such a fundamental doctrine of holy writ in medicine....’ (emphasis added).

It is also an accepted belief (which is the premise of the proposed legislation) that healthy unvaccinated children present a risk to vaccinated children and public health. What evidence exists that an uninfected unvaccinated child can pass on a vaccine-preventable disease to a fully immunised child?

There is also the medical belief that the introduction of vaccination brought about a huge decline in deaths from diseases such as diphtheria, measles and whooping cough. Although incorrect, it is often neglectfully promoted by medical authorities and the government alike without attempting to validate the belief. Examples of the realities are:

- between 1880 and the introduction of the whooping cough vaccine in the 1940’s, the death rate from whooping cough declined by over 80% and
- between 1880 and the introduction of the diphtheria vaccine in the 1930’s, the death rate from diphtheria declined by approximately 85%.
- mortality rates for scarlet fever declined at similar rates without a vaccine.

Modern western medicine is a mixture of science and belief, and as such should not be favoured over another belief system. Hippocrates the father of modern medicine in western culture stated; ‘First do no harm’ and the oath which was named after him and is taken by all new physicians includes; ‘Above all, I must not play at God.’

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33 Beattie, 1997, Vaccination- A parent’s dilemma
34 (Beattie, 2010) uses data from Commonwealth Year Book, the Australian Bureau of Statistics and the Commonwealth Department of Health and Human Services
3.6 Indirect discrimination\textsuperscript{38} \textsuperscript{39}.

The proposed legislation is not reasonable, as it cannot be applied equally and particularly disadvantages children based on socio-economic status and race and as such is indirect discrimination.

3.6.1 Discrimination based on race

The ‘main’ childhood vaccination schedule has 38 doses to 13 vaccines by the age of four. Aboriginal and Torres Strait Islanders have an additional three doses and one vaccine (that is, one dose of pneumococcal and two doses of the hepatitis A vaccine).

According to the proposed legislation section 160A Definitions:

\begin{quote}
\textit{immunisation status “up to date”, for a child, means the child, for each vaccine preventable condition— (a) is age appropriately immunised for the condition in accordance with the recommendations stated in the Australian Immunisation Handbook}
\end{quote}

Due to race-based assumptions of living conditions, Indigenous children are expected to have three extra vaccine doses to comply with the ‘recommendations’.

3.6.2 Discrimination based on socio-economic status

The legislation cannot be applied fairly across the population as those choosing not to fully vaccinate and with the financial means, are able to meet the expense of a stay-at-home-parent, nanny or au pair.

4.0 The bill is unreasonable and unnecessary to protect public health

With the explicit exception of the Nuremburg Code, many of the covenants or legislations cited in the previous section, are ‘\textit{subject only to such limitations as are prescribed by law and are necessary to protect public safety, order, health, or morals or the fundamental rights and freedoms of others.}’\textsuperscript{40} This section looks very briefly at how public safety will not be improved by the proposed bill.

The ‘greater public good’ is the reason given why these policies are necessary, but some vaccines which are included on the NIP are incapable of preventing the infection, colonisation and transmission of disease organisms. The current pertussis (whooping cough) vaccine being a case and point (i.e. it targets the toxin and two surface proteins not the bacteria). If the vaccine cannot prevent transmission, herd immunity is not even theoretically possible - then where is the greater public good?

\textsuperscript{38} \url{http://www.adcq.qld.gov.au/resources/brochures-and-guides/fact-sheets/indirect-discrimination}
\textsuperscript{39} \url{https://www.humanrights.gov.au/quick-guide/12049}
\textsuperscript{40} \url{http://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx} Article 18, point 3
Herd immunity is the reason given for increasing childhood vaccination rates. But vaccines wane with time and the only herd immunity that we have is due to the over 45 years age group who have been exposed to circulating (wild) measles. Herd immunity is not even considered when ATAGI determine if a vaccine should be included on the vaccination schedule.

Prior to 1994, childhood vaccination in Australia was totally voluntary and the Australian Bureau of Statistics estimated childhood vaccination rates to be 53% in the 1980’s dropping to 35% in 1995. Since then the percentage of fully vaccinated children has been steadily increasing to approximately 92%. The rates of diseases remain unaffected by this increase in childhood vaccination (see graph below). Childhood vaccination has also increased in scope, that is, in the number of vaccines to different diseases and the number of doses.

Our children are more vaccinated than any other time in history. If the vaccination schedule was working as intended, we should be seeing a decline in all vaccine-targeted diseases as the vaccination rates increase - we are not.

Some diseases have vaccination rates of greater than 95% (e.g. DTP, hep B - 2 year old cohort Victoria). Partially vaccinated and unvaccinated children under 5 years of age make up only 0.56% of the Australian population. But in addressing disease outbreaks, the focus has been on this small segment of the population.

How is excluding healthy unvaccinated or partially vaccinated children from childcare going to address these issues?

Thank you for taking the time to read my submission and I hope that you will review the proposed legislation and retain the rights of parents to make medical choices on behalf of their children without coercion and prejudice.

*Lisa Bienholz*

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