

Submission to the Victorian Parliament

Re: Public Health and Wellbeing Amendment (No Jab, No Play) Bill 2015

Summary of the Reasons this Amendment Bill is Opposed:

- The Australian NIP has not been designed by the Commonwealth of Australia in response to the Australian situation but by the Global Alliance for Vaccines and Immunisation (GAVI) with input from industry (Roalkvam et al 2013).
- The Australian government does not claim that the recommendations on the IAP website are its own (Disclaimer on IAP website). See **Attachment 1**.
- The government has not provided evidence that the recommended vaccines can cause vaccine-created herd immunity because most of the vaccines have been added *after* the risk of infectious diseases in Australia was reduced due to naturally induced herd immunity.
- The Australian government has not funded the science that would prove the safety and efficacy claims made on the IAP website (See **Attachment 1**) and it is using selective evidence to promote this policy.
- The NIP has been developed on industry funded research without any independent assessment of the research (See **Attachment 2**).
- The Australian Communications and Media Authority (ACMA) is using the argument of ‘false balance’ to allow journalists to use selective evidence to promote vaccines to the public. This is due to the influence of powerful lobby groups such as the Australian Skeptics and Stop the Australian Vaccination Network (SAVN) in Australian media, government boards and institutions (See **Attachment 3**). These lobby groups are being supported in presenting biased information by the Public Health Association of Australia (PHAA).
- This amendment is incompatible with human rights because the government has not provided a legitimate public health purpose for mandating all the recommended vaccines in the Australian population.

Submission:

This submission opposes the Victorian *Public Health and Wellbeing Amendment (No Jab, No Play) Bill 2015* on the grounds that there is no consensus on the safety and efficacy of

vaccines in the medical literature and the evidence in Australian children, and in other countries, shows an escalation of chronic illness over the last two decades that occurred simultaneously to the increased use of vaccines (AIHW 2005; PHAC 2007; Burton 2003). The Australian government has not investigated this link and therefore cannot prove that vaccines are safe and it cannot prove that the National Immunisation Program (NIP) is not causing more harm than good in the Australian population.

The Federal Government has used selective evidence from industry funded research to make claims about vaccines. These claims have been made without addressing all the risks of vaccines that are described in the medical literature. This bill is also opposed because the government has not provided a legitimate public health purpose for making *all the vaccines* listed on the NIP mandatory. If there is no legitimate public health purpose the Victorian government does not have the remit to breach international covenants on informed consent for this medical intervention. Many of the vaccines on the NIP have been introduced since 1990 when infectious diseases were not a risk to the majority of the Australian population (Stanley 2001). These vaccines did not reduce the deaths and illnesses to these diseases and therefore did not produce vaccine-created herd immunity in the community to prevent these diseases. The Australian government has not provided evidence that these vaccines *can* provide herd immunity in the Australian population to prevent these diseases (Nolan T 2010). Terry Nolan was the chairman of ATAGI from 2005-2014. In fact, the directors of the NCIRS, Burgess (1999-2004) and McIntyre (2004-2015), were aware in 1991 that the theory that a 95% uptake of pertussis (whooping cough) vaccine could produce herd immunity was 'probably wrong' (Zeigler, Burgess, Gilbert and McIntyre 1991 p16). Hence there is no justification for making all vaccines mandatory in social welfare policies because there is no consensus on the science. This is particularly the case because all vaccines come with a risk of illness, disability or death and since 1990 chronic illness in children has escalated 5-fold – anaphylaxis, food allergies and asthma (ASCIA 2015). These conditions are debilitating and life threatening and the government has not investigated this correlation (NCIRS). Mandatory vaccination is a crime against humanity if the government has not done the research that would prove the safety and efficacy of the combined vaccination schedule. I will attach the research that has not been funded by the Australian government to prove the safety and efficacy of the current vaccination schedule. **See Attachment 1.**

The Australian government has not investigated the combined schedule of vaccines for long-term health effects (5 or more years) in animals or humans (infants or adults) (NCIRS). The

only claims of safety and efficacy used to justify the addition of vaccines to the NIP have been made on research that is funded by the vaccine manufacturers. The Australian government has not funded or used independent research in the development of vaccination policies and there is no independent assessment of the pharmaceutically funded research that is used. See **attachment 2** for the conflicts of interest in government vaccine advisory boards. This is because experts with industry ties are making policy decisions without equal representation of independent advocates. Further, the safety of vaccines/drugs in the population is being monitored by a government regulator, the TGA that is 100% funded by industry. This body, like the US government regulator, the FDA, has not established a monitoring system that can make causal links between adverse events and vaccines. The TGA has a passive monitoring system that depends on voluntary reporting of adverse events and the TGA (with industry influence) can decide if an adverse event should be recorded as linked to the vaccine or not. This statistic is also confounded because many adverse events do not always occur immediately after the vaccine is given. They can occur months or years later. Hence only 10 % of adverse events are believed to be reported. This means that the government's claim that serious adverse events to vaccines are rare is unsupported by evidence because the type and frequency of injuries in the Australian population *has never been investigated* by the Australian government and is *unknown*.

This amendment bill is removing a fundamental tenet of good medical practice that is listed in the Australian Immunisation Handbook (Ed 10 Section 2.1.3). This principle states that:

‘informed consent for vaccination must be given voluntarily in the absence of undue pressure, coercion and manipulation’ and ‘it can only be given after the potential risks and benefits of the relevant vaccine, risks of not having it and any alternative options have been explained to the individual

This is also emphasised in the *Good Medical Practice* Guidelines for Australian practitioners. The implementation of mandatory and coercive vaccination in social welfare policies also requires that all conflicts of interest in the development of the vaccination program be presented to the public and this has not been done. After pressure from consumers the Australian government published the COI of vaccine advisory boards on its website in 2015 but this was after the chairman of ATAGI, Terry Nolan, and others, resigned their positions on ATAGI in December 2014. This lack of transparency means that the public is required to put their trust in the decisions being made by policy makers who state that the NIP is ‘for the

community good'. The public trusts that there is balance on advisory boards and that the decisions are being made to protect public health, not to protect industry profits. This is faith and not evidence-based belief in vaccination policies. In addition, the use of financial incentives and employment to encourage the uptake of vaccines would not be necessary if the policies were evidence-based and if all the evidence was being used to make these claims. It would also be possible to discuss this issue in public forums in Australia without fear of being abused and silenced. This is happening because lobby groups such as the Australian Skeptics and the Stop the Australian Vaccination Network (SAVN) have a powerful voice in the media and have influence in government bodies such as the ACMA. See **attachment 3** for the lobbying activities of SAVN that were described in a poster presented at the Public Health Association of Australia (PHAA) Immunisation Conference in 2014. This demonstrates the bias that exists in organisations such as the PHAA that are influential in advising on government policy. Financial inducements remove *free* and informed consent to vaccination because people's livelihoods are affected by this decision and they are pressured (coerced) to use vaccines. This is contrary to the Nuremberg Code and the Declaration of Geneva that was adopted by the World Medical Association in 1948 to prevent experimentation on the population.

Governments are also required to ensure that individuals are not discriminated against in the implementation of social welfare policies. Yet vaccination policies are resulting in the systematic discrimination of *healthy* individuals across Australia, for some socioeconomic groups and for some employment situations. The Australian Government has not provided evidence that all the vaccines on the NIP are necessary to protect community health. In fact, there is significant evidence that multiple vaccines are harming community health. These policies are discriminatory and infringe upon the basic human right of bodily integrity. The International Covenant on Economic and Cultural and Social Rights (ICECSR) protects the individual's right to autonomy over their own body (bodily integrity) as well as the community's right to non-discriminatory social welfare policies. Article 17 of this covenant is the Right to Privacy that includes 'the right to personal autonomy and physical and psychological integrity over one's own body' (AG APb p58) and Article 9 is the Right to Social Security that includes the requirement that social security 'is accessible (providing universal coverage, without discrimination and qualifying and withdrawal conditions that are lawful, reasonable, proportionate and transparent' (AG APb pp105-6). Under the ICECSR covenant the Australian government has a duty to ensure that the right to social security is

available in a non-discriminatory manner and protects bodily autonomy *if no legitimate public health purpose is provided by the health department*. The Australian Health Department has not provided evidence that all of the vaccines listed on the NIP are necessary or can produce vaccine-created herd immunity to prevent these diseases.

The current proposal for the Child Care Assistance package is not fair and equitable because it exposes some groups in society to a greater risk from vaccines than others and it is not truthful because it has not used all the medical literature to make claims about the health benefits to the community. It does not ensure ‘free and informed consent’ to a medical intervention for *healthy* people. Parents are not informed of the risks of vaccines that are listed on the Product Information or the ingredients of vaccines that are listed in the Australian Immunisation Handbook. Significantly, the public has not been informed that Australian vaccination policies are developed by the WHO/GAVI alliance, not the Federal government of Australia, and that the directives include input from pharmaceutical companies and other commercial interests (Roalkvam et al 2013). The Australian government has not fully informed the population about who designs vaccination policies or provided a legitimate public health purpose for mandating *all the vaccines* that are recommended on the Australian NIP that is continually expanding. Hence, the Victorian government’s proposed amendment to this bill is incompatible with human rights and may cause more harm than good to the health of Australians *without any liability being accepted by the Australian government or pharmaceutical industries*.

These facts are confirmed by the Federal Government in the disclaimer on the Immunise Australia Program (IAP) website. This disclaimer states (AG DH 2015):

- *The material contained on this site may include the views or recommendations of third parties, and does not necessarily reflect the views of the Commonwealth of Australia, or indicate a commitment to a particular course of action.*
- *The Commonwealth of Australia does not warrant or represent that the information contained on this site is accurate, current or complete*
- *Users should exercise their own independent skill or judgment or seek professional advice before relying on it.*
- *All the material published on the Immunise Australia site is for information purposes only. The information contained on this site is not a substitute for, and is not intended*

to replace, independent professional advice. Users should consider the need to obtain any appropriate professional advice relevant to their own particular circumstances.

- *The Commonwealth of Australia does not accept any legal liability or responsibility for any injury, loss or damage incurred by the use of, or reliance on, or interpretation of, the information contained on this site.*

In other words the Commonwealth of Australia, who the public believes is designing Australia's public health policies, is not claiming that these are their recommendations or that the information should be relied upon – it is for 'information purposes only'. Yet the Australian state and federal governments are using this information to mandate the entire vaccination schedule. This is occurring even though the disclaimer clearly states that individuals should seek professional advice particular to their own circumstances because the risks are specific to individuals. Yet this amendment is a one size fits all policy. And the government and the pharmaceutical companies will take no responsibility for the damage that they know will occur in an *unknown number* of Australians.

It is clear that there is no legitimate public health purpose for this amendment bill and its implementation would represent a crime against humanity because it is being implemented on a genetically diverse Australian population.

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Attachment 1

The Evidence that is NOT Provided by the Australian Government to support the Safety and Efficacy claims about Vaccines and the NIP

Listed below are the studies that have not been funded by the government's NHMRC to make the claim that all the vaccines recommended on the government's National Immunisation Program (NIP) are safe, effective and necessary. Consequently the government's claims on the Immunise Australia Program (IAP) website are not evidence-based and the government's own disclaimer acknowledges this fact.

Evidence for the Necessity of each Vaccine Recommended in Australia

- The diseases for which vaccines are recommended have not been demonstrated to be a serious risk to the majority of children in Australia.
- Quantified data of the risks of vaccines and the risks of each infectious disease to the majority of children have not been provided to demonstrate the weight of evidence for the necessity and safety of each vaccine.

Evidence for the Efficacy of each Vaccine Recommended in Australia

- There is no definitive evidence from formal controlled clinical trials comparing vaccinated participants to unvaccinated participants and demonstrating the efficacy of each vaccine against the infectious disease they are designed to prevent.
- The surrogate of seroconversion has been used for proof of efficacy of each vaccine but the models of seroconversion demonstrating a protective level of antibody titre against the disease have not been provided.
- Many vaccinated individuals still get the diseases they are vaccinated against and the government has not provided complete evidence, including socioeconomic status, of the percentage of vaccinated individuals who are still getting the diseases.

Evidence for the Safety of each Vaccine Recommended in Australia

- There is no definitive evidence from formal controlled clinical trials comparing vaccinated participants to unvaccinated participants, using an inert placebo that demonstrates the safety of each vaccine or the combined schedule of vaccines.
- Definitive evidence of vaccine related causal adverse events and their frequency in the population has not been provided.

- A post-vaccination surveillance system that can establish the short and long-term causal events and their frequency in the population is not used by government regulators.
- The known link between a family history of autoimmune diseases and allergies/anaphylaxis is not discussed and is no longer presented as a contraindication for vaccination programs implemented in school settings.
- The correlation between mercury poisoning and autistic symptoms has not been acknowledged by governments even though the US Government regulator, the FDA, admitted that the cumulative level of mercury in infants under 6 months of age had exceeded the EPA's guidelines in the 1990's. This correlation needs to be acknowledged and investigated to demonstrate that vaccines are not causing autism.
- Adverse events that are listed on the Prescribing Information (PI) for each vaccine are not mentioned to parents. E.g. encephalopathy, convulsions, seizures, Guillane-Barre Syndrome, autoimmune diseases, allergies and anaphylaxis.
- The risk of each disease and vaccine in genetically diverse communities has not been provided.

The Australian Government's Disclaimer for the Immunise Australia Program (IAP) Website

The Australian government's Immunise Australia Program website also carries a disclaimer that states (AG DH IAP 2015):

All the material published on the Immunise Australia site is for information purposes only. The information contained on this site is not a substitute for, and is not intended to replace, independent professional advice. Users should consider the need to obtain any appropriate professional advice relevant to their own particular circumstances.

The material contained on this site may include the views or recommendations of third parties, and does not necessarily reflect the views of the Commonwealth of Australia, or indicate a commitment to a particular course of action. This site may contain references to other sites and these are provided for convenience only and should not be construed as an endorsement by the Commonwealth of Australia; conversely omissions should not be construed as non endorsement.

The Commonwealth of Australia does not warrant or represent that the information contained on this site is accurate, current or complete. Users should exercise their own independent skill or judgment or seek professional advice before relying on it. The Commonwealth of Australia does not accept any legal liability or responsibility for any injury, loss or damage incurred by the use of, or reliance on, or interpretation of, the information contained on this site.

(Updated April 2015).

Attachment 2 Conflicts of Interest (COI) in Australian Vaccination Policy Decisions

COI amongst scientists have been linked to research bias as well as the loss of objectivity amongst academic researchers and policy decision-makers. This statement is supported by the previous editor of the New England Journal of Medicine (NEJM), Marcia Angell MD. She states:

'It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of the New England Journal of Medicine' (Angell 2009).

The existence of COI in research institutions is also largely a hidden problem and the COI that the public hear about are only the tip of the iceberg (Krimsky 2003).

Conflicts of Interest in Australian Vaccination Policies

Australia's vaccination policies have been recommended to our Minister for Health by the Australian Technical Advisory Group on Immunisation (ATAGI). Over the last decade the chairman of this body and several other representatives on this committee had declared conflicts of interest (COI) with vaccine manufacturers that were not presented to the public. These COI were not published on the Immunise Australia Program (IAP) website. The declared COI of ATAGI representatives has only been published on the IAP website *since 2015*. During the last decade many new vaccines were added to the national vaccination program that will be made mandatory for welfare payments under the proposed Childcare Assistance package.

Professor Terry Nolan was chairman of the ATAGI advisory committee from 2005-2014 and he was also the deputy chairman of the research committee of the National Health and Medical Research Council (NHMRC): the committee that allocates funding for research projects (DHA 2012). Professor Nolan's declared potential conflicts of interest include being a member of a CSL vaccine advisory board (at some time) and receiving nominal payments (honoraria) as well as support for conference attendance from CSL Ltd, Novartis and GlaxoSmithKline (Nolan et al 2010). He was also the chief investigator of the clinical trial for CSL's 2009 children's influenza vaccine (Nolan et al 2010) at the same time as being on the ATAGI advisory board for national immunisation policy-decisions.

Other members of vaccine advisory boards also have potential COI with industry. Robert Booy has been the co-director of the Australian Government's National Centre for Immunisation Research and Surveillance Unit (NCIRS) from 2005-2014. In 2010 he was also a member of the government's Influenza Specialist Group (ISG) (Sweet 2010). He was an investigator in the clinical trial for children's influenza (H1N1) vaccine in 2009 which was funded by CSL and he has received support from CSL limited and other pharmaceutical companies to attend conferences (Nolan et al 2010). He has been a representative on a vaccine advisory board for these companies at various times and has also received funding from Roche, Sanofi, GlaxosmithKline and Wyeth for attending and presenting at scientific meetings (Nolan et al 2010). These activities are a potential conflict of interest with his role as a government policy advisor and director of the government's immunisation research and surveillance unit yet they have not been openly revealed to the public. Another ATAGI member who has declared potential conflicts of interest include Professor Peter Richmond. Professor Peter Richmond was a member of the government's Influenza Specialist Group (ISG) (a body that is 100% industry funded) and also the Australian Technical Advisory group on Immunisation (ATAGI) for several years. At times he has also been a representative on a CSL vaccine advisory board (Bita 2010). He has received nominal payments from CSL and he was also an investigator in the CSL funded clinical trial for children's influenza vaccine in 2009 (Nolan et al 2010).

The COI of ATAGI members that was finally published in 2015 can be accessed here:

[http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/FC7BB2DC63225F8ACA257D770012DBF7/\\$File/2015-ATAGI-conflict-interest.pdf](http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/FC7BB2DC63225F8ACA257D770012DBF7/$File/2015-ATAGI-conflict-interest.pdf)

It should also be noted that the rules about COI of ATAGI members were also not accessible to the public on the IAP website prior to 2015 and the public must *trust* that these rules are followed for meetings. In addition, the Therapeutic Goods Administration (TGA) that approves medicines and vaccines for the Australian market is also 100% funded by industry (DHA TGA 2012). The role of this body is to approve drugs and monitor the safety of these drugs: this is described by the government as a ‘Cost-Recovery’ system or a ‘user-pay’ system which makes the TGA directly dependent upon the industry they regulate for funding (DHA 2012). In other words, the TGA is expected to protect the interests of industry by approving the products that its sponsors recommend and protect the interests of the general public by monitoring the side-effects of the drugs that it approves. It is not possible for a committee to protect the interests of both of these stakeholders at the same time yet the government continues to justify this practice and denies that this is a problem.

Whilst it is recognised that many researchers and scientists are now involved in financial arrangements with industry there is no justification for decision-makers to have financial arrangements with industry. Policy decisions should also be made by committees with the participation and consent of the general public. Yet the ATAGI committee consists of only one consumer representative and many technical experts and general practitioners, and there is no attempt to gain the participation and consent of the general public. If the general public is not properly represented on these committees and the public is not advised of conflicts of interest on these boards then the community is open to ‘trusting’ that these boards are acting in the public interest. This is not evidence-based practice and it puts population health at risk.