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2 October, 2015.

Dear Ms Lizzie Blandthorn

**Re: Social Services Legislation Amendment (No Jab, No Pay) Bill 2015**

I am concerned that a No Jab No Pay legislation will erode Australian's rights to refuse vaccination, a medical procedure, due to financial pressure and the need for childcare in order to remain employed. I am also alarmed that this financial coercion appears to be based on the assumption that vaccination is both safe and effective. However, there is much evidence to determine that vaccines are neither safe nor in some instances effective and this is the reason as to why many parents are choosing not to vaccinate their children.

In the same token the Commonwealth of Australia does not accept any legal liability or responsibility for any injury, loss or damage incurred by the use or reliance on the information contained on the Immunise Australia website. Similarly, unlike 19 other countries around the world, Australia still does not have a no-fault compensation program for adverse events attributed to vaccination. Looker and Kelly (2011) argue that a vaccine-injury compensation program in Australia is necessary due to the unavoidable risk associated with vaccines. Given that vaccination can result in severe adverse effects that lead to individuals requiring a life time of care, Looker and Kelly further argue that a fairer system needs to be implemented in Australia in order to care for those who are injured. Similarly, in the public health journal article 'Compulsory vaccination and conscientious or philosophical exemptions: past, present and future', Salmon, Teret, MacIntyre, Salisbury, Burgess and Halsey (2006) suggest that in order for compulsory vaccination to be effective there must be a supply of safe and effective vaccines and most people must be willing to be vaccinated, there must be a continued allowance of exemptions to limit public backlash and governments must bear the burden that ensures the safety of all vaccines.

It is the right of every individual to consent voluntarily to a medical procedure without undue pressure or coercion and to receive informed consent prior to consenting. Those who question the safety and efficacy of vaccination are not being unreasonable but exercising their constitutional right to weigh up the benefits of a procedure verse the risks and should be able to

do so without being penalised for it. Especially, given that there are risks attached to any medical procedure and vaccination is no exception.

For instance, there are a subset of the population that are at higher risk of adverse reactions from vaccination due to genetic factors and there is an emerging science dedicated to this very phenomenon called 'adversomics' (Poland et al., 2013; U.S. Department of Health & Human Services, 2010). For example, it was found that a single nucleotide polymorphism in the 5,10-methylenetetrahydrofolate reductase gene (MTHFR;rs1801133) was associated strongly with the risk of Adverse Events in two independent clinical trials of the smallpox vaccine (Reif et al., 2008). It is estimated that up to 40% of the population have this gene. Similarly, the U.S. Department of Health and Human Services (2010, p. 28 & 33) is aware that there are population groups genetically susceptible to adverse reactions following vaccination or to vaccine failure (Haralambieva, Ovsyannikova, Pankratz, Kennedy, Jacobson & Poland, 2013) and have committed to develop a database of the genomes most susceptible. It is important to note, that the genetic factors that put many individuals at high risk of adverse reactions from vaccination are not yet widely recognised or understood amongst the medical community (Gómez-Díaz, Jordà, Peinado, Rivero, & Chitnis, 2012) and this alone would make it very difficult for those with a genetic risk to obtain a medical exemption from vaccination.

There are also many Australians who find the vaccine manufacturing processes of propagating vaccines in aborted fetal tissue unethical and unacceptable and would never agree to receive a vaccine that had been manufactured in this way (Alta, 2015). I personally know that many pro-life and religious groups are currently unaware that many vaccines are in fact manufactured in this way or that aborted fetal tissue is prized and used to advance vaccine research because of the ability of fetal cells to rapidly divide, grow and adapt to new environments (Alta, 2015).

In addition, it has been found that DNA and protein fragments and cancer causing virus strains have been found in the substrate of vaccines propagated in fetal tissue, which have the potential to elicit an autoimmune response or incorporate into the vaccine recipients own genes and disrupt normal protein production (Deisher, 2008; Koyama & Deisher, 2012). Similarly, the FDA have determined that in some cases these cell lines form tumors when injected into rodents and openly admit that fetal cell lines may contain cancer causing viruses that are not easy to detect with current technology (FDA U.S. Food and Drug Administration, 2015). In respect to vaccines, the World Health Organisation Study Group concluded that the risks associated with continuous cell line DNA applies to both non-tumorigenic and tumorigenic cell lines, and that the focus of concern should be on its potential oncogenicity and infectivity especially since vaccines are intended for use in healthy children (World Health Organisation, 2007). Similarly, concerns

were raised in a 2005 WHO report that residual cell-substrate DNA with a present infectious virus can have pathogenic consequences to a vaccine recipient (WHO, 2005).

Still, there are many who have valid concerns about vaccine links to the rising epidemic of chronic and autoimmune disease. In fact these concerns are shared by respected immunologists such as Gherardi, Eidi, Crepeaux, Authier and Cadusseau (2015) and Khan et al., (2013) who found aluminium adjuvants do not easily leave the body in the urine as thought but instead migrate to lymph, brain cells and other tissues. Similarly, Gherardi et al., (2015) noted that aluminium overload was associated with Multiple Sclerosis, diseases of the central nervous system and other autoimmune diseases such as thyroiditis. Genetic factors were thought to be the main reason why some individuals did not effectively eliminate aluminium from the body (Gherardi et al., 2015). Similarly, Agmon-Levin, Hughes and Shoenfield (2012) determined that the role of aluminium adjuvants in the pathogenesis of immune mediated disease could no longer be ignored and safer adjuvants needed to be found.

Not all vaccines on the Australian immunisation register are designed to prevent the spread of disease. For example, the DTaP combination vaccine is intended for personal protection only as the diphtheria toxoid cannot prevent colonisation or transmission of C. diphtheria and tetanus is not a contagious disease. The pertussis (whooping cough) cocooning program was ended in Australian in 2009 due to there being no clinical effectiveness of this strategy. Similarly, the U.S. Food and Drug Administration admitted that the acellular pertussis vaccine did not prevent infection from the bacteria that caused whooping cough in those vaccinated or its spread to other people, including young infants who are susceptible to whooping cough (U.S. Food and Drug Administration, 2013). While the dominant strains of HIB are types a through to f, whereas the HIB vaccine is only designed to protect against the b strain. Hepatitis B is a blood borne virus and is not spread in a community setting. Only those who engage in high risk activities such as needle sharing or unprotected sex are at risk of hepatitis B and yet this vaccination is scheduled to be given at birth. Furthermore, children who have hepatitis or HIV/aids are allowed to enter kindergarten, while at the same time this bill is proposing to prevent children from attending kindergarten and therefore discriminate against a non-vaccinated child who does not carry these diseases.

Those who are weighing up the risks of vaccination are also aware that being vaccinated does not guarantee that you will not contract the disease you were vaccinated for. Researchers, have long recognised that there are those who are low responders even with revaccination to measles vaccine and this has also been attributed to genetic factors. Even in high responders the measles vaccine wanes over time and does not give life-long immunity (Haralambieva et al., 2013). What is more, there are studies that found children who receive a live virus vaccination can shed the disease and infect others for weeks or even months afterwards (Bouvier & Lowen,

2010; King et al., 2000; Murti et al., 2013; Payne et al., 2010; Rota, Khan, Durigon, Yuran, Villamarzo, & Bellini 1995). In addition, both unvaccinated and vaccinated individuals are at risk from exposure to those recently vaccinated and vaccine failure is widespread, (Antona et al., 2013; Baron, Fons, & Albrecht, 1996; Kaic et al., 2010; King et al. 2000; Payne et al., 2010).

Vaccine-induced immunity is not permanent and recent outbreaks of diseases such as whooping cough, mumps and measles have occurred in fully vaccinated populations; such as the widely documented cases of measles outbreaks in Quebec, Canada and China which all had high vaccination compliance, between 95 and 99% (De Serres et al., 2013; Rosen et al., 2011; Zhang et al., 2010). Moreover, vaccines have been known to cause the very disease it was intended to prevent (Beirnes, Johnson, & Sikora, 2012; Galea, 2008; Nestibo, Lee, Fonseca, Beirnes, Johnson, & Sikora, 2012; Minor, 2015). The reason behind these outbreaks could be explained by virologists, Stephen Krahlung and Joan Wlochowski, who both filed a lawsuit against Merck, their former employer, for improper testing and data falsification over the last 10 years in order to artificially inflate the efficacy of their MMR vaccine effectiveness (Krahlung and Wlochowski v. Merck & Co. Inc).

To conclude, there are risks to vaccination and that is why it is my will that you consider the evidence based information presented in this letter as a representation of the reasons why many parents are questioning and refusing vaccination for their children and why informed and voluntary consent with the option to refuse vaccination without penalty must remain an option to all Australian's.

Yours sincerely

Joanne Parker

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