

Submission to the Queensland Parliament

Re: The Public Health (Childcare Vaccination) and Other Legislation Amendment Bill 2015

Summary of Submission:

This submission opposes the Qld Amendment Bill for Public Health (2015) on the grounds that the medical literature has not been fully debated by the public or presented to the public on the Australian government's Immunise Australia Program (IAP) website. This bill is also opposed on the grounds that the Australian government has not provided evidence that mandatory use of all the vaccines on the recommended national program are necessary, safe or effective for children or adults. The government has illustrated this fact in the disclaimer it has posted on the IAP website. This disclaimer states (AG DH 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. .

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This disclaimer clearly states that the Australian government does not endorse the national schedule of vaccines for Australian citizens as being safe, effective or necessary and the

government recommends that the public seeks independent advice relevant to our own circumstances. There is no case for mandatory vaccinations in any educational institution or workplace when there is no evidence that the policy is for a legitimate public health purpose. The safety and efficacy of the government's program is in doubt because of the selective information presented on the government website (that it does not endorse) and because of the government's own admission that the information '*is not intended to replace, independent professional advice*'.

In addition, the chairman of the vaccine advisory board (ATAGI) from 2005-2014, Terry Nolan, states that considerations for the suitability of a new vaccine on the NIP do not include the implications for herd immunity. He states that it is 'neither necessary nor sufficient for a positive recommendation for NIP suitability' (Nolan 2010 A79). Yet the Australian government is using the herd immunity argument to convince the public that coercive strategies for vaccination programs are necessary to protect the community. If the government does not require proof that a vaccine has implications for herd immunity then it is not promoting an evidence-based policy and this has serious implications for population health because all vaccines come with a risk.

This amendment bill infringes on the human right to individual autonomy; the right to care for our own *healthy* bodies. This is a right that is protected in many international covenants of human rights. If health policies infringe on human rights, governments are required to demonstrate that they are for a legitimate public health purpose, proportional to the risk and done by law (Australian Human Rights Commission 2015). The Commonwealth of Australia has not provided this evidence and the medical literature demonstrates that the national immunisation program (NIP) is a plausible causal link for the increasing chronic illness in Australian children and adults. Until the government demonstrates with evidence that the NIP could not be causing this illness in the Australian population there is no case for this amendment to the Qld public health act.

Please read the submission below that describes the conflicts of interest that exist in the design of the Australian government's NIP and the international covenants that are breached by this amendment bill. This bill has serious consequences for the health of all Australians and for the escalating costs of Australia's healthcare system.

Australia's Vaccination Policies

In Australia in 2015 the federal government states that vaccination is not compulsory, however the financial and workplace requirements that have been linked to using vaccines in the last decade in Australia make it difficult for many consumers to refuse vaccines in practice. The proposal to consider enforcing mandatory vaccination for childcare assistance and other welfare payments under the new Childcare Assistance package is not supported with evidence and violates human rights covenants. See below. This proposal has serious ethical implications with respect to the code of conduct for medical practitioners and the lack of transparency in the Health Department's development of the National Immunisation Program. (NIP). Any policy that coerces the public into using a medical procedure using financial incentives must be transparent and openly debated, and it must comply with the international covenants that protect the human rights of all Australians. Australia's NIP has not been openly debated and it has not been designed with transparency. Many potential conflicts of interest are involved in the research that has been used to make policy decisions. Public health policy is a political process and many financial interests can be protected in these policies.

The Australian Immunisation Handbook (Ed 10 Section 2.1.3) 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. If this policy cannot be openly debated by all stakeholders in the mainstream media, including the public who are the main beneficiary, then there is no case for implementing coercive and mandatory vaccination policies. The implementation of mandatory and coercive vaccination into social welfare policies also requires that all conflicts of interest in the development of the vaccination program be presented to the public. A non-transparent policy allows selective information to be used to support the justification for the vaccination program and this puts public health at risk. The use of financial incentives and employment to encourage the uptake of vaccines effectively removes *free* and informed consent to vaccination because people's livelihoods are affected by this decision.

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. 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. 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. It also does not ensure 'free and informed consent' to a medical intervention for *healthy* people. Parents are not told of the risks of vaccines that are listed on the Product Information or the ingredients of vaccines listed in the Immunisation Handbook, and they are not informed that Australian vaccination policies are influenced by directives from the WHO/GAVI alliance that allows input from pharmaceutical companies.

Conflicts of Interest (COI) in Public Health Policy

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 2005-2015. 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.

Human Rights and Social Welfare Policies linked to Vaccination

The human right to *informed consent without coercion* is protected in many human rights covenants and religious laws. See below. Although the right to choice in medical interventions in international law came from the Nuremberg Code and the prevention of experimentation on the human population, it is stated that ‘*the international right to informed consent now encompasses the free and informed consent for all medical decision-making* (Song in Habakus and Holland ch.2). The United Nations Education Scientific and Cultural Organisation (UNESCO) adopted the UNESCO Declaration in 2005 that states ‘*the interests of individuals cannot give way to the sole interest of science or society*’ (Song in Haberkus and Holland ch. 2). The Human Rights covenants that protect free and informed consent to medical interventions include the Universal Declaration of Human Rights (UDHR), the United Nations (UN) Charter, the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social, and Cultural Rights (ICESCR). These laws have been combined to form what is known as the International Bill of Human Rights that applies to all countries (Habakus in Habakus and Holland 2011 ch.3).

There is no case for coercive and discriminatory vaccination policies in social welfare legislation whilst public health policy is being formed on non-transparent science and policy decisions. The Australian government has not provided evidence that this policy is for a legitimate public health purpose or that all the vaccines are safe, effective and necessary and the health of Australians is at risk if this amendment bill is approved.

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