

Submitter has requested information including name be omitted from the submission.

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

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Introduction

We are parents of two fully vaccinated teenagers with special needs and a healthy, unvaccinated three year old who is eagerly looking forward to kindergarten in 2016. We are both university educated, with one of us being an engineer and the other a registered secondary school teacher. We have personal and professional experience and understanding of the demands that teachers are experiencing in their efforts to cater to an increasing epidemic of severe learning difficulties and childhood disorders. We have never involved ourselves in politics or lobby groups, but, given our experiences, can no longer remain silent and stand idly by while well-intended, but scientifically misguided legislation ignores individual rights, erodes civil liberties and threatens the safety and well-being of precious vulnerable children with undeveloped immune systems, small body masses and individually unique genetic vulnerabilities.

Our story

Our two older children were fully vaccinated according to the recommended schedule as we had no reason at that stage to challenge the doctors we trusted. Even so, as new parents, we noticed that our reasonable and intelligent queries and 'common sense' reservations regarding the need for each vaccine, the rationale of multiple injections at one time and the relentless frequency of vaccinations, were responded to with either fear and intimidation tactics or patronising assurances rather than with convincing evidence. Being new parents, we were highly motivated to 'do the right thing' and to 'trust the experts'. We knew little about the inherent dangers of vaccination and believed that it was only sensible and logical to protect children from infectious diseases.

Both babies responded to their scheduled vaccinations with dangerously high fevers, prolonged screaming episodes (which we now understand to have been the result of inflammation of the brain), terrifying 'infantile febrile convulsions' and a cessation of breathing, in which they turned blue in their cots and were lucky to be found in time. Even with such alarming events, doctors in clinics and emergency departments were quick to assure us that, as horrible as it was to go through, these things were 'normal' in young children. To our knowledge, nothing was ever reported about these adverse events following vaccination.

With autism being rarely encountered and little understood by doctors at that stage, concerns about abnormal childhood development and suggestions of 'almost-Rainman-like behaviour' were dismissed as paranoia or – even more hurtfully – bad parenting. As time went on, our concerns proved to be justified and we ended up dealing with an overwhelming 'alphabet soup' of autism, ADHD, dyslexia, dysgraphia, visual processing disorder, sensory processing disorder and low muscle tone. This placed an enormous amount of stress upon the family at home and teachers at school. Ultimately, we were caught in a situation where the challenges were severe enough to mean mainstream schooling was not possible, but not severe enough to qualify for special education. We fell through the cracks in the system and ended up having to homeschool, necessitating the loss of one income. Combined with the burden of having to pay huge sums of money for various therapies (BEFORE the 'Helping children with autism' package came in), the resultant financial burden affected the course of our lives and reduced or eliminated opportunities in life that we might have otherwise enjoyed.

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As debate surrounding the vaccine – autism connection raged around us, we witnessed the direct and obvious impact of vaccination on other children close to us, including one case where stroke, blindness and cessation of breathing occurred immediately following the DTaP vaccination. Fortunately, the plasticity of the infant brain is a remarkable thing and it largely rewired itself over the following months, repairing a lot of the damage. Doctors insisted that it could not have been the vaccine and eventually convinced the parents to resume vaccination, only for the dreadful ICU drama and all its devastating consequences to be repeated immediately following the shot.

Given these experiences, we have been understandably cautious about the decisions we make for our youngest child. Common sense and the most cursory review of our family history would see that this caution is warranted, yet a horrifying family history of adverse reactions is not listed as a medical contraindication to vaccination. Our relentless and extensive research to date has given us cause for concern and neither the unsubstantiated platitudes of vaccination promotional material, nor the 'Academy of Science' paper has provided the evidence of safety and efficacy we require in order for us to be convinced to proceed with vaccination. Doctors have been unable to answer our questions or provide the scientific evidence we seek, yet continue to assure us that vaccination is safe and effective. After everything we have been through, the question of whether to vaccinate a new baby has placed us in the daunting situation in which the fear of infectious childhood diseases is pitted directly against the fear of vaccine injury or death and the knowledge that our family has a proven susceptibility. While we agonised over our decision, we cocooned our vulnerable baby away from public areas, were strict about not having anyone with signs of illness over and were fastidious about optimal nutrition, breastfeeding as long as possible and being careful with hygiene. We also extended consideration to others by erring on the side of caution when our child had any sign of illness (cough, runny nose etc) and staying home.

From a personal perspective, the best evidence we have so far that we have made the right decision is the fact that our vibrant unvaccinated three year old glows with health, has never had a fever, never had a convulsion, never screamed inconsolably, never turned blue and never stopped breathing. All the things we were told were “normal in young children” have not occurred. Instead, development is normal, milestones are reached on time, illnesses are over in a few days and behaviour is beautiful. Without the challenges of special needs to deal with, we have finally been able to experience what parenting is *supposed* to be like!

Having sacrificed career, money and years of intervention to help our older children overcome their challenges, we now face the prospect of draconian legislation compelling us to make an impossible decision. The thought of risking this beautiful child with a roll of the dice in a game we have played and lost twice before absolutely terrifies us, yet the proposed legislation would demand that we either deny our child the well-documented benefits of early childhood education OR risk our child's health, safety and potential. That is a choice that no parent should have to make and no government should be able to make. Vaccination is a medical intervention, carried out on a healthy person, which carries known and well-documented risks in a field required to “first do no harm!” As such, vaccination rightfully requires informed consent before it can be carried out. It is therefore utterly inappropriate for any government to attempt to override the rights of parents or to coerce them through financial or legislative measures to do something which they strongly believe or know to be detrimental to the health, safety and well-being of their child. Parents are the ones with the vested interest in a child and they are the ones who will need to deal with the consequences of their choices. As such, the right to weigh up the risk / benefit analysis for their particular child belongs to them alone. If there is any risk whatsoever, then there has to be a choice. The vaccine insert leaflets themselves, along with the multi-billion dollar vaccine injury compensation schemes in place overseas prove undeniably that there IS a danger - and that's before the thousands of individual cases of anecdotal evidence like ours are taken into account.

The Science

An intense media campaign over the past two years emphatically declares that the science is “in”, but even the most cursory attempt at research would reveal that true science is most definitely NOT in. On the contrary, serious questions are currently being asked around the world and they require solid answers before legislation such as that being proposed can ever be considered for implementation. We need a comprehensive debate that investigates the legitimate concerns of a legion of exhausted parents and teachers who are struggling to raise a generation of children with more special needs, disorders and behavioural challenges than ever before. They deserve to have the cumulative strength of their intelligent questions, collective anecdotal evidence and legitimate concerns treated with due diligence and respect.

Science is first and foremost about making careful observations, forming a hypothesis from those observations and then testing that hypothesis while controlling variables. A scientist with an open mind takes care to 'believe what he sees' rather than attempting to 'see what he believes'. In the case of vaccine science, serious adverse reactions and an epidemic of special needs and learning difficulties are being observed by countless parents, teachers and doctors. Concerns have been repeatedly raised about vaccine safety by intelligent and compassionate citizens, only to be ridiculed and dismissed. If legislation is truly motivated by a desire to protect children, then we owe it to those children to test each hypothesis thoroughly and see the scientific process through until we have definitive answers. To date there are no studies that comply with the gold standard of double-blind, randomized, peer-reviewed research comparing the health of vaccinated with unvaccinated children. Supposedly, this is because it would be unethical to leave children unvaccinated or to vaccinate children against parent's wishes, but even comparing the health of the readily available pool of unvaccinated children with vaccinated children would be a step in the right direction. Thus far, this has not been done to any considerable degree.

A second problem frequently noticed is the use of previous versions of a vaccine as a control rather than non-vaccination as a control. Comparing the safety of one vaccine against the safety of another vaccine does nothing to verify the safety of vaccines in general.

A third problem of concern is the length of studies, with most only monitoring safety outcomes for a short time, thereby ignoring the possibility of cumulative effects of multiple vaccines, the increased dangers of combined vaccines, the ongoing, long-term neurological effects of known neurotoxins such as aluminium adjuvants and indeed, the effect of all three of these risk factors impacting regularly upon immature immune systems with tiny body masses.

Fourth, there is the problem with the oft-quoted “herd immunity” concept, which makes the mistake of comparing vaccine induced immunity with naturally acquired immunity. Vaccines do not confer the same type of immunity that natural exposure to the disease does. Natural immunity confers both cell-mediated immunity and humoral (antibody production) immunity, whereas vaccines evade cell-mediated immunity and focus just on the antibodies. As a result, vaccines are only conferring temporary protection, with recent evidence suggesting that immunity from vaccines such as the pertussis vaccine is only lasting about 2.5 years. Confusing natural immunity with vaccine immunity of questionable effectiveness and duration is a poor basis from which to be pushing broad, heavy-handed policy changes. Consideration needs to be given to the real risk that, as vaccine induced immunity wanes, more and more vaccines will be pushed more and more frequently upon a population with unique genetic profiles and varying abilities to cope with the assault on the immune system.

Fifth, it needs to be understood that vaccines still contain aluminium as an adjuvant and a few still contain thimerosal. Both are known neurotoxins and the levels of aluminium in each vaccine dose exceed the accepted amount per kilogram of body weight that is considered to be safe by the World Health Organisation. Why are vaccines in a class of their own when it comes to complying with World Health Organisation recommendations? Why is it unacceptable to have more than a certain amount of neurotoxin in an adult's IV drip, but permissible in a child's vaccine? When you consider that babies typically receive multiple vaccines at the same time, it becomes apparent that the toxic load on children's smaller body masses and immature immune systems is much

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greater than that of an adult. The use of neurotoxins as vaccine adjuvants is continued, not because they are regarded as safe, but because no suitable alternative has been found. If there is a peer-reviewed study documenting the safety of adjuvants, in the same dosages and frequency as the vaccine schedule, that is administered by a means that bypasses the body's mucus membranes and natural defences - we have not found it.

Last but not least, consideration needs to be given to the fact that the recommended schedule for childhood vaccination is not backed up by science and parents should have the right to space vaccines out if they do not feel comfortable with the recommended schedule. We note that this matter was raised by Professor Del Mar in the 2013 committee report, when he advised the committee that the schedule was "not based on very hard evidence" and explained that "if vaccinations are received too early the immune system is not mature enough to make the antibodies against the virus to build the required immune response, but that if immunisation is too late, the child may already have caught the virus". He told the committee that, therefore, the schedule is the "best guess when we think it will work". Clearly, there is no logic to stimulating an immune response from a baby who does not yet have an immune system and no logic to implementing severe legislation that coerces parents into making vaccination decisions that may, at best, be ineffective and, at worst, be dangerous. Either way, such punitive measures are not in the best interests of the child.

Public policy as severe as the proposed bill requires rigorous testing against very hard evidence and logic. Contrary to popular opinion, there is a lot more science that needs to come "in" yet. Medical and government policies need to err on the side of caution and humbly respect the fact that there is a lot that is still unknown about the human body and the immune system in particular. When the most rigorous science we have so far says "I don't know", there can be no scientific justification for the proposed bill.

The debate

There are thousands of vaccine injury stories being told and weary parents are fed up with being ignored, ridiculed and dismissed. It is unacceptable for a doctor to steadfastly insist that the vaccine a child received that day could not possibly be responsible for the lethargic, convulsing child who has presented in the emergency department that night. Our homeschooling activities connected us with another homeschooling mother who was a nurse. Between us, we had the teacher who doesn't send her kids to school and the nurse who refuses to vaccinate. She had simply seen too many children in emergency departments suffering terrible side effects from their vaccines and left the profession because she was fed up with seeing parents' concerns dismissed. When it comes to children's safety, all possibilities need to be considered and investigated. Why is it that horses dying from a Hendra virus vaccination make the news and warrant concern, but when precious children are injured or die following vaccination, parents face a barrage of denial from doctors? (<http://www.abc.net.au/news/2015-08-23/hendra-virus-vaccine-scientist-fears-horses-being-overmedicated/6717048>) Why is it acceptable to tell a parent that it is 'coincidence' that their perfectly healthy child just happened to suffer a medical emergency on the day of, or in the days following vaccination?

When Melbourne mother of three, Kathy Watson was left paralysed by Guillain-Barre Syndrome recently, medical experts said "there is no evidence to suggest the condition was caused by the flu shot, but it does happen to one in a million people who have the shot". Where is the logic in that? (<http://www.skynews.com.au/news/local/melbourne/2015/05/29/vic-mother-says-flu-jab-left-her-paralysed-.html>) Kathy Watson herself is evidence that suggests that the condition was caused by the flu shot! This is an example of how 'vaccine science' is failing to take the first step of 'observation' in the scientific process. Real science does not ignore inconvenient data that fails to support the hypothesis! The real dangers of vaccines need to be acknowledged before they can begin to be addressed. Those who have their lives tragically destroyed by vaccine injury deserve as much consideration and protection as those who have their lives tragically destroyed by infectious diseases. Public policy needs to recognise that both vaccinating and not vaccinating involve elements of risk. As much as we may strive to manage that risk, reality is that life involves risk and legislation must be limited by the understanding that wherever there is individual risk, there must also be individual choice.

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Perhaps the greatest controversy regarding vaccines has revolved around the possibility of a vaccine – autism connection. While the debate rages about whether vaccines cause autism or not, the fact remains that science is still unable to tell us definitively what does cause autism. The best we know so far is that there is probably a genetic vulnerability and an environmental trigger involved. As yet we have no conclusive evidence as to what that genetic vulnerability or environmental trigger may be. Until those factors are known, we are playing a game of Russian roulette with every baby each time we vaccinate. Queensland babies must never face the risk of becoming the collateral damage of flawed public health policy. Rather, scientific efforts should be directed towards finding solid answers so that we can screen babies, identify genetic vulnerabilities and tailor individual health plans that protect individuals and work towards the creation of a healthy society. Parents of children with autism do not want to be told what doesn't cause autism until there is solid proof of what does cause autism. Until that information is known, there is no justification for the introduction of harsh, punitive public health legislation.

Legislators need to know that consensus on the merits of vaccination is by no means a universal fact. France has seen the proportion of people in favour of vaccination drop from 90% to 60% (2013 INPES Peretti-Watel health barometer). The percentage of French people between the ages of 18 and 75 who are anti-vaccination increased from 8.5% in 2005 to 38.2% in 2010. In 2005, 58% of doctors questioned the usefulness of vaccines administered to children while 31% of doctors were expressing doubts about vaccine safety. It should be noted that France is no more riddled with infectious diseases than the United States, which has a very high vaccination rate.

While debate continues, public legislators need to take their foot off the accelerator, look at the evidence around them and consider what they are actually trying to achieve. Is a 95% vaccination rate or a healthy society the end goal? The state of Mississippi in the United States has the highest infant vaccination rates in the country – but it also has the highest infant mortality rate! Correlation may not equal causation, but discretion is the better part of valour when it comes to legislating to protect our children.

The Bill

It should be clear that, like its predecessor, the 2015 Bill unnecessarily introduces coercion and confusion in an area which is the subject of ongoing debate. As such, the recommendations made by the committee just two years ago remain as valid today as they were then and should stand.

We note with alarm the following clause in the proposed bill:

“However, the only vaccine-preventable condition specified in the Public Health Regulation 2005 is measles. It is proposed to amend the Public Health Regulation 2005 to list all necessary vaccine-preventable conditions relevant to the Bill.”

The fact that the recommended childhood vaccine schedule already loads a toxic burden with questionable safety upon an infant's immature immune system is sufficient cause on its own to oppose this bill. When the many vaccines currently in development are taken into account, however, the real possibility that there will be pressure in the future to add these to the recommended schedule needs to be handled with care. Those who would make legislative decisions today that affect the health, safety and education outcomes of children and grandchildren in the future have a burden of responsibility to firmly entrench safeguards into any legislation so that rights are not eroded and lives are not ruined.

The proposed legislation also eliminates options for parents who choose to selectively vaccinate, or who prefer to spread out the vaccinations over a longer time frame. If the proposed bill is introduced, a parent who consents to all vaccinations, but refuses just ONE vaccine faces the real possibility that their child will be unable to receive an early childhood education. The family may not be able to secure affordable child care and the family unit's finances will be seriously impacted for many years. This heavy handed legislation that eliminates parental discretion and puts multiple degrees of separation between the decision maker and the child who is ultimately affected, is not the sort of legislation that belongs in Australia – and certainly not in Queensland! In a year that remembers the sacrifice of brave soldiers in Gallipoli 100 years ago, we have a duty to ensure that our children

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enjoy the same freedoms and rights that we ourselves have enjoyed and benefited from.

We also take issue with the following clause:

Rights and liberties of individuals are not absolute, and the rights and liberties of parents and children need to be balanced against the objective of the Bill in order to protect public health. Immunisation is a key public health strategy in protecting people from the risks associated with vaccine-preventable conditions. It is therefore considered the possible infringement on individual's rights and liberties presented by the Bill are outweighed by the public health benefits it will achieve.

In response, we would say that the rights and liberties of governments are not absolute. Governments are expected to serve the people and a good government is expected to be particularly careful and compassionate with the most vulnerable of those people. It is neither morally nor ethically acceptable for a government to propose or pass legislation that willingly sacrifices its most vulnerable citizens "for the greater good" and writes them off as collateral damage. Vaccination does not always confer immunisation and is fraught with known and acknowledged risks. As such, the risk of vaccine injury and the right of parents to assess that risk against their unique family circumstances needs to be given as much weight as the risk of infectious conditions. The severe infringement on individual's rights and liberties presented by the Bill is undeniable and can not possibly be outweighed by purported health benefits when vaccine safety and efficacy are still in serious doubt in numerous parts of the globe. As a medical treatment, vaccination should firmly remain a parental and personal choice and the government should emulate the Australian Medical Association's code of ethics and recognise the right for patients to choose or reject treatment. Families should be able to choose full, partial or non-compliance with vaccination without punitive legislative and financial measures.

Denying these rights raises the serious question of who would be liable if a child was injured by being vaccinated in order to access early childhood education. The legal, medical and personal impact of a severe adverse reaction is too great a burden to force upon parents who have decided not to vaccinate based on informed, conscientious objections. This Bill, combined with the equally draconian federal legislation would place many families in a financial situation where they do not have a choice. Depriving families of affordable childcare and potentially denying children access to quality early childhood education punishes caring parents and their children for simply trying to make the right decision for them. Even without the prospect of the proposed Bill, Australia is already in urgent need of a vaccine injury compensation fund, similar to those that exist in other countries. Safety measures need to be implemented to ensure that parents are not left dealing with the financial burden when their child is injured by a vaccine. At the moment, parents have no recourse for litigation or compensation if a vaccine injures their previously healthy child. This needs to change so that the grief of losing a child, or the potential of that child, is not compounded by a denial of responsibility and an ongoing financial burden.

It should be clear by now that the findings of the committee that recommended against this legislation in 2013 are just as relevant today and this Bill should not be passed. Conscientious objection following appropriate consultation must remain as an option for parents, with recognition of the fact that parents know their children best, are acting in their best interests and are therefore best placed to make medical decisions on their behalf.

As was the case in 2013, *"the Bill impacts on the common law right to consent to or decline medical treatment; there is no scope in the Bill for conscientious objection to vaccination; unvaccinated children's access to early childhood education could be impeded, particularly in rural and remote areas where early childhood facilities may be limited; and childhood vaccination is a widely accepted and effective public health measure. While vaccination is supported by committee members, **there are concerns that this Bill does not sufficiently respond to the need to balance competing rights and obligations about public health, consent and access to early childhood education and child care.**"*

Conclusion

Wishful thinking on the part of vaccination proponents claiming safety and efficacy in the absence of solid scientific evidence to support such claims must not be allowed to impact upon public policy. Government involvement must not impose an intrusion in our bodies, our children's bodies and the decisions we make for our health. Individuals have the right to consult with medical professionals and may choose to accept or reject the recommendations made by those professionals. The proposed Bill oversteps that moral and professional boundary and presents a danger to individual and societal health. It contains no safeguards against the impacts of future vaccines that may be added to the recommended schedule and does not allow parents to selectively choose one or a few of the available vaccines. It fails to provide a vaccine injury compensation fund for those who may end up having their lives destroyed by a required vaccine.

Rather than adopting this Bill, Queensland legislation should focus its efforts on the need for objective, local safety and efficacy studies that are not controlled by the vaccine manufacturers. It should value individual liberty and respect people's abilities to make their own intelligent choices about what goes into their bodies and into their children's bodies. The right for individuals to weigh the risk and benefit of each individual vaccine and to opt for all, some or none of the vaccines needs to be safeguarded by legislation. Failing to do so only contributes to the polarisation of society when the reality is that we are all motivated by the same desire to do what is right for our children.

Until science can say more than "we don't know" and can back up reassuring platitudes with concrete evidence, the law should have no right to limit access to early childhood education, no right to restrict access to affordable childcare and absolutely no right to say no to freedom of choice.