

**From:** [lica bienholz](#)  
**To:** [Health and Community Services Committee](#)  
**Subject:** Exclusion of unvaccinated children from childcare (and early childhood education) amendment bill  
**Date:** Monday, 24 June 2013 11:36:10 AM

---

The Research Director  
Health and Community Services Committee  
Parliament House  
George Street

Dear Sir/ Madam,

I have recently been informed that you have introduced a bill which denies unvaccinated children social interaction and early childhood education. Proposals such as these are a disgusting invasion of our bodies and rights as citizens.

It should be the parent's and only the parents (not the state's) choice if their child is dosed with the mercury, aluminium, formaldehyde, ammonium sulphate, latex rubber, polysorbate 80 and gelatin (just to name a few) which are all found in vaccines. Vaccines have been purported as the only preventative measure against the diseases of whooping cough, diphtheria, polio and measles **but these diseases were in rapid decline well before their vaccines were introduced.** There is **no vaccine for scarlet fever** and **no widespread vaccine for typhoid fever** yet these have also experienced the same rapid decline.

Yet, insanely the Childhood Vaccination Schedule continues to grow. In 1980 there were a total of nine shots with never more than two shots per visit, now there are 40 doses of 14 vaccines by the age of 4 (schedule at 2010). It is placing an unnecessary toxic burden on immature immune and detoxification systems. Chicken pox used to be a normal childhood disease, now the vaccine is on the schedule. Hepatitis B is a disease of drug users and the sexually promiscuous - **a day old baby is not a 'crack whore'**. Rotavirus is a disease of poor hygiene and Gardasil **doesn't even prevent cervical cancer** (it's a HPV vaccine for only two of the 20 strains which MAY be associated with cervical cancer).

This is greed and corruption at its ugliest. Injecting known neurotoxins in immature bodies, increasing the burden by expanding the schedule and then mandating it. - and for what? - so the pharmaceutical companies and their lackies can make a buck off the health of a child. And it is not just the initial price of the vaccine, it is the ongoing medical costs dealing with the side-effects and long- term effects such as Guillain-Barre Syndrome, diabetes, Autism, Asperges Syndrome, eczema, ADHD and cancer. It's an industry.

This Bill contradicts other government initiatives. Recently I attended a workshop to encourage parents to enrol their children in Kindergarten as Kindergarten uptake rates are apparently low. If this amendment is passed, then my daughter can't go and will be socially and culturally disadvantaged.

We are supposed to be living in a free society, we are supposed to have choices. We consider ourselves 'developed', fighting discrimination and abuse, however the proposal is exactly that: it discriminates against the unvaccinated and **abuses our Human Rights by denying the freedom of choice regarding our own bodies (and those of our children), denying education, denying religious freedom and failing to safeguard the needs and interests of future generations.**

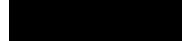
What's next? Children can't attend school unless they are Ritalin'ed up to the eye-balls?

Adults can't get a job unless vaccinated? Or will legislation force unvaccinated children to 'sit at the back of the bus' much like people of colour in the the US in the early 1900's?

I hope that this amendment will be discarded.

Yours sincerely,

Liça Bienholz



Zillmere Q 4034

**From:** [lica\\_bienholz](mailto:lica_bienholz)  
**To:** [Health and Community Services Committee](#)  
**Subject:** Exclusion of unvaccinated children from childcare (and early childhood education) amendment bill  
**Date:** Saturday, 6 July 2013 5:05:30 PM

---

The Research Director  
Health and Community Services Committee  
Parliament House  
George Street

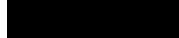
Dear Sir/ Madam,

My partner and I decided not to vaccinate our daughter, initially based on information provided by a medical practitioner who we respected and later through independent research. We followed the requirements of the day and completed and lodged a Conscientious Objector form. Now I am being told that our informed choice not to adhere to the Childhood Vaccination Schedule is irrelevant and my child can potentially be denied early childhood education through childcare and kindergarten. This is morally irresponsible, inconsistent with the Australian Constitution (S51) and inconsistent with the Immunise Australia Program where Conscientious Objection as a form of 'opt-ing - out' is recognized.

I hope that this amendment will be discarded.

Yours sincerely,

Liça Bienholz



Zillmere Q 4034

## Public Health (exclusion of unvaccinated children from childcare & kindergarten) amendment bill

### 1. Summary

This is a bad law supporting bad policy.

- The provisions of the bill fundamentally violate the International Bill of Human Rights that applies to all countries.
- A public health policy it must be demonstrated to result in more good than harm before it is implemented. Government have not funded the studies that would provide conclusive evidence of the possible link between the combined vaccination schedule and the increasing chronic illness in children.

### 2. Examination of the Public Health (exclusion of unvaccinated children from childcare and kindergarten) amendment bill

This bill is unlawful as it:

- violates the International Bill of Human Rights that applies to all countries
- 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)'*
- contravenes Human Rights and Equal Opportunities Act 1986- Convention on the Rights of a Child, for example:
  - Article 2 States *'Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status'.*
- is inconsistent with the Queensland Anti-discrimination Act 1991 for example:
  - Parliaments Reasons Clause 6
    - *'everyone should be equal before and under the law and have the right to equal protection and equal benefit of the law without discrimination;*
    - *'the quality of democratic life is improved by an educated community appreciative and respectful of the dignity and worth of everyone'*
  - Part 2 Prohibited grounds for discrimination - religious beliefs or activity

This proposed amendment is another form of coercion to the Australian 'default' setting of vaccination and a step closer to civil conscription. While there is a lack of consensus on the science in a public health policy it is unethical to use coercive strategies to enforce a medical procedure. This proposal also causes unjustifiable hardship to parents who decline to vaccinate their children, by limiting or denying choices in childcare and pre-school education. It is also a bill where government does not take responsibility for any adverse reactions to vaccines which may occur as a consequence of this coercion.

This amendment is inconsistent with government initiatives of raising the kindergarten attendance rates.<sup>1</sup>

---

<sup>1</sup> (Playgroup Queensland, 2013)

Mrs Jo-Ann Miller stated that her intention was to respond 'to the declining rates of childhood immunisation identified by the National Health Performance Authority'<sup>2</sup>. Consequently the intention of this proposal is to address a 'performance indicator', not to address an area of public concern, let alone any perceivable increase in the risk of infectious disease. Performance indicators need to be developed based on parameters for health (or the absence of disease) not the utilisation of medicines. The utilisation of medicines is the pharmaceutical manufacturer's concern not that of a government who represents the people.

Australia promotes vaccinations and facilitates their access through government funded vaccination programs and additional financial incentives. However, Mrs Miller claims that 'fewer than 85 per cent of five year olds are fully vaccinated', if this is the case and poses a health risk, respectful democracy would endeavour to determine reasons and motivations for deliberately avoiding vaccinations, not the use of autocratic and discriminatory methods to ensure compliance.

It is a combination of superficial strategies, the lack of transparency and failure to adequately address safety concerns that cause public dissent. As an example; I have sent numerous letters to state and federal members of parliament, I have only received one reply (that of Mrs Millers) and it failed to addresses my concerns of:

- *'legalised discrimination based on medical record;*
- *denial of Human Rights-social and cultural benefits of an education and religious freedoms and*
- *contempt shown for the Australian Constitution (Section 51).*<sup>3,4</sup>

Instead the reply focussed on vaccination as the only means of protection against disease and to disregard any information to the contrary. (This is examined in section 3 on the Immunise Australia Policy).

Concerns with the amendment bill itself have been listed below:

- a) Clause 4 Definitions. 'Vaccine preventable'. Common infectious diseases are referred to as vaccine preventable diseases. This is not correct as many conventional vaccines have never been demonstrated to protect against disease in controlled clinical trials.<sup>5</sup> Vaccines may also not be able to prevent disease on the same grounds as to why herd immunity with vaccines may not be achievable. (Refer section 3).
- b) Clause 4 Definitions. Unvaccinated child with acquired immunity (b). As this sub-clause does not state how this could be verified, sub-clause (a) would become the default.
- c) Clause 4 Definitions. 'Vaccinated child means vaccinated for every vaccine preventable condition.' The term 'every vaccine' is ambiguous.
- d) 160A (1) The exclusion actions are discriminatory by imposing conditions for an education. It is not reasonable to discriminate on a condition that does not preclude an ability to attend. It also disadvantages low income families who may not have access to alternative childcare or kindergarten facilities.
- e) 160B b iii Exemption Certificates - the Medical Exemptions are limited as they generally apply only to individual vaccines for persons who can demonstrate their immune system is compromised. It does not include a concession to the unproven safety of the Childhood Vaccination Schedule. (Refer section 3).

---

<sup>2</sup> (Miller, 2013)

<sup>3</sup> (Bienholz, 2013)

<sup>4</sup> (Miller, 2013)

<sup>5</sup> (Wilyman, Definition of Terms, 2013)

- f) 160C . The sub-clause 'The person does not believe the child to be a vaccinated child' is discriminatory as it is based on the presumption of an attribute or status.

## 2.1 Recommendations for law

The Queensland Government has an opportunity to become a leader in public health and anti-discrimination.

- Vaccination is a medical procedure for *healthy individuals*, not sick individuals. As the government makes decisions on behalf of the community, it is important that **all** the available science is used. Information disseminated to the public must be balanced and promote health as a result of life-style and being disease-free rather than by submission to medical procedures.
- Improvements can be made to the Anti-discrimination Act 1991 by including 'irrelevant medical record' as an attribute and to Part 4 Religious and Racial Vilification to also include vilification on the grounds of medical procedure/ record. (As pro-vaccination groups have incited hatred, contempt, and ridicule on the parents who choose not to vaccinate their children. This is clearly demonstrated by repeated attacks on the Australian Vaccination Network and the No Jab No Play campaign run by the Sydney Telegraph. ) This amendment would be more representative (than 'disability') to protect individuals living with HIV, epilepsy, mental disorders and the like.
- Performance indicators need to be developed based on parameters for health (or the absence of disease) not the utilisation of medicines.

## 3. Examination of the Immunise Australia Policy

In the 1950's and 60's the Department of Health deemed Australia to be infectious disease free and that improvements made in public health (sanitation, hygiene, nutrition and smaller family sizes<sup>6</sup>, also isolation and treatment) reduced the deaths and illness associated with infectious diseases. It is therefore fundamentally incorrect to suggest that high vaccination rates are necessary to prevent these deaths and illnesses from returning.

Prior to the Immunise Australia Program (IAP) the infant (under 1 year) mortality rate was very low (8.2 per 1,000 births). The year the IAP was initiated, 1993, the infant mortality rate had declined further to 6.1 per 1000 births<sup>7</sup>. During the decade between 1993 and 2003, infant mortality declined again to 4.8 / 1000 births. However this latest decline has been attributed to the introduction of a public education campaign about Sudden Infant Death Syndrome (SIDS) in the early 1990s<sup>8</sup>, not vaccines.

The IAP was not introduced to address deaths and illness due to infectious disease, because there was no significant risk. Its continued expansion over the last 20 years also does not mitigate any risks which may have emerged. Instead, this policy is perfunctory in addressing risks to public health and remains untested for the long term health effects of combining vaccines. A public health policy must be demonstrated to result in more good than harm - the IAP fails on the former and remains untested on the latter.

The use of financial incentives to 'bribe' parents to vaccinate is unethical.

---

<sup>6</sup> (Wilyman, Immunisation Policy, 2013) cites J.H.L Cumpston and MacFarlane Burnett

<sup>7</sup> (Australian Bureau of Statistics, 2006)

<sup>8</sup> (Australian Bureau of Statistics, 2006) cites AIHW 2004, **National Report on Health Sector Performance Indicators 2003: A report to the Australian Health Ministers' Conference**, National Health Performance Committee, Canberra.

To-date, the federal government has failed to address concerns from the public and failed provide evidence for IAP's safety. Questioning vaccination and the IAP appears to be a taboo subject with journalists also. Selecting the information used to make policy doesn't make it safe. Providing biased and incomplete information to the public is indoctrination and dismissing concerns (with misleading statements, ridicule and prejudice) is disrespectful to an educated community.

Examples of two misleading statements provided by Mrs Miller<sup>9</sup> are provided below. Their examination also links with the efficacy of vaccines themselves.

1. *Vaccination gives protection against diseases such as whooping cough and diphtheria that killed thousands of babies in our grandparent's generation.*
  - This is an example of the misinformation and scare tactics being used by government officials who should inform themselves better.
  - Vaccines themselves do not give protection. Vaccines produce an antibody response which is thought to be effective to recognise and destroy viruses and bacteria. However, studies have shown that antibody response declines in the weeks and months after vaccination and that there is little benefit in revaccinating as antibody levels drop off more rapidly.<sup>10</sup> This is demonstrated when vaccinated persons develop the disease to which they are vaccinated against.
  - Between 1880 and the introduction of the whooping cough vaccine in the 1940's, the death rate from whooping cough declined by over 80%<sup>11</sup>.
  - Between 1880 and the introduction of the diphtheria vaccine in the 1930's, the death rate from diphtheria declined by approximately 85%<sup>12</sup>.
2. *Measles, mumps and chicken pox can kill adults who have never been vaccinated.*
  - This statement is distilled from other information and to be accurate need to be put in the context of each case or outbreak and the environmental conditions of the time.
  - There is no scientific support for the claim that vaccines will provide long term protection against a disease<sup>13</sup>. Some vaccinated individuals do not gain immunity to the disease.
  - Acquiring a 'childhood disease' naturally, such as those listed above affords long term protection, due to the 'long term memory' of the cell mediated response. The cell mediated response in the mucous membranes tags and decodes bacteria and viruses for the antibody producing humoral response.<sup>14</sup> Therefore long term immunity is provided by natural exposure and while vaccines provide a transient immunity.
  - Potentially, being vaccinated as a child and not being exposed to the diseases naturally as a child, will result in increased risks for adults.

When the information needs of a population are not being met, it is inevitable that sources will arise and be sought. Information may become distorted. Any attempt to control this (for example by silencing the Australian Vaccination Network) will only be counterproductive as it will only create further mistrust and dissent.

---

<sup>9</sup> (Miller, 2013)

<sup>10</sup> (Cutts & Markowitz, 1994)

<sup>11</sup> (Beattie, 2010) uses data from Commonwealth Year Book, the Australian Bureau of Statistics and the Commonwealth Department of Health and Human Services

<sup>12</sup> (Beattie, 2010) uses data from Commonwealth Year Book, the Australian Bureau of Statistics and the Commonwealth Department of Health and Human Services

<sup>13</sup> (Scarborough, 2008)

<sup>14</sup> (Scarborough, 2008)

Herd immunity is achieved through natural exposure to the infectious agents over time and in many cases through sub-clinical infections. This is why infectious diseases are less virulent in developed countries once environmental and nutritional factors have been improved. Some vaccines may be able to create 'herd immunity' but there are many reasons why herd immunity with vaccines may not be possible.<sup>15</sup> These are:

- There can be more than one strain of an organism that causes the disease which may not be included in the vaccine.
- Humans may not be the only reservoir for the disease. The virus/bacteria may be found in other animals.
- The virus/bacteria can mutate and the vaccine may not contain the mutated strain.<sup>16</sup>

### 3.1 Recommendations for policy

Immunisation policy and debate within Australian society needs to be made more transparent and respectful. It is the blatant denials by those with vested interests that cause suspicion and mistrust within the community.

- a) One such strategy that could easily be implemented is that a doctor or vaccination administering nurse must read aloud to the patient/ or parent the ingredients of the vaccine and the side effects from the product insert. This will meet the requirements of the International Bill of Human Rights of 'informed consent'. This is an equitable approach as currently Conscientious Objectors must be made aware of the disadvantages of not vaccinating.
- b) Policy developed that address public health risks in healthy individuals must be proven to be necessary and safe. The information used to make these policies must be unbiased and complete and not based on a 'lack of evidence' to make claims about safety. The implementation of vaccines into the IAP must be based on alleviating a potential risk not its availability due to new technology / science. It is unethical for government authorities to recommend this schedule of vaccines without providing conclusive evidence of its safety. Also evidence must be provided to its safety as new vaccines are added to the IAP.
- c) National Health Performance Authority to revise and base their performance indicators on health outcomes not compliance.
- d) Communication systems that report and document adverse must be improved. Timely feedback to administering GP's will avoid the problems experienced by the Fluvax vaccine in 2010.
- e) A comprehensive monitoring system also needs to be implemented to determine any links between the combined vaccination schedule and the increasing chronic illness in children.

Strategies such as these will result in a better informed public, greater trust and the need and influence of other sources (such as the AVN) will be mitigated.

Liça Bienholz

  
Zillmere Q 4034

---

<sup>15</sup> (Wilyman, Immunisation Policy, 2013)

<sup>16</sup> (Wilyman, Questioning Herd Immunity, 2013)



## Works Cited

- Australian Bureau of Statistics. (2006). *Measures of Australia's Progress*. Retrieved July 10, 2013, from Australian Bureau of Statistics:  
<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/1383.0.55.001Main+Features292009>
- Beattie, G. (2010). *Vaccination: A Parent's Dilemma*.
- Bienholz, L. (2013, June 28). Correspondance. *Public Health Amendment Bill*.
- Cutts, F. T., & Markowitz, L. E. (1994). Success and failures in measles control. *Journal of Infectious Disease*.
- Miller, J. (2013, June 26). Correspondance. *Fighting for the Disadvantaged in the Community: Vaccination (reply)*.
- Playgroup Queensland. (2013, June 18). *Workshop: Transition into Kindergarten*.
- Scarborough, K. (2008). *Vaccination: Investigate before you vaccinate: a guide for parents*. Magill: Vaccination Information Serving Australia.
- Wilyman, J. (2013). *Definition of Terms*. Retrieved 2013, from Vaccination Decisions:  
<http://www.vaccinationdecisions.net/resources/1%20Definition%20of%20vaccination%20terms%20for%20website%20130318.pdf>
- Wilyman, J. (2013). *Immunisation Policy*. Retrieved July 11, 2013, from Australian Government Immunisation Policy: Vaccination Decisions: [www.vaccinationdecisions.net](http://www.vaccinationdecisions.net)
- Wilyman, J. (2013). *Questioning Herd Immunity*. Retrieved July 11, 2013, from Vaccination Decisions:  
<http://www.vaccinationdecisions.net/resources/Questioning%20Herd%20Immunity%20Created%20by%20Vaccination.pdf>