

Submission to the Victorian Government on its proposed legislation to exclude unvaccinated children from child care centres

Introduction

I am a member of the public. I represent no organisations. My interest in vaccination began when I asked a doctor I know socially *'why do you recommend the hepatitis b vaccine for newborn babies?'* The doctor replied *'If I didn't I would be deregistered'*.

This legislation will UNLAWFULLY discriminate against children

People who wish to increase vaccination rates in children have stated that it is lawful to discriminate against unvaccinated children to protect public health, for example the Bill currently before the Queensland Parliament ('Queensland Public Health (Childcare Vaccination) and Other Legislation Amendment Bill 2015'), which has the same purpose as the Victorian Bill, states:

'The Anti-Discrimination Act 1991 also provides a broad exemption for actions which are reasonably necessary to protect public health and the aim of the Bill is to protect children and people who work at approved education and care services from vaccine-preventable conditions. Accordingly, the Bill will not lead to unlawful discrimination.'

This Bill, and the Queensland Bill, propose preventing children with no vaccine protection from using childcare services. No one can argue that this is *'reasonably necessary to protect public health'* because the children who attend these services and the adults who work in them will not be protected from 'vaccine-preventable' diseases by locking out unvaccinated children when parents of vaccinated children have no vaccine protection so can carry diseases and can enter these services whenever they want to. To deny entry to childcare services to people younger than eighteen who have no vaccine protection while allowing people older than eighteen who have no vaccine protection to enter them, is unlawful discrimination based on age. (And don't forget that vaccinated children are *in theory* already protected from diseases through being vaccinated.)

The Federal 'no jab no pay' Bill proposes imposing financial penalties on families if children in the family have no vaccine protection. It will not impose financial penalties on families if adults in the family have no vaccine protection. No one could argue that it is *'reasonably necessary to protect public health'* because children and workers in education services and schools will not be protected from 'vaccine-preventable' diseases by financially penalising parents of unvaccinated children when parents of both vaccinated and unvaccinated children can enter the educational services and schools carrying diseases, as can unvaccinated children. The Federal Bill proposes imposing financial penalties based on the age of family members who have no vaccine protection. Discrimination based on age is unlawful.

Background: do you believe that if 95% of children were vaccinated Australia would achieve herd immunity? Many people do and they are mistaken. They misinterpret

statements such as *'When 95% of the population is immunised, herd immunity prevents transmission of highly contagious conditions such as measles.'* (Queensland Bill) to mean that if 95% of only children are vaccinated, herd immunity will be achieved. Vaccinating 95% of children would achieve herd immunity if the vaccines given to children protected them until they die of old age (and they don't) or if the diseases only affect children (and they don't). Here are a few facts that demonstrate that herd immunity cannot be achieved by vaccinating *only* children.

- Our human 'herd' consists of people from one minute old to 110 years old.
- All the contagious diseases children are vaccinated against can be caught by adults.
- Booster shots are given to people some years after they receive their initial course of vaccine doses to maintain vaccine protection because vaccines provide only short-term protection.
- When a person is overdue for a booster shot they have no vaccine protection and can catch the disease just as easily as an unvaccinated person.
- Adults in Australia are not advised to get regular booster shots until they die against all the contagious diseases children are vaccinated against. The only contagious disease that children are vaccinated against which all adults are advised to have regular booster shots until they die is diphtheria. (Regular booster shots against some other diseases are recommended to some categories of adults, eg hepatitis b, pertussis, tetanus.)

Let's say that today approximately 30% of the Australian human herd are children who are fully vaccinated. That leaves 70% of our human herd without vaccine protection: adults who do not get booster shots and adults and children who have never been vaccinated. The contagious diseases children are vaccinated against can easily spread through our human herd when 70% of the herd has no vaccine protection. Adults who don't get booster shots are sneezing, shaking hands, sharing plates, kissing etc and are just as able to spread diseases as unvaccinated children, yet we do not have epidemics of these diseases.

What is the public health benefit of vaccinating 30% of our human herd while the remaining 70% has no vaccine protection? If fewer children followed the childhood vaccination schedule it would result in 25% or 20% or 15% of our human herd having vaccine protection instead of 30%. With 70% of Australians having no vaccine protection we do not have epidemics. If fewer children were vaccinated, I believe that this would not change. (Obviously there is no need to increase vaccination rates in adults because even with the very low rates of vaccination in adults we have now we see no epidemics of disease.)

Challenges with implementing the Victorian legislation

Over 40 doses of vaccine are recommended for Australian children by the time they are four years old, yet more are recommended in later years.

- What will you do about four year old children who have received 39, 38, or 37 doses of vaccine, will they be classified as unvaccinated until they receive the last few doses?

- Will children be classified as vaccinated if they have all the vaccines for contagious diseases but don't have the tetanus vaccine? As tetanus is not contagious, there could never be a risk to public health from a child or adult refusing the tetanus vaccine. So if the purpose of this Bill is to protect public health will parents who feel forced to accept for their children the vaccines against contagious diseases in order to enable them to attend child care centres be allowed to refuse the tetanus vaccine? The tetanus vaccine is usually provided in combination with others. Is the Victorian Department of Health ready to provide different combination vaccines so parents can accept other vaccines while refusing the tetanus vaccine?

How will catch up vaccination programmes be run? Parents of unvaccinated and partially vaccinated children will be given the option to follow a 'catch up' vaccination programme if they want their child to attend a child care centre.

- How will you deal with parents who say their child has had measles or mumps or chicken pox or some other disease and is therefore immune for life (whereas vaccines provide short-term protection against only a few strains of a virus, having the disease provides comprehensive, lifelong immunity)? Will you require proof through blood tests? If so, as the government pays for vaccinations, it will no doubt pay for blood tests. How much will it cost, which department will pay and have you factored in the cost of chain of custody procedures to ensure that parents don't cheat and supply the blood of another person?
- How will you deal with parents who agree to put their children on catch up vaccination programmes but forget appointments, say their dog ate the paperwork, find out last minute they can't take the time off work to take their child to the clinic, wake up on the day to find their child is too sick to have the vaccines or that their car battery is flat or a tree has fallen and is blocking the road? Who will hear the excuses of parents who agree to a catch up programme but do not comply with it fully and promptly? Who will decide whether their excuses are acceptable? Which government department will pay for this and has it been accurately costed?
- If parents who are judged not to have legitimate excuses for failing to comply with the catch up vaccination programmes for their child are also in genuine financial crisis, will they be treated with leniency and be allowed to send their child to a child care centre if they need to work in order to pay bills, perhaps to postpone eviction or foreclosure? Or will their child be denied access to childcare? What if their child is too sick to have the catch up vaccinations when required, will they be forced to accept a crash course of vaccines for their sick child in order to ensure their child can attend child care so they can work to keep a roof over their heads?
- How will you deal with parents of children put on a catch up vaccination programme who present dodgy paperwork? Which department will analyse documents to ensure that they are not forgeries? Has this been accurately costed?
- How will you deal with doctors who sign the necessary papers but don't inject the drugs into the child? Does your legislation enable you to do random blood tests on a proportion of all children on catch up programmes to ensure that they have had the vaccines their paperwork suggests they have had? You could test for mercury, present in flu vaccines, aluminium, present in most vaccines, and numerous other toxic substances present in all vaccines. Although costly it would be easy to analyse these samples as these toxic chemicals are not excreted quickly by the body,

vaccines are designed to have a lasting effect on the immune system. Which government department would conduct the random testing, which department would pay for it and to which department could the parents bring their objections if they disagreed with the test results?

Will you allow childcare centres for unvaccinated children? Do you think that it would be acceptable if childcare centres were established exclusively for unvaccinated children? Or do you think that refusing to admit vaccinated children to a childcare centre would be *unacceptable* discrimination? (They wouldn't look like ghettos, they'd have bright pictures on the walls and lots of very, very healthy, happy children inside.)

How will you reconcile this legislation with the human right to give 'informed consent'? Every doctor and every nurse in Victoria knows that it is their legal duty to obtain 'informed' consent from patients. Australia has signed international treaties on this human right. The Australian Medical Association, the Medical Board of Australia and all the other organisations involved with healthcare including those in Victoria will tell you, *if you ask them*, that they support a patient's right to give informed consent. An essential component of informed consent is that consent must not be obtained through deceit or coercion. Enabling child care centres to refusing to admit unvaccinated children is coercion.

- Have you explained to Prime Minister Turnbull that the Victorian State Government will no longer comply with international treaties and conventions on informed consent if it passes this Bill?
- Have you factored in to your implementation programme rewriting every Victorian Department of Health document that mentions informed consent to include the following caveat: whereas it is not acceptable to coerce people of any age into accepting most medical procedures and drugs, whereas it is not acceptable to coerce adults into accepting vaccines and whereas it is not acceptable to coerce Australian residents of all age who travels overseas into accepting travel vaccines, it ***IS*** acceptable to coerce parents into accepting vaccines for their children?
- How will you ensure that organisations such as the Australian Medical Association, the Medical Board of Australia and similar organisations in Victoria that represent and govern doctors and nurses rewrite their documents to include similar caveats?

Introduce a Bill to assess the cumulative impact of vaccines on children

The Federal Department of Health recommends around forty doses of vaccine for children to be taken before four years of age, all of which are designed to have a lasting impact on the child's immune system, all of which are known to contain toxic ingredients. The Department has no evidence on whether, cumulatively, these 40 doses of vaccine cause serious and life-long harm to some children. If the Victorian, Queensland and Victorian Bills are passed unvaccinated children will be segregated from vaccinated children. The main benefit won't be protecting vaccinated children from disease, obviously the vaccines do that! The main benefit will be that parents of vaccinated children won't see unvaccinated children, they won't talk to the parents of unvaccinated children. Parents of vaccinated children won't find out that unvaccinated babies don't get rushed to Emergency with uncontrollable

temperatures and febrile convulsions. They won't find out that unvaccinated children don't develop severe allergies to food such as nuts, milk or eggs, that they don't carry Epipens. They won't find out that unvaccinated children don't develop autism. They won't find out that hardly any unvaccinated children develop auto-immune conditions such as eczema, asthma or juvenile diabetes. They won't find out that unvaccinated children rarely visit their GP, don't need to see a paediatrician and only visit Emergency when they have an accident. They won't discover that unvaccinated children are freakishly healthy when chronic sickness, regular visits to GPs, specialists and Emergency Departments are 'normal' among vaccinated children. You all know that a simple, cheap, data mining exercise using Department of Health data to compare vaccinated and completely unvaccinated children would prove or disprove this. Federal Health Minister Ley last week announced a review to identify which taxpayer funded health care services are unproven and unnecessary. A comparison of the health of fully vaccinated and completely unvaccinated children would demonstrate the true cost, in human and financial terms, of giving healthy children 40 doses of drugs in their first four years.

A retrospective cohort study: for decades scientists and doctors have called for a 'retrospective cohort study' to compare the health of fully vaccinated and unvaccinated children. It isn't an obscure idea and properly done it would give a definitive answer to a logical question: does giving 40 doses of vaccines cause serious harm to a significant number of children such as auto-immune disease, food allergies or autism? A retrospective cohort study would involve selecting several hundred pairs of children, say between 10 and 15 year olds. Each pair would be identical in location, race, socio-economic status, birth weight, etc. The only point of difference between the two paired children would be that one child is fully vaccinated, the other is unvaccinated. There are no ethical difficulties. No child would be denied vaccines in order to participate. Unvaccinated children have already gone without vaccines because their parents decided that they wouldn't have them. No child would be harmed by participating. All the researchers would have to do would be to compare the health records of each pair of children to find out whether there is a statistically significant difference in the number of doctor diagnosed medical, neurological and behavioural conditions between the vaccinated and unvaccinated children.

This type of study to assess the true impact of giving multiple vaccines to children has never been done anywhere in the world. **If the medical experts paid to run and to advise the Department of Health are confident that the benefits of giving children 40 doses of vaccine in four years outweigh the risks why don't they commissioned a retrospective cohort study to reassure the public and raise vaccination rates?** It would cost the Department a tiny fraction of the annual vaccination budget. In Australia it would be very easy to do because the vaccination records of every child have been kept by the government since 1996 and every child has access to a similar level of health care. Even if 90% of children are fully vaccinated enough unvaccinated children could easily be found to participate in this type of study. Is it better to do the study knowing that you may discover that thousands of children have suffered serious, lifelong harm by following the childhood vaccination schedule or is it better to not do the study knowing that thousands more children may suffer serious, lifelong harm by following the childhood vaccination schedule? A Bill could be introduced into the Victorian parliament which would require the Victorian Department of Health to commission a retrospective cohort study. American Congressman Bill Posey and Congresswoman Carolyn Maloney recently co-sponsored Bills to do just that,

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proposing a 'Vaccine Safety Study Act'. Their Bill is available on the internet. They could guide you on the detail.

If you think there is really no need to question the safety of vaccines, did you know that the health of Australian children has deteriorated dramatically in recent decades and that the rate of increase in auto-immune diseases, food allergies and autism in children has been so fast that they must all be caused by something we are doing to our children (an 'environmental' cause)? There are thousands of credible scientific reports that link vaccines to a huge range of health and mental health conditions. Do an internet search on 'vaccines' and 'injury' and you'll find many websites which will refer you to more reports by scientists published by respected peer-reviewed journals than you could ever imagine which indicate that having 40 doses of vaccine causes some children serious, life-long harm. Please demand the following:

- that the Victorian Department of Health commissions an independent organisation to do a retrospective cohort study to compare the health of fully vaccinated and unvaccinated children along the lines of the Bill introduced into Congress in the USA by Bill Posey and Carolyn Maloney and to allow any interested parties or member of the public to comment on and have input to the design of the study before it is commenced to ensure that no one could later argue that the study wasn't fairly done.
- to obtain informed consent from parents that the Victorian Department of Health requires all vaccine providers (GPs, nurses etc) to ensure that parents are informed that the cumulative effect of the vaccines on the current Childhood Immunisation Schedule has never been investigated, that this point be clearly made on consent forms and that parents be required to sign a statement confirming they understand this,
- that no new vaccines are added to the Childhood Immunisation Schedule in Victoria until a retrospective cohort study is completed and only then if the study demonstrates that there is no difference in the health of the two cohorts of children.

Why do no Australian doctors disagree with vaccination of children?

Have you ever wondered why you never hear an Australian doctor publically criticising the Department of Health policy on vaccinating children? Have any practicing doctors pointed out drawbacks in your legislation? Just because you don't hear doctors disagreeing with Department of Health vaccination policy does not mean they all support it.

Free speech is a fundamental human right for all people, including doctors. The wording of the Medical Board of Australia's legally binding Code of Conduct for doctors leads some doctors into believing that they would be deregistered if they do not fully support the Department of Health recommendations on vaccination. **It is a great shame, for the medical profession and all of us, that doctors who think that some vaccines are not necessary, who think that children today are given far too many vaccines and who think that the risks of receiving 40 doses of vaccines in childhood outweigh the benefits, don't express their views but continue to vaccinate children.**

There are words commonly used in medicine that have distinct meanings. ‘**Procedure**’ means a series of steps taken to accomplish an end. ‘**Service**’ means all the activities provided by the doctor on behalf of patients. ‘**Treatment**’ means the application of remedies for a disease that a person has developed or an injury they have received. ‘**Preventative**’ or prophylactic means measures to protect a person from a disease to which he or she may later be exposed or a condition he or she may later develop. Treatments are given to people who are already ill or injured. Preventatives are given to people who are healthy to reduce the likelihood of their becoming ill. These meanings are clear and indisputable. Can we expect the MBA to use these words appropriately in their legally binding Code of Conduct?

By writing ‘*Being aware of your right to not provide or directly participate in **treatments** to which you conscientiously object*’ in Code 2.4.6 the MBA does not enable doctors to refuse to participate in a medical procedure to which he or she conscientiously objects if that procedure does not involve treatment of disease or injury. Doctors interpret this statement accurately if they think it means that they **must** support and participate in preventative procedures such as vaccination, that if they did not they could be deregistered.

The MBA’s choice of words is not consistent with those chosen by the AMA or organisations that are equivalent to the MBA in the UK, Canada or the USA. An AMA policy document on Conscientious Objection (dated 28th November 2013) states:

Point One: *Doctors (medical practitioners) are entitled to have their own beliefs and values, as are all members of society. There may be times, however, where a doctor’s personal beliefs conflict with their peer-based professional practice. In exceptional circumstances, and as a last resort, a doctor may refuse to provide or participate in certain medical **treatments** or **procedures** that conflict with his or her own personal beliefs.*

Point Seven: *A doctor who has a conscientious objection should not be treated unfairly or discriminated against.*

The AMA Code of Ethics (2004, revised 2006) includes the following points:

Section 3: Professional Independence.

Point one: *In order to provide high quality healthcare, you must safeguard clinical independence and professional integrity from increased demands of society, third parties, individual patients and governments.*

Point four: *Recognise your right to refuse to carry out **services** which you consider to be professionally unethical, against your moral convictions, imposed on you for either administrative reasons or for financial gain or which you consider are not in the best interest of the patient.*

Vaccination is a procedure, so the AMA clearly believes that doctors should be able to refuse to vaccinate. But the AMA also recognises and makes it quite plain to doctors that the MBA is the higher authority, it is the MBA doctors must obey.

The UK and Canada take a similar approach. The UK General Medical Council (GMC) code of practice for doctors (equivalent to the MBA Code) states under the heading ‘*conscientious objection*’:

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*'You may choose to opt out of providing a particular **procedure** because of your personal beliefs and values, as long as this does not result in direct or indirect discrimination against, or harassment of, individual patients or groups of patients.'*

Vaccination is a procedure, so doctors in the UK can opt out of providing vaccination as long as the opting out doctor can ensure that there is another doctor willing to vaccinate the patient. In Canada the College of Physicians and Surgeons of Ontario Policy Statement on 'Professional Obligations and Human Rights' (2008, updated 2015) serves as an example. It states in the section on 'Conscience or Religious Beliefs:

*'... While the Charter entitles physicians to limit the health **services** they provide for reasons of conscience or religion, this cannot impede, either directly or indirectly, access to these services for existing patients, or those seeking to become patients.'*

Vaccination is a service, so Canadian doctors can opt out of offering vaccination. **In the USA** doctors can speak freely on vaccination. There is an American organisation, the International Medical Council on Vaccination which has a website, vaccinationcouncil.org, which describes its purpose thus:

'The International Medical Council on Vaccination is an association of medical doctors, registered nurses and other qualified medical professionals whose purpose is to counter the messages asserted by pharmaceutical companies, the government and medical agencies that vaccines are safe, effective and harmless. Our conclusions have been reached individually by each member of the Council, after thousands of hours of personal research, study and observation.'

Principles and Findings

- ***We are profoundly critical of the practice of vaccination. Vaccination is an unacceptable risk to every member of society, regardless of age.***
- ***As medical professionals, Council members have observed first-hand the health of vaccinated versus the unvaccinated. We find the latter group to be robust, healthy and drug free compared to the former group.***
- ***We have reviewed published studies in support of vaccines and have found them wanting in both substance and science.***
- ***We have brought out into the open hundreds of peer-reviewed, published medical articles that document the damage and the diseases caused by vaccines.***
- ***We find the premise of herd immunity to be a faulty theory.***
- ***We encourage intelligent debate about vaccination.***
- ***We expect individuals to take responsibility for their health and the health of their children by investigating the problems due to vaccination prior to subjecting their children, or themselves, to this medical procedure.***
- ***We believe that refusing vaccination is a personal right that should be legislatively guaranteed.'***

There is another statement in the MBA Code of Conduct that would also lead doctors to believe that they must support the DHA recommendations on vaccination, Code 5.4.2: *'Participating in efforts to promote the health of the community and being aware of your obligations in disease prevention, screening and reporting notifiable diseases.'* Nowhere in the Code of Conduct are these obligations explained. How can a doctor comply with obligations without knowing what they are? This is a legally binding Code of Conduct which applies to every doctor in Australia. Is it acceptable for this Code of Conduct to include unexplained obligations? Doctors who disagree with the DHA recommendations on vaccination but who wish to safeguard their career interpret this as a requirement that they must support those recommendations.

The introduction to the Code of Conduct includes the following statements. *'This code is not a substitute for the provisions of legislation and case law. If there is any conflict between this code and the law, the law takes precedence.'* It should not be the responsibility of every doctor, individually, to seek advice from lawyers on whether legislation or case law, or indeed human rights which the Australian government supports, conflict with the Code of Conduct. The MBA has sufficient resources to ensure that the Code of Conduct does not conflict with the law or fundamental human rights. Please urge the Federal Government to demand that:

- the MBA be required to revise its Code of Conduct and replace the word 'treatments' in Code 2.4.6 with the word 'procedures',
- the MBA be required to change the wording of Code 5.4.6 by deleting 'being aware of your obligations in disease prevention',
- the MBA be required to submit this Code of Conduct to independent lawyers (ie not individuals who work for organisations which receive income from pharmaceutical companies or public institutions related to health care) who have expertise in drafting professional contracts to ensure that there are no statements in it that could lead a doctor to infer that they have obligations that are in fact contradicted by legislation, case law or human rights.

As it was surely not the intention of the MBA to deny both doctors and patients their fundamental human rights on free speech and informed consent the MBA should have no objection to making these alterations.

Conclusion

If you pass this legislation, if the Queensland and Federal governments pass theirs, Australia will knowingly introduce unlawful discrimination and will have decided to ignore a fundamental human right by coercing people into accepting drugs. Australia will have crossed the Rubicon. In a few years you will be urged to ban unvaccinated children from all schools (that has just happened in California) and you will have no reason to refuse. You will also be urged to coerce adults into accepting multiple vaccines and you will have no reason to refuse. This is the future you have to vote for or against. As Victorian cartoonist Michael Leunig has pointed out, it is a fascist future. Is that what you want for your children and grandchildren? It is your vote, your choice.