

## Newsletter 9 Conflicts of Interest within Government Advisory Boards

17 December 2012

*Re The declared conflicts of interest of Professor Terry Nolan (ATAGI chairman), Professor Peter Richmond, Professor Robert Booy, Dr. Alan Hampson and Anne Kelso.*

Our government has chosen this busy time of year to discuss a very important bill that involves human rights and freedom of speech. At this moment the Senate is conducting an inquiry into the **Human Rights and Anti-discrimination Bill 2012**. This is an important bill for our rights and freedoms and it requires public input. The deadline for submissions to the Senate is the 21 December 2012. I will attach information about this Bill to this email. If a government is transparent and accountable for health policies it implements then there is no need to infringe on human rights by coercing people to use a medical procedure.

This issue is relevant to Australia's vaccination policies because the government has recently added 2 new vaccines to the recommended childhood schedule and this schedule (11 vaccines before 1 year of age) has been linked to \$2,100 in welfare benefits. These 2 new vaccines are for diseases that *were not controlled by vaccines* and which represent a low risk to the majority of children. All vaccines have side-effects in some children. Parents are informed that children need to be fully vaccinated to receive this benefit or be on a recommended vaccination catch up program that has been advised by their GP. Although parents will still be able to receive this benefit without vaccinating they will need an exemption form signed by an accepted health professional to receive this benefit.

*In other words, instead of doctors requiring the consent of parents to use this medical procedure, parents are required to get a doctor's signature to refuse this medical procedure.*

Australia's vaccination policies have been recommended to our Minister for Health by the **Australian Technical Advisory Group on Immunisation (ATAGI)**. This advisory board is also responsible for providing advice about funding to research bodies and to advise research organisations on additional areas where research funding is required. Therefore it is a concern

to find that the chairman of this body and several other representatives on this committee have declared conflicts of interest (COI) with vaccine manufacturers.

Professor Terry Nolan has been the chairman of the **ATAGI** advisory group for several years and deputy chairman of the research committee of the **National Health and Medical Research Council (NHMRC)**: the committee that allocates funding for research projects. Professor Nolan's potential conflicts of interest include being a member of a CSL vaccine advisory board (at some time) and receiving nominal payments 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 Panvax influenza vaccine in 400 children in 2009 (Nolan et al 2010) even though he was also on the government's primary advisory boards for policy-decision making at the time.

Other members of ATAGI (and other advisory boards) who have declared conflicts of interest include Professor Peter Richmond and Professor Robert Booy. 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). At other times he has been a representative on a CSL vaccine advisory board (Bita 2010). At various times he has received nominal payments from CSL and he was also an investigator in the CSL funded clinical trial for Panvax vaccine in 2009 (Nolan et al 2010). He stated in 2010 that 'I don't think investigators involved in clinical trials are working for CSL' (Bita 2010).

Robert Booy is the co-director of the Australian Government's **National Centre for Immunisation Research and Surveillance Unit (NCIRS)**. 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 Panvax (H1N1) vaccine in 2009 which was funded by CSL and he has received support from CSL limited and other pharmaceutical companies to attend conferences. 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 research and surveillance unit yet they are not transparent to the public.

In 2010 Dr. Alan Hampson was a member of the **Influenza Specialist Group (ISG)** and he had previously been the Research and Development Manager at CSL (Dean 2009). Anne Kelso was a member of the ISG in 2010 and she had shares in CSL, Australia's only flu vaccine manufacturer. She was also in charge of the WHO influenza laboratory in Melbourne (Bita 2011)

In addition, **The Therapeutic Goods Administration (TGA)** that approves medicines and vaccines for the Australian market is also 100% funded by industry. 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. 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. There are many other members on government advisory groups that also have financial conflicts of interest with manufacturers and these are not transparent to the public.

It is critical that public health policies are designed in the public interest and not industry interests. 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 involve the general public. Advisory boards should be equally represented by the general public and experts, with all potential COI transparent. The public are the stakeholders whose *only* interest in vaccination policy is the health of the population. Yet the ATAGI committee consists of only one consumer representative and many technical experts and general practitioners. 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.

The health of all populations is dependent upon governments providing proof that there are **no** conflicts of interest on decision-making boards and ensuring that they are accountable for the policy-decisions that are made. If there are conflicts of interest then it is the government's responsibility to clearly inform the public of all COI. The public should not have to rely on 'faith' that conflicts of interest do not exist on these boards. This is particularly important when government policies involve coercive practices to implement a medical procedure for healthy individuals.

I hope that you will care enough about human rights to read the document I have attached to this email and make a comment to the Senate inquiry. Also please investigate the following links before you *have faith* that conflicts of interest in government decisions are not influencing Australia's expanding vaccination policies. There is no place for coercion in the use of vaccines until the government provides evidence of their safety, efficacy and necessity.

<http://www.columbiatribune.com/news/2012/dec/13/queries-about-autism-vaccines-unanswered/>

[http://vactruth.com/2012/12/16/36-infants-dead-after-vaccine/?utm\\_source=The+Vaccine+Truth+Newsletter&utm\\_campaign=9c2d5cd240-12\\_15\\_2012\\_bombshell&utm\\_medium=email](http://vactruth.com/2012/12/16/36-infants-dead-after-vaccine/?utm_source=The+Vaccine+Truth+Newsletter&utm_campaign=9c2d5cd240-12_15_2012_bombshell&utm_medium=email)

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[www.vaccinationdecisions.net](http://www.vaccinationdecisions.net)