

## Human Rights Commission

### To the Federal Human Rights Commissioner

Vaccination and chemicals injected into the human body are a human rights issue. I would therefore like to bring to your attention the selective presentation of the vaccination debate that is being presented to the public. Recently there have been many media reports about whooping cough vaccine that have been presented by two government officials; Professor's Peter McIntyre and Robert Booy (NCIRS). These reports have been promoting the whooping cough vaccine on anecdotal evidence (in particular the death of one baby to whooping cough in 2009). This type of evidence is emotional and not representative of the risk of the disease (or vaccine) to the population. Whilst these cases are tragic, the promotion of vaccines on anecdotal evidence is inappropriate.

Professor McIntyre has stated that on average there are less than 3 deaths to whooping cough each year. In addition, a percentage of individuals will also be damaged by the vaccine each year. A medical procedure should be promoted to the community on the risks and benefit of the procedure to the majority of individuals in the community. This is particularly the case as the government is recommending 12 vaccines before babies are one year of age – a schedule that has not been studied in controlled animal or human studies. Today Australian society is seeing an explosion of children with autism, allergies, anaphylaxis, autoimmune diseases and cancer.

### Government Conflicts of Interest:

*Professor Robert Booy, the co-director of the government National Centre for Immunisation Research and Surveillance (NCIRS) was an investigator involved in the trial for Panvax influenza vaccine. He receives support from CSL limited and other pharmaceutical companies to attend conferences and is on the vaccine advisory board for these companies (1). He receives funding from Roche, Sanofi, GlaxoSmithKline and Wyeth for attending and presenting at scientific meetings (1).*

*Professor Peter McIntyre's National Centre for Immunisation Research and Surveillance (NCIRS) project for the study of pertussis vaccines for newborns was granted \$1.5 million of which more than \$750,000 in kind will be provided by GSK for monovalent vaccine and laboratory testing (2).*

It is noted that many government officials now have conflicts of interest with industry and in addition vaccine trials and advisory boards are largely funded and influenced by pharmaceutical companies. Whilst this situation is not necessarily a problem it is important that the public is informed openly (and

transparently) about funding from pharmaceutical companies and any financial ties officials have with industry. It is also noted that health professionals and consumers are being investigated for discussing the risks and benefits of this procedure. The NSW HCCC recently retracted a complaint (after 2 years) that was made against a consumer group (the Australian Vaccination Network) for asking valid questions about the use of multiple vaccines in infants. This is compounded by media programs that do not present complete information about immunisation policies. The media is also not accountable to the Health Department for the information it provides on vaccination (3) (4).

It is everybody's choice to use a vaccine if they believe it is beneficial but if we are living in a society that does not ensure the information the public receives on health issues is complete and accurate, then incentives such as tax benefits for parents and the need for doctors to sign refusal forms are unethical. These measures were increased by the government on 1st July 2012. At present the government has not proved that the increase in autism and chronic illness is not being caused by adding multiple vaccines (containing antibiotics and preservatives) to a developing infant. The government and scientific institutions have not funded the studies that would prove causality. Therefore, there is no scientific consensus that the government's immunisation policy is safe and the 'safety' of this policy is certainly not based upon scientific-evidence.

**Judy Wilyman**

**PhD Candidate** [www.vaccinationdecisions.net](http://www.vaccinationdecisions.net)

**Reference:**

1. Nolan T, McVernon J, Skeljo M, Richmond P, Wadia U, Lambert S, et al. Immunogenicity of a Monovalent 2009 Influenza Vaccine in Infants and Children: A Randomised Trial. *Jama*. 2010 Jan 6;303 (1): 37-46: Supplementary online content.
2. Professor Peter McIntyre, School of Public Health, University of Sydney, <http://www.health.usyd.edu.au/people/profiles/P.Mcintyre.php> 06.09.09
3. Australian Government, Department of Health and Ageing, Office of Health Protection, 2009
4. NSW HealthCare Complaints Commission (HCCC), 2012