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Friday, October 16, 2015
Committee Secretary
Senate Standing Committees on Community Affairs
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Parliament House
Canberra ACT 2600 Fax: +61 2 6277 5829

Dear Sir/Madam,

Amended Submission on

Social Services Legislation Amendment (No Jab, No Pay) Bill 2015

I'm a medical practitioner with with over 32 years experience in general practice and an additional three years in hospital practice in New South Wales. In this time, I have seen and examined many hundreds of patients who have suffered adverse outcomes of vaccination, and have provided advice to hundreds of families who have sought my opinion on the vaccination of the children, and to many individuals on their own vaccination prior to travel, etc.

My practice has a distinctive focus on chronic fatigue syndrome (CFS), and my publications in the peer-reviewed medical literature are on chronic fatigue syndrome and in non-accidental injury to children.

It is on the basis of my clinical experience, the histories given to me by families regarding adverse reactions to vaccination, and the reasons that they have hesitated in vaccinating their children, as well as my own research and reading in this area, that I make this submission to the Senate regarding the so-called "No Jab, No Pay" proposed bill before the Parliament. This document is my submission.

Dr Mark Donohoe

GENERAL

My concerns around the proposed legislation fall into a number of different areas. The most important of these arises from the concerns of my patients, and the adverse reactions that I have documented as a result of vaccinations.

The parents I have seen who have concerns about the vaccination of their children seek advice in part because they perceive the push for vaccination to be unbalanced in favour of vaccines, and denying the adverse outcomes that are caused by vaccines. They have sought from me a balanced view of the advantages and disadvantages of vaccination for their own child or children. They are generally well read and informed about vaccination, are aware of the extreme arguments on either side of this topic. They have sought from me a balanced opinion based on their own children's medical history and the family history, especially where vaccine adverse reactions have been experienced by the parents or siblings.

These parents are particularly good parents. They have thought and considered the issue of vaccination deeply, have read widely, and have paid attention to the individual needs of their own children based on their experience, science and intuition. The parents I have seen are not "anti-vax", and engage in discussion that frequently extends beyond an hour in a medical consultation in an attempt to make the best decision for their own children.

In the past, most of those parents have chosen to vaccinate their children either partially or completely, while a minority have decided against vaccination for their own child based on the relative risks and benefits of vaccination for their child.

All parents I have counselled are aware of the benefits of "herd-immunity", and the necessity for vaccination rates to reach a particular level to provide general protection against vaccine preventable diseases for the whole community. Their decisions regarding the vaccination or otherwise of their own children are not made carelessly or without consideration of the social obligations. However, the first obligation of every parent is to the well-being of their own child, and parents routinely have to make decisions regarding health risks and benefits which far exceed the decisions related to vaccination or non-vaccination.

To date, when decisions have been made to not vaccinate their children, the form used was the "conscientious objection" form, and this was an appropriate way to determine that every parent was fully informed of the facts, including risks and benefits of vaccination in the context of their own child's health care needs and health risks. Some parents made the

choice to be conscientious objectors, and this choice was rare enough to ensure that herd immunity was in no way threatened and that public health related to vaccination rates was maintained.

The proposed new "no jab, no pay" legislation distorts this ability of the parent to choose freely whether or not their child should be vaccinated. It also distorts it in a way which is discriminatory, and most impacts those who are poor and require the government tax benefits and payments which have been put under threat by the proposed legislation.

I have seen a number of these families in the past three months who are deeply distressed by what they regard as effectively mandatory vaccination – meaning that their choice, if not coerced by the threat of losing government benefits, would have been to withhold or delay certain vaccinations. Because of their financial situation, they are distressed that their choices are no longer able to be made solely in the interests of their own child, but with an awareness that the choice to not vaccinate or to delay vaccination will bring financial hardship and stress.

This legislation puts parents who rely on the tax benefits and payments withheld in an untenable position. They see the legislation is forcing them to make a choice between money necessary for the care of their child, and their child's best health interests.

I also see families who fit into the wealthier strata of society for whom the money is of no concern, and who are therefore not forced to change their position on the protection of their child's best health interests in order to receive government funds.

I find it extremely unethical and immoral that legislation in Australia could be considered to force the disadvantaged into medical procedures that they would otherwise not have chosen, while allowing the wealthy to make choices based solely on the health of their child.

I would strongly propose that the legislation been modified to prevent discrimination based on wealth or disadvantage, and the only way that I can conceive of breaking this discrimination is to break the link between government payment / tax benefit and the choices a parent makes on whether to administer a medical procedure to their child.

Coercing the disadvantaged into accepting medical procedures by threatening the withdrawal of funds that were never tied to vaccination is un-Australian and unethical.

COMPULSORY VACCINATION

As noted above, the proposed legislation is effectively compulsory vaccination for those who cannot afford to make any other decision. Parent after parent has said this to me, “we simply can't afford not to vaccinate, no matter what the risk”. Parents who cannot afford to forego the government support are effectively being forced into compulsory vaccination.

If the intent of the government was to make vaccination compulsory, it should do this directly and without discrimination related to wealth or disadvantage. If a high proportion of the population now regards vaccination as compulsory because they cannot afford the alternative, then it would be more honest for government to simply make a mandatory vaccination bill, which would not discriminate in any way.

The problem, as I see it, is that compulsory vaccination carries with it the obligation of compensation for those children injured by vaccines, and funding for such compensation is not forthcoming. There are precedents in other countries, and it may be that a delay of the current proposed legislation in order to study this alternative may be worthwhile.

VACCINATION AS A MEDICAL PROCEDURE

Vaccination is a medical procedure with a potential for harm. It is not mandatory. It is administered to infants for the purpose of reducing the risk of specific infection both for the individual and the community. There are benefits to vaccination and there are potential harms. When the influence of a disease in the community is high, the benefits of vaccination clearly outweigh the harms because the risk of adverse reaction from the vaccine is considerably less than the risk of significant damage caused by the disease.

Because vaccines have worked well to diminish the prevalence and incidence of the so-called “vaccine preventable diseases”, the risk of harm from many of the infectious diseases that the community is protected against is now very low, and for many of these diseases the risk of an adverse reaction to a vaccine now exceeds the risk of even catching the illness which the vaccine is designed to protect against.

For example, in the past measles was an almost universal illness affecting nearly 100% of the population. Significant adverse outcomes from measles occurred in up to 10% of those infected. Vaccination massively reduced the incidence and prevalence of measles in the community to the point where adverse outcomes of measles itself is now almost immeasurably low while adverse reactions to the vaccine for measles is now the greater risk.

This raises the issue of the difference between public health decision-making and the decision-making of a parent raising a child. Public health decisions are made in the interests of communities, and on the basis of a "lowest common denominator" of health standards. The decision of each parent is based on their own experience, education, intuition, and understanding of the health of their own individual child. In evolutionary terms, mothers have proven exceptionally good at birthing and raising children with out medical intervention, and I think it is no accident that over 50% of all prospective mothers are worried by the fear of adverse reactions to vaccination.

Vaccination can be supported by education, but because it is a medical procedure, coercion in any form for the acceptance of the medical procedure is not acceptable.

I appreciate that various medical groups regard the dropping of this ethical consideration for vaccination as necessary to achieve a greater good, but it must remain the decision of the parent for a child to have a medical procedure of any type, including vaccination. Coalition is simply unacceptable, and withholding of pay because of failure to maintain a child within the vaccination schedule is simply coercion for many families.

SUMMARY AND PROPOSALS

In my opinion, the legislation as proposed is flawed and unethical. It places an undue burden on the disadvantaged to make a choice between money that they rightfully could expect from government and the free choice in the best and most appropriate care of their own child. It leaves the wealthy capable of making the decisions without such considerations.

The situation with vaccination rates in Australian is exceptionally good, and herd immunity has been reached easily with all vaccines. There is no need to induce parents to make a choice between vaccinating their child and receiving tax and government benefits. The cur-

rent vaccination rate is exceptionally good, and does not require such heavy-handed coercion to achieve the vaccination rates required for herd immunity.

This legislation seeks to fix a problem that does not exist in Australia. In my experience, parents seeing this proposed legislation regard it as heavy-handed bullying that reduces their ability to make independent choices on behalf of their own child's health. I believe it is likely to backfire, and may work against continuing vaccination programmes at the rates they have currently achieved.

I do agree that parents should make the choice consciously, and with medical advice, regarding vaccination of their own children. I do not believe that this is a public health issue at present because of the excellent vaccination rates we have achieved in Australia.

I would propose that the legislation be dropped entirely, as it is discriminatory and unethical in its foundation, and will force poor families to submit to medical procedures that they would not otherwise have chosen.

I would propose that at the very least, exemptions be provided by medical practitioners who have counselled families on all aspects of vaccination, and allow the medical practitioners and the families to work in the best healthcare interests of the child without reference to financial or non--health-related considerations.

Signed _____

Dr Mark Donohoe

Not: because of time considerations, a full proofing of this document was not able to be done before submission. There may be errors in the text