Submission in response to the Social Services Legislation Amendment (No Jab No Pay) Bill 2015

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I am Professor of Public Health and I also have three young children, so I am acutely aware of the scientific evidence for individual and population-level benefits of childhood immunization. I am well aware of the arguments put forward for 'herd immunity' and in principle, I applaud Governments for attempting to improve immunization rates, with the overarching goal of trying to protect the health of people within Australia, and in particular those people most susceptible to communicable diseases such as the very young, frail older people, unvaccinated (for whatever reason) and immunocompromised people. Notwithstanding my over-arching positive view of childhood immunization programs, I feel very concerned about the proposed No Jab, No Pay proposal. I have three main causes for concern – 1. it goes against free choice which is a bedrock of democratic societies, 2. it targets the most vulnerable people in society without really offering assistance or support, and 3. it does not include a Vaccine Injury Compensation Scheme. In terms of positive suggestions, I argue for the centrality of working WITH communities (rather than a potentially perceived policy of bullying low income parents) in order to develop trusting relationships, since trust is a key determinant in parents making active decisions to vaccinate (or not) their children. I am not suggesting a coercive element in order to get parents to trust in order to then get them to vaccinate – but building trusting relationships is central to healthy democracy and can then enable full, free and informed choices to be made, whatever those choices are, without fear of losing welfare benefits.

Point 1 – choosing whether or not to submit yourself or your children to a medical intervention SHOULD be based on informed and free choice. If a parent or child makes a decision not to be immunized, for whatever reason, that should, in a democratic society, be allowed. However, taking away the possibility of parents being Conscientious Objectors, and still receiving appropriate welfare payments, is effectively taking away free and informed choice. By instituting the No Jab, No Pay policy, Australia is effectively moving back to the dark ages whereby the State can bully it's 'servants' into complying. As I said before, I can understand the Government wanting to attempt to improve childhood immunization rates for their potential population-level benefits, but that feels rather Draconian and surely there are more inclusive, ethical and empowering policies which involve working with groups of lower-vaccinating parents rather than simply threatening the removal of welfare payments. Australia already has an enviable childhood immunization rate and coverage, so it is not clear what the public health benefits of this specific policy will be – the risk is the reduction of free and informed choice about medical interventions (a basic human right) but the benefit to public health is less clear. Has there been epidemiological modelling to predict (as far as science can) the likely public health impact of this policy in terms of numbers of communicable disease events avoided? There could then be a sensible and rational debate about the risks in terms of public health ethics and the benefits in terms of potential illnesses avoided.

Point 2 – the No Jab No Pay policy targets a particular group of low-income families who may not fully

immunize their children due to difficult and haphazard life-circumstances, rather than conscious choices – families who rely on welfare payments but may have multiple part-time/casual jobs, extended families to support – ultimately life-circumstances which make it difficult to access immunization services. Approximately 50% of non-vaccination is due to logistical barriers to getting access to immunization services (Hull BP et al. Immunisation coverage 2012. Communicable Diseases Intelligence 2014;38:E208-E31), and therefore simply withholding welfare payments does not solve this problem for such families. Providing additional and easier to access immunization services may go some way towards helping such families, who could then make an informed choice. Obviously the No Jab No Pay policy does not impact greatly on higher-income families who do not immunize their children, since they will be much less welfare-dependent, so the policy also seems rather regressive and discriminatory. Bully the poor (who may find it extremely difficult to immunize their children for logistical reasons) but leave the rich alone (some of whom may be making very rational and informed choices not to immunize their children).

Point 3 – we know that no medical intervention is 100% effective or 100% safe. Indeed, science does not and cannot 'prove' anything and cannot give us a truth – that is why we have statistics – we can be almost certain, but never certain. Therefore, there will be and have been unfortunate side-effects from immunisations, some very serious. These partly fuel some vaccine rejection or at least vaccine hesitancy. Nevertheless, forcing low-income families to immunize their children should require a Vaccine Injury Compensation Scheme – a necessary Government response to the No Jab No Pay policy one would expect.

In public health research, we generally see three types on public health interventions – carrots, sticks and sermons. None of these work particularly well on their own, and any successful public health intervention needs to have community 'buy-in' and work with an informed and empowered public. The No Jab No Pay is the 'stick' – there is no additional advantage in the case of a carrot (other than being able to get access to what you derive – welfare payments) and sermons are generally ineffective without a raft of other supportive policies and programs.

The No Jab No Pay policy ignores concerns that some parents may have, simply compelling them to vaccinate their children or forgo welfare payments . The immunisation process induces complex, emotional decisions in parents who are faced with weighty choices, such as balancing the welfare of the community, with a 'do no harm' ethos for their own child. (Downs JS et al. Parents' vaccination comprehension and decisions. *Vaccine* 2008;26:1595-607). Other widely held concerns are: the sheer number of vaccinations given to children, health professionals may provide inadequate information; the vaccines may be perceived to overload their child's immune system and alternative medicines may suffice in place of vaccines (Samad L et al. Incomplete immunisation uptake in infancy: Maternal reasons. *Vaccine* 2006;24:6823-29). A further concern concerns trust - not only do some parents distrust the medical system but anything recommended by government institutions. A core research question which resulted from the 2014 report by American Academy of Arts and Sciences, entitled '*Public Trust in Vaccines: Defining a Research Agenda'* was, **"To what extent does vaccine hesitancy result from broader distrust in government and science"**. This question resonates with other recent literature which cites 'trust' at some level as paramount in the decision for parents to vaccinate (Larson HJ et al. Understanding vaccine hesitancy around vaccines and vaccination from a global perspective: A systematic review of published literature, 2007–2012. *Vaccine* 2014;32(19):2150-59). In order to improve childhood immunization rates (if indeed that is required or feasible given the high childhood immunization rates in Australia), Governments at all levels need to build trusting relationships with the people/groups/communities they want to impact. There are already low

levels of trust in governments in Australia (Meyer SB et al. Demographic indicators of trust in Federal, State and local government: Implications for Australian health policy makers. *Australian Health Review* 2013; 37: 11-18) and 'forcing' people to vaccinate their children may simply lead to lower trust in governments. Whilst one may assume that trust or mistrust is located in the specifics of the vaccinations, mistrust is often transferred to the specific person or institution, not necessarily due to an 'informed mistrust', but more so a perceived logic. For example, a person may mistrust medical science because it provides inconsistent findings and thus leaves 'truth' open to question, they may mistrust government and/or politicians due to media stories, they may question the integrity of doctors due to the perceived power of big pharma, and a 'logical' response may then be to question vaccination since it 'represents' these variety of 'trust symbols'.

Maintenance of institutional trust is paramount to immunisation programs. For example, concerns regarding trust in institutions involved in vaccinations during the 2009 influenza H1N1 pandemic led to increasing hesitancy to vaccinate linked to conspiracy theories and speculation that the pandemic response was influenced by commercial interests (Yaqub O et al. Attitudes to vaccination: A critical review. Social Science & Medicine 2014;112:1-11). This distrust was further promulgated in Australia when the flu vaccine for children was withdrawn due to an observed increase in vaccine side effects, relative to infection risk from the actual disease. It is also argued that institutional trust is being eroded by current social trends towards patient advocacy, empowerment and patient choice, being at odds with the traditional approach to public health programs, which is increased further with virtually unlimited access to health information via sources such as social media and the internet.

My proposition is that we need to understand trust or mistrust with parents in order to understand if, where and how to develop strategies to re-build trust. The proposed No Jab No Pay policy may have the reverse effect – to further alienate and polarize parents who are currently making active choices not to vaccinate their children and to also make low income parents more resentful to governments for potentially perceived bullying tactics. These are large risks for the government, set against the backdrop of unclear benefits for population health.

I sincerely hope that my submission, and the submission of others, assists the committee with its deliberations. I am sure that we are all searching for the most appropriate, ethically justifiable and sustainable way forward.

With kindest regards

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