

12<sup>th</sup> October 2015

Dr Kevin Coleman

To Senate Committee into the “NO JAB, NO PAY” legislation.

Dear Sir/ Ms

I am compelled to write to you about my concerns regarding this legislation. I am a father , grandfather and Medical Practitioner with over thirty five years experience in Family medicine and Public Health, and over twenty years practice in rural and remote locations in PNG, South Africa and rural Australia. I was formerly MO in charge of Communicable Diseases / vaccination for Western NSW, whilst working for the Western NSW Public Health Unit in Dubbo and briefly served on the Hepatitis Advisory Committee for NSW in 1994.

I am not anti-vaccination across the board-but I do have strong reservations about the way vaccines are marketed, the hype regarding their efficacy; the lack of transparency in the research data and interpretation, and the almost complete lack of interest in co-factors in the Host –pathogen interaction, or unintended events following vaccination for which there is a dearth of good research.

Moreover in this era of mandatory sentencing , detention, reporting etc I am appalled at how these good and concerned parents are vilified in the popular press and indeed professional publications, their very real concerns being dismissed by those not affected. And now the government wants to criminalize brave parents for refusing to be silenced by a biomedical establishment, which has a well documented unhealthy relationship with the pharmaceutical industry. It is to be noted that the Public Health Bulletin is co-published with Sanofi-Pasteur.

We are probably just three to four generations into a massive experiment affecting the human genome.; and big dollars to be made by pharmaceutical companies hungry to corner the market, on emerging epidemics of auto-immune illness , allergy and cancer. There is NO doubt , that the major advances in the control of communicable diseases have come with public health measures of : clean water, sanitation, good nutrition and healthy social relationships and spirituality. Vaccinations major impact has been on the marginalised and malnourished.

We are witnessing a slow moving Tsunami of immunological dysfunction as evidenced by a steady increase in childhood cancer and allergy, and emotional –cognitive developmental disorders. Why?? Unfortunately , Medicine has been seduced by specialisation , each operating in their silos of medical care, and often lacking a broader view. The wise General Physicians or Surgeons are a lost entity, replace by a narrow focused reductionist super-specialism, and their attendant costs.

Like most pathologies , the answers are complex and multifactorial; but it stands to reason that vaccination is in there as “Person of interest.” We know for instance that women who have had childhood Mumps have a degree of protection against Ovarian Cancer which is forfeited by those who are vaccinated. We are now using the measles vaccine as a useful therapy for the treatment of Breast cancer . I’m not aware of any clinical utility for Rubella vaccine. (But watch this space) Not doubt Rubella is devastating for the unborn child below 24 weeks gestation, and this mandates vaccination for prospective non-immune mothers. The human species has co-evolved with these viruses over millennia at least , and they are vital for our evolving immunity. Indeed we share 8% of our genome with ancient viruses.

Meningococcus is a terrible illness when it becomes invasive , but we are the only species on earth that harbours this organism. For the 5-10 persons/ million affected by invasive meningococcal illness, the results can be devastating. However rarely do we hear of the impact of Alcohol and Smoking as co-factors in pathogenesis of these illnesses. Infants (who have the highest vulnerability to meningococcaemia) have between a 4 –fold to 20-fold increased mortality where there is a smoker in the house hold! Environmental issues are pivotal to the lethality of this organism. This organism often lives harmlessly in the naso-pharynx of up to 40% of the population. It’s there for a reason!

I have spoken and counselled many parents over the years, some whose child was affected by a vaccine preventable disease , but equally by those convinced their child was adversely affected by a vaccine. I have often tried to placate these wounded parents, citing the arguments put forward in Myths and Realities : Responding to arguments against immunisation- but this document is more Evidence based Marketing than science, with graphs distorting the true impact of vaccines. Mortality from Measles in England and Wales had virtually zeroed out for the three year prior to the introduction of the MMR vaccine.

Jefferson T et al in their balanced article Unintended events following immunisation with MMR: a systemic review in Vaccine. 2003 Sept 8;21 noted “the design and reporting of safety outcomes in MMR vaccine studies, both pre- and post- marketing , are largely inadequate.” Now if confronted with a grieving parent, I am more likely to believe the mother rather than the glib reassurances of the vaccine producers. I believe the current poly-vaccination policies are sabotaging the evolution of our children’s immune system.

Finally , many Australians who may have visited the UK in the mid 80’s are requested by the Red Cross NOT to donate blood , because of justifiable concerns regarding Prions ( Tiny particles smaller than viruses the cause of Mad cow disease etc) contamination. And yet we were still using primate sera as late as 2003 to manufacture Hep B vaccines. Now we variably use porcine, bovine or chicken based cultures. The potential for cross species contamination is NOT insubstantial.

Finally I believe the so called “anti-vaccers” need be given the respect they deserve. Their observations are not to be dismissed- but heeded. We’ve fought two world wars for our democratic freedoms. Please defer this legislation.

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