

This response was submitted to the consultation held by the Nuffield Council on Bioethics on *Public Health: ethical issues* between May and September 2006. The views expressed are solely those of the respondent(s) and not those of the Council.

Vaccination Awareness Network UK

## **QUESTIONS ANSWERED:**

### **Question 1 The definition of public health**

#### **ANSWER:**

No, the term 'public health' is merely a term used to describe the general populations state of health, or specific groups of the general population. It does not imply that any action should be taken to attain public health. If you are speaking about how we as a society can improve our health, a better term would be 'public health promotion' or 'public health education.'

### **Question 2 Factors that influence public health**

#### **ANSWER:**

I believe that the media and advertising influence people's attitudes to caring for their health and maybe this should be a sub-section in 'social factors'?

### **Question 4 Control of infectious disease**

#### **ANSWER:**

I don't believe that enforced quarantines are a good idea. Prevention of infectious disease by isolation has long been known to be one of the most effective methods of preventing the spread of disease, BUT to enforce someone in to quarantine is imprisoning them and this can never be right, no matter what the circumstance. Governments could potentially quarantine people for reasons other than disease control, using disease as the reason, and this is a highly questionable practice. The public are intelligent, and even those in less educated brackets would be amenable to isolation if the reasons and benefits for preventing disease were given to them, say, in educational leaflets or posters, especially given as the practice is non-invasive. It should not therefore be necessary to enforce any kind of quarantine as people would voluntarily agree so in cases of severe outbreaks if it were presented to them properly. Because of vaccination, most doctors do not routinely screen for infectious diseases, or they re-classify them as something else because the person has been 'immunised', therefore they are not vigilant to the diseases. It is VAN UK's opinion that throat swabs, blood tests and other diagnostic means should be routinely used to screen for infectious diseases, regardless of immunisation status, so that early detection of disease and therefore early prevention by means of antibiotics and other treatments may be used. This would also prevent the spread of disease and the severity of that disease in the affected person. Epidemics in other countries, especially third world countries, are largely due to poor diet, lack of sanitation, poor housing, and a bad or non-existent water supply. Poorer countries should be given grants to fund irrigation systems, wells, water pumps and farming techniques which are self-sufficient and then large numbers of diseases and deaths would be cut drastically. There is too much money ploughed into vaccination and drugs, which according to their manufacturer's are only meant for healthy children, so these do nothing but compromise and damage the immune systems of children unable to cope with it due to their living conditions. If more of this money was actually spent on tackling the root cause of disease (i.e. not enough food, unclean water, overcrowding etc), then we would see not only a decline in diseases but also more self-sufficient third world communities. There are no circumstances in which mandatory testing for HIV or TB or others would be appropriate. People own their own bodies and being able to accept or reject a medical treatment or procedure is a basic human right. If the rights to our bodies are overtaken by

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governments and their health policies, we would no longer own or be responsible for ourselves and would merely be state property. An enforced medical treatment, even if for a perceived benefit is no different to enforced sex and this is considered rape and is illegal. HIV testing was recently introduced to all pregnant women in the UK and whilst I myself was pregnant, I was told by the hospital they were going to HIV test me. I said no and they informed me it was government policy and they had to. I explained to them that I had only ever had sex with one man, my husband, and that he had only ever been with me, and neither of us had HIV. They again replied it was not my choice and I 'had to' have the test. I was given blood work paperwork to give to the doctor who would perform the HIV test, and I threw this paperwork in the bin, refused the test and just got the blood tests for anaemia. Hospital policy or not, it will always be my choice over what tests I have, as it will always be the public's choice over whether they wish to be tested for HIV/TB etc.

### **Question 3 Prevention of infectious diseases through vaccination**

#### **ANSWER:**

Your questions assume that the theory of 'herd immunity' actually works, which it does not and never has. Throughout the last 200 years or so since vaccinations were invented, diseases have occurred in 'immunised' populations even where the rate is 95% or more with known immunisation status. Here are some medical studies which show a failure of so called herd immunity: Klock, L.E., et al. "Failure of rubella herd immunity during an epidemic." *New England Journal of Medicine* 1973; 288(2):69-72. Immunogenicity of second dose measles-mumps-rubella (MMR) vaccine and implications for serosurveillance. Outbreaks in highly vaccinated populations. 2002 Jan 15;20(7-8):1134-40. This particular study starts with the sentence 'Measles and mumps, but not rubella, outbreaks have been reported amongst populations highly vaccinated with a single dose of measles-mumps-rubella (MMR) vaccine.' Reemergence of invasive haemophilus influenzae type b disease in a well-vaccinated population on remote Alaska" (*Journal of Infectious Diseases*, vol. 179, no. 1, January 1999, pp. 101-106, reported via Vaccine Weekly, NewsEdge Corporation news release, February 12, 1999): In 1996, after administration of Hib conjugate vaccine (DTP whole-cell vaccine + Hib), cases of invasive Hib disease, as well as "silent" Hib infections, increased. High incidence of breakthrough varicella observed in healthy Japanese children immunized with live attenuated varicella vaccine (Oka strain)," *Acta Paediatrica Japonica*, vol. 39, no. 6, December 1997, pp. 663-8: the rate of varicella [chicken pox] occurrence among vaccinees was found to be much higher than rates reported previously by other authors. "Varicella vaccine seems to be effective in modifying the symptoms of varicella, but not potent enough in protecting from VZV infection." Perhaps a most famous case of all, occurred in actress Kate Winslet's baby daughter Mia, who contracted pertussis at aged 5 months, after having received all 3 DPT shots and in an area with very high vaccination rates. Another argument I would make is that if vaccination is truly effective at preventing disease by inducing antibodies, then it would not matter what the vaccination rates are. Those who were vaccinated would be immunised and not able to contract diseases from those who were not vaccinated. If they do, then the vaccine doesn't work. If health care officials truly believe that it would be ineffective if given to less than 85% of the population, then they don't have any belief in their own product. Therefore I think that to try to mandate vaccines on the basis of a shaky theory that has never been proven, and against which there is a great deal of medical information to show it doesn't work, would be against public interest and basic human rights. Vaccination involves piercing the skin with a needle. Any medical procedure which breaks the skin is classed as a surgery, which there needs to be verbal and written consent for. Furthermore, most vaccination is done on healthy asymptomatic individuals for the purpose of preventing disease which has not happened yet and may not happen. It carries with it risks of side-effects and in rare instances, disability and death. If this was mandated it would be against the hippocratic oath 'first do no harm', if that asymptomatic individual then developed side-effects from a mandated injection. People who have a medical procedure enforced upon them against their will can sue for assault. I would like also to point out that even in countries where vaccines are 'mandated', there are medical, philosophical and religious exemptions to vaccination and that it is possible to enter school without being vaccinated. The person would instead present their exemption certificate instead of their vaccination record. I

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would like to point out that on page 18, point 3 on 'facts and figures' is infactual. HIB disease is NOT Meningitis B. HIB disease comes from a bacterium which causes a variety of complications including pneumonia, septacemia and other things, and can lead to Meningitis, but it is not Meningitis B itself, so cannot be credited for reducing the disease. Meningitis C was also a fairly rare type of meningitis until after the introduction of HIB vaccine in 1992. Then rates of this particular type of meningitis increased, leading to scientists wishing to develop the Men C vaccine. Also, the rates of Meningitis C have actually risen since the introduction of the Men C vaccine, according to an article in the independent and the Meningitis Research Foundation: Cases of meningitis and septicaemia have fallen from about 4,000 a year in the late 1990s to 2,446 last year following the introduction of a vaccine against meningitis C in November 1999. But in a bizarre twist the number of deaths rose last year by 17 per cent from 317 to 370 and is not far below the level before the vaccine was introduced. Specialists say one reason for the rise in deaths is the mistaken belief that the vaccine protects against all forms of meningitis. The vaccine is only effective against meningitis C, cases of which have fallen by 90 per cent, but offers no protection against the equally deadly meningitis B. The Meningitis Research Foundation is to launch a campaign this week to alert the public to the risks. A spokes-woman said: "We are extremely concerned about the rise in deaths. With cases declining this is the last thing we want to see. We don't know why deaths are rising but anecdotal evidence suggests many people think that since the introduction of the meningitis C vaccine the problem is solved." This particular article also confirms the lack of an available Meningitis B vaccine, which further demonstrates that your point 3 on page 18 is wrong.

## **Question 5 Obesity**

### **ANSWER:**

Obesity is multi-causal so should be tackled a variety of ways. Firstly, a large percentage of infants are formula fed, or not breast fed for long enough, and studies have shown this is linked to obesity in later life. Advertisements for formula milk should be banned and hospitals should not stock formula milk. WHO are now re-doing their centile growth charts using breast fed infants as the normative, when previously growth charts were based on formula fed infants, who are generally heavier. Human milk for human babies will always be the normative model, so this is a step in the right direction. Unicef recommend co-sleeping with infants as this is linked with higher success in breast feeding. The benefits agency should stop giving free formula milk vouchers to mothers on income support, as these families are poor and this just encourages them not to breast feed, which not only increases obesity, it also causes a variety of other health problems. If mothers wish to formula feed, they should pay to purchase the formula, whether they are on income support or not. The DOH should re-form it's recommendations in line with WHO guidelines. WHO state that each child should receive breast milk for the first 2 years of life (or they will suffer increased illness) so our DOH should also state 2 years, instead of the 6 months they recommend, which is not backed up by any medical benefit. Schools should quit serving junk food and restaurants should make kid's meals healthy (kid's meals are frequently sausage and chips or pizza, which is not healthy). Work hours should be less, maternity and paternity leave should be 2 years, so that families have time to cook decent food and not rely on frozen packet food which is usually full of fat and not healthy. If there was less pressure for both parents to work 40 hour weeks, there would be more time for cooking, exercising etc. People who are obese should have access to the same health care as anyone else. If you put restrictions on that, you could start saying that premature babies or the elderly or the suicidal can't have medical treatment because they're too young or too old or it was self-inflicted. That would be a very dangerous move.

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### **Question 6 Smoking**

#### **ANSWER:**

If cigarette companies are to be prosecuted for damaging public health, then in theory the government should also be prosecuted for any vaccine damage they cause to people, or for flouride poisoning etc. In theory it is a reasonable idea, but I cannot see it being put into practise. Government is justified in banning smoking in public places, places of work etc because just as there are many people who chose to smoke, there are also many who chose not to, and if others are continually smoking around them, then they are subjected to passive smoking against their will, which is as dangerous as smoking. Smoking in the home or private places should be up to the individual, though. Smokers should have the same access to health care as others. If you start withholding healthcare for reasons such as smoking, dangerous sports etc then you are trying to dictate too much how people live their lives. It is just as dangerous to drive a car as it is to do adventure sports, but people don't stop driving. Would doctors withhold treatment from a car accident victim because he shouldn't have been driving as that is dangerous? What about elderly people, whose immune systems aren't as good, would these be withheld treatment on account of the increased care they require? Or suicidal people because they 'did it to themselves?' What about disabled people who sometimes require more medical care? Would they be refused because they cost too much? If you start withholding treatment for smokers, the ramifications are endless. It is not a doctor's job to judge. He is there to provide medical care, not play God.

### **Question 7 Alcohol**

#### **ANSWER:**

Other societies such as France and Italy, drink more than we do but do not have the excessive drinking/ drink driving and drunk violence problems that we have. I believe this is because they are more liberal about alcohol. Children are allowed in places which sell alcohol and parents and children alike drink a little wine with their evening meal. It is much more relaxed. Children grow up with alcohol as part of the culture and they aren't told they 'can't' have it like they are in the UK. Therefore there is no urge to go off binge drinking. Kids here want to drink because they can't get it till 18, they aren't allowed in pubs etc so it's all 'mysterious'. They also don't have it daily with meals as in other countries so this contributes to the Saturday night binge/ nightclub drinking culture here, that is linked with alcohol poisonings, drunken disorderly behaviour, violence etc. My belief is if the laws were loosened and we followed a pattern similar to France, we would not have such problems.

### **Question 8 Supplementation of food and water**

#### **ANSWER:**

There are no circumstances in which it is acceptable to restrict the choice of individuals to protect the health of children. It is not government responsibility to take care of children's health, it is the parent's responsibility. That is the whole point of parental responsibility rights. If decisions become the states, it begs the question who does the child belong to? His birth parents or the government? It also assumes that parents cannot make decisions for themselves or chose what they believe to be in the best interest of their child. Children may not make the decision themselves, but then that is what parents are for and it may be that a child would not want a vaccine (as I wish my own mother hadn't let me have any) and then this would be imposed by a government, guessing on what the child's wishes would be. A child becomes age of consent at 16, and therefore future health decisions would rest with the child, but prior to that the responsibility is always with the parents. Flouride is a poison, that is why in America there are warning labels on toothpaste, and

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why here, children's toothpaste has been recently made with 'low flouride', and the advice is to brush with only pea sized amounts. People can die from flouride ingestion, in rare cases. I read a medical report for a 3 year old boy in 1974 who died of flouride poisoning after gurgling a flouride mouth wash at the dentists. Flouride can affect memory and concentration and if it were put in the water supply, that would be a potential mass poisoming of the population. At least with food stuffs, people can choose what they buy, but if you put it in the water, everyone has to have it whether they want to or not, and this is an infringement of our basic human rights.

### **Question 9 Ethical issues**

#### **ANSWER:**

Consent is the most important aspect in my opinion, because if anyone does anything without consent (e.g. vaccination, or episiotomy for childbirth) then this is assault in the eyes of the law, against the hippocratic oath, a breach of the medical profession's position as doctors and a breach of trust that the public has placed in them. It is a fundamental right of any human being to accept or reject treatments or interventions and also to direct their own medical care as it is their body. In the case of vaccinations for children, we should have a freedom of information act here, like they do in the states, so that the full information about vaccination is available to parents. FULL details of all side-effects should be made available to all parents, not just the minor ones, and the manufacturer's data sheet should be shown to the parents prior to any vaccination. If they are consenting prior to knowing this information, then that does not constitute informed consent. The compensation laws should be changed. Drug companies should be held directly liable in the case of a damaged child, they should scrap the 80% disabled rule which was designed just to deny the majority of parents compensation, and the maximum £100,000 compensation should be increased drastically. Only when you have all these aspects in place, along with government reasons for why vaccines are needed, will you have true informed consent on the part of the parents.