This submission identifies Commonwealth laws other than those already identified in the Interim Report that ‘encroach upon traditional rights, freedoms and privileges’, specifically those that infringe on fundamental health rights.

(1) **The right to bodily integrity** gives a free individual the right to accept or reject medical treatment. It is enshrined in international conventions to which Australia is signatory. It prevents widespread experimentation on human beings, as was done in Hitler’s Germany.

**Legislation is proposed by this government to remove this right. I refer to removal of the right of conscientious and personal religious objection to vaccination. This will take away the right for healthy persons of sound mind to accept or reject medical interventions without undue penalty**.

This cannot be justified as a case where a human right is over-ridden for the sake of Australia as a whole. There is no advantage to Australia as a whole. If there are threats to national security, there are already laws including quarantine laws, to preserve the health of Australia as a whole. If a person is a threat to the community, there are already laws to protect others in the interests of community.

The head of the National Centre for Immunisation Research and Surveillance, Prof Robert Booy, and Prof Julie Leask, both strong proponents for vaccination, have spoken against it. There are no benefits to public health, to patients or to doctors. It is not in the interests of the better health of all Australians.

If this right is removed, it takes away the flexibility needed by parents to make appropriate health choices. Compulsory vaccination has always been followed by an escalation of adverse events. This indicates that it is those most at risk of adverse events who choose not to vaccinate. The proposed legislation is an undemocratic and draconian way to force people to ignore their own health for an undefined ‘greater good’. **Those who choose not to vaccinate are the ones most at risk of adverse events.**

It is not only whether or not a person vaccinates that will decide their welfare payments, but whether they do it “on time”. Payments are being made on the basis of being up to date. This leads to conflicting pressures for doctors and parents, which are of no benefit to the health of the individual or the community.

The saying that: “The benefits outweigh the risks”, is an indictment of our society, and abrogation of our rights. It implies that the benefits for every individual always outweigh the risks, because of a purported benefit to the community. It implies that the community is better off even if some suffer. Some will sacrifice their health, some their lives, but that is *acceptable collateral*. That equation depends on there being a community benefit.

We need to clarify what is meant by community benefit. *If there was a net benefit, there would be reduced deaths, cases and hospitalizations following the introduction of vaccines.* This is claimed by some, but there is no evidence-base to support this for any vaccine. There is no scientific basis for claiming a benefit. In fact, the evidence points to a detriment to community health and to the individual in many cases, following the introduction of vaccines. Cases of whooping cough rose from 2.3 per 100,000 in 1991, pre the Immunise Australia vaccination push, to 171 per 100,000 in 2011, while compliance increased from 75% to 95%.

We also need to clarify what is meant by risks. Do we mean risks to the community? Risks to the community from the vaccine are the accumulation of the risk to individuals. These have been poorly monitored meaning that claims that a serious adverse event is rare have no scientific basis.

History and full epidemiological data (NOT selected excerpts!) show that the benefit to the community is a pipe-dream: vaccination has not been responsible for reduced disease. Vaccines have not reduced cases, deaths or disease severity. In addition, every vaccine in the Australian Childhood Schedule can have “serious adverse events”. Some components are recognized as toxic to the brain. Nano aluminium particles and formaldehyde both are neurotoxic. MSG is also used, and Polysorbate 80 which causes infertility.

This government is attempting to remove the right to accept or reject vaccination, and are using coercion through the removal of welfare and tax benefits to gain compliance. Coercion means that any consent obtained is not legally ‘informed consent’. Informed consent means there is the right to say “Yes” and the right to say “No”.  Up until now, the right of conscientious objection to vaccination, has been a valued human right. It is proposed that this right will be removed as of January 2016.

*The RIGHT OF CONSCIENTIOUS OBJECTION to vaccination must be retained for all Australians. Vaccination carries risk and there is no benefit to the nation in removing the right to refuse without penalty. There must be no unreasonable pressure on any person to comply with a procedure that can, however rarely, cause life-long disability or death.*

(2) **The right to privacy of health records**: Under the already funded eHealth system, our medical records are to be aggregated and made available to health care providers by default.

Until now the system has been an opt-in system. People could choose to be included if they wished, and put up with any privacy and data management issues. Mistakes do occur as with the existing pharmacy model: on multiple occasions, prescription details have been uploaded from a pharmacy to the wrong patient.

The right to stay out of the system is being eroded. Everyone will be given an eHealth record, which downloads Medicare-linked information of test results, prescriptions that have been filled, vaccination records, Veteran’s Affairs records, mental health treatments.... This information is viewable by all health and allied health practitioners with system access. In order to opt-out, you will need to have a special account, and the ability to work out what to do.

*The Australian Charter of Healthcare Rights confirms the right to privacy and confidentiality of provided information... by ensuring that patient information is only shared with other appropriate health professionals. The current system where people have a choice should be retained.*

(3) [The Australian Charter of Healthcare Rights](http://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/) declares ‘a genuine partnership between patients, consumers and providers.’ It enshrines the right of consumers/patients to receive safe, high quality care; to be shown respect, dignity and consideration; to be informed about services, treatment, options and costs in a clear and open way; *to be included in decisions and choices*; the right to privacy and confidentiality; and the right to comment and to have concerns addressed.

**Biosecurity should not be used as an excuse for draconian curtailment these rights, freedoms and privileges:**  The provisions of Chapter 2 of the Biosecurity bill authorise encroachments on the rights of individuals through the use of human biosecurity control orders.

The government’s Human Rights Committee noted that the ‘human health provisions of the Bill, such as those relating to isolation and treatment, limit the right to freedom of movement and the right to privacy’.151 Nevertheless, the Human Rights Committee was satisfied that ‘the Bills have been drafted in a manner which is consistent with Australia's human rights obligations and that limitations on rights have been well considered with appropriate safeguards’.152".

So basically, it breeches our human rights, but the government has decided it is acceptable for them to do so. This includes the right to imprison someone for 5 years if they refuse to accept designated treatment. This is being justified by the 'Ebola outbreak' recently, but there are no built-in safeguards to stop it being used indiscriminately. The Chief Medical Officer has only to declare a disease ‘listed' for the law to come into effect – even for a flu outbreak.

*These provisions must be disallowed. There are already adequate quarantine laws to address spread of a disease like Ebola. Imprisonment for up to 5 years for refusing to obey a treatment order is an unnecessary aggravation.* *It achieves nothing new but feeds an environment of fear.*
(4) [The Australian Charter of Healthcare Rights](http://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/) enshrines the right of consumers/patients to be informed about services, treatment, options and costs in a clear and open way. With the increasing reliance on alternative therapies, options must includethese**.** YetGovernment is eroding this right by pushing to remove entitlements for those using alternative therapies.

It is applying pressure to health insurers not to give pay-outs for Chiropractic, Naturopathy, Homeopathy, and other natural therapies. It has engaged the National Health and Medical Research Council, which has no expertise in alternative therapies to investigate. Reports to date have been done in a careless manner, with embedded bias. The investigation into Homeopathy, for example, failed the most basic standards for scientific method and transparency. The methodology was so inappropriate that it automatically excluded a large number of high-level random-controlled trials.

The right to informed consent in the health system of a democratic country requires that the patient be advised of alternative treatments and therapies.

*Any further investigations of alternative therapies must be transparent, and follow the principles of scientific method. We have a right as human beings to choose what is best for our bodies, including access to alternative therapies.*

References available on request.