# Amendments to the Draft Resolution on Vaccination

**1/ clause 3 - I suggest the following reading:**

„3. *points out that according to the WHO, vaccinations are safe, as the licensed vaccines undergo rigorous tests in multiple phases of clinical trials before they are licensed with marketing authorisation, and following their marketing, the vaccines are regularly being evaluated; however, taking into consideration the discrepancies between the contents of package inserts of vaccines manufactured for individual Member States, it requests the Member States to perform independent tests on vaccines authorised to be marketed on their respective territories in order to verify the trueness of the data provided by manufacturers, in particular with respect to the vaccine composition as well as possible vaccine adverse events*”.

# Justification

Despite multiple tests and trials being performed, the vaccines holding marketing authorisation in the Republic of Poland contain incorrect information on their composition. For example, the Infanrix Hexa vaccine contains twice as much aluminium as provided for by the manufacturer. The vaccine tested in a laboratory contained 1.971 mg/g aluminium.

Also the contents of individual package inserts regarding the possible vaccine adverse events raises doubts. The insert of the diphtheria, tetanus and pertussis vaccine manufactured on the Italian market indicates that *vaccine adverse reactions notified following the Tripedia vaccine marketing include spontaneous purpura, SIDS, anaphylactic shock, cellulitis, autism, convulsions, serious epileptic seizures, encephalopathy, hypotension, neuropathy, somnolence and apnea.* The above events have been included in the adverse events listed due to their severity and incidence - page 20, paragraph one of the worn translation of the DtaP vaccine insert dedicated to the Italian market.

On the other hand, the DTP (diphtheria, tetanus, pertussis) vaccine manufactured for the Polish market by IBSS Biomed SA contains no information on the possible adverse reactions consisting in the increased number of children diagnosed with autism following administration of the vaccine.

In this context, performing independent trials to verify the pointed discrepancies is justified and required. The above is extremely reasonable with respect to the vaccines dedicated to the Polish market. In Poland the legal system provides for the vaccination coercion, where a child must be administered 24 doses of various vaccines by the age of 19, 19 of which have to be administered before the child turns 18 months. In such conditions, the patients must receive comprehensive and true information on all the vaccines available on the market to be able to select the vaccine most appropriate for their children.

# 2/ clause 17 - I suggest the following reading:

„17. *requests the Member States and the Commission to propagate the awareness campaigns among doctors prescribing vaccinations, putting special emphasis on the doctors’ obligations, including the obligation to provide the patients (or their legal guardians) with exhaustive information on the obligatory and recommended vaccinations, in particular with respect to possible adverse events, so that the patients shall be able to make informed decision; requests to implement disciplinary liability of the doctors for failing to provide patients with the abovementioned information”*

# Justification

Often, the doctors fail to provide the patients will all information on the vaccination benefits as well as possible vaccine adverse events. Recently, when parents wish to withhold vaccinations obligatory for newborns on their first day of life, they are forced by the doctors to undersign a statement on refusal to consent to vaccinations. Such statements usually state in their reading that the parents have been provided with all the information on vaccinations and that all the parents’ inquiries and doubts have been responded to. In vast majority of cases such statement is not true. An important circumstance in this case is the fact, that primary immune deficiency is a contraindication of obligatory tuberculosis vaccination provided for by the vaccine manufacturer. In Poland there are no obligatory medical procedures that would require the child to be tested for primary immune deficiency. Such tests are expensive. Nevertheless, despite the fact that most doctors do not perform such tests in order to exclude the said contraindication, they massively qualify the newborns to

tuberculosis vaccination. Such behaviour induces in some children post-vaccination tuberculosis. The above scenario happened to the children born to Mr Dawid Jakubowicz and Mrs Marta Pietrasz. The child is currently suffering from post-vaccination tuberculosis and from purulent lesions on multiple organs, including the brain. The child required constant rehabilitation and antibiotic treatment, with no good prognosis for a recovery at any time in the child’s life.

In such circumstances, the parents have to be informed by the doctor also by the possible vaccine adverse reactions with a disciplinary liability for failing to meet that obligation by a doctor.

# 3/ I suggest adding clause 19a with the following reading:

„19a. *requests Member States to implement voluntary vaccination system, providing all the individuals willing to be vaccinated with vaccines available free of charge, as well as to establish vaccination injury compensation funds in the states with compulsory vaccination system*”.

# Justification

In the countries, where vaccination is compulsory with additional coersion sanctioned by the state, such as Poland, there is no vaccine injury compensation fund. Forcing the citizens to vaccinate may cause health condition deterioration od individuals who abide by the obligation. Therefore we suggest establishing a vaccine injury compensation fund in each Member State. The compensation for vaccine injuries have already been legally implemented in several Member States. Establishing such funds in all the Member States would diminish the healthcare inequality between the states.

Additionally, voluntarily vaccination scheme would diminish the risk of vaccine adverse events. Individuals, who have already suffered from vaccine adverse reaction and are afraid of suffering it again, would be able to evaluate the risk personally and make an independent (with no legal coersion) (non-)vaccination decision. At the same time the Member States would provide for free access to vaccines to individuals wishing to be vaccinated.

However, in Poland, citizens are forced to take compulsory vaccinations and there is no compensation scheme for people who may suffer from vaccine injuries. In consequence, parents struggling with severe vaccine injuries in their children are deprived of government support.

Implementing the suggested modifications might solve that issue.

# 4/ I suggest adding clause 19b with the following reading:

„19.b *requests the Member States to establish a special purpose compensation fund to provide financial support for rehabilitation of individuals suffering from vaccine injuries”*.

# Justification

Compulsory vaccination is against the European Convention for the Protection of Human Rights and Fundamental Freedoms. Poland is a signatory of the Convention. Such position on the vaccination obligation has been expressed inter alia by the European Court of Human Rights, which stated that such obligation violates Art. 8 of the European Convention for the Protection of Human Rights and Fundamental Freedoms:

“The Court (...) recalls that private life includes a person’s physical and psychological integrity (No. 32647/96, decision 1/7/98, D. R. 94, pp. 91-93). Consequently the Court has examined the application under Article 8 of the Convention which provides as follows:

1. Everyone has the right to respect for his private and family life, his home and his correspondence.
2. There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others. The Court considers that compulsory inoculations as non-voluntary medical treatments amount to an interference with the right to respect for private life as guaranteed by Article 8 § 1.”

see Matter v. Slovakia judgment of 5 July 1999, § 64, unpublished, as well as Salvetti vs. Italy of 2002, 42197/98.

Vaccination obligation in Poland shall be considered from the point of view of lack of a compensation fund for children and parent of children suffering from vaccine injuries. In Poland, parents are on one hand obliged to allow compulsory vaccinations be administered to their children, with the non-perfomance sanctioned with a fine to be imposed in order to force, amounting up to PLN 50,000.00 per parent, and on the other hand, parent who abide by the obligation and consent to compulsory vaccination, as well as suffered from vaccine adverse events, are being left alone, as there is no compensation scheme provided for in Poland, that would support such children financially in terms of rehabilitation costs and adequate life conditions for them.

# 5/ I suggest adding clause 19c with the following reading:

„*requests the Member States to monitor the vaccine adverse events, keep vaccine adverse events registers, establish judicial review of such registers, undertake actions aiming at minimising or eliminating vaccine adverse events*”.

# Justification

Even though there is a vaccine adverse events register established in Poland, the registered data often fail to reflect the facts. The register is kept by an authority with incompatible competence, as at the same time the same authority is responsible for maintaining the appropriate high levels of vaccination coverage. Maintaining a high vaccination coverage level allows that authority to impose fines to parents who refrain from allowing to vaccinate their children due to the fear from vaccine adverse events. In such circumstances, the authority is interested in non-reporting vaccine adverse events, because the authority would simultaneously expose itself to liability for payment of compensations (it imposed a fine to parents who allowed to vaccinate their child under pressure, and the child in consequence suffered from vaccine injury). There are known cases of parents reporting adverse events in temporal relationship to vaccination to doctors, yet the doctors failed to meet their obligation to report the events to competent authorities, and often underestimated the problem. Also, there is a case known, where the authority in charge of keeping the vaccine adverse events independently and with no notification to the parties changed the event qualification from severe to mild, even though the doctor reported a severe vaccine adverse event. The above circumstances justify the need to establish a review of vaccine adverse events registers, being performed by independent and autonomous courts, who have no interest in a given decision.

Arkadiusz Tetela, Esq.