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Coercive coronavirus vaccination in Australia

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To: Allen Cheng <Allen.Cheng@monash.edu>

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For the attention of:

Professor Allen Cheng

- Member of the COVID-19 Vaccines and Treatments for Australia - Science and Industry Technical Advisory Group
- Chair of the TGA Advisory Committee on Vaccines (ACV)
- Co-chair, Australian Technical Advisory Group on Immunisation (ATAGI)
- Co-chair, ATAGI COVID-19 Working Group
- Deputy Chief Health Officer of Victoria

Dear Professor Cheng, it's highly alarming that the Morrison government is gearing up to vaccinate '**a large proportion of the population**', when there is so much uncertainty about experimental coronavirus vaccine products.

In *The Australian* today[1], you say "**if a large proportion of the population was vaccinated this year, it would allow an easing of restrictions even if it did not result in herd immunity in the short term**".

You also say, "**At this stage, we don't really know exactly how long protection will last for...If we're lucky, it may last years. But we need to be ready if it doesn't last. If it only lasts for a year or shorter, then we need to work out what we're going to do next about making sure that everyone has a better degree of protection**".

Professor Cheng, your comments throughout the article in *The Australian* are riddled with uncertainties - are there any independent infectious diseases specialists in Australia who more comprehensively understand viruses and immunology?

It appears you have no idea about the quality of immunity being provided by the coronavirus vaccine products, including if they will prevent transmission. Australians are being set up to be guinea pigs in a coronavirus vaccine clinical trial.

Despite the constant flow of alarming reports in the mainstream media (including lurid COVID 'case' and death counters), which are in desperate need of critical analysis, it appears SARS-CoV-2 is not a serious risk for most people under the age of 70 years, and not necessarily a death sentence for those over 70 years. To interfere with the natural defences of people with experimental vaccine products, that may be pressed upon them at least every year, is highly questionable, particularly for people who are not in vulnerable categories. We have no idea of the long-term cumulative consequences of repeated coronavirus vaccination throughout life.

People have a right to consider the risks and benefits of coronavirus vaccination, and to give their 'informed consent' to such a medical intervention. Consider for example the implications of the Montgomery case in the UK[2] in regards to patient autonomy and evaluating risk with a medical intervention. The Montgomery ruling "**established that, rather than being a matter for clinical judgment to be assessed by professional medical opinion, a patient should be told whatever they want to know, not what the doctor thinks they should be told**". The Montgomery ruling has been hailed as "**the most important UK judgment on informed consent for 30 years**", and I suggest it should also be considered before the administration of vaccine products. This also opens up to question the reliability and objectivity of recommendations for vaccine products on the taxpayer-funded schedule. There must be scrutiny of TGA, and ATAGI and PBAC processes supporting these recommendations, including consideration of conflicts of interest.

Professor Cheng, why is there so much focus on vaccinating mass populations of people who are unlikely to be at serious risk of SARS-CoV-2, with fast-tracked experimental vaccine products, rather than finding effective preventatives and treatments for the vulnerable? I question whether mass vaccination is an appropriate response to SARS-CoV-2, this situation appears to me to have been very poorly considered.

Is anyone thinking through the ethical issues of the rushed global coronavirus vaccination experiment?

This is especially concerning with NSW Premier Gladys Berejiklian recently broaching "**the possibility of barring those who decline the COVID-19 vaccine from government-run buildings, as well as permitting private venues to take**

similar measures".[3]

On what scientific basis is Gladys Berejiklian broaching this possibility of hindering Australians from participating freely in daily life? This draconian attitude goes along with Prime Minister Scott Morrison's previous call for a COVID-19 vaccine to be **"as mandatory as you can possibly make it"**, with Morrison boasting **"I was the minister that established 'No jab, no play', so my view on this is pretty clear".[4]** Deputy Chief Medical Officer Nick Coatsworth has also suggested **"some sort of incentive"** is needed for vaccination, looking **"at specific things like not being able to go into restaurants, not being able to travel internationally, not being able to catch public transport or more broadly having what in the olden days would have been a yellow fever vaccination certificate..."** [5] And the Biosecurity Act 2015 looms with the threat of five years imprisonment and/or a \$66,600 fine for people who refuse coronavirus vaccination.[6]

To suggest putting in place coercive vaccination strategies in our liberal democracy, with vaccine products which are very questionable for the majority of the population, is a most serious matter.

Over the past year we've already seen an appalling abuse of Federal and State emergency powers in Australia in the ill-targeted and disproportionate response to this virus. There's an astonishing lack of transparency and accountability for the power being exerted over people in this country, e.g. lockdowns, testing, mask mandates, and potentially coercive vaccination. This is especially so in regard to unelected individuals, such as you Professor Cheng, who are wielding enormous power over the free movement and association of Australians. This includes members of the Australian Health Protection Principal Committee (AHPPC), and academics in the public health policy area. **Many influential unelected individuals have conflicts of interest that are not being properly disclosed, e.g. associations with the vaccine industry. There is a historical lack of transparency for people influential on taxpayer-funded vaccination policy in Australia.**

People in Australia are being shut out of this important discussion on community health. My own local Federal and State representatives are useless on this matter, providing bland form letter responses if they deign to respond at all. To try and participate in public discussion we're reliant on social media platforms and comments threads on mainstream media forums, with the constant threat of censorship. For instance I had to fight to have my comment published on the article featuring you in *The Australian* this morning.[1]

Professor Cheng, this area of public health is a conflicted mess, it's way past time for transparency and accountability.

Sincerely

Elizabeth Hart

Independent person investigating the over-use of vaccine products conflicts of interest in vaccination policy.

References:

1. Coronavirus: Double vaccine rollout in plan to defeat Covid. *The Australian*, 19 January 2021.
2. Montgomery and informed consent: where are we now? *The BMJ*, 12 May 2017.
3. NSW premier suggests those who refuse COVID-19 vaccine could be barred from venues. *SBS News*, 18 January 2021.
4. Scott Morrison expects COVID-19 vaccine will be 'as mandatory as you can possibly make it'. *3AW693 News Talk*, 19 August 2020.
5. Could the coronavirus vaccine be mandatory in Australia? Experts say it's possible. *ABC News*, 20 August 2020.
6. Elizabeth Hart BMJ rapid response - Five years imprisonment and/or a \$66,600 fine for refusing coronavirus vaccination? *The BMJ*, 30 October 2020.