

Misfeasance in Public Office?

The Destruction of Voluntary Informed Consent for Vaccination

ELIZABETH HART*

ABSTRACT

This article provides information on the destruction of voluntary informed consent for vaccination in Australia, most recently via the implementation of coercive and mandatory COVID-19 vaccination in 2021. The rot set in in 2015, with the raising of the No Jab, No Pay bill by then Minister for Social Services Scott Morrison, with the coercive No Jab, No Pay law for children's vaccination being implemented in January 2016. This set the scene for the rise of 'No Jab, No Job' in the Covid era. The Australian Health Protection Principal Committee set the ball rolling on 'No Jab, No Job' in June 2021, when it initiated mandatory COVID-19 vaccination for residential aged care workers at the behest of then Prime Minister Scott Morrison and the Premiers and Chief Ministers in National Cabinet, depriving 'non-compliant' residential aged care workers of their livelihoods. Vaccination mandates for residential aged care workers set a precedent for vaccination mandates and penalties for non-compliance to be rolled out across the country, into all areas of society – 'No Jab, No Life' - thereby vitiating voluntary informed consent.

Have the instigators of coercive and mandatory vaccination policy committed misfeasance in public office?

* BA (Adelaide). Independent researcher investigating the vaccine industry and conflicts of interest in vaccination policy. I gratefully acknowledge my colleague Emma McArthur's research into voluntary informed consent and medical liability issues, and her advice and assistance with this article, and my thanks also to Kate Smyth for her valuable comments and suggestions. Commentary on the article is welcome and can be sent to elizmhart@gmail.com. For more background on this subject see: elizabethhart.substack.com and vaccinationispolitical.net and over-vaccination.net.

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I. INTRODUCTION

In June 2021, the Australian Health Protection Principal Committee ('AHPPC'), chaired by Chief Medical Officer Paul Kelly, *reversed* its recommendation against compulsory COVID-19 vaccination of residential aged care workers, and capitulated to then Prime Minister Scott Morrison's and National Cabinet's demand that COVID-19 vaccination be mandatory for residential aged care workers. This was a politically motivated decision, rather than based on medical advice.

When the Chief Medical Officer and Health Officers on the AHPPC imposed mandatory COVID-19 vaccination on residential aged care workers at National Cabinet's behest, this set the precedent which precipitated a cascade of COVID-19 vaccination employment mandates around the country – from the AHPPC, state and territory governments, and businesses, i.e. affecting much of the Australian workforce across both public and private sectors.

The AHPPC's capitulation to Scott Morrison and National Cabinet resulted in 'No Jab, No Job' being enforced for many workers, denying their freedom to make personal medical decisions without pressure, coercion or manipulation, and taking the livelihoods of those who refused to comply with the violation of voluntary informed consent for vaccination.

Imposing mandatory COVID-19 vaccination on these workers broke the vitally important ethical principle of voluntary informed consent. It was the thin end of the wedge that opened the way to this principle being violated across society, with people being denied participation in hospitality and entertainment, travel, sport, cultural pursuits, etc, if they refused to submit to COVID-19 vaccination. It was 'No Jab, No Life'. Even children were subject to the pressure to vaccinate, with practitioners needlessly vaccinating children against a disease of little or no threat to them.

Why did Australia's Chief Medical Officer and Health Officers violate the legal and ethical obligation for health practitioners to obtain voluntary informed consent for vaccination, an obligation underpinned by *Rogers v Whitaker*? Why didn't the Chief Medical Officer and Health Officers hold firm against Scott Morrison's and National Cabinet's demand for mandatory vaccination of residential aged care workers, and refuse to be complicit in the violation of voluntary informed consent for vaccination? Was this a legacy of the children's coercive No Jab, No Pay law implemented in 2016, now influencing the Covid era?

Were Scott Morrison and the Premiers and Chief Ministers in National Cabinet, along with Chief Medical Officer Paul Kelly and the Health Officers on the AHPPC, reckless in their determination to override voluntary informed consent for those subjected to vaccination mandates with these taxpayer-funded vaccine products? Was this recklessness an act of misfeasance in public office?¹

Were health practitioners *in effect* conscripted to support the Morrison Government's COVID-19 vaccine rollout via AHPRA's 9 March 2021 Position Statement, in contravention of the Australian Constitution, paragraph xxiiiA of s51? A vaccine rollout which could be described as a blatant example of over-servicing with questionable medical products? Are practitioners at risk of medical liability for not obtaining valid voluntary informed consent, after the Morrison Government misled them about their liability status?

II. THE PRECEDENT FOR COVID-19 VACCINATION MANDATES IN AUSTRALIA AND THE DESTRUCTION OF VOLUNTARY INFORMED CONSENT

On 29 June 2021, it was announced the AHPPC recommended to National Cabinet that the "residential aged care workforce be vaccinated against COVID-19, as a condition of working in a residential aged care facility..."² This occurred after the AHPPC's original advice against compulsory vaccination for residential aged care workers³ was overruled by then Prime Minister Scott Morrison and the Premiers and Chief Ministers in National Cabinet, who wanted to impose mandatory vaccination on these workers.⁴

The AHPPC, chaired by Chief Medical Officer Paul Kelly, eventually capitulated to Scott Morrison's and National Cabinet's demand to impose mandatory vaccination upon residential aged care workers. The AHPPC's recommendation for mandatory COVID-19 vaccination of residential aged care workers set a precedent for depriving others of voluntary informed consent for COVID-19 vaccination, including subsequent workforce mandates recommended by the AHPPC for all workers in health care settings,⁵ disability support workers,⁶ and aged care in-home and community aged care workers.⁷ For these workers it was a case of 'No Jab, No Job'.

As registered medical practitioners, the Chief Medical Officer and Health Officers on the AHPPC must be aware of the obligation to obtain voluntary informed consent for vaccination, as stipulated in *The Australian Immunisation Handbook* under Valid consent:

For consent to be legally valid, the following elements must be present...It must be given voluntarily in the absence of undue pressure, coercion or manipulation...It can only be given after the potential risks and benefits of the relevant vaccine, the risks of not having it, and any alternative options have been explained to the person.⁸

This advice on 'voluntary informed consent' is stated in APHRA's *Good medical practice: a code of conduct for doctors in Australia*, 4.5 Informed consent:

Informed consent is a person's voluntary decision about medical care that is made with knowledge and understanding of the benefits and risks involved.⁹

In personal correspondence to me dated 20 September 2021, the Australian Health Practitioner Regulation Agency (AHPRA) confirms:

Practitioners have an obligation to obtain informed consent for treatment, including vaccination. Informed consent is a person's voluntary decision about health care that is made with knowledge and understanding of the benefits and risks involved.¹⁰

In personal correspondence to me, dated 17 November 2022, the Australian Department of Health and Aged Care also confirms:

Informed consent should be obtained for every COVID-19 vaccination, as per usual consent procedures for other vaccinations.¹¹

'The Australian Commission on Safety and Quality in Healthcare Fact Sheet for Clinicians: Informed Consent in Health Care', acknowledges key principles for informed consent, including that:

[A]dults have the right to determine what will be done to their bodies and what healthcare treatments they will undergo ...

For there to be valid informed consent, the person consenting must...

- Give their consent voluntarily...
- Have enough information about their condition, treatment options, the benefits and risks relevant to them, and alternative options for them to make an informed decision to consent. This includes the opportunity to ask questions and discuss concerns.¹²

An Australian Government's Q&A Fact Sheet titled *Handling consent refusal by people presenting for vaccination*, informs health professionals:

What is informed consent and why is it important?

Informed consent is an individual's voluntary decision to agree to a healthcare treatment, procedure or intervention, such as a COVID-19 vaccination, in its entirety, after the individual has been provided understandable, sufficient, appropriate and reliable information about the intervention, including the potential risks and benefits...

A patient must provide informed consent prior to vaccination.¹³

This COVID Q&A Fact Sheet also warns vaccination providers:

If a patient has not provided informed consent, you should not vaccinate them, even if they are mandated to receive a COVID-19 vaccination to perform particular roles or enter certain settings.

There is a legal and ethical obligation for medical practitioners to ensure that people have given their voluntary informed consent for vaccination, and people must not be pressured, coerced or manipulated into this medical intervention. According to the Australian Law Reform Commission:

At common law, all competent adults can consent to and refuse medical treatment. If consent is not established, there may be legal consequences for health professionals.¹⁴

Therefore, how can lawful *voluntary* informed consent be obtained under vaccination mandates? Why did the AHPPC disregard the obligation for voluntary informed consent, and

collaborate with Scott Morrison and National Cabinet on their politically motivated decision to mandate COVID-19 vaccination?

Breakdown of events

On 4 June 2021, the members of the AHPPC were evidently alert to their responsibility to ensure voluntary informed consent be obtained for vaccination, as it was specifically announced that the “AHPPC does not recommend compulsory COVID-19 vaccines for aged care workers”.¹⁵ Also on the same day the *ABC*, the national broadcaster, announced: “Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccination”.¹⁶ The *ABC* reported:

The Prime Minister will lobby state and territory leaders to overrule medical experts' advice and force aged care workers to get the coronavirus vaccine... The panel of health experts, chaired by the Chief Medical Officer, has advised for a second time against making the coronavirus vaccine compulsory.¹⁷

The workers' union did not support compulsion. As reported by the *ABC*, “[a] union representing Victoria's aged care workforce, the Health Workers Union (HWU), has argued against the decision of the Prime Minister... Union state secretary Diana Asmar said the HWU had strongly encouraged workers to get the jab but did not believe it should be compulsory”. Diana Asmar stated: “We live in a free country and not Communist China.”¹⁸

It is extraordinary that it was publicly announced that Scott Morrison, a politician, was going to lobby his state and territory counterparts in National Cabinet to overrule the medical experts' advice. As also reported by the *ABC*, the political plan was to ‘force’ aged care workers to have the COVID-19 vaccine, thereby denying this group of Australians the freedom to consent to or refuse medical interventions depending upon their own personal health circumstances and preferences, and threatening them with the loss of livelihood for refusing to comply with vaccination mandates.

Subsequently, on 28 June 2021, it was announced that “[t]he National Cabinet agreed that COVID-19 vaccinations are to be mandated for residential aged care workers as a condition of working in an aged care facility through shared state, territory and Commonwealth authorities and compliance measures”.¹⁹ After pressure from Morrison and National Cabinet, the AHPPC reneged on their earlier advice against making the vaccine compulsory for aged care

workers, and rubber-stamped National Cabinet's political decision after the event, as announced in the AHPPC statement, *a day later* on 29 June 2021: "AHPPC recommends to National Cabinet that the residential aged care workforce be vaccinated against COVID-19, as a condition of working in a residential aged care facility..."²⁰ The Australian Nursing & Midwifery Federation called it out at the time, being "concerned that mandating vaccinations for the aged care workforce could be a 'political decision, not a health decision'".²¹

This was indeed a political decision resulting in 'No Jab, No Job' for the workers impacted by the vaccination mandates. Subsequently, in his co-authored article published in the *Medical Journal of Australia*, in November 2022, entitled *Implementing mandatory COVID-19 vaccination for Australian aged care workers*, Chief Medical Officer Paul Kelly boasted that "Australia was one of the first countries internationally to mandate COVID-19 vaccination".²² In other words, Australia was one of the first countries in the world to deny people the freedom to refuse a medical intervention without penalty, facilitated by the Chief Medical Officer and Health Officers on the AHPPC setting the precedent with mandatory COVID-19 vaccination for workers in residential aged care, all workers in health care settings, disability support workers, and aged care in-home and community aged care workers.

By recommending mandatory vaccination for residential aged care workers and others, the AHPPC broke the principle of voluntary informed consent and opened the floodgates to coercive vaccination being imposed across the community – everyone was now at risk of coercive vaccination and vaccination mandates. Millions of Australians were press-ganged into participating in a massive global scientific experiment, with then Health Minister Greg Hunt admitting in February 2021: "The world is engaged in the largest clinical trial, the largest global vaccination trial ever..."²³

But this was an experiment without voluntary informed consent, and an explicit violation of medical ethics and international human rights conventions such as the Helsinki Declaration.²⁴ The AHPPC should not have recommended mandatory COVID injections for any group in Australia, and the medical profession should not have collaborated with mandated medical interventions, which breached legal and ethical requirements pertaining to voluntary informed consent.

Medical profession endorses mandatory vaccination

Mandatory vaccination was supported by the Australian Medical Association ('AMA'). The AMA's media release published on 31 August 2021 states: "The AMA is calling for mandatory vaccinations for the workforce of the entire health care system including support staff like cleaners, receptionists and contractors as soon as practical." Then AMA president Omar Khorshid declared: "People have nothing to fear from vaccination and everything to fear from COVID-19."²⁵ Khorshid is not a specialist in COVID or COVID-19 vaccination. He was voicing his opinion as an orthopaedic surgeon.

In May 2021, the AMA and Council of Presidents of Medical Colleges had already stipulated that "getting the COVID vaccination is the only pathway back to a more normal life", with a joint statement of the peak medical bodies reportedly saying the benefits of vaccination far outweigh any risks, and urging all Australians to get vaccinated when their turn comes.²⁶

In its August 2021 meeting minutes, the Council of Presidents of Medical Colleges recorded that the "College Presidents agreed with the need for all eligible Australians to get vaccinated with the available vaccine and to comply with the public health orders in place".²⁷ This was a blanket vaccination recommendation to the community by the College Presidents, seeking to influence people's personal healthcare decisions.

In September 2021, the AMA announced it wanted "nationally-consistent mandatory COVID vaccination for all healthcare staff"²⁸, and the Royal Australian College of General Practitioners ('RACGP') announced it supported mandatory vaccination for healthcare workers, proposing this requirement include general practitioners (GPs), practice nurses, reception staff and other members of the practice team.²⁹ It is notable that the RACGP is now associated with the Immunisation Coalition, an organisation which is funded by the vaccine industry - Pfizer, Moderna, CSL Seqirus, GSK, Sanofi, MSD, Novavax, Biocelect, Roche and Apotex.³⁰ General practitioners receive 'continuing professional development', i.e. education on vaccine products, via the vaccine industry-funded Immunisation Coalition, which is "officially approved by the RACGP to offer accredited CPD education to General Practitioners (GPs)".³¹

In June 2023, I made a formal notification to AHPRA about Chief Medical Officer Paul Kelly, reporting his violation of voluntary informed consent via recommending mandatory vaccination.³² AHPRA has refused to provide an open response on this matter.

III. WERE HEALTH PRACTITIONERS IN EFFECT CONSCRIPTED TO SUPPORT THE COVID-19 VACCINATION ROLLOUT?

The Australian Government reports it has invested a total of over \$18 billion in Australia's vaccine and COVID-19 treatment supply as part of its COVID-19 health response.³³ In July 2021, Greg Hunt, then Minister for Health and Aged Care, announced: "More than 280 million doses of COVID-19 vaccines have now been secured to support the COVID-19 vaccine rollout. We've taken this step on advice from the expert Science and Industry Technical Advisory Group."³⁴

280 million COVID-19 vaccine doses for a population of 26 million is more than 10 doses per person. Therefore in July 2021 it was already planned to exploit the Australian population via a repeat vaccine market, confirmed in October 2021 by a joint media statement by Scott Morrison and Greg Hunt announcing "Australians to receive COVID-19 vaccine booster shot".³⁵ After initially being led to believe in early 2021 that two doses of COVID-19 vaccine would constitute being 'fully vaccinated', the population was now being set up for a 'booster' vaccine market.³⁶ Submitting to double-vaccination had been the price of freedom, with the 'National Plan to transition Australia's National COVID-19 Response' demanding $\geq 80\%$ of the eligible population (16+) be double-vaccinated to release people from restrictions, with the unvaccinated still being constrained, discriminated against and ostracised, penalised for non-compliance.³⁷ The double-vaccinated had been tricked into a medical intervention which now apparently required 'boosters', they had not been informed of this previously.

Health practitioners were key to supporting the Australian Government's COVID-19 vaccine rollout, including the government's plan to subject the population to repeat vaccination. Were health practitioners *in effect* conscripted to support the Australian Government's investment in these medical products, in contravention of the Australian Constitution, i.e. paragraph xxiiiA of s51? With respect to the legislative powers of the Parliament s51 (xxiiiA) of the Constitution states:

The Parliament shall, subject to this Constitution, have power to make laws for the peace, order, and good government of the Commonwealth with respect to...
The provision of maternity allowances, widows' pensions, child endowment, pharmaceutical, sickness and hospital benefits, medical and dental services (but

not so as to authorize any form of civil conscription), benefits to students and family allowances.

The Australian Government is providing ‘pharmaceutical benefits’ in the form of taxpayer-funded COVID-19 vaccinations. Are health practitioners obliged to support these taxpayer-funded purported ‘benefits’ by being hindered in openly questioning these vaccinations?

On 9 March 2021, the Australian Health Practitioner Regulation Agency (AHPRA) issued a position statement consistent with an ‘order’ for health practitioners to comply with the Australian Government’s original plan for COVID-19 vaccination to be “as mandatory as you can possibly make it”, as announced by then Prime Minister Scott Morrison in August 2020.³⁸ The following AHPRA edict threatens health practitioners with regulatory action if they challenge the COVID-19 vaccination rollout:

Any promotion of anti-vaccination statements or health advice which contradicts the best available scientific evidence or seeks to actively undermine the national immunisation campaign (including via social media) is not supported by National Boards and may be in breach of the codes of conduct and subject to investigation and possible regulatory action.³⁹

If health practitioners provide information on an individual’s actual risk with COVID-19, the potential risks of these vaccine products, and any alternative options, is this considered “anti-vaccination”, and undermining “the national immunisation campaign”? The AHPRA Position Statement refers to “the best available scientific evidence”. But who defines “the best available scientific evidence” about the COVID-19 vaccines - is it not open to question?

With reportedly 71.1 million COVID-19 vaccine doses administered across a population of 26 million, including 2.4 million children,⁴⁰ the AHPRA Position Statement appears to have been effective in making practitioners comply with the Australian Government’s COVID-19 vaccination rollout, including various vaccination mandates. Can valid consent for administration of COVID-19 vaccine doses be obtained if practitioners are hindered by the constraints of the AHPRA Position Statement? Has the AHPRA Position Statement contributed to a breach of the Australian Constitution i.e. paragraph xxiiiA of s51?

The Department of Health and Ageing and Attorney- General's Department Respond

In emails in February and August 2023⁴¹, I requested Commonwealth Attorney-General Mark Dreyfus seek expert legal advice on this potential breach of the Australian Constitution. In my original email to Mark Dreyfus I said:

Mark Dreyfus, do the onerous restrictions placed upon health practitioners by AHPRA prevent them from voicing concerns about the mass population COVID-19 jab rollout, e.g. to people who present to the health practitioner as a result of a COVID jab mandate, or to the parents of children being pressured to have the COVID jabs, and others who are at low risk of COVID-19?...

Please address this matter, particularly the conflict between health practitioners' legal and ethical obligations to obtain voluntary informed consent before the COVID-19 jabs, while also being hindered from questioning the COVID-19 jab rollout under threat of regulatory action by AHPRA.⁴²

In the first instance, my query was forwarded to Health Minister Mark Butler. The response provided in September 2023 from Tracey Lutton, National COVID-19 Vaccine Program Division, states:

There are no requirements for healthcare professionals to administer COVID-19 vaccines if they do not wish to. Participation in the COVID-19 Vaccination rollout is voluntary...

The Department of Health and Aged Care does not compel doctors to advise their patients to receive a COVID-19 vaccine. The communications and letters distributed to medical practitioners and vaccination sites contain medical advice and changes to the COVID-19 Vaccination Program.

The Government continues to follow advice from the Australian Technical Advisory Group on Immunisation (ATAGI) and regularly communicates changes as new evidence comes to light. ATAGI statements on COVID-19 vaccine recommendations, including their decision-making rationale, are available on www.health.gov.au using the term 'ATAGI'.⁴³

This response from Mark Butler's department is throwing the practitioners under the bus. It makes no reference to the AHPRA Position Statement dated 9 March 2021, which was effectively an order for practitioners to support the then Morrison Government's COVID-19 vaccination rollout without question.

Subsequently, later in September 2023, I also received a response from the Attorney-General's office, from David Lewis, General Counsel (Constitutional), saying:

The prohibition 'but not so as to authorise any form of civil conscription' in s51(xxiiiA) has generally been regarded by the High Court as requiring either legal or practical compulsion requiring a person to provide medical or dental services (see, for example, *Wong v Commonwealth* (2009) 236 CLR 573 at [60], [209]).

You may be aware that immunisation is not mandatory and individuals may choose not to be vaccinated. We noted that the part of the Australian Health Practitioner Regulatory Agency statement to which you refer relates to anti-vaccination statements and does not purport to require a health practitioner to vaccinate patients...⁴⁴

In February 2024 I responded to Attorney-General Mark Dreyfus⁴⁵ noting that, apart from the highly contentious suggestion that "immunisation is not mandatory and individuals may choose not to be vaccinated" under a regime which threatens and imposes loss of livelihood and exclusion from civil society for non-compliance, David Lewis has misunderstood my argument. I am not saying the AHPRA Position Statement "requires a health practitioner to vaccinate patients". The AHPRA Position Statement intimidates and bullies practitioners into supporting the Australian Government's COVID-19 vaccination rollout by dint of the fact doctors, nurses and pharmacists are not allowed to freely question the COVID-19 vaccination rollout without penalty. If practitioners cannot freely question the government's taxpayer-funded COVID-19 vaccination rollout, they're gagged, effectively conscripted into supporting it.

AHPRA's dictatorial 9 March 2021 Position Statement set up the practitioners for generally unquestioning compliance with the COVID-19 vaccine rollout. When COVID-19 vaccination mandates for aged care workers were announced in June 2021, it seems the medical profession as a whole was incapable of standing up to refuse to collaborate with vaccination mandates, a

pattern that continued when further mandates were announced by the AHPPC⁴⁶, and imposed by the Premiers and Chief Ministers in National Cabinet, e.g. Daniel Andrews' 'vaccinated economy' in Victoria, announced in September 2021, which sought to exclude people from their livelihood and participation in society as a penalty for refusing to submit to COVID-19 vaccination.⁴⁷

As I point out to Mark Dreyfus, coercion, intimidation and mandates *preclude* voluntary informed consent for vaccination – there has been no valid consent for COVID-19 vaccination. What are the implications now for the Commonwealth, state and territory governments, including via National Cabinet, and other organisations which imposed COVID-19 vaccination mandates?

I have also challenged AHPRA directly about its Position Statement, also requesting my email be circulated to all members of the National Boards.⁴⁸ I have not as yet received an acknowledgement or response to my email. It is notable that AHPRA's 9 March 2021 Position Statement has now been quietly 'superseded'.

IV. MASS POPULATION VACCINATION AND *ROGERS V WHITAKER*

Millions of adults and children in Australia have been ordered to have COVID-19 vaccinations, regardless of their health status and risk of COVID-19, to present in front of a practitioner who is unlikely to be qualified to advise upon this medical intervention. With COVID, the vast majority of people are not 'patients' in need of a medical intervention to correct a health problem, or protect them from serious harm. It is not ethical to impose artificial interference upon them with repeated COVID-19 vaccine products.

Consider the case of *Rogers v Whitaker* (1992)⁴⁹, which established the legal principle of 'informed consent' in Australia. The ruling emphasised respect for patients' autonomy, and to allow them to make informed decisions about their own healthcare.⁵⁰ In this case, Maree Whitaker, a patient with an existing eye condition, consulted Christopher Rogers, an ophthalmic surgeon. This was a one-on-one consultation between a patient and a medical professional with specific expertise.

Contrast this case with the millions of people who have been pressured, coerced, manipulated, and even mandated, to have a ‘one size fits all’ experimental medical intervention of questionable benefit to them. Moreover, many of these individuals were compelled to present at a ‘vaccination clinic’⁵¹ in order to be injected with a medical product, by a health practitioner, such as a GP, nurse, or pharmacist, who is unlikely to have specific expertise in COVID-19 or COVID-19 vaccine products. Additionally, people under mandates were not able to give lawful consent if attending the vaccination clinic under duress, faced with the threat of loss of livelihood or freedom of movement and association.

Do the practitioners realise their responsibility to obtain voluntary informed consent for vaccination? As the Australian Department of Health and Ageing has confirmed: “Informed consent should be obtained for every COVID-19 vaccination, as per usual consent procedures for other vaccinations.”⁵² Are practitioners genuinely qualified to undertake this medical intervention? Are they specialists in COVID and the COVID-19 vaccine products? Do they truly understand why they are administering these vaccinations? Or are they in fact functioning as agents of the state, ‘soldiers following orders’?

Why was there a vaccine solution?

COVID-19 vaccination is a questionable medical intervention, against a disease it was known from the beginning wasn't a serious threat to most people, with the World Health Organization acknowledging that “[m]ost people infected with the virus will experience mild to moderate illness and recover without requiring special treatment”.⁵³ In September 2020, an article by John Ioannidis et al reported that:

People <65 years old have very small risks of COVID-19 death even in pandemic epicenters and deaths for people <65 years without underlying predisposing conditions are remarkably uncommon. Strategies focusing specifically on protecting high-risk elderly individuals should be considered in managing the pandemic.⁵⁴

A subsequent article by Ioannidis, published in 2021, suggests an infection fatality rate of 0.05% for the under 70s.⁵⁵ A more recent article by Ioannidis and others notes: “The current analysis suggests a much lower pre-vaccination IFR in non-elderly populations than previously suggested.”⁵⁶ In May 2020, Rita Carsetti et al reported that “most paediatric cases with

laboratory-confirmed SARS-CoV-2 infection are mild; severe COVID-19 disease in children is rare”.⁵⁷

It was known from the beginning that the disease called ‘COVID’ was of little or no threat to the general population. As noted in my *BMJ* rapid response published in December 2020⁵⁸, over the preceding eleven months, 1.64 million deaths were attributed to COVID-19 – these 1.64 million deaths must be seen in context with the world population at the time, where 56 million deaths would be expected annually. Deaths associated with COVID-19 were low, and even then likely overstated due to controversy associated with the classification of COVID-19 deaths.

Why was there a vaccine solution for the population at large? I raised this matter in a *BMJ* rapid response published in March 2020, asking: *Is it ethical to impede access to natural immunity? The Case of SARS-CoV2*⁵⁹, and also in emails to Andrew Pollard, Chair of the UK Joint Committee on Vaccination and Immunisation (JCVI), and Chief Investigator on the Oxford/AstraZeneca COVID-19 vaccine trials⁶⁰; and emails to Patrick Vallance and Chris Whitty, UK scientific and medical advisers.⁶¹

Recently an Australian-based substack, Democracy Manifest, has discovered a video of a media event held in the United States on 5 March 2020, during which US ‘Military Medical Leaders’ discussed “whole of government” efforts for the development of vaccines and other “countermeasures” to “protect the citizens of the world” against COVID-19. The bombshell moment of this media event, which beats up the COVID-19 ‘emergency’, comes towards the end, when infectious disease expert Nelson Michael says:

So I think people should recognise at the end of the day, this still remains a low risk infection to not just our service members but to the American public, and that we are really good as a hospital system, as a medical care system, from both the EMT up to intensive care units, at taking care of these. I’m not minimizing it, I’m just saying that even in the absence of a vaccine.⁶²

Why was there a ‘vaccine solution’ to “protect the citizens of the world” from what was acknowledged to be a “low risk infection...even in the absence of a vaccine”?

This is the crux of the matter: Why has the medical profession cooperated with a mass vaccination campaign which is unnecessary for most people, instead of focussing on targeted

strategies for those most at risk? Why hasn't the medical profession effectively questioned the grossly disproportionate and ill-targeted COVID-19 response?

V. 'EXEMPTIONS' FOR COVID-19 VACCINATION – AN OXYMORON?

In September 2021, an article in *The Sydney Morning Herald* announced: “Digital COVID-19 vaccine exemptions available next month, but ‘almost no one eligible’.”⁶³ The article notes:

“Legitimate exemptions for COVID-19 vaccines can only be assessed and lodged to the Australian Immunisation Register by GPs, paediatricians and infectious disease physicians on behalf of a patient. Patients can't access the register themselves.”⁶⁴

The strong inference is that refusing COVID-19 vaccination is illegitimate. The article notes, “...the national body for GPs has flagged concerns about patients demanding vaccine exemptions when they don't qualify, amid ever expanding vaccine mandates for workplaces and flagged ‘no vax, no entry’ policies”. Karen Price, then president of the Royal Australian College of General Practitioners (‘RACGP’) said:

[Unvaccinated] people are going to be not allowed into various areas of the community, and so there's going to be a lot at stake here...I don't want to see our staff, again, go through harassment.⁶⁵

It is astonishing that Karen Price, then president of the RACGP, supported discrimination against ‘unvaccinated’ people, supporting excluding them from the community, and that the RACGP warned against “patients demanding exemptions when they don't qualify”. This was misleading information that intentionally coerced the public to comply with COVID-19 vaccination.

It is not within a practitioner's personal gift to ‘grant’ a vaccine exemption to anyone, as practitioners are legally and ethically obligated to obtain *voluntary* informed consent for every vaccination. The concept of a ‘vaccine exemption’ flouts practitioners' obligation to obtain voluntary informed consent for vaccination.

People should not have to seek an exemption to *not* have a vaccination - they should be giving voluntary informed consent to the intervention, or declining it if they so choose.

Misleading information from the government

It is highly alarming that the Australian Government continues to issue misinformation which is misleading practitioners and the community that there is a requirement for an ‘exemption’ for COVID-19 vaccination, this is an anomaly that must be urgently addressed.

For example, the Services Australia website on Immunisation medical exemptions states: “You may be able to get an exemption from having a vaccine if there is a valid medical reason.”⁶⁶

This contradicts the Australian Government’s own advice that “Informed consent should be obtained for every COVID-19 vaccination, as per usual consent procedures for other vaccinations.”⁶⁷

With a multitude of COVID-19 vaccination mandates across the country during 2021 and 2022, and with some still in place, this idea of ‘exemptions’ worsens the situation even further in denying people the freedom of voluntary informed consent for vaccination.

Workers have even been accused of ‘misconduct’ for refusing COVID-19 vaccination, with Queensland police officers being told in October 2021, “To contravene the Commission’s [*sic*] direction is essentially misconduct, and members of the service can be sanctioned or dismissed”.⁶⁸

The public has been misinformed and often denied voluntary informed consent, cornered by widespread vaccination mandates from which it was difficult for many to escape without penalty, compounded by almost impossible to obtain exemptions, which shouldn’t exist anyway.

Exemptions and No Jab, No Pay/No Play for Children

‘Exemptions’ must also be considered in regard to other vaccination mandates, e.g. vaccination of children under the coercive No Jab, No Pay law, and state No Jab, No Play laws. While the general community may be supportive of vaccination of children, the No Jab, No Pay/No Play laws are coercing parents to comply with an ever-increasing number of vaccine products and revaccinations, violating voluntary informed consent for each of these medical interventions.

There is now a crisis situation in Australia, with valid consent not being obtained in likely all cases of COVID-19 vaccination, and vaccination in general, due to the failure of the medical profession to uphold and defend voluntary informed consent for vaccination.

I raised the matter of exemptions with Health Minister Mark Butler in May 2023 and November 2023,⁶⁹ and in December 2023 received a response from Praveen Sharma, Director Health Workforce Division:

I note you have written a number of times in relation to this matter and I acknowledge your frustration. However, as previously advised all registered health practitioners in Australia must adhere to the Code set by the National Board for their profession. The Code requires all registered health practitioners to provide sound, evidence-based advice to patients in relation to COVID-19 treatments and vaccination.

Adherence to the Code is not voluntary, health practitioners who breach their obligations under the Code may be subject to a formal complaint commonly referred to as a notification. Ahpra investigates all health practitioners subject to a notification and takes regulatory action to protect the public if appropriate.

Unfortunately, there is no additional information the Department of Health and Aged Care can provide at this time.⁷⁰

This curious response from Praveen Sharma fails to address the matter of ‘exemptions’ at all. People who have been led to believe they need ‘exemptions’ for vaccination have obviously been denied the freedom of voluntary informed consent, and if they’ve submitted to vaccination under this misapprehension they haven’t given valid consent. Is this issue too hot for the Australian Government to handle?

VI. LIABILITY PROTECTION FOR MANUFACTURERS BUT NOT FOR PRACTITIONERS

With COVID-19 vaccination mandates denying voluntary informed consent, along with illegitimate ‘exemptions’ confusing the situation, and practitioners with questionable

qualifications administering these vaccinations in the community, what is the situation with medical indemnity for practitioners? Who is liable if people suffer adversely after COVID-19 vaccination?

An article published on *The Sydney Morning Herald* on 8 October 2020 reported: “The Morrison government has given the suppliers of two COVID-19 vaccines indemnity against liability for rare side effects that experts say are ‘inevitable’ when a vaccine is rolled out.”⁷¹ While the priority was to protect vaccine manufacturers from liability, it appears little thought had been given to protecting people who might be adversely affected by the vaccines, as it was acknowledged at the time a compensation scheme for vaccine injuries was not in place.

In July 2021, the Morrison Government announced it was establishing a “fit-for-purpose COVID-19 vaccine medical indemnity scheme” to “support increased vaccination uptake by assuring Australians that health professionals, including GPs, nurses and pharmacists administering COVID vaccines as part of the Commonwealth vaccination program have appropriate indemnity coverage”.⁷² The Australian Medical Association had already proposed a no-fault indemnity scheme for GPs and vaccine providers, and welcomed the implementation of a scheme that would “give GPs more confidence providing vaccines, and peace of mind to patients”.⁷³

A further government announcement, in August 2021, stated: “The Morrison Government has finalised the details of the no fault COVID-19 Vaccine Claim Scheme following extensive consultation with the peak medical, healthcare, business and insurance sectors to ensure a comprehensive National Scheme”, noting “[it] also ensure *[sic]* that health professionals administering vaccines will be able to continue with their crucial role in the vaccine roll out with assurance that the claims scheme will offer them protection”.⁷⁴ The emphasis was on assuring health professionals they would have indemnity protection so they could “continue with their crucial role in the vaccine roll out”.

But is it true that the health professionals are protected? Independent researcher Emma McArthur took up the matter, with her email to then Minister for Health Greg Hunt, asking:

Please could you advise to what extent the Commonwealth COVID-19 vaccine claims scheme provides insurance and indemnity for the civil and criminal liability that would arise where battery and clinical negligence occur due to a failure to obtain valid informed consent?⁷⁵

Emma McArthur received a response from the Morrison Government to her query noting the COVID-19 Vaccine Claims scheme opened to potential claimants on 13 December 2021, and “has been established as a fit-for-purpose, time limited claims scheme to respond to the unprecedented circumstances of the COVID-19 pandemic”. The Morrison Government’s response, provided by Louise Morgan of the COVID-19 Vaccine Claims Scheme, advises:

The Scheme does not provide an indemnity for practitioners or insurers, it does however provide patients who have suffered one of the eligible clinical conditions or an administration injury as a direct result of a COVID-19 vaccine, with faster access to compensation rather than a costly and complex court process.⁷⁶

Louise Morgan’s response also notes:

I can advise that informed consent should be obtained for every COVID-19 vaccination, as per usual consent procedures for other vaccinations.⁷⁷

According to the Morrison Government’s response to Emma McArthur there is no government indemnity for practitioners or insurers, and it is confirmed that informed consent should be obtained for every COVID-19 vaccination, as per usual consent procedures for other vaccinations. The Morrison Government’s response also refers to *The Australian Immunisation Handbook*, “which has information about ‘valid consent’, including criteria for consent to be legally valid...” This is now a very serious situation, as the practitioners do not have the specific medical indemnity for administering these vaccinations that they had been assured of by the Morrison Government – i.e. they have been misled in this regard.

With the change of government, I sought clarification on the Albanese Government’s position on medical indemnity for practitioners, asking Health Minister Mark Butler “are health practitioners covered by indemnity insurance if they fail to obtain valid informed consent before administering COVID jabs?”⁷⁸ The Albanese Government’s response, provided by Nigel Murray of the MBS Policy and Specialist Services Branch, states:

Your letter seeks clarification on whether the Government has established a medical indemnity scheme for health professionals administering COVID-19 vaccines, following media releases by the former government on 2 July 2021 and 28 August 2021. I can advise that rather than putting in place a medical indemnity

scheme for health professionals, the former Government established the no-fault Scheme, which commenced operations on 13 December 2021 ...

While a medical indemnity scheme for health professionals administering the COVID-19 vaccine was not established per se, the creation of the no-fault Scheme was intended to support increased participation by health professionals in the COVID-19 Vaccination roll-out.⁷⁹

It has been confirmed that “a medical indemnity scheme for health professionals administering the COVID-19 vaccine was not established per se”. The “creation of the no-fault Scheme was intended to support increased participation by health professionals in the COVID-19 Vaccination roll-out”. The goal was to ensure the participation of health professionals in the vaccination roll-out, although it has now been confirmed that the practitioners themselves do not have specific medical indemnity for administering the COVID-19 vaccines. Practitioners were misled by the Morrison Government.

Were practitioners lied to, to ensure they would “continue with their crucial role in the vaccine roll out” to “support increased vaccination uptake”? Australians were assured “that health professionals, including GPs, nurses and pharmacists administering COVID vaccines as part of the Commonwealth vaccination program have appropriate indemnity coverage” but this is not true. Are practitioners now at risk of liability for administering COVID-19 vaccinations without valid consent to the millions of participants in this mandated medical experiment? Health practitioners, businesses and others who have overridden voluntary informed consent obligations must be warned about the potential ramifications.⁸⁰ Are practitioners being warned they do not have specific medical liability protection for administering COVID-19 vaccinations, as I requested in my email to Health Minister Mark Butler on 21 November 2022?⁸¹

VII. WHY DID ATAGI RECOMMEND COVID-19 VACCINATION FOR ALL CHILDREN AGED 5 TO 11 YEARS?

In February 2022, the Australian Technical Advisory Group on Immunisation (‘ATAGI’) acknowledged that “[m]ost children with SARS-CoV-2 infection are asymptomatic or

experience a mild illness. Those who are symptomatic typically have a short illness with a median duration of 5 days”.⁸² ATAGI noted that children aged 5-11 years were the least likely of all age groups to require hospitalisation or ICU admission for COVID-19, and that deaths in children due to COVID-19 are rare.⁸³ In sum, children were at low risk with SARS-CoV-2.

Why then did ATAGI recommend the use of COVID-19 vaccines in children? Direct benefits of COVID-19 vaccination to children are minimal. What information are practitioners providing to parents to decide about vaccinating children against a disease which is of little or no threat to them? Bearing in mind *Rogers v Whitaker* mentioned earlier, with COVID-19 we have a case where a child at little risk of disease is not a ‘patient’, and where a practitioner is not a specialist in COVID-19 or COVID-19 vaccination - they are administering this medical intervention without specific expertise in this area. It’s a remarkable situation, with a practitioner injecting a child with an unnecessary vaccine product.

ATAGI offers a tortuous and profoundly unethical justification of indirect benefits of vaccination to children in that there might be a reduction in COVID-19 illness, “reducing the likelihood of school closures and disruptions to extra-curricular and social activities resulting from COVID-19 related public health measures”, and anticipated reduction of parental absenteeism and other benefits that are very tenuously justified by vaccinating children against a disease that is of little or no threat to them.⁸⁴ In other words, the incentive to choose a pharmaceutical intervention was presented as a more preferable ‘solution’ to the undesirable consequences of ‘non-pharmaceutical intervention’ policies. A significant indirect benefit suggested by ATAGI to justify the vaccination of children is that “reduced transmission of SARS-CoV-2 among young people may lead to lower SARS-CoV-2 incidence in all age groups”.⁸⁵

In June 2020, during a presentation to a UK House of Lords’ Science & Technology Committee, Peter Openshaw of Imperial College London and one of the members of the UK’s Sage scientific advisory sub-group Nervtag, told the Lords’ committee that “[s]ometimes it is possible to protect a vulnerable group by targeting another group and this, for example, is being done with influenza”. “In the past few years”, he added, “the UK [had] been at the forefront of rolling out the live attenuated vaccine for children”.⁸⁶ Openshaw suggested that:

Giving the nasal flu vaccine to children who do not often get severe flu protects their grandparents ... Immunising health and care workers – who are likely to be

the first to get the vaccine – would also help protect older people who have the most contact with them.⁸⁷

It seems the plan was to use children, and health and care workers, to protect the elderly, as “a vaccine against COVID-19 may not work well in older people who are most at risk of becoming seriously ill and dying from disease...which may mean immunising others around them, such as children”.⁸⁸ This plan had already been expressed by Laureate Professor Peter Doherty in May 2020, when he said: “Elderly people do not make good immune responses to something they have never seen before ... if we could vaccinate all the young people up to age 60, then we would massively increase herd immunity”.⁸⁹

It is astonishing that children’s naturally effective protection against disease was going to be sacrificed to purportedly protect the elderly, with the potential that children could be set up for a lifetime of COVID vaccination against a disease that was of little or no threat to them. How can it be ethical to vaccinate people against a disease of little or no threat to them? How can it be ethical to vaccinate children to protect the elderly? This is the question I raised in a *BMJ* rapid response in August 2020, *Is it ethical to vaccinate children to protect the elderly?*⁹⁰ I challenged both Peter Openshaw⁹¹ and Peter Doherty⁹² on this matter, but received no response.

In regard to children’s natural protection against disease, in my earlier *BMJ* rapid response questioning “Is it ethical to impede access to natural immunity?” I referred to this startling admission by Heidi Larson, Director of The Vaccine Confidence Project, made during a WHO Global Vaccine Safety Summit in December 2019:

We’ve shifted the human population...to dependency on vaccine-induced immunity ... We’re in a very fragile state now. We have developed a world that is dependent on vaccinations.⁹³

It is shocking that people such as Peter Openshaw and Peter Doherty, and the members of ATAGI, would recommend that children at little or no risk of disease be set up for potentially recurring COVID-19 vaccination, with an apparent plan to make them dependent upon vaccine-induced immunity, potentially for life, and potentially damaging their own natural defences. What parent would agree to such a plan for their child if they were properly informed? How could this happen? Why didn’t the medical profession call this out?

I challenged the Chair of ATAGI, Nigel Crawford, about ATAGI's recommendation to vaccinate children against a disease of little or no risk to them,⁹⁴ but received no response. I also raised this matter with Karen Price, then President of the Royal Australian College of General Practitioners,⁹⁵ but again, no response.

VIII. FROM 'NO JAB, NO PAY' TO 'NO JAB, NO LIFE' – THE CREATION OF A COERCIVE VACCINATION SOCIETY

'No Jab, No Job' became endemic across Australia after the AHPPC opened the floodgates with its mandatory vaccination recommendations. This also spread to other areas of life, with then Victorian Premier Daniel Andrews announcing in September 2021:

There is going to be a vaccinated economy, and you get to participate in that if you are vaccinated...We're going to move to a situation where, to protect the health system, we are going to lock out people who are not vaccinated and can be.⁹⁶

Similarly, in January 2022, then Western Australian Premier, Mark McGowan, stated:

Life will be very difficult for the unvaccinated from January 31. No pub, no bottle shop, no gym, no yoga class, no gig, no dance floors, no hospital visits.⁹⁷

The plan was to punish people who refused to submit to COVID-19 vaccination, to make life "very difficult for the unvaccinated" by actively excluding them from public spaces. Remarkably, the medical profession supported this heinous discrimination, with Chris Perry, the Queensland President of the Australian Medical Association, saying in November 2021:

If you're not vaccinated, it's going to be very, very hard to maintain a job, to be able to go anywhere. People having weddings are going to have to weed out the unvaccinated. The pubs and clubs are going to have to find out whether people are vaccinated before they allow them in. Otherwise their businesses will go bankrupt.⁹⁸

Jane Halton, a member of the National COVID-19 Commission and a key adviser to then Prime Minister Scott Morrison,⁹⁹ had already set the scene in May 2020 when she called for

mandatory vaccination during her National Press Club presentation, saying, “Forget the “no jab, no play” for kids, it’s now “no jab, no play” for adults – and I would support that”.¹⁰⁰ Halton, a former Secretary of the Australian Government’s departments of Health and Finance, numbers among one of her many roles Chair of CEPI, the Coalition for Epidemic Preparedness Innovation. CEPI is the front for the pandemic industry, founded by the governments of Norway and India, the Bill & Melinda Gates Foundation, Wellcome and the World Economic Forum. Other partners include multinational pharmaceutical corporations, the World Health Organization and NGOs.¹⁰¹ CEPI has secured financial support from Australia and other countries¹⁰², and was at the forefront of promoting coronavirus vaccine products via COVAX (of which Jane Halton was co-Chair of the COVAX Coordination Meeting), along with Gavi, UNICEF, the World Health Organization, the World Bank and other partners.¹⁰³

Jane Halton was a participant in Event 201, held in October 2019, a tabletop pandemic simulation exercise of a coronavirus outbreak which, in an extraordinary coincidence, predicted the SARS-CoV-2 coronavirus ‘public health emergency of international concern’ (‘PHEIC’) which emerged only a few months later. The pandemic simulation was hosted by The John Hopkins Center for Health Security in partnership with the World Economic Forum and the Bill & Melinda Gates Foundation, and portrayed public/private partnerships responding to a pandemic.¹⁰⁴

Halton’s demand for ‘no jab, no play’ for adults was no coincidence, as Scott Morrison was the main mover in establishing the No Jab, No Pay law for children, which was enacted in January 2016 when Malcolm Turnbull was Prime Minister. In 2015, as Social Services Minister, Morrison raised the No Jab, No Pay bill,¹⁰⁵ which was in response to the ‘No Jab, No Play’ campaign for coercive vaccination for children, waged by the Murdoch media/News Corp Australia during 2013-2015.¹⁰⁶ A serious conflict of interest was not disclosed during the Murdoch tabloids’ ‘No Jab, No Play’ campaign in 2013-2015 – namely, that News Corp Australia is a corporate partner of the Murdoch Children’s Research Institute¹⁰⁷, which was originally founded with the support of Rupert Murdoch’s mother, Elisabeth Murdoch¹⁰⁸, and which is involved in vaccine research, including now coronavirus vaccine research with the Doherty Institute.¹⁰⁹ (The Doherty Institute is responsible for the ‘modelling’ that put Australia into lockdown and restrictions in March 2020¹¹⁰, influenced by the controversial modelling of Neil Ferguson et al, Imperial College London¹¹¹, and produced the modelling for the 70-80% COVID-19 vaccination target in Australia.¹¹²) Sarah Murdoch, Lachlan Murdoch’s partner, is

the Ambassador for the Murdoch Children’s Research Institute, and is on the board.¹¹³ Murdoch media has much influence in Australia, with former Prime Minister Kevin Rudd saying Australian politicians are “frightened” of the “Murdoch media beast”.¹¹⁴

While Morrison was Social Services Minister in 2015, *The Sydney Morning Herald* published an article titled “Scott Morrison will almost certainly lead the Liberals. The question is when?” This article reported that Morrison had a private lunch with media mogul Rupert Murdoch in 2015.¹¹⁵ Did Morrison and Murdoch discuss the Murdoch tabloids’ ‘No Jab, No Play’ campaign during their cosy tête a tête? Did Rupert Murdoch personally influence Scott Morrison regarding the No Jab, No Pay bill? Did Morrison enjoy special support from the Murdoch media that facilitated him becoming Prime Minister in 2018?

With the *Australian Biosecurity Act 2015* (Cth) and state emergency laws in place, waiting to be utilised for an emergency, such as COVID-19, and the establishment of a concept of coercive vaccination with ‘No Jab, No Pay’, the means were in place to control the Australian population and make them comply with the COVID-19 response. As early as February 2020 Scott Morrison, as Prime Minister of Australia, declared COVID-19 a ‘pandemic’ before the World Health Organization.¹¹⁶ Morrison announced that COVID-19 vaccines would be mandatory even before they were available, boasting “I was the minister that established ‘no jab, no play’. So my view on this is pretty clear and not for turning”.¹¹⁷

With his overruling of the AHPPC’s original decision against compulsory vaccination of residential aged care workers in June 2021, Morrison started the ‘No Jab, No Job’ ball rolling, with vaccination mandates subsequently spreading around the country. Once the principle of ‘voluntary informed consent’ was breached for one group, the residential aged care workers, this opened the floodgates for voluntary informed consent to be denied for others, leading to ‘No Jab, No Life’. And, voilà, Morrison’s wish came true and COVID-19 vaccination became “as mandatory as you can possibly make it”.¹¹⁸

IX. CONCLUSION

Scott Morrison and the Premiers and Chief Ministers in National Cabinet; the Chief Medical Officer Paul Kelly and the members of the AHPPC; medical colleges and professional associations; ATAGI; AHPRA; medical insurers; and so-called medical ‘experts’ – and the

medical profession at large - must have been aware that “informed consent should be obtained for every COVID-19 vaccination, as per usual consent procedures for other vaccinations”, as acknowledged in correspondence from the Australian Government.¹¹⁹

But the overwhelming majority of Australians – both adults and children - has been vaccinated without valid voluntary informed consent. This is obvious with the coercive and mandatory COVID-19 mass vaccination campaign. But this is also the case with vaccine products across the entire ever-increasing vaccination schedule, which is mired in conflicts of interest.¹²⁰ The ‘No Jab’ concept initiated by the Murdoch media and implemented by Scott Morrison in 2015/16, has unleashed an unmitigated disaster, evolving into ‘No Jab, No Job’ to ‘No Jab, No Life’ during the Covid era, and the destruction of valid consent under coercive and mandatory vaccination policies.

Voluntary informed consent for vaccination has been recklessly destroyed in Australia by those who were entrusted to protect this vitally important principle in a free society. Is this a case of misfeasance in public office?

¹ See for example Mark Aronson, ‘Misfeasance in Public Office: A Very Peculiar Tort’ (2011) 35 *Melbourne University Law Review* 1-51.

² ‘Statement on Residential Aged Care Worker COVID-19 Vaccination’, Australian Health Protection Principal Committee (AHPPC), Australian Government Department of Health and Aged Care, 29 June 2021.

³ ‘Statement on COVID-19 Requirements for Aged Care Workers’, Australian Health Protection Principal Committee (AHPPC), Australian Government Department of Health and Aged Care, 4 June 2021.

⁴ ‘Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccination’, *ABC News*, 4 June 2021. See also: ‘National Cabinet Statement’, Liberal Party New South Wales, 28 June 2021.

⁵ ‘Statement on Mandatory Vaccination of All Workers in Health Care Settings’, Australian Health Protection Principal Committee (AHPPC), Australian Government Department of Health and Aged Care, 1 October 2021.

⁶ ‘Statement on Mandating Vaccination for Disability Support Workers’, Australian Health Protection Principal Committee (AHPPC), Australian Government Department of Health and Aged Care, 10 November 2021.

⁷ ‘Statement on Mandatory Vaccination of Aged Care In-Home and Community Aged Care Workers’, Australian Health Protection Principal Committee (AHPPC), Australian Government Department of Health and Aged Care, 10 November 2021.

⁸ ‘The Australian Immunisation Handbook’, Australian Government Department of Health and Aged Care.

⁹ Medical Board, ‘Good Medical Practice: A Code of Conduct for Doctors in Australia’, Australian Health Practitioner Regulation Agency (AHPRA), October 2020.

¹⁰ [Letter from Amanda Watson to Elizabeth Hart](#), 20 September 2021.

¹¹ [Letter from Nigel Murray to Elizabeth Hart](#), 17 November 2022.

¹² ‘Informed consent in health care. Fact Sheet for Clinicians’ (Australian Commission on Safety and Quality in Health Care 2020).

¹³ ‘Handling consent refusal by people presenting for vaccination’ (Australian Government Operation COVID Shield).

¹⁴ ‘Consent to medical treatment’ (Australian Law Reform Commission, 18 September 2014).

¹⁵ ‘Statement on COVID-19 Requirements for Aged Care Workers’, Australian Health Protection Principal Committee (AHPPC), Australian Government Department of Health and Aged Care, 4 June 2021.

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- ¹⁶ ‘Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccination’, *ABC News*, 4 June 2021.
- ¹⁷ *Ibid.*
- ¹⁸ *Ibid.*
- ¹⁹ ‘National Cabinet Statement’, Liberal Party New South Wales, 28 June 2021.
- ²⁰ ‘Statement on Residential Aged Care Worker COVID-19 Vaccination’, Australian Health Protection Principal Committee (AHPPC), Australian Government Department of Health and Aged Care, 29 June 2021.
- ²¹ ‘Still Many Questions Over Mandatory Aged Care Vaccinations’, Australian Nursing & Midwifery Federation (SA Branch), 29 June 2021.
- ²² Sally Hall Dykgraaf et al., ‘Implementing Mandatory COVID-19 Vaccination for Australian Aged Care Workers (2022) (11) *Medical Journal of Australia* 570-574.
- ²³ ‘Interview with David Speers on ABC Insiders on the COVID-19 Vaccine Rollout’, *ABC Insiders*, 21 February 2021.
- ²⁴ ‘WMA Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Subjects’, adopted by the 18th World Medical Association’s General Assembly, Helsinki, Finland, June 1964.
- ²⁵ ‘AMA Calls for Mandatory Vaccination Across Entire Health Care System’, Australian Medical Association, 31 August 2021.
- ²⁶ ‘Joint Statement – COVID Vaccination Only Pathway to More Normal Life’, Australian Medical Association & Council of Presidents of Medical Colleges, May 2021.
- ²⁷ Council of Presidents of Medical Colleges, CPMC – 18th & 19th August 2021.
- ²⁸ ‘AMA wants nationally-consistent mandatory COVID vaccination for all healthcare staff’, Australian Medical Association, 15 September 2021.
- ²⁹ ‘RACGP releases position statement on mandatory vaccination’, Royal Australian College of General Practitioners, 16 September 2021, and ‘Why the RACGP supports mandatory vaccination for healthcare workers’, Royal Australian College of General Practitioners, 17 September 2021.
- ³⁰ Immunisation Coalition – About us - Funding.
- ³¹ Immunisation Coalition - RACGP CPD Accreditation.
- ³² [Notification to AHPRA re medical practitioner Paul Kelly, submitted by Elizabeth Hart](#) on 16 June 2023, Reference Number: 00531213.
- ³³ ‘Australia’s Vaccine Agreements’, Department of Health and Age Care, Australian Government, last updated 9 May 2024.
- ³⁴ Australia secures additional Pfizer-BioNTech vaccine for 2022 and 2023. Liberal New South Wales media statement, 25 July 2021.
- ³⁵ Australians to receive COVID-19 booster shot. Joint Media Statement by Scott Morrison Prime Minister and Greg Hunt Minister for Health and Aged Care. Parliament of Australia, 28 October 2021.
- ³⁶ The term ‘fully vaccinated’ in relation to two doses is recorded in Official Committee Hansard for the Senate Select Committee on COVID-19, Tuesday 9 March 2021. An undated Australian Government Consent form for COVID-19 vaccination, downloaded by Elizabeth Hart on 17 March 2021 notes: “To be vaccinated you will get a needle in your arm. You need to have the vaccination two times on different days. There are different brands of vaccine. You need to have the same brand of vaccine both times. The person giving you your vaccination will tell you when you need to have the second vaccination.” There was no suggestion in this consent form that ‘booster’ shots would be required in future.
- ³⁷ See the Australian Government’s National Plan to transition Australia’s National COVID-19 Response, requiring $\geq 80\%$ vaccination (2 doses) of the eligible population (16+).
- ³⁸ ‘Scott Morrison Expects COVID-19 Vaccine Will Be ‘As Mandatory As You Can Possibly Make It’’, Neil Mitchell on *3AW*, 19 August 2020. (PM Transcripts ID 42984).
- ³⁹ ‘Registered Health Practitioners and Students and COVID-19 Vaccination’, AHPRA & National Boards Position Statement, 9 March 2021.
- ⁴⁰ COVID-19 Vaccine Rollout – Data as at: 8 May 2024. Australian Government Department of Health and Aged Care.
- ⁴¹ [Emails from Elizabeth Hart to Mark Dreyfus](#), 15 August 2023 and 13 February 2023.
- ⁴² [Email from Elizabeth Hart to Mark Dreyfus](#), 13 February 2023.
- ⁴³ [Letter from Tracey Lutton](#), 5 September 2023.
- ⁴⁴ [Letter from David Lewis](#), 20 September 2023.
- ⁴⁵ [Email from Elizabeth Hart to Mark Dreyfus](#), 27 February 2024.
- ⁴⁶ AHPPC statements on mandatory vaccination for all workers in health care settings, disability support workers, and aged care in-home and community aged care workers.
- ⁴⁷ See for example: Judd Boaz, ‘The Victorian Premier Says the State is Heading for a ‘Vaccine Economy’, Here’s What that Might Look Like’, *ABC News*, 6 September 2021; and COVID-19 Mandatory Vaccination (General Workers) Order, Victoria State Government Department of Health, reviewed 25 October 2023.

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- ⁴⁸ [Email from Elizabeth Hart to Martin Fletcher and Anne Tonkin](#), and all members of the 15 National Boards, copied to Matthew Hardy, AHPRA National Director Notifications, 31 July 2023.
- ⁴⁹ *Rogers v Whitaker* (1992) 175 CLR 479.
- ⁵⁰ Paul Soloviev, ‘Consent. Lessons from Rogers v Whitaker Legal Case’, General Practice Training, 6 June 2023.
- ⁵¹ ‘Where You Can Get Vaccinated’, Department of Health and Aged Care, Australian Government.
- ⁵² [Letter from Nigel Murray to Elizabeth Hart](#), 17 November 2022.
- ⁵³ ‘Coronavirus Disease (COVID-19)’, World Health Organization.
- ⁵⁴ John P.A. Ioannidis et al., ‘Population-level COVID-19 Mortality Risk for Non-Elderly Individuals Overall and for Non-elderly Individuals Without Underlying Diseases in Pandemic Epicenters’ (2020) (188) *Environ Research*.
- ⁵⁵ John P.A. Ioannidis et al., ‘Infection Fatality Rate of COVID-19 Inferred from Seroprevalence Data’ (2021) 99 *Bull World Organ*.
- ⁵⁶ Angelo Maria Pezzullo et al., ‘Age-Stratified Infection Fatality Rate of COVID-19 in the Non-Elderly Population’ (2023) 216 *Environ Research*.
- ⁵⁷ Rita Carsetti et al. ‘The Lancet Child & Adolescent. Comment’ (2020) 4(6) *Lancet*.
- ⁵⁸ [Elizabeth Hart, ‘Liberal Democracies Being Turned Upside Down to ‘Protect Health Services’](#), rapid response on *The BMJ*, 18 December 2020.
- ⁵⁹ [Elizabeth Hart, ‘Is It Ethical to Impede Access to Natural Immunity? The Case of SARS-CoV2’](#), rapid response on *The BMJ*, 25 March 2020.
- ⁶⁰ [Email from Elizabeth Hart to Andrew Pollard](#), 30 June 2021; email from [Elizabeth Hart to Andrew Pollard](#), 17 August 2021.
- ⁶¹ [Email from Elizabeth Hart to Patrick Vallance and Chris Whitty](#), 6 April 2021; [email from Elizabeth Hart to Patrick Vallance and Chris Whitty](#), 28 July 2021.
- ⁶² Military Medical Leaders Discuss Vaccine Development Against Coronavirus. U.S. Department of Defense, 5 March 2020. See transcript via Democracy Manifest [Pentagon Presser – 5 March 2020](#).
- ⁶³ ‘Digital COVID-19 Vaccine Exemptions Available Next Month, But ‘Almost No One’ Eligible’, *The Sydney Morning Herald*, 26 September 2021.
- ⁶⁴ *Ibid*.
- ⁶⁵ *Ibid*.
- ⁶⁶ ‘Immunisation Medical Exemptions’, Services Australia.
- ⁶⁷ [Letter from Nigel Murray to Elizabeth Hart](#), 17 November 2022.
- ⁶⁸ ‘Cops Risk Sack Over Court Challenge to Mandatory Vaccination’, *Brisbane Times*, 28 October 2021.
- ⁶⁹ [Letter from Elizabeth Hart to Health Minister Mark Butler](#), 17 May 2023; email from [Elizabeth Hart to Mark Butler](#), 20 November 2023.
- ⁷⁰ [Letter from Praveen Sharma to Elizabeth Hart](#), 6 December 2023.
- ⁷¹ ‘Vaccine Suppliers Given Indemnity for ‘Inevitable’ Side Effects”, *The Sydney Morning Herald*, 8 October 2020.
- ⁷² ‘COVID-19 Indemnity Scheme to Protect Health Professionals and Patients’, Department of Health and Aged Care, Australian Government, 2 July 2021.
- ⁷³ ‘AMA Proposal for Vaccine Immunity Indemnity Adopted by National Cabinet’, Australian Medical Association, 29 June 2021.
- ⁷⁴ ‘No Fault COVID-19 Indemnity Scheme’, Department of Health and Aged Care, Australian Government, 28 August 2021.
- ⁷⁵ [Letter from Emma McArthur to Greg Hunt](#), 11 November 2021.
- ⁷⁶ [Letter from Louise Morgan to Emma McArthur](#), 21 December 2021.
- ⁷⁷ *Ibid*.
- ⁷⁸ [Email from Elizabeth Hart to Mark Butler](#), 9 November 2021.
- ⁷⁹ [Letter from Nigel Murray to Elizabeth Hart](#), 17 November 2022.
- ⁸⁰ I have raised this matter with federal Health Minister Mark Butler, AHPRA, the Royal Australasian College of Physicians, the Royal Australian College of General Practitioners, the Australian Medical Association, The Pharmacy Guild of Australia and the Australian Nursing & Midwifery Federation, as well as medical insurers Avant, TEGO, MDA National, and the Medical Indemnity Protection Society. See for example [email from Elizabeth Hart to Mark Butler](#), 21 November 2022.
- ⁸¹ [Email from Elizabeth Hart to Mark Butler](#), 21 November 2022.
- ⁸² ‘ATAGI Recommendations on the Use of the Paediatric Pfizer COVID-19 Vaccine in Children Aged 5 to 11 years in Australia’, Department of Health and Aged Care, Australian Government, 21 February 2022.
- ⁸³ *Ibid*.
- ⁸⁴ *Ibid*.
- ⁸⁵ *Ibid*.

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- ⁸⁶ ‘COVID-19 Vaccine May Not work For At-Risk Older People, Say Scientists’, *The Guardian*, 24 June 2020.
- ⁸⁷ Ibid.
- ⁸⁸ Ibid.
- ⁸⁹ Paul Doherty, ‘I’m 79, I Won the Nobel Prize and I Don’t Give a S---’, *Australian Financial Review*, 8 May 2020.
- ⁹⁰ Elizabeth Hart, ‘[Is It Ethical to Vaccinate Children to Protect the Elderly?](#)’, rapid response on *The BMJ*, 5 August 2020.
- ⁹¹ [Email from Elizabeth Hart to Peter Openshaw and Arne Akbar](#), 6 September 2022.
- ⁹² [Email from Elizabeth Hart to Peter Doherty](#), 14 September 2022, and [email from Elizabeth Hart to Peter Doherty](#), 29 August 2022.
- ⁹³ Elizabeth Hart, ‘[Is It Ethical to Impede Access to Natural Immunity? The Case of SARS-CoV2](#)’, rapid response on *The BMJ*, 25 March 2020.
- ⁹⁴ [Email from Elizabeth Hart to Nigel Crawford](#), 22 April 2022.
- ⁹⁵ [Email from Elizabeth Hart to Karen Price](#), 9 May 2022.
- ⁹⁶ Judd Boaz, ‘The Victorian Premier Says the State is Heading for a ‘Vaccine Economy’, Here’s What that Might Look Like’, *ABC News*, 6 September 2021.
- ⁹⁷ As cited in Augusto Zimmermann, ‘Liberty Sinks Slowly in the West’, *Quadrant*, 20 January 2022.
- ⁹⁸ ‘Doctors Support New Queensland COVID-19 Restrictions, Businesses Frustrated’, *9 News*, 10 November 2021.
- ⁹⁹ ‘National COVID-19 Coordination Commission’, Australian Local Government Association, 27 March 2020.
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- ¹⁰¹ CEPI officially launched 18th January 2017 – CEPI website.
- ¹⁰² CEPI Investors Overview, as of 19 March 2024 – CEPI website.
- ¹⁰³ ‘COVAX Announces Additional Deals to Access Promising COVID-19 Vaccine Candidates; Plans Global Rollout Starting Q1 2021’, World Health Organization, Joint News Release, 18 December 2020.
- ¹⁰⁴ See the Event 201 website via Johns Hopkins Center for Health Security. Also see the World Economic Forum’s news release, 15 October 2019: Live Simulation Exercise to Prepare Public and Private Leaders for Pandemic Response.
- ¹⁰⁵ ‘No Jab No Pay and Other Immunisation Measures’, Parliament of Australia, May 2015. See also ‘Social Services Legislation Amendment (No Jab, No Pay) Bill 2015’, Parliament of Australia, 22 October 2015.
- ¹⁰⁶ See, for example: Jane Hansen, ‘No Jab, No Play Campaign Launched to Ban Unvaccinated Kids from Childcare Centres and Preschools’, *The Sunday Telegraph*, 5 May 2013. See more background in my email to Scott Morrison: [No Jab, No Pay/No Play - coercive coronavirus vaccination in Australia - PM Scott Morrison and the Murdoch Media](#), 18 February 2021.
- ¹⁰⁷ Murdoch Children’s Research Institute – Partnerships.
- ¹⁰⁸ Murdoch Children’s Research Institute – About MCRI.
- ¹⁰⁹ “Vax4COVID: Led by VIRGo at the Doherty Institute of Infection and Immunity and Murdoch Children’s, vax4COVID is an alliance of experienced Australian clinical trial centres formed to facilitate the conduct of Phase II trials of SARS-CoV-2 vaccine candidates.” ‘Vaccine and Immunisation Research Group’, Murdoch Children’s Research Institute website.
- ¹¹⁰ COVID-19 modelling papers and press conference, 7 April 2020. Doherty Institute.
- ¹¹¹ Neil Ferguson et al. Report 9: Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand. Imperial College COVID-19 Response Team. 16 March 2020.
- ¹¹² Statement on the Doherty Institute Modelling, 23 August 2021; and Doherty Modelling Report revised 10 August 2021. See also Emma McArthur’s email to Jodie McVernon: [Is Australia being held to ransom thanks to ‘scientific fiction’ by the Doherty Institute?](#) 2 September 2021.
- ¹¹³ ‘Ambassadors – Sarah Murdoch’, Murdoch Children’s Research Institute.
- ¹¹⁴ ‘Kevin Rudd Says Australian Politicians ‘Frightened’ of ‘Murdoch Media Beast’ in Senate Inquiry’, *The Guardian*, 19 February 2021.
- ¹¹⁵ ‘Scott Morrison Will Almost Certainly Lead the Liberals. The Question Is When?’ *The Sydney Morning Herald*, 4 September 2015.
- ¹¹⁶ Press Conference, Australian Parliament House, 27 February 2020, Prime Minister. Transcript ID 42691.
- ¹¹⁷ ‘Scott Morrison Expects COVID-19 Vaccine Will Be ‘As Mandatory As You Can Possibly Make It’’, Neil Mitchell on *3AW*, 19 August 2020. (PM Transcripts ID 42984).
- ¹¹⁸ Ibid.
- ¹¹⁹ [Letter from Louise Morgan to Emma McArthur](#), 21 December 2021 and [Letter from Nigel Murray to Elizabeth Hart](#), 17 November 2022.
- ¹²⁰ The taxpayer-funded vaccination schedule is mired in conflicts of interest, with little or no transparency and accountability. For more background on this matter, see my correspondence in 2015 to then Australian Prime

Minister Tony Abbott: [Letter to Australian Prime Minister re vaccination policy in Australia – response](#). I'm continuing to pursue exposing conflicts of interest in taxpayer-funded vaccination policy.