

## **Professor Paul Kelly – Notification**

### **Request for Clarification of Professional Obligations in Public Health Leadership Context**

**To:** Australian Health Practitioner Regulation Agency (Ahpra)

**From:** Elizabeth Hart – elizmhart@gmail.com

#### **INTRODUCTORY CONTEXT**

I write to make a notification to Ahpra concerning Professor Paul Kelly, a registered medical practitioner who, at the relevant time, was Chief Medical Officer of Australia and Chair of the Australian Health Protection Principal Committee (AHPPC).

This notification builds upon a previous notification concerning Professor Kelly (Ref: 00531213), which was closed by Ahpra on 29 June 2023 under section 149(1)(b) of the *Health Practitioner Regulation National Law* (the National Law) on the basis that it related to the implementation of government policies. That notification, however, concerned the conduct of a registered medical practitioner and the application of professional standards in that context.

This notification concerns the professional obligations of a registered medical practitioner under the National Law when making public recommendations concerning a medical intervention, specifically where vaccination is proposed as a condition of employment.

This notification does not seek review of any government policy or its implementation. Rather, it seeks clarification of how the professional standards governing registered practitioners apply in such circumstances, particularly in relation to **the requirement that consent to medical intervention be voluntary**.

As the national regulator responsible for the professional standards of registered practitioners, Ahpra is the appropriate body to clarify how the Code of Conduct applies in these circumstances.

This notification is supported by contemporaneous correspondence raising these issues at the time with relevant regulatory, professional and policy authorities, as set out in the attached material, including Annexure A.

#### **ISSUE FOR CLARIFICATION**

When a registered medical practitioner occupying a statutory public health leadership role publicly recommends vaccination as a condition of employment, **what professional ethical obligations apply under the National Law, particularly in relation to the requirement that consent to medical intervention be voluntary?**

#### **FACTUAL BACKGROUND AND SEQUENCE OF EVENTS**

Professor Paul Kelly is a registered medical practitioner who, at the relevant time, was:

- Chief Medical Officer of Australia
- Chair of the Australian Health Protection Principal Committee (AHPPC)

The following statements issued by the AHPPC in June 2021, under the chairmanship of Professor Kelly, set out the sequence of events.

### **AHPPC Statement - 4 June 2021**

AHPPC stated:

“AHPPC does not recommend compulsory COVID-19 vaccines for aged care workers.”

The statement further provided:

“Mandating COVID-19 vaccination must balance the rights of an individual in the workplace against the public health benefits of vaccination at the time and must take into account any unintended consequences such as impacts on workforce availability and delivery of care to residential aged care residents.”

### **AHPPC Statement - 29 June 2021**

AHPPC recommended:

“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, by 17 September 2021.”

The statement further noted:

“AHPPC notes that mandating vaccination for this cohort could have unintended consequences, including on the availability of the workforce, which in turn, could impact the quality and safety of resident care.”

### **Interval: Approximately three weeks**

During this period:

- the professional standards governing informed consent did not change
- the requirement that consent be voluntary remained unchanged

This sequence shows that within a period of approximately three weeks, the AHPPC moved from not recommending compulsory vaccination, and explicitly recognising the need to balance individual rights and potential unintended consequences, to recommending compulsory vaccination as a condition of employment in residential aged care.

This recommendation was issued publicly by the AHPPC, chaired by Professor Kelly in his capacity as Chief Medical Officer, while he remained a registered medical practitioner subject to the Medical Board’s Code of Conduct.

### **RELEVANT PROFESSIONAL STANDARDS**

***Good Medical Practice: A Code of Conduct for Doctors in Australia*** (October 2020)

Section 4.5 provides:

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

### ***The Australian Immunisation Handbook – Valid Consent***

*The Australian Immunisation Handbook* states that valid consent:

“must be given voluntarily in the absence of undue pressure, coercion or manipulation.”

These statements reflect a consistent requirement that consent to medical intervention be voluntary. This requirement applies to all persons to whom medical intervention is proposed, including in circumstances where vaccination is proposed as a condition of employment, irrespective of the setting in which that proposal is made.

### **CENTRAL QUESTION OF PROFESSIONAL STANDARDS**

A recommendation that vaccination be “a condition of working” introduces a material consequence for refusal – namely, loss of employment.

Such a consequence bears directly on whether consent to the medical intervention can properly be regarded as voluntary under established professional standards.

This raises a question as to how the requirement that consent be voluntary is to be understood where such recommendations are made by a registered medical practitioner acting in a public health leadership role, and where those recommendations have direct implications for the circumstances under which consent is obtained.

Registered practitioners remain bound by their professional obligations, including the requirement for valid voluntary informed consent, irrespective of external policy settings.

The issue raised is therefore not the validity or implementation of government policy, but **how professional standards are to be applied and upheld where practitioner conduct occurs within, or contributes to, that policy context.**

### **CONTEMPORANEOUS CORRESPONDENCE**

On 4 June 2021, I sent an email to Professor Nicola Spurrier, Chief Public Health Officer of South Australia and a member of the AHPPC, raising concerns regarding coercion, informed consent, and contemporaneous reporting that the Prime Minister was seeking to overrule medical advice to impose mandatory COVID-19 vaccination for aged care workers. The Office of the Chief Medical Officer was included as a copied recipient. A copy of this email is attached.

Between the AHPPC statements of 4 June and 29 June 2021, on 8 June 2021, I sent a detailed email in similar terms to:

- the Chair of the Medical Board of Australia
- the Chair of the Ahpra Agency Management Committee
- the Ahpra Chief Executive Officer
- the Presidents of the Royal Australian College of General Practitioners (RACGP), the Royal Australasian College of Physicians (RACP), and the Australian Medical Association (AMA)

The email was copied to a large number of recipients, including the Office of the Chief Medical Officer, senior health officials, and political decision-makers. It raised concerns about whether practitioners could properly obtain valid informed consent from patients before administering COVID-19 vaccination under conditions of pressure and coercion, and referred to the requirement in *The Australian Immunisation Handbook* that valid consent:

**“must be given voluntarily in the absence of undue pressure, coercion or manipulation”**

The email also identified emerging pressure on frontline workers, including aged care workers, to undergo COVID-19 vaccination, with the ABC reporting on 4 June 2021 that then Prime

Minister Scott Morrison was seeking to impose compulsory vaccination despite earlier advice against this by “medical experts” (i.e. the AHPPC). I described this situation as “extremely serious”.

**This correspondence demonstrates that:**

- the issue of coercion and its incompatibility with voluntary informed consent;
- the ethical obligations of practitioners administering COVID-19 vaccination; and
- the emerging policy direction toward mandated vaccination

were explicitly raised with relevant authorities during the period between the two AHPPC statements in June 2021. A copy of the 8 June 2021 email is attached.

I undertook further correspondence on this matter. In September 2021, Ahpra provided a substantive response confirming that:

**“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.”**

This confirmation from Ahpra (see letter attached) reflects the same requirement set out in *Good Medical Practice: A Code of Conduct for Doctors in Australia* and *The Australian Immunisation Handbook*, and was provided during the period in which the events described above were occurring, without clarifying how this requirement was to be applied in circumstances where **vaccination refusal carried penalties**.

Over an extended period (2020–2024), the Office of the Chief Medical Officer ([covid19vaccinerfi@health.gov.au](mailto:covid19vaccinerfi@health.gov.au)) was included as an addressee on correspondence raising concerns regarding voluntary informed consent and related issues.

In addition to being copied on my correspondence in his capacity as Chief Medical Officer, Professor Kelly was directly contacted on multiple occasions, i.e. emails dated 19 October 2022, 14 April 2023, 6 May 2023, 11 July 2023, and 28 September 2023. Individual emails are attached.

A chronology of this correspondence, including both direct and copied communications to Professor Kelly, is provided at Annexure A.

**SIGNIFICANCE OF CONTEMPORANEOUS NOTICE**

**The matters outlined above were not identified retrospectively. They were raised at the time, in writing, with the relevant regulatory bodies, professional organisations, senior health officials, and political decision-makers.**

This raises a question as to how the professional standards governing voluntary informed consent are to be understood and applied when concerns regarding coercion and its ethical implications were explicitly brought to the attention of relevant regulatory bodies, professional organisations, senior health officials, and political decision-makers during the development of those policy settings.

**AHPRA’S RESPONSE TO PRIOR NOTIFICATION** (Ref: 00531213)

On 16 June 2023, I made a notification to Ahpra (attached) concerning Professor Paul Kelly’s conduct in his role as Chair of the Australian Health Protection Principal Committee.

By letter dated 29 June 2023 (attached), Ahpra advised that it was not able to progress the concerns under the National Law on the basis that they related to the implementation of government policies.

Ahpra further advised that concerns about information provided by Professor Kelly in his role as Chair of the Australian Health Protection Principal Committee could be raised with the AHPPC directly, or with the Australian Public Service Commission (APSC).

In accordance with that advice, I contacted Professor Kelly directly, by emails dated 11 July 2023 and 28 September 2023 (attached), seeking a response to the issues raised.

No substantive response was received from Professor Kelly.

Ahpra advised that concerns could also be raised with the APSC. However, no clear or accessible mechanism was identified through which a member of the public could have such concerns considered by the APSC.

In those circumstances, I sought to make a public interest disclosure under the Public Interest Disclosure Act 2013 (PID Act), raising a complaint regarding Professor Kelly's conduct on 9 October 2023. By letter dated 13 October 2023, Michelle Coffill of the APSC advised that the matter would not be accepted under this process and referred me to the Commonwealth Ombudsman's Office. See email correspondence and APSC letter attached.

In practical terms, the pathways identified by Ahpra – namely contacting Professor Kelly and the APSC – did not result in my concerns being substantively addressed.

This notification is therefore made to seek clarification of the professional obligations of a registered medical practitioner as summarised below.

## **REQUEST FOR CLARIFICATION**

In light of the professional standards set out above and the contemporaneous correspondence described, I respectfully request clarification from Ahpra as to the following:

### **1. Application of Professional Standards**

Do the professional standards contained in *Good Medical Practice: A Code of Conduct for Doctors in Australia* apply to registered medical practitioners when acting in statutory public health leadership roles and making public recommendations concerning medical intervention?

### **2. Voluntariness of Consent**

If those standards do apply, how is the requirement that consent be voluntary to be understood in circumstances where a registered medical practitioner publicly recommends that vaccination be a condition of employment?

For clarity, this request does not seek review of any government policy. It seeks clarification of the professional standards applicable to a registered medical practitioner under the National Law.

### **Elizabeth Hart**

Independent researcher on medical ethics and vaccination policy  
[vaccinationispolitical.net](http://vaccinationispolitical.net)

11 April 2026

**ATTACHMENTS** – due to upload limits, some documents are combined

1. Original notification to Ahpra re Professor Paul Kelly – 16 June 2023 and Ahpra response re Professor Paul Kelly notification – 29 June 2023
2. AHPPC Statement – 4 June 2021 and AHPPC Statement – 29 June 2021
3. *Good Medical Practice: A Code of Conduct for Doctors in Australia* (October 2020) – Informed consent extract and *The Australian Immunisation Handbook* – Valid consent extract
4. Email – 4 June 2021 – Coercive covid-19 injections in Australia – email to Nicola Spurrier – Chief Public Health Officer, SA Health
5. Email – 8 June 2021 – Coercive covid-19 injections in Australia – email to the Medical Board of Australia, AHPRA, RACGP, RACP, AMA (also included in Annexure A)
6. Ahpra response – 20 September 2021 - confirmation of informed consent obligations
7. Emails directly addressed to Professor Paul Kelly: (Also included in Annexure A)
  - 19 October 2022 – Mandated Covid jabs – What is the scientific and medical justification for these mandated medical interventions?
  - 14 April 2023 – Informed consent and mass population Covid-19 vaccination – considering Rogers v Whitaker
  - 6 May 2023 – The destruction of voluntary informed consent in Australia under the guise of the ‘Covid emergency’
  - 11 July 2023 – Re Notification to AHPRA re medical practitioner Paul Kelly, Chief Medical Officer of Australia and Chair of the Australian Health Protection Principal Committee (AHPPC) (AHPRA Ref. No. 00531213)
  - 28 September 2023 – Mandatory Covid-19 vaccination – Why did CMO Paul Kelly capitulate to Scott Morrison and National Cabinet’s demand for mandatory Covid-19 vaccination for residential aged care workers?
8. Annexure A – Chronology of correspondence addressed and/or copied to the Office of the Chief Medical Officer( Professor Paul Kelly) (2020-2024)
9. Complaint to APSC re Professor Paul Kelly – email thread October 2023 and Response from APSC re Professor Paul Kelly complaint – letter dated 13 October 2023

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## Notification to AHPRA re medical practitioner Paul Kelly, Chief Medical Officer of Australia and Chair of the Australian Health Protection Principal Committee (AHPPC)

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Elizabeth Hart <elizmhart@gmail.com>

Fri, Jun 16, 2023 at 4:08 PM

To: martin.fletcher@ahpra.gov.au, notifications@aphra.gov.au

Cc: Jamie.Pearce@ahpra.gov.au

### For the attention of:

Martin Fletcher, CEO, Australian Health Practitioner Agency (AHPRA)  
Anne Tonkin, Chair, Medical Board of Australia

Dear Martin Fletcher and Anne Tonkin

**Notification to AHPRA re Paul Kelly** - Chief Medical Officer of Australia and Chair of the Australian Health Protection Principal Committee (AHPPC)

### SUMMARY:

In June 2021, Paul Kelly, as Chair of the AHPPC, **violated the requirement for voluntary informed consent for Covid-19 vaccination**, with the AHPPC recommending 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...**" (My emphasis.) (See AHPPC statement on residential aged care worker COVID-19 vaccination, published 29 June 2021, copy attached.)

This occurred after the AHPPC's original advice **against** compulsory vaccination for residential aged care workers (4 June 2021) was overruled by then Prime Minister Scott Morrison and National Cabinet, who wanted to impose mandatory vaccination upon residential aged care workers - **this was a politically motivated decision, rather than based on medical advice.**

The AHPPC chaired by Paul Kelly capitulated to Scott Morrison's and National Cabinet's demand to impose mandatory vaccination upon residential aged care workers.

This denial of voluntary informed consent for residential aged care workers set a precedent for depriving others of voluntary informed consent for Covid-19 vaccination, including subsequent workforce mandates recommended by Paul Kelly and the AHPPC, see:

- **AHPPC statement on mandatory vaccination of all workers in health care settings.** (Published 1 October 2021, copy attached).
- **AHPPC statement on mandating vaccination for disability support workers.** (Published 10 November 2021, copy attached).
- **AHPPC statement on mandatory vaccination of aged care in-home and community aged care workers.** (Published 10 November 2021, copy attached).

As a medical practitioner, Paul Kelly should be aware of the obligation to obtain voluntary informed consent for vaccination, as confirmed to me personally by [AHPRA in September 2021](#) (see letter attached):

**"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.*"** (My emphasis.)

This advice on 'voluntary informed consent' is stated in [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.** (My emphasis.)

In November 2022, the Australian Department of Health and Aged Care **also confirmed to me:** (See letter attached.)

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

The [Australian Immunisation Handbook](#) under **Valid consent** states:

**"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."** (My emphasis.)

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: (See Fact Sheet attached.)

"...adults have the right to determine what will be done to their bodies and what healthcare treatments they will undergo."

and

"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." (My emphasis.)

An Australian Government Operation COVID Shield Q&A Fact Sheet titled: **Handling consent refusal by people presenting for vaccination**, informs health professionals: (See Fact Sheet attached.)

#### **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.**

The COVID Shield Q&A Fact Sheet 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."**

Quoting the Australian Law Reform Commission: (See Fact Sheet attached.)

**"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."**

It is clear 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.

**Ergo, voluntary informed consent cannot be obtained under vaccination mandates.**

***Why did Paul Kelly and 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?***

#### **BACKGROUND:**

On 4 June 2021, Paul Kelly as Chair of the AHPPC was evidently alert to his 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"**. (My emphasis.) (See AHPPC Statement on COVID-19 vaccination requirements for aged care workers, 4 June 2021, copy attached.)

Also on the same day, 4 June 2021, an ABC headline announced: **"Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccination"**. (Copy attached.)

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."** (My emphasis.)

**The workers' union did not support compulsion**, with the ABC reporting: **"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." Ms Asmar said: "We live in a free country and not Communist China."**

**It's stunning 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 reported by the national broadcaster, the ABC, the political plan was to **'force'** aged care workers to have the coronavirus 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 **"The 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."** (See: National Cabinet Statement. Liberal Party New South Wales. 28 June 2021. Copy attached.)

**So after pressure from Scott Morrison and National Cabinet, Paul Kelly and the AHPPC reneged on their earlier advice against making the coronavirus vaccine compulsory for aged care workers, and rubber-stamped a 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..." (See: AHPPC statement on residential aged care worker COVID-19 vaccination. 29 June 2021. Copy attached.)

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'..." (My emphasis.) (See: Still many questions over mandatory aged care vaccinations. 29 June 2021. Copy attached.)

Paul Kelly subsequently boasted "Australia was one of the first countries internationally to mandate COVID-19 vaccination", in his co-authored article published in the *Medical Journal of Australia* in November 2022 - [Implementing mandatory COVID-19 vaccination for Australian aged care workers](#).

In other words, **Australia was one of the first countries in the world to deny voluntary informed consent for the Covid vaccinations**, facilitated by medical practitioner Paul Kelly and his medical colleagues on the AHPPC.

**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..." (See: Interview with David Speers on ABC Insiders on the COVID-19 vaccine rollout. ABC Insiders. 21 February 2021. Copy attached.)

**But this was an experiment without voluntary informed consent, which is a violation of medical ethics and international human rights conventions such as the Helsinki Declaration.**

Paul Kelly and 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**.

**Consistent with AHPRA's regulatory role, Paul Kelly must face professional disciplinary action for using his position as Chief Medical Officer of Australia to impose Covid-19 vaccination mandates, which was in breach of legal and ethical requirements pertaining to voluntary informed consent.**














I await a reference number for this notification, and advice of further action. This email will also be submitted via AHPRA's online portal.

Sincerely  
Elizabeth Hart

**Independent researcher investigating vaccine products and conflicts of interest in vaccination policy**  
[vaccinationispolitical.net](http://vaccinationispolitical.net)

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#### 14 attachments

-  **AHPPC statement on residential aged care worker COVID-19 vaccination.pdf**  
97K
-  **AHPPC statement on mandatory vaccination of all workers in health care settings.pdf**  
119K
-  **AHPPC statement on mandating vaccination for disability support workers.pdf**  
106K
-  **AHPPC statement on mandatory vaccination of aged care in-home and community aged care workers.pdf**  
97K
-  **response-from-ahpra-re-informed-consent.pdf**  
105K
-  **mc22-018819-signed-highlighted-1.pdf**  
177K
-  **Fact Sheet for clinicians- Informed consent in health care.pdf**  
325K
-  **covid-19-vaccinations---handling-consent-refusal-by-people-presenting-for-vaccination-handling-consent-refusal-by-people-presenting-for-vaccination.pdf**  
1055K
-  **Consent to medical treatment \_ ALRC.pdf**  
92K
-  **AHPPC statement on COVID-19 vaccination requirements for aged care workers.pdf**  
110K
-  **Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccinations.pdf**  
825K
-  **National Cabinet Statement - Monday 28 June 2021 - Liberal Party NSW.pdf**  
182K
-  **Still many questions over mandatory aged care vaccinations.pdf**  
806K



**Interview with David Speers on ABC Insiders on the COVID-19 vaccine rollout \_ Health Portfolio Ministers and Aged  
Care.pdf**  
58K

Private and Confidential



29 June 2023

Ms Elizabeth Hart  
By email only: [elizhart@gmail.com](mailto:elizhart@gmail.com)

Dear Ms Hart,

**About the concerns you raised with us**

Thank you for the information you shared with us. We understand you are raising concerns about Professor Paul Kelly's role in advice on Australian Government Covid-19 vaccination policies in aged care.

Our work is guided by the *Health Practitioner Regulation National Law* (the National Law) and under the National Law, we are not able to progress concerns relating to the implementation of government policies.

Any concerns about information provided by Dr Kelly in his role as Chair of the AHPPC may be raised with the AHPPC directly, or with the Australian Public Service Commission.

Please note, although we are not progressing these concerns, we have recorded the information you provided on our database.

**Privacy**

This information has been disclosed to you under the National Law and in accordance with our Privacy Policy. You are asked to treat any personal information confidentially and sensitively. Commonwealth, State or Territory laws may restrict how you can use information.

The way Ahpra collects, uses and discloses personal information is set out in our [Privacy Policy](#) and is consistent with our legal obligations.

If we can be of assistance, please contact us via email at [notifications@ahpra.gov.au](mailto:notifications@ahpra.gov.au) quoting the reference number below if you have ongoing questions.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Matthew Hardy', is positioned above the printed name.

**Matthew Hardy**  
National Director Notifications

**Reference Number:** 00531213

**National Law reference:** This decision was made under section 149(1)(b) of the [National Law](#).

Home > News and media

# Australian Health Protection Principal Committee (AHPPC) statement on COVID-19 vaccination requirements for aged care workers

A statement from the Australian Health Protection Principal Committee (AHPPC) on COVID-19 vaccination requirements for aged care workers.

**Date published:** 4 June 2021

**Audience:** General public



**AHPPC does not recommend compulsory COVID-19 vaccines for aged care workers.**

It is imperative to protect vulnerable persons living in residential aged care. AHPPC recommends work to understand barriers to, and enablers of, vaccination, informed by monitoring of vaccine uptake. Mandating COVID-19 vaccination must balance the rights of an individual in the workplace against the public health benefits of vaccination at the time and must take into account any unintended consequences such as impacts on workforce availability and delivery of care to residential aged care residents.

AHPPC continues to recommend that those who are experiencing acute respiratory symptoms should not attend residential aged care settings. AHPPC also encourages all visitors to residential care facilities to get vaccinated, when the vaccine is available to them, to further protect the residents of these facilities.

AHPPC will continue to monitor the situation and provide advice to National Cabinet, including on any evidence supporting a future move to mandatory vaccination.

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**Tags:**

Immunisation

Aged care

Communicable diseases

Emergency health management

COVID-19 vaccines

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# Australian Health Protection Principal Committee (AHPPC) statement on residential aged care worker COVID-19 vaccination

A statement from the Australian Health Protection Principal Committee (AHPPC) on residential aged care worker COVID-19 vaccination.

**Date published:** 29 June 2021

**Audience:** General public

AHPPC recommends that residential aged care workers be fully vaccinated against COVID-19 as soon as possible. This adds an extra layer of protection to aged care residents who have already been offered vaccination.

A high proportion of COVID-19 cases and deaths is observed within the elderly population, and especially in those with pre-existing conditions and comorbidities. Aged care residents are the most vulnerable population and managing their risk of infection can be assisted by decreasing transmission from people entering residential aged care facilities. In Australia to date, most residents who have contracted COVID-19 have been infected through the virus being imported into the Residential Aged Care Facilities (RACF) by staff or visitors.

This means that in an outbreak, vaccinated individuals are less likely to be significant drivers of spread, and transmission will be dominated by unvaccinated people. It is important to note this may differ between different variants and may change with emergence of new variants of concern that show greater transmissibility and/or vaccine escape.

Vaccination of anybody entering the RACF is an important mechanism to protect residents. In January 2021, AHPPC strongly encouraged the uptake of COVID-19 vaccination by the residential aged care workforce and notes ongoing efforts to facilitate access for aged care workers. AHPPC notes less restrictive measures have not yet achieved high levels of residential aged care worker coverage. The availability of and access to choice of vaccines is likely to improve uptake of COVID-19 vaccinations by aged care workers.

AHPPC also notes increased rates of community transmission, particularly now the Delta variant is present in Australia, increases the risk of exposure to residents in aged care facilities. 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, by 17 September 2021.

AHPPC notes that mandating vaccination for this cohort could have unintended consequences, including on the availability of the workforce, which in turn, could impact the quality and safety of resident care. AHPPC recommends that a robust risk and benefit assessment be completed and provided to National Cabinet by early August, highlighting the key risks and proposed mitigations ahead of implementing the mandate.

AHPPC will continue to monitor the situation and provide advice to National Cabinet.

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**Tags:**

Immunisation

Communicable diseases

Emergency health management

COVID-19 vaccines

## 4.4 Confidentiality and privacy

Patients have a right to expect that doctors and their staff will hold information about them in confidence, unless release of information is required or permitted by law. Good medical practice involves:

- 4.4.1 Treating information about patients as confidential.
- 4.4.2 Appropriately sharing information about patients for their healthcare, consistent with privacy laws and professional guidelines about confidentiality.
- 4.4.3 Accessing an individual's medical record only when there is a legitimate need.
- 4.4.4 Using consent processes, including forms if required, for the release and exchange of health information.
- 4.4.5 Being aware that there are complex issues related to genetic information and seeking appropriate advice about its disclosure.
- 4.4.6 Ensuring that your use of digital communications (e.g. email and text messages) and social media is consistent with your ethical and legal obligations to protect patient confidentiality and privacy and the Board's social media guidance.<sup>13</sup>

## 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.** Good medical practice involves:

- 4.5.1 Providing information to patients in a way they can understand before asking for their consent.
- 4.5.2 Obtaining informed consent from the patient or where the patient does not have the capacity, from their substitute decision-maker and taking into account any advance care directive (or similar) before you undertake any examination, investigation or provide treatment (except in an emergency), or before involving patients in teaching or research.
- 4.5.3 Ensuring that your patients are informed about your fees and charges in a timely manner to enable them to make an informed decision about whether they want to proceed with consultations and treatment.
- 4.5.4 When referring a patient for investigation, treatment or a procedure, advising the patient that there may be additional costs, which patients may wish to clarify before proceeding.

## 4.6 Children and young people

Caring for children and young people brings additional responsibilities and challenges for doctors. Good medical practice involves:

- 4.6.1 Placing the interests and wellbeing of the child or young person first.
- 4.6.2 Ensuring that you consider young people's capacity for decision-making and consent.
- 4.6.3 Ensuring that, when communicating with a child or young person, you:
  - treat them with respect and listen to their views
  - encourage questions and answer their questions to the best of your ability
  - provide information in a way they can understand
  - recognise the role of parents or guardians and when appropriate, encourage the young person to involve their parents or guardians in decisions about their care.
- 4.6.4 Being alert to children and young people who may be at risk, and notifying appropriate authorities, when appropriate.

<sup>13</sup> Social media: How to meet your obligations under the National Law issued by the Medical Board of Australia, available at: [www.medicalboard.gov.au](http://www.medicalboard.gov.au).

- low weight in an otherwise healthy child
- neurologic conditions, including cerebral palsy and Down syndrome
- contact with an infectious disease
- child's mother is pregnant
- child to be vaccinated is being breastfed
- woman to be vaccinated is breastfeeding
- recent or imminent surgery (see [Vaccination before or after anaesthesia or surgery \(https://immunisationhandbook.health.gov.au/node/431\)](https://immunisationhandbook.health.gov.au/node/431))
- poorly documented vaccination history

## Valid consent

Valid consent is the voluntary agreement by an individual to a proposed procedure, which is given after sufficient, appropriate and reliable information about the procedure, including the potential risks and benefits, has been conveyed to that individual.<sup>8-12</sup>

As part of the consent procedure, people receiving vaccines and/or their parents or carers should be given sufficient information (preferably written) about the risks and benefits of each vaccine. This includes:<sup>13</sup>

- what adverse events are possible
- how common they are
- what they should do about them

[Table. Side effects following immunisation for vaccines used in the National Immunisation Program schedule \(https://immunisationhandbook.health.gov.au/node/450\)](https://immunisationhandbook.health.gov.au/node/450) can be used to inform valid consent.

## Criteria for valid consent

For consent to be legally valid, the following elements must be present:<sup>12,14</sup>

1. It must be given by a person with legal capacity, and of sufficient intellectual capacity to understand the implications of receiving a vaccine.
2. It must be given voluntarily in the absence of undue pressure, coercion or manipulation.
3. It must cover the specific procedure that is to be performed.
4. 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.

The person must have the opportunity to seek more details or explanations about the vaccine or its administration.

The information must be provided in a language or by other means that the person can understand. Where appropriate, involve an interpreter or cultural support person.

Obtain consent before each vaccination, after establishing that there are no medical condition(s) that contraindicate vaccination. Consent can be verbal or written.

## **Consent on behalf of a child or an adolescent**

In general, a parent or legal guardian of a child has the authority to consent to that child being vaccinated.

Some Australian states and territories have legislation that addresses the issue of a child's consent to medical treatment. Check with your [state or territory health authority \(https://www.health.gov.au/health-topics/immunisation/immunisation-contacts\)](https://www.health.gov.au/health-topics/immunisation/immunisation-contacts) about these laws.

The common law applies in the states and territories that do not have specific legislation relating to children's consent to medical treatment. This common-law position is often referred to as Mature Minor or Gillick competence.

For certain procedures, including vaccination, a child or adolescent may be determined to be mature enough to understand the proposed procedure, and the risks and benefits associated with it. These young people may have the capacity to consent under certain circumstances.<sup>8,11</sup>

If a child or adolescent refuses a vaccination that a parent or guardian has given consent for, respect the child's or adolescent's wishes, and inform the parent or guardian.<sup>8</sup>

## **Consent on behalf of an adult lacking capacity**

Carefully assess an adult's capacity to give valid consent to vaccination. If the adult lacks capacity, refer to relevant state and territory laws for obtaining consent from a substitute decision-maker. For example, this may occur for influenza vaccination of an elderly person with dementia.

See the enduring guardianship legislation in your state or territory for more details.

## **Resources to help communicate the risks and benefits of vaccines**

Use plain language when communicating information about vaccines and their use. The person to be vaccinated (or their parent or guardian) must:<sup>15,16</sup>

- be encouraged to ask for more details
- have enough time to decide whether to consent

Provide printed information to supplement any verbal explanations.<sup>17</sup> [Table. Comparison of the effects of diseases and the side effects of NIP vaccines \(https://immunisationhandbook.health.gov.au/node/509\)](https://immunisationhandbook.health.gov.au/node/509) provides some basic information to communicate the risks and benefits of vaccination.

More details about vaccines and their use are available from:

- the [Australian Government Department of Health website on immunisation \(https://www.health.gov.au/topics/immunisation\)](https://www.health.gov.au/topics/immunisation), which includes information on immunisation throughout life and vaccine-preventable diseases

- the National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases website, which includes [fact sheets about specific vaccines, vaccine-preventable diseases and vaccine safety \(http://www.ncirs.edu.au/\)](http://www.ncirs.edu.au/). The website also hosts an online decision aid to help people decide whether to receive MMR vaccine.

## Evidence of consent

### General practice or public immunisation clinics

People can give consent either in writing or verbally, according to the protocols of the health facility. All consent must meet the [criteria for valid consent \(https://immunisationhandbook.health.gov.au/vaccination-procedures/preparing-for-vaccination#criteria-for-valid-consent\)](https://immunisationhandbook.health.gov.au/vaccination-procedures/preparing-for-vaccination#criteria-for-valid-consent).

Document evidence of verbal consent in the clinical records.

For electronic medical records, include a typed record of verbal consent in the person's file, or scan a copy of written consent into the file.

If the practice or clinic routinely follows a standard procedure, show that the provider followed the procedure by using a stamp, a sticker or the provider's signature.

People need to give explicit verbal consent before receiving any vaccine, even if they gave written consent at previous vaccination encounters for the same vaccine. Document verbal consent in the person's file each time they give it.

### School-based vaccination programs

Consent is required to provide individual vaccines or a vaccine course through school-based vaccination programs.

In school-based, and other large-scale, vaccination programs, the parent or guardian usually does not attend with the child on the day they receive the vaccine. Written consent from the parent or guardian is desirable in these circumstances.

If the parent or guardian cannot provide written consent, or if they need further clarification, they can give verbal consent to the [immunisation provider \(https://immunisationhandbook.health.gov.au/technical-terms#immunisation-provider\)](https://immunisationhandbook.health.gov.au/technical-terms#immunisation-provider) by telephone. Clearly document this on the child's consent form.

In some states and territories, older adolescents may be able to provide their own consent for vaccinations offered through school-based vaccination programs. See [Consent on behalf of a child or an adolescent \(https://immunisationhandbook.health.gov.au/contents/vaccination-procedures/preparing-for-vaccination#contraindications-to-vaccination#consent-on-behalf-of-a-child-or-an-adolescent\)](https://immunisationhandbook.health.gov.au/contents/vaccination-procedures/preparing-for-vaccination#contraindications-to-vaccination#consent-on-behalf-of-a-child-or-an-adolescent).

Consent requirements and vaccines offered in these programs vary between jurisdictions. See your [state or territory school-based vaccination program guidelines \(https://www.health.gov.au/health-topics/immunisation/immunisation-contacts\)](https://www.health.gov.au/health-topics/immunisation/immunisation-contacts) for more details.

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**Re: Coercive covid-19 injections in Australia - email to Nicola Spurrier - Chief Public Health Officer, SA Health**

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Elizabeth Hart &lt;elizmhart@gmail.com&gt;

Fri, Jun 4, 2021 at 2:38 PM

To: nicola.spurrier@flinders.edu.au, public.health@sa.gov.au

Cc: chief.scientist@chiefscientist.gov.au, a.wilson@sydney.edu.au, "Marshall, Larry (Executive, Black Mountain)" <larry.marshall@csiro.au>, PBAC <pbac@health.gov.au>, Greg.Hunt.MP@aph.gov.au, "Kelly, Craig (MP)" <craig.kelly.mp@aph.gov.au>, A.Albanese.MP@aph.gov.au, mark.butler.mp@aph.gov.au, "Plibersek, Tanya (MP)" <tanya.plibersek.mp@aph.gov.au>, dunstan@parliament.sa.gov.au, ministerforhealth@sa.gov.au, laborleader@parliament.sa.gov.au, Labor Shadow Health <ShadowHealth@parliament.sa.gov.au>, bragg@parliament.sa.gov.au, James.Stevens.MP@aph.gov.au, "Hanson, Pauline (Senator)" <senator.hanson@aph.gov.au>, senator.roberts@aph.gov.au, senator.canavan@aph.gov.au, ElectorateOffice.Willoughby@parliament.nsw.gov.au, electorate.fanniebay@nt.gov.au, daniel.andrews@parliament.vic.gov.au, "Collignon, Peter (Health)" <peter.collignon@act.gov.au>, Peter Collignon <collignon.peter@gmail.com>, wa-government@dpc.wa.gov.au, Premier@ministerial.qld.gov.au, BARR Reception <barr@act.gov.au>, david.anderson@abc.net.au, j.shine@garvan.org.au, robert.clancy181@gmail.com, Peter Doherty <pcd@unimelb.edu.au>, senator.lambie@aph.gov.au, george.christensen.mp@aph.gov.au, michael.mccormack.mp@aph.gov.au, barnaby.joyce.mp@aph.gov.au, Brendan.Murphy@health.gov.au, covid19vaccinerfi@health.gov.au, christopher.blyth@uwa.edu.au, Allen Cheng <Allen.Cheng@monash.edu>, sue.macleman@mtpconnect.org.au, mark.sullivan@medicinesdevelopment.com, george.williams@unsw.edu.au, john.skerritt@health.gov.au, ATAGI Secretariat <atagi.secretariat@health.gov.au>, "Peter A. McCullough" <PeterAMcCullough@gmail.com>, Nick Hudson <nick.hudson@pandata.org>, libadm@liberal.org.au, media@liberal.org.au

**For the attention of:**

Professor Nicola Spurrier  
Chief Public Health Officer  
SA Health

Professor Spurrier, **please see below my recent email to Prime Minister Scott Morrison about the rushed experimental covid-19 injection rollout currently underway by the Morrison Government and State Governments** (on which you were copied).

**Professor Spurrier, the rushed experimental covid-19 injection rollout must be subject to urgent review.**

**There must be a moratorium on the covid-19 injection rollout pending the conclusions of this review, which must be demonstrably independent and objective.**

Professor Spurrier, please read my email to Mr Morrison very carefully, **it includes reference to my recent email to Dr Fiona Godlee, Editor in Chief of *The BMJ*, questioning the ethics of doctors and policymakers who press people to have covid-19 injections when those people are not at serious risk of covid-19.**

**It appears doctors are in a conflicted situation with the Morrison and State Governments' rushed experimental covid-19 injection rollout, and doctors' duty to obtain informed consent from their patients before medical interventions, including vaccination.**

My email to Dr Godlee has now been published on the TrialSiteNews website, see: [Why should people not at risk of covid-19 be pressed to have covid-19 injections?](#)

Professor Spurrier, I saw an advertisement on television last night, with you personally urging people to have the covid-19 injections, using your authority as the Chief Public Health Officer of Public Health SA to persuade people to have the covid-19 injections.

**Are people being given the opportunity to give their 'informed consent' before this medical intervention, considering the risks of SARS-CoV-2/covid-19 for their age group and health status?** This must be considered in light of the criteria for valid consent in *The Australian Immunisation Handbook*, e.g. valid consent "**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**"; and, to be valid, consent "**must be given voluntarily in the absence of undue pressure, coercion or manipulation**".

Professor Spurrier, I **raised the matter of informed consent with the Australian Health Practitioner Regulation Agency (AHPRA) in September 2017, in regards to the No Jab, No Pay law.**

Martin Fletcher, the CEO of AHPRA responded to me in October 2017, saying:

*Good medical practice: A code of conduct for doctors in Australia* provides guidance to medical practitioners. **Informed consent is a key element of good medical practice. A medical practitioner must obtain informed consent before undertaking an examination or providing treatment, including providing vaccines. The immunisation legislation does not mandate vaccinations and consent is still required.** The legislation explicitly provides for patients who cannot be immunised because of a medical contraindication. There is a process for reporting and managing adverse events following immunisation, with mandatory reporting requiring doctors to report certain events to their local health authority in most states and territories. (My emphasis.)

**Professor Spurrier, people aged 16-49 living in SA regional areas are being urged to have the covid-19 injections - are these people being given the opportunity to give their 'informed consent' before this medical intervention?**

Similarly, many frontline workers, including healthcare professionals and aged care workers, are being pressured to have the covid-19 injections, **with Prime Minister Scott Morrison lobbying "state and territory leaders to overrule medical experts' advice and force aged care workers to get the coronavirus vaccine"**, as reported by the ABC today: [Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccinations](#). (See copy attached.)

**This is extremely serious Professor Spurrier.**

**Mr Morrison appears to be making it a personal campaign to mandate covid-19 injections for aged care workers.** But many of these aged care workers may be of an age and health status where they are not at serious risk of covid-19, because they may be able to mount their own effective immune response against SARS-CoV-2. **If they are coerced into having covid-19 injections, this may damage their own natural ability to respond to SARS-CoV-2 and other coronaviruses in future, with the intention of hooking them on covid injections for life. This is seriously unethical Professor Spurrier...**

**Professor Spurrier, I have no confidence in Prime Minister Scott Morrison, he is deeply conflicted in this matter.**

Mr Morrison appears to have adopted a 'zero covid' strategy, and appears to be determined that everyone in Australia will have the experimental covid-19 injections. **Mr Morrison is the political architect of the No Jab, No Pay/No Play laws, he raised the bill for the Federal No Jab, No Pay law in 2015, while he was Social Services Minister. This was in response to an aggressive media campaign for coercive vaccination by the Murdoch media, particularly tabloids such as *The Daily Telegraph*, i.e. the No Jab, No Play media campaign run during 2013-2015.**

**Coercive vaccination lobby groups SAVN and Friends of Science in Medicine were also very active during the Murdoch media's campaign, and members of these groups were very influential during the public [Senate committee hearing re the No Jab, No Pay Bill](#), held in Brisbane, 2 November 2015.**

**The Murdoch media/News Corp Australia has a serious conflict of interest in that it is a [corporate partner](#) of the Murdoch Children's Research Institute, which is involved in vaccine research, including now the [vax4COVID Australian Covid Vaccine Alliance](#), along with the Doherty Institute, which published [the modelling influencing Australia's 'suppression' response to SARS-CoV-2](#), based on the controversial modelling out of Imperial College London, i.e. [Neil Ferguson et al's Reports 9 and 12](#).**

**The Murdoch media campaigned for the coercive No Jab, No Pay/No Play laws for children, a concept which threatens to be used to coerce adults to submit to covid-19 injections, as called for by [CEPI Chair Jane Halton](#), a commissioner on the Prime Minister's National COVID-19 Commission Advisory Board, in an article published on *The Australian*, i.e. [Top adviser to Scott Morrison backs 'no jab, no play' for all](#), 18 May 2020. (See copy attached.)**

In February this year, I asked Mr Morrison: **"Is the coercive vaccination No Jab, No Pay Law for children, orchestrated by Murdoch tabloids and Australian politicians in 2015, now being adapted to coerce all Australians to submit to fast-tracked experimental coronavirus vaccination, e.g. No Jab, No Pay/No Play?"** See my email to Mr Morrison: [No Jab, No Pay/No Play - coercive vaccination in Australia - PM Scott Morrison and the Murdoch Media](#), 18 February 2021.

**Is the conflicted Murdoch media/News Corp Australia directing Mr Morrison's actions in this matter? The Murdoch media wields enormous power over politicians - for example former Prime Minister Kevin Rudd "has declared that Australian politicians are frightened of Rupert Murdoch - a fear that persisted when he was in the top job and subsided only when he left politics".** See: [Kevin Rudd says Australian politicians 'frightened' of 'Murdoch media beast' in Senate inquiry](#), on *The Guardian*, 19 February 2021.

**Professor Spurrier, there must be urgent open and transparent debate on the rushed experimental covid-19 injection rollout, this situation is out of control.**

**The Prime Minister, State Premiers, other Federal and State ministers and politicians, and most importantly the medical and scientific experts providing advice to the Morrison and State Governments, must be held to account.**

Again Professor Spurrier, **think about your position very carefully, particularly if people experience adverse events after having the covid-19 injections you have publicly promoted, you need to think about this in regards to liability.**

It's 'on the record' this matter has been brought to your attention. **See my email to Scott Morrison, and also previous email to Professor Allen Cheng, in the email thread below.**

This email will be widely circulated to other parties, this is a matter of public interest.

Sincerely

Elizabeth Hart

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

On Wed, Jun 2, 2021 at 4:18 PM Elizabeth Hart <[elizmhart@gmail.com](mailto:elizmhart@gmail.com)> wrote:

**For the attention of:**

Mr Scott Morrison

Prime Minister of Australia

Leader of the Liberal Party of Australia

Mr Morrison, **it's highly alarming the Morrison and State Governments are pressing experimental covid-19 injections on millions of people who are not at serious risk of covid-19.**

Today I've forwarded you [my email to Dr Fiona Godlee, Editor in Chief of The BMJ](#), questioning the ethics of doctors and policymakers who press people to have covid-19 injections when those people are not at serious risk of covid-19.

**Mr Morrison, you must urgently revise your covid-19 injection rollout - Australians are not being properly informed about these experimental covid-19 injections, a term I generally prefer to use now as opposed to 'vaccines'.**

**I'm questioning the expertise and conflicts of interest of the people who are influencing the Morrison Government on this matter of taxpayer-funded vaccination policy. I still await your advice** as to the names, qualifications/expertise, and any potential conflicts of interest of the people influencing the Morrison Government on the covid-19 situation and covid-19 injections, treatments, and preventatives.

**I also register my lack of confidence in Health Secretary Professor Brendan Murphy and Chief Medical Officer Professor Paul Kelly**, the Chair and Deputy Chair respectively of the COVID-19 Vaccines and Treatments for Australia - Science and Industry Technical Advisory Group. I've raised this matter with other members of that COVID-19 group, i.e. Dr Cathy Foley, Australia's Chief Scientist; Professor Andrew Wilson, Chair, Pharmaceutical Benefits Advisory Committee; and Dr Larry Marshall, Chief Executive, CSIRO, see my email: [Challenging the rushed COVID-19 Vaccine rollout in Australia](#), 28 May 2021.

Also see my email, below, sent to Professor Allen Cheng, a member of multiple influential groups, in January this year, where I note: **"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."**

Health Minister Greg Hunt has admitted **"The world is in the largest clinical trial, the largest global vaccination trial ever..."**, in an interview with David Speers on ABC Insiders, 21 February 2021.

Are Australians who are being pressured to have the fast-tracked experimental covid-19 injections, which are only 'provisionally approved' by the TGA, **giving their 'informed consent' to participate in this global experiment?**

**Health Secretary Brendan Murphy gave misleading information to the Australian public about the covid-19 injections on the ABC's 7.30 program with Leigh Sales in February this year, assuring the public these injections have "gone through the normal, full range of regulatory approval for our vaccines..." when in fact these injections have only been given 'provisional approval' by the TGA.** I challenged Brendan Murphy about his misleading advice to Australians, but he refuses to be accountable, see my email: [COVID-19 vaccines are NOT fully approved by the TGA](#), 24 February 2021. I also raised this matter with [ABC Managing Director David Anderson](#), but again no response. **The taxpayer-funded ABC is worse than useless, failing utterly to provide critical analysis of vaccination policy.**

The TGA is now relying on manufacturers' data and post-market assessment for further information on these covid-19 injections. **'Post-market assessment' indicates people being injected in the community are now part of the global clinical trials assessing these injections - again, have they given their informed consent to participate in this experiment**, for instance in accordance with the Helsinki Declaration - ethical principles for medical research involving human subjects?

In regards to objective and independent assessment of the covid-19 injections, **most people are likely to be unaware the TGA is conflicted in that it is funded by industry, i.e. it is funded by those it is supposed to regulate** - this conflict of interest undermines trust in the organisation which is responsible for evaluating the safety of vaccine products, and recording adverse events after vaccination/injection.

**Mr Morrison, I question if Australians are being properly informed about the risks of SARS-CoV-2/covid-19 for their age group and health status?**

Most people aren't at serious risk with the SARS-CoV-2 virus, it's not likely to progress to serious disease, i.e. covid-19, for most people. **Is this being made clear to people before they are injected, particularly young people?** This must be considered in light of the criteria for [valid consent in The Australian Immunisation Handbook](#), e.g. valid consent **"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"**; and, to be valid, consent **"must be given voluntarily in the absence of undue pressure, coercion or manipulation"**.

Mr Morrison, in my email to Professor Cheng, below, I ask: **"Is anyone thinking through the ethical issues of the rushed global coronavirus vaccination experiment?"**

**I don't think they are Mr Morrison, there appears to have been no thought given to the ethical issues.** For instance, many people are unlikely to be aware the Morrison Government and other governments have given the 'vaccine' manufacturers [protection from liability](#) for their products, with an AstraZeneca representative, [Ruud Dobber](#), saying **"This is a unique situation where we as a company simply cannot take the risk if in...four years the vaccine is showing side effects"**. So people will be left to bear the consequences of any ill-effects of the covid-19 injections. As seen with the [swine flu jab narcolepsy cases in the UK](#), people have to struggle against the system to achieve some compensation for injuries.

Mr Morrison, the grossly disproportionate and ill-targeted global response to SARS-CoV-2 has been wrong from the beginning, **always misguidedly focused on 'the vaccine', while promising treatments for covid-19, and preventatives such as vitamin D, have been actively suppressed, apparently to facilitate the international Emergency Authorisations to create the multi-billion dollar global covid-19 injection market.**

Again Mr Morrison, **you must urgently revise the Morrison Government's covid-19 injection rollout, Australians are not being properly informed about the covid situation.**

**Please see below my earlier email to Professor Allen Cheng. I request you give the matters raised in my emails your serious consideration, you are accountable.**

Sincerely

Elizabeth Hart

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

----- Forwarded message -----

From: **Elizabeth Hart** <elizmhart@gmail.com>

Date: Tue, Jan 19, 2021 at 5:15 PM

Subject: Coercive coronavirus vaccination in Australia

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

Cc: <Brendan.Murphy@health.gov.au>, <COVID19vaccinerfi@health.gov.au>, <christopher.blyth@uwa.edu.au>, <chief.scientist@chiefscientist.gov.au>, Marshall, Larry (Executive, Black Mountain) <larry.marshall@csiro.au>, <a.wilson@sydney.edu.au>, <sue.macleman@mtconnect.org.au>, <mark.sullivan@medicinesdevelopment.com>, ATAGI Secretariat <atagi.secretariat@health.gov.au>, PBAC <pbac@health.gov.au>

**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.

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**2 attachments**



**Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccinations - ABC News.pdf**

847K



**Top adviser to Scott Morrison backs 'no jab, no play' for all.pdf**

104K

## Coercive covid-19 injections in Australia - email to the Medical Board of Australia, AHPRA, RACGP, RACP, AMA

Elizabeth Hart <elizmhart@gmail.com>

Tue, Jun 8, 2021 at 7:00 PM

To: communications@ahpra.gov.au, racgp@racgp.org.au, racp@racp.edu.au, president@ama.com.au  
Cc: chief.scientist@chiefscientist.gov.au, a.wilson@sydney.edu.au, "Marshall, Larry (Executive, Black Mountain)" <larry.marshall@csiro.au>, PBAC <pbac@health.gov.au>, Greg.Hunt.MP@aph.gov.au, "Kelly, Craig (MP)" <craig.kelly.mp@aph.gov.au>, A.Albanese.MP@aph.gov.au, mark.butler.mp@aph.gov.au, "Plibersek, Tanya (MP)" <tanya.plibersek.mp@aph.gov.au>, dunstan@parliament.sa.gov.au, ministerforhealth@sa.gov.au, laborleader@parliament.sa.gov.au, Labor Shadow Health <ShadowHealth@parliament.sa.gov.au>, bragg@parliament.sa.gov.au, James.Stevens.MP@aph.gov.au, "Hanson, Pauline (Senator)" <senator.hanson@aph.gov.au>, senator.roberts@aph.gov.au, senator.canavan@aph.gov.au, ElectorateOffice.Willoughby@parliament.nsw.gov.au, electorate.fanniebay@nt.gov.au, daniel.andrews@parliament.vic.gov.au, "Collignon, Peter (Health)" <peter.collignon@act.gov.au>, Peter Collignon <collignon.peter@gmail.com>, wa-government@dpc.wa.gov.au, Premier@ministerial.qld.gov.au, BARR Reception <barr@act.gov.au>, david.anderson@abc.net.au, j.shine@garvan.org.au, robert.clancy181@gmail.com, Peter Doherty <pcd@unimelb.edu.au>, senator.lambie@aph.gov.au, george.christensen.mp@aph.gov.au, michael.mccormack.mp@aph.gov.au, barnaby.joyce.mp@aph.gov.au, Brendan.Murphy@health.gov.au, covid19vaccinerfi@health.gov.au, christopher.blyth@uwa.edu.au, Allen Cheng <Allen.Cheng@monash.edu>, sue.macleman@mtpconnect.org.au, mark.sullivan@medicinesdevelopment.com, george.williams@unsw.edu.au, john.skerritt@health.gov.au, nicola.spurrier@flinders.edu.au, ATAGI Secretariat <atagi.secretariat@health.gov.au>, "Peter A. McCullough" <PeterAMcCullough@gmail.com>, Nick Hudson <nick.hudson@pandata.org>, libadm@liberal.org.au, media@liberal.org.au

*Please forward this email to the people addressed below.*

### For the attention of:

- Dr Anne Tonkin, Chair, Medical Board of Australia
- Ms Gill Callister PSM, Chair, Australian Health Practitioner Regulation Agency (AHPRA) Agency Management Committee
- Mr Martin Fletcher, CEO, AHPRA
- Dr Karen Price, President, Royal Australian College of General Practitioners (RACGP)
- Professor John Wilson AM, President, Royal Australasian College of Physicians (RACP)
- Dr Omar Khorshid, President, Australian Medical Association (AMA)

Dear Dr Tonkin, Ms Callister, Mr Fletcher, Dr Price, Professor Wilson and Dr Khorshid

**Registered health practitioners are in a seriously conflicted situation with the Morrison Government's current covid-19 injection rollout - are they properly obtaining 'informed consent' from their patients before injecting them with the experimental covid-19 injections?**

AHPRA advises registered health practitioners that "**Vaccination is a crucial part of the public health response to the COVID-19 pandemic. Many registered health practitioners will have a vital role in COVID-19 vaccination programs and in educating the public about the importance and safety of COVID-19 vaccines to ensure high participation rates**". (AHPRA Position statement - Registered health practitioners and students and COVID-19 vaccination, 9 March 2021 - See copy attached.)

Dr Tonkin, Ms Callister, Mr Fletcher, Dr Price, Professor Wilson and Dr Khorshid, **please see below my recent email to Prime Minister Scott Morrison about the covid-19 injection rollout currently underway by the Morrison Government and State Governments.**

**The rushed experimental covid-19 injection rollout must be subject to urgent review.**

**There must be a moratorium on the covid-19 injection rollout pending the conclusions of this review, which must be demonstrably independent and objective.**

Please read my email to Mr Morrison very carefully, **it includes reference to my recent email to Dr Fiona Godlee, Editor in Chief of *The BMJ*, questioning the ethics of doctors and policymakers who press people to have covid-19 injections when those people are not at serious risk of covid-19.**

My email to Dr Godlee has now been published on the TrialSiteNews website, see: [Why should people not at risk of covid-19 be pressed to have covid-19 injections?](#) (See original email attached.)

**Are people being given the opportunity to give their 'informed consent' before this medical intervention, considering the risks of SARS-CoV-2/covid-19 for their age group and health status?** This must be considered in light of the criteria for valid consent in *The Australian Immunisation Handbook*, e.g. valid consent "**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**"; and, to be valid, consent "**must be given voluntarily in the absence of undue pressure, coercion or manipulation**".

**I raised the matter of informed consent with the Australian Health Practitioner Regulation Agency (AHPRA) in September 2017, in regards to the No Jab, No Pay law.**

Martin Fletcher, the CEO of AHPRA responded to me in October 2017, saying:

*Good medical practice: A code of conduct for doctors in Australia* provides guidance to medical practitioners. **Informed consent is a key element of good medical practice. A medical practitioner must obtain informed consent before undertaking an examination or providing treatment, including providing vaccines. The immunisation legislation does not mandate vaccinations and consent is still required.** The legislation explicitly provides for patients who cannot be immunised because of a medical contraindication. There is a process for reporting and managing adverse events following immunisation, with mandatory reporting requiring doctors to report certain events to their local health authority in most states and territories. (My emphasis.) (See letter from AHPRA attached.)

People aged 16-49 living in SA regional areas are being urged to have the covid-19 injections, with **South Australia's Chief Public Health Officer, Nicola Spurrier, saying "it is a great opportunity for younger South Australians living in regional SA to roll up their sleeve and get vaccinated"** - are these young people being given the opportunity to give their 'informed consent', i.e. considering risks and benefits relevant to their age and health status, before this medical intervention? (See SA Premier Steven Marshall's media release: [Nation leading move to boost SA's regional vaccine rollout](#), 24 May 2021. (See copy attached.)

Similarly, many frontline workers, including healthcare professionals and aged care workers, are being pressured to have the covid-19 injections, with Prime Minister Scott Morrison lobbying "state and territory leaders to overrule medical experts' advice and force aged care workers to get the coronavirus vaccine", as reported recently by the ABC: [Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccinations](#). (See copy attached.)

**This is extremely serious.**

**Mr Morrison appears to be making it a personal campaign to mandate covid-19 injections for aged care workers.**

**But many of these aged care workers may be of an age and health status where they are not at serious risk of covid-19, because they may be able to mount their own effective immune response against SARS-CoV-2. If they are coerced into having covid-19 injections this may damage their own ability to naturally respond to SARS-CoV-2, with the intention of hooking them on covid-19 injections for life. This is seriously unethical.**

Dr Tonkin, Ms Callister, Mr Fletcher, Dr Price, Professor Wilson and Dr Khorshid, **I have no confidence in Prime Minister Scott Morrison, he is deeply conflicted in this matter.**

**Mr Morrison appears to have adopted a 'zero covid' strategy, and appears to be determined that everyone in Australia will have the experimental covid-19 injections.**

**Mr Morrison is the political architect of the No Jab, No Pay/No Play laws, he raised the bill for the Federal No Jab, No Play law in 2015, while he was Social Services Minister. This was in response to an aggressive media campaign for coercive vaccination by the Murdoch media, particularly tabloids such as *The Daily Telegraph*, i.e. the No Jab, No Play media campaign run during 2013-2015. Malcolm Turnbull oversaw the implementation of the Federal Government's No Jab, No Play law in January 2016, while he was Prime Minister. State Governments' No Jab, No Play laws subsequently followed.**

**Coercive vaccination lobby groups SAVN and Friends of Science in Medicine were also very active during the Murdoch media's campaign, and members of these groups were very influential during the [public Senate committee hearing re the No Jab, No Pay Bill](#), held in Brisbane, 2 November 2015.**

**The Murdoch media/News Corp Australia has a serious conflict of interest in that it is a [corporate partner](#) of the Murdoch Children's Research Institute, which is involved in vaccine research, including now the [vax4COVID Australian Covid Vaccine Alliance](#), along with the Doherty Institute, which published [the modelling influencing Australia's 'suppression' response to SARS-CoV-2](#), based on the controversial modelling out of Imperial College London, i.e. Neil Ferguson et al's Reports 9 and 12.**

**The Murdoch media campaigned for the coercive No Jab, No Pay/No Play laws for children, a concept which threatens to be used to coerce adults to submit to covid-19 injections, as called for by [CEPI Chair Jane Halton](#), a commissioner on the Prime Minister's National COVID-19 Commission Advisory Board, in an article published on *The Australian*, i.e. [Top adviser to Scott Morrison backs 'no jab, no play' for all](#), 18 May 2020. (See copy attached.)**

In February this year, I asked Mr Morrison: "Is the coercive vaccination No Jab, No Pay Law for children, orchestrated by Murdoch tabloids and Australian politicians in 2015, now being adapted to coerce all Australians to submit to fast-tracked experimental coronavirus vaccination, e.g. No Jab, No Pay/No Play?" See my email to Mr Morrison: [No Jab, No Pay/No Play - coercive vaccination in Australia - PM Scott Morrison and the Murdoch Media](#), 18 February 2021. (See copy attached.)

**Is the conflicted Murdoch media/News Corp Australia directing Mr Morrison's actions in this matter? The Murdoch media wields enormous power over politicians - for example former Prime Minister Kevin Rudd "has declared that Australian politicians are frightened of Rupert Murdoch - a fear that persisted when he was in the top job and subsided only when he left politics". See: [Kevin Rudd says Australian politicians 'frightened' of 'Murdoch media beast' in Senate inquiry](#), on *The Guardian*, 19 February 2021.**

Dr Tonkin, Ms Callister, Mr Fletcher, Dr Price, Professor Wilson and Dr Khorshid, **there must be urgent open and transparent debate on the rushed experimental covid-19 injection rollout, this situation is out of control.**

**The Prime Minister, State Premiers, other Federal and State ministers and politicians, and most importantly the medical and scientific experts providing advice to the Morrison and State Governments, must be held to account.**

Again Dr Tonkin, Ms Callister, Mr Fletcher, Dr Price, Professor Wilson and Dr Khorshid, **please think about this very carefully - if people experience adverse events after having covid-19 injections that AHPRA has pressed registered health practitioners**

to promote to their patients, this raises important ethical and liability issues.

It's 'on the record' this matter has been brought to your attention. **See my email to Scott Morrison, and also previous email to Professor Allen Cheng, in the email thread below.**

**Again, please read this email thread very carefully.**

This email will be widely circulated to other parties, this is a matter of public interest.

Sincerely

Elizabeth Hart

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

On Wed, Jun 2, 2021 at 4:18 PM Elizabeth Hart <[elizmhart@gmail.com](mailto:elizmhart@gmail.com)> wrote:

**For the attention of:**

Mr Scott Morrison

Prime Minister of Australia

Leader of the Liberal Party of Australia

**Mr Morrison, it's highly alarming the Morrison and State Governments are pressing experimental covid-19 injections on millions of people who are not at serious risk of covid-19.**

Today I've forwarded you [my email to Dr Fiona Godlee, Editor in Chief of The BMJ](#), questioning the ethics of doctors and policymakers who press people to have covid-19 injections when those people are not at serious risk of covid-19.

**Mr Morrison, you must urgently revise your covid-19 injection rollout - Australians are not being properly informed about these experimental covid-19 injections, a term I generally prefer to use now as opposed to 'vaccines'.**

**I'm questioning the expertise and conflicts of interest of the people who are influencing the Morrison Government on this matter of taxpayer-funded vaccination policy. I still await your advice** as to the names, qualifications/expertise, and any potential conflicts of interest of the people influencing the Morrison Government on the covid-19 situation and covid-19 injections, treatments, and preventatives.

**I also register my lack of confidence in Health Secretary Professor Brendan Murphy and Chief Medical Officer Professor Paul Kelly**, the Chair and Deputy Chair respectively of the COVID-19 Vaccines and Treatments for Australia - Science and Industry Technical Advisory Group. I've raised this matter with other members of that COVID-19 group, i.e. Dr Cathy Foley, Australia's Chief Scientist; Professor Andrew Wilson, Chair, Pharmaceutical Benefits Advisory Committee; and Dr Larry Marshall, Chief Executive, CSIRO, see my email: [Challenging the rushed COVID-19 Vaccine rollout in Australia](#), 28 May 2021.

Also see my email, below, sent to Professor Allen Cheng, a member of multiple influential groups, in January this year, where I note: **"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."**

Health Minister Greg Hunt has admitted **"The world is in the largest clinical trial, the largest global vaccination trial ever..."**, in an interview with David Speers on ABC Insiders, 21 February 2021.

Are Australians who are being pressured to have the fast-tracked experimental covid-19 injections, which are only 'provisionally approved' by the TGA, **giving their 'informed consent' to participate in this global experiment?**

**Health Secretary Brendan Murphy gave misleading information to the Australian public about the covid-19 injections on the ABC's 7.30 program with Leigh Sales in February this year, assuring the public these injections have "gone through the normal, full range of regulatory approval for our vaccines..." when in fact these injections have only been given 'provisional approval' by the TGA.** I challenged Brendan Murphy about his misleading advice to Australians, but he refuses to be accountable, see my email: [COVID-19 vaccines are NOT fully approved by the TGA](#), 24 February 2021. I also raised this matter with [ABC Managing Director David Anderson](#), but again no response. **The taxpayer-funded ABC is worse than useless, failing utterly to provide critical analysis of vaccination policy.**

The TGA is now relying on manufacturers' data and post-market assessment for further information on these covid-19 injections. **'Post-market assessment' indicates people being injected in the community are now part of the global clinical trials assessing these injections - again, have they given their informed consent to participate in this experiment**, for instance in accordance with the Helsinki Declaration - ethical principles for medical research involving human subjects?

In regards to objective and independent assessment of the covid-19 injections, **most people are likely to be unaware the TGA is conflicted in that it is funded by industry, i.e. it is funded by those it is supposed to regulate** - this conflict of interest undermines trust in the organisation which is responsible for evaluating the safety of vaccine products, and recording adverse events after vaccination/injection.

**Mr Morrison, I question if Australians are being properly informed about the risks of SARS-CoV-2/covid-19 for their age group and health status?**

Most people aren't at serious risk with the SARS-CoV-2 virus, it's not likely to progress to serious disease, i.e. covid-19, for most people. **Is this being made clear to people before they are injected, particularly young people?** This must be considered in light of the criteria for [valid consent in The Australian Immunisation Handbook](#), e.g. valid consent **"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"**; and, to be valid, consent **"must be given voluntarily in the absence of undue pressure, coercion or manipulation"**.

Mr Morrison, in my email to Professor Cheng, below, I ask: **"Is anyone thinking through the ethical issues of the rushed global coronavirus vaccination experiment?"**

**I don't think they are Mr Morrison, there appears to have been no thought given to the ethical issues.** For instance, many people are unlikely to be aware the Morrison Government and other governments have given the 'vaccine' manufacturers [protection from liability](#) for their products, with an AstraZeneca representative, [Ruud Dobber, saying "This is a unique situation where we as a company simply cannot take the risk if in...four years the vaccine is showing side effects"](#). So people will be left to bear the consequences of any ill-effects of the covid-19 injections. As seen with the [swine flu jab narcolepsy cases in the UK](#), people have to struggle against the system to achieve some compensation for injuries.

Mr Morrison, the grossly disproportionate and ill-targeted global response to SARS-CoV-2 has been wrong from the beginning, **always misguidedly focused on 'the vaccine', while promising treatments for covid-19, and preventatives such as vitamin D, have been actively suppressed, apparently to facilitate the international Emergency Authorisations to create the multi-billion dollar global covid-19 injection market.**

Again Mr Morrison, **you must urgently revise the Morrison Government's covid-19 injection rollout, Australians are not being properly informed about the covid situation.**

**Please see below my earlier email to Professor Allen Cheng. I request you give the matters raised in my emails your serious consideration, you are accountable.**

Sincerely

Elizabeth Hart

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

----- Forwarded message -----

From: **Elizabeth Hart** <[elizmhart@gmail.com](mailto:elizmhart@gmail.com)>

Date: Tue, Jan 19, 2021 at 5:15 PM

Subject: Coercive coronavirus vaccination in Australia

To: Allen Cheng <[Allen.Cheng@monash.edu](mailto:Allen.Cheng@monash.edu)>

Cc: <[Brendan.Murphy@health.gov.au](mailto:Brendan.Murphy@health.gov.au)>, <[covid19vaccinerfi@health.gov.au](mailto:covid19vaccinerfi@health.gov.au)>, <[christopher.blyth@uwa.edu.au](mailto:christopher.blyth@uwa.edu.au)>, <[chief.scientist@chiefscientist.gov.au](mailto:chief.scientist@chiefscientist.gov.au)>, Marshall, Larry (Executive, Black Mountain) <[larry.marshall@csiro.au](mailto:larry.marshall@csiro.au)>, <[a.wilson@sydney.edu.au](mailto:a.wilson@sydney.edu.au)>, <[sue.macleman@mtconnect.org.au](mailto:sue.macleman@mtconnect.org.au)>, <[mark.sullivan@medicinesdevelopment.com](mailto:mark.sullivan@medicinesdevelopment.com)>, ATAGI Secretariat <[atagi.secretariat@health.gov.au](mailto:atagi.secretariat@health.gov.au)>, PBAC <[pbac@health.gov.au](mailto:pbac@health.gov.au)>

**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"**.<sup>[3]</sup>

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"**.<sup>[4]</sup> 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..."**.<sup>[5]</sup> 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.<sup>[6]</sup>

**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 (AHPCC), 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.<sup>[1]</sup>

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.


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#### 7 attachments

 **AHPRA COVID-19 vaccination position statement.pdf**  
90K

 **AHPRA response October 2017.pdf**  
48K

 **Nation leading move to boost SA's regional vaccine rollout \_ Premier of South Australia.pdf**  
110K

 **Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccinations - ABC News.pdf**  
849K

 **Top adviser to Scott Morrison backs 'no jab, no play' for all.pdf**  
102K

 **No Jab No Pay No Play coercive vaccination in australia - email to Scott Morrison.pdf**  
130K

 **Why should people not at risk of covid-19 be pressed to have covid-19 injections.pdf**  
83K



20 September 2021

Ms Elizabeth Hart

By email only to [elizmhart@gmail.com](mailto:elizmhart@gmail.com)

Dear Ms Hart

### Your correspondence to Ahpra

I refer to your emails to Ahpra, the Medical Board of Australia and the Agency Management Committee in which you raised concerns about the current national vaccination program and informed consent. I have been requested to respond to your emails.

We appreciate you taking the time to contact us about these issues and apologise for the time required to respond to your enquiry. We are currently experiencing an increase in enquiries which has impacted on the time required to respond to people who contact us.

I hope that the following information is of assistance.

### Role of Ahpra and the National Boards

The Australian Health Practitioner Regulation Agency (Ahpra) works in partnership with the 15 National Boards to regulate Australia's 800,000+ registered health practitioners. Together, our primary role is to protect the public. We do this by registering practitioners, managing complaints (notifications) and setting standards, codes and guidelines that all registered health practitioners must meet.

### The national COVID-19 vaccination program

With regard to your comments about the national vaccination program, I advise that while Ahpra and the National Boards regulate individual health practitioners, we don't manage the rollout of COVID-19 vaccines. The national vaccination program is being managed by the Commonwealth, state and territory governments.

When providing care in person or sharing information online, registered health practitioners have a professional obligation to only share information that is evidence-based, in line with the best available health advice, and is consistent with public health campaigns such as the Australian COVID-19 Vaccination Policy. These expectations of registered health practitioners are not new and predate the COVID-19 pandemic.

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. There is more information about informed consent in each National Board's Code of Conduct or equivalent.

I confirm that practitioners' obligations to provide accurate information and advice about COVID-19 vaccination based on up to date and reputable sources of information about COVID-19 vaccines also apply when obtaining informed consent for COVID-19 vaccination.

We have published information on our webpage [here](#) to explain how the National Boards' existing regulatory frameworks apply in the context of COVID-19 vaccination.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Amanda Watson', with a stylized flourish at the end.

**Amanda Watson**

National Complaints Manager

## Mandated Covid jobs - What is the scientific and medical justification for these mandated medical interventions? Email to Paul Kelly, Chief Medical Officer, Australia

Elizabeth Hart <elizhart8@gmail.com>

Wed, Oct 19, 2022 at 1:21 PM

To: covid19vaccinerfi@health.gov.au

Cc: m.giles@alfred.org.au, christopher.blyth@uwa.edu.au, Allen Cheng <Allen.Cheng@monash.edu>, katherine.gibney@unimelb.edu.au, penelope.burns@anu.edu.au, medicine.hosdean@sydney.edu.au, tony.korman@monash.edu, bette.liu@unsw.edu.au, james.wood@unsw.edu.au, tom.snelling@sydney.edu.au, Kristine.Macartney@health.nsw.gov.au, kristine.macartney@sydney.edu.au, a.wilson@sydney.edu.au, terry.nolan@mcri.edu.au, Misha Ketchell <misha.ketchell@theconversation.edu.au>, Raina MacIntyre <r.macintyre@unsw.edu.au>, margaret.danchin@mcri.edu.au, katie.attwell@uwa.edu.au, m.mclaws@unsw.edu.au, Tony Blakely <antony.blakely@unimelb.edu.au>, paul.griffin@uq.edu.au, helen.marshall@adelaide.edu.au, julie.leask@sydney.edu.au, Catherine Bennett <catherine.bennett@deakin.edu.au>, tom.kompas@unimelb.edu.au, zoe.hyde@uwa.edu.au, quentin.grafton@anu.edu.au, Nick Scott <nick.scott@burnet.edu.au>, president@science.org.au, jamesm@unimelb.edu.au, cathy.foley@chiefscientist.gov.au, "Marshall, Larry (Executive, Black Mountain)" <larry.marshall@csiro.au>, sue.macleman@mtconnect.org.au, mark.sullivan@medicinesdevelopment.com, Brendan.Murphy@health.gov.au, john.skerritt@health.gov.au, katie.flanagan@utas.edu.au, Mike Toole <mike.toole@burnet.edu.au>, Gustav Nossal <gnossal@bigpond.net.au>, Dominic Dwyer <dominic.dwyer@sydney.edu.au>, jbrother@vcs.org.au, Sanjaya Senanayake <sanj971@gmail.com>, aas@science.org.au, media@science.org.au, ATAGI Secretariat <atagi.secretariat@health.gov.au>, PBAC <pbac@health.gov.au>, admin@grattan.edu.au, Antony Basten <a.basten@garvan.org.au>, david.tarlinton@monash.edu, hodgkin@wehi.edu.au, John Mathews <mathews@unimelb.edu.au>, Peter Colman <pcolman@wehi.edu.au>, Stuart Tangye <s.tangye@garvan.org.au>, tony.cunningham@sydney.edu.au, j.dwyer@unsw.edu.au, robert.booy@sydney.edu.au, kylie.shaddock@sydney.edu.au, "Adrian.Esterman@unisa.edu.au" <adrian.esterman@unisa.edu.au>, nigel.crawford@mcri.edu.au

### For the attention of:

Paul Kelly  
Chief Medical Officer  
Director of Human Biosecurity  
Australian Government  
Department of Health and Aged Care

### Copied to:

People influential on taxpayer-funded public health/vaccination policy in Australia, via the scientific and medical establishment

**Paul Kelly, it appears that Covid job mandates are rife around Australia, with people in a broad range of occupations being pressured, coerced and manipulated to submit to Covid jobs to maintain their employment, i.e. No Job, No Job.**

**Please clarify the Australian Health Protection Principal Committee's position on Covid job mandates - what Covid job mandates have been put in place at the AHPPC's instigation?**

**What is the scientific and medical justification for these mandated medical interventions?**

**Mandated Covid jobs conflict with health practitioners' obligation to obtain 'voluntary informed consent' before medical interventions, including vaccination.** It's likely that many people in Australia have submitted to the Covid jobs under duress, without 'voluntary informed consent'.

**I'm now seeking clarification on health practitioners' medical indemnity insurance position if they have not properly obtained 'voluntary informed consent' before the Covid jobs.** In this regard, please see below my email to Health Minister Mark Butler, which includes my email to Natasha Fenech, Group CEO and Managing Director of the Avant Mutual Group, a medical indemnity insurance provider. Similar emails have also been forwarded to other insurance providers MDA National, Medical Indemnity Protection Society and TEGO; and also to the presidents of doctors' organisations the Royal Australian College of General Practitioners; the Royal Australasian College of Physicians; the Australian Medical Association; and the Australian Medical Professionals Society; plus Peter Malinauskas, premier of South Australia; and Martin Fletcher, CEO of the Australian Health Practitioner Regulation Agency (AHPRA). The email is also publicly accessible via this link: [Mandated Covid jobs - are health practitioners indemnified without 'voluntary informed consent'?](#) 4 October 2022.

I've followed up on this matter with a subsequent enquiry to Mark Butler, asking: [Is there an Albanese Government COVID-19 job medical indemnity insurance scheme for health practitioners?](#) 7 October 2022.

**Paul Kelly, again, please advise what Covid job mandates have been put in place at the AHPPC's instigation, and what is the scientific and medical justification for these mandated medical interventions?**

I request your early response on this vitally important matter of public interest.

Sincerely

Elizabeth Hart

**Independent researcher investigating the over-use of vaccine products and conflicts of interest in vaccination policy**  
[vaccinationispolitical.net](http://vaccinationispolitical.net)

----- Forwarded message -----

From: **Elizabeth Hart** <[elizhart@gmail.com](mailto:elizhart@gmail.com)>

Date: Tue, Oct 4, 2022 at 2:41 PM

Subject: Mandated Covid jabs - are health practitioners indemnified without 'voluntary informed consent'?

To: <[minister.butler@health.gov.au](mailto:minister.butler@health.gov.au)>

Cc: Rennick Gerard (Senator) <[senator.rennick@aph.gov.au](mailto:senator.rennick@aph.gov.au)>, <[senator.antic@aph.gov.au](mailto:senator.antic@aph.gov.au)>, Malcolm Roberts <[senator.roberts@aph.gov.au](mailto:senator.roberts@aph.gov.au)>, Emma McArthur <[ejminoz@gmail.com](mailto:ejminoz@gmail.com)>

**For the attention of:**

Mark Butler

Minister for Health and Aged Care

Australian Government Department of Health and Aged Care

**Mark Butler, millions of Australians are being pressed to have Covid-19 'leaky vaccines' over and over again**, against a disease it was known from the beginning wasn't a serious threat for most people, despite all the fear mongering hype and gaslighting of the global community. (See for example Laura Dodsworth's book about the UK experience - *A State of Fear*, which describes how the Boris Johnson / UK government weaponised fear in response to Covid-19.)

**Are people giving their 'voluntary informed consent' to these medical interventions?** Are people being properly informed about the risks of Covid-19 in their own particular health circumstances, including parents of children?

The Morrison, and now Albanese, government has facilitated the unprecedented mass population Covid-19 jab rollout, **with many people being pressured, coerced and manipulated to submit to the jabs under mandates.**

**It's astonishing...mandated medical interventions** in the supposed liberal democracy of Australia, what an appalling situation. It's bewildering that the medical profession has not challenged **mandated** medical interventions.

**How can people give 'voluntary informed consent' under Covid-19 jab mandates?**

**What is the medical indemnity insurance situation for health practitioners who have not obtained authentic 'voluntary informed consent' before these medical interventions?**

**Mark Butler, you are personally pressing Australians to have Covid-19 jabs**, as reported in *The Canberra Times*: **Health Minister Mark Butler urges Australians to take fourth and third COVID-19 vaccines**, 26 September 2022. (Copy attached.)

You say: "I do say to the Australian people take whatever booster is available to you now, they are all very effective."

They're all 'very effective'? Really? **What's your definition of 'effective'? And you forgot to mention 'safe' - how safe are they?**

It's also notable *The Canberra Times* reports: "The federal government says it does not know [sic] how long a COVID-19 vaccine lasts, but recommends a third dose three months after receiving a second jab."

**This is mind-blowing... The Albanese government admits it doesn't know how long a Covid-19 'vaccine' lasts, but says have another one after three months.** The Albanese government is subjecting the Australian population, **including children, to a massive experiment and admitting these taxpayer-funded medical interventions are guesswork!!!**

Mark Butler, you're using your position as 'health minister' to pressure people to submit to the jabs you questionably describe as 'very effective', the jabs the Albanese government has no idea how long they 'last'... **I suggest you should be extremely careful about the medical advice you personally provide to the Australian people.**

**On the subject of medical advice, I'm currently seeking clarification on the medical indemnity insurance position of health practitioners who jab people under Covid-19 jab mandates**, e.g. via State and Territory Government directions, plus mandates instigated by employers/businesses, sports clubs, entertainment and hospitality venues, retail, etc.

**It seems millions of Australians have been subject to jab mandates** - so much for the sophistry of the Albanese government's assurance that "**Vaccination for COVID-19 is voluntary** - as are all vaccinations in Australia - and people maintain the option to choose". **What's the choice? To submit to the jabs or else forsake one's livelihood, or even participation in civil society under the most broad mandates, e.g. No Jab, No Job; and No Jab, No Life? So much for 'the option to choose'...**

**Meanwhile...what does it mean if health practitioners aren't obtaining 'voluntary informed consent' before these often mandated medical interventions? Are they covered by their medical indemnity insurance if they fail to obtain authentic 'voluntary informed consent' before the jabs? Have AHPRA, the medical indemnity insurers, and the doctors' professional organisations sought clarification on this vitally important ethical, and potentially legal, matter which has come to a head with the Covid-19 jab rollout?**

**Mark Butler, on this subject, please see my email below to Natasha Fenech, Group CEO and Managing Director of the Avant Mutual Group, a medical indemnity insurance provider.** Similar emails have also been forwarded to other insurance providers MDA National, Medical Indemnity Protection Society and TEGO; and also to the presidents of doctors' organisations the Royal Australian College of General Practitioners; the Royal Australasian College of Physicians; the Australian Medical Association; and the Australian Medical Professionals Society; plus Peter Malinauskas, premier of South Australia; and Martin Fletcher, CEO of the Australian Health Practitioner Regulation Agency (AHPRA).

**I look forward to your carefully considered response - this is a vitally important matter of public interest, and the Albanese government is accountable.**

Sincerely  
Elizabeth Hart  
Independent researcher investigating the over-use of vaccine products and conflicts of interest in vaccination policy  
[vaccinationispolitical.net](http://vaccinationispolitical.net)

----- Forwarded message -----

From: **Elizabeth Hart** <[elizmhart@gmail.com](mailto:elizmhart@gmail.com)>

Date: Tue, Sep 27, 2022 at 5:29 PM

Subject: Failure to obtain informed consent for Covid jabs - what is the indemnity insurance position of health practitioners?

To: <[nca@avant.org.au](mailto:nca@avant.org.au)>

**Please forward this email:**

**For the attention of:**

Natasha Fenech  
Group CEO and Managing Director  
Avant Mutual Group

Natasha Fenech, **what is the indemnity insurance position of health practitioners who inject patients with Covid-19 'leaky vaccines', knowing the patient is subject to a Covid jab mandate?**

**It's important to clarify this matter as many people, including health practitioners, have been, and are being, mandated to have Covid-19 jabs via State and Territory Government directions, plus mandates instigated by employers/businesses, sports clubs, entertainment and hospitality venues, retail, etc.**

The Covid-19 jabs are 'leaky vaccines' that do not prevent infection nor transmission, and purportedly provide 'protection' of very limited duration against a disease it was known from the beginning wasn't a serious threat to most people. What is the evidence supporting these **mandated** medical interventions, impacting upon people of a variety of ages and health status?

**The Covid jab mandates conflict with the obligation for health practitioners to obtain 'voluntary informed consent' before a medical intervention, i.e. as described in *The Australian Immunisation Handbook*, under **Valid consent**, i.e. "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."**

The Australian Health Practitioner Regulation Agency (AHPRA) has also confirmed to me in writing that practitioners have an obligation to obtain informed consent, i.e. **"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."** See **AHPRA letter dated 21 September 2021**, copy attached.

A **factsheet published by the Australian Government Operation COVID Shield** notes: (Copy attached.)

**As a health professional you:**

- **require informed consent from a patient prior to providing them with a vaccination; and**
- **have a duty of care to ensure patients are making educated and informed decisions about vaccination.**

The Operation COVID Shield factsheet notes:

**A patient must provide informed consent prior to vaccination.**

**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.**

Presumably millions of people in Australia have now been injected with Covid-19 'leaky vaccines' via State and Territory Government directions, and mandates instigated by employers/businesses, sports clubs, entertainment and hospitality venues, retail, etc.

**As many people have been *pressured, coerced and manipulated* to submit to the Covid-19 jabs via mandates, how can they have given 'voluntary informed consent' in accordance with *The Australian Immunisation Handbook*, the **AHPRA confirmation letter dated 21 September 2021**, and the Australian Government **Operation COVID Shield factsheet**?**


Natasha Fenech, **please clarify the indemnity insurance position of health practitioners who have injected their patients with Covid-19 'leaky vaccines' *without* 'voluntary informed consent' being obtained.**

This is a most important matter of public interest, and I request your early response.

Sincerely  
Elizabeth Hart  
Independent researcher investigating the over-use of vaccine products and conflicts of interest in vaccination policy  
[vaccinationispolitical.net](http://vaccinationispolitical.net)

 **response-from-ahpra-re-informed-consent.pdf**  
105K

 **covid-19-vaccinations---handling-consent-refusal-by-people-presenting-for-vaccination-handling-consent-refusal-by-people-presenting-for-vaccination.pdf**  
1057K

 **Health Minister Mark Butler urges Australians to take fourth and third COVID-19 vaccines \_ The Canberra Times \_ Canberra, ACT.pdf**  
2940K

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**Informed consent and mass population Covid-19 vaccination - considering Rogers v Whitaker. Email to Paul Kelly, Chief Medical Officer of Australia**

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Elizabeth Hart <elizhart8@gmail.com>  
To: Elizabeth Hart <elizmhart@gmail.com>

Fri, Apr 14, 2023 at 3:36 PM

**For the attention of:**

Paul Kelly  
Chief Medical Officer  
Director of Human Biosecurity  
Australian Government  
Department of Health and Aged Care

Paul Kelly, **please see below my recent email to Federal Health Minister Mark Butler, comparing millions of people in Australia, including children, being coerced, pressured and manipulated to submit to Covid-19 vaccination, with the case of Rogers v Whitaker, which underpins the legal and ethical principle of 'voluntary informed consent' before a medical intervention in Australia.**

I've previously asked for you to be accountable for Covid vaccination mandates in Australia, please see my email: [Mandated Covid jabs - What is the scientific and medical justification for these mandated medical interventions?](#) 19 October 2022.

But you did not respond.

I also asked former Federal Health Minister Greg Hunt to provide the "specialist medical and epidemiological advice" provided by the AHPPC and CMO that justified the Governor General's declaration of a human biosecurity emergency under the Biosecurity Act 2015, and subsequent rollover periods, along with requesting information on the unelected members of the AHPPC, and other 'medical and scientific experts' providing advice. As far as I'm aware, I received no response from Greg Hunt. (See my email: [The Covid emergency and medical and scientific experts](#), 23 July 2021.)

Also see my email to South Australian Chief Public Health Officer Nicola Spurrier, raising alarm about the rushed Covid-19 vaccination rollout: [Coercive covid-19 injections in Australia](#), 4 June 2021.

Paul Kelly, **it's a very serious matter that doctors such as yourself and your colleagues recommended *mandatory* vaccinations**, e.g. [Australian Health Protection Principal Committee \(AHPPC\) statement on mandatory vaccination of all workers in health care settings](#), 1 October 2021.

**This appears to have had a precipitous effect on widespread Covid-19 vaccination mandates across Australia, the basis of which must be explored and exposed.**

Please see below my email to Mark Butler re informed consent and mass population Covid-19 vaccination - considering Rogers v Whitaker.

Sincerely  
Elizabeth Hart

**Independent researcher investigating vaccine products and conflicts of interest in vaccination policy**  
[vaccinationispolitical.net](http://vaccinationispolitical.net)

----- Forwarded message -----

From: **Elizabeth Hart** <elizmhart@gmail.com>  
Date: Wed, Apr 5, 2023 at 5:07 PM  
Subject: Informed consent and mass population Covid-19 vaccination - considering Rogers v Whitaker  
To: <[minister.butler@health.gov.au](mailto:minister.butler@health.gov.au)>  
Cc: Emma McArthur <[ejminoz@gmail.com](mailto:ejminoz@gmail.com)>

**For the attention of:**

Mark Butler  
Minister for Health and Aged Care  
Australian Government Department of Health and Aged Care

Mark Butler, **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.**

I suggest in most instances Covid-19 vaccination is an **unnecessary medical intervention**, against a disease it was known from the beginning wasn't a serious threat to most people, [with the WHO acknowledging](#) "Most people infected with the virus will experience mild to moderate illness and recover without requiring special treatment..." (See attached WHO statement on Coronavirus (COVID-19).)

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. The majority of people are effectively protected via their own immune response, without need for the artificial interference of repeated Covid-19 vaccine products.

Consider the case of [Rogers v Whitaker 1992](#), which underpins health practitioners' legal and ethical obligation to obtain informed consent. 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 medical intervention of no benefit to them. **Moreover, these individuals were compelled to present at a 'vaccination clinic' in order to be injected with a medical product, by a health practitioner who is unlikely to have specific expertise in Covid-19 or Covid-19 vaccine products.**

Mark Butler, [your department has confirmed to me](#): "Informed consent should be obtained for every COVID-19 vaccination, as per usual consent procedures for other vaccinations." This isn't happening - people are not being properly informed. Additionally, **people under mandates are clearly not able to give lawful consent if they are attending the vaccination clinic under duress**, faced with the threat of loss of livelihood or freedom of movement and association.

**The medical profession is very much in the frame for this medical and political disaster, as they should have refused to cooperate with mandated medical interventions** - are they now at risk of liability for administering unnecessary Covid-19 vaccinations, without authentic voluntary informed consent? (See my presentation to the Australian Medical Network: [Voluntary Informed Consent and Covid Jab Mandates - Are we sitting on a powder keg?](#) February 2023. [PowerPoint slides](#) for this presentation.)

**Both the Albanese government and the former Morrison government have confirmed that health practitioners do not have specific medical indemnity for administering the Covid-19 vaccinations**, in response to my colleague Emma McArthur's and my own correspondence on this matter, as summarised in my email to you dated 21 November 2022, see: [Response re: Are health practitioners covered for indemnity insurance re the Covid jabs?](#) (Copies of letters we received from the Department of Health and Aged Care are attached.)

**Health practitioners, businesses and others who have overridden voluntary informed consent obligations must be warned about the potential ramifications.**

Mark Butler, the Australian federal, state and territory governments must take immediate steps to address this matter, **in the first instance ensuring all Covid-19 vaccination mandates are dropped.**

**I request your urgent response.**

Sincerely  
Elizabeth Hart


**Independent researcher investigating vaccine products and conflicts of interest in vaccination policy**  
[vaccinationispolitical.net](http://vaccinationispolitical.net)


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#### 9 attachments

 **WHO - Coronavirus.pdf**  
727K


 **mc22-018819-signed-highlighted-1.pdf**  
177K

 **doh-reply-21-12-2021.pdf**  
120K

 **doh-reply-28-01-2022.pdf**  
100K

 **doh-reply-17-january-2023.pdf**  
92K

 **Australian Health Protection Principal Committee (AHPPC) statement on mandatory vaccination of all workers in health care settings \_ Australian Government Department of Health and Aged Care.pdf**  
118K

 **mandated-covid-jobs-what-is-the-scientific-and-medical-justification-for-these-mandated-medical-interventions.pdf**  
116K

 **the-covid-emergency-and-medical-and-scientific-experts.pdf**  
89K

 **re\_coercive-covid-19-injections-in-australia-email-to-nicola-spurrier-chief-public-health-officer-sa-health.pdf**  
132K

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## The destruction of voluntary informed consent in Australia under the guise of the 'Covid emergency' - email to Paul Kelly, Chief Medical Officer

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Elizabeth Hart <elizmhart@gmail.com>

Sat, May 6, 2023 at 5:31 PM

To: covid19vaccinerfi@health.gov.au

Cc: martin.fletcher@ahpra.gov.au, Jamie.Pearce@ahpra.gov.au, Amanda.Watson@ahpra.gov.au

### For the attention of:

#### Paul Kelly

Chief Medical Officer

Australian Government Department of Health and Aged Care

Chair of the Australian Health Protection Principal Committee (AHPPC)

Director of Human Biosecurity under the Australian Biosecurity Act 2015

### Copied to:

- Martin Fletcher, CEO, Australian Health Practitioner Regulation Agency (AHPRA)
- Anne Tonkin, Chair, Medical Board of Australia

### Paul Kelly, as Australia's top doctor, how could you cooperate with mandated medical interventions being imposed on Australians, trashing the legal and ethical principle of voluntary informed consent?

It appears you led the *conscriptio*n of the medical profession for the then Morrison Government's Covid-19 vaccination rollout, in **contravention of the Australian constitution**.<sup>[1]</sup>

**Health practitioners were compelled to support the Covid vaccination rollout without question**, as dictated by the AHPRA position statement dated 9 March 2021.<sup>[2]</sup>

Paul Kelly, in June 2021, the AHPPC capitulated to the former prime minister Scott Morrison and National Cabinet's demand that *aged care workers be forced to submit to Covid vaccination to keep their jobs*.

**Denying aged care workers a voluntary decision on this medical intervention was the thin end of the wedge that opened the floodgates to a cascade of Covid vaccination mandates across Australia**.

**The AHPPC facilitated Scott Morrison's original plan that Covid vaccination be "as mandatory as you can possibly make it... We've got to get about 95%...taking medical advice..."**, as he announced on 3AW Mornings with Neil Mitchell in August 2020.<sup>[3]</sup>

Paul Kelly, in your position as Australia's Chief Medical Officer, you are Chair of the AHPPC, in charge of the Chief Health Officers of Australia's states and territories.<sup>[4]</sup> You are also the Director of Human Biosecurity<sup>[5]</sup> under the Biosecurity Act 2015. **In these roles you have been the most powerful person in Australia, an unelected bureaucrat. Along with the AHPPC which you chair, you (and Brendan Murphy before you) provided the "specialist medical and epidemiological advice" used by the then Health Minister Greg Hunt, and Governor-General David Hurley, advice used to implement and extend the human biosecurity emergency period for Covid-19, during which people were locked down, masked up, placed under surveillance, tested, and injected, including under mandates.**<sup>[6]</sup>

In July 2021 I wrote to Greg Hunt, asking what is the definition of 'the emergency' being used to justify the declaration of the **human biosecurity emergency**; what is the "specialist medical and epidemiological advice" provided by the AHPPC, and has it been objectively and independently assessed; and queried the qualifications and expertise of members of the AHPPC and 'other experts'. I received no response to my questions from Greg Hunt.

**Paul Kelly, you're a medical practitioner registered with AHPRA, and must be aware of your and your colleagues' legal and ethical obligation to obtain voluntary informed consent for treatment**, as stated in *Good medical practice: a code of conduct for doctors in Australia*. AHPRA personally confirmed this duty of practitioners in a letter to me dated 20 September 2021: **"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."**<sup>[7]</sup>

Paul Kelly, on 4 June 2021, it appears you were alert to your 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"**.<sup>[8]</sup>

The AHPPC stated: **"Mandating COVID-19 vaccination must balance the rights of an individual in the workplace against the public health benefits of vaccination at the time..."**

**On the same day**, an ABC headline announced **"Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccination"**.<sup>[9]</sup>

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.**" (My emphasis.)

This is incredible! **On what basis could Scott Morrison overrule the 'medical experts' advice', and lobby state and territory leaders in National Cabinet to force aged care workers to have the coronavirus vaccine, and deny them voluntary informed consent?!**

Subsequently, **on 28 June 2021**, it was announced "**The 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.**"[10]

**Paul Kelly, the rogue and unaccountable National Cabinet headed by Scott Morrison, usurped your position as the most powerful person in Australia...**

**You and the AHPPC capitulated to Scott Morrison and National Cabinet, rubber-stamping their decision after the event, as announced in your own statement a day later: "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..."[11]**

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'**".[12]

**This was indeed nothing to do with health...this was a *political decision*, resulting in the theft of personal autonomy and bodily integrity, in what is supposedly a 'free country'.** You subsequently boasted "**Australia was one of the first countries internationally to mandate COVID-19 vaccination**", in your co-authored article published in the *Medical Journal of Australia* in November 2022 - [Implementing mandatory COVID-19 vaccination for Australian aged care workers](#).

**Yes, Australia was one of the first countries in the world to trash voluntary informed consent for the Covid vaccinations...not an achievement to be proud of...**

**Paul Kelly, a cascade of Covid vaccination mandates was precipitated by you setting the precedent with aged care workers.**

**AHPPC mandates were subsequently imposed for people working in health care, disability, and in-home and community aged care[13], followed by further employment mandates imposed in the states and territories across both public and private sectors, along with 'vaccine passports' being required for entry to retail, hospitality and entertainment, and participation in sport etc.[14]**

**For millions of Australians a digital vaccine certificate was required to be included in society - it was No Jab, No Life.** With medical privacy deliberately undermined, the social exclusion and isolation of 'non-compliant' people was actively encouraged.

**An apartheid was created to punish people who refused to consent to the Covid vaccinations, denying them their livelihood and locking them out of the 'vaccinated economy'.** People were discriminated against and ostracised, cancelled out of society for refusing to comply under ***the pressure, coercion and manipulation to submit to the Covid vaccines***, in contravention of valid consent, as stipulated in *The Australian Immunisation Handbook*.

**This is the biggest act of treachery in Australia's history - it's the theft of freedom.**

**The medical profession is at the heart of this scandal, led by you, Paul Kelly, the Chief Medical Officer of Australia: you have destroyed confidence and trust in the health system.**

**Health practitioners should *never* have cooperated with mandated medical interventions.**

There must be an urgent investigation into this fiasco, this disgraceful stain on Australia's history - **the deliberate politicisation of medicine to subjugate the Australian people.**

Sincerely

Elizabeth Hart

**Independent researcher investigating vaccine products and conflicts of interest in vaccination policy**

[vaccinationispolitical.net](http://vaccinationispolitical.net)





References: (As accessed 5 May 2023.)

1. See for example: Email to Mark Dreyfus, Attorney General of Australia, from Elizabeth Hart. 13 February 2022: **Are health practitioners in effect being conscripted to participate in the Australian government's Covid-19 jab rollout, in contravention of the Australian Constitution?** <https://vaccinationispolitical.files.wordpress.com/2023/02/are-health-practitioners-in-effect-being-conscripted-to-participate-in-the-australian-governments-covid-19-jab-rollout.pdf>
2. AHPPRA Position Statement 9 March 2021: [https://downloads.hpca.nsw.gov.au/s3fs-public/ahpra\\_position-statement\\_covid-19-vaccination-position-statement.pdf](https://downloads.hpca.nsw.gov.au/s3fs-public/ahpra_position-statement_covid-19-vaccination-position-statement.pdf)
3. Scott Morrison expects COVID-19 vaccine will be 'as mandatory as you can possibly make it'. Mornings with Neil Mitchell 3AW Melbourne. 19 August 2020: <https://www.3aw.com.au/scott-morrison-expects-covid-19-vaccine-will-be-as-mandatory-as-you-can-possibly-make-it/>
4. Australian Health Protection Principal Committee (AHPPC): <https://www.health.gov.au/committees-and-groups/australian-health-protection-principal-committee-ahppc>
5. Director of Human Biosecurity - Australian Government Directory: <https://www.directory.gov.au/portfolios/health/director-human-biosecurity>
6. See for example:  
- Biosecurity Act 2015: <https://www.legislation.gov.au/Details/C2022C00371>

- COVID-19 Legislative response - Human Biosecurity Emergency Declaration Explainer. Posted 19/03/2020 by Howard Maclean & Karen Elphick. Parliament of Australia: [https://www.aph.gov.au/About\\_Parliament/Parliamentary\\_Departments/Parliamentary\\_Library/FlagPost/2020/March/COVID-19\\_Biosecurity\\_Emergency\\_Declaration](https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/FlagPost/2020/March/COVID-19_Biosecurity_Emergency_Declaration)
- COVID-19 emergency measures extended for a further three months. Media release - Former Minister for Health and Aged Care Greg Hunt. 2 September 2021: <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/covid-19-emergency-measures-extended-for-a-further-three-months-0>
7. I have previously forwarded emails to Paul Kelly challenging Covid vaccination mandates, dated [19 October 2022](#) and [14 April 2023](#), including raising the case of Rogers v Whitaker. Paul Kelly has also been copied on other of my correspondence challenging the Covid-19 vaccination rollout in Australia, e.g. my emails to the Covid-19 Vaccines and Treatments for Australia - Science and Industry Technical Advisory Group, on which he is Deputy Chair, with Brendan Murphy (former Chief Medical Officer, and currently Secretary of the Department of Health and Aged Care), being Chair of this group.
8. Australian Health Protection Principal Committee (AHPPC) statement on COVID-19 vaccination requirements for aged care workers. 4 June 2021: <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-statement-on-covid-19-vaccination-requirements-for-aged-care-workers>
9. Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccinations. ABC News. 4 June 2021: <https://www.abc.net.au/news/2021-06-04/national-cabinet-meets-vaccine-international-border-victoria/100188598>
10. National Cabinet Statement. Liberal Party New South Wales. 28 June 2021: <https://nswliberal.org.au/news/national-cabinet-statement-monday-28-june-2021>
11. Australian Health Protection Principal Committee (AHPPC) statement on residential aged care worker COVID-19 vaccination. 29 June 2021: <https://www.health.gov.au/resources/committee-statements/australian-health-protection-principal-committee-ahppc-statement-on-residential-aged-care-worker-covid-19-vaccination>
12. Still many questions over mandatory aged care vaccinations. Australian Nursing & Midwifery Federation. 29 June 2021: <https://www.anmfsa.org.au/Web/News/2021/Still%20many%20questions%20over%20mandatory%20aged%20care%20vaccinations.aspx>
13. Subsequent AHPPC mandates:
- 1 October 2021: Australian Health Protection Principal Committee (AHPPC) statement on mandatory vaccination of all workers in health care settings: <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-statement-on-mandatory-vaccination-of-all-workers-in-health-care-settings>
  - 10 November 2021: Australian Health Protection Principal Committee (AHPPC) statement on mandating vaccination for disability support workers: <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-statement-on-mandating-vaccination-for-disability-support-workers>
  - 10 November 2021: Australian Health Protection Principal Committee (AHPPC) statement on mandatory vaccination of aged care in-home and community aged care workers: <https://www.health.gov.au/resources/committee-statements/australian-health-protection-principal-committee-ahppc-statement-on-mandatory-vaccination-of-aged-care-in-home-and-community-aged-care-workers>
14. See for example: The Victorian Premier says the state is heading for a 'vaccine economy', here's what that might look like. ABC News. 6 September 2021: <https://www.abc.net.au/news/2021-09-06/daniel-andrews-vaccine-passport-double-vaccinated/100435606>

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#### 4 attachments

-  **Australian Health Protection Principal Committee (AHPPC) statement on COVID-19 vaccination requirements for aged care workers \_ Australian Government Department of Health and Aged Care.pdf**  
109K
-  **Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccinations - ABC News.pdf**  
1340K
-  **National Cabinet Statement - Monday 28 June 2021 - Liberal Party NSW.pdf**  
202K
-  **Australian Health Protection Principal Committee (AHPPC) statement on residential aged care worker COVID-19 vaccination \_ Australian Government Department of Health and Aged Care.pdf**  
97K

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**Notification to AHPRA re medical practitioner Paul Kelly, Chief Medical Officer of Australia and Chair of the Australian Health Protection Principal Committee (AHPPC) (AHPRA Ref. No. 00531213)**

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Elizabeth Hart &lt;elizmhart@gmail.com&gt;

Tue, Jul 11, 2023 at 6:13 PM

To: covid19vaccinerfi@health.gov.au

Cc: minister.butler@health.gov.au, National Intake and Assessment Team &lt;notifications@ahpra.gov.au&gt;, martin.fletcher@ahpra.gov.au, Jamie.Pearce@ahpra.gov.au

**For the attention of:****Paul Kelly**

Chief Medical Officer

Australian Government Department of Health and Aged Care

Chair of the Australian Health Protection Principal Committee (AHPPC)

Director of Human Biosecurity under the Australian Biosecurity Act 2015

Dear Paul Kelly, **please see below my notification to AHPRA re your violation of the obligation for voluntary informed consent via AHPPC statements recommending mandatory Covid-19 vaccination.**

Matthew Hardy, AHPRA's National Director Notifications, has advised me (29 June 2023):

Thank you for the information you shared with us. We understand you are raising concerns about Professor Paul Kelly's role in **advice on Australian Government Covid-19 vaccination policies in aged care**.

Our work is guided by the *Health Practitioner Regulation National Law* (the National Law) and under the National Law, **we are not able to progress concerns relating to the implementation of government policies**. Any concerns about information provided by Dr Kelly in his role as Chair of the AHPPC **may be raised with the AHPPC directly**, or with the Australian Public Service Commission.

Please note, although we are not progressing these concerns, we have recorded the information you provided on our database. (My emphasis.)

Paul Kelly, it's very interesting that Matthew Hardy says AHPRA is **"not able to progress concerns relating to the implementation of government policies"**. Matthew Hardy has directed me to raise these matters "with the AHPPC directly", so I am asking you directly: **Why did you, in your role as Chair of the AHPPC, collaborate with former Prime Minister Scott Morrison and National Cabinet on their politically motivated decision to mandate Covid-19 vaccination in June 2021, thereby denying voluntary informed consent for residential aged care workers, and subsequently all workers in health care settings, disability support workers, and aged care in-home and community aged care workers?**

On 4 June 2021, it was specifically announced that the "AHPPC does not recommend compulsory COVID-19 vaccines for aged care workers". On the same day 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." (My emphasis.)

On 28 June 2021 it was announced: "The 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". A day later on 29 June 2021, it was announced in an AHPPC statement: "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..."

The AHPPC rubber-stamped the National Cabinet's **political decision** to mandate Covid-19 vaccination. **The decision to mandate Covid-19 vaccination was not based on medical advice.**

**How could you do this Paul Kelly? How could you capitulate to Scott Morrison's and National Cabinet's demands, and recommend mandatory vaccination, in violation of the obligation for voluntary informed consent for vaccination?**

I request your urgent response on this matter.

Please note that Mark Butler, Minister for Health and Aged Care; Matthew Hardy, AHPRA National Director Notifications; Martin Fletcher, CEO of AHPRA; and Anne Tonkin, Chair, Medical Board of Australia (C/- Martin Fletcher), are copied on this email.

**Please see below the information provided in my notification to AHPRA, plus attachments.**

Sincerely

Elizabeth Hart

**Independent researcher investigating vaccine products and conflicts of interest in vaccination policy**[vaccinationispolitical.net](http://vaccinationispolitical.net)

----- Forwarded message -----

From: **Elizabeth Hart** <elizmhart@gmail.com>

Date: Fri, Jun 16, 2023 at 4:08 PM

Subject: Notification to AHPRA re medical practitioner Paul Kelly, Chief Medical Officer of Australia and Chair of the Australian Health Protection Principal Committee (AHPPC)

To: <[martin.fletcher@ahpra.gov.au](mailto:martin.fletcher@ahpra.gov.au)>, <[notifications@aphra.gov.au](mailto:notifications@aphra.gov.au)>

Cc: <[Jamie.Pearce@ahpra.gov.au](mailto:Jamie.Pearce@ahpra.gov.au)>

**For the attention of:**

Martin Fletcher, CEO, Australian Health Practitioner Agency (AHPRA)

Anne Tonkin, Chair, Medical Board of Australia

Dear Martin Fletcher and Anne Tonkin

**Notification to AHPRA re Paul Kelly** - Chief Medical Officer of Australia and Chair of the Australian Health Protection Principal Committee (AHPPC)

**SUMMARY:**

In June 2021, Paul Kelly, as Chair of the AHPPC, **violated the requirement for voluntary informed consent for Covid-19 vaccination, with the AHPPC recommending 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..."** (My emphasis.) (See AHPPC statement on residential aged care worker COVID-19 vaccination, published 29 June 2021, copy attached.)

**This occurred after the AHPPC's original advice *against* compulsory vaccination for residential aged care workers (4 June 2021) was overruled by then Prime Minister Scott Morrison and National Cabinet, who wanted to impose mandatory vaccination upon residential aged care workers - *this was a politically motivated decision, rather than based on medical advice.***

**The AHPPC chaired by Paul Kelly capitulated to Scott Morrison's and National Cabinet's demand to impose mandatory vaccination upon residential aged care workers.**

**This denial of voluntary informed consent for residential aged care workers set a precedent for depriving others of voluntary informed consent for Covid-19 vaccination, including subsequent workforce mandates recommended by Paul Kelly and the AHPPC, see:**

- **AHPPC statement on mandatory vaccination of all workers in health care settings.** (Published 1 October 2021, copy attached).
- **AHPPC statement on mandating vaccination for disability support workers.** (Published 10 November 2021, copy attached).
- **AHPPC statement on mandatory vaccination of aged care in-home and community aged care workers.** (Published 10 November 2021, copy attached).

**As a medical practitioner, Paul Kelly should be aware of the obligation to obtain voluntary informed consent for vaccination, as confirmed to me personally by AHPRA in September 2021 (see letter attached):**

**"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.*"** (My emphasis.)

This advice on 'voluntary informed consent' is stated in [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.** (My emphasis.)

In November 2022, the Australian Department of Health and Aged Care **also confirmed to me:** (See letter attached.)

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

[The Australian Immunisation Handbook](#) under **Valid consent** states:

**"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."** (My emphasis.)

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: (See Fact Sheet attached.)

**"...adults have the right to determine what will be done to their bodies and what healthcare treatments they will undergo."**

and

**"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." (My emphasis.)

An Australian Government Operation COVID Shield Q&A Fact Sheet titled: **Handling consent refusal by people presenting for vaccination**, informs health professionals: (See Fact Sheet attached.)

#### **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.**

The COVID Shield Q&A Fact Sheet 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."**

Quoting the Australian Law Reform Commission: (See Fact Sheet attached.)

**"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."**

It is clear 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.

**Ergo, voluntary informed consent cannot be obtained under vaccination mandates.**

***Why did Paul Kelly and 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?***

#### **BACKGROUND:**

On 4 June 2021, Paul Kelly as Chair of the AHPPC was evidently alert to his 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". (My emphasis.) (See AHPPC Statement on COVID-19 vaccination requirements for aged care workers, 4 June 2021, copy attached.)

Also on the same day, 4 June 2021, an ABC headline announced: **"Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccination"**. (Copy attached.)

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."** (My emphasis.)

The workers' union did not support compulsion, with the ABC reporting: **"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." Ms Asmar said: "We live in a free country and not Communist China."**

**It's stunning 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 reported by the national broadcaster, the ABC, the political plan was to **'force'** aged care workers to have the coronavirus 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 **"The 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."** (See: National Cabinet Statement. Liberal Party New South Wales. 28 June 2021. Copy attached.)

**So after pressure from Scott Morrison and National Cabinet, Paul Kelly and the AHPPC reneged on their earlier advice against making the coronavirus vaccine compulsory for aged care workers, and rubber-stamped a 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..."** (See: AHPPC statement on residential aged care worker COVID-19 vaccination. 29 June 2021. Copy attached.)

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'..."** (My emphasis.) (See: Still many questions over mandatory aged care vaccinations. 29 June 2021. Copy attached.)

Paul Kelly subsequently boasted "Australia was one of the first countries internationally to mandate COVID-19 vaccination", in his co-authored article published in the *Medical Journal of Australia* in November 2022 - [Implementing mandatory COVID-19 vaccination for Australian aged care workers](#).

In other words, **Australia was one of the first countries in the world to deny voluntary informed consent for the Covid vaccinations**, facilitated by medical practitioner Paul Kelly and his medical colleagues on the AHPPC.

**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..." (See: Interview with David Speers on ABC Insiders on the COVID-19 vaccine rollout. ABC Insiders. 21 February 2021. Copy attached.)

**But this was an experiment without voluntary informed consent, which is a violation of medical ethics and international human rights conventions such as the Helsinki Declaration.**

Paul Kelly and 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**.

**Consistent with AHPRA's regulatory role, Paul Kelly must face professional disciplinary action for using his position as Chief Medical Officer of Australia to impose Covid-19 vaccination mandates, which was in breach of legal and ethical requirements pertaining to voluntary informed consent.**















I await a reference number for this notification, and advice of further action. This email will also be submitted via AHPRA's online portal.

Sincerely  
Elizabeth Hart

**Independent researcher investigating vaccine products and conflicts of interest in vaccination policy**  
[vaccinationispolitical.net](http://vaccinationispolitical.net)

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#### 14 attachments

-  **AHPPC statement on residential aged care worker COVID-19 vaccination.pdf**  
97K
-  **AHPPC statement on mandatory vaccination of all workers in health care settings.pdf**  
119K
-  **AHPPC statement on mandating vaccination for disability support workers.pdf**  
106K
-  **AHPPC statement on mandatory vaccination of aged care in-home and community aged care workers.pdf**  
97K
-  **response-from-ahpra-re-informed-consent.pdf**  
105K
-  **mc22-018819-signed-highlighted-1.pdf**  
177K
-  **Fact Sheet for clinicians- Informed consent in health care.pdf**  
325K
-  **covid-19-vaccinations---handling-consent-refusal-by-people-presenting-for-vaccination-handling-consent-refusal-by-people-presenting-for-vaccination.pdf**  
1055K
-  **Consent to medical treatment \_ ALRC.pdf**  
92K
-  **AHPPC statement on COVID-19 vaccination requirements for aged care workers.pdf**  
110K
-  **Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccinations.pdf**  
825K
-  **National Cabinet Statement - Monday 28 June 2021 - Liberal Party NSW.pdf**  
182K
-  **Still many questions over mandatory aged care vaccinations.pdf**  
806K
-  **Interview with David Speers on ABC Insiders on the COVID-19 vaccine rollout \_ Health Portfolio Ministers and Aged Care.pdf**  
58K

## Mandatory Covid-19 vaccination - Why did CMO Paul Kelly capitulate to Scott Morrison and National Cabinet's demand for mandatory Covid-19 vaccination for residential aged care workers?

Elizabeth Hart <elizmhart@gmail.com>

Thu, Sep 28, 2023 at 9:18 AM

To: covid19vaccinerfi@health.gov.au

Cc: minister.butler@health.gov.au, senator.ruston@aph.gov.au, attorney@ag.gov.au, senator.michaelia.cash@aph.gov.au, peter.dutton.mp@aph.gov.au, david.littleproud.mp@aph.gov.au, martin.fletcher@ahpra.gov.au, National Intake and Assessment Team <notifications@ahpra.gov.au>, Jamie.Pearce@ahpra.gov.au, Amanda.Watson@ahpra.gov.au, Kristine.Macartney@health.nsw.gov.au, nigel.crawford@mcri.edu.au, ATAGI Secretariat <atagi.secretariat@health.gov.au>, a.wilson@sydney.edu.au, PBAC <pbac@health.gov.au>, Catherine Bennett <catherine.bennett@deakin.edu.au>

### For the attention of:

#### Paul Kelly

Chief Medical Officer

Australian Government Department of Health and Aged Care

Chair of the Australian Health Protection Principal Committee (AHPPC)

Director of Human Biosecurity under the Australian Biosecurity Act 2015

**Copied to:** Minister for Health and Aged Care Mark Butler, Shadow Minister for Health and Aged Care Anne Ruston, Attorney-General Mark Dreyfus, Shadow Attorney-General Michaelia Cash, Leader of the Liberal Party of Australia Peter Dutton, Leader of the National Party David Littleproud, AHPRA CEO Martin Fletcher, AHPRA National Director Notifications Matthew Hardy, Advisory Committee on Vaccines (ACV) Chair Kristine Macartney, Australian Technical Advisory Group on Immunisation (ATAGI) Chair Nigel Crawford, Pharmaceutical Benefits Advisory Committee (PBAC) Chair Andrew Wilson, Covid-19 Inquiry panel member Catherine Bennett, and will be forwarded to Prime Minister Anthony Albanese, and Australian Public Service Commissioner Gordon de Brouwer, and other parties.

Dear Paul Kelly, I ask you again, **how could you capitulate to former Prime Minister Scott Morrison and the National Cabinet's demand in June 2021, and recommend mandatory Covid-19 vaccination for residential aged care workers, violating the legal and ethical obligation for voluntary informed consent for vaccination?**

By recommending mandatory vaccination for residential aged care workers, **you and your colleagues on the Australian Health Protection Principal Committee (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.**

**Scott Morrison and the Premiers and Territory Chief Ministers in the National Cabinet went rogue in coercing the Australian population to submit to Covid-19 vaccination.**

In August 2021, Scott Morrison endorsed the concept of '**freedom incentives**' to coerce people to have the Covid-19 vaccine products. In September 2021, Victorian Premier Daniel Andrews announced there would be a '**vaccinated economy**', '**locking out** those people who refused to consent to Covid-19 vaccination. Scott Morrison backed the idea of 'vaccination passports', saying businesses in Australia have a 'legitimate' right to refuse service to patrons who are unvaccinated.

People were to be discriminated against and barred from employment, from travel, from sport, from retail shopping, from hospitality and entertainment, from cultural pursuits, etc - **it was 'No Jab, No Life'**.

**Critical thinking people were punished for refusing to comply with mandated medical interventions.**

**Voluntary informed consent for the Covid-19 vaccine products was completely trashed, with the collaboration of the medical profession.**

**The Covid-19 Inquiry announced by Prime Minister Anthony Albanese must investigate the unleashing of coercive and mandatory Covid-19 vaccination around Australia, at the instigation of Scott Morrison, the Premiers and Territory Chief Ministers in the National Cabinet, and the members of the AHPPC.**

**This was the Morrison Government's original plan, for Covid-19 vaccination to be "as mandatory as you can possibly make it", as announced by Scott Morrison in August 2020 on Neil Mitchell's program on 3AW, when Scott Morrison boasted, "I was the minister that established 'No jab, no play', so my view on this is pretty clear and not for turning".**

**Paul Kelly, as a registered medical practitioner, you must be aware of the obligation to obtain voluntary informed consent for vaccination, as confirmed to me personally by AHPRA in September 2021: (See letter attached.)**

**"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.*" (My emphasis.)**

**The Australian Immunisation Handbook under Valid consent states:**

"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." (My emphasis.)

In November 2022, [the Australian Department of Health and Aged Care](#) also confirmed to me: (See letter attached.)

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

**There is a legal and ethical obligation for medical practitioners to ensure that people give their voluntary informed consent for vaccination, and people must not be pressured, coerced or manipulated into this medical intervention.**

Therefore, how can valid voluntary informed consent be obtained under vaccination mandates?

On close examination of the timeline, on 4 June 2021 it appears you and your colleagues on the AHPPC were alert to your professional 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"**. (My emphasis.) (See AHPPC Statement on COVID-19 vaccination requirements for aged care workers, 4 June 2021, copy attached.)

Also on the same day, 4 June 2021, an ABC headline announced: **"Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccination"**. (My emphasis.) (Copy attached.)

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."** (My emphasis.)

Subsequently, on 28 June 2021, it was announced **"The 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."** (See: National Cabinet Statement. Liberal Party New South Wales. 28 June 2021. Copy attached.)

**So after pressure from Scott Morrison and the Premiers and Territory Chief Ministers in the National Cabinet, you and your colleagues on the AHPPC reneged on your earlier advice against making the coronavirus vaccine compulsory for aged care workers, and rubber-stamped a 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..."** (See: AHPPC statement on residential aged care worker COVID-19 vaccination. 29 June 2021. Copy attached.)

**Paul Kelly, this was the key moment when voluntary informed consent for Covid-19 vaccination was destroyed, when you and your colleagues on the AHPPC capitulated to the demand of Scott Morrison and the Premiers and Territory Chief Ministers in the National Cabinet, and 'recommended' compulsory Covid-19 vaccination for residential aged care workers to maintain their livelihood - this was the beginning of 'No Jab, No Job'.**

**Again, how could you do this Paul Kelly, and lead the rest of the medical profession in Australia to collaborate with the destruction of voluntary informed consent for vaccination?**

On 16 June 2023, [I made a notification to AHPRA about your conduct](#), as detailed in my previous email to you below, but Matthew Hardy, AHPRA's National Director Notifications, has refused to deal with the matter, as he says AHPRA is **"not able to progress concerns relating to the implementation of government policies"**. (Letter dated 29 June 2023.)

Matthew Hardy advised me, **"Any concerns about information provided by Dr Kelly in his role as Chair of the AHPPC may be raised with the AHPPC directly, or with the Australian Public Service Commission"**.

As advised by Matthew Hardy, I contacted you directly on 11 July 2023, see my email below, but you have not acknowledged or responded to my email.

Paul Kelly, you are registered with AHPRA as a specialist in 'Public health medicine', performing the role of Chief Medical Officer of Australia, and AHPRA refuses to deal with complaints about your conduct in this role.

**AHPRA is obviously the gatekeeper for government vaccination policy, as evidenced by its Position Statement on the Covid-19 vaccination rollout, published on 9 March 2021**, which I have challenged in my email to AHPRA, see: [Reckless disregard for voluntary informed consent - the AHPRA Position Statement 9 March 2021](#), 31 July 2023.

**Paul Kelly, you and your colleagues on the AHPPC collaborated with Scott Morrison and the Premiers and Territory Chief Ministers in the National Cabinet, with their politically motivated decision to implement mandatory Covid-19 vaccination for workers in residential aged care, destroying the legal and ethical principle of voluntary informed consent for vaccination, and facilitating coercive and mandatory Covid-19 vaccination around the country.**

**It is now open to question whether there has been any valid consent for this medical intervention, for the reportedly 68.7 million Covid-19 doses administered in Australia, including to children, under pressure, coercion, manipulation, and mandates.**

Paul Kelly, I again request your response and accountability for this matter of vitally important national interest. Please see my previous email to you below.

This email will be widely shared with other parties.

Sincerely  
Elizabeth Hart  
**Independent researcher investigating vaccine products and conflicts of interest in vaccination policy**  
[vaccinationispolitical.net](http://vaccinationispolitical.net)

----- Forwarded message -----

From: **Elizabeth Hart** <[elizmhart@gmail.com](mailto:elizmhart@gmail.com)>

Date: Tue, Jul 11, 2023 at 6:13 PM

Subject: Notification to AHPRA re medical practitioner Paul Kelly, Chief Medical Officer of Australia and Chair of the Australian Health Protection Principal Committee (AHPPC) (AHPRA Ref. No. 00531213)

To: <[covid19vaccinerfi@health.gov.au](mailto:covid19vaccinerfi@health.gov.au)>

Cc: <[minister.butler@health.gov.au](mailto:minister.butler@health.gov.au)>, National Intake and Assessment Team <[notifications@ahpra.gov.au](mailto:notifications@ahpra.gov.au)>, <[martin.fletcher@ahpra.gov.au](mailto:martin.fletcher@ahpra.gov.au)>, <[Jamie.Pearce@ahpra.gov.au](mailto:Jamie.Pearce@ahpra.gov.au)>

**For the attention of:**

**Paul Kelly**

Chief Medical Officer

Australian Government Department of Health and Aged Care

Chair of the Australian Health Protection Principal Committee (AHPPC)

Director of Human Biosecurity under the Australian Biosecurity Act 2015

Dear Paul Kelly, **please see below my notification to AHPRA re your violation of the obligation for voluntary informed consent via AHPPC statements recommending mandatory Covid-19 vaccination.**

Matthew Hardy, AHPRA's National Director Notifications, has advised me (29 June 2023):

Thank you for the information you shared with us. We understand you are raising concerns about Professor Paul Kelly's role in **advice on Australian Government Covid-19 vaccination policies in aged care**.

Our work is guided by the *Health Practitioner Regulation National Law* (the National Law) and under the National Law, **we are not able to progress concerns relating to the implementation of government policies**. Any concerns about information provided by Dr Kelly in his role as Chair of the AHPPC **may be raised with the AHPPC directly**, or with the Australian Public Service Commission.

Please note, although we are not progressing these concerns, we have recorded the information you provided on our database. (My emphasis.)

Paul Kelly, it's very interesting that Matthew Hardy says AHPRA is "**not able to progress concerns relating to the implementation of government policies**". Matthew Hardy has directed me to raise these matters "with the AHPPC directly", so I am asking you directly: **Why did you, in your role as Chair of the AHPPC, collaborate with former Prime Minister Scott Morrison and National Cabinet on their politically motivated decision to mandate Covid-19 vaccination in June 2021, thereby denying voluntary informed consent for residential aged care workers, and subsequently all workers in health care settings, disability support workers, and aged care in-home and community aged care workers?**

On 4 June 2021, it was specifically announced that the "**AHPPC does not recommend compulsory COVID-19 vaccines for aged care workers**". On the same day 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.**" (My emphasis.)

On 28 June 2021 it was announced: "**The 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**". **A day later on 29 June 2021**, it was announced in an AHPPC statement: "**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...**"

The AHPPC **rubber-stamped** the National Cabinet's **political decision** to mandate Covid-19 vaccination. **The decision to mandate Covid-19 vaccination was not based on medical advice.**

**How could you do this Paul Kelly? How could you capitulate to Scott Morrison's and National Cabinet's demands, and recommend mandatory vaccination, in violation of the obligation for voluntary informed consent for vaccination?**

I request your urgent response on this matter.

Please note that Mark Butler, Minister for Health and Aged Care; Matthew Hardy, AHPRA National Director Notifications; Martin Fletcher, CEO of AHPRA; and Anne Tonkin, Chair, Medical Board of Australia (C/- Martin Fletcher), are copied on this email.

**Please see below the information provided in my notification to AHPRA, plus attachments.**

Sincerely

Elizabeth Hart

**Independent researcher investigating vaccine products and conflicts of interest in vaccination policy**  
[vaccinationispolitical.net](http://vaccinationispolitical.net)

----- Forwarded message -----

From: **Elizabeth Hart** <[elizmhart@gmail.com](mailto:elizmhart@gmail.com)>

Date: Fri, Jun 16, 2023 at 4:08 PM

Subject: Notification to AHPRA re medical practitioner Paul Kelly, Chief Medical Officer of Australia and Chair of the Australian Health Protection Principal Committee (AHPPC)

To: <[martin.fletcher@ahpra.gov.au](mailto:martin.fletcher@ahpra.gov.au)>, <[notifications@aphra.gov.au](mailto:notifications@aphra.gov.au)>

Cc: <[Jamie.Pearce@ahpra.gov.au](mailto:Jamie.Pearce@ahpra.gov.au)>

**For the attention of:**

Martin Fletcher, CEO, Australian Health Practitioner Agency (AHPRA)

Anne Tonkin, Chair, Medical Board of Australia

Dear Martin Fletcher and Anne Tonkin

**Notification to AHPRA re Paul Kelly** - Chief Medical Officer of Australia and Chair of the Australian Health Protection Principal Committee (AHPPC)

**SUMMARY:**

In June 2021, **Paul Kelly, as Chair of the AHPPC, violated the requirement for voluntary informed consent for Covid-19 vaccination, with the AHPPC recommending 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..."** (My emphasis.) (See AHPPC statement on residential aged care worker COVID-19 vaccination, published 29 June 2021, copy attached.)

**This occurred after the AHPPC's original advice *against* compulsory vaccination for residential aged care workers (4 June 2021) was overruled by then Prime Minister Scott Morrison and National Cabinet, who wanted to impose mandatory vaccination upon residential aged care workers - *this was a politically motivated decision, rather than based on medical advice.***

**The AHPPC chaired by Paul Kelly capitulated to Scott Morrison's and National Cabinet's demand to impose mandatory vaccination upon residential aged care workers.**

**This denial of voluntary informed consent for residential aged care workers set a precedent for depriving others of voluntary informed consent for Covid-19 vaccination, including subsequent workforce mandates recommended by Paul Kelly and the AHPPC, see:**

- **AHPPC statement on mandatory vaccination of all workers in health care settings.** (Published 1 October 2021, copy attached).
- **AHPPC statement on mandating vaccination for disability support workers.** (Published 10 November 2021, copy attached).
- **AHPPC statement on mandatory vaccination of aged care in-home and community aged care workers.** (Published 10 November 2021, copy attached).

**As a medical practitioner, Paul Kelly should be aware of the obligation to obtain voluntary informed consent for vaccination, as confirmed to me personally by AHPRA in September 2021** (see letter attached):

**"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.*"** (My emphasis.)

This advice on 'voluntary informed consent' is stated in [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.** (My emphasis.)

In November 2022, the Australian Department of Health and Aged Care [also confirmed to me:](#) (See letter attached.)

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

[The Australian Immunisation Handbook](#) under **Valid consent** states:

**"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."** (My emphasis.)

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: (See Fact Sheet attached.)

**"...adults have the right to determine what will be done to their bodies and what healthcare treatments they will undergo."**

and

**"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." (My emphasis.)

An Australian Government Operation COVID Shield Q&A Fact Sheet titled: **Handling consent refusal by people presenting for vaccination**, informs health professionals: (See Fact Sheet attached.)

#### **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.**

The COVID Shield Q&A Fact Sheet 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."**

Quoting the Australian Law Reform Commission: (See Fact Sheet attached.)

**"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."**

It is clear 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.

**Ergo, voluntary informed consent cannot be obtained under vaccination mandates.**

***Why did Paul Kelly and 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?***

#### **BACKGROUND:**

On 4 June 2021, Paul Kelly as Chair of the AHPPC was evidently alert to his 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". (My emphasis.) (See AHPPC Statement on COVID-19 vaccination requirements for aged care workers, 4 June 2021, copy attached.)

Also on the same day, 4 June 2021, an ABC headline announced: **"Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccination"**. (Copy attached.)

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."** (My emphasis.)

The workers' union did not support compulsion, with the ABC reporting: **"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." Ms Asmar said: "We live in a free country and not Communist China."**

**It's stunning 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 reported by the national broadcaster, the ABC, the political plan was to **'force'** aged care workers to have the coronavirus 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 **"The 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."** (See: National Cabinet Statement. Liberal Party New South Wales. 28 June 2021. Copy attached.)

**So after pressure from Scott Morrison and National Cabinet, Paul Kelly and the AHPPC reneged on their earlier advice against making the coronavirus vaccine compulsory for aged care workers, and rubber-stamped a 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..."** (See: AHPPC statement on residential aged care worker COVID-19 vaccination. 29 June 2021. Copy attached.)

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'..."** (My emphasis.) (See: Still many questions over mandatory aged care vaccinations. 29 June 2021. Copy attached.)

Paul Kelly subsequently boasted "Australia was one of the first countries internationally to mandate COVID-19 vaccination", in his co-authored article published in the *Medical Journal of Australia* in November 2022 - [Implementing mandatory COVID-19 vaccination for Australian aged care workers](#).

In other words, **Australia was one of the first countries in the world to deny voluntary informed consent for the Covid vaccinations**, facilitated by medical practitioner Paul Kelly and his medical colleagues on the AHPPC.

**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..." (See: Interview with David Speers on ABC Insiders on the COVID-19 vaccine rollout. ABC Insiders. 21 February 2021. Copy attached.)

**But this was an experiment without voluntary informed consent, which is a violation of medical ethics and international human rights conventions such as the Helsinki Declaration.**

Paul Kelly and 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**.

**Consistent with AHPRA's regulatory role, Paul Kelly must face professional disciplinary action for using his position as Chief Medical Officer of Australia to impose Covid-19 vaccination mandates, which was in breach of legal and ethical requirements pertaining to voluntary informed consent.**















I await a reference number for this notification, and advice of further action. This email will also be submitted via AHPRA's online portal.

Sincerely  
Elizabeth Hart

**Independent researcher investigating vaccine products and conflicts of interest in vaccination policy**  
[vaccinationispolitical.net](http://vaccinationispolitical.net)

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#### 14 attachments

-  **AHPPC statement on residential aged care worker COVID-19 vaccination.pdf**  
97K
-  **AHPPC statement on mandatory vaccination of all workers in health care settings.pdf**  
119K
-  **AHPPC statement on mandating vaccination for disability support workers.pdf**  
106K
-  **AHPPC statement on mandatory vaccination of aged care in-home and community aged care workers.pdf**  
97K
-  **response-from-ahpra-re-informed-consent.pdf**  
105K
-  **mc22-018819-signed-highlighted-1.pdf**  
177K
-  **Fact Sheet for clinicians- Informed consent in health care.pdf**  
325K
-  **covid-19-vaccinations---handling-consent-refusal-by-people-presenting-for-vaccination-handling-consent-refusal-by-people-presenting-for-vaccination.pdf**  
1055K
-  **Consent to medical treatment \_ ALRC.pdf**  
92K
-  **AHPPC statement on COVID-19 vaccination requirements for aged care workers.pdf**  
110K
-  **Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccinations.pdf**  
825K
-  **National Cabinet Statement - Monday 28 June 2021 - Liberal Party NSW.pdf**  
182K
-  **Still many questions over mandatory aged care vaccinations.pdf**  
806K
-  **Interview with David Speers on ABC Insiders on the COVID-19 vaccine rollout \_ Health Portfolio Ministers and Aged Care.pdf**  
58K

# Annexure A

This annexure provides a chronological record of contemporaneous correspondence addressed to, or copied to, the Office of the Chief Medical Officer (Professor Paul Kelly), i.e. correspondence sent to [covid19vaccinerfi@health.gov.au](mailto:covid19vaccinerfi@health.gov.au), during the period 2020–2024.

This correspondence was also variously addressed to regulators, senior health officials, professional organisations, political decision-makers, and other relevant parties.

It focuses on the fundamental medical ethical principle of voluntary informed consent for medical intervention, particularly vaccination. Early correspondence from 2020 is also included to provide contextual background for the issues later raised.

01 Email – 21 September 2020: Disclosure of conflicts of interest of members of the COVID-19 Vaccines and Treatments for Australia – Science and Industry Technical Advisory Group

02 Email – 12 October 2020: Disclosure of conflicts of interest – Professor Allen Cheng

03 Email – 19 January 2021: Coercive coronavirus vaccination in Australia

04 Email – 24 February 2021: COVID-19 vaccines are NOT fully approved by the TGA

05 Email – 28 May 2021: Challenging the rushed COVID-19 Vaccine rollout in Australia

06 Email – 2 June 2021: Coercive covid-19 injections in Australia – email to PM Scott Morrison

07 Email – 4 June 2021: Re: Coercive covid-19 injections in Australia – email to Nicola Spurrier – Chief Public Health Officer, SA Health

08 Email – 8 June 2021: Coercive covid-19 injections in Australia – email to the Medical Board of Australia, AHPRA, RACGP, RACP, AMA

09 Email – 15 June 2021: Is it ethical for doctors to inject children with covid-19 injections?

10 Email – 5 July 2021: Is it ethical to inject mass populations with covid injections?  
Questioning the ethics evaluation process for covid vaccine clinical trials

11 Email – 7 July 2021: Is it ethical to insist on covid-19 injections for health staff?

12 Email – 20 July 2021: Curtailing the free movement of South Australians – Questions for SA Premier Steven Marshall

13 Email – 23 July 2021: The Covid emergency and medical and scientific experts – email to Greg Hunt, Federal Health Minister

# Annexure A

14 Email – 25 July 2021: South Australians held hostage by Steven Marshall and Nicola Spurrier in Covid-19 lockdown

15 Email – 20 August 2021: Why are people not at risk of covid-19 being pressed to have covid-19 injections? A question relevant to the Doherty modelling influencing Australia's covid-19 response

16 Email – 22 October 2021: Why are COVID-19 'vaccines' being pressed upon Australians of all ages and health status? Email to Andrew Wilson, PBAC Chair

17 Email – 19 October 2022: Mandated Covid jabs – What is the scientific and medical justification for these mandated interventions? Email to Paul Kelly, Chief Medical Officer, Australia

18 Email – 14 April 2023: Informed consent and mass population Covid-19 vaccination – considering Rogers v Whitaker. Email to Paul Kelly, Chief Medical Officer of Australia

19 Email – 6 May 2023: The destruction of voluntary informed consent in Australia under the guise of the 'Covid emergency' – email to Paul Kelly, Chief Medical Officer

20 Email – 11 July 2023: Re Notification to AHPRA re medical practitioner Paul Kelly, Chief Medical Officer of Australia and Chair of the Australian Health Protection Principal Committee (AHPPC) (AHPRA Ref. No. 00531213)

21 Email – 7 August 2023: Reckless disregard for voluntary informed consent for vaccination- the AHPRA Position Statement 9 March 2021. Email to Mark Butler, Health Minister

22 Email – 15 August 2023: Re: Are health practitioners in effect being conscripted to participate in the Australian Government's Covid-19 vaccination rollout, in contravention of the Australian Constitution

23 Email – 28 September 2023: Mandatory Covid-19 vaccination – Why did CMO Paul Kelly capitulate to Scott Morrison and National Cabinet's demand for mandatory Covid-19 vaccination for residential aged care workers?

24 Email – 27 February 2024: Coercion, intimidation and mandates preclude voluntary informed consent for vaccination. There has been no valid consent for COVID-19 vaccination.

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## Disclosure of conflicts of interest of members of the COVID-19 Vaccines and Treatments for Australia - Science and Industry Technical Advisory Group

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Elizabeth Hart <elizmhart@gmail.com>

Mon, Sep 21, 2020 at 2:25 PM

To: Brendan.Murphy@health.gov.au

Cc: covid19vaccinerfi@health.gov.au, christopher.blyth@uwa.edu.au, Allen Cheng <Allen.Cheng@monash.edu>, chief.scientist@chiefscientist.gov.au, "Marshall, Larry (Executive, Black Mountain)" <larry.marshall@csiro.au>, a.wilson@sydney.edu.au, sue.macleman@mtpconnect.org.au, felicia.pradera@dmtc.com.au, mark.sullivan@medicinesdevelopment.com, ATAGI Secretariat <atagi.secretariat@health.gov.au>, PBAC <pbac@health.gov.au>

**For the attention of:**

Dr Brendan Murphy  
Secretary, Department of Health  
Chair of the COVID-19 Vaccines and Treatments for Australia - Science and Industry Technical Advisory Group

Dear Dr Murphy, **please provide disclosure of conflicts of interest information for members of the [COVID-19 Vaccines and Treatments for Australia - Science and Industry Technical Advisory Group](#)**. (Copy of members attached.)

The members of this group are providing advice on purchasing 'COVID-19' vaccine products, tests and treatments by the Australian government, and other matters related to 'COVID-19' vaccine products and treatments.

**It's essential that any potential conflicts of interest of the people advising on the Australian government's expenditure of taxpayers' monies be transparent and publicly accessible.**

For example, a conflicts of interest disclosure document providing details of their current roles/positions, and any current and previous associations and/or employment with the pharmaceutical industry, e.g. detailing role/position, research grants, consultancies, honorariums, committee memberships, plus any shareholdings in pharmaceutical companies, (e.g. CSL and others), royalties received, directorships etc, must be publicly accessible. Similar information must also be provided for the institutions/organisations they represent.


I request your response on this matter Dr Murphy, this is a matter of public interest.

Sincerely

Elizabeth Hart

Independent person investigating the over-use of vaccine products and conflicts of interest in taxpayer-funded vaccination policy

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 **The COVID-19 Vaccines and Treatments for Australia – Science and Industry Technical Advisory Group \_ Australian Government Department of Health.pdf**  
137K

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## Disclosure of conflicts of interest - Professor Allen Cheng

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Elizabeth Hart <elizmhart@gmail.com>

Mon, Oct 12, 2020 at 2:06 PM

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

Cc: Brendan.Murphy@health.gov.au, covid19vaccinerfi@health.gov.au, christopher.blyth@uwa.edu.au, chief.scientist@chiefscientist.gov.au, "Marshall, Larry (Executive, Black Mountain)" <larry.marshall@csiro.au>, a.wilson@sydney.edu.au, sue.macleman@mtpconnect.org.au, felicia.pradera@dmhc.com.au, mark.sullivan@medicinesdevelopment.com, ATAGI Secretariat <atagi.secretariat@health.gov.au>, PBAC <pbac@health.gov.au>

### For the attention of:

Professor Allen Cheng

Co-Chair of the Australian Technical Advisory Group on Immunisation

Member of the COVID-19 Vaccines and Treatments for Australia - Science and Industry Technical Advisory Group

Dear Professor Cheng

### I seek clarification from you in regards to conflict of interest disclosures.

For example, in the previous ATAGI Conflicts of Interest document (see attached) it was noted you were a Site Investigator for a number of infectious disease studies, and that Alfred Health received payment from Merck, GSK, Biocryst, George Clinical and Gilead. However, in the recent Summary of disclosures from ATAGI members - July 2020 document (attached), no information is provided about the identity of the funders of the studies with which you and/or Alfred Health are involved.

**Professor Cheng, can you please clarify how the studies you are involved with are funded?** For example, I understand you are receiving [\\$1.7 million from the Federal Government / NHMRC](#) for your project which is looking at vaccine preparedness, in particular with an influenza and pneumonia focus, with the capacity to apply to coronavirus and future epidemics/pandemics. In the interests of transparency, funding information/sources should be clearly disclosed in the ATAGI Summary of disclosures document.

In [the media release](#) making your \$1.7M funding announcement, Health Minister Greg Hunt reports you've "played a very important role as part of the medical expert panel advising the National Cabinet - the Australian Health Protection Principal Committee". Your membership of this panel is not recorded in the current ATAGI Summary of disclosures document.

Professor Cheng, it's also notable that you are Victoria's Deputy Chief Health Officer, and this is also not disclosed in the current ATAGI Summary of disclosures document.

There is growing disquiet about the ongoing lockdown in Melbourne and the motives behind this prolonged lockdown. Victorian Premier Daniel Andrews is [on the record](#) saying: "We will have public health orders, directions from the chief health officer of one form or another for quite some time...**A vaccine would be really the only thing that might get you to a place where you didn't need Brett making orders of one kind or another**". (My emphasis.)

Premier Andrews is referring to Chief Health Officer Brett Sutton in his comments, with the clear implication that restrictions will be maintained in Victoria until a coronavirus vaccine is available.

This is very concerning Professor Cheng. As Victoria's Deputy Chief Health Officer you are obviously in a position of influence, including in regards to your government-funded research, and also in regards to promotion of vaccine products via your role as co-chair of ATAGI. Your role as Victoria's Deputy Chief Health Officer should be disclosed in the ATAGI Summary of disclosures document, along with any other role or position of influence, e.g. the Australian Health Protection Principal Committee.

Professor Cheng, as I raised in [my previous email to COVID-19 group chair Dr Brendan Murphy](#), **it's essential that any potential conflicts of interest of the people advising on the Australian government's expenditure of taxpayers' monies be transparent and publicly accessible.**

I am still awaiting Dr Murphy's response to my request for a conflicts of interest disclosure document providing details of members' current roles/positions, and any current and previous associations and/or employment with the pharmaceutical industry, e.g. detailing role/position, research grants, consultancies, honorariums, committee memberships, plus any shareholdings in pharmaceutical companies, (e.g. CSL and others), royalties received, directorships etc, and similar information for the institutions/organisations members represent.

**Professor Cheng, I request your response on this matter.** This email, and your response, is being copied to other parties, this is a matter of public interest.

Sincerely

Elizabeth Hart

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

Attachments:

1. ATAGI Conflict of Interest document.
2. ATAGI Declarations of Interest - Summary of disclosures from ATAGI members - July 2020.
3. 'We can't keep living like this': COVID-19 state of emergency opens political divide. The Age, 23 August 2020.

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### 3 attachments



**atagi-conflict-interest-disclosures Nov 2018.pdf**

31K



**atagi-declarations-of-interest July 2020.pdf**

186K



**'We can't keep living like this'\_ COVID-19 state of emergency opens political divide.pdf**

1952K

## Coercive coronavirus vaccination in Australia

Elizabeth Hart <elizmhart@gmail.com>

Tue, Jan 19, 2021 at 5:15 PM

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

Cc: Brendan.Murphy@health.gov.au, covid19vaccinerfi@health.gov.au, christopher.blyth@uwa.edu.au, chief.scientist@chiefscientist.gov.au, "Marshall, Larry (Executive, Black Mountain)" <larry.marshall@csiro.au>, a.wilson@sydney.edu.au, sue.macleman@mtpconnect.org.au, mark.sullivan@medicinesdevelopment.com, ATAGI Secretariat <atagi.secretariat@health.gov.au>, PBAC <pbac@health.gov.au>

### 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.

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## COVID-19 vaccines are NOT fully approved by the TGA

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Elizabeth Hart <elizmhart@gmail.com>

Wed, Feb 24, 2021 at 9:20 PM

To: Brendan.Murphy@health.gov.au

Cc: covid19vaccinerfi@health.gov.au, christopher.blyth@uwa.edu.au, Allen Cheng <Allen.Cheng@monash.edu>, chief.scientist@chiefscientist.gov.au, "Marshall, Larry (Executive, Black Mountain)" <larry.marshall@csiro.au>, a.wilson@sydney.edu.au, sue.macleman@mtpconnect.org.au, mark.sullivan@medicinesdevelopment.com, ATAGI Secretariat <atagi.secretariat@health.gov.au>, PBAC <pbac@health.gov.au>

### For the attention of:

Professor Brendan Murphy  
Secretary of the Australian Department of Health  
Chair of the COVID-19 Vaccines and Treatments for Australia - Science and Industry Technical Advisory Group

Professor Murphy

You recently assured Australians that the Pfizer and AstraZeneca vaccine products have **"gone through the normal, full range of regulatory approvals for our vaccines...we have been able to do the full, safe, regulatory approval...we have not cut any corners"** and **"...we decided that to get the confidence of the people in Australia, because we had no community transmission, we were not going to do anything other than our full normal registration process"**, during an interview with Leigh Sales on the ABC's 7.30 program on 3 February 2021. (See copy of transcript attached.)

Your statements were in response to Leigh Sales' questions **"...what is your message to any Australian who might be legitimately worried thinking, "This has happened all pretty quickly. I'm sort of worried. Is it going to be safe to have a vaccine? What is your official advice on that?"** (My emphasis.)

Professor Murphy, I suggest your 'official advice' on this matter is misleading because **in fact both the Pfizer and AstraZeneca vaccine products have only been given 'provisional' approval by the TGA. This has not been made clear to the Australian public.**

The TGA provisional approval statement for both the Pfizer COMIRNATY[1] and COVID-19 Vaccine AstraZeneca[2] vaccine products states: (See copies attached.)

**"Provisional approval of this vaccine is valid for two years and means it can now be legally supplied in Australia. The approval is subject to certain strict conditions, such as the requirement for (Pfizer/AstraZeneca) to continue providing information to the TGA on longer term efficacy and safety from ongoing clinical trials and post market assessment. (Pfizer COMIRNATY/COVID-19 Vaccine AstraZeneca) has been shown to prevent COVID-19 however it is not yet known whether it prevents transmission or asymptomatic disease."** (My emphasis.)

**Professor Murphy, I again suggest you have misled Australians about the TGA approval for the Pfizer and AstraZeneca vaccine products.**

These vaccine products have **not** been fully approved, and it is **not** yet known whether they prevent transmission or asymptomatic disease.

The Pfizer and AstraZeneca vaccine products are **provisionally approved** for two years, and the TGA will be relying on manufacturer supplied data to judge the longer term efficacy and safety from ongoing clinical trials and **post-market assessment**. 'Post-market assessment' indicates people being vaccinated in the community are now part of the clinical trials assessing these vaccine products - **are people being informed they are part of a vaccine clinical trial? Are these people giving their consent to being involved in a vaccine clinical trial with these provisionally approved vaccine products?**

It's on the record I have brought this matter to your attention Professor Murphy, as witnessed by other members of the COVID-19 Vaccines and Treatments for Australia - Science and Industry Technical Advisory Group copied on this email.

This email will be forwarded to Prime Minister Scott Morrison, Health Minister Greg Hunt and other parties.

Sincerely

**Elizabeth Hart**

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

References:

1. TGA provisionally approves Pfizer COVID-19 vaccine. 25 January 2021.
2. TGA provisionally approves AstraZeneca's COVID-19 vaccine. 16 February 2021.

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### 3 attachments



**Dr Brendan Murphy answers questions about the safety of the COVID vaccine - 7.30.pdf**

119K

 **TGA provisionally approves AstraZeneca's COVID-19 vaccine (TGA).pdf**  
102K

 **TGA provisionally approves Pfizer COVID-19 vaccine (TGA).pdf**  
94K

## Challenging the rushed COVID-19 Vaccine rollout in Australia

Elizabeth Hart <elizmhart@gmail.com>

Fri, May 28, 2021 at 5:21 PM

To: chief.scientist@chiefscientist.gov.au, a.wilson@sydney.edu.au, "Marshall, Larry (Executive, Black Mountain)" <larry.marshall@csiro.au>

Cc: PBAC <pbac@health.gov.au>, Greg.Hunt.MP@aph.gov.au, "Kelly, Craig (MP)" <craig.kelly.mp@aph.gov.au>, A.Albanese.MP@aph.gov.au, mark.butler.mp@aph.gov.au, "Plibersek, Tanya (MP)" <tanya.plibersek.mp@aph.gov.au>, dunstan@parliament.sa.gov.au, ministerforhealth@sa.gov.au, laborleader@parliament.sa.gov.au, Labor Shadow Health <ShadowHealth@parliament.sa.gov.au>, bragg@parliament.sa.gov.au, James.Stevens.MP@aph.gov.au, "Hanson, Pauline (Senator)" <senator.hanson@aph.gov.au>, senator.roberts@aph.gov.au, senator.canavan@aph.gov.au, ElectorateOffice.Willoughby@parliament.nsw.gov.au, electorate.fanniebay@nt.gov.au, daniel.andrews@parliament.vic.gov.au, "Collignon, Peter (Health)" <peter.collignon@act.gov.au>, Peter Collignon <collignon.peter@gmail.com>, wa-government@dpc.wa.gov.au, Premier@ministerial.qld.gov.au, BARR Reception <barr@act.gov.au>, david.anderson@abc.net.au, j.shine@garvan.org.au, robert.clancy181@gmail.com, Peter Doherty <pcd@unimelb.edu.au>, senator.lambie@aph.gov.au, george.christensen.mp@aph.gov.au, michael.mccormack.mp@aph.gov.au, barnaby.joyce.mp@aph.gov.au, Brendan.Murphy@health.gov.au, covid19vaccinerfi@health.gov.au, christopher.blyth@uwa.edu.au, Allen Cheng <Allen.Cheng@monash.edu>, sue.macleman@mtpconnect.org.au, mark.sullivan@medicinesdevelopment.com, george.williams@unsw.edu.au, libadm@liberal.org.au, media@liberal.org.au, ATAGI Secretariat <atagi.secretariat@health.gov.au>, john.skerritt@health.gov.au

### For the attention of:

Members of the COVID-19 Vaccines and Treatments for Australia - Science and Industry Technical Advisory Group

- Dr Cathy Foley, Australia's Chief Scientist
- Professor Andrew Wilson, Chair, Pharmaceutical Benefits Advisory Committee
- Dr Larry Marshall, Chief Executive, CSIRO

Dear Dr Foley, Professor Wilson and Dr Marshall - I register my lack of confidence in the leadership of the COVID-19 Vaccines and Treatments for Australia - Science and Industry Technical Advisory Group, i.e. Health Secretary Professor Brendan Murphy, Chair; and Chief Medical Officer Professor Paul Kelly, Deputy Chair. Other members of this COVID-19 group have serious conflicts of interest.

**The fear-mongering manner in which the COVID-19 vaccine products are being pressed upon Australians, with the threat of coercive vaccination and 'vaccine passports' looming, is highly alarming.**

**Most people are not at serious risk with the SARS-CoV-2 virus, i.e. are not at serious risk of COVID-19, as admitted on the Australian Government Department of Health website, see copy attached.**

**Why is the entire Australian population being set up for repeated Covid vaccination throughout life? Why are promising treatments for COVID-19, and preventatives such as vitamin D, being suppressed?**

I previously brought to your attention that Professor Murphy misled the Australian people when he categorically stated the COVID-19 vaccine products have **"gone through the normal, full range of regulatory approvals for our vaccines..."** in his interview with Leigh Sales on ABC 7.30 on 3 February 2021, see my email copied to you dated 24 February 2021: [COVID-19 vaccines are NOT fully approved by the TGA.](#)

**As far as I'm aware, this misinformation from Professor Murphy has not been publicly retracted.** The current Consent form for COVID-19 vaccination gives no indication the vaccine products have only been **provisionally approved** by the TGA, and that people having these vaccine products will be participating in a global vaccine experiment. (See Consent form attached.) The Australian Government information on the COVID-19 Pfizer (Comirnaty) and AstraZeneca vaccine products does acknowledge the COVID-19 vaccine products have been 'provisionally approved' (see attached), but how many people are allowed time to properly read this product information, and consider the significance of this 'provisional approval', and that they are actually participating in a global vaccine experiment? **The information for both the AstraZeneca and Pfizer Comirnaty vaccine products infers that COVID-19 is a serious risk across the community, and yet most people are not at serious risk of COVID-19 - I suggest this government information promoting the COVID-19 vaccine products is beating up the risk and fear-mongering.**

**I raised the matter of Professor Murphy's public misleading information again in my recent email to Professor Nicola Spurrier, Chief Public Health Officer, SA Health, see email below.** A form letter response from SA Public Health tries to deflect responsibility for this matter, saying: *"Australia's COVID-19 vaccine national roll out strategy announced by the Federal Government has been developed by the Australian Government Department of Health. Along with the strategy they have opened a National Vaccine Helpline on 1800 020 080. The national helpline can provide an answer to your question."*

It's incredible that my email to Professor Spurrier has been flippantly fobbed off, as Professor Spurrier is the public face of the COVID-19 vaccine rollout under way in South Australia, how can she abnegate her responsibility in this way?

**It's wrong that Professor Murphy has publicly misled the Australian public about the TGA regulatory status of the COVID-19 vaccine products.** There is much that is unknown about these still experimental vaccine products which have been rushed out around the world at astonishing speed, in response to a virus which isn't a serious threat to most people - **why was a global vaccination response so hastily initiated?** And now children are under threat of COVID-19 vaccination throughout life, this is an appalling situation. Also, **most people are likely to be unaware the TGA is conflicted in that it is funded by industry, i.e. it is**

**funded by those it is supposed to regulate - this is not a good situation, particularly as the TGA is responsible for evaluating the safety of vaccine products, and recording adverse events after vaccination.**

Dr Foley, Professor Wilson and Dr Marshall, **the Morrison and State Governments are out of control in regard to their response to the Covid issue, there is a complete breakdown in transparency and accountability.**

**There has been no open consultation with the Australian public, the Morrison and State Governments are behaving in an authoritarian manner, facilitated by the Federal and State 'emergency laws' which have usurped our liberal democracy, e.g. the Australian Biosecurity Act 2015.**

**Precisely what is the definition of 'the emergency' which has swept away our rights, interfering with free movement and association, and damaging society and the economy?**

It's way past time for retrospective critical analysis and evaluation of the global 'case' numbers and deaths that have been used to implement draconian measures around the world.

**'Our elected representatives' have forsaken us - there are no effective checks and balances to protect us from what I suggest are now illegitimate governments determined to foist lucrative COVID-19 vaccine products upon the entire Australian population for our entire lives, along with ongoing restrictions such as lockdowns, masks, QR code surveillance, quarantining of healthy people etc.**

**We currently have no effective mainstream 'fourth estate' to shine a light on this matter, we are reliant upon alternative media to provide critical analysis, under the ongoing threat of censorship.**

For example, the dominant Murdoch media/News Corp Australia, e.g. *The Australian* and tabloids such as *The Daily Telegraph*, provides very biased coverage of the Covid situation and COVID-19 vaccination. **News Corp Australia is highly conflicted via its corporate partnership with the Murdoch Children's Research Institute, which is involved in COVID-19 vaccine research, along with the Doherty Institute**, which published the modelling which put Australia into lockdown last year, based on the controversial modelling out of Imperial College London, i.e. Neil Ferguson et al's Report 9. The Murdoch media campaigned for the coercive No Jab, No Pay/No Play laws for children in 2013-2015, a concept which threatens to be used to coerce adults to submit to COVID-19 vaccination, as called for by CEPI Chair Jane Halton, a commissioner on the Prime Minister's National COVID-19 Commission Advisory Board, in an article published on *The Australian*, i.e. [Top adviser to Scott Morrison backs 'no jab, no play' for all](#), 18 May 2020. (See copy attached.)

Nine Entertainment, e.g. *The Sydney Morning Herald* and *The Age*, is chaired by former Coalition Treasurer Peter Costello, **who is also Chairman of the Future Fund which is invested in vaccine manufacturers such as CSL Ltd, Pfizer, Johnson & Johnson and Merck - is this conflict of interest impacting on Nine Entertainment's biased reporting of the Covid situation?** (See attached Future Fund Top 100 as at 30 June 2020.)

**The taxpayer-funded ABC and SBS are the worst of all, as they have a duty to serve Australians and provide critical analysis of important issues**, but both the ABC and SBS are operating as propaganda machines for the Morrison and State governments, and the vaccine industry.

**There is no effective open forum for Australians to debate serious issues such as the response to the Covid situation - this is not a properly functioning liberal democracy.**

**Dr Foley, Professor Wilson and Dr Marshall, Australia is in a desperate situation in regards to the grossly disproportionate and ill-targeted Covid response.**

**We need people with integrity to step up to the plate and demand an urgent review of this dire situation.**

Please give your careful consideration to the matters raised in this email, and my email to Professor Spurrier, see below.

Sincerely

Elizabeth Hart

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

----- Forwarded message -----

From: **Elizabeth Hart** <[elizhart@gmail.com](mailto:elizhart@gmail.com)>

Date: Tue, May 25, 2021 at 4:40 PM

Subject: COVID-19 Vaccine rollout in South Australia, including people aged 16 years and over

To: <[nicola.spurrier@flinders.edu.au](mailto:nicola.spurrier@flinders.edu.au)>, <[public.health@sa.gov.au](mailto:public.health@sa.gov.au)>

Cc: <[Greg.Hunt.MP@aph.gov.au](mailto:Greg.Hunt.MP@aph.gov.au)>, <[craig.kelly.mp@aph.gov.au](mailto:craig.kelly.mp@aph.gov.au)>, <[A.Albanese.MP@aph.gov.au](mailto:A.Albanese.MP@aph.gov.au)>, <[A.Albanese.MP@aph.gov.au](mailto:A.Albanese.MP@aph.gov.au)>, <[mark.butler.mp@aph.gov.au](mailto:mark.butler.mp@aph.gov.au)>, <[mark.butler.mp@aph.gov.au](mailto:mark.butler.mp@aph.gov.au)>, Plibersek, Tanya (MP) <[tanya.plibersek.mp@aph.gov.au](mailto:tanya.plibersek.mp@aph.gov.au)>, <[dunstan@parliament.sa.gov.au](mailto:dunstan@parliament.sa.gov.au)>, <[dunstan@parliament.sa.gov.au](mailto:dunstan@parliament.sa.gov.au)>, <[ministerforhealth@sa.gov.au](mailto:ministerforhealth@sa.gov.au)>, <[ministerforhealth@sa.gov.au](mailto:ministerforhealth@sa.gov.au)>, <[laborleader@parliament.sa.gov.au](mailto:laborleader@parliament.sa.gov.au)>, <[laborleader@parliament.sa.gov.au](mailto:laborleader@parliament.sa.gov.au)>, Labor Shadow Health <[ShadowHealth@parliament.sa.gov.au](mailto:ShadowHealth@parliament.sa.gov.au)>, <[bragg@parliament.sa.gov.au](mailto:bragg@parliament.sa.gov.au)>, <[bragg@parliament.sa.gov.au](mailto:bragg@parliament.sa.gov.au)>, <[James.Stevens.MP@aph.gov.au](mailto:James.Stevens.MP@aph.gov.au)>, <[James.Stevens.MP@aph.gov.au](mailto:James.Stevens.MP@aph.gov.au)>, <[senator.hanson@aph.gov.au](mailto:senator.hanson@aph.gov.au)>, <[senator.hanson@aph.gov.au](mailto:senator.hanson@aph.gov.au)>, <[senator.roberts@aph.gov.au](mailto:senator.roberts@aph.gov.au)>, <[senator.roberts@aph.gov.au](mailto:senator.roberts@aph.gov.au)>, <[senator.canavan@aph.gov.au](mailto:senator.canavan@aph.gov.au)>, <[senator.canavan@aph.gov.au](mailto:senator.canavan@aph.gov.au)>, <[ElectorateOffice.Willoughby@parliament.nsw.gov.au](mailto:ElectorateOffice.Willoughby@parliament.nsw.gov.au)>, <[ElectorateOffice.Willoughby@parliament.nsw.gov.au](mailto:ElectorateOffice.Willoughby@parliament.nsw.gov.au)>, <[electorate.fanniebay@nt.gov.au](mailto:electorate.fanniebay@nt.gov.au)>, <[electorate.fanniebay@nt.gov.au](mailto:electorate.fanniebay@nt.gov.au)>, <[daniel.andrews@parliament.vic.gov.au](mailto:daniel.andrews@parliament.vic.gov.au)>, <[daniel.andrews@parliament.vic.gov.au](mailto:daniel.andrews@parliament.vic.gov.au)>, Collignon, Peter (Health) <[peter.collignon@act.gov.au](mailto:peter.collignon@act.gov.au)>, <[peter.collignon@act.gov.au](mailto:peter.collignon@act.gov.au)>, <[collignon.peter@gmail.com](mailto:collignon.peter@gmail.com)>, <[wa-government@dpc.wa.gov.au](mailto:wa-government@dpc.wa.gov.au)>, <[wa-government@dpc.wa.gov.au](mailto:wa-government@dpc.wa.gov.au)>, <[Premier@ministerial.qld.gov.au](mailto:Premier@ministerial.qld.gov.au)>, <[Premier@ministerial.qld.gov.au](mailto:Premier@ministerial.qld.gov.au)>, <[BARR.Reception@act.gov.au](mailto:BARR.Reception@act.gov.au)>, <[barr@act.gov.au](mailto:barr@act.gov.au)>, <[letters@theaustralian.com.au](mailto:letters@theaustralian.com.au)>, <[letters@theaustralian.com.au](mailto:letters@theaustralian.com.au)>, <[letters@smh.com.au](mailto:letters@smh.com.au)>, <[letters@smh.com.au](mailto:letters@smh.com.au)>, <[letters@theage.com.au](mailto:letters@theage.com.au)>, <[letters@theage.com.au](mailto:letters@theage.com.au)>, <[chris.kenny@skynews.com.au](mailto:chris.kenny@skynews.com.au)>, <[chris.kenny@skynews.com.au](mailto:chris.kenny@skynews.com.au)>, <[david.penberthy@news.com.au](mailto:david.penberthy@news.com.au)>, <[david.penberthy@news.com.au](mailto:david.penberthy@news.com.au)>

<david.penberthy@news.com.au>, alan@skynews.com.au <alan@skynews.com.au>, Lisa Davies <lisa.davies@smh.com.au>, david.anderson@abc.net.au <david.anderson@abc.net.au>, Sales.L Leigh@abc.net.au <Sales.L Leigh@abc.net.au>, Kelly.fran@abc.net.au <Kelly.fran@abc.net.au>, fran.kelly@abc.net.au <fran.kelly@abc.net.au>, <j.shine@garvan.org.au>, <robert.clancy181@gmail.com>, Peter Doherty <pcd@unimelb.edu.au>, <senator.lambie@aph.gov.au>, <george.christensen.mp@aph.gov.au>, <michael.mccormack.mp@aph.gov.au>, <president@ama.com.au>, <kim@isg.org.au>, <robert.booy@health.nsw.gov.au>, <Brendan.Murphy@health.gov.au>, <COVID19vaccinerfi@health.gov.au>, <libadm@liberal.org.au>, <media@liberal.org.au>, <barnaby.joyce.mp@aph.gov.au>

**For the attention of:**

Professor Nicola Spurrier  
Chief Public Health Officer, SA Health

Dear Professor Spurrier, [SA Premier Steven Marshall has announced](#) that, from today, **"South Australians living in regional areas aged 16 years and above will be able to get their COVID-19 vaccine through a regional vaccine clinic"**.

Professor Spurrier, will these young people, and all people being pressed to have COVID-19 vaccination, be properly informed about COVID-19 vaccination, i.e. **will they be given the opportunity to give their 'informed consent' before this medical intervention?**

- **Are people being properly informed about the risks of SARS-CoV-2/COVID-19 for their age group and health status?** Most people aren't at serious risk with the SARS-CoV2 virus, it's not likely to progress to serious disease, i.e. COVID-19, for most people. **Is this being made clear to people before vaccination, particularly young people?** This must be considered in light of the criteria for [valid consent in The Australian Immunisation Handbook](#), e.g. valid consent **"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"**; and, to be valid, consent **"must be given voluntarily in the absence of undue pressure, coercion or manipulation"**.
- **Will people be warned the COVID-19 vaccine products have not been fully approved by the TGA?** The COVID-19 vaccine products have only been given **provisional approval** by the TGA. The TGA will now rely on the vaccine manufacturers to provide information on longer term efficacy and safety from ongoing clinical trials and post market assessment over the next two years. 'Post market assessment' indicates people being vaccinated in the community are now part of the clinical trials assessing these vaccine products - **are people being informed they are part of a vaccine clinical trial? Are these people giving their informed consent to participating in a vaccine clinical trial with these provisionally approved vaccine products?**

**Health Secretary Brendan Murphy misled the Australian public** when he categorically stated the COVID-19 vaccine products have **"gone through the normal, full range of regulatory approvals for our vaccines..."** in his interview with Leigh Sales on ABC 7.30. It's likely most people might not understand the COVID-19 vaccine products are only **provisionally approved**, and that they will be participating in an international vaccine trial if they have the COVID-19 vaccine doses. I challenged Professor Murphy on this matter, see my email: [COVID-19 vaccines are NOT fully approved by the TGA](#), 24 February 2021. I also raised this matter with Mr David Anderson, Managing Director of the ABC, copied to Leigh Sales, see my email: [Misleading information - Brendan Murphy's interview with Leigh Sales](#), 8 March 2021. I received no response from Professor Murphy nor Mr Anderson, so I do not know if any steps have been taken to rectify this misleading information promoted to Australians via the taxpayer-funded ABC.

- Are people being informed [the Morrison Government has protected vaccine manufacturers from liability](#) for their products, and they will not be held responsible if people experience adverse events after vaccination? Are people being informed about the procedure to report adverse events after vaccination?

Professor Spurrier, you are personally promoting the COVID-19 vaccine products via media advertising, so you are accountable for the information being provided to the South Australian public on this matter.

I request your early response to my queries above.






Sincerely

Elizabeth Hart

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

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**6 attachments**

-  **Easy Print Consent form for COVID-19 vaccination.pdf**  
215K
-  **Pfizer-comirnaty-vaccine-information (1).docx**  
148K
-  **Information on COVID-19 Vaccine AstraZeneca.pdf**  
578K
-  **Advice for people at risk of coronavirus (COVID-19).pdf**  
122K
-  **Top adviser to Scott Morrison backs 'no jab, no play' for all.pdf**  
102K

 **Top 100 Future Fund investments.pdf**

175K

## Coercive covid-19 injections in Australia - email to PM Scott Morrison

Elizabeth Hart <elizmhart@gmail.com>

Wed, Jun 2, 2021 at 4:18 PM

To: libadm@liberal.org.au, media@liberal.org.au

Cc: chief.scientist@chiefscientist.gov.au, a.wilson@sydney.edu.au, "Marshall, Larry (Executive, Black Mountain)" <larry.marshall@csiro.au>, PBAC <pbac@health.gov.au>, Greg.Hunt.MP@aph.gov.au, "Kelly, Craig (MP)" <craig.kelly.mp@aph.gov.au>, A.Albanese.MP@aph.gov.au, mark.butler.mp@aph.gov.au, "Plibersek, Tanya (MP)" <tanya.plibersek.mp@aph.gov.au>, dunstan@parliament.sa.gov.au, ministerforhealth@sa.gov.au, laborleader@parliament.sa.gov.au, Labor Shadow Health <ShadowHealth@parliament.sa.gov.au>, bragg@parliament.sa.gov.au, James.Stevens.MP@aph.gov.au, "Hanson, Pauline (Senator)" <senator.hanson@aph.gov.au>, senator.roberts@aph.gov.au, senator.canavan@aph.gov.au, ElectorateOffice.Willoughby@parliament.nsw.gov.au, electorate.fanniebay@nt.gov.au, daniel.andrews@parliament.vic.gov.au, "Collignon, Peter (Health)" <peter.collignon@act.gov.au>, Peter Collignon <collignon.peter@gmail.com>, wa-government@dpc.wa.gov.au, Premier@ministerial.qld.gov.au, BARR Reception <barr@act.gov.au>, david.anderson@abc.net.au, j.shine@garvan.org.au, robert.clancy181@gmail.com, Peter Doherty <pcd@unimelb.edu.au>, senator.lambie@aph.gov.au, george.christensen.mp@aph.gov.au, michael.mccormack.mp@aph.gov.au, barnaby.joyce.mp@aph.gov.au, Brendan.Murphy@health.gov.au, covid19vaccinerfi@health.gov.au, christopher.blyth@uwa.edu.au, Allen Cheng <Allen.Cheng@monash.edu>, sue.macleman@mtpconnect.org.au, mark.sullivan@medicinesdevelopment.com, george.williams@unsw.edu.au, john.skerritt@health.gov.au, ATAGI Secretariat <atagi.secretariat@health.gov.au>, nicola.spurrier@flinders.edu.au, "Peter A. McCullough" <PeterAMcCullough@gmail.com>, Nick Hudson <nick.hudson@pandata.org>

### For the attention of:

Mr Scott Morrison  
Prime Minister of Australia  
Leader of the Liberal Party of Australia

Mr Morrison, **it's highly alarming the Morrison and State Governments are pressing experimental covid-19 injections on millions of people who are not at serious risk of covid-19.**

Today I've forwarded you [my email to Dr Fiona Godlee, Editor in Chief of \*The BMJ\*](#), **questioning the ethics of doctors and policymakers who press people to have covid-19 injections when those people are not at serious risk of covid-19.**

**Mr Morrison, you must urgently revise your covid-19 injection rollout - Australians are not being properly informed about these experimental covid-19 injections, a term I generally prefer to use now as opposed to 'vaccines'.**

**I'm questioning the expertise and conflicts of interest of the people who are influencing the Morrison Government on this matter of taxpayer-funded vaccination policy.** I still await your advice as to the names, qualifications/expertise, and any potential conflicts of interest of the people influencing the Morrison Government on the covid-19 situation and covid-19 injections, treatments, and preventatives.

**I also register my lack of confidence in Health Secretary Professor Brendan Murphy and Chief Medical Officer Professor Paul Kelly**, the Chair and Deputy Chair respectively of the COVID-19 Vaccines and Treatments for Australia - Science and Industry Technical Advisory Group. I've raised this matter with other members of that COVID-19 group, i.e. Dr Cathy Foley, Australia's Chief Scientist; Professor Andrew Wilson, Chair, Pharmaceutical Benefits Advisory Committee; and Dr Larry Marshall, Chief Executive, CSIRO, see my email: [Challenging the rushed COVID-19 Vaccine rollout in Australia](#), 28 May 2021.

Also see my email, below, sent to Professor Allen Cheng, a member of multiple influential groups, in January this year, where I note: **"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."**

Health Minister Greg Hunt has admitted **"The world is in the largest clinical trial, the largest global vaccination trial ever..."**, in an interview with David Speers on ABC Insiders, 21 February 2021.

Are Australians who are being pressured to have the fast-tracked experimental covid-19 injections, which are only 'provisionally approved' by the TGA, **giving their 'informed consent' to participate in this global experiment?**

**Health Secretary Brendan Murphy gave misleading information to the Australian public about the covid-19 injections on the ABC's 7.30 program with Leigh Sales in February this year, assuring the public these injections have "gone through the normal, full range of regulatory approval for our vaccines..." when in fact these injections have only been given 'provisional approval' by the TGA.** I challenged Brendan Murphy about his misleading advice to Australians, but he refuses to be accountable, see my email: [COVID-19 vaccines are NOT fully approved by the TGA](#), 24 February 2021. I also raised this matter with [ABC Managing Director David Anderson](#), but again no response. **The taxpayer-funded ABC is worse than useless, failing utterly to provide critical analysis of vaccination policy.**

The TGA is now relying on manufacturers' data and post-market assessment for further information on these covid-19 injections. **'Post-market assessment' indicates people being injected in the community are now part of the global clinical trials assessing these injections - again, have they given their informed consent to participate in this experiment**, for instance in accordance with the Helsinki Declaration - ethical principles for medical research involving human subjects?

In regards to objective and independent assessment of the covid-19 injections, **most people are likely to be unaware the TGA is conflicted in that it is funded by industry, i.e. it is funded by those it is supposed to regulate** - this conflict of interest

undermines trust in the organisation which is responsible for evaluating the safety of vaccine products, and recording adverse events after vaccination/injection.

**Mr Morrison, I question if Australians are being properly informed about the risks of SARS-CoV-2/covid-19 for their age group and health status?**

Most people aren't at serious risk with the SARS-CoV-2 virus, it's not likely to progress to serious disease, i.e. covid-19, for most people. **Is this being made clear to people before they are injected, particularly young people?** This must be considered in light of the criteria for [valid consent in The Australian Immunisation Handbook](#), e.g. valid consent **"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"**; and, to be valid, consent **"must be given voluntarily in the absence of undue pressure, coercion or manipulation"**.

Mr Morrison, in my email to Professor Cheng, below, I ask: **"Is anyone thinking through the ethical issues of the rushed global coronavirus vaccination experiment?"**

**I don't think they are Mr Morrison, there appears to have been no thought given to the ethical issues.** For instance, many people are unlikely to be aware the Morrison Government and other governments have given the 'vaccine' manufacturers [protection from liability](#) for their products, with an AstraZeneca representative, [Ruud Dobber, saying "This is a unique situation where we as a company simply cannot take the risk if in...four years the vaccine is showing side effects"](#). So people will be left to bear the consequences of any ill-effects of the covid-19 injections. As seen with the [swine flu jab narcolepsy cases in the UK](#), people have to struggle against the system to achieve some compensation for injuries.

Mr Morrison, the grossly disproportionate and ill-targeted global response to SARS-CoV-2 has been wrong from the beginning, **always misguidedly focused on 'the vaccine', while promising treatments for covid-19, and preventatives such as vitamin D, have been actively suppressed, apparently to facilitate the international Emergency Authorisations to create the multi-billion dollar global covid-19 injection market.**

Again Mr Morrison, **you must urgently revise the Morrison Government's covid-19 injection rollout, Australians are not being properly informed about the covid situation.**

**Please see below my earlier email to Professor Allen Cheng. I request you give the matters raised in my emails your serious consideration, you are accountable.**

Sincerely

Elizabeth Hart

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

----- Forwarded message -----

From: **Elizabeth Hart** <[elizmhart@gmail.com](mailto:elizmhart@gmail.com)>

Date: Tue, Jan 19, 2021 at 5:15 PM

Subject: Coercive coronavirus vaccination in Australia

To: Allen Cheng <[Allen.Cheng@monash.edu](mailto:Allen.Cheng@monash.edu)>

Cc: <[Brendan.Murphy@health.gov.au](mailto:Brendan.Murphy@health.gov.au)>, <[covid19vaccinerfi@health.gov.au](mailto:covid19vaccinerfi@health.gov.au)>, <[christopher.blyth@uwa.edu.au](mailto:christopher.blyth@uwa.edu.au)>, <[chief.scientist@chiefscientist.gov.au](mailto:chief.scientist@chiefscientist.gov.au)>, Marshall, Larry (Executive, Black Mountain) <[larry.marshall@csiro.au](mailto:larry.marshall@csiro.au)>, <[a.wilson@sydney.edu.au](mailto:a.wilson@sydney.edu.au)>, <[sue.macleman@mtpconnect.org.au](mailto:sue.macleman@mtpconnect.org.au)>, <[mark.sullivan@medicinesdevelopment.com](mailto:mark.sullivan@medicinesdevelopment.com)>, ATAGI Secretariat <[atagi.secretariat@health.gov.au](mailto:atagi.secretariat@health.gov.au)>, PBAC <[pbac@health.gov.au](mailto:pbac@health.gov.au)>

**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.

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**Re: Coercive covid-19 injections in Australia - email to Nicola Spurrier - Chief Public Health Officer, SA Health**

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Elizabeth Hart &lt;elizmhart@gmail.com&gt;

Fri, Jun 4, 2021 at 2:38 PM

To: nicola.spurrier@flinders.edu.au, public.health@sa.gov.au

Cc: chief.scientist@chiefscientist.gov.au, a.wilson@sydney.edu.au, "Marshall, Larry (Executive, Black Mountain)" <larry.marshall@csiro.au>, PBAC <pbac@health.gov.au>, Greg.Hunt.MP@aph.gov.au, "Kelly, Craig (MP)" <craig.kelly.mp@aph.gov.au>, A.Albanese.MP@aph.gov.au, mark.butler.mp@aph.gov.au, "Plibersek, Tanya (MP)" <tanya.plibersek.mp@aph.gov.au>, dunstan@parliament.sa.gov.au, ministerforhealth@sa.gov.au, laborleader@parliament.sa.gov.au, Labor Shadow Health <ShadowHealth@parliament.sa.gov.au>, bragg@parliament.sa.gov.au, James.Stevens.MP@aph.gov.au, "Hanson, Pauline (Senator)" <senator.hanson@aph.gov.au>, senator.roberts@aph.gov.au, senator.canavan@aph.gov.au, ElectorateOffice.Willoughby@parliament.nsw.gov.au, electorate.fanniebay@nt.gov.au, daniel.andrews@parliament.vic.gov.au, "Collignon, Peter (Health)" <peter.collignon@act.gov.au>, Peter Collignon <collignon.peter@gmail.com>, wa-government@dpc.wa.gov.au, Premier@ministerial.qld.gov.au, BARR Reception <barr@act.gov.au>, david.anderson@abc.net.au, j.shine@garvan.org.au, robert.clancy181@gmail.com, Peter Doherty <pcd@unimelb.edu.au>, senator.lambie@aph.gov.au, george.christensen.mp@aph.gov.au, michael.mccormack.mp@aph.gov.au, barnaby.joyce.mp@aph.gov.au, Brendan.Murphy@health.gov.au, covid19vaccinerfi@health.gov.au, christopher.blyth@uwa.edu.au, Allen Cheng <Allen.Cheng@monash.edu>, sue.macleman@mtpconnect.org.au, mark.sullivan@medicinesdevelopment.com, george.williams@unsw.edu.au, john.skerritt@health.gov.au, ATAGI Secretariat <atagi.secretariat@health.gov.au>, "Peter A. McCullough" <PeterAMcCullough@gmail.com>, Nick Hudson <nick.hudson@pandata.org>, libadm@liberal.org.au, media@liberal.org.au

**For the attention of:**

Professor Nicola Spurrier  
Chief Public Health Officer  
SA Health

Professor Spurrier, **please see below my recent email to Prime Minister Scott Morrison about the rushed experimental covid-19 injection rollout currently underway by the Morrison Government and State Governments** (on which you were copied).

**Professor Spurrier, the rushed experimental covid-19 injection rollout must be subject to urgent review.**

**There must be a moratorium on the covid-19 injection rollout pending the conclusions of this review, which must be demonstrably independent and objective.**

Professor Spurrier, please read my email to Mr Morrison very carefully, **it includes reference to my recent email to Dr Fiona Godlee, Editor in Chief of *The BMJ*, questioning the ethics of doctors and policymakers who press people to have covid-19 injections when those people are not at serious risk of covid-19.**

**It appears doctors are in a conflicted situation with the Morrison and State Governments' rushed experimental covid-19 injection rollout, and doctors' duty to obtain informed consent from their patients before medical interventions, including vaccination.**

My email to Dr Godlee has now been published on the TrialSiteNews website, see: [Why should people not at risk of covid-19 be pressed to have covid-19 injections?](#)

Professor Spurrier, I saw an advertisement on television last night, with you personally urging people to have the covid-19 injections, using your authority as the Chief Public Health Officer of Public Health SA to persuade people to have the covid-19 injections.

**Are people being given the opportunity to give their 'informed consent' before this medical intervention, considering the risks of SARS-CoV-2/covid-19 for their age group and health status?** This must be considered in light of the criteria for valid consent in *The Australian Immunisation Handbook*, e.g. valid consent "**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**"; and, to be valid, consent "**must be given voluntarily in the absence of undue pressure, coercion or manipulation**".

Professor Spurrier, I **raised the matter of informed consent with the Australian Health Practitioner Regulation Agency (AHPRA) in September 2017, in regards to the No Jab, No Pay law.**

Martin Fletcher, the CEO of AHPRA responded to me in October 2017, saying:

*Good medical practice: A code of conduct for doctors in Australia* provides guidance to medical practitioners. **Informed consent is a key element of good medical practice. A medical practitioner must obtain informed consent before undertaking an examination or providing treatment, including providing vaccines. The immunisation legislation does not mandate vaccinations and consent is still required.** The legislation explicitly provides for patients who cannot be immunised because of a medical contraindication. There is a process for reporting and managing adverse events following immunisation, with mandatory reporting requiring doctors to report certain events to their local health authority in most states and territories. (My emphasis.)

**Professor Spurrier, people aged 16-49 living in SA regional areas are being urged to have the covid-19 injections - are these people being given the opportunity to give their 'informed consent' before this medical intervention?**

Similarly, many frontline workers, including healthcare professionals and aged care workers, are being pressured to have the covid-19 injections, **with Prime Minister Scott Morrison lobbying "state and territory leaders to overrule medical experts' advice and force aged care workers to get the coronavirus vaccine"**, as reported by the ABC today: [Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccinations](#). (See copy attached.)

**This is extremely serious Professor Spurrier.**

**Mr Morrison appears to be making it a personal campaign to mandate covid-19 injections for aged care workers.** But many of these aged care workers may be of an age and health status where they are not at serious risk of covid-19, because they may be able to mount their own effective immune response against SARS-CoV-2. **If they are coerced into having covid-19 injections, this may damage their own natural ability to respond to SARS-CoV-2 and other coronaviruses in future, with the intention of hooking them on covid injections for life. This is seriously unethical Professor Spurrier...**

**Professor Spurrier, I have no confidence in Prime Minister Scott Morrison, he is deeply conflicted in this matter.**

Mr Morrison appears to have adopted a 'zero covid' strategy, and appears to be determined that everyone in Australia will have the experimental covid-19 injections. **Mr Morrison is the political architect of the No Jab, No Pay/No Play laws, he raised the bill for the Federal No Jab, No Pay law in 2015, while he was Social Services Minister. This was in response to an aggressive media campaign for coercive vaccination by the Murdoch media, particularly tabloids such as *The Daily Telegraph*, i.e. the No Jab, No Play media campaign run during 2013-2015.**

**Coercive vaccination lobby groups SAVN and Friends of Science in Medicine were also very active during the Murdoch media's campaign, and members of these groups were very influential during the public [Senate committee hearing re the No Jab, No Pay Bill](#), held in Brisbane, 2 November 2015.**

**The Murdoch media/News Corp Australia has a serious conflict of interest in that it is a [corporate partner](#) of the Murdoch Children's Research Institute, which is involved in vaccine research, including now the [vax4COVID Australian Covid Vaccine Alliance](#), along with the Doherty Institute, which published [the modelling influencing Australia's 'suppression' response to SARS-CoV-2](#), based on the controversial modelling out of Imperial College London, i.e. [Neil Ferguson et al's Reports 9 and 12](#).**

**The Murdoch media campaigned for the coercive No Jab, No Pay/No Play laws for children, a concept which threatens to be used to coerce adults to submit to covid-19 injections, as called for by [CEPI Chair Jane Halton](#), a commissioner on the Prime Minister's National COVID-19 Commission Advisory Board, in an article published on *The Australian*, i.e. [Top adviser to Scott Morrison backs 'no jab, no play' for all](#), 18 May 2020. (See copy attached.)**

In February this year, I asked Mr Morrison: **"Is the coercive vaccination No Jab, No Pay Law for children, orchestrated by Murdoch tabloids and Australian politicians in 2015, now being adapted to coerce all Australians to submit to fast-tracked experimental coronavirus vaccination, e.g. No Jab, No Pay/No Play?"** See my email to Mr Morrison: [No Jab, No Pay/No Play - coercive vaccination in Australia - PM Scott Morrison and the Murdoch Media](#), 18 February 2021.

**Is the conflicted Murdoch media/News Corp Australia directing Mr Morrison's actions in this matter? The Murdoch media wields enormous power over politicians - for example former Prime Minister Kevin Rudd "has declared that Australian politicians are frightened of Rupert Murdoch - a fear that persisted when he was in the top job and subsided only when he left politics".** See: [Kevin Rudd says Australian politicians 'frightened' of 'Murdoch media beast' in Senate inquiry](#), on *The Guardian*, 19 February 2021.

**Professor Spurrier, there must be urgent open and transparent debate on the rushed experimental covid-19 injection rollout, this situation is out of control.**

**The Prime Minister, State Premiers, other Federal and State ministers and politicians, and most importantly the medical and scientific experts providing advice to the Morrison and State Governments, must be held to account.**

Again Professor Spurrier, **think about your position very carefully, particularly if people experience adverse events after having the covid-19 injections you have publicly promoted, you need to think about this in regards to liability.**

It's 'on the record' this matter has been brought to your attention. **See my email to Scott Morrison, and also previous email to Professor Allen Cheng, in the email thread below.**

This email will be widely circulated to other parties, this is a matter of public interest.

Sincerely

Elizabeth Hart

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

On Wed, Jun 2, 2021 at 4:18 PM Elizabeth Hart <[elizmhart@gmail.com](mailto:elizmhart@gmail.com)> wrote:

**For the attention of:**

Mr Scott Morrison

Prime Minister of Australia

Leader of the Liberal Party of Australia

Mr Morrison, **it's highly alarming the Morrison and State Governments are pressing experimental covid-19 injections on millions of people who are not at serious risk of covid-19.**

Today I've forwarded you [my email to Dr Fiona Godlee, Editor in Chief of The BMJ](#), questioning the ethics of doctors and policymakers who press people to have covid-19 injections when those people are not at serious risk of covid-19.

**Mr Morrison, you must urgently revise your covid-19 injection rollout - Australians are not being properly informed about these experimental covid-19 injections, a term I generally prefer to use now as opposed to 'vaccines'.**

**I'm questioning the expertise and conflicts of interest of the people who are influencing the Morrison Government on this matter of taxpayer-funded vaccination policy. I still await your advice** as to the names, qualifications/expertise, and any potential conflicts of interest of the people influencing the Morrison Government on the covid-19 situation and covid-19 injections, treatments, and preventatives.

**I also register my lack of confidence in Health Secretary Professor Brendan Murphy and Chief Medical Officer Professor Paul Kelly**, the Chair and Deputy Chair respectively of the COVID-19 Vaccines and Treatments for Australia - Science and Industry Technical Advisory Group. I've raised this matter with other members of that COVID-19 group, i.e. Dr Cathy Foley, Australia's Chief Scientist; Professor Andrew Wilson, Chair, Pharmaceutical Benefits Advisory Committee; and Dr Larry Marshall, Chief Executive, CSIRO, see my email: [Challenging the rushed COVID-19 Vaccine rollout in Australia](#), 28 May 2021.

Also see my email, below, sent to Professor Allen Cheng, a member of multiple influential groups, in January this year, where I note: **"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."**

Health Minister Greg Hunt has admitted **"The world is in the largest clinical trial, the largest global vaccination trial ever..."**, in an interview with David Speers on ABC Insiders, 21 February 2021.

Are Australians who are being pressured to have the fast-tracked experimental covid-19 injections, which are only 'provisionally approved' by the TGA, **giving their 'informed consent' to participate in this global experiment?**

**Health Secretary Brendan Murphy gave misleading information to the Australian public about the covid-19 injections on the ABC's 7.30 program with Leigh Sales in February this year, assuring the public these injections have "gone through the normal, full range of regulatory approval for our vaccines..." when in fact these injections have only been given 'provisional approval' by the TGA.** I challenged Brendan Murphy about his misleading advice to Australians, but he refuses to be accountable, see my email: [COVID-19 vaccines are NOT fully approved by the TGA](#), 24 February 2021. I also raised this matter with [ABC Managing Director David Anderson](#), but again no response. **The taxpayer-funded ABC is worse than useless, failing utterly to provide critical analysis of vaccination policy.**

The TGA is now relying on manufacturers' data and post-market assessment for further information on these covid-19 injections. **'Post-market assessment' indicates people being injected in the community are now part of the global clinical trials assessing these injections - again, have they given their informed consent to participate in this experiment**, for instance in accordance with the Helsinki Declaration - ethical principles for medical research involving human subjects?

In regards to objective and independent assessment of the covid-19 injections, **most people are likely to be unaware the TGA is conflicted in that it is funded by industry, i.e. it is funded by those it is supposed to regulate** - this conflict of interest undermines trust in the organisation which is responsible for evaluating the safety of vaccine products, and recording adverse events after vaccination/injection.

**Mr Morrison, I question if Australians are being properly informed about the risks of SARS-CoV-2/covid-19 for their age group and health status?**

Most people aren't at serious risk with the SARS-CoV-2 virus, it's not likely to progress to serious disease, i.e. covid-19, for most people. **Is this being made clear to people before they are injected, particularly young people?** This must be considered in light of the criteria for [valid consent in The Australian Immunisation Handbook](#), e.g. valid consent **"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"**; and, to be valid, consent **"must be given voluntarily in the absence of undue pressure, coercion or manipulation"**.

Mr Morrison, in my email to Professor Cheng, below, I ask: **"Is anyone thinking through the ethical issues of the rushed global coronavirus vaccination experiment?"**

**I don't think they are Mr Morrison, there appears to have been no thought given to the ethical issues.** For instance, many people are unlikely to be aware the Morrison Government and other governments have given the 'vaccine' manufacturers [protection from liability](#) for their products, with an AstraZeneca representative, [Ruud Dobber](#), saying **"This is a unique situation where we as a company simply cannot take the risk if in...four years the vaccine is showing side effects"**. So people will be left to bear the consequences of any ill-effects of the covid-19 injections. As seen with the [swine flu jab narcolepsy cases in the UK](#), people have to struggle against the system to achieve some compensation for injuries.

Mr Morrison, the grossly disproportionate and ill-targeted global response to SARS-CoV-2 has been wrong from the beginning, **always misguidedly focused on 'the vaccine', while promising treatments for covid-19, and preventatives such as vitamin D, have been actively suppressed, apparently to facilitate the international Emergency Authorisations to create the multi-billion dollar global covid-19 injection market.**

Again Mr Morrison, **you must urgently revise the Morrison Government's covid-19 injection rollout, Australians are not being properly informed about the covid situation.**

**Please see below my earlier email to Professor Allen Cheng. I request you give the matters raised in my emails your serious consideration, you are accountable.**

Sincerely

Elizabeth Hart

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

----- Forwarded message -----

From: **Elizabeth Hart** <elizmhart@gmail.com>

Date: Tue, Jan 19, 2021 at 5:15 PM

Subject: Coercive coronavirus vaccination in Australia

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

Cc: <Brendan.Murphy@health.gov.au>, <COVID19vaccinerfi@health.gov.au>, <christopher.blyth@uwa.edu.au>, <chief.scientist@chiefscientist.gov.au>, Marshall, Larry (Executive, Black Mountain) <larry.marshall@csiro.au>, <a.wilson@sydney.edu.au>, <sue.macleman@mtconnect.org.au>, <mark.sullivan@medicinesdevelopment.com>, ATAGI Secretariat <atagi.secretariat@health.gov.au>, PBAC <pbac@health.gov.au>

**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.

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**2 attachments**



**Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccinations - ABC News.pdf**

847K



**Top adviser to Scott Morrison backs 'no jab, no play' for all.pdf**

104K

## Coercive covid-19 injections in Australia - email to the Medical Board of Australia, AHPRA, RACGP, RACP, AMA

Elizabeth Hart <elizmhart@gmail.com>

Tue, Jun 8, 2021 at 7:00 PM

To: communications@ahpra.gov.au, racgp@racgp.org.au, racp@racp.edu.au, president@ama.com.au  
Cc: chief.scientist@chiefscientist.gov.au, a.wilson@sydney.edu.au, "Marshall, Larry (Executive, Black Mountain)" <larry.marshall@csiro.au>, PBAC <pbac@health.gov.au>, Greg.Hunt.MP@aph.gov.au, "Kelly, Craig (MP)" <craig.kelly.mp@aph.gov.au>, A.Albanese.MP@aph.gov.au, mark.butler.mp@aph.gov.au, "Plibersek, Tanya (MP)" <tanya.plibersek.mp@aph.gov.au>, dunstan@parliament.sa.gov.au, ministerforhealth@sa.gov.au, laborleader@parliament.sa.gov.au, Labor Shadow Health <ShadowHealth@parliament.sa.gov.au>, bragg@parliament.sa.gov.au, James.Stevens.MP@aph.gov.au, "Hanson, Pauline (Senator)" <senator.hanson@aph.gov.au>, senator.roberts@aph.gov.au, senator.canavan@aph.gov.au, ElectorateOffice.Willoughby@parliament.nsw.gov.au, electorate.fanniebay@nt.gov.au, daniel.andrews@parliament.vic.gov.au, "Collignon, Peter (Health)" <peter.collignon@act.gov.au>, Peter Collignon <collignon.peter@gmail.com>, wa-government@dpc.wa.gov.au, Premier@ministerial.qld.gov.au, BARR Reception <barr@act.gov.au>, david.anderson@abc.net.au, j.shine@garvan.org.au, robert.clancy181@gmail.com, Peter Doherty <pcd@unimelb.edu.au>, senator.lambie@aph.gov.au, george.christensen.mp@aph.gov.au, michael.mccormack.mp@aph.gov.au, barnaby.joyce.mp@aph.gov.au, Brendan.Murphy@health.gov.au, covid19vaccinerfi@health.gov.au, christopher.blyth@uwa.edu.au, Allen Cheng <Allen.Cheng@monash.edu>, sue.macleman@mtpconnect.org.au, mark.sullivan@medicinesdevelopment.com, george.williams@unsw.edu.au, john.skerritt@health.gov.au, nicola.spurrier@flinders.edu.au, ATAGI Secretariat <atagi.secretariat@health.gov.au>, "Peter A. McCullough" <PeterAMcCullough@gmail.com>, Nick Hudson <nick.hudson@pandata.org>, libadm@liberal.org.au, media@liberal.org.au

*Please forward this email to the people addressed below.*

### For the attention of:

- Dr Anne Tonkin, Chair, Medical Board of Australia
- Ms Gill Callister PSM, Chair, Australian Health Practitioner Regulation Agency (AHPRA) Agency Management Committee
- Mr Martin Fletcher, CEO, AHPRA
- Dr Karen Price, President, Royal Australian College of General Practitioners (RACGP)
- Professor John Wilson AM, President, Royal Australasian College of Physicians (RACP)
- Dr Omar Khorshid, President, Australian Medical Association (AMA)

Dear Dr Tonkin, Ms Callister, Mr Fletcher, Dr Price, Professor Wilson and Dr Khorshid

**Registered health practitioners are in a seriously conflicted situation with the Morrison Government's current covid-19 injection rollout - are they properly obtaining 'informed consent' from their patients before injecting them with the experimental covid-19 injections?**

AHPRA advises registered health practitioners that **"Vaccination is a crucial part of the public health response to the COVID-19 pandemic. Many registered health practitioners will have a vital role in COVID-19 vaccination programs and in educating the public about the importance and safety of COVID-19 vaccines to ensure high participation rates"**. (AHPRA Position statement - Registered health practitioners and students and COVID-19 vaccination, 9 March 2021 - See copy attached.)

Dr Tonkin, Ms Callister, Mr Fletcher, Dr Price, Professor Wilson and Dr Khorshid, **please see below my recent email to Prime Minister Scott Morrison about the covid-19 injection rollout currently underway by the Morrison Government and State Governments.**

**The rushed experimental covid-19 injection rollout must be subject to urgent review.**

**There must be a moratorium on the covid-19 injection rollout pending the conclusions of this review, which must be demonstrably independent and objective.**

Please read my email to Mr Morrison very carefully, **it includes reference to my recent email to Dr Fiona Godlee, Editor in Chief of *The BMJ*, questioning the ethics of doctors and policymakers who press people to have covid-19 injections when those people are not at serious risk of covid-19.**

My email to Dr Godlee has now been published on the TrialSiteNews website, see: [Why should people not at risk of covid-19 be pressed to have covid-19 injections?](#) (See original email attached.)

**Are people being given the opportunity to give their 'informed consent' before this medical intervention, considering the risks of SARS-CoV-2/covid-19 for their age group and health status?** This must be considered in light of the criteria for valid consent in *The Australian Immunisation Handbook*, e.g. valid consent **"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"**; and, to be valid, consent **"must be given voluntarily in the absence of undue pressure, coercion or manipulation"**.

**I raised the matter of informed consent with the Australian Health Practitioner Regulation Agency (AHPRA) in September 2017, in regards to the No Jab, No Pay law.**

Martin Fletcher, the CEO of AHPRA responded to me in October 2017, saying:

*Good medical practice: A code of conduct for doctors in Australia* provides guidance to medical practitioners. **Informed consent is a key element of good medical practice. A medical practitioner must obtain informed consent before undertaking an examination or providing treatment, including providing vaccines. The immunisation legislation does not mandate vaccinations and consent is still required.** The legislation explicitly provides for patients who cannot be immunised because of a medical contraindication. There is a process for reporting and managing adverse events following immunisation, with mandatory reporting requiring doctors to report certain events to their local health authority in most states and territories. (My emphasis.) (See letter from AHPRA attached.)

People aged 16-49 living in SA regional areas are being urged to have the covid-19 injections, with **South Australia's Chief Public Health Officer, Nicola Spurrier, saying "it is a great opportunity for younger South Australians living in regional SA to roll up their sleeve and get vaccinated"** - are these young people being given the opportunity to give their 'informed consent', i.e. considering risks and benefits relevant to their age and health status, before this medical intervention? (See SA Premier Steven Marshall's media release: [Nation leading move to boost SA's regional vaccine rollout](#), 24 May 2021. (See copy attached.)

Similarly, many frontline workers, including healthcare professionals and aged care workers, are being pressured to have the covid-19 injections, with Prime Minister Scott Morrison lobbying "state and territory leaders to overrule medical experts' advice and force aged care workers to get the coronavirus vaccine", as reported recently by the ABC: [Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccinations](#). (See copy attached.)

**This is extremely serious.**

**Mr Morrison appears to be making it a personal campaign to mandate covid-19 injections for aged care workers.**

**But many of these aged care workers may be of an age and health status where they are not at serious risk of covid-19, because they may be able to mount their own effective immune response against SARS-CoV-2. If they are coerced into having covid-19 injections this may damage their own ability to naturally respond to SARS-CoV-2, with the intention of hooking them on covid-19 injections for life. This is seriously unethical.**

Dr Tonkin, Ms Callister, Mr Fletcher, Dr Price, Professor Wilson and Dr Khorshid, **I have no confidence in Prime Minister Scott Morrison, he is deeply conflicted in this matter.**

**Mr Morrison appears to have adopted a 'zero covid' strategy, and appears to be determined that everyone in Australia will have the experimental covid-19 injections.**

**Mr Morrison is the political architect of the No Jab, No Pay/No Play laws, he raised the bill for the Federal No Jab, No Play law in 2015, while he was Social Services Minister. This was in response to an aggressive media campaign for coercive vaccination by the Murdoch media, particularly tabloids such as *The Daily Telegraph*, i.e. the No Jab, No Play media campaign run during 2013-2015. Malcolm Turnbull oversaw the implementation of the Federal Government's No Jab, No Play law in January 2016, while he was Prime Minister. State Governments' No Jab, No Play laws subsequently followed.**

**Coercive vaccination lobby groups SAVN and Friends of Science in Medicine were also very active during the Murdoch media's campaign, and members of these groups were very influential during the [public Senate committee hearing re the No Jab, No Pay Bill](#), held in Brisbane, 2 November 2015.**

**The Murdoch media/News Corp Australia has a serious conflict of interest in that it is a [corporate partner](#) of the Murdoch Children's Research Institute, which is involved in vaccine research, including now the [vax4COVID Australian Covid Vaccine Alliance](#), along with the Doherty Institute, which published [the modelling influencing Australia's 'suppression' response to SARS-CoV-2](#), based on the controversial modelling out of Imperial College London, i.e. Neil Ferguson et al's Reports 9 and 12.**

**The Murdoch media campaigned for the coercive No Jab, No Pay/No Play laws for children, a concept which threatens to be used to coerce adults to submit to covid-19 injections, as called for by [CEPI Chair Jane Halton](#), a commissioner on the Prime Minister's National COVID-19 Commission Advisory Board, in an article published on *The Australian*, i.e. [Top adviser to Scott Morrison backs 'no jab, no play' for all](#), 18 May 2020. (See copy attached.)**

In February this year, I asked Mr Morrison: "Is the coercive vaccination No Jab, No Pay Law for children, orchestrated by Murdoch tabloids and Australian politicians in 2015, now being adapted to coerce all Australians to submit to fast-tracked experimental coronavirus vaccination, e.g. No Jab, No Pay/No Play?" See my email to Mr Morrison: [No Jab, No Pay/No Play - coercive vaccination in Australia - PM Scott Morrison and the Murdoch Media](#), 18 February 2021. (See copy attached.)

**Is the conflicted Murdoch media/News Corp Australia directing Mr Morrison's actions in this matter? The Murdoch media wields enormous power over politicians - for example former Prime Minister Kevin Rudd "has declared that Australian politicians are frightened of Rupert Murdoch - a fear that persisted when he was in the top job and subsided only when he left politics". See: [Kevin Rudd says Australian politicians 'frightened' of 'Murdoch media beast' in Senate inquiry](#), on *The Guardian*, 19 February 2021.**

Dr Tonkin, Ms Callister, Mr Fletcher, Dr Price, Professor Wilson and Dr Khorshid, **there must be urgent open and transparent debate on the rushed experimental covid-19 injection rollout, this situation is out of control.**

**The Prime Minister, State Premiers, other Federal and State ministers and politicians, and most importantly the medical and scientific experts providing advice to the Morrison and State Governments, must be held to account.**

Again Dr Tonkin, Ms Callister, Mr Fletcher, Dr Price, Professor Wilson and Dr Khorshid, **please think about this very carefully - if people experience adverse events after having covid-19 injections that AHPRA has pressed registered health practitioners**

to promote to their patients, this raises important ethical and liability issues.

It's 'on the record' this matter has been brought to your attention. **See my email to Scott Morrison, and also previous email to Professor Allen Cheng, in the email thread below.**

**Again, please read this email thread very carefully.**

This email will be widely circulated to other parties, this is a matter of public interest.

Sincerely

Elizabeth Hart

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

On Wed, Jun 2, 2021 at 4:18 PM Elizabeth Hart <[elizmhart@gmail.com](mailto:elizmhart@gmail.com)> wrote:

**For the attention of:**

Mr Scott Morrison

Prime Minister of Australia

Leader of the Liberal Party of Australia

**Mr Morrison, it's highly alarming the Morrison and State Governments are pressing experimental covid-19 injections on millions of people who are not at serious risk of covid-19.**

Today I've forwarded you [my email to Dr Fiona Godlee, Editor in Chief of The BMJ](#), questioning the ethics of doctors and policymakers who press people to have covid-19 injections when those people are not at serious risk of covid-19.

**Mr Morrison, you must urgently revise your covid-19 injection rollout - Australians are not being properly informed about these experimental covid-19 injections, a term I generally prefer to use now as opposed to 'vaccines'.**

**I'm questioning the expertise and conflicts of interest of the people who are influencing the Morrison Government on this matter of taxpayer-funded vaccination policy. I still await your advice** as to the names, qualifications/expertise, and any potential conflicts of interest of the people influencing the Morrison Government on the covid-19 situation and covid-19 injections, treatments, and preventatives.

**I also register my lack of confidence in Health Secretary Professor Brendan Murphy and Chief Medical Officer Professor Paul Kelly**, the Chair and Deputy Chair respectively of the COVID-19 Vaccines and Treatments for Australia - Science and Industry Technical Advisory Group. I've raised this matter with other members of that COVID-19 group, i.e. Dr Cathy Foley, Australia's Chief Scientist; Professor Andrew Wilson, Chair, Pharmaceutical Benefits Advisory Committee; and Dr Larry Marshall, Chief Executive, CSIRO, see my email: [Challenging the rushed COVID-19 Vaccine rollout in Australia](#), 28 May 2021.

Also see my email, below, sent to Professor Allen Cheng, a member of multiple influential groups, in January this year, where I note: **"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."**

Health Minister Greg Hunt has admitted **"The world is in the largest clinical trial, the largest global vaccination trial ever..."**, in an interview with David Speers on ABC Insiders, 21 February 2021.

Are Australians who are being pressured to have the fast-tracked experimental covid-19 injections, which are only 'provisionally approved' by the TGA, **giving their 'informed consent' to participate in this global experiment?**

**Health Secretary Brendan Murphy gave misleading information to the Australian public about the covid-19 injections on the ABC's 7.30 program with Leigh Sales in February this year, assuring the public these injections have "gone through the normal, full range of regulatory approval for our vaccines..." when in fact these injections have only been given 'provisional approval' by the TGA.** I challenged Brendan Murphy about his misleading advice to Australians, but he refuses to be accountable, see my email: [COVID-19 vaccines are NOT fully approved by the TGA](#), 24 February 2021. I also raised this matter with [ABC Managing Director David Anderson](#), but again no response. **The taxpayer-funded ABC is worse than useless, failing utterly to provide critical analysis of vaccination policy.**

The TGA is now relying on manufacturers' data and post-market assessment for further information on these covid-19 injections. **'Post-market assessment' indicates people being injected in the community are now part of the global clinical trials assessing these injections - again, have they given their informed consent to participate in this experiment**, for instance in accordance with the Helsinki Declaration - ethical principles for medical research involving human subjects?

In regards to objective and independent assessment of the covid-19 injections, **most people are likely to be unaware the TGA is conflicted in that it is funded by industry, i.e. it is funded by those it is supposed to regulate** - this conflict of interest undermines trust in the organisation which is responsible for evaluating the safety of vaccine products, and recording adverse events after vaccination/injection.

**Mr Morrison, I question if Australians are being properly informed about the risks of SARS-CoV-2/covid-19 for their age group and health status?**

Most people aren't at serious risk with the SARS-CoV-2 virus, it's not likely to progress to serious disease, i.e. covid-19, for most people. **Is this being made clear to people before they are injected, particularly young people?** This must be considered in light of the criteria for [valid consent in The Australian Immunisation Handbook](#), e.g. valid consent **"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"**; and, to be valid, consent **"must be given voluntarily in the absence of undue pressure, coercion or manipulation"**.

Mr Morrison, in my email to Professor Cheng, below, I ask: **"Is anyone thinking through the ethical issues of the rushed global coronavirus vaccination experiment?"**

**I don't think they are Mr Morrison, there appears to have been no thought given to the ethical issues.** For instance, many people are unlikely to be aware the Morrison Government and other governments have given the 'vaccine' manufacturers [protection from liability](#) for their products, with an AstraZeneca representative, [Ruud Dobber, saying "This is a unique situation where we as a company simply cannot take the risk if in...four years the vaccine is showing side effects"](#). So people will be left to bear the consequences of any ill-effects of the covid-19 injections. As seen with the [swine flu jab narcolepsy cases in the UK](#), people have to struggle against the system to achieve some compensation for injuries.

Mr Morrison, the grossly disproportionate and ill-targeted global response to SARS-CoV-2 has been wrong from the beginning, **always misguidedly focused on 'the vaccine', while promising treatments for covid-19, and preventatives such as vitamin D, have been actively suppressed, apparently to facilitate the international Emergency Authorisations to create the multi-billion dollar global covid-19 injection market.**

Again Mr Morrison, **you must urgently revise the Morrison Government's covid-19 injection rollout, Australians are not being properly informed about the covid situation.**

**Please see below my earlier email to Professor Allen Cheng. I request you give the matters raised in my emails your serious consideration, you are accountable.**

Sincerely

Elizabeth Hart

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

----- Forwarded message -----

From: **Elizabeth Hart** <[elizmhart@gmail.com](mailto:elizmhart@gmail.com)>

Date: Tue, Jan 19, 2021 at 5:15 PM

Subject: Coercive coronavirus vaccination in Australia

To: Allen Cheng <[Allen.Cheng@monash.edu](mailto:Allen.Cheng@monash.edu)>

Cc: <[Brendan.Murphy@health.gov.au](mailto:Brendan.Murphy@health.gov.au)>, <[covid19vaccinerfi@health.gov.au](mailto:covid19vaccinerfi@health.gov.au)>, <[christopher.blyth@uwa.edu.au](mailto:christopher.blyth@uwa.edu.au)>, <[chief.scientist@chiefscientist.gov.au](mailto:chief.scientist@chiefscientist.gov.au)>, Marshall, Larry (Executive, Black Mountain) <[larry.marshall@csiro.au](mailto:larry.marshall@csiro.au)>, <[a.wilson@sydney.edu.au](mailto:a.wilson@sydney.edu.au)>, <[sue.macleman@mtconnect.org.au](mailto:sue.macleman@mtconnect.org.au)>, <[mark.sullivan@medicinesdevelopment.com](mailto:mark.sullivan@medicinesdevelopment.com)>, ATAGI Secretariat <[atagi.secretariat@health.gov.au](mailto:atagi.secretariat@health.gov.au)>, PBAC <[pbac@health.gov.au](mailto:pbac@health.gov.au)>

**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"**.<sup>[3]</sup>

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"**.<sup>[4]</sup> 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..."**.<sup>[5]</sup> 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.<sup>[6]</sup>

**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 (AHPCC), 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.<sup>[1]</sup>

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.


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#### 7 attachments


 **AHPRA COVID-19 vaccination position statement.pdf**  
90K


 **AHPRA response October 2017.pdf**  
48K

 **Nation leading move to boost SA's regional vaccine rollout \_ Premier of South Australia.pdf**  
110K

 **Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccinations - ABC News.pdf**  
849K

 **Top adviser to Scott Morrison backs 'no jab, no play' for all.pdf**  
102K

 **No Jab No Pay No Play coercive vaccination in australia - email to Scott Morrison.pdf**  
130K

 **Why should people not at risk of covid-19 be pressed to have covid-19 injections.pdf**  
83K

## Is it ethical for doctors to inject children with covid-19 injections?

Elizabeth Hart <elizmhart@gmail.com>

Tue, Jun 15, 2021 at 3:47 PM

To: communications@ahpra.gov.au, racgp@racgp.org.au, racp@racp.edu.au, president@ama.com.au  
Cc: chief.scientist@chiefscientist.gov.au, a.wilson@sydney.edu.au, "Marshall, Larry (Executive, Black Mountain)" <larry.marshall@csiro.au>, PBAC <pbac@health.gov.au>, Greg.Hunt.MP@aph.gov.au, "Kelly, Craig (MP)" <craig.kelly.mp@aph.gov.au>, A.Albanese.MP@aph.gov.au, mark.butler.mp@aph.gov.au, "Plibersek, Tanya (MP)" <tanya.plibersek.mp@aph.gov.au>, dunstan@parliament.sa.gov.au, ministerforhealth@sa.gov.au, laborleader@parliament.sa.gov.au, Labor Shadow Health <ShadowHealth@parliament.sa.gov.au>, bragg@parliament.sa.gov.au, James.Stevens.MP@aph.gov.au, "Hanson, Pauline (Senator)" <senator.hanson@aph.gov.au>, senator.roberts@aph.gov.au, senator.canavan@aph.gov.au, ElectorateOffice.Willoughby@parliament.nsw.gov.au, electorate.fannibay@nt.gov.au, daniel.andrews@parliament.vic.gov.au, "Collignon, Peter (Health)" <peter.collignon@act.gov.au>, Peter Collignon <collignon.peter@gmail.com>, wa-government@dpc.wa.gov.au, Premier@ministerial.qld.gov.au, BARR Reception <barr@act.gov.au>, david.anderson@abc.net.au, j.shine@garvan.org.au, robert.clancy181@gmail.com, Peter Doherty <pcd@unimelb.edu.au>, senator.lambie@aph.gov.au, george.christensen.mp@aph.gov.au, michael.mccormack.mp@aph.gov.au, barnaby.joyce.mp@aph.gov.au, Brendan.Murphy@health.gov.au, covid19vaccinerfi@health.gov.au, christopher.blyth@uwa.edu.au, Allen Cheng <Allen.Cheng@monash.edu>, sue.macleman@mtpconnect.org.au, mark.sullivan@medicinesdevelopment.com, george.williams@unsw.edu.au, john.skerritt@health.gov.au, nicola.spurrier@flinders.edu.au, ATAGI Secretariat <atagi.secretariat@health.gov.au>, "Peter A. McCullough" <PeterAMcCullough@gmail.com>, Nick Hudson <nick.hudson@pandata.org>, libadm@liberal.org.au, media@liberal.org.au, brett.sutton@dhhs.vic.gov.au

Please forward this email to the people addressed below.

### For the attention of:

- Dr Anne Tonkin, Chair, Medical Board of Australia
- Ms Gill Callister PSM, Chair, Australian Health Practitioner Regulation Agency (AHPRA) Agency Management Committee
- Mr Martin Fletcher, CEO, AHPRA
- Dr Karen Price, President, Royal Australian College of General Practitioners (RACGP)
- Professor John Wilson AM, President, Royal Australasian College of Physicians (RACP)
- Dr Omar Khorshid, President, Australian Medical Association (AMA)

Dear Dr Tonkin, Ms Callister, Mr Fletcher, Dr Price, Professor Wilson and Dr Khorshid

**Please see below my emails to Dr Fiona Godlee, Editor in Chief of *The BMJ*, challenging her on doctors' ethical duty to obtain 'informed consent' before a medical intervention, and questioning the ethics of injecting children with covid-19 injections, as children, and many others, are not at serious risk with the SARS-CoV-2 virus, i.e. not at serious risk of covid-19.**

**It's appalling that doctors are a party to this gross over-vaccination of children**, which is looming for children in Australia, and already underway in South Australia, with 16 year olds in country areas already being pressed to have covid-19 injections, see [COVID-19 vaccine rollout extends to teenagers in regional South Australia](#), ABC, 24 May 2021.

Again, as raised in [my previous email to you](#), I ask you to very carefully consider health practitioners' ethical duty to obtain informed consent from their patients (from parents in the case of children), and the conflicted situation currently being created by the Morrison and State Governments' taxpayer-funded covid-19 injection rollout.

Sincerely

Elizabeth Hart

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

----- Forwarded message -----

From: Elizabeth Hart <elizmhart@gmail.com>

Date: Mon, Jun 14, 2021 at 5:20 PM

Subject: Is it ethical to vaccinate children to protect the elderly?

To: Fiona Godlee <fgodlee@bmj.com>

Cc: Sharon Davies, Peter Doshi, Kamran Abbasi, Theodora Bloom, Allyson Pollock, John Ioannidis, Simon Wain-Hobson, Richard Ebright, Marc Lipsitch, Michael Osterholm, Tom Inglesby, Carl Heneghan, Michael Levitt, Martin Kulldorff, Jayanta Bhattacharya, Sucharit Bhakdi, Gus Dalglish, Karol Sikora, Anders Tegnell, Johan Giesecke, Ian Frazer, Peter Doherty, Peter Collignon Roy Anderson, Peter Openshaw, Adrian Smith, David Cannadine, Venki Ramakrishnan, Andrew Goddard, Chris Conlon, Dan Summers, John Shine, Robert Clancy, Sunetra Gupta, Andrew Pollard, Heidi Larson, Graham Medley, Melinda Mills, John Bell, David Kennedy, Andrew Read, Neil Ferguson, Patrick Vallance, Chris Whitty, Peter A. McCullough, Nick Hudson

### For the attention of:

Dr Fiona Godlee

Editor in Chief of *The BMJ*

Dear Dr Godlee, further to my previous email to you asking: [Why should people not at risk of covid-19 be pressed to have covid-19 injections?](#), to which you did not bother to respond.

I also submitted my email to you as a rapid response on Mohammad S Razai et al's article [Covid-19 vaccination hesitancy](#), but again, sadly, it appears you decided my response to you on the important topic of 'informed consent' before a medical intervention did not merit publication.

Dr Godlee, it's very disappointing that the medical establishment has so little regard for the ethical duty to obtain informed consent from patients before a medical intervention. Really, I think it should be raised as a major topic on *The BMJ*, particularly in these bizarre times, with the entire world population poised to be injected for life with covid injections, against a virus which isn't a serious threat to most people.

Take children for instance, they don't seem to be at serious risk with the SARS-CoV-2 virus, and are unlikely to be hospitalised due to the virus, and yet the UK MHRA has [approved the Pfizer/BioNTech](#) covid-19 injection for children aged 12 to 15. Why?

**I suggest this puts doctors in a very tricky position...how can they in all conscience persuade parents, or indeed the children themselves, to have this medical intervention which is not specifically for their benefit, particularly as it would interfere with their own effective natural response to the virus, with the aim of hooking them onto covid-injections for life - this is seriously unethical Dr Godlee!**

In regards to injecting children with covid injections, I remind you of my *BMJ* rapid response which was published in August last year, i.e.

**Is it ethical to vaccinate children to protect the elderly?** <https://www.bmj.com/content/364/bmj.l108/rr-4>

Dear Editor

In his rapid response, Dr Anand says "Are drugs, including vaccines and blood products, monitored conscientiously by the good doctors? I believe not." [1]

I also have my doubts in regards to doctors conscientiously monitoring the growing number of vaccine products being pressed upon the community.

There are many vaccine products on the burgeoning vaccination schedule for children, including annual flu vaccination, and now fast-tracked coronavirus vaccination is looming.

Do any doctors wonder about the extraordinary number of vaccinations and revaccinations given to children nowadays? We have no idea of the long-term cumulative effects of this ever-increasing vaccine load.

I was astonished recently to read in The Guardian that children in the UK are given the nasal spray flu vaccine to protect their grandparents, even though children do not often get severe flu. [2]

This was acknowledged by Professor Peter Openshaw, from Imperial College London, one of the members of the UK's Sage scientific advisory sub-group Nervtag, during a House of Lords science and technology committee meeting in June to discuss COVID-19 vaccine development.

And now there are plans afoot to vaccinate children against SARS-CoV-2/COVID-19 to protect the elderly.

According to The Guardian article "A vaccine against Covid-19 may not work well in older people who are most at risk of becoming seriously ill and dying from the disease..." and this "may mean immunising others around them, such as children".

It's been reported that most paediatric cases with laboratory-confirmed SARS-CoV-2 infection are mild and severe COVID-19 disease in children is rare. (See comment published in The Lancet Child & Adolescent Health [3])

How can it be ethical to vaccinate mass populations of children against SARS-CoV-2 to protect the elderly if most SARS-CoV-2 infections in children are mild, and severe COVID-19 disease in children is rare?

How can it be ethical to vaccinate mass populations of children against flu if children do not often get severe flu?

Vaccinations are medical interventions which have risks. It seems to me unethical to vaccinate someone against a disease which is not a significant threat to them to protect others, e.g. the elderly. This is a particularly serious matter to consider in countries which have coercive vaccination policies, e.g. Australia and the United States.

And now Reuters reports "AstraZeneca has been granted protection from future product liability claims related to its COVID-19 vaccine hopeful by most of the countries with which it has struck supply agreements..."

According to Reuters, Ruud Dobber, a member of Astra's senior executive team, said "This is a unique situation where we as a company simply cannot take the risk if in...four years the vaccine is showing side effects". [4]

So AstraZeneca has been granted protection from future product liability, and children around the world will be left with the risk of side effects in order to supposedly protect the elderly.

In my opinion this is not ethical.

What do doctors think about this, about vaccinating children with flu vaccines and future coronavirus vaccines to supposedly protect the elderly?

This is not to negate the risks of flu and SARS-CoV-2 for the elderly, but efforts should be concentrated on finding medications to help them directly, children's right to their own natural defences should not be sacrificed in this regard.

Can Fiona Godlee and Rapid Recommendations editors please urgently consider this matter?

References:

1. on Fiona Godlee. We can change practice - can we also change culture? *BMJ* 2019;364:l108
2. Covid-19 vaccine may not work for at risk older people, say scientists. *The Guardian*, 24 June 2020.
3. The immune system of children: the key to understanding SARS-CoV-2 susceptibility? [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(20\)30135-8/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30135-8/fulltext) )
4. AstraZeneca to be exempted from coronavirus vaccine liability claims in most countries. *Reuters*, 30 July 2020.

**Competing interests:** No competing interests

Dr Godlee, you'll see I asked in my *BMJ* rapid response that you and Rapid Recommendations urgently consider the matter of vaccinating children to protect the elderly - did you ever give this any thought?

Again Dr Godlee, doctors are in a very tricky position in regards to pressing covid-19 injections upon children, and others, who are not at serious risk with SARS-CoV-2/covid-19, I suggest this is unethical.

Sincerely

Elizabeth Hart

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

On Sun, May 30, 2021 at 4:15 PM Elizabeth Hart <[elizmhart@gmail.com](mailto:elizmhart@gmail.com)> wrote:

**For the attention of:**

Dr Fiona Godlee

Editor in Chief of *The BMJ*

Dear Dr Godlee, in a recent article on *The BMJ*, Mohammed Razai et al "offer an overview of vaccine hesitancy and some approaches that clinicians and policymakers can adopt at the individual and community levels to help people make informed decisions about covid-19 vaccination".[1]

Currently it appears the covid-19 vaccine products aren't claimed to prevent infection/transmission re SARS-CoV-2, they're purported to reduce the symptoms of the disease covid-19. (*This is an important distinction, which I realised after publication of my BMJ rapid response last year, requesting clarification of whether these were really covid-19 vaccines...or SARS-CoV-2 vaccines?[2] I question the status of the covid-19 'vaccines' and the quality of the 'immunity' they provide, and prefer to describe these products as covid-19 'injections'.*)

**But if people aren't at serious risk of covid-19, why should they be pressed to have covid-19 injections?** This applies to most people, particularly children and young people, who are not greatly affected by SARS-CoV-2.

**Why are people not at serious risk of covid being set up to have covid injections throughout their entire lives?**

This includes many people who may already be naturally immune. Their own effective natural immune response will be interfered with via these injections.

It's planned to press these covid injections on the entire global population throughout life. We have no idea of the long-term consequences of this medical intervention to purportedly protect against a disease which isn't a serious threat to most people.

**Who initiated this plan to inject the entire global population with covid-19 injections, how was this plan evaluated? Certainly there was no public consultation about this rushed and unprecedented global covid-19 injection rollout, which is relevant to us all.**

Now vaccine industry CEOs announce people may face a lifetime of covid injections, with Pfizer CEO Albert Bourla saying "people will likely need a booster dose of a covid-19 vaccine within 12 months of getting fully vaccinated" and "it's possible people will need to get vaccinated against the coronavirus annually".[3] How many billions will the vaccine industry make out of the booming covid injection market?

With covid-19 injections now being pressed upon people of all ages, including children in some countries, **there must be public discussion on the ethics of injecting people who are not at risk with covid-19 with covid-19 injections, and the unknown cumulative consequences of covid injections throughout life, on top of the other vaccine load.**

Dr Godlee, it's commendable that Mohammed Razai et al are keen "to help people make informed decisions about covid-19 vaccination", **but clinicians and policymakers must think very carefully about pressing people not at risk of covid-19 to have covid-19 injections, potentially for the rest of their lives, as this is an ethical and legal minefield.**

Razai et al and clinicians and policymakers and others would do well to **pay careful attention to the points raised by Noel Thomas in his BMJ rapid response relevant to informed consent**, e.g. "The many things that UK law expects of doctors when obtaining informed consent, include discussion of all material risks that a reasonable person might be expected to wish to know about" and "The fact that covid-19 vaccine makers have all declined to accept any compensation liability for their products, would surely be essential information to explain to any reasonable person, who might, in other circumstances, wonder at the wisdom of accepting an electric kettle, a bicycle, or a car, whose maker similarly lacked confidence in their product?"[4]

**Just how informed is 'the consent' being given by the millions of people around the world being pressed to have covid-19 injections?**

**Dr Godlee, people not at serious risk of disease should not be coerced by doctors and others to have medical interventions of questionable benefit for them.**

Sincerely

Elizabeth Hart

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

References:

1. Covid-19 vaccination hesitancy: <https://www.bmj.com/content/373/bmj.n1138>
2. Covid-19 vaccines...or SARS-CoV-2 vaccines? Clarification needed: <https://www.bmj.com/content/370/bmj.m3258/rr-14>
3. Pfizer CEO says third Covid vaccine dose likely needed within 12 months: <https://www.cnn.com/2021/04/15/pfizer-ceo-says-third-covid-vaccine-dose-likely-needed-within-12-months.html>
4. Re: Covid-19 vaccination hesitancy: <https://www.bmj.com/content/373/bmj.n1138/rr-19>

## Is it ethical to inject mass populations with covid injections? Questioning the ethics evaluation process for covid vaccine clinical trials

Elizabeth Hart <elizmhart@gmail.com>

Mon, Jul 5, 2021 at 1:12 PM

To: communications@ahpra.gov.au, racgp@racgp.org.au, racp@racp.edu.au, president@ama.com.au  
Cc: chief.scientist@chiefscientist.gov.au, a.wilson@sydney.edu.au, "Marshall, Larry (Executive, Black Mountain)" <larry.marshall@csiro.au>, PBAC <pbac@health.gov.au>, Greg.Hunt.MP@aph.gov.au, "Kelly, Craig (MP)" <craig.kelly.mp@aph.gov.au>, A.Albanese.MP@aph.gov.au, mark.butler.mp@aph.gov.au, "Plibersek, Tanya (MP)" <tanya.plibersek.mp@aph.gov.au>, dunstan@parliament.sa.gov.au, ministerforhealth@sa.gov.au, laborleader@parliament.sa.gov.au, Labor Shadow Health <ShadowHealth@parliament.sa.gov.au>, bragg@parliament.sa.gov.au, James.Stevens.MP@aph.gov.au, "Hanson, Pauline (Senator)" <senator.hanson@aph.gov.au>, senator.roberts@aph.gov.au, senator.canavan@aph.gov.au, ElectorateOffice.Willoughby@parliament.nsw.gov.au, electorate.fanniebay@nt.gov.au, daniel.andrews@parliament.vic.gov.au, "Collignon, Peter (Health)" <peter.collignon@act.gov.au>, Peter Collignon <collignon.peter@gmail.com>, wa-government@dpc.wa.gov.au, Premier@ministerial.qld.gov.au, BARR Reception <barr@act.gov.au>, david.anderson@abc.net.au, j.shine@garvan.org.au, robert.clancy181@gmail.com, Peter Doherty <pcd@unimelb.edu.au>, senator.lambie@aph.gov.au, george.christensen.mp@aph.gov.au, barnaby.joyce.mp@aph.gov.au, Brendan.Murphy@health.gov.au, covid19vaccinerfi@health.gov.au, christopher.blyth@uwa.edu.au, Allen Cheng <Allen.Cheng@monash.edu>, sue.macleman@mtpconnect.org.au, mark.sullivan@medicinesdevelopment.com, george.williams@unsw.edu.au, john.skerritt@health.gov.au, nicola.spurrier@flinders.edu.au, ATAGI Secretariat <atagi.secretariat@health.gov.au>, "Peter A. McCullough" <PeterAMcCullough@gmail.com>, Nick Hudson <nick.hudson@pandata.org>, Emma McArthur <ejmino@z@gmail.com>, libadm@liberal.org.au, media@liberal.org.au, brett.sutton@dhhs.vic.gov.au

*Please forward this email to the people addressed below.*

### For the attention of:

- Dr Anne Tonkin, Chair, Medical Board of Australia
- Ms Gill Callister PSM, Chair, Australian Health Practitioner Regulation Agency (AHPRA) Agency Management Committee
- Mr Martin Fletcher, CEO, AHPRA
- Dr Karen Price, President, Royal Australian College of General Practitioners (RACGP)
- Professor John Wilson AM, President, Royal Australasian College of Physicians (RACP)
- Dr Omar Khorshid, President, Australian Medical Association (AMA)

Dear Dr Tonkin, Ms Callister, Mr Fletcher, Dr Price, Professor Wilson and Dr Khorshid

Please see below my email to Professor Andrew Pollard, Chief Investigator on the Oxford/AstraZeneca vaccine trials, and Chair of the UK Joint Committee on Vaccination and Immunisation, asking **who initiated the plan to vaccinate the entire global population against SARS-CoV-2 when it was already known it wasn't a serious threat to most people?**

**My email to Professor Pollard raises serious questions about the ethics evaluation process which approved the Oxford/AstraZeneca covid-19 vaccine trials involving healthy people not at risk of covid-19.**

**This also throws into question the ethics evaluation process for other covid-19 injections, e.g. Pfizer, Moderna, Johnson & Johnson, Sinopharm, Sputnik V, etc.**

Dr Tonkin, Ms Callister, Mr Fletcher, Dr Price, Professor Wilson and Dr Khorshid, this is relevant to my previous emails to you on the subject of informed consent and ethics, i.e. [Coercive covid-19 injections in Australia](#), 8 June 2021, and [Is it ethical for doctors to inject children with covid-19 injections?](#) 15 June 2021.

**Again, see my email below to Professor Andrew Pollard, challenging the ethics evaluation process for the Oxford/AstraZeneca covid-19 vaccine trials.**

It's on the record these matters have been brought to your attention.

Sincerely  
Elizabeth Hart

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

----- Forwarded message -----

From: **Elizabeth Hart** <elizmhart@gmail.com>

Date: Wed, Jun 30, 2021 at 9:46 PM

Subject: Who initiated the plan to vaccinate the entire global population against SARS-CoV-2?

To: <[andrew.pollard@paediatrics.ox.ac.uk](mailto:andrew.pollard@paediatrics.ox.ac.uk)>

Cc: Fiona Godlee, Sharon Davies, Peter Doshi, Kamran Abbasi, Theodora Bloom, Allyson Pollock, John Ioannidis, Simon Wain-Hobson, Richard Ebright, Marc Lipsitch, Michael Osterholm, Tom Inglesby, Carl Heneghan, Michael Levitt, Martin Kulldorff, Jayanta Bhattacharya, Sucharit Bhakdi, Gus Dagleish, Karol Sikora, Anders Tegnell, Johan Giesecke, Ian Frazer, Peter Doherty, Peter Collignon, Roy Anderson, Peter Openshaw, Adrian Smith, David Cannadine, Venki Ramakrishnan, Andrew Goddard, Chris Conlon, Dan Sumners, John Shine, Robert Clancy, Sunetra Gupta, Heidi Larson, Graham Medley, Melinda Mills, John Bell, David Kennedy, Andrew Read, Neil Ferguson, Patrick Vallance, Chris Whitty, Peter A. McCullough, Nick Hudson, Emma McArthur

**For the attention of:**

Professor Andrew Pollard  
Chief Investigator on the Oxford/AstraZeneca covid-19 vaccine trials  
Head of the Oxford Vaccine Group  
Chair of the UK Joint Committee on Vaccination and Immunisation (JCVI)

**Professor Pollard, who initiated the plan to vaccinate the entire global population against SARS-CoV-2 when it was already known it wasn't a serious threat to most people?**

What is being set in place now is a global plan to inject people of all ages and health status with covid injections throughout life. More covid injections are coming, e.g. courtesy of your group with the [Oxford Covid-19 variant vaccine, i.e. the Beta variant](#), on top of the two doses of original covid-19 injections. Already 44.5 million people [in the UK](#) have had a first dose, with 32.7 million having a second dose. **But how many of these millions of people were actually at serious risk from covid-19? How many were already immune?**

**This is a disaster. Billions of people around the world are being coerced into having covid-19 injections that may not be of benefit to them, and which may cause harm, including damaging natural immunity.** We have no idea of the long-term consequences of covid-19 injections, this is a massive global experiment underway, without 'informed consent', which is in breach of medical ethics and international human rights conventions such as the [Helsinki Declaration](#).

Additionally, billions of pounds have been diverted into this global covid-19 vaccine response, including widespread PCR testing, valuable resources which have been taken away from crucial areas of the health system.

Professor Pollard, it was acknowledged from the beginning that SARS-CoV-2 wasn't a serious risk for most people, e.g. the WHO stated **"Illness due to COVID-19 is generally mild, especially for children and young adults"**. (WHO Q&A on coronaviruses (COVID-19) - Should I worry about COVID-19. 9 March 2020.)

**So how could an ethics committee approve the participation of people not at risk of covid-19 in covid-19 vaccine trials?**

**Due to ethics committees approving covid-19 vaccine trials including people not seriously at risk of the virus, billions of people around the world not at serious risk of covid-19 are being set up to have covid injections for life, with their own effective natural immune response being disrupted by these covid injections.**

**This is seriously unethical Professor Pollard! How on earth could an ethics committee approve vaccine trials that could lead to this outcome, did they not think this through?**

Professor Pollard, I suggest the [Oxford/AstraZeneca vaccine trials](#) including people not at serious risk of covid-19, i.e. healthy people aged 18-55 years and children aged 6-17 years, **contravenes the Helsinki Declaration, e.g.**

**"Medical research involving human subjects may only be conducted if the importance of the objective outweighs the risks and burdens to the research subjects...All medical research involving human subjects must be preceded by careful assessment of predictable risks and burdens to the individuals and groups involved in the research in comparison with foreseeable benefits to them and to other individuals or groups affected by the condition under investigation."** (My emphasis.)

**I'm staggered that an ethics committee could approve vaccine trials with participants who aren't at serious risk of the virus, i.e. not at serious risk of covid-19, particularly with the potential that these people could end up being caught into having covid injections for life.**

Professor Pollard, I requested transparency for the ethics evaluation carried out by the Berkshire Research Ethics Committee regarding the inclusion of children and others in the covid-19 vaccine trials, commencing my email enquiries on 9 February 2021. (See email thread attached.) In my initial enquiry, I noted my questions had also been asked in my *BMJ* rapid response published on 5 February 2021, i.e. [Is it ethical to include children in the Oxford-AstraZeneca vaccine trials?](#)

After some delay, I finally received a response from the Health Research Authority (28 April 2021) saying:

- Your request has been refused, in part, under FOIA exemption *section 43 – trade secrets & prejudice to commercial interests*.
- Please note Section 43 is a qualified exemption and as such the public interest must be considered. Whilst the HRA promotes research transparency and recommends the results of all trials be made public, we also note that this study is in its very early stages. **Disclosing information at this stage could harm the commercial interests of the Sponsor and Third Parties and breach confidentiality agreements that prohibit the disclosure of such information.**
- Some of the documents you have requested contain information relating to a recently developed product and we are of the view that disclosure of the information, **which details inside information representing the unique knowledge and know-how of the Chief Investigator, sponsor and the third parties, would prejudice their commercial interests (including intellectual property), giving actual and potential competitors an unfair advantage.**
- When handling your request we have considered both the public interest and the interests of the sponsor and other third parties

(My emphasis.)

Professor Pollard, it appears there is no transparency for the Berkshire Research Ethics Committee's deliberations on the Oxford/AstraZeneca vaccine trials, it remains unclear how it could be deemed ethical to include people not at serious risk of covid-19 in this medical experiment.

The ethics process is more concerned about protecting the commercial interests of the Sponsor and Third Parties, and you as the Chief Investigator, rather than properly considering the best interests of people being recruited for the covid-19 vaccine trials, and whether it was appropriate to recruit healthy people aged 18-55 years and children aged 6-17 years.

It's really an astonishing situation Professor Pollard, and I don't think many people are awake to the significance yet...

This gets back to my previous questions to you Professor Pollard:

- **Who initiated the plan to vaccinate the entire global population against a virus which it was already known wasn't a serious threat to most people?**
- **How was this plan evaluated and by whom?**
- **Where is the public record?**

I request your urgent response on this matter. Also note my previous emails to you below, which remain unacknowledged and unanswered by you.

Sincerely

Elizabeth Hart

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

On Wed, Jun 16, 2021 at 3:22 PM Elizabeth Hart <[elizmhart@gmail.com](mailto:elizmhart@gmail.com)> wrote:

**For the attention of:**

Professor Andrew Pollard

Chief Investigator on the Oxford/AstraZeneca vaccine trials

Chair of the UK Joint Committee on Vaccination and Immunisation

Dear Professor Pollard

**Why were children included in the Oxford/AstraZeneca covid-19 vaccine trials?**

It was reported in May 2020 that "**most paediatric cases with laboratory-confirmed SARS-CoV-2 infection are mild; severe COVID-19 disease in children is rare**". \*

**It was known from the beginning that children weren't at serious risk with the SARS-CoV-2 virus, why were they included in covid-19 vaccine trials?**

**To vaccinate people at an early age with what potentially could be annual coronavirus vaccination throughout life, with unknown long-term cumulative consequences, raises important ethical questions, particularly when they are not at serious risk of disease.**

Professor Pollard, I first asked you about this last year, in an email dated 20 June 2020, see email below. **But you did not respond.**

I also asked this question in my *BMJ* rapid response: [Is it ethical to include children in the Oxford-AstraZeneca vaccine trials?](#) 5 February 2021.

Professor Pollard, the Helsinki Declaration states: "**Medical research involving human subjects may only be conducted if the importance of the objective outweighs the risks and burdens to the research subjects.**"

As children do not appear to be at serious risk with SARS-CoV-2, in my opinion the risks and burdens for them participating in covid-19 vaccine trials outweigh the importance of the objective of the medical research, particularly as the plan is for children in general society to be vaccinated, when this appears to not be appropriate.

**Why were any age groups not at serious risk of the SARS-CoV-2 virus included in the covid-19 vaccine trials?**

And, ***most importantly*...who initiated the plan to vaccinate the entire global population against a virus which it was already known wasn't a serious threat to most people?**

**How was this plan evaluated and by whom?**

**Where is the public record?**

I request your urgent response Professor Pollard, these are important matters of public interest. See my previous email to you below.

Sincerely

Elizabeth Hart

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

\* The immune system of children: the key to understanding SARS-CoV-2 susceptibility? Rita Carsetti et al. *The Lancet Child & Adolescent Health*. Comment. Volume 4, Issue 6, P414-416, June 01, 2020: [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(20\)30135-8/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30135-8/fulltext)

----- Forwarded message -----

From: **Elizabeth Hart** <[elizmhart@gmail.com](mailto:elizmhart@gmail.com)>

Date: Sat, Jun 20, 2020 at 4:22 PM

Subject: Questioning the ethics of children's involvement in Oxford's COVID-19 vaccine trials

To: <[andrew.pollard@paediatrics.ox.ac.uk](mailto:andrew.pollard@paediatrics.ox.ac.uk)>

**For the attention of:**

Professor Andrew Pollard

Head of the Oxford Vaccine Group

Chair of the UK Joint Committee on Vaccination and Immunisation

Dear Professor Pollard, **is it ethical to include children in SARS-CoV-2/COVID 19 vaccine trials?**

The phase II part of the Oxford COVID-19 vaccine trial in human volunteers is planned to include children aged between 5-12 years: <http://www.ox.ac.uk/news/2020-05-22-oxford-covid-19-vaccine-begin-phase-iiiii-human-trials>

It's been reported that **"most paediatric cases with laboratory-confirmed SARS-CoV-2 infection are mild; severe COVID-19 disease in children is rare"**. (See comment published in *The Lancet Child & Adolescent Health: The immune system of children: the key to understanding SARS-CoV-2 susceptibility?* [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(20\)30135-8/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30135-8/fulltext) )

**How can it be ethical to include children in SARS-CoV-2/COVID 19 vaccine trials if most SARS-CoV-2 infections in children are mild, and severe COVID-19 disease in children is rare?**

**Professor Pollard, can you please advise what type of ethical committee process was undertaken in regards to Oxford's COVID-19 vaccine trial involving children aged between 5-12 years?**

I would appreciate your response on this matter.

Sincerely

Elizabeth Hart

Independent citizen investigating conflicts of interest in vaccination policy and the over-use of vaccine products

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 **HRA response to FOI 2021\_FOI\_062.pdf**  
215K

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## Is it ethical to insist on covid-19 injections for health staff?

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Elizabeth Hart <elizmhart@gmail.com>

Wed, Jul 7, 2021 at 4:50 PM

To: communications@ahpra.gov.au, racgp@racgp.org.au, racp@racp.edu.au, president@ama.com.au  
Cc: chief.scientist@chiefscientist.gov.au, a.wilson@sydney.edu.au, "Marshall, Larry (Executive, Black Mountain)" <larry.marshall@csiro.au>, PBAC <pbac@health.gov.au>, Greg.Hunt.MP@aph.gov.au, "Kelly, Craig (MP)" <craig.kelly.mp@aph.gov.au>, A.Albanese.MP@aph.gov.au, mark.butler.mp@aph.gov.au, "Plibersek, Tanya (MP)" <tanya.plibersek.mp@aph.gov.au>, dunstan@parliament.sa.gov.au, ministerforhealth@sa.gov.au, laborleader@parliament.sa.gov.au, Labor Shadow Health <ShadowHealth@parliament.sa.gov.au>, bragg@parliament.sa.gov.au, James.Stevens.MP@aph.gov.au, "Hanson, Pauline (Senator)" <senator.hanson@aph.gov.au>, senator.roberts@aph.gov.au, senator.canavan@aph.gov.au, ElectorateOffice.Willoughby@parliament.nsw.gov.au, electorate.fanniebay@nt.gov.au, daniel.andrews@parliament.vic.gov.au, "Collignon, Peter (Health)" <peter.collignon@act.gov.au>, Peter Collignon <collignon.peter@gmail.com>, wa-government@dpc.wa.gov.au, Premier@ministerial.qld.gov.au, BARR Reception <barr@act.gov.au>, david.anderson@abc.net.au, j.shine@garvan.org.au, robert.clancy181@gmail.com, Peter Doherty <pcd@unimelb.edu.au>, senator.lambie@aph.gov.au, george.christensen.mp@aph.gov.au, barnaby.joyce.mp@aph.gov.au, Brendan.Murphy@health.gov.au, covid19vaccinerfi@health.gov.au, christopher.blyth@uwa.edu.au, Allen Cheng <Allen.Cheng@monash.edu>, sue.macleman@mtpconnect.org.au, mark.sullivan@medicinesdevelopment.com, george.williams@unsw.edu.au, john.skerritt@health.gov.au, nicola.spurrier@flinders.edu.au, ATAGI Secretariat <atagi.secretariat@health.gov.au>, "Peter A. McCullough" <PeterAMcCullough@gmail.com>, Nick Hudson <nick.hudson@pandata.org>, Emma McArthur <ejminoz@gmail.com>, libadm@liberal.org.au, media@liberal.org.au, brett.sutton@dhhs.vic.gov.au

*Please forward this email to the people addressed below.*

### For the attention of:

- Dr Anne Tonkin, Chair, Medical Board of Australia
- Ms Gill Callister PSM, Chair, Australian Health Practitioner Regulation Agency (AHPRA) Agency Management Committee
- Mr Martin Fletcher, CEO, AHPRA
- Dr Karen Price, President, Royal Australian College of General Practitioners (RACGP)
- Professor John Wilson AM, President, Royal Australasian College of Physicians (RACP)
- Dr Omar Khorshid, President, Australian Medical Association (AMA)

Dear Dr Tonkin, Ms Callister, Mr Fletcher, Dr Price, Professor Wilson and Dr Khorshid

**Please see below my email to Professor Lesley Dwyer, CEO of the Central Adelaide Local Health Network, regarding the pressure on health staff to submit to covid-19 injections.**

It's clear that health staff, and others, are not being properly informed about the SARS-CoV-2 virus and covid-19, and it seems most unlikely that people are freely giving their informed consent to covid-19 injections.

Meanwhile, the medical establishment is more concerned about [indemnity for GPs](#) pressing covid-19 injections on their patients, with [vaccine manufacturers](#) also being protected, and [industry](#) similarly seeking protection from liability when imposing covid-19 injections on their employees.

Dr Tonkin, Ms Callister, Mr Fletcher, Dr Price, Professor Wilson and Dr Khorshid, **this is looking like a disastrous shambles, you've got a real ethical problem on your hands with this ongoing situation of people being coerced to submit to covid-19 injections, and therefore not freely giving their informed consent before this medical intervention.**

**Please see my email to Professor Dwyer below.** It's on the record these matters have been brought to your attention.

Sincerely

Elizabeth Hart

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

----- Forwarded message -----

From: **Elizabeth Hart** <elizmhart@gmail.com>

Date: Wed, Jul 7, 2021 at 4:08 PM

Subject: Is it ethical to insist on covid-19 injections for health staff?

To: <rachael.kay@sa.gov.au>, <HealthCALHNOCEOCorrespondence@sa.gov.au>

**Please forward this email to Professor Lesley Dwyer**

### For the attention of:

Professor Lesley Dwyer

Chief Executive Officer

Central Adelaide Local Health Network

Dear Professor Dwyer, thank you for your response to [my concerns](#) about CALHN staff being pressured to have covid-19 injections. (Copy of your response attached.)

You say SA Health and CALHN have a duty of care and a responsibility to minimise the risk of Vaccine Preventable Diseases (VPD) transmission in the workplace, and that transmission of VPD in health care settings has the potential to cause serious illness and avoidable death in Health Care Workers (HWCs), other employees, workers, patients, family members, visitors, and other users of SA Health services and others in the community.

**However, it's been well-known from the outset that SARS-CoV-2 does not pose a serious threat for most people, i.e. most people are not at serious risk of covid-19.** Many people might encounter SARS-CoV-2, including even older, more vulnerable people, and not be too adversely affected, or only moderately affected.

**Why are people not at serious risk of covid-19, e.g. younger people who work in health services and associated areas, being pressed to have covid injections, even though these are unlikely to be of direct benefit to them? This is a serious ethical issue as the covid injections interfere with people's natural immune response, and provide an inferior level of immunity - with the apparent aim of hooking these people on covid injections for life.**

**The other major problem in the response to covid-19 is that treatments for the vulnerable and sick have been controversially suppressed, enabling emergency authorisations for covid 'vaccine' products. This is emerging as quite a scandal.**

Professor Dwyer, you say "The COVID-19 Vaccination is recommended, however not considered mandatory" and "In accordance with the current Australian Immunisation Handbook, CALHN as the immunisation provider must obtain informed consent from the worker prior to vaccination. Documentation of the informed consent is maintained by CALHN".

**I'm hearing anecdotal reports that health staff are under pressure to submit to these experimental medical products, how can they freely give their 'informed consent' in these circumstances?** While I understand the rationale behind injecting health staff, i.e. to purportedly protect patients, if this robs these individuals of their opportunity for natural immunity, and exposes them to the risk of adverse events and unknown long-term harms from these products, **then clearly this warrants further urgent ethical evaluation.**

**In my opinion, covid injections should not be foisted upon the entire community; in a world where the genuine objective was to aid the vulnerable and the sick, effective treatments should have been sought, but instead they're being suppressed. This is a shocking situation Professor Dwyer, with treatment being withheld from the vulnerable and sick.**

There is much to be investigated and considered about the grossly disproportionate and ill-targeted global response to covid-19. In this regard, please see below my recent email to AHPRA, the Medical Board of Australia, the Royal Australian College of General Practitioners, the Royal Australasian College of Physicians and the Australian Medical Association, **which includes my email to Professor Andrew Pollard, Chief Investigator on the Oxford/AstraZeneca vaccine trials, and Chair of the UK Joint Committee on Vaccination and Immunisation, asking who initiated the plan to vaccinate the entire global population against SARS-CoV-2, when it was already known the virus wasn't a serious threat to most people?**

**My email to Professor Pollard raises serious questions about the ethics evaluation process which approved covid-19 vaccine trials involving healthy people not at risk of covid-19.**

**Professor Dwyer, please consider my email to Professor Pollard, and think about the implications re the pressure on staff in health services to submit to covid injections, potentially for their lifetime, and forfeit their chance of natural immunity.**

Please note my email to you will be forwarded to other parties, including those in the email contact list below.

Sincerely  
Elizabeth Hart

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

----- Forwarded message -----

From: **Elizabeth Hart** <elizmhart@gmail.com>

Date: Mon, Jul 5, 2021 at 1:12 PM

Subject: Is it ethical to inject mass populations with covid injections? Questioning the ethics evaluation process for covid vaccine clinical trials

To: <communications@ahpra.gov.au>, <racgp@racgp.org.au>, <racp@racp.edu.au>, <president@ama.com.au>  
Cc: <chief.scientist@chiefscientist.gov.au>, <a.wilson@sydney.edu.au>, Marshall, Larry (Executive, Black Mountain) <larry.marshall@csiro.au>, PBAC <pbac@health.gov.au>, <Greg.Hunt.MP@aph.gov.au>, Kelly, Craig (MP) <craig.kelly.mp@aph.gov.au>, <A.Albanese.MP@aph.gov.au>, <mark.butler.mp@aph.gov.au>, Plibersek, Tanya (MP) <tanya.plibersek.mp@aph.gov.au>, <dunstan@parliament.sa.gov.au>, <ministerforhealth@sa.gov.au>, <laborleader@parliament.sa.gov.au>, Labor Shadow Health <ShadowHealth@parliament.sa.gov.au>, <bragg@parliament.sa.gov.au>, <James.Stevens.MP@aph.gov.au>, Hanson, Pauline (Senator) <senator.hanson@aph.gov.au>, <senator.roberts@aph.gov.au>, <senator.canavan@aph.gov.au>, <ElectorateOffice.Willoughby@parliament.nsw.gov.au>, <electorate.fanniebay@nt.gov.au>, <daniel.andrews@parliament.vic.gov.au>, Collignon, Peter (Health) <peter.collignon@act.gov.au>, Peter Collignon <collignon.peter@gmail.com>, <wa-government@dpc.wa.gov.au>, <Premier@ministerial.qld.gov.au>, BARR Reception <barr@act.gov.au>, <david.anderson@abc.net.au>, <j.shine@garvan.org.au>, <robert.clancy181@gmail.com>, Peter Doherty <pcd@unimelb.edu.au>, <senator.lambie@aph.gov.au>, <george.christensen.mp@aph.gov.au>, <barnaby.joyce.mp@aph.gov.au>, <Brendan.Murphy@health.gov.au>, <covid19vaccinerfi@health.gov.au>, <christopher.blyth@uwa.edu.au>, Allen Cheng <Allen.Cheng@monash.edu>, <sue.macleman@mtpconnect.org.au>, <mark.sullivan@medicinesdevelopment.com>, <george.williams@unsw.edu.au>, <john.skerritt@health.gov.au>, <nicola.spurrier@flinders.edu.au>, ATAGI Secretariat <atagi.secretariat@health.gov.au>, Peter A. McCullough <PeterAMcCullough@gmail.com>, Nick Hudson <nick.hudson@pandata.org>, Emma McArthur <ejminoza@gmail.com>, <libadm@liberal.org.au>, <media@liberal.org.au>, <brett.sutton@dhhs.vic.gov.au>

Please forward this email to the people addressed below.

**For the attention of:**

- Dr Anne Tonkin, Chair, Medical Board of Australia
- Ms Gill Callister PSM, Chair, Australian Health Practitioner Regulation Agency (AHPRA) Agency Management Committee
- Mr Martin Fletcher, CEO, AHPRA
- Dr Karen Price, President, Royal Australian College of General Practitioners (RACGP)
- Professor John Wilson AM, President, Royal Australasian College of Physicians (RACP)
- Dr Omar Khorshid, President, Australian Medical Association (AMA)

Dear Dr Tonkin, Ms Callister, Mr Fletcher, Dr Price, Professor Wilson and Dr Khorshid

Please see below my email to Professor Andrew Pollard, Chief Investigator on the Oxford/AstraZeneca vaccine trials, and Chair of the UK Joint Committee on Vaccination and Immunisation, asking **who initiated the plan to vaccinate the entire global population against SARS-CoV-2 when it was already known it wasn't a serious threat to most people?**

**My email to Professor Pollard raises serious questions about the ethics evaluation process which approved the Oxford/AstraZeneca covid-19 vaccine trials involving healthy people not at risk of covid-19.**

**This also throws into question the ethics evaluation process for other covid-19 injections, e.g. Pfizer, Moderna, Johnson & Johnson, Sinopharm, Sputnik V, etc.**

Dr Tonkin, Ms Callister, Mr Fletcher, Dr Price, Professor Wilson and Dr Khorshid, this is relevant to my previous emails to you on the subject of informed consent and ethics, i.e. [Coercive covid-19 injections in Australia](#), 8 June 2021, and [Is it ethical for doctors to inject children with covid-19 injections?](#) 15 June 2021.

**Again, see my email below to Professor Andrew Pollard, challenging the ethics evaluation process for the Oxford/AstraZeneca covid-19 vaccine trials.**

It's on the record these matters have been brought to your attention.

Sincerely

Elizabeth Hart

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

----- Forwarded message -----

From: **Elizabeth Hart** <[elizmhart@gmail.com](mailto:elizmhart@gmail.com)>

Date: Wed, Jun 30, 2021 at 9:46 PM

Subject: Who initiated the plan to vaccinate the entire global population against SARS-CoV-2?

To: <[andrew.pollard@paediatrics.ox.ac.uk](mailto:andrew.pollard@paediatrics.ox.ac.uk)>

Cc: Fiona Godlee, Sharon Davies, Peter Doshi, Kamran Abbasi, Theodora Bloom, Allyson Pollock, John Ioannidis, Simon Wain-Hobson, Richard Ebright, Marc Lipsitch, Michael Osterholm, Tom Inglesby, Carl Heneghan, Michael Levitt, Martin Kulldorff, Jayanta Bhattacharya, Sucharit Bhakdi, Gus Dagleish, Karol Sikora, Anders Tegnell, Johan Giesecke, Ian Frazer, Peter Doherty, Peter Collignon, Roy Anderson, Peter Openshaw, Adrian Smith, David Cannadine, Venki Ramakrishnan, Andrew Goddard, Chris Conlon, Dan Sumners, John Shine, Robert Clancy, Sunetra Gupta, Heidi Larson, Graham Medley, Melinda Mills, John Bell, Davd Kennedy, Andrew Read, Neil Ferguson, Patrick Vallance, Chris Whitty, Peter A. McCullough, Nick Hudson, Emma McArthur

**For the attention of:**

Professor Andrew Pollard

Chief Investigator on the Oxford/AstraZeneca covid-19 vaccine trials

Head of the Oxford Vaccine Group

Chair of the UK Joint Committee on Vaccination and Immunisation (JCVI)

Professor Pollard, **who initiated the plan to vaccinate the entire global population against SARS-CoV-2 when it was already known it wasn't a serious threat to most people?**

What is being set in place now is a global plan to inject people of all ages and health status with covid injections throughout life. More covid injections are coming, e.g. courtesy of your group with the [Oxford Covid-19 variant vaccine, i.e. the Beta variant](#), on top of the two doses of original covid-19 injections. Already 44.5 million people [in the UK](#) have had a first dose, with 32.7 million having a second dose. **But how many of these millions of people were actually at serious risk from covid-19? How many were already immune?**

**This is a disaster. Billions of people around the world are being coerced into having covid-19 injections that may not be of benefit to them, and which may cause harm, including damaging natural immunity.** We have no idea of the long-term consequences of covid-19 injections, this is a massive global experiment underway, without 'informed consent', which is in breach of medical ethics and international human rights conventions such as the [Helsinki Declaration](#).

Additionally, billions of pounds have been diverted into this global covid-19 vaccine response, including widespread PCR testing, valuable resources which have been taken away from crucial areas of the health system.

Professor Pollard, it was acknowledged from the beginning that SARS-CoV-2 wasn't a serious risk for most people, e.g. the WHO stated **"Illness due to COVID-19 is generally mild, especially for children and young adults"**. (WHO Q&A on coronaviruses (COVID-19) - Should I worry about COVID-19. 9 March 2020.)

**So how could an ethics committee approve the participation of people not at risk of covid-19 in covid-19 vaccine trials?**

**Due to ethics committees approving covid-19 vaccine trials including people not seriously at risk of the virus, billions of people around the world not at serious risk of covid-19 are being set up to have covid injections for life, with their own effective natural immune response being disrupted by these covid injections.**

**This is seriously unethical Professor Pollard! How on earth could an ethics committee approve vaccine trials that could lead to this outcome, did they not think this through?**

Professor Pollard, I suggest the [Oxford/AstraZeneca vaccine trials](#) including people not at serious risk of covid-19, i.e. healthy people aged 18-55 years and children aged 6-17 years, **contravenes the Helsinki Declaration**, e.g.

**"Medical research involving human subjects may only be conducted if the importance of the objective outweighs the risks and burdens to the research subjects...All medical research involving human subjects must be preceded by careful assessment of predictable risks and burdens to the individuals and groups involved in the research in comparison with foreseeable benefits to them and to other individuals or groups affected by the condition under investigation."** (My emphasis.)

**I'm staggered that an ethics committee could approve vaccine trials with participants who aren't at serious risk of the virus, i.e. not at serious risk of covid-19, particularly with the potential that these people could end up being caught into having covid injections for life.**

Professor Pollard, I requested transparency for the ethics evaluation carried out by the Berkshire Research Ethics Committee regarding the inclusion of children and others in the covid-19 vaccine trials, commencing my email enquiries on 9 February 2021. (See email thread attached.) In my initial enquiry, I noted my questions had also been asked in my *BMJ* rapid response published on 5 February 2021, i.e. [Is it ethical to include children in the Oxford-AstraZeneca vaccine trials?](#)

After some delay, I finally received a response from the Health Research Authority (28 April 2021) saying:

- Your request has been refused, in part, under FOIA exemption *section 43 – trade secrets & prejudice to commercial interests*.
- Please note Section 43 is a qualified exemption and as such the public interest must be considered. Whilst the HRA promotes research transparency and recommends the results of all trials be made public, we also note that this study is in its very early stages. **Disclosing information at this stage could harm the commercial interests of the Sponsor and Third Parties and breach confidentiality agreements that prohibit the disclosure of such information.**
- Some of the documents you have requested contain information relating to a recently developed product and we are of the view that disclosure of the information, **which details inside information representing the unique knowledge and know-how of the Chief Investigator, sponsor and the third parties, would prejudice their commercial interests (including intellectual property), giving actual and potential competitors an unfair advantage.**
- When handling your request we have considered both the public interest and the interests of the sponsor and other third parties

(My emphasis.)

Professor Pollard, it appears there is no transparency for the Berkshire Research Ethics Committee's deliberations on the Oxford/AstraZeneca vaccine trials, it remains unclear how it could be deemed ethical to include people not at serious risk of covid-19 in this medical experiment.

**The ethics process is more concerned about protecting the commercial interests of the Sponsor and Third Parties, and you as the Chief Investigator, rather than properly considering the best interests of people being recruited for the covid-19 vaccine trials, and whether it was appropriate to recruit healthy people aged 18-55 years and children aged 6-17 years.**

**It's really an astonishing situation Professor Pollard, and I don't think many people are awake to the significance yet...**

This gets back to my previous questions to you Professor Pollard:

- **Who initiated the plan to vaccinate the entire global population against a virus which it was already known wasn't a serious threat to most people?**
- **How was this plan evaluated and by whom?**
- **Where is the public record?**

I request your urgent response on this matter. Also note my previous emails to you below, which remain unacknowledged and unanswered by you.

Sincerely  
Elizabeth Hart

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

On Wed, Jun 16, 2021 at 3:22 PM Elizabeth Hart <elizmhart@gmail.com> wrote:

**For the attention of:**

Professor Andrew Pollard  
Chief Investigator on the Oxford/AstraZeneca vaccine trials  
Chair of the UK Joint Committee on Vaccination and Immunisation

Dear Professor Pollard

**Why were children included in the Oxford/AstraZeneca covid-19 vaccine trials?**

It was reported in May 2020 that "**most paediatric cases with laboratory-confirmed SARS-CoV-2 infection are mild; severe COVID-19 disease in children is rare**". \*

**It was known from the beginning that children weren't at serious risk with the SARS-CoV-2 virus, why were they included in covid-19 vaccine trials?**

**To vaccinate people at an early age with what potentially could be annual coronavirus vaccination throughout life, with unknown long-term cumulative consequences, raises important ethical questions, particularly when they are not at serious risk of disease.**

Professor Pollard, I first asked you about this last year, in an email dated 20 June 2020, see email below. **But you did not respond.**

I also asked this question in my *BMJ* rapid response: [Is it ethical to include children in the Oxford-AstraZeneca vaccine trials?](#) 5 February 2021.

Professor Pollard, the Helsinki Declaration states: "**Medical research involving human subjects may only be conducted if the importance of the objective outweighs the risks and burdens to the research subjects.**"

As children do not appear to be at serious risk with SARS-CoV-2, in my opinion the risks and burdens for them participating in covid-19 vaccine trials outweigh the importance of the objective of the medical research, particularly as the plan is for children in general society to be vaccinated, when this appears to not be appropriate.

**Why were any age groups not at serious risk of the SARS-CoV-2 virus included in the covid-19 vaccine trials?**

And, ***most importantly*...who initiated the plan to vaccinate the entire global population against a virus which it was already known wasn't a serious threat to most people?**

**How was this plan evaluated and by whom?**

**Where is the public record?**

I request your urgent response Professor Pollard, these are important matters of public interest. See my previous email to you below.

Sincerely

Elizabeth Hart

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

\* The immune system of children: the key to understanding SARS-CoV-2 susceptibility? Rita Carsetti et al. *The Lancet Child & Adolescent Health*. Comment. Volume 4, Issue 6, P414-416, June 01, 2020: [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(20\)30135-8/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30135-8/fulltext)

----- Forwarded message -----

From: **Elizabeth Hart** <elizmhart@gmail.com>

Date: Sat, Jun 20, 2020 at 4:22 PM

Subject: Questioning the ethics of children's involvement in Oxford's COVID-19 vaccine trials

To: <andrew.pollard@paediatrics.ox.ac.uk>

**For the attention of:**

Professor Andrew Pollard  
Head of the Oxford Vaccine Group  
Chair of the UK Joint Committee on Vaccination and Immunisation

Dear Professor Pollard, **is it ethical to include children in SARS-CoV-2/COVID 19 vaccine trials?**

The phase II part of the Oxford COVID-19 vaccine trial in human volunteers is planned to include children aged between 5-12 years: <http://www.ox.ac.uk/news/2020-05-22-oxford-covid-19-vaccine-begin-phase-iiii-human-trials>

It's been reported that "**most paediatric cases with laboratory-confirmed SARS-CoV-2 infection are mild; severe COVID-19 disease in children is rare**". (See comment published in *The Lancet Child & Adolescent Health: The immune system of*

**children: the key to understanding SARS-CoV-2 susceptibility?** [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(20\)30135-8/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30135-8/fulltext) )

**How can it be ethical to include children in SARS-CoV-2/COVID 19 vaccine trials if most SARS-CoV-2 infections in children are mild, and severe COVID-19 disease in children is rare?**

**Professor Pollard, can you please advise what type of ethical committee process was undertaken in regards to Oxford's COVID-19 vaccine trial involving children aged between 5-12 years?**

I would appreciate your response on this matter.

Sincerely

Elizabeth Hart

Independent citizen investigating conflicts of interest in vaccination policy and the over-use of vaccine products

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## 2 attachments

 **HRA response to FOI 2021\_FOI\_062.pdf**  
215K

 **Response from Lesley Dwyer CALHN.pdf**  
515K

## Curtailing the free movement of South Australians - Questions for SA Premier Steven Marshall

Elizabeth Hart <elizmhart@gmail.com>

Tue, Jul 20, 2021 at 3:26 PM

To: dunstan@parliament.sa.gov.au

Cc: communications@ahpra.gov.au, racgp@racgp.org.au, racp@racp.edu.au, president@ama.com.au, chief.scientist@chiefscientist.gov.au, a.wilson@sydney.edu.au, "Marshall, Larry (Executive, Black Mountain)" <larry.marshall@csiro.au>, PBAC <pbac@health.gov.au>, Greg.Hunt.MP@aph.gov.au, "Kelly, Craig (MP)" <craig.kelly.mp@aph.gov.au>, A.Albanese.MP@aph.gov.au, mark.butler.mp@aph.gov.au, "Plibersek, Tanya (MP)" <tanya.plibersek.mp@aph.gov.au>, dunstan@parliament.sa.gov.au, ministerforhealth@sa.gov.au, laborleader@parliament.sa.gov.au, Labor Shadow Health <ShadowHealth@parliament.sa.gov.au>, bragg@parliament.sa.gov.au, James.Stevens.MP@aph.gov.au, "Hanson, Pauline (Senator)" <senator.hanson@aph.gov.au>, senator.roberts@aph.gov.au, senator.canavan@aph.gov.au, ElectorateOffice.Willoughby@parliament.nsw.gov.au, electorate.fanniebay@nt.gov.au, daniel.andrews@parliament.vic.gov.au, "Collignon, Peter (Health)" <peter.collignon@act.gov.au>, Peter Collignon <collignon.peter@gmail.com>, wa-government@dpc.wa.gov.au, Premier@ministerial.qld.gov.au, BARR Reception <barr@act.gov.au>, david.anderson@abc.net.au, j.shine@garvan.org.au, robert.clancy181@gmail.com, Peter Doherty <pcd@unimelb.edu.au>, senator.lambie@aph.gov.au, george.christensen.mp@aph.gov.au, barnaby.joyce.mp@aph.gov.au, Brendan.Murphy@health.gov.au, covid19vaccinerfi@health.gov.au, christopher.blyth@uwa.edu.au, Allen Cheng <Allen.Cheng@monash.edu>, sue.macleman@mtpconnect.org.au, mark.sullivan@medicinesdevelopment.com, george.williams@unsw.edu.au, john.skerritt@health.gov.au, nicola.spurrier@flinders.edu.au, ATAGI Secretariat <atagi.secretariat@health.gov.au>, "Peter A. McCullough" <PeterAMcCullough@gmail.com>, Nick Hudson <nick.hudson@pandata.org>, Emma McArthur <ejminoz@gmail.com>, libadm@liberal.org.au, media@liberal.org.au, brett.sutton@dhhs.vic.gov.au

### For the attention of:

Mr Steven Marshall  
Premier of South Australia

Mr Marshall, you have personally decreed South Australians stay at home for seven days, only being allowed to leave home for limited reasons you have allowed.

**Please explain on what basis you are curtailing the free movement and association of 1.77 million South Australians?**

**What exactly is the definition of 'the emergency' which has placed South Australians under restrictive laws for the past 16 months?**

You say this action is based on 'expert health advice'.

**Who are the people providing you with 'expert health advice', their qualifications/expertise, and details of any conflicts of interest?**

The SA Government's COVID-19 dashboard today indicates there are 14 'active cases', with one patient in hospital, not ICU.

**These 14 'cases' attributed to COVID-19 are sending the entire state into lockdown, causing chaos across the state, disruption everywhere, including delaying treatment and operations for people in hospitals, closure of schools, closure of construction sites, effectively bringing normal life to a standstill, impacting on livelihoods, and family and social interaction.**

**There must be transparency for these 'cases' you are using to close down the state and curb freedom of movement.** How have these 'cases' been diagnosed? How sick are these people? What is their age and health status, do they have pre-existing health issues/comorbidities. What is their vaccination status, ie. unvaccinated, vaccinated single dose or double dose, which covid-19 vaccine products have they had?

**Mr Marshall, you have had 16 months to prepare for COVID-19.** Apart from the enormous resources that have been poured into vaccine candidates and testing around the world, **what action have you taken to pursue effective treatments for COVID-19, and also to promote promising preventatives such as vitamin D for those with a deficiency?**

Given there is a bulge of aging baby boomers in the population, **what steps have you taken to increase health services to cope with an aging cohort you knew would place increasing pressure on South Australia's health services?**

**Mr Marshall you are personally exerting extraordinary control over the movement and association of the people of South Australia, on very questionable grounds.**

**I reiterate my questions:**

- Who are the people providing you with 'expert health advice', their qualifications/expertise, and details of any conflicts of interest.
- How have 'cases' been diagnosed? How sick are these people? What is their age and health status, do they have pre-existing health issues/comorbidities. What is their vaccination status, ie. unvaccinated, vaccinated single dose or double dose, which covid-19 vaccine products have they had?

- What action have you taken to pursue effective treatments for COVID-19, and also to promote promising preventatives such as vitamin D for those with a deficiency?
- What steps have you taken to increase health services to cope with an aging cohort you knew would place increasing pressure on South Australia's health services?

**I request your urgent response.**

Sincerely

Elizabeth Hart

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

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## The Covid emergency and medical and scientific experts - email to Greg Hunt, Federal Health Minister

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Elizabeth Hart <elizmhart@gmail.com>

Fri, Jul 23, 2021 at 11:40 AM

To: Greg.Hunt.MP@aph.gov.au

Cc: communications@ahpra.gov.au, racgp@racgp.org.au, racp@racp.edu.au, president@ama.com.au, chief.scientist@chiefscientist.gov.au, a.wilson@sydney.edu.au, "Marshall, Larry (Executive, Black Mountain)" <larry.marshall@csiro.au>, PBAC <pbac@health.gov.au>, "Kelly, Craig (MP)" <craig.kelly.mp@aph.gov.au>, A.Albanese.MP@aph.gov.au, mark.butler.mp@aph.gov.au, "Plibersek, Tanya (MP)" <tanya.plibersek.mp@aph.gov.au>, dunstan@parliament.sa.gov.au, ministerforhealth@sa.gov.au, laborleader@parliament.sa.gov.au, Labor Shadow Health <ShadowHealth@parliament.sa.gov.au>, bragg@parliament.sa.gov.au, James.Stevens.MP@aph.gov.au, "Hanson, Pauline (Senator)" <senator.hanson@aph.gov.au>, senator.roberts@aph.gov.au, senator.canavan@aph.gov.au, ElectorateOffice.Willoughby@parliament.nsw.gov.au, electorate.fanniebay@nt.gov.au, daniel.andrews@parliament.vic.gov.au, "Collignon, Peter (Health)" <peter.collignon@act.gov.au>, Peter Collignon <collignon.peter@gmail.com>, wa-government@dpc.wa.gov.au, Premier@ministerial.qld.gov.au, BARR Reception <barr@act.gov.au>, david.anderson@abc.net.au, j.shine@garvan.org.au, robert.clancy181@gmail.com, Peter Doherty <pcd@unimelb.edu.au>, senator.lambie@aph.gov.au, george.christensen.mp@aph.gov.au, barnaby.joyce.mp@aph.gov.au, Brendan.Murphy@health.gov.au, covid19vaccinerfi@health.gov.au, christopher.blyth@uwa.edu.au, Allen Cheng <Allen.Cheng@monash.edu>, sue.macleman@mtpconnect.org.au, mark.sullivan@medicinesdevelopment.com, george.williams@unsw.edu.au, john.skerritt@health.gov.au, nicola.spurrier@flinders.edu.au, ATAGI Secretariat <atagi.secretariat@health.gov.au>, "Peter A. McCullough" <PeterAMcCullough@gmail.com>, Nick Hudson <nick.hudson@pandata.org>, Emma McArthur <ejminoz@gmail.com>, libadm@liberal.org.au, media@liberal.org.au, brett.sutton@dhhs.vic.gov.au, premier@sa.gov.au

### For the attention of:

Mr Greg Hunt  
Australian Minister for Health and Aged Care  
Member for Flinders  
Member of the Liberal Party of Australia

Mr Hunt, while Prime Minister Scott Morrison is the public face insisting it's not safe to open Australia's borders for the past 16 months[1], it appears **you are the person advising the Governor General to declare a human biosecurity emergency under the Biosecurity Act 2015**.[2]

Mr Hunt, please explain, **what is the definition of 'the emergency' you are using to justify the Governor General's declaration of a human biosecurity emergency under the Biosecurity Act 2015?**

The emergency period has been in place since 18 March 2020, rolling over every three months since then, with the current emergency measures set to continue until 17 September 2021.[3]

**Mr Hunt, as the Governor-General may extend the declaration indefinitely at your behest, when are you ever going to call an end to this 'emergency'?**

The current emergency measures published on 10 June 2021 state:

***The extension, declared by the Governor General today, was informed by specialist medical and epidemiological advice provided by the Australian Health Protection Principal Committee (AHPPC) and the Commonwealth Chief Medical Officer.***

***The AHPPC has advised that the international COVID-19 situation continues to pose an unacceptable risk to public health.***

Mr Hunt, Australians have been held hostage by Morrison and State Government appointed medical and scientific experts for more than 16 months now.

**What is the "specialist medical and epidemiological advice provided by the Australian Health Protection Principal Committee (AHPPC) and the Commonwealth Chief Medical Officer"? Has this been objectively and independently assessed? Please provide me with the AHPPC and Commonwealth Chief Medical Officer's advice, and the empirical evidence supporting this advice.**

**Who are the members of the AHPPC?** The AHPPC webpage states: "AHPPC is comprised of all state and territory Chief Health Officers and is chaired by the Australian Chief Medical Officer."[4]

**This is surprisingly scant information for a group of unelected people who are wielding enormous influence over the free movement and association of Australians during this extensive 'emergency' period, and who are also pressing covid-19 vaccine products upon the Australian population.**

Mr Hunt, Scott Morrison has indicated to me the Morrison Government is seeking to **"achieve the highest rate of vaccination possible...guided by the advice of medical and scientific experts"**[5].

**There must be transparency for these medical and scientific experts who are influencing Australia's taxpayer-funded covid-19 vaccination policy.**

**Are the Chief Medical Officer and State Chief Health Officers the only people influential on prolonging the human biosecurity emergency?** Chief Medical Officer and Director of Human Biosecurity Paul Kelly has publicly stated that 'other experts' are involved in AHPPC meetings[6] - **who are these 'other experts'?**

We must have transparency for **all the people influencing Australia's response to covid-19 and the vaccine rollout. Their names, role, qualifications/expertise, professional affiliations, and any conflicts of interest, must be clearly listed on the AHPPC webpage.**

I reiterate my questions Mr Hunt:

- **What is the definition of 'the emergency' you are using to justify the Governor General's declaration of a human biosecurity emergency under the Biosecurity Act 2015?**
- **What is the "specialist medical and epidemiological advice provided by the Australian Health Protection Principal Committee (AHPPC) and the Commonwealth Chief Medical Officer"? Has this been objectively and independently assessed? Please provide me with the AHPPC and Commonwealth Chief Medical Officer's advice, and the empirical evidence supporting this advice.**
- **Who are the members of the AHPPC and 'other experts' influencing Australia's taxpayer-funded response to covid-19 and the vaccine rollout? What are their names, role, qualifications/expertise, professional affiliations, and any conflicts of interest, these must be clearly listed on the AHPPC webpage.**

I request your urgent response.

Sincerely

Elizabeth Hart

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

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1. Australia sticks by plan to re-open border in mid-2022. Reuters, 16 May 2021.
2. COVID-19 Legislative response - Human Biosecurity Emergency Declaration Explainer. Parliament of Australia. Posted 19/03/2020 by Howard Maclean & Karen Elphick.
3. COVID-19 emergency measures extended for a further three months. Minister Department of Health media release, 10 June 2021.
4. Australian Health Protection Principal Committee (AHPPC). The Australian Health Protection Principal Committee is the key decision making committee for health emergencies. It is comprised of all state and territory Chief Health Officers and is chaired by the Australian Chief Medical Officer.
5. Letter from Prime Minister Scott Morrison to Elizabeth Hart, 16 October 2020.
6. Chief Medical Officer Professor Paul Kelly and Lieutenant General John Frewin's press conference on 11 July 2012. Australian Department of Health media transcript, 12 July 2012.

## South Australians held hostage by Steven Marshall and Nicola Spurrier in Covid-19 lockdown

Elizabeth Hart <elizmhart@gmail.com>

Sun, Jul 25, 2021 at 7:02 PM

To: sapol.enquiries@police.sa.gov.au

Cc: Greg.Hunt.MP@aph.gov.au, communications@ahpra.gov.au, racgp@racgp.org.au, racp@racp.edu.au, president@ama.com.au, chief.scientist@chiefscientist.gov.au, a.wilson@sydney.edu.au, "Marshall, Larry (Executive, Black Mountain)" <larry.marshall@csiro.au>, PBAC <pbac@health.gov.au>, "Kelly, Craig (MP)" <craig.kelly.mp@aph.gov.au>, A.Albanese.MP@aph.gov.au, mark.butler.mp@aph.gov.au, "Plibersek, Tanya (MP)" <tanya.plibersek.mp@aph.gov.au>, dunstan@parliament.sa.gov.au, ministerforhealth@sa.gov.au, laborleader@parliament.sa.gov.au, Labor Shadow Health <ShadowHealth@parliament.sa.gov.au>, bragg@parliament.sa.gov.au, James.Stevens.MP@aph.gov.au, "Hanson, Pauline (Senator)" <senator.hanson@aph.gov.au>, senator.roberts@aph.gov.au, senator.canavan@aph.gov.au, ElectorateOffice.Willoughby@parliament.nsw.gov.au, electorate.fanniebay@nt.gov.au, daniel.andrews@parliament.vic.gov.au, "Collignon, Peter (Health)" <peter.collignon@act.gov.au>, Peter Collignon <collignon.peter@gmail.com>, wa-government@dpc.wa.gov.au, Premier@ministerial.qld.gov.au, BARR Reception <barr@act.gov.au>, david.anderson@abc.net.au, j.shine@garvan.org.au, robert.clancy181@gmail.com, Peter Doherty <pcd@unimelb.edu.au>, senator.lambie@aph.gov.au, george.christensen.mp@aph.gov.au, barnaby.joyce.mp@aph.gov.au, Brendan.Murphy@health.gov.au, covid19vaccinerfi@health.gov.au, christopher.blyth@uwa.edu.au, Allen Cheng <Allen.Cheng@monash.edu>, sue.macleman@mtpconnect.org.au, mark.sullivan@medicinesdevelopment.com, george.williams@unsw.edu.au, john.skerritt@health.gov.au, nicola.spurrier@flinders.edu.au, ATAGI Secretariat <atagi.secretariat@health.gov.au>, "Peter A. McCullough" <PeterAMcCullough@gmail.com>, Nick Hudson <nick.hudson@pandata.org>, Emma McArthur <ejminoz@gmail.com>, libadm@liberal.org.au, media@liberal.org.au, brett.sutton@dhhs.vic.gov.au, premier@sa.gov.au

### For the attention of:

Grant Stevens  
Commissioner of Police  
South Australia Police

Dear Commissioner Stevens

**South Australians are being held hostage by Premier Steven Marshall and Chief Public Health Officer Nicola Spurrier**, denied free movement and association during a seven day lockdown, due to active 'cases' of covid-19 in South Australia. Is their plan to keep South Australians restrained until they all submit to 'the vaccine'?

The ABC reports that you have signed off [a mandatory vaccination direction for frontline doctors and nurses in South Australia](#). Commissioner Stevens, **have you fully considered the implications of this mandatory vaccination direction, i.e. that you are endorsing mandatory vaccination for many people who may be of an age and health status not at risk of covid-19, and that covid-19 injections may impair their natural immune response, with potentially lifelong consequences? Have you considered you may be denying people their right to 'informed consent' before vaccination, without coercion?** I discuss 'informed consent' further in this email.

Commissioner Stevens, **do you think it appropriate that South Australians are confined to their homes with limited movement allowed, and that SA Police are being used to police restrictions on people's free movement and association?** How does this sit with your message to the people about SA Police communicating transparently with the public, and retaining community trust and confidence? I can assure you my trust is severely dented in the Marshall Government and its restrictions being enforced by SA Police.[1]

**What is the medical and scientific evidence being used to justify this severe impediment on the freedom of South Australians?** I've recently asked this question of both [Premier Steven Marshall](#), and also [Federal Health Minister Greg Hunt](#). Will I receive responses from these supposed representatives of the people?

**What is the level of risk to justify shutting down the entire state of South Australia, of 1.77 million people?**

According to the SA COVID-19 dashboard, there are currently 29 active covid-19 'cases', with two cases in hospital, not ICU. How sick are these people? What is their age and health status, do they have pre-existing health issues/comorbidities? What is their vaccination status, i.e. unvaccinated, vaccinated single dose, which covid-19 vaccine products have they had? What treatment is being provided to people classified as covid patients? **Why are Steven Marshall and Nicola Spurrier so reluctant to release this pertinent information?**

The situation is the same in New South Wales and Victoria, states which are also in lockdown due to 'cases'. **The Morrison and State Governments, and their medical and scientific advisers, have backed us into a 'zero covid' corner.**[2] **This is now an impossible situation, with the rushed implementation of experimental covid-19 vaccine products, which don't prevent infection or transmission, and interference with the development of natural immunity.** In my opinion the covid-19 vaccines should not have been implemented, and I'm pursuing this matter further, see for example my email to Professor Andrew Pollard, the Chief Investigator on the Oxford/AstraZeneca covid-19 vaccine trials, and Chair of the UK Joint Committee on Vaccination and Immunisation: [Who initiated the plan to vaccinate the entire global population against SARS-CoV-2?](#) 30 June 2021, and my *BMJ* (*British Medical Journal*) rapid response: [Is it ethical to include children in the Oxford-AstraZeneca vaccine trials?](#) 5 February 2021.

Commissioner Stevens, **Australia has been subject to Federal and State emergency restrictions for 17 months on the back of 'cases' - this is not sustainable.** Despite lockdowns, yesterday protests went ahead in New South Wales and Victoria, and around the world, attended by many desperate people literally fighting for their lives, with one protester saying "I need to work, I

need to feed my family and pay the mortgage".[3] **Highly paid State premiers, chief health officers...and police commissioners...are making decisions which are seriously impacting on people's livelihoods and freedom.**

**Is it a coincidence that lockdowns are being imposed on 13 million Australians, half of the country, simultaneously with the Morrison Government running more taxpayer-funded advertisements for its \$40 million campaign to push Australians to have covid-19 injections?**[4] Is this a plan to drive Australians to submit to covid-19 injections to free them from lockdown, regardless of their personal risk with covid-19, and the very questionable effectiveness of covid-19 vaccine products?

How much are media channels such as 7 and 9 and other media being paid to promote the Morrison Government's covid-19 vaccine agenda? **Is this why media news reporting reflects Morrison and State Governments' covid-19 propaganda, with no critical analysis of the medical and scientific advice being used by politicians to restrict Australians?**

As Emma McArthur points out in [her recent letter to Prime Minister Scott Morrison](#), asking why he abandoned Australia's pandemic plan to pursue an authoritarian 'suppression' covid strategy, with a vaccine solution as the only way out, **"...for most people COVID-19 is a mild illness. Recent estimates suggest a global infection fatality rate of 0.15%, which is not dissimilar to influenza; for the under 70s it is 0.05%. Children are much less likely to develop symptoms of COVID-19 and their risk of death is close to zero"**. It's been known since February 2020 that covid-19 has a steep age gradient in mortality, with elderly people with comorbidities having an increased risk of serious illness and death, and most deaths have occurred in this group of people.

**Why is the Morrison Government's covid-19 vaccination media campaign suggesting people across age groups are at serious risk of covid-19?** This fear-mongering campaign is akin to the controversial Grim Reaper campaign re HIV/AIDS in the 1980's, which was similarly alarmist and misleading about risk.[5]

**Why has there not been more action to pursue effective treatments for covid-19, and also to promote promising preventatives such as vitamin D for those with a deficiency?** It seems effective treatments have been suppressed to facilitate 'emergency authorisations' for the fast-tracked experimental - and very lucrative - covid-19 vaccine products.

**Billions of dollars have been expended on covid-19 vaccine candidates, at the behest of Bill Gates, who led the global 'race for coronavirus vaccines' in 2020**, see for example GatesNotes: [What you need to know about the COVID-19 vaccine](#), 30 April 2020.

**Bill Gates has world leaders at his beck and call for his global vaccination project**, see for example [UK Prime Minister Boris Johnson meets Bill Gates to discuss COVID-19 vaccine](#) in November 2020. The Bill & Melinda Gates Foundation has dominated international vaccination policy for years[6], and is currently the second highest funder of the World Health Organisation, behind Germany, with the Bill & Melinda Gates-founded Gavi Alliance in fifth place behind the European Commission and the United States.[7]

**It's Bill Gates' plan that everyone in the world will have covid injections, including babies. It's astonishing Gates' plan to vaccinate everyone in the world, regardless of personal risk, wasn't subjected to independent and objective critical analysis.** But here we are, with everyone under immense pressure to have these vaccinations, or at risk of losing their jobs and participation in life generally, with Scott Morrison itching to use [the Murdoch media-influenced No Jab, No Play formula](#), e.g. no jab, no job; no jab, no travel; no jab, no restaurant; no jab, no sport etc, as demanded by Jane Halton[8], Chair of CEPI - the Coalition for Epidemic Preparedness Innovations, which is a global partnership launched in 2017 to develop vaccines to stop future epidemics, i.e. a partnership to develop global vaccines markets, co-founded by the Bill & Melinda Gates Foundation.[9]

**This pressure on everyone to have covid-19 vaccinations is very important to consider, as the covid-19 vaccines do not prevent infection and transmission**, as admitted by the TGA for the 'provisionally' approved covid-19 'vaccines'. [10] The description of these medical products as 'vaccines' is debatable, as they do not provide sterilising immunity, and are more aptly described as covid-19 'injections'. **It's unethical to coerce people who aren't at risk of covid-19 to have these experimental injections, hindering their own effective natural response to the virus, with the intention of hooking them onto lucrative covid-19 injections for life.** In this regard see my *BMJ (British Medical Journal)* rapid responses [Is it ethical to impede access to natural immunity? The case of SARS-CoV2](#), 25 March 2020, and [Is it ethical to vaccinate children to protect the elderly?](#) 5 August 2020.

Commissioner Stevens, **registered health practitioners in Australia are in a seriously conflicted situation with the Morrison Government's current covid-19 injection rollout - are they properly obtaining 'informed consent' from their patients before injecting them with the experimental covid-19 injections?**

In previous correspondence with the Australian Health Practitioner Regulation Agency (AHPRA) in 2017, in regards to the children's No Jab, No Pay law, Martin Fletcher, the CEO of AHPRA, responded to me saying:

**"Good medical practice: A code of conduct for doctors in Australia provides guidance to medical practitioners. Informed consent is a key element of good medical practice. A medical practitioner must obtain informed consent before undertaking an examination or providing treatment, including providing vaccines. The immunisation legislation does not mandate vaccinations and consent is still required."** (My emphasis.)

The advice is very clear Commissioner Stevens, **"A medical practitioner must obtain informed consent before undertaking an examination or providing treatment, including providing vaccines"**. (My emphasis.)

**But I strongly suspect this is not happening.** The entire community is under enormous pressure to submit to covid-19 injections, regardless of risk, and regardless of the fact the long-term consequences of covid injections throughout life are unknown.

Most people are unaware the TGA has relied on manufacturers' data to 'provisionally' approve the covid-19 injections.[11] **Vaccine manufacturers such as Pfizer and AstraZeneca have been fined billions of dollars for malfeasance**[12], and it's criminal entities such as these we're relying on for data re safety and effectiveness.

The TGA is also relying on post-market assessment to evaluate the covid-19 injections.[13] **This means the people having these injections are part of a massive trial - have they given their informed consent to participate in this experiment?** Even Federal Health Minister Greg Hunt has admitted: **"The world is engaged in the largest clinical trial, the largest global vaccination trial ever..."**[14]

In regards to the TGA, the regulator of vaccines and other medical products, **this organisation is funded by industry**[15], i.e. **it's funded by those it regulates - this is a conflict of interest**. It's very concerning the TGA is also responsible for recording and evaluating adverse events after vaccination[16], this again is a conflict of interest.

In regards to further pertinent information before consent to vaccination, **most people are also probably unaware the vaccine manufacturers have been protected from liability**[17], **as have the doctors**[18].

I raised the matter of informed consent in an email to SA Chief Public Health Officer Nicola Spurrier, see [Coercive covid-19 injections in Australia](#), 4 June 2021, but did not receive a satisfactory response.

I've repeatedly contacted AHPRA, the Medical Board of Australia, the Royal Australian College of General Practitioners, the Royal Australasian College of Physicians, and the Australian Medical Association, on this matter, but they will not respond, see my emails:

- [Coercive covid-19 injections in Australia](#), 8 June 2021.
- [Is it ethical for doctors to inject children with covid-19 injections?](#) 15 June 2021.
- [Is it ethical to inject mass populations with covid injections? Questioning the ethics evaluation process for covid vaccine clinical trials](#), 5 July 2020.

I've also challenged Professor Lesley Dwyer, CEO of the Central Adelaide Local Health Network, regarding the pressure on health staff to submit to covid-19 injections, but her response was unsatisfactory. I attempted to raise this further with AHPRA and the other medical practitioner bodies, see this email thread, but again no response: [Is it ethical to insist on covid-19 injections for health staff?](#) 7 July 2021.

Commissioner Stevens, informed consent before the medical intervention of vaccination is a person's right, but I strongly suspect millions of Australians have been pressured to have covid-19 injections without informed consent. **It's startling to see that you personally have signed off a mandatory vaccination direction for frontline doctors and nurses in South Australia, as reported by the ABC. This is also important for you to consider in regards to police officers under your command, who are presumably also being pressured to have the covid-19 injections**

**It's a serious matter that Australians are being bullied into submitting to covid-19 injections via the imposition of very questionable lockdowns.**

**SA Premier Steven Marshall and Chief Public Health Officer Nicola Spurrier are keeping South Australians hostage with this lockdown based on very questionable evidence.** Even if there are more serious cases of covid-19, it's not feasible to keep locking down society and the economy, because covid-19 will not be eliminated by the hastily implemented covid-19 injections that do not prevent infection and transmission.

**This is an unprecedented global mass vaccination campaign, with a variety of rushed to market covid-19 'vaccine' products - we have no idea what the future holds.**

Commissioner Stevens, **there must be open public discussion on this vitally important matter in which you are personally involved by mandating covid-19 injections for health workers.**

In your role as SA Police Commissioner, **I request you challenge Premier Steven Marshall and Chief Public Health Officer Nicola Spurrier, and seek accountability for their oppression of South Australians via lockdown.**

Yours sincerely  
Elizabeth Hart

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

References:

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3. Sydney 'freedom' protesters condemned as police begin search for rule-breakers. Weekend Australian, 25 July 2021.
4. 'Arm yourself': Government launches new ad campaign to boost coronavirus vaccinations. SBS News, 11 July 2021: <https://www.sbs.com.au/news/arm-yourself-government-launches-new-ad-campaign-to-boost-coronavirus-vaccinations> 'You have to wake people up': Experts say Australia's vaccine ad campaign was a missed opportunity. SBS News, 11 July 2021: <https://www.sbs.com.au/news/you-have-to-wake-people-up-experts-say-australia-s-vaccine-ad-campaign-was-a-missed-opportunity>
5. This confronting advertising campaign ran for only three weeks in the 1980s, but it is seared on the nation's collective memory. The Canberra Times, 25 May 2020: <https://www.canberratimes.com.au/story/6750787/how-australia-tackled-the-aids-crisis/>
6. The Bill & Melinda Gates Foundation set up the Gavi Alliance in 1999 with a \$750 million pledge from the Gates Foundation. The Gates Foundation is a key Gavi partner in 'vaccine market shaping'. Bill and Melinda Gates pledged \$10 billion for the 'Decade of Vaccines', which commenced 2010. The Decade of Vaccines Collaboration consists of the World Health Organization, UNICEF, the Bill & Melinda Gates foundation, the Gavi Alliance, the U.S. National Institute of Allergy and Infectious Diseases, the African Leaders Malaria Alliance and others, including many governments, health leaders, non-government organisations and other

agencies. At the Global Vaccine Summit, hosted by the UK in June 2020, the Gates Foundation-backed Gavi raised "more than \$8.8 billion from 31 donor governments and 8 foundations, corporations and organisations to immunise 300 million children and support the global fight against COVID-19". (See 'World leaders make historic commitments to provide equal access to vaccines for all' on the Gavi Alliance website.) CEPI was launched in Davos in 2017 and co-founded by the Bill and Melinda Gates Foundation, along with the governments of Norway and India, the Wellcome Trust, and the World Economic Forum. CEPI is an "innovative global partnership between public, private, philanthropic, and civil society organisations. We're working together to accelerate the development of vaccines against emerging infectious diseases and equitable access to these vaccines for people during outbreaks", i.e. CEPI is working to develop massive global vaccine markets. CEPI is chaired by Jane Halton, a former Australian Government bureaucrat, who has called for No Jab, No Play to be used to coerce adults to submit to covid-19 vaccination. To date, CEPI has secured financial support from the Bill & Melinda Gates Foundation, Wellcome Trust, the European Commission, and the governments of Australia, Belgium, Canada, Denmark, Ethiopia, Germany, Japan, Mexico, Norway and the United Kingdom. For some critical analysis of the Bill & Melinda Gates Foundation see: Philanthropic Power and Development: Who shapes the agenda? <https://archive.globalpolicy.org/component/content/article/270-general/52829-philanthropic-power-and-development-who-shapes-the-agenda.html>

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8. Top adviser to Scott Morrison backs 'no jab, no play' for all. The Australian, 18 May 2020.

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10. See COVID-19 vaccine: AstraZeneca ChAdOx1-S. TGA, 26 March 2021: <https://www.tga.gov.au/covid-19-vaccine-astrazeneca-chadox1-s> TGA provisionally approves Pfizer COVID-19 vaccine. TGA, 25 January 2021: <https://www.tga.gov.au/media-release/tga-provisionally-approves-pfizer-covid-19-vaccine>

11. *Ibid.*

12. See: Violation Tracker Pfizer - Penalty total since 2000: \$4,660,896,333: <https://violationtracker.goodjobsfirst.org/parent/pfizer> and Corporate rap sheet: <https://www.corp-research.org/pfizer>

Violation Tracker AstraZeneca - Penalty total since 2000: \$1,148,775,284: <https://violationtracker.goodjobsfirst.org/parent/astrazeneca> and Corporate rap sheet: <https://www.corp-research.org/astrazeneca>

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14. Interview with David Speers on ABC Insiders on the COVID-19 vaccine rollout. Ministers Department of Health, media transcript, 21 February 2021: <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/interview-with-david-speers-on-abc-insiders-on-the-covid-19-vaccine-rollout>

15. TGA Fees and payments: <https://www.tga.gov.au/fees-and-payments>

16. TGA Database of Adverse Event Notifications (DAEN): <https://www.tga.gov.au/database-adverse-event-notifications-daen>

17. Vaccine suppliers given indemnity for 'inevitable' side effects. The Sydney Morning Herald, 8 October 2020.

18. Indemnity for GPs administering COVID-19 vaccines. Australian Medical Association, 15 April 2021: <https://www.ama.com.au/ama-rounds/16-april-2021/articles/indemnity-gps-administering-covid-19-vaccines>

## Why are people not at risk of covid-19 being pressed to have covid-19 injections? A question relevant to the Doherty modelling influencing Australia's covid-19 response

Elizabeth Hart <elizmhart@gmail.com>

Fri, Aug 20, 2021 at 2:52 PM

To: j.mcvernon@unimelb.edu.au, jamesm@unimelb.edu.au, Peter Doherty <pcd@unimelb.edu.au>  
Cc: i.frazer@uq.edu.au, Greg.Hunt.MP@aph.gov.au, communications@ahpra.gov.au, racgp@racgp.org.au, racp@racp.edu.au, president@ama.com.au, chief.scientist@chiefscientist.gov.au, a.wilson@sydney.edu.au, "Marshall, Larry (Executive, Black Mountain)" <larry.marshall@csiro.au>, PBAC <pbac@health.gov.au>, "Kelly, Craig (MP)" <craig.kelly.mp@aph.gov.au>, A.Albanese.MP@aph.gov.au, mark.butler.mp@aph.gov.au, "Plibersek, Tanya (MP)" <tanya.plibersek.mp@aph.gov.au>, dunstan@parliament.sa.gov.au, ministerforhealth@sa.gov.au, laborleader@parliament.sa.gov.au, Labor Shadow Health <ShadowHealth@parliament.sa.gov.au>, bragg@parliament.sa.gov.au, James.Stevens.MP@aph.gov.au, "Hanson, Pauline (Senator)" <senator.hanson@aph.gov.au>, senator.roberts@aph.gov.au, senator.canavan@aph.gov.au, ElectorateOffice.Willoughby@parliament.nsw.gov.au, electorate.fanniebay@nt.gov.au, daniel.andrews@parliament.vic.gov.au, "Collignon, Peter (Health)" <peter.collignon@act.gov.au>, Peter Collignon <collignon.peter@gmail.com>, wa-government@dpc.wa.gov.au, Premier@ministerial.qld.gov.au, BARR Reception <barr@act.gov.au>, david.anderson@abc.net.au, j.shine@garvan.org.au, robert.clancy181@gmail.com, senator.lambie@aph.gov.au, george.christensen.mp@aph.gov.au, barnaby.joyce.mp@aph.gov.au, Brendan.Murphy@health.gov.au, covid19vaccinerfi@health.gov.au, christopher.blyth@uwa.edu.au, Allen Cheng <Allen.Cheng@monash.edu>, sue.macleman@mtpconnect.org.au, mark.sullivan@medicinesdevelopment.com, george.williams@unsw.edu.au, john.skerritt@health.gov.au, nicola.spurrier@flinders.edu.au, ATAGI Secretariat <atagi.secretariat@health.gov.au>, "Peter A. McCullough" <PeterAMcCullough@gmail.com>, Nick Hudson <nick.hudson@pandata.org>, Emma McArthur <ejmnozz@gmail.com>, libadm@liberal.org.au, media@liberal.org.au, brett.sutton@dhhs.vic.gov.au, premier@sa.gov.au

### For the attention of:

- Professor Jodie McVernon, Doherty Institute and Murdoch Children's Research Institute
- Professor James McCaw, Doherty Institute and Murdoch Children's Research Institute
- Laureate Professor Peter Doherty, Patron of the Doherty Institute

Professor McVernon, Professor McCaw and Professor Doherty, **modelling out of the Doherty Institute in 2020 and now in 2021 is responsible for keeping Australians' free movement and association suppressed via lockdowns and restrictions, until a 'vaccine solution' is implemented in response to covid-19.**

**This is very problematic, as the 'vaccine solution' is resulting in millions of people not at serious risk of covid-19 being coerced into submitting to covid-19 injections, with unknown future consequences.**

**In this regard, please see below my email to Professor Andrew Pollard**, Chair of the UK Joint Committee on Vaccination and Immunisation, Member of WHO SAGE, Chief Investigator on the Oxford-AstraZeneca vaccine trials, and Head of the Oxford Vaccine Group.

My email asks Professor Pollard, **why are people not at serious risk of covid-19 being pressed to have the covid-19 injections?**

**It seems highly likely that most people are not properly giving their 'informed consent' before this medical intervention.**

My email to Professor Pollard also refers to the covid-19 'vaccine' rollout in Australia.

It was known from the beginning that most people weren't at serious risk of covid-19, **so why are these covid injections being pushed upon people outside the vulnerable groups, how has this happened?**

**This is what needs to be tracked back now, who is behind the creation of the lucrative covid industry...out of thin air...**

In the meantime Professor McVernon, Professor McCaw and Professor Doherty, **the authors of the Doherty modelling influencing the Morrison Government's National Cabinet's response to covid-19 must be clearly identified, including any potential conflicts of interest. When will the currently anonymous Doherty modelling\* issued in August 2021 be properly updated with this information?**

Please see below my email to Professor Pollard, **I request you consider the matters raised in relation to the influence of the Doherty modelling in Australia, including people being pressured to submit to covid-19 injections by their employers, as called for by people such as Michael Miller, News Corp Australasia's executive chairman, see: News chief Michael Miller urges bosses to champion the rollout.** *The Australian*, 19 August 2021. (See copy attached.)

Sincerely

Elizabeth Hart

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

\* Doherty modelling report revised 10th August 2021: [https://www.doherty.edu.au/uploads/content\\_doc/DohertyModelling\\_NationalPlan\\_and\\_Addendum\\_20210810.pdf](https://www.doherty.edu.au/uploads/content_doc/DohertyModelling_NationalPlan_and_Addendum_20210810.pdf) (As accessed 20 August 2021.)

----- Forwarded message -----

From: Elizabeth Hart <elizmhart@gmail.com>

Date: Tue, Aug 17, 2021 at 10:04 PM

Subject: Why are people not at risk of covid-19 being pressed to have covid-19 injections?

To: Andrew Pollard

Cc: Neil Ferguson, Patrick Vallance, Chris Whitty, Fiona Godlee, Sharon Davies, Peter Doshi, Kamran Abbassi, Theodora Bloom, Allyson Pollock, John Ioannidis, Simon Wain-Hobson, Richard Ebright, Marc Lipsitch, Michael Osterholm, Tom Inglesby, Carl Heneghan, Michael Levitt, Martin Kulldorff, Jayanta Bhattacharya, Sucharit Bhakdi, Gus Dagleish, Karol Sikora, Anders Tegnell, Johan Giesecke, Ian Frazer, Peter Doherty, Peter Collignon, Roy Anderson, Peter Openshaw, Adrian Smith, David Cannadine, Venki Ramakrishnan, Andrew Goddard, Chris Conlon, Dan Summers, John Shine, Robert Clancy, Sunetra Gupta, Heidi Larson, Graham Medley, Melinda Mills, John Bell, David Kennedy, Andrew Read, Peter McCullough, Nick Hudson, Emma McArthur

**For the attention of:**

Professor Andrew Pollard

- Chair of the UK Joint Committee on Vaccination and Immunisation (JCVI)
- Member of the WHO's Strategic Advisory Group of Experts on Immunization (SAGE)
- Chief Investigator on the Oxford-AstraZeneca covid-19 vaccine trials
- Head of the Oxford Vaccine Group

Professor Pollard, **why are people who are not at serious risk of covid-19 being pressed to have the covid-19 injections?**

The WHO notes "Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment." [1] (This is actually a confusing statement from the WHO as it's the SARS-CoV-2 virus that may infect people, and most will not experience serious symptoms of covid-19 the disease...)

**As most people infected with SARS-CoV-2 will only "experience mild to moderate respiratory illness and recover without requiring special treatment" how can it be ethical to impose what could be lifelong covid injections on most people?**

Professor Pollard, **there must be clarification on this matter, as the covid-19 injections continue to be rolled out around the world, including where I live in Australia.**

In the UK covid-19 injections are promoted for people aged 16 and over [2] - **why?**

**Why are people pushed to get covid-19 injections starting from this young age, when most people aren't at serious risk of covid-19?**

(GOV.UK) SAGE minutes say "Vaccines currently in use in the UK for COVID-19 are highly effective in protecting against severe disease and death". [3] What is the evidence for this exactly? **And why should people who aren't at risk of "severe disease and death" be pressed to have these 'vaccines' which, as the SAGE minutes acknowledge, do not produce sterilising immunity?**

People aren't just being offered these covid-19 injections, there's been a relentless media campaign pressing people to have these medical interventions, e.g. in Australia, with misleading slogans such as "We're not safe until we're all safe". [4] **Now there is the threat people will not be able to participate in daily life without vaccine passports.** [5]

Recently the UK *Telegraph* reports "**People who are fully vaccinated have a similar viral load to the unvaccinated, suggesting both can transmit Covid. New analysis by Public Health England (PHE) found little difference in how much virus was present in people who had been jabbed, leading to fears that the vaccines will not suppress spread as much as hoped.**" [6]

Professor Pollard, *The Telegraph* reports you said "**it was clear that the delta variant could infect people who had been vaccinated, which made herd immunity impossible to reach even with a high vaccine uptake**". You said: "**We don't have anything that will stop transmission, so I think we are in a situation where herd immunity is not a possibility and I suspect the virus will throw up a new variant that is even better at infecting vaccinated individuals.**" [7]

Professor Paul Hunter, who advises the World Health Organisation on covid, said it was time to change the way the data was collected and recorded as the virus became endemic: "**We need to start moving away from just reporting infections, or just reporting positive cases admitted to hospital, to actually start reporting the number of people who are ill because of Covid...otherwise we are going to be frightening ourselves with very high numbers that actually don't translate into disease burden**". [7]

**The situation re reporting infections/mass testing must be reconsidered in Australia, where over 28 million tests have been undertaken in the past 18 months, with only 0.1% being positive.** [8] This testing is costing billions of dollars, for what return? Mass testing is needlessly causing massive disruption and anxiety. It's also highly likely many Australians may have effective cross-immunity from previous coronavirus infections, in this regard see this recent article: [Pre-existing immunity to Covid-19 - Marc Girardot of PANDA unpacks its evolution.](#) [9]

**Now people are being readied to submit to third dose 'booster' shots, with UK Health Secretary Sajid Javid saying these will be given from next month.** [7]

But Professor Pollard, *The Telegraph* reports you are arguing that if mass testing is not stopped, **Britain could be in a situation of continually vaccinating the population:** "I think as we look at the adult population going forward, if we continue to chase community testing and are worried about those results, **we're going to end up in a situation where we're constantly boosting to try and deal with something which is not manageable.** It needs to be moving to clinically driven testing in which people are willing to get tested and treated and managed, rather than lots of community testing..." [7] (My emphasis.)

**So are you arguing there *shouldn't* be 'boosting'/continual vaccination of the population going forwards?**

This situation is a shambles... **Isn't it a fact the vaccine industry is planning to 'constantly boost' the population, and develop lucrative 'vaccine' markets?** See for example: [UK vaccine mega-factory working on combined flu and Covid jab.](#) *The Telegraph*, 15 August 2021.

Professor Pollard, mass populations of people are being pressed to have the covid 'vaccines' which don't prevent infection and transmission - **we have no idea what these highly questionable medical interventions will do to people's natural immune response, and there is no information regarding the long-term consequences.**

The covid-19 'vaccine' rollout is underway in Australia, and people are being coerced to have these dubious medical interventions by the Federal Government led by Prime Minister Scott Morrison and by State Governments. **Concerningly, these governments do not appear to properly understand the significance of the failing covid-19 injections, and what this means for Australia's current 'zero covid' strategy.**

Half the country is in lockdowns or under restrictions on the back of 'cases'. **It seems the Morrison and State Governments plan to continue impeding people's freedom of movement and association until Australians submit to the 'leaky vaccines', against a disease which isn't a serious threat to most people. Moreover, Australians have been kept virtual prisoners for 18 months and counting by international border closures, a policy more akin to North Korea than a supposedly liberal democracy. This is a complete disgrace.**

**The pressure to submit to the covid-19 injections is relentless in Australia, with the mainstream media and taxpayer-funded ABC and SBS operating as propaganda machines for the Morrison and State Governments, with little or no critical analysis of covid-19 taxpayer-funded vaccination policy and conflicts of interest, which is a major area to investigate.**

**Employers are now being recruited to press covid-19 injections upon their staff.** It seems likely people are not being properly informed about the risks and benefits of these covid-19 injections in regards to their age and health status, including that:

- the covid-19 injections do not prevent infection or transmission, i.e. do not provide sterilising immunity;
- have unknown duration of 'immunity';
- there is no medium and long-term safety data;
- potentially lifelong covid injections could be pressed upon people in future with unknown consequences; and
- manufacturers and doctors have been protected from liability.

**If this is the case, 'informed consent' is not being properly obtained before these medical interventions,** which are effectively a massive global experiment. The regulatory body for doctors, AHPRA, and professional organisations refuse to acknowledge and respond on this matter, which may have significant ramifications in future. See my emails:

- [Is it ethical to insist on covid-19 injections for health staff?](#) 7 July 2021.
- [Is it ethical to inject mass populations with covid injections?](#) 5 July 2021.
- [Is it ethical for doctors to inject children with covid-19 injections?](#) 15 June 2021.
- [Coercive covid-19 injections in Australia - email to the Medical Board of Australia, AHPRA, RACGP, RACP, AMA.](#) 8 June 2021.

Also see my emails to Dr Fiona Godlee, Editor in chief of *The BMJ*:

- [Is it ethical to vaccinate children to protect the elderly?](#) 14 June 2021
- [Why should people not at risk of covid-19 be pressed to have covid-19 injections?](#) 30 May 2021

**Professor Pollard, the situation is extremely serious, and has been very much influenced by the covid-19 response in the UK by the Boris Johnson Government and SAGE.**

I request your urgent consideration and reply to the matters raised in this email, governments in Australia and elsewhere must address the covid-19 'vaccine' problems.

Sincerely

Elizabeth Hart

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

References:

1. World Health Organization Coronavirus: [https://www.who.int/health-topics/coronavirus#tab=tab\\_1](https://www.who.int/health-topics/coronavirus#tab=tab_1) (As accessed 17 August 2021.)
2. Who can get a coronavirus (COVID-19) vaccine: <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/who-can-get-the-vaccine/> (As accessed 17 August 2021.)
3. SAGE 94 minutes: Coronavirus (COVID-19) response, 22 July 2021.
4. See for example the Australian Government Department of Health: COVID-19 vaccination campaign materials. The COVID-19 vaccine campaign aims to encourage all Australians to get their vaccine. Find out more about the different elements of the campaign and download materials: <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/campaign> (As accessed 17 August 2021.)
5. Venues will soon be able to ask patrons for proof of coronavirus vaccinations. Everything from pubs to stadiums will soon be allowed to ask patrons for proof they've been vaccinated as the nation battles the Delta strain. [news.com.au https://www.news.com.au/world/coronavirus/australia/venues-will-soon-be-able-to-ask-patrons-for-proof-of-coronavirus-vaccinations/news-story/2b8aa6a0476f029192b8e3c0e4ad8196](https://www.news.com.au/world/coronavirus/australia/venues-will-soon-be-able-to-ask-patrons-for-proof-of-coronavirus-vaccinations/news-story/2b8aa6a0476f029192b8e3c0e4ad8196) (As accessed 17 August 2021.)
6. Fully vaccinated and unvaccinated 'can both transmit Covid'. Public Health England findings on similar viral loads spark fears that jabs will not suppress spread as much as hoped. *The Telegraph*, 6 August 2021.
7. Delta variant has wrecked hopes of herd immunity, warn scientists. There is no way of stopping Covid spreading through the entire population, experts tell MPs as they call for end of mass testing. *The Telegraph*, 10 August 2021.
8. Coronavirus (COVID-19) case numbers and statistics. Tests conducted and results: <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-case-numbers-and-statistics> (As accessed 17 August 2021.)
9. Pre-existing immunity to Covid-19 - Marc Girardot of PANDA unpacks its evolution. BizNews. 16 August 2021.



News chief Michael Miller urges bosses to champion the rollout.pdf

127K

## Why are COVID-19 'vaccines' being pressed upon Australians of all ages and health status? Email to Andrew Wilson, PBAC Chair

Elizabeth Hart <elizmhart@gmail.com>

Fri, Oct 22, 2021 at 5:15 PM

To: a.wilson@sydney.edu.au

Cc: nigel.crawford@mcri.edu.au, m.giles@alfred.org.au, Allen Cheng <Allen.Cheng@monash.edu>, christopher.blyth@uwa.edu.au, Brendan.Murphy@health.gov.au, covid19vaccinerfi@health.gov.au, cathy.foley@chiefscientist.gov.au, "Marshall, Larry (Executive, Black Mountain)" <larry.marshall@csiro.au>, sue.macleman@mtpconnect.org.au, mark.sullivan@medicinesdevelopment.com, john.skerritt@health.gov.au, george.christensen.mp@aph.gov.au, "Hanson, Pauline (Senator)" <senator.hanson@aph.gov.au>, "Kelly, Craig (MP)" <craig.kelly.mp@aph.gov.au>, senator.roberts@aph.gov.au, senator.canavan@aph.gov.au, mulgoa@parliament.nsw.gov.au, wollondilly@parliament.nsw.gov.au, lanecove@parliament.nsw.gov.au, mark.latham@parliament.nsw.gov.au, senator.rennick@aph.gov.au, senator.antic@aph.gov.au, f.nile@parliament.nsw.gov.au, senator.patrick@aph.gov.au, riverstone@parliament.nsw.gov.au, george.williams@unsw.edu.au, azimmermann@sheridan.edu.au, beharris@csu.edu.au, PBAC <pbac@health.gov.au>, ATAGI Secretariat <atagi.secretariat@health.gov.au>, Emma McArthur <ejminoz@gmail.com>

### For the attention of:

Andrew Wilson

Chair of the Pharmaceutical Benefits Advisory Committee (PBAC)

Member of the COVID-19 Vaccines and Treatments for Australia - Science and Industry Technical Advisory Group

Andrew Wilson, **why are two doses of COVID-19 vaccines being pressed upon all Australians from 12 years old in the current taxpayer-funded vaccine rollout?**

**Most people aren't at serious risk with COVID-19.** For example, the WHO acknowledges "**Most people infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment.**" (See attached.) While the WHO says "...some will become seriously ill and require medical attention", **it seems most people won't become seriously ill and require special treatment.** For those people who might catch the coronavirus, **the Health Advisory & Recovery Team calculates** a healthy 35-year-old woman has a 99.9991% chance of surviving the coronavirus, a 55-year-old man with co-morbidities 99.2135%, a healthy 75-year-old woman 99.8251%, and an 85-year-old man with co-morbidities 79.9154% chance of surviving the coronavirus.

With such low risks for people under 75-years-old, **why are mass populations being coerced to be vaccinated, with State Governments now mandating these vaccine products for many workers, along with other employers such as BHP, Rio Tinto, Woodside Petroleum, News Corp, SPC, Qantas, National Bank, ANZ, Commonwealth Bank, Westpac, Woolworths, Coles, Aldi, KPMG and others?**

**How has this mass population vaccine rollout been evaluated and costed, i.e. the current rollout and future revaccination/'booster' rollouts? To repeatedly revaccinate millions of people not at serious risk of COVID-19 will cost billions of taxpayers' dollars, taking valuable funding from other health areas, how can this be justified?**

**Why are people outside the vulnerable groups, i.e. most people are not at serious risk of COVID-19, being coerced to submit to these COVID-19 vaccines?** How can it be ethical to try and make these people dependent upon the vaccine industry, when they aren't at serious risk of COVID-19?

The COVID-19 vaccines have been 'provisionally approved' by the TGA based on manufacturers' data, and apparently do not prevent infection nor transmission. **Greg Hunt has admitted "The world is engaged in the largest clinical trial, the largest global vaccination trial ever..."** And in the next breath he says "...It's safe, it's effective, it will help protect you..."

How can Greg Hunt definitively say "**It's safe, it's effective, it will help protect you**" while also admitting this is "**the largest global vaccination trial ever**"?!?!

**This is a massive experiment, being undertaken without valid informed consent!!!**

We have no idea what is going to happen in future with this unprecedented global COVID-19 injection rollout - **how on earth are these experimental products being pressed upon people not at serious risk of COVID-19, i.e. most people under at least 70 years?!**

**ATAGI admits:** "For the Delta variant, vaccine effectiveness of both Comirnaty and Vaxzevria against symptomatic infection has been reduced compared with the Alpha variant but is maintained against hospitalisation".

The Australian population is being pressed to have vaccines of 'reduced effectiveness', but purportedly effectiveness against hospitalisation is maintained - **but most people weren't at risk of hospitalisation before the vaccines were implemented, so why are most people being coerced to have these highly questionable experimental injections?**

These COVID-19 injections are being pressed upon children from 12 years, when they are at infinitesimal risk of COVID-19 - **how can this be happening?! What are children facing now? Will they be forced to have these injections repeatedly throughout life?**

**Now 'boosters' are in the offing - what are these 'boosters' exactly, how do they work?** On ABC News Breakfast recently, **Norman Swan says** "I think we should stop talking about 'booster' shots by the way, we should talk about third doses...these are three dose vaccines. If they had time to work out the right dosage they almost certainly are three dose vaccines like hepatitis B, like the human papillomavirus was initially, and that's what they are, **and we're just only realising that now...**" (My emphasis.)

Norman Swans says "...**if they had time to work out the right dosage...we're just only realising that now**"!?!?!? It's all a big experiment - how many of the guinea pigs knew this?

Norman Swan goes on to say: "**...the people who were immunised in residential aged care back in March and April, the health care workers, the hotel quarantine workers, the airport workers who were immunised then, they all need a third dose kind of now as we open up**". ABC Breakfast host Michael Rowland says: "**...there's new figures, new data on vaccine efficacy waning over time**" and Norman Swan corrects information he's provided previously on the vaccines waning, now saying Public Health England has brought out new data "**...which shows that in fact Astra does keep going down, and Pfizer keeps on going down, and Pfizer keeps on going down...Pfizer always performs better than Astra in that situation, but they both go down...and there's also a diminution in hospitalisation protection, not a lot with Pfizer, but it's probably more with Astra, and that's one of the reasons for a third dose campaign is that it's not just protection against infection, the protection against hospitalisation does diminish as well**".

**In other words, nobody has a clue what is going to happen in the future...we have no idea of the long term effects of this reckless global medical intervention.**

**This is dire news for all the millions of people who aren't actually 'immunised' after the COVID-19 injections.** Many of these people are likely to be of an age and health status where they would have been able to mount their own effective natural response against the virus if they encountered it, potentially with very little ill effects. **What has been done to these people now by making them have the experimental COVID-19 injections that don't prevent infection nor transmission, and provide dubious short-term 'immunity'.**

In a *BMJ* rapid response in March 2020 I asked **Is it ethical to impede access to natural immunity? The case of SARS-CoV2. What will the COVID-19 injections do to people's natural immune response going forward? Does anybody know?** Millions of people have been injected under duress with experimental 'vaccines', after constant bullying during lockdowns and restrictions, and with endless taxpayer-funded media promotion badgering people to submit to these questionable products - **I suggest not one person has given authentic informed consent to these medical interventions**, in this regard see my email to Martin Fletcher, CEO of the Australian Health Practitioner Regulation Agency (AHPRA): **'Informed consent', 'voluntary healthcare decisions' and coercive vaccination...** 15 October 2021.

Millions and millions of people are being experimented upon with these COVID-19 injections, it's mind-boggling that these products are being pressed upon mass populations outside the vulnerable groups - **how did this get through approval processes?**

**What has happened to the PBAC approval process?** For instance, the PBAC repeatedly rejected the GSK Bexsero meningococcal B vaccine for the national children's schedule, with the latest rejection being "**due to the remaining uncertainties regarding the magnitude of clinical effectiveness of 4CMenB, and the lack of any herd protective effects, which inform the cost effectiveness**".\*

Obviously the COVID-19 injections are providing very questionable 'effectiveness', with what passes for 'immunity' provided by these injections already waning - **and the most shocking fact is that most people didn't need them in the first place!!!**

**And every day Australians continue to be bullied into having these defective COVID-19 injections, with employers such as State Governments, BHP, Rio Tinto, Woodside Petroleum, News Corp, SPC, Qantas, National Bank, ANZ, Commonwealth Bank, Westpac, Woolworths, Coles, Aldi, KPMG and others now demanding to interfere in their employees' personal healthcare decisions and make them take the jabs.**

Andrew Wilson, **this rushed experimental COVID-19 injection rollout is shaping up to be the biggest disaster in history. This must be tracked back now...how did this happen?!?**

**I request your urgent response on this matter, there must be accountability to the Australian people.**

Sincerely

Elizabeth Hart

**Independent person investigating the gross over-use of vaccine products and conflicts of interest in vaccination policy**

\* PBAC November 2019 PBAC Meeting - Positive Recommendations - recorded in the 'positive' report because the vaccine was approved for Aboriginal and Torres Strait Island children and children, and adults with medical conditions associated with increased risk of IMD.

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**Mandated Covid jobs - What is the scientific and medical justification for these mandated medical interventions? Email to Paul Kelly, Chief Medical Officer, Australia**

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Elizabeth Hart &lt;elizhart8@gmail.com&gt;

Wed, Oct 19, 2022 at 1:21 PM

To: covid19vaccinerfi@health.gov.au

Cc: m.giles@alfred.org.au, christopher.blyth@uwa.edu.au, Allen Cheng <Allen.Cheng@monash.edu>, katherine.gibney@unimelb.edu.au, penelope.burns@anu.edu.au, medicine.hosdean@sydney.edu.au, tony.korman@monash.edu, bette.liu@unsw.edu.au, james.wood@unsw.edu.au, tom.snelling@sydney.edu.au, Kristine.Macartney@health.nsw.gov.au, kristine.macartney@sydney.edu.au, a.wilson@sydney.edu.au, terry.nolan@mcri.edu.au, Misha Ketchell <misha.ketchell@theconversation.edu.au>, Raina MacIntyre <r.macintyre@unsw.edu.au>, margaret.danchin@mcri.edu.au, katie.attwell@uwa.edu.au, m.mclaws@unsw.edu.au, Tony Blakely <antony.blakely@unimelb.edu.au>, paul.griffin@uq.edu.au, helen.marshall@adelaide.edu.au, julie.leask@sydney.edu.au, Catherine Bennett <catherine.bennett@deakin.edu.au>, tom.kompas@unimelb.edu.au, zoe.hyde@uwa.edu.au, quentin.grafton@anu.edu.au, Nick Scott <nick.scott@burnet.edu.au>, president@science.org.au, jamesm@unimelb.edu.au, cathy.foley@chiefscientist.gov.au, "Marshall, Larry (Executive, Black Mountain)" <larry.marshall@csiro.au>, sue.macleman@mtconnect.org.au, mark.sullivan@medicinesdevelopment.com, Brendan.Murphy@health.gov.au, john.skerritt@health.gov.au, katie.flanagan@utas.edu.au, Mike Toole <mike.toole@burnet.edu.au>, Gustav Nossal <gnossal@bigpond.net.au>, Dominic Dwyer <dominic.dwyer@sydney.edu.au>, jbrother@vcs.org.au, Sanjaya Senanayake <sanj971@gmail.com>, aas@science.org.au, media@science.org.au, ATAGI Secretariat <atagi.secretariat@health.gov.au>, PBAC <pbac@health.gov.au>, admin@grattan.edu.au, Antony Basten <a.basten@garvan.org.au>, david.tarlinton@monash.edu, hodgkin@wehi.edu.au, John Mathews <mathews@unimelb.edu.au>, Peter Colman <pcolman@wehi.edu.au>, Stuart Tangye <s.tangye@garvan.org.au>, tony.cunningham@sydney.edu.au, j.dwyer@unsw.edu.au, robert.booy@sydney.edu.au, kylie.shaddock@sydney.edu.au, "Adrian.Esterman@unisa.edu.au" <adrian.esterman@unisa.edu.au>, nigel.crawford@mcri.edu.au

**For the attention of:**

Paul Kelly  
Chief Medical Officer  
Director of Human Biosecurity  
Australian Government  
Department of Health and Aged Care

**Copied to:**

People influential on taxpayer-funded public health/vaccination policy in Australia, via the scientific and medical establishment

**Paul Kelly, it appears that Covid job mandates are rife around Australia, with people in a broad range of occupations being pressured, coerced and manipulated to submit to Covid jobs to maintain their employment, i.e. No Job, No Job.**

**Please clarify the Australian Health Protection Principal Committee's position on Covid job mandates - what Covid job mandates have been put in place at the AHPPC's instigation?**

**What is the scientific and medical justification for these mandated medical interventions?**

**Mandated Covid jobs conflict with health practitioners' obligation to obtain 'voluntary informed consent' before medical interventions, including vaccination.** It's likely that many people in Australia have submitted to the Covid jobs under duress, without 'voluntary informed consent'.

**I'm now seeking clarification on health practitioners' medical indemnity insurance position if they have not properly obtained 'voluntary informed consent' before the Covid jobs.** In this regard, please see below my email to Health Minister Mark Butler, which includes my email to Natasha Fenech, Group CEO and Managing Director of the Avant Mutual Group, a medical indemnity insurance provider. Similar emails have also been forwarded to other insurance providers MDA National, Medical Indemnity Protection Society and TEGO; and also to the presidents of doctors' organisations the Royal Australian College of General Practitioners; the Royal Australasian College of Physicians; the Australian Medical Association; and the Australian Medical Professionals Society; plus Peter Malinauskas, premier of South Australia; and Martin Fletcher, CEO of the Australian Health Practitioner Regulation Agency (AHPRA). The email is also publicly accessible via this link: [Mandated Covid jobs - are health practitioners indemnified without 'voluntary informed consent'?](#) 4 October 2022.

I've followed up on this matter with a subsequent enquiry to Mark Butler, asking: [Is there an Albanese Government COVID-19 job medical indemnity insurance scheme for health practitioners?](#) 7 October 2022.

**Paul Kelly, again, please advise what Covid job mandates have been put in place at the AHPPC's instigation, and what is the scientific and medical justification for these mandated medical interventions?**

I request your early response on this vitally important matter of public interest.

Sincerely

Elizabeth Hart

**Independent researcher investigating the over-use of vaccine products and conflicts of interest in vaccination policy**  
[vaccinationispolitical.net](http://vaccinationispolitical.net)

----- Forwarded message -----

From: **Elizabeth Hart** <[elizhart@gmail.com](mailto:elizhart@gmail.com)>

Date: Tue, Oct 4, 2022 at 2:41 PM

Subject: Mandated Covid jabs - are health practitioners indemnified without 'voluntary informed consent'?

To: <[minister.butler@health.gov.au](mailto:minister.butler@health.gov.au)>

Cc: Rennick Gerard (Senator) <[senator.rennick@aph.gov.au](mailto:senator.rennick@aph.gov.au)>, <[senator.antic@aph.gov.au](mailto:senator.antic@aph.gov.au)>, Malcolm Roberts <[senator.roberts@aph.gov.au](mailto:senator.roberts@aph.gov.au)>, Emma McArthur <[ejminoz@gmail.com](mailto:ejminoz@gmail.com)>

**For the attention of:**

Mark Butler

Minister for Health and Aged Care

Australian Government Department of Health and Aged Care

**Mark Butler, millions of Australians are being pressed to have Covid-19 'leaky vaccines' over and over again**, against a disease it was known from the beginning wasn't a serious threat for most people, despite all the fear mongering hype and gaslighting of the global community. (See for example Laura Dodsworth's book about the UK experience - *A State of Fear*, which describes how the Boris Johnson / UK government weaponised fear in response to Covid-19.)

**Are people giving their 'voluntary informed consent' to these medical interventions?** Are people being properly informed about the risks of Covid-19 in their own particular health circumstances, including parents of children?

The Morrison, and now Albanese, government has facilitated the unprecedented mass population Covid-19 jab rollout, **with many people being pressured, coerced and manipulated to submit to the jabs under mandates.**

**It's astonishing...mandated medical interventions** in the supposed liberal democracy of Australia, what an appalling situation. It's bewildering that the medical profession has not challenged **mandated** medical interventions.

**How can people give 'voluntary informed consent' under Covid-19 jab mandates?**

**What is the medical indemnity insurance situation for health practitioners who have not obtained authentic 'voluntary informed consent' before these medical interventions?**

**Mark Butler, you are personally pressing Australians to have Covid-19 jabs**, as reported in *The Canberra Times*: **Health Minister Mark Butler urges Australians to take fourth and third COVID-19 vaccines**, 26 September 2022. (Copy attached.)

You say: "I do say to the Australian people take whatever booster is available to you now, they are all very effective."

They're all 'very effective'? Really? **What's your definition of 'effective'? And you forgot to mention 'safe' - how safe are they?**

It's also notable *The Canberra Times* reports: "The federal government says it does not know [sic] how long a COVID-19 vaccine lasts, but recommends a third dose three months after receiving a second jab."

**This is mind-blowing... The Albanese government admits it doesn't know how long a Covid-19 'vaccine' lasts, but says have another one after three months.** The Albanese government is subjecting the Australian population, **including children, to a massive experiment and admitting these taxpayer-funded medical interventions are guesswork!!!**

Mark Butler, you're using your position as 'health minister' to pressure people to submit to the jabs you questionably describe as 'very effective', the jabs the Albanese government has no idea how long they 'last'... **I suggest you should be extremely careful about the medical advice you personally provide to the Australian people.**

**On the subject of medical advice, I'm currently seeking clarification on the medical indemnity insurance position of health practitioners who jab people under Covid-19 jab mandates**, e.g. via State and Territory Government directions, plus mandates instigated by employers/businesses, sports clubs, entertainment and hospitality venues, retail, etc.

**It seems millions of Australians have been subject to jab mandates** - so much for the sophistry of the Albanese government's assurance that "**Vaccination for COVID-19 is voluntary** - as are all vaccinations in Australia - and people maintain the option to choose". **What's the choice? To submit to the jabs or else forsake one's livelihood, or even participation in civil society under the most broad mandates, e.g. No Jab, No Job; and No Jab, No Life? So much for 'the option to choose'...**

**Meanwhile...what does it mean if health practitioners aren't obtaining 'voluntary informed consent' before these often mandated medical interventions? Are they covered by their medical indemnity insurance if they fail to obtain authentic 'voluntary informed consent' before the jabs? Have AHPRA, the medical indemnity insurers, and the doctors' professional organisations sought clarification on this vitally important ethical, and potentially legal, matter which has come to a head with the Covid-19 jab rollout?**

**Mark Butler, on this subject, please see my email below to Natasha Fenech, Group CEO and Managing Director of the Avant Mutual Group, a medical indemnity insurance provider.** Similar emails have also been forwarded to other insurance providers MDA National, Medical Indemnity Protection Society and TEGO; and also to the presidents of doctors' organisations the Royal Australian College of General Practitioners; the Royal Australasian College of Physicians; the Australian Medical Association; and the Australian Medical Professionals Society; plus Peter Malinauskas, premier of South Australia; and Martin Fletcher, CEO of the Australian Health Practitioner Regulation Agency (AHPRA).

**I look forward to your carefully considered response - this is a vitally important matter of public interest, and the Albanese government is accountable.**

Sincerely  
Elizabeth Hart  
Independent researcher investigating the over-use of vaccine products and conflicts of interest in vaccination policy  
[vaccinationispolitical.net](http://vaccinationispolitical.net)

----- Forwarded message -----

From: **Elizabeth Hart** <[elizmhart@gmail.com](mailto:elizmhart@gmail.com)>

Date: Tue, Sep 27, 2022 at 5:29 PM

Subject: Failure to obtain informed consent for Covid jabs - what is the indemnity insurance position of health practitioners?

To: <[nca@avant.org.au](mailto:nca@avant.org.au)>

**Please forward this email:**

**For the attention of:**

Natasha Fenech  
Group CEO and Managing Director  
Avant Mutual Group

Natasha Fenech, **what is the indemnity insurance position of health practitioners who inject patients with Covid-19 'leaky vaccines', knowing the patient is subject to a Covid jab mandate?**

**It's important to clarify this matter as many people, including health practitioners, have been, and are being, mandated to have Covid-19 jabs via State and Territory Government directions, plus mandates instigated by employers/businesses, sports clubs, entertainment and hospitality venues, retail, etc.**

The Covid-19 jabs are 'leaky vaccines' that do not prevent infection nor transmission, and purportedly provide 'protection' of very limited duration against a disease it was known from the beginning wasn't a serious threat to most people. What is the evidence supporting these **mandated** medical interventions, impacting upon people of a variety of ages and health status?

**The Covid jab mandates conflict with the obligation for health practitioners to obtain 'voluntary informed consent' before a medical intervention, i.e. as described in *The Australian Immunisation Handbook*, under **Valid consent**, i.e. "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."**

The Australian Health Practitioner Regulation Agency (AHPRA) has also confirmed to me in writing that practitioners have an obligation to obtain informed consent, i.e. **"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."** See **AHPRA letter dated 21 September 2021**, copy attached.

A **factsheet published by the Australian Government Operation COVID Shield** notes: (Copy attached.)

**As a health professional you:**

- **require informed consent from a patient prior to providing them with a vaccination; and**
- **have a duty of care to ensure patients are making educated and informed decisions about vaccination.**

The Operation COVID Shield factsheet notes:

**A patient must provide informed consent prior to vaccination.**

**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.**

Presumably millions of people in Australia have now been injected with Covid-19 'leaky vaccines' via State and Territory Government directions, and mandates instigated by employers/businesses, sports clubs, entertainment and hospitality venues, retail, etc.


**As many people have been *pressured, coerced and manipulated* to submit to the Covid-19 jabs via mandates, how can they have given 'voluntary informed consent' in accordance with *The Australian Immunisation Handbook*, the **AHPRA confirmation letter dated 21 September 2021**, and the Australian Government **Operation COVID Shield factsheet**?**


Natasha Fenech, **please clarify the indemnity insurance position of health practitioners who have injected their patients with Covid-19 'leaky vaccines' *without* 'voluntary informed consent' being obtained.**

This is a most important matter of public interest, and I request your early response.

Sincerely  
Elizabeth Hart  
Independent researcher investigating the over-use of vaccine products and conflicts of interest in vaccination policy  
[vaccinationispolitical.net](http://vaccinationispolitical.net)

 **response-from-ahpra-re-informed-consent.pdf**  
105K

 **covid-19-vaccinations---handling-consent-refusal-by-people-presenting-for-vaccination-handling-consent-refusal-by-people-presenting-for-vaccination.pdf**  
1057K

 **Health Minister Mark Butler urges Australians to take fourth and third COVID-19 vaccines \_ The Canberra Times \_ Canberra, ACT.pdf**  
2940K

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**Informed consent and mass population Covid-19 vaccination - considering Rogers v Whitaker. Email to Paul Kelly, Chief Medical Officer of Australia**

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Elizabeth Hart <elizhart8@gmail.com>  
To: Elizabeth Hart <elizmhart@gmail.com>

Fri, Apr 14, 2023 at 3:36 PM

**For the attention of:**

Paul Kelly  
Chief Medical Officer  
Director of Human Biosecurity  
Australian Government  
Department of Health and Aged Care

Paul Kelly, **please see below my recent email to Federal Health Minister Mark Butler, comparing millions of people in Australia, including children, being coerced, pressured and manipulated to submit to Covid-19 vaccination, with the case of Rogers v Whitaker, which underpins the legal and ethical principle of 'voluntary informed consent' before a medical intervention in Australia.**

I've previously asked for you to be accountable for Covid vaccination mandates in Australia, please see my email: [Mandated Covid jabs - What is the scientific and medical justification for these mandated medical interventions?](#) 19 October 2022.

But you did not respond.

I also asked former Federal Health Minister Greg Hunt to provide the "specialist medical and epidemiological advice" provided by the AHPPC and CMO that justified the Governor General's declaration of a human biosecurity emergency under the Biosecurity Act 2015, and subsequent rollover periods, along with requesting information on the unelected members of the AHPPC, and other 'medical and scientific experts' providing advice. As far as I'm aware, I received no response from Greg Hunt. (See my email: [The Covid emergency and medical and scientific experts](#), 23 July 2021.)

Also see my email to South Australian Chief Public Health Officer Nicola Spurrier, raising alarm about the rushed Covid-19 vaccination rollout: [Coercive covid-19 injections in Australia](#), 4 June 2021.

Paul Kelly, **it's a very serious matter that doctors such as yourself and your colleagues recommended *mandatory* vaccinations**, e.g. [Australian Health Protection Principal Committee \(AHPPC\) statement on mandatory vaccination of all workers in health care settings](#), 1 October 2021.

**This appears to have had a precipitous effect on widespread Covid-19 vaccination mandates across Australia, the basis of which must be explored and exposed.**

Please see below my email to Mark Butler re informed consent and mass population Covid-19 vaccination - considering Rogers v Whitaker.

Sincerely  
Elizabeth Hart

**Independent researcher investigating vaccine products and conflicts of interest in vaccination policy**  
[vaccinationispolitical.net](http://vaccinationispolitical.net)

----- Forwarded message -----

From: **Elizabeth Hart** <elizmhart@gmail.com>  
Date: Wed, Apr 5, 2023 at 5:07 PM  
Subject: Informed consent and mass population Covid-19 vaccination - considering Rogers v Whitaker  
To: <[minister.butler@health.gov.au](mailto:minister.butler@health.gov.au)>  
Cc: Emma McArthur <[ejminoz@gmail.com](mailto:ejminoz@gmail.com)>

**For the attention of:**

Mark Butler  
Minister for Health and Aged Care  
Australian Government Department of Health and Aged Care

Mark Butler, **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.**

I suggest in most instances Covid-19 vaccination is an **unnecessary medical intervention**, against a disease it was known from the beginning wasn't a serious threat to most people, [with the WHO acknowledging](#) "Most people infected with the virus will experience mild to moderate illness and recover without requiring special treatment..." (See attached WHO statement on Coronavirus (COVID-19).)

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. The majority of people are effectively protected via their own immune response, without need for the artificial interference of repeated Covid-19 vaccine products.

Consider the case of [Rogers v Whitaker 1992](#), which underpins health practitioners' legal and ethical obligation to obtain informed consent. 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 medical intervention of no benefit to them. **Moreover, these individuals were compelled to present at a 'vaccination clinic' in order to be injected with a medical product, by a health practitioner who is unlikely to have specific expertise in Covid-19 or Covid-19 vaccine products.**

Mark Butler, [your department has confirmed to me](#): "Informed consent should be obtained for every COVID-19 vaccination, as per usual consent procedures for other vaccinations." This isn't happening - people are not being properly informed. Additionally, **people under mandates are clearly not able to give lawful consent if they are attending the vaccination clinic under duress**, faced with the threat of loss of livelihood or freedom of movement and association.

**The medical profession is very much in the frame for this medical and political disaster, as they should have refused to cooperate with mandated medical interventions** - are they now at risk of liability for administering unnecessary Covid-19 vaccinations, without authentic voluntary informed consent? (See my presentation to the Australian Medical Network: [Voluntary Informed Consent and Covid Jab Mandates - Are we sitting on a powder keg?](#) February 2023. [PowerPoint slides](#) for this presentation.)

**Both the Albanese government and the former Morrison government have confirmed that health practitioners do not have specific medical indemnity for administering the Covid-19 vaccinations**, in response to my colleague Emma McArthur's and my own correspondence on this matter, as summarised in my email to you dated 21 November 2022, see: [Response re: Are health practitioners covered for indemnity insurance re the Covid jabs?](#) (Copies of letters we received from the Department of Health and Aged Care are attached.)

**Health practitioners, businesses and others who have overridden voluntary informed consent obligations must be warned about the potential ramifications.**

Mark Butler, the Australian federal, state and territory governments must take immediate steps to address this matter, **in the first instance ensuring all Covid-19 vaccination mandates are dropped.**

**I request your urgent response.**

Sincerely  
Elizabeth Hart


**Independent researcher investigating vaccine products and conflicts of interest in vaccination policy**  
[vaccinationispolitical.net](http://vaccinationispolitical.net)


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#### 9 attachments

 **WHO - Coronavirus.pdf**  
727K


 **mc22-018819-signed-highlighted-1.pdf**  
177K

 **doh-reply-21-12-2021.pdf**  
120K

 **doh-reply-28-01-2022.pdf**  
100K

 **doh-reply-17-january-2023.pdf**  
92K

 **Australian Health Protection Principal Committee (AHPPC) statement on mandatory vaccination of all workers in health care settings \_ Australian Government Department of Health and Aged Care.pdf**  
118K

 **mandated-covid-jabs-what-is-the-scientific-and-medical-justification-for-these-mandated-medical-interventions.pdf**  
116K

 **the-covid-emergency-and-medical-and-scientific-experts.pdf**  
89K

 **re\_coercive-covid-19-injections-in-australia-email-to-nicola-spurrier-chief-public-health-officer-sa-health.pdf**  
132K

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## The destruction of voluntary informed consent in Australia under the guise of the 'Covid emergency' - email to Paul Kelly, Chief Medical Officer

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Elizabeth Hart <elizmhart@gmail.com>

Sat, May 6, 2023 at 5:31 PM

To: covid19vaccinerfi@health.gov.au

Cc: martin.fletcher@ahpra.gov.au, Jamie.Pearce@ahpra.gov.au, Amanda.Watson@ahpra.gov.au

### For the attention of:

#### Paul Kelly

Chief Medical Officer

Australian Government Department of Health and Aged Care

Chair of the Australian Health Protection Principal Committee (AHPPC)

Director of Human Biosecurity under the Australian Biosecurity Act 2015

### Copied to:

- Martin Fletcher, CEO, Australian Health Practitioner Regulation Agency (AHPRA)
- Anne Tonkin, Chair, Medical Board of Australia

### Paul Kelly, as Australia's top doctor, how could you cooperate with mandated medical interventions being imposed on Australians, trashing the legal and ethical principle of voluntary informed consent?

It appears you led the *conscriptio*n of the medical profession for the then Morrison Government's Covid-19 vaccination rollout, in **contravention of the Australian constitution**.<sup>[1]</sup>

**Health practitioners were compelled to support the Covid vaccination rollout without question**, as dictated by the AHPRA position statement dated 9 March 2021.<sup>[2]</sup>

Paul Kelly, in June 2021, the AHPPC capitulated to the former prime minister Scott Morrison and National Cabinet's demand that *aged care workers be forced to submit to Covid vaccination to keep their jobs*.

**Denying aged care workers a voluntary decision on this medical intervention was the thin end of the wedge that opened the floodgates to a cascade of Covid vaccination mandates across Australia**.

**The AHPPC facilitated Scott Morrison's original plan that Covid vaccination be "as mandatory as you can possibly make it... We've got to get about 95%...taking medical advice..."**, as he announced on 3AW Mornings with Neil Mitchell in August 2020.<sup>[3]</sup>

Paul Kelly, in your position as Australia's Chief Medical Officer, you are Chair of the AHPPC, in charge of the Chief Health Officers of Australia's states and territories.<sup>[4]</sup> You are also the Director of Human Biosecurity<sup>[5]</sup> under the Biosecurity Act 2015. **In these roles you have been the most powerful person in Australia, an unelected bureaucrat. Along with the AHPPC which you chair, you (and Brendan Murphy before you) provided the "specialist medical and epidemiological advice" used by the then Health Minister Greg Hunt, and Governor-General David Hurley, advice used to implement and extend the human biosecurity emergency period for Covid-19, during which people were locked down, masked up, placed under surveillance, tested, and injected, including under mandates.**<sup>[6]</sup>

In July 2021 I wrote to Greg Hunt, asking what is the definition of 'the emergency' being used to justify the declaration of the human biosecurity emergency; what is the "specialist medical and epidemiological advice" provided by the AHPPC, and has it been objectively and independently assessed; and queried the qualifications and expertise of members of the AHPPC and 'other experts'. I received no response to my questions from Greg Hunt.

**Paul Kelly, you're a medical practitioner registered with AHPRA, and must be aware of your and your colleagues' legal and ethical obligation to obtain voluntary informed consent for treatment**, as stated in *Good medical practice: a code of conduct for doctors in Australia*. AHPRA personally confirmed this duty of practitioners in a letter to me dated 20 September 2021: "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."<sup>[7]</sup>

Paul Kelly, on 4 June 2021, it appears you were alert to your 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".<sup>[8]</sup>

The AHPPC stated: "Mandating COVID-19 vaccination must balance the rights of an individual in the workplace against the public health benefits of vaccination at the time..."

On the same day, an ABC headline announced "Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccination".<sup>[9]</sup>

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.**" (My emphasis.)

This is incredible! **On what basis could Scott Morrison overrule the 'medical experts' advice', and lobby state and territory leaders in National Cabinet to force aged care workers to have the coronavirus vaccine, and deny them voluntary informed consent?!**

Subsequently, **on 28 June 2021**, it was announced "**The 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.**"[10]

**Paul Kelly, the rogue and unaccountable National Cabinet headed by Scott Morrison, usurped your position as the most powerful person in Australia...**

**You and the AHPPC capitulated to Scott Morrison and National Cabinet, rubber-stamping their decision after the event, as announced in your own statement a day later: "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..."[11]**

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'**".[12]

**This was indeed nothing to do with health...this was a *political decision*, resulting in the theft of personal autonomy and bodily integrity, in what is supposedly a 'free country'.** You subsequently boasted "**Australia was one of the first countries internationally to mandate COVID-19 vaccination**", in your co-authored article published in the *Medical Journal of Australia* in November 2022 - [Implementing mandatory COVID-19 vaccination for Australian aged care workers](#).

**Yes, Australia was one of the first countries in the world to trash voluntary informed consent for the Covid vaccinations...not an achievement to be proud of...**

**Paul Kelly, a cascade of Covid vaccination mandates was precipitated by you setting the precedent with aged care workers.**

**AHPPC mandates were subsequently imposed for people working in health care, disability, and in-home and community aged care[13], followed by further employment mandates imposed in the states and territories across both public and private sectors, along with 'vaccine passports' being required for entry to retail, hospitality and entertainment, and participation in sport etc.[14]**

**For millions of Australians a digital vaccine certificate was required to be included in society - it was No Jab, No Life.** With medical privacy deliberately undermined, the social exclusion and isolation of 'non-compliant' people was actively encouraged.

**An apartheid was created to punish people who refused to consent to the Covid vaccinations, denying them their livelihood and locking them out of the 'vaccinated economy'.** People were discriminated against and ostracised, cancelled out of society for refusing to comply under ***the pressure, coercion and manipulation to submit to the Covid vaccines***, in contravention of valid consent, as stipulated in *The Australian Immunisation Handbook*.

**This is the biggest act of treachery in Australia's history - it's the theft of freedom.**

**The medical profession is at the heart of this scandal, led by you, Paul Kelly, the Chief Medical Officer of Australia: you have destroyed confidence and trust in the health system.**

**Health practitioners should *never* have cooperated with mandated medical interventions.**

There must be an urgent investigation into this fiasco, this disgraceful stain on Australia's history - **the deliberate politicisation of medicine to subjugate the Australian people.**

Sincerely

Elizabeth Hart

**Independent researcher investigating vaccine products and conflicts of interest in vaccination policy**

[vaccinationispolitical.net](http://vaccinationispolitical.net)





References: (As accessed 5 May 2023.)

1. See for example: Email to Mark Dreyfus, Attorney General of Australia, from Elizabeth Hart. 13 February 2022: **Are health practitioners in effect being conscripted to participate in the Australian government's Covid-19 jab rollout, in contravention of the Australian Constitution?** <https://vaccinationispolitical.files.wordpress.com/2023/02/are-health-practitioners-in-effect-being-conscripted-to-participate-in-the-australian-governments-covid-19-jab-rollout.pdf>
2. AHPPRA Position Statement 9 March 2021: [https://downloads.hpca.nsw.gov.au/s3fs-public/ahpra\\_position-statement\\_covid-19-vaccination-position-statement.pdf](https://downloads.hpca.nsw.gov.au/s3fs-public/ahpra_position-statement_covid-19-vaccination-position-statement.pdf)
3. Scott Morrison expects COVID-19 vaccine will be 'as mandatory as you can possibly make it'. Mornings with Neil Mitchell 3AW Melbourne. 19 August 2020: <https://www.3aw.com.au/scott-morrison-expects-covid-19-vaccine-will-be-as-mandatory-as-you-can-possibly-make-it/>
4. Australian Health Protection Principal Committee (AHPPC): <https://www.health.gov.au/committees-and-groups/australian-health-protection-principal-committee-ahppc>
5. Director of Human Biosecurity - Australian Government Directory: <https://www.directory.gov.au/portfolios/health/director-human-biosecurity>
6. See for example:  
- Biosecurity Act 2015: <https://www.legislation.gov.au/Details/C2022C00371>

- COVID-19 Legislative response - Human Biosecurity Emergency Declaration Explainer. Posted 19/03/2020 by Howard Maclean & Karen Elphick. Parliament of Australia: [https://www.aph.gov.au/About\\_Parliament/Parliamentary\\_Departments/Parliamentary\\_Library/FlagPost/2020/March/COVID-19\\_Biosecurity\\_Emergency\\_Declaration](https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/FlagPost/2020/March/COVID-19_Biosecurity_Emergency_Declaration)
- COVID-19 emergency measures extended for a further three months. Media release - Former Minister for Health and Aged Care Greg Hunt. 2 September 2021: <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/covid-19-emergency-measures-extended-for-a-further-three-months-0>
7. I have previously forwarded emails to Paul Kelly challenging Covid vaccination mandates, dated [19 October 2022](#) and [14 April 2023](#), including raising the case of Rogers v Whitaker. Paul Kelly has also been copied on other of my correspondence challenging the Covid-19 vaccination rollout in Australia, e.g. my emails to the Covid-19 Vaccines and Treatments for Australia - Science and Industry Technical Advisory Group, on which he is Deputy Chair, with Brendan Murphy (former Chief Medical Officer, and currently Secretary of the Department of Health and Aged Care), being Chair of this group.
8. Australian Health Protection Principal Committee (AHPPC) statement on COVID-19 vaccination requirements for aged care workers. 4 June 2021: <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-statement-on-covid-19-vaccination-requirements-for-aged-care-workers>
9. Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccinations. ABC News. 4 June 2021: <https://www.abc.net.au/news/2021-06-04/national-cabinet-meets-vaccine-international-border-victoria/100188598>
10. National Cabinet Statement. Liberal Party New South Wales. 28 June 2021: <https://nswliberal.org.au/news/national-cabinet-statement-monday-28-june-2021>
11. Australian Health Protection Principal Committee (AHPPC) statement on residential aged care worker COVID-19 vaccination. 29 June 2021: <https://www.health.gov.au/resources/committee-statements/australian-health-protection-principal-committee-ahppc-statement-on-residential-aged-care-worker-covid-19-vaccination>
12. Still many questions over mandatory aged care vaccinations. Australian Nursing & Midwifery Federation. 29 June 2021: <https://www.anmfsa.org.au/Web/News/2021/Still%20many%20questions%20over%20mandatory%20aged%20care%20vaccinations.aspx>
13. Subsequent AHPPC mandates:
- 1 October 2021: Australian Health Protection Principal Committee (AHPPC) statement on mandatory vaccination of all workers in health care settings: <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-statement-on-mandatory-vaccination-of-all-workers-in-health-care-settings>
  - 10 November 2021: Australian Health Protection Principal Committee (AHPPC) statement on mandating vaccination for disability support workers: <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-statement-on-mandating-vaccination-for-disability-support-workers>
  - 10 November 2021: Australian Health Protection Principal Committee (AHPPC) statement on mandatory vaccination of aged care in-home and community aged care workers: <https://www.health.gov.au/resources/committee-statements/australian-health-protection-principal-committee-ahppc-statement-on-mandatory-vaccination-of-aged-care-in-home-and-community-aged-care-workers>
14. See for example: The Victorian Premier says the state is heading for a 'vaccine economy', here's what that might look like. ABC News. 6 September 2021: <https://www.abc.net.au/news/2021-09-06/daniel-andrews-vaccine-passport-double-vaccinated/100435606>

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#### 4 attachments

-  **Australian Health Protection Principal Committee (AHPPC) statement on COVID-19 vaccination requirements for aged care workers \_ Australian Government Department of Health and Aged Care.pdf**  
109K
-  **Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccinations - ABC News.pdf**  
1340K
-  **National Cabinet Statement - Monday 28 June 2021 - Liberal Party NSW.pdf**  
202K
-  **Australian Health Protection Principal Committee (AHPPC) statement on residential aged care worker COVID-19 vaccination \_ Australian Government Department of Health and Aged Care.pdf**  
97K

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**Notification to AHPRA re medical practitioner Paul Kelly, Chief Medical Officer of Australia and Chair of the Australian Health Protection Principal Committee (AHPPC) (AHPRA Ref. No. 00531213)**

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Elizabeth Hart &lt;elizmhart@gmail.com&gt;

Tue, Jul 11, 2023 at 6:13 PM

To: covid19vaccinerfi@health.gov.au

Cc: minister.butler@health.gov.au, National Intake and Assessment Team &lt;notifications@ahpra.gov.au&gt;, martin.fletcher@ahpra.gov.au, Jamie.Pearce@ahpra.gov.au

**For the attention of:****Paul Kelly**

Chief Medical Officer

Australian Government Department of Health and Aged Care

Chair of the Australian Health Protection Principal Committee (AHPPC)

Director of Human Biosecurity under the Australian Biosecurity Act 2015

Dear Paul Kelly, **please see below my notification to AHPRA re your violation of the obligation for voluntary informed consent via AHPPC statements recommending mandatory Covid-19 vaccination.**

Matthew Hardy, AHPRA's National Director Notifications, has advised me (29 June 2023):

Thank you for the information you shared with us. We understand you are raising concerns about Professor Paul Kelly's role in **advice on Australian Government Covid-19 vaccination policies in aged care**.

Our work is guided by the *Health Practitioner Regulation National Law* (the National Law) and under the National Law, **we are not able to progress concerns relating to the implementation of government policies**. Any concerns about information provided by Dr Kelly in his role as Chair of the AHPPC **may be raised with the AHPPC directly**, or with the Australian Public Service Commission.

Please note, although we are not progressing these concerns, we have recorded the information you provided on our database. (My emphasis.)

Paul Kelly, it's very interesting that Matthew Hardy says AHPRA is **"not able to progress concerns relating to the implementation of government policies"**. Matthew Hardy has directed me to raise these matters "with the AHPPC directly", so I am asking you directly: **Why did you, in your role as Chair of the AHPPC, collaborate with former Prime Minister Scott Morrison and National Cabinet on their politically motivated decision to mandate Covid-19 vaccination in June 2021, thereby denying voluntary informed consent for residential aged care workers, and subsequently all workers in health care settings, disability support workers, and aged care in-home and community aged care workers?**

On 4 June 2021, it was specifically announced that the "AHPPC does not recommend compulsory COVID-19 vaccines for aged care workers". On the same day 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." (My emphasis.)

On 28 June 2021 it was announced: "The 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". A day later on 29 June 2021, it was announced in an AHPPC statement: "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..."

The AHPPC rubber-stamped the National Cabinet's **political decision** to mandate Covid-19 vaccination. **The decision to mandate Covid-19 vaccination was not based on medical advice.**

**How could you do this Paul Kelly? How could you capitulate to Scott Morrison's and National Cabinet's demands, and recommend mandatory vaccination, in violation of the obligation for voluntary informed consent for vaccination?**

I request your urgent response on this matter.

Please note that Mark Butler, Minister for Health and Aged Care; Matthew Hardy, AHPRA National Director Notifications; Martin Fletcher, CEO of AHPRA; and Anne Tonkin, Chair, Medical Board of Australia (C/- Martin Fletcher), are copied on this email.

**Please see below the information provided in my notification to AHPRA, plus attachments.**

Sincerely

Elizabeth Hart

**Independent researcher investigating vaccine products and conflicts of interest in vaccination policy**[vaccinationispolitical.net](http://vaccinationispolitical.net)

----- Forwarded message -----

From: **Elizabeth Hart** <elizmhart@gmail.com>

Date: Fri, Jun 16, 2023 at 4:08 PM

Subject: Notification to AHPRA re medical practitioner Paul Kelly, Chief Medical Officer of Australia and Chair of the Australian Health Protection Principal Committee (AHPPC)

To: <[martin.fletcher@ahpra.gov.au](mailto:martin.fletcher@ahpra.gov.au)>, <[notifications@aphra.gov.au](mailto:notifications@aphra.gov.au)>

Cc: <[Jamie.Pearce@ahpra.gov.au](mailto:Jamie.Pearce@ahpra.gov.au)>

**For the attention of:**

Martin Fletcher, CEO, Australian Health Practitioner Agency (AHPRA)

Anne Tonkin, Chair, Medical Board of Australia

Dear Martin Fletcher and Anne Tonkin

**Notification to AHPRA re Paul Kelly** - Chief Medical Officer of Australia and Chair of the Australian Health Protection Principal Committee (AHPPC)

**SUMMARY:**

In June 2021, **Paul Kelly, as Chair of the AHPPC, violated the requirement for voluntary informed consent for Covid-19 vaccination, with the AHPPC recommending 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..."** (My emphasis.) (See AHPPC statement on residential aged care worker COVID-19 vaccination, published 29 June 2021, copy attached.)

**This occurred after the AHPPC's original advice *against* compulsory vaccination for residential aged care workers (4 June 2021) was overruled by then Prime Minister Scott Morrison and National Cabinet, who wanted to impose mandatory vaccination upon residential aged care workers - *this was a politically motivated decision, rather than based on medical advice.***

**The AHPPC chaired by Paul Kelly capitulated to Scott Morrison's and National Cabinet's demand to impose mandatory vaccination upon residential aged care workers.**

**This denial of voluntary informed consent for residential aged care workers set a precedent for depriving others of voluntary informed consent for Covid-19 vaccination, including subsequent workforce mandates recommended by Paul Kelly and the AHPPC, see:**

- **AHPPC statement on mandatory vaccination of all workers in health care settings.** (Published 1 October 2021, copy attached).
- **AHPPC statement on mandating vaccination for disability support workers.** (Published 10 November 2021, copy attached).
- **AHPPC statement on mandatory vaccination of aged care in-home and community aged care workers.** (Published 10 November 2021, copy attached).

**As a medical practitioner, Paul Kelly should be aware of the obligation to obtain voluntary informed consent for vaccination, as confirmed to me personally by AHPRA in September 2021 (see letter attached):**

**"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.*"** (My emphasis.)

This advice on 'voluntary informed consent' is stated in [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.** (My emphasis.)

In November 2022, the Australian Department of Health and Aged Care [also confirmed to me:](#) (See letter attached.)

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

[The Australian Immunisation Handbook](#) under **Valid consent** states:

**"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."** (My emphasis.)

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: (See Fact Sheet attached.)

**"...adults have the right to determine what will be done to their bodies and what healthcare treatments they will undergo."**

and

**"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." (My emphasis.)

An Australian Government Operation COVID Shield Q&A Fact Sheet titled: **Handling consent refusal by people presenting for vaccination**, informs health professionals: (See Fact Sheet attached.)

#### **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.**

The COVID Shield Q&A Fact Sheet 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."**

Quoting the Australian Law Reform Commission: (See Fact Sheet attached.)

**"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."**

It is clear 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.

**Ergo, voluntary informed consent cannot be obtained under vaccination mandates.**

***Why did Paul Kelly and 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?***

#### **BACKGROUND:**

On 4 June 2021, Paul Kelly as Chair of the AHPPC was evidently alert to his 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"**. (My emphasis.) (See AHPPC Statement on COVID-19 vaccination requirements for aged care workers, 4 June 2021, copy attached.)

Also on the same day, 4 June 2021, an ABC headline announced: **"Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccination"**. (Copy attached.)

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."** (My emphasis.)

The workers' union did not support compulsion, with the ABC reporting: **"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." Ms Asmar said: "We live in a free country and not Communist China."**

**It's stunning 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 reported by the national broadcaster, the ABC, the political plan was to **'force'** aged care workers to have the coronavirus 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 **"The 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."** (See: National Cabinet Statement. Liberal Party New South Wales. 28 June 2021. Copy attached.)

**So after pressure from Scott Morrison and National Cabinet, Paul Kelly and the AHPPC reneged on their earlier advice against making the coronavirus vaccine compulsory for aged care workers, and rubber-stamped a 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..." (See: AHPPC statement on residential aged care worker COVID-19 vaccination. 29 June 2021. Copy attached.)**

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'..."** (My emphasis.) (See: Still many questions over mandatory aged care vaccinations. 29 June 2021. Copy attached.)

Paul Kelly subsequently boasted "Australia was one of the first countries internationally to mandate COVID-19 vaccination", in his co-authored article published in the *Medical Journal of Australia* in November 2022 - [Implementing mandatory COVID-19 vaccination for Australian aged care workers](#).

In other words, **Australia was one of the first countries in the world to deny voluntary informed consent for the Covid vaccinations**, facilitated by medical practitioner Paul Kelly and his medical colleagues on the AHPPC.

**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..." (See: Interview with David Speers on ABC Insiders on the COVID-19 vaccine rollout. ABC Insiders. 21 February 2021. Copy attached.)

**But this was an experiment without voluntary informed consent, which is a violation of medical ethics and international human rights conventions such as the Helsinki Declaration.**

Paul Kelly and 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**.

**Consistent with AHPRA's regulatory role, Paul Kelly must face professional disciplinary action for using his position as Chief Medical Officer of Australia to impose Covid-19 vaccination mandates, which was in breach of legal and ethical requirements pertaining to voluntary informed consent.**















I await a reference number for this notification, and advice of further action. This email will also be submitted via AHPRA's online portal.

Sincerely  
Elizabeth Hart

**Independent researcher investigating vaccine products and conflicts of interest in vaccination policy**  
[vaccinationispolitical.net](http://vaccinationispolitical.net)

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#### 14 attachments

-  **AHPPC statement on residential aged care worker COVID-19 vaccination.pdf**  
97K
-  **AHPPC statement on mandatory vaccination of all workers in health care settings.pdf**  
119K
-  **AHPPC statement on mandating vaccination for disability support workers.pdf**  
106K
-  **AHPPC statement on mandatory vaccination of aged care in-home and community aged care workers.pdf**  
97K
-  **response-from-ahpra-re-informed-consent.pdf**  
105K
-  **mc22-018819-signed-highlighted-1.pdf**  
177K
-  **Fact Sheet for clinicians- Informed consent in health care.pdf**  
325K
-  **covid-19-vaccinations---handling-consent-refusal-by-people-presenting-for-vaccination-handling-consent-refusal-by-people-presenting-for-vaccination.pdf**  
1055K
-  **Consent to medical treatment \_ ALRC.pdf**  
92K
-  **AHPPC statement on COVID-19 vaccination requirements for aged care workers.pdf**  
110K
-  **Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccinations.pdf**  
825K
-  **National Cabinet Statement - Monday 28 June 2021 - Liberal Party NSW.pdf**  
182K
-  **Still many questions over mandatory aged care vaccinations.pdf**  
806K
-  **Interview with David Speers on ABC Insiders on the COVID-19 vaccine rollout \_ Health Portfolio Ministers and Aged Care.pdf**  
58K

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## Reckless disregard for voluntary informed consent for vaccination - the AHPRA Position Statement 9 March 2021. Email to Mark Butler, Health Minister.

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Elizabeth Hart <elizmhart@gmail.com>

Mon, Aug 7, 2023 at 4:20 PM

To: minister.butler@health.gov.au

Cc: covid19vaccinerfi@health.gov.au, National Intake and Assessment Team <notifications@ahpra.gov.au>, martin.fletcher@ahpra.gov.au, Jamie.Pearce@ahpra.gov.au, Amanda.Watson@ahpra.gov.au

**For the attention of:**

Mark Butler  
Minister for Health and Aged Care  
Australian Government Department of Health and Aged Care

Dear Mark Butler, re the **reckless disregard for voluntary informed consent for Covid-19 vaccination, as impacted by the AHPRA Position Statement 9 March 2021**, please see below my email addressed to AHPRA CEO Martin Fletcher, Medical Board of Australia Chair Anne Tonkin, and the Members of the 15 National Boards.

The AHPRA Position Statement 9 March 2021 is effectively **a mandate for health practitioners to comply with the then Morrison Government's Covid-19 vaccination policy, and a gag order preventing practitioners from openly questioning the Morrison Government's Covid-19 vaccination rollout...and here we are with reportedly most of the Australian population injected, in my opinion without valid consent.**

Chief Medical Officer Paul Kelly is a key player in the Covid-19 vaccination rollout - **he and the AHPPC set the ball rolling on vaccination mandates in June 2021, when they capitulated to Scott Morrison's and National Cabinet's demand for compulsory Covid-19 vaccination for aged care workers**, as detailed in [my notification to AHPRA about CMO Paul Kelly](#). (Ref. No. 00531213.)

*This was a politically motivated decision, rather than based on medical advice.*

Now AHPRA have advised me they won't deal with my notification about CMO Paul Kelly's violation of voluntary informed consent via vaccination mandates, because **"we are not able to progress concerns relating to the implementation of government policies"**. (Letter from Matthew Hardy, National Director Notifications, 29 June 2023.)

**Yet AHPRA is the gatekeeper facilitating the government's coercive Covid-19 vaccination policy**, as I detail in [my recent email about the AHPRA Position Statement 9 March 2021](#), please see below.

**Who initiated and authored the AHPRA Position Statement - did the Morrison Government or some other party, e.g. the WHO, demand that AHPRA issue the Position Statement to conscript the health practitioners to support the Covid-19 vaccination rollout?**

**How could the medical profession cooperate with Covid-19 vaccination mandates, and violate the legal and ethical obligation for voluntary informed consent for vaccination?**

This is a disaster for the Australian people, who have been robbed of personal autonomy and bodily integrity by being pressured, coerced and manipulated into submitting to the Covid-19 vaccinations, including under mandates - **mandated medical interventions in a supposed free country**.

But **health practitioners were misled by the Morrison Government** about having specific liability protection for administering the Covid-19 vaccine products - **what happens when people discover they have not given valid consent for Covid-19 vaccination, and want to pursue health practitioners for not properly informing them about Covid-19 and Covid-19 vaccination, i.e. for not obtaining authentic voluntary informed consent for the medical intervention?**

As [the Department of Health and Aged Care advised me in November 2022](#): "Informed consent should be obtained for every COVID-19 vaccination, as per usual consent procedures for other vaccinations", i.e. as stated 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."** (My emphasis.)

**Scott Morrison and National Cabinet set the precedent for mandated Covid-19 vaccination by overruling CMO Paul Kelly and the AHPPC on compulsory vaccination of aged care workers, the Liberal and Labor parties are right in the thick of it...**

**You and Anthony Albanese have got one helluva scandal on your hands Mark Butler, courtesy of the former Morrison Government.**

Please see below my email to AHPRA CEO Martin Fletcher, Medical Board of Australia Chair Anne Tonkin, and the Members of the 15 National Boards.

Sincerely

Elizabeth Hart  
Independent researcher investigating vaccine products and conflicts of interest in vaccination policy  
[vaccinationispolitical.net](http://vaccinationispolitical.net)

----- Forwarded message -----

From: Elizabeth Hart <[elizmhart@gmail.com](mailto:elizmhart@gmail.com)>

Date: Mon, Jul 31, 2023 at 4:14 PM

Subject: Reckless disregard for voluntary informed consent - the AHPRA Position Statement 9 March 2021

To: <[martin.fletcher@ahpra.gov.au](mailto:martin.fletcher@ahpra.gov.au)>

Cc: National Intake and Assessment Team <[notifications@ahpra.gov.au](mailto:notifications@ahpra.gov.au)>, <[Jamie.Pearce@ahpra.gov.au](mailto:Jamie.Pearce@ahpra.gov.au)>, <[Amanda.Watson@ahpra.gov.au](mailto:Amanda.Watson@ahpra.gov.au)>

**For the attention of:**

- Martin Fletcher, CEO, Australian Health Practitioner Regulation Agency (AHPRA)
- Anne Tonkin, Chair, Medical Board of Australia

**Please forward this email to all Members of the 15 National Boards who approved the AHPRA Position Statement 9 March 2021**

(Please see the list of current Members at the bottom of this email.)

**Copied to:** Matthew Hardy, AHPRA National Director Notifications (Re Notification Ref. No. 00531213 re Chief Medical Officer Paul Kelly)

Dear Martin Fletcher, Anne Tonkin and Members of the 15 National Boards

The AHPRA Position Statement 9 March 2021 is effectively a mandate for health practitioners to comply with the then Morrison Government's plan for a compulsory Covid-19 vaccination policy, for Covid vaccination to be "as mandatory as you can possibly make it", as announced by Scott Morrison in August 2020.

**On what authority do AHPRA and the Members of the 15 National Boards dictate to health practitioners on Covid-19 vaccination policy, impacting on health decisions for millions of people, including children?**

***Have Members of the National Boards breached codes of conduct by demanding health practitioners support the Morrison Government's Covid-19 vaccination policy, a mass population vaccination rollout which has violated the legal and ethical obligation for voluntary informed consent for vaccination?***

It's important to have transparency and accountability for the people responsible for the AHPRA Position Statement, because it appears *whoever initiated, authored, and approved this document has little or no knowledge of the obligation for voluntary informed consent for vaccination*, despite the fact AHPRA acknowledges this requirement in [personal correspondence to me dated 20 September 2021](#), i.e.

**"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."**

In November 2022, the Australian Department of Health and Aged Care [also confirmed to me](#):

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

The AHPRA Position Statement hyperlinks to the Home page of [The Australian Immunisation Handbook](#) - why didn't it directly link to the section on **Valid consent and explicitly quote the requirement for voluntary informed consent for vaccination?**

**"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."** (My emphasis.)

The AHPRA Position Statement approved by Members of the 15 National Boards 'strongly encourages' health practitioners to be Covid-19 vaccinated themselves, and states: **"Many registered health practitioners will have a vital role in COVID-19 vaccination programs and in educating the public about the importance and safety of COVID-19 vaccines to ensure high participation rates."** (My emphasis.)

Are registered health practitioners, e.g. general practitioners, nurses and pharmacists, **qualified** to provide specialist information on Covid-19 and Covid-19 vaccination across the population? **Are they qualified to ensure people give their voluntary informed consent for this medical intervention, or to refuse it if they so choose?**

**How have health practitioners handled the situation with people presenting before them under duress**, e.g. under vaccination mandates set by the Australian Health Protection Principal Committee (AHPPC), led by Chief Medical Officer Paul Kelly, and state and territory government mandates, and mandates set by employers and others?

**How can health practitioners obtain valid consent from people being pressured, coerced and manipulated to submit to Covid-19 vaccination under vaccination mandates?**

With the widespread acceptance of vaccination mandates across the medical profession, including for themselves, ***it appears most health practitioners do not understand that vaccination is a medical intervention for which voluntary informed consent must be obtained.*** This is a shocking revelation with serious ramifications for the community, with personal autonomy and bodily integrity damaged by vaccination mandates.

**Have health practitioners been free to question the AHPRA Position Statement?** It appears not, as the AHPRA Position Statement approved by Members of the 15 National Boards carries an implied threat against practitioners who might question Covid-19 vaccination policy, saying: **"Any promotion of anti-vaccination statements or health advice which contradicts the best 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."** (My emphasis.)

Who decides what is 'the best scientific evidence', and is this open to question by health practitioners without penalty?

***It seems it's the Members of the 15 National Boards who are in breach of the codes of conduct, by approving the AHPRA Position Statement, which recklessly disregards the obligation for voluntary informed consent for vaccination, and coerces practitioners into unquestioning support for the then Morrison Government's Covid-19 vaccination policy, pressing these medical products across mass populations, regardless of individual disease risk and health status.***

***The AHPRA Position Statement is an overtly intimidating 'gag order', which has censored critical thinking about the Covid-19 vaccination rollout across most of the medical profession,*** along with the scientific establishment and academia, the political and judicial systems, and the mainstream corporate media, including the taxpayer-funded ABC and SBS. Open discussion on this subject has been deliberately impeded.

Martin Fletcher, Anne Tonkin and Members of the 15 National Boards, **the AHPRA Position Statement 9 March 2021 is a disastrous directive that has helped facilitate the violation of voluntary informed consent for Covid-19 vaccination.**

**What steps will AHPRA and the Members of the 15 National Boards take to acknowledge and redress the enormous damage done by the AHPRA Position Statement 9 March 2021, which remains ongoing under the Albanese Government?**

Please acknowledge receipt of this email, including that it has been forwarded individually to Members of the 15 National Boards.

Sincerely

Elizabeth Hart

**Independent researcher investigating vaccine products and conflicts of interest in vaccination policy**

[vaccinationispolitical.net](http://vaccinationispolitical.net)

\* A highlighted copy of the AHPRA Position Statement 9 March 2021 is attached, along with other documents cited in this email.

**Please forward this email to Members of the 15 National Boards listed below:**

(Information provided by Amanda Watson, AHPRA National Complaints Manager, 21 July 2023 via [hyperlink](#). See copy of webpage accessed 31 July 2023 attached.)

#### [Aboriginal and Torres Strait Islander Health Practice Board of Australia](#)

Renee Owen, Chair

Bruce Brown, appointed as a community member

Leanne Quirino, appointed as a practitioner member from South Australia

Iris Raye, appointed as a practitioner member from Northern Territory

Abbey Shillingford, appointed as a community member

Margaret McCallum, appointed as a community member

Christopher O'Brien, appointed as a practitioner member from New South Wales

Danielle Martin, appointed as a practitioner member from Queensland

#### [Chinese Medicine Board of Australia](#)

Adjunct Professor Danforn Lim, Chair and practitioner member from New South Wales

Dina Tsiopelas, practitioner member from South Australia

Roderick Martin, practitioner member from Queensland

Johannah Shergis, practitioner member from Victoria

Luke Hubbard, practitioner member from Western Australia

Sophy Athan, community member from Victoria

David Brereton, community member from Tasmania

Bing Tian, practitioner member from the ACT

Stephanie Campbell, community member from New South Wales

#### [Chiropractic Board of Australia](#)

Dr Wayne Minter AM, Chair and practitioner member from New South Wales

Dr Abbey Chilcott, practitioner member from Western Australia

Mrs Colleen Papadopoulos, community member from Queensland

Mr Ken Riddiford, community member from Queensland

Professor Anna Ryan, practitioner member from Victoria

Dr Michael Shobbrook AM, practitioner member from the Australian Capital Territory

Dr Arcady Turczynowicz, practitioner member from South Australia

Dr Ailsa Wood (nee Patterson), practitioner member from Queensland

#### [Dental Board of Australia](#)

Dr Murray Thomas, appointed as Chair and practitioner member (dentist) from the Australian Capital Territory

Mr Robin Brown, appointed as a community member from the Australian Capital Territory

Dr Penelope Burns, appointed as a practitioner member (dentist) from New South Wales  
Mrs Julia Christensen, appointed as a community member from the Northern Territory  
Ms Jacqui Gibson-Roos, appointed as community member from Victoria  
Mrs Kim Jones, appointed as a community member from New South Wales  
Professor Richard Logan, appointed as a practitioner member (dental specialist) from South Australia  
Mr Tan Nguyen, appointed as a practitioner member (oral health therapist) from Victoria  
Mrs Janice Okine, appointed as a practitioner member (oral health therapist) from Queensland  
Dr Kate Raymond, appointed as a practitioner member (dentist) from the Northern Territory  
Dr Simon Shanahan, appointed as a practitioner member (dentist) from Western Australia  
Ms Carolynne Smith, appointed as a practitioner member (dental prosthetist) from Tasmania

#### [Medical Board of Australia](#)

Dr Anne Tonkin AO, Chair, Medical Board of Australia  
Associate Professor Stephen Adelstein, practitioner member from New South Wales  
Mr Mark Bodycoat, community member from South Australia  
Dr Kerrie Bradbury, practitioner member from the Australian Capital Territory  
Dr Samuel Goodwin, practitioner member from the Northern Territory  
Dr Daniel Heredia, practitioner member from Western Australia  
Ms Eileen Jerga, community member from the Australian Capital Territory  
Dr Andrew Mulcahy, practitioner member from Tasmania  
Dr Debra O'Brien, practitioner member from Victoria  
Dr Susan O'Dwyer, practitioner member from Queensland  
Ms Michelle Wright, community member from Victoria

#### [Medical Radiation Practice Board of Australia](#)

Ms Cara Miller Chair, practitioner member, South Australia  
Mr Brendan McKernan, practitioner member, Western Australia  
Mr Richard Bialkowski, community member, New South Wales  
Mr Anthony Buxton, practitioner member, New South Wales  
Mr James Green, practitioner member, Australian Capital Territory  
Ms Joan Burns, community member, South Australia  
Mr Travis Pearson, practitioner member, Queensland  
Mr Roger Weckert, practitioner member, Northern Territory  
Associate Professor Caroline Wright, practitioner member, Victoria  
Ms Lucy Galloway, practitioner member, Tasmania

#### [Nursing and Midwifery Board of Australia](#)

Adjunct Professor Veronica Casey AM, Chair of the National Board and health practitioner, Queensland  
David Carpenter, health practitioner, Northern Territory  
Dr Christopher Helms, health practitioner, Australian Capital Territory  
Sonja Ilievska, community member, Victoria  
Dr Jessa Rogers, community member, South Australia  
Catherine Schofield, health practitioner, Tasmania  
Associate Professor Linda Starr, health practitioner, South Australia  
Annette Symes, health practitioner, New South Wales  
Jennifer Wood, health practitioner, Western Australia

#### [Occupational Therapy Board of Australia](#)

Ms Julie Brayshaw, Chair and practitioner member from Western Australia  
Ms Kate Andrews, practitioner member from Victoria  
Mr Darryl Annett, community member from Victoria  
Ms Roxanne Marcelle-Shaw, community member from New South Wales  
Ms Jen Morris, community member from Victoria  
Dr Claire Pearce (PhD), practitioner member from the Australian Capital Territory  
Associate Professor Justin Scanlan, practitioner member from New South Wales  
Ms Rebecca Singh, practitioner member from South Australia  
Ms Angela Thynne, practitioner member from Queensland

#### [Optometry Board of Australia](#)

Mr Stuart Aamodt, presiding member and health practitioner from Western Australia  
Dr Carla Abbott, health practitioner from Victoria  
Mr Anthony Evans, community member  
Mr Benjamin Graham, community member  
Associate Professor Rosemary Knight, community member  
Mr Martin Robinson, health practitioner from Tasmania  
Miss Renee Slunjski, health practitioner from South Australia  
Professor Sharon Bentley, health practitioner from Queensland  
Health practitioner from New South Wales - vacant

#### [Osteopathy Board of Australia](#)

Dr Nikole Grbin, osteopath  
Dr Pamela Dennis, osteopath  
Ms Robyn Davis, appointed as community member  
Dr Julia Duffy, appointed as community member  
Mrs Marcella Lazarus, appointed as community member  
Dr Rebecca Malon, appointed as practitioner member from Queensland  
Dr Timothy McNamara, appointed as practitioner member from Victoria

Associate Professor Paul Orrock PhD, osteopath  
Dr Andrew Yaksich, osteopath

#### [Paramedicine Board of Australia](#)

Professor Stephen Gough ASM, Chair and practitioner member from Queensland  
Ms Clare Beech, practitioner member from New South Wales  
Mr Keith Driscoll ASM, practitioner member from South Australia  
Associate Professor Ian Patrick ASM, Deputy Chair and practitioner member from Victoria  
Ms Angela Wright, practitioner member from Western Australia  
Mr Howard Wren ASM, practitioner member from a small jurisdiction - Australian Capital Territory  
Ms Linda Renouf, community member  
Ms Tiina-Liisa Sexton, community member

#### [Pharmacy Board of Australia](#)

Mr Brett Simmonds, appointed as Chair and a practitioner member from Queensland  
Ms Elise Apolloni, appointed as a practitioner member from ACT  
Ms Melissa Cadzow, appointed as a community member  
Dr Alice Gilbert, appointed as a practitioner member from the Northern Territory  
Mr Mark Kirschbaum, appointed as a practitioner member from Tasmania  
Ms Hannah Mann, appointed as a practitioner member from Western Australia  
Dr Suzanne Martin, appointed as a community member  
Dr Amy Page, appointed as a practitioner member from Victoria  
Dr Cameron Phillips, appointed as a practitioner member from South Australia  
Dr Janet Preuss, appointed as a community member  
Mr Rod Wellington, appointed as a community member  
Mr Laurence (Ben) Wilkins, appointed as a practitioner member from New South Wales.

#### [Physiotherapy Board of Australia](#)

Ms Kim Gibson, Chair and practitioner member from Western Australia  
Sally Adamson, appointed as a practitioner member from Northern Territory  
Mrs Janet Blake, appointed as a community member from Victoria  
Mr David Cross, appointed as a practitioner member from New South Wales  
Paula Harding, appointed as a practitioner member from Victoria  
Ms Cherie Hearn, appointed as a practitioner member from Queensland  
Professor Sheila Lennon, appointed as a practitioner member South Australia  
Rosemary Martin, appointed as a community member from NSW  
Allan Renouf, appointed as a community member from Queensland  
Ms Elizabeth Trickett, appointed as a practitioner member from the ACT  
Kate Waterford, appointed as a community member from the ACT  
Simon Watt, appointed as a practitioner member from Tasmania

#### [Podiatry Board of Australia](#)






Associate Professor Cylie Williams, Chair and practitioner member from Victoria  
Ms Raelene Harrison, community member from Victoria  
Ms Julia Kurowski, practitioner member from Western Australia  
Dr Kristy Robson (PhD), practitioner member from New South Wales  
Mr Anthony Short, practitioner member from Queensland  
Ms Shellee Smith, community member from Queensland  
Mrs Kathryn 'Kate' Storer (Shonk), practitioner member from the Australian Capital Territory  
Professor Andrew Taggart, community member from Western Australia  
Mr Andrew van Essen, practitioner member from South Australia

#### [Psychology Board of Australia](#)

No members listed?

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#### 5 attachments

-  **Ahpra Position-statement COVID-19-vaccination - Highlighted.PDF**  
153K
-  **response-from-ahpra-re-informed-consent.pdf**  
105K
-  **mc22-018819-signed-highlighted-1.pdf**  
177K
-  **Scott Morrison re mandatory covid vaccination on 3AW in August 2020.pdf**  
131K
-  **Australian Health Practitioner Regulation Agency - National Boards.pdf**  
78K

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**Re: Are health practitioners in effect being conscripted to participate in the Australian government's Covid-19 vaccination rollout, in contravention of the Australian Constitution?**

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Elizabeth Hart &lt;elizmhart@gmail.com&gt;

Tue, Aug 15, 2023 at 9:26 PM

To: attorney@ag.gov.au

Cc: minister.butler@health.gov.au, covid19vaccinerfi@health.gov.au, martin.fletcher@ahpra.gov.au, National Intake and Assessment Team &lt;notifications@ahpra.gov.au&gt;, Jamie.Pearce@ahpra.gov.au, Amanda.Watson@ahpra.gov.au

**For the attention of:**Mark Dreyfus  
Attorney-General of Australia

Dear Mark Dreyfus, re my email below to you dated 13 February 2023, **questioning if health practitioners are in effect being conscripted to participate in the Australian Government's Covid-19 vaccination rollout, in contravention of the Australian Constitution**, i.e. paragraph [xxiiiA of s51](#).

As I note in my previous email to you, **the Australian Health Practitioner Regulation Agency (AHPRA) threatens health practitioners with regulatory action if they challenge the Covid-19 vaccination rollout**, i.e.

**"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"**. (My emphasis.) (See attached AHPRA Position Statement dated 9 March 2021.)

**If health practitioners provide information on an individual's actual risk with Covid, the potential risks of the Covid vaccinations, and any alternative options, is this considered 'anti-vaccination', and undermining 'the national immunisation campaign'?**

The AHPRA Position Statement also refers to "the best available scientific evidence" - **but who defines 'the best available scientific evidence' about the Covid vaccines, is it not open to question?**

**With respect to the legislative powers of the Parliament, the Australian 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." (My emphasis.) (See paragraph [xxiiiA of s51](#).)

**The Australian Government is providing 'pharmaceutical benefits' in the form of taxpayer-funded Covid vaccinations and 'the national immunisation campaign' - are health practitioners currently being obliged to support these taxpayer-funded purported 'benefits' by being hindered in openly questioning the Covid vaccinations?**

**Are health practitioners in effect being conscripted to participate in the Australian Government's Covid-19 vaccination rollout, in contravention of the Australian Constitution**, i.e. paragraph [xxiiiA of s51](#)?

**Mark Dreyfus, please seek expert legal advice on this potential breach of the Australian Constitution.**

I request your urgent response on this matter, it's relevant to [my notification to AHPRA re Chief Medical Officer Paul Kelly's violation of voluntary informed consent via recommending mandatory Covid vaccination](#) (Ref. No. 00531213), and [my email to AHPRA challenging the AHPRA Position Statement 9 March 2021](#), which is effectively a mandate for health practitioners to comply with the then Morrison Government's plan for a compulsory Covid-19 vaccination policy, for Covid vaccination to be **"as mandatory as you can possible make it"**, [as announced by Scott Morrison in August 2020](#). (Please see attachments.)

Health Minister Mark Butler, CMO Paul Kelly, AHPRA CEO Martin Fletcher, and AHPRA National Director Notifications Matthew Hardy are also copied on this email.

**Please acknowledge this email, and respond to this and my original email below, sent to you six months ago.**

Sincerely  
Elizabeth Hart**Independent researcher investigating vaccine products and conflicts of interest in vaccination policy**  
[vaccinationispolitical.net](http://vaccinationispolitical.net)

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On Mon, Feb 13, 2023 at 1:59 PM Elizabeth Hart <elizmhart@gmail.com> wrote:

**For the attention of:**Mark Dreyfus  
Attorney-General of Australia

Mark Dreyfus, **are health practitioners in effect being conscripted to participate in the Australian Government's Covid-19 jab rollout, in contravention of the Australian Constitution**, i.e. [paragraph xxiiiA of s51](#)?

The Australian Health Practitioner Regulation Agency (AHPRA) threatens health practitioners with regulatory action if they challenge the Covid-19 jab rollout, i.e. "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**". (My emphasis.) (See attached AHPRA position statement dated 9 March 2021.)

**Health practitioners have a legal and ethical obligation to obtain voluntary informed consent from people before vaccination, including the Covid jabs**, e.g. as stated in *The Australian Immunisation Handbook*, under [Valid Consent](#), i.e. "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.**" (My emphasis.)

**If health practitioners provide information on an individual's actual risk with Covid, the potential risks of the Covid jabs, and any alternative options, is this considered 'anti-vaccination', and undermining 'the national immunisation campaign'?**

The AHPRA position statement also refers to "the best available scientific evidence" - **but who defines 'the best available scientific evidence' about the Covid jabs, is it not open to question?**

It's ironic that AHPRA has imposed draconian restrictions on health practitioners under threat of regulatory action, because AHPRA has confirmed to me in writing that: "**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.**" (See attached letter dated [21 September 2021](#).)

Likewise, the Australian Department of Health and Aged Care has confirmed to me in writing that: "**Informed consent should be obtained for every COVID-19 vaccination, as per usual consent procedures for other vaccinations.**" (See attached letter dated [17 November 2022](#).)

And an Operation COVID Shield factsheet for health practitioners notes: "**A patient must provide informed consent prior to vaccination. 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.**" (See attached Operation COVID Shield factsheet - [Handling consent refusal by people presenting for vaccination](#).)

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?

With respect to the legislative powers of the Parliament, the Australian 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." (My emphasis.) (See [paragraph xxiiiA of s51](#).)

The Australian Government is providing 'pharmaceutical benefits' in the form of the Covid jabs and 'the national immunisation campaign' - **are health practitioners currently being obliged to support these supposed 'benefits' by being hindered in openly questioning the Covid jabs?**

Mark Dreyfus, **are health practitioners in effect being conscripted to participate in the Australian Government's Covid-19 jab rollout, in contravention of the Australian Constitution**, i.e. [paragraph xxiiiA of s51](#)?

Please address this matter, **particularly the conflict between health practitioners' legal and ethical obligation 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.**

I look forward to your early response.

Please note this email will be circulated to other parties, including Health and Aged Care Minister Mark Butler.

Sincerely  
Elizabeth Hart  
**Independent researcher investigating vaccine products and conflicts of interest in vaccination policy**  
[vaccinationispolitical.net](http://vaccinationispolitical.net)

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#### 4 attachments




**Ahpra Position-statement COVID-19-vaccination - Highlighted.PDF**  
153K



**notification-to-ahpra-re-medical-practitioner-paul-kelly.pdf**  
124K

 **reckless-disregard-for-voluntary-informed-consent-the-ahpra-position-statement-9-march-2021.pdf**  
122K

 **Scott Morrison re mandatory covid vaccination on 3AW in August 2020.pdf**  
131K

## Mandatory Covid-19 vaccination - Why did CMO Paul Kelly capitulate to Scott Morrison and National Cabinet's demand for mandatory Covid-19 vaccination for residential aged care workers?

Elizabeth Hart <elizmhart@gmail.com>

Thu, Sep 28, 2023 at 9:18 AM

To: covid19vaccinerfi@health.gov.au

Cc: minister.butler@health.gov.au, senator.ruston@aph.gov.au, attorney@ag.gov.au, senator.michaelia.cash@aph.gov.au, peter.dutton.mp@aph.gov.au, david.littleproud.mp@aph.gov.au, martin.fletcher@ahpra.gov.au, National Intake and Assessment Team <notifications@ahpra.gov.au>, Jamie.Pearce@ahpra.gov.au, Amanda.Watson@ahpra.gov.au, Kristine.Macartney@health.nsw.gov.au, nigel.crawford@mcri.edu.au, ATAGI Secretariat <atagi.secretariat@health.gov.au>, a.wilson@sydney.edu.au, PBAC <pbac@health.gov.au>, Catherine Bennett <catherine.bennett@deakin.edu.au>

### For the attention of:

#### Paul Kelly

Chief Medical Officer  
Australian Government Department of Health and Aged Care  
Chair of the Australian Health Protection Principal Committee (AHPPC)  
Director of Human Biosecurity under the Australian Biosecurity Act 2015

**Copied to:** Minister for Health and Aged Care Mark Butler, Shadow Minister for Health and Aged Care Anne Ruston, Attorney-General Mark Dreyfus, Shadow Attorney-General Michaelia Cash, Leader of the Liberal Party of Australia Peter Dutton, Leader of the National Party David Littleproud, AHPRA CEO Martin Fletcher, AHPRA National Director Notifications Matthew Hardy, Advisory Committee on Vaccines (ACV) Chair Kristine Macartney, Australian Technical Advisory Group on Immunisation (ATAGI) Chair Nigel Crawford, Pharmaceutical Benefits Advisory Committee (PBAC) Chair Andrew Wilson, Covid-19 Inquiry panel member Catherine Bennett, and will be forwarded to Prime Minister Anthony Albanese, and Australian Public Service Commissioner Gordon de Brouwer, and other parties.

Dear Paul Kelly, I ask you again, **how could you capitulate to former Prime Minister Scott Morrison and the National Cabinet's demand in June 2021, and recommend mandatory Covid-19 vaccination for residential aged care workers, violating the legal and ethical obligation for voluntary informed consent for vaccination?**

By recommending mandatory vaccination for residential aged care workers, **you and your colleagues on the Australian Health Protection Principal Committee (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.**

**Scott Morrison and the Premiers and Territory Chief Ministers in the National Cabinet went rogue in coercing the Australian population to submit to Covid-19 vaccination.**

In August 2021, Scott Morrison endorsed the concept of '**freedom incentives**' to coerce people to have the Covid-19 vaccine products. In September 2021, Victorian Premier Daniel Andrews announced there would be a '**vaccinated economy**', '**locking out** those people who refused to consent to Covid-19 vaccination. Scott Morrison backed the idea of 'vaccination passports', saying businesses in Australia have a 'legitimate' right to refuse service to patrons who are unvaccinated.

People were to be discriminated against and barred from employment, from travel, from sport, from retail shopping, from hospitality and entertainment, from cultural pursuits, etc - **it was 'No Jab, No Life'**.

**Critical thinking people were punished for refusing to comply with mandated medical interventions.**

**Voluntary informed consent for the Covid-19 vaccine products was completely trashed, with the collaboration of the medical profession.**

**The Covid-19 Inquiry announced by Prime Minister Anthony Albanese must investigate the unleashing of coercive and mandatory Covid-19 vaccination around Australia, at the instigation of Scott Morrison, the Premiers and Territory Chief Ministers in the National Cabinet, and the members of the AHPPC.**

**This was the Morrison Government's original plan, for Covid-19 vaccination to be "as mandatory as you can possibly make it", as announced by Scott Morrison in August 2020 on Neil Mitchell's program on 3AW, when Scott Morrison boasted, "I was the minister that established 'No jab, no play', so my view on this is pretty clear and not for turning".**

**Paul Kelly, as a registered medical practitioner, you must be aware of the obligation to obtain voluntary informed consent for vaccination, as confirmed to me personally by AHPRA in September 2021: (See letter attached.)**

**"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.*" (My emphasis.)**

**The Australian Immunisation Handbook under Valid consent states:**

"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." (My emphasis.)

In November 2022, [the Australian Department of Health and Aged Care](#) also confirmed to me: (See letter attached.)

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

**There is a legal and ethical obligation for medical practitioners to ensure that people give their voluntary informed consent for vaccination, and people must not be pressured, coerced or manipulated into this medical intervention.**

Therefore, how can valid voluntary informed consent be obtained under vaccination mandates?

On close examination of the timeline, on 4 June 2021 it appears you and your colleagues on the AHPPC were alert to your professional 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"**. (My emphasis.) (See AHPPC Statement on COVID-19 vaccination requirements for aged care workers, 4 June 2021, copy attached.)

Also on the same day, 4 June 2021, an ABC headline announced: **"Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccination"**. (My emphasis.) (Copy attached.)

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.**" (My emphasis.)

Subsequently, on 28 June 2021, it was announced **"The 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."** (See: National Cabinet Statement. Liberal Party New South Wales. 28 June 2021. Copy attached.)

**So after pressure from Scott Morrison and the Premiers and Territory Chief Ministers in the National Cabinet, you and your colleagues on the AHPPC reneged on your earlier advice against making the coronavirus vaccine compulsory for aged care workers, and rubber-stamped a 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..."** (See: AHPPC statement on residential aged care worker COVID-19 vaccination. 29 June 2021. Copy attached.)

**Paul Kelly, this was the key moment when voluntary informed consent for Covid-19 vaccination was destroyed, when you and your colleagues on the AHPPC capitulated to the demand of Scott Morrison and the Premiers and Territory Chief Ministers in the National Cabinet, and 'recommended' compulsory Covid-19 vaccination for residential aged care workers to maintain their livelihood - this was the beginning of 'No Jab, No Job'.**

**Again, how could you do this Paul Kelly, and lead the rest of the medical profession in Australia to collaborate with the destruction of voluntary informed consent for vaccination?**

On 16 June 2023, [I made a notification to AHPRA about your conduct](#), as detailed in my previous email to you below, but Matthew Hardy, AHPRA's National Director Notifications, has refused to deal with the matter, as he says AHPRA is **"not able to progress concerns relating to the implementation of government policies"**. (Letter dated 29 June 2023.)

Matthew Hardy advised me, **"Any concerns about information provided by Dr Kelly in his role as Chair of the AHPPC may be raised with the AHPPC directly, or with the Australian Public Service Commission"**.

As advised by Matthew Hardy, I contacted you directly on 11 July 2023, see my email below, but you have not acknowledged or responded to my email.

Paul Kelly, you are registered with AHPRA as a specialist in 'Public health medicine', performing the role of Chief Medical Officer of Australia, and AHPRA refuses to deal with complaints about your conduct in this role.

**AHPRA is obviously the gatekeeper for government vaccination policy, as evidenced by its Position Statement on the Covid-19 vaccination rollout, published on 9 March 2021**, which I have challenged in my email to AHPRA, see: [Reckless disregard for voluntary informed consent - the AHPRA Position Statement 9 March 2021](#), 31 July 2023.

**Paul Kelly, you and your colleagues on the AHPPC collaborated with Scott Morrison and the Premiers and Territory Chief Ministers in the National Cabinet, with their politically motivated decision to implement mandatory Covid-19 vaccination for workers in residential aged care, destroying the legal and ethical principle of voluntary informed consent for vaccination, and facilitating coercive and mandatory Covid-19 vaccination around the country.**

**It is now open to question whether there has been any valid consent for this medical intervention, for the reportedly 68.7 million Covid-19 doses administered in Australia, including to children, under pressure, coercion, manipulation, and mandates.**

Paul Kelly, I again request your response and accountability for this matter of vitally important national interest. Please see my previous email to you below.

This email will be widely shared with other parties.

Sincerely  
Elizabeth Hart  
**Independent researcher investigating vaccine products and conflicts of interest in vaccination policy**  
[vaccinationispolitical.net](http://vaccinationispolitical.net)

----- Forwarded message -----

From: **Elizabeth Hart** <[elizmhart@gmail.com](mailto:elizmhart@gmail.com)>  
Date: Tue, Jul 11, 2023 at 6:13 PM  
Subject: Notification to AHPRA re medical practitioner Paul Kelly, Chief Medical Officer of Australia and Chair of the Australian Health Protection Principal Committee (AHPPC) (AHPRA Ref. No. 00531213)  
To: <[covid19vaccinerfi@health.gov.au](mailto:covid19vaccinerfi@health.gov.au)>  
Cc: <[minister.butler@health.gov.au](mailto:minister.butler@health.gov.au)>, National Intake and Assessment Team <[notifications@ahpra.gov.au](mailto:notifications@ahpra.gov.au)>, <[martin.fletcher@ahpra.gov.au](mailto:martin.fletcher@ahpra.gov.au)>, <[Jamie.Pearce@ahpra.gov.au](mailto:Jamie.Pearce@ahpra.gov.au)>

**For the attention of:**

**Paul Kelly**  
Chief Medical Officer  
Australian Government Department of Health and Aged Care  
Chair of the Australian Health Protection Principal Committee (AHPPC)  
Director of Human Biosecurity under the Australian Biosecurity Act 2015

Dear Paul Kelly, **please see below my notification to AHPRA re your violation of the obligation for voluntary informed consent via AHPPC statements recommending mandatory Covid-19 vaccination.**

Matthew Hardy, AHPRA's National Director Notifications, has advised me (29 June 2023):

Thank you for the information you shared with us. We understand you are raising concerns about Professor Paul Kelly's role in **advice on Australian Government Covid-19 vaccination policies in aged care**.

Our work is guided by the *Health Practitioner Regulation National Law* (the National Law) and under the National Law, **we are not able to progress concerns relating to the implementation of government policies**. Any concerns about information provided by Dr Kelly in his role as Chair of the AHPPC **may be raised with the AHPPC directly**, or with the Australian Public Service Commission.

Please note, although we are not progressing these concerns, we have recorded the information you provided on our database. (My emphasis.)

Paul Kelly, it's very interesting that Matthew Hardy says AHPRA is "**not able to progress concerns relating to the implementation of government policies**". Matthew Hardy has directed me to raise these matters "with the AHPPC directly", so I am asking you directly: **Why did you, in your role as Chair of the AHPPC, collaborate with former Prime Minister Scott Morrison and National Cabinet on their politically motivated decision to mandate Covid-19 vaccination in June 2021, thereby denying voluntary informed consent for residential aged care workers, and subsequently all workers in health care settings, disability support workers, and aged care in-home and community aged care workers?**

On 4 June 2021, it was specifically announced that the "**AHPPC does not recommend compulsory COVID-19 vaccines for aged care workers**". On the same day 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.**" (My emphasis.)

On 28 June 2021 it was announced: "**The 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**". **A day later on 29 June 2021**, it was announced in an AHPPC statement: "**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...**"

The AHPPC **rubber-stamped** the National Cabinet's **political decision** to mandate Covid-19 vaccination. **The decision to mandate Covid-19 vaccination was not based on medical advice.**

**How could you do this Paul Kelly? How could you capitulate to Scott Morrison's and National Cabinet's demands, and recommend mandatory vaccination, in violation of the obligation for voluntary informed consent for vaccination?**

I request your urgent response on this matter.

Please note that Mark Butler, Minister for Health and Aged Care; Matthew Hardy, AHPRA National Director Notifications; Martin Fletcher, CEO of AHPRA; and Anne Tonkin, Chair, Medical Board of Australia (C/- Martin Fletcher), are copied on this email.

**Please see below the information provided in my notification to AHPRA, plus attachments.**

Sincerely  
Elizabeth Hart  
**Independent researcher investigating vaccine products and conflicts of interest in vaccination policy**  
[vaccinationispolitical.net](http://vaccinationispolitical.net)

----- Forwarded message -----

From: **Elizabeth Hart** <[elizmhart@gmail.com](mailto:elizmhart@gmail.com)>

Date: Fri, Jun 16, 2023 at 4:08 PM

Subject: Notification to AHPRA re medical practitioner Paul Kelly, Chief Medical Officer of Australia and Chair of the Australian Health Protection Principal Committee (AHPPC)

To: <[martin.fletcher@ahpra.gov.au](mailto:martin.fletcher@ahpra.gov.au)>, <[notifications@aphra.gov.au](mailto:notifications@aphra.gov.au)>

Cc: <[Jamie.Pearce@ahpra.gov.au](mailto:Jamie.Pearce@ahpra.gov.au)>

**For the attention of:**

Martin Fletcher, CEO, Australian Health Practitioner Agency (AHPRA)

Anne Tonkin, Chair, Medical Board of Australia

Dear Martin Fletcher and Anne Tonkin

**Notification to AHPRA re Paul Kelly** - Chief Medical Officer of Australia and Chair of the Australian Health Protection Principal Committee (AHPPC)

**SUMMARY:**

In June 2021, Paul Kelly, as Chair of the AHPPC, **violated the requirement for voluntary informed consent for Covid-19 vaccination, with the AHPPC recommending 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..."** (My emphasis.) (See AHPPC statement on residential aged care worker COVID-19 vaccination, published 29 June 2021, copy attached.)

**This occurred after the AHPPC's original advice *against* compulsory vaccination for residential aged care workers (4 June 2021) was overruled by then Prime Minister Scott Morrison and National Cabinet, who wanted to impose mandatory vaccination upon residential aged care workers - *this was a politically motivated decision, rather than based on medical advice.***

**The AHPPC chaired by Paul Kelly capitulated to Scott Morrison's and National Cabinet's demand to impose mandatory vaccination upon residential aged care workers.**

**This denial of voluntary informed consent for residential aged care workers set a precedent for depriving others of voluntary informed consent for Covid-19 vaccination, including subsequent workforce mandates recommended by Paul Kelly and the AHPPC, see:**

- **AHPPC statement on mandatory vaccination of all workers in health care settings.** (Published 1 October 2021, copy attached).
- **AHPPC statement on mandating vaccination for disability support workers.** (Published 10 November 2021, copy attached).
- **AHPPC statement on mandatory vaccination of aged care in-home and community aged care workers.** (Published 10 November 2021, copy attached).

**As a medical practitioner, Paul Kelly should be aware of the obligation to obtain voluntary informed consent for vaccination, as confirmed to me personally by AHPRA in September 2021 (see letter attached):**

**"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.*"** (My emphasis.)

This advice on 'voluntary informed consent' is stated in [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.** (My emphasis.)

In November 2022, the Australian Department of Health and Aged Care **also confirmed to me:** (See letter attached.)

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

[The Australian Immunisation Handbook](#) under **Valid consent** states:

**"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."** (My emphasis.)

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: (See Fact Sheet attached.)

**"...adults have the right to determine what will be done to their bodies and what healthcare treatments they will undergo."**

and

**"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." (My emphasis.)

An Australian Government Operation COVID Shield Q&A Fact Sheet titled: **Handling consent refusal by people presenting for vaccination**, informs health professionals: (See Fact Sheet attached.)

#### **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.**

The COVID Shield Q&A Fact Sheet 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."**

Quoting the Australian Law Reform Commission: (See Fact Sheet attached.)

**"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."**

It is clear 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.

**Ergo, voluntary informed consent cannot be obtained under vaccination mandates.**

***Why did Paul Kelly and 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?***

#### **BACKGROUND:**

On 4 June 2021, Paul Kelly as Chair of the AHPPC was evidently alert to his 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"**. (My emphasis.) (See AHPPC Statement on COVID-19 vaccination requirements for aged care workers, 4 June 2021, copy attached.)

Also on the same day, 4 June 2021, an ABC headline announced: **"Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccination"**. (Copy attached.)

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."** (My emphasis.)

The workers' union did not support compulsion, with the ABC reporting: **"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." Ms Asmar said: "We live in a free country and not Communist China."**

**It's stunning 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 reported by the national broadcaster, the ABC, the political plan was to **'force'** aged care workers to have the coronavirus 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 **"The 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."** (See: National Cabinet Statement. Liberal Party New South Wales. 28 June 2021. Copy attached.)

**So after pressure from Scott Morrison and National Cabinet, Paul Kelly and the AHPPC reneged on their earlier advice against making the coronavirus vaccine compulsory for aged care workers, and rubber-stamped a 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..."** (See: AHPPC statement on residential aged care worker COVID-19 vaccination. 29 June 2021. Copy attached.)

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'..."** (My emphasis.) (See: Still many questions over mandatory aged care vaccinations. 29 June 2021. Copy attached.)

Paul Kelly subsequently boasted "Australia was one of the first countries internationally to mandate COVID-19 vaccination", in his co-authored article published in the *Medical Journal of Australia* in November 2022 - [Implementing mandatory COVID-19 vaccination for Australian aged care workers](#).

In other words, **Australia was one of the first countries in the world to deny voluntary informed consent for the Covid vaccinations**, facilitated by medical practitioner Paul Kelly and his medical colleagues on the AHPPC.

**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..." (See: Interview with David Speers on ABC Insiders on the COVID-19 vaccine rollout. ABC Insiders. 21 February 2021. Copy attached.)

**But this was an experiment without voluntary informed consent, which is a violation of medical ethics and international human rights conventions such as the Helsinki Declaration.**

Paul Kelly and 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**.

**Consistent with AHPRA's regulatory role, Paul Kelly must face professional disciplinary action for using his position as Chief Medical Officer of Australia to impose Covid-19 vaccination mandates, which was in breach of legal and ethical requirements pertaining to voluntary informed consent.**













I await a reference number for this notification, and advice of further action. This email will also be submitted via AHPRA's online portal.

Sincerely  
Elizabeth Hart

**Independent researcher investigating vaccine products and conflicts of interest in vaccination policy**  
[vaccinationispolitical.net](http://vaccinationispolitical.net)

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#### 14 attachments

-  **AHPPC statement on residential aged care worker COVID-19 vaccination.pdf**  
97K
-  **AHPPC statement on mandatory vaccination of all workers in health care settings.pdf**  
119K
-  **AHPPC statement on mandating vaccination for disability support workers.pdf**  
106K
-  **AHPPC statement on mandatory vaccination of aged care in-home and community aged care workers.pdf**  
97K
-  **response-from-ahpra-re-informed-consent.pdf**  
105K
-  **mc22-018819-signed-highlighted-1.pdf**  
177K
-  **Fact Sheet for clinicians- Informed consent in health care.pdf**  
325K
-  **covid-19-vaccinations---handling-consent-refusal-by-people-presenting-for-vaccination-handling-consent-refusal-by-people-presenting-for-vaccination.pdf**  
1055K
-  **Consent to medical treatment \_ ALRC.pdf**  
92K
-  **AHPPC statement on COVID-19 vaccination requirements for aged care workers.pdf**  
110K
-  **Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccinations.pdf**  
825K
-  **National Cabinet Statement - Monday 28 June 2021 - Liberal Party NSW.pdf**  
182K
-  **Still many questions over mandatory aged care vaccinations.pdf**  
806K
-  **Interview with David Speers on ABC Insiders on the COVID-19 vaccine rollout \_ Health Portfolio Ministers and Aged Care.pdf**  
58K

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## Coercion, intimidation and mandates preclude voluntary informed consent for vaccination. There has been no valid consent for COVID-19 vaccination.

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Elizabeth Hart <elizmhart@gmail.com>

Tue, Feb 27, 2024 at 5:42 PM

To: attorney@ag.gov.au

Cc: minister.butler@health.gov.au, covid19vaccinerfi@health.gov.au, "paul.kelly@health.gov.au" <paul.kelly@health.gov.au>, martin.fletcher@ahpra.gov.au, senator.ruston@aph.gov.au, senator.michaelia.cash@aph.gov.au, peter.dutton.mp@aph.gov.au, David.Littleproud.MP@aph.gov.au, National Intake and Assessment Team <notifications@ahpra.gov.au>, Jamie.Pearce@ahpra.gov.au, Amanda.Watson@ahpra.gov.au, Kristine.Macartney@health.nsw.gov.au, nigel.crawford@mcri.edu.au, ATAGI Secretariat <atagi.secretariat@health.gov.au>, a.wilson@sydney.edu.au, PBAC <pbac@health.gov.au>, Catherine Bennett <catherine.bennett@deakin.edu.au>, A.Albanese.MP@aph.gov.au

### For the attention of:

Mark Dreyfus  
Attorney-General of Australia

Dear Mark Dreyfus, **there has been no valid consent for COVID-19 vaccination in Australia**, with reportedly [70.3 million doses](#) administered, across a population of 27 million.

Voluntary informed consent for COVID-19 vaccination was **precluded** by misinformation from 'the authorities', **and their use of coercion, intimidation and mandates to make people comply with this medical intervention. This was compounded by doctors, nurses and pharmacists failing to challenge coercion, intimidation and mandates for vaccination.**

**Millions of Australians were subject to COVID-19 vaccination mandates as a consequence of action taken by Scott Morrison in June 2021**, when [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**". (My emphasis.)

Scott Morrison was successful with his plan, with the Premiers and Chief Ministers in National Cabinet overruling the recommendation of Chief Medical Officer Paul Kelly and other members of the AHPPC **against** compulsory vaccination for aged care workers. Paul Kelly and the AHPPC subsequently rubber-stamped National Cabinet's decision to mandate COVID-19 vaccination for aged care workers, **thereby breaking the principle of voluntary informed consent for vaccination, and opening the floodgates for COVID-19 vaccination mandates around the country**, see my article for more background: [The destruction of voluntary informed consent via mandatory COVID-19 vaccination. "A political decision, not a health decision"](#). (Copy attached.)

Millions of Australians were **intimidated** into submitting to the COVID-19 vaccination rollout **on the orders of politicians**, such as [Daniel Andrews](#), then Premier of Victoria, who announced, "**There is going to be a vaccinated economy, and you get to participate in that if you are vaccinated**", and [Mark McGowan](#), then Premier of Western Australia, who said, "**Life will be very difficult for the unvaccinated from January 31. No pub, no bottle shop, no gym, no yoga class, no gig, no dancefloors, no hospital visits.**"

Scott Morrison had completed his assignment [announced in August 2020](#), that COVID-19 vaccination would be "**as mandatory as you can possibly make it**". Jane Halton, Chair of CEPI - Coalition for Epidemic Preparedness Innovations, and an advisor to Scott Morrison via the National COVID-19 Coordination Commission/Advisory Board, had laid it on the line [in May 2020](#), saying "**Forget the 'no jab, no play' for kids, it's now 'no jab, no play' for adults...**" Scott Morrison, [the political architect of the No Jab, No Pay coercive vaccination law for children](#), had stepped up to the task. Thanks to Scott Morrison and the Premiers and Chief Ministers in National Cabinet, millions of Australians were **effectively conscripted** into supporting the Australian Government's COVID-19 vaccination rollout, **under threat of deprivation of their livelihood and liberty for non-compliance - 'No Jab, No Job' to 'No Jab, No Life'**.

Doctors, nurses and pharmacists knew that people were presenting before them under coercion, intimidation and vaccination mandates - **they should have refused to collaborate with injecting people they knew were under duress to comply, as this violates voluntary informed consent.**

The vaccination mandates should have been challenged by the leadership of the medical profession, by the medical colleges and professional associations, by the medical insurers, and by AHPRA, but they did not do this. **It's astonishing the medical profession did not challenge the COVID-19 vaccination mandates!** (They persistently ignored calls from the public for the defence of informed consent, see for example [Coercive covid-19 injections in Australia - email to the Medical Board of Australia, AHPRA, RACGP, RACP, AMA](#), 8 June 2021.)

But doctors, nurses and pharmacists were constrained by AHPRA's, now superseded, Position Statement 9 March 2021, **which threatened practitioners with regulatory action if they challenged the COVID-19 vaccination rollout**, as outlined in my previous correspondence to you **questioning whether health practitioners were in effect being conscripted to participate in the Australian Government's COVID-19 vaccination rollout, in contravention of the Australian Constitution**, i.e. paragraph [xxiiiA of s51](#). (See emails below dated 15 August 2023 and 13 February 2023.)

In [his response to me](#) on this matter (see attached), David Lewis, General Counsel (Constitutional), Office of Constitutional Law, says:

You may be aware that immunisation is not mandatory and individuals may choose not to be vaccinated. We note 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. (My emphasis.)

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 point.

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.**

Mark Dreyfus, doctors, nurses and pharmacists and other practitioners were forbidden to freely question the taxpayer-funded COVID-19 vaccination rollout. **Practitioners were gagged, effectively conscripted into supporting the Australian Government's COVID-19 vaccination rollout, in contravention of the Australian Constitution**, paragraph [xxiiiA of s51](#), and in contravention of [their legal and ethical obligation](#) to obtain voluntary informed consent for vaccination.

And now here we are, **with the Australian population coerced and intimidated into submitting to COVID-19 vaccination, and millions of Australians injected under COVID-19 vaccination mandates initiated by National Cabinet and the AHPPC.**

**There has been no valid consent for COVID-19 vaccination.** This is a legal and ethical disaster which is yet to be brought to the attention of the Australian people.

This email is copied to Prime Minister Anthony Albanese, Health and Aged Care Minister Mark Butler, Chief Medical Officer Paul Kelly, AHPRA CEO Martin Fletcher and others, and will be widely circulated.

Sincerely  
Elizabeth Hart

**Independent researcher investigating the vaccine industry and conflicts of interest in vaccination policy**  
[vaccinationispolitical.net](http://vaccinationispolitical.net)  
[elizabethhart.substack.com](http://elizabethhart.substack.com)

----- Forwarded message -----

From: **Elizabeth Hart** <[elizmhart@gmail.com](mailto:elizmhart@gmail.com)>

Date: Tue, Aug 15, 2023 at 9:26 PM

Subject: Re: Are health practitioners in effect being conscripted to participate in the Australian government's Covid-19 vaccination rollout, in contravention of the Australian Constitution?

To: <[attorney@ag.gov.au](mailto:attorney@ag.gov.au)>

Cc: <[minister.butler@health.gov.au](mailto:minister.butler@health.gov.au)>, <[covid19vaccinerfi@health.gov.au](mailto:covid19vaccinerfi@health.gov.au)>, <[martin.fletcher@ahpra.gov.au](mailto:martin.fletcher@ahpra.gov.au)>, National Intake and Assessment Team <[notifications@ahpra.gov.au](mailto:notifications@ahpra.gov.au)>, <[Jamie.Pearce@ahpra.gov.au](mailto:Jamie.Pearce@ahpra.gov.au)>, <[Amanda.Watson@ahpra.gov.au](mailto:Amanda.Watson@ahpra.gov.au)>

**For the attention of:**

Mark Dreyfus  
Attorney-General of Australia

Dear Mark Dreyfus, re my email below to you dated 13 February 2023, **questioning if health practitioners are in effect being conscripted to participate in the Australian Government's Covid-19 vaccination rollout, in contravention of the Australian Constitution**, i.e. paragraph [xxiiiA of s51](#).

As I note in my previous email to you, **the Australian Health Practitioner Regulation Agency (AHPRA) threatens health practitioners with regulatory action if they challenge the Covid-19 vaccination rollout**, i.e.

**"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"**. (My emphasis.) (See attached AHPRA Position Statement dated 9 March 2021.)

**If health practitioners provide information on an individual's actual risk with Covid, the potential risks of the Covid vaccinations, and any alternative options, is this considered 'anti-vaccination', and undermining 'the national immunisation campaign'?**

The AHPRA Position Statement also refers to "the best available scientific evidence" - **but who defines 'the best available scientific evidence' about the Covid vaccines, is it not open to question?**

**With respect to the legislative powers of the Parliament, the Australian 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." (My emphasis.) (See paragraph [xxiiiA of s51](#).)

**The Australian Government is providing 'pharmaceutical benefits' in the form of taxpayer-funded Covid vaccinations and 'the national immunisation campaign' - are health practitioners currently being obliged to support these taxpayer-funded purported 'benefits' by being hindered in openly questioning the Covid vaccinations?**

**Are health practitioners in effect being conscripted to participate in the Australian Government's Covid-19 vaccination rollout, in contravention of the Australian Constitution, i.e. paragraph xxiiiA of s51?**

Mark Dreyfus, please seek expert legal advice on this potential breach of the Australian Constitution.

I request your urgent response on this matter, it's relevant to [my notification to AHPRA re Chief Medical Officer Paul Kelly's violation of voluntary informed consent via recommending mandatory Covid vaccination](#) (Ref. No. 00531213), and [my email to AHPRA challenging the AHPRA Position Statement 9 March 2021](#), which is effectively a mandate for health practitioners to comply with the then Morrison Government's plan for a compulsory Covid-19 vaccination policy, for Covid vaccination to be **"as mandatory as you can possible make it"**, as announced by Scott Morrison in August 2020. (Please see attachments.)

Health Minister Mark Butler, CMO Paul Kelly, AHPRA CEO Martin Fletcher, and AHPRA National Director Notifications Matthew Hardy are also copied on this email.

**Please acknowledge this email, and respond to this and my original email below, sent to you six months ago.**

Sincerely

Elizabeth Hart

**Independent researcher investigating vaccine products and conflicts of interest in vaccination policy**  
[vaccinationispolitical.net](http://vaccinationispolitical.net)

On Mon, Feb 13, 2023 at 1:59 PM Elizabeth Hart <[elizmhart@gmail.com](mailto:elizmhart@gmail.com)> wrote:

**For the attention of:**

Mark Dreyfus

Attorney-General of Australia

Mark Dreyfus, **are health practitioners in effect being conscripted to participate in the Australian Government's Covid-19 jab rollout, in contravention of the Australian Constitution, i.e. paragraph xxiiiA of s51?**

The Australian Health Practitioner Regulation Agency (AHPRA) threatens health practitioners with regulatory action if they challenge the Covid-19 jab rollout, i.e. "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**". (My emphasis.) (See attached AHPRA position statement dated 9 March 2021.)

**Health practitioners have a legal and ethical obligation to obtain voluntary informed consent from people before vaccination, including the Covid jabs**, e.g. as stated in *The Australian Immunisation Handbook*, under [Valid Consent](#), i.e. "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.**" (My emphasis.)

**If health practitioners provide information on an individual's actual risk with Covid, the potential risks of the Covid jabs, and any alternative options, is this considered 'anti-vaccination', and undermining 'the national immunisation campaign'?**

The AHPRA position statement also refers to "the best available scientific evidence" - **but who defines 'the best available scientific evidence' about the Covid jabs, is it not open to question?**

It's ironic that AHPRA has imposed draconian restrictions on health practitioners under threat of regulatory action, because AHPRA has confirmed to me in writing that: **"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."** (See attached letter dated [21 September 2021](#).)

Likewise, the Australian Department of Health and Aged Care has confirmed to me in writing that: **"Informed consent should be obtained for every COVID-19 vaccination, as per usual consent procedures for other vaccinations."** (See attached letter dated [17 November 2022](#).)

And an Operation COVID Shield factsheet for health practitioners notes: **"A patient must provide informed consent prior to vaccination. 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."** (See attached Operation COVID Shield factsheet - [Handling consent refusal by people presenting for vaccination](#).)

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?

With respect to the legislative powers of the Parliament, the Australian 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." (My emphasis.) (See [paragraph xxiiiA of s51](#).)

The Australian Government is providing 'pharmaceutical benefits' in the form of the Covid jabs and 'the national immunisation campaign' - **are health practitioners currently being obliged to support these supposed 'benefits' by being hindered in openly questioning the Covid jabs?**

Mark Dreyfus, are health practitioners in effect being conscripted to participate in the Australian Government's Covid-19 jab rollout, in contravention of the Australian Constitution, i.e. paragraph xxiiiA of s51?

Please address this matter, particularly the conflict between health practitioners' legal and ethical obligation 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.

I look forward to your early response.

Please note this email will be circulated to other parties, including Health and Aged Care Minister Mark Butler.

Sincerely

Elizabeth Hart

**Independent researcher investigating vaccine products and conflicts of interest in vaccination policy**

[vaccinationispolitical.net](http://vaccinationispolitical.net)

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## 2 attachments



**Response from David Lewis General Counsel (Constitutional).pdf**

135K



**The destruction of voluntary informed consent via mandatory COVID-19 vaccination.pdf**

4779K

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**RE: Complaint re Australia's Chief Medical Officer Paul Kelly, Chair of the Australian Health Protection Principal Committee (AHPPC) [SEC=OFFICIAL]**

---

Elizabeth Hart <elizmhart@gmail.com>  
To: pid@apsc.gov.au

Tue, Oct 31, 2023 at 4:13 PM

**For the attention of:**

Michelle Coffill  
Authorised Officer  
Australian Public Service Commission

Dear Michelle, thank you for your response to my submission re Chief Medical Officer Paul Kelly.

As mentioned in my previous email, in response to my notification about Paul Kelly, AHPRA advised me: **"Any concerns about information provided by Dr Kelly in his role as Chair of the AHPPC may be raised with the AHPPC directly, or with the Australian Public Service Commission."**

As well as emailing Paul Kelly as Chair of the AHPPC, I also sought to contact the Australian Public Service Commission, but as you can see from this webpage, there's no obvious email address for me to access: <https://www.apsc.gov.au/contact-us>

That's why I addressed my email to you and your colleagues, simply as an entry into the Australian Public Service Commission, as I suspected my submission might not fit under your area.

You suggested I can contact the Commonwealth Ombudsman, but [this video](#) notes that people should endeavour to deal with the specific agency first before going to the Ombudsman.

**Can you please provide me with an email address for Gordon de Brouwer, the Australian Public Service Commissioner, to enable me to forward my complaint about Chief Medical Officer Paul Kelly, the Chair of the AHPPC? Or simply forward my email to someone who can assist me?**

I would appreciate your assistance on this matter.

Kind regards

Elizabeth Hart

**Independent researcher investigating the vaccine industry and conflicts of interest in vaccination policy**

[vaccinationispolitical.net](http://vaccinationispolitical.net)

----- Forwarded message -----

From: PID <pid@apsc.gov.au>

Date: Mon, Oct 16, 2023 at 11:01 AM

Subject: RE: Complaint re Australia's Chief Medical Officer Paul Kelly, Chair of the Australian Health Protection Principal Committee (AHPPC) [SEC=OFFICIAL]

To: Elizabeth Hart <elizmhart@gmail.com>

**OFFICIAL**

Dear Ms Hart,

Please see **attached** correspondence in response to your email of 9 October 2023.

Kind regards,

PID team

---

**Australian Public Service Commission**

W: [www.apsc.gov.au](http://www.apsc.gov.au)



**From:** Elizabeth Hart <[elizmhart@gmail.com](mailto:elizmhart@gmail.com)>

**Sent:** Monday, 9 October 2023 6:31 PM

**To:** PID <[pid@apsc.gov.au](mailto:pid@apsc.gov.au)>

**Subject:** Complaint re Australia's Chief Medical Officer Paul Kelly, Chair of the Australian Health Protection Principal Committee (AHPPC)

Dear Shannon Owen, James O'Reilly and Michelle Coffill - Authorised Officers for the Australian Public Service Commission

**Please advise the procedure I should follow to make a formal complaint to the Australian Public Service Commission about Chief Medical Officer Paul Kelly, Chair of the Australian Health Protection Principal Committee (AHPPC).**

I have already made a complaint/notification to the Australian Health Practitioner Regulation Agency (AHPRA) about the conduct of Chief Medical Officer Paul Kelly, in his role as Chair of the AHPPC, **in recommending mandatory Covid-19 vaccination in violation of voluntary informed consent.**

AHPRA has acknowledged my notification, but has advised: **"Our work is guided by the Health Practitioner Regulation National Law (the National Law) and under the National Law, we are not able to progress concerns relating to the implementation of government policies."**

AHPRA advises: **"Any concerns about information provided by Dr Kelly in his role as Chair of the AHPPC may be raised with the AHPPC directly, or with the Australian Public Service Commission."**

For your information, please see attached a copy of the letter I received from Matthew Hardy, AHPRA National Director Notifications.

As advised by AHPRA, I have contacted Paul Kelly, in his position as Chair of the AHPPC, please see the email thread below, which also includes my original notification about Paul Kelly to AHPRA.

Paul Kelly has not responded to my email.

I am now following AHPRA's advice to raise concerns about Paul Kelly's conduct with the Australian Public Service Commission.

Please advise me how I should proceed on this matter.

Given the seriousness of my complaint about Paul Kelly and its relevance to Australia's taxpayer-funded Covid-19 vaccination policy, and the legal and ethical principle of voluntary informed consent for vaccination, I want to bring it to the attention of Gordon de Brouwer, the Australian Public Service Commissioner.

I would appreciate your assistance on this matter.

Kind regards

Elizabeth Hart

**Independent researcher investigating vaccine products and conflicts of interest in vaccination policy**

[vaccinationispolitical.net](http://vaccinationispolitical.net)

----- Forwarded message -----

From: **Elizabeth Hart** <[elizmhart@gmail.com](mailto:elizmhart@gmail.com)>

Date: Thu, Sep 28, 2023 at 9:18 AM

Subject: Mandatory Covid-19 vaccination - Why did CMO Paul Kelly capitulate to Scott Morrison and National Cabinet's demand for mandatory Covid-19 vaccination for residential aged care workers?

To: <[covid19vaccinerfi@health.gov.au](mailto:covid19vaccinerfi@health.gov.au)>

Cc: <[minister.butler@health.gov.au](mailto:minister.butler@health.gov.au)>, <[senator.ruston@aph.gov.au](mailto:senator.ruston@aph.gov.au)>, <[attorney@ag.gov.au](mailto:attorney@ag.gov.au)>, <[senator.michaelia.cash@aph.gov.au](mailto:senator.michaelia.cash@aph.gov.au)>, <[peter.dutton.mp@aph.gov.au](mailto:peter.dutton.mp@aph.gov.au)>, <[david.littleproud.mp@aph.gov.au](mailto:david.littleproud.mp@aph.gov.au)>, <[martin.fletcher@ahpra.gov.au](mailto:martin.fletcher@ahpra.gov.au)>, National Intake and Assessment Team <[notifications@ahpra.gov.au](mailto:notifications@ahpra.gov.au)>, <[Jamie.Pearce@ahpra.gov.au](mailto:Jamie.Pearce@ahpra.gov.au)>, <[Amanda.Watson@ahpra.gov.au](mailto:Amanda.Watson@ahpra.gov.au)>, <[Kristine.Macartney@health.nsw.gov.au](mailto:Kristine.Macartney@health.nsw.gov.au)>, <[nigel.crawford@mcri.edu.au](mailto:nigel.crawford@mcri.edu.au)>, ATAGI Secretariat <[atagi.secretariat@health.gov.au](mailto:atagi.secretariat@health.gov.au)>, <[a.wilson@sydney.edu.au](mailto:a.wilson@sydney.edu.au)>, PBAC <[pbac@health.gov.au](mailto:pbac@health.gov.au)>, Catherine Bennett <[catherine.bennett@deakin.edu.au](mailto:catherine.bennett@deakin.edu.au)>

**For the attention of:**

**Paul Kelly**

Chief Medical Officer

Australian Government Department of Health and Aged Care

Chair of the Australian Health Protection Principal Committee (AHPPC)

Director of Human Biosecurity under the Australian Biosecurity Act 2015

**Copied to:** Minister for Health and Aged Care Mark Butler, Shadow Minister for Health and Aged Care Anne Ruston, Attorney-General Mark Dreyfus, Shadow Attorney-General Michaelia Cash, Leader of the Liberal Party of Australia Peter Dutton, Leader of the National Party David Littleproud, AHPRA CEO Martin Fletcher, AHPRA National Director Notifications Matthew Hardy, Advisory Committee on Vaccines (ACV) Chair Kristine Macartney, Australian Technical Advisory Group on Immunisation (ATAGI) Chair Nigel Crawford, Pharmaceutical Benefits Advisory Committee (PBAC) Chair Andrew Wilson, Covid-19 Inquiry panel member Catherine Bennett, and will be forwarded to Prime Minister Anthony Albanese, and Australian Public Service Commissioner Gordon de Brouwer, and other parties.

Dear Paul Kelly, I ask you again, **how could you capitulate to former Prime Minister Scott Morrison and the National Cabinet's demand in June 2021, and recommend *mandatory Covid-19 vaccination* for residential aged care workers, *violating the legal and ethical obligation for voluntary informed consent for vaccination?***

By recommending mandatory vaccination for residential aged care workers, **you and your colleagues on the Australian Health Protection Principal Committee (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.**

**Scott Morrison and the Premiers and Territory Chief Ministers in the National Cabinet went rogue in coercing the Australian population to submit to Covid-19 vaccination.**

In August 2021, Scott Morrison endorsed the concept of '**freedom incentives**' to coerce people to have the Covid-19 vaccine products. In September 2021, Victorian Premier Daniel Andrews announced there would be a '**vaccinated economy**', '**locking out**' those people who refused to consent to Covid-19 vaccination. **Scott Morrison backed the idea of 'vaccination passports', saying businesses in Australia have a 'legitimate' right to refuse service to patrons who are unvaccinated.**

People were to be discriminated against and barred from employment, from travel, from sport, from retail shopping, from hospitality and entertainment, from cultural pursuits, etc - **it was 'No Jab, No Life'.**

**Critical thinking people were punished for refusing to comply with mandated medical interventions.**

**Voluntary informed consent for the Covid-19 vaccine products was completely trashed, with the collaboration of the medical profession.**

**The Covid-19 Inquiry announced by Prime Minister Anthony Albanese must investigate the unleashing of coercive and mandatory Covid-19 vaccination around Australia, at the instigation of Scott Morrison, the Premiers and Territory Chief Ministers in the National Cabinet, and the members of the AHPPC.**

**This was the Morrison Government's original plan, for Covid-19 vaccination to be "as mandatory as you can possibly make it", as announced by Scott Morrison in August 2020 on [Neil Mitchell's program on 3AW](#), when Scott Morrison boasted, "I was the minister that established 'No jab, no play', so my view on this is pretty clear and not for turning".**

**Paul Kelly, as a registered medical practitioner, you must be aware of the obligation to obtain voluntary informed consent for vaccination, as confirmed to me personally by [AHPRA in September 2021](#): (See letter attached.)**

**"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.*" (My emphasis.)**

**The [Australian Immunisation Handbook](#) under **Valid consent** states:**

**"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." (My emphasis.)**

In November 2022, [the Australian Department of Health and Aged Care](#) also confirmed to me: (See letter attached.)

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

**There is a legal and ethical obligation for medical practitioners to ensure that people give their voluntary informed consent for vaccination, and people must not be pressured, coerced or manipulated into this medical intervention.**

Therefore, how can valid voluntary informed consent be obtained under vaccination mandates?

On close examination of the timeline, on 4 June 2021 it appears you and your colleagues on the AHPPC were alert to your professional 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"**. (My emphasis.) (See AHPPC Statement on COVID-19 vaccination requirements for aged care workers, 4 June 2021, copy attached.)

Also on the same day, 4 June 2021, an ABC headline announced: **"Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccination"**. (My emphasis.) (Copy attached.)

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**." (My emphasis.)

Subsequently, on 28 June 2021, it was announced **"The 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."** (See: National Cabinet Statement. Liberal Party New South Wales. 28 June 2021. Copy attached.)

**So after pressure from Scott Morrison and the Premiers and Territory Chief Ministers in the National Cabinet, you and your colleagues on the AHPPC reneged on your earlier advice against making the coronavirus vaccine compulsory for aged care workers, and rubber-stamped a 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..."** (See: AHPPC statement on residential aged care worker COVID-19 vaccination. 29 June 2021. Copy attached.)

**Paul Kelly, this was the key moment when voluntary informed consent for Covid-19 vaccination was destroyed, when you and your colleagues on the AHPPC capitulated to the demand of Scott Morrison and the Premiers and Territory Chief Ministers in the National Cabinet, and 'recommended' compulsory Covid-19 vaccination for residential aged care workers to maintain their livelihood - this was the beginning of 'No Jab, No Job'.**

**Again, how could you do this Paul Kelly, and lead the rest of the medical profession in Australia to collaborate with the destruction of voluntary informed consent for vaccination?**

On 16 June 2023, **I made a notification to AHPRA about your conduct**, as detailed in my previous email to you below, but Matthew Hardy, AHPRA's National Director Notifications, has refused to deal with the matter, as he says AHPRA is **"not able to progress concerns relating to the implementation of government policies"**. (Letter dated 29 June 2023.)

Matthew Hardy advised me, **"Any concerns about information provided by Dr Kelly in his role as Chair of the AHPPC may be raised with the AHPPC directly, or with the Australian Public Service Commission"**.

As advised by Matthew Hardy, I contacted you directly on 11 July 2023, see my email below, but you have not acknowledged or responded to my email.

Paul Kelly, you are registered with AHPRA as a specialist in 'Public health medicine', performing the role of Chief Medical Officer of Australia, and AHPRA refuses to deal with complaints about your conduct in this role.

**AHPRA is obviously the gatekeeper for government vaccination policy, as evidenced by its Position Statement on the Covid-19 vaccination rollout, published on 9 March 2021, which I have challenged in my email to AHPRA, see: [Reckless disregard for voluntary informed consent - the AHPRA Position Statement 9 March 2021](#), 31 July 2023.**

**Paul Kelly, you and your colleagues on the AHPPC collaborated with Scott Morrison and the Premiers and Territory Chief Ministers in the National Cabinet, with their politically motivated decision to implement mandatory Covid-19 vaccination**

for workers in residential aged care, destroying the legal and ethical principle of voluntary informed consent for vaccination, and facilitating coercive and mandatory Covid-19 vaccination around the country.

It is now open to question whether there has been any valid consent for this medical intervention, for [the reportedly 68.7 million Covid-19 doses](#) administered in Australia, including to children, under pressure, coercion, manipulation, and mandates.

Paul Kelly, I again request your response and accountability for this matter of vitally important national interest. Please see my previous email to you below.

This email will be widely shared with other parties.

Sincerely

Elizabeth Hart

**Independent researcher investigating vaccine products and conflicts of interest in vaccination policy**

[vaccinationispolitical.net](http://vaccinationispolitical.net)

----- Forwarded message -----

From: **Elizabeth Hart** <[elizhart@gmail.com](mailto:elizhart@gmail.com)>

Date: Tue, Jul 11, 2023 at 6:13 PM

Subject: Notification to AHPRA re medical practitioner Paul Kelly, Chief Medical Officer of Australia and Chair of the Australian Health Protection Principal Committee (AHPPC) (AHPRA Ref. No. 00531213)

To: <[covid19vaccinerfi@health.gov.au](mailto:covid19vaccinerfi@health.gov.au)>

Cc: <[minister.butler@health.gov.au](mailto:minister.butler@health.gov.au)>, National Intake and Assessment Team <[notifications@ahpra.gov.au](mailto:notifications@ahpra.gov.au)>, <[martin.fletcher@ahpra.gov.au](mailto:martin.fletcher@ahpra.gov.au)>, <[Jamie.Pearce@ahpra.gov.au](mailto:Jamie.Pearce@ahpra.gov.au)>

**For the attention of:**

**Paul Kelly**

Chief Medical Officer

Australian Government Department of Health and Aged Care

Chair of the Australian Health Protection Principal Committee (AHPPC)

Director of Human Biosecurity under the Australian Biosecurity Act 2015

Dear Paul Kelly, **please see below my notification to AHPRA re your violation of the obligation for voluntary informed consent via AHPPC statements recommending mandatory Covid-19 vaccination.**

Matthew Hardy, AHPRA's National Director Notifications, has advised me (29 June 2023):

Thank you for the information you shared with us. We understand you are raising concerns about Professor Paul Kelly's role in **advice on Australian Government Covid-19 vaccination policies in aged care**.

Our work is guided by the *Health Practitioner Regulation National Law* (the National Law) and under the National Law, **we are not able to progress concerns relating to the implementation of government policies**. Any concerns about information provided by Dr Kelly in his role as Chair of the AHPPC **may be raised with the AHPPC directly**, or with the Australian Public Service Commission.

Please note, although we are not progressing these concerns, we have recorded the information you provided on our database. (My emphasis.)

Paul Kelly, it's very interesting that Matthew Hardy says AHPRA is **"not able to progress concerns relating to the implementation of government policies"**. Matthew Hardy has directed me to raise these matters "with the AHPPC directly", so I

am asking you directly: **Why did you, in your role as Chair of the AHPPC, collaborate with former Prime Minister Scott Morrison and National Cabinet on their politically motivated decision to mandate Covid-19 vaccination in June 2021, thereby denying voluntary informed consent for residential aged care workers, and subsequently all workers in health care settings, disability support workers, and aged care in-home and community aged care workers?**

On 4 June 2021, it was specifically announced that the "**AHPPC does not recommend compulsory COVID-19 vaccines for aged care workers**". On the same day 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.**" (My emphasis.)

On 28 June 2021 it was announced: "**The 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**". **A day later on 29 June 2021**, it was announced in an AHPPC statement: "**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...**"

The AHPPC **rubber-stamped** the National Cabinet's **political decision** to mandate Covid-19 vaccination. **The decision to mandate Covid-19 vaccination was not based on medical advice.**

**How could you do this Paul Kelly? How could you capitulate to Scott Morrison's and National Cabinet's demands, and recommend mandatory vaccination, in violation of the obligation for voluntary informed consent for vaccination?**

I request your urgent response on this matter.

Please note that Mark Butler, Minister for Health and Aged Care; Matthew Hardy, AHPRA National Director Notifications; Martin Fletcher, CEO of AHPRA; and Anne Tonkin, Chair, Medical Board of Australia (C/- Martin Fletcher), are copied on this email.

**Please see below the information provided in my notification to AHPRA, plus attachments.**

Sincerely

Elizabeth Hart

**Independent researcher investigating vaccine products and conflicts of interest in vaccination policy**

[vaccinationispolitical.net](http://vaccinationispolitical.net)

----- Forwarded message -----

From: **Elizabeth Hart** <[elizhart@gmail.com](mailto:elizhart@gmail.com)>

Date: Fri, Jun 16, 2023 at 4:08 PM

Subject: Notification to AHPRA re medical practitioner Paul Kelly, Chief Medical Officer of Australia and Chair of the Australian Health Protection Principal Committee (AHPPC)

To: <[martin.fletcher@ahpra.gov.au](mailto:martin.fletcher@ahpra.gov.au)>, <[notifications@aphra.gov.au](mailto:notifications@aphra.gov.au)>

Cc: <[Jamie.Pearce@ahpra.gov.au](mailto:Jamie.Pearce@ahpra.gov.au)>

**For the attention of:**

Martin Fletcher, CEO, Australian Health Practitioner Agency (AHPRA)

Anne Tonkin, Chair, Medical Board of Australia

Dear Martin Fletcher and Anne Tonkin

**Notification to AHPRA re Paul Kelly** - Chief Medical Officer of Australia and Chair of the Australian Health Protection Principal Committee (AHPPC)

## SUMMARY:

In June 2021, Paul Kelly, as Chair of the AHPPC, **violated the requirement for voluntary informed consent for Covid-19 vaccination**, with the AHPPC recommending 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...**" (My emphasis.) (See AHPPC statement on residential aged care worker COVID-19 vaccination, published 29 June 2021, copy attached.)

This occurred after the AHPPC's original advice **against** compulsory vaccination for residential aged care workers (4 June 2021) was overruled by then Prime Minister Scott Morrison and National Cabinet, who wanted to impose mandatory vaccination upon residential aged care workers - ***this was a politically motivated decision, rather than based on medical advice.***

The AHPPC chaired by Paul Kelly capitulated to Scott Morrison's and National Cabinet's demand to impose mandatory vaccination upon residential aged care workers.

This denial of voluntary informed consent for residential aged care workers set a precedent for depriving others of voluntary informed consent for Covid-19 vaccination, including subsequent workforce mandates recommended by Paul Kelly and the AHPPC, see:

- **AHPPC statement on mandatory vaccination of all workers in health care settings.** (Published 1 October 2021, copy attached).
- **AHPPC statement on mandating vaccination for disability support workers.** (Published 10 November 2021, copy attached).
- **AHPPC statement on mandatory vaccination of aged care in-home and community aged care workers.** (Published 10 November 2021, copy attached).

As a medical practitioner, Paul Kelly should be aware of the obligation to obtain voluntary informed consent for vaccination, as confirmed to me personally by [AHPRA in September 2021](#) (see letter attached):

**"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.*"** (My emphasis.)

This advice on 'voluntary informed consent' is stated in [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.** (My emphasis.)

In November 2022, the Australian Department of Health and Aged Care **also confirmed to me:** (See letter attached.)

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

The [Australian Immunisation Handbook](#) under **Valid consent** states:

**"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."** (My emphasis.)

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: (See Fact Sheet attached.)

**"...adults have the right to determine what will be done to their bodies and what healthcare treatments they will undergo."**

and

"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." (My emphasis.)

An Australian Government Operation COVID Shield Q&A Fact Sheet titled: **Handling consent refusal by people presenting for vaccination**, informs health professionals: (See Fact Sheet attached.)

### **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.**

The COVID Shield Q&A Fact Sheet 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."**

Quoting the Australian Law Reform Commission: (See Fact Sheet attached.)

**"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."**

It is clear 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.

Ergo, voluntary informed consent cannot be obtained under vaccination mandates.

***Why did Paul Kelly and 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?***

### **BACKGROUND:**

On 4 June 2021, **Paul Kelly as Chair of the AHPPC was evidently alert to his 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"**. (My emphasis.) (See AHPPC Statement on COVID-19 vaccination requirements for aged care workers, 4 June 2021, copy attached.)

Also on the same day, 4 June 2021, an ABC headline announced: **"Scott Morrison to use National Cabinet to lobby state governments to go against health advice on COVID vaccination"**. (Copy attached.)

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.**" (My emphasis.)

**The workers' union did not support compulsion**, with the ABC reporting: "**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.**" Ms Asmar said: "**We live in a free country and not Communist China.**"

**It's stunning 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 reported by the national broadcaster, the ABC, the political plan was to '**force**' aged care workers to have the coronavirus 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 "**The 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.**" (See: National Cabinet Statement. Liberal Party New South Wales. 28 June 2021. Copy attached.)

**So after pressure from Scott Morrison and National Cabinet, Paul Kelly and the AHPPC reneged on their earlier advice against making the coronavirus vaccine compulsory for aged care workers, and rubber-stamped a 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..." (See: AHPPC statement on residential aged care worker COVID-19 vaccination. 29 June 2021. Copy attached.)

**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'..."** (My emphasis.) (See: Still many questions over mandatory aged care vaccinations. 29 June 2021. Copy attached.)

**Paul Kelly subsequently boasted "Australia was one of the first countries internationally to mandate COVID-19 vaccination"**, in his co-authored article published in the *Medical Journal of Australia* in November 2022 - [Implementing mandatory COVID-19 vaccination for Australian aged care workers](#).

In other words, **Australia was one of the first countries in the world to deny voluntary informed consent for the Covid vaccinations**, facilitated by medical practitioner Paul Kelly and his medical colleagues on the AHPPC.

**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...**" (See: Interview with David Speers on ABC Insiders on the COVID-19 vaccine rollout. ABC Insiders. 21 February 2021. Copy attached.)

**But this was an experiment without voluntary informed consent, which is a violation of medical ethics and international human rights conventions such as the Helsinki Declaration.**

Paul Kelly and 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**.

**Consistent with AHPRA's regulatory role, Paul Kelly must face professional disciplinary action for using his position as Chief Medical Officer of Australia to impose Covid-19 vaccination mandates, which was in breach of legal and ethical requirements pertaining to voluntary informed consent.**

I await a reference number for this notification, and advice of further action. This email will also be submitted via AHPRA's online portal.

Sincerely

Elizabeth Hart

**Independent researcher investigating vaccine products and conflicts of interest in vaccination policy**

[vaccinationispolitical.net](http://vaccinationispolitical.net)

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IMPORTANT: This message, and any attachments to it, contains information that is confidential and may also be the subject of legal professional or other privilege. If you are not the intended recipient of this message, you must not review, copy, disseminate or disclose its contents to any other party or take action in reliance of any material contained within it. If you have received this message in error, please notify the sender immediately by return email informing them of the mistake and delete all copies of the message from your computer system.

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**2 attachments**



**image002.jpg**  
43K



**PID - decision not to allocate - SHD23-121449.pdf**  
165K



**Australian Government**  

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**Australian Public Service Commission**

Ref: SHD23-121449

By email to: [elizmhart@gmail.com](mailto:elizmhart@gmail.com)

Dear Ms Hart

**Public Interest Disclosure – Allocation decision**

I am writing in response to your email that was received by me on 10 October 2023.

Having reviewed your email, I understand you wish to lodge a complaint about the conduct of the Australian Government’s Chief Medical Officer, Professor Paul Kelly, in his capacity as Chair of the Australian Health Protection Principal Committee.

As your complaint was addressed to Ms Owen, Mr O’Reilly and myself, I understand your intent is to make a public interest disclosure under the *Public Interest Disclosure Act 2013* (PID Act), which has particular requirements that govern the making, allocation and investigation of disclosures.

I am an Authorised Officer in the Australian Public Service Commission for the purposes of the PID Act.

Based on the information you have provided, I am informing you under subsection 44A(3) of the PID Act that I am not satisfied that the requirements of an internal disclosure under the PID Act have been met. Therefore I will not be allocating this matter for investigation under the PID Act.

I have set out below the reasons for my decision as well as general information about the PID Act to assist you to understand my decision and to consider your alternative options. This includes the option to make your complaint directly to the Commonwealth Ombudsman, who has responsibility for complaints that relate to Commonwealth agencies generally, as well as complaints that relate to the handling of public interest disclosures under the PID Act.

**Reasons**

Section 34, Item 1 of the PID Act sets out who is an authorised internal recipient of a public interest disclosure. Specifically an authorised internal recipient must be:

- a. an officer within the agency the disclosure relates to;
- b. an officer within the agency to which the discloser belongs, or last belonged;
- c. the Ombudsman, if the discloser believes on reasonable grounds that it would be appropriate for the disclosure to be investigated by the Ombudsman;
- d. the Inspector-General of Intelligence and Security, if the discloser believes on reasonable grounds that the disclosure relates to action taken by the Australian Criminal Intelligence Commission or the Australian Federal Police in relation to that agency’s intelligence functions; or
- e. an investigative agency with the power to investigate the disclosure otherwise than under the PID Act (please note that the Australian Public Service Commission is not an investigative agency for the purposes of the PID Act).

As your disclosure relates to an official of the Department of Health and Aged Care in their capacity as Chair of the Australian Health Protection Principal Committee, I am not satisfied that I am a permitted authorised internal recipient for your disclosure.

I am therefore satisfied that in this case, your disclosure to me as an Authorised Officer of the Australian Public Service Commission is not an internal disclosure for the purposes of the PID Act. The disclosure will not be allocated for investigation under the PID Act.

### **General information about the PID Act**

The PID Act provides a mechanism for public officials to raise concerns by making internal disclosures about alleged misconduct by agencies or public officials. Under the PID Act, disclosers receive certain protections from detrimental treatment or reprisal action and immunities from criminal, civil and administrative liability.

However, in order to receive the protections and immunities and to make a valid disclosure under the PID Act, disclosers must meet certain criteria in order to be eligible. These are summarised on the Commonwealth Ombudsman's website which also provides further general information about the PID process: <https://www.ombudsman.gov.au/industry-and-agency-oversight/public-interest-disclosure-whistleblowing/information-for-disclosers>

Potential disclosers also need to consider who they can make the disclosure to, within the requirements of section 34 of the PID Act. This can change, depending on which agency the disclosure is about and which agency the discloser belongs, or last belonged to. Generally, a disclosure under the PID Act can be made to:

1. an Authorised Officer within the discloser's own agency;
2. an Authorised Officer of the agency the alleged conduct relates to;
3. the Commonwealth Ombudsman, if the discloser thinks that is appropriate; or
4. the Inspector-General of Intelligence and Security, if the disclosure relates to action taken by the Australian Criminal Intelligence Commission or the Australian Federal Police in relation to that agency's intelligence functions.

In certain limited circumstances, disclosers may also make an external disclosure, emergency disclosure or disclosure to their lawyer. If you wish to proceed to make an external, emergency or legal practitioner disclosure, you will need to consider the requirements that apply to each of those types of disclosures under the PID Act.

Section 70 of the PID Act provides that an Authorised Officer can, by written notice, determine that an individual can be taken to be a public official for the purposes of the PID Act if the Authorised Officer believes, on reasonable grounds, that an individual has information that concerns disclosable conduct.

### **Alternative courses of action that may be available**

If you wish to proceed to make a disclosure under the PID Act, please consider carefully the information I have set out above before proceeding, to ensure you are eligible to make a disclosure and that you make any disclosure to an Authorised Officer in the correct agency. Otherwise you may not be protected under the PID Act.

If you are dissatisfied with the handling of a disclosure under the PID Act, or the actions of a Commonwealth agency generally, you may make a complaint to the Commonwealth Ombudsman. Contact details for the Commonwealth Ombudsman are available at [www.ombudsman.gov.au/contact](http://www.ombudsman.gov.au/contact), and extracted for your convenience:

**Complain to the Ombudsman's Office**

If you have already made a PID to an Australian Government agency and you are unhappy with how it was handled, you can complain to our Office.

To make a complaint, contact us on:

- Phone: **02 6276 3777**
- Email: [pid@ombudsman.gov.au](mailto:pid@ombudsman.gov.au)
- Post: Attention Authorised Officer, Public Interest Disclosure Team, Commonwealth Ombudsman, GPO Box 442, Canberra, ACT, 2600.

The Commonwealth Ombudsman may be able to provide you with additional information, including other options that may be available to you, separate from the PID Act.

I trust the above is of assistance.

Yours sincerely



Michelle Coffill OAM  
Authorised Officer  
13 October 2023