
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 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. Malcolm Turnbull oversaw the implementation of the Federal Government's No Jab, No Pay 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> 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@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.

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.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, 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 Sumners, 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> 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 <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 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>

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 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 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> 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*. 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

 **HRA response to FOI 2021_FOI_062.pdf**
215K

Is it ethical to insist on covid-19 injections for health staff?

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@dhs.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 <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 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>

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 Kullendorff, 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 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

2 attachments



HRA response to FOI 2021_FOI_062.pdf

215K



Response from Lesley Dwyer CALHN.pdf

515K

Questions re coercive covid-19 vaccination and 'informed consent' - AHPRA's failure to respond

Elizabeth Hart <elizmhart@gmail.com>

Fri, Aug 27, 2021 at 1:39 PM

To: National Intake and Assessment Team <notifications@ahpra.gov.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:

Regulatory Advisor, Notifications (Intake & Assessment)
Australian Health Practitioner Regulation Agency (AHPRA)

Tash, re your email below, I still haven't received a response from an 'appropriate person' re my emails to AHPRA re **health practitioners' ethical duty to obtain valid informed consent before vaccination**. It's extraordinary that I'm unable to obtain from AHPRA a direct email contact to properly deal with my queries. AHPRA is standing aloof from the community.

I question whether the delay in receiving a response from AHPRA on this most important matter during the Morrison and State Governments' coercive covid-19 vaccine rollout constitutes gross negligence and dereliction of duty by AHPRA to the community?

My emails are personally addressed to Mr Martin Fletcher, CEO of AHPRA; Dr Anne Tonkin, Chair, Medical Board of Australia; and Ms Gill Callister PSM, Chair, AHPRA Agency Management Committee, and also to the heads of other doctors' organisations. These people were also copied on many of my other emails on related matters.

A previous response I received from Mr Fletcher in October 2017 assures me: **"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."** (See copy of letter attached.)

I strongly suspect that most people are not being properly informed about the 'leaky' covid-19 injections in regards to their own age and health status, and therefore are not giving their valid 'informed consent' before this medical intervention. This is a very serious matter.

For the record, here are links to the emails forwarded specifically to Mr Fletcher, Dr Tonkin and Ms Callister via: communications@ahpra.gov.au

- [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? Questioning the ethics evaluation process for covid vaccine clinical trials](#) 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.

Can you please advise me what is going on and how long until I receive a response to my queries re health practitioners' ethical duty to obtain valid informed consent before vaccination, relevant to the Morrison and State Governments' coercive covid-19 injection rollout?

For your information, please see attached an acknowledgement email I received on 11 June 2021, advising my email of 8 June 2021 had been forwarded as requested. I've only received automatic responses since then, and no specific response to any of my emails at all.

Sincerely
Elizabeth Hart

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

Note: This email has also been forwarded to members of political parties currently occupying the Federal and State Governments. I question the legitimacy of these people who are exerting extraordinary control over the free movement and association of Australians on a very questionable basis, and who are refusing to be accountable to the Australian electorate.

On Wed, Aug 25, 2021 at 1:57 PM National Intake and Assessment Team <notifications@ahpra.gov.au> wrote:

Dear Ms Hart,

Thank you for your telephone call today.

As discussed, I confirm that I will raise the issue of the failure to respond to your emails, as sent to communications@ahpra.gov.au, to the attention of an appropriate person to respond.

Kind regards

Tash

Regulatory Advisor, Notifications (Intake & Assessment)

Phone | [1300 419 495](tel:1300419495)

Email | notifications@ahpra.gov.au

Web | www.ahpra.gov.au

Australian Health Practitioner Regulation Agency

G.P.O. Box 9958 | Adelaide SA 5001 | www.ahpra.gov.au

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Please consider the environment before printing.

Ahpra acknowledges the Traditional Owners of Country throughout Australia and the continuing connection to lands, waters and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures and Elders past, present and emerging.



2 attachments

 **Acknowledgement from AHPRA 11 June 2021.pdf**
77K

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

Covid-19 injections and lack of 'informed consent' - email to AHPRA

Elizabeth Hart <elizmhart@gmail.com>

Tue, Sep 7, 2021 at 5:20 PM

To: National Intake and Assessment Team <notifications@ahpra.gov.au>, communications@ahpra.gov.au

Cc: racgp@racgp.org.au, racp@racp.edu.au, president@ama.com.au

Please forward this email to the people addressed below:

For the attention of:

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

Copied to:

- Dr Anne Tonkin, Chair, Medical Board of Australia
- Ms Gill Callister PSM, AHPRA Agency Management Committee
- 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)

Mr Fletcher, all Australians are under intense pressure to submit to covid-19 injections, including many workers and contractors facing mandatory vaccination being imposed by companies/employers.

In this regard, **please see below my email to Mr Edgar Basto, President BHP Minerals Australia, challenging him about BHP's plan to coerce its 45,000 employees and contractors to have covid-19 injections.** The arguments made in my email to Mr Basto are also relevant to other companies.

Coercion to vaccinate is denying Australians the right to properly consider the risks, benefits, and unknowns about covid-19 injections in their own particular circumstances, in effect denying their right to 'informed consent' before the medical intervention of vaccination.

It's a very serious matter that many companies/employers are imposing their will and interfering with employees' and contractors' bodily autonomy, where will this end...?

Mr Fletcher, you have previously assured me that **"A medical practitioner must obtain informed consent before undertaking an examination or providing treatment, including providing vaccines."** (Letter dated 5 October 2017, see copy attached.)

In my email to Mr Basto, I note I've raised this matter with AHPRA, **as there is clearly a conflict with the Morrison and State Governments' aggressive covid-19 injection rollout, and health practitioners' ethical responsibility to obtain informed consent before this medical intervention.**

I've provided Mr Basto with hyperlinks to my emails to AHPRA which remain unanswered, **and I question whether AHPRA's failure to respond constitutes gross negligence and dereliction of duty by AHPRA to the community?** Members of the public such as myself are even refused a direct email address to raise these matters with AHPRA, you really have a serious problem with public accountability in AHPRA.

Mr Fletcher, **it appears millions of people have now been pressured to have covid-19 injections in Australia, and I very much question whether any of these people have been properly informed, and provided authentic informed consent to this medical intervention.**

I again request your response, see below my email to AHPRA dated 27 August 2021, which remains unanswered.

Please note this email and further correspondence will be shared with other parties, this is an important matter of public interest.

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, Sep 1, 2021 at 3:32 PM

Subject: Coercive covid injections for BHP employees and contractors

To: Edgar Basto

Cc: George Christensen, Pauline Hanson, Craig Kelly, Malcolm Roberts, Matt Canavan, Jacqui Lambie, Kevin Conolly, Tanya Davies, Nathaniel Smith, Anthony Roberts, Mark Latham, Gerard Rennick, Alex Antic, Fred Nile, Nick Hudson, Emma McArthur, Peter A. McCullough

For the attention of:

Mr Edgar Basto

President BHP Minerals Australia

Dear Mr Basto, *The Australian* reports that **"BHP is moving to mandate [covid-19] vaccines for its 45,000 employees and contractors, as it launches vaccination hubs across the country to protect the mining sector and accelerate national vaccine targets"**. (See article attached.)

Mr Basto, **is BHP going to deny its employees and contractors their right to 'informed consent' before vaccination, without coercion?**

The *Australian Immunisation Handbook* notes:

"For consent to be legally valid...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".

Mr Basto, **on what medical basis is BHP bullying its 45,000 employees and contractors into having the covid-19 injections?**

Despite all the Morrison and State Government and media driven fear-mongering, **are you aware the symptoms of covid-19 are generally mild for most people**, e.g. the World Health Organisation acknowledges **"Most people infected with COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment"**? (See attached.)

Are you aware the covid-19 injections:

- apparently do not prevent infection and transmission;
- only claim to reduce hospitalisations and deaths, which is not relevant to most people as most are not at serious risk of covid-19;
- have unknown duration of 'immunity' - [the Australian Government Department of Health website](#) admits: **"It is not yet known how long the protection of the COVID-19 vaccine will last. We will know more through ongoing research..."** (See copy attached.) **In other words the people having these injections are guinea pigs, and it's likely most don't realise they are participating in a global experiment;**
- future consequences of repeated covid injections throughout life are unknown; etc.

The situation is particularly serious for young people, **particularly now even children, who are being set up for a lifetime of covid injections, despite the fact they are not at risk of the disease**. Many of BHP's 45,000 employees and contractors have children, so this is an important matter for them to consider.

Mr Basto, people in the vulnerable groups have been offered these covid-19 injections - **why are people outside these vulnerable groups, e.g. many of BHP's 45,000 employees and contractors, being pressured to submit to what could be lifelong covid injections, against a disease which isn't a serious risk for most people? Why is there apparently great reluctance to acknowledge treatments (e.g. Ivermectin) and preventatives (e.g. vitamin D) for covid-19? It's an extraordinary situation we're in after 18 months.**

There is much that is unknown about the covid-19 injections. It's appalling that these medical interventions are being coercively pressed upon the Australian population, **including BHP's 45,000 employees and contractors**, and that Australians are being denied the right to properly consider the risks and benefits of these interventions in their personal circumstances, **particularly with the threat of divisive 'vaccine passports' and 'vaccination apartheid' looming**.

Mr Basto, **I suspect most Australians are not being given the opportunity to properly and freely give their informed consent to covid-19 injections, i.e. without coercion.**

I've raised this matter with the Australian Health Practitioner Regulation Agency (AHPRA), **as there is clearly a conflict with the Morrison and State Governments' aggressive covid-19 injection rollout, and health practitioners' ethical responsibility to obtain informed consent before this medical intervention.**

In this regard, **please see below my recent email to AHPRA, pursuing accountability for this problem of the failure to properly obtain informed consent, which includes hyperlinks to my previous detailed emails on this matter. I'm questioning whether AHPRA's failure to respond constitutes gross negligence and dereliction of duty by AHPRA to the community.**

Mr Basto, **I request you carefully reconsider BHP's plan to coerce its 45,000 employees and contractors into submitting to what could be lifelong covid injections, with unknown future consequences.**

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: Fri, Aug 27, 2021 at 1:39 PM

Subject: Questions re coercive covid-19 vaccination and 'informed consent' - AHPRA's failure to respond

To: National Intake and Assessment Team <notifications@ahpra.gov.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, Nick Hudson, Emma McArthur, <libadm@liberal.org.au>, <media@liberal.org.au>, <brett.sutton@dhhs.vic.gov.au>, <premier@sa.gov.au>

For the attention of:

Regulatory Advisor, Notifications (Intake & Assessment)
Australian Health Practitioner Regulation Agency (AHPRA)

Tash, re your email below, I still haven't received a response from an 'appropriate person' re my emails to AHPRA re **health practitioners' ethical duty to obtain valid informed consent before vaccination**. It's extraordinary that I'm unable to obtain from AHPRA a direct email contact to properly deal with my queries. AHPRA is standing aloof from the community.

I question whether the delay in receiving a response from AHPRA on this most important matter during the Morrison and State Governments' coercive covid-19 vaccine rollout constitutes gross negligence and dereliction of duty by AHPRA to the community?

My emails are personally addressed to Mr Martin Fletcher, CEO of AHPRA; Dr Anne Tonkin, Chair, Medical Board of Australia; and Ms Gill Callister PSM, Chair, AHPRA Agency Management Committee, and also to the heads of other doctors' organisations. These people were also copied on many of my other emails on related matters.

A previous response I received from Mr Fletcher in October 2017 assures me: "**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.**" (See copy of letter attached.)

I strongly suspect that most people are not being properly informed about the 'leaky' covid-19 injections in regards to their own age and health status, and therefore are not giving their valid 'informed consent' before this medical intervention. This is a very serious matter.

For the record, here are links to the emails forwarded specifically to Mr Fletcher, Dr Tonkin and Ms Callister via: communications@ahpra.gov.au

- [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? Questioning the ethics evaluation process for covid vaccine clinical trials 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.](#)

Can you please advise me what is going on and how long until I receive a response to my queries re health practitioners' ethical duty to obtain valid informed consent before vaccination, relevant to the Morrison and State Governments' coercive covid-19 injection rollout?

For your information, please see attached an acknowledgement email I received on 11 June 2021, advising my email of 8 June 2021 had been forwarded as requested. I've only received automatic responses since then, and no specific response to any of my emails at all.

Sincerely

Elizabeth Hart

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

Note: This email has also been forwarded to members of political parties currently occupying the Federal and State Governments. I question the legitimacy of these people who are exerting extraordinary control over the free movement and association of Australians on a very questionable basis, and who are refusing to be accountable to the Australian electorate.

On Wed, Aug 25, 2021 at 1:57 PM National Intake and Assessment Team <notifications@ahpra.gov.au> wrote:

Dear Ms Hart,

Thank you for your telephone call today.

As discussed, I confirm that I will raise the issue of the failure to respond to your emails, as sent to communications@ahpra.gov.au, to the attention of an appropriate person to respond.

Kind regards

Tash

Regulatory Advisor, Notifications (Intake & Assessment)

Phone | [1300 419 495](tel:1300419495)

Email | notifications@ahpra.gov.au

Web | www.ahpra.gov.au

Australian Health Practitioner Regulation Agency

G.P.O. Box 9958 | Adelaide SA 5001 | www.ahpra.gov.au

CONFIDENTIAL INFORMATION

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Please consider the environment before printing.






Ahpra acknowledges the Traditional Owners of Country throughout Australia and the continuing connection to lands, waters and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures and Elders past, present and emerging.



6 attachments



COVID-19 vaccination webpage.png
309K

-  **Acknowledgement from AHPRA 11 June 2021.pdf**
77K
-  **AHPRA response October 2017.pdf**
48K
-  **How long will the COVID-19 vaccine last once I have had 2 doses.pdf**
148K
-  **Coronavirus WHO.pdf**
1443K
-  **BHP sets up hubs to jab its workers against Covid-19.pdf**
108K

Golf Australia, Covid-19 injections, AHPRA, and 'informed consent'

Elizabeth Hart <elizmhart@gmail.com>

Fri, Sep 10, 2021 at 3:48 PM

To: Jamie.Pearce@ahpra.gov.au

Cc: communications@ahpra.gov.au, National Intake and Assessment Team <notifications@ahpra.gov.au>, racgp@racgp.org.au, racp@racp.edu.au, president@ama.com.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, senator.lambie@aph.gov.au, chq@nsw.liberal.org.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, Nick Hudson <nick.hudson@pandata.org>, Emma McArthur <ejminoz@gmail.com>, "Peter A. McCullough" <PeterAMcCullough@gmail.com>, george.williams@unsw.edu.au

Please forward this email to the people addressed below:

For the attention of:

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

Copied to:

- Dr Anne Tonkin, Chair, Medical Board of Australia
- Ms Gill Callister PSM, AHPRA Agency Management Committee
- 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)

Mr Fletcher, please see below my email to Mr James Sutherland, CEO of Golf Australia, **re Golf Australia's stance in now supporting interference with people's medical decisions, i.e. stipulating golf players have covid-19 injections, with the Royal Melbourne Golf Club setting this precedent.**

This is an example of the myriad ways now looming to make Australians have covid-19 injections, being coerced into submitting to these medical interventions to obtain 'vaccine passports', without giving authentic informed consent.

People are being made prey to scandal-ridden organisations such as Pfizer with penalties of \$4.6 billion, and AstraZeneca with penalties of \$1.1 billion, criminal companies which have been protected from liability by the Morrison Government re the covid-19 injection rollout.

Health professionals, including GPs, nurses and pharmacists who are in the frontline pushing these medical products upon the community, have also been protected from liability by the Morrison Government.

Meanwhile, the community is being assured the covid-19 injections are 'safe and effective' - **this is misleading in my view, with so much yet unknown about these fast-tracked medical interventions.** (The Government of South Australia's 'Getting vaccinated' webpage is provided as an example of the promotion of 'safe and effective vaccines', see copy of webpage attached, which curiously includes a list of disclaimers in the print version, which is not in view on the active webpage...)

People who suffer an adverse event after covid-19 injections will be left to bear the consequences, and to try to navigate their way through the hastily constructed [COVID-19 Vaccine Claims Scheme](#) for compensation for the disruption to their health and life.

Mr Fletcher, we have no idea what the future holds in regards to the rushed global rollout of defective covid-19 injections, which apparently do not prevent infection nor transmission, have unknown duration of 'immunity', and who knows what other problems lie in store with this unprecedented global experiment, against a virus it was known from the beginning wasn't a serious threat to most people.

The situation is getting more serious by the day Mr Fletcher...in my opinion millions of Australians have not been properly informed about the covid-19 injections, and have not properly given their informed consent before this medical intervention.

The Morrison Government may have given the vaccine manufacturers and health professionals protection from liability, but how will this stand if authentic informed consent was not obtained before the medical intervention?

Mr Fletcher, it's 'on the record' that I've repeatedly brought this matter to your attention, and also to the attention of Dr Anne Tonkin, Ms Gill Callister, Dr Karen Price, Professor John Wilson and Dr Omar Khorshid.

I'm appalled at your lack of action on this matter, and again question whether AHPRA's failure to act constitutes gross negligence and dereliction of duty by AHPRA to the community, along with the RACGP, RACP and AMA.

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: Fri, Sep 10, 2021 at 11:30 AM

Subject: Golf Australia, Covid-19 injections and 'informed consent'

To: <vanessa.lionello@golf.org.au>

Cc: <info@golf.org.au>, <media@golf.org.au>, Barry Linke <barry@grangegolf.com.au>

Ms Lionello, please ensure the email below is forwarded to Mr Sutherland and Mr Newbold.

For the attention of:

Mr James Sutherland, CEO, Golf Australia

Copied to:

- Mr Andrew Newbold, Chairman of Golf Australia
- Mr Barry Linke, General Manager, Grange Golf Club SA

Dear Mr Sutherland, I see that "**Golf Australia is backing Royal Melbourne's decision to only allow vaccinated players on to the course when golf resumes in Victoria**", as reported by Martin Blake in [GA backs vaccination move](#), 8 September (2020). (See copy attached.)

This is a very interesting precedent Mr Sutherland, that Golf Australia is now intervening in pressing people to have medical interventions in order to participate in golf, i.e. covid-19 injections.

On what scientific and medical evidence have you made this decision to support golf clubs making conditions about players' medical status, can you please provide references?

Are you aware that Golf Australia's decision has serious ramifications for 'informed consent' before a medical intervention, i.e. covid-19 injections, as you now apparently support people of all ages and health status being pressured to submit to covid-19 injections to participate in golf.

Mr Sutherland, the recent startling moves in our liberal democracy to coerce people to have medical interventions, i.e. covid-19 injections, are a very serious matter.

In this regard, **please see below my thread of mails raising the issue of 'informed consent' before covid-19 injections with Mr Martin Fletcher, CEO of the Australian Health Practitioner Agency (AHPRA), and Mr Edgar Basto, President BHP Minerals Australia.** I'm pursuing this further.

Mr Sutherland, I suggest you and your colleagues at Golf Australia consider this matter very carefully, before seeking to interfere with golf players' medical decisions.

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, Sep 7, 2021 at 5:20 PM

Subject: Covid-19 injections and lack of 'informed consent' - email to AHPRA

To: National Intake and Assessment Team <notifications@ahpra.gov.au>, <communications@ahpra.gov.au>

Cc: <racgp@racgp.org.au>, <racp@racp.edu.au>, <president@ama.com.au>

Please forward this email to the people addressed below:

For the attention of:

Mr Martin Fletcher, CEO

Australian Health Practitioner Regulation Agency (AHPRA)

Copied to:

- Dr Anne Tonkin, Chair, Medical Board of Australia
- Ms Gill Callister PSM, AHPRA Agency Management Committee
- 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)

Mr Fletcher, all Australians are under intense pressure to submit to covid-19 injections, including many workers and contractors facing mandatory vaccination being imposed by companies/employers.

In this regard, **please see below my email to Mr Edgar Basto, President BHP Minerals Australia, challenging him about BHP's plan to coerce its 45,000 employees and contractors to have covid-19 injections.** The arguments made in my email to Mr Basto are also relevant to other companies.

Coercion to vaccinate is denying Australians the right to properly consider the risks, benefits, and unknowns about covid-19 injections in their own particular circumstances, in effect denying their right to 'informed consent' before the medical intervention of vaccination.

It's a very serious matter that many companies/employers are imposing their will and interfering with employees' and contractors' bodily autonomy, where will this end...?

Mr Fletcher, you have previously assured me that **"A medical practitioner must obtain informed consent before undertaking an examination or providing treatment, including providing vaccines."** (Letter dated 5 October 2017, see copy attached.)

In my email to Mr Basto, I note I've raised this matter with AHPRA, **as there is clearly a conflict with the Morrison and State Governments' aggressive covid-19 injection rollout, and health practitioners' ethical responsibility to obtain informed consent before this medical intervention.**

I've provided Mr Basto with hyperlinks to my emails to AHPRA which remain unanswered, **and I question whether AHPRA's failure to respond constitutes gross negligence and dereliction of duty by AHPRA to the community?** Members of the public such as myself are even refused a direct email address to raise these matters with AHPRA, you really have a serious problem with public accountability in AHPRA.

Mr Fletcher, **it appears millions of people have now been pressured to have covid-19 injections in Australia, and I very much question whether any of these people have been properly informed, and provided authentic informed consent to this medical intervention.**

I again request your response, see below my email to AHPRA dated 27 August 2021, which remains unanswered.

Please note this email and further correspondence will be shared with other parties, this is an important matter of public interest.

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, Sep 1, 2021 at 3:32 PM

Subject: Coercive covid injections for BHP employees and contractors

To: Edgar Basto

Cc: George Christensen, Pauline Hanson, Craig Kelly, Malcolm Roberts, Matt Canavan, Jacqui Lambie, Kevin Conolly, Tanya Davies, Nathaniel Smith, Anthony Roberts, Mark Latham, Gerard Rennick, Alex Antic, Fred Nile, Nick Hudson, Emma McArthur, Peter A. McCullough

For the attention of:

Mr Edgar Basto

President BHP Minerals Australia

Dear Mr Basto, *The Australian* reports that **"BHP is moving to mandate [covid-19] vaccines for its 45,000 employees and contractors, as it launches vaccination hubs across the country to protect the mining sector and accelerate national vaccine targets"**. (See article attached.)

Mr Basto, **is BHP going to deny its employees and contractors their right to 'informed consent' before vaccination, without coercion?**

The [Australian Immunisation Handbook](#) notes:

"For consent to be legally valid...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".

Mr Basto, **on what medical basis is BHP bullying its 45,000 employees and contractors into having the covid-19 injections?**

Despite all the Morrison and State Government and media driven fear-mongering, **are you aware the symptoms of covid-19 are generally mild for most people**, e.g. the World Health Organisation acknowledges **"Most people infected with COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment"**? (See attached.)

Are you aware the covid-19 injections:

- apparently do not prevent infection and transmission;
- only claim to reduce hospitalisations and deaths, which is not relevant to most people as most are not at serious risk of covid-19;
- have unknown duration of 'immunity' - [the Australian Government Department of Health website](#) admits: **"It is not yet known how long the protection of the COVID-19 vaccine will last. We will know more through ongoing research..."** (See copy attached.) **In other words the people having these injections are guinea pigs, and it's likely most don't realise they are participating in a global experiment;**
- future consequences of repeated covid injections throughout life are unknown; etc.

The situation is particularly serious for young people, **particularly now even children, who are being set up for a lifetime of covid injections, despite the fact they are not at risk of the disease.** Many of BHP's 45,000 employees and contractors have children, so this is an important matter for them to consider.

Mr Basto, people in the vulnerable groups have been offered these covid-19 injections - **why are people outside these vulnerable groups, e.g. many of BHP's 45,000 employees and contractors, being pressured to submit to what could be lifelong covid injections, against a disease which isn't a serious risk for most people? Why is there apparently great reluctance to acknowledge treatments (e.g. Ivermectin) and preventatives (e.g. vitamin D) for covid-19? It's an extraordinary situation we're in after 18 months.**

There is much that is unknown about the covid-19 injections. It's appalling that these medical interventions are being coercively pressed upon the Australian population, **including BHP's 45,000 employees and contractors**, and that Australians are being denied the right to properly consider the risks and benefits of these interventions in their personal circumstances, **particularly with the threat of divisive 'vaccine passports' and 'vaccination apartheid' looming.**

Mr Basto, **I suspect most Australians are not being given the opportunity to properly and freely give their informed consent to covid-19 injections, i.e. without coercion.**

I've raised this matter with the Australian Health Practitioner Regulation Agency (AHPRA), **as there is clearly a conflict with the Morrison and State Governments' aggressive covid-19 injection rollout, and health practitioners' ethical responsibility to obtain informed consent before this medical intervention.**

In this regard, **please see below my recent email to AHPRA, pursuing accountability for this problem of the failure to properly obtain informed consent, which includes hyperlinks to my previous detailed emails on this matter.** I'm questioning whether AHPRA's failure to respond constitutes gross negligence and dereliction of duty by AHPRA to the community.

Mr Basto, **I request you carefully reconsider BHP's plan to coerce its 45,000 employees and contractors into submitting to what could be lifelong covid injections, with unknown future consequences.**

Sincerely

Elizabeth Hart

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

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

Date: Fri, Aug 27, 2021 at 1:39 PM

Subject: Questions re coercive covid-19 vaccination and 'informed consent' - AHPRA's failure to respond

To: National Intake and Assessment Team <notifications@ahpra.gov.au>

Cc: <i.frazier@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@mtconnect.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, Nick Hudson, Emma McArthur, <libadm@liberal.org.au>, <media@liberal.org.au>, <brett.sutton@dhhs.vic.gov.au>, <premier@sa.gov.au>

For the attention of:

Regulatory Advisor, Notifications (Intake & Assessment)

Australian Health Practitioner Regulation Agency (AHPRA)

Tash, re your email below, I still haven't received a response from an 'appropriate person' re my emails to AHPRA **re health practitioners' ethical duty to obtain valid informed consent before vaccination.** It's extraordinary that I'm unable to obtain from AHPRA a direct email contact to properly deal with my queries. AHPRA is standing aloof from the community.

I question whether the delay in receiving a response from AHPRA on this most important matter during the Morrison and State Governments' coercive covid-19 vaccine rollout constitutes gross negligence and dereliction of duty by AHPRA to the community?

My emails are personally addressed to Mr Martin Fletcher, CEO of AHPRA; Dr Anne Tonkin, Chair, Medical Board of Australia; and Ms Gill Callister PSM, Chair, AHPRA Agency Management Committee, and also to the heads of other doctors' organisations. These people were also copied on many of my other emails on related matters.

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practice. A medical practitioner must obtain informed consent before undertaking an examination or providing treatment, including providing vaccines." (See copy of letter attached.)

I strongly suspect that most people are not being properly informed about the 'leaky' covid-19 injections in regards to their own age and health status, and therefore are not giving their valid 'informed consent' before this medical intervention. This is a very serious matter.

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- [Is it ethical to inject mass populations with covid injections? Questioning the ethics evaluation process for covid vaccine clinical trials](#) 5 July 2021.
- [Is it ethical for doctors to inject children with covid-19 injections?](#) 15 June 2021.
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Elizabeth Hart

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On Wed, Aug 25, 2021 at 1:57 PM National Intake and Assessment Team <notifications@ahpra.gov.au> wrote:

Dear Ms Hart,

Thank you for your telephone call today.

As discussed, I confirm that I will raise the issue of the failure to respond to your emails, as sent to communications@ahpra.gov.au, to the attention of an appropriate person to respond.

Kind regards

Tash

Regulatory Advisor, Notifications (Intake & Assessment)

Phone | [1300 419 495](tel:1300419495)

Email | notifications@ahpra.gov.au

Web | www.ahpra.gov.au

Australian Health Practitioner Regulation Agency

G.P.O. Box 9958 | Adelaide SA 5001 | www.ahpra.gov.au

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Ahpra acknowledges the Traditional Owners of Country throughout Australia and the continuing connection to lands, waters and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures and Elders past, present and emerging.



8 attachments



COVID-19 vaccination webpage.png
309K

-  **Acknowledgement from AHPRA 11 June 2021.pdf**
77K
-  **AHPRA response October 2017.pdf**
48K
-  **How long will the COVID-19 vaccine last once I have had 2 doses.pdf**
148K
-  **Coronavirus WHO.pdf**
1443K
-  **BHP sets up hubs to jab its workers against Covid-19.pdf**
108K
-  **GA backs vaccination move - Golf Australia.pdf**
1679K
-  **The rollout _ SA Health - including disclaimer list not on view on the active webpage.pdf**
241K