

Elizabeth Hart
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1 May 2026

Rear Admiral Sonya Bennett AM, RAN
Surgeon General
Commander Joint Health Command
Campbell Park Offices
CANBERRA ACT 2610

Dear Rear Admiral Bennett

I write to seek clarification regarding the current approach to COVID-19 vaccination within the Australian Defence Force (ADF), particularly in light of your correspondence dated 12 March 2025 correcting evidence given at the Additional Budget Estimates hearing on 26 February 2025 (Attachment 1).

In that correspondence, you state that Defence follows the advice of the Australian Technical Advisory Group on Immunisation (ATAGI), and refer to “just requiring one dose for a primary course and then consideration of a booster once every 12 months for otherwise fit and healthy young people”.

I also note your reference in that correction to the distinction between a “recommendation versus mandate”.

In the same evidence, as recorded in the Hansard transcript of the Additional Budget Estimates hearing on 26 February 2025, you also stated: “Whilst we have a vaccination schedule that is a requirement for readiness, it is still a voluntary process” (Attachment 2).

It is not clear how a process that involves a requirement for readiness can be reconciled with the vaccinating practitioner’s personal obligation to ensure that consent to a medical intervention is informed and voluntary.

The COVID-19 chapter of *The Australian Immunisation Handbook* (section updated 2 May 2025) states that “Adults aged 18–64 years who do not have severe immunocompromise are recommended to receive a single primary dose of COVID-19 vaccine, and can consider a further dose every 12 months based on individual preference and a risk–benefit assessment”. The Handbook further states “The risk of severe illness from COVID-19 is low in previously vaccinated healthy adults” (Attachment 3).

This gives rise to a number of questions, both as to the basis of the underlying clinical recommendation and as to how that recommendation is applied in practice within Defence.

In particular:

1. What is the current policy regarding COVID-19 vaccination for ADF personnel and new recruits?
 - Is a “primary course” of COVID-19 vaccination required, expected, or voluntary?

2. In your correspondence, ATAGI advice is cited in support of “requiring one dose for a primary course”. How is the ATAGI *recommendation* of a “primary dose” – presented in the Handbook alongside further dosing decisions that are explicitly based on individual preference and a risk–benefit assessment – translated into Defence policy for ADF personnel and new recruits?
 - Is it treated as a clinical *recommendation* to be considered on an individual basis, or as a baseline *requirement* for participation in Defence activities?
 - Does it operate, in effect, as a condition of service, deployment, or operational readiness?
3. In circumstances where vaccination operates, in effect, as a condition of service, deployment, or operational readiness, on what basis can consent be regarded as voluntary?

The professional standard governing medical practice is clear: a practitioner must obtain valid voluntary informed consent before administering any medical intervention. This obligation is personal, cannot be delegated, and cannot be set aside by policy, including where medical interventions are linked to service, deployment, or operational requirements.

Where a *recommendation* is applied as a *requirement* in practice, it is not clear how the vaccinating practitioner’s obligation to obtain voluntary informed consent can be maintained.

In those circumstances, the question arises whether consent can properly be regarded as voluntary.

I would appreciate clarification as to how the current approach to COVID-19 vaccination within the ADF is intended to operate in a manner that is consistent with the vaccinating practitioner’s personal obligation to obtain valid voluntary informed consent before administering a medical intervention.

Yours sincerely

Elizabeth Hart
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Attachment 1

Rear Admiral Sonya Bennett AM, RAN. Correspondence dated 12 March 2025 correcting evidence given at the Additional Budget Estimates hearing (26 February 2025).

Attachment 2

Extract from Commonwealth of Australia, *Official Committee Hansard*, Senate Foreign Affairs, Defence and Trade Legislation Committee, Estimates – Defence Portfolio, Wednesday, 26 February 2025 (Canberra), including exchange between Senator Rennick and Rear Admiral Bennett.

Attachment 3

Extract from *The Australian Immunisation Handbook*, COVID-19 chapter – adults aged 18–64 years (recommendations regarding primary dose and subsequent doses).



Australian Government
Defence

Senator Raff Ciccone
Chair
Foreign Affairs, Defence and Trade Legislation Committee
Parliament House
PO Box 6100
CANBERRA ACT 2600

Dear Chair,

I write to correct evidence I provided at the Additional Budget Estimates hearing held on 26 February 2025.

I stated: "Since the implementation of the COVID vaccination program, Defence has followed the ATAGI, Australian Technical Advisory Group on Immunisation, advice on this and continues to stay up to date. That has changed recently, as just requiring one dose for a primary course and then consideration of a booster once every **12 years** for otherwise fit and healthy young people".

I wish to correct this evidence with the following information: **Since the implementation of the COVID vaccination program, Defence has followed the ATAGI, Australian Technical Advisory Group on Immunisation, advice on this and continues to stay up to date. That has changed recently, as just requiring one dose for a primary course and then consideration of a booster once every 12 months for otherwise fit and healthy young people.**

On Page 26, I used the intended date range as stated: **"So maybe it depends on whether you consider it a recommendation versus a mandate and ask those people to consider a vaccine every 12 months"**.

I apologise for any misunderstanding that may have arisen.

Yours Sincerely,

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Rear Admiral Sonya Bennett AM, RAN
Commander Joint Health / Surgeon General Australian Defence Force

12 March 2025

ATTACHMENT 2

COMMONWEALTH OF AUSTRALIA

Official Committee Hansard

Senate Foreign Affairs, Defence and Trade Legislation Committee

Estimates – Defence Portfolio

Wednesday, 26 February 2025 – Canberra

Extract – Exchange between Senator Rennick and Rear Admiral Bennett

[Senator RENNICK](#): Just one on the vaccine. Someone was going to give me a response on it.

Rear Adm. Bennett : The nature and circumstances of deployment mean access to health care is not readily available. Health has a number of requirements for individual readiness for deployment. Vaccination is one of those, for a range of vaccines. You have asked specifically about COVID. Since the implementation of the COVID vaccination program, Defence has followed the ATAGI, Australian Technical Advisory Group on Immunisation, advice on this and continues to stay up to date. That has changed recently, as just requiring one dose for a primary course and then consideration of a booster once every 12 years for otherwise fit and healthy young people.

Whilst we have a vaccination schedule that is a requirement for readiness, it is still a voluntary process. We do have individuals who refuse the vaccine. In those circumstances, we would initially have a health conversation with them first to encourage them to be vaccinated for health reasons. But there is an option. They are technically not fit to deploy, but options remain for command to issue waivers should they see that there are circumstances where the benefit of that individual deploying outweighs the risk. That would be things like the geographical area, the nature of deployment or whether there is a COVID surge happening in that area.

[Senator RENNICK](#): I will finish with this. I have two issues with that. First of all, the ATAGI advice is that young people don't need to get the vaccine. No. 2, there is another story of a young guy in the military who can't deploy who was told by his officer that it stops transmission. That's not the case at all. We had 10 million Australians catch COVID in the first nine months after we opened up, so it's not stopping transmission. I'm not sure where your officers and your leaders in the military are getting their advice from, but that is not correct, so I would ask you to go back and read the ATAGI advice again and take into consideration the number of people who have been injured by the vaccine as well. Plenty of young people who've all got strong immune systems can survive. I'm not talking about the other vaccines; I'm talking about this one in particular.

Rear Adm. Bennett : In 2024, ATAGI advice—unless they've issued more recent advice—does recommend one vaccine as a primary course for people over the age of 18 who are otherwise fit and healthy. So maybe it depends on whether you consider it a recommendation versus a mandate and ask those people to consider a vaccine every 12 months, and that consideration will be based on whether or not we've got COVID circulating in the community, as we did as recently as late last year. In relation to transmission, I agree with you that the nature of

transmission has changed over time. Certainly, during the pandemic, there was an element of transmission reduction that occurred when people were initially vaccinated. It's less important now. It's more about protecting the individual and the capability on deployment that vaccination is required, for a range of reasons.

Senator RENNICK: Here's the thing. You're saying 'one dose', but there are new variants all the time. So that dose from three years ago is now out of date. So, if you got one dose three years ago, you're entitled to go overseas, but you're actually out of date. If you read the report—the non-clinical report—anyone who has had COVID has 100 per cent CD4 T-cell protection and 70 per cent CD8 T-cell protection. It's just an unnecessary thing. Even other agencies like the AFP have dropped this requirement, so it just seems to me it's an unnecessary blockage, especially when we're trying to recruit more into the military.

CHAIR: Thanks a lot, Senator Rennick. Senator Shoebridge.



Adults aged ≥ 18 years are recommended to receive COVID-19 vaccine, and further doses are recommended based on age and risk-benefit assessment

Adults aged 18–64 years who do not have severe immunocompromise are recommended to receive a single primary dose of COVID-19 vaccine, and can consider a further dose every 12 months based on individual preference and a risk-benefit assessment. The risk of severe illness from COVID-19 is low in previously vaccinated healthy adults.^{3,4}

Adults aged 65–74 years who do not have severe immunocompromise are recommended to receive a single primary dose of COVID-19 vaccine and further doses of COVID-19 vaccine every 12 months, and can consider doses every 6 months based on a risk-benefit assessment. A dose every 6 months is most likely to benefit people with medical risk conditions and/or those living in residential care facilities.^{5,6}

All adults aged ≥ 75 years, including aged care residents, are recommended to receive a single primary dose of COVID-19 vaccine, and further doses of COVID-19 vaccine every 6 months (<https://ncirs.org.au/covid-19-vaccines-grade-assessments>). The risk of severe illness increases significantly with advancing age.⁷⁻⁹

Related diseases:

[COVID-19 \(https://immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases/covid-19\)](https://immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases/covid-19)

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<https://immunisationhandbook.health.gov.au/recommendations/adults-aged-18-years-are-recommended-to-receive-covid-19-vaccine-and-further-doses-are-recommended-based-on-age-and-risk-benefit-assessment>