

Re: Compulsory vaccination policy - response to Chief Medical Officer, Australian Government

From: Elizabeth Hart <eliz.hart25@gmail.com>

Date: Fri, Jun 3, 2016 at 1:29 PM

To: "BAGGOLEY, Chris" <chris.baggoley@health.gov.au>

Cc: anthony.hobbs@health.gov.au, peter.mcintyre@sydney.edu.au,

peter.mcintyre@health.nsw.gov.au, Ross.Andrews@menzies.edu.au, ATAGI Secretariat

<atagi.secretariat@health.gov.au>, Krissa.O'Neil@health.gov.au, Andrew Wilson

<a.wilson@sydney.edu.au>, PBAC@health.gov.au

An open email to:

Professor Chris Baggoley Chief Medical Officer Australian Government Department of Health

Professor Baggoley, thank you for acknowledging receipt of <u>my letter re misleading information on aluminium and vaccine safety and vaccination policy</u> (25 May 2016).

I hope you will give serious consideration to the matters raised. The reliability of the 'peer-reviewed' literature supporting the use of vaccine products is being called into question. It is also problematic that much of the material used to promote vaccine products is behind journal paywalls and not open access for public scrutiny, including conflict of interest information. I suggest any material cited in government publications promoting vaccination must be easily and fully open access, i.e. not just abstracts.

Professor Baggoley, we now have Australian politicians making vaccination compulsory to access financial benefits, in particular the vaccinations and revaccinations on the National Immunisation Program Schedule for children up to the age of five years. It is also likely that parents and others are not being allowed to make properly informed decisions about other vaccine products and revaccinations promoted by the Department of Health e.g. the Gardasil HPV vaccine and annual flu vaccinations. It appears in many cases the obligation for 'legally valid consent' before vaccination is being contravened, and this has serious implications for citizens' rights, including the rights of children.

Please note my position is not 'anti-vaccination', rather I am challenging the *over*-use of vaccine products, and the potential parallels with the over-use of antibiotics and the rise of super bugs. There is much that is unknown about vaccination and the long-term effects of multiple vaccinations. We are seeing problems emerging now, e.g. with the pertussis vaccine, and with the stifling of concerns about the HPV vaccines which have been fast-tracked around the world, among others. Vaccination appears to have become a religion, fiercely protected by vested interests and zealots. It is not good science to deny questioning of vaccination policy and practice, particularly compulsory medical interventions for healthy people.

The vaccine load is increasing dramatically for children, with 46 doses on the current Australian vaccination schedule via combination vaccines and revaccinations, not including the annual flu vaccinations we are all being pressured to have. There appear to be moves afoot to impose more vaccines on the entire population, including the establishment of an 'adult immunisation register'.

The industry-funded Influenza Specialist Group is broadening its base and becoming the Immunisation Coalition and is lobbying for more vaccine product use. I requested access to the membership list of this industry-funded organisation and it includes people who are in positions influential on vaccination policy, e.g. Immunisation Coalition Chairman Alan Hampson who is a member of the TGA's Australian Influenza Vaccine Committee, Immunisation Coalition Board

Director Robert Booy who is Head of Clinical Research at NCIRS and also a member of the Australian Influenza Vaccine Committee, and Immunisation Coalition member Raina MacIntyre who sits on the Influenza and Pneumococcal Working Parties for ATAGI. The medical/scientific establishment in collaboration with the vaccine industry is exerting enormous power in influencing vaccination policy and this must be open to scrutiny.

Pharmaceutical companies are looking to vaccine products to create a lucrative international vaccine market, including promotion of revaccinations i.e. so-called 'boosters'. The promotion of repeated revaccinations raises questions about the quality of 'immunity' being provided by some of these vaccine products (e.g. the pertussis vaccine), and the implications for future generations if the natural immune response to disease is disrupted by the over-use of vaccine products. Unfortunately we do not seem to have any truly independent infectious diseases specialists considering 'big picture' questions in this regard, as most seem to be too busy being aligned with the vaccine industry and vaccine clinical trials.

Vaccination policy and practice is riddled with conflicts of interest and a lack of transparency and accountability. Discussion on vaccination is often being censored, with citizens who dare to question vaccination policy and practice reflexively being labelled 'antivaccination', and ridiculed and marginalised. The mainstream media, including the taxpayer-funded ABC and SBS, is not properly considering legitimate concerns about over-bearing vaccination policy and conflicts of interest in this area, and failing to critically analyse the implementation of vaccine products and revaccinations which occurs without open consultation with citizens.

The actions of the Murdoch media group in particular and its 'No Jab, No Play' campaign, subsequently adopted as vaccination policy by the Australian Government with its 'No Jab, No Pay' law, are particularly alarming. This is no way to make public health policy, i.e. the Australian Government mandating medical interventions in response to a crude media campaign which fails to appreciate the complexity of vaccination.

It is also notable that the academic website The Conversation has been colonised by members of coercive vaccination lobby groups, i.e. SAVN and Friends of Science in Medicine. Members of these groups have positions as 'moderators' on The Conversation and often censor comments on articles about vaccination policy and practice, as I know from personal experience. In fact, I have now been banned from The Conversation altogether, and denied the right to make detailed and referenced comments on articles relevant to vaccination policy published on that government and university funded website. The record of my comments questioning vaccination policy and practice over the past four years has also been removed. It is also notable that a number of academics given a platform to promote vaccine products on The Conversation have not been properly disclosing their conflicts of interest, a lack of transparency I raised before I was banned from making comments there. The Conversation itself is not free from conflicts of interest as it receives funding from universities, many of which receive funding from the vaccine industry, e.g. the University of Queensland which benefits from the sale of the Gardasil HPV vaccine, a vaccine product which has been promoted on The Conversation by its co-inventor lan Frazer.

The Australian Medical Association owned MJA Insight website is also censoring comments by citizens on articles about vaccination, (as I have experienced), while giving free rein to representatives of the coercive vaccination lobby groups SAVN and Friends of Science in Medicine. The AMA's role in supporting coercive vaccination policies is highly questionable. Doctors are now the front-line police force for vaccine products. Doctors have a conflict of interest in this matter in that they receive financial inducements to persuade parents to have vaccinations for their children. I suggest there are serious ethical problems here in regards to their obligation to obtain 'legally valid consent' before vaccination, as outlined in *The Australian Immunisation Handbook*, particularly if they are over-servicing their patients/clients with questionable vaccine products, which would violate the ethos of *Good Medical Practice: A Code of Conduct for Doctors in Australia* and the AMA's Code of Ethics. A doctor's primary duty is to serve their patient/client, not to impose medical interventions without question. It is remarkable that doctors are not questioning the burgeoning number of vaccinations and revaccinations on the National Immunisation Program Schedule.

In regards to SAVN and Friends of Science in Medicine, SAVN has received public support in the Parliament from former doctor and Greens leader Senator Richard Di Natale, and both these groups were given a platform at the Senate committee public hearing for the 'No Jab, No Pay' bill. It appears a confrontation between SAVN/Friends of Science in Medicine and the Australian Vaccination-skeptics Network was orchestrated at this Senate committee public hearing, while many detailed submissions from citizens such as myself were ignored. The associations of SAVN/Friends of Science in Medicine with other parties who may be influential on vaccination policy need to be explored and exposed to scrutiny.

Professor Baggoley, there are legitimate questions to be asked about the burgeoning number of vaccine products and revaccinations on the Australian Government's vaccination schedule. I am currently preparing more letters to you on some specific vaccine products, and conflicts of interest in vaccination policy, and I again request you give serious consideration to the matters raised.

Sincerely Elizabeth Hart https://over-vaccination.net/

On Thu, May 26, 2016 at 2:33 AM, BAGGOLEY, Chris <Chris.Baggoley@health.gov.au> wrote: Dear Elizabeth

Thank you for your latest letter to which I will respond in due course. I shall consult with all to whom you have shared your correspondence.

Your sincerely

Chris Baggoley

Sent with Good (www.good.com)

From: Elizabeth Hart <eliz.hart25@gmail.com> **Sent:** Wednesday, 25 May 2016 5:41:13 PM

To: BAGGOLEY, Chris

Cc: HOBBS,

Anthony; peter.mcintyre@sydney.edu.au; peter.mcintyre@health.nsw.gov.au; ross.andrews@menzie

s.edu.au; ATAGI Secretariat; O'NEIL, Krissa; Andrew Wilson; PBAC

Subject: Misleading information on aluminium and vaccine safety and vaccination policy [SEC=No

Protective Marking]

For the attention of:

Professor Chris Baggoley Chief Medical Officer Australian Government Department of Health

Professor Baggoley

RE: MISLEADING INFORMATION ON ALUMINIUM AND VACCINE SAFETY AND VACCINATION POLICY

In your role as the Australian Government's Chief Medical Officer and principal medical adviser to the Minister and the Department of Health, I request you urgently address what I suggest are misleading statements on aluminium and vaccine safety in *The Australian Immunisation Handbook* and the National Centre for Immunisation Research & Surveillance (NCIRS) Fact Sheet on Vaccine Components, and other publications, as detailed in the letter attached to this email.

Action must be taken to address these categorical statements which discount concerns about aluminium and vaccine safety. These statements are influential on vaccination policy, but I suggest they have been based on unsound science, i.e. a poorly evidenced systematic review which categorically defends the use of aluminium-adjuvanted vaccines, co-authored by members of the Cochrane Vaccines Field, i.e. Tom Jefferson et al, and published in *The Lancet Infectious Diseases* journal in 2004.

This email and attached letter has also been forwarded to:

- Dr Tony Hobbs, Acting Chief Medical Officer;
- Professor Peter McIntyre, Director, National Centre for Immunisation Research & Surveillance:
- Professor Ross Andrews, Chair, Australian Technical Advisory Group on Immunisation; and
- Professor Andrew Wilson, Chair, Pharmaceutical Benefits Advisory Committee

Professor Baggoley, I request your early response on this matter. This is a matter of public interest, particularly in light of coercive vaccination policies implemented by the Australian Government. Please note this letter and your response will be circulated to other parties.

Sincerely Elizabeth Hart over-vaccination.net