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Challenging conflicts of interest in coercive vaccination policy and the over-use of vaccine products - an important issue for Australian citizens/taxpayers

Elizabeth Hart <eliz.hart25@gmail.com>
To: enquiry@cchq.org.au

Tue, May 7, 2019 at 10:03 PM

For the attention of:
Mr Scott Morrison
Leader of the Liberal Party

Re: Challenging conflicts of interest in coercive vaccination policy and the over-use of vaccine products - an important issue for Australian citizens/taxpayers

Mr Morrison, I call upon the next Australian Government to take urgent action to review the excessive amount of taxpayer-funded lucrative vaccine products and revaccinations being pressed upon the community, i.e. over-vaccination, and to redress the serious conflicts of interest in vaccination policy.

Australia's taxpayer-funded vaccination policy is awash with conflicts of interest. This has serious implications for the legitimacy of the coercive No Jab, No Pay vaccination law, enacted under a Liberal government in January 2016, with cross-party support from Labor and the Australian Greens. This is especially relevant to you Mr Morrison, as I understand you were Minister for Social Services when the No Jab, No Pay bill was introduced in September 2015, with the coercive No Jab, No Pay law being enacted in January 2016.

While the government and community presume vaccines are a public good, with the laudable aim of preventing disease and reducing the burden on the health system, **citizens must be assured that all vaccine products recommended for the taxpayer-funded National Immunisation Program Schedule have been objectively and independently assessed. This is not the case at the current time, as many individuals influencing vaccination policy have conflicts of interest, i.e. associations with the vaccine industry.**

Vaccination is an important political issue which requires transparency and accountability. There is an extensive web of people and organisations influencing Australia's ever-increasing vaccination schedule, with much to be exposed and investigated about conflicts of interest and the influence of the vaccine industry, **including the censoring of citizens questioning vaccination policy, who are reflexively labelled as 'anti-vaxxers' and marginalised - is this a co-ordinated smear campaign to silence dissent and protect burgeoning global vaccine markets?**

Mr Morrison, we have no idea of the possible deleterious cumulative and long-term effects of the ever-increasing 'vaccine load' being pressed upon the community, this research has not been done. In this regard it is relevant to make comparisons with companion animal vaccination, **where specialists in veterinary vaccination have warned against the over-use of vaccine products for dogs and cats to minimise the risk of adverse reactions. While there are calls to decrease the over-vaccination of pets, over-vaccination of people is increasing at an alarming rate.** *CHOICE* consumer magazine and the ABC reported on the over-vaccination of pets in 2010, and it is pertinent to now also consider the over-vaccination of people. (See ABC News article [Vets accused of over-vaccinating pets](#) and the *CHOICE* article (attached): [Over-vaccinating your pet could be harmful to their health as well as costing you money unnecessarily.](#))

The over-use of vaccine products and conflicts of interest in vaccination policy must be addressed. As a matter of urgency, any political party forming government after the next Federal election must:

- **Review the Australian Technical Advisory Group on Immunisation (ATAGI), current and past members of which have associations with the vaccine industry, e.g. Helen Marshall, Peter McIntyre and Terry Nolan.** ATAGI appears to be a conduit for the vaccine industry, rubber-stamping recommendations for a never-ending stream of lucrative vaccine products and revaccinations for the taxpayer-funded schedule. Is it appropriate to vaccinate for every ailment, or are we heading towards disaster with the over-use of vaccine products, similar to the over-prescribing of antibiotics, opioids, anti-depressants and other medical products? **It's time to abolish the conflicted Australian Technical Advisory Group on Immunisation, with the government appointing demonstrably independent specialists in infectious diseases to objectively consider the best response to infectious disease threats, including the opportunity for community consultation.**
- **Ensure there is a publicly accessible register providing information on the conflicts of interest of people who have influenced Australia's vaccination policy, including retrospective information, e.g. for**

current ***and past*** members of the Australian Technical Advisory Group on Immunisation and the Pharmaceutical Benefits Advisory Committee (PBAC). This information must provide career history of any roles influencing vaccination policy, and any relationships with the vaccine industry e.g. detailing funding/research grants, consultancies, conferences, honorariums, committee/group memberships etc, plus any shareholdings in vaccine companies, royalties received, directorships etc of any person influencing vaccination policy. If a person declares they have no conflicts of interest, this must be clearly recorded. This information is also required for others influencing vaccination policy, e.g. such as people currently and previously associated with the National Centre for Immunisation Research & Surveillance, the National Health and Medical Research Council, the TGA Advisory Committee on Vaccines (previously the TGA Advisory Committee on the Safety of Vaccines), the TGA Australian Influenza Vaccine Committee, and the Australian Academy of Science Working Group and Oversight Committee for *The Science of Immunisation: Questions and Answers* publication, which was funded by the Australian Federal Government's Department of Health and Ageing.

- **Initiate an independent and objective review of all the vaccine products and revaccinations on the taxpayer-funded coercive National Immunisation Program Schedule.** Citizens are entitled to question whether children are being **over**-vaccinated with all the vaccine products and revaccinations on this schedule. Have the thousands of children who have been vaccinated, i.e. 'caught up', since the imposition of the No Jab, No Pay law been coercively **over**-vaccinated with vaccine products?
- **Initiate an independent and objective review of *The Australian Immunisation Handbook***, which is authored by members of the conflicted Australian Technical Advisory Group on Immunisation. How much of the material cited in this handbook is based on vaccine industry-associated data? How much of the material cited in this handbook is not freely accessible to the public, i.e. is published behind journal paywalls?
- **Initiate an independent and objective review of the effectiveness of adverse event reporting after vaccination, including the industry-funded TGA's role in collecting and processing this information.** The TGA acknowledges **there is likely to be under-reporting of adverse events** related to therapeutic goods in Australia, this includes vaccine products. Are adverse events being recognised and acknowledged after vaccination, including potentially longer-term adverse reactions such as auto-immune diseases? Are doctors and nurses adequately trained to recognise, acknowledge and report a variety of adverse events after vaccination?
- **Examine the influence of the industry-funded Immunisation Coalition on vaccination policy. The Immunisation Coalition lobby group is sponsored and supported by vaccine manufacturers GlaxoSmithKline, MSD (aka Merck), Pfizer, Sanofi, Seqirus (a CSL company) and Roche, and chaired by Robert Booy who is also associated with the National Centre for Immunisation Research & Surveillance and other vaccination policy influencing groups.** The Immunisation Coalition is associated with a range of medical groups including the Australian Medical Association, the Royal Australian College of General Practitioners, the Australian College of Nurse Practitioners, the Pharmacy Guild of Australia and others. The current President of the Australian Medical Association, Tony Bartone, is a listed member of the Immunisation Coalition. **It's alarming to see these close relationships with the vaccine industry, which raise questions about the objectivity and impartiality of the medical profession.**
- **Consider the medical profession's failure to raise the alarm about the potential over-use of vaccine products with the burgeoning vaccination schedule**, and failure to challenge the conflict between the obligation for 'informed consent' before the medical intervention of vaccination and the impact of the coercive '**over**'-vaccination schedule.
- **Investigate the influence of the Murdoch tabloids' 'No Jab, No Play' campaign on Australia's coercive vaccination policy, and the enactment of the No Jab, No Pay law in January 2016, including the lack of clear disclosure of the Murdoch media group's conflict of interest, i.e. its corporate partnership with the Murdoch Children's Research Institute, an organisation involved in vaccine product development which receives funding from from the vaccine industry, e.g. GSK Biologicals, Sanofi and Novartis Vaccines.**
- **Consider the conduct of the Senate Committee inquiry into the No Jab, No Pay bill.** Did this inquiry properly consider the large volume of submissions on the No Jab, No Pay bill, including submissions raising concerns about over-vaccination, problems with vaccine products e.g. pertussis/whooping cough, and 'informed consent'? (E.g. **Submission 425 Elizabeth Hart**). Did this Senate Committee seek out independent and objective specialist advice on vaccination practice and adverse events after vaccination? **Why were people accountable for influencing vaccination policy, e.g. members of ATAGI, the PBAC, the TGA's vaccine committees and NCIRS staff, not called upon to respond to citizens' concerns about vaccination policy at the Senate Committee Public Hearing re the No Jab, No Pay bill in November 2015?** What is the specific expertise in vaccine products, vaccine reactions and immunology of the medical doctors who provided their opinions on vaccination and adverse reactions at the Senate Committee Public Hearing, e.g. general practitioner Dr Richard Kidd, the representative of the Australian Medical Association? **Have the reviews of the impact of the No Jab, No Pay bill, recommended by the Senate Committee to be undertaken 12 months and three years after implementation, been completed and made available for public perusal?**

- Investigate the influence of members of the coercive vaccination lobby groups Stop the Australian (Anti)Vaccination Network (SAVN) and Friends of Science in Medicine on Australia's coercive vaccination policy.** Members of these groups are ostensibly against the now named Australian Vaccination-risks Network, but in practice work assiduously to shut down any citizens questioning vaccine policy, as I know from personal experience. Did the [Senate Committee inquiry into the No Jab, No Pay bill](#) rely on the opinions of David Hawkes (SAVN/FSM), John Cunningham (SAVN/FSM), Patrick Stokes (SAVN) and Sue Ieraci (FSM) to influence their recommendation that the No Jab, No Pay Bill be passed? What expertise do these people have that qualifies them to respond to citizens' concerns about the broad range of vaccine products and revaccinations on the [National Immunisation Program Schedule](#)? Was it appropriate for Senator Richard Di Natale, a public supporter of the coercive vaccination lobby group Stop the Australian (Anti)Vaccination Network (SAVN), to use his position to influence the proceedings of this Public Hearing on the No Jab, No Pay bill? Were members of SAVN and Friends of Science in Medicine instrumental in censorship at the university and previously Federal government-funded *The Conversation* website, i.e. [Patrick Stokes \(SAVN\) and Sue Ieraci \(FSM\) who act as moderators on The Conversation](#)? Did these people censor comments on articles relevant to vaccination policy, and have citizens banned from commenting on *The Conversation*, i.e. deliberately hindering citizens' open discussion on taxpayer-funded coercive vaccination policy? **Is it legitimate to censor citizens' free and open discussion of taxpayer-funded coercive vaccination policy in our liberal democracy?**

Supporting background information:

Mr Morrison, previous Australian governments have allowed groups and organisations influencing vaccination policy to become dominated by people associated with the vaccine industry, e.g. via their involvement with industry-funded vaccine clinical trials and vaccine conferences, particularly past and current members of the Australian Technical Advisory Group on Immunisation (ATAGI), and others. Some of these people are not only influencing Australian vaccination policy, but are also influencing international vaccination policy, e.g. via their involvement with the World Health Organisation, for example Terry Nolan and Peter McIntyre. **There has been a reluctance to provide transparency in regards to conflicts of interest. I previously raised the matter of conflicts of interest in vaccination policy in my letter to then Prime Minister Tony Abbott, in January 2015.** I received a response from the Immunisation Branch on this matter, and subsequently there was some disclosure of brief conflict of interest information published on the Australian Technical Advisory Group on Immunisation website. However, the information provided is woefully inadequate, and also fails to provide historical information for previous members of ATAGI, e.g. the previous Chairman of ATAGI, Terry Nolan. Current and historical information re conflicts of interest relevant to the other groups and organisations influencing vaccination policy is still not publicly accessible. **This lack of transparency and accountability for taxpayer-funded vaccination policy must be addressed by government.**

When the Australian Technical Advisory Group on Immunisation was established in 2005 under Chairman Terry Nolan, *Australian Doctor* reports Terry Nolan said ATAGI would **"prioritise timely responses to new vaccines and industry developments"**. **ATAGI appears to be a conduit for the vaccine industry, rubber-stamping approval for a never-ending stream of lucrative vaccine products and revaccinations for the taxpayer-funded schedule.** Is it appropriate to vaccinate for every ailment, or are we heading towards disaster with the over-use of vaccine products, similar to the over-prescribing of antibiotics, opioids, anti-depressants and other medical products? **Are citizens allowed to have open discussion on this matter, i.e. without censorship?**

It's notable that former Chair of ATAGI, Terry Nolan, is now Group Leader of the vaccine industry-funded Murdoch Children's Research Institute's Vaccine and Immunisation Research Group (VIRGo), where he is involved with many vaccine projects and publications, including meningococcal B, meningococcal ACWY, pertussis, influenza and other vaccine projects. (As I discuss further below, the Murdoch Children's Research Institute is supported by the Murdoch family and funded by Murdoch-run companies News Corp and Foxtel. **I suggest the Murdochs have a serious conflict of interest in supporting an organisation involved in vaccine product development, while at the same time Murdoch-run tabloid newspapers campaigned for the coercive use of vaccine products via their No Jab, No Play campaign, which was subsequently adopted as the No Jab, No Pay law by the Australian Government in January 2016.**) Terry Nolan promotes the Bexsero meningococcal B vaccine, see for example the *MJA Insight* article **Meningococcal B vaccine: why aren't we using it more?**, Nov. 2017. The Bexsero meningococcal B vaccine manufacturer GlaxoSmithKline continues to lobby for this vaccine to be added to the taxpayer-funded vaccination schedule, despite this vaccine product being rejected three times by the Pharmaceutical Benefits Advisory Committee. Terry Nolan was also a member of the working group for the Australian Academy of Science publication *The Science of Immunisation: Questions and Answers*, which was funded by the Australian Government Department of Health. (See [my requests to the Australian Academy of Science for disclosure statements relevant to this publication](#), which the Academy was reluctant to provide.) Terry Nolan has also been a member of the World Health Organisation's Strategic Advisory Group of Experts on Immunisation (SAGE) and thereby in a position to be influential on international vaccination policy. This group is the principal advisory group to the WHO for vaccines and immunization, advising the WHO on overall global policies and strategies.

Current ATAGI member Helen Marshall is the project leader of a GlaxoSmithKline-funded Bexsero meningococcal B vaccine trial undertaken in South Australia. Is it appropriate that people involved with vaccine industry-funded vaccine trials are also involved with influencing vaccination policy? Helen Marshall is also associated with research grant funding from vaccine manufacturers Merck, Novartis, Pfizer and Sanofi. She also presents at

conferences sponsored by vaccine companies. **The Australian government should fund demonstrably independent and objective specialists in infectious diseases and immunology to evaluate the need for mass vaccination interventions, not people who are directly involved with industry-funded vaccine trials, as Helen Marshall has been with the GlaxoSmithKline-funded Bexsero meningococcal B vaccine trial in South Australia.** Helen Marshall is also a member of the coercive vaccination lobby group Friends of Science in Medicine which was influential at the Senate Hearing re the No Jab, No Pay bill in November 2015. (See my email to South Australian Premier Steven Marshall challenging implementation of GSK Bexsero meningococcal B vaccination in South Australia, and raising the matters of conflicts of interest and ethics; and an article published in the Murdoch media group's *The Australian* newspaper: **GSK meets South Australian politicians to push meningococcal vaccine program**, 5 June 2018.)

Peter McIntyre, the previous director of the National Centre for Immunisation Research & Surveillance (NCIRS), was an ex officio member of ATAGI, although evidence of Peter McIntyre's involvement with ATAGI has now disappeared from the ATAGI website, including the record of his conflicts of interest. Peter McIntyre is still associated with NCIRS and is also a current member of the World Health Organisation's Strategic Advisory Group of Experts on Immunisation (SAGE), where he has the opportunity to be influential on international vaccination policy. Peter McIntyre's (now removed) ATAGI conflicts of interest information did not properly reflect the history of his involvement with the vaccine industry, for example, it did not record that Peter McIntyre was instrumental in co-ordinating the meeting in December 2003 which initiated HPV vaccination in Australia, a meeting which was supported by vaccine manufacturers GlaxoSmithKline and CSL. Subsequently Gardasil HPV vaccination was fast-tracked onto the Australian taxpayer-funded vaccination schedule, despite being initially rejected by the Pharmaceutical Benefits Advisory Committee, a decision that was overturned within 24 hours by then Prime Minister John Howard in the lead-up to the 2007 Federal election. In a domino effect, HPV vaccination has now been fast-tracked around the world, despite HPV vaccination being shrouded in controversy, a matter which is seldom reported in the Australian media. Media here reports on the 'success' of HPV vaccination, but the public is largely unaware that the people evaluating HPV vaccination are often those who were involved in initiating it in the first place, and so this is not an independent and objective analysis of often industry-associated data. It was hoped the supposedly independent Cochrane group would provide objective assessment of HPV vaccination, but these hopes were dashed when it emerged that people involved with this Cochrane review had conflicts of interest, see for example my rapid responses published on *The BMJ*: **Cochrane HPV vaccine review severely compromised by conflicts of interest** and **Cochrane HPV vaccination review - what about the CDC's Lauri Markowitz' undisclosed conflicts of interest?**

The industry-funded Immunisation Coalition is also exerting significant influence over Australia's taxpayer-funded coercive vaccination policy. Robert Booy, a professor in the area of infectious diseases, is Chair of the Immunisation Coalition which is funded by vaccine manufacturers GlaxoSmithKline, MSD (aka Merck), Pfizer, Sanofi, Seqirus (a CSL company) and Roche. Robert Booy is also Chair of the Immunisation Coalition's Scientific Advisory Committee. The Immunisation Coalition was formerly the Influenza Specialist Group, but now promotes vaccine products across the board, not just flu vaccines. Robert Booy is also a member of the TGA's Australian Influenza Vaccine Committee, along with ATAGI's Helen Marshall. **The TGA's AIVC webpage fails to provide disclosure of conflicts of interest for members of this committee, e.g. Robert Booy's and Helen Marshall's associations with the vaccine industry are not disclosed.** Until recently Robert Booy was listed as the Head of Clinical Research at the National Centre for Immunisation Research & Surveillance, a government-funded body which is influential on vaccination policy, with his Clinical Research Group undertaking studies supported by vaccine manufacturers. (I previously wrote to current NCIRS Director Kristine Macartney in July 2018 requesting transparency for the industry-sponsored research undertaken by NCIRS, but she failed to respond, an example of the lack of accountability to citizens from those influencing vaccination policy.) **Robert Booy is also the Medical Advisor for Meningococcal Australia, an organisation which campaigns for meningococcal B vaccination to be added to the national taxpayer-funded vaccination schedule, and which is funded by meningococcal B vaccine manufacturers GSK Australia and Pfizer Australia.** Robert Booy has also campaigned for the Bexsero meningococcal B vaccine to be added to the taxpayer-funded vaccination schedule, see for example articles published on the doctors' website *Medical Observer*, i.e. **Call to fund Meningococcal B vaccine**, 27 July 2015; and **Meningococcal B vax rejection a bad move: expert**, 24 August 2015. **Robert Booy is often cited in the media supporting vaccine products, using his university title, but his conflicts of interest via the vaccine industry are seldom publicly disclosed.** See for example this recent article published on the ABC, in which **'Professor Booy, Chair of the Immunisation Coalition' encourages healthy people to get the flu shot, while failing to disclose that the Immunisation Coalition he chairs is sponsored and supported by flu vaccine manufacturers Seqirus and GlaxoSmithKline: Australia on track for killer flu season as experts urge public to get vaccinated.** Informed citizens such as myself are concerned about the possibly deleterious consequences of annual flu revaccination throughout life, with vaccine products of questionable value. We need independent and objective assessment of this repeated medical intervention, I am not relying on the vaccine industry-associated Robert Booy for answers. Along with ATAGI's Helen Marshall, Robert Booy is also a member of the coercive vaccination lobby group Friends of Science in Medicine, which was influential at the Senate Hearing re the No Jab, No Pay bill in November 2015.

Mr Morrison, a startling number of lucrative vaccine products and revaccinations are being pushed upon the community now, with 46 doses of vaccines being pressed upon children via single and combination vaccine products and revaccinations on the national schedule, not including annual flu vaccination which is being pressed upon people of all ages. An increasing number of other vaccine products is also being urged upon adults.

Women are being pressed to have aluminium-adsjuvanted diphtheria, tetanus and pertussis revaccination, plus flu revaccination, during every pregnancy, and another maternal vaccination is being mooted, i.e. for respiratory syncytial virus (RSV). Repeated aluminium-adsjuvanted diphtheria, tetanus and pertussis vaccination is being recommended throughout life. Along with annual flu revaccination, older Australians are also pushed to have pneumococcal and shingles vaccinations. **The Australian Immunisation Register is now also keeping a record of the vaccination of adults as well as children. Are we heading towards coercive vaccination for adults too?**

The Australian community has been badly let down by the medical profession's failure to question the burgeoning taxpayer-funded National Immunisation Program Schedule, which is mired in conflicts of interest. It's astonishing that so many doctors and their associations are failing to question the ever-increasing number of lucrative vaccine products and revaccinations being imposed upon the community. Many doctors are using their 'medical authority' to compel people to vaccinate their children and themselves with multiple vaccine products, but have doctors and nurses the expertise in immunology and vaccinology to back their coercion of people to vaccinate with so many vaccine products? Pharmacists are also joining the vaccine product gravy train. **It's also very concerning that medical organisations such as the Australian Medical Association, the Royal Australian College of General Practitioners, the Australian College of Nurse Practitioners, the Pharmacy Guild of Australia and others are associated with the Immunisation Coalition lobby group, which is sponsored and supported by vaccine manufacturers GlaxoSmithKline, MSD (aka Merck), Pfizer, Sanofi, Seqirus (a CSL company) and Roche, and others including Apotex, Bupa, and Google. The current President of the Australian Medical Association, Dr Tony Bartone, is listed as an Immunisation Coalition member. It's alarming to see these close relationships with the vaccine industry, which raise questions about the objectivity and impartiality of the medical profession.**

Doctors should be alert to the emerging problems with the over-use of vaccine products, similar to problems arising with the over-prescribing of other medical products such as antibiotics, opioids, and anti-depressants etc. For example, [the pertussis/whooping cough vaccine is failing](#), with multiple revaccinations with this multi-component vaccine being recommended throughout life, a serious over-use of this aluminium-adsjuvanted vaccine product, which is being obfuscated by emotive government-supported campaigns such as 'Light for Riley'.

There are also worrying signs with the measles, mumps and rubella vaccine, e.g. early waning of maternally derived passive immunity of babies born to vaccinated mothers, see for example my rapid response published on *The BMJ*: [Measles vaccination - is anyone worried about shorter term maternally derived antibodies via vaccinated mothers?](#) Are there other problems with the measles, mumps and rubella (MMR) vaccine, e.g. failing immunity? **What are the implications for current and future generations of failing vaccines and repeated revaccination throughout life, and the impact on natural immunity?** It's also a serious matter that the option of antibody titre testing to check if immunisation has occurred after vaccination with the first dose of live MMR vaccine is generally being withheld from parents and others. In New Jersey in the United States there is an [antibody titer law](#) which *"allows parents to seek testing to determine a child's immunity to measles, mumps, and rubella, before receiving the second dose of the vaccine"*. **Why are parents in Australia and elsewhere not being informed of the option of antibody titre testing? Many may be willing to pay for this test themselves rather than have their children revaccinated arbitrarily with the second dose of live MMR vaccine. Why is there a reluctance to offer the option of antibody titre testing - are problems with the effectiveness of this live vaccine combination being covered up?** Certainly the mainstream media seems reluctant to report on the court case still underway in the United States regarding Merck lying about the efficacy rate of the mumps component of its MMR II vaccine, see for example: [Federal judge permits false claims act case to continue against vaccine manufacturer Merck](#).

Many vaccine products on the schedule have aluminium adjuvants, with the safety of the growing number of aluminium-adsjuvanted vaccine products resting on very questionable evidence, e.g. that being cited by the National Centre for Immunisation Research & Surveillance (NCIRS) in government-funded publications. (See my email to NCIRS Director Kristine Macartney on this matter: [Questionable claims for the safety of aluminum-adsjuvanted vaccine products](#). Kristine Macartney has not acknowledged or responded to my email relevant to vaccine safety, another example of the lack of accountability to citizens from those influencing vaccination policy.)

Mass vaccination for very rare diseases is also being pressed upon the community, **for example aggressive lobbying by GlaxoSmithKline for its aluminium-adsjuvanted Bexsero meningococcal B vaccine to be added to the national taxpayer-funded schedule, despite this highly questionable vaccine product being rejected three times so far by the Pharmaceutical Benefits Advisory Committee.** (I have raised this previously in this email in regards to ATAGI's Helen Marshall's involvement in a GlaxoSmithKline funded Bexsero meningococcal B vaccine trial, and the Immunisation Coalition Chairman Robert Booy's and former ATAGI Chairman Terry Nolan's promotion of this vaccine product.)

There are also significant discrepancies between international vaccination schedules - what is the justification for this? For example in Australia children must have a live measles, mumps and rubella vaccination around 12 months of age, followed by a second MMR combined with varicella/chickenpox at 18 months, i.e. the MMRV. These vaccines are compulsory in Australia to access childcare and financial benefits. Yet in the UK, the second MMR is given later around three years and four months, without the varicella/chickenpox component. In fact, [the NHS states "The chickenpox vaccine is not part of the routine UK childhood vaccination programme because chickenpox is usually a mild illness, particularly in children. There's also a worry that introducing](#)

chickenpox vaccinations for all children could increase the risk of chickenpox and shingles in adults." And yet in Australia chickenpox/varicella vaccination for a 'usually mild illness' is compulsory for children to access childcare and financial benefits, with a disregard for **"the risk of chickenpox and shingles in adults". Is it legitimate to coerce parents to have their children vaccinated for this 'usually mild illness'?**

There are serious problems emerging with the effectiveness, safety and over-use of vaccine products that require urgent independent consideration and analysis. I am not confident that the medical profession or the currently conflicted vaccination bureaucracy can be relied upon to report and properly consider emerging vaccine product problems - conflicts of interest in vaccination policy may interfere with post-marketing surveillance and evaluation of the effectiveness and safety of vaccine products on the taxpayer-funded schedule. **Are adverse events being recognised and acknowledged after vaccination, including potentially longer-term adverse reactions such as auto-immune diseases? Are doctors and nurses adequately trained to recognise, acknowledge and report a variety of adverse events after vaccination?** (The TGA acknowledges **there is likely to be under-reporting of adverse events** related to therapeutic goods in Australia, this includes vaccine products.) **There should be a review of adverse event reporting mechanisms, including the industry-funded TGA's role in gathering and processing this information.**

The 'fourth estate', the mainstream media, is also failing to shine a light on vaccination policy, with the taxpayer-funded ABC and SBS appearing to act as unquestioning advertisers and promoters for the vaccine industry, not even scratching the surface of providing critical analysis of the conflicts of interest influencing vaccination policy. **I have repeatedly tried to contact journalists at the ABC, raising the problems surrounding vaccination policy, with no response. How have our national broadcasters been so effectively captured by the vaccine industry to the detriment of investigative journalism? Ironically the ABC was willing to cover the story of over-vaccination of pets back in 2010, why do they refuse to investigate the over-vaccination of people and conflicts of interest in vaccination policy?**

The Murdoch media group (now News Corp) associated with the Murdoch family has actually influenced policy formulation and the enactment of coercive vaccination law, with its polarising and protracted 'No Jab, No Play' campaign in its tabloid newspapers such as the *Daily Telegraph* and *Herald Sun* and others. Their campaign for coercive vaccination was adopted as policy by the then Liberal Federal government, with cross party support from Labor and the Australian Greens, with the No Jab, No Pay law being enacted in January 2016, and with some States also adopting 'No Jab, No Play' laws.

Mr Morrison, the Murdoch media group's hostile and polarising No Jab, No Play campaign appears to have had undue influence on Australia's vaccination policy. It's alarming that this media group was allowed to be so influential on policy without scrutiny, particularly as the Murdoch media companies News Corp and Foxtel are corporate partners of the Murdoch Children's Research Institute, an organisation involved in vaccine product development which is funded by vaccine manufacturers, e.g. GSK Biologicals, SanofiPasteur and Novartis Vaccines. As far as I'm aware, this serious conflict of interest was not properly disclosed in the many articles published during the Murdoch media group's 'No Jab, No Play' campaign for coercive vaccination. (The Murdoch Children's Research Institute was co-founded by Rupert Murdoch's mother Dame Elisabeth Murdoch, and Sarah Murdoch, partner of Lachlan Murdoch, is currently a director of and ambassador for this organisation. See [my email to Mr Rupert Murdoch and Mr Lachlan Murdoch](#) challenging the influence of their media group's No Jab, No Pay campaign on Australia's taxpayer funded vaccination policy.)

The Murdoch media group also hounded then PhD student Judy Wilyman in an effort to discredit her and prevent the award of her PhD in the area of vaccination policy. Members of the vaccine establishment have also endeavoured to discredit Judy Wilyman, along with members of the coercive vaccination lobby groups Stop the Australian (Anti)Vaccination Network (SAVN) and Friends of Science in Medicine. The hostility continued after Judy Wilyman was awarded a PhD for her thesis **A critical analysis of the Australian government's rationale for its vaccination policy.** Recently Peter McIntyre and others attacked Dr Wilyman's thesis on vaccination policy in an article published in the *Vaccine* journal. **Is this part of an orchestrated campaign to shut down questioning of vaccination policy?**

The Conversation website, which is funded by the university sector, and has also previously received Federal government funding, has also stifled citizens' discussion on vaccination policy, with many comments on articles relevant to vaccination policy being censored, and with some citizens being banned from commenting at all on The Conversation website, for example I was formally banned from The Conversation by Misha Ketchell, the Managing Editor, see [my email to Mr Ketchell on this matter.](#)

The Conversation has provided a platform for Administrators of the coercive vaccination lobby group Stop the Australian (Anti)Vaccination Network (SAVN) to promote their opinions on vaccination, most famously SAVN Administrator Patrick Stokes' article 'No, you're not entitled to your opinion', which was primarily an attack on Meryl Dorey of the then Australian Vaccination Network. Patrick Stokes' article still does not disclose his role as an Administrator of the SAVN coercive vaccination lobby group. Other Administrators of SAVN and members of Friends of Science in Medicine have also had articles about vaccination published on *The Conversation*, i.e. [Rachael Dunlop](#) and [David Hawkes](#). SAVN and Friends of Science in Medicine are ostensibly against the now named Australian Vaccination-risks Network, but in practice work assiduously to shut down any citizens questioning vaccine policy, as I know from personal experience. Were members of SAVN and Friends of Science in Medicine

instrumental in censorship at the university and previously Federal government-funded *The Conversation* website, i.e. [Patrick Stokes \(SAVN\)](#) and [Sue Ieraci \(FSM\)](#) who act as moderators on *The Conversation*? Did these people censor comments on articles relevant to vaccination policy, and have citizens banned from commenting on *The Conversation*, i.e. deliberately hindering citizens' open discussion on taxpayer-funded coercive vaccination policy? **Is it legitimate to censor citizens' free and open discussion of taxpayer-funded coercive vaccination policy in our liberal democracy?**

These coercive vaccination lobby groups were active during the Murdoch media's No Jab, No Play campaign, with Stop the Australian (Anti)Vaccination Network (SAVN) enjoying the personal endorsement of former doctor and Australian Greens leader Richard Di Natale in the Parliament. The participation of representatives of SAVN and FSM at the [Senate Committee Public Hearing re the No Jab, No Pay bill in November 2015](#) appeared to be set up as a confrontation with people associated with the then named Australian Vaccination-skeptics Network. What expertise do the representatives of SAVN and FSM have that qualifies them to respond to citizens' concerns about the broad range of vaccine products and revaccinations on the [National Immunisation Program Schedule](#)? **Was it appropriate for Senator Richard Di Natale, a public supporter of the coercive vaccination lobby group SAVN, to use his position to influence the proceedings of this Public Hearing for the No Jab, No Pay bill?** Did the Senate Committee inquiry into the No Jab, No Pay bill rely on the opinions of David Hawkes (SAVN/FSM), John Cunningham (SAVN/FSM), Patrick Stokes (SAVN) and Sue Ieraci (FSM) to influence their recommendation that the No Jab, No Pay Bill be passed?

Did the Senate Committee inquiry into the No Jab, No Pay bill seek out independent and objective specialist advice on vaccination practice and adverse events after vaccination? Did this inquiry properly consider the large volume of submissions on the No Jab, No Pay bill, including submissions raising concerns about over-vaccination, problems with vaccine products e.g. pertussis/whooping cough, and 'informed consent'? (E.g. [Submission 425 Elizabeth Hart](#)). **Why were people accountable for influencing vaccination policy, e.g. members of ATAGI, the PBAC, the TGA's vaccine committees and NCIRS staff, not called upon to respond to citizens' concerns about vaccination policy at the Senate Committee Public Hearing re the No Jab, No Pay bill in November 2015?** What is the specific expertise in vaccine products and immunology of the medical doctors who provided their opinions on vaccination and adverse reactions at the Senate Committee Public Hearing, e.g. general practitioner Dr Richard Kidd, the representative of the Australian Medical Association? **Have the reviews of the impact of the No Jab, No Pay bill, recommended by the Senate Committee to be undertaken 12 months and three years after implementation, been completed and made available for public perusal?**

Mr Morrison, as I outline in this email, there are serious problems with transparency and accountability for coercive vaccination policy and practice in Australia.

I again call upon the next Australian Government to take urgent action to review the excessive amount of taxpayer-funded lucrative vaccine products and revaccinations being pressed upon the community, i.e. over-vaccination, and to redress the serious conflicts of interest in vaccination policy.

Sincerely
Elizabeth Hart

For further background see my presentation: [Big Pharma's hijacking of 'over'-vaccination policy - Conflicts of interest and lack of transparency and accountability](#) and [transcript](#).

cc:
Mr Bill Shorten, Leader of the Australian Labor Party
Senator Richard Di Natale, Australian Greens Parliamentary Leader

 **CHOICE over-vaccination of pets article 2010.pdf**
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