



Elizabeth Hart <elizmhart@gmail.com>

Compulsory coronavirus vaccination for workers

1 message

Elizabeth Hart <elizmhart@gmail.com>

Fri, Dec 25, 2020 at 10:02 PM

To: ceo@cosboa.org.au

Cc: info@cosboa.org.au

For the attention of:

Mr Peter Strong

CEO, Council of Small Business of Australia

Dear Mr Strong, according to a report on *The Australian* website today, you say "**employers should 'absolutely' have the legal ability to stand down workers without pay if they refuse to take the coronavirus vaccine**". (See copy of article attached.)

What motivated you to take this very public stance in promoting compulsory coronavirus vaccination for workers?

Surely specialists in public health should be the spokespeople on vaccination policy, why have you taken it upon yourself to push for compulsory coronavirus vaccination for workers, with the fast-tracked experimental coronavirus vaccine products?

Mr Strong, the handling of the coronavirus situation around the world is very controversial. Most people are unaware of just how controversial it is, because the mainstream media is failing to properly investigate and report on this matter, including the taxpayer-funded ABC and SBS.

Corporate media also has very serious conflicts of interest which are resulting in severely biased reporting. For example, [News Corp Australia is a corporate partner of the Murdoch Children's Research Institute](#), which is involved in vaccine research and development, **including coronavirus vaccination**. Rupert Murdoch's mother, [Dame Elisabeth Murdoch](#), supported the founding of the original Murdoch Institute. The Murdoch family is involved with the Murdoch Children's Research Institute, e.g. [Sarah Murdoch is a Board director and ambassador for the MCRI](#). The Vaccine and Immunisation Research Group (VIRGo), based at the Doherty Institute, [works in partnership with the Murdoch Children's Research Institute](#) and leads the VAX4COVID Australian Covid Vaccine Trials Alliance. [Researchers at the Doherty Institute were involved in the modelling](#) for Australia which has influenced the coronavirus response here, e.g. restrictions on freedom of movement and association, including lockdowns.

***The Australian* should have disclosed this conflict of interest on its article about your opinions promoting compulsory coronavirus vaccination, i.e. [Call from business to bar workers who avoid coronavirus vaccine](#). But News Corp Australia publications fail to properly disclose this conflict of interest on articles promoting vaccine products.**

Were you aware of News Corp Australia's conflicts of interest in this matter when you commented for *The Australian* article Mr Strong?

Due to the lack of an effective 'fourth estate' to shine a light in dark corners, independent people such as myself are undertaking investigation of the disproportionate and ill-targeted response to coronavirus.

In this regard, please see below my email to Dr Anders Tegnell, State Epidemiologist of Sweden, challenging the imminent fast-tracked roll-out of coronavirus vaccination in Sweden. This also has implications for international coronavirus vaccination policy, including in Australia, where there are calls for compulsory coronavirus vaccination by people such as you.

Please note I also include reference to my emails to the UK Royal Society and British Academy on the topics of undisclosed conflicts of interest, and suppression of dissent about vaccination policy, these are hyperlinked in the email below and I suggest you read these emails also.

My email to Dr Tegnell is also publicly accessible via this link: <https://vaccinationispolitical.files.wordpress.com/2020/12/sweden-coronavirus-vaccination-ethical-considerations.pdf>

Mr Strong, please do read my email below.

I suggest you should be more considered about your opinions on coronavirus vaccination, and compulsory medical interventions/vaccinations for workers. Please also be aware of conflicts of interest.

This email will also be circulated to other parties for information.

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, Dec 22, 2020 at 10:02 PM

Subject: Sweden, coronavirus, vaccination - ethical considerations

To: <anders.tegnell@folkhalsomyndigheten.se>

For the attention of:

Dr Anders Tegnell

State Epidemiologist, Director

Swedish Public Health Agency

Dear Dr Tegnell

According to *The Local*, Sweden is planning to start coronavirus vaccinations on 27 December 2020[1]. This follows on a torrent of negative publicity about Sweden's previously less restrictive response to coronavirus, and fear-mongering about the current situation in Sweden[2], including negative statements from Prime Minister Stefan Lofven[3] and King Carl XVI[4].

Is this negative commentary about Sweden justifiable? Or is it really about pulling Sweden into line with other countries, and supporting the fast-tracked experimental coronavirus vaccine product roll-out around the world?

It's astonishing coronavirus vaccination is being rolled out so quickly in Sweden, and other countries such as the UK and US.

Dr Tegnell, how do you justify fast-tracked coronavirus vaccination in Sweden, based on mortality figures for COVID-19?

According to Statista[5], as of 17 December 2020, 7,893 deaths have been attributed to COVID-19 over the past nearly 10 months. 5,465 of these deaths were in people aged over 80 years, including 2,150 over 90 years. 1,654 deaths were in the 70-79 year age group, making a total 7,119 deaths in people aged over 70 years. 494 deaths in the age group 60-69 years. 185 deaths in the age group 50-59 years. And 95 deaths in the age group 0-49 years.

This is in a population of around 10.4 million[6], with expected annual deaths of around 90 odd thousand[7]. Deaths attributed to COVID-19, mainly in elderly people with comorbidities, have to be seen in this context.

According to EUROMOMO, Sweden currently has 'low excess deaths'[8], and the number of deaths in Sweden reported by Statista as of 11 December 2020 (89,491)[7] does not look on track to excessively exceed the numbers of other years. Even if it does eventuate there are a few thousand extra deaths due to this coronavirus, does this justify actions that will impact on the entire population for years to come, i.e. the implementation of annual, and possibly even more frequent, coronavirus vaccination?

Dr Tegnell, given most of the deaths attributed to COVID-19 in Sweden are in people aged over 70 years, is it appropriate and ethical to implement experimental, fast-tracked vaccine products for the Swedish population?

The Local reports Sweden's first three priority groups for coronavirus vaccination are 1. People who live in elderly care homes or receive at-home care, primarily those aged over 70; 2. healthcare and care workers who have close contact with vulnerable people; and 3. other adults who share a household with people receiving at-home care.

It's likely healthcare and care workers will be in younger age groups. These people could be being set up for annual, or even more frequent coronavirus vaccination. But is this ethical, when they are likely to have their own natural defences against the virus? Vaccination may in effect be stealing their natural defences and aiming to make them dependent on repeated coronavirus vaccination for life, a vaccination for which much is unknown, including the possibly deleterious long-term cumulative effects of repeated vaccination throughout life.

The Local reports that priority groups will be vaccinated first **"followed by the rest of the general population"**, particularly all adults who live in Sweden, as well as under-18s who belong to another risk group, in the first six months of 2021.

This is very concerning Dr Tegnell, is it ethical to press experimental and fast-tracked vaccination on the general Swedish population? Will they be properly informed about their level of risk and the uncertainties of coronavirus vaccination?

Again Dr Tegnell, the statistics for coronavirus in Sweden do not appear to support the implementation of coronavirus vaccination, particularly for the general population, and it does seem Sweden is being made to conform with Bill Gates' plan for the global population to be vaccinated against coronavirus, see for example his article [What you need to know about the COVID-19 vaccine](#), 30 April 2020.

Bill Gates has world leaders at his beck and call, meeting with UK Prime Minister Boris Johnson in November to discuss rolling out coronavirus vaccination[9], and pursuing vaccine financing with other world leaders such as French President Emmanuel Macron, German Chancellor Angela Merkel, President Ursula von der Leyen of the European Commission, and Crown Prince Mohammed bin Zayed of the United Arab Emirates[10]. **It's astonishing that software billionaire Bill Gates is running the world's coronavirus vaccination policy.**

Dr Tegnell, has due ethical consideration been given to the astonishingly fast deployment of what are still experimental coronavirus vaccine products?

Approximately 1.6 million deaths have been attributed to COVID-19 globally in the past 11 months[11] - that's in a world of around 7.8 billion[12]. Most of the 1.6 million deaths attributed to COVID-19 are likely to be in elderly people with comorbidities, and are only a fraction of the 59 million deaths expected in 2020[13].

Millions of 'cases' of COVID-19 have been reported around the globe, but what is the definition of a 'case'? Is a 'case' merely a 'positive' test with highly controversial PCR testing? Or mild to severe symptoms? Hospitalisation? ICU? Death? What is the definition of a 'case'?

It appears there is no clear definition of a 'case'. There is no standard criteria across countries for defining 'cases', and similarly the attribution of deaths to COVID-19 appears to be arbitrary across countries.

This leaves us with very questionable statistics for coronavirus 'cases' and deaths which may be grossly overstated.

As a matter of urgency, we must have independent and objective critical analysis of the global statistics for SARS-CoV-2 / COVID-19, because these statistics have been used to impose serious restrictions on people's free movement and association, and have drastically impacted on social interaction and economies around the world.

Dr Tegnell, Sweden was operating as a much needed 'control' in a sea of lockdown restricted countries, but it seems there are vested interests who do not want a control group upsetting the apple cart... These vested interests are also working to stifle open discussion on coronavirus vaccination. For example the UK Royal Society and British Academy published a report supporting the deployment of COVID-19 vaccine products[14], which discusses 'anti-vaccination groups', and calls for criminal prosecution for spreading 'misinformation'. But who defines what is 'misinformation'? It seems to me anyone questioning vaccination is tagged as 'anti-vaccination' and ridiculed and marginalised...and may soon be at risk of criminal prosecution.

This is not a good situation in our liberal democracies, as legitimate debate on fast-tracked coronavirus vaccine products is being stifled.

I have challenged the Presidents of the Royal Society and British Academy about their conflicts of interest, and about the oppressing of people who question vaccination policy, see my emails:

- [Failure to disclose conflicts of interest - COVID-19 vaccine deployment report](#); and
- [The vast conflicted network influencing coronavirus vaccination policy](#)

What is your position on the current situation Dr Tegnell? What do you think about all the money and resources that have been poured into vaccine product candidates and mass testing, at the expense of research into effective treatments and preventatives for the vulnerable?

I'm also forwarding this email to others for consideration of this matter of international importance.

Sincerely

Elizabeth Hart

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

References:

1. Coronavirus: Sweden set to start vaccinations on December 27th. *The Local*, 17 December 2020.
2. See for example: Public confidence in Sweden's controversial COVID-response architect 'in a downward spiral'. *Fortune*, 17 December 2020.
3. Sweden's prime minister admits the country got its coronavirus strategy wrong. *Business Insider Australia*, 16 December 2020.
4. Swedish King says nation's controversial Covid plan failed. *Bloomberg*, 17 December 2020.
5. Number of coronavirus (COVID-19) deaths in Sweden in 2020, by age groups (as of December 16, 2020.) *Statista*.
6. Sweden: Total population from 2014 to 2024. *Statista*. Accessed 22 December 2020
7. Number of deaths in Sweden from 2010 to 2020. *Statista*. Accessed 22 December 2020.
8. EUROMOMO - Graphs and Maps. Accessed 22 December 2020.
9. UK Prime Minister Boris Johnson meets Bill Gates to discuss COVID-19 vaccine. *WION*, 12 November 2020.
10. Inside Bill Gates' high-stakes quest to vaccinate the world against COVID-19. *The Seattle Times*, 23 November 2020.
11. Number of novel coronavirus (COVID-19) deaths worldwide as of December 16, 2020, by country. *Statista*.
12. *Worldometers*, accessed 22 December 2020.
13. How many people die and how many are born each year? *Our World in Data*, accessed 22 December 2020.
14. COVID-19 vaccine deployment: Behaviour, ethics, misinformation and policy strategies. *The Royal Society and The British Academy*. 21 October 2020.



Call from business to bar workers who avoid coronavirus vaccine.pdf

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