



Elizabeth Hart <elizmhart@gmail.com>

John Ioannidis urges Australia to "push for vaccination very fast..." Why?

Elizabeth Hart <elizmhart@gmail.com>
To: Elizabeth Hart <elizmhart@gmail.com>

Tue, Sep 21, 2021 at 5:36 PM

Please see below my email to John Ioannidis, a professor at Stanford University, who is renowned for his work in evidence based medicine, and his goal to **"optimize the chances of getting more reliable, trustworthy and useful research"**.

I question John Ioannidis about him urging Australia to **"push for [covid] vaccination very fast"**, as this appears to contradict his research which indicates people <65 have a very low risk of covid associated death, and that strategies focusing specifically on protecting high-risk elderly individuals should be considered in managing the pandemic.

This is an important matter **as all Australians are now under intense pressure to submit to covid-19 injections, despite covid-19 not being a serious risk for most people**. We have no idea of the long-term consequences of these injections, which could potentially be pressed upon people for life.

Elizabeth Hart

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

vaccinationispolitical.net

----- Forwarded message -----

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

Date: Fri, Sep 17, 2021 at 5:44 PM

Subject: John Ioannidis urges Australia to "push for vaccination very fast..." Why?

To: John Ioannidis

Cc: Jodie McVernon, Neil Ferguson, Patrick Vallance, Chris Whitty, Fiona Godlee, Sharon Davies, Peter Doshi, Kamran Abbasi, Theodora Bloom, Allyson Pollocki, Simon Wain-Hobson, Richard Ebright, Marc Lipsitch, Michael Osterholm, Tom Inglesby, Carl Heneghan, Michael Levitt, Martin Kulldorff, Jayanta Bhattacharya, Sucharit Bhakdi, Gus Dagleish, 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, Robert Clancy, Sunetra Gupta, Heidi Larson, Graham Medley, Melinda Mills, John Bell, David Kennedy, Andrew Read, Peter A. McCullough, Nick Hudson, Andrew Pollard, James McCaw, Tom Kompas, Zoe Hyde, Quentin Grafton, Emma McArthur, Anthony Harnden, Adam Finn, Adrian Hill, Sarah Gilbert, John Shine

For the attention of:

John Ioannidis

Meta-Research Innovation Center at Stanford

Stanford University

John Ioannidis, in an article in *The Australian* on 10 May 2021, **you urged Australia to "push for vaccination very fast (given) you have very few people infected. Otherwise I don't see another way out. You will get your wave sooner or later"**.^[1] (See copy attached.)

In Australia, people aged 12 and over are now under intense pressure to submit to covid-19 injections.^[2] This is in response to modelling from the Doherty Institute, particularly a scenario suggesting a 70/80% vaccine coverage of the population (16+ years) is needed before restrictions are lifted.^[3] Emma McArthur has challenged the Doherty modelling and its influence on Australian Government policy, see: **Is Australia being held to ransom thanks to 'scientific fiction' by the Doherty Institute?** 2 September 2021.

John Ioannidis, it was known from the beginning that most people infected with SARS-CoV-2 will only "experience mild to moderate respiratory illness and recover without requiring special treatment", as acknowledged by the WHO.^[4] (See copy attached.)

How can it be justifiable to pressure Australians of all ages and health status, including children 12 years and up, to submit to experimental injections, which apparently don't prevent infection nor transmission, and with unknown duration of 'immunity', **for a disease that isn't a serious threat to most people?** This is especially concerning for children. Children aren't at serious risk of covid.^[5] **Why are young people being set up for these medical interventions - with no long-term safety data - potentially for life?**

John Ioannidis, can you please clarify **why you recommended Australia "push for vaccination very fast..." when your own work shows covid-19 is not a serious risk for most people?**

What expertise do you have in viruses and vaccines to support your push for Australia to vaccinate against a disease which you know isn't a serious risk for most people?

You say "you have very few people infected" [in Australia]. Upon what evidence are you basing this opinion? **Isn't it likely many people may be protected by cross-immunity from infection with other coronaviruses, and that children are protected by their strong innate immunity?** See for example this article: **Pre-existing immunity to Covid-19 - Marc Girardot of PANDA unpacks its evolution.**[6]

In a paper published in September last year, you said **"People <65 years old have very small risks of COVID-19 death even in pandemic epicenters and deaths for people <65 years without underlying predisposing conditions are remarkably uncommon. Strategies focusing specifically on protecting high-risk elderly individuals should be considered in managing the pandemic"**.[7]

Similarly, your subsequent paper suggests an infection fatality rate of 0.05% for the under 70s.[8]

Given these facts, why is covid-19 being promoted as such a dangerous disease in Australia and around the world?

Why has there not been a proportionate and targeted response to this disease as you suggest, i.e. "strategies focusing specifically on protecting high-risk elderly individuals" for example, quickly developing treatments for the vulnerable, rather than fear-mongering and promoting universal covid vaccination?

John Ioannidis, **given you have sought to influence Australia's response to covid-19 by urging Australia to "push for vaccination very fast..."**, I request your response on this matter.

Sincerely

Elizabeth Hart

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

References:

1. Lockdowns 'not reason for success', says epidemiologist. The Australian, 10 May 2021.
2. COVID-19 vaccines - Australian Government Department of Health, as accessed 17 September 2021: <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines>; Children aged 12 to 15 years now eligible for COVID-19 vaccine, Prime Ministerial Media release, as accessed 17 September 2021: <https://www.pm.gov.au/media/children-aged-12-15-years-now-eligible-covid-19-vaccine>
3. Doherty Institute Modelling Report for National Cabinet, 3 August 2021 (Revised 10 August 2021): <https://www.doherty.edu.au/news-events/news/doherty-institute-modelling-report-for-national-cabinet>
4. World Health Organization Coronavirus: https://www.who.int/health-topics/coronavirus#tab=tab_1 (As accessed 17 September 2021.)
5. Rita Carsetti et al. The immune system of children: the key to understanding SARS-CoV-2 susceptibility? The Lancet Child & Adolescent Health. Volume 4, Issue 6, P414-416, June 01, 2020.
6. See: Marc Girardot. A novel perspective on a not so novel virus, via Nadya Swart. Pre-existing immunity to Covid-19 - Marc Girardot of PANDA unpacks its evolution. BizNews, 16 August 2021: <https://www.biznews.com/health/2021/08/16/pre-existing-immunity>
7. John P.A. Ioannidis et al. Population-level COVID-19 mortality risk for non-elderly individuals overall and for non-elderly individuals without underlying diseases in pandemic epicenters. Environ Res. 2020 Sep; 188: 10980.
8. John P.A. Ioannidis. Infection fatality rate of COVID-19 inferred from seroprevalence data. Bull World Health Organ 2021;99:19-33F.

2 attachments

 **Lockdowns 'not reason for success', says epidemiologist.pdf**
102K

 **WHO Coronavirus definition downloaded 17 September 2021.pdf**
693K