
Why are COVID-19 'vaccines' being pressed upon Australians of all ages and health status? Email to Andrew Wilson, PBAC Chair

Elizabeth Hart <elizmhart@gmail.com>

Sat, Oct 23, 2021 at 1:30 PM

To: Elizabeth Hart <elizmhart@gmail.com>

Australians are being coerced to have COVID-19 injections against a disease which isn't a serious risk for most people under 75-years-old.

Why is this happening? Why has so much fear been stoked up about COVID-19?

And now even children of 12 years old are being pressured to have COVID-19 injections even though COVID-19 is not a threat for them.

Billions of dollars are being spent on COVID-19 injections - are people being set up to have these medical interventions for life?

See below my email to Andrew Wilson, Chair of the Pharmaceutical Benefits Advisory Committee (PBAC), the committee which traditionally evaluates medical products for the taxpayer-funded Pharmaceutical Benefits Scheme, including vaccines.

I ask Andrew Wilson how the COVID-19 vaccine rollout has been evaluated and costed, **because vaccinating and revaccinating millions of people not at serious risk of COVID-19 is costing billions of taxpayers' dollars, taking valuable funding from other health areas - how can this be justified?**

There's much to be investigated...

Elizabeth Hart

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

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

Date: Fri, Oct 22, 2021 at 5:15 PM

Subject: Why are COVID-19 'vaccines' being pressed upon Australians of all ages and health status? Email to Andrew Wilson, PBAC Chair

To: Andrew Wilson

Cc: Nigel Crawford, Michelle Giles, Allen Cheng, Christopher Blyth, Brendan Murphy, Paul Kelly, Cathy Foley, Larry Marshall, Sue MacLeman, Mark Sullivan, John Skerrett, George Christensen, Pauline Hanson, Craig Kelly, Malcolm Roberts, Matt Canavan, Tanya Davies, Nathaniel Smith, Anthony Roberts, Mark Latham, Gerard Rennick, Alex Antic, Fred Nile, Rex Patrick, Kevin Conolly, George Williams, Augusto Zimmermann, Bede Harris, PBAC, ATAGI, Emma McArthur

For the attention of:

Andrew Wilson

Chair of the Pharmaceutical Benefits Advisory Committee (PBAC)

Member of the COVID-19 Vaccines and Treatments for Australia - Science and Industry Technical Advisory Group

Andrew Wilson, **why are two doses of COVID-19 vaccines being pressed upon all Australians from 12 years old in the current taxpayer-funded vaccine rollout?**

Most people aren't at serious risk with COVID-19. For example, the WHO acknowledges "**Most people infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment.**" (See attached.) While the WHO says "...some will become seriously ill and require medical attention", **it seems most people won't become seriously ill and require special treatment.** For those people who might catch the coronavirus, **the Health Advisory & Recovery Team calculates** a healthy 35-year-old woman has a 99.9991% chance of surviving the coronavirus, a 55-year-old man with co-morbidities 99.2135%, a healthy 75-year-old woman 99.8251%, and an 85-year-old man with co-morbidities 79.9154% chance of surviving the coronavirus.

With such low risks for people under 75-years-old, **why are mass populations being coerced to be vaccinated, with State Governments now mandating these vaccine products for many workers, along with other employers such as BHP, Rio Tinto, Woodside Petroleum, News Corp, SPC, Qantas, National Bank, ANZ, Commonwealth Bank, Westpac, Woolworths, Coles, Aldi, KPMG and others?**

How has this mass population vaccine rollout been evaluated and costed, i.e. the current rollout and future revaccination/'booster' rollouts? To repeatedly revaccinate millions of people not at serious risk of COVID-19 will cost billions of taxpayers' dollars, taking valuable funding from other health areas, how can this be justified?

Why are people outside the vulnerable groups, i.e. most people are not at serious risk of COVID-19, being coerced to submit to these COVID-19 vaccines? How can it be ethical to try and make these people dependent upon the vaccine industry, when they aren't at serious risk of COVID-19?

The COVID-19 vaccines have been 'provisionally approved' by the TGA based on manufacturers' data, and apparently do not prevent infection nor transmission. **Greg Hunt has admitted "The world is engaged in the largest clinical trial, the largest global vaccination trial ever..."** And in the next breath he says **"...It's safe, it's effective, it will help protect you..."**

How can Greg Hunt definitively say **"It's safe, it's effective, it will help protect you"** while also admitting this is **"the largest global vaccination trial ever"?!?!?**

This is a massive experiment, being undertaken without valid informed consent!!!

We have no idea what is going to happen in future with this unprecedented global COVID-19 injection rollout - **how on earth are these experimental products being pressed upon people not at serious risk of COVID-19, i.e. most people under at least 70 years?!**

ATAGI admits: "For the Delta variant, vaccine effectiveness of both Comirnaty and Vaxzevria against symptomatic infection has been reduced compared with the Alpha variant but is maintained against hospitalisation".

The Australian population is being pressed to have vaccines of 'reduced effectiveness', but purportedly effectiveness against hospitalisation is maintained - **but most people weren't at risk of hospitalisation before the vaccines were implemented, so why are most people being coerced to have these highly questionable experimental injections?**

These COVID-19 injections are being pressed upon children from 12 years, when they are at infinitesimal risk of COVID-19 - **how can this be happening?!** **What are children facing now? Will they be forced to have these injections repeatedly throughout life?**

Now 'boosters' are in the offing - what are these 'boosters' exactly, how do they work? On ABC News Breakfast recently, **Norman Swan says** "I think we should stop talking about 'booster' shots by the way, we should talk about third doses...these are three dose vaccines. If they had time to work out the right dosage they almost certainly are three dose vaccines like hepatitis B, like the human papillomavirus was initially, and that's what they are, **and we're just only realising that now..."** (My emphasis.)

Norman Swans says **"...if they had time to work out the right dosage...we're just only realising that now"?!?!?!?** It's all a big experiment - how many of the guinea pigs knew this?

Norman Swan goes on to say: **"...the people who were immunised in residential aged care back in March and April, the health care workers, the hotel quarantine workers, the airport workers who were immunised then, they all need a third dose kind of now as we open up"**. ABC Breakfast host Michael Rowland says: **"...there's new figures, new data on vaccine efficacy waning over time"** and Norman Swan corrects information he's provided previously on the vaccines waning, now saying Public Health England has brought out new data **"...which shows that in fact Astra does keep going down, and Pfizer keeps on going down, and Pfizer keeps on going down...Pfizer always performs better than Astra in that situation, but they both go down...and there's also a diminution in hospitalisation protection, not a lot with Pfizer, but it's probably more with Astra, and that's one of the reasons for a third dose campaign is that it's not just protection against infection, the protection against hospitalisation does diminish as well"**.

In other words, nobody has a clue what is going to happen in the future...we have no idea of the long term effects of this reckless global medical intervention.

This is dire news for all the millions of people who aren't actually 'immunised' after the COVID-19 injections. Many of these people are likely to be of an age and health status where they would have been able to mount their own effective natural response against the virus if they encountered it, potentially with very little ill effects. **What has been done to these people now by making them have the experimental COVID-19 injections that don't prevent infection nor transmission, and provide dubious short-term 'immunity'.**

In a *BMJ* rapid response in March 2020 I asked **Is it ethical to impede access to natural immunity? The case of SARS-CoV2. What will the COVID-19 injections do to people's natural immune response going forward? Does anybody know?** Millions of people have been injected under duress with experimental 'vaccines', after constant bullying during lockdowns and restrictions, and with endless taxpayer-funded media promotion badgering people to submit to these questionable products - **I suggest not one person has given authentic informed consent to these medical interventions**, in this regard see my email to Martin Fletcher, CEO of the Australian Health Practitioner Regulation Agency (AHPRA): **'Informed consent', 'voluntary healthcare decisions' and coercive vaccination...** 15 October 2021.

Millions and millions of people are being experimented upon with these COVID-19 injections, it's mind-boggling that these products are being pressed upon mass populations outside the vulnerable groups - **how did this get through approval processes?**

What has happened to the PBAC approval process? For instance, the PBAC repeatedly rejected the GSK Bexsero meningococcal B vaccine for the national children's schedule, with the latest rejection being "**due to the remaining uncertainties regarding the magnitude of clinical effectiveness of 4CMenB, and the lack of any herd protective effects, which inform the cost effectiveness**".*

Obviously the COVID-19 injections are providing very questionable 'effectiveness', with what passes for 'immunity' provided by these injections already waning - **and the most shocking fact is that most people didn't need them in the first place!!!**

And every day Australians continue to be bullied into having these defective COVID-19 injections, with employers such as State Governments, BHP, Rio Tinto, Woodside Petroleum, News Corp, SPC, Qantas, National Bank, ANZ, Commonwealth Bank, Westpac, Woolworths, Coles, Aldi, KPMG and others now demanding to interfere in their employees' personal healthcare decisions and make them take the jobs.

Andrew Wilson, **this rushed experimental COVID-19 injection rollout is shaping up to be the biggest disaster in history. This must be tracked back now...how did this happen?!?**

I request your urgent response on this matter, there must be accountability to the Australian people.

Sincerely

Elizabeth Hart

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

* PBAC November 2019 PBAC Meeting - Positive Recommendations - recorded in the 'positive' report because the vaccine was approved for Aboriginal and Torres Strait Island children and children, and adults with medical conditions associated with increased risk of IMD.

 **Coronavirus - WHO 2.pdf**
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