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## Peter Doherty - why did you call for children to be jabbed with defective COVID-19 'leaky vaccines'?

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

Wed, Aug 31, 2022 at 3:41 PM

**Peter Doherty, a Laureate professor and patron of the Doherty Institute, insists that children have to be jabbed with defective Covid-19 'leaky vaccines', despite the fact children are not at serious risk of Covid-19.**

I'm challenging Peter Doherty on this matter, please see my email below, which also includes my *BMJ* rapid response **Is it ethical to vaccinate children to protect the elderly?** published in August 2020.

It's shocking that children are being repeatedly jabbed with flu and Covid jabs they don't need to purportedly protect the elderly.

What sort of society do we live in that sacrifices the naturally effective immune response of the young, to supposedly protect the old?

The older generation is not going to come out of this manufactured crisis at all well, what an appalling lack of leadership on their part in failing to stand up and defend the young.

The medical 'profession' that has participated in this experimental assault on the young and others without valid informed consent could be facing interesting times ahead, if there is any justice in this deeply corrupted world, along with the seriously conflicted scientific establishment.

As for the politicians, bureaucrats and media who have facilitated this grossly exploitative experiment in Australia and around the world, I hope they see their day in court for what they have done.

**Elizabeth Hart**

Independent researcher investigating the over-use of vaccine products and conflicts of interest in vaccination policy  
[vaccinationispolitical.net](http://vaccinationispolitical.net)

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

Date: Mon, 29 Aug 2022 at 5:57 pm

Subject: Peter Doherty - why did you call for children to be jabbed with defective COVID-19 'leaky vaccines'?

To: Peter Doherty <pcd@unimelb>

Cc: <andrew.pollard@paediatrics.ox>, Gus Dalgleish <dalgles@sgul>, <jioannid@stanford>, <j.mcvernon@unimelb>, <neil.ferguson@imperial>, <gcsa@go-science>, <c.whitty@nhs>, Sharon Davies <sdavies@bmj>, Peter Doshi <pdoshi@bmj>, Kamran Abbasi <kabbasi@bmj>, Theodora Bloom <tbloom@bmj>, <allyson.pollock@ncl>, <simon.wain-hobson@pasteur>, <ebright@waksman.rutgers>, <mlipsitc@hsph.harvard>, <mto@umn>, <tinglesby@jhu>, <carl.heneghan@phc.ox>, <michael.levitt@stanford>, <mkulldorff@bwh.harvard>, Jayanta Bhattacharya <jay@stanford>, <karol.sikora@buckingham>, <johan.giesecke@ki>, Ian Frazer <i.frazer@uq>, Collignon, Peter (Health) <peter.collignon@act>, Peter Collignon <collignon.peter@>, <roy.anderson@imperial>, <p.openshaw@imperial>, <president@royalsociety>, <dcannadi@princeton>, V. Ramakrishnan <ramak@rcm-lmb.cam>, <InstituteDirector@turing>, <chris.conlon@ndm.ox>, Prof Robert Clancy <robert.clancy181@>, <sunetra.gupta@zoo.ox>, <Heidi.Larson@lshtm>, <graham.medley@lshtm>, <melinda.mills@sociology.ox.>, <regius@medsci.ox>, <dak30@psu>, Peter A. McCullough <PeterAMcCullough@>, Nick Hudson <nick.hudson@pandata>, Emma McArthur <ejminoz@>, <anthony.harnden@phc.ox>, <Adam.Finn@bristol>, <adrian.hill@ndm.ox>, <sarah.gilbert@ndm.ox>, <president@science>, Geert Vanden Bossche <geert.vandenbossche@>, Robert Malone (rwmalonemd@) <rwmalonemd@>, Jonathan Engler <jengler@>, <a.read@psu>, Bret Weinstein <bret.weinstein@>, Tess Lawrie <tess@e-bmc>, <fionagodlee@>, <david.oliver@rcplondon>, <jonathan.ball@nottingham>, <eleanor.riley@ed>, Christopher Goodnow <c.goodnow@garvan>, <media@rcp>, John Shine <j.shine@garvan>, Brendan Crabb <brendan.crabb@burnet>, Sharon Lewin <sharon.lewin@unimelb>, <kathryn.north@unimelb>, <john.edmunds@lshtm>, Norman Fenton <n.fenton@qmul>, <robert.dingwall@ntu>

**For the attention of:**

**People influential on public health/vaccination policy via the scientific and medical establishment (and other interested parties)**

**Peter Doherty, Laureate Professor**

**Patron of the Peter Doherty Institute for Infection and Immunity**

Peter Doherty, in my email dated 7 September 2021 (see at the bottom of this thread), I challenged you about your demand that **"Children aged five and under will have to be vaccinated if Australia is going to defeat the COVID-19 Delta variant"**, as reported on *The Canberra Times* on 24 August 2021, see: **Nobel-winning immunologist Peter Doherty says children under five must get COVID-19 vaccine** (copy also attached.)

It appears you have sought to influence taxpayer-funded vaccination policy with your statements in *The Canberra Times* in August 2021, e.g. that "kids had to be factored into the vaccination strategy as soon as possible". You said: "I think we should be going ahead with vaccinating down to age 12 as soon as we get enough surplus vaccine, but by October we should have the safety data on vaccinating down to age five and certainly even younger by the end of the year".

But the Australian Technical Advisory Group on Immunisation (ATAGI) has acknowledged that **"Most children with SARS-CoV-2 infection are asymptomatic or experience a mild illness. Those who are symptomatic typically have a short illness with a median duration of 5 days..."** ATAGI also notes that **"...children aged 5-11 years...were the least likely of all age groups to require hospitalisation or ICU admission for COVID-19..."** ATAGI also notes **"Deaths in children due to COVID-19 are rare. Data from the United Kingdom suggest that 2 per every 1 million children infected with the virus died of COVID-19."** See: [ATAGI recommendations on the use of the paediatric Pfizer COVID-19 vaccine in children aged 5 to 11 years in Australia](#), 21 February 2022.

ATAGI also acknowledges **"The very low risk of severe COVID-19 (e.g. hospitalisation due to COVID-19) in healthy children aged 6 months to <5 years. This age group is one of the least likely age groups to require hospitalisation due to COVID-19. Among the small number who are hospitalised or who die due to COVID-19, underlying medical conditions or immunocompromise are frequently present."** See: [ATAGI recommendations on COVID-19 vaccine use in children aged 6 months to <5 years](#), 3 August 2022.

Peter Doherty, **most children aren't at serious risk with COVID-19** - but now, [according to Australian government statistics](#), **around two million children in Australia have been deliberately jabbed with defective COVID-19 'leaky vaccines', against a disease which poses little or no threat for them, potentially compromising their own naturally effective immune response.**

**How has [valid informed consent](#) been obtained from parents/carers for this medical intervention?** Why would parents/carers agree to defective COVID-19 'leaky vaccines' that don't prevent infection nor transmission for their children, if they were properly informed of the low risk of SARS-CoV-2 for children? It's bewildering! What is going to happen now to these children who've been jabbed - **are they going to be jabbed every four months or so - for life!?!?** Who knows? As [former Australian health minister Greg Hunt](#) admitted in February 2021 **"The world is engaged in the largest clinical trial, the largest global vaccination trial ever..."** Who knew? **How many people knew they were participating in a global experiment when they and their children submitted to these defective 'leaky vaccines'?**

**How has this gross example of exploitation via 'over-treatment'/over-vaccination been allowed to happen? Is the goal to hook children for the benefit of the vaccine industry and facilitate a multi-billion dollar vaccine market?**

Peter Doherty, I first raised this matter with you in September 2020, when I said to you: **"I question whether it's ethical to implement global coronavirus vaccination, particularly as children and young people and others do not seem to be too adversely affected?"** and shared with you my *BMJ* rapid response: [Is it ethical to vaccinate children to protect the elderly?](#)

See our email correspondence in September 2020 below.

**I continue to question the implementation of COVID-19 'leaky vaccines' Peter Doherty, and I again bring to your attention my *BMJ* rapid response published in August 2020, i.e. (Highlighting added.)**

## **[Is it ethical to vaccinate children to protect the elderly?](#)** *(Check the link for full *BMJ**

*rapid response with references.)*

Dear Editor

In his rapid response, Dr Anand says "Are drugs, including vaccines and blood products, monitored conscientiously by the good doctors? I believe not."<sup>[1]</sup>

I also have my doubts in regards to doctors conscientiously monitoring the growing number of vaccine products being pressed upon the community.

There are many vaccine products on the burgeoning vaccination schedule for children, including annual flu vaccination, and now fast-tracked coronavirus vaccination is looming.

Do any doctors wonder about the extraordinary number of vaccinations and revaccinations given to children nowadays? We have no idea of the long-term cumulative effects of this ever-increasing vaccine load.

I was astonished recently to read in The Guardian that children in the UK are given the nasal spray flu vaccine to protect their grandparents, even though children do not often get severe flu.[2]

This was acknowledged by Professor Peter Openshaw, from Imperial College London, one of the members of the UK's Sage scientific advisory sub-group Nervtag, during a House of Lords science and technology committee meeting in June to discuss COVID-19 vaccine development.

And now there are plans afoot to vaccinate children against SARS-CoV-2/COVID-19 to protect the elderly.

According to The Guardian article "A vaccine against Covid-19 may not work well in older people who are most at risk of becoming seriously ill and dying from the disease..." and this "may mean immunising others around them, such as children".

It's been reported that most paediatric cases with laboratory-confirmed SARS-CoV-2 infection are mild and severe COVID-19 disease in children is rare. (See comment published in The Lancet Child & Adolescent Health[3])

How can it be ethical to vaccinate mass populations of children against SARS-CoV-2 to protect the elderly if most SARS-CoV-2 infections in children are mild, and severe COVID-19 disease in children is rare?

How can it be ethical to vaccinate mass populations of children against flu if children do not often get severe flu?

Vaccinations are medical interventions which have risks. It seems to me unethical to vaccinate someone against a disease which is not a significant threat to them to protect others, e.g. the elderly. This is a particularly serious matter to consider in countries which have coercive vaccination policies, e.g. Australia and the United States.

And now Reuters reports "AstraZeneca has been granted protection from future product liability claims related to its COVID-19 vaccine hopeful by most of the countries with which it has struck supply agreements..."

According to Reuters, Ruud Dobber, a member of Astra's senior executive team, said "This is a unique situation where we as a company simply cannot take the risk if in...four years the vaccine is showing side effects".[4]

So AstraZeneca has been granted protection from future product liability, and children around the world will be left with the risk of side effects in order to supposedly protect the elderly.

In my opinion this is not ethical.

What do doctors think about this, about vaccinating children with flu vaccines and future coronavirus vaccines to supposedly protect the elderly?

This is not to negate the risks of flu and SARS-CoV-2 for the elderly, but efforts should be concentrated on finding medications to help them directly, children's right to their own natural defences should not be sacrificed in this regard.

Can Fiona Godlee and Rapid Recommendations editors please urgently consider this matter?

**Again Peter Doherty, how could you call for children to be deliberately jabbed with defective COVID-19 'leaky vaccines', against a disease which is of little or no threat to them?**

**Do you think it's ethical to press medical interventions upon people for which they are of little or no benefit?**

Sincerely

**Elizabeth Hart**

Independent researcher investigating the over-use of vaccine products and conflicts of interest in vaccination policy  
[vaccinationispolitical.net](http://vaccinationispolitical.net)

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

From: **Peter Doherty** <[pcd@unimelb](mailto:pcd@unimelb)>

Date: Sun, Sep 27, 2020 at 12:27 PM

Subject: Re: [EXT] Coronavirus vaccination - Is it ethical to vaccinate children to protect the elderly?

To: Elizabeth Hart <[elizmhart@gmail.com](mailto:elizmhart@gmail.com)>

Cc: Teresa Rispoli <[trispoli@unimelb](mailto:trispoli@unimelb)>

Thanks Elizabeth,

I'm holding any further serious commentary on vaccines until we start to see some results re safety and efficacy from the current Phase 3 trials. For the next few weeks of my Setting it Straight Series on our website <https://www.doherty.edu.au/news-events/setting-it-straight> I'll be focusing on the T cell response. I'll keep a copy of your e-mail at hand and will look at the argument in detail when I start to write about vaccines which will, I anticipate, be the subject for 3-4 850 word essays. Stay safe and well,

Peter C Doherty

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The University of Melbourne

at the Doherty Institute

792 Elizabeth St, Melbourne

Vic 3000 Australia

Tel (61) 3 8344 7968

Also at [peter.doherty@](mailto:peter.doherty@)

[@ProfPCDoherty](mailto:@ProfPCDoherty)

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**From:** Elizabeth Hart <[elizmhart@gmail.com](mailto:elizmhart@gmail.com)>

**Date:** Sunday, 27 September 2020 at 10:41 am

**To:** Peter Doherty <[pcd@unimelb](mailto:pcd@unimelb)>

**Subject:** [EXT] Coronavirus vaccination - Is it ethical to vaccinate children to protect the elderly?

[UoM notice: External email. Be cautious of links, attachments, or impersonation attempts]

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**For the attention of:**

Laureate Professor Peter Doherty

Patron of the Doherty Institute

Dear Professor Doherty, it's astonishing to see the 'race for coronavirus vaccines' currently underway, apparently at the behest of software billionaire Bill Gates.[1]

**Have public health authorities properly considered the implications of implementing fast-tracked experimental coronavirus vaccine products across the global population, probably on an annual basis?**

This is an extraordinary development on the back of a virus that appears to not be a threat to most people.

Professor Doherty, I question whether it's ethical to implement global coronavirus vaccination, particularly as children and young people and others do not seem to be too adversely affected?

In this regard, I request you consider my argument in my recent rapid response published on The BMJ, see the link for references - [Is it ethical to vaccinate children to protect the elderly?](#) i.e.

I was astonished recently to read in The Guardian that children in the UK are given the nasal spray flu vaccine to protect their grandparents, even though children do not often get severe flu.

This was acknowledged by Professor Peter Openshaw, from Imperial College London, one of the members of the UK's Sage scientific advisory sub-group NERVTAG, during a House of Lords science and technology committee meeting in June to discuss COVID-19 vaccine development.

And now there are plans afoot to vaccinate children against SARS-CoV-2/COVID-19 to protect the elderly.

According to The Guardian article "A vaccine against Covid-19 may not work well in older people who are most at risk of becoming seriously ill and dying from the disease..." and this "may mean immunising others around them, such as children".

It's been reported that most paediatric cases with laboratory-confirmed SARS-CoV-2 infection are mild and severe COVID-19 disease in children is rare. (See comment published in The Lancet Child & Adolescent Health.)

How can it be ethical to vaccinate mass populations of children against SARS-CoV-2 to protect the elderly if most SARS-CoV-2 infections in children are mild, and severe COVID-19 disease in children is rare?

How can it be ethical to vaccinate mass populations of children against flu if children do not often get severe flu?

Vaccinations are medical interventions which have risks. It seems to me unethical to vaccinate someone against a disease which is not a significant threat to them to protect others, e.g. the elderly. This is a particularly serious matter to consider in countries which have coercive vaccination policies, e.g. Australia and the United States.

And now Reuters reports "AstraZeneca has been granted protection from future product liability claims related to its COVID-19 vaccine hopeful by most of the countries with which it has struck supply agreements..."

According to Reuters, Ruud Dobber, a member of Astra's senior executive team, said "This is a unique situation where we as a company simply cannot take the risk if in...four years the vaccine is showing side effects".

So AstraZeneca has been granted protection from future product liability, and children around the world will be left with the risk of side effects in order to supposedly protect the elderly.

In my opinion this is not ethical.

What do doctors think about this, about vaccinating children with flu vaccines and future coronavirus vaccines to supposedly protect the elderly?

This is not to negate the risks of flu and SARS-CoV-2 for the elderly, but efforts should be concentrated on finding medications to help them directly, children's right to their own natural defences should not be sacrificed in this regard.

Professor Doherty, given your influence on vaccination policy in Australia, I would appreciate your consideration of this matter and your response, which is relevant to international vaccination policy.

Yours sincerely

Elizabeth Hart

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

Reference:

1. According to Bill Gates: "Humankind has never had a more urgent task than creating broad immunity for coronavirus. Realistically, if we're going to return to normal, we need to develop a safe, effective vaccine. We need to make billions of doses, we need to get them out to every part of the world, and we need all of this to happen as quickly as possible." What you need to know about the COVID-19 vaccine. 30 April 2020: <https://www.gatesnotes.com/Health/What-you-need-to-know-about-the-COVID-19-vaccine> The Bill & Melinda Gates Foundation is currently the top donor of the World Health Organisation, with the BMGF founded-Gavi Alliance in fourth place, behind the United States and the UK. World Health Organization Contributors - updated until Q2-2020: <https://open.who.int/2020-21/contributors/contributor>

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

From: **Elizabeth Hart** <[elizmhart@gmail.com](mailto:elizmhart@gmail.com)>

Date: Tue, Sep 7, 2021 at 4:18 PM

Subject: Peter Doherty - Children aged five and under must have COVID-19 vaccination

To: Peter Doherty <[pcd@unimelb](mailto:pcd@unimelb)>

Cc: <[j.mcvernon@unimelb](mailto:j.mcvernon@unimelb)>, <[neil.ferguson@imperial](mailto:neil.ferguson@imperial)>, <[gcsa@go-science](mailto:gcsa@go-science)>, <[c.whitty@nhs](mailto:c.whitty@nhs)>, Fiona Godlee <[fgodlee@bmj](mailto:fgodlee@bmj)>, Sharon Davies <[sdavies@bmj](mailto:sdavies@bmj)>, Peter Doshi <[pdoshi@bmj](mailto:pdoshi@bmj)>, Kamran Abbasi <[kabbasi@bmj](mailto:kabbasi@bmj)>, Theodora Bloom <[tbloom@bmj](mailto:tbloom@bmj)>, <[allyson.pollock@ncl](mailto:allyson.pollock@ncl)>, <[jioannid@stanford](mailto:jioannid@stanford)>, <[simon.wain-hobson@pasteur](mailto:simon.wain-hobson@pasteur)>, <[ebright@waksman.rutgers](mailto:ebright@waksman.rutgers)>, <[mripsitc@hsph.harvard](mailto:mripsitc@hsph.harvard)>, <[mto@umn](mailto:mto@umn)>, <[tinglesby@jhu](mailto:tinglesby@jhu)>, <[carl.heneghan@phc.ox](mailto:carl.heneghan@phc.ox)>, <[michael.levitt@stanford](mailto:michael.levitt@stanford)>, <[mkulldorff@bwh.harvard](mailto:mkulldorff@bwh.harvard)>, Jayanta Bhattacharya <[jay@stanford](mailto:jay@stanford)>, Bhakdi, Sucharit <[sbhakdi@](mailto:sbhakdi@)>, Gus Dalgleish <[dalgleis@sgul](mailto:dalgleis@sgul)>, <[karol.sikora@buckingham](mailto:karol.sikora@buckingham)>, <[anders.tegnell@folkhalsomyndigheten](mailto:anders.tegnell@folkhalsomyndigheten)>, <[johan.giesecke@ki](mailto:johan.giesecke@ki)>, <[i.frazer@uq](mailto:i.frazer@uq)>, Collignon, Peter (Health) <[peter.collignon@act](mailto:peter.collignon@act)>, Peter Collignon <[collignon.peter@](mailto:collignon.peter@)>, <[roy.anderson@imperial](mailto:roy.anderson@imperial)>, <[p.openshaw@imperial](mailto:p.openshaw@imperial)>, <[president@royalsociety](mailto:president@royalsociety)>, <[dcannadi@princeton](mailto:dcannadi@princeton)>, V. Ramakrishnan <[ramak@mrc-lmb.cam](mailto:ramak@mrc-lmb.cam)>, <[InstituteDirector@turing](mailto:InstituteDirector@turing)>, Andrew Goddard <[Andrew.Goddard@rcplondon](mailto:Andrew.Goddard@rcplondon)>, <[chris.conlon@ndm.ox](mailto:chris.conlon@ndm.ox)>, Dan Sumners <[Dan.Sumners@rcplondon](mailto:Dan.Sumners@rcplondon)>, <[j.shine@garvan](mailto:j.shine@garvan)>, <[robert.clancy181@](mailto:robert.clancy181@)>, <[sunetra.gupta@zoo.ox](mailto:sunetra.gupta@zoo.ox)>, <[Heidi.Larson@lshtm](mailto:Heidi.Larson@lshtm)>, <[graham.medley@lshtm](mailto:graham.medley@lshtm)>, <[melinda.mills@sociology.ox](mailto:melinda.mills@sociology.ox)>, <[regius@medsci.ox](mailto:regius@medsci.ox)>, <[dak30@psu](mailto:dak30@psu)>, <[a.read@psu](mailto:a.read@psu)>, Peter A. McCullough <[PeterAMcCullough@](mailto:PeterAMcCullough@)>, Nick Hudson <[nick.hudson@pandata](mailto:nick.hudson@pandata)>, <[andrew.pollard@paediatrics.ox](mailto:andrew.pollard@paediatrics.ox)>, <[jamesm@unimelb](mailto:jamesm@unimelb)>, <[tom.kompas@unimelb](mailto:tom.kompas@unimelb)>, <[zoe.hyde@uwa](mailto:zoe.hyde@uwa)>, <[quentin.grafton@anu](mailto:quentin.grafton@anu)>, Emma McArthur <[ejminoz@](mailto:ejminoz@)>

**For the attention of:**

Laureate Professor Peter Doherty

Patron of the Peter Doherty Institute for Infection and Immunity

Professor Doherty, [it's reported](#) you have said "**Children aged five and under will have to be vaccinated if Australia is going to defeat the COVID-19 Delta variant**". (See copy of article attached.)

**How on earth can you call for children to have covid injections, to purportedly protect against a virus which is of little or no risk to them, and to interfere with their own effective natural defences against the virus?**

In [her letter](#) to the SA Commissioner for Children and Young People, Emma McArthur notes: "**For children, the risk of dying from COVID-19 is close to zero and it is less dangerous to them than influenza...They are also less likely to get symptoms of COVID-19 and a vast body of literature shows that children are not major drivers of transmission.**" (See referenced letter attached.)

Professor Doherty, **are you deliberately trying to set up children for covid injections for life, with so-called 'vaccines' that apparently don't prevent infection nor transmission, and with unknown duration of 'immunity'? Are you trying to make children dependent upon the lucrative vaccine industry for life, with who knows what long-term consequences from this experiment?**

**How can you threaten to steal children's natural defences against the virus - is this ethical?**

I request your urgent response on this matter of vital public interest.

Sincerely  
Elizabeth Hart

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

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**3 attachments**



**IMG-5056.JPEG**  
152K

 **Nobel-winning immunologist Peter Doherty says children under five must get COVID-19 vaccine.pdf**  
173K

 **sa-childrens-commissioner-06-08-2021.pdf**  
260K