



*Open letter to Australian medical and political leaders – The Covid19 vaccine situation – Dec 2021*

## **Open letter to Australian leaders**

### **Preventing vaccine injury in children**

To: **Professor John Skerritt**, Deputy Secretary, Health Products Regulation Group, Therapeutics Goods Administration and Office of Drug Control.

The **Hon Greg Hunt** MP, Minister for Health and Aged Care,

The Senator the **Hon Michaelia Cash**, Attorney General,

The **Hon Scott Morrison** MP, Prime Minister.

cc. **Prof Allen Cheng**, Co-chair ATAGI

**Re: COVID-19 vaccine roll-out to Australian children**

**from 10 January 2022**

#### **Purpose:**

To urge the Australian Government and the Therapeutic Goods Administration (TGA) to take immediate action to prevent harm to Australian children in light of the new disclosures of risk from *Pfizer*, and the availability of protein and attenuated virus based vaccine alternatives.

#### **Keeping children safe**

Medical and government leaders in Australia were faced with a global pandemic and a need to respond to protect the Australian people. In light of this, the emphasis on expeditiously providing vaccines for Australians was undertaken with the best of intentions. Worldwide, government recognised the need to respond rapidly to reduce the likelihood of illness and death.

The authors of this letter are cognisant of the enormous burden of responsibility this created for those leading these efforts. At the outset it was often necessary to rely on assumptions, in the absence of established data and a known history of the disease.



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Across the globe, public health and medical research experts have continued to gather data as rapidly as possible, to inform decision making and ensure optimal outcomes for their citizens.

It came as a huge surprise recently, to discover evidence that *Pfizer* knew about a whole range of adverse events likely connected to their product; a novel gene-based vaccine that departs radically from all prior vaccine technologies. This arose from a freedom of information request to the FDA, which resulted in a court determining the immediate release of the information was in the public interest.

This new information has particular implications for the roll-out of the gene-based, experimental, investigational, provisionally registered vaccines to preteen children from 10 January 2022.

The [Pfizer document](#) is entitled:

*5.3.6 CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021 (See Attachment 1).*

It appears the reported adverse events predate the vaccine roll-out in Australia. The report itself was finalised by *Pfizer* on 30 April 2021, a couple of months after the Australian roll-out commenced.

This report reveals that *Pfizer* were well aware of a vast array of previously unknown vaccine adverse events, including 1200+ deaths compiled in a period of only 10 weeks. *Pfizer* conceded this is “a large increase” in adverse event reports and it is apparent this significant volume of adverse events is not the full story. Over 100+ conditions are listed, many of which are very serious.

These medical conditions include:

- cardiac diseases,
- haematological conditions,
- renal conditions,
- autoimmune disorders,
- and neurological conditions.



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There is strong evidence to suggest that *Pfizer* has withheld vital information from the Australian governments (and the broader international community) on the adverse events associated with its gene-based vaccines.

*Pfizer* provided a [product information document](#) for [informed consent](#) for its product, which provided assurance regarding the safety profile (see Attachments 2 & 3). The *Pfizer* vaccine was officially declared “safe and effective” by Australian governments, who accepted assurances regarding the safety of the gene-based vaccines (from *Pfizer*, the US Centre for Disease Control (CDC) and the US Food and Drug Administration (FDA)), and actively encouraged millions of Australians to accept this medical treatment.

## **Children and gene-based vaccines**

It is widely recognised and not contested that children are at low risk of serious illness from Covid-19. Children **are** vulnerable to myocarditis from mRNA vaccines. In addition, now that we have new information on novel gene-based vaccine adverse events, this provides significant warnings and safety signals.

The risk/benefit ratio in children, which was not in favour of Covid-19 vaccination originally, is now very likely to be very negative by any reasonable assessment. A [Physicians and Medical Scientists Declaration](#) lists 38 scientific papers as [supporting evidence](#) for this view (Attachment 4).

For small subgroups of children who might be at higher risk of serious illness from Covid-19 due to comorbid conditions, the need for vaccination is present but the risk/benefit ratio is likely to be more favourable with Covid-19 protein-based and attenuated virus based vaccines. These vaccines are based on decades of known technology, and the Australian Government has purchased a supply of protein based vaccines.



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## **Emerging concerns about mRNA vaccine safety**

The *Pfizer* document outlined that there were 1,200+ vaccine related deaths in the first 10 weeks of the roll-out.

Increasingly, alarming safety signals are emerging from national pharmacovigilance systems. It is of note that the death rate attributed to the gene-based vaccines, based on official adverse event reporting databases is currently: 19,886 in the USA as of 3rd December, 2021 (VAERS data); 1,822 in the UK as of 1st December, 2021 (Yellow Card Data); and, 8,076 in the EU as of 1st December, 2021 (EudraVigilance data).

With these databases there is a historical record of coincidental morbidity and mortality reports that are unlikely to be causally related to vaccines. However, now with the gene-based Covid-19 vaccines the rate of death reports are orders of magnitude greater than for previous vaccines.

The international databases are in step with the *Pfizer* data.

## **Potential for significant liability**

The Commonwealth engaged with all the major pharmaceutical companies in good faith, based on the assumption that regulatory approvals by the FDA and CDC were subjected to due diligence, given that the result would be safe vaccines for the world.

It is widely known that the Commonwealth was obliged to indemnify the pharmaceutical companies, as part of the contract negotiations. The Commonwealth has further indemnified medical practitioners and vaccine administrators.

After 10 January 2022, an entire new cohort of Australian children will have access to these gene-based vaccines, which differ radically from usual protein-based and attenuated virus based childhood vaccines. Given the great success of the Commonwealth's campaign, it is likely that take up will be very high amongst parents anxious to afford the same protection they feel they now have. In the light of this new *Pfizer* data, it appears not to be contentious to say that Australian children will be harmed by this product.



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## Rapid review

We urge you to take immediate steps to undertake a rapid assessment of the implications of this new information.

### Request:

1. In the light of the new *Pfizer* data release, we request that you suspend the availability of these gene-based vaccines for all children immediately.
2. We request to meet together with you as a matter of urgency.
3. We please request a response, by 28<sup>th</sup> December 2021 c/- [drsconcerned4children@protonmail.com](mailto:drsconcerned4children@protonmail.com) .

This letter is signed by the following organisations representing thousands of doctors, nurses and allied health practitioners, including many eminent in their fields.

On behalf of:

**Australian Medical Professionals Society** ( <https://amps.redunion.com.au/> )

**Nurses Professional Association of Australia** ( <https://npaa.redunion.com.au/> )

**Nurses Professional Association of Australia** ( <https://npaq.redunion.com.au/> )

**Covid Medical Network** ( <https://www.covidmedicalnetwork.com/> )

**Queensland Health Practitioners Alliance** ( <https://qhpa.org/> )

**World Council for Health** ( <https://worldcouncilforhealth.org/> )