Dear Dave,

My name is Hamish Corlett. I am a resident of Bellevue Hill. All the views expressed in this letter are my views alone and do not represent the views of anyone or anything I am associated with.

I would like to acknowledge the incredibly challenging task our political and public health leaders have been faced with over the last 18 months with respect to COVID-19. I would like to express my support for making the current COVID-19 vaccines[1] widely and freely available to everyone that wants them. They have proven to be a highly effective tool to protect against severe illness and mortality from COVID-19 for many people.

I am writing to share my views on the ethics of COVID-19 vaccine mandates, coercion and passports. I emphasise that the purpose of this letter is to specifically address the ethical issues associated with these measures. I am advocating for each individual and parents' right to make their own choice, free from mandates or coercion. I am in no way advocating either for or against the COVID-19 vaccines for any particular individual.

I strongly believe that every individual's choice to vaccinate needs to consider not only themselves but the broader community. We have an obligation to protect each other, especially the most vulnerable amongst us. This obligation to each other also needs to be balanced with our individual liberties and autonomy. These civil liberties are the bedrock of our nation.

The path we appear to be going down as a nation, in terms of vaccine mandates, passports and coercion, raises incredibly important ethical issues. Whist COVID-19 poses short and long term health risks, so do the vaccines. The adverse event risks associated with the vaccines can be severe, including death. I believe forcing or coercing a medical procedure, onto an otherwise healthy person against their will, is unethical. I am particularly concerned about the types of measures being applied to our children and healthy young people. They are at extremely low risk of severe disease from COVID-19 and are disproportionately exposed to the potential long-term unknown risks associated with the COVID-19 vaccines.

Finally, I am also writing to express my deep concerns about the divide the current path is creating between "the vaccinated" and "the unvaccinated". I believe it is inherently destructive and unjust. I can only see it ending badly for our country.

I strongly believe that we are a selfless, compassionate, intelligent and courageous nation. I believe we can achieve optimal public health outcomes without mandates and coercion. My experience talking to both Australians choosing to vaccinate and those choosing not to vaccinate at this time is that they share common goals, namely: What is the best decision for my personal health, the health of my family and the health of my community?

I believe Sweden provides an instructive model of what is possible in Australia. Sweden, a country of 10 million people, is currently experiencing approximately 1,000 cases of COVID-19

per day. Hospitalisation and ICU rates have been at manageable levels and case fatality rates have been very low for a number of months.[2] Despite vaccination for COVID-19 being completely voluntary, over 70% of the eligible population has been fully vaccinated. This is steadily increasing with 82% having had a single dose.[3] Throughout the pandemic, schools have remained open without masks, social distancing or vaccination.

I cannot imagine many more important issues than these. People's livelihoods and lives are on the line. How we deal with these ethical issues will define what kind of country we want to be: One that divides and uses brute force on its people to achieve outcomes; or one that is built on unity, freedom and the love and trust we have for one another.

A Person's Right to Autonomy and Consent

Two fundamental principles of bioethics are a person's rights to autonomy and consent. These rights are enshrined in the Universal Declaration on Bioethics and Human Rights agreed to by all members of UNESCO, of which Australia is one.[4]

Firstly, a person should have autonomy of thought, intention and action when making a decision about a medical intervention.[5],[6] Their decision-making process must be free from coercion. Secondly, any medical intervention is only to be carried out with the prior, free and informed consent of the person concerned and may be withdrawn at any time without disadvantage or prejudice.

There are short and long term health risks of severe illness including death from COVID-19. Likewise, there are short and long term risks for severe adverse events including death from the current COVID-19 vaccines. There is widescale documentation globally of hundreds of thousands of adverse events associated with these vaccines.[7],[8] Many of those adverse events can be severe, including death. The Federal Government's agreements with Pfizer and AstraZeneca to indemnify them against liability for "inevitable" severe adverse events are a tacit acknowledgement of these risks.[9]

In Australia, as at 17 August 2021, almost 50,000 adverse events associated with the COVID-19 vaccines have been reported to the Therapeutics Goods Administration (TGA) including 465 deaths.[10] Over the same time period, we have had 11,207 cases of COVID-19 and 56 deaths. Without lockdowns and the COVID-19 vaccines, the deaths associated with COVID-19 would likely be materially higher but, nonetheless, they do provide some context to the adverse events statistics. Also, we do not know how many of the deaths associated with the vaccines were caused by the vaccines but, until we can definitively answer that question, I believe mandates are unconscionable. I note we also do not know how many people died *from* COVID-19 versus *with* COVID-19.

In the WHO's guidance note on "COVID-19 and mandatory vaccination" sufficient evidence on safety is required to consider mandatory vaccination. The long-term safety consequences of these vaccines are unknown. These are vaccines developed in the last 18 months with new genetically based vaccine technology.[11],[12] No one knows the long-term safety consequences. The TGA acknowledges the "unknown longer safety" in its assessment reports of the vaccines.[13],[14] This unknown risk is particularly important as the current evidence suggests that vaccine effectiveness is rapidly declining within 4-6 months.[15][16][17] It appears that maintaining efficacy will require booster shots every 4-8 months. The potential cumulative toxicity of these vaccinations every six months over the course of years is unknown.

In my opinion, to mandate or coerce a medical intervention, on an otherwise healthy person against their free will in the face of these short-term and long-term risks, is unethical.

Let's say it's your son or daughter that loses their life due to a severe adverse event associated with a vaccine they didn't want to get. Is that a price you would be willing to pay in the name of a public health policy? How would you explain a death to a wife, husband, or child - knowing that they had reasonable concerns and they were coerced to get the vaccine against their will. As a member of this community, this situation is totally unacceptable to me.

Where there is risk of severe adverse events, there must be choice free from coercion and mandates.

To be clear – I am not saying people should not get vaccinated; I am just saying they should not be forced to get vaccinated or persecuted for not getting vaccinated.

Risk/Benefit of Vaccination

A second major ethical issue I have is coercing or mandating subsets of the population to get vaccinated when the risk/benefit for that group does not stack up or is marginal.

The risk of severe illness or mortality from COVID-19 varies greatly depending on age and comorbidities.[18],[19],[20] The risk/benefit for children and young people with no comorbidities is vastly different to older people with comorbidities.[21] Many leading, world-renown researchers and clinicians argue that the benefits of mass vaccination of our children *do not* outweigh the risks.[22],[23],[24] The public health advisory bodies of several countries, such as the UK and Sweden, have also not recommended the COVID-19 vaccines for healthy children, preferring a precautionary approach due to very low risk of severe illness and the potential harms of vaccination.

Despite these significant variances based on age and comorbidities, I am concerned that we are going down a path that is mandating or coercing vaccines for all as though the risk/benefit profile is uniform across the population. Of particular grave concern to me are these measures being applied to children and young people.

1. The risks of severe illness or death for children and young people due to COVID has shown to be extremely low.[25] At this stage, disease caused by variants of concern is generally very mild.[26],[27] For otherwise healthy kids and young people, risk of severe illness is less than many other harms such as influenza.[28],[29],[30],[31] The very low risk profile for children and young people has been demonstrated by countries such as Norway and Sweden that have very successfully kept schools open throughout the pandemic without COVID-19 vaccinations, social distancing or masks.[32],[33]

2. There is an increasing evidence base that natural immunity is as good as or better than the vaccines to protect against COVID for most people.[34],[35],[36],[37],[38] A recent study in Israel "demonstrated that natural immunity confers longer lasting and stronger protection against infection, symptomatic disease and hospitalization caused by the Delta variant of SARS-CoV-2, compared to the BNT162b2 [Pfizer] two-dose vaccine-induced immunity."[39] That is not to say people should not get vaccinated or seek infection. But it is a critical consideration in assessing the risk/benefit of a vaccine from both an individual and community immunity perspective, especially for children and young people who are at extremely low risk of developing severe illness.

3. The unknown long-term safety of these vaccines is clearly a critical issue when considering vaccinating children, especially in the context of the unknown cumulative toxicity of booster shots every 6 months for years to come.

Due to these factors, I believe mandates or coercion to vaccinate children and young people are unwarranted and could lead to deleterious public health outcomes. Again – I am not advocating against vaccines for children and young people. If parents and young people choose to vaccinate, that is their right. Given the nature of the risk/benefit of vaccination for children and young people with no comorbidities, I believe it should be an individual's choice, free from coercion.

Some argue that children and young people should vaccinate as it is in the best interest of the broader community. I believe it is unethical to coerce parents to vaccinate their children or force it on young adults if the risk/benefit does not stack up for them. If not, we are forcing our children and young people to take on *potential* significant risk for the *potential* benefit of another group in the population with no significant benefit to them. That is something I believe is fundamentally wrong in this instance.

In any case, I believe the potential benefits to the broader community of mass vaccination of children and young people are marginal at best. In fact, given the evidence on the effectiveness of natural immunity to protect against severe illness and hospitalisation, there is a strong argument that it could be more optimal for overall public health for young people not to vaccinate.

Best Interests of the Community

The decision to be vaccinated is not just about the individual; it's also about the community. In this situation, we clearly have to carefully balance the best interests of the community with the rights and freedoms of the individual.

Again, I strongly believe that we are a selfless, compassionate, intelligent and courageous nation. I believe that if the long-term risk/benefit for the community was overwhelmingly clear, coercion and mandates would not be necessary. I believe the vast majority of people who are vaccine-hesitant or choose not to vaccinate are both deeply caring about the community and have very valid and selfless reasons for their stance.

Community Transmission

Some argue that children and young healthy people should get vaccinated to reduce transmission. Putting the ethics of this argument aside, prima facie this seems logical and may make a difference. However, data from more vaccinated countries would suggest the difference might only be marginal at best.

Firstly, there is evidence to suggest that children seem to be less susceptible than adults to both infection and transmission of SARS-CoV-2.[40] Secondly, as the UK's Joint Council of Vaccination and Immunisation point out, "any impact on transmission [of vaccinating children] may be relatively small, given the lower effectiveness of the vaccine against infection with the Delta variant."[41] For example, in Israel, one of the most widely vaccinated populations, transmission continues with cases at all-time highs.[42] The vast majority of these cases are breakthrough – people who are fully vaccinated. There is now clear evidence that the current vaccines do not stop transmission and vaccinated people can carry meaningful viral load.[43],[44]

In my opinion, the potential benefit of lower community transmission is not compelling enough to warrant mandating or coercing mass vaccination of children and young people.

Hospitalisation

Some also argue that children and young healthy people should get vaccinated to reduce risk of hospitals becoming overloaded. As previously mentioned, age and comorbidities are the key drivers of hospitalisation, severe illness and mortality.

In the US, 78% of total deaths attributed to COVID-19 are over the age of 65.[45] In Australia, over 95% of deaths are over the age of 60. In Sweden and Canada, 80-90% of hospitalised and intensive care cases are over the age of 40.[46],[47] Currently in NSW, almost 80% of COVID-19 cases in the ICU are over the age of 40.[48] Regarding comorbidities, a recent study of almost 550,000 adults with severe illness due to COVID-19 showed that 95% had at least one comorbidity.[49]

At this stage, the data would suggest that mass vaccination of children and young healthy people will make immaterial difference to hospital case load.

Ethical Questions for Mandatory or Coercive Vaccination

The ethical argument for forcing people to vaccinate is primarily based on a "do no harm" principle – i.e. even if I do not want to get vaccinated, I am willing to do that for the benefit of others. If we are to ask our fellow Australians to go down that path – to take personal risk for the benefit of all – I believe we need to answer a range of questions such as those below (some of which are addressed in the WHO guidance note previously mentioned):

- Could SARS-CoV-2 be eradicated by a mass vaccination program?
- Do the current COVID-19 vaccines stop infection or transmission?
- Is the risk/benefit profile of the vaccines compelling across different subsets of the population?
- Do the vaccines offer lifelong or, at least, long-term durable protection?
- Can high vaccination rates be achieved without mandates, coercion and vaccination status segregation?
- Is vaccine immunity significantly superior to natural immunity in terms of disease severity, hospitalisation and mortality?
- Is there sufficient evidence to suggest that other public health risks associated with mass vaccination programs are acceptable (such as antibody dependent enhancement and vaccine resistance)?[50],[51]

Ethics of Promoting a Two Class Society: the Vaccinated and Unvaccinated

Finally, in my opinion, the current policies being implemented to achieve the COVID-19 vaccine targets and the accompanying narrative are promoting divisiveness and polarisation in the community. My interpretation of this narrative is that vaccination is "the right thing" for all and vaccinated people should be praised, whereas the vaccine hesitant and those choosing not to vaccinate at this stage should be shamed, segregated and restricted within society. I believe the path we are currently going down attempts to promote a rift between "the vaccinated" and "the unvaccinated". There is a critically important ethical question for our political leaders to come to terms with: Is it ethical or optimal to drive a divide between Australians based on individual health choices in order to achieve the objectives of public health policies? I do not believe it is.

This path is destructive in its very essence. It polarises and tears apart relationships, families and communities. It causes people to become entrenched in their views rather than encouraging open dialogues with constructive debate and enabling people to easily change their mind when the facts change. It is a path that seems to censor and shame anyone that questions the prevailing narrative.

We need our State and Federal governments' to be incredibly cautious about committing to an ideology rather than a commitment to continually assess the situation dispassionately as more facts come to light. I believe we are dangerously tilted to an ideology whereby vaccines are the only answer for protecting each individual and the community from COVID-19. It seems that, as the days go on, commitment to this ideology is escalating. This creates a very concerning scenario. We are in a highly uncertain environment where the facts are changing constantly, but we are creating an environment where people will stick to their ideologies regardless of the facts – whether you are a politician, a public health official or an everyday Australian.

Finally, a myopic focus on vaccines also diverts attention from other critically important things we can do as a community to protect ourselves from COVID-19 as it evolves. This is a time to implement meaningful state and national programs to address major contributors to severe COVID-19 illness such chronic disease, isolation in the community and mental health as well as promoting powerful immune-supportive measures such as adequate sleep, diet and exercise.

It is not time to divide our nation. It is time to come together, to get stronger and healthier – physically, mentally and emotionally, and remind each other of the compassionate, devoted, big-hearted nation we know Australia to be.

Sincerely,

Hamish Corlett

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