

Informed Consent

**Is this the key to taking down
the House of Cards?**

Why was there a vaccine solution?

Against a disease it was admitted from the beginning wasn't a serious threat to most people...

January 2020

It “was an incredibly chilling moment because I realised that our lives were going to change completely during 2020. Straight away I was thinking that we needed a vaccine.”

Andrew Pollard and John Edmunds
in a French taxi...

5 March 2020

...a low-risk infection... even in the absence of a vaccine.

Nelson Michael,
US Department of Defense

9 March 2020

Illness due to COVID-19 infection is generally mild, especially for children and young adults.

WHO Q&A on coronaviruses

19 March 2020

As of 19 March 2020, COVID-19 is no longer considered to be an HCID [High consequence infectious disease] in the UK.

Public Health England

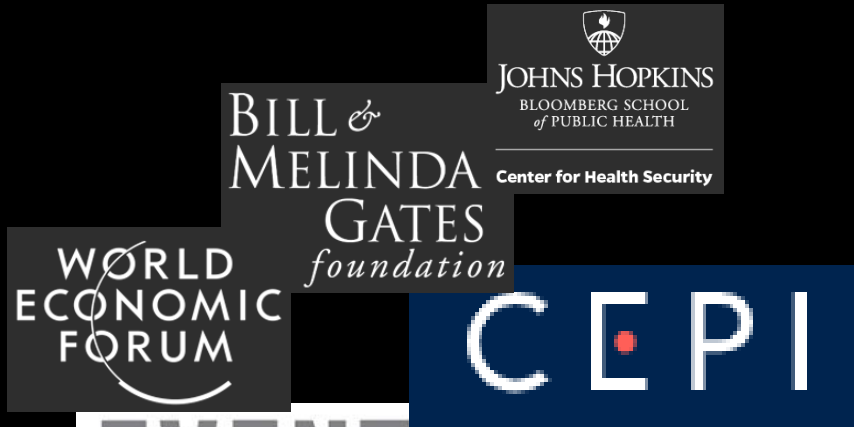
16 March 2020

The global impact of COVID-19 has been profound, and the public health threat it represents is the most serious seen in a respiratory virus since the 1918 H1N1 influenza pandemic...

Suppression of ‘the virus’ “will need to be maintained until a vaccine becomes available...”

Neil Ferguson et al
Imperial College Report 9
(NF funded by the Bill & Melinda Gates Foundation – *not disclosed*)





Heidi Larson
 Founding Director
 Vaccine Confidence Project
 London School of Hygiene &
 Tropical Medicine

WHO Global Vaccine Safety Summit
 2-3 December 2019

“At the Summit, WHO will present the Global Vaccine Safety Blueprint 2.0 strategy 2021-2030 to key stakeholders...”



Jane Halton
 Chair, CEPI

18 October 2019

A pandemic tabletop exercise “that simulated a series of dramatic, scenario-based facilitated discussions, confronting difficult, true-to-life dilemmas associated with response to a hypothetical, but scientifically plausible, pandemic.”



Raina MacIntyre
 Professor of Global Biosecurity
 Kirby Institute, UNSW

9-10 December 2019

A pandemic tabletop exercise...
 “effectively a final warm-up exercise for Operation COVID-19, which took place behind closed doors”.
 (DemocracyManifest)

“...we need to make the vaccine available to almost every person on the planet”

THE VACCINE RACE, EXPLAINED

What you need to know about the COVID-19 vaccine

Humankind has never had a more urgent task than creating broad immunity for coronavirus

Bill Gates, 30 April 2020



IMPERIAL

**BILL & MELINDA
GATES foundation**



**World Health
Organization**



CEPI

“Forget the ‘no jab, no play’ for kids, it’s now ‘no jab, no play’ for adults – and I would support that...”

Jane Halton, Chair of CEPI,
The Australian, 19 May 2020.

National COVID-19
Coordination Commission



CEPI

Investors
Overview

As of 13 November 2024

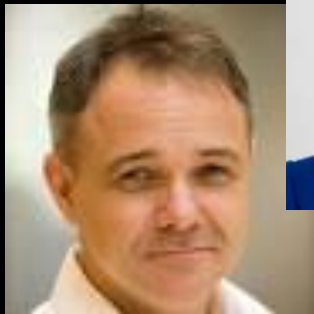
“We have received support from over 30 national governments, the European Commission and key philanthropic organisations, including the Bill & Melinda Gates Foundation and Wellcome.”

CEPI

WORLD
ECONOMIC
FORUM

The Great Reset

W
welcome



BILL & MELINDA
GATES *foundation*

19 August 2020

Scott Morrison expects the COVID-19 vaccine will be 'as mandatory as you can possibly make it'

Neil Mitchell: *Would you be prepared to make it, vaccination mandatory?*

Scott Morrison: *We've got to get about 95%...taking medical advice...I would expect it to be as mandatory as possible...*

Scott Morrison: *...I was the minister that established 'No Jab, No Play, so my view on this is pretty clear.'*

Mornings with Neil Mitchell, 3AW, Wednesday 19 August 2020



Paul Kelly
Chief Medical Officer
Chair of the AHPPC

National Cabinet



3 August 2021

'Freedom incentives'...
Ease restrictions on the 'fully vaccinated', and discriminate against, and exclude the 'unvaccinated'...



Bans on unvaccinated at public events and businesses are among 'freedom incentives' to pressure Australians to get a Covid jab – after Scott Morrison admitted 'time will come' when only vaxxed may be allowed in pubs.



Australian Government

National Plan to transition Australia's National COVID-19 Response

National Cabinet agreed to a plan to transition Australia's National COVID-19 Response from its current pre vaccination settings, focusing on continued suppression of community transmission, to post vaccination settings focussed on prevention of serious illness, hospitalisation and fatality, and the public health management of other infectious diseases

Phases triggered in a jurisdiction when the average vaccination rates across the nation have reached the threshold and that rate is achieved in a jurisdiction expressed as a percentage of the eligible population (16+), based on the scientific modelling conducted for the COVID-19 Risk Analysis and Response Task Force

Phase	Trigger	Objective	Measures
A. Pilot	<70% vaccination (2 doses)	Seek to minimise serious illness, hospitalisation and fatality as a result of COVID-19 with low level restrictions	<ul style="list-style-type: none"> Maintain high vaccination rates, encouraging uptake through incentives and other measures; Minimise cases in the community through ongoing low-level restrictions and effective track and trace; Lockdowns less likely but possible; International border caps and low-level international arrivals, with safe and proportionate quarantine to minimise the risk of COVID entering; Ease restrictions on vaccinated residents (TBD); Restore inbound passenger caps at previous levels for unvaccinated returning travellers and larger caps for vaccinated returning travellers; Allow capped entry of student and economic visa holders subject to quarantine arrangements and availability; Introduce new reduced quarantine arrangements for vaccinated residents; and Prepare/implement vaccine booster programme (depending on timing).
B. Vaccination Transition Phase	70-80% vaccination (2 doses)	Seek to minimise serious illness, hospitalisations and fatalities as a result of COVID-19 with baseline restrictions	<ul style="list-style-type: none"> Maximise vaccination coverage; Minimum ongoing baseline restrictions, adjusted to minimise cases without lockdowns; Highly targeted lockdowns only; Continue vaccine booster programme; Exempt vaccinated residents from all domestic restrictions; Abolish caps on returning vaccinated Australians; Allow increased capped entry of student, economic, and humanitarian visa holders; Lift all restrictions on outbound travel for vaccinated Australians; and Extend travel bubble for unrestricted travel to new candidate countries (Singapore, Pacific); Gradual reopening of inward and outward international travel, with safe countries and proportionate quarantine and reduced requirements for fully vaccinated inbound travellers.
C. Vaccination Consolidation Phase	>80% vaccination (2 doses)	Manage COVID-19 consistent with public health management of other infectious diseases	<ul style="list-style-type: none"> Open international borders; Quarantine for high-risk inbound travel; Minimise cases in the community without ongoing restrictions or lockdowns; Live with COVID-19: management consistent with influenza or other infectious diseases; Boosters as necessary; Allow uncapped inbound arrivals for all vaccinated persons, without quarantine; and Allow uncapped arrivals of non-vaccinated travellers subject to pre-flight and on arrival testing.
D. Final Post-Vaccination Phase	>80% vaccination (2 doses)	Manage COVID-19 consistent with public health management of other infectious diseases	<ul style="list-style-type: none"> Open international borders; Quarantine for high-risk inbound travel; Minimise cases in the community without ongoing restrictions or lockdowns; Live with COVID-19: management consistent with influenza or other infectious diseases; Boosters as necessary; Allow uncapped inbound arrivals for all vaccinated persons, without quarantine; and Allow uncapped arrivals of non-vaccinated travellers subject to pre-flight and on arrival testing.

**No jurisdiction required to increase restrictions beyond current settings
The Plan is based on the current situation and is subject to change if required
The COVID-19 Risk Analysis and Response Taskforce's report is available at: pmc.gov.au.*



'Freedom incentives' to spur vaccination as Scott Morrison rejects cash

Imagine a dream scenario for the lucrative ‘pandemic industry’ and its backers...

A captured population forced to submit to vaccine products on demand, under threat of being discriminated against, and excluded from their livelihood and participation in society for non-compliance.

‘No Jab, No Job’
‘No Jab, No Life’



The Murdoch Media's No Jab, No Play campaign in 2013-2015, resulting in the No Jab, No Pay law in 2016

News Corp
Australia



The Daily Telegraph

**No Jab, No Play...
No Jab, No Pay
January 2016**



Position statement 9 March 2021

Vaccination is a crucial part of the public health response to the COVID-19 pandemic. Many registered health practitioners will have a vital role in COVID-19 vaccination programs and **in educating the public about the importance and safety of COVID-19 vaccines to ensure high participation rates.**



Anne Tonkin
Former Chair
Medical Board of
Australia



Martin Fletcher
Former CEO of
AHPRA



The Victorious Dr William Bay
X: @DrBillyBay



Heidi Larson
WHO Global Vaccine
Safety Summit
2-3 December 2019

We have a very wobbly health professional front-line, that is starting to question vaccines and the safety of vaccines.

That's a huge problem. Because to this day, any study I've seen, and we're constantly looking on any studies in this space, still the most trusted person on any study I've seen globally is the healthcare provider.

And if we lose that, we're in trouble.

And we haven't lost it yet, but we've talked about it earlier, some of the challenges are when the front-line professionals are starting to question, or they don't feel like they have enough confidence about the safety to stand up to it, to the person asking them the questions.

I mean most medical school curriculums, even nursing curriculums, I mean in medical school you're lucky if you have a half day on vaccines, never mind keeping up to date with all this.

**Practitioners DO NOT have specific liability protection
for administering the COVID-19 injections**



The Hon Greg Hunt MP
Former Minister for Health and Aged Care

Dear Minister Hunt

Please could you advise to what extent the Commonwealth Covid-19 vaccine claims scheme **provides insurance and indemnity for the civil and criminal liability that would arise where battery and clinical negligence occur due to a failure to obtain valid informed consent?**

Please could you also provide the terms and conditions for this scheme.

Yours sincerely

Emma McArthur

11 November 2021



Louise Morgan
Acting Assistant Secretary
COVID-19 Vaccine Claims
Scheme Taskforce
21 December 2021

***“The world is engaged in the largest
clinical trial, the largest global
vaccination trial ever...”***

Interview with David Speers on ABC Insiders, 21 February 2021

***“The scheme does not provide an
indemnity for practitioners or insurers,***

it does however provide patients who have suffered one of the eligible clinical conditions or an administration injury as a direct result of a COVID-19 vaccine, with faster access to compensation rather than a costly and complex court process.”

***“I can advise that informed consent
should be obtained for every COVID-19
vaccination, as per usual consent
procedures for other vaccinations.”***



Australian Government
Department of Health and Aged Care

The Australian Immunisation Handbook

Criteria for valid consent

For consent to be legally valid, the following elements must be present:

...It must be given voluntarily in the absence of undue pressure, coercion or manipulation.

...It can only be given after the potential risks and benefits of the relevant vaccine, the risks of not having it, and any alternative options have been explained to the person.



Ahpra
& National
Boards

Practitioners have an obligation to obtain informed consent for treatment, including vaccination. Informed consent is a person's voluntary decision about health care that is made with knowledge and understanding of the benefits and risks involved.

Letter to Elizabeth Hart,
dated 20 September 2021



Australian Government
Department of Health

...informed consent should be obtained for every COVID-19 vaccination, as per usual consent procedures for other vaccinations.

Letter to Emma McArthur,
dated 21 December 2021



Australian Government
Department of Health and Aged Care

Informed consent should be obtained for every COVID-19 vaccination, as per usual consent procedures for other vaccinations.

Letter to Elizabeth Hart,
dated 17 November 2022



COVID-19 VACCINATION

Handling consent refusal by people presenting for vaccination

This factsheet provides guidance for vaccination providers on handling consent refusal by people presenting for vaccination. This may occur, for example, where a person requires vaccination for their employment.

Can I vaccinate a patient if they are mandated to receive a vaccination?

A patient must provide informed consent prior to vaccination.

If a patient has not provided informed consent, you **should not vaccinate them, even if they are mandated to receive a COVID-19 vaccination to perform particular roles or enter certain settings.**

Newsweek

16 January 2023

Trump Dismisses COVID-19 Vax Safety Claims, Says He Saved 100 Million Lives



AP

10 September 2021

Sweeping new vaccine mandates for 100 million Americans



The Guardian

1 January 2025

Scott Morrison rings in the New Year with Donald Trump at Mar-a-Lago Resort





January 21, 2022

\$12.5 trillion

The IMF's estimate of the cost of the 'COVID' pandemic to the global economy through to 2024.

THE BIGGEST CRIME OF ALL TIME!

\$12.5 trillion for a deliberately manufactured 'emergency' to exploit and enslave the people, for a disease it was admitted from the beginning wasn't a serious threat to most people.

'The vaccine' was the basis of this ginormous scam...

But they overlooked something when they lied to the people with 'public health' terrorism, and coerced and mandated them to submit to the injections.

The obligation for voluntary informed consent...

Who is going to bear responsibility for this now?

Just 'following orders'?

Who in the medical profession stood firm against the moral disintegration?

How many practitioners did it take to administer the 72.5 million COVID-19 doses, reported by the Australian Government to have been imposed across a population of 26 million, including children?

It seems the practitioners have been conscripted as agents of the state, themselves coerced to collaborate with coercion and vaccine mandates, under the authority of their 'regulator', AHPRA.

But why did so few understand their own obligation to obtain voluntary informed consent? Along with a legal system which failed to protect the public from this assault.

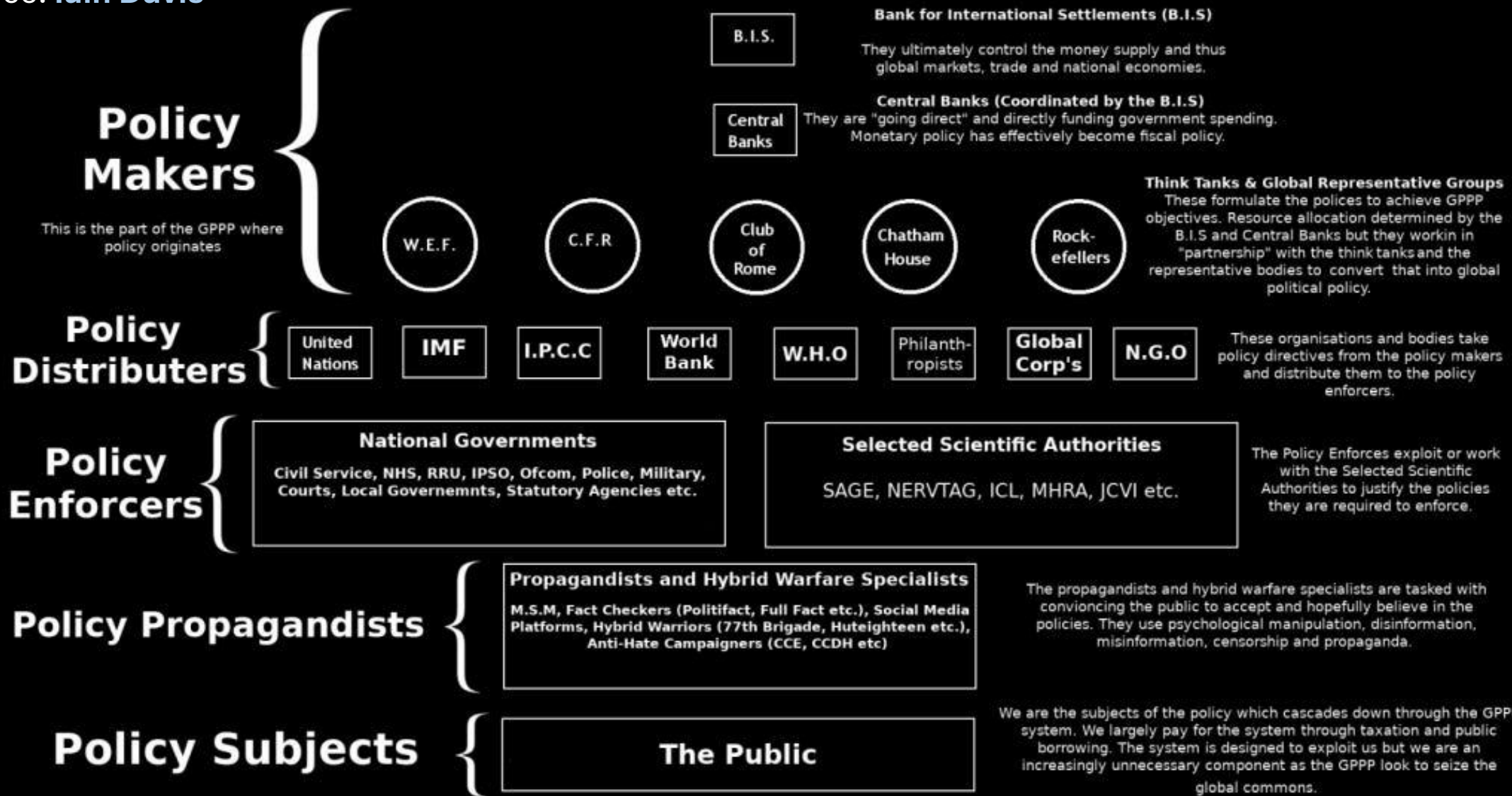


Paul Kelly
Chief Medical Officer
Chair of the AHPPC

The House of Cards

The GLObal Public Private Partnership

Source: Iain Davis





ELIZABETH HART (BA Adelaide)

**Independent researcher investigating the vaccine industry
and conflicts of interest in vaccination policy**

- elizabethhart.substack.com
- vaccinationispolitical.net
- over-vaccination.net

Thanks to my friend and colleague Emma McArthur for her research into voluntary informed consent and medical liability issues: humanityattheprecipice.wordpress.com

And my thanks also to Kate Smyth for her valuable insights in this area.