THE AUSTRALIAN

Health disgrace: bureaucrats in bid to silence our doctors

RAMESH THAKUR

By **RAMESH THAKUR**, SKYNEWS.COM.AU CONTRIBUTOR AND POLITICAL COMMENTATOR
11:00PM OCTOBER 7, 2022 • 10 COMMENTS

Efforts to control the pandemic narrative began with a systematic suppression of any suggestion that it might have originated in a research lab of the Wuhan Institute of Virology, then moved on to denigrate, silence and smear critics of lockdowns, masks and vaccine efficacy and mandates.

A bill up for debate in the Queensland parliament on October 11 takes censorship to another level. If successful, it will fundamentally reshape the relationship between doctors, patients and health regulators.

The Australian Medical Network says under the new law "health bureaucrats will determine how doctors should approach treatment recommendations for their patients", and health regulators will be given "the power to sanction doctors for expressing their professional opinion based on their assessment of the best available science".

California's legislature has just passed a similar law empowering the state's medical board to revoke the licence of physicians who expresses opinions "contradicted by contemporary scientific consensus to the standard of care".

So now it's official. They have outlawed opinions.

Having overturned 100 years of settled science and policy orthodoxy on pandemic management with Covid, we are on the cusp of revolutionising the everyday practice of medicine by subordinating the professional judgment of doctors on the best treatment options

for their patients to the directives of bureaucrats and health regulators.

As per an existing intergovernmental agreement, the Queensland change could be replicated in cascading legislative amendments in other states and territories to ensure a uniform national law (although passage by other legislative bodies is not guaranteed).

If not paused and stopped, this will affect every Australian, to the detriment of public health.

Let's look at the practical implications of this in relation to the vexed issue of vaccines for young people. Denmark and Norway have banned Covid vaccines for healthy under-50s/65s. On September 30, Sweden announced an end to vaccine recommendations for 12 to 17-year-olds from November 1. All three have excellent public health infrastructure and aggressively promote best-practice public health measures.

Yet our own Therapeutic Goods Administration has approved vaccines for children aged six months to five years. The four countries cannot all be "following the science". NSW Health data backs the Scandinavians' conclusion that the Covid risk to children is minuscule. In the past four months (May 22 to September 24), just 0.1 per cent of the 2201 Covid deaths were aged 0 to 19. Almost all would have had serious underlying conditions. An article in Vaccine suggests that, for Moderna and Pfizer vaccines, added risks of serious adverse events are 2.4/4.4 times higher than the reduced risk of hospitalisation. In a follow-up note, two of the authors note that the manufacturers' clinical trials showed 125 adverse events per 100,000 vaccinated people, while preventing between 22 to 63 hospitalisations.

Another study in preprint by US, Canadian and British scientists estimates that to prevent one Covid hospitalisation in 18 to 29-year-olds, 22,000 to 30,000 of them must be boosted. But for every one hospitalisation prevented, there are 18 to 98 serious adverse events: a net expected harm.

Another new study of almost 900,000 children aged five to 11 in North Carolina, in the New England Journal of Medicine, adds to concerns that vaccines don't just rapidly lose effectiveness; they might also be destroying natural immunity against reinfection.

Among children who had been infected by the Delta variant and didn't get vaccinated, protection against reinfection fell from 95 per cent in September last year to 53 per cent at the

end of May this year. In infected children who were also vaccinated, effectiveness had fallen to zero by May. The likely, albeit not definitive, explanation is that the vaccines themselves are damaging natural immunity.

Aseem Malhotra is a British cardiologist who initially promoted the Covid vaccines on TV to help overcome public hesitancy. When his fit and healthy 73-year-old dad died of a sudden heart attack six months after a second Pfizer dose, he spent six months analysing the data around vaccines. He now describes this as "perhaps the greatest miscarriage of medical science we will witness in our lifetime".

He notes that Pfizer's own trial showed slightly more deaths in the treatment than in the placebo arm and no statistically significant reduction in all-cause mortality.

Some experts point to a worrying trend of rising excess mortality among under-14s in Europe. Using British data, Malhotra estimates the risk of a Covid death in 12 to 15-year-olds is one in 76,000, against the risk of myocarditis of one in 27,000: nearly three times more. The number needed to vaccinate to prevent just one Covid death against the Delta variant reflects the steep age-segregated risk profiles, from 230 for over-80s to 93,000 for 18 to 29-year-olds. Against this, the risk of myocarditis ranges in different studies from one in 6000 to one in 2700 for 12 to 27-year-old males, once again demonstrating net harm.

In the two-part peer reviewed article in the Journal of Insulin Resistance on September 26, Malhotra concludes: "There is a strong scientific, ethical and moral case to be made that the current Covid vaccine administration must stop until all the raw data" has been released and "subjected to fully independent scrutiny". He calls on the medical and public-health professions to "recognise these failings and eschew the tainted dollar of the medical-industrial complex".

Meanwhile, many of the claims advanced in support of the vaccines – that they stop infection and transmission, and prevent severe illness and death – have had to be abandoned one after another, but were never "fact-checked" by social media platforms. Moreover, people who die inside 14 days of a vaccine dose are classified as "unvaccinated". This distorts the statistics on the net harm-benefit balance to an indeterminate degree.

A poll by the Pew Research Centre in February mapped falling confidence in medical

scientists since 2020. Malhotra argues that the rollout of vaccines under emergency-use authorisation without access to the raw data, the growing evidence of harms, and the resort to mandates whose major impact is to boost manufacturers' profits "have highlighted modern medicine's worst failings on an epic scale, with additional catastrophic harms to trust in public health".

To summarise, for children the risk of severe illness or death from Covid is very slight – while the risks of serious reactions to vaccines are higher. Protection against risk of reinfection is at least as robust and may last significantly longer for children who are infected but not vaccinated, compared to those who are vaccinated. The long-term effects of Covid vaccines are unknown. Every one of these statements is contestable and subject to revision as the databank grows and more studies are published. Not one is so implausible as to be summarily dismissed.

In these circumstances, for health bureaucrats and regulators to claim a monopoly on scientific truth is scandalous. The effort to shut down legitimate debates on pain of excommunication from the medical profession represents a clear and present danger to public health. I certainly have more confidence in my consultant's professional advice based on training, qualifications, experience and knowledge of my medical history, free of pressures to conform to the zeitgeist from bureaucrats and regulators, the latter often with compromising links to industry.

Those of us without medical credentials arouse understandable scepticism towards our critiques. This makes it all the more imperative not to silence medical professionals, but instead to welcome and encourage contestable policy recommendations from them.

Ramesh Thakur is emeritus professor at the Australian National University's Crawford School of Public Policy and a former UN assistant secretary-general.

RAMESH THAKUR, SKYNEWS.COM.AU CONTRIBUTOR AND POLITICAL COMMENTATOR

Ramesh Thakur is Emeritus Professor at the Crawford School, The Australian National University and a former Assistant Secretary-General of the United Nations.

More stories on this topic

- GP calls for change to vax strategy
- 'Welcome home': Old Dog returns from Covid wilderness

- Workers’ bizarre constitutional vax defence

Topics

Vaccinations / Coronavirus