



Human Rights Advocates
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Attention: 170 Mining, Construction & Trade employers [listed on pages 7-10]

Human Rights Advocates Australia and Advocate Me, have been approached by a significant number of aggrieved and concerned Mining, Construction & Trade (MCT) employees from over 170 organisations in WA, along with their families, *and* disgruntled employees who have been coerced into getting the first COVID-19 injection, who will NOT be taking the second COVID-19 injection, or experiencing coercive and discriminatory treatment, for exercising their right of informed consent to not take the COVID-19 injection.

It has been brought to our attention, that all of these employees are being exposed to egregious conduct for exercising their right to decline the COVID-19 injection. For the purposes of this letter, and for the purposes of protecting the identity of a myriad of staff, we will not be disclosing the respective names of the aggrieved employees and members of the organisations. It is sufficient for you to be aware, that this is well and truly beyond a significant population of individuals.

We have included every MCT organisation that has a high volume of employees being affected by this egregious, coercive conduct. [p 7-10]

The **World Health Organisation** (WHO) states that a drug is called a 'vaccine' if it protects people *before* they come into contact with the disease, and if it prevents the transmission of the disease in the community. Yet this COVID-19 injection will not do these things. The **Australian Therapeutic Goods Administrator** (TGA), states that this medical intervention will not prevent you getting the disease, nor will it prevent transmission of the disease in the community.

Further, the WHO definition states, “*because vaccines contain only killed or weakened forms of germs, viruses and bacteria, they do not cause the disease or put you at risk of its complications.*” Yet, the COVID19 injections *do not* contain any of the killed or weakened *Coronavirus 2019* (the causal agent); as such, it is questionable as to whether this intervention meets the criteria to be called a 'vaccine' at all.

In the very short time that this medical intervention has been trialled in the human population (December 2020 - September 2021), there has been overwhelming evidence of the complications and deaths caused **after** the injection and no definitive proof of benefit because COVID-19 injected people are still getting COVID19, and even dying from/with this illness.

The COVID-19 injection contains genetic technology that has been previously tested on cancers but has not been extensively tested on infectious disease. The injection does not directly contain the synthetic spike protein but rather codifies or sends into the body, information capsules for the making of this spike protein by the human body. In two of the presently used 'injected drugs'; this is delivered by an mRNA molecule (nucleic acid) that may have the potential to insert into (marry with) our own DNA. The effects of this on the genetic blueprint of humans, and the long-term adverse health outcomes, will not be known until the next generation.

Pharmaceutical companies have stated that they have **NOT** done trials that have investigated the effects of this medical intervention on the reproductive organs, or on the carcinogenicity or toxicology, of this injected drug in the human body. This makes the COVID-19 mandatory injection policy of your organisation, a **CLINICAL EXPERIMENT PERFORMED ON ALL ON AND OFF-SITE STAFF**, that is in violation of all medical ethics. All bodies will be complicit in any adverse events or death to employees.

Furthermore, as of August 29, 2021, the official TGA COVID-19 adverse events report records 55,016 adverse vaccine reports, including thrombosis with thrombocytopenia syndrome (TTS), Guillain-Barre Syndrome (GBS), immune thrombocytopenia (ITP), anaphylaxis reactions, myocarditis and pericarditis.

The following quote is from the TGA report (29/8/2021): ***“Sadly, two people died this week – a 59-year old woman from Queensland with confirmed TTS and a 54-year-old man from NSW with probable TTS. The TGA extends its sincerest condolences to her family and loved ones”.***

It is noted on the Therapeutic Goods Administrator website (<https://www.tga.gov.au/apmsummary/comirnaty>) that the Pfizer vaccine is categorised in the '**Black Triangle Scheme**', meaning it's a provisionally registered product and this medicine will remain in the Black Triangle Scheme for the duration of its provisional registration. Being 'provisional' means the following:

- Pfizer vaccine is ***still in clinical trials***.
- Remains ***experimental***.
- ***No established risk/benefits analysis***.
- ***No medium/long term effects have been established***.
- ***No proven benefits, however; there is overwhelming evidence of adverse events and death***.

As a result of the vaccine being in the Black Triangle Scheme, it is *unlawful* for the injection to be mandated on your staff. It is unlawful and unreasonable for a direction to be mandated given the broad underlying and unacknowledged data and variable circumstances which have not been sufficiently assessed or addressed for the long-term safety of our members and employees.

It is noted that your organisation has access to this conclusive government data recording and will be held accountable for mandating a medical intervention resulting in adverse events to employees who are coerced into taking the COVID-19 injection. Further noting, that adverse events may not always be evident from the outset of the injection, and may become more apparent after the 2nd, 3rd, 4th dose. No long-term studies exist; the long-term effects are unknown.

Furthermore, a '**health**' policy that promotes an invasive medical procedure, must be proven to promote '**health**' before it is mandated in *healthy* people. The policy of a mandatory medical intervention for staff, has not been proven to promote 'health', and due to the low risk from COVID19 disease for all healthy people; your organisation ***MUST*** provide independent peer-reviewed scientific studies supporting their policy of mandatory COVID-19 injections, in promoting the 'health' of their employees.

Consequently, there have not been *any* clinical trials in humans to establish an evidence-based risk/benefit analysis. There is no proven benefit for taking this medical intervention. Valid risk/benefit analysis requires a minimum of **ten years of data**, to establish whether there are benefits that override the overwhelming risks of this COVID-19 injection, which are being observed globally by government regulators, including the Australian TGA (>495 COVID-19 vaccine deaths and >55,000 vaccine injuries in just six months).

These adverse health outcomes and deaths are acknowledged by governments globally to represent only 1% of the actual adverse health outcomes because of the ***voluntary*** reporting systems that are used by governments and, also, due to the latent effect of months or years for adverse events to develop in the recipients.

For example, thrombosis, thrombocytopenia, myocarditis and pericarditis, are known adverse health outcomes after these medical interventions and listed on the package inserts for all vaccines, including the COVID-19 injection. It is noted on the “Australian Government Department of Health” website that ***“Vaccination for COVID-19 is voluntary – as are all vaccinations in Australia – and people maintain the option to choose.”***

Medical freedom is an inalienable right afforded to all staff, and the policy of mandatory injections is contrary to such law, as demonstrated in the following points:

- Forced, coerced, and mandated medical interventions are in violation of the Nuremberg Code principles. Article 6, Section 1 states: “Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be expressed and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice”. Article 6, Section 3 states: “In no case should a collective community agreement, or the consent of a community leader or other authority, substitute for an individual’s informed consent”.
- In the Australian Government’s Immunisation Handbook, under Section 2.1.3 ‘Valid Consent’, it states that for consent to be legally valid, “it must be given voluntarily in the absence of **undue pressure, coercion or manipulation.**”

Mandatory medical interventions are a breach of basic human rights and medical freedoms. We all should have the right to go about our everyday life without being forced or coerced into being injected with a drug, especially an experimental one using new technology.

The decision should be made by each individual on their own, privately, or in consultation with their medical doctor or health care practitioner. Everyone’s body is different and existing medical conditions, predispositions, and other medical history must be considered.

This policy has given rise to an unacceptable discriminatory culture throughout your organisation; that we at Human Rights Advocates Australia and Advocate Me, simply will not condone or endorse.

This ‘culture’, has given rise to the following behaviours that are of serious concern:

- Your staff are being severely pressured and harassed to identify their vaccination status, despite this running counter to very clear privacy laws.
- Unvaccinated employees are being branded and harassed; publicly suffering discrimination, victimisation and bullying a result of the proposed mandates to be implemented by your organisation under your directive. This is not only a serious breach of privacy, but supports the outlandish assumptions, that unvaccinated people must be punished and exposed.

- We have also been informed, that this targeting is leading to a proposal that all unvaccinated staff will lead to leave entitlements not being approved. Again, this is beyond the boundaries of your authority.

Fostering the behaviour to bully, shame, and intimidate staff for being informed, is not acceptable workplace practice. This discriminatory behaviour cannot be attributed to any safety concerns, given the fact that many studies have now confirmed that **both** injected and not injected individuals are likely to spread the delta variant.

It is without question, that such a proposal is nothing short of a Gestapo-like action, designed to inflict pain, trauma, shaming and gaslighting on non-injected humans and certainly does not accord with the medical standard of informed consent and protection for choices in medical decisions.

- All citizens have the right to engage in informed consent and there are many risks associated with taking the COVID-19 injection, including but not limited to: increased risk of blood clotting with the AstraZeneca injection, and increased risk of heart inflammation with the Pfizer injection.
- The seeming ignorance to, or censorship of; valid, independent, scientific data, runs counter to the obligation that your organisation has, to provide information that is (rigorously tested) and evidence based.

Your omission of the overwhelming bodies of scientific data, overlooks your duty of care to employees and the people under their care and protection.

The attached data and studies, will ensure that you cannot plausibly deny knowledge of the scientific findings, statistics of mortality and other adverse effects, or circumnavigation of constitutional law regarding this 'rollout'.

You do not have the right to segregate employees and staff in the knowledge that the science does not substantiate such a decision; nor do you have the right to instil fear in employees, who are now unsure of what roles and duties they will be permitted to perform as trained and qualified individuals.

For your education, we provide the enclosed COVID-19 declination form, which very clearly articulates the logical considerations as to why these educated staff, have chosen not to expose themselves to the possibility of serious adverse reactions that are now widely and well documented. For your additional benefit, the form also refers to laws, regulations and policies that protect the rights to informed consent in receiving an injection or any other medical procedure.

We have attached, for your education, a [recent interview](#) conducted by People for Safe Vaccines, with a member of the community who had recently lost her sister, to a horrible death after vaccination, from blood clotting.

We suggest that you, as the employer who will be held responsible for harm or death; educate yourself about these risks, before committing criminal negligence and persecuting staff who have educated themselves on these risks.

Human Rights Advocates Australia and Advocate Me immediately request a meeting with your organisation, along with our top medical experts, to educate you on the importance of informed consent and the risks associated with these COVID-19 injections. As outlined above, we have enclosed examples of two preprint studies that clearly show that the COVID-19 medical intervention, does not reduce transmission of the delta variants, and that the injection programs generate immune escape variants.

Leading scientist Dr Geert Vanden Bossche stated that; “Mass injections in the middle of a pandemic is prone to promoting selection and adaptation of immune escape variants, that are featured by increasing infectiousness and resistance to spike protein (S)-directed antibodies (Abs), thereby diminishing protection in vaccines and threatening the unvaccinated”. We have enclosed his statement [herein: https://www.geertvandenbossche.org/post/c-19-pandemia-quo-vadis-homo-sapiens](https://www.geertvandenbossche.org/post/c-19-pandemia-quo-vadis-homo-sapiens).

It is time to think hard about the implications these directions have on your own obligations to employees and contractors because, to reach their own objectives, the government is forcing employers to breach these obligations, without offering protections.

We understand that the unions, Worksafe and Safework Australia are making threats to shut down premises for non-compliance, however we say that these directives are coercive, and many have no basis in law. We also enclose a Business Risk Register to give you strategies on how to measure these risks for yourself, including lawful hazard control measures. In spite of the rhetoric, these vaccines do come with risks, as shown on the TGA adverse events page, and as evidenced by the increasing number of exemptions being offered within these directives. These adverse reactions expose you to liability. Both you and your employees should be protected from these risks and from the government for offloading their responsibilities onto employers.

As a collective, please be assured, that we have very clear intentions to escalate staff grievances to pursue legal recourse, should this egregious mandating of COVID-19 injection of staff, not be reversed immediately. Please note, that a Legal Firm has been engaged and is preparing for escalation of this matter to court proceedings.

We trust that this information will avert any further escalation of these issues and create an immediate resolution for all staff concerned.

If you have any queries, please do not hesitate to contact Ms Sonya Nicolaci via her email address.

Yours faithfully,

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AAG Labour Services Pty Ltd
ABN Group / Webb & Brown Neaves
Adenco
Adco Electrical
AGC (AusGroup Company)
Albemarle
Alcoa
Alcoa of Australia-Wagerup RefineryALS
Altrad
Anglo Gold Ashanti Australia
ATCO
Atlas Iron
Altrad
AusGroup Pty Ltd Austral Construction

Australian Exploration Engineering
Australian Gas Infrastructure Group
Australian Indigenous Enterprises
AUSTRALIAN OFFSHORE SOLUTIONS
B&J Catalano Pty Ltd
Barmenco
BGC
BGC Home
BGC Residential
BGSR
BHP
BHP Nickel West
BHP Operation Services ACPM PTY LTD
Billabong Gold - Superior Gold Inc - Plutonic Operations
Bkay
Boom Logistics
BP Kwinana Refinery Site Now Terminal

Breight Group
 Brunel Energy Bulkline Haulage

 Bunbury Harvey Regional Council
 Byrnecut Group
 Byrnecut Mining
 Cape Utilities
 Capricorn Metals LTD
 Carlton ContractingCategory5
 Chandler Macleod Contracting For Fortescue Metals Group
 Chevron Australia
 Citic Pacific Mining
 Civil Contractors Federation
 Civmec Construction and Engineering Pty Ltd
 Clinipath
 Compass Group Australia
 Dacian Gold
 Department of Fire & Emergency Services WA
 Diamond Offshore
 Downer EDI Engineering Electrical Pty Ltd
 Downer Group
 Drillmech Engineering & Hydraulic Services
 Duratec
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 Empire6714
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 Flanco
 FLUOR GLOBAL SERVICES PTY LTD
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 Fortescue Metals Group
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 GMA Australia
 Goldfields Australia
 Griffin Coal
 Hampton Mining and Civil
 Hitachi Construction and Machinery
 Hitachi Rail
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 Horizon Power trading as Regional Power Corporation
 IAS-GROUP
 IHS24 Safety & Rescue
 INPEX
 Inpex Australia
 Iron Mine Contracting
 John Holland Group
 JSW Drilling
 Jurovich Surveying
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 Karratha Asphalt

LaingeO'rouke
Linkforce
Lynas
Maca Pty Ltd
MacMahon Contractors
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Minara Resources Pty Ltd
Minara Resources - Murrin Murrin Operations
Mineral Resources Ltd
MLG OZ LIMITED
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Monadelphous Engineering
Monadelphous Engineering AssociatesNewcrest Mining Limited
Newmont Australia
Newmont Boddington Gold
Newmont Mining
Norten Gold Fields
Northern Star Resources Ltd
Onslow Salt
Orabanda mining
PARC Engineering
Pathwest
Perenti Group
Perseverance Drilling Underground PTY LTD
Pilbara Iron Company Services Pty Ltd
Pilbara Minerals Limited
Pilbara Port Authority
Pindari WA
Pinjarra Alumina Refinery
Pit N Portal, Emeco Group
Primero
Programmed
Protech
Qube Ports & Bulk Midwest
Regis Resources
Rigforce
Rio Tinto
Rox Resources
Royhill Pty Ltd
Ruc Cementation Mining
Sandfire resources
Santos
Schenck Process
Schenck Process Australia
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SG Mining
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South32
St Barbara Ltd
TCD Civil Construction
Tec Services
Technical maintenance support
Thiess Pty Ltd
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Toll Group
Tronox
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Upstream Production Solutions
Verbrec
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Wabtec Control Systems
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West gold/ Maxfeilds
WestGold
WesTrac Pty Ltd
Woodside
Workpac
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