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**Professor Nigel Crawford**

Former Chair

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**Increasing Evidence Demands Reassessment of COVID-19 Vaccine Policies and Public Health Strategies**

Dear Professor Crawford Director of ATAGI

The Australian Medical Professionals Society (AMPS) remains steadfast in its commitment to evidence-based medical practice, practitioner autonomy, and the ethical obligation to do no harm. In this context, I write to urge immediate attention to an expanding body of international evidence that calls into question the continued rollout of COVID-19 vaccines and the integrity of pandemic-era public health policies.

All medical colleges and other authorities have previously received copies of the AMPS *COVID Revisited* conference report, the book [\*Too Many Dead, An Inquiry into Australia's Excess Mortality\*](#), and the Altman Report. These documents raised grave concerns about COVID-19 vaccine safety and efficacy, excess mortality trends, suppression of open medical discourse, and regulatory failures to investigate vaccine safety signals. To this date we have received not one word of rebuttal to the science in this book. The silence is deafening.

This correspondence now brings to your attention two recently published peer-reviewed articles that further substantiate these concerns:

**1. Peer-reviewed Evidence Linking mRNA Vaccine Rollout to Excess Deaths**

A 2025 study published in the [\*JMA Journal\*](#) documents a significant increase in excess deaths in Japan during 2022–2023, despite a world-leading per capita rate of mRNA vaccination. Notably, only 10% of the excess deaths were directly attributed to COVID-19 infection. The remaining deaths, many in younger populations, appear temporally associated with repeated mRNA vaccination doses. The Japanese government's injury compensation scheme has paid claims for over 8,400 vaccine injuries, including 903 deaths, exceeding 47 years of cumulative vaccine-related payouts.

## 2. Comprehensive Review Exposing Systemic Failures in COVID-19 Policy

An international collaborative review in the [International Journal of Public Health](#) concludes that:

- Public health policies were based on flawed epidemiological models that ignored seasonal and demographic variability;
- COVID-19 vaccine efficacy was overstated through misuse of relative risk reduction without adequate transparency on absolute risk;
- Evidence of harm from vaccines was played down or censored, while dissenting clinicians faced professional reprisal;
- Alternative pharmaceutical treatments were actively suppressed, undermining informed clinical decision-making.

The authors, a multidisciplinary group including clinicians, epidemiologists, immunologists and ethicists, warn of the long-term consequences of sidelining genuine scientific inquiry in favour of politically- and commercially-motivated system support.

## 3. Critical Review Disputing Claims of “Millions of Lives Saved” by Vaccination

Widely cited studies, including Watson et al (2022), have claimed that COVID-19 vaccines saved over 14 million lives globally in their first year. However, a 2025 [peer-reviewed metacritique by Lataster](#) systematically dismantles these assertions and reveals major methodological flaws:

- The Watson model relies on unverifiable assumptions, overestimated infection fatality rates (IFRs), and implausible vaccine efficacy figures. Notably, it used assumed IFRs as high as 1.15% for high-income countries, despite global evidence suggesting much lower median IFRs – for example, just 0.095% for the 0–69 age group.
- The study excluded known vaccine-related harms from its risk-benefit modelling. Data from reanalyses of clinical trials have shown no statistically significant reduction in COVID-19 deaths, but instead increased serious adverse events, and even a trend toward excess all-cause mortality among vaccinated groups.
- Declining and even negative vaccine effectiveness was not adequately factored in. The model assumed constant 90% effectiveness against disease, despite evidence showing this wanes rapidly and may reverse over time, particularly with repeated dosing.
- Substantial conflicts of interest were documented, including funding and affiliations with major pharmaceutical companies, the Gates Foundation and policy groups promoting mass vaccination.

Given these methodological and ethical limitations, the claim that COVID-19 vaccines “saved millions of lives” must be considered a speculative projection, not an evidence-based conclusion.

## 4. Updated Risk-Benefit Position on Pediatric COVID-19 Vaccination

We further note with concern that your panel and associated regulatory bodies have now publicly acknowledged that the risks of COVID-19 vaccination outweigh the benefits for healthy children and adolescents. AMPS respectfully points out that the evidence leading to this conclusion was available and known years ago. This delayed response, despite signals of harm and expert warnings, demands serious reflection and accountability. It also calls into question the continued promotion of vaccines in other low-risk populations under similarly outdated risk models.

## **AMPS's Position and Call to Action**

In light of these findings, AMPS respectfully calls upon your organizations to:

1. Suspend support for continued COVID-19 vaccine promotion and mandates, pending independent safety and efficacy reassessment;
2. Initiate or advocate independent investigations into all-cause excess mortality and potential iatrogenic contributors since 2021;
3. Reaffirm the centrality of open scientific discourse, clinician judgement and informed consent in medical practice;
4. Review medico-legal risk frameworks for practitioners who complied with state mandates now under serious evidentiary scrutiny.

This is not a partisan position. It is a professional obligation. Public trust in the medical profession depends on our collective willingness to interrogate policy failures, stand by medical ethical principles and correct course when harm becomes evident.

AMPS stands ready to collaborate constructively with colleges, associations and indemnity providers to restore integrity and transparency in medical policy.

We Now Formally Request:

- Access to your risk-benefit analysis, particularly as it pertains to low-risk and paediatric populations;
- A meeting at your earliest convenience, in a collegiate and constructive setting, to discuss the four urgent matters outlined above.

We request a formal response within 14 days.

Yours sincerely,

*Dr Duncan Syme*

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