

27th July 2022

Psychology Council of NSW: Your Ref: 77617/22 AHPRA Reg: PSY0001410196

Officer: [REDACTED], Executive Officer Email: mail@psychologycouncil.nsw.gov.au

Members: Mr [REDACTED] via [REDACTED] [REDACTED]: [REDACTED] [REDACTED] [@health.nsw.gov.au](mailto:[REDACTED]@health.nsw.gov.au)

Ms [REDACTED]: [REDACTED] [@optusnet.com.au](mailto:[REDACTED]@optusnet.com.au)

Ms [REDACTED]: [REDACTED] [@solutionxxxxxxx.com.au](mailto:[REDACTED]@solutionxxxxxxx.com.au)

Health Care Complaints Commission (HCCC)

HCCC File No: 21/07014, 21/06589, 21/06480, 21/06408 21/06370, 21/06348.21/06886, 21/06724,21/06677 & 21/06604

Officers: [REDACTED], [REDACTED], [REDACTED], [REDACTED]

Email: [REDACTED] [@hccc.nsw.gov.au](mailto:[REDACTED]@hccc.nsw.gov.au) | [REDACTED] [@hccc.nsw.gov.au](mailto:[REDACTED]@hccc.nsw.gov.au)

AHPRA: Your ref: 00488846

Officer: **Inspector** [REDACTED] [REDACTED] (**Criminal Unit**) Email: [REDACTED] [REDACTED] [@ahpra.gov.au](mailto:[REDACTED]@ahpra.gov.au)

Dr [REDACTED] [REDACTED] (**Forensic Psychiatrist**) Email: [REDACTED] [@\[REDACTED\].net.au](mailto:[REDACTED]@[REDACTED].net.au)

VIA EMAIL

PRIVATE & CONFIDENTIAL

Attention: Psychology Council of NSW, Health Care Complaints Commission, Australian Health Practitioners Regulation Agency and Dr [REDACTED] [REDACTED].

Response to: HPCA, HCCC & AHPRA'S Correspondence listed above

Further to your email of 19th July 2022, as has been previously advised (RNC email 7th June, 2022), the original s150 proceedings are ultra vires and must be set aside (as per Pridgeon v. Medical Council of New South Wales 14 April, 2022). The Pridgeon case set the precedent that for the suspension of a practitioner under s150, certain prerequisites needed to be met. These were not met – and I did not request a review of the s150 proceeding. From a procedural perspective, **the s150 proceedings were ultra vires and therefore, I do not recognise them.**

When I registered with AHPRA in 2010 and adopted the APS Psychological Code of Ethics, I understood that freedom of speech, informed consent, and non-coercive practices were the cornerstone of ethical psychological practice. I had no hesitation in adopting these ethical principles, since they represent values that I hold as extremely important on a personal level. It was from this position that my original video, the subject of the s150, was made.

I acknowledge that on 9th March, 2021, AHPRA issued the *COVID 19 Vaccination Position Statement* ('Gag Orders') which relevantly states:

".. any promotion of anti-vaccination statements or health advice which contradicts the best available scientific evidence or, seeks to actively undermine the National Immunisation Campaign (including via social media) is not supported by the National Boards and may be in breach of the codes of conduct and subject to investigation and possible regulatory action".

I believe this statement contradicts that which I signed up for as a practitioner because:

- 1) It denies freedom of speech
- 2) It denies informed consent –and–
- 3) It is indisputably highly coercive.

With regards to freedom of speech, my understanding is that this a fundamental unalienable right, as per international law (Law of Nations), which overrides any state and federal laws.

The main purpose of my video was to raise awareness regarding widespread censorship of evidence-based medical expertise that was contrary to the government narrative. This denial of freedom of speech meant that locally, almost the entire population of Australia was subjected to long periods of confinement at home with potentially devastating collateral impacts. These impacts have been well documented by experts elsewhere (and expounding on these is not the purpose of this letter). The public were then, at various points, subjected to a ‘vaccination policy’ that impacted their lives in a multitude of ways including: determining when they were to be released from lockdown, whether they could work, shop, socialise, etc.

Any Australian mental health professional who has undertaken the mandatory (and substantial) ethics training requirement of our profession would be immediately aware that such measures are *highly* coercive. Both the censorship by the media and the ‘Gag Orders’ that AHPRA issued had the potential to impact millions of lives. My request was simply that government and media allow relevant medical experts to openly debate this critically important information. Seeing these repeated absurdities stack up meant that I simply could not, *not* speak out on behalf of the potential damage facing Australian children (which the data has since corroborated). Why didn’t any of you? And why has there still been no open debate on the risk-benefit ratio – and whether those public health actions were justified?

To provide just one example of the ‘missing’ side of the debate, perhaps you are not aware of the *Great Barrington Declaration*¹? In October 2020, three ivy-league professors representing infectious disease epidemiology and public health expertise attempted to raise public awareness of the potentially catastrophic collateral damage likely to result from international COVID-19 strategies – especially for children and the working class. It has since garnered worldwide support with 930,500+ signatures. These esteemed academics were not only censored, but also actively discredited when they suggested an alternative course of action to that of the mainstream.

At a local level, requests have repeatedly been made by individuals and groups of medical professionals, lawyers and politicians in Australia. For example, the Victorian AMA has called for a Royal Commission into AHPRA on the basis of their concerns about freedom of speech being endangered and regulatory overreach (ultra vires behaviour), citing the case of gagging a Western Australian doctor. On the political front, there have been numerous FOI (Freedom of Information) requests to public authorities to provide evidence to support the Australian immunisation policy (eg. by Senators Alex Antic and Gerard Rennick). It is *this* policy on which health practitioners are gagged as mentioned above. In the absence of this information, it is logically impossible for any health practitioner to comply with their codes of ethics.

These are but two local examples of a long list of incongruities in the public authorities’ responses to Corona virus around the globe. The question I am asking, along with vast numbers of people worldwide, is simply this: WHY? WHY are we not allowed to question? WHY is there such a draconian

¹ <https://gbdeclaration.org>

response when we do? And WHY have calls for public debate around the world been repeatedly ignored? WHY, also, does all of this this not raise any questions with yourselves?

As a separate issue, it is deeply concerning that the complaints AHPRA allegedly received against me were all anonymous – and that the proceedings were conducted in a manner that allowed no possibility to address these complaints with legal representation – or even procedural fairness.

As previously explained, my rationale was to raise awareness that widespread censorship was taking place and that according to medical experts around the world, it could potentially cause great harms to our community at large. Yet these medical experts were being silenced – at a professional level by groups such as yourselves – and at a practical level, by the media.

It is worth noting that I received thousands of positive responses to my video, all thanking me for saying the words they were too frightened to speak themselves. This included more than 350 Australian mental health practitioners. Frustratingly, the AHPRA ‘gag orders’ mean that most of these practitioners are too frightened to speak out lest they become the subject of an investigation like my own. It is also worth pointing out that the only criticisms of the video that I personally received all revolved around the same point:– that I was being naïve in my position, believing the government was operating from a place of integrity and thinking that they were simply unaware of the vast opposing narrative due to this same censorship. This in itself raises some interesting questions.

As a practitioner, I cannot ethically operate in an environment that promotes non-evidence-based government health policy above fundamental democratic freedoms and unalienable human rights. Similarly, I cannot ethically work in a system beholden to boards and bureaucracies that must either be ignorant of the existence of opposing information (indicative of incompetence) or complicit in suppressing that information (or possibly some combination of both).

Although the addressees of this letter may find ways to avoid ethical imperatives whilst hiding behind corporate and political agendas, this does not obliterate any of you of your own professional ethical responsibilities – or your personal moral responsibilities. Have you not considered the *mens rea* piece here? WHY would thousands of health professionals around the world such as myself have risked everything to raise awareness of these issues? Whether as mental health professionals, or a body that purports to ‘represent’ or ‘regulate’ our profession, it is critical to consider this.

It is my personal belief that the concerns outlined in this email, as well as those raised by experienced health professionals, both locally and internationally, need to be acknowledged, addressed and engaged with at a much greater bandwidth than simply trying to suppress, discredit and/or remove dissonant voices. This later response is antithetical to – and undermines – our entire profession.

Nosce te ipsum – this is the essential piece for all of us.

Yours sincerely,

Ros Nealon-Cook