

2026-05-05 - Club Grubbery - Dr Mellisa Mccann

Graham Hood: [00:00:00] Good day everyone, and welcome to another club, grubby John. Good to see you back on, mate.

John Larter: Thanks. Dy. Great to be back.

Graham Hood: Yes, indeed. And uh, we've got a few interviews happening this week and, uh. The lady we've, uh, got on the screen with us today is, uh, no stranger to our program, although she's been very, very busy of late and we haven't seen her for a while.

Graham Hood: She has, uh, she's a, a well-respected doctor up in the wit Sunday region. Um, she has a vast experience that, uh, that has stood her in very good stead. She has integrity, in fact, integrity enough to spearhead. A, uh, a very large class action in favor of, uh, people who've been injured by vaccinations. [00:01:00] And, uh, she's seen highs and lows in that fight, I can tell you.

Graham Hood: But she's still there and she's still smiling, and it's great to have you on. Dr. Melissa McCann. Thanks for joining us.

Dr Mellisa Mccann: Thanks so much, Graham and John. Lovely to see you both.

Graham Hood: Yeah. So it has been a journey of highs and lows. Let's go back to the beginning, uh, when you started the court action. What prompted you to do it and, uh, how did it all begin?

Dr Mellisa Mccann: Okay. Um, yeah, well, the impetus for doing it was basically seeing people who were getting extraordinary side effects after vaccines. Nothing like what I would usually see after, you know, just a yearly flu vaccine campaign. Um, really serious side effects and, um. And this is, I guess, heading into sort of the last quarter of 2021, um, the Vaccine compensation program had been announced.

Dr Mellisa Mccann: So that was announced by, uh, then Minister Hunt just around, I think July, just before, just before the first mandates went were, um,

you know, put into place for nursing [00:02:00] home workers. And so there was this. Idea that there would, compensation would be available. But what I was seeing was all of these barriers to these people who clearly had, had injuries from the vaccine, um, that was accepted by the medical evidence, but how were they going to be compensated when either they weren't, that they didn't fall into the category, you know, if they, if they had a stroke or they were, um, had lost their vision or lost their hearing, these things just weren't covered.

Dr Mellisa Mccann: It was sort of, myocarditis was covered. And, uh, just a very small range of other. Um, injuries and, and the challenge seemed to me to be that all of these other things that I could see were happening and, and, and medically they were being, these, these were accepted as happening to these people, even by their specialists.

Dr Mellisa Mccann: But, um, they were still being dismissed because they weren't like accepted side effects. They weren't on the product information, they weren't accepted by the tga. So there just seemed to be this huge gap in, um, you know, um, comp compensation for these people who were just suffering terribly. Um, and at around that [00:03:00] same time, I had started writing letters to the TGA, to to Minister Hunter, to John Ska, raising some of the safety concerns that I had.

Dr Mellisa Mccann: And I was really, I guess, shocked and disappointed by the responses that I had from that, uh, which was basically to say, yeah, you know, sadly enough. Young people die every year. So, you know, of course people will die after the vaccine. And, and it's unrelated and just simply stating that it's unrelated because, you know, someone could die, therefore we're just gonna rule it out.

Dr Mellisa Mccann: Um, to me that just seemed just the, the completely wrong way of going about a causality assessment. So I guess all of that kind of prompted me to want to have some more information about, well, how were these safety signals being assessed and, you know, what was the process for causality assessment? And so.

Dr Mellisa Mccann: That sort of started me making a whole range of freedom of information requests and discuss. Had lots of discussions with the, um, TGA about that. Um, but in the meantime, you know, I was exploring legal options. I spoke to quite a few different [00:04:00] barristers and lawyers and, um, wanted to get an opinion because I started to just form the view that the TGA hadn't wasn't doing the job in the way that it usually would, and that the information that we were receiving as doctors and the patients were receiving.

Dr Mellisa Mccann: Wasn't matching with what I could see, um, on, on receiving those, some of those freedom information documents that I could see that they had and that that hadn't been sort of given to the public. So, so I started to form the view that, you know, maybe that was something that needed to be, maybe experts needed to kind of discuss that in a more formal, you know, court of law.

Dr Mellisa Mccann: So that was kind of where it all started.

Graham Hood: No, you, you obviously haven't been affected by a vaccine injury yourself, and yet you've devoted the last five years to this fight. Why it doesn't affect you personally? Why are you doing it?

Dr Mellisa Mccann: Yeah. Well, I guess I see myself as being lucky that it, um, you know, I wasn't personally affected, but at the same time, I don't know, I guess it's, um, I guess it [00:05:00] comes down to my personal kind of like, you know, philosophical beliefs about life.

Dr Mellisa Mccann: It's just simply because something doesn't affect me doesn't mean I shouldn't care about it. And that like, I don't know, it's kind of, it's, it's the. Purpose of life, isn't it? To care for each other and, and you know, it's pretty hard for me to go through that time of hearing what had happened to people, hearing what happened to colleagues, other parents, and to just think.

Dr Mellisa Mccann: That could have been me and, and how, how difficult I would find that, because h how can anyone in that situation actually take on this fight themselves? They've lost their, their job, they've lost their income, they've lost everything. You know, if somebody doesn't do this, then, then who's there to help them?

Dr Mellisa Mccann: So I guess it was sort of more. Yeah. On, on the surface of it, it's just, it's just illegal action. That's all it is. But, um, yeah, at some point, to me it kind of, it became a bit more than that. It's like, really this is fighting for something that's really good that needs to be done.

Graham Hood: Yeah. But there are so many doctors, Mel, you know, have, [00:06:00] who have just turned, uh, the other cheek to the whole issue.

Graham Hood: Um, not many have stood. And so, uh, it says a lot about your character and, uh. Ha, have you run foul of Ara in the process?

Dr Mellisa Mccann: Uh, yes, unfortunately. Um, so I spoke publicly about, um, about the class action, but also just about the documents that I'd received under freedom of information and the, the kind of process that I'd gone through and what I'd learned from that.

Dr Mellisa Mccann: And. Some of the safety concerns that, um, that I'd learned from the, you know, those documents from the TGA and I spoke, spoke publicly about that in early 2023. And then, um, somebody, um, was a doctor actually recorded that and sent that to APA and made a complaint. Um, so then. After that, it went through sort of a long, terrible process after having had to go through that process before.

Dr Mellisa Mccann: And, uh, it ultimately ended in the opera deciding to caution me and, um, require me to [00:07:00] undertake a, uh, reeducation program on the benefits and risks of the vaccines. And so that was. You know, that was pretty impactful because having a caution on your registration, it has all sorts of implications for your work.

Dr Mellisa Mccann: And, um, yeah, it certainly had a lot of implications for me and, but I, but I did it and it was on my, I think it was, maybe it was on my registration for about nine months. Um, but I also appealed that, um, because yeah, I didn't think it was correct. Like I thought what I had done was consistent with the code of conduct because I was raising, you know, what I thought to be.

Dr Mellisa Mccann: A really significant safety, you know, safety issue to public health. And that was simply that all of these. People who had suffered side effects and, and many of them completely acknowledged side effects. Um, it was the sort of social environment that they were experiencing these side effects in, where that they were, that was being dismissed.

Dr Mellisa Mccann: Um, they weren't, it was difficult for them to even get medical care because doctors were so reluctant to [00:08:00] talk about it. Um, and you know, I was seeing a lot of this firsthand. I was seeing a lot of the way that people were being virtually discriminated against because of the, um, because of how they had.

Dr Mellisa Mccann: You know, how they had, how their medical condition had come about. Um, so anyway, I thought that was a really important issue for public health. So, so I did appeal that and that appeal, uh, believe it or not, is still ongoing several years down the track. Um, yeah, basically the board made an application to. I have basically all my evidence, um, determined to be inadmissible.

Dr Mellisa Mccann: And so then that sort of halted things. It's like an interlocutory application. And then that took some time to be decided and it was only recently decided and then I'm appealing that decision. So it's all been a bit long, it drawn out process. But you know, a really important process because ARA is the body that regulates.

Dr Mellisa Mccann: Us as professionals and the decisions that they make are really impactful on us. So I just think, I guess that has to be followed through.

Graham Hood: [00:09:00] Mm-hmm.

Graham Hood: Johnny,

John Larter: they're not, they're not only impactful on, uh, on yourself, bill, but they're impactful on the community. I, I, I mean, this is absolutely outrageous when you think about it. I mean, they've taken, they've basically given carte blanche to every. Uh, every medical, uh, professional in Australia to, to vaccinate, whether you're a pharmacist, it doesn't matter.

John Larter: You, you, you could, they were training people that, that had no experience with vaccines. Uh, now when you think that they were rolling out a, a brand new technology, uh, uh, that hadn't never been properly tested, it was for emergency use, I mean, why would it be so outrageous that, that a GP of such, uh, standing, uh, or, or any GP for that matter, would.

John Larter: Would have you, you know, not have the ability to say, well look, you know, you need to consult your doctor. There, there could be some issues with this. And as we've seen, uh, you know, look, look at [00:10:00] Chris Deth. I mean, the government has essentially agreed that, uh, Chris is vaccine injured and he's got a significant, uh, uh, PA payment, uh, for that damage caused.

John Larter: Uh, so, so these are legitimate, aren't they, Mel?

Dr Mellisa Mccann: Yeah, exactly. E exactly. And you know, the code of conduct states that, um, doctors are permitted to, to hold and express their own views. And that what we have to do is consider how, how expressing those views might negatively impact on, um, on the public. So, I mean, that's reasonable enough.

Dr Mellisa Mccann: And so, you know, my, my position is well. If I held a view and I thought there was a public safety risk, well then, in fact, I was obliged to raise that because that's also part of the code of conduct, that if you

see a risk to health and safety, um, that, that you have to take all action and continue to take all action to address that safety risk.

Dr Mellisa Mccann: So I. Yeah, I agree. It's, it's particularly the timing. Like perhaps I could understand if there, [00:11:00] if I didn't have as much information to base those statements on, if I hadn't gone through all those freedom of information, you know, processes and, and I was making statements like that, you know, maybe early on in the vaccine rollout where it was, it was newer and.

Dr Mellisa Mccann: I don't know. I mean, I was saying this in 2023 when at the point where everyone was vaccinated, so it seems almost like a bit of a punishment. That's how it felt to me. Like I was kind of being punished for speaking out. Not that I was, not, that it was an some kind of appropriate action to protect the public, that that's how it felt to me.

Graham Hood: So take us on. Yeah. Sorry John. Go.

John Larter: Well, I was just gonna add the point too. Hoodie, I mean, uh, when you think that New South Wales Health, uh, in, in August of 2021 was putting out safety, uh, alerts to its staff, uh, and specifically the paramedics to look out for myocarditis and pericarditis after the vaccine.

John Larter: I mean, that's in 2021.

Graham Hood: Mm-hmm.

John Larter: Um, you know, so here we are. We've got a doctor that's rightly saying, well look. We need to do a bit of, uh, you [00:12:00] know, research on this, things may not be safe for everyone. Uh, you know, I, I, I don't, I don't see there's an issue at, at all. I mean, APA is derelict in its, uh, duty here.

John Larter: I mean, we, we've said it, I dunno, countless timefully, but they're, they're a, uh, they're, they're outta control. Um, and, and they're the real problem here. Uh, the them in the TGA, I mean the TGA, when you look at them in the estimates. Uh, and, and virtually every politician that's trying to hold them to account, they, they are more slippery than, it's unbelievable.

John Larter: They, they will not answer a question, and when they do answer a question, they're so pompous and rude and just the arrogance of the bastards. I, I, I don't know how they get away with it. That professor law, I mean he,

Graham Hood: yeah,

John Larter: unbelievable. Uh, mean the stuff that he comes up with. Uh, it is just outrageous. I mean, the, these people, uh, they need to be held to account in a Nuremberg 2.0.

John Larter: I, I don't care what anyone says. Uh, you know, I, I, I am getting really angry with this stuff, uh, because it's [00:13:00] just, it's just beyond ridiculous now. Uh, and, and even in the face of all this evidence, they, they still, they still keep going on. Um, and, and, you know, good people like. Mel are still being persecuted and, uh, so many other doctors.

John Larter: But, uh, yeah. Anyway.

Graham Hood: Well, Mr. Lawler, Mr. Lawler insists on being called Professor Lawler.

John Larter: Oh, professor

Graham Hood: Law. So, uh, yeah. So, yeah, Mr. Lawler, um, we, we expect so much more of our, uh, of our TGA than what you're offering and, uh. You know, you get all the respect you deserve. I'm sorry. But anyway, let's not go down that road just now because you, your, um, your legal journey has been a rollercoaster of highs and lows.

Graham Hood: Mel, take us through some of that. What, you know, it was looking really good and then you got some, you know, some pretty, uh, bad predictions, I guess some dire predictions about how it was gonna go. Uh, it must have cost a fortune. I, I believe Clive Palmer was, or still is [00:14:00] funding it.

Dr Mellisa Mccann: Um, no,

Graham Hood: no, he wasn't. Okay.

Dr Mellisa Mccann: No, he, he was, um, I think there was a different action that, that he was involved in that was a, um, mandates one for the ambulance workers and teachers, I think.

Graham Hood: Okay. Okay.

Dr Mellisa Mccann: Which, which succeeded? Yeah. Um, yeah, so, no, um, it's through donations and, um, and myself, um. Yeah, so it has definitely been a, it's definitely been a rollercoaster.

Dr Mellisa Mccann: It's, um, so it's, it was filed in April, 2023, and, um, you know, I guess we knew from the beginning that it's, it's a really difficult. It's a really difficult case to make out because it's not just a matter of saying, well, the vaccines cause these side effects in these people. Um, generally that's already been accepted by, by the medical evidence, but it's, it's actually about saying that, um, you know, that.

Dr Mellisa Mccann: What the allegation is against the, these individuals is that they knew that it would cause harm and that they, um, [00:15:00] you know, showed reckless disregard to the fact that it would harm people. And similarly with the, the statements that they made publicly, that they knew that they weren't inaccurate. And you know, the allegation is that they.

Dr Mellisa Mccann: But they made them anyway, even knowing that they, that those statements were actually inaccurate. So that's, you know, obviously really serious allegations. They're difficult to prove because you've gotta have, I guess, enough evidence to be able to say, well, what someone knew at a point in time and, you know, have, you have to reach that high bar of saying, well, it was, it was recklessly ignoring.

Dr Mellisa Mccann: Evidence to the contrary, while at the same time saying that they were, you know, unequivocally safe and effective. So that's really what the case has to try to prove. So it's always gonna be a very difficult case. Um, and then, yeah, we had a few, I guess we had a few setbacks. There was a couple of brief sort of.

Dr Mellisa Mccann: Planning, meeting, hearings, um, uh, case management hearings they call them, which is just for timetabling. So we'd had a couple of opportunities to kind of go before the judge. And then the, then there was a, [00:16:00] kind of, the main opportunity was in December of, um, oh gosh, when even was this? It must have been December 24.

Dr Mellisa Mccann: Yeah, December 24. Um, gosh, I've taken so long. Um, and it's, and, and that was basically, so what that hearing was about and, and what had led up to that was the government making an application to say that the, the whole case should be struck out so that, that first of all, the claim should be struck out. Uh, because what they said that it was long and it was confusing and that it was, uh, you know, not good enough to, to continue on with the case.

Dr Mellisa Mccann: And then the second thing was that. The, the whole case was doomed to fail because, um, well, what they argued in those submissions was that we would never be able to successfully argue that the government even had a duty of care to the Australian public. And so therefore, they. Yeah, so if they didn't have a duty of care, then they couldn't breach that and therefore it was kind of doomed to fail and that we would never be able to prove that, the state of [00:17:00] mind to say that, um, there'd been reckless sort of disregard and, and that we would never be able to meet the Misfeasance claim.

Dr Mellisa Mccann: So yeah, so then we got the judgment from that in, I think about March of 25. And that was probably the biggest setback because it was a really. Really critical judgment. I mean, it's on the record now for all of history to see. You can see it on the, the class action near the court website. Um, so that,

John Larter: and the, the judge was critical of the written submissions,

Dr Mellisa Mccann: correct?

Dr Mellisa Mccann: Yes. Very, very critical of that. And I mean, now, I mean, I've not had anything to do with legal actions before this, but now I've read quite a lot of legal cases and, um. I, I, I do think it's actually quite extraordinary, even the, the, the wording that she used and the way that the case was described, it was, um, yeah, I, I've seen that she references other cases actually where, where they, some, where the, that, in that case there was a claim that was similarly criticized as being [00:18:00] long and incoherent and, you know, unsatisfactory.

Dr Mellisa Mccann: And interestingly, even in those cases that she cites, you know, there's one or two paragraphs. Talking about how bad the team had done and how bad the claim was. Um, 'cause I gather these claims, you know, it's not an easy thing to write it and write it well and all the rest of it. Um, but, you know, most of those judgements talked about the actual case and what it was about.

Dr Mellisa Mccann: And uh, and you know, this was just none of that. It, the whole thing was just this. Really, um, strongly worded criticism of, of the claim and of the legal team. And anyway, rightly or wrongly, that was the judgment. Um. And so that's, that meant back to square one. So it means that the claim was completely struck out.

Dr Mellisa Mccann: Um, but um, unexpectedly three days later, the legal team, um, withdrew. So then, then we also had no claim and no legal team. And, um, you know, I can laugh [00:19:00] now, but that was not a great week. Um, anyway, so then it's taken some time to kind of come back from that. Lots of discussions with lots of different lawyers and barristers over the, you know, over the past year.

Dr Mellisa Mccann: And then finally at the point where, got a new team on the record and a new barrister, um, and a completely new new claim. And we had the opportunity about a, uh, week and a bit ago to, to meet the new judge. So the previous judge, um, Kain was actually retiring very soon after she made the judgment in our case.

Dr Mellisa Mccann: Um. And so it, but so we were in front of the new judge and it sounds like now everyone's quite happy with the claim. That seems like everyone agrees that that's fixed, all the issues that, um, uh, justice Katzman had discussed in her judgment. Um, but now it sounds like it's coming back to, well, no matter how it's written, and no matter how satisfied we are with the claim, we still think it's doomed to fail [00:20:00] because of these.

Dr Mellisa Mccann: The Misfeasance is never gonna succeed. And, um, we're never gonna be able to, we're never gonna be able to, um, argue this idea that they, that they had a duty of care towards to, to the public good. You know, to, um, so, so we're back. So we're back to having to argue that still. Um, so that's still another hurdle and that's gonna be happening over the next couple of months, so.

Dr Mellisa Mccann: The government side will make submissions about that, and then we'll get to reply, and then there'll be a two day hearing in July. Um, but I'm actually reasonably optimistic about that. Um, 'cause it seems to me that this is an area of law that's not really, it, it's not actually settled yet. So, um, and you know, I, so I think there's, there's a case to be had and it.

Dr Mellisa Mccann: I'm sure we'll put out on our best foot to argue that as well. So, and it seems like it's all these legal ideas around like this duty of care thing. I, I think anyone would think reasonably well, of [00:21:00] course someone who's giving basically medical advice to the Australian population. You know, they take, is there some sort of liability that they're assuming when they're making these statements and is there, is there some duty to act within.

Dr Mellisa Mccann: The expectations of the public when you're holding like a high, high position of office like that. So I think there's. So it would be good to

see that argued. Um, it seems like the issue is just that it's not, it's not an automatic duty of care. Like, like there's a duty from a doctor to their patient or from a lawyer to their client or from a, you know, workplace to their employee.

Dr Mellisa Mccann: It's, it's, from what I can gather of it, it's sounds like those are things where it's just automatically accepted that there's a duty. But then in this case, it's kind of, it's novel. There haven't been that many cases that have tried to. Sue the government for the harm that they caused. In a sense,

Graham Hood: well, how, how can a government or a bureaucracy that implements draconian health measures to force people to do things basically against their [00:22:00] will not be held to account for that or be seen to have a duty of care as a result?

Graham Hood: I mean, that's just outrageous. That is bizarre. So if they're, if they're not gonna have a duty of care of any of the decisions that they make and the laws that they impose upon us, then we have no duty of care to ab oblige to abide by them. And we can, we should be able to do what the hell we like. I mean, that is just absurd.

John Larter: Well, is it, isn't it bizarre? It's, when you think about this, uh, the same morons, uh, use this section one 50 of the national law to take down the doctors, nurses, paramedics, physios, healthcare providers when they speak publicly about something.

Dr Mellisa Mccann: Mm-hmm.

John Larter: But. They don't hold the same duty of care at that high level when they're there ordering you as you just made the point hoodie, they're ordering you to have something

Graham Hood: you, you, you said in, you said in your own words, Mel, that you have a, basically you have a [00:23:00] duty of care to your patients and the public at large because you took an oath and, and, um, you've, you've trained to implement the procedures around that oath.

Graham Hood: And therefore you have a duty of care to call something out when you see it as dangerous. But the minute you do that, the organizations that e evolve around the government, which says it has no duty of care, can crucify you and destroy you. That is just so wrong at every level. Mm-hmm. And that just doesn't pass the pub test.

Graham Hood: And that's why we. We need to hold these people to account. They need to be held to account the politicians and the bureaucrats who administer this stuff need to start reading the room because none of this passes any kind of moral examination. None of it.

John Larter: Mm-hmm.

Graham Hood: So if, if you're not gonna stand by a duty of care to the people you're imposing your limitations on, stop imposing the limitations and let us make decisions for ourselves.

Graham Hood: I mean, it, it's just mind bogglingly. So simple. [00:24:00] It just drives me insane.

Dr Mellisa Mccann: Yeah, I, I agree. I, I'm really kind of looking forward to this question, you know, being debated and, and going through this process because I, I, I agree. I think it's such an important question because there's so much, government has so much control.

Dr Mellisa Mccann: You think about how much control they had over the lives of people. You think about how consequential the decisions that they were making were, and to just say. Well, you know, if something happens to you, you, you don't have any kind of recourse against that. I mean, to me, it would make sense if, if they were going to try to avoid any liability for it.

Dr Mellisa Mccann: Well then. You know, then you would expect then the wording even of public statements back then, to be a bit more cautious, more along the lines of, go see your doctor, you know, get, get medical advice on whether you should take this vaccine or not. I mean, that's the sort of thing that you usually see when someone's trying to avoid illegal liability.

Dr Mellisa Mccann: Um, but it was the opposite of what we saw. It was [00:25:00] just these, um, far reaching public statements. To, to everyone that they had to have it and how safe it was and how necessary it was. And, you know, you would die if you didn't cont if you didn't have the, you would die of COVID for sure. If you didn't get the vaccine and you think, well, shouldn't there be some sort of, shouldn't there be some sort of responsibility for that if you're gonna say those things?

Graham Hood: Um, well, if, if, if the government, if the government was coercing the people, they were buoing and coercing the people, they also. Told the regulatory bodies to coerce the doctors so the doctors didn't feel safe to be

able to give the information to their patients, to the public that they needed to give informed consent.

Graham Hood: So there was no voluntary informed consent because any doctor who gave the relevant information could then be had up by one single complaint before APA and the medical Board and find themselves. In a situation where they have no profession to call a profession for many years. [00:26:00] Some of these, some of these, uh, these, uh, investigations by APR go on forever and doctors are left in limbo, um, for fulfilling their, their, uh, their obligation to their patients to first do no harm.

Graham Hood: The whole thing is just, is just crazy. You, you, you, you know, you can't force somebody to be vaccinated unless they give voluntary informed consent. But when doctors are threatened because they give the information that the patient needs to make a, a, a proper assessment, the whole system is just rigged from the start.

Graham Hood: And this has been said for five years and we're still saying it. It just doesn't make sense.

John Larter: How can they say that they don't have a duty of care? When these, when the TGA, uh, professor Lawler is telling the government, Mr. Lawler, Mr. Lawler, whatever he wants to call himself, he wants

Graham Hood: to be called [00:27:00] professor.

John Larter: Oh, does well, when he's answering questions in estimates, he says that it's not, uh, a, a, a, something that can be done to hold a blind. Uh, gold star placebo trial on, on the childhood vaccines that have never had such rigorous, uh, blind placebo testing because it would be, uh, immoral to subject children to put their life at risk.

Dr Mellisa Mccann: Mm-hmm.

John Larter: So how's this any different? If they don't have a duty of care, why, why would they be saying that?

Dr Mellisa Mccann: I hadn't thought of it that way, but yeah, I mean that's an interesting, that's an interesting perspective on it as well. It's,

John Larter: it's mad.

Dr Mellisa Mccann: Mm-hmm. Yes.

John Larter: I think what needs to happen is too, and the thing that worries me here, Mel, is that, you know, uh, uh, I mean the, the, the [00:28:00] contributions that the public contributions are are, are great and, you know, you're obviously.

John Larter: Uh, doing a lot, uh, financially towards this, but, but underpinning this, you know, it really does need a big backer to come in. Um, and, and this is where the Gina Reinhardts of the world, the one nations should have influence. I mean, they should be tapping on these captains of industries, uh, uh, front doors and saying, listen, uh, you know, this, this is a fight that needs to be won by the Australian people.

John Larter: Uh, this is, this is. Do or die here? Uh, this is battlefield stuff. This is, this is Gallipoli, this is a Gallipoli, and they should be backing it in. Uh, and, and it's completely unreasonable to me that you are not being backed in by some very big financiers. I mean, the Clive Palmers of the world, they should be, they should be emptying their pockets very quickly.

John Larter: Uh, they're quick to do it for other, other stuff that's, uh, not so relevant in my opinion. And this is, this is an absolutely, uh, [00:29:00] essential thing that should be backed in.

Dr Mellisa Mccann: Mm. Well, thanks John. I think so too. I think so too, and I hope that's what happens. I mean, I always sort of had that in the, had that thought that I thought, look, I, I'm sure I'll have to put in, you know, I certainly have to put in some money myself, but I thought, oh, look, there'll be a lot of donations.

Dr Mellisa Mccann: And I guess I'd thought there would be people like that who would, um, you know, uh. Financially kind of, um, funded, but I guess there's been, I guess there's been so many different cases and they haven't all gone well. And of course ours hasn't gone well, you know, in terms of that judgment. So I think maybe there's been that bit of loss of enthusiasm or loss of.

Dr Mellisa Mccann: Hope people see court cases as being hopeless. I hear people say that a lot. You know, all the courts are corrupt and there's, it's never gonna go anywhere. But, but I, I agree with you. I think it's, it's actually so important. It's so important that this is seen through, it's so important that there, that there is accountability and that it's, um.

Dr Mellisa Mccann: There's the opportunity there [00:30:00] for, for it to be heard properly in a court of law. So what's happened to these people? And what's happened to what's happened to everyone because of the decisions of the, the leaders, the people who were in charge of all of this?

Graham Hood: Well, you know, we're seeing, the fact is we have seen in this country for decades, justice being served too late for people involved in medical issues.

Graham Hood: Mm. Uh, we saw the thalidomide thing that dragged on and on and on. Mm. Pelvic mesh, another one, so many others. And the big one, the big one that has dragged on for 30 plus years is the infected blood scandal. Now, I spent several hours going through material on infected Blood Australia's website over the last week, and I can tell you if we allow what's happened to them to go unchallenged now.

Graham Hood: We don't deserve to get the, the, uh, the support we need in fighting for those who have got, um, [00:31:00] COVID injury. Mm-hmm. Uh, we've seen these people decimated in their fight. Um, you know, the, the, uh, the guy who let out infected blood Australia runs the website. Charles McKenzie is a man under a great deal of stress.

Graham Hood: He has been for many, many years, and politicians need to be asking these questions. We've gotta go right back because the same issues. That we're dealing with over vaccine injuries are the same agendas that were there 30 years ago for the infected blood scandal. Mm. And politicians like Pauline Hanson need to raise it continually.

Graham Hood: Jared Rennick needs to continue to raise it. Uh, I mean, he's not in politics now, but let's hope that he does soon Return to politics. There are so many politicians who need to step up because the standard we walk past is the standard we accept and we've walked past. The victims of the infected blood scandal for 30 years, and we've all just fobbed it off and said, look, you know, I've, I've been so [00:32:00] focused like us all on, on what's going on with COVID and the mRNA shots that, uh, we, we, you know, we're almost at the stage where if we don't see justice soon, it'll be 50 years before someone eventually acknowledges that the vaccine injured require an apology.

Graham Hood: 'cause that's how we go in this country. 200 years to give a, an apology to the stolen generation. Uh, and will, will the infected bloods people ever get a, an apology? I doubt it unless people like us continue to raise the

issue. Mm. So, Mel, you have to succeed at least, at least if your action forces a conversation that needs to be had.

Graham Hood: Whether you win, lose, or draw, it must go ahead. It must go ahead. Because we need to have these conversations.

Dr Mellisa Mccann: Yeah. But that's how I feel about it as well. I feel like, as you say, if we walk past it, if we don't, if, if everyone just doesn't do what they can do, um, and we all ignore what doesn't [00:33:00] affect us directly, it's, there will be more and more things like this that, that affect all of us.

Dr Mellisa Mccann: So yeah, I agree. No matter, no matter the outcome of this, I think it's such an important, important conversation to be had. Um. An important case to, to see, to finally properly see the inside of a courtroom.

Graham Hood: Mm-hmm. Well, it sure does. So, um, the process is nothing much more happening until about July, which is only not too long away, is it?

Dr Mellisa Mccann: Mm-hmm. Not too far.

Graham Hood: And what's happening in July? What's, what's the procedure there?

Dr Mellisa Mccann: So it is July 23rd and 24th is a, is the two day hearing that's gonna be in, um, Sydney again. And that's gonna be, that's gonna be like the, the oral hearing for the barristers on both sides to make their arguments about this.

Dr Mellisa Mccann: Um, you know, whether the case can kind of whether it can and should go on kind in a sense, um, because the other side's trying to argue that. It has no [00:34:00] prospects of success. Like it's, it's futile. There's no way that the case can ever be run. So it's, it's about that.

John Larter: Mm-hmm.

Graham Hood: Okay. Well, let's, uh, let's keep praying about that and, and let's encourage people to go to, where can they go to look at the funding arrangements?

Dr Mellisa Mccann: Um, yeah, well, the Crowdfunder is at, um, the website's called, uh, so it's no more silence au um, dot com. But if you just look at no more silence, COVID or vaccines, it'll come up and that's the crowdfunding

platform. So yeah, it, any support, um, would be absolutely amazing. It's the only, the only reason that this case can keep going is that, that we've had that support from people donating so.

Dr Mellisa Mccann: Thank you everyone. Well,

Graham Hood: we know, we know a few very generous people who I'm sure will hear this message tonight and, uh, and get on board with it. Um, because there's a lot of good people out there still who want to see everything returned to some kind of plausible normality in our health, in our health system.

John Larter: Yeah.

Graham Hood: Because it's an absolute [00:35:00] disaster. I mean, we spoke to, um, uh, Ian Bright Hope, professor Ian Bright hope, uh, this morning in an interview that's going to air now as we're recording and, um. The fact that he's fought for almost 50 years to have credibility around integrative medicine and he keeps being fobbed off and lied about.

Graham Hood: And ridiculed is a disgrace to the medical profession as is the treatment of doctors like yourself and Mark Hobart and many others, uh, at the hands of the regulators who don't want our doctors to give the information required to give voluntary informed consent.

John Larter: Mm-hmm.

Graham Hood: And that, that is, as you say, John, that's Nuremberg two stuff.

John Larter: Yeah,

Graham Hood: that really is. How, how are you holding up? Sorry, John.

John Larter: Oh, just, just gonna say Huy, just, just for the benefit of, uh, everyone out there and just, uh, so that, just on the off chance that the, uh, the team at Spotlight are watching, I, I didn't want to talk too much about the Spotlight program because I, you know, I think, you know, that there's, there's a lot [00:36:00] to be, uh, said about the reporting of mainstream media on, on numerous issues.

John Larter: But the thing that really raised the hair on my neck last night was. Uh, when, when they were talking to the so-called sovereign citizens, uh, uh, they, they, the reporter said to them that co COVID was essentially the

vaccines, was one of the things that got all these people mobile, uh, and on the same platform.

John Larter: Uh, and, and she turned to them and said, uh, well, what would you say to the families of those that have died from COVID? Uh, now. Now, in your experience, I mean, you've obviously looked at a lot of the stats, you're a doctor, uh, you're going through a court battle that's, uh, wide ranging. I mean, just for the public out there, just for the Channel seven Spotlight team.

John Larter: Uh, just in comparison, how many people. You know, do you think we're affected severely by COVID in comparison to the actual vaccines? Because, I mean, it's my [00:37:00] belief that, you know, the, the vaccines are, are, are the silent killer here. They, they, uh, they uh, they are not being, uh, represented, uh, fairly in, in, in the mainstream media in relation to, to the damage done.

Dr Mellisa Mccann: Mm-hmm. Yeah, I, I mean, I agree with you, John. I think it's not, there's nothing in acknowledging and compensating and discussing all these issues around the vaccines and what harm they did, that doesn't take away anything from the fact that, um, I'm people did die of COVID. It doesn't take away from the fact that COVID was still as severe, you know?

Dr Mellisa Mccann: Respiratory illness, um, just like the flu, just like lots of other, um, illnesses. So you can have both those things at once. There can be a, there can be a serious infectious condition. Uh, and at the same time, it can be the case that the vaccine was neither safe nor effective to treat that, and that that shouldn't have [00:38:00] been the approach that was taken.

Dr Mellisa Mccann: And, um. Yeah. And look, what I think is really interesting as well is that if you look at the, the COVID vaccine, uh, sorry, if you look at the COVID management plan, that was, that was first published in 2020. That was, that really was very similar and took on board the longstanding, um, pandemic management plan.

Dr Mellisa Mccann: This, um, uh, ah, H-M-P-P-C or something, the, the, um, uh, pandemic management plan for influenza that was sort of adopted for COVID and. You know, I, I think when anyone reads that plan and reads what the original plan was for COVID, you'll see how completely, um, it in no way resembles what actually happened because that plan had this strong ethical framework.

Dr Mellisa Mccann: And the plan even said that we're very unlikely to have a vaccine, um, to be available. And all of the management was the usual way that influenza or another respiratory virus, like how a pandemic would be managed and [00:39:00] managed in a way that was. Having minimal impact on the rights of people. Um, a proportionate response, um, and, and this really strong ethical framework.

Dr Mellisa Mccann: And somehow we went from that. To have this vaccine only strategy, um, with a completely novel vaccine that didn't work on mucosal immunity and had all these other, uh, issues with it. So I just think, I, I just think what you said there comes back to the usual argument. Well, what about COVID? What about how serious COVID was?

Dr Mellisa Mccann: And where I think that argument falls apart is that, um, no one's suggesting that, that people didn't also get sick and die of COVID. Um, that we certainly know people got sick and died of the vaccine. And really what has to be examined is why did the established, why was there this complete deviation from the established plan?

Dr Mellisa Mccann: Because I think where we've deviated from that established plan is where we've completely lost public trust. Because as I say that, that plan, when you read it, you read the ethical [00:40:00] framework and you think, well, that is how communities should be treated during a pandemic. That it's a, um. Privacy is respected, that it's a proportionate response, that rights are upheld, and what we had was just not bad.

John Larter: Mm-hmm. Mm-hmm. Are you seeing that hesitancy in the, in the surgeries? I mean, because we're certainly seeing it online now in, um, social media. I mean, if something goes online about getting vaccinated, stupid politicians rolling their arms up. I mean, the, the comments are just 99% basically go and jump in the lake.

Dr Mellisa Mccann: A, a a hundred percent. I think, and again, I think this is a, it's a predictable response when you, when you run a public health, um, campaign that completely disrespects the rights, the privacy, and, and makes all these claims that just on their face, anyone can, people are going to immediately become skeptical of any authority of medical advice.

Dr Mellisa Mccann: Absolutely. I seen that's happened. I think. There's a complete loss of trust in, um, in [00:41:00] doctors. There's a complete loss of trust in vaccines. There's a, certainly a loss of trust in governments. So I think

the way this has been managed has just had such far reaching cons, you know, comp consequences and impacts.

Graham Hood: There's one thing I want to take, uh, the Spotlight program to task on, on the sovereign citizens issue. John was, uh, when they were referenced in Canberra, the convoy of Canberra, they pretty much indicated that, uh. That crowd was there following Ricardo Boi, which is absolute bs. Um, he would've been, he would've probably drawn 5% of that crowd.

Graham Hood: There was a, a, an an intimation that most of those in, not all of those people were sovereign citizens. That is bs. John, you and I both know, as do many of the people who were at Canberra during those protests that the majority of people there were everyday moms and dads. They were nurses, doctors, paramedics, police officers, military firefighters, aviation, uh, [00:42:00] people like myself, um, so many others.

Graham Hood: There were prison officers there, there were so many other people who were mandated out of their jobs, uh, in a rush procedure that nobody had faith in and nobody trusted. And the fact that the media continue to push this as some nut job conspiracy get together.

John Larter: Yeah.

Graham Hood: Completely negates and fails to indicate that they are reading the room of what really went on and why those people were there.

Graham Hood: Those people weren't there for sovereign citizenship. They weren't there to support Ricardo Boi. They were there to get their jobs back, to keep the borders open, and to be able to make their own medical decisions for their children.

John Larter: Yeah,

Graham Hood: and the fact that the media is ignoring that and portraying that in another light is playing right into the hands of the fringe elements who continue to grab every crowd they can find to push their own agenda.

Graham Hood: And that is why we're not seeing thousands and thousands more people turning up at these rallies, John, because [00:43:00] they're not part of the fringe. They're everyday Australians that the government and the media are ignoring. I think we need to make that very clear.

John Larter: Crystal clear. Yeah. I couldn't agree with you more.

John Larter: I mean, I didn't see too many nut jobs there. I could tell you they were, uh,

Graham Hood: no, they were s solid people, solid everyday Australians who pay their taxes. And the other thing was they made it look like the, the anti-man people were burning down the old Parliament house.

John Larter: Mm-hmm.

Graham Hood: There's a lot more about that, that needs to be revealed as well.

Graham Hood: I think the whole thing was pretty shabby done and, um. I think a lot of people are gonna be asking questions about that, and I think the media need to ask those questions as well. But anyway, we could go on, but we shouldn't, we've probably gone on long enough. So, Mel, I, I, just on behalf of, I, I have, uh, a number of friends who live in, in your area who avail themselves of your clinical practice.

Graham Hood: They [00:44:00] all love you and they speak very highly of you as we do. And um, we just hope and pray that you continue to thrive. Um, we know that you're doing this, as I said at the one of the first questions, why are you doing this? 'cause a lot of doctors should be and they're not. But you've taken it on, which says buckets about who you are as an individual, and we tip our hat to you.

Graham Hood: We really do.

John Larter: Yeah. Good on you.

Dr Mellisa Mccann: Thanks very much. Great to speak to you both.

Graham Hood: Let's have a prayer.

John Larter: Let's just hope to just finally, let's, let's hope some of these Australians with really deep pockets, uh, get involved please. Uh, Pauline, uh, you know, you've obviously got a lot of very, very influential contacts.

John Larter: Uh, you know, this is the sort of thing that should be backed in by One Nation. Uh, these are the sorts of, uh, things that, uh, are important to

everyday Australians. And, uh, we'll send a message to the Spotlight Program. Uh, that, uh, you know, these were [00:45:00] average Australians, uh, that were just fighting for them, medical freedom, and, uh, we continue to do that.

Graham Hood: Exactly right. And uh, and once again, I'll reiterate Pauline and anybody else in this political sphere getting all the attention, for goodness sake, please put a spotlight on Infected Blood Australia. Please do that. For the sake of those still struggling after 30 years, it's killing them. Just the drama of this is killing them, and I've said now, but we're gonna continue pushing this for the rest of the year and see where that goes.

Graham Hood: Let's have a prayer. Lord, father in heaven, we just thank you for Dr. Melissa McCann and those people involved in this case with her Lord, the. The other respondents and, uh, the legal team. Lord, we pray that you'll guide them with wisdom. We pray that you'll guide the, um, the judiciary with wisdom and common sense too.

Graham Hood: Father, that justice will not only be seen to be done, but actually will be done. And Lord, we pray that there might be some people out there with funding [00:46:00] who can help, uh, Melissa with this case, uh, father God, because she's not doing it to make money for herself. She's not doing this to benefit herself in any way other than to serve her desire to serve the people that she, that she treats in her practice and who are treated by other doctors who are not stepping up to the plate.

Graham Hood: Lord, we pray for all of the victims of, of, um, of vaccine injury. Father God. We are starting to see a little bit more, uh, public attention being paid to that. And we pray for all of the people involved in infected Bloods Australia, that they will also see the compensation and the notoriety that they deserve after 30 years of fighting.

Graham Hood: So fill us with the precious hope of the Holy Spirit and God, and leaders is our prayer and your precious name. Amen.

Dr Mellisa Mccann: Amen.

Graham Hood: Johnny Lati, you've often been hurt to say

John Larter: you just couldn't make this stuff up.

Graham Hood: No, you can't. You can't. And, uh. Normal life is coming back to a, a, a theater [00:47:00] near you, mill.

Dr Mellisa Mccann: I wait for it.

Graham Hood: We've dated

Dr Mellisa Mccann: great. Not for a few years though. I don't think

Graham Hood: so. God bless you. Please keep us in the loop. We want to keep covering this, definitely with you and um, to all of you watching this, thank you so much for your support of Club grubby. Don't forget what you did yesterday, got you to today. Stay outta the trees.

Graham Hood: Love the country you're in, it's worth fighting for. God bless you and we'll see you next time on Club Grubby. Bye for now.