

Commonwealth Government COVID-19 Response Inquiry

Submitter: Murray May PhD

Relevant to terms of reference: Governance, and Key health response measures.

Background: Submitted as an individual in the public interest. I was a Commonwealth public servant in the environmental health and public health fields for over 20 years, working primarily in the Health and Environment Departments. I also worked for eight years as an academic in the environmental field at UNSW Canberra.

I am particularly concerned about the safety of the recommended vaccines which were often mandated for those in employment, or relentlessly promoted to the public as part of strong social pressuring messages from politicians and health bureaucrats.

I have also observed strong adverse health effects from Covid vaccines in my personal network, including one [REDACTED] who developed very bad [REDACTED] a week after the first Moderna booster. She now has to [REDACTED] on an ongoing basis.

As Professor of Medicine at UQ, [REDACTED], states in her Foreword to the **attached detailed August 2022 report by Phillip M. Altman BPharm (Hons), MSc, PhD, Clinical Trial & Pharmaceutical Regulatory Affairs Consultant:**

"It is abundantly clear that there has been repression and suppression in scientific circles and the media of any views or suggestions that run counter to the government/mainstream narrative. However, many studies now indicate that the Covid19 vaccines, especially the mRNA vaccines, are less than 'safe and effective', and the ramifications are truly confronting."

For those willing to find out, this was apparent earlier in the pandemic. **A preliminary analysis of adverse effects in UK Yellow Card data (up to 26 May 2021) by [REDACTED] (MBBCh, PhD)** was submitted to the Medicines and Healthcare Products Regulatory Agency. This analysis of data over a five-month period indicated that the extent of morbidity and mortality associated with the COVID-19 vaccines was unprecedented. She stated that the nature and variety of adverse drug reactions reported to the Yellow Card System were consistent with the potential pathologies described in various scientific papers on vaccine-induced harms. These included:

- A. Bleeding, Clotting and Ischaemic Adverse Drug Reactions ADRs
- B. Immune System ADRs
- C. 'Pain' ADRs
- D. Neurological ADRs
- E. ADRs involving loss of Sight, Hearing, Speech or Smell
- F. Pregnancy ADRs

Likewise, **Wiseman et al. (see attached paper)** in a September 2021 submission to the US FDA found that:

- There is inadequate evidence for safety of booster doses amidst mounting concerns for the first two doses
- Significant safety concerns need to be addressed for the Covid-19 vaccines as presently used, and with the use of booster doses.
- We show intense safety signals for the Covid-19 vaccines compared with influenza vaccines with 176 times the number of deaths/person vaccinated reported in VAERS.
- To account for any stimulated reporting, compared with H1N1 vaccines where stimulated reporting was suspected, this ratio is still high at 35.
- Although classical disproportionality analysis is inadequate and superseded by methods that normalize for actual doses administered or people vaccinated, we nonetheless detected strong age-dependent signals for deaths, serious events coagulopathy and myocardial infarction.

An analysis of vaccine statistics taken from the TGA website (see attached) draws similar conclusions about the relative safety of Covid and flu vaccines. It showed that:

Influenza 1.7 in 10,000 people will experience an adverse reaction, ~1 in 1 million deaths

Covid 2.3 in 1,000 people will experience an adverse reaction, 1 in 50,000 deaths

A person therefore is ~13 times more likely to have an adverse reaction to a Covid vaccine compared with the flu vaccine and ~ 20 times more likely to die. The fact that the Covid vaccine is 20 times more likely to kill the recipient does not support the assertion that it is safe if the flu vaccine is used as the baseline for safety.

More recent published papers have only reinforced the above concerns about Covid vaccine damage being considerably above the rate of previous vaccines e.g. [REDACTED].

[REDACTED] Serious adverse events of special interest following mRNA COVID-19 vaccination in randomized trials in adults. *Vaccine* 40 (2022) 5798–5805. This paper is attached.

Another paper from medical experts (**Bardosh K, et al. *BMJ Global Health* 2022;7:e008684. doi:10.1136/bmjgh-2022-008684**) notes that mandatory COVID-19 vaccine policies used around the world during the COVID-19 pandemic to increase vaccination rates provoked considerable social and political resistance. They suggest this has had unintended harmful consequences and may not be ethical, scientifically justified, and effective.

Trust in government has been considerably eroded as adverse and sometimes very serious vaccine damage has been observed in personal networks, in spite of government assurances that mRNA vaccines were “safe and effective”. The AZ vaccine has also been withdrawn for use in Australia because of concerns about clotting effects.

Of particular concern is the lack of foresight shown by authorities in regard to serious adverse effects from the quickly developed vaccines. The clinical trials for COVID-19 vaccines were very short-term and thus did not address long-term effects that, if serious, could be borne by children and adolescents for decades. Vaccines are normally put through extensive and prolonged safety testing before being approved.

The bulk of the official COVID-19- attributed deaths per capita occur in the elderly with high comorbidities, and the COVID-19 attributed deaths per capita are negligible in children. The risk of death from COVID-19 decreases drastically as age decreases, and the longer-term effects of vaccinations on lower age groups increase their risk-benefit ratio. Children should not have been vaccinated given the low risks to them from Covid, and the risks from the vaccines (as outlined above), including unknown longer-term risks.

The Commonwealth's approach to the Covid pandemic over-emphasised vaccines as a response and gave little to no attention to lifestyle and simpler preventative measures for managing Covid. One widely downloaded video from a NZ GP outlined supplements (e.g. Vitamin C, Vitamin D, Zinc) for boosting the immune system, and also saline nasal washes and gargles for reducing viral load quickly if one were to become infected. For healthy people without comorbidities, this was all that was often required. I heard nothing about this from the daily exhortations from politicians and chief medical officers.

There have been a number of papers in the scientific literature on the protective effects of Vitamin D, with those ending up in ICUs often being shown to be Vitamin D deficient. Many publications support a correlation between the severity and death rate of Covid infections and the blood level of vitamin D3. One study recommended routine strengthening of the immune system of the whole population with vitamin D3 supplementation to consistently guarantee blood levels above 50 ng/mL (125 nmol/L). From a medical point of view, this saves many lives. From an economic point of view, it saves billions of dollars worldwide, as vitamin D3 is inexpensive. **See Borsche, L.; Glauner, B.; von Mendel, J. COVID-19 Mortality Risk Correlates Inversely with Vitamin D3 Status, and a Mortality Rate Close to Zero Could Theoretically Be Achieved at 50 ng/mL 25(OH)D3: Results of a Systematic Review and Meta-Analysis. *Nutrients* 2021, 13, 3596. <https://doi.org/10.3390/nu13103596>**

In my own case for example, I am a healthy [REDACTED] year old with no comorbidities. Though I took no Covid vaccines at all, I have never had Covid to my knowledge, though will have certainly come into contact with the virus. I boosted my Vitamin D levels during the pandemic and took the normal distancing precautions. Yet others with multiple Covid vaccine boosters have had Covid two or three times. As is now well known, the vaccines neither prevented infection nor transmission of the virus to others.

New medical research from Professor [REDACTED], MD, FRCP, FRCPATH, FMedSci a Clinical Consultant noted that 5 – 20 year stable melanoma patients were relapsing. Melanomas are often activated after extreme stress, such as with divorce, bereavement etc. However, these patients did not have life traumas, but all mentioned they were up to date with Covid boosters. [REDACTED] postulates that as T cells control melanoma, relapses only occurred when there was T cell perturbation. Covid boosters cause this perturbation.

A more proportionate approach to Covid would not have been one driven by the pharmaceutical industry, as occurred. The vaccines should always have been primarily targeted at the vulnerable people only, such as older people with comorbidities. In aged care facilities where transmission took place easily, prevention using environmental control such as the use of air purifiers was also greatly underused, even though such measures have been shown to be very effective in preventing transmission of the virus.