

Submission to the Australian COVID-19 Response Inquiry January 2024

My name is [REDACTED] I was born and have lived my life in [REDACTED] Victoria, Australia.

Summary

I would like to comment on the value of gathering accurate comprehensive data about various aspects of the COVID-19 pandemic response, including approaches to slowing down the spread of COVID-19 and reducing deaths from COVID-19. To me, the data should include the:

- rates of vaccinated and non-vaccinated people affected by COVID-19,
- how often vaccinated and non-vaccinated individuals got COVID that they were aware of,
- value of other approaches such as hand washing, physical distancing and staying at home when you feel unwell,
- social, economic and health/ psychological impacts of lock downs, and ongoing fears of some to resume engaging in community,
- impact of COVID-19 on people with compromised health,
- negative impacts of the provisionally approved vaccines (Comirnaty Pfizer etc) in the short to longer terms, the rates of people affected by vaccine injuries/ adverse events, and the types of adverse events,
- deaths (and ages) each year from all causes 2020-2024,
- value of the vaccines versus the impact of adverse events for individuals,
- thorough investigation of other potential or claimed treatments,
- rationale and justification for widespread use of provisionally approved vaccines.

Worldwide data

As of 7 January 2024, Worldometer (<https://www.worldometers.info/coronavirus/coronavirus-death-toll/>) suggests that:

- the number of COVID-19 deaths rose from March 2020 to March 2022, but the death rate has been relatively stable since then. Daily deaths peaked in January, April and August 2021 and February 2022
- 6,925,329 people have died from COVID-19 since 2020 (0.087% of the world's 8 billion population, that is **less than 1%** of the world's population died from COVID).

Australia

COVID-19 vaccines became available in Australia on 22 February 2021. Worldometer suggests:

- COVID-19 cases were stable at some 3,386,000 until January 2022, with a sharp increase to 9,790,831 by August 2022. Daily cases peaked in January, April, May and July 2022. There have been 11,757,494 known cases of COVID-19 infection as of 7 January 2024.
- Deaths from COVID-19 similarly were stable up to January 2022 when the number of deaths was 2,440. By July 2023, the number of deaths from COVID-19 had increased to 22,428, with peaks in January, July and September 2022, and January 2023. There have been 23,871 known deaths from COVID as of 7 January 2024 (0.09% of Australia's population, that is **less than 1%** of Australia's population died from COVID).

COVID-19 death rates: Australia vs worldwide

I would expect that with the roll-out of the vaccine program and boosters, there would have been a reduction in the number of COVID-19 cases and deaths in Australia, especially given that Australia reached 70-90% vaccination rates of the eligible population. But the data do not clearly demonstrate such reductions. Furthermore, the percentages of COVID-19 deaths were similar in Australia at 0.09% to world wide at 0.087% although vaccination rates, protocols etc were very different from country to country.

2022 was an extraordinary year. I attended [redacted] funerals and was aware of another [redacted] that I could not attend. Of the [redacted] I attended, all the deceased were COVID-19 vaccinated. [redacted] were [redacted] [redacted] (one person was dead [redacted] one was [redacted] after being in remission and the third was an [redacted], one person died of [redacted], and the fifth who had extremely [redacted] died with COVID-19. So a number of deaths, but only one because of COVID-19.

Efficacy of provisionally approved COVID-19 vaccines

Did the vaccines work, or was it a mix of approaches?

- Various methods were used to stop the spread of the coronavirus: hand-washing, mask-wearing, restricting movement, working from home, lock downs, online education and health support, provisionally approved vaccines etc. I cannot find a research based analysis of these various factors, including the value of the various approaches, or a mix of them.
- Israel for example became one of the first countries to succeed in the majority of the eligible population being vaccinated followed by a booster shot. However the COVID-19 cases jumped: (<https://www.npr.org/sections/goatsandsoda/2021/08/20/1029628471/highly-vaccinated-israel-is-seeing-a-dramatic-surge-in-new-covid-cases-heres-why>)

Provisionally approved vaccine injuries/ adverse events

- Negative impacts of provisionally approved COVID-19 vaccines on individuals seem to have been considered controversial rather than incontrovertible. A person who should know what she is talking about is Dr [redacted] who has spoken of the adverse effects of the vaccine on both her and her partner. Dr [redacted] indicated that threats from medical regulators affected the public discussion of the adverse effects of the provisionally approved COVID-19 vaccines and vaccine injuries: <https://www.news.com.au/technology/science/human-body/dr-kerryn-phelps-reveals-devastating-covid-vaccine-injury-says-doctors-have-been-censored/news-story/0c1fa02818c99a5ff65f5bf852a382cf>
- Others have also publicly shared their experiences: <https://www.news.com.au/lifestyle/health/health-problems/outright-lying-australian-scientist-hits-out-at-tga-after-lifechanging-covid-vaccine-injury/news-story/c57a554e4f7b6750e8ac6ff2db6c9514>

Conclusion – dealing with a pandemic in the future

In my opinion, Australia's response to COVID-19 was not balanced or properly evidence based.

- Many people were required to be vaccinated, for example to go to work or school.
 - The data are not clear that the provisionally approved vaccines were effective in reducing COVID deaths or getting COVID, with no research on vaccinated and non-vaccinated people. For example, some non-vaccinated people have not to their knowledge had COVID. Some vaccinated people to their knowledge have had COVID more than once.

- For some individuals the provisionally approved vaccines have had immediate disastrous health outcomes, and there are no data on longer term impacts.
- The Government needs to be confident that the benefits of widespread use of provisionally approved vaccines are greater than the costs. This requires evidence based independently verifiable research to compare with data from Pfizer*, and other COVID-19 vaccine developers. If Australia can't do that type of research, our best scientists and medical researchers need to scrutinise research undertaken by Pfizer and others and the claimed results, and report to the Government. Thus the Government can make an informed evidence based decision on using provisionally approved vaccines.
- The lock downs have had serious consequences for people's physical and mental health, businesses especially smaller ones, workplaces, the education and health sectors, other public institutions and infrastructure such as public transport, and people being able to stay socially connected.
 - Government approaches to supporting Australians' health and well-being in a pandemic or otherwise need to be holistic, multi-factorial and evidence based, need to consider people's individual needs and preferences, and must respect individual choice.
 - Australia needs to consider alternatives to lock downs and provisionally approved vaccines. Washing hands with soap and water and staying at home if unwell are standard responses to not spreading viruses, including during flu seasons.
 - Are there existing treatments or options for newly circulating viruses? Does natural/built immunity limit the impact of viruses?

Australia needs to gather data honestly about what works and what doesn't, and the short and long term health, economic, social, education etc costs and trade-offs we are prepared to accept in future "pandemics".

Thank you.



9 January 2024.

*Pfizer is an American multinational pharmaceutical and biotechnology corporation producing a range of medicines and vaccines. The company's sales of Pfizer BioNTech COVID-19 vaccine, its largest product by sales, made the company \$37 billion in 2022. At least nine billionaires were created in 2021 from the profits of vaccine distribution including the CEOs of BioNTech and Moderna; another eight billionaires with extensive portfolios in COVID-19 vaccine pharmacological corporations grew their fortunes by \$32.2 billion:
<https://www.oxfam.org/en/press-releases/covid-vaccines-create-9-new-billionaires-combined-wealth-greater-cost-vaccinating>