Introduction

I had been working as an analyst and application specialist for NSW e-Health for four years followed by four years at [redacted] hospital in Sydney. In February of 2020 I was drafted onto the COVID [redacted] at [redacted] which was one of the primary facilities for dealing with COVID throughout the pandemic. The [redacted] initially met every few days and then every day to receive updates and guidance on assignments and measures for dealing with the expected pandemic.

Use of Aged Care Facilities

At one of the early [redacted] meetings in February 2020, one member of the [redacted] asked what would be happen to ambulant COVID patients in regards to isolation and ensuring the expected flood of COVID patients would not overwhelm the hospital. The Chief Information Officer (CIO) responded that ambulant patients would be "put into aged care facilities" so as not to overwhelm hospital beds which would be required for more severe patients.

It later transpired that the vast majority of the 909 people who died in 2020 with a positive COVID test had died in aged-care facilities, mostly in Victoria and there were initial outbreaks in NSW aged-care facilities (see Appendix A). I am not sure whether any ambulant COVID patients were put into aged care facilities and these questions must be raised by this Inquiry.

The PCR Test

One of my first tasks was to assist in the workflow and design of the COVID PCR test reporting system. If a person had undergone a COVID test and was negative they received a text message if they were positive they received a phone call. Our team had to send daily reports to the call centre of the PCR test results. In the first weeks when the PCR test was rolled out an issue arose where some people who had undergone multiple tests over a period of days were recording unusual results. For example, a person would have three or four tests over a period of 10 days and the results would show both negative and positive results (see Appendix B). This was a problem because we could not send a text one day telling someone they were negative and then call them another day saying they were positive, then send them a text the following day saying they were negative. I analysed tens of thousands of test results and concluded that the PCR test was highly inaccurate. Over 80% of people with multiple test results showed these anomalies. A colleague checked the records of these people and they were not admitted or were not showing any symptoms. This did not include the people who we're already admitted to the hospital for other issues who were being tested multiple times whilst they remained in hospital. I reported my results to my manager who responded by thanking me but I later learned that no action was taken and no review of the test results have been made. This was a serious breach of protocols and testing efficacy.

In essence nobody had undertaken to ensure that the PCR test was accurate and that false positives or false negatives where at an absolute minimum. I later learned from several other sources overseas that the PCR test was very inaccurate, and medical professionals and doctors had estimated that it was over 90% inaccurate and that the cycle threshold was too high and that the test itself (the so-called "Drosten Test") was not even based on the genomic sequence uploaded to the international database boy Chinese authorities in January of 2020. It was also noted that the late inventor of the PCR test, Dr [redacted] had himself stated that the PCR test should not be used for diagnostic purposes.

There are several questions that need to be raised with the relevant health authorities in Australia.

1. Why was the COVID PCR test not certified or verified by anyone in Australia?
2. Why was no due diligence done on the test and the results it was producing?
3. Why was it never explained to people that the test was highly inaccurate and that positive results we're not signifying actual sickness or that the person actually had COVID?

Given that this pandemic was primarily driven by reporting on the number of people who were supposedly infected through this inaccurate test and that daily case numbers were reported on daily by Chief Health Officers and plastered on TV screens, the importance of the PCR test in the pandemic cannot be overstated. Lockdowns and other draconian policies were based on the ebb and flow of case numbers from a PCR test that was not fit for purpose. Was this a pandemic or a "case-demic"? That this faulty PCR test is still being used today despite the overwhelming evidence that it is inadequate is shocking.

Recommendations

- The COVID PCR test must be immediately withdrawn from use and a full review performed by independent and Government epidemiologists and pathologists.
- A mandated standard operation procedure that any test for any disease or virus must be thoroughly verified for accuracy and efficacy by independent and Government pathology laboratories before being deployed for use publicly.
- The data (de-identified) regarding COVID tests, hospitalisations, symptoms, deaths and any other relevant measurements should be made public and analysed by independent and Government researchers.

PPE and Mask Purchasing and Disposal

In July of 2020 staff at RPA received a memo from the Chief Executive stating that:

It also stated that:

Initially PPE had been hard to source and RPA had ordered vast quantities of PPE at considerable expense. So much PPE was ordered that it began to overflow and filled up not just the regular storage space but also several shipping containers at the back of the hospital that were used to store PPE. This was largely because the expected number of people admitted for COVID was very low, the hospital was virtually empty for most of 2020 and very little PPE was actually used.

I noticed that the 3M masks, that the memo claimed were expiring, actually had an expiry date of 2025, not 2020 (see Appendix C).

The new N95 masks were being supplied by [redacted] a Chinese electric vehicle and battery company that had never previously made any medical equipment. These new masks were purchased by hospitals all over the country and in other places around the world. Billion-dollar deals were made to purchase these masks from [redacted].

[redacted] is part owned by China and [redacted] and [redacted] The share price of [redacted] skyrocketed after the mask deals. It later transpired that the [redacted] masks were not fit for purpose and staff complained about them.

Millions of dollars of masks were either thrown away or given away and in just one state (NSW) $778 million was wasted (https://www.spectator.com.au/2022/02/7778-million-wasted-by-nsw-health/).

Recommendations

This Inquiry should discover the who, why and what behind this fiasco. Who gave the order to dispose of perfectly adequate PPE and hand over hundreds of millions to [redacted] Why was this done? This was clearly a decision made at the Federal level and fed down to the States. What are the Government connections to [redacted]? This incident screams of corruption and insider dealings and put healthcare staff at risk because of the poor quality of the [redacted] masks.