

15 December 2023

The Chair
The COVID-19 Response Inquiry Panel
Department of the Prime Minister and Cabinet
PO Box 6500
Canberra ACT 2600
Australia

Re: Commonwealth Government COVID-19 Response Inquiry

Dear Chairperson Kruk

I am Dr Wilson Sy. I have extensive experience in data analysis in academia (physics and biophysics), in finance industry (investment banking and economics) and in government (financial regulation). I was for six years the Principal Researcher at the Australian Prudential Regulation Authority and was a senior adviser to the 2010 *Super System Review* (Cooper Review). My individual submission here is independent of any organizational affiliation, political or otherwise.

I indicate in this submission a few aspects of how the COVID-19 pandemic has exposed inadequate responses by the Commonwealth Government, the role of which is the main focus of my submission.

Statistical Neglect

Health has always been based on individual needs and has never been appropriate to mandate sweeping medical solutions by governments on individuals. Therefore, it is appropriate that health remains the limited responsibilities of state and territory governments, except those governments have exceeded their limits.

However, according to section 51 (xi) of the Australian Constitution, the Federal Government has the powers and the duty to collect national “census and statistics”. It has never been more important to collect accurate and timely statistics than during the COVID-19 pandemic when information was vital to making life-and-death decisions for individuals.

Patchy, inconsistent and misleading statistics were collected by different state and territory governments without any auditing and harmonizing input by the Commonwealth Government to ensure disparate databases are valid and consistent. The Commonwealth Government has the constitutional duty to aggregate the data for the nation.

As a result of statistical neglect, very little of the COVID data were adequate in quality to assess reliably the risk versus benefit of COVID vaccination [1]. Without trustworthy information, it was impossible for individuals to give informed consent to be vaccinated. Rational vaccine hesitancy of many agnostics was ignored by governments with coercion and enforcement of illegal mandates in some professions.

The neglect of collecting quality COVID data and the production of accurate and timely statistical analysis were the fundamental causes of bad policy decisions leading so far to approximately 50,000 excess Australian deaths, according to the Australian Bureau of statistics.

Coordination with Outside Experts

Governments' chosen experts were never going to criticize governments' own data collections. They are merely apologists for governments' decisions, even though they should know that official data are flawed [1].

From the very beginning, the official narrative was that the SARS-CoV-2 virus is so novel that no one can possibly know what to expect, i.e. there are no experts, and everyone should be very afraid and prepare for the worst until incoming data provide more information, which is less than useless, unless they are accurate and reliable.

There are different ways of overcoming the shortcomings of official data, but Government chosen experts are never going to find them, because their jobs are to defend rather than to attack official data. They select the data to support their official narratives that vaccination is "safe and effective".

Very different conclusions are obtained after government databases are debugged and the sources and origins of the errors are understood. More robust approaches avoiding flawed official data have reached the unpleasant conclusions that major policy mistakes have cost tens of thousands of lives, particularly in the elderly [2-4].

Since the Commonwealth Government is in a more neutral position, not being directly involved in many those erroneous decisions by other governments, it should be in an advantageous position to facilitate and coordinate the efforts of outside experts to reconcile their research with the more constrained opinions of Government experts.

International Policies

The Commonwealth Government should communicate, but not enforce, international policies to the other governments. For example, Event 201 international simulation was staged in 2019 in preparedness for a coronavirus pandemic in 2020. Recommendation 3 (out a list of seven) states:

"Countries, international organizations, and global transportation companies should work together to maintain travel and trade during severe pandemics. Travel and trade are essential to the global economy as well as to national and even local economies, and they should be maintained even in the face of a pandemic."

Why was this well-considered recommendation ignored? Why were lockdowns implemented without any similar depth of research and discussion as Event 201?

Conclusion

The Commonwealth Government has the powers and duty to collect accurate national data in a timely fashion to inform health policies for all Australian governments. It has also a duty to transmit and coordinate national and international expertise and policies to enable all Australian governments to make better decisions for the health and well-being of all citizens.

References

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- [2] Sy W. Australian COVID-19 pandemic: A Bradford Hill analysis of iatrogenic excess mortality. *J Clin Exp Immunol* 2023; 8(2), 542-556. <https://www.opastpublishers.com/open-access-articles/australian-covid19-pandemic-a-bradford-hill-analysis-of-iatrogenic-excess-mortality.pdf>
- [3] Sy W. Simpson's paradox in the correlations between excess mortality and covid-19 injections: a case study of iatrogenic pandemic for elderly Australians. *Medical & Clinical Research* 2023; 8(7), 01-16. <https://www.medclinrese.org/open-access/simpsons-paradox-in-the-correlations-between-excess-mortality-and-covid19-injections-a-case-study-of-iatrogenic-pandemic.pdf>
- [4] Sy W. Early Indication of Long-Term Impact of COVID Injections. *Medical & Clinical Research* 2023; 8(10), 01-06. <https://www.medclinrese.org/open-access/early-indication-of-longterm-impact-of-covid-injections.pdf>