

Submission to the Commonwealth Government COVID-19 Response Inquiry

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I have mathematical and statistical training in each of my first two degrees (BSc (mathematics) and BEd from the University of Western Australia) and from postgraduate studies in both UWA and the University of Chicago, and have taught mathematics and mathematics education in schools and universities since 1971. I have also taught university courses in research methods and statistics, so am well-qualified to read and interpret statistical research studies of various kinds, including published medical research studies. Although I hold a post of Emeritus Associate Professor of Mathematics Education of Murdoch University, this submission is personal and is not to be interpreted as representing the views of the University.

First term of reference (Governance ...)

The Commonwealth failed in its ready acceptance of the scale of the Covid pandemic without due diligence to the nature and extent of the disease in Australia. Accepting the 2020 WHO declaration of a pandemic without examining the details of the case, and the Australian details in particular, almost certainly encouraged community anxiety and subsequent political overreaction to the situation in Australia, with various excessive measures in different states. Misuse of PCR testing, with scant regard for false positives, and opaque use of test settings, was a major factor in this dereliction of duty, despite widespread discussion internationally of the inadequacy of PCR tests as a proxy for Covid-19 infection.

Second term of reference (Key health responses ...)

The persistent classification, with Government sanction, and even advertising, of vaccines developed by commercial companies as “safe and effective” was at no stage supported by credible *independent* evidence. It appears (extraordinarily) that the descriptions of vaccines in this way was based entirely on research conducted by the companies themselves, who have a clear and obvious vested interest in their acceptance, or on research published by people who had clear Conflicts of Interest, because of research and other sponsorship by pharmaceutical companies. The Government, through its agencies such as the Commonwealth Department of Health and the Therapeutic Goods Authority, has failed in its duty to adequately scrutinize such claims and to obtain and publicise independent reliable information so that both decision makers and citizens can make balanced judgements. Without such information widely available, any notion of ‘informed consent’ to be vaccinated has no meaning. Especially problematic, of course, is the effective mandating of vaccination for many employed people, who risked losing their livelihoods if they did not consent or who required more adequate independent advice before feeling able to do so.

Regarding the effectiveness of medicines, there are two well-known metrics in the pharmaceutical industry, namely *relative* and *absolute* effectiveness. (e.g., Brown, 2021). It is inconceivable that the TGA and Commonwealth Health Departments were not aware of both metrics, and yet the Government tolerated the use of only one metric (relative effectiveness) and provided no information at all in the public domain about the other metric (absolute effectiveness). A figure of (around) 95% effective was commonly used in public health

messaging – and, it seems, still is – to support vaccination campaigns, with minimal help for people to understand its meaning. As Brown (2021) reported, however, while the relative effectiveness of Pfizer and Moderna vaccines from their original studies was a reassuring 95.1% and 94.1% respectively, the corresponding absolute effectiveness measures were merely 0.7% and 1.1% respectively. Thus, being vaccinated, according to the manufacturers themselves, reduced the chances of being infected with Covid-19 by about 1%. As Brown (2021) notes, various organisations (including, ironically, the FDA in the USA) have noted that it is critical for *both* measures to be routinely reported so that a balanced judgment regarding benefits and risks can be attempted. It is clearly impossible for people to do this when the benefits are inadequately described, and the Government failed completely to ensure that its public messaging was accurate.

It is important that a lesson be learned from this failure and that any future Government messaging regarding pharmaceutical products be required to provide *both* measures in an easily understandable form for public consumption. It might be that a *Number Needed to Treat* measure might be preferable to a percentage measure, which is recognisably problematic for many people, as Gigerenzer (2006) has noted, when he observed that many people, including physicians, were unable to adequately interpret results of mammograms, and frequently did not understand the likelihood of extensive false positives in testing, even when test parameters seemed to reflect sound measures because the percentages were high. As Brown (2021) reported, the industry research from Pfizer and Moderna resulted in vaccines for which 142 vaccinations were needed to prevent a single Pfizer infection, with the corresponding figure for Moderna being 88. It seems likely that people might have been less comforted by these figures than by the published figures of relative effectiveness.

To allow States to mandate vaccinations with such limited benefits and to effectively shut down national and state economies was a massive failure of Government. To further permit such measures to be used to support the vaccination of manifestly non-risk groups, such as children, younger people generally and pregnant women, compounded this error. It is not clear, because of the opacity and secrecy of communications, whether the failure resulted from negligent advice from authorities such as the TGA and the various health departments, Commonwealth and State, or from an inability of Ministers at the National Cabinet to comprehend what they were being told. Regardless of the mechanism, it is critical that such a situation not be allowed to recur in Australia.

The safety of vaccines has been regularly stressed in Government messaging of various kinds, including public messaging. Yet adequate evidence to support this claim has not been provided by Government, and the safety claim has not varied significantly since the beginning of vaccination programs. Nor did it change when the Federal government changed, suggesting that the source of the claim was from government agencies such as the TGA and the Commonwealth Health Department, rather than solely from negligent politicians.

From the outset of the vaccine research, the study of safety has been problematic. The early studies by vaccine manufacturers reported in-house work related to safety, and then promptly vaccinated the Control Group, so that ongoing safety studies are simply unavailable. It is not clear that the Australian government has established its own studies into the short and long term effects of Covid vaccinations, with a proper Randomised Control study, or whether it continues to rely on the advice of the manufacturers (and those they sponsor, such as researchers or the World Health Organisation) elsewhere. In a commercialised world, there is

no justification at all for the Australian Government to rely on advice of others abroad in regard to monitoring and safeguarding the safety of its own citizens.

Since the Covid-19 vaccines have begun to be used in Australia, regular, credible and independent reports of increasing problems with adverse reactions to them have been published abroad. Data on the safety or effectiveness of vaccines in Australia has been hampered by a reluctance of authorities to publish suitable data, and there seems to be no adequate records available for scholarly study of vaccine effects. Yet, there is clear evidence, in Australia and abroad (but only in countries where vaccination has been extensive) of significant excess mortality (not directly attributed to Covid-19), including national agencies like the Australian Bureau of Statistics. Several countries have now halted vaccinations for many groups of people, as a consequence of the reported adverse effects of vaccination, and yet nothing has changed in Australia at all. A major product used in Australia, from AstraZeneca, has long been withdrawn from use, while others are still used, and the official message today is still that the vaccines are safe and effective. This is quite unacceptable.

Space precludes an extensive discussion here of the (now compelling) evidence that Covid-19 vaccines are unsafe for many people. A recent Australian publication of the Australian Medical Professionals Society (2023) has provided some 470 pages of extensive scholarly evidence of this problem, even though the Australian Government has recently refused to investigate it. Such published information needs to be considered by this Inquiry, while recognising that it necessarily relies on data only up to the present time. Longer-term adverse effects of Covid-19 vaccination need to be monitored far more effectively and systematically than has happened to date with the Database of Adverse Event Notifications (DAEN). The Government recently apologised to Thalidomide victims more than sixty years after Australia's ██████████ drew attention to its unwanted side-effects; the Inquiry must ensure that we do a lot better than that for the Covid-19 vaccines.

The message of 'safe and effective' has been routinely and loudly amplified in media reports of various kinds, to the extent that any report in the public domain that offers an alternative perspective, or casts any doubt on the message, is derided as 'misinformation' or 'disinformation', or both. It is quite impossible to believe that independent media agencies have all reached the same conclusions without some kind of Orwellian influences or coercion. If citizens such as myself can readily find extensive evidence validly questioning both parts of the mantra of 'safe and effective', it is beyond comprehension that the entire free press has not been able to do so.

So, perhaps the biggest failure of Government actions in regard to Covid-19 is the virtual destruction of public confidence in Government itself and in the mainstream media. While, hopefully, the immediate effects of Covid-19 on both the economy and people's health will dissipate in time – except for the unfortunate and growing number of people who will have adverse reactions to their repeated vaccinations – the long-term erosion of public confidence in once trusted agencies may well be irreversible. I hope that is not the case, and rely in part of this Inquiry to restore some confidence.

References

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- Gigerenzer, G. (2002) *Calculated risks*. New York: Simon and Schuster.