

14 December 2023

Department of the Prime Minister and Cabinet  
PO Box 6500  
CANBERRA ACT 2600

**RE: COVID-19 Response Inquiry**

Dear Panel members,

I am writing these submissions as a concerned Australian citizen. I have a Bachelor of Laws and grew up in a medical / engineering family with an appreciation of the scientific method and logical reasoning. I am concerned because there was no scientific basis to justify the government's response to COVID-19 – the vaccines, the lockdowns, the masks, the social distancing, the vaccine passports, QR codes, contact tracing, isolation and quarantine. I will keep this submission short but please appreciate that there is a mountain of evidence to prove Australia's COVID-19 response was flawed to the core. The following points should be considered:

1. Without the use of trypsin there is no evidence that the alleged Sars-CoV-2 virus exists. The paper "Isolation and rapid sharing of the 2019 novel coronavirus (SARS-CoV-2) from the first patient diagnosed with COVID-19 in Australia" is the first paper that describes the alleged isolation and sequencing of SARS-CoV-2 in Australia.

<https://pubmed.ncbi.nlm.nih.gov/32237278/> It states

[REDACTED]

[REDACTED] This statement admits that no spike protein was found within the cell culture until they added trypsin (a pancreatic enzyme which digests proteins). The addition of trypsin created the spikes in the protein. This methodology and reasoning is inherently deceptive and misleading. It cannot scientifically establish the existence of a virus.

2. Without the use of Artificial Intelligence (AI) there is also no evidence of the SARS-CoV-2 virus. The SARS-CoV-2 virus has been defined to be a genome sequence, packaged up in a spike protein. A genome is approximately 30,000 base pairs long. In the same paper

cited above, it states [REDACTED]

[REDACTED] The similarity of the genome sequences between the already published sample from Wuhan and their isolate does not prove anything when the process is flawed. This is because a) the cell culture would have contained millions of base pairs; b) the study assumed SARS-CoV-2 virus to be in the cell culture; c) they used AI to match the sample with the contents of the cell culture, using the sample as a template. In other words, AI built the SARS-CoV-2 genome sequence provided by Wuhan, from the base pairs in the cell culture. If another genome sequence was provided, AI would have built that sequence from the same cell culture. This process would guarantee a 99.99% sequence identity with the sample because it is a creation of AI. It doesn't prove the cell culture contained any SARS-CoV-2 virus, only that the cell culture contained 99.99% of the base pairs of the sample genome sequence provided by Wuhan. For a more detailed analysis of the COVID-19 flawed process, please refer to <https://drsambailey.com/wp-content/uploads/2023/09/A-FAREWELL-TO-VIROLOGY-Expert-Edition-English.pdf>

3. There are no studies proving contagion. At no time has it been shown that an alleged pathogen, when exposed to a healthy person, causes disease. [REDACTED] postulates have never been satisfied for viruses. Without proof of contagion, masks, social distancing, lockdowns and isolation were pointless.

4. The PCR test is not fit for the purpose of diagnosing disease according to inventor [REDACTED]

[REDACTED] The Lisbon Appeal Court confirmed this, concluding: [REDACTED]

[REDACTED] In the eyes of this court, then, a positive test does not correspond to a COVID-19 case. The two most important reasons for this, said the judges, are that, "the test's reliability depends on the number of cycles used" and that "the test's reliability depends on the viral load present." <https://www.theportugalnews.com/news/2020-11-27/covid-pcr-test-reliability-doubtful-portugal-judges/56962> We should remember that asymptomatic individuals were encouraged to get tested and received false positives [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(20\)30453-7/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30453-7/fulltext) [COVID-19](#) COVID-19 cases were artificially inflated due to the inaccuracy and unreliability of the PCR testing. Creating a pandemic out of nothing.

5. COVID-19 seems to be a rebranding of the flu, pneumonia and respiratory infection. On the Australian Bureau of Statistics website, the deaths in 2019 from influenza and pneumonia amounted to 4,124. <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2019> In 2020, "deaths due to respiratory disease were

16.2% lower than historical averages. Decreases were recorded in both chronic and acute respiratory diseases. Influenza and pneumonia deaths were 36.0% lower than the historical average.” <https://www.abs.gov.au/statistics/health/causes-death/provisional-mortality-statistics/jan-dec-2020> In 2020, 55 people died from the flu and 898 people died from COVID-19. The median age at death was 86 years. COVID-19, like the flu, mostly killed the elderly or those with comorbidities

<https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release> If the deaths attributed to COVID-19 were recorded together with the flu, pneumonia and respiratory infection, there would still be a significant decrease in deaths from the previous years.

6. The COVID-19 vaccines are an experimental injection with no long-term data available to determine whether it was safe and effective. It is now widely admitted that the vaccines do not stop infection or transmission. [https://doi.org/10.1016/S1473-3099\(21\)00648-4](https://doi.org/10.1016/S1473-3099(21)00648-4) There is also a plethora of evidence to show that these vaccines are not safe, causing serious adverse events and death. Some notable observations include:

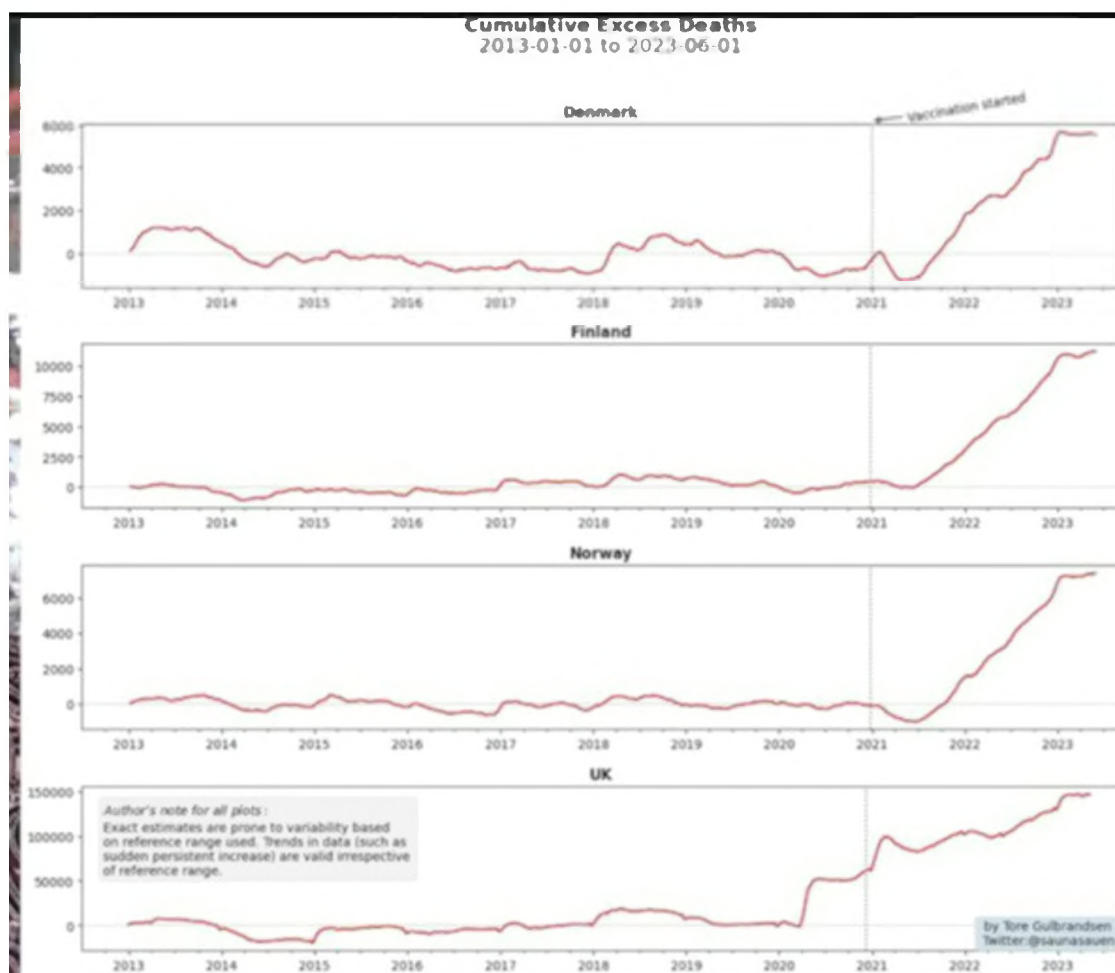
- a) The article published in *Circulation*, titled “Abstract 10712: Mrna COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS Risk as Measured by the PULS Cardiac Test: a Warning”, concludes with [REDACTED]

[REDACTED]

[https://www.ahajournals.org/doi/abs/10.1161/circ.144.suppl\\_1.10712](https://www.ahajournals.org/doi/abs/10.1161/circ.144.suppl_1.10712) Hence the vast number of athletes that have died since taking the COVID-19 vaccine.

- b) The COVID-19 vaccines are causing permanent disability and pharmaceutical dependency for Australians. As well as heart attacks, pericarditis, myocarditis, there are blood clots, sometimes needing amputation, antibody- dependant enhancement <https://www.nature.com/articles/s41564-020-00789-5>
- c) Since the COVID-19 vaccine roll out there has been an increase in cancers, now commonly referred to as “turbo cancer”.  
<https://pubmed.ncbi.nlm.nih.gov/35979213/>  
<https://www.newscientist.com/article/2366565-cancer-mystery-as-cases-rise-among-younger-people-around-the-world/>
- d) The TGA's has received more Adverse Event reports in 2021 through June 2022 for the COVID-19 vaccines, than they have been seen for all other vaccines in the preceding 50-year period.
- e) The COVID-19 vaccines reactivate shingles.  
<https://pubmed.ncbi.nlm.nih.gov/35470920/>

- f) Indeed, the vaccines are killing more people than they purportedly saved.  
<https://www.youtube.com/watch?v=WFph7-6t34M&t=15606s>
- g) It is also generally acknowledged that adverse events are under-reported around the world, with estimates that 90-95% of adverse events not reported to regulators. <https://www.tga.gov.au/media-release/new-web-service-helps-consumer-reporting-side-effects>
- h) Any analysis of excess deaths reveals the huge spike in deaths immediately following the COVID-19 vaccine rollout. Highly vaccinated countries are suffering more than others.



In addition, the devastating extent of COVID-19 vaccine injuries and deaths are not being adequately addressed by the government. The Australian people are not being properly informed. Instead, there is a campaign against misinformation. Questioning voices are labelled and immediately dismissed as “anti-vaxxers” and “conspiracy theorists”. This is unfortunate as we can no longer trust our doctors and journalists to give their expert opinion any more. It has been reported that AHPRA was silencing health professionals with threats of deregistration if anything was said against the national COVID-19 vaccine rollout.

Silencing dissenting voices is antithetical to science and it should not be happening in a pluralistic country like Australia. The precautionary principle of medicine was set aside for this experimental vaccine with no long-term data to establish safety or efficacy. Australian public officials should not be repeating disinformation given to them by foreign vaccine manufacturing corporations or foreign powers such as the WHO, China or Israel. They should be making their own independent inquiries to confirm the veracity of information using critical analysis of what is presented to them.

It is clear that the SARS-CoV-2 virus model was created in a computer, utilising AI technology. This is not science. The response to the fabricated pandemic was not based on science either. The PCR tests and masks were useless. The lockdowns and social distancing were destructive to the community. The QR codes and vaccine passports were draconian. The COVID-19 vaccines (which have yet to be recalled) are neither safe or effective. I believe there needs to be a full and open parliamentary inquiry into the COVID-19 response as the people need to see our public officers held to account.

Yours sincerely,

Susan Craig