

25 November 2024

Senate Standing Committees on Community Affairs ('Committee')  
PO Box 6100  
Parliament House  
Canberra ACT 2600

Via email: ATTN Apolline Kohen, [Community.Affairs.Sen@aph.gov.au](mailto:Community.Affairs.Sen@aph.gov.au)

Dear Committee,

**Request for unpublished correspondence provided to the Excess Mortality Enquiry**

1. Committee Secretary, Apolline Kohen, has suggested that we write to the Committee to request access to documents unpublished by the Committee.

**Background:**

2. The COVID-19 pandemic provided unique challenges and impacted upon public health.
3. During the COVID-19 pandemic the Commonwealth entered into commercial in confidence agreements with sponsors of novel gene and nano technologies marketed as protecting against SARS-CoV-2 ('products').
4. The products resulted in unexpected pathologies, leading to unprecedented adverse event reporting to pharmacovigilance systems around the world.
5. Excess mortality within Australia and its counterparts remained high at levels above regions mostly unexposed to the products.
6. Throughout 2023, citizens and their organisations had called for an enquiry into Excess Deaths and remained concerned about iatrogenesis (a call that was denied on multiple occasions).
7. At the Excess Deaths Enquiry by the extended deadline 31 May 2024 the Committee received submissions from concerned public.
8. There were 137 submissions not uploaded for public viewing. Of those not uploaded 57 were confidential, 14 were name withheld, and 66 submissions were determined by the committee to be accepted as '**unpublished correspondence**'.

**Why we are concerned**

9. We do not dispute that the COVID-19 disease is an obvious contributory factor towards mortality; however we maintain concerns that certain immunological products deployed on the population, whilst showing initial benefits against the COVID-19 disease, are a likely factor for some initial underlying, and now enduring, excess mortality – specifically because of a number of medical and immunological

factors expressed in the submissions of medical practitioners and scientists uncaptured by data or regulators due to alleged deficient safety surveillance.

10. The state of affairs above appears uncontroversial given an objective analysis of best-evidence free of favour and applying appropriate weight where conflicts of interest exist.
11. We are further concerned regarding the bias of political parties and regulators that materially benefit from the sponsors of products we investigate – and whether this impacted upon the release of unpublished correspondence.
12. The Committee broadly rejected that iatrogenesis was a concern by relying on mostly incomplete TGA assessments and submissions from the Actuaries Institute and a study of NSW health data, despite reasonable perceptions that:
  - a. Evidence showing TGA’s surveillance and assessment has been, and is, seemingly deficient, leaving vaccine injured and reported deaths abandoned and unassessed (see paragraph 2.59 of the majority report citing Coverse’s testimony) and doctors overburdened and at risk of reputational harm for reporting adverse events;<sup>1</sup>
  - b. the Actuaries Institute is not a medical institution and the author of its submission and board are generally non-medical finance personnel bound by official statistics and unequipped to recognise complexities of regulatory failures, agency capture, immunotoxicity, immune downregulation, genotoxicity, and other less-obvious but nuanced permeating factors influencing mortality, that don’t show up conveniently or obviously in Government databases upon which they completely relied; and
  - c. the over-reliance of the Committee and the Actuaries Institute on a modelling study by Lin et al. (2024) to dismiss concerns of enduring mortality and suspected iatrogenesis appears to us overtly fallacious for several reasons and should not have in any way dismissed the overwhelming iatrogenic concerns presented to the Committee. In brief:
    - i. Lin et al. (2024) relied on NSW health data for persons aged 50+ years and **only compared COVID-19 associated deaths;**
    - ii. it only surveyed 48-weeks during the height of COVID-19 up to July 2022 – after which NSW health data notoriously started to show negative efficacy;
    - iii. it failed to consider all non-COVID-19 deaths;  
  
e.g. if Joe Bloggs, Jim Briggs, and Jane Braggs all receive their 2nd jab in September 2021 and then Joe dies of sudden arrhythmic death syndrome in November 2021, Jim of advanced cancer in April 2022, and Jane of antibody dependent enhanced COVID infection in November 2022 – none of these would be included as "deaths" for the purposes Lin et al.’s modelling study;

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<sup>1</sup> It must not be avoided that the Department of Health is the Respondent in lawsuits for not unrelated matters and is unable to give an estimate of under-reporting (usually around 10 to 100-fold underreporting in passive surveillance systems historically) nor confirm that unconfirmed cases are not caused by vaccination injury.

- iv. ambiguities and debate remain about the inclusion and exclusion criteria of both NSW Health data and the Lin et al (2024) analysis and whether assessment of “vaccinated” in NSW health data and then Lin et al.’s (2024) analysis only those who had survived 14-days post 2<sup>nd</sup> dose or “unvaccinated” included unknown status;
- v. other detailed and genuine submissions included contrary evidence showing that after most COVID-19 vaccination doses’ initial protection offered against COVID-19 wanes, the risk of COVID-19 positively correlates with previous doses received;

*“The risk of COVID-19 also increased with time since the most recent prior COVID-19 episode and with the number of vaccine doses previously received.”<sup>2</sup>*

- vi. even if applying the most favourable assessment to Lin et al. (2024) it only informs us that vaccination was protective to 50+ year olds against COVID-19-associated mortality during the peak of the first COVID-19 waves in NSW up to June 2022 – the excess deaths mortality picture is obviously larger than that; so
- vii. Overall, applying the modelling in Lin et al. (2024) to the “broader health context”, in order to deny medically qualified concerns of iatrogenesis on enduring mortality trends is a fallacy of composition, otherwise known as ‘*tunnel-vision*’.

**13.** Discerning and injured public now have a perspective that the majority of the Committee chose to rely on potentially liable Government proponents and insurers (bound by those same proponents’ data and computation) to decline to properly consider submissions from front-line medical practitioners, PhDs of medical sciences, and the allegedly TGA-abandoned vaccine injured public (**‘the Suppression’**).

### **What we request**

- 14. We request copies of all unpublished correspondence to the Excess Deaths Enquiry that was intended by the author(s) to be a public submission for the Excess Deaths Enquiry be published on the enquiry website; or alternatively
- 15. We request all unpublished correspondence to the Excess Deaths Enquiry that was intended by the author(s) to be a public submission for the Excess Deaths Enquiry but were received as correspondence should be collated in entirety and donated to the National Library of Australia – to form a record of the Suppression for the public now and for future generations.

### **Purposes for the request**

- 16. Our purposes are many, but primarily twofold:
  - a. To create a historical archive of documents created by authors who wished for their voice to be public, to be accessed by the public and help provide a public

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<sup>2</sup> Shrestha NK, Burke PC, Nowacki AS, Simon JF, Hagen A, Gordon SM. Effectiveness of the Coronavirus Disease 2019 Bivalent Vaccine. Open Forum Infect Dis. 2023 Apr 19;10(6):ofad209. doi: 10.1093/ofid/ofad209. PMID: 37274183; PMCID: PMC10234376.

historical record and public discussion about the correspondences that weren't released as submissions; and

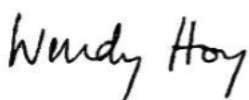
- b. discern the motive of the Committee in its selections of which correspondence would become submissions, as rationale for non-publication has not been forthcoming and the subject matter is of critical public importance and should be maximally informed unless another rational basis is given for non-publication of each submission.

17. The suppression risks a further and growing schism of trust between the public and Government which would be remedied through transparent publication of public concerns, as requested above.

### **Moving forward**

18. Please publish correspondence intended for publication within **28 days**; or
19. Please provide copies of unpublished correspondence to us within **28 days**.
20. For any unpublished correspondence not to be published, please provide a cogent rationale for non-publication for each.
21. Doing so would improve trust and reduce the need for public petitioning and campaigning on this issue and repair trust between the Government and sceptical or vaccine-injured communities, which the Government serves.

Regards,



Wendy Hoy FAA AO FRACP  
Emeritus Professor of Medicine  
The University of Queensland

Prof Robyn Cosford  
MBBS(Hons), Dip Nutr, Dip Hom, FACNEM FASLM  
Professor of Nutritional and Environmental Medicine  
Lifestyle and Wellness Coach  
Chair, Director Children's Health Defense (Australia Chapter)

Dr Monique O'Connor  
MBBS FRANZCP  
Consultant Psychiatrist

Dr Gigi Foster, PhD  
Co-founder and co-director, Australians for Science and Freedom  
Professor, University of New South Wales School of Economics

Professor Geoff Forbes  
MBBS MD FRACP Gastroenterologist;  
Clinical Professor, University of WA

Dr Duncan Syme - AMPS Vice President  
MBBS FRACGP DROGG Dip Practical

Dr Astrid Lefringhausen  
PhD Molecular Biology and Biochemistry  
Specialised in virology and Immunology  
Board of Directors CHD Australia

A/Prof Peter Parry  
MBBS, PhD, FRANZCP, Cert. Child & Adolesc.  
Psychiatry  
University of Queensland

Dr Jeyanthi Kunadhasan - AMPS Treasurer  
MD(UKM) MMED(UM) FANZCA MMED(Monash)

Dr Christopher Neil - AMPS President  
MBBS FRACP PhD

Kara Thomas - AMPS Secretary  
BNurs, GCertNurs, MInt&CommDev

Julian Gillespie  
LLB, BJuris