

Patrons of Chiropractic Science Inc.

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A not-for-profit association

SUBMISSION TO THE COVID RESPONSE ENQUIRY

DECEMBER 2023

This extremely limited three page submission is made by the Patrons of Chiropractic Science ("PCS"), a charitable research organisation with 130 members (and broader reach to the 6176 registered Australian chiropractors), dedicated to the advancement and development of appropriate and relevant chiropractic research to demonstrate and explain the mechanisms that underlie the effectiveness of chiropractic care and its positive health impact across all age groups. As PCS represents practising primary contact practitioners, who then offer health advice to thousands of patients, its objectives extend to more general health matters that may be influenced by policies, directions and mandates that are established and articulated by governments and their health advisors.

Introduction:

In February 2020, PCS, like many health related organisations, began to focus of the developing SARS-CoV-2 epidemic, named Covid-19 disease. PCS's approach was to develop general health advice for wider publication to assist in the prevention and mitigation of a Covid-19 infection. This interest became personal to its board members, as one of the PCS founders and his wife (both in their late 60's) contracted Covid-19 on March 12, 2020 from a visiting friend who was teaching in South Korea. While suffering flu like symptoms for 3-4 days, including loss of taste and production of copious amounts of respiratory tract phlegm, natural common sense approaches were immediately implemented. PCR testing was limited at that time, but subsequent tests a couple of weeks later possibly confirmed Covid-19 infection. The infection treatment responses included; bed rest, high doses of vitamin C, A, D (if direct sunshine was not available), selenium and zinc. Sensible diet included absence of processed foods and focus on whole natural foods and pure water. Natural recovery took approximately 2 weeks.

PCS then embarked on a Covid-19 data review and public health information program, commencing on April 20, 2020 with a series of press releases and letters to nearly every media outlet and most Health Ministers and their senior advisors (approximately 1600 recipients each release). What was apparent from Federal and State government responses was a complete lack of positive, general health advice and many unsubstantiated statements from Premiers and Chief Health Officers that were described as being based on "science" and "evidence", when clearly the science and evidence was either missing, dubious, anecdotal or contested. Statements were all doom and gloom! Alarming, any individual or organisation questioning such statements and directives, some by extremely eminent and respected experts in the fields of epidemiology and virology, were attacked, insulted, vilified and in some cases threatened with deregistration or loss of tenure. **This is not how the scientific process is conducted.**

PCS's letters and releases for the next five months questioned the lack of positive health advice, the effectiveness and dangers of extended harsh lockdowns, effectiveness of the facemask mandates, the similarity in mortality of Covid-19 to seasonal influenza (which in 2017 resulted in 1200 deaths yet apparently did not concern the health authorities enough to introduce similar harsh mandates), the validity of PCR testing and evidence that the "positive" PCR test result numbers (possibly over-inflated many times) were actually the basis of the claimed pandemic, not actual Covid-19 case numbers.



However, the most significant concern PCS had was the concept of a rushed, poorly tested, new experimental mRNA vaccine for a SARS type virus, when all previous attempts to manufacture a vaccine (SARS-CoV-1 & MERS), had failed to produce a safe or effective product and in testing had triggered some extremely negative serious adverse reactions and even death of test subjects.

PCS is not opposed to the use of vaccinations as a method to improve public health and some levels of immunity, but it is highly concerned when a new vaccine is considered safe and effective after a few months of internal testing by self-interested manufacturers, and particularly when such manufacturers refuse to release the full randomised control trial (RCT) data of serious adverse events, or used screening

techniques that excluded those test subjects experiencing serious reactions after the first vaccine shot from the published data. Given these concerns, in September 2020, PCS wrote directly to the Federal Health Minister, the Prime Minister and each State Health Minister to warn that all vaccines must be carefully and independently tested, trialled and verified over a protracted period. Copies of these letters can be provided, but not when a submission can only be 3 pages long and include 4 attachments. All previous vaccines have required 5 to 10 years to achieve the correct safety and efficacy standards.

The myopic focus on a saviour of such experimental vaccines only occurred because of the fear and panic the so called experts generated, both within government and amongst the public, even in the face of mounting evidence that Covid-19 illness and mortality was similar to a bad seasonal influenza. Their actions were further compounded by a dependence on this panacea. **This is a primary lesson to learn.** We now have a situation where it is entirely possible that the mortality arising directly from the serious adverse reactions of the Covid vaccines will be far worse and long reaching than the actual disease it was supposed to prevent. Further, the behaviour of most senior health officials to continue to deny this vaccine harm, and even worse, to continue to recommend vaccine boosters is a national disgrace, and is only brought about from fear of litigation, ballot box reprisals or plain stubborn ignorance.

Major points and references:

- 1. Lockdowns:** there are many conflicting studies that make it impossible to directly assess the effectiveness of this approach, particularly when this strategy is used by an over zealous Premier, rather than application of limited, sensible, considered restrictions, combined with effective protection of the most vulnerable (over 75 years of age). Victoria is a perfect case, where its lockdowns were the longest and most severe in the western world, and yet resulted in the highest direct Covid deaths in 2020 (ABS): Victoria 805, Australia total 906, and directly caused the greatest economic harm, mental illness issues and many unrelated health issue exacerbations due to lack of access to treatment. In particular, this highlighted what happens when health decisions do not correctly target the most vulnerable (retirement homes) and selection of a dubious company for hotel quarantine security that had no experience but was owned by a Union mate. While there will be many views, perhaps a good example of a country that minimised lockdown and mask mandates was Sweden. We encourage you to carefully study the data, which confirms they did not experience greater mortality and yet saved their economy and public mental health. PCS offers an excellent summary of lockdown effectiveness, viewed on this video clip, where 

- 2. Facemasks:** In the very early stages of the epidemic (May 2020), the USA Centre for Disease Control (CDC) announced a review of around 40 studies on the effectiveness of masks in protection from influenza transmission, selected 14 RCTs were viewed as the most robust studies, and concluded there was no statistical benefit in using a mask. This is supported by other peer-reviewed studies that have failed to confirm a statistical reduction in the spread of viral infection when using a facemask in any setting (Balazy et al, Jacobs et al, Milton et al, Cowling et al, bin-Reza et al, Smith et al, Offeddu et al). SARS-CoV-2 is about the same size as the influenza virus (0.12 micron). Masks are believed to be effective to 0.3 micron. Ordinary cloth masks (promoted by government as a “good” alternative, have pore sizes between 80 to 500 microns). However, these studies dealt with influenza, but there were two specific studies at the time directly related to Covid-19 transmission, that seemed to suggest SARS transmission may actually increase with the use of masks: the Danish 2020 Bundgaard RCT, and the 2020 NEJM Letizia et al marine recruit study. It is the view of PCS that the apparent increase in transmission did not relate to the effectiveness of masks, but rather contamination from the poor practice of constantly adjusting the mask position with fingers at the moist point of high viral loading over the mouth area. Again, in Victoria, the mandate for masks was a “Captains call” as no evidence could be established to support implementation, other than anecdotal charts of a couple of countries showing a continued downward infection rate trend line with the mask mandate date inserted. Even the manufacturers of N95 and ear loop face-masks (much better quality than approved cloth masks) state “WARNING: this product is not a respirator and will not provide any protection against Covid-19 (Coronavirus) or other viruses or contaminants. Wearing an ear loop mask **does not reduce the risk** of contracting any disease or infection”. **Governments should take notice.**

3. **RT-PCR Tests:** PCR tests are inherently inaccurate. The Nobel prize winning inventor of the PCR test, Kary Mullis, stated the test should not be used to diagnose a disease. Viral RNA particles captured by a PCR swab must be amplified. Science confirms any amplification over 35 times renders a PCR test clinically unreliable. Current PCR tests for Covid-19 are amplified 45 times or more, which leads to many false positive test results. Most virologists estimate that with large numbers of the population being tested, the likelihood of a positive PCR test actually being a false positive is between 89% to 94%. Yet most government actions, fear mongering and mandates were driven by daily PCR test result values. **Do not use PCR testing to assign a value of infections, particularly where the amplification multiplier is greater than 25.**
4. **Covid-19 Vaccines:** There are two critical measures: safety and efficacy. **All Covid-19 vaccines fail in both measures.** Where can any organisation start with this subject, as it is impossible to adequately deal with this matter in the remaining half page. As stated above, vaccine development has for the past 70 years required extensive and careful development, over a protracted period of years, and this is for well proven vaccine models, not an entirely, untested, experimental mRNA

All governments, and worse, their “experts”, blindly accepted that these rushed vaccines would

On October 25, 2022, PCS issued a media release stating recent papers present mounting evidence of unacceptable risks of the mRNA Covid vaccines. These peer reviewed and published studies and articles were attached to the release. Another peer reviewed study published in the Journal of Clinical & Experimental Immunology (Covid-19 Vaccines – An Australian Review; Vol 7 Issue 3: September 2022, Turni et al) again indicated that mRNA Covid-19 vaccines have a greater risk of causing a serious adverse reaction, resulting in hospitalisation and/or disability, than being hospitalised from Covid infection. Turni raised valid concerns about efficacy and safety, and listed many unaccounted serious adverse events, including myocarditis and pericarditis. In conclusion, Turni notes that never in vaccine history have 57 leading scientists and policy experts released a report questioning the safety and efficacy of a vaccine (Bruno, R., Mccullough, P.A., Forcades, I., Vila, T. et al. 2021, SARS-CoV-2 mass vaccination: Urgent questions on vaccine safety that demand answers from international health agencies, regulatory authorities, governments and vaccine developers, May 24, 2021). They not only questioned the safety of the current Covid-19 injections, but were calling for an immediate end to all such vaccination. Many doctors and scientists around the world have voiced similar misgivings and warned of consequences due to long-term side effects. Yet there is no discussion or even mention of studies that do not follow the narrative on safety and efficacy of Covid-19 vaccination. Now every country around the world, but particularly those that forced Covid vaccines on their constituents, are now facing the impact of the significant rise in unexplained excess mortality. The reason is clear, and eventually will be proven to be the rushed, experimental Covid-19 vaccines. Further, a number of leading virologists insist that a vaccination program should never be implemented during a pandemic, as it will generate many variants, often more dangerous than the original strain. Guess what has occurred?

5. **In Summary:**
 - a. **Do not accept any advice or evidence from parties that are conflicted or have vested interests in a product or vaccine. This includes those who staked reputations on a particular view or advice and now resist any admission that they may be wrong.**
 - b. **Australia must commit to its own independent testing and approval of new vaccines, but particularly a novel, experimental, unproven product. Its authorities must be extremely sceptical of any pharmaceutical company refusing to release all RCT data.**
 - c. **Health is a personal choice, so to mandate any intervention is unethical and possibly illegal. Any such intervention can only be offered under the accepted standards of informed patient choice, so to mandate enforcement of an experimental vaccine/medication or lose ones job is a National disgrace.**