

Dear Ms [REDACTED] Professor [REDACTED] and Dr [REDACTED]

SUBMISSION TO THE COMMONWEALTH GOVERNMENT COVID-19 RESPONSE INQUIRY

My name is Clare Pain. I worked as a statistician and economic forecaster in my twenties and thirties. In 2011, I became a science writer/medical journalist and, during the first two years of the covid pandemic, I was a senior reporter for a leading Australian publication for doctors. Since December 2021, I have been carrying out research projects to investigate the effects of Australian government interventions during the pandemic. The findings are published on my business's website, www.clarityonhealth.org

I have grave concerns over the way the Australian government handled the pandemic but will limit this submission to cover just three areas in which I feel I may have added to the body of knowledge. It is my view that there should be a Royal Commission into what happened. I would be delighted to provide you with further evidence, either written or in person.

1. The Government advocated use of the genetic covid vaccines in a way not approved by the TGA

According to the Therapeutic Goods Administration (TGA)'s public assessment reports (PARs) for the three genetic vaccines: Astra Zeneca; Pfizer; and Moderna they were provisionally approved for:

Active immunisation of individuals ≥ 18 years old for the prevention of coronavirus disease 2019 (COVID-19) caused by SARS-CoV-2. (Astra Zeneca)

Active immunisation to prevent coronavirus disease 2019 (COVID-19) caused by SARS-CoV-2, in individuals 16 years of age and older. (Pfizer)

Active immunisation to prevent coronavirus disease 2019 (COVID-19) caused by SARS-CoV-2 in individuals 18 years of age and older." (Moderna)

Examination of the PARs makes it clear that none of these vaccines were tested in clinical trials for their ability to prevent transmission. Yet from the Prime Minister downwards, including the Minister for Health and the Chief Medical Officer, the message was that every Australian needed to get vaccinated, not just to protect themselves, but to protect others. This was not based on evidence from the clinical trials. There was no authority from the TGA for the vaccines to be used in this manner.

I believe the people mentioned above are culpable for spreading 'misinformation', and that has led to hardship from: vaccine status discrimination; coerced vaccination; and needless vaccine adverse events. The mistaken idea, founded on no clinical trial evidence, that the vaccines would prevent transmission underlay the use of mandated vaccination for many workers and mandated vaccination for travel. This unfounded idea also led to treatment of vaccinated people as being of no risk to others, while unvaccinated people were regarded as lepers, somehow in a state of continually spreading covid whether sick with the disease or not.

I suggest that it follows that any person who got vaccinated, not to protect themselves from coronavirus disease, but for any other reason – such as to keep their job, be able to travel, or to protect their family – was given an unapproved vaccination. Furthermore, I suggest this means that the person who administered the vaccination did not carry out a valid medical procedure. In future, if the government intends to recommend vaccinations to prevent transmission, shouldn't we at least require the TGA to demand clinical trial evidence that they do prevent transmission?

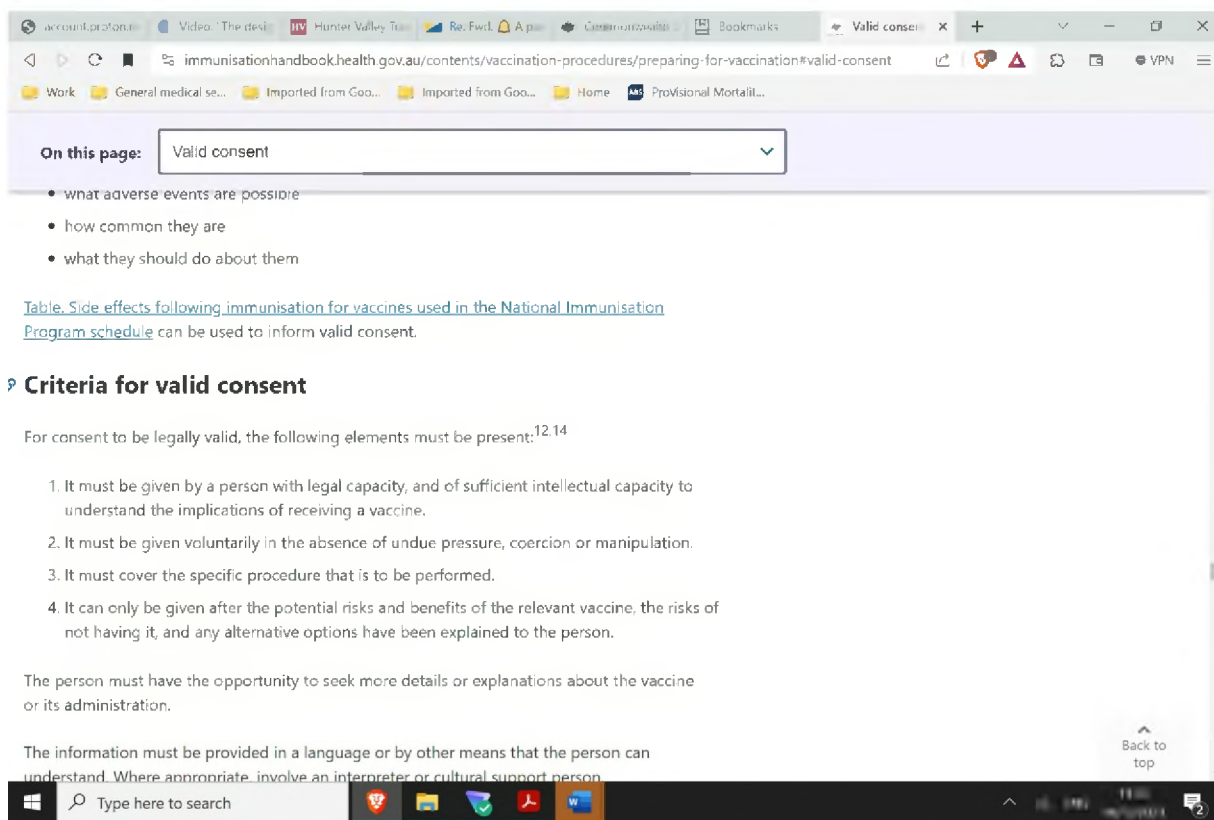
2. Thousands of Australians felt 'extremely pressured' to be vaccinated, yet the Australian Immunisation Handbook says there must be no 'undue pressure, coercion or manipulation'

The Australian Technical Advisory Group on Immunisation (ATAGI) develops and authors the Australian Immunisation Handbook. In the section entitled 'Preparing for Vaccination' the criteria for valid consent are defined. (Please see the screenshot below, taken 14th December 2023.)

Points 2 and 4 of the consent criteria are of particular importance and have, I believe, been breached during the rollout and continued use of the covid vaccines.

Dealing with point 4 first, I believe for fully-informed consent it should have been made clear to each person being vaccinated that the vaccines were of a type *never used in Australia before (and for the mRNA vaccines, never used in the world before)* and thus there could be 'unknown unknowns' about how they would affect the body. Rather than this warning, the terms 'safe and effective' were repeated endlessly for products with only two months' of safety data in

the clinical trials, and no long-term efficacy data. Surely this amounts to misleading advertising about a new medical product, all of which carry some degree of risk. Furthermore, point 4 suggests ‘alternative options’ need to be explained, but Australians were repeatedly told that the vaccines were the only solution.



With point 2, I have carried out research that shows that thousands of Australians feel they have been ‘extremely pressured’. Through my business, Clarity on Health, I set up and ran the Australian Survey of Reasons for COVID-19 Vaccination.

26,680 Australians completed the anonymous online survey carried out between 18th February and 28th March 2022.

Although all Federal MPs and senators were asked to share the survey, and the media were informed by press release, it turned out to be shared largely by people with concerns about the vaccination campaign. Hence results shown as proportions or percentages are unlikely to be representative of the Australian population – rather they reflect the views of people who felt marginalised by the pandemic response.

The survey results do, however, show that thousands of Australians did feel coerced to have the COVID-19 vaccinations. Most of them (88.7%) did not get vaccinated for medical reasons.

Key findings were:

- 7,559 vaccinated Australians said they had felt “extremely pressured” to have their COVID-19 vaccination
- 8,362 unvaccinated Australians said they were currently (in Quarter 1, 2022) feeling extreme pressure to be vaccinated
- 57.9% of vaccinated respondents (5,588 people) said their primary reason for having the injection was either to keep their job or because it was mandated for their profession.
- Only 11.3% of vaccinated people reported a main reason for vaccination connected with COVID-19 disease itself.

A detailed breakdown of the results is attached, along with comments made by respondents.

On April 19th 2022, Clarity on Health wrote an open letter (attached) detailing the survey results to:

- Professor ██████████, who then led the Therapeutic Goods Administration

- Professor ██████████, who was Chair of the Australian Technical Advisory Group on Immunisation (ATAGI)
- Professors ██████████ and ██████████, who were co-leads of ATAGI's COVID-19 working group
- Australia's then Chief Medical Officer, Professor ██████████
- The Chief Health Officers (or equivalent) in all Australian states and territories.

The letters were posted and emailed to each recipient. Only Dr ██████████ and Professor ██████████, the Chief Health Officers of Western Australia, and Victoria respectively, acknowledged receipt of the open letter by email, saying that that the comments had been noted.

I suggest that the survey results were clear evidence that thousands of Australians felt coerced and that action should have been taken by Professors ██████████ and ██████████ to stand by the Australian Immunisation Handbook's requirements and put a stop to the coercion, and that from the moment they were made aware of the survey results they had an ethical duty to take such action.

3. Signals that there were excess deaths were not investigated

The Australian Bureau of Statistics (ABS) should be commended for initiating monthly Provisional Mortality Statistics (PMS) releases from June 2020. For 2020 and 2021 'expected deaths' in any given week were defined as the average of the number of deaths in the corresponding week in the five pre-pandemic years (2015-2019).

In 2021 there were periods of many consecutive weeks in both the Autumn and the Spring when the number of deaths was outside the range of these five pre-pandemic years (see graph in <https://www.abs.gov.au/statistics/health/causes-death/provisional-mortality-statistics/jan-2020-dec-2021>). In other words, there was an excess mortality 'signal' during these periods. Covid itself caused few deaths in Australia until the final weeks of 2021, when the omicron variant got into the country, so the cause of these excess deaths was not covid.

Could the Inquiry please investigate what (if any) actions had been planned by the Department of Health to deal with a run of several weeks of excess deaths if reported by the PMS? I have been unable to find reports of an investigation into the reason(s) for these periods of excess deaths. One hypothesis that should have been investigated was that the rollout of the novel genetic covid vaccines might be causing excess deaths.

Although the Government does not appear to have investigated these deaths, data analyst Dr ██████████ has, purchasing data from the ABS at his own expense. He looked at deaths in Queensland during 2021 in older age groups and has shown a change in the trend for deaths that coincides with the vaccine rollout. His research (attached) can be found at https://www.researchgate.net/publication/373143094_Excess_Mortality_in_Australia_-_When_were_the_Warning_Signs_Apparent and also in his chapter in the book "Too Many Dead" <https://amps.redunion.com.au/too-many-dead>

The PMS in 2022 and 2023 used a different expected number of deaths, which I consider to be less logically defensible. However, even with the new 'baseline', deaths were outside the range of the four baseline years for *all but three weeks of 2022* and for *all but the most recent few weeks of 2023*. Yet it appears that there has been no thorough investigation of potential causes of these persistent excess deaths – rather it is being assumed that the extra deaths are all due to covid.

The ABS produced a new way of modelling excess deaths in July 2023, which appears to rewrite the history of the pandemic, showing far fewer deaths than expected in 2020 and no sign of excess deaths during spring and autumn of 2021 (see graph in <https://www.abs.gov.au/articles/measuring-australias-excess-mortality-during-covid-19-pandemic-until-first-quarter-2023>). It is important to note that this analysis is retrospective (whereas the PMS, especially for 2020 and 2021, was prospective) and thus is at risk of bias. While there are many good things about the new model, I am concerned that a sinusoidal pattern of seasonality has been applied to the data without any need, and think this may be the root cause of the changes in the numbers of excess deaths calculated using the new model.

Furthermore, the graphical presentation of the model results presents a line which has all deaths *from and with* covid subtracted from the total number of deaths. I suggest that in doing this (and also in annotating their graph with times of covid waves, but not timings of lockdowns or vaccine rollouts) the ABS is overstepping its remit simply to report,

and is perhaps trying to 'explain' excess deaths as being all from covid. It is essential that *all* potential causes of excess deaths are rigorously examined in an objective scientific manner and that there is no jump to conclusions.