

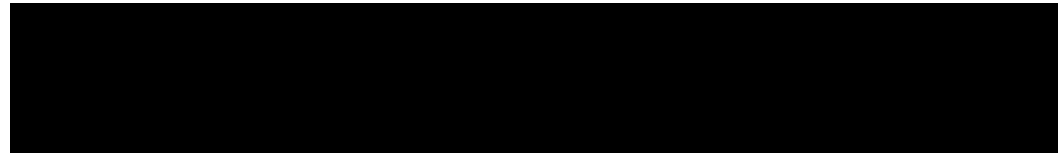
Public submission and supporting evidence
(to inform recommendations that aim to improve Australia's
preparedness for future pandemics)
to the
COVID-19 Response Inquiry
Australian Government

Dr Lambertus de Graaf, CEO, Geologist

Mr Alan Smith, Major Projects Director and Building Practitioner, Qld

Mr Michael Makeham, Qld Registered Architect

November 2023_v2_abridged version



“...Queenslanders! If you have a sniffle , a cough or a cold...go straight to the Emergency Department and get tested...”

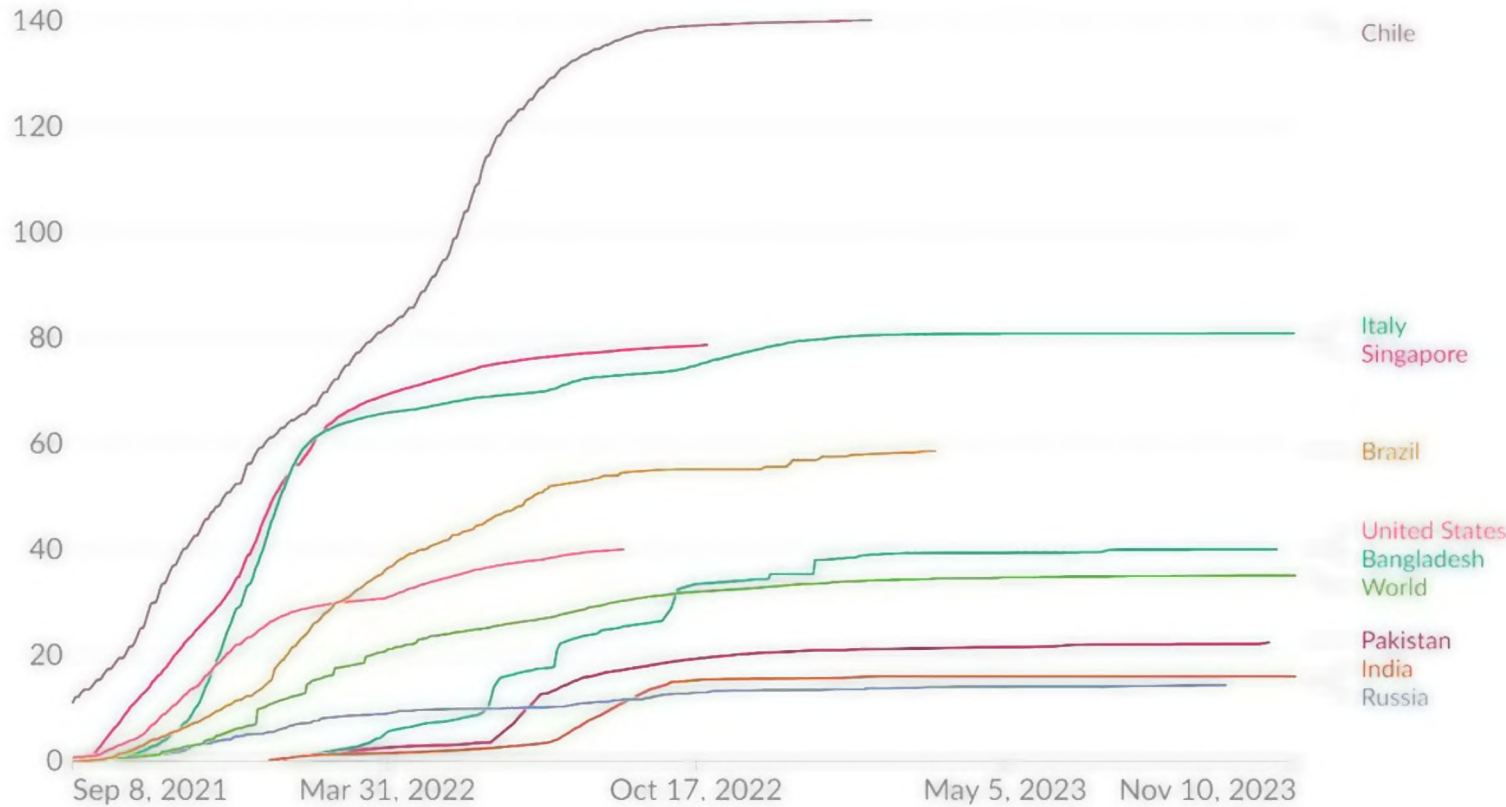
Queensland Govt. Chief Medical Officer - COVID-19 Media Campaign 2020-2022

Part A - Public trust in vaccine efficacy flatlined globally once most State compulsion was unwound at the end of 2021. The impact of State pandemic coercion and overreach is still playing out. Record Excess deaths in 2023 remain unexplained

COVID-19 vaccine boosters administered per 100 people



Total number of vaccine booster doses administered, divided by the total population of the country. Booster doses are doses administered beyond those prescribed by the original vaccination protocol.



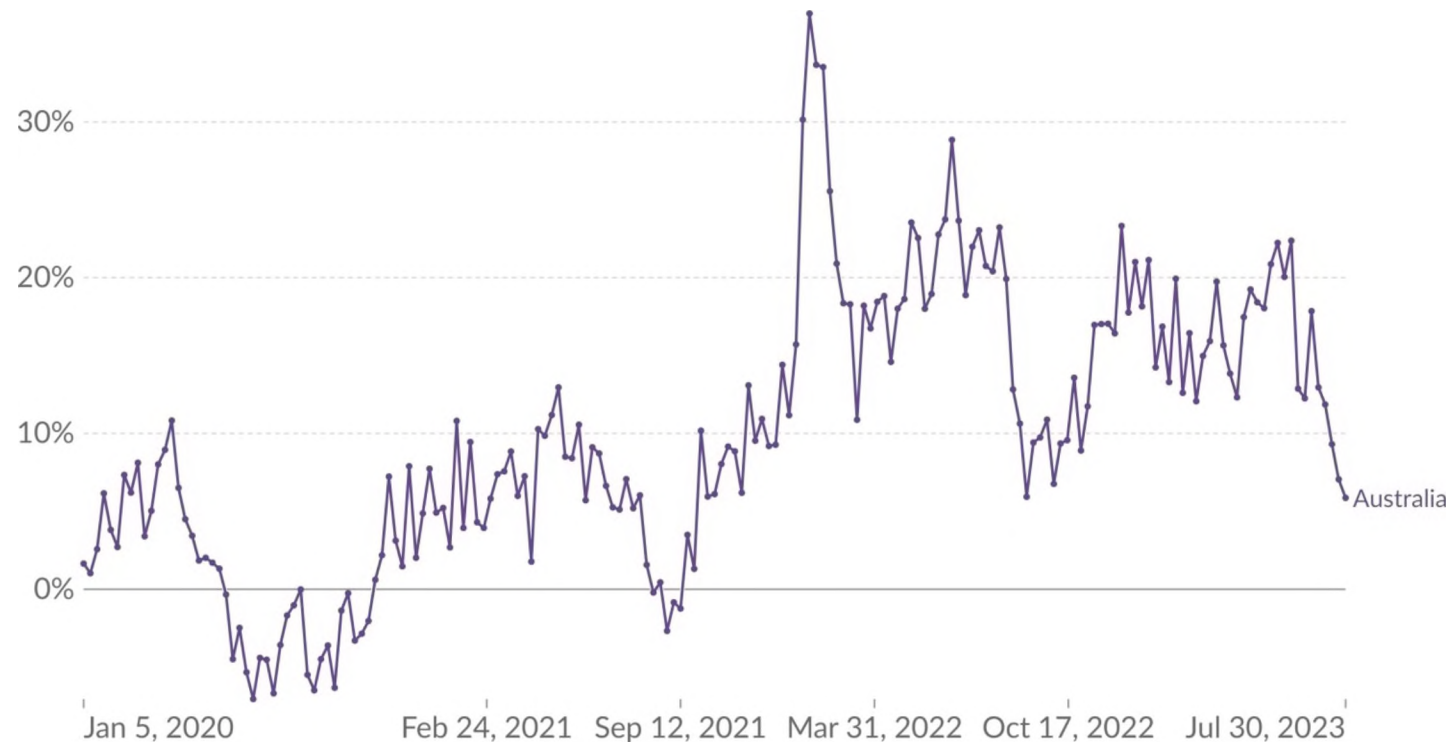
Data source: Official data collated by Our World in Data - Last updated 12 November 2023
OurWorldInData.org/coronavirus | CC BY

Part A- Post pandemic Excess mortality exceeds the pandemic period. Excess deaths in Australia since mid 2022 appears to be uncorrelated with the first three waves of COVID-19 variant infection. The Australian Government has yet to provide a cogent explanation of why . **Excess deaths since Q2 2022 must be explained**

Excess mortality: Deaths from all causes compared to average over previous years



The percentage difference between the reported number of weekly or monthly deaths in 2020–2023 and the average number of deaths in the same period over the years 2015–2019. The reported number might not count all deaths that occurred due to incomplete coverage and delays in reporting.



Data source: Human Mortality Database (2023); World Mortality Dataset (2023)

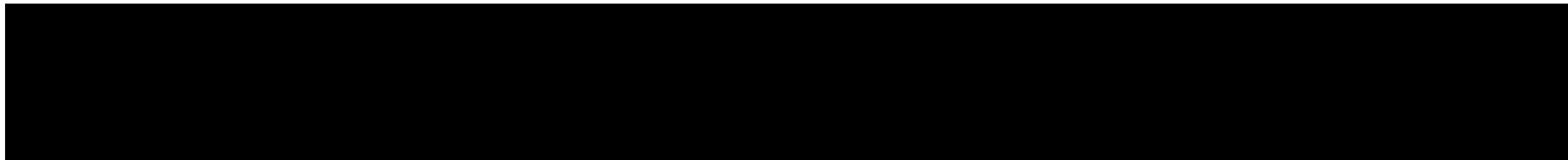
OurWorldInData.org/coronavirus | CC BY

Part A- Many pandemic disease predictions and interventions recommended by public health officers and research epidemiologists proved to be wrong and/or excessive. **Multiple public health agencies operating within the Federation competed to issue 'worst case' disease forecasting .This transmitted fear but wasn't effective.**

- Australians experienced a multitude of Health Directives and Daily Updates issued by State and Commonwealth Chief Health Officers (and their political masters) from early 2020 onwards as being questionable, contradictory and some panic-laden . Many forecasts announced were proven wrong
- Media briefings by Health Ministers and Premiers citing necessary 'actions' taken “**...out of an abundance of caution...**” were seen as 'code' for more State directives and further harm to social and economic wellbeing
- Australians saw that WHO, (USA)CDC, Commonwealth of Australia and State pandemic planning and health emergency protocols were ditched or overridden by (at times) shrill 'public health emergency' fear campaigns followed by the exercise of the coercive powers of the State under the guise of public safety, law and order
- Australians endured zealous over-reach by politicians and senior public servants shielded by (still secret) public health advice and disease modelling by Doherty, Burnett and others. **That modelling has since been shown to have been flawed or algorithmically biased to predict serious mass disease and hospital overload**

Part A- The pandemic response proved that National Cabinet is 'gamed' by State politicians motivated by the potent messaging opportunities thrown up by a public health 'crisis'. **Federated governance incentivises partisan action by State politicians who see opportunity to extend their time in public office**

- Public belief in the competence and evidence base of epidemic management by senior Public Health bureaucrats has, in our opinion, been impaired. Does this matter? Probably not.
- Voluntary vaccine uptake will occur where believed to be safe and effective, where the pathological threat is demonstrably real and where politicians and health officials curb their instincts to flex coercive State powers.

- 
- National cabinet was gamed into a masterful political 'hit job' on the then Prime Minister and Government of the day. Some State Premiers acted in concert to sabotage the practical usefulness of the National Cabinet.
 - Subversion of National Cabinet by the Premiers was contrary to the interests of the nation but proved to be sound State politics. **Prudent preparedness planning should recognise the instincts and motives of State Premiers .**

Part A- Submitter's observations and conclusions on the COVID-19 pandemic in Australia 2020-2022 and implications for preparedness for future pandemics

- **National cabinet-** had no significant effect on the progression of the virus and was perversely dysfunctional
- **COVID lethality-** the Infection Fatality Rate (IFR) in the general population(globally) was between 0.1% to 0.5% in most countries. Comparable to an influenza pandemic. There is no proven basis for economies to be mothballed
- **Age profile-** the median age of COVID deaths is over 80 years – 50% occurring in Nursing Homes
- **Vaccine protection-** the experimental vaccines did not prevent infection and transmission. Prior infection conferred more durable immunity
- **Vaccine injuries-** the benefit- risk ratio of mRNA vaccination of children and healthy adults is likely negative
- **Excess mortality-** Australia has since mid 2022, experienced greater Excess death than during the pandemic years.
- **Symptoms-** obesity was a major risk factor but overall, 95% of all people developed only mild or moderate COVID infection symptoms
- **Treatment-** numerous studies showed that early outpatient treatment reduced hospitalization and death
- **Transmission-** pre-symptomatic transmission may account for up to 50% of all COVID infections
- **Masks-** masks had no influence on infection rates. This was well established before the pandemic

Part A- Submitter's observations and conclusions on the COVID-19 pandemic in Australia 2020-2023

- **Lockdowns**- lockdowns had no significant effect on the pandemic but had significant impact on society
- **Children**- unlike Influenza- the risk of severe COVID disease in children is very low
- **Schools**- the closure of schools had no effect on infection rates in the general population
- **PCR testing**- PCR and antigen mass testing had no effect on infection rates in the general population
- **Contact tracing**- manual contact tracing and tracing apps had no effect on infection rates. WHO recommended against contact tracing in 2019
- **Vaccine passports**- vaccine passports had no effect on infection rates as vaccination didn't prevent infection
- **Virus mutations**- coronaviruses mutate frequently. Oricon is highly infectious but 80% less lethal than the synthetic Wuhan strain
- **Sweden**- COVID mortality without lockdowns was comparable to a strong influenza season .Median age of COVID related deaths in Sweden was 84 years
- **Influenza**- Deaths attributed to Influenza viruses largely disappeared during the COVID 19 pandemic period
- **Media**- much media commentary and prediction promoted a massive overestimation of COVID lethality
- **Virus origin** – genetic evidence indicates that the Wuhan strain was a synthetic virus and that infective illness was a form of toxic reaction to a laboratory manufactured bio- weapon.