



A submission by **COVERSE** to the *Australian Senate inquiry into Excess Mortality*¹

About **COVERSE**

We are the national peak body representing Australians who have been adversely impacted by the COVID-19 vaccines. We are 100% controlled and operated by COVID-19 vaccine-injured Australians and are a charity registered with the Australian Charities and Not-for-profits Commission. We collect information and data directly from impacted patients, and as patients ourselves we are embedded in the COVID-19 vaccine-injured community. Full details of our organisation and activities can be found on our website at coverse.org.au. We have no conflicts of interests and have not accepted any funds from government, medical groups, or pharmaceutical corporations.

Summary

Excess mortality has been a concerning statistic in Australia since 2021. While it is clear that a sizeable portion of this excess can be attributed directly and indirectly to COVID-19 infections, our national statistics and public health organisations have largely dismissed the possible contribution of iatrogenic harms inflicted as part of the pandemic response.

While our organisation does not have statistical evidence that the COVID-19 vaccines have definitely contributed to excess mortality during 2021-2023, we do have evidence of widespread and significant downplaying of vaccine-caused harms, which has concerning implications for current understanding of drivers of excess mortality in Australia. As such, this submission addresses the following items from the Terms of Reference:

- b) factors contributing to excess mortality in 2021, 2022 and 2023;
- c) recommendations on how to address any identified preventable drivers of excess mortality; and
- d) any other related matter.

Our submission is divided into three sections, addressing different evidence:

- The collective experiences of COVID-19 vaccine-injured Australians,
- Non-specific effects of vaccines as possible contributors to excess mortality,
- Patient stories and the concerns they raise.

The collective experiences of COVID-19 vaccine-injured Australians

In the many submissions that **COVERSE** has made to other Parliamentary and government inquiries we have detailed the negative experiences of Australians who have been harmed by the COVID-19 vaccines.² This includes worrying levels of medical gaslighting, lack of medical and scientific investigations, zero follow-up from pharmacovigilance agencies, the censorship of these patients and their doctors, and many other matters that all contribute to an enormous shortfall in the acknowledgement and statistical appreciation of harms caused by the COVID-19 vaccines. References for many of the statements we make in this current submission can be found in our prior submissions should our Senators wish to explore these issues further.

¹ www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/ExcessMortality47

² coverse.org.au/submissions

Parliamentary inquiries

When the Senate voted in favour of this inquiry, a Government Senator made a short speech in Parliament outlining why the Government was opposed to the motion, stating that "the ABS is the definitive authority of mortality statistics".³ This, in essence, is the problem.

Our Government has deferred to its agencies as the source of absolute truth, whereas the Australian community knows that these sources are fallible and their data sources sometimes incomplete. The experiences of many thousands of vaccine-injured Australians,⁴ which contrast safety fiats issued from the TGA, ATAGI, Department of Health, and other areas of government, are good examples of this. The Australian public deserves to know that its government, and government agencies, are not collecting information, insights, analysis and perspectives from members of the community whose experiences and insights are at odds with official publications from government authorities.

A number of previous parliamentary and government inquiries looked at various aspects of the COVID-19 pandemic, including vaccines. We can say, without hesitation, that in almost every one of these the voices of vested interests (particularly industry lobby groups and public health bureaucracies) provided the evidence that Committees weighed most heavily upon in their reports to Parliament. The voices of impacted citizens, however, were mere footnotes (sometimes not even that).

We hope that this current inquiry will put more weight on the voices of affected citizens — those who have lost loved ones during 2021-2023 due to reasons connected with the public health response to the pandemic — rather than foreign pharmaceutical corporations, medical lobby groups, or public sector organisations whose policies and actions were responsible for these harms.

We are the evidence

While the number of formally acknowledged deaths caused by the COVID-19 vaccines in Australia is 14, the number of reported deaths which are potentially related to these vaccines is over 1,000.⁵ Before we discuss these numbers, we will first outline the real-world experiences of those patients who have survived very serious vaccine-caused harms.

The following is a simplified timeline, accentuating major systemic failures, as experienced by Australians who have suffered harms from the COVID-19 vaccines. While every person's experience is unique, this timeline is representative of what we have collectively experienced, and is based on data held by **COVERSE** as well as insights from within vaccine-injury support groups.

- Government and public health messaging that the vaccines are safe and effective for *everyone*, and that no stone has been left unturned in ensuring and monitoring their safety.
- Patient experiences concerning side-effects within a short period of time (typically within 1 week of their vaccination).
- Patient attends their GP or local hospital emergency department, at which point one of three things happen:
 - a. Patient is outright gaslit and told they have anxiety and instructed to merely go home and rest.
 - b. Patient is examined, and basic tests are performed which fail to capture any data that would correlate to the patient's symptoms, and so the patient is sent home and advised to "ride it out".
 - c. Diagnostic tests show concerning results which lead to further investigation, diagnosis and treatment.

³ www.aph.gov.au/News_and_Events/Watch_Read_Listen/ParlView/video/2308548?startTime=17284

⁴ The TGA's own public data has over 22,000 reports of serious adverse reactions to the COVID-19 vaccines.

⁵ According to the TGA's Database of Adverse Event Notifications (DAEN), daen.tga.gov.au

- Regardless of which of these pathways the patient experiences upon their first presentation, there is a high probability at this point to be told that their symptoms are unlikely to be caused by the vaccine because there has been no advice from government to link their serious symptoms to the vaccine. Alternatively, doctors may express an opinion that they believe the symptoms have been caused by the vaccine but that they are not allowed to say so officially or put it in writing.
- Doctors are obliged to report all AEFI (adverse events following immunisation), yet in very many cases they fail to do so because:
 - a. They may not believe or acknowledge that the symptoms may have been as a result of the vaccine.
 - b. They are too busy to justify writing an AEFI report for state/federal pharmacovigilance authorities.
 - c. They are afraid of professional reprisal against them if they draw attention to potential vaccine harms.
- Despite this failure, the Therapeutic Goods Administration (TGA) has collected a record number of adverse event reports that (a) constitute almost $\frac{1}{4}$ of *all* drug reaction reports since 1971,⁶ and (b) AEFI reports of a serious nature for the COVID-19 vaccines surpasses the combined AEFI reports (mild + serious) for *all* other vaccines in the past 50 years.
- A significant number of patients have had to make their own, amateur, AEFI reports to the TGA, as their doctors have failed to do so.
- The TGA does not mount any medical or scientific investigations of any of the reports of serious vaccine harms, yet continues to advise the public that these vaccines remain “safe & effective”.
- Scientific organisations (universities, medical research institutes, etc.) do not undertake any scientific investigations of these serious vaccine harms, in individuals or in cohorts, and remain silent on the concerning volume of adverse reactions being reported to the TGA.
- Government public health messaging, in lock-step with Op COVID SHIELD,⁷ works hard to dismiss and minimise these shocking facts — the tens of thousands of serious AEFI reports — and individuals who try to speak out about their experiences.
- Patients may try to go to the media to report on the medical and government denial and abandonment they have experienced, only to find that, with very rare exceptions looking at personal-interest stories, mainstream media is unwilling to investigate matters, let alone publish any articles that shine an honestly harsh light on the COVID-19 vaccines and their public health implementation.

How can we expect to understand current and future mortality trends if nobody is studying those who are sick today? As can easily be seen from this timeline there are multiple points of failure with regards to the acknowledgement, documentation and support for those Australians who have experienced serious reactions to their COVID-19 vaccinations. Sadly, there are also documented instances of individuals who have died due to exactly these types of failures — such as Natalie Boyce (who is acknowledged by the TGA to have died from her Moderna vaccinations).⁸

As the Australians who are living testimony to this litany of failures we have grave concerns that similar failures have surrounded very many deaths following vaccination. Knowing that the TGA's commitment to undertaking investigations of serious reported AEFI is merely a talking point, and does not reflect any real investigations actually taking place, we expect that the overwhelming majority of the 1,000+ reported deaths following COVID-19 vaccination have similarly gone uninvestigated.

Furthermore, these 1,000+ reports must surely represent only a fraction of the true number, given the reluctance of many in the medical and public health sectors to make reports to the TGA, let alone acknowledge that there may be a connection with the COVID-19 vaccinations.

These factors are a major reason why we believe that a Royal Commission is necessary, since thus far our parliamentary processes have not been able to extract full and honest answers from a number of

⁶ x.com/radofaletic/status/1721812818423582745

⁷ www.health.gov.au/resources/publications/op-covid-shield-national-covid-vaccine-campaign-plan

⁸ coverse.org.au/amps-deb

organisations (including various government agencies as well as vaccine manufacturers), and the Government itself seems to have zero appetite for an honest appraisal of its failures in these areas. A Royal Commission would protect whistleblower witnesses (since it is clear that current whistleblower laws are failing both whistleblowers and the Australian public) and also to compel other witnesses to reveal all that they knew and all that they didn't do but should have done.

Recommendation 1: an appropriate independent body should undertake comprehensive review (including with bereaved families) of every report of death following COVID-19 vaccination. This body should also undertake investigations of each serious AEFI report to pharmacovigilance authorities including interviewing each patient and undertaking additional specialised testing where possible. All AEFI reports (including those not deemed "serious") should be individually followed-up to determine the long-lasting consequences of their vaccine reactions (which may include death).

Non-specific effects of vaccines as possible contributors to excess mortality

Despite vaccines being one of the miracles of the scientific age, they are not without some down sides. Unfortunately, vaccines are rarely studied for their "non-specific effects".⁹

Non-specific effects refer to health effects that are not directly attributed to a vaccine's action on a target disease. Vaccines are designed to significantly reduce a patient's chance of serious complications from a particular disease, but real world studies sometimes show that a given vaccine may save many more lives than only those lives saved from the target disease. This demonstrates that the vaccine may have a substantially greater public health benefit than what it was designed for.¹⁰ One theory for this is that the vaccine trains the immune system in a way that enables it to be better prepared for other types of pathogens.

Conversely, some vaccines have been shown to have the opposite effect. While they reduce the impact of the target disease, they may cause patients to become more susceptible to other diseases and hence there may be an overall increase in mortality.¹¹ While the reasons for this are still nebulous, one theory is that such vaccines may train the immune system in such a narrow way that when it encounters other pathogens it tries to mount the same narrow immune response to a vastly different target, and hence may not be able to quickly mount a robust defence against some pathogens.

Danish vaccine scientist Professor Christine Stabell Benn has for decades been studying precisely these phenomena,¹² and reported her work to the World Health Organisation and other major public health institutions as well as in peer reviewed scientific journals. Sadly, outside of the work of her team there seems to be very little appetite to apply this research to other vaccines and public health settings.

As far as we are aware, nobody in the world, let alone in Australia, has even begun to study these non-specific effects for the COVID-19 vaccines.

Despite this, in the growing scientific literature¹³ around the mechanisms of the COVID-19 vaccines and their adverse reactions there are several themes¹⁴ emerging that suggest that it may be possible that the current generation of COVID-19 vaccines lie in the latter category described above — that is, they may provide some benefit against COVID-19 but lead to increased levels of mortality from other diseases.

Irrespective of whether such phenomena may or may not be implicated in negative non-specific effects of the COVID-19 vaccines, the fact remains that nobody is studying the population impact of potential non-specific effects of these products.

Our government agencies and officials claim that the current excess mortality statistics do not implicate the COVID-19 vaccines as an identifiable driver, yet no studies are being undertaken into such non-specific

⁹ [doi:10.1038/s41577-020-0338-x](https://doi.org/10.1038/s41577-020-0338-x)

¹⁰ [doi:10.1016/j.clinthera.2013.01.007](https://doi.org/10.1016/j.clinthera.2013.01.007)

¹¹ [doi:10.1016/j.ebiom.2017.01.041](https://doi.org/10.1016/j.ebiom.2017.01.041)

¹² [sciencenews.dk/en/vaccines-an-unresolved-story-in-many-ways](https://www.sciencenews.dk/en/vaccines-an-unresolved-story-in-many-ways)

¹³ react19.org/science-and-research/published-science-database

¹⁴ e.g. [doi:10.31219/osf.io/b9t7m](https://doi.org/10.31219/osf.io/b9t7m), [doi:10.18632/oncotarget.28582](https://doi.org/10.18632/oncotarget.28582)

effects. We imagine that they simply do not want to even consider these types of studies as their reputations are very much tied with the implementation of the COVID-19 vaccines in Australia.

Recommendation 2: Fund an independent scientific study, by scientists unconnected with any pharmaceutical corporations or with any vaccination programs, into non-specific effects of the COVID-19 vaccines and require that the findings be published openly, in a timely manner, and without political or commercial interference.

Patient stories and the concerns they raise

As the national charity dedicated to those people who have suffered serious impacts from the COVID-19 vaccines, we have been privy to terrible stories of life-destroying adverse reactions (including deaths) and in some instances the appalling responses from medical and public health actors.

Amongst these many stories are several that raise highly concerning issues that must be investigated by appropriate bodies, preferably as part of a Royal Commission into Australia's pandemic response. These issues include:

- Hospital staff instructed by hospital management to neither acknowledge or document potential COVID-19 vaccine related harms, and to treat such cases as minor medical issues irrespective of the patient's presentation. This has been conveyed to us by different people from different hospitals in different parts of the country.
- Aged care residents who had serious adverse reactions or who passed away shortly after their COVID-19 immunisations were not investigated (including autopsy) for potential links to the vaccine, and medical teams dismissed the reactions as normal consequences of aged, frail bodies with multiple serious comorbidities.
- Late-term stillbirths within days after receiving a COVID-19 vaccination which have never been satisfactorily explained to the bereaved mothers.

It is unclear to us how widespread these issues might be.

Recommendation 3: establish a national COVID-19 Royal Commission that would invite witnesses who have first hand experience and evidence of inappropriate and damaging public health responses designed to artificially deflate the true extent of harms and deaths linked to the COVID-19 vaccines.

Conclusion

Government denials of any connection between the COVID-19 vaccines and current trends in excess mortality are based on a lack of appreciation of the realities encountered by affected citizens. These realities include systemic problems impacting the acknowledgment, investigation, and reporting of COVID-19 vaccine harms. The implication of these major systemic shortcomings is that the question of whether iatrogenic harms are contributing to current excess mortality numbers is still very much open, and will remain open until full, frank and proper investigations are allowed to take place and involve evidence from the community.