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Dear Chair,

I write in relation to several statements made by the Deputy Head of the Head Products Regulation Group, Professor John Skerritt at the Senate estimates Hearings in February 2023.

I am concerned that Professor Skerritt has misled the Senate.

The misleading statements are as follows:

1. When Professor Skerritt was asked why he didn't put a warning label on the Covid vaccine to advise people with antiphospholipid syndrome, that testing wasn't performed on the mRNA Covid vaccines to determine if they were safe, Professor Skerritt replied:

   "The Covid vaccine does not increase the risk of thrombolytic events among patients with antiphospholipid syndromes according to study results published in Rheumatology."

   The link to the study is COVID-19 vaccine affects neither prothrombotic antibody profile nor thrombosis in primary anti-phospholipid syndrome: a prospective study | Rheumatology | Oxford Academic (oup.com)

   Upon investigation, Professor Skerritt had incorrectly quoted a study investigating the protein vaccine, Sinopharm which is not one of the mRNA vaccines that the deceased lady, Natalie Boyce was administered. There is an important distinction between the two types of vaccines because the protein vaccine does not involve phospholipids in its formulation whereas the mRNA vaccine does. Given Ms Boyce had antiphospholipid syndrome, it was misleading of Professor Skerritt to refer to a trial investigating a different vaccine to the mRNA vaccine that Ms Boyce had fatally taken. Furthermore, it was irresponsible of Professor Skerritt not to include a warning label for Australians diagnosed with antiphospholipid syndrome.

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2. When Professor Skerritt was asked if he would apologise for deaths caused by the vaccines he stated: *"There are other medicines that have many more deaths and injuries associated with them than COVID vaccines, for example, or higher rates of injury..... We have modern medicines, and every medicine has risks as well as benefits. By way of indication: since the beginning of the COVID pandemic, more than 10 times as many people have died from paracetamol, from Panadol, as from adverse events due to COVID vaccines."*

   Upon investigation, Professor Skerritt was again incorrect because according to the TGA's Database of Adverse Events Notifications (DAEN) there have been 52 reported deaths from Panadol and paracetamol and 975 reported and suspected deaths from Covid-19 vaccines since the beginning of 2021. Professor Skerritt distinctly appears to have overstated the deaths from Paracetamol and downplayed the deaths from the Covid vaccines to deflect from the serious nature of the injuries and deaths caused by the Covid vaccines. Professor Skerritt's comparison of paracetamol to Covid-19 vaccination deaths was clearly misleading.

3. When Professor Skerritt was asked if he would apologise to, in particular the mother of 21-year-old Natalie who died from the vaccine and also the victims injured by the Moderna vaccine after publicly stating the Moderna vaccine was 100% effective in stopping death, Professor Skerritt replied:

   "No, Senator. I will not retract that statement. Once again, you've quoted me out of context, and I would suggest deliberately, Senator. If you go back to the record of that press conference, it was quoting the clinical trial results as published in the New England Journal of Medicine as I stood up with your former colleague Minister Hunt. When I stated that, I stated: 'Here are the results from the New England Journal of Medicine from a clinical trial that showed 100 per cent protection against death in that clinical trial.'"

   What Professor Skerritt actually said as per https://pmtranscripts.pmc.gov.au/release/transcript-43521 is:

   "And of course, we can build on widespread global experience. So, in the US alone, there has been over 140 million doses of Moderna used. The other really encouraging thing about Moderna is even after six months, it's proving to be 93 per cent efficacious against any infection, 98 per cent against severe disease and 100 per cent against death. And that's really exciting."

   At no point in the attached transcript did Professor Skerritt ever refer to clinical trials. Furthermore, he used the word "proving" rather than the word "showing." Clinical trials show results that indicate the risk of a drug, they don't prove beyond reasonable doubt that results will be repeated in the real world.

   Professor Skerritt misled the Senate when he publicly stated statistics from a clinical trial inferring them to be the same for a widespread global experience.

4. Professor Skerritt was asked in estimates if myocarditis leads to cardiac arrest. He replied:

   "There are cases where people who have had myocarditis have an increased prevalence of a range of other cardiac conditions. But to say that it leads to cardiac arrest is misleading, especially given that most myocarditis associated with vaccination—indeed, there's a recent publication in a top medical journal by Nordic scientists—is much milder than myocarditis after COVID infection or other forms of viral myocarditis."

   Professor Skerritt's supposition that myocarditis does not lead to cardiac arrest is rebuked by several doctors and numerous medical journals. It is a well-known fact that myocarditis can lead to cardiac arrest. To say that it isn't is misleading.

   Furthermore, the FOI 2389-6 acquired Pfizer Nonclinical Evaluation Report prepared by the TGA itself reported, the mRNA vaccine was modified with codon optimisation and transfection properties that expressed more antigen proteins called spike proteins into more cells than the virus. This would increase the risk of myocarditis leading to cardiac arrest rather than lessen it.

5. When asked about the lipids used in the vaccines Professor Skerritt stated in estimates:

   "And they are distributed through a range of parts of the body, as are lipids that you have if you had a sausage or a steak for breakfast."

   This statement contradicts information provided in the TGA's Nonclinical Evaluation Report regarding the Pfizer vaccine. On page 17 of that document, it states that two of the four lipids used in the vaccine are novel excipients optimised for intracellular delivery and transfection potency. Page 4 of the same document also states there are no distribution and degradation data on the S antigen-encoding mRNA also known as spike protein.

   Furthermore, transfection is a process that bypasses the use of enzymes or ion channels to cross the cell membrane and the lipid nanoparticle mRNA vaccine was engineered to use this pathway to optimise intracellular delivery. This means the novel and untested lipid nanoparticle mRNA technology is potentially indiscriminate possibly resulting in the overproduction of spike protein. Normally, natural substances such as viruses and lipids are discriminate because they cannot pass through the cell membrane without the use of enzymes or ion channels. The Covid virus uses the angiotensin converting enzyme 2 (ACE 2) receptors located on the cell membrane to cross the cell membrane thereby limiting intracellular delivery.

   Professor Skerritt's statement is misleading when he claims the lipids in the vaccine are distributed throughout the body in the same way lipids from a sausage are.

6. When asked in estimates what is the process that stops the vaccine mRNA from producing the spike protein Professor Skerritt replied:

   "They break down in a matter of minutes to hours inside the cell."

   This statement contradicts information provided in the TGA prepared Nonclinical Evaluation Report relating to the Pfizer vaccine. On page 4 the document states, "There are no distribution and degradation data on the S antigen-encoding mRNA. A whole-body imaging study with a surrogate, luciferase expressing mRNA indicates the vaccine lipid nanoparticle formulation is expected to deliver the mRNA effectively *in vivo*, the mRNA and translated antigen protein are mainly localised at the injection site, distributed in liver, and likely draining lymph nodes, and nearly completely degraded in 9 days."

   Professor Skerritt's statement is misleading when he states the mRNA vaccines break down in minutes and hours and contradicts evidence put forward in the TGA prepared document. The Nonclinical Evaluation document states the mRNA vaccines breakdown in nine days again implying Professor Skerritt's lack of familiarity with the essential information in this document.

   Furthermore, it should be noted that the mRNA referred to in the Nonclinical Evaluation report of the Pfizer vaccine, codes for luciferase and not the spike protein coded in the mRNA vaccines. Professor Skerritt also failed to highlight that no tests were conducted in humans as to the duration of the mRNA or provide evidence to prove that the mRNA breaks down in a matter of minutes to hours subsequently misleading the Senate about the potential biotoxicity of the spike protein encoding mRNA vaccines.

7. When asked in a prior set of estimates how far will spike proteins travel throughout the body before the immune system kicks in, Professor Skerritt replied:

   "They will travel throughout the circulation, as will other foreign proteins, until they are trapped by the immune system."

   In a later set of estimates, when asked about the risks of the spike protein regarding donating blood just three days after receiving the Covid-19 vaccine, Professor Skerritt replied:

   "As I've explained before in this place, the spike protein, first of all, isn't a freely circulating protein in significant amounts. It's a transmembrane protein. It anchors itself into the membrane."

   Professor Skerritt's statements are contradictory demonstrating his lack of understanding of the spike protein biodistribution and thereby misleading the Senate. In fact, page 8 of the TGA prepared Nonclinical Evaluation Report regarding the Pfizer vaccine states, "The expressed S protein co-localised with an endoplasmic reticulum (ER) marker, suggesting the S protein is synthesised and processed within the ER for surface expression or secretion." This statement means the spike protein can either remain on the cell surface or secrete into the bloodstream an important fact that Professor Skerritt was unable to communicate to Senate estimates.

- The above statements made by Professor Skerritt in Senate estimates are gravely misleading, potentially affecting the lives of Australians. The Australian Public Service Act 1999 – Sect 10 APS Values Point 5 states *"The APS is apolitical and provides the Government with advice that is frank, honest, timely and based on the best available evidence". The Senate Standing Committee on Community Affairs' ability to undertake its duties and do its job effectively has been undermined by Professor Skerritt's conduct.* In this regard, I note Privilege Resolutions 3 and 4 that refer to protecting the Senate and its committees against '...improper acts tending substantially to obstruct them in the performance of their functions'.

- I would also like to reference Privilege Resolution 6, paragraph (12)(c) which states a witness before a committee 'shall not give any evidence which the witness knows to be false or misleading in a material particular, or which the witness does not believe on reasonable grounds to be true or substantially true in every material particular.'

We, therefore, ask the Committee to investigate this matter to determine whether Professor Skerritt's actions fall within the conduct that the Senate has indicated it may treat as contempt under Privilege Resolution 6 and if so, to request the President to raise a matter of privilege under Standing Order 81.

Yours Sincerely

Gerard Rennick

LNP Senator for Queensland