Commonwealth Government Excess Mortality Inquiry.

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Australia's Excess Mortality During the COVID-19 Pandemic: A Multifaceted Crisis

The COVID-19 pandemic has had a profound impact on Australia, leading to significant excess mortality rates in 2021, 2022, and the first half of 2023. While the direct effects of the virus itself played a substantial role, the crisis also exposed and exacerbated numerous underlying issues within the Australian healthcare system and society.

The WOW The World of Wellness is an international health advocacy and educational think tank, dedicated to equipping our fellow humans with access to best principles and practices for their wellbeing.
The WOW is dedicated to the retention and improvement of human rights and free will for everyone across the globe, including the right to full and informed consent and the individual's autonomy over medical procedures free of coercion. The WOW holds that its is the best organisation to replace the WHO for Australia's future health care in time of pandemics.

The Direct Impact of COVID-19

The most apparent contributor to excess mortality during the pandemic was the direct impact of the SARS-CoV-2 virus itself. According to the Australian Bureau of Statistics (ABS), COVID-19 was responsible for a significant portion of the excess deaths recorded in 2021, 2022, and the first eight months of 2023. The virus's ability to cause severe respiratory distress, particularly in vulnerable populations such as the elderly and those with underlying health conditions, led to a substantial increase in fatalities.

However, the impact of COVID-19 extended beyond the direct effects of the virus. The pandemic also revealed the fragility of Australia's healthcare system and its preparedness for such a crisis. As highlighted in this submission, the government's response was marked by "few successes and major failures," including a failure to recognise the potential for a lab

origin of the virus, uncertainties regarding vaccine efficacy and safety, and a lack of transparency and accountability.

Overwhelmed Healthcare System

The influx of COVID-19 patients placed immense strain on Australia's healthcare system, leading to disruptions in the delivery of essential services and potentially contributing to excess mortality from other causes. This submission highlights the "silencing of voices within the medical community," where healthcare professionals who raised concerns or advocated for alternative treatment options faced hostility, silencing, and even termination.

This suppression of dissenting medical opinions not only impeded the pursuit of truth and scientific understanding but also eroded public trust in the healthcare system. The submission also notes the "denial and lies" from hospital administrations regarding potential adverse events from COVID-19 interventions, further undermining confidence in the system.

The mental health toll on healthcare workers was significant, with many experiencing burnout, anxiety, and depression due to the immense suffering they witnessed, ethical dilemmas, and constant fear and uncertainty. This mental health crisis within the medical workforce likely impacted the quality of care and decision-making, potentially contributing to excess mortality.

While the healthcare system focused its resources on combating the pandemic, access to essential non-COVID healthcare services was disrupted. This submission highlights the "denial of early treatment" for conditions unrelated to COVID-19, which may have resulted in preventable deaths.

Furthermore, the submission notes that the government's failure to perform autopsies for deaths after receiving COVID-19 interventions and the misrepresentation of causes of death cast a "dark shadow" over the pandemic response, raising questions about the extent of harm caused by the interventions and the potential knowledge of preventable outcomes within the government.

The Australian Institute of Health and Welfare (AIHW) report on health system spending during the pandemic also sheds light on the impact on non-COVID healthcare. It notes that musculoskeletal disorders, cancers, and cardiovascular diseases consistently accounted for the highest spending among disease groups, with spending on cancers doubling from 2011-12 to 2020-21. The disruptions caused by the pandemic likely exacerbated existing challenges in managing these conditions, potentially contributing to excess mortality.

The pandemic's impact extended far beyond the healthcare system, with social and economic factors playing a significant role in excess mortality rates. This submission also highlights the "erosion of basic human rights" during the pandemic, with patients isolated from loved ones in their final moments, families denied the opportunity to say goodbye, and informed consent for procedures ignored.

These inhumane practices caused immense emotional distress and trauma, potentially contributing to excess mortality through the exacerbation of mental health issues and the deterioration of overall well-being. The submission also notes the "divided community and restrictions at funerals," which added another layer of emotional distress and prevented closure for many families.

Economically, the pandemic had a devastating impact on employment and cost of living. The AIHW report notes that during the pandemic, Australia experienced the largest ever monthly fall in employment, with 583,300 fewer employed people aged 15 and over in April 2020. While employment had recovered by November 2022, the economic disruptions and financial insecurity likely contributed to increased stress, poorer access to healthcare, and other factors that could have influenced excess mortality rates.

Additionally, the report highlights the acceleration of annual inflation in 2022, with the Consumer Price Index (CPI) growing by 6.1% over the year to the June quarter 2022, the fastest increase since June 2001. This rise in the cost of living, coupled with the economic challenges posed by the pandemic, may have exacerbated existing socioeconomic disparities and limited access to essential resources, potentially contributing to excess mortality among vulnerable populations.

The government's response to the pandemic played a crucial role in shaping the excess mortality rates. This submission criticises the government's communication strategy, which relied heavily on "fear-mongering and public manipulation," hindering informed decision-making and eroding public trust.

The submission also highlights the "censorship and suppression" of dissenting voices, including the silencing of scientists and healthcare professionals who questioned the government's narrative. This lack of open debate and scientific progress likely hindered the development of effective strategies to combat the pandemic and its associated mortality.

Furthermore, the submission raises concerns about the "unjustified policies and unanswered questions," such as the use of mRNA injections for vulnerable groups like children and pregnant women without adequate long-term safety data. The lack of transparency and accountability in decision-making processes further eroded public trust and may have contributed to hesitancy or resistance to public health measures, potentially exacerbating the pandemic's impact.

The Australian Medical Association submission also highlights governance issues, noting the lack of unanimity among state and federal governments, which caused significant issues for organizations working across borders. This lack of cohesion likely hindered the effectiveness of the pandemic response and contributed to confusion and inconsistencies in policy implementation.

The pandemic's impact on mental health and well-being cannot be overstated. This submission highlights the "toll on mental health" experienced by healthcare workers, but the effects extended far beyond the medical community.

The AIHW report on the well-being of Australians during the pandemic notes that levels of life satisfaction and psychological distress had not returned to pre-pandemic levels as of April 2023. The report also acknowledges the significant impact of the pandemic on mental health, with widespread working from home and a long-term decline in the proportion of life spent in full health.

The mental health crisis triggered by the pandemic likely contributed to excess mortality through various pathways, including increased risk of suicide, exacerbation of existing mental health conditions, and the potential for poorer physical health outcomes due to the well-established link between mental and physical well-being.

The pandemic also exposed and exacerbated existing inequities within Australian society, with vulnerable populations disproportionately impacted by the crisis. This submission by The WOW notes that the pandemic response "divided communities, creating animosity and suspicion between individuals with differing viewpoints".

This division and the marginalisation of certain groups likely contributed to disparities in access to healthcare, information, and resources, potentially leading to higher mortality rates among vulnerable populations. The submission also highlights the "unnecessary bullying and sackings" of healthcare workers, further exacerbating the strain on the healthcare system and potentially impacting the quality of care.

The AIHW report on the well-being of Australians during the pandemic acknowledges the disproportionate impact on international students, who were "denied a typical campus-based university experience". This disruption to their education and support systems may have had long-term consequences for their well-being and access to resources, potentially contributing to excess mortality among this vulnerable group.

While the immediate impact of the pandemic on excess mortality is evident, the long-term consequences remain to be fully understood. The WOW highlights the "unexplained excess deaths" following the COVID-19 vaccine rollout, which demand urgent investigation.

Furthermore, the submission raises concerns about the "lack of risk-benefit analysis" for interventions such as lockdowns, mandates, and vaccines, questioning their justification and potential long-term impacts. The ongoing safety concerns and lack of transparency regarding adverse events and post-marketing surveillance also cast doubt on the long-term implications of the pandemic response.

However, the submission also acknowledges the significant challenges faced by researchers during the pandemic, including limited access to laboratories and major research facilities, potentially hindering the development of effective interventions and treatments.

A Call for Reform and Accountability: The Covid excess deaths human tragedy demands a collective response. The response by Australian governments to the Covid-19 pandemic has been avoidably complex and controversial. Very few aspects were successful, and most raised serious ethical, scientific, medical, and human rights concerns. To move forward, a comprehensive review and reform of the healthcare system is imperative. Open dialogue, transparency, and a commitment to ethical practices must be prioritised to restore trust in the medical system and ensure the well-being of both patients and healthcare workers.

We must acknowledge the pain and suffering inflicted, learn from past mistakes, and work together to create a 'public' healthcare system that prioritises ethical practices, respects individual autonomy, and upholds the highest standards of care and compassion. Only then can we begin to heal with the wounds of the pandemic and build a future where the human cost of such crises is minimised, and the voices of healthcare professionals and public are valued and heard.

A Dark Shadow Over Healthcare: The Extreme Human Tragedy of Covid-19 Mismanagement

The Covid-19 pandemic has undoubtedly been a time of great upheaval and uncertainty, impacting every facet of life. However, the shadows cast upon the healthcare system have been particularly grim, revealing a disturbing trend of mismanagement that has resulted in extreme human tragedy for countless individuals, including doctors, nurses, and healthcare workers. Excess deaths over 3 years in Australia must be thoroughly investigated.The book "Too Many Dead" authored by experts from many disciplines contains the evidence for the excess death figures and points clearly to some of the causes.

https://socialmedianpa.gumroad.com/l/toomanydead

Silenced Voices and Broken Trust

One of the most egregious aspects of this tragedy has been the silencing of voices within the medical community. Doctors and nurses who dared to question the official narrative, express concerns about potential adverse effects from new Covid-19 interventions, or advocate for alternative treatment options were met with hostility, silencing, and even termination of employment. This suppression of differing medical opinion not only impeded the pursuit of truth and scientific understanding but also destroyed trust in the very institutions responsible for public health, better now termed government health.

The Erosion of Basic Human Rights

The pandemic also witnessed disregard for human rights, especially within hospital settings. Patients were isolated from loved ones in their final moments, families were denied the opportunity to say goodbye, and informed consent for procedures was ignored. Patients were given unnecessary and contraindicated drugs that caused excess deaths. These included but are not limited to remdesivir morphine and midazolam. These inhumane practices caused immense emotional distress, trauma, and resulted in untold numbers of preventable deaths.

Denial and Lies

Hospital administrations engaged in dangerous denial and misinformation. Concerns about serious adverse events from the Covid toxic GMO interventions, particularly the rise of cardiomyopathy in young individuals, were dismissed or downplayed, where wilful blindness has now become an atrocious standard of medical practice. Furthermore, the most senior oncologist in the UK has agreed that the toxic GMO vaccines are causing "Turbo Cancers" We see this in Australia as well but it is still being ignored by the profession. This lack of willingness to not acknowledge potential harms has eroded public trust in the healthcare system, where now the key terms of 'health' and 'care' appear to have been made redundant to a new 'government controlled system', born from Covid.

Fake Vaccines and Passports

The emergence of fake vaccines and vaccine passports compounded the ethical dilemma characteristic of the pandemic response, involving as they did a blatant disregard for public health and safety that not only endangered individuals but undermined the entire vaccination campaign,

fostering mistrust and skepticism. The cost of a saline injection ranged between $4,000.00 and $6,000.00.

Unnecessary Bullying and Sackings

Many healthcare workers experienced unwarranted bullying and unjustified terminations. Dedicated professionals who served with compassion and dedication were cast aside simply for questioning government Covid messaging, creating a climate of fear and intimidation that destroyed open dialogue with and within the medical community. We now have a shortage of GPs, nurses and other health care professionals, many who have left the profession because of the horrendous conditions and individuals in position of 'leadership'.

Gagging and Lack of Informed Consent

The gagging of medical professionals and the failure to provide patients with complete and accurate information about identified risks observed early with the government sponsored Covid interventions, ensured the pandemic became a crisis. This lack of transparency and informed consent robbed individuals of their agency and autonomy, contributing to a sense of powerlessness and now _enduring mistrust_.

Autopsies Ignored and Causes of Death Misrepresented

The failure to perform autopsies for deaths after receiving the government's Covid drugs, coupled with the misrepresentation of causes of death, casts a dark shadow over the entire pandemic response. The lack of investigation and transparency raises serious questions about the extent of harm caused by the Covid-19 drugs, especially the genetic vaccines, and likely knowledge within Australian governments of these preventable outcomes.

The Toll on Mental Health

The response by Australian governments took a significant toll on the mental health of healthcare workers. Witnessing immense suffering, navigating ethical dilemmas, and facing constant fear and uncertainty resulted in widespread burnout, anxiety, and depression. This mental health crisis within the medical workforce requires immediate attention and support. It is going to last for many years to come. Stress has a permanent effect on humans. Unnecessary and induced non-coping stress is deadly. No thanks to our leaders and politicians here.

A Divided Community and Restrictions at Funerals

The pandemic response further divided communities, creating animosity and suspicion between individuals with differing viewpoints. Restrictions imposed on funerals and grieving processes added another layer of emotional distress and prevented closure for many families.

Loss of Confidence and Trust

The cumulative effect of these failures by all the Australian governments and every Australian politician (bar a few) has resulted in a major and severe loss of confidence and trust in the medical and hospital system. Individuals are left feeling disillusioned, questioning the integrity of scientific institutions and the competence of healthcare professionals.

Further Critical Examination of Australia's COVID-19 Response

The response by Australian governments to the Covid-19 pandemic has been marked by few successes and major failures. Key points of failure requiring further independent examination include:

- **Failure to Recognise a Lab Origin:** The government's initial stance on the lab-origin hypothesis of the virus remains unclear, and a thorough investigation into this matter is crucial.
- **Lockdowns and their Effectiveness:** The implementation of strict lockdowns across the country raises questions about their effectiveness and the economic and social costs associated with them.
- **Uncertainties Regarding Vaccine Efficacy and Safety:** The promotion of the Covid-19 injections as "safe and effective" despite lack of evidence and ongoing safety concerns requires transparent and open discourse. The fact that they are now defined by experts as GMOs is beyond alarming.
- **TGA's Role in Safety and Efficacy Assessment:** The TGA's failure to independently evaluate the Covid-19 injections raises questions about its independence and ability to protect the public from unsafe drugs. Relying on the FDA and drug sponsors for this information has seen the TGA abdicate its legal duties. A separate inquiry is necessary to examine this failure in an administration that has extremely high and valuable standards for evaluating medicines

Mandates and Misinformation

- **Unsubstantiated Claims about Transmission:** Australian government claims that Covid-19 vaccines stopped transmission contradicted the scientific evidence and clinical trial data from sponsors.
- **False Narrative of Pandemic of the Unvaccinated:** The "pandemic of the unvaccinated" narrative demonised a specific group and lacked scientific basis yet was promoted by Australian governments.
- **Fear-mongering and Public Manipulation:** The government's communication strategy relied heavily on fear-mongering, grossly hindering informed decision-making, and was despicable.

Treatment Options and Scientific Concerns

- **Denial of Early Treatment:** The suppression of early treatment options like hydroxychloroquine and ivermectin resulted in preventable deaths.
- **Exaggerated Death Predictions:** The grossly exaggerated death predictions by institutions like the Doherty Institute contributed to unnecessary fear and anxiety.
- **Ignoring Adverse Events and Deaths:** The continued dismissal of adverse events and deaths associated with the Covid-19 injections undermines transparency and accountability.
- **Courts Failing to Consider Scientific Evidence:** Judicial decisions regarding Covid-19 laws and policies disregarded valid scientific evidence, placing in doubt the impartiality of the legal system.

Censorship and Suppression

- **Media Censorship of Dissenting Voices:** The silencing of scientists and doctors who questioned the government narrative hindered open debate and scientific progress.
- **Silencing Healthcare Professionals:** The APHRA's suspension of healthcare professionals who disagreed with the government's Covid policies created a chilling effect on freedom of expression.
- **Lack of Informed Consent for Injections:** Patients were not adequately informed about the risks associated with the Covid-19 injections, placing in doubt valid Informed Consent.

Unjustified Policies and Unanswered Questions

- **Use of mRNA Injections for Children and Pregnant Women:** The authorisation of mRNA injections for these vulnerable groups raises serious ethical concerns due to the lack of long-term safety data, or indeed any data.

- **PCR Testing and Case Inflation:** The reliance on the PCR test for case identification resulted in inaccurate case numbers and inflated death tolls.
- **Ignoring Natural Immunity:** The government's failure to recognise natural immunity created confusion and distrust amongst the public.
- **Secrecy and Lack of Transparency:** The government's opaque decision-making process and lack of transparency regarding contracts with vaccine manufacturers raise concerns about accountability.

Further Issues and Concerns

- **Excessive Force against Peaceful Protests:** The use of excessive force against peaceful Covid-19 protestors by Australian governments financed by the Commonwealth government in their Covid-19 responses, represents a departure from democratic governance and the rule of law.
- **Unexplained Excess Deaths:** The significant rise in unexplained deaths following the Covid-19 vaccine rollout demands urgent investigation.
- **Lack of Risk-Benefit Analysis:** The government's failure to conduct a proper risk-benefit analysis of lockdowns, mandates, and vaccines raises questions about their justification.
- **Ongoing Safety Concerns and Unreported Data:** The TGA's lack of transparency regarding ongoing adverse events and the absence of proper post-marketing surveillance raise concerns about vaccine safety.
- **Misrepresenting Hospitalisation Data:** The lack of transparency regarding the vaccination status of hospitalised Covid-19 patients hinders public understanding of the vaccine's effectiveness.
- **Vaccine Injuries and Lack of Compensation:** The inadequate compensation scheme for Covid-19 vaccine injuries and the government's protection of the manufacturers raise concerns about accountability and justice.

<u>Several recommendations and lessons can be drawn to improve Australia's preparedness for future pandemics and mitigate the impact on excess mortality:</u>

1. Strengthen Healthcare System Resilience: Invest in bolstering the capacity and resilience of the healthcare system, including increasing surge capacity, stockpiling essential supplies, and ensuring adequate staffing levels. Prioritise the mental health and well-being of healthcare workers to maintain a strong and capable workforce.
Allocate significant funding for research and development of early treatment options, including known and proven effective repurposed drugs such as ivermectin and hydroxychloroquine, the lifesaving nutraceuticals vitamins D and C and zinc, and other readily available interventions. The National Institute of Integrative Medicine (NIIM) has the comprehensive knowledge and experience to perform this research. Streamline regulatory processes to facilitate the timely adoption of effective early and natural treatments. This entails a separate regulatory system to the TGA which is dominated by the conflicted interests of Big Pharma.

2. Promote Open Scientific Discourse: Foster an environment that encourages open scientific discourse, transparency, and the free exchange of ideas. Protect the rights of healthcare professionals and researchers to voice concerns and explore alternative approaches without fear of retribution.
Provide clear and consistent communication to healthcare providers and the public about the availability and benefits of early treatment options. Education programs such as those of the Australasian College of Nutritional Medicine (ACNEM) are a priority for all future healthcare providers, including doctors, nurses and allied health care professionals.

3. Enhance Public Trust and Communication: Develop clear and consistent communication strategies that prioritise transparency, empathy, and evidence-based information. Engage with diverse communities and stakeholders to build trust and ensure equitable access to resources and information.
Establish a truly independent body to oversee the government's response to future pandemics and ensure transparency and accountability. The

independent body should also be give powers to investigate corruption within the government and its members.

4. Address Socioeconomic Disparities: Recognise and address the disproportionate impact of pandemics on vulnerable and marginalised populations. Implement targeted interventions and support systems to mitigate the exacerbation of existing socioeconomic disparities.

5. Improve Data Collection and Transparency: Strengthen data collection and reporting mechanisms to accurately capture the direct and indirect impacts of pandemics on mortality and well-being. Ensure transparency and accountability in the reporting of adverse events, causes of death, and the efficacy and safety of interventions.

6. Develop Comprehensive Pandemic Plans: Collaborate with stakeholders across various sectors to develop comprehensive, evidence-informed pandemic plans that address not only the medical aspects but also the social, economic, and ethical implications of such crises.
Develop a comprehensive plan for future pandemics, including stockpiling effective preventative and early treatment options.

7. Invest in Research and Innovation: Allocate significant resources to research and development of effective treatments, interventions, and preventive measures for future pandemics. Foster collaboration between academia, industry, and government to accelerate the translation of research into practical solutions.

8. Learn from International Best Practices: Study and adapt best practices from countries that have effectively managed pandemics and minimied excess mortality. Engage in international collaborations and knowledge-sharing to enhance global preparedness.

9. Prioritise Mental Health and Well-being: Recognise the profound impact of pandemics on mental health and well-being. Develop comprehensive strategies to support the mental health needs of the general population, healthcare workers, and vulnerable groups during and after such crises.

10. Promote Societal Resilience and Cohesion: Implement measures to foster societal resilience, promote social cohesion, and mitigate the

divisive effects of pandemics. Encourage open dialogue, empathy, and a shared sense of responsibility in addressing these global challenges.

The COVID-19 pseudo-pandemic has been a sobering reminder of the complex challenges faced by modern societies in the face of such fabricated crises.
By learning from the experiences and issues highlighted during this pandemic, Australia can better prepare for future challenges and minimise the devastating impact on excess mortality and overall well-being.

It is crucial to approach pandemic preparedness and response through a multidisciplinary lens, recognising the interconnectedness of healthcare, social, economic, and political factors. Only through an holistic and collaborative approach can Australia effectively mitigate the direct and indirect consequences of future pandemics, safeguard the well-being of its citizens, and emerge more resilient in the face of global health crises.

Citations:
https://ppl-ai-file-upload.s3.amazonaws.com/web/direct-files/10676617/f88fee13-2692-42b3-ba4a-761d44665b38/paste.txt

https://www.abc.net.au/news/2023-12-20/mortality-rates-australia-covid-excess/103241640

https://www.abs.gov.au/articles/measuring-australias-excess-mortality-during-covid-19-pandemic-until-august-2023

https://www.abs.gov.au/articles/measuring-australias-excess-mortality-during-covid-19-pandemic-until-first-quarter-2023
https://www.aihw.gov.au/news-media/media-releases/2023/2023-september/report-card-on-the-wellbeing-of-australians-looks-at-what-s-changed-since-the-covid-pandemic-began

https://www.abs.gov.au/statistics/health/causes-death/provisional-mortality-statistics/latest-release

https://www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2023/contents/summary

https://www.rmit.edu.au/news/factlab-meta/no-credible-evidence-vaccines-behind-excess-deaths

https://www.actuaries.digital/2023/11/02/covid-19-mortality-working-group-excess-mortality-falls-in-july-as-another-covid-19-wave-subsides-in-australia/

https://www.actuaries.digital/2024/03/04/excess-mortality-for-2023-likely-to-be-about-half-of-2022/

https://pursuit.unimelb.edu.au/articles/the-rise-and-fall-in-australia-s-life-expectancy-during-the-pandemic

https://about.unimelb.edu.au/__data/assets/pdf_file/0016/411406/UoM-Submission-Commonwealth-COVID-19-Response-Inquiry-Final.pdf

https://www.aihw.gov.au/news-media/media-releases/2023/2023-november/48-billion-health-system-response-to-covid-19-in-australia

https://worldwellnessgroup.org.au

https://www.aph.gov.au/Parliamentary_Business/Hansard/Hansard_Display?bid=chamber%2Fhansards%2F26448%2F&sid=0181

https://www.aph.gov.au/About_Parliament/Parliamentary_departments/Parliamentary_Library/pubs/rp/rp2324/ExcessDeathsAustraliaFAQ

https://www.pmc.gov.au/sites/default/files/submissions/PMC-CGCRI-2023-1266.pdf

https://www.pmc.gov.au/domestic-policy/commonwealth-government-covid-19-response-inquiry

https://www.mentalhealthcommission.gov.au/getmedia/bca512af-ed96-4ea3-b25e-8c9bc5139421/NMHC-submission-on-the-COVID-19-Response-Inquiry-December-2023.pdf

https://www.ama.com.au/sites/default/files/2023-12/AMA-Submission-Covid-19-inquiry-final_1.pdf

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https://wowintl.org/
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