

Inquiry into Excess Mortality

Answers to Senator Babet's Questions on Notice – Royal Australian College of General Practitioners

QUESTION 1

The RACGP published an article last month that referred to the reliability (or lack thereof) of Rapid Antigen Tests. The government's pandemic response and the subsequent data that has been used to determine outcomes and learn lessons has been based heavily off both Rapid Antigen and PCR tests.

You reported on a new study by James Cook University (JCU) which analysed 26 RATs (16 from Australia and 10 from Canada). It found just six were effective at detecting the lowest concentration of COVID-19. You also stated that a Canadian study of RATs was unable to detect the COVID-19 no matter what concentration level was used.

Is the data that we have on Covid cases and mortality inaccurate as a result of these faulty tests? How can we account for the lack of accuracy when trying to determine accurate cause of death?

<https://www1.racgp.org.au/newsgp/clinical/what-are-the-most-reliable-rapid-antigen-tests#:~:text=One%20Canadian%20test%20failed%20to,RAT%20to%20confirm%20their%20infection.>

RACGP response –

This question is outside the remit of RACGP's expertise. The role of academic journals such as AJGP is to be a channel for academic discourse and to provide a channel for debate, discussion, and interaction. The views in the paper are those of the author, and not the AJGP or the RACGP. Questions about individual research studies should be addressed to the authors of the relevant studies.

QUESTION 2

The RACGP's own journal, the Journal of General Practice published an article in April of this year titled "Long COVID: Sufferers can take heart". The article referred to a concern that COVID-19 vaccination might contribute to long COVID, giving rise to the term 'Long Vax'.

The article stated the following:

"COVID-19 vaccines utilise a modified, stabilised prefusion spike protein that might share similar toxic effects with its viral counterpart".

"A possible association between COVID-19 vaccination and the incidence of POTS has been demonstrated"..."

"Recipients of two or more injections of the mRNA vaccines display a class switch to IgG4 antibodies. Abnormally high levels of IgG4 might cause autoimmune diseases, promote cancer growth, autoimmune myocarditis and other IgG 4-related diseases in susceptible individuals."

"Understanding the persistence of viral mRNA and viral protein and their cellular pathological effects after vaccination with and without infection is clearly required."

“Because COVID-19 vaccines were approved without long-term safety data and might cause immune dysfunction, it is perhaps premature to assume that past SARS-CoV-2 infection is the sole common factor in long COVID.”

END QUOTE

This is alarming information. In your opinion, is there any chance that some of our lingering excess mortality in Australia could in fact be associated with the effects of mRNA vaccination?

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QUESTION 2.1

What is being done to get to the bottom of this issue? In your opinion have the government and relevant health authorities taken adequate steps to get to the bottom of this or are they sweeping it under the rug?

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QUESTION 2.2

One of the facts that has most shocked me is the excess death rates (as reported by the Actuaries Institute) in young Women aged 0-44. In 2022 and 2023, they have been dying at an excess rate of 8-10%, whereas Men in the same age group have not been dying in excess numbers. What could be causing this? Could this phenomenon be related to the effects of mRNA vaccination? <https://www1.racgp.org.au/ajgp/2024/april/long-covid-sufferers-can-take-heart>

RACGP response –

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