



Russell Broadbent MP

Member for Monash

March 12, 2025

Dear Editors of *The Australian*,

We write in response to James Dowling's article, "**Covid Deaths Endure in Australia, Five Years On**" dated 11 March 2025, which extensively references Associate Professor Suman Majumdar's recent paper from the Burnet Institute, "[Consequences of COVID-19 Linger Five Years On](#)." While we appreciate the effort to reflect on the pandemic's long-term impact, it is essential that these discussions accurately reflect all available evidence, including concerns surrounding excess mortality and vaccine-related health risks that challenge the narrative advanced by Majumdar and echoed in Mr Dowling's piece.

As a collective of concerned Australians - including parliamentarians, science and medical professionals, legal experts, and researchers we urge *The Australian* to uphold its commitment to rigorous journalism.

This is not a personal attack on Associate Professor Suman Majumdar, nor an attempt to undermine important public health efforts. Rather, it is a call for scientific integrity, transparency, and accountability. Five years after the World Health Organisation declared COVID-19 a global emergency, new findings necessitate a broader, more honest conversation - one that *The Australian* and the Burnet Institute should be leading.

James Dowling's article presents the Burnet Institute's findings as conclusive regarding COVID-19's lasting impact, yet it fails to acknowledge any countervailing scientific perspectives. There is an increasing body of peer-reviewed research suggesting that some conditions attributed to "long COVID" may in fact be Post Vaccination Syndrome. The omission of this perspective skews the public discourse and undermines a truly evidence-based approach to public health policy.

By not presenting both sides of this debate, Mr Dowling's article gives the false impression that the only scientifically valid concern is the long-term effects of SARS-CoV-2 itself, rather than the potential consequences of the mass vaccination campaign. This incomplete narrative misinforms the public and policymakers alike. A more balanced report would have included discussion on the growing concerns regarding excess mortality trends post-vaccination, as well as the new Yale University findings suggesting that long COVID symptoms may arise from vaccine-induced spike protein persistence.

Given your influence, we implore *The Australian* to engage with the full breadth of scientific literature, not just a single narrative. Your readers deserve nothing less.

1. Questioning the Numbers: Excess Deaths and Evidence Gaps

Mr Dowling's article cites Majumdar's reference to "an estimated 28 million excess deaths" globally due to COVID-19, a figure presented without scrutiny or source. The World Health Organization's most comprehensive estimate, however, pegs excess deaths at 14.9 million from January 2020 to December 2021 - half that number, and covering only the first two years. Without clear methodology, this claim risks overstating the toll and eroding trust. *The Australian* had an opportunity to question this discrepancy and demand transparency, yet it passed unchallenged in your reporting.



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Moreover, Mr Dowling's reliance on Majumdar's framing of long COVID - or Post-Acute Sequelae of COVID-19 (PASC) - as solely virus-driven ignores critical new evidence.

A February 2025 Yale [preprint](#) suggests that chronic conditions resembling long COVID may also stem from COVID-19 vaccination. This research identifies persistent spike protein production, immune dysregulation, and auto-inflammatory responses specifically in vaccinated individuals - including those who never had COVID-19. If this is the case, then the widely accepted theory that long COVID is only a consequence of SARS-CoV-2 infection is at best incomplete and at worst misleading. Indeed, this is not an isolated finding - one database (<https://react19.org/science>) has now collated just over 4,000 peer-reviewed publications of COVID-19 vaccine adverse events, underscoring the breadth of evidence that warrants urgent attention.

Mr Dowling's article does not address these critical developments, nor does it entertain the possibility that vaccine-related injury may be a key contributor to the excess mortality figures cited. This is a glaring omission.

2. Clean Air vs. Vaccine Harms: A Question of Priorities

Your article highlights Majumdar's emphasis on initiatives like the "Pathway to Clean Indoor Air in Victoria" and the "ELUCIDAR study" using UV light in aged care homes. While improved indoor air quality is beneficial, this focus - amplified by Mr Dowling's reporting - seems misplaced given the mounting evidence of vaccine-related harms.

A 2023 peer reviewed [study](#) by Australian authors, 'Spikeopathy: COVID-19 Spike Protein Is Pathogenic, from Both Virus and Vaccine mRNA' published in MDPI's *Biomedicines* demonstrated that the spike protein - whether from infection or induced by mRNA vaccines - is pathogenic, linked to autoimmunity, cardiovascular damage, and neuroinflammatory conditions. A similar [literature review](#), *COVID-19, post-acute COVID-19 syndrome (PACS, "long COVID") and post-COVID-19 vaccination syndrome (PCVS, "post-COVIDvac-syndrome: Similarities and differences'*, found the same pathologies reported from the virus and the genetic spike-producing vaccines. The book *Too Many Dead*, [published](#) by the Australian Medical Professionals Society, provides detailed statistical analyses correlating Australia's excess mortality - up 15.3% in 2022 and 12.3% in 2023 - with vaccine rollouts, rather than with COVID-19 itself.

Data analyst Dr. Wilson Sy has found a 74% correlation between vaccine dose administration and excess deaths five months later. These findings are not speculative; they warrant thorough investigation. Yet, Mr Dowling's piece reflects Burnet's focus on virus transmission mitigation over evaluating the safety of public health interventions once championed.

If Australian death rates spiked during and after mass vaccination, but not during pre-vaccine COVID waves, then why is this not being scrutinized in your reporting? Why does *The Australian* amplify air purification efforts over vaccine safety questions? It's like mopping a flooded floor while ignoring the broken dam.



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3. Excess Deaths: A Global Pattern We Can't Ignore

The alarming rise in unexplained deaths is not exclusive to Australia. *Too Many Dead* highlights:

- A 40% rise in excess deaths among working-age Americans in 2021-2022, a trend unexplained by COVID-19 but coinciding with vaccine mandates.
- UK and Finnish data showing a post-vaccination surge in cardiac-related deaths, raising concerns about vaccine-induced myocarditis.
- The U.S. Vaccine Adverse Events Reporting System (VAERS) logging over 35,000 deaths associated with COVID vaccines by mid-2023, with experts estimating vast underreporting

Despite the correlation between vaccine rollouts and excess mortality, critics dismiss these signals as anecdotal. But in epidemiology, persistent patterns warrant investigation. *The Australian's* failure to explore causation - or even acknowledge these trends - misses a critical opportunity to inform the public.

4. The Unanswered Question of Vaccine Contamination

Perhaps the most urgent issue is synthetic DNA contamination in Pfizer and Moderna vaccines. Independent researchers [have found evidence](#) of DNA fragments in vaccine vials and in the blood of South Australians who received mRNA shots.

These serious concerns were formally [presented](#) to Prime Minister Albanese and Health Minister Butler in multiple letters. Despite the gravity of these findings, neither the government nor their agencies like the TGA have engaged meaningfully with the evidence. Public health authorities have an obligation to investigate credible concerns, not dismiss them. Their silence on this issue is not just negligent - it is an abdication of scientific and ethical responsibility.

A Citizen Petition [filed](#) with the FDA by former barrister Julian Gillespie and several distinguished scientists has brought these concerns to the attention of U.S. Secretary of Health and Human Services, Robert F. Kennedy Jr., citing regulatory violations and evidence that the vaccines may have been improperly categorised as non-gene therapy products. Former Centers for Disease Control & Prevention (CDC) director, Dr Robert Redfield, has [recently said](#) many cases of Long COVID are mRNA vaccine injury, noting he has patients suffering.

If synthetic DNA is in vaccine vials, in vaccinated individuals' blood, and potentially integrating into human genomes, what are the long-term risks? *The Australian* could lead the charge in demanding answers - yet Mr Dowling's article sidesteps this entirely.

5. A Call to Action

Editors, this is not about undermining your journalism. It's about ensuring *The Australian* fulfills its duty to investigate all plausible risks to public health. Australians deserve the full truth about the consequences of COVID-19 policies - including the risks of mass vaccination.



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We call on *The Australian* newspaper to:

- Scrutinize the "28 million excess deaths" claim with full data transparency.
- Report on Yale's findings linking long COVID to vaccination, alongside the broader peer-reviewed literature.
- Investigate safety concerns surrounding synthetic DNA contamination in Pfizer and Moderna vaccines.
- Commission a full, independent review of Australia's excess mortality crisis.

Australians were assured these vaccines were safe. Now, we have credible concerns that demand investigation. *The Australian* cannot remain silent.

This is not about blame - it's about accountability. Australians were told these vaccines were safe. Now, we have serious questions.

The Australian can restore faith in journalism by championing rigorous, unbiased inquiry. We, the undersigned, stand ready to collaborate, share data, and support a transparent investigation.

The time for silence is over. The time for action is now.

Yours sincerely,

Russell Broadbent MP, Federal Member for Monash

Julian Gillespie, Former Barrister

Kara Thomas, Secretary, Australian Medical Professionals Society.

Co-Signatories:

Emeritus Professor Robert Clancy; Emeritus Professor Wendy Hoy; Professor Ian Brighthope; Kevin McKernan; Professor Gigi Foster; Professor Kylie O'Brien; Professor Robyn Cosford; A/Professor Peter Parry; Dr Rado Faletic; Dr Christopher Neil; Dr Jeyanthi Kunadhasan; Dr Julie Sladden; Dr Deirdre Little; Dr Astrid Lefringhausen; Dr Christof Plothe; Dr Wilson Sy; Dr Suzanne Niblett; Dr Andrew McIntyre; Dr Ciara O'Sullivan; Dr Jeanne Rungby; Dr Clint Herd; Dr Jan Heath; Dr Geoff Pain; lawyers: Katie Ashby-Koppens, William Parry, and Peter Fam.





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