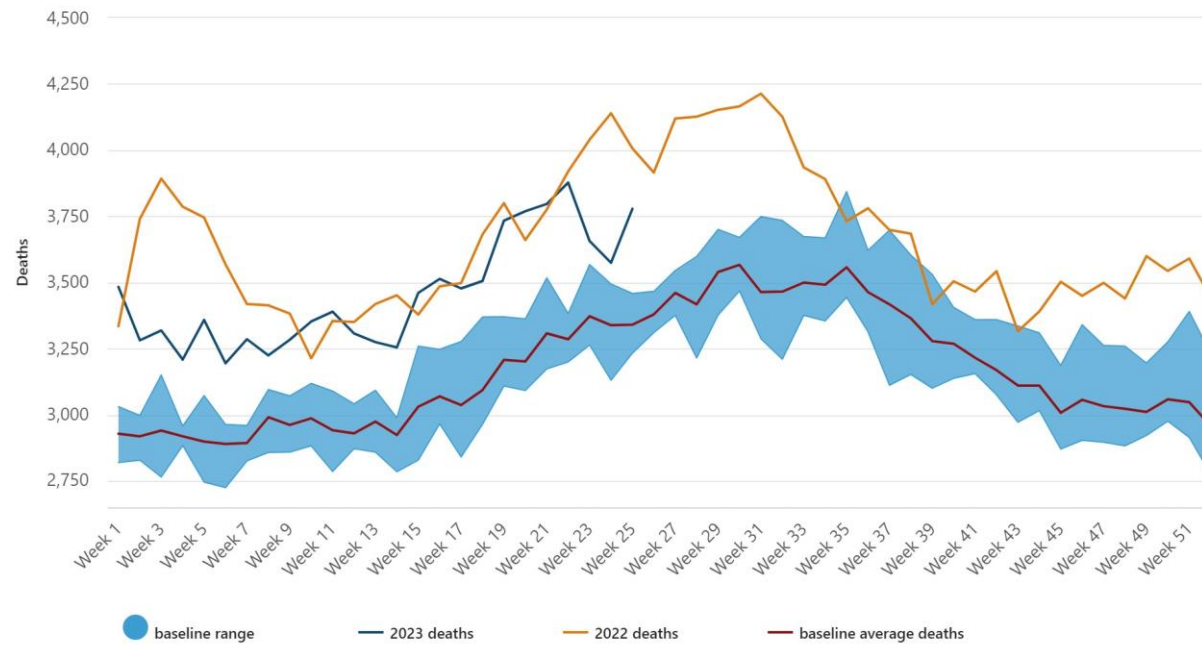


EXCESS DEATHS (AUSTRALIA)



All deaths, Australia, 3 January 2022 - 25 June 2023 vs baseline benchmarks



Source: Australian Bureau of Statistics, Provisional Mortality Statistics Jan - Jun 2023

Resource Report: By Sharon Cousins (Independent Researcher, NSW), 15.10.2023

EXCESS DEATHS (AUSTRALIA)

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Death Numbers in Australia (2018 - 2022)

<u>2018 DEATHS</u> 158,493 @ 25.09.2019	<u>2019 DEATHS</u> (Pre-COVID) 164,814 @ 31.03.23 (up 4% from 2018)	<u>2020 DEATHS</u> (COVID and LOCKDOWNS) 162,646 @ 31.03.23 (down 1.3% from 2019)	<u>2021 DEATHS</u> (COVID, JABS & LOCKDOWNS) 171,976 @ 31.03.23 (up 5.7% from 2020 & up 4% from 2019)	<u>2022 DEATHS</u> (during COVID & JABS/ BOOSTERS) 190,939 @ 27.09.23 (up 11% from 2021 & up 15.8% from 2019)	<u>INCREASE IN DEATHS</u> - 2022 less 2021 = 18,863 extra deaths. - 2022 less 2019 = 26,125 extra deaths. - 2021 less 2019 =. 7,162 extra deaths. Add 26125 + 7162 = 33,287 extra deaths
<u>2018 Doctor</u> <u>certified deaths =</u> 139,632 <u>Coroner certified</u> <u>deaths = 18,861.</u> As per ABS 24.6.2020 Link 6.		<u>2020 Doctor certified</u> <u>deaths = 141,500</u> (Link 7. below) <i>"In 2020, 87.4% of deaths were certified by a doctor. The remaining 12.6% were certified by a coroner." ABS 29.9.21</i>	<u>2021 Doctor certified</u> <u>deaths = 149,200</u> (Link 7. below) <i>"In 2021, 87.7% of deaths were certified by a doctor." ABS 19.10.22</i> Thus 12.3% presumed certified by a coroner.	ABS deaths data of 190,939 (2022) x estimate 12.3% for Coroner certified deaths = 20,526 estimated deaths for coronial investigation 2022.	

LINKS to above DATA

1. 2022 @ 27.09.2023 <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release>
2. 2021 @ 31.03.2023 <https://www.abs.gov.au/statistics/health/causes-death/provisional-mortality-statistics/jan-dec-2022>
3. 2020 @ 31.03.2023 As above link under heading "Number of deaths by month of occurrence, 2019-22" (12 months added up for 2020)
4. 2019 @ 31.03.2023 As above link under heading "Number of deaths by month of occurrence, 2019-22" (12 months added up for 2019)
5. 2018 @ 25.09.2019 <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2018>
6. 2018 Doctors/Coroners No's <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia-doctor-certified-deaths-summary-tables/2019>
7. 2020 & 2021 Doctors Certified No's <https://population.gov.au/data-and-forecasts/key-data-releases/provisional-mortality-statistics-december-2021>

Coroner Referred Deaths - Data (2021)

Coroner referred deaths coded to an underlying cause of R99 (Other ill-defined and unspecified causes of mortality) by state of registration, 2021 (a)(b)

	NSW	Vic.	QLD	SA	WA	Tas.	NT	ACT	Aus.
Number of open coroner referred deaths at time of ABS coding	2,022	6,570	2,220	1,265	1,639	281	72	85	14,154
Open coroner referred deaths at the time of ABS coding as a proportion of all coroner referred deaths (%)	40.7	99.0	94.1	44.4	57.2	41.4	23.6	21.9	67.2
Number of open coroner referred deaths coded to R99	527	606	220	414	252	14	9	16	2,058
Open coroner referred deaths coded to R99 as a proportion of all coroner referred deaths coded to R99 (%)	54.1	99.5	97.7	47.3	87.7	57.1	33.3	25.0	74.6

- a. This table includes coroner referred deaths data only.
- b. Data in this table are presented by the state in which the death was registered. Causes of death data by state of usual residence can be found in the Data downloads section of this publication.

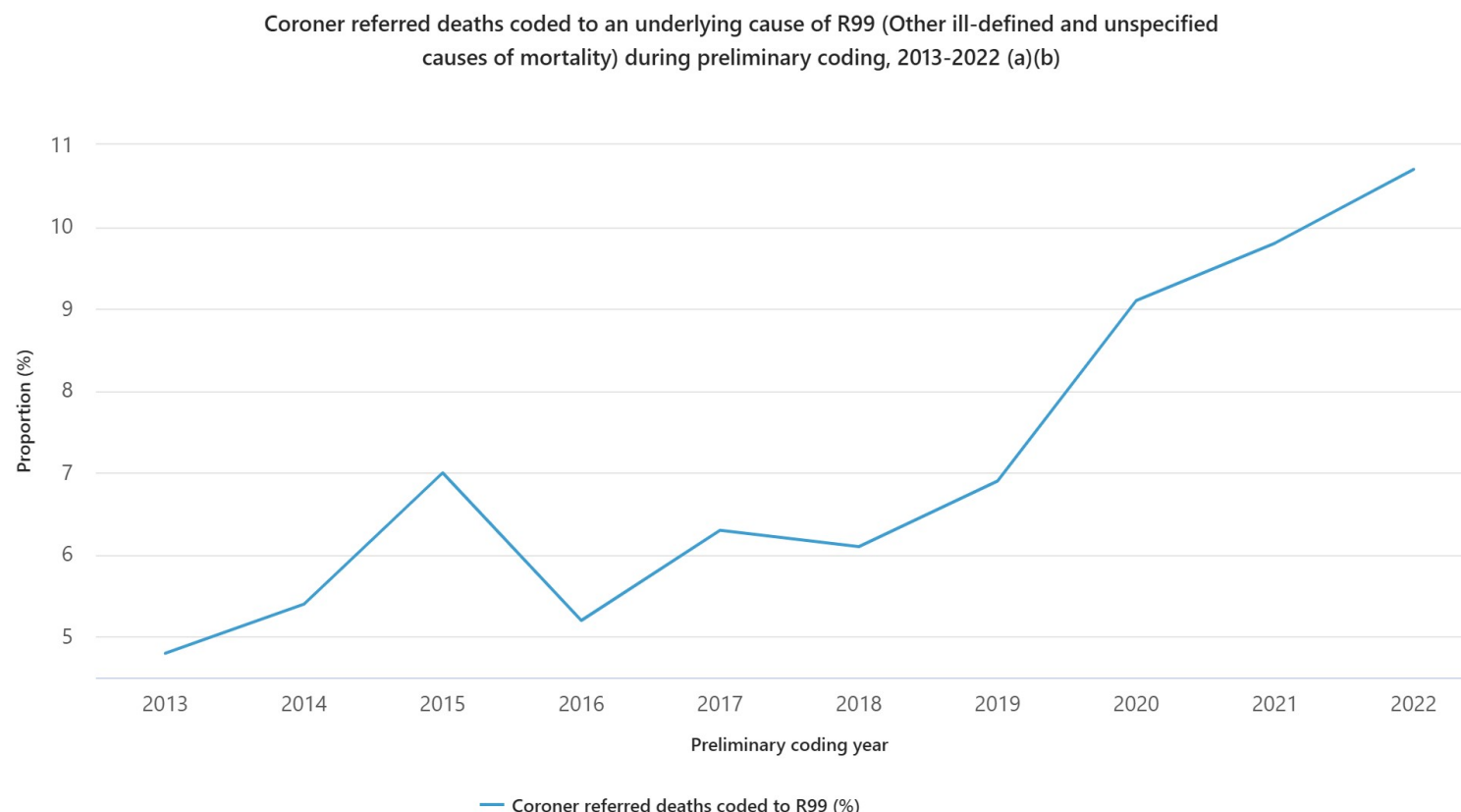
LINK to DATA above: <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2021> @ 19.10.2022

“Over recent years, for some jurisdictions, there has been an increasing delay in information flowing between the coroner court and the National Coronial Information Service (NCIS), including uploading autopsy reports, toxicology reports and coronial findings, and updating the closure status. Some jurisdictions are more affected than others. For statistics on case closure and document attachment for each jurisdiction, refer to the [Operational Statistics](#) published on the NCIS website.”

NB. National Coronial Information Service (NCIS) formed in 2000, is a government agency in Melbourne, VICTORIA; managed by the [Victorian Department of Justice](#).

NOTE: Vic. above data shows 6,570 open coroner referred cases out of total of 14,154 Australia-wide = 46.5% (VIC) for 2021.

Coroner Referred Deaths: Other ill-defined & unspecified causes of mortality (2013 - 2022)



Source: Australian Bureau of Statistics, Causes of Death, Australia methodology 2022

- a. This graph includes coroner referred deaths data only.
- b. All causes of death from 2006 onward are subject to a revisions process. Data in this tables reflects codes assigned during preliminary coding only and are not comparable with final (2013-2019), revised (2020) or preliminary revised (2021) data presented elsewhere in this publication. See Revisions process in the Data quality section of the Methodology for more information.

Australian Bureau of Statistics (ABS): “At the time of coding 2022 data, there was a high proportion of open coroner cases (65.2%), similar to the proportion at the time of preliminary coding of 2021 data (67.2%). This is higher than previous years (5-year average for 2015-2019 of 56.2%). This is reflected in the 2022 dataset by a higher proportion of deaths due to Other ill-defined and unspecified causes of mortality (R99).”

NOTE: 55% increase in Coroner referred deaths coded to R99 ‘Other ill-defined & unspecified causes of mortality’ from 6.9% (2019) to 10.7% (2022).

LINK: <https://www.abs.gov.au/methodologies/causes-death-australia-methodology/2022#data-quality> @ 27.09.2023

2020-2022 Changed Hospital Protocol: No longer testing Influenza A & B; all respiratory “COVID suspect”

Email to Sharon Cousins Rec'd 08.12.2022 at 3.19am from VIC Nurse. Printed/handed to SafeWork NSW Health Inspector at face-to-face meeting 9.12.2022, Sydney

“Dear Sharon

I write as an Emergency Nurse with over 30yrs nursing experience world wide worked in many different circumstances.

Back at the start early 2020, we healthcare professionals in the public hospitals were told to stop our usual common practice of testing for flu (Influenza A & B). When questioning administration they told me its because every respiratory symptoms and resources are labelled COVID suspect only. We were so quiet in all EDs due to lockdowns. Most COVID patients were told to go home and rest with treatment similar to Flu like symptoms.

In February 2021, the COVID vaccine rollout started in Australia. Since then I noticed large numbers of patients coming through the Emergency Department daily with adverse reactions. They were initially elderly patients with multiple presentations with abscesses around injection site to multiple clots in eyes, legs, brain, lungs, heart, recurrence of many cancer patients who were in remission. Then 50+ and later 17-18yr olds age group with chest pains, lungs and heart conditions. Many sudden death unexplained.

I was so disgusted when I question why we were NOT reporting to TGA (Therapeutic Goods Administration)?? I was told "it takes 20mins to do each reporting, its not my job, probably coincidences". As my duty of care, I reported as many as I could with permission from patients. Hence side effects and adverse reactions were definitely well under reported!.....

*Regards, Anonymous ED Nurse
Sent from Proton Mail mobile”*

SEPT. 2023: I (Sharon Cousins, a Researcher, NSW), contacted the above Anonymous VIC Nurse in late Sept. 2023 and an ED Nurse in NSW Health, to enquire if the public health hospitals (Emergency Dept.) were still testing patients as “COVID suspect”, or if they had returned to testing Influenza A and B (as pre-COVID).
Text received 29.09.2023: *“This year 2023, the focus is on influenza testing. The whole covid craze seems to have settled”.*

Another text received 30.09.2023: *“..... We are only testing symptomatic patients for covid, influenza and RSV now. Still getting some positive covid patients coming in a few times a week, influenza and rsv are still going around too lately”*

HENCE: ABS data for 2020, 2021 and 2022 (Causes of Deaths in Australia) **DOES NOT** accurately portray the TRUTH (‘behind the data’). A key reason INFLUENZA and PNEUMONIA death numbers decreased, was because hospitals changed the testing protocol; everything was “COVID suspect”. Testing for INFLUENZA A & B resumed in 2023.

Federal Government, Centre for Population: *“Across the majority of 2020 and 2021, deaths due to respiratory disease (excluding COVID-19) were significantly lower than expected.”*

LINK TO ABOVE QUOTE: <https://population.gov.au/data-and-forecasts/key-data-releases/provisional-mortality-statistics-december-2021> @ 27.9.2023

COVID-19 deaths 2022 @ 9,859 (see pg. 7) is ranked 3rd in causes of deaths. It is therefore inflated as hospitals were still testing “COVID suspect”.

Top 20 Causes of Death, Australia (2018 - 2022)

1 - 20	2018	2019 (PRE-COVID)	2020 (COVID & LOCKDOWNS)	2021 (during COVID & JABS)	2022 (COVID & JABS/ BOOSTERS)
1.	Ischaemic heart diseases 17,533	Ischaemic heart diseases 18,244	Ischaemic heart diseases 16,587	Ischaemic heart diseases 17,419	Ischaemic heart diseases 18,643
2.	Dementia, including Alzheimer's 13,963	Dementia, incl. Alzheimer's disease 15,016	Dementia, incl. Alzheimer's disease 14,575	Dementia, incl. Alzheimer's disease 15,957	Dementia, including Alzheimer's disease 17,106
3.	Cerebrovascular diseases 9,972	Cerebrovascular diseases 9,891	Cerebrovascular diseases 9,470	Cerebrovascular diseases 9,837	COVID-19 (virus) 9,859 <i>NB. 2020 = 898 deaths 2021 = 1,122 deaths (ABS)</i>
4.	Malignant neoplasm of trachea, bronchus and lung (cancer) 8,586	Malignant neoplasm of trachea, bronchus and lung 8,821	Malignant neoplasm of trachea, bronchus and lung 8,457	Malignant neoplasm of trachea, bronchus and lung 8,677	Cerebrovascular diseases 9,829
5.	Chronic lower respiratory diseases 7,889	Chronic lower respiratory diseases 8,372	Chronic lower respiratory diseases 7,102	Chronic lower respiratory diseases 7,818	Malignant neoplasm of trachea, bronchus and lung 9,048
6.	Malignant neoplasm of colon, sigmoid, rectum & anus 5,420	Malignant neoplasm of colon, sigmoid, rectum & anus 5,410	Malignant neoplasm of colon, sigmoid, rectum & anus 5,483	Malignant neoplasm of colon, sigmoid, rectum & anus 5,471	Chronic lower respiratory diseases 8,580
7.	Diabetes 4,656	Diabetes 4,967	Diabetes 5,148	Diabetes 5,402	Diabetes 6,050
8.	Malignant neoplasms of lymphoid, haematopoietic and related tissue 4,612	Malignant neoplasms of lymphoid, haematopoietic and related tissue 4,793	Malignant neoplasms of lymphoid, haematopoietic and related tissue 4,754	Malignant neoplasms of lymphoid, haematopoietic and related tissue 5,083	Malignant neoplasm of colon, sigmoid, rectum & anus 5,410
9.	Diseases of the urinary system 3,384	Influenza and pneumonia 4,124	Diseases of the urinary system 4,019	Diseases of the urinary system 4,249	Malignant neoplasms of lymphoid, haematopoietic and related tissue 5,168
10.	Malignant neoplasm of prostate 3,264	Diseases of urinary system 3,903	Malignant neoplasm of prostate 3,568	Accidental falls 3,801	Diseases of the urinary system 4,571
11.	Heart failure & complications & ill-defined heart disease 3,192	Heart failure & complications & ill-defined heart disease 3,648	Accidental falls 3,395	Heart failure and complications & ill-defined heart disease 3,643	Accidental falls 4,084

12.	Influenza & pneumonia	3,102	Malignant neoplasm of prostate	3,611	Heart failure and complications & ill-defined heart disease	3,249	Malignant neoplasm of prostate	3,621	Heart failure and complications & ill-defined heart disease	3,919
13.	Malignant neoplasm of pancreas	3,077	Intentional self-harm (suicide)	3,318	Malignant neoplasm of pancreas	3,244	Malignant neoplasm of pancreas	3,432	Malignant neoplasm of prostate	3,799
14.	Intentional self-harm (suicide)	3,046	Accidental falls	3,298	Malignant neoplasms of breast	3,144	Intentional self-harm (suicide)	3,166	Malignant neoplasm of pancreas	3,687
15.	Malignant neoplasms of breast	3,034	Malignant neoplasms of breast	3,261	Intentional self-harm (suicide)	3,139	Malignant neoplasms of breast	3,159	Intentional self-harm (suicide)	3,249
16.	Accidental falls	2,952	Malignant neoplasm of pancreas	3,207	Cardiac arrhythmias	2,401	Cardiac arrhythmias	2,642	Malignant neoplasms of breast	3,169
17.	Cardiac arrhythmias	2,442	Cardiac arrhythmias	2,408	Influenza and pneumonia	2,287	Hypertensive diseases	2,443	Cardiac arrhythmias	2,782
18.	Hypertensive diseases	2,136	Malignant neoplasm of liver and intrahepatic bile ducts	2,204	Malignant neoplasm of liver & intrahepatic bile ducts	2,192	Cirrhosis and other diseases of liver	2,325	Influenza and pneumonia	2,762
19.	Malignant neoplasm of liver & intrahepatic bile ducts	2,104	Hypertensive diseases	2,177	Cirrhosis and other diseases of liver	2,186	Malignant neoplasm of liver and intrahepatic bile ducts	2,290 **	Hypertensive diseases	2,638
20.	Melanoma and other malignant neoplasms of skin	2,094	Cirrhosis and other diseases of liver	2,111	Melanoma and other malignant neoplasms of skin	2,123	Parkinson's disease	2,258 **	Cirrhosis and other diseases of liver	2,600

LINKS:

1. **2022** @ 27.09.2023 <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release>

2. **2021** @ 27.09.2023 As above link under heading "Leading causes of death, Australia - selected years - 2013, 2017, 2021, 2022 (a)(b)(c)(d)(e)"

Except ** No's 19 and 20 (2021) taken from <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2021> @ 19.10.2022

Influenza & Pneumonia not listed in top 20. Rated #22 (2021) with 2,073 deaths, as seen in link above under heading "Other selected causes not in Top 20 leading causes"

3. **2020** @ 29.9.2021 <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2020>

"In 2020:

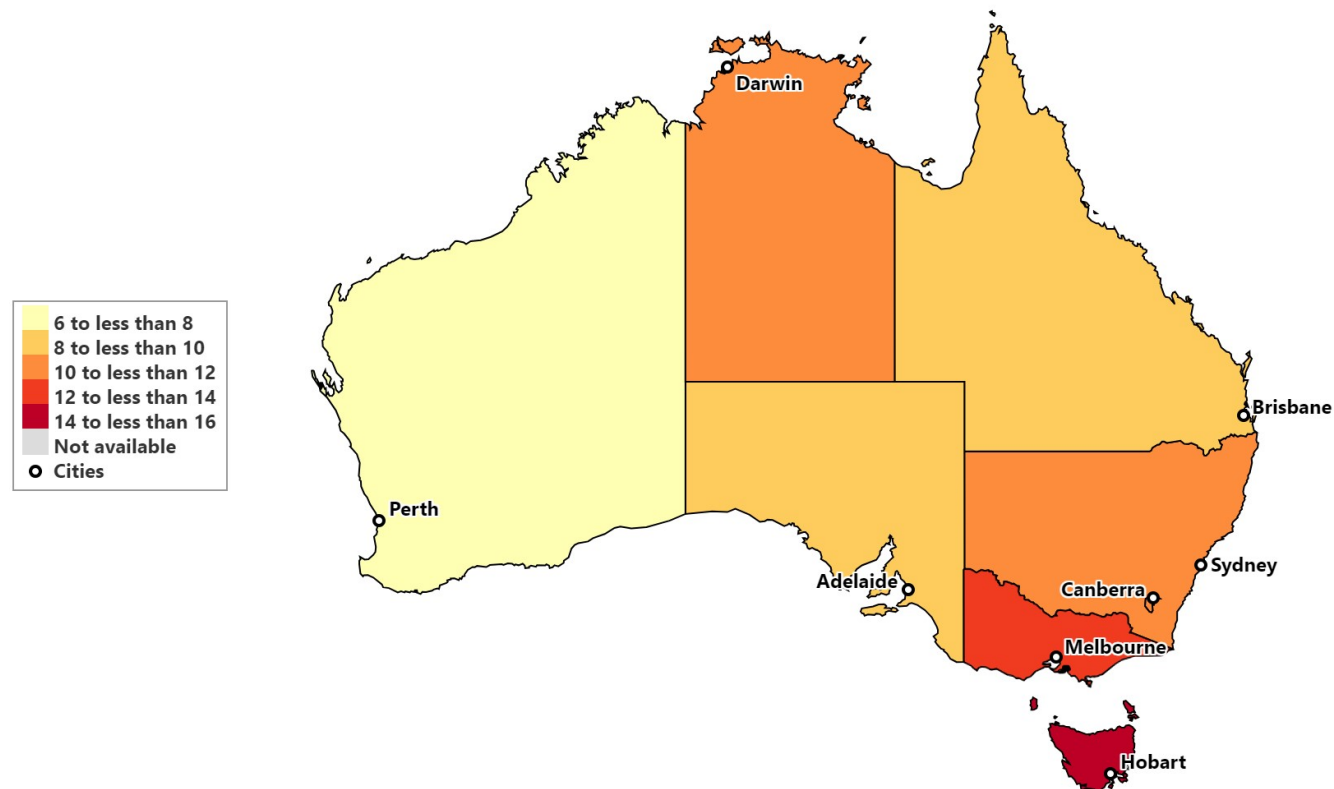
- Influenza and pneumonia mortality had the highest proportional rate **decrease** of all respiratory diseases with a drop of 45.8% from 2019.
- The decrease in the respiratory disease death rate from 2019 is the largest recorded over the last ten years." NB. Refer Anonymous Nurse email 8.12.2022 page 6.

4. **2019** @ 23.10.2020 <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2019>

5. **2018** @ 16.10.2019 https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/FlagPost/2019/October/Causes_of_death

Measuring Australia's Excess Mortality % during COVID-19 pandemic until the first quarter 2023

Excess mortality (%) by jurisdiction, Omicron period (Jan 2022 - Mar 2023)



Source: Australian Bureau of Statistics, Measuring Australia's excess mortality during the COVID-19 pandemic until the first quarter 2023 19/07/2023

Excess Mortality %

TASMANIA	14.2 %	NEW SOUTH WALES	10.3 %
VICTORIA	13.0 %	QUEENSLAND	9.7 %
AUSTRALIAN CAPITAL TERRITORY	11.5 %	SOUTH AUSTRALIA	9.2 %
NORTHERN TERRITORY	10.6 %	WESTERN AUSTRALIA	6.3 %

LINK: ABS @ 19.07.2023 <https://www.abs.gov.au/articles/measuring-australias-excess-mortality-during-covid-19-pandemic-until-first-quarter-2023>

Canadian, Laura Jeffery, Embalmer/ Funeral Director

Public Testimony on COVID Vax Deaths, Lockdowns (Suicides/ Drug Overdoses), Retrieved Specimens

(deceased with 'band aids' still on their arms; gestational baby deaths, lack of autopsies & unusual specimens retrieved from jabbed deceased)

WARNING images (page 11)

Licensed Funeral Director Laura Jeffery on Post-Vaccine Embalming | NCI

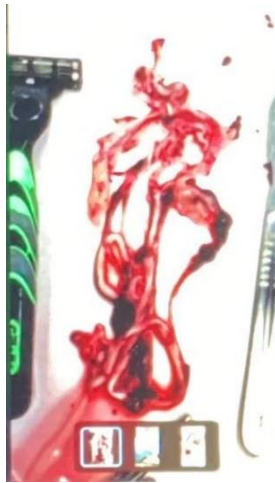


Laura Jeffery: Video testimony, 43 mins, NCI (National Citizens Inquiry), Toronto, Canada (4.2023) Deceased COVID-19 vaxxed, babies & lack of autopsies 2021-2022 etc.
<https://rumble.com/v2fnr48-to-all-funeral-directors-and-embalmers-worldwide-.html> (132,000 views @ 15.10.2023). **Summarised notes of 43 mins video.**

Laura Jeffery worked in an organisation caring for 600 deceased persons a year. During Covid in 2020 **she saw only 7 deaths attributed to the COVID-19 virus**, most with comorbidities, such as dementia. Laura saw an escalation of suicides and drug overdoses during the COVID lockdowns; mainly during the 2nd lockdown. During the 2nd lockdown, Laura experienced 9 weeks where once a week, she was seeing bodies of middle-aged deceased women, who had husbands and children. They committed suicide. She said *“they left”*. Laura had never before witnessed so many *“normal”* women ending their lives.

During the COVID-19 vaccination rollout, Laura noticed in early 2021, an anomaly in the *“return”* with embalming of COVID-19 jabbed deceased people. She would go into their human circulatory system, starting at the carotid; a major artery in the neck. [An embalmer puts preservatives into the deceased body and releases fluids e.g. blood]. Laura noticed in the jabbed deceased bodies, their blood was viscus, darker, thicker and sticky with small pieces of clots that were pin head size. This occurred for a period of 3 - 4 months in 2021 (just after the mass-vaccination started in Canada). Laura saw middle aged deceased people who had died suddenly at home; right after their dinner. Laura expected these home deaths to be investigated, but the bodies were just brought into the funeral homes. Some jabbed bodies came in the middle of the night.

Before the COVID vaccination roll out, Laura would normally see about one dead body a night or none. Then after the jabs, it was 1, 2 or 3 dead bodies a night before 11pm. **Laura saw a pattern happening.** One particular case involved a 47-year-old fit man and his death was investigated and they found he had blood clots. **Laura was seeing many deceased people coming in with little band-aids on their arms (COVID-19 vax identified).** They had died relatively soon after being COVID-19 jabbed. Laura noticed this – she called it an *“anomaly”*. Many of these deceased were also retirement aged people; as they were the first to be jabbed in the vax rollout. Then in April/ May 2021, Laura saw in deceased jabbed bodies, what looked like a tapeworm or parasite about 3-4 inches (7-10cm) long. She had never seen anything like it in her 25-year career history of being an Embalmer/ Funeral Director. Then it ***“just kept happening”*** with more deceased jabbed bodies. Laura Jeffery saw unusual specimens retrieved from COVID-19 vaxxed deceased bodies - long pieces like spaghetti size. See the ***“tentacles”*** and blood clots photos (page 11); which were sent to Laura from another funeral colleague. Laura and others in the funeral industry in Canada were regularly seeing these types of specimens from the circulatory system of jabbed deceased bodies (April 2021 to year end 2021).



Blue glove photo above shows “**white fibrous**”. If you were to cut them, there is no hole in the middle; these are whole. Laura’s colleague kept these preserved samples (far right photo). She didn’t keep specimens; but **Laura’s testimony (under oath) is truth-revealing of the increase numbers of deaths; *not from the virus, but from the jabs.***

Laura Jeffery also said autopsies were not being done – with the excuse from people that they didn’t want to get the COVID virus. She said **there was a noticeable reduction in the number of autopsies when there should have been an escalation in autopsies, as the number of deaths were “out of the norm”.**

Laura would normally see deceased babies about 3-5 a month and within various gestation periods during pregnancies (i.e. miscarriages/ foetal deaths or stillbirths). In February 2021 that stopped – there didn’t appear to be any babies. This had been going on now for 2 years, to early 2023, of not seeing dead babies. Laura found out that the social workers in the hospitals would ask if the family wanted their deceased babies cared for by the funeral parlour or by the hospital. But in the smaller Canadian communities where there was no social worker, there was an escalation in the deaths of babies; as the dead babies would be taken directly to the funeral parlours.

Laura also noticed a change in the deceased bodies – their nails were split, clothing was loose or with food stains, hair unkempt. She said people got sick and were at home and just didn’t care. Laura has been affected by all this and she doesn’t think she can do this much longer. She can still do her job, but not at that level and not having the aggravation any more.

Laura is then given questions by the National Citizens Inquiry Commissioners. She said people did do investigations but she is an Embalmer (and Funeral Director). Question from Commissioner called Bernard on the panel about these “*parasites*” and whether they were human or foreign. Laura mentions Dr Ryan Cole, a Dermatopathologist in USA. She said people should find out themselves - seek out Dr Ryan Cole, who also does autopsies. Laura stopped embalming 9 months prior to her testimony (video published April 2023). As people were not getting COVID jabbed any longer, Laura saw a change in the death numbers, compared to the vaccination period. It goes “*hand in hand*”. **Question from female commissioner on panel about the white fibrous masses; “*When did you start seeing them?*”.** Laura asked her funeral director colleagues and the best memory was Spring of 2021 (Canadian season). **Other Funeral Directors were seeing these fibrous white masses in jabbed deceased bodies** in Spring of 2021 (April/May). Funeral Directors in smaller regions were conscious of what they were seeing and taking it to “*heart*”, as they knew the affected people in their communities.

Laura was asked by the female commissioner on the panel if she would do an embalming report. Yes, but it’s not mandatory. Laura wrote embalming reports but she doesn’t have access to these reports anymore. It’s very rare to be asked about a report; but the embalmer’s reports are kept long term e.g. one family was not happy with the arm positioning of a deceased person, but the report states that’s how the body came in that state with arm up position. Normally the embalming reports just get filed. Laura makes a final statement at the end to say if any Funeral Directors or Embalmers want to reach out, she has set up a Gmail account called: ConcernedFDs@gmail.com Laura ends her testimony by saying to other Funeral Directors and Embalmers “***perhaps we can talk about this***”. Live audience then clap Laura for her ‘eye witness’ testimony.

COVID-19 Vaccines - 1,001 Reported Deaths & 5 Reasons to Consider – Issues with Excess Mortality

Using the **TGA DAEN** (Database of Adverse Event Notifications) website, the TGA FOI (Freedom of Information) website documents numbered **3545, 3785, 3845, 4077, 4231** [list of DAEN case numbers removed], **4334 and 4391** plus research work with 2 other researchers in NSW and VIC, an entire list of **1,001 reported COVID-19 vax death cases** (without duplications) has been developed into a 'massive' Excel document with over 139,000 rows of cases (**'OPEN DAEN'**). The reported deaths for the various COVID-19 vaccine products including TNS (Type Not Specified) were then extracted from this large Excel document and individually copied into 5 separate Excel documents detailing each of the TGA (Therapeutic Goods Administration) DAEN cases (deaths reported), for the COVID-19 vaccine products as follows:

AstraZeneca	483	Reported Deaths	Ages of Australians from 20 to 100	(plus age 'not specified')
Pfizer / Comirnaty	448	Reported Deaths	Ages of Australians from 5 to 100	(plus age 'not specified')
Moderna/ Spikevax	39	Reported Deaths	Ages of Australians from 14 to 94	(plus age 'not specified')
TNS	28	Reported Deaths	Ages of Australians from 42 to 93	(plus age 'not specified')
Nuvaxovid	3	Reported Deaths	Ages of Australians 32 (male), 74 (female) and 96 (male)	
TOTAL	1,001			

The massive Excel document that has been recently developed by the research team (not yet available to the public, but soon), shows 139,000+ rows of COVID-19 vaccine adverse event cases with the 1,001 reported Australian deaths listed (including 9 reported deaths of children aged 5 to 17). It shows the individual DAEN case numbers from report entry date 21.12.2020 to 29.9.2023 (as at 14.10.2023). This large Excel document has recently been emailed to Dr Chris Neil (President, AMPS) alongside a few others, including some key Australian doctors, a legal expert and the research team. In addition, five (5) separate Excel documents have been emailed to Dr. Chris Neil, showing the above COVID-19 Vaccine products/ TNS of the reported C-19 vax death cases, plus information such as the DAEN case number, report entry date, age, sex, batch numbers/ doses (where listed), COVID-19 Vaccine Product/ Brand names, MEDdra reaction terms e.g. Pericarditis, Myocarditis, Thrombosis, Abdominal pain, Chest pain, Rash, Palpitations, Foetal death, Stillbirth, Abortion spontaneous (miscarriage), Bell's palsy, Cardiac arrest, Cerebrovascular accident, Pulmonary embolism and Death etc.

DAEN reported COVID vax deaths via yearly split using report entry date is: 749 deaths (2020/2021) + 217 deaths (2022) + 23 deaths (2023) = 1,001 reported jab deaths. If we then apply an underreporting factor of 30 (not 40), a more realistic number of estimated deaths following COVID vaccination is $1,001 \times 30 = 30,030$ deaths. Now go back to page 3 and see the far-right column figures in red showing the extra deaths over the past few years i.e. **33,287 deaths in Australia. Have you 'sussed' it?**

The information provided in the "soon-to-be released" **'OPEN DAEN'** Excel documents, plus this Resource Report is to help give certainty as to **valid reasons (not coincidences) for the issues concerning Excess Mortality during the COVID pandemic and vaccination roll out period in Australia (and globally). 5 reasons to be considered are as follows:**

1. Incorrect testing of hospital patients as *"COVID suspect"*, instead of testing for Influenza A and B - thus falsely contributing to the elevated COVID virus death numbers.
2. During the COVID vaccination roll out, government health officials claimed people who were being COVID vaccinated, weren't 'vaccinated' until about 2 weeks post vaccination - hence the 'masking' of COVID jab deaths during this so-called 'unvaccinated' period.
3. Lack of proper investigations/ autopsies into deaths following COVID vaccinations (refer Laura Jeffery public testimony - page 11).
4. Many forensic pathologists did not have an autopsy protocol for examining deceased bodies who had received COVID 'novel' vaccination/s (especially in 2021). An autopsy protocol was developed in early 2002, by a Germany Pathologist, the late Prof. Arne Burhardt, following post mortem examinations on vaxxed deceased. With the increase in vaxxed deaths being reported, there is a direct correlation with increased Coroner reported deaths and code R99 *'Other ill-defined & unspecified causes of mortality'*.
5. Massive under-reporting of adverse events (including deaths), following COVID vaccination/ boosters - hence "hidden" data **(139,000 reported cases x 30 = 3.9 Mil. cases)**.

Please note the 1,001 is just the reported deaths on the TGA DAEN. The under-reporting factor of 30 (or 40) must be applied to give a realistic number of jabbed deaths. Kindly refer back to page 6 of the email sent from the Anonymous ED Nurse in VIC dated 8.12.2022 @ 3.19am. ".....I was so disgusted when I question why we were NOT reporting to TGA (Therapeutic Goods Administration)?? I was told "it takes 20mins to do each reporting, its not my job, probably coincidences". As my duty of care, I reported as many as I could with permission from patients. Hence side effects and adverse reactions were definitely well under reported!.....".