

## Commonwealth Government COVID-19 Response Inquiry

My response addresses the following terms of reference:

- Governance including the role of the Commonwealth Government, responsibilities of state and territory governments.
- Key health response measures (for example across COVID-19 vaccinations and treatments, and public health messaging)

I am a [REDACTED] involved in research that covers [REDACTED]. I have qualifications in [REDACTED]. I am making my submission in the hope that this inquiry investigates the serious issues I raise below in order to avoid the failures that arose out of the previous COVID-19 pandemic handling.

### Government Overreach

There was evidence of **government overreach** with **mandated vaccinations**, particularly when it came to vaccination of front-line medical workers and those involved in the service industry. Employees in both of these industries were given a stark choice between employment by getting vaccinated or join the unemployment queue if they chose the moral high ground. It is important under the context above to remember that the then Prime minister, Mr Scott Morrison said that vaccines were not mandatory (especially as they were experimental, for emergency use only and had not formally been approved by the regulator).

What is particularly riling is that Queensland government ministers were exempt from vaccination and so were the Judiciary in Victoria. This shows the hypocrisy of our leadership. One rule for our politicians and one rule for the masses.

### Government interfered in the doctor - patient relationship

Alternative treatments were unsanctioned and doctors explicitly threatened if they prescribed alternatives to the Government's wishes. I am talking about Ivermectin, Hydroxychloroquine used in conjunction with vitamin D, vitamin C and zinc. Such treatments when used early enough could have helped reduce the burden on our hospitals. India was able to get on top of their countries major outbreak (it was out of control with funeral pyres in every state ) by issuing to their population packets containing ivermectin, vitamin D, C and Zinc. Refer to YouTube video with additional references <https://www.youtube.com/watch?v=eO9c3y3Rydc>. Such a course of action went against the WHO recommendation at the time but it worked. I would ask the inquiry to think about this WHO action, who was behind the WHO messaging and which individual(s) and bodies were providing advice and/or funding.

We have to ask the question why was government so fixated on a single treatment option that only benefited the pharmaceutical industry? There was evidence of collusion at a global scale with many countries taking a similar action, such as labelling ivermectin as horse medicine and actively discourage the use of this off label product – industry does not make any serious money from it. Even today the TGA wrongfully claims it is not useful against COVID-19. Peer reviewed research is available that provides scientific rationale to explain how it can be effective in early treatment of Covid-19. It involves in part the ACE-2 receptor - this peer reviewed publication provides more details <https://www.nature.com/articles/s41429-021-00491-6> and <https://www.monash.edu/discovery-institute/news-and-events/news/2020-articles/Lab-experiments-show-anti-parasitic-drug,-Ivermectin,-eliminates-SARS-CoV-2-in-cells-in-48-hours> However, this information has been suppressed. Why?

The inquiry should also investigate what role did big pharma have in blocking its use? This is a highly contentious issue with industry captured “alphabet” regulators (CDC, FDA, TGA etc.) around the world still insisting it is not effective. One also needs to look at the studies that show no effectiveness in relation to who funded the study and when the drug was administered. Ivermectin has been shown not to be effective if taken too late in the infection lifecycle.

### Draconian and dystopian policies

Draconian lock down policies which did not work created significant but unnecessary anxiety and suffering. Prevented people from visiting family's interstate, from attending funerals of loved ones who has passed away. School children, who were not at serious risk from COVID were prevented from going to school. Whole industries

were affected by lockdowns and border closures that did not stop the spread of infection and destroyed many businesses.

### **Misinformation, Disinformation and malinformation**

The public was not fully informed of the vaccine risks or covid-19 health risks accurately (particularly mortality (death from covid-19) which was being overstated to push people to get vaccinated – a severe case of “fear [REDACTED]”). Misinformation was, and still is rife on this subject and is not limited to the general public but with the Government and mainstream media being implicated, [REDACTED] Fact checking sites funded by big pharma, social media giants colluding with governments to control the message. Lies and more lies were spewed forth by vested interests. No discussion and no debate which is something one would expect in countries with authoritarian regimes not a western democracy.

Even today, the Government is still spruiking mRNA vaccines as safe and effective. One only needs to look at the TGA database to see this is not an accurate reflection with prominent safety signals being presented (neurological and cardiological) – refer to separate document (this was from October 2021 when I was actively monitoring the statistics), which under normal circumstances would have seen the removal of such risky products. A related but taboo subject is the unprecedented rise in excess mortality, particularly in the younger age groups. The contribution of the vaccine to this unexplained increase is yet to be fully explored and Covid-19 infections are not the sole culprit. Only now we are starting to see that there were coverups and poor testing protocols adopted by big pharma. Evidence that regulatory agencies are captured by vested interests. This has created an atmosphere of distrust that will be a hindrance for future pandemic handling unless this is addressed diligently and in a transparent manner.

### **Discrimination**

Discrimination against those who were pro-choice was a major problem during the pandemic not helped by the rhetoric coming from the Government and the media, particularly [REDACTED] Those who chose not to be vaccinated were denied entry to social venues and vilified in the media and bullied by uninformed members of the public.

In both cases, Government overreach was obvious with decisions being made that undermine democratic processes and prevent the public from having a say. We were being told that to be unvaccinated put others at risk (including people who were vaccinated which is completely unscientific – the purpose of any vaccine is to protect against a viral or bacterial agent). People who are concerned they might get infected and wanted to protect themselves could choose to be vaccinated. Any effective vaccine would have provided a high level of protection. Another major issue was the lack of government recognition of those who naturally acquired immunity through previous infection and were still required to get vaccinated which is non sensical. Government was also suggesting that vaccine immunity is superior which of course is ridiculous and has since been disproven.

### **Vaccine ineffective! Responsible for new strains?**

What has since been discovered is that the gene therapy dressed up as a vaccine did not prevent infection nor did it stop the vaccinated individual from shedding the virus (when infected) and passing on to others. Rather it is claimed that it reduced the symptoms and therefore reduced the pressure on our hospital system (initially this was the case, but subsequent outbreaks became a pandemic of the vaccinated). However, being vaccinated may have also contributed to super spreader events due to an infected vaccinated person having a false sense of security, being allowed to go to public venues. Remembering unvaccinated people were barred from entering social venues in some states.

Requiring people to get boosters when the boosters were not even designed for the mutated versions and had very little short-term effectiveness demonstrating ignorance and short sightedness of our decision makers.

The major problem with the mRNA gene therapy is multi factorial.

- 1) Unlike traditional vaccines which use an inactive virus and therefore have multiple features of the original virus that the immune system can target, mRNA gene therapies produced a single feature – i.e., spike protein. Targeting this single feature becomes ineffective if the virus experiences mutations in this region.
- 2) The spike protein is toxic as shown in peer review research and the “vaccine” programmed our cells to create it. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10452662/>

- 3) May contribute to what is known as “original antigenic sin” making people who are vaccinated more vulnerable to future mutated strains as we are now currently seeing

[https://en.wikipedia.org/wiki/Original\\_antigenic\\_sin](https://en.wikipedia.org/wiki/Original_antigenic_sin)

Children were never at risk and should never have been encouraged to get vaccinated. Even the previous Queensland CHO, Dr Jannette Young stated this before she was ushered out of her role as CHO and “promoted” to Queensland Governor. [REDACTED] young people who developed pericarditis after their first injection of Pfizer mRNA vaccine. Others have died who might be still alive today if they had not been injected with the experimental gene therapy.

We are also now finding out that [REDACTED]

[REDACTED] To make matters worse, Australia blindly followed the US.

[REDACTED] – it should never have been called a vaccine as it does not fit the ‘original’ definition of a vaccine. I do note that the CDC changed the definition so that mRNA injectables could be classified as a vaccine. [REDACTED] I felt insufficient testing had been performed

[REDACTED] Early research suggested the spike protein was responsible for many of the health issues being seen in COVID-19 infected patients and here we are injecting mRNA into our bodies to create the very same spike protein.

### **Lack of transparency and accountability**

The Commonwealth government signed a secret deal with [REDACTED] Details of the agreement were kept under wraps and away from public scrutiny under the auspices of national security.

“The COVID-19 pandemic is one of the most manipulated infectious disease events in history, characterized by official lies in an unending stream lead by government bureaucracies, medical associations, medical boards, the media, and international agencies.” <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9062939/>

Decisions made by government were not supported by sound science.

### **World is faced with a cancer tidal wave**

We are now starting to hear of stories of turbo cancers <https://www.ajmc.com/view/kashyap-patel-md-sees-link-between-covid-19-and-cancer-progression-calls-for-more-biomarker-testing>. The jury is out on whether the covid-19 vaccine has also contributed to such events, of course, there are sites actively denying such claims – the very same sites that claimed the vaccine is “safe and effective”. Who to believe when science is for sale and our government and media are in denial .

### **Recommendations:**

The vaccines should always have been primarily targeted at the vulnerable people only, which includes the infirm and elderly. Even then, those who are considered to be vulnerable should have been given a choice rather than forced.

It is instructive for the Government to not only taking advice from epidemiologists but to also listen to “independent [from industry]” immunologists. It is clear based on the messaging that Government twisted science to support their agenda and this needs to be investigated properly in order to rebuild trust.

An inquiry into the independence and autonomy of the TGA should also be considered.

Investigate who made the decisions, what were their qualifications and do they have perceived or actual conflicts of interest (with big Pharma)? Who instructed the Government to dismiss alternate, but safer treatments?

What involvement did the WHO have in our Government actions? Is this going to be our future where we lose national control of our health strategies as authority is passed onto an international organisation that is accountable to no-one. WHO has been negligent in the past with handling of epidemics and pandemics, has shown to be heavily influenced from those with vested interests (industry and private foundations linked to billionaires). Safeguards need to be put in place to avoid future mishandling, undue suffering and corruption of science by vested interests especially when it comes to signing any form of pandemic treaty.

Dear [REDACTED]

The planned treatment by the Queensland Australian Labour Party (ALP) Government of people who are unvaccinated (to Covid-19) is immoral and unethical. In a sense, we are moving towards a medical apartheid and a dystopian society where dissent is crushed and people suffer unnecessarily. Such policies seriously violate basic Human rights, such as the right not to be experimented on (Covid-19 vaccines are experimental), the right to have freedom of movement, the right to health, the right to privacy and the right to work. The restrictions that are planned by the ALP for the unvaccinated, such as prohibiting unvaccinated people from attending social and sporting events and from using non-essential services breaches these basic human rights laws. Furthermore, to force/coerce people to take an experimental "vaccine" is explicitly in violation of the Nuremberg code.

The planned restrictions will have no impact on the spread of the virus (see below). Claiming that this is all for the common good is unconscionable and reeks of hypocrisy. I am [REDACTED] understanding of [REDACTED] Using my expertise I present below clear evidence of a lack of critical thinking by many people in Government, media and the majority of the population who seem to be blindly following orders.

Today, there are only a handful of cases of Covid-19 in Queensland. We have no restrictions for local residents and there have been no major outbreaks or problems arising from the current rules. [Therefore, there is no justification for enforcing these newly planned draconian measures](#). As far as I can tell, there has been no discussion or debate in parliament or the media around this issue. Government over-reach is quite obvious in this case.

You are a sitting member of the current ruling party and my electorate's public representative. I am hoping you can respond to the issues below surrounding the underlying assumptions behind the proposed restrictions:

1. There is a false assumption that the current covid vaccines are fully effective and that it is the only way we can get on top of this so called "pandemic." In fact, in contradiction to these claims, there are other countries with high vaccination rates (UK and Israel) that are experiencing huge 3<sup>rd</sup> or 4<sup>th</sup> waves. People who are vaccinated are still catching Covid-19, spreading Covid-19, ending up in hospital ICU and dying. In some countries it is becoming a pandemic of the vaccinated.
2. We are told that vaccine efficiency wains very quickly and a booster is required. However, boosters are unlikely to be very effective given the specificity of the vaccines (to the original [REDACTED] variant's Covid-19 spike protein) and the mutations that are occurring in the virus.
3. There is an assumption that the vaccines are safe. Yet we are seeing an [increase](#) in the [incidence](#) of young men and boys who now have damaged hearts (i.e., [pericarditis and myocarditis](#)). I have witnessed first-hand such an event with a young and healthy [REDACTED] being affected by a Pfizer vaccine (first dose), with his career now in jeopardy. Most parents remain unaware of this risk when getting their children Covid-19 vaccinated.
4. I have investigated the Therapeutics Goods Association's (TGA) database for vaccine adverse reactions, by comparing adverse reactions and death to the influenza "flu" vaccine versus Covid-19 vaccines. What I found is very concerning: the number of Covid-19 vaccine adverse reactions are ~10 times higher and deaths ~17 times higher than Flu vaccines (see data in separate document) for the same number of inoculations. [The public is not being informed of this information](#). In a normal, sane world, these vaccines would have been halted a long time ago. The TGA and the Government continue to downplay the seriousness of this issue, acknowledging only a small number of adverse events that can, in most cases, be treated (blood clots) and claiming, falsely, that Covid-19 vaccines are safe.
5. We have no understanding of the long-term health effects of these gene therapies because we cut short many of the testing and approval steps. By forcing all people to be vaccinated will mean



there is no control pool to compare against, thereby preventing us from objectively evaluating the long-term effects to health caused by the vaccine. Will government compensate those who develop a functional impairment, immune disorder, cancer or other disease that could develop many years down the track as a result of the vaccine? I think not, due to highly restrictive statute of limitations. Government requires proof for vaccine injury compensation which will be extremely difficult to satisfy if there is a latent disease linked to the Covid vaccine.

6. Blanket vaccination of people at low risk of severe illness is likely to hamper the development of more-robust natural immunity gained across a population from infection to deal with future variants. Instead, these current vaccines are likely to impair the human immune system world-wide and make the global population more vulnerable to new strains. This possibility is being suggested by eminent immunologists (instead, governments are quoting epidemiologists who are simply looking at stats that can only provide useful information after the event).
7. Natural immunity is not being considered when it comes to vaccination status. Natural immunity in those who have caught Covid-19 and survived is [far superior and longer lasting](#) than that provided by the current crop of Covid-19 vaccines.

Coupled with the above issues are problems with Covid-19 vaccines that are available today and include:

1. High specificity to a single feature on the virus – the S spike protein. This has resulted in pressure on the virus to mutate and escape the immune system response. Vaccines may have been highly effective against the original Covid-19 Alpha strain but are much less effective against newer strains (such as the Delta strain). Giving boosters will not solve this issue unless the booster shots have been modified to protect against new mutated strains, which currently they are not.
2. The coding by DNA [REDACTED] and mRNA [REDACTED] for the S spike protein is another potential problem. [Peer reviewed research](#) is suggesting that the spike protein is damaging epithelial cells and disrupting the blood brain barrier. Many of the pathological effects seen in Covid-19 infected patients may in fact be due to the spike protein which is also coded in the vaccines to make the same protein. This explains the similarity seen between symptoms of Covid and adverse reaction symptoms observed in some people who have received the Covid vaccine.
3. Doctors and nurses who are administering the vaccine are [not aspirating the needle](#) prior to injecting the vaccine into the muscle. The purpose for aspiration is to validate whether needle is in fact in the muscle or whether it has penetrated a blood vessel. Many of the more serious vaccine injuries (neurological, cardiological and gastrointestinal) are likely due to the vaccine inadvertently entering the blood stream.

There is an assumption that the only way to deal with Covid-19 is via vaccination. All other medical options are not currently being considered or are being actively suppressed. Alternative treatments do exist, which have been demonstrated to be successful in randomised trials and used with great success in controlling outbreaks overseas. For example, Ivermectin, together with Zinc, and Vitamin C, and Vitamin D, have been shown to be very effective in blunting the effects of Covid-19 especially if used as a prophylaxis or early treatment as witnessed by its use in India early this year when Covid-19 was out of control. There are numerous peer reviewed science and media articles to support this claim of effectiveness (which I can provide on request).

In Australia, the TGA has instructed doctors that they cannot prescribe ivermectin as a prophylaxis or use in early treatment of Covid-19 cases. [Why is this effective treatment being quashed?](#) Today, we have mainstream media and the Government spreading misinformation and relying on junk science to portray this medicine as not being useful in the fight against Covid-19. It is also presented as a 'horse de-wormer' and other emotive laden words to downplay its medicinal capabilities particularly its anti-viral properties.

Safety data for Ivermectin shows side effects are significantly small. When reviewing the latest statistics available from VigiAccess, there have been reported 5,674 adverse drug reactions to Ivermectin between 1992 and October 13, 2021. This is “incredibly low” number given that **3.7 billion doses** have been administered since the 1980s. Compared to the 70,000+ adverse events for some 30+ million doses of Covid-19 vaccines administered in Australia.

The Attorney General of Nebraska, [REDACTED] recently [issued a legal opinion](#) in support of the use of Ivermectin as treatment option for Covid-19, going against what the FDA and CDC are recommending.

[REDACTED] This example demonstrates the blatant misuse of science to steer people away from using alternate modalities that are effective and push people in one direction: that all need to be vaccinated. A problem that is perhaps linked to vested interests rather than public health.

Instead of being publicised and made available, alternatives are being rubbished by media and dismissed by what can only be best described as government/media pseudo-science. One can only speculate that this is happening because there is no money to be made by using these alternate products, or, the terms are being dictated by pharmaceutical companies as part of their secret agreements with the Federal Government. However, such speculation and suspicion of Government motives will remain unresolved if the Government does not come clean with all the details of the agreements made. Such disclosure is being blocked by Government as it is declared to be a “[national security issue](#)”, however disclosure is necessary to rebuild public trust, a trait that is clearly lacking as demonstrated by public sentiment and the recent rallies held all over the country. Transparency and disclosure are demanded particularly when it is public funds that are being used. All Queenslanders have a right to know. Politicians are **public servants** (not corporate servants) who are duty bound to be answerable to the people, not the other way around.

From their inception, Covid-19 vaccines have been introduced with coercion and a lack of discussion and debate. Alternate viewpoints have not been presented fairly, particularly when they question the government narrative. The issue of vaccination status has also become very emotional. People who choose to be pro-choice are being stigmatised by the Government and mainstream media, leading to public shaming and bullying, which is unconscionable. When alternative viewpoints and concerns are presented, they are actively dismissed with factually challenged statements and propaganda that frame “dissenters” as wacky “anti-vaxx” conspiracy theorists or other offensive and demeaning terms. This behaviour is very un-Australian and needs to stop.

People who are exercising their basic rights by choosing not to be vaccinated should not be demonised and prejudiced against, especially since the Prime Minister said the vaccine will not be mandated. Given the vaccine is not officially mandated by the Federal Government, and are proven to be ineffective in stopping the virus (breakthrough cases), why all the coercion and bullying? Another agenda appears to be in play as suggested by all the above issues of coercion, a campaign of misinformation, an overstating of risks of the virus (especially in relation to our children), the carefully crafted rhetoric that is being pushed out across many communication channels, the unprecedented censorship, obfuscation of vaccine injuries, the one sided story, the lack of debate, the active suppression of other adjunct and active methods for controlling the virus, the denial of basic human rights with vaccine passports and secrecy behind the vaccine deals. If not another agenda, then what we are experiencing is incompetence and irrational leadership that is resulting in the dismemberment and destruction of our society. Do you as my local government member choose to be part of that leadership team?

## Conclusion

What is clearly lacking today is open and honest leadership that puts constitutional rights, human rights, peer-reviewed science and public health first. Unfortunately, our current government is sadly failing in these areas. The dystopian plan suggested by the Queensland Labour Government has no solid justifications to support it and is not lawful. As a society we need to be respectful of people's right to choose, we need to explore other safer alternative options that are not limited to just vaccine treatments. We need to acknowledge as well as be more compassionate and supportive of those who have been injured by a Covid-19 vaccine rather than ignoring or downplaying their side of the story. I request you dig deeper into this issue like Federal senator, [REDACTED] and get back to me with what you, as my government representative, plan to do.

I am available to discuss any of the points above and should you require further documentary evidence for my claims that I have made I can provide