Submission and Evidence to the COVID-19 Response Inquiry

Dear Panel members,

This is a personal submission by an 82-year old retired businessman with the experience to tell when a person is 'shooting from the hip'. On many occasions during the COVID period, I witnessed politicians and senior bureaucrats frequently changing direction on COVID issues without any explanation other than they were following the science. There were no occasions where details were provided and this led to many people doing their own homework and there was a loss of confidence in our political system and in our health bureaucracies.

Public confidence is an essential component for successful management of any future pandemic and hopefully your Inquiry can help restore this to an acceptable level. This could be achieved by obtaining and releasing the data that guided a change in direction by State and Federal Health Ministers. The data should include the following:

1. **COVID deaths in context**: The threat presented by COVID was presented as massive and this caused unnecessary fear in many and a need for more details in others. It should have been presented in context. For example, in July 2021 there was actually only one COVID death reported against the average deaths from all causes of about 400/day.

2. **Masks:** The authorities stated at the outset, that masks are ineffective against COVID but this changed to police enforced mandates. There was no explanation for the change.
   Many mask manufacturers, including the quality N95 masks, state on the packaging that masks are ineffective and cautioned against their use. Two examples follow:
   a) *"This product is not a respirator and will not provide any protection against COVID-19 (Coronavirus) or other viruses or contaminants. Wearing an ear loop mask does not reduce the risk of contracting any disease or infection"*
   b) *"Warnings.*
      - *The mask does not eliminate the risk of contracting any disease or infection*
      - *Improper use may lead to illness or even death"*

   Given the above warnings and that wearing of masks is very detrimental to the social welfare of almost all people and particularly to children, the Health authorities should have provided a convincing argument for the change,

   The Panel should determine whether the Health Officials proceeded with the mask mandate despite the manufacturer's statements or should obtain and release the data on which the decision was made to mandate masks even to children.

3. **Vaccination Efficacy and deaths from all causes:** All people have access to reports by VAERS, AUSVAXSAFETY, Australian Bureau of Statistics, TGA, Euromomo, etc. and had the time to satisfy their curiosity during periods of lockdowns and work restrictions. The reports from these sources all show that there has been an alarming increase in all-cause mortality rates in all countries that had high vaccination rates.

   The Health officials have yet to explain the rapid increase in deaths leaving many, including Australian Medical Professionals Society (AMPS), to conclude that the vaccines must be the cause of death.

   My concern from the outset was that thorough testing of the safety and efficacy of the new mRNA vaccines could not have been done within the very short period of their development. Certainly when vaccinations first commenced, the product information sheets then stated "No Data Available" against many potential problems as shown in the attached file showing product information taken from the TGA web site in June 2021.

   Since the government made the unbelievable decision to proceed with the mass vaccination program despite the TGA data, the Panel should obtain and release the data on which the decision for mass vaccination was made.

   In addition, if an explanation for the high death rate cannot be provided through this inquiry, broad based autopsies should be arranged for all unexpected deaths to determine the cause.

4. **Treatment of children**: At the outset, authorities stated that COVID risk to children was extremely low and they would not need the vaccination or to wear masks and that schooling would not be interrupted. However, these assurances were then reversed with no explanation despite:
   - TGA and VAERS reports showing that there was a risk from the vaccination. The VAERS report currently shows adverse effects totaling between 1,600,000 and 16,000,000.
   - Medicare acknowledged a risk through its web site statement "From 1 January 2022, a new item (63399) is being listed on the Medicare Benefits Schedule (MBS) for cardiac magnetic resonance imaging (MRI) to assist in diagnosing myocarditis associated with mRNA COVID-19 vaccination".
   - Deep public concern as demonstrated by a 94556 person response to a petition against the jab for children (EN3625)

   A goal of this Inquiry should be to determine the reason for the decision reversal and to determine whether there is a potential for long term harm including fertility problems.

5. **Lockdowns:** It is important to provide sound reasons for the lockdowns given the huge damage to all aspects of human life that was imposed on the people.

   It is my understanding that lockdowns were not part of the Australian pandemic management policy prior to COVID but that this management plan was completely abandoned in 2020 between March 20 and March 27. If this is the case, the Panel should obtain and release the data on which the lockdown decision was based. I also request that the Panel obtain and release the cost to benefit studies for the lockdowns.

6. **Vilification of early Treatments:** Ivermectin and Hydroxychloroquine were essentially banned in Australia with Doctors threatened with loss of license and/or a jail sentence even for simply recommending its use for COVID. This is despite that Ivermectin is listed by WHO as a very safe drug, it received a Nobel Prize, it has been used 4 billion times for human treatment since 1987 and it has been a major success in the treatment of COVID in India, Japan, Mexico and Peru. Hydroxychloroquine also has a proven safety record having been used for nearly 70-years and millions of doses are prescribed annually with over 5.4 million prescriptions in the USA alone during 2019.

   On the basis of the oversees success, the Panel needs to determine the basis of this decision and to recommend that never again will Government permit bureaucracies to interfere between Doctors and their patients. It should also confirm the long standing arrangement that experimental and untested drugs, particularly of a genetic nature, should never be used.

Yours Faithfully

William R Ifield