

Governance

The National Cabinet, the National Coordination Mechanism as initially implemented was a positive action, essential for coordination in a time of the unknown.

The **Australian Health Protection Principal Committee** (AHPPC) was revealed from quite early on, to lack competence/leadership to provide sound clinical advice based on science, seemingly placing more confidence in NUMBERS (local Data Models and Modellers) than in local and international clinical evidence.

Evidence:

1. Prof J Battacharya (Stanford) conducted a study in April 2020, which results were being made available by Prof Battacharya soon after the results were in – although the peer reviewed results were only published in 2021 (<https://pubmed.ncbi.nlm.nih.gov/33615345/>).

In April 2020, 53,000 people in a selected County were infected at a time when only +/- 1200 people had had symptoms and been confirmed to have COVID.

This was a significant EARLY study revealing clinical evidence that MANY cases would be benign (no symptoms), the danger to the general population was not severe, and the focus should be on selective strategies for vulnerable groups (elderly, immunocompromised etc).

WHY WAS THIS STUDY NOT FOLLOWED?

2. The Great Barrington Declaration (Oct 2020) led by world renowned Clinicians and Epidemiologists set out an evidence based, targeted approach to COVID 19. This was presumably ignored by AHPPC?
3. In April May 2020 front line clinicians in countries across the world, were exchanging information informally as they sought treatment regimens for their patients. They tried various existing medicines that did and did not work. The efficacy of Ivermectin was established in South America and elsewhere and that information was shared months in advance of the publication of a formal Clinical Trial on Ivermectin. This trial started in June 2020. <https://www.nejm.org/doi/full/10.1056/nejmoa2115869>

The WIDE CLINICAL USE of Ivermectin in Humans since 1988 meant there was minimal risk to Australian Humans, yet it was banned in Australia in 2021.

The AHPPC failed to follow this Clinical evidence.

National Cabinet

4. The 'National Cabinet' became war of Lib Govts vs Labour Govts, with NUMBERS of cases becoming a 'measure' of how well a Premier was performing.
5. NUMBERS and MODELS were allowed by our Premiers to be a PROXY for how well they governed their state TO THE DETRIMENT of the ECONOMY.
6. Lockdowns were used to keep numbers down at great cost to our children, our workers and the economy (as Jay Battacharya had warned would happen in Oct 2020). There was NO EVIDENCE from 2021 that Lockdowns worked or that Ivermectin did not work, yet the Premiers and National Cabinet 'acted' as though they were following 'science'. That was a lie.

Key health response measures

7. A KEY health response measure appears to have been to **limit clinical input** to what treatments should be used. We have sound clinicians in Australia. They were not allowed to express clinical opinions that ran contrary to the directions handed down by Government for fear of losing their right to practice medicine. My evidence for this is verbal from a clinician. Legitimate rights to dissent were not allowed.
8. The government acted to shut down free speech of all citizens regarding COVID responses and treatment. This included interference via third party organisations (eg Facebook). This was a hostile act by government against Australian Citizens rights under Australian Law.

9. There was an inference that the Government was acting on Clinical **Evidence**, and that COVID vaccines were 'Safe and Effective'. At the time of initial vaccination roll out this was clearly not true *as the Companies providing the Vaccines were indemnified against any adverse outcomes*.
10. There is ongoing evidence that COVID vaccines are not safe and effective.
One study related to faulty manufacturing processes:
<https://onlinelibrary.wiley.com/doi/10.1111/eci.13998>
Another to the nature of the vaccine design (first human trials of MiRNA particles in humans):
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9863643/>
11. Compulsion and threats were used to force Australian citizens who were at MINIMAL RISK to be vaccinated or lose their jobs. The Government implemented Emergency Powers to get around this illegitimate action.
This action revealed was that we lack appropriate limits on the nature and implementation of emergency powers at all levels of Government.
Review of such powers needs to be at arm's length from those who can enact such powers.