

31 December 2023

COVID-19Inquiry@pmc.gov.au

Re: Commonwealth Government COVID-19 Response Inquiry Terms of Reference

Dear Officer,

SUBMISSION

Introduction

THE DEPARTMENT OF THE PRIME MINISTER AND CABINET, ABN 18 108 001 191, has invited submissions for the Commonwealth Government COVID-19 Response Inquiry (the Inquiry). This submission is authored by Stephen J. Crothers, scientist, occupational hygienist and forensic investigator. I have some 40 years field experience in physical, chemical and biological hazards and their management, carrying out investigations into injuries and fatalities sustained in workplaces and public spaces for insurance companies and law firms. I have appeared in courts many times to testify as to my findings.

Points for inquiry

1. It is well known, and surely the Inquiry Panel knows, that Mr Greg Hunt, when he was Minister for Health, publicly stated that the rollout of the so-called COVID-19 ‘vaccinations’ constituted the “*biggest clinical trial in history*”. Thus, the people of Australia were and are still clinical trial (i.e. experiment) subjects, without valid consent, contrary to scientific and ethical standards for determination of the safety, efficacy and pharmacological character of a purported medicine or vaccine in clinical trial, and contrary to various international treaties to which Australia is a signatory, and contrary to the Nuremberg Code. Being experimental biochemical RNA injections the pharmacological character thereof had not been ascertained as vaccines. This remains the case to this day. It is a grave misnomer to call these experimental biochemical RNA injections ‘vaccines’. Doing so conveys a false impression to the Australian people. The Inquiry should fully investigate the ‘vaccine’ misnomer and the experiment to which so many Australians have been deceptively coerced into.

When making his statement Mr Hunt spoke for and on behalf of the business enterprise named DEPARTMENT OF HEALTH, having ABN 83 605 426 759, registered on 20 September 2013, registered for GST on 1 July 2000 under the former name DEPT OF HEALTH & AGED CARE first registered on 1 November 1999 and trading continuously since that date under various changes of name culminating in the current business name DEPARTMENT OF HEALTH registered on 1 July 2022.

2. It is well known that Mr Scott Morrison, when he was Prime Minister, publicly stated that he and his government would make the so-called COVID-19 ‘vaccinations’ “*as mandatory as possible*”. No Prime Minister has the authority to make any public health directives or to influence public health directives issued by persons authorised by law to do so. The Inquiry should address the former Prime Minister’s usurping of public health authority.

When making his statement Mr Morrison spoke for and on behalf of the business enterprise named THE DEPARTMENT OF THE PRIME MINISTER AND CABINET, having ABN 18 108 001 191, registered on 22 February 2000, registered for GST on 1 July 2000.

3. Every person, thus including the Inquiry panel members themselves, has the common law right to self-determination and bodily autonomy, affirmed by the courts of law:

[E]very human being of adult years and sound mind has a right to determine what shall be done with his own body. *Schloendorff v Society of New York Hospital* 211 NY 125, 105 NE 92 (1914) per Justice Cadozo.

[A] man cannot be said to be truly ‘willing’ unless he is in a position to choose freely, and freedom of choice predicates, not only full knowledge of the circumstances on which the exercise of choice is conditioned, so that he may be able to choose wisely, but in the absence from his mind of any feeling of constraint so that nothing shall interfere with the freedom of his will. *Bowater v Rowley Regis Corp* [1944] KB 476 at 479 (CA) (Lord Justice Scott).

[W]hile evidence of acceptable medical practice is a useful guide to the courts, it is for the courts to adjudicate on what is the appropriate standard of care after giving weight to “the paramount consideration that a person is entitled to make his own decisions about his life” *F v R* (1983) 33 SASR, at [193]. *Rogers v Whitaker* (1992) 175 CLR 479 at 483 (Mason CJ, Brennan, Dawson, Toohey and McHugh JJ) High Court of Australia.

[I]t is established that the principle of self-determination requires that respect must be given to the wishes of the patient, so that if an adult patient of sound mind refuses, however unreasonably, to consent to treatment or care by which his life would or might be prolonged, the doctors responsible for his care must give effect to his wishes, even though they do not consider it to be in his best interests to do so. *Airdale National Health Service Trust v Bland* [1993] AC 789; [1993] 1 All ER 821 (Lord Justice Goff of Chieveley).

[A]n individual of full capacity is not obliged to give consent to medical treatment, nor is a medical practitioner or other service provider under any obligation to provide such treatment without consent, even if the failure to treat will result in the loss of the patient's life. *Brightwater Care Group (Inc) v Rossiter* (2009) 40 WAR 84; [2009] WASC 229 (Martin CJ).

A competent adult is generally entitled to reject a specific treatment or all treatment, or to select an alternative form of treatment, even if the decision may entail risks as serious as death and may appear mistaken in the eyes of the medical profession or of the community...it is the patient who has the final say on whether to undergo the treatment. *Malette v Shulman* (1990) 67 DLR (4th) 321.

Whenever there is a conflict between a capable adults' exercise of the right of self-determination and state's interest in preserving life – the right of the individual must prevail. *Hunter and New England Area Health Service v A by his Tutor* [2009] NSWSC 761 at [17].

The COVID-19 measures implemented by government have forcibly deprived many Australian citizens of their civil liberties, human rights and financial independence. Very many people have been forced to submit to being injected with the experimental biochemical RNA compounds in order to keep their jobs or to visit their loved ones in hospitals, in aged-care or palliative care facilities, and without valid consent, contrary to the provisions of the Australian Immunisation Handbook and contrary to long-standing common law rights. Many people have lost their jobs for lawfully declining injection. Many people have been prosecuted for lawfully declining the wearing of masks (the offending masks being both medical treatment and clothing as defined in the *Biosecurity Act 2015* (Cth)).

The Australian Immunisation Handbook defines valid consent:

Valid consent is the voluntary agreement by an individual to a proposed procedure, which is given after sufficient, appropriate and reliable information about the procedure, including the potential risks and benefits, has been conveyed to that individual.

As part of the consent procedure, people receiving vaccines and/or their parents or carers should be given sufficient information (preferably written) about the risks and benefits of each vaccine. This includes:

- what adverse events are possible
- how common they are
- what they should do about them

The Australian Immunisation Handbook states further:

For consent to be legally valid, the following elements must be present:

1. It must be given by a person with legal capacity, and of sufficient intellectual capacity to understand the implications of receiving a vaccine.
2. It must be given voluntarily in the absence of undue pressure, coercion or manipulation.
3. It must cover the specific procedure that is to be performed.
4. It can only be given after the potential risks and benefits of the relevant vaccine, the risks of not having it, and any alternative options have been explained to the person.

The *Biosecurity Act 2015* (Cth) emphatically prohibits the use of force for vaccination (s95). The *Biosecurity Act 2015* (Cth) emphatically prohibits vaccination or other medical treatment without an individual Biosecurity Control Order meeting very stringent requirements (s92).

The Inquiry should investigate the failure of government authorities to refrain from using or permitting force, coercion, duress, pressure and manipulation as to the wearing of masks and in submitting to injections, and for failure to provide the necessary information to every Australian as to the character and implications of the COVID-19 biochemical RNA injected compounds paid for from the public purse and misleadingly called ‘vaccines’, denying thereby each person the right “*to choose freely, and freedom of choice predicates, not only full knowledge of the circumstances on which the exercise of choice is conditioned, so that he may be able to choose wisely, but in the absence from his mind of any feeling of constraint so that nothing shall interfere with the freedom of his will.*” *Bowater v Rowley Regis Corp* [1944] KB 476 at 479 (CA) (Lord Justice Scott).

4. The THERAPEUTIC GOODS ADMINISTRATION (TGA) is a business enterprise with ABN 40 939 406 804, registered for trading on 1 November 1999, registered under the name THERAPEUTIC GOODS ADMINISTRATION on 17 March 2000, registered for GST on 1 July 2000. On its webpage bearing the title ‘COVID-19 testing in Australia - information for health professionals’, the TGA states that: “*PCR tests are generally considered better at detecting the presence of the SARS-CoV-2 virus and are currently the gold standard for diagnosis of COVID-19*” (see Exhibit 1, page 2). However, no public health authority in Australia has any knowledge whatsoever of the RT-PCR primers used in any of the approved commercial RT-PCR kits used to allegedly diagnose a COVID-19 case. The TGA has failed to ascertain the identity of the primers and so it has no scientific basis upon which it can maintain that these commercial kits, paid for from the public purse, are fit for purpose. Although this technology is not a medical diagnostic tool at all it has been falsely represented to the public as a medical diagnostic, as the TGA webpage attests. Now one finds in a World Health Organisation (WHO) COVID-19 coronavirus PCR testing protocol document published by the Institut Pasteur, Paris, bearing the title, ‘Protocol: Real-time RT-PCR assays for the detection of SARS-CoV-2’, this 18-character PCR oligonucleotide primer (see Exhibit 2, page 1):

CTCCCTTTGTTGTGTTGT

Exhibit 5 (page 1) states: “*This protocol describes procedures for the detection of SARS-CoV-2 for two RdRp targets (IP2 and IP4).*” The genetic sequence above is an RdRp gene/nCoV_IP2 bearing the specific name, nCoV_IP2-12759Rv. What the WHO-Pasteur document does not say is that the above sequence is in fact a segment of **human chromosome 8**, in the base-pair range 63,648,346 to 63,648,363 inclusive (note: $63,648,363 - 63,648,346 + 1 = 18$). The said document can be obtained at this URL:

<https://www.who.int/docs/default-source/coronaviruse/real-time-rt-pcr-assays-for-the-detection-of-sars-cov-2-institut-pasteur-paris.pdf>

Confirmation of the scientific fact that the genetic sequence above is indeed a segment of human chromosome 8 can be obtained in this document: ‘Homo sapiens chromosome 8, GRCh38.p13 Primary Assembly, NCBI Reference Sequence: NC_000008.11’ (see Exhibit 3, page 2), located at this URL:

[https://www.ncbi.nlm.nih.gov/nucleotide/NC_000008.11?report=genbank&log\\$=nuclalign&blast_rank=2&from=63648346&to=63648363](https://www.ncbi.nlm.nih.gov/nucleotide/NC_000008.11?report=genbank&log$=nuclalign&blast_rank=2&from=63648346&to=63648363)

The question arises as to why the WHO includes a segment of human chromosome 8 as a SARS-CoV-2 PCR primer for the detection of COVID-19 in human beings. Theoretically, using the above genetic sequence as a PCR primer will always produce a positive RT-PCR output on a human specimen. The use of a segment of human chromosome 8 as a SARS-CoV-2 primer for PCR is fraudulent. Using the foregoing 18 character oligonucleotide amounts to ‘testing’ a human being to ascertain if that human being is a human being and if a PCR positive is returned, call it a COVID-19 case. If a PCR negative is returned that only means that the PCR result is a false negative since it is known *a priori* that the person ‘tested’ is a human being. During August 2022 I was included in a series of emails that were received by a large group of people consisting of scientists, academics, journalists, independent researchers, amongst others. On Monday 22nd August 2022, at 1:27 am, I emailed the said group of people, which included [REDACTED] in response to elements of their discussion, and provided the above incontrovertible evidence on the WHO-Pasteur document (see Exhibit 4). On Monday 22nd August 2022, at 1:50 am, I and the group received a reply from [REDACTED] wherein she said (see Exhibit 4, page 1):

*“so everyone who has a negative pcr test for covid is also not human
well there you go, we learn something new every day”*

[REDACTED]’s email was from her [REDACTED] account and is therefore a public document. [REDACTED]’s comment is unscientific, improper and wrong. A negative PCR result using the WHO-Pasteur recommended human primer does not mean that the person ‘tested’ is not a human being. As explained above, it would be a false negative since it is known from the outset that the human being subjected to PCR is a human being. Furthermore, [REDACTED] paid no heed to the WHO-Pasteur fraud despite the irrefutable evidence supplied. The Panel should investigate the failure of the TGA to ascertain the identities of the primers in the commercial RT-PCR kits approved for use in Australia, bearing in mind that the so-called SARS-CoV-2 virus has been reported by all the public health authorities and the mass media as a naturally occurring pathogen and so its genetic identity cannot therefore be ‘commercial in confidence’ either in part or in whole. The Panel should investigate the TGA for

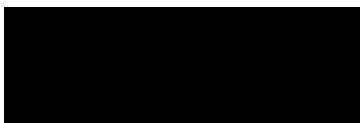
falsely claiming that PCR is a medical diagnostic tool and that it will be effective for “*diagnosis of COVID-19*”.

Given the above improper response by [REDACTED] to irrefutable scientific evidence of fraud by the WHO I convey my objection to her holding any position on the Panel of the Inquiry.

5. The AUSTRALIAN HEALTH PRACTITIONER REGULATION AGENCY (AHPRA) is a business enterprise, having ABN 78 685 433 429, registered 18 May 2013, first registered for trading in the name Australian Health Practitioner (sic) Regulation Agency on 14 December 2009, registered for GST on 14 December 2009. It is well known that AHPRA has pursued and persecuted various medical practitioners for exercising their own lawful discretion when treating their patients who presented complaining of COVID-19. Some medical practitioners have had their practicing licences withdrawn by AHPRA for their objections to the interference of public health authorities in the privileged doctor-patient relationship or for objecting to the disturbing interventions imposed by government and its agencies. The Inquiry should investigate the actions of AHPRA.
6. The Fair Work Commission (FWC) is a business enterprise with ABN 93 614 579 199, registered on 1 November 2012, first registered for trading under the name Fair Work Australia on 6 May 2009, registered for GST on 6 May 2009. Its trading name is FAIR WORK AUSTRALIA, since 16 November 2010. The FWC has been hostile to employees bringing cases related to oppressive COVID-19 interventions imposed upon them by their employers. This hostility has even been extended to a Deputy President of the FWC, Lyndall Dean, who handed down a dissenting judgment to that given by the majority against the aggrieved employee Jennifer Kimber in the appeal case of *Jennifer Kimber v Sapphire Coast Community Aged Care Ltd* [2021] FWCFB 6015. For delivering a dissenting judgment, Deputy President Dean was removed from hearing appeal cases by the then President Justice Iain Ross and was sent off to a compulsory re-education camp for professional conduct training. For her delivering a dissenting judgment President Justice Ross accused Deputy President Dean of “*misuse of her statutory office*” and that breach of “*basic principles of quasi-judicial decision-making including criticising government policy and doing so in highly inflammatory terms*”. Since the FWC is a registered business enterprise the Inquiry should investigate the actions of former FWC President Justice Iain Ross.

7. Given that all the government bodies cited in this Submission are registered business enterprises, the Inquiry should investigate for any and all business relationships between these business enterprises and the manufacturers of the experimental biochemical RNA agents improperly being called 'vaccines'. The Inquiry should investigate for any and all business relationships between these business enterprises and the manufacturers of other interventions, such as facemasks, foisted upon the public as they have been. The Inquiry should investigate all the cited government businesses for any and all unpublished policy agreements colluded between them.
8. I oppose the removal of our freedom, our civil liberties and our human rights by our governments in the form of facemask mandates, 'vaccine' mandates, lockdowns and curfews, and the destruction of our financial independence, through deliberate fomenting of terror and fear and the domestic militarisation of our police forces. The Australian people require a broad and thorough COVID-19 inquiry looking into all aspects of how the alleged 'pandemic' was implemented and handled; and where all the public money went.

Yours faithfully,

A solid black rectangular box used to redact the signature of Stephen J. Crothers.

Stephen J. Crothers

Cert.III Investigative Services, Cert.IV OH&S, Cert.IV Assessment & Workplace Training, Adv.Cert.Comp.Tech., Dip.Bookkeeping &Accounts, BA, Grad.Cert.Eng., Grad.Dip.Sc (Pure Mathematics), Grad.Dip.Tech (Occupational Hygiene), MAstron.