

# **Individual submission to the Commonwealth Government Covid-19 Response Inquiry**

## **Background**

I am a registered nurse with over 20 years' experience in health care. I am also an ex member of the ADF.

I am concerned that there has been a noticeable jump in mortality in Australia that is not explained by the disease process of covid-19. Prior to 2019 Australia averaged 160,000 deaths per year, plus or minus 2,000. In the last 4 years deaths have jumped. Deaths in 2019, 169,000, 2020 back to 161,000, 2021 171,000, 2022 190,000. The average life expectancy is around 80. The median age for covid-19 mortality is 85 for males 87 for females. That means that most people who died of covid 19 would probably have died of something in that time. Statistically they cannot be contributing to the excess of deaths being seen. All figures rounded off from ABS data.

This would indicate we as a country did something very flawed in the past few years.

### **Terms of reference to be addressed:**

Key health response measures

Other- Public trust in government

### **Key Health response measures**

#### **Vaccination rollout**

There are so many areas of concern it is hard to know where to begin. However let us start with the vaccination rollout. The vaccines were experimental, not only in their very short period of testing but also in their novel approach to ensuring immunity.

Given the short time frame of testing there could not possibly be any knowledge of long term effects, or the duration of their effectiveness.

The novel approach of using mRNA meant we had no other vaccine data to draw comparisons, or even give a rough expectation.

There was no testing for their effectiveness at stopping transmission.

They were rolled out with public health officials and government ministers ensuring they were "safe and effective". That they would stop transmission, and people who were not taking it were acting selfishly.

Safe and effective are subjective terms, and a reasonable person would assume that they were safe and effective to the same standard as other vaccinations. This could not possible be the case with the short time frame of the testing and the novelty of the drugs. It is hard to imagine that senior public health officials did not realise this without being grossly incompetent.

Honest public messaging would have been words to the effect of, “these are experimental medications, their long term effects and if they will stop transmission are not known, however we believe they will protect against disease.” It is hard to imagine that there is a valid reason why the government did not insist on honest messaging.

The experimental vaccinations were mandated to many people.

There was immense public pressure supported by government messaging to take the vaccinations.

### **Informed consent freely given**

Informed consent freely given has been a pillar of ethical conduct in health care. Where medical treatment is given informed consent must be obtained if possible. Not to do so may lead to it being interpreted as assault. Given the dishonest messaging one is drawn to the conclusion that consent cannot possibly have been informed.

The immense public pressure, largely informed by dishonest government messaging, supports a strong argument that consent was not freely given. In the case of it being mandated to certain groups that is certainly the case.

There was ample time to properly inform the public prior to the vaccine rollout. The nature of the vaccination means that they were not given as immediate lifesaving interventions, so one is drawn to the conclusion that it was wilfully dismissed. It is concerning to the point of distressing that such a pillar of ethical conduct was so lightly discarded.

### **Recklessness**

The nature of the medications was experimental and long term effects could not possibly be known. Therefore giving it to the majority of the population who were by then known to have very low risk of serious illness was reckless in the extreme. We have to ask the question, what would have happened if in two years or 5 years we found them to be carcinogenic? Or caused any other major illness? Nor do we understand the potential risks of repeated doses.

### **Vaccine mandates**

The vaccines did not stop transmission, therefore there is no case that they go beyond the individual choice. They will not stop anyone from transmitting covid 19. Therefore there is no reasonable argument to insist that any health care worker or any other occupation be vaccinated. They need to be lifted immediately.

### **Lockdown**

The virus travels through aerosols, not just droplet transmission. They will spread everywhere regardless of what we do to stop it. The strategy of remaining in lockdown until we had reached herd immunity through vaccination is hard to argue as a success. Prior to the vaccine rollout there were less than 1000 deaths in 18 months, however in the 8 months post 80% of the population being “fully vaccinated” there were over 16 000 deaths.

The isolation of the elderly and seriously ill and dying was utterly inhumane. I had to attend the funeral of a close family member that was restricted in numbers of mourners. People in care homes who have only a few more years to live in even without a pandemic had to spend their last few years on earth isolated from loved ones. Then dying alone, with the only human faces being hidden behind masks. How we completely lost our humanity is beyond me.

They should never be imposed again, especially for a disease that is not spread by close contact only.

### **Mask wearing**

After working in operating theatres for more than a decade the general consensus was that masks had some effectiveness against bacteria for about 20 minutes. Many specialities do not bother with them for anyone but those close to the “surgical field”. Then overnight they became effective against stopping an aerosol borne virus. With no evidence.

Further anyone could buy any mask, or make it themselves and have no standard what so ever. Or measures such as taking your mask off to eat or drink in public restaurant so long as you were sitting down, but putting it back on again to go to the bar or toilet. This is ludicrous theatre not health care. Such nonsense also does much to erode public trust.

### **PCR testing**

PCR testing only confirms that a person has had contact with covid 19 particles. It did not confirm infection, or if they actually had any whole viruses. We end up with a people being diagnosed with a disease that has no symptoms, and they are not ill. A pandemic of healthy people. Given the nature of the spread of particles in the air, everyone will test positive at some stage. Blanket testing of something that is going to spread everywhere anyway seems rather pointless, it did however attribute to the general anxiety of the population.

### **Other: Public trust**

Dishonest messaging, and ludicrous measures being enforced has eroded trust and confidence in our institutions. This is very damaging to society as a whole. Trust is not restored by further dishonest conduct, or government whitewashing for fear of accountability. To paraphrase Abraham Lincoln. “You can lie to all of the people some of the time and a some of the people all the time, but you can’t lie to all the people all the time”.

### **Conclusion**

I have focussed on mistakes as I see them, what I would recommend is the converse of these mistakes. Honest government messaging, evidence based practice. Open debate. I faithfully served my country and the community for most of my working life. It is with hope that the inquiry is an honest appraisal and not a whitewash, as there is enough erosion of public trust already.