

Thank you for considering my submission:

I am a semi-retired teacher of history, philosophy and world religions. Based on my professional background and experience of COVID in rural Victoria, I'd like to make 3 points to the Inquiry:

1. Compulsory lockdowns did huge damage to the psyche, liberties and health of all Victorians, with their worst effects inflicted on the young who were least affected by COVID. Lockdowns should never be used again.
2. Although policy was said to be "evidence based" and "accord with the best medical science" or similar, it differed even between states. It is incumbent on the Chief Medical Officer to develop a clear statement of practices to be followed in a future pandemic.
3. While I understand that the spread of misinformation may be undesirable from a public health perspective, sharing insights via free and open discourse in the public square is part of Australia's long-established social process. Any censorship should be limited.

The following provides evidence and support for my points, under Terms of Reference 1 & 2.

1. Governance including roles and responsibilities – esp. the roles of the TGA and AHPRA:

Both federal and state governments implemented many policies that deviated significantly from the readily available on-ground evidence and from the recommendations detailed in the 2019 Australian [pandemic management plan](#) for non-pharmaceutical interventions. There was a stark difference between enacted measures and the actual risk of mortality from COVID. Who decided to jettison our carefully prepared domestic plan for an uncoordinated grab-bag of untested tactics that began with mimicking lockdowns from the communist Chinese regime?

It's troubling that a [compromising 96%](#) of the 2020 – 2021 budget of the Therapeutic Goods Administration (TGA) came from [industry sources](#), raising serious questions about regulatory capture. Why is the health security of Australian citizens open to influence and compromise by unelected and undeclared vested economic interests of private companies?

I'm concerned about [creeping authoritarianism](#), such as on 28 July 2020, at the height of Victorian lockdowns, when [Premier Andrews said](#) it's not 'about human rights ... it's about human life.' Yet, international bioethical norms developed since World War II plainly deny democratic governments the authority to prioritise public health above human rights.

The [Nuremberg code](#) (1949), which was drawn up to prevent a recurrence of the Nazi human experiments, explicitly requires a mass medical experiment (such as a population-wide lockdown justified on the grounds of protecting public health) to be supported by reasonable evidence that the damage of the intended cure to population health is likely to be less than the benefit. [REDACTED] (May 2022, p.11) say that 'Failure to have that evidence, and to implement the experiment anyway, is a crime against humanity.'

Also, the [Siracusa Principles](#) (1985) of the American Association for the International Commission of Jurists (paragraph 58) asserts: 'No state party shall, even in time of emergency threatening the life of the nation, derogate from the Covenant's guarantees of the right to...freedom... from medical or scientific experimentation without free consent'.

On 20 Feb 2021, Greg Hunt, then Federal [Health Minister, said](#) (12 Mts 50 sec): 'the world is engaged in the largest clinical trial, the largest global vaccination trial ever'. Yet, trials are experimental, and the function of trials is to identify risks and benefits. That's why trial participants must give informed consent precisely because of the unknown outcomes.

Yet, on 11 March 2021, the Australian Health Practitioners Regulation Agency (AHPRA) issued an [uncompromising warning](#) of its 'expectations' and the 'obligations' that health care 'practitioners have a responsibility to participate in efforts to promote ... vaccination'. 'The

position statement warns health practitioners who breach this provision may be subject to investigation and possible regulatory action'. Who decided the primary duty of doctors was to obey AHPRA rather than to properly inform patients of the risks/benefits of the new vaccines?

On 23 August 2022, [REDACTED] gave a [legal opinion](#) on the ramifications of the AHPRA edict, saying (p.24, para. 57 and p.21, para. 48, respectively) that 'office holders within AHPRA' who withheld 'evidence-based information from registered practitioners, will arguably find themselves publicly liable for gross *misfeasance* for acting in 'bad faith'.

2. Key health response measures – esp. vaccines, treatments, and public health messaging:

As early as 17 March 2020, [REDACTED] [broke it all down](#): COVID-19 'has been called a once-in-a-century pandemic. But it may also be a once-in-a-century evidence fiasco. ... One of the bottom lines is that we don't know how long social distancing measures and lockdowns can be maintained without major consequences to the economy, society, and mental health. Unpredictable evolutions may ensue, including financial crisis, unrest, civil strife, war, and a meltdown of the social fabric. At a minimum, we need unbiased prevalence and incidence data for the evolving infectious load to guide decision-making.' We could have listened at that time.

A rational alternative course of action in mid-2020 would have been to listen to [leading doctors](#) such as [REDACTED] and others, who credibly indicated only a minimalist targeted approach was necessary to deal responsibly with COVID.

Instead, standard non-vaccine prophylaxis and early treatment protocols were completely ignored and inappropriate medical interventions were imposed upon those hospitalised for COVID in the form of mechanical ventilation, remdesivir and bizarrely, the irresponsible refusal to [treat pneumonia with antibiotics](#) as per long-established protocol.

The lockdowns Australia [imposed upon itself](#) were arguably the most disastrous policy in its modern history. They violated many of our civil values but no one can claim ignorance, given the [early warnings](#) by economists such as [REDACTED] and [REDACTED].

Our leaders and decision-makers could have known and should have known soon after the pandemic was first declared that their mandated policies for non-pharmaceutical interventions were contrary to individual civil rights and grievous to the life of the nation.

As [REDACTED] [shows](#), it was known by February 2020 that the world was dealing with a virus that primarily endangered the elderly and the ill, and that might responsibly have been dealt with through 'focused protection', as [REDACTED] [advised in March](#) 2020, and as he and others elaborated in the [Great Barrington Declaration](#) in October 2020. Throughout the pandemic, Sweden showed the proper democratic balance of public health and civil liberty.

Australia, however, indemnified Pfizer and Moderna [without the TGA](#) even doing local clinical trials before granting emergency use authorisation to these experimental vaccines that have no established long-term safety profiles. Instead of the TGA being a guardian of public health, it seemed – like APHRA – to morph into an illicit vaccine enabler; while accelerating the approval process by short-circuiting safety trials, the TGA has been noticeably tardy in responding to safety signals and averse to serious investigation of the [extensive vaccine injuries](#).

Instead of honest information about the risks and benefits of the experimental mRNA products and their immature developmental state, we were given the false advertising slogan that vaccines are "Safe and Effective" – a claim that [has not been proven true](#).

Our [civil liberties were trashed](#) by arbitrary government decisions, and social attitudes were steered by an extreme and unprecedented state-media [propaganda campaign](#) of military grade behaviour management techniques designed to manufacture consent, all to be 'safe and effective' at saving lives, yet the truth of that claim seems to lack [actual on-ground verification](#).

The hidden tragedy of COVID policy, as revealed by [REDACTED] and [REDACTED] and others, [includes the burden](#) of huge financial costs on workers, small businesses, the young and the poor, along with vicious cancel culture against lockdown critics, reprehensible criminal police brutality against freedom demonstrators, and vastly expanded government powers which will surely be used against the population in any future economic, financial or health crisis.

The choice to abandon previous policies in favour of universal mandates to isolate, test, trace, [mask up](#), lockdown, vaccinate, etc. was based mostly in [junk modelling](#), such as that from Imperial College, London, which was [intended to terrify the people](#) into demanding draconian 'health' measures whose primary purpose was to cynically exploit emotional distress to ensure compliance with unprecedented, untested, ineffective and destructive policy interventions.

Did the non-pharmaceutical interventions save lives? Almost certainly some lives were saved, but at the [cost of many more](#). Then, the Western Australian data on pharmaceutical interventions shows the [spikes in severe adverse events](#) and rises in all-cause (non-COVID) mortality in all age groups that emerged across the developed world since COVID vaccines.

[REDACTED] (p.41) conclude the national COVID response was out of portion and largely ineffective. [REDACTED]

[REDACTED]

[REDACTED]

As a result of the national COVID Response, Australia is now gripped by a mysterious and persistent rise in [excess all-cause mortality](#) which the medical profession, mainstream media and Australian Senate seem profoundly uninterested in investigating. Fortunately for the health of the nation, the Australian Medical Professionals' Society (AMPS) has done the homework, and reports comprehensively in a 470-page book *Too Many Dead* (2023) which is jam-packed with evidence of the excess deaths crisis directly caused by the government's mandated jabs and [other errors](#) in its response to COVID – the AMPS book can be [downloaded for free, here](#).

My frank assessment of the rushed and dangerous national COVID Response is that it was the biggest administrative blunder in modern Australian history, where our traditions of liberal democracy, including freedom of expression and the right to self-determination were ransacked for the benefit of [REDACTED]

My immediate recommendation is for a [substantive reckoning](#) of the mass scale injustices that were inflicted and for a [REDACTED] accounting where those responsible among our leaders, decision-makers and opinion setters – including chief health officers, heads of governments, health ministers, public health bureaucrats, regulators and police commissioners; and a truth-and-reconciliation commission for the bigger cohort of high profile "health influencers" among epidemiologists, medical experts, politicians, doctors, public intellectuals and media pundits who gave full rein to their inner [REDACTED] to shame, vilify, ostracise and otherwise traumatise all who dared to think for themselves and refused to go along in order to get along – acknowledge their actions, recognize where they went wrong, and take concrete steps to change the institutions, processes, and policy frameworks that produced and condoned such mistakes.

For any future recurrence of a pandemic, the democratic course of action is to follow on-ground evidence with a targeted approach to deal with the pathogen. This would include allowing citizens abroad to come home, advancing highly effective [non-vaccine prophylaxis and early treatment protocols](#), implementing decent unemployment payments and above all, soliciting informed consent by remaining consistent with the facts and telling the whole truth.