

## Submission to the Australian Commonwealth Government Covid-19 Response Inquiry.

### Governance:

The federal government of the early Covid period sidestepped responsibility and lacked national leadership by insinuating that states and territories were responsible for the Covid response within their jurisdictions. Mechanisms such as the National Cabinet, where state leaders met with federal counterparts effectively rubberstamped the response measures of many states and territories, without shouldering the responsibility. The federal government failed to protect Australian citizens from discrimination based on medical or health conditions, nor from experimental medical procedures given without informed consent, under duress or coercion. It should be noted that in a two-party preferred parliamentary system, the then Opposition provided no opposition to the policies of the Morrison Government.

Federal advisory bodies, particularly in relation to health, funded from public purse, were required to check the authenticity of the claim of pandemic, gather evidence and data to support or refute said pandemic, examine potential treatments, consider risks and benefits and guard Australians from untested measures. Did they fulfil these tasks with robust investigation or rely on the say-so of international organisations of vested interest?

Any form of robust discussion and debate, regarding origins of Covid19, course of illness, treatment, medical interventions or sequelae were shut down and repressed. Surely governments that were truly interested in protecting, relieving and remediating the health of Australians, would encourage intelligent debate on these issues. The Australian governmental response, aided by media propaganda, was a war response: Be Afraid! The deadly coronavirus is coming. That war response was not against alien intruders, it was waged against Australia's own citizens.

### Key Health Response Measures:

The Covid era was surely not the first "pandemic" of consideration in Australia. Why would prior Australian pandemic response initiatives be abandoned to follow the methods of response as dictated by other countries? Covid19 (the disease) is purported to be caused by SARS CoV2, virus. Note the "2". What pandemic response was issued for SARS CoV- original version, and when did Australia experience this? Obviously first- time round there was no pandemic. Our health authorities would be aware of this.

With regard to a germ theory of disease, where a pathogen X is deemed to cause illness Y for which there is treatment Z, it is commonly understood that viral infections are often more potent in the initial phase, then rapidly change to be less potent but much more easily transmitted to other people. Hence, multiple waves were of no surprise. (I am not suggesting that germ theory is the only model to consider, but it is the model used to inform the Australian response to Covid19.) For most people who contract diseases in this manner, and recover, a natural immunity is present. Why was the possibility of natural immunity not considered, especially in that SARS CoV- original version had to have already circulated prior to the second version? Australian health authorities would have known this.

An Australian university published a study on inexpensive, easily available, effective treatments in the acute phase of Covid19, in April 2020, but those effective treatments were outlawed and

withheld from Australians. Why? Australians were told to stay home if they had Covid19, and go to hospital when virtually beyond medical help. This policy engendered fear and doom.

Known effective treatments in the acute phase were outlawed in favour of insufficiently tested, invasive, experimental and irreversible medical procedures. Those “vaccinations” and boosters, have been shown to neither prevent illness, nor stop transmission. Australian authorities pursued policies of “vaccination” when Britain was embarking on a third dose (the first two provided no immunity to disease) and Israel had embarked on the fourth shot! This data would have been known to Australian authorities. Adverse effects following vaccination are continuing to be exposed and the excess death rate in Australia has soared, not during the pandemic period, but in the after-shock. Why? What risk-benefit analysis was done regarding the effort and expense of keeping a single person out of hospital versus the ongoing sequelae of adverse effects of vaccination? Why were children and indeed multiple age groups required to be vaccinated when data clearly showed that Covid was particularly detrimental to the elderly or people with comorbidities, but not usually lethal for the average, healthy person?

Public health messaging instilled fear and compliance. Public health messaging repeatedly followed the government narrative that shut down informed debate and issued one remedy for all. Public health messaging claimed no treatments available, just get vaccinated. Public health messaging chanted “safe and effective”. Public health messaging provided no alternative, sensible health supports commonly available e.g. vitamins, exercise, sunshine. Public health messaging provided confusing insights into the remarkable and changing capabilities of Covid19: close contact being fifteen minutes, close contact being two to four hours, one mask being sufficient, masks no longer being required from a certain date, changing quarantine periods, changing periods for negative test results; the list goes on. Public health messaging created division and a two-tiered society; unless one has a passport, they cannot enter this venue, this educational institute, this club.

Broader health supports for people impacted by Covid and/or lockdowns:

Governmental policy on Covid contributed to (if not caused), the tremendous impact of Covid19 itself (see above regarding the withholding of treatment and denial of alternatives) and government response measures contributed to (if not caused) mental health crises, business loss, family breakdown and loss of access to treatments for other medical conditions while Covid was the only health issue of concern. Governmental policies denied family support for births, weddings, last days and funerals. Governmental policies contributed to school closures, church closures etc.

What supports? Apologise!

Use the millions of dollars targeted for patented drug production to support those affected by Covid, lockdowns, and vaccine adverse effects.

In future:

Honour informed consent and bodily autonomy; provide access to effective treatments in the early phase; encourage the use of cost effective, non-patented health supports (e.g. supplements, healthy diet); encourage social interaction and family gatherings; encourage exercise and getting out into the fresh air; encourage discussion and debate. Let people be people, not statistics.

### Support for Industry:

While much of governmental response to Covid19 could be seen as a health response, the inquiry cannot ignore the huge impact on employment and economics.

My focus here is the inordinate pressure on employee cohorts to undertake “vaccination”, not as a health measure itself, but as a condition of employment. Professionals across many fields of endeavour lost livelihoods. In many instances, staff shortages were exacerbated by policies of “no jab, no job”. Experienced and skilled people who were deemed perfectly capable of working during the early unknown stages of Covid when we were “all in this together”, were stood down, had employment terminated, or resigned for taking personal responsibility for their own health. In addition, a multitude of professionals were required to actively promote governmental policy regarding Covid19, or face sanctions. Does my medical practitioner outline the possible remedies for an ailment, (from which I might choose), or does a government official determine the appropriate treatment? Our federal government failed to protect workers from discrimination based on health or medical status. In so doing, many skilled and experienced professionals have been excluded from work, and industries placed at risk due to staff shortages.

### Global Experience:

Consider the data from multiple countries. Consider the rampant health crisis in western countries as opposed to many African countries with regard to Covid19 and vaccination.

Consider the response by Sweden.

Consider that some countries are no longer advocating the usage of certain vaccine products or technologies.

Consider governmental over-reach in twentieth century Europe. Have we learned nothing from history?

Lest We forget.