

## PART 1 INTRODUCTORY NOTES

1. Submission comprises;
  - a. 'MAIN submission' document that includes a **SUMMARY** and supporting **STATEMENTS**.
  - b. 'Attachments' with supporting content that includes 'BOXES' with graphical representations and links to sources of material.
    - i. 1 – The Virus, 2 – COVID Emergency, 3. COVID Debt
  - c. **QUESTIONS, FINDINGS** and **RECOMMENDATIONS** for consideration by the COVID Inquiry members are also included in the attachments.
2. To ensure validity supporting material sourced exclusively from;
  - a. GOV, GOV owned and regulated media,
  - b. GOV recognised organisations (monetary commitment – WHO etc) and resources provided by the US, European and UK Governments.

## PART 2 SUMMARY

**COVID Intervention** in purported response to the circulation of the **SARS-CoV-2** virus was a catastrophic event in the history of Australia that must never be repeated.

1. What **COVID Intervention** should have been
  - a. GOV formulate reasoned and cost-effective policy on the evidence available that **COVID-19** was essentially seasonal influenza with median age of death past life expectancy,
  - b. GOV widely distribute that evidentiary data and information to the public through the media with guidance on reduction of transmission and treatments. That evidence would have aligned with observations in the community and intelligent adult Australians would have made rational decisions on protecting themselves and others
  - c. Business, family life, schooling and socialisation would continue harmoniously and the amount in public funds required to maintain Australia's world class health systems would remain within the means of Australians without incurring unnecessary debt.
2. What **COVID Intervention** comprised
  - a. GOV commenced a sequence of dramatic actions commencing with a *human biosecurity emergency declaration* under the *Biosecurity Act 2015* by the Governor General 18 March 2020 that continued to 17 April 2022 during which time;
    - i. GOV commissioned the Doherty Institute to model hospitalisations in April 2020 that predicted 35,000 ICU admissions in a single day without restrictions and 5,000 with restrictions within 43 weeks
      1. Hospitalisations peaked at 52, or 100 X less, within the first 43 weeks of **COVID-19**.
    - ii. GOV did publish information **COVID-19** symptoms were nothing more than seasonal influenza with median age of death above life expectancy online but

did not reiterate that widely in public messaging instead implying **COVID-19** was a pandemic worthy of hysterical panic in collaboration with GOV owned and regulated corporate media.

- iii. GOV made policy on the discredited Doherty hospitalisation modelling with State premiers and territory chief ministers closing borders, stopping important family ceremonies, locking people down (in a residential building in Melbourne), shuttering businesses and closing schools.
- iv. GOV spent \$100 billions in compensatory and recovery payments as well as the RBA transferring in excess of \$400 billion to the banking and financial system (TFF & QE programs to keep interest rates low until 2024 and make funds available to lend respectively. Coincidentally commencing 19 March 2020, ONE FULL day after the declaration of the *emergency*. How did they know?)
- v. In response to scepticism by Australians who had not observed any sign of a dangerous virus in the community and who rejected **COVID Vaccines**, GOV intimidated Australians into compliance by
  1. deploying military personnel in public places of confrontations (borders, hotel quarantine etc),
  2. instructing Police to violently assault protesting Australians and
  3. threats of reduced earnings, job loss and social isolation to get jabbed.
3. Findings – the apparent reason GOV around the country took an authoritarian approach forcibly adopting the role of guardian and treating adult Australians like helpless child like dependents was that **COVID Intervention** was premised on discredited modelling and NOT on actual evidence. It is noteworthy the majority of contested COVID fines and prosecutions have been rescinded – most likely as there was no evidence justifying issuance in the first place. Courts do not work on modelling, ONLY evidence.
4. Conclusion –Should an actual Spanish Flu like virus arrive in Australia, GOV will adhere to Part 1 of this summary in providing evidence-based information for Australians to make decisions on isolation, mask wearing etc.

## PART 3 STATEMENTS

1. The collective effect on the health of Australians of the **SARS-CoV-2** virus that was reported by GOV to cause **COVID-19** disease were;
  - a. Symptoms
    - i. Immediate onset similar to cold and influenza
    - ii. Long term less duration than influenza
  - b. Mortality
    - i. Case fatality rate in Australia of less than 0.1% when chronic illness omitted
    - ii. Median age of death over 80 years
  - c. Hospitalisations
    - i. Figures distorted by counting patients in hospital for actual illnesses and conditions

- ii. Dramatically less than numbers predicted by modelling
- d. Case numbers
  - i. Obtained on unreliable testing method and that
  - ii. Increased exponentially way beyond typical virus transmission R0 bands once the hesitant majority of people had been coerced into **COVID Vaccine** uptake under threat of lost earnings and employment in tactics developed by implemented through **Operation COVID Shield**
- 2. **COVID-19** differed markedly from **SARS** in that;
  - a. **SARS** global case fatality rate = 9.6%
  - b. Median age of death less than 45 years
- 3. **COVID Intervention** was;
  - a. grossly disproportionate compared to the precedence set by GOV Health policy and actions in relation to the similar but more severe influenza,
  - b. not justified for it's duration by the data and information published by GOV on websites and through legal compulsion,
  - c. imposed by;
    - i. deceptively obtained consent through instilling unwarranted fear reporting on since discredited highly theoretical modelling in the media by politicians, medical professionals restrained by changes to the medical code of conduct and high-profile media presenters and personalities,
    - ii. intimidation by deploying military personal to confront Australians in public places and through broadcast images of various State and Territory police brutally assaulting people who questioned **COVID Intervention**
  - d. caused immediate and ongoing harm to the wealth and health of Australians on a massive scale.
- 4. **COVID Vaccines**
  - a. are TGA provisionally approved only and not tested to the standards of fully approved vaccines
  - b. distribute throughout the entire body into all major organs including but not limited to the brain, ovaries and liver etc by way of being encased in nanoparticles that can cross all of the natural barriers in the body
  - c. changes the functioning of the machinery in millions of cells causing a foreign spike protein to be exhibited on the surface (cells in vital organs of particular concern)
  - d. the immune system presumably kills those cells (former GOV Chief Health Officer could not answer whether cells were killed while testifying in a senate hearing)
  - e. cost in excess of \$17 billion purchased in secret contracts and
  - f. appeared to not have the confidence regarding safety of the AMA who campaigned and received indemnity for the medical profession

**End**