

15th December 2023

My name is [REDACTED] and I am a Fellow of the [REDACTED] hold a Bachelor's Degree in Science (Nanotechnology) in addition to my medical qualifications and am a registered medical practitioner working full time in New South Wales.

I write to address this COVID inquiry in some of its areas of interest, namely, the broader health and social supports, the governance as well as the key health response measures. I am largely critical of the entire affair and feel that State and Federal governments necessarily caused excess harms to its population. I will enumerate my concerns in point form for the sake of brevity:

1. There was too much reliance on modelling studies to assess the threat of COVID-19 infection to hospitals and the health system. Real-world epidemiologic data available in late 2020 revealed that the infection fatality rate (IFR) was much lower than 1%. This was largely ignored and State and Federal Governments rode on waves of panic to ensure everyone got on board with their restrictions. Similarly, there was too much emphasis on following directives from distant health 'experts' such as the WHO rather than taking broad advice from local authorities.
2. There was too much effort poured into personal protective equipment (PPE) when its utility was dubious and it further served to symbolize to the public that they were facing an existential threat. It was never established that mask mandates made any difference but people were given to understand that life would be very difficult unless they wore emblems of their willingness to comply to government directives (masks, shields). Some were arrested for not wearing masks outdoors creating unnecessary tension between the police force, hospitals and medical practices and the citizenry.
3. The COVID response hinged too much on eminence based medicine. The Chief Health Officer, AHPRHA, ATAGI, the Human Rights Commission and the TGA towed the government line. There was no authority truly independent of the government of the day.
4. The criteria for vaccine exemptions as recommended by ATAGI were altogether too narrow in their scope especially in light of the provisional nature of the approval of mRNA technology and its lipid nanoparticle and / or vector-based vaccine delivery systems. ATAGI pretended to have a monopoly on all the possible reasons why a patient might qualify for a vaccine exemption, whereas in fact, the consent for vaccines were based on the admission that not everything was known about side effects but that would become clearer with the passage of time. Of course, by that stage, it was too late for many. Accordingly, guidance for appropriate age-range shifted sometimes on a weekly basis for the CHAD-Ox AstraZeneca vaccine when it became apparent that younger females might have an increased risk of stroke. State governments and even employers arrogantly assumed that if it wasn't a gazetted exemption as per ATAGI, then the exemption could be rejected. It put employers *in loco medicus* allowing them to judge whether a proffered state-based exemption was valid or not. As such, patients who got injured when their exemption was rejected had nowhere to turn.
5. Doctors and vaccine manufacturers were provided government immunity from prosecution and negligence for giving these vaccines and so there was no incentive to dissuade the population. Similarly, never-before-seen levels of financial incentives were given to doctors to

administer mRNA vaccines in 2021 and this interfered with their ability to provide objective information to their patients on the patient's individual risks and benefits. Moreover, in March 2021, AHPRA issued a statement essentially gagging doctors from expressing any view that was unfavourable to vaccines or to the public health measures. AHPRA (being the registration authority) accordingly levelled a threat at doctors meaning that they put their own personal interest and protection before the needs and concerns of their patients. This was and still is an unforgivable move by the regulator and many suffered because of it.

6. In an ugly move, politicians sought to divide our nation by creating two tiers of society the vaccinated and the unvaccinated. Politicians, police chiefs were seen to call people 'boof heads' if they didn't get vaccinated or intimidated that they would not want to be in a room with the unvaccinated. Slurs were casually thrown at people for their individual health choices. All manner of threats were insinuated through mass media.
7. Vaccines could not reduce transmission nor were they demonstrated to do this in any convincing way. Yet, public policy limiting the movements and activities of the unvaccinated implied precisely this, that only the unvaccinated were carrying and transmitting COVID. Some doctors refused to see patients unless they were vaccinated or getting a vaccine.
8. Mandates and medical practitioner self interest necessarily interfered with the process of fully informed consent. If someone was forced to choose between losing their job, their house or their ability to travel and a medical intervention, then this put too much pressure on them making a medical decision for reasons other than the belief / likelihood that they would have a health benefit for doing so. There was much veneer placed on the consent process but the reality was that there was very little real-world data to rely on in early 2021.
9. When patients were injured by the vaccine, they were shunned by the health system, disbelieved, told that they were suffering from anxiety.
10. The TGA adverse events reporting takes too long to complete and is voluntary. This means that they will necessarily miss large proportions of adverse events meaning that the novel mRNA vaccines looked much safer than they were in fact.
11. Ivermectin which showed some early signals of benefit was actively suppressed. Given its high degree of safety profile, it was unnecessary to restrict its legal prescription and dispensing. Patients were told that their only hope was the vaccine which was not correct.
12. When I questioned the above narrative by my actions as a doctor, my ability to continue in the profession was hampered and I was investigated through an unfair and vexatious process.

The Australian government's response and the actions of the state government were despicable. It was hard to keep count of how many violations of consent, human rights, open borders, economic prosperity and medical ethics were breached in order to keep everyone COVID safe.

I trust that this narrative submission will ring true with the evidence that is out there and that justice will be done in my lifetime.

Yours faithfully,