

I would like to request a proper Royal Commission for a proper investigation into;

corrupt vaccine procurement and secret contracts;  
mask mandates;  
lock downs;  
vaccine mandates,  
official misinformation and lies in the media regarding the ability of vaccines to block transmission;  
vaccine injuries;  
media censorship,  
silencing of doctors,  
the role of AHPRA and ATAGI in censorship and oppression of doctors,  
the TGA;  
unexplained excess mortality;  
and the poor treatment of victims.

- **Lockdowns represent a radical departure from conventional forms of pandemic management. There is no evidence that, before 2020, they were considered an effective way to deal with influenza pandemics.**

In a 2006 paper (<https://pubmed.ncbi.nlm.nih.gov/17238820/>), four leading scientists (including [REDACTED] examined measures for controlling pandemic influenza. Regarding [REDACTED] they wrote, [REDACTED] that this measure [REDACTED]

Likewise, a WHO report (<http://apps.who.int/iris/bitstream/handle/10665/329438/9789241516839-eng.pdf>) published mere months before the COVID-19 pandemic classified “quarantine of exposed individuals” as “not recommended under any circumstances”. The report noted that “there is no obvious rationale for this measure”.

The U.K.’s own ‘Pandemic Preparedness Strategy’ said ([https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213717/dh\\_131040.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213717/dh_131040.pdf)), stated: “It will not be possible to halt the spread of a new pandemic influenza virus, and it would be a waste of public health resources and capacity to attempt to do so.”

The pandemic preparedness plans of all the English-speaking Western countries (**U.K.** ([https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213717/dh\\_131040.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213717/dh_131040.pdf)), **Ireland** (<https://www.hpsc.ie/a-z/respiratory/influenza/pandemicinfluenza/guidance/pandemicinfluenzapreparednessforireland/>), **U.S.** (<https://www.cdc.gov/flu/pandemic-resources/national-strategy/index.html>), **Canada** (<https://www.canada.ca/en/public-health/services/flu-influenza/canadian-pandemic-influenza-preparedness-planning-guidance-health-sector.html>), **Australia** (<https://www1.health.gov.au/internet/main/publishing.nsf/content/519F9392797E2DDCCA257D47001B9948/%24File/w-AHMPPI-2019.PDF>) and **New Zealand** (<https://www.health.govt.nz/system/files/documents/publications/influenza-pandemic-plan-framework-action-2nd-edn-aug17.pdf>)) did not have any mentions of ‘lockdown’, ‘lock-down’ ‘lock down’ or ‘curfew’.

Only ‘curfew’ was mentioned, and only once – in Ireland’s plan. The relevant sentence was: “Mandatory quarantine and curfews are not considered necessary.” None of the lockdown strings were mentioned in any of the countries’ plans.

- **Vaccine Mandates**

- 1) Vaccine mandates discriminate against our healthy, innate biological characteristics, and are therefore unethical.
- 2) Vaccine mandates violate the right to life by arbitrarily killing a small percentage of the population for the benefit of others, and are therefore unethical.
- 3) Vaccine mandates are contrary to the principle of free, uncoerced medical consent, and are therefore unethical.

- **Drug Interactions**

<https://www.drugs.com/drug-interactions/sars-cov-2-mrna-tozinameran-vaccine,pfizer-biontech-covid-19-vaccine-index.html>

It is surprising to see that so many commonly used drugs interact with the Pfizer-BionTech Vaccines, including medicines used to treat covid. This information was not included in the informed consent procedure before vaccine administration. It is likely to have affected many people receiving other medications. They would be completely unaware of this, as would a lot of GP's and medical people that therefore would not be able to provide proper informed consent.

Take-home lessons of this sorry episode in pandemic “management”:

- **Scientists, journalists and public officials must be required to declare any potential conflicts of interest.**
- **Public emergencies call for responses that engage with and empower grassroots organisations and populations, rather than imposing a one-size-fits-all “solution” from the top down.**
- **Population-stratified risks must be taken seriously in responses to public health threats; otherwise, needless and potentially catastrophic costs may be imposed on society.**
- **Scientific advisory counsels must be made up of a plurality of relevant disciplines and a reasonable diversity of perspectives.**
- **The precautionary principle requires attention to the risks of interventions, no less than the risks being mitigated.**
- **The emotional and cognitive salience of risk should not be confused with the objective gravity of risk.**

That emotional and cognitive salience replaced objective analysis is abundantly clear from the fact that, in the vast majority of cases, *at no time during the pandemic* did governments committed to lockdown policies publicly commission a *comprehensive expert assessment* of the societal, economic, and health costs and benefits of their heavy-handed public health interventions.

- **Utilitarian calculations made by “experts” and government officials should not be allowed to eviscerate civil rights.**