

To: Department of the Prime Minister and Cabinet,
PO Box 6500
Canberra ACT 2600

Re: Commonwealth Government COVID-19 Response Inquiry – Call for submissions

Dear Officer,

SUBMISSION

Introduction

My submission is as a stakeholder in this COVID-19 Response Inquiry both as a member of the public and also as a health professional (physiotherapist), educator and trainer for more than 40 years. The special interest area of my research, clinical practice and training of health professionals was in respiratory and anxiety-related disorders.

Personally and professionally I have experienced, witnessed or been made aware of negative consequences from the federal government's, (and state and territory governments') Covid-19 response.

Australia is a nation founded on the rule of law and has a strong common law and tradition of protecting the fundamental rights and freedoms of individuals. Australia is a signatory for core international treaties and covenants including the Universal Declaration of Human Rights. I am concerned that some aspects of the government's Covid-19 response were a serious breach of the human rights of Australian citizens. Rights that were infringed include rights to privacy, to equal treatment, to free speech, freedom from discrimination, freedom of movement and to freedom of choice and informed consent for medical procedures.

I will focus my submission on the Terms of Reference area of **HEALTH RESPONSES**. Here, we need to look at the consequences of government messaging and policies.

Rise in anxiety:

A significant and worrying increase has been reported in the number of people with anxiety. This occurred early in the pandemic, (and in Australia, even before we had any significant number of cases), and included in the elderly in aged care, adults, young adults and children.¹

- **Fear provoked by official and media messaging:**

In the opinion of many INDEPENDENT medical professionals and scientists worldwide, a key driver to this increase in anxiety was FEAR, and many would say terror, propagated in the frequent announcements by politicians, health bureaucrats, spokespersons of health regulatory bodies, medical media journalists and others, and then was broadcasted frequently by the mainstream media, and which was significantly out of proportion to the actual threat of Covid-19.

Contributing greatly to the anxiety was the widespread belief that the mortality rate of Covid-19 was very high and that there were no effective treatments for it. Many felt that the only hope was to be with the development of vaccines for Covid-19.

Lack of acknowledgement of prevention strategies and effective treatments:

Early on (in 2020) overseas organisations of frontline hospital-based doctors and specialists established early and continuing treatment protocols that have shown significant success in reducing

the severity and duration of Covid-19 symptoms, and in reducing hospitalisations and deaths. They published their research and provided resources for the public for prevention and early at-home treatment under the guidance of their doctor, and for medical professionals, which have been updated as treatment options improved.^{2,3}

The research and discoveries by these clinicians were however suppressed by the media, and these highly respected and highly published doctors were effectively censored and cancelled. In Australia, doctors were restricted in their prescribing to their own patients. The regulatory body AHPRA coerced the silence of doctors and other health professionals through threats of deregistration or suspension for speaking out against the government propagated narrative.

To my knowledge, there were no public health messages about the importance of fresh air, a nutritious diet, and further ways to support the immune system, including:

- the importance of natural vitamin D from safe sun exposure, and
- the protective factor of nasal breathing.

Quarantine and lockdown orders

One predictor or factor for worse anxiety was job loss or financial hardship due to Covid-19.⁴ In Australia this was compounded by the often draconian lockdown restrictions imposed by our states.

Many studies have demonstrated that both quarantine and lockdown orders proved detrimental to mental health.⁵ The lockdowns and border restrictions increased loneliness and isolation and were the cause of significant increases in anxiety. They resulted in disruption of daily lives, inability to travel to jobs, inability to maintain family relationships including visiting aged parents either living alone or in aged care, or hospitalised, including when dying.

A further contribution to anxiety, financial hardship and family and social disruption was the introduction of vaccine mandates. (See below)

Without acknowledging the cause and addressing the high rates of anxiety we are seeing the breakdown of the healthcare system struggling to cope.

Masks, lack of fresh air, more fear, reduced social cues: The mandated wearing of masks even when outdoors and alone in some circumstances was another supposed “health” measure of great concern. (Any old mask would qualify, even those well-known not to block the flow of microscopic viral particles.) In my opinion this measure also contributed to the increase in anxiety in the general public as it contributed further to the fear raised by the messaging, could provoke claustrophobia in some, and deprived the wearer of fresh air to breathe. It also led to other psychological effects. As social beings we rely on observation of people’s faces and expressions for engagement; particularly at risk here were babies and young children in the care of adults wearing masks.

Limitation of outdoor physical exercise during lockdowns: This restriction had effects on physical and mental health and wellbeing and social interaction, with no proven effects on reducing the spread of the Covid-19 disease.

Mandated vaccinations: Covid-19 vaccinations were mandated by the states, who all were members of National Cabinet which in my opinion means that the mandating of vaccines must be within the terms of reference of any robust inquiry into the Covid-19 response. Mandating of vaccination is against our human right to fully informed consent for medical procedures, including to experimental medical procedures. Given that the vaccines remained only provisionally approved for the majority of the pandemic years, this was especially egregious.

The Covid-19 vaccinations were fast tracked, not undergoing the usual long-term monitoring of a new vaccine, did not meet the decades-long accepted definition of a vaccine, the research data was not released until much time had passed, and unlike other trials, there was no real control group maintained as trial participants in this group were also offered the vaccine shortly into the trial.

There could not be fully informed consent under these circumstances. Nor could there be full consent when not complying with the vaccination mandates could mean loss of job, freedom to travel and other social restrictions. This is coercion and in violation of our human rights.

Suppression of independent health information:

There has been censorship and suppression of the voices and research papers of (independent) medical scientists and medical experts worldwide who have developed effective treatment protocols for Covid-19 and who have been critical of the Covid-19 response in many countries including Australia. It is critical that the COVID-19 Response Inquiry looks into this censorship and the hold that appears to be over the mainstream media that has prevented them presenting any debate on the origins of the virus as well as the prevention and treatment of Covid-19 except for the “government line”.

Conclusion:

I request you carefully consider my submission to the COVID-19 Response Inquiry. Further, as the Terms of Reference of this inquiry are limited to only looking at the actions of the Commonwealth Government I also request a Royal Commission for a proper investigation into the following matters:

- vaccine procurement and confidential contracts
- the mask mandates
- lockdowns
- protocols (or lack thereof) for prevention and treatment of Covid to avoid hospitalisation
- the testing and approval of the Covid-19 injections/vaccines
- Covid-19 vaccination mandates
- the reporting of vaccine injuries and deaths, and criteria for acknowledgement and compensation
- excess deaths across Australia for 2021 and to date
- media censorship of scientists, statisticians, data analysts, and medical and health experts and clinicians who had differing views from that the public heard from the government and regulatory bodies.

Sincerely



References

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2. <https://covid19criticalcare.com/COVID-19-protocols/>
3. McCullough P, Kelly R, Ruocco G. Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection. *Am.J.Med* 2021, 134: 1, 16-22. <https://doi.org/10.1016/j.amjmed.2020.07.003>
4. Dawei A. et al. *The Effect of COVID-19 on Mental Health and Wellbeing in a Representative Sample of Australian Adults*. *Front. Psychiatry*. 2020;11:579985. [doi: 10.3389/fpsy.2020.579985](https://doi.org/10.3389/fpsy.2020.579985)
5. Fisher J.R. et al. *Mental health of people in Australia in the first month of COVID-19 restrictions: A national survey*. *Med. J. Aust.* 2020;213:458–464. <https://onlinelibrary.wiley.com/doi/10.5694/mja2.50831>