

Commonwealth Government Covid 19 Response Inquiry Submission

Anonymous submission

14 December 2023

1. The terms of the Inquiry are flawed. Excluding unilateral actions taken by the State excludes the majority of actions that were problematic. Assistance given to other countries was also problematic. A full Inquiry must be undertaken without these ridiculously limited terms.
2. The time frames for the Inquiry are flawed. Giving only one week for public submissions, without advance notice, and that week being immediately prior to Christmas, gives the impression that the Inquiry is not actually seeking submissions, but seeking rather to avoid them. Such a time frame is unlikely to uncover a wide range stakeholder views and evidence, and makes it difficult to provide a proper submission linked to evidence.

Response Submission

- Governance including the role of the Commonwealth Government, responsibilities of state and territory governments, national governance mechanisms (such as National Cabinet, the National Coordination Mechanism and the Australian Health Protection Principal Committee) and advisory bodies supporting responses to COVID-19.

The National Cabinet was a body without basis in Australian law that by-passed the existing emergency processes that were in place. It had no democratic transparency. Transcripts and minutes of all meetings must be released immediately.

The Prime Minister allowing himself to be sworn in secretly for multiple Ministerial roles also sets aside democratic principles and concentrates power clandestinely in a single individual, a situation more akin to totalitarianism than a transparent democracy.

- Key health response measures (for example across COVID-19 vaccinations and treatments, key medical supplies such as personal protective equipment, quarantine facilities, and public health messaging).

The advance purchase of extraordinary quantities of vaccine doses that Australians were never likely to use, under a contract the terms of which cannot be disclosed, is a gross breach of good governance and the governmental transparency a democracy requires.

Public health messaging was without scientific balance or rigour. The long-term risks of a product that had only been tested for six months were unknown, the vaccines certainly could not be claimed to be safe and effective without long-term testing.

While the Federal Government claimed that the vaccines were not compulsory the coercion used by the States, via employers and other bodies, to get people to take it

does fit the description of 'compulsion'. Compulsion and coercion should never form the basis for medical treatment.

The Covid-19 vaccines fit the definition of a gene therapy. Permission for an experimental gene therapy was not applied for in Australia and does not fall within the authority of the TGA.

State vaccine mandates of an experimental gene therapy, even under emergency use authorisation, breach the Nuremberg code and basic human rights. Medical treatments should only ever be voluntary.

Despite having medical conditions that fit the public understanding of what constituted a reason for a vaccine exemption, medical professionals found themselves pressured (presumably by AHPRA) not to grant exemptions for any reason other than having had Covid.

Dismissing and then banning an inexpensive Nobel-Prize winning medicine with a demonstrated track record of safety in humans, and of effectiveness in the prevention and treatment of Covid-19, such as Ivermectin (and others) is likely to have made medical outcomes worse. AHPRA's participation in this dismissal, and threatening the practice of medical practitioners who prescribed these medicines, likely makes them complicit.

Banning such safe and effective therapies was what permitted the administration of the experimental mRNA vaccines at all, a huge boon for select pharmaceutical manufacturers.

- Broader health supports for people impacted by COVID-19 and/or lockdowns (for example mental health and suicide prevention supports, and access to screening and other preventive health measures).

Locking down children has been disastrous for their mental health and social functioning. Locking down adults has had a similar impact.

- Mechanisms to better target future responses to the needs of particular populations (including across genders, age groups, socio-economic status, geographic location, people with disability, First Nations peoples and communities and people from culturally and linguistically diverse communities).

Based on data from early 2020 it was already known that Covid 19 was not a significant risk for those who were not elderly or infirm. State lockdown policies repeatedly failed to take this into account, with very significant impact on the mental, physical and financial health of the general population. Lockdowns should only ever be recommended voluntary measures.

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