

# COVID 19 Response Inquiry Submission

By

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## Terms of Reference

1. Broader Health and Social Supports
2. Governance including roles and responsibilities
3. Key Health Response measures
4. Mechanism to better target future responses to the needs of particular populations

## Introduction

The Government response to the outbreak of COVID 19 was misplaced and totally inappropriate. As an individual living in Queensland during the pandemic, I and most Australians were subjected to contradictory and not scientifically backed mandates involving isolation, wearing face masks, social distancing, COVID testing and the enforced COVID 19 MRNA vaccines. These vaccines were, and still are promoted by the Government as safe and effective. They are not safe and not effective. This submission mainly focuses in the evasion by the Government to use Ivermectin as a suitable treatment for COVID 19 instead promoting and using MRNA injections. This claim is supported by the anecdotal and statistical evidence of excess deaths and injuries of people in Australia following the rollout of the untested MRNA COVID 19 vaccines.

### **1. Government Negative Response: The banning, selective and restricted use of Ivermectin for treatment of Covid 19**

Ivermectin is an extremely effective drug for parasitic and other infections, winning a nobel prize in 2015. It was invented and developed in the 1990s and has over 30 years of trials and effective use around the world. It is also easily made, stored, distributed and is low in cost to produce.

During the pandemic, the Australian government prohibited the use of Ivermectin as a treatment for Covid 19. This response was wrong. The government gave wrong and contradictory advice on this and took up large measures to ensure Australians could not access this effective and inexpensive treatment, including not allowing doctors and pharmacists to administer Ivermectin. On nightly TV News, state and national health ministers were seen publicly denigrating this treatment. Instead, the government kept up its promotion and administration of the untested MRNA vaccines, which are made and sold by [REDACTED] and [REDACTED]

### **2. Contradictory Evidence on banning of Ivermectin in Australia**

In June 2021, I saw a video on social media from South America (Argentina or Brazil) where a woman unpacks and displays her Government's Covid 19 Response kit. She opens a navy blue cardboard box

about the size of a half loaf of bread, clearly marked with large white lettering **Covid 19 Treatment Kit**. She shows items and speaks in Spanish (translated in English at bottom of screen) She pulls out labelled boxes and packets of Paracetamol, Aspirin, Vitamin C and Ivermectin all included in the kit.

In mid to late 2021, I saw two separate videos made by COVID 19 patients in hospitals in the Sydney area. One was a man in his forties, and the other, a woman in her 50's. Their short videos from their hospital beds discuss how they were admitted for Covid 19 and show they were being treated in hospital using Ivermectin. They had closeups of the doctor and nurse's notations, prescriptions and Ivermectin tablet boxes and labels in intravenous bags.

Since this time, there has been a large number of studies conducted and results published that show the positive outcomes of Ivermectin as a treatment for Covid 19 and other influenza and respiratory diseases. The evidence is overwhelming and many doctors have advocated its use including Dr [REDACTED] Dr [REDACTED] and Dr [REDACTED]. Still, the Australian Government did not seem to know or care about this evidence and continued to refuse to acknowledge Ivermectin's efficacy in relation to COVID 19. Meanwhile, they continued to promote the MRNA vaccines as safe and effective.

An Australian friend of mine [REDACTED], from [REDACTED] holidayed in Thailand in August this year. As routine travel medical advice he was prescribed medications for his safety while travelling in Thailand which included Ivermectin. A few months later he returned to his doctor suffering with Influenza and asked if he could be subscribed Ivermectin. His doctor acted awkward and said he wasn't allowed to prescribe it and showed [REDACTED] the computer screen with the Australian Government health directive saying that Ivermectin couldn't be prescribed for influenza and respiratory or COVID. This astounded [REDACTED] who had had it prescribed to him only a few short months earlier.

I took my [REDACTED] who had flu to our local doctor last week. She examined him and said it was viral and that antibiotics would be ineffective. We asked if Ivermectin could be prescribed. She acted awkward, turned away and muttered quietly 'No it hasn't been effectively tested'. She then said many people who have viral infections ask for antibiotics anyway and she then prescribed Amoxycillin (antibiotic) to my [REDACTED]. She said my [REDACTED] should test for COVID 19. My [REDACTED] did this using a RAT and it was negative. The antibiotics did not work and my [REDACTED] suffered for a few more weeks with this flu.

This information clearly shows the contradictory nature of the Australian Government's response to COVID 19 in the use of Ivermectin as a treatment for COVID 19.

### **3. Isolation, triple and quadruple Covid 19 vaccination of people living in Australian Nursing homes.**

In a period of less than a year, my [REDACTED] lost her [REDACTED], her [REDACTED] and her [REDACTED] who were all living in nursing homes and were triple and quadrupled vaxxed during Covid vaccine rollout. Data is given in table below. (Names have been changed but all other details are accurate)

Name	Month of Death	Nursing Home	Area/Region	Instances of COVID outbreak in nursing home	No of Covid jabs	Dates of Covid jabs	Family understood cause of death	Age at time of death
██████	Mar 2022	Yes	██████	unknown	3- 4	May 21 – Dec 22	██████	██████
██████	Nov 2022	Yes	██████	None	3-4	May 21 – Dec 22	██████	██████
██████	Feb 2023	Yes	██████	None	3-4	May 21 – Dec 22	██████	██████

#### 4. Excess deaths and injuries in Australia

In the year from Mar 2022 to Feb 2023 there were 19% excess deaths (Therapeutic and Goods Administration (TGA) website). There have been numerous articles and reports published on social media, medical journals and social media that have tabulated, discussed and reported on this data such as the Australian Vaccine Network (AVN). Another report from former Blackrock Executive, ██████ earlier this year clearly shows the data on excess deaths in Australia

The information in the table above, and the close timing of the deaths of my ██████ ██████ and ██████ correlate with the excess deaths in Australia in the 2022 – 2023 period. The use of the untested Covid 19 MRNA vaccinations on my family members prior to their deaths and the excess deaths experienced in Australia are closely linked. The government has admitted and has arranged access to compensation for claimants with injuries due to “side effects” of the MRNA Covid 19 injections and there is a current Covid Vaccine Class Action with over 1000 claimants. AVN is also continuing to challenge the Government on the Australian excess deaths following the MRNA COVID 19 Injections.

#### Conclusion

The Federal and State Government’s response to the COVID 19 pandemic in relation to treatment was unjustifiable. Ivermectin is a proven safe and effective treatment but was denied to Australians who contracted Covid 19. The Covid 19 MRNA vaccines were untested and have been shown to be unsafe and not effective, yet the government continued to mandate them. The government should have promoted and administered other treatments for COVID 19, such as Ivermectin, instead of the untested MRNA injections.