Commonwealth Government COVID-19 Response Inquiry Submission

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My submission to the COVID-19 Response inquiry seeks to raise concerns about key medical interventions, their effectiveness and cost to society, not only economic but also social and community impacts from isolation and quarantine measures. My submission also raises concerns that should be considered in the governance and decision-making processes within Commonwealth and State bureaucracies, including the advice provided to Government by senior public servants upon which responsible Minister's relied in making decisions that have been damaging to the health and welfare of individuals.

1. Efficacy of experimental gene therapy

This inquiry should consider the various peer-reviewed publications in vitro research that gene-based vaccine generated spike proteins can migrate into human cell nuclei to disrupt DNA repair mechanisms, and vaccine-derived RNA can be reverse transcribed with evidence pointing to possible integration of this sequence into human genome. What consideration was given by the Therapeutic Goods Administration (TGA) into the consequence and potential adverse effectives of such a change?

All-cause mortality data from official UK, EU and US databases indicate a positive correlation with the Covid-19 gene-based vaccine rollouts during 2021. German pathologists described pathological aggregates of spike proteins and lymphocyte infiltrations in inflamed organs in autopsies related to deaths post-vaccination.

Given that Pfizer data reported to the US FDA indicated a high adverse events reporting by 28 February 2021, and that analysis of the TGA's own Database of Adverse Events Notifications (DAEN) data and what Australian clinicians are increasingly witnessing as a high rate of injuries from these gene-based vaccines, why has TGA not revoked permission to use of the experimental gene therapies and provide advice doctors and the Government not to use these mRNA treatments? What guidance has the TGA provided for autopsies of post-vaccine deaths of Australians?

Furthermore, consideration that the gene-based vaccines do not prevent a "vaccinated" person from getting COVID, nor does it stop that person from spreading COVID once they are infected, which by flies completely in the face of early claims by health official (safe and effective / saving Grandma etc). In addition, for these "vaccinated" people, the consequence of getting COVID is a potentially lengthy period of lingering symptoms of "long COVID" lasting months due to the immune response from having COVID being continually triggered by the gene therapy changed cells in a form of auto-immune response.

2. Lack of support for credible alternative medial treatment

Clinicians and researchers around the world have trialled various repurposed medicines (hydroxychloroquine and Ivermectin), vitamins B12, C and D, nutritional supplements magnesium and zinc for Covid-19 with varying but often apparent success, particularly when used prophylactically and in early stages of illness and in combination. Furthermore, the impact of COVID

on differing age groups has not been considered, with evidence that the effective on otherwise healthy adults under the age of 50 is moderate and far from life-threatening and in many instances no worst than a bad cold.

Natural immunity and safer traditional vaccines have been under-recognised and rejected by TGA and Chief Medical Officers in favour of expensive and ineffective measures such as the mRNA gene therapies and mandating the wearing of non-surgical face masks.

Why has the suppression of such protocols been promoted by the TGA and Chief Medial Officers, and what long-term safety data has been collected by the TGA and AHPRA to support these decisions?

3. Governance and Ministerial oversight

Despite clear evidence from government-compiled data that the cure (ie, the Government mandated COIVD response) is worse than the disease for the vast majority of the population, which was available from at least mid-2021, government officials and agencies continued to message relentlessly that these Covid-19 vaccines were, and are, Safe and Effective which clearly they are not.

What role and responsibility do the Chief Medical Offices have in continuing to promote the use of "booster" vaccines, when the mRNA gene therapies are ineffective and dangerous?

Furthermore, what role did the government contract with Pfizer in Albania play in the decision-making process by Commonwealth and State Minister's to act in the best interests of the public? Is the decision to continue to promote the use of boosters based on the stockpile of useless vaccines and at what cost to Australians. What is the current value of the stockpile? How will it be disposed of once it exceeds the use-by date and what environmental risks must be considered?

There are many more issues that should be considered within the scope of the inquiry, but the matters of responsibility, accountability, deception and manipulation undermine the public trust and confidence in government and governance by Ministers and Senior public health officials. I look forward to the outcome of the inquiry.