

COVID-19 Response Inquiry

14th December 2023

Submitted by James Jackson, [REDACTED]

Dear Ms Kruk, Professor Bennet & Dr Jackson,

My submission is my own and relates to my experience of the government's pandemic response and its impacts upon me. For brief context I am a 51 year old Australian born man, an Objectivist and Classical liberal – I reject "collectivism" and "communism" and believe in the rights of the individual as the foundation for Australian societal flourishing. I believe force is antithetical to flourishing and that there is no morality without reciprocity. The Australian Federal and State Governments claim they did not force anything upon their citizens – I disagree, with good cause. The state coercion upon the Australian population was very real and generated a two tier, divided society – those who complied with "jabs" and those who did not. The difference between Australia and Sweden could not be more stark. Sweden did not lock down and did not coerce their citizenry – who were free to take responsibility for themselves. The Swedes understood the difference (and the costs) of "government recommendations" verses "government diktat". I think pre-COVID Australia understood this too but that governments threw out our existing pandemic response plans and were led first by what they saw out of China and, later, by what could be deemed "acceptable" in opinion polls – this was a total failure of leadership and we saw political leaders greatly pass responsibility for policy to Chief Health Officers. Sweden correctly predicted voluntary action as superior and this led to no bump in Swedish "**all cause mortality**" and no economic dislocation or rampant inflation. The Swedes understood the need to be circumspect, humble and to resist knee-jerk short term thinking – they understood too, as [REDACTED]

[REDACTED] **Sweden got their response greatly right and Australia got it greatly wrong.**

My lived experience and my recommendations.

- **Closed National and State borders and family dislocation**
 - My children were abducted by a family member to the USA pre COVID. Border lockdowns and then later lockouts based upon "vaccination status" impact upon kin trying to be with kin. This inability to fly internationally is, granted, not just an Australian issue but also, in my case, a USA issue. The inability to fly plus the resultant "legal" consequences (avoidable and unintended) is that my children have not held their father in over 4 years and the likelihood of them being returned home to Australia by the US courts, after so long removed, diminishes with each passing month.
 - State border lockdowns, denied not just my right as an Australian to freely move about my country but to be with ill or dying family and friends interstate.
 - RECOMMENDATION : The Government should not close borders without good cause being debated and, thereafter, an act of parliament.
 - RECOMMENDATION : AG's Dept to advise on total Hague Conv. cases impacted.
 - RECOMMENDATION : Establishment of a Constitutional Congress to meet with each new decade, for the public and constitutional scholars, to review, debate and make public recommendations to the Governor General on where and why our constitution can be improved. (e.g. should Australians be constitutionally and legally denied access to other Australian states without due process of law? etc)

- **Are COVID Vaccinations “safe and effective” and treatments not?**

- [REDACTED] In the 6 months following my 2 jabs with the Pfizer “vaccines” [REDACTED] I had started skipping heart beats. (6 beats skipped in 60 over 60 seconds). I also felt more breathless. I added the skipped beats in to the VAERS database myself. [REDACTED]
[REDACTED] I “suspect” I am OK today but can’t know the long term consequences of this period of skipping beats. I have lost faith in the motives of the medical establishment over the COVID period. The position of Australian Health Practitioner Regulation Agency to de-register doctors who were sceptical of preferencing prevention (vaccines) above treatment, even after it became public that the vaccines were not prophylactic (i.e. they were not true vaccines and Pfizer never explicitly purported them to be so!) has meant I have presumed that my cardiologist must, to a degree, tow the AHPRA party line. For example to visit my local cardiologist about a possible vaccine injury they wanted patients to have a “Booster” first if it had been a year since their last jab and, thus, public trust is broken.
- I did not want the so called “vaccine” as I was suspicious that the Australian health authorities could have tested such a novel vaccine properly so quickly and thought that they might just “accept” the USA trial data – and this is greatly what transpired. The USA trials were rushed, Pfizer did not find their product to be prophylactic (although stayed stum on this fact!), they were approved for emergency use only (EUA) and did not adequately test on cohorts of minors or pregnant women. I got the Pfizer jab as I thought not getting it might be used as a block to travel to the USA to protect my children and agitate for their return – I was blocked regardless and then I got COVID. The Pfizer jab could not have been known at the time of its release in Australia to be “safe and effective” and we know today it was not safe and certainly not effective. [REDACTED] Worse, my children who were not threatened at all by COVID were injected (against my expressed wishes) with this same experimental EUA Pfizer vaccine and Pfizer has been indemnified against the longer term repercussions of their taking it.
- I had a [REDACTED] friend who got the ‘jab’ and her baby was born with a heart defect. I had a family friend [REDACTED] – his immune system declined and he died of cancer, [REDACTED] Another friend was coerced to get the jab to keep his job (telephone based role, not public facing) and he was in hospital the next day – his employer had no indemnity insurance and they just “felt” like they could mandate the jabs as they believed them to be prophylactic and they’d watched the government do same with various public service roles! Of course, these specific examples could all be coincidences and will probably be deemed that way if not properly investigated...
- I have police and paramedic friends that are to this day still denied their long held positions because they choose not to get jabbed (principally as they know it to be not tested and not prophylactic) – they are locked out of public service roles despite a dearth of replacements whom themselves need not now be vaccinated. The public must now pay more for the higher salary of replacement staff, if they can find them, services are reduced and all whilst the original incumbents now live in poverty.
- RECOMMENDATION: Medical mandates for Public Service roles to require an act of parliament to ensure it is debated and found sufficiently necessary.

- RECOMMENDATION: Pandemic response plans key metric be ‘All Cause Mortality’ and then thereafter the deaths from (not with) the pandemic virus. It is more useful to the public that when Chief Health Officers (or Premier or Prime Ministers) reference “new infections” and “deaths” that it is given alongside pre-pandemic norms and norms for pneumonia to illustrate, for the public, a sense of proportion.
- RECOMMENDATION: AHPRA, ATAGI & TGA audited against their charters and for conflict of interest. i.e. do we rely too greatly on ‘Big Pharma’ to fund these groups? e.g. FOI documents ultimately showed bad (killer) vaccine lots, or batches, were known to the TGA but were withheld from the public – ergo insufficient oversight!
- RECOMMENDATION: Place financial limits to government ‘advertising’ that need an act of parliament to increase. Australian mainstream media that sells advertising space largely survived the COVID pandemic through advertising revenues paid by government and were thus not in a position to report on positions that contradicted the governments. Binding (big) government to (big) industry is the literal definition of “fascism” (i.e. fascia, from Latin to band, bind, bandage)
- RECOMMENDATION : Follow-up using Australian and overseas data on the hypothesis that the novel COVID vaccines (as opposed to say lockdowns) have a causal link to raised ‘All Cause Mortality’
- RECOMMENDATION: Establish a corona virus “gold standard” of care with emphasis on treatment, not prevention. (i.e. Lockdowns reduced peoples ability to exercise or gain vitamin D through sun exposure but this was later seen as the exact wrong thing to do. Ivermectin was only recently reinstated as a lawfully prescribed treatment – did this cost lives? People with natural immunity were coerced in to ‘boosters’ – was this necessary or best practice? Uttar Pradesh (India) went with COVID treatments and not vaccines – they had less mortality – have we adopted their learnings?)
- RECOMMENDATION : Fund long term studies that will provide signal as to whether novel EUA vaccinations, distinct from lockdowns, correlate with changes to Australia’s all cause mortality rates, with Sweden (mostly vaccinated) and Uttar Pradesh (mostly unvaccinated) as benchmarks - and whether they have long term health consequences on human DNA change, heart function, natural immunosuppressant action on cancer cells, the female period and pregnancy, etc.
- **Quantitative easing and inflation is a theft that creates winners and losers.**
 - At the onset of the COVID pandemic [REDACTED]
[REDACTED]
[REDACTED]
Interest rates became very low but [REDACTED] as I don’t have a job (due to focus on the return of my abducted children). The median house price in my city of Sydney rose \$400k in 2021, from \$1.2M to \$1.6M – by contrast [REDACTED] The [REDACTED] I applied for state assistance but was denied. Inflation has meant [REDACTED] I am lucky that [REDACTED] Those today without land or a house can give up aspirations of ownership and those with can “retire early”, such has been the great wealth transfer caused by money printing.
 - RECOMMENDATION : Add to Australia’s pandemic preparedness plans the cost of lockdowns and quantitative easing to economic dislocation & poverty to ‘all cause mortality’. (Note: Poverty in the developing world was set back a decade by COVID!)
 - RECOMMENDATION: Limit lockdowns to an act of parliament.