

Submission to COVID-19 Inquiry

15 December 2023

Having worked as an Engineer and / or a management consultant for over 40 years, I am capable of analysing data and offering solutions. Having thoroughly investigated the response to COVID-19 both within Australia and internationally and having written numerous articles on this topic, I am very well informed. Having seen numerous members of the community including some family and friends fall sick and some die suddenly following the COVID response, I feel obliged to contribute a submission.

The Australian Government's and the States' response to COVID must be weighed and measured. Enormous amounts of tax-payer dollars were diverted to COVID response and fundamental human rights were over-ridden in the process. As a nation, Australians deserve to know precisely what happened, why it happened and whether it was all worth it.

This submission calls into question the roles and responsibilities of the Commonwealth Government and state and territory governments and how national governance arrangements including National Cabinet, informed decisions regarding COVID. How were decisions made that had such negative effects on the population? The following should be considered as part of this enquiry:

1. The impacts of COVID response, by the Australian Federal / State Government, on Australia's long-term prosperity.

The government of any nation should seek the **long-term health and prosperity of its people** as its ultimate goal. Sometimes, wealth must be sacrificed for health. There is no doubt that this was done in Australia, with people being forced to stay home from work and receiving tax-payer funded payments in an attempt to stop viral transmission. This had the effect of crushing the economy, increasing the national debt and causing inflation and interest rates to rise dramatically. One of most serious knock-on effects of this was increased homelessness. All in all, Australians' long-term wealth took a battering since the Government's and States' COVID response. Both the Federal Government and the States played a role.

2. The impacts of COVID response, by the Australian Federal / State Government, on Australia's long-term health / mortality.

The best determinant of any public health policy is the long-term mortality trend. It could be argued that Australian COVID-19 policy decisions may have necessarily caused some short-term pain, but should be judged by long-term improvements in **mortality**. That is a reasonable argument.

In fact, the Lancet article: Global impact of the first year of COVID-19 vaccination: a mathematical modelling study ¹claimed that "vaccinations prevented **14.4 million** ... between Dec 8, 2020, and Dec 8, 2021." On this basis, Nobel Prizes were awarded to Professors [REDACTED] for their roles in developing the mRNA platform used by Moderna and BioNtech-Pfizer.

However, [REDACTED] analysis provides a very different result. [REDACTED] has a PhD in Physics (1984, University of Toronto), is a former tenured Full Professor (University of Ottawa), and has published over one hundred articles in leading science journals. Denis and his organisation Correlation Canada ² has been tracking global mortality data since 1900. His analysis of the long-term effects of the COVID shots ³indicates that rather than **saving** 14 M lives, COVID shots **caused the death of** 17 M

¹ [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(22\)00320-6/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(22)00320-6/fulltext)

² <https://correlation-canada.org/>

³ <https://rwmalonemd.substack.com/p/not-14m-lives-saved-but-over-17m>

people worldwide. That is a dramatic turn-around. This position is supported by numerous international studies. The Australian Medical Professionals Society recently issued their 472 page publication entitled: Too Many Dead - An Inquiry into Australia's Excess Mortality.⁴

This publication refers to many other global studies that indicate a strong correlation between high COVID-19 shot rates and high, ongoing Excess Mortality figures, several years after COVID-19.

3. Key conversations between high-level Australian Federal / State Government health officials and high-level US health and World Health Organisation officials regarding any agreement to promote a zoonotic origin for SARS-COV-2.

If Mortality is the end, where does one begin?

As proven by SKY News investigative reporter, [REDACTED] – people at the highest levels within the US administration⁵ – namely [REDACTED] and [REDACTED] lied about the origins of SARS-COV-2. Using burner phones and secret emails, they worked to obscure the fact that the NIAID was actually funding gain-of-function research at the Wuhan Institute of Technology in China. The most likely origin of SR-COV-2 is now recognised as a lab-leak, not a natural “spill-over” event from a wet-market in Wuhan. Were any of Australia’s health officials involved in this lie to the people?

4. The role of FDA and the pharmaceutical industry influence over the decisions of the TGA during the COVID response.

It appears that the FDA has been subject to regulatory capture by Big Pharma. During the COVID response, the TGA appeared to act in lock-step with the FDA. Is the TGA really acting in the people’s interests?

This British Medical Journal article⁶ From FDA to MHRA: are drug regulators for hire? shows that all of the drug regulators in Australia, Canada, Europe, Japan, the UK, and US are subject to massive conflicts of interest, receiving the bulk of their funding from Big Pharma. The worst of these is the TGA who received 96% of it’s funding in 2020-2021 from the pharmaceutical industry.

5. The Australian Government’s decision to grant prosecutorial indemnity for mRNA COVID-19 “vaccine” manufacturers.

The US PREP Act gives Big Pharma prosecutorial immunity for damages related to mRNA vaccine injuries and deaths. Australia and other nations have similarly shielded [REDACTED] and [REDACTED] from prosecutorial liability. One must ask why?

Speaking on this podcast, founder of Liberty Counsel, [REDACTED] described how recently findings of alleged fraud on the part of [REDACTED] and [REDACTED] may serve to remove their indemnity. This is confirmed by Dr [REDACTED] in his article⁷ stating:

[REDACTED]

⁴ https://amps.redunion.com.au/too-many-dead?utm_medium=email&_hsmi=285189999&_hsenc=p2ANqtz-MCBzx4BKEEwkhGbg4crpndJlfWJcFnHU_kNEyelzPGgAEct0xKB4hNbjgVp8ElZa87aVr0FQGXCoiwRzetJfCTxMgyw&utm_content=285189999&utm_source=hs_email

⁵ <https://rwmalonemd.substack.com/p/limited-hangout-robert-kadlec-forced>

⁶ <https://www.bmj.com/content/377/bmj.o1538>

⁷ <https://rwmalonemd.substack.com/p/dna-integration-risk-moderna-knows>



6. The Australian Federal / State Government's role in the banning of therapeutics in early treatment of COVID-19.

During the COVID-19 pandemic, thousands of doctors around the world were sharing their discoveries in the treatment of COVID-19. While the virus may have been “novel,” treatments for influenza-like symptoms and breathing difficulties have been known and used for centuries.

Groups like the Frontline COVID Critical Care Alliance⁸ identified very effective drugs that could be used to limit viral replication and ease breathing difficulties for COVID-19 sufferers.

Why would Governments step in to ban safe, cheap drugs – whether they were effective or not? The only possible reason was to set the pre-conditions to allow COVID-19 shots to receive their Emergency Use Authorisation.

How many Australians were denied safe, cheap drugs and ended up dying from COVID-19?

7. The Australian Federal / State Government's role in empowering APHRA and doctors' boards to force doctors to promote COVID-19 shots.

This article is one of many that challenges the power-grab by APHRA and doctors boards over doctors in relation to COVID-19.⁹

“Contingent to a joint statement received from AHPRA and the National Boards on 9 March 2021[1], Australian Health Professionals numbering over 825,000 were essentially forbidden from publicly questioning the science underlying the emerging COVID-19 injectables, let alone questioning any government messaging urging Australians to be vaccinated because these products were deemed ‘safe and effective’. The effect of this unilateral action was to undermine professional independence. However well intentioned, this gagging by bureaucratic decree inserted AHPRA and the National Boards between the Clinician and their Patient, which resulted in a serious failure of evidenced-based information being shared by Health Professionals with patients, being information required for patients to be fully-informed, for the purpose of their providing legally acceptable Informed Consent to receiving Covid-19 injectables.”

⁸ <https://covid19criticalcare.com/>

⁹ <https://www.malcolmrobertsqld.com.au/barrister-releases-bombshell-legal-opinion-on-alleged-illegal-control-of-doctors-conduct/>