Submission – Covid-19 enquiries

Dear Sirs,

I'd urge you to investigate and to never again allow for the removal of our freedoms by governments in the form of mask mandates, vaccine mandates, lockdowns, and curfews.
Also, we deserve a real COVID inquiry that will investigate all aspects of how the 'pandemic' was handled.

In relation to the scope: - 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).

It was the first time in the medical history that the government interfered with patient-doctor relationship by disallowing doctors to prescribe very effective against Covid and very safe medications, despite very quickly growing massive amounts of evidence supporting the effectiveness of those medications. (please see evidence as indicated below this text: "Ivermectin for COVID-19: real-time meta-analysis of 99 studies", and "American Journal of Therapeutics – Ivermectin")

There was no information provided to the public on how to strengthen one's immune system for a better chance of surviving Covid, although such scientific information was available to the government. (Please see evidence attachment: "Vitamin D Insufficiency")

Those medications like Ivermectin, Hydroxychloroquine, that saved thousands of lives were officially banned in Australia – a criminal act by the government.
Infected were told to do nothing and wait until they were unable to breath at which point, they were told to call an ambulance.
Never ever before in medical history doctors were prevented from trying to cure or at least to lessen the effects of any illness. The only solution allowed for them was the so called "vaccines" that were not a cure at all and not a prevention either.

The "vaccines" which are in fact gene therapies have very quickly demonstrated that they do not stop infections or transmission of the virus, yet there was a very heavy push from all the government bodies to "vaccinate" as many people as possible. Billions of taxpayers' dollars were spent on useless and dangerous "vaccines".

The Nuremberg Code was violated with coercing people to take the experimental injections that had no long-term studies and which already at the first phase of Pfizer studies have demonstrated to be very dangerous, and all while there are adequate, approved and available alternatives to the vaccines. (Please see evidence be3low this text: 5.3.6 CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021 – Table 1 on Page 7 – 1223 fatal cases)

All push for the experimental vaccination was in full swing while there was already an extremely large scientific date available proving that the so called "Covid-19 vaccines" are very dangerous. (please see evidence in attachment: "750+ Studies About the Dangers of the COVID-19 Injections", and below this text a page from "Cheltenham Post", and "Circulation Journal", and attachment "COVID-19 vaccines – An Australian Review")

As a result, many have died unnecessarily, many more have suffered terrible side effects and many more are still dying since the excess deaths in Australia are still very high and until proven otherwise, cannot be associated with anything else but the vaccines.

Furthermore, the mandates for masks wearing were completely deprived of any science at all. In fact, the science is clear that the negative effects of wearing masks are high and that they do not give any protection against viruses. (Please see evidence attachment: "Physio-metabolic and clinical consequences of wearing face masks—Systematic review with meta-analysis and comprehensive
Evaluation")

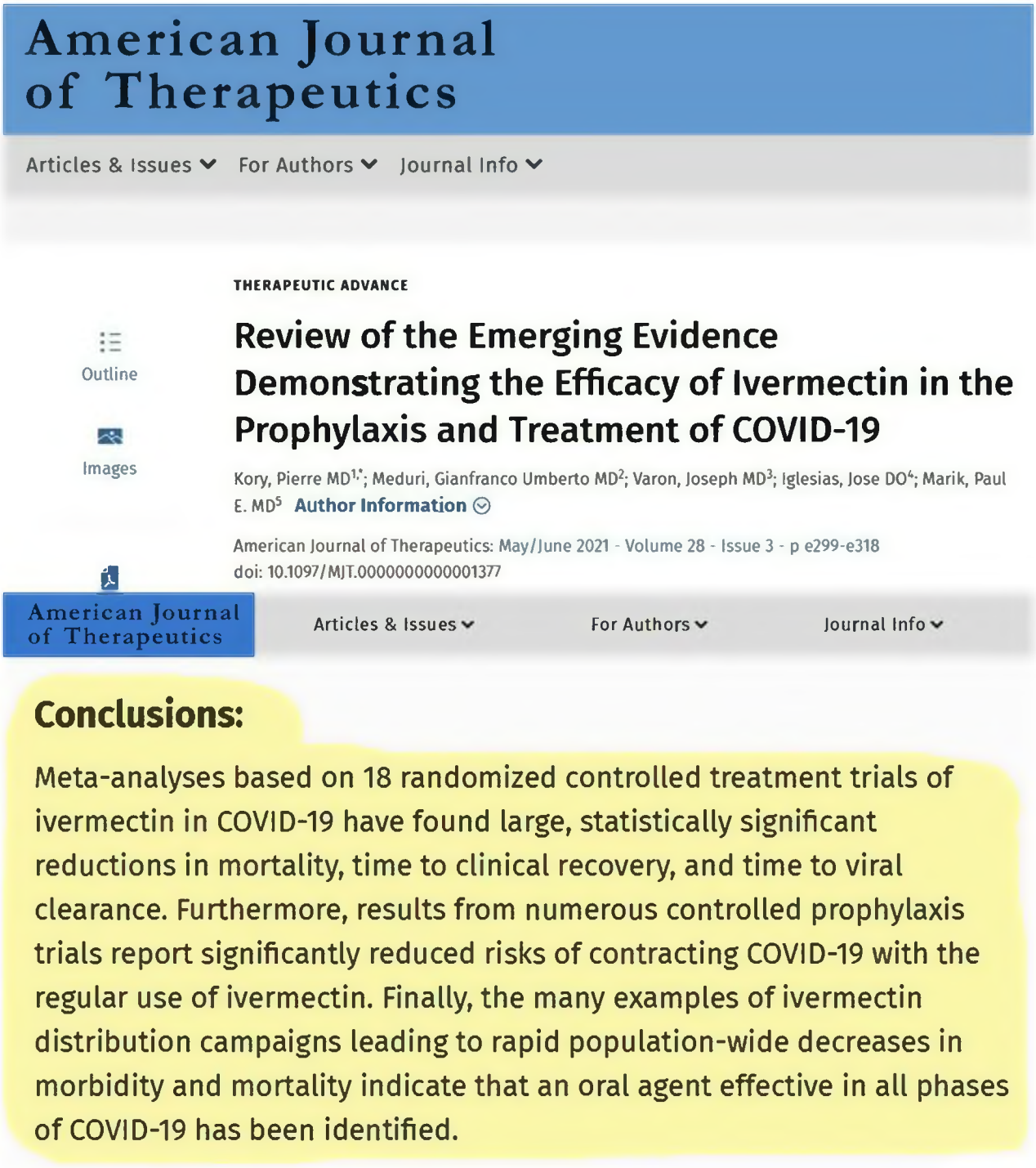
It is time to bring the guilty to justice.

[redacted]

Please see evidence:

Ivermectin for COVID-19: real-time meta-analysis of 99 studies”

Document at: https://c19ivm.org/meta.htm



American Journal of Therapeutics

Articles & Issues For Authors Journal Info

THERAPEUTIC ADVANCE

Outline

Images

Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of COVID-19

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American Journal of Therapeutics

Articles & Issues For Authors Journal Info

Conclusions:

Meta-analyses based on 18 randomized controlled treatment trials of ivermectin in COVID-19 have found large, statistically significant reductions in mortality, time to clinical recovery, and time to viral clearance. Furthermore, results from numerous controlled prophylaxis trials report significantly reduced risks of contracting COVID-19 with the regular use of ivermectin. Finally, the many examples of ivermectin distribution campaigns leading to rapid population-wide decreases in morbidity and mortality indicate that an oral agent effective in all phases of COVID-19 has been identified.

There are **NO long-term studies** on the effects of the Covid vaccine, so your reports are vital for the future vaccine safety of others.

UK: Yellow Card Injuries & Deaths reported up to 8th Sep 21:

INJURIES: 1,196,813
DEATHS: 1,645

MHRA estimate only 1-10% of injuries are reported in the UK

UK data by category from: 9/12/20 - 8/9/21 *** Each report may contain multiple reactions**	ASTRAZENECA		PFIZER		MODERNA		UNSPECIFIED	
	Injury	Death	Injury	Death	Injury	Death	Injury	Death
General disorders (inc. fever)	248,921	358	80,874	183	14,384	9	851	11
Nervous system disorders	175,323	195	55,949	53	7,821	2	621	2
Cardiac disorders (cardiac arrest, myocarditis)	9,294	166	5,339	95	582	0	40	3
Respiratory disorders	27,725	130	13,797	49	1,312	1	113	3
Infections (inc. nasopharyngitis)	18,321	94	7,545	84	825	2	91	4
Vascular disorders (inc. haemorrhage)	12,806	66	5,148	13	592	0	78	0
Gastrointestinal disorders	78,698	14	30,049	16	4,050	0	284	1
Blood disorders (inc. clots, low platelets)	7,427	10	10,916	3	919	0	46	3
Muscle, tissue disorders/Neoplasms	99,704	8	38,821	4	5,460	0	379	0
Skin disorders (inc. rash)	50,653	0	22,425	1	7,161	1	221	0
Pregnancy/Congenital disorders	446	5	533	8	61	1	4	0
Reproductive & breast disorders	17,181	0	18,710	1	2,487	0	131	0
Hepatic/Endocrine disorders (inc thrombosis)	845	8	340	1	35	0	5	0
Renal & urinary disorders	2,547	5	867	7	108	0	23	0
Metabolic disorders	8,648	3	1,786	1	261	0	46	0
Psychiatric/Social disorders	17,637	7	6,793	1	1,029	0	80	0
Immune system disorders (inc. anaphylaxis)	2,984	4	1,634	2	309	0	17	0
Investigations/Devices	10,948	1	4,100	3	477	0	68	0
Eye disorders (inc. blindness)	13,885	0	5,340	0	566	0	58	0
Ear disorders (inc. deafness)	9,814	0	4,421	0	474	0	47	0
Injuries/Surgical and medical procedures	9,395	1	5,183	1	858	0	67	1
TOTAL INJURIES: 1,196,813	823,202		320,570		49,771		3,270	
TOTAL DEATHS: 1,645		1,075		526		16		28
TOTAL REPORTS: *361,112	231,161		113,312		15,565		1,074	

SOURCE: www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting (then click on "Annex 1: Vaccine Analysis Print" and download each PDF)

International Stats:	UK:	EU:	USA:	TOTALS:
INJURIES:	1,196,813	2,292,967	3,146,691	6,636,471
DEATHS:	1,645	24,528	14,506	40,679
*REPORTS:	361,112	929,128	675,299	1,965,539

SOURCES: EU data to 11/9/21 (https://www.adrreports.eu/en/search.html) USA data to 3/9/21 (https://wonder.cdc.gov/vaers.html)

Circulation

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ABSTRACT

ARTERIOSCLEROSIS, THROMBOSIS, VASCULAR BIOLOGY
SESSION TITLE: DAMPS, INFECTION AND CARDIOVASCULAR METABOLISM

Abstract 10712: Mrna COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS Risk as Measured by the PULS Cardiac Test: a Warning

Steven R Gundry

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Abstract

Our group has been using the PLUS Cardiac Test (GD Biosciences, Inc, Irvine, CA) a clinically validated measurement of multiple protein biomarkers which generates a score predicting the 5 yr risk (percentage chance) of a new Acute Coronary Syndrome (ACS). The score is based on changes from the norm of multiple protein biomarkers including IL-16, a proinflammatory cytokine, soluble Fas, an inducer of apoptosis, and Hepatocyte Growth Factor (HGF)which serves as a marker for chemotaxis of T-cells into epithelium and cardiac tissue, among other markers. Elevation above the norm increases the PULS score, while decreases below the norm lowers the PULS score.The score has been measured every 3-6 months in our patient population for 8 years. Recently, with the advent of the mRNA COVID 19 vaccines (vac) by Moderna and Pfizer, dramatic changes in the PULS score became apparent in most patients.This report summarizes those results. A total of 566 pts, aged 28 to 97, M:F ratio 1:1 seen in a preventive cardiology practice had a new PULS test drawn from 2 to 10 weeks following the 2nd COVID shot and was compared to the previous PULS score drawn 3 to 5 months previously pre- shot. Baseline IL-16 increased from 35=/-20 above the norm to 82 =/- 75 above the norm post-vac; sFas increased from 22+/- 15 above the norm to 46=/-24 above the norm post-vac; HGF increased from 42+/-12 above the norm to 86+/-31 above the norm post-vac. These changes resulted in an increase of the PULS score from 11% 5 yr ACS risk to 25% 5 yr ACS risk. At the time of this report, these changes persist for at least 2.5 months post second dose of vac.We conclude that the mRNA vacs dramatically increase inflammation on the endothelium and T cell infiltration of cardiac muscle and may account for the observations of increased thrombosis, cardiomyopathy, and other vascular events following vaccination.

Table 1 below presents the main characteristics of the overall cases.

Table 1. General Overview: Selected Characteristics of All Cases Received During the Reporting Interval

Characteristics		Relevant cases (N=42086)
Gender:	Female	29914
	Male	9182
	No Data	2990
Age range (years): 0.01 -107 years Mean = 50.9 years n = 34952	≤ 17 18-30 31-50 51-64 65-74 ≥ 75 Unknown	175[a] 4953 13886 7884 3098 5214 6876
Case outcome:	Recovered/Recovering	19582
	Recovered with sequelae	520
	Not recovered at the time of report	11361
	Fatal	1223
	Unknown	9400

a. in 46 cases reported age was <16-year-old and in 34 cases <12-year-old.

As shown in Figure 1, the System Organ Classes (SOCs) that contained the greatest number (≥2%) of events, in the overall dataset, were General disorders and administration site conditions (51,335 AEs), Nervous system disorders (25,957), Musculoskeletal and connective tissue disorders (17,283), Gastrointestinal disorders (14,096), Skin and subcutaneous tissue disorders (8,476), Respiratory, thoracic and mediastinal disorders (8,848), Infections and infestations (4,610), Injury, poisoning and procedural complications (5,590), and Investigations (3,693).