## **GOVERNANCE ISSUES:**

- 1. Government ordered 251 million doses of various COVID-19 vaccines at a cost of billions of dollars, enough for over 10 doses for very eligible individual. This over-ordering was a gross abuse of taxpayers money.
  - \*Recommendation: investigate how many doses were actually received, how many utilised, and how many discarded, at what cost. If incompetence or waste revealed, appropriate sanctions should be imposed
- 2. ATAGI. Approved various 'vaccines' for use in different age groups in the complete absence of any medium or long-term safety studies, and multiple serious adverse effects recorded on VAERS databases. In fact, COVID 'vaccines,' don't qualify as vaccines under classical definition of a vaccine (i.e, produces an immunity). The risk of dying from COVID for healthy adults under 70 is miniscule, and for healthy children and young adults is effectively zero. A recent study has calculated deaths from administration of a COVID vaccine as 25 people per million doses administered (cf 0.5 deaths per million for the flu vaccine). If 50 million of the 251 million ordered were actually administered in Australia, this implies 1250 Australians were killed by COVID vaccines. This does not surprise me at all, I personally know of 3 people who suffered very serious adverse effects from COVID vaccines. And I personally have been healthy for decades but since being COVID vaccinated have suffered from a number of health issues including sporadic episodes of tachycardia. The significant spike in non-COVID-related deaths since the COVID vaccines were introduced supports this concern.
  \*Recommendation: Approval for COVID vaccines for healthy people under 50 should be immediately withdrawn
- 3. Misleading the public. We were told that the vaccines were '95%' effective', and to do the right thing and get vaccinated to protect your family and friends. In absolute terms, the 'vaccines' are less than 1% effective, and they were never tested for ability to prevent
  - \*Recommendation: Public should be told the truth, rather than be propagandised.

transmission, and in fact don't prevent transmission.

- 4. TGA/ACMS Low-cost very safe protease inhibitor, ivermectin' is used overseas in treating COVID infection, but the TGA banned GPs from prescribing ivermectin for COVID, though it is able to be prescribed for other conditions. When I inquired of the TGA the reason for this ban, I received an answer which stated in part, 'The dose quantity and frequency promoted on social media for the use of ivermectin against COVID-19 were much higher than those approved for use against parasitic infections'. I didn't know until then that GPs get treatment recommendations from social media!
  - Active suppression of ivermectin was accompanied by TGA approval for a barely-tested very expensive protease inhibitor, Paxlovid. Something was not right there.
  - 5. Medications. There has been total silence about the value of maintaining good levels of Vitamin D. One study showed that taking the calcifediol form of Vitamin D could reduce hospitalisations for COVID by up to 97%. I read that one retirement home in Melbourne which routinely supplemented residents with Vitamin D had zero deaths from COVID.

- \*Recommendation:
- 1. TGA be prohibited from interfering in the doctor/patient relationship with respect to offlabel prescribing of existing approved medications.
- 2. TGA members who have a direct or indirect relationship (such as research grants) with companies which have a drug under consideration should be required to recuse themselves from any consideration about that drug. Also, members of TGA/ACMS should not be allowed to work for a drug company for at least 5 years after leaving the TGA committee.

## **KEY HEALTH RESPONSES.**

It is estimated that Australia's policy responses to the COVID pandemic cost around \$300,000,000,000, not including social costs, debt that will be hanging over us for decades. The best thing to be said is that Australia was not Robinson Crusoe in its panicked and dysfunctional policies.

Australia's initial and only concern seemed to be a fear of hospitals being overrun. Sound principles of disease response and fiscal restraint were thrown out the window.

Within a very few weeks, the following facts revealed themselves:

- 1. COVID-19 is a rather nasty form of flu
- 2. Frail elderly and elderly with comorbidities were at increased risk of death. The average age of dying from COVID is about 81.
- 3. Healthy adults under 70 were at miniscule risk of dying from COVID
- 4. Healthy children and young adults were at effectively zero risk of dying from COVID. These simple facts should have informed all the policies for responding to the pandemic. i.e, the basic approach should have been to protect the vulnerable within reasonable limits, and let the rest of society carry on largely as normal. Though state governments have major responsibilities in health matters, the Australian government should have provided far more leadership and policy recommendations in the hodge-podge of draconian state policies towards COVID.

\*Recommendation: Conduct independent studies of the response to the COVID pandemic by several countries (say Sweden and Belarus with their minimalist response cf say UK, and Australia) to tease out which policies worked best and least, and develop a model for responding to future similar occurrences.

Travel: In March 2022 presented at Melbourne airport to fly to Thailand. presented vaccination certificates for COVID vaccinations he had in China. He was given a boarding pass, and able to fly freely out and in to Australia. We presented our vaccination certificates issued in Australia, and were refused a boarding pass because we didn't have an additional (COVID) 'international vaccination certificate'. It cost us money and 3 days to get this certificate, a certificate that had no public health value whatever. What a ludicrous policy situation where COVID vaccination certificates issued overseas were accepted at face value, but not COVID vaccination certificates issued in Australia!

\*Recommendation: those individuals responsible for developing and approving the (COVID) 'international vaccination certificate' be appropriately sanctioned.

<u>Children</u> Since healthy children are at zero risk of dying from COVID, the months-long school closures had no public health benefit but caused enormous disruption to the lives of children and their families. Similarly, mask mandates in schools had no public health value, but risked children inhaling excessive levels of CO2 for hours on end. The Commonwealth should have provided leadership to limit these malpractices.

## **THE FUTURE**

Our Government was unprepared for the COVID pandemic. Whatever the source of the COVID-19 outbreak, and despite international agreements, it is likely that a similar outbreak, whether accidental or deliberate, with potentially more severe pathogens, will occur in the future,. Therefore we should make prudent preparations and draft policies for such an event.

## Recommendation:

- 1 Government to convene a task force with wide-ranging expertise (including economics, ethics, psychology, veterinary disease control programs, etc). The task force to 'game' various scenarios to establish agreed draft policies for responding to outbreaks based on sound fiscal and disease control measures. Choices may have to be made, but they can be carefully considered beforehand rather than in a state of political panic. Then in any outbreak situation the task force can be reactivated, the basic facts established and appropriate policy responses initiated at federal and state levels. For instance, one cost-effective facet to reduce hospitalisations could be developing treatment packs for home use, I saw these being dispensed in 2022 at a hospital in Thailand.
- 2. Australian Government to retain sovereign right to develop and implement health policies for Australia. The Government should <u>NOT</u> agree to any International Health Regulations or pandemic treaty/preparedness plan currently promoted by the WHO. Such proposed plan could give the power to a single, unelected, foreign, perhaps corrupt individual (Director General of the WHO) to declare a health emergency on any pretext whatever and dictate health policies to Australia, including potentially mandating injection with unsafe 'vaccines' and power to lock down whole societies. Advice, yes, dictatorial powers, no!

Thankyou for the opportunity to comment.

Colin McQueen