

I am a [REDACTED] mother of [REDACTED]. I'm happily married and live in [REDACTED]

I believe Australia's response to the COVID pandemic was a violation of human rights and undemocratic.

The worst of the inhumane restrictions inflicted on Australians was not allowing people to see their dying relatives. It was the most disgraceful 'restriction' placed on people.
THIS CAN NEVER HAPPEN AGAIN.

Imposing mandates for vaccines that did not prevent infection or transmission is, in my opinion, completely unethical. The dictatorial decision to not grant exemptions to people from the mandates irrespective of known previous allergic reactions to ingredients in the vaccines available was inconceivable. A 'one size fits all' approach to healthcare is inconsistent with the personalised healthcare which is the preferred method used today by doctors.

The recent discovery of DNA contamination of the bivalent [REDACTED] and [REDACTED] vaccines by Scientist [REDACTED], which was replicated in several laboratories in other countries, is extremely concerning.(1)

Also concerning is the following paper regarding information obtained by FOIA to reveal the following.

[REDACTED]

The injecting of children to protect the elderly would have to be the worst crime committed by the government during the pandemic. As a mother I would, as the saying goes 'take a bullet for my children' with no hesitation. This is how it has always been, the parents, grandparents and other members of the family protect the children and it's how it always should be. I would never expect my children to take a medication to protect me, no matter what the state of my health is at the time, that is not their job.

Compulsory face masks were a restriction which was unnecessary and provoked fear and resentment. The Cochrane Review (3) states:

[REDACTED]

Restricting people's access to fresh air and outdoor spaces had an affect on the mental health of the population which will impact the economy and burden our children and grandchildren for decades to come. The lockdowns resulted in increased domestic violence, increased alcohol abuse and severely impacted the most vulnerable in our communities. The draconian restrictions placed on citizens without quantifying the reasons for them can never happen again. Transparency is crucial during a pandemic to allay people's fear and uncertainty.

The \$18 billion spent on vaccines, treatments and equipment etc. has crippled our economy and much of the money has been wasted, as a report on the ABC News website from July 2022 (5) states:
'Health officials and experts are assessing what to do with the tens of millions of COVID-19 vaccines Australia has purchased but does not need, with concerns some may simply go to waste.'

The excess deaths from all causes has increased dramatically since the vaccine rollout. This is addressed in the Australian Medical Practitioners Society book 'Too Many Dead'(6), the preamble of which is below:

IT MAY AT FIRST SEEM AN EXTRAORDINARY THING TO SAY, BUT THE FACT IS THAT AUSTRALIA IS CURRENTLY EXPERIENCING A PROLONGED ELEVATED RATE OF DEATH ACROSS ALL AGE GROUPS. AN EXAMINATION OF THE OFFICIAL FIGURES SHOWS RATES IN THE VICINITY OF 12-17% ABOVE BASELINE AVERAGES, RATES NEVER SEEN SINCE WARTIME. THEY LEAPT UP IN EARLY 2021 AND CONTINUE AT UNUSUAL LEVELS TO THIS DAY.

These excess deaths must be addressed by the government.

The censorship of doctors and scientists who questioned the government narrative must also be addressed by this Inquiry. The paper 'Censorship and Suppression of Covid-19 Heterodoxy: Tactics and Counter-Tactics' (7) addresses this topic.

I believe that had Australian politicians read and followed the recommendations in The Great Barrington Declaration (8) which highlighted the need for focussed protection, our country would not be suffering from the collateral damage caused by the decisions made by the government during the pandemic. Three leading Epidemiologists penned the document on 4th October 2020 and their credentials are as follows:

Dr. [REDACTED] professor of medicine at Harvard University, a biostatistician, and epidemiologist with expertise in detecting and monitoring infectious disease outbreaks and vaccine safety evaluations.

Dr. [REDACTED], professor at Oxford University, an epidemiologist with expertise in immunology, vaccine development, and mathematical modeling of infectious diseases.

Dr. [REDACTED] professor at Stanford University Medical School, a physician, epidemiologist, health economist, and public health policy expert focusing on infectious diseases and vulnerable populations.

This declaration was signed by over 47,000 medical practitioners and has 939,000 signatures in total. The following is an excerpt from the declaration.

'We know that vulnerability to death from COVID-19 is more than a thousand-fold higher in the old and infirm than the young. Indeed, for children, COVID-19 is less dangerous than many other harms, including influenza.

As immunity builds in the population, the risk of infection to all – including the vulnerable – falls. We know that all populations will eventually reach herd immunity – i.e. the point at which the rate of new infections is stable – and that this can be assisted by (but is not dependent upon) a vaccine. Our goal should therefore be to minimise mortality and social harm until we reach herd immunity.

The most compassionate approach that balances the risks and benefits of reaching herd immunity, is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk. We call this Focused Protection.

Adopting measures to protect the vulnerable should be the central aim of public health responses to COVID-19. By way of example, nursing homes should use staff with acquired immunity and perform frequent testing of other staff and all visitors. Staff rotation should be minimised. Retired people living at home should have groceries and other essentials delivered to their home. When possible, they should meet family members outside rather than inside. A comprehensive and detailed list of measures, including approaches to multi-generational households, can be implemented, and is well within the scope and capability of public health professionals.

Those who are not vulnerable should immediately be allowed to resume life as normal. Simple hygiene measures, such as hand washing and staying home when sick should be practiced by everyone to reduce the herd immunity threshold. Schools and universities should be open for in-person teaching. Extracurricular activities, such as sports, should be resumed. Young low-risk

adults should work normally, rather than from home. Restaurants and other businesses should open. Arts, music, sport and other cultural activities should resume. People who are more at risk may participate if they wish, while society as a whole enjoys the protection conferred upon the vulnerable by those who have built up herd immunity.'

I hope the decisions made during this Inquiry reflect what the Australian people need. We need the government to acknowledge that mistakes were made and to give their assurance that this will never happen again.

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References

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7. Censorship and Suppression of Covid-19 Heterodoxy: Tactics and Counter-Tactics'1 November 2022 <https://osf.io/preprints/osf/b9t7m>
8. Great Barrington Declaration <https://gbdeclaration.org/>