

Inquiry Submission into the Australian Commonwealth Government's COVID-19 Response

Overview: The following list is not conclusive, but provides a brief summary of government measures:

- Decimation of basic human rights for a disease with an extremely low risk of death for the majority of the population, and a statistically zero risk in healthy children, even without treatment;
- Dissemination of disinformation, such as the perception all persons were at great risk of disease/death, with even healthy individuals posing a threat to society, and a “safe and effective” campaign on non-existent data;
- Active propagation of fear in corroboration with mainstream media outlets, dividing the population and encouraging socialist-type reporting of “non-conforming citizens”;
- Active censorship of fundamental medical and scientific knowledge and ongoing spike-protein-related risks;
- Discouragement and discrediting of genuine evidence-based early treatments;
- Restriction and criminalisation of safe, cheap and effective repurposed drugs identified and reported in literature from previous coronavirus outbreaks—instead using ineffective and harmful drugs, like remdesivir;
- Unnecessary school and business closures
- Discouraging the use of cash, which is still used as an excuse for refusing legal tender on public transport and in many government centres and some retail stores;
- Interstate border closures causing emotional and psychological distress by separating family members and hamstringing small businesses;
- Social distancing and locking down of entire, healthy populations leading to police brutality in some states;
- Routine testing of healthy individuals with assays known to have an elevated rate of false positives (RT-PCR);
- Mandates (which were treated like law, when they are not) including:
 - Masking of the healthy population; Active tracking of the population; Denying visitation rights to vulnerable members of our community; Denying access to healthcare for non-conformists; Forced injection with an unproven experimental, potentially harmful, gene-based transfection product
- Attempts to implement vaccine passports to participate in society;
- Wasteful spending of taxpayer money on forced hotel quarantine and highly secured detention camps;
- The active exclusion and character assassination of anyone who dared question these measures or offered informed solutions;
- Messaging like “recover together” on signs that provided notices of exclusion to anyone who had wisdom enough to not jump into being a voluntary lab rat for an experimental product;
- Complete disregard of the immediate safety signal reported from injected persons, the degree of severity which has been now fully validated through a growing mountain of peer-reviewed studies encompassing the underlying mechanisms validating each aspect of the nine pages of potential side-effects identified in Pfizer's trial data→This should have triggered immediate cessation of release and prompt investigation;
- Now our nation is at risk of ceding our sovereignty by our governmental leaders joining dangerous WHO treaty and Pandemic agreements, even as the past three years have exposed the WHO as a captured entity;

It is claimed “they didn't know better”, but this knowledge was largely available pre-2019 and when experts stepped up to provide real-time data and treatment solutions, they were ignored and their characters assassinated.

Detailed Address of Key Health Response Measures:

COVID-19 Experimental Gene-based Injectable Products:

- These shots were always designed to disseminate the genetic product throughout the entire body, including crossing the blood-brain barrier and incorporating into ‘forever’ cells, with absolutely no studies at the point of release on product persistence or sufficient information for informed consent into these events.
- Given the lack of transparency, it is difficult to ascertain the exact volume of gene-based COVID-19 injectables purchased by our leaders, however, based on circulating information it is understood the Federal Government contracted with big pharma to secure enough experimental COVID-19 spike-protein gene-coding injectable products, specific to the original engineered virus, for approximately 10 shots/Australian.

- What “expert advice” catalysed this purchase and what perceived benefit was given, as children and young adults were not at risk and to this day have no benefit, only risk, from receiving these shots? The growing mountain of studies have demonstrated a consistent rate of myocarditis across injected populations of 2-3% (including children), with 30% of recipients experiencing some sort of cardiac-related adverse effect, and more recently, PET scans demonstrating every recipient in a study group of hundreds exhibited abnormal metabolism in their heart tissue, compared to no abnormalities in the un-injected control.
- The ballooning safety signal upon the release of these injectable products should have been enough to stop the rollout in its tracks, with the observed effects entirely consistent with the nine-pages of potential adverse effects documented in Pfizer’s own trial data—which they tried to hide for 75 years. This data was available to regulating bodies, so there can be no “we didn’t know” decried from these entities.
- Our economy is now in shambles due to unnecessary lockdowns and the burden of these “vaccines”. The people of Australia deserve to know the monetary exchange for those unproven, experimental, safety untested, efficacy unknown shots against a genetic region of the virus known to rapidly recombine. Why, when there were known safe, effective, cheap repurposed drugs available that could have ended the pandemic in a matter of weeks? (As demonstrated by regions like Uttar Pradesh in India.) The messaging “safe and effective” was nothing more than propaganda, yet, this lie was used to divide our communities.

Use and Availability of Safe, Cheap and Effective Repurposed Drugs

- Instead of promoting safe, cheap and effective repurposed drugs, like Ivermectin and Hydroxychloroquine (both on the WHO “essential medicines” list, with robust safety profiles documented over decades), not only were people discouraged from using these early treatment and prophylactic measures, leaders moved to ban them. Although not under the scope of this inquiry, States criminalised such products, which is important to mention because the Federal Government did nothing to counter this nor promote the use of these drugs.
- Numerous studies dating back to the MERS/SARS outbreaks recognised the potential of these drugs for such applications and evidence-based clinical adviser to the WHO, [REDACTED] ensured a copy of a review of data backing these findings was sent to international heads of state.

Implementation of Effective Early Treatment Protocols

- In addition to safe, cheap, effective repurposed drugs, a handful of medical practitioners around the globe met this crisis head on with outdoor clinics, using the opportunity to study and understand the disease and develop suitable treatment protocols. Doctors like [REDACTED] treated thousands of patients in 2020 without a single death or hospitalisation, but when he tried to share his highly successful protocols and knowledge, he was character assassinated and professionally discredited. As other doctors arose with similar successes using varying treatment plans, the mainstream media and world leaders shut them down, silencing and mocking, instead of humbly accepting their failures and changing their approach.

PPE and Routine Testing of Asymptomatic Members of the Community

- Prior to the novel 2019 coronavirus outbreak, the medical science community had adequate access to a volume of peer-reviewed studies that demonstrated the significant health risks of long-term mask wearing (>20-30 mins), the ineffectiveness of masks/respirators to prevent transmission of respiratory viruses, and the potential for psychological impact of masking, especially on developing children. Still, our officials insisted on the pantomime of masking. With recent studies supporting what qualified hygienists were saying from the outset of this debacle, multiple large-sample size studies, including international comparisons in the general population and medical setting, surgical masks and N95 respirators have again proven ineffective at preventing COVID-19 transmission, while a very recent study demonstrated a HIGHER risk of contracting COVID-19 in diligent mask wearers in the community.
- As highlighted by hygienists at the outset of this situation, wearing of a breathing barrier is not a passive action. Restricting a person’s breathing can have serious health impacts. This includes increased body temperature, increased heart rate, increased blood pressure, reduced oxygen to the brain, risk of brain fog and headache, impaired judgement, increased risk of skin sensitivities and infection (which can advance into nose, lungs, throat), concentration of microbial pathogens (viral, bacterial and mycological) on the surface of the mask. Increased pressure is also placed on the respiratory system of the wearer, especially once the surface of the mask is damp (which is why masks should be changed every half-an-hour). Ironically, the increased forcefulness required for breathing and communication has been demonstrated to INCREASE the volume of fine

nanoparticle-sized vapour produced, which not only passes directly through the fibres of the mask, but are the ideal size for viral transmission. Interestingly, one study conducted on large populations during the pandemic found a positive correlation between mask wearing and death.

Community Supports and Education

- Our children have suffered because of these “all for one” measures, irrespective of risk. They were denied schooling, despite being at minimal risk, and the idea of children being “super spreaders” was swiftly disproven through populations like Sweden, who did not close schools, mask or socially distance—and did not see a single death in a healthy child from this disease. Irrespective, Australian children were kept home from school and university students denied practical placements and face-to-face learning. Pre-schoolers had their development stunted through lack of socialisation and adults wearing masks and lack of exposure to antigenic challenges in the environment through hyper-disinfection, and then the final insult of a gene-based transfection product being forced upon them with no data transparency or possible risk-benefit.
- Then, with an ongoing shortage in teachers, our Federal Government stood by as State leaders forced our educators to choose between their jobs and an experimental gene-based transfection injection, which has now been proven to be devastating to significant percentages of the health of those who received it, with studies identifying syndromes and autoimmune illness directly correlated to this disastrous product. (There is a reason nano-particle delivery systems and gene-based “vaccines” never proceeded beyond animal trials in the past.)

Healthcare

- In supposedly one of the greatest health crises of our lives, our Federal Government stood by as States forced health professionals to choose between receiving an experimental gene-based transfection injection coding for the active disease-causing antigen of COVID-19, and their jobs. These were the same people who had diligently cared for the sick for over a year in a fear-mongered population. Most of these individuals would have developed robust natural immunity, which even at that stage had been demonstrated superior to any gene-based injection, which had no safety profile to enable informed consent.
- Despite our leader’s inability to tell the difference between a man and a woman, it was demonstrated there is a difference in the adverse effects of the spike-protein coding transfection injections based on gender. Why were women not informed of the risks of menstrual disruption, miscarriage, infertility and birth defects as soon as these trends were observed? (Interestingly, the observed rate of ~43% miscarriage aligns with that documented in the Pfizer trial data they tried to hide for 75 years.) Any gynaecologist who spoke out was professionally assassinated and disqualified from practicing and their voice censored—all in the name of preventing “vaccine hesitancy”. Now we have a population of women wounded by this injection.
- For the general population, the “vaccine” wounded carry neural disorders, induced or exacerbated diabetes, cognitive disorders, auto-immune disorders, long-COVID, cardio-pulmonary disorders, cancer, Musculo-skeletal injuries and much more, for which clear mechanisms have been reported. Yet, we continue to have an astonishing lack of curiosity in our medical science professionals.
- Mental health professionals and educators reported the devastating impact on lockdowns in other ways—the locking in of domestic abusers with their victims. The consequences of this are nearly impossible to measure.
- Homeless populations increased due to the devastating financial consequences of crushing a nation’s local industries, and this problem is not going away, with taxpayers being forced to burden the consequences of this and the undisclosed cost of the harmful, ineffective, gene-coding transfection injection.

A control for Australia’s response is Sweden, where schools remained open, masks were not employed, social distancing was not observed, and people went freely about their lives. There were no catastrophic death rates, compared to any other nation, their economy and population remained strong, and their students’ education uninterrupted. However, the primary question remains what happened to the pandemic preparedness response that had been developed over decades, which identified the inefficacy of lockdowns, masking and social distancing? Alarming, our government website is stuck in 2021 and still recommends COVID-19 “vaccination” for all and drugs that are expensive and either harmful (molnupiravir, a teratogen), ineffective (paxlovid) or both (remdesivir). There’s also been no sufficient address of the persistently elevated excess death rates or injuries. A more effective and non-destructive approach would have been the age-old advice “stay home if you’re sick”, and the simple but effective measure (demonstrated in peer-reviewed studies) of nasopharyngeal hygiene at symptom onset.