A SUBMISSION TO THE COVID 19 RESPONSE INQUIRY.

Submitted by [redacted]

With respect I would like to submit the following questions and suggestions for the future for consideration by the Response Inquiry Panel.

1. By what democratic or constitutional process was the statement made by the Prime Minister, Scott Morrison on 19 August 2020, that mandatory vaccination would **not** be introduced, so completely overridden? **In future** - Can we depend on a prime ministerial guarantee?

2. What scientific logic was used in relation to enforcing mandatory vaccination which had never been tested for, nor was effective in, stopping transmission of infection between one individual and another? **In future** - Can we use **all** the science in relation to mandating anything?

3. Why was the Australian population misinformed by the intentional use of the term "vaccine" applied to something which was clearly an "experimental gene therapy injection"? **In future** – Can we call a rose, a rose?

4. What testing was done by the appropriate Australian regulatory authority [the therapeutic goods administration] in relation to the safety and effectiveness of the Covid 19 vaccines which were unleashed on the Australian population? **In future** – Can we actually do our own testing to determine consistency, effectiveness and safety of each batch of product to be administered?

5. Why were vaccines not withdrawn when clear and obvious signals in relation to serious side effects were clearly evident from as early as 2020? In this question I am specifically referring to all cardiovascular, Neurological and reproductive side effects which have been noted in numerous studies and indeed were evident in Pfizer's own initial trial as demonstrated in the trial papers which were **eventually** released – not to mention the 1223 individuals who died during the course of the trial involving 44,000 people. **In future** – Can we accurately track adverse events and remove dangerous products ASAP.

6. Where was the Australian government response in relation to the information revealed in the Pfizer documents (which Pfizer attempted to withhold for 75 years) and called for under court order in the United States? **In future** – Can we independently review all trial documentation in relation to pharmaceutical products before releasing them on the public?

7. Why was vaccination recommended for pregnant women when no testing had been done in relation to their safety profile for pregnant women, not to mention their unborn babies? **In future – Can we ensure the safety of the targeted demographic?**

8. Why was vaccination recommended for children who had a fatality rate of virtually zero. **In future – Can we ensure the safety of the targeted demographic?**

9. Why was no consideration given to the benefits of natural infection resulting in natural immunity to the entire virus rather than a selected protein component. **In future** – Can we consider whether natural immunity may actually be advantageous and superior to attempting synthetic immunity?

10. Why was the Australian population completely denied access to safe and effective treatment for Covid 19 infection by the use of existing medications which were known to be extremely safe and effective not to mention cheap and readily available until they were banned? Specifically, I speak of Hydroxychloroquine, Ivermectin, Azithromycin, Fluvoxamine and Monoclonal antibodies. (Outcomes after early treatment with hydroxychloroquine and azithromycin: An analysis of a database of 30,423 COVID-19 patients) **In future** – Can we make use of existing tried and tested and infinitely cheaper treatment products and regimes?

11. Why were the 16 registered professions under AHPRA effectively placed under a gag order (in fear of deregistration) in relation to informing their patients about the **risks** and benefits associated with Covid 19 injections forced upon the Australian public? **In future** – Can we keep the government out of the confidential consultation between the patient and the healthcare provider?

12. Whatever happened to "my body my choice" and the need for informed consent in relation to undergoing a medical procedure. **In future** – Can we reinstate an individual's right to determine what is done to their own body?

13. There is no science in relation to surgical masks preventing the spread of respiratory viral infection and we have known this for decades. The holes in the mask are 600 microns in diameter and the virus is five microns in diameter. ([redacted]). So why were we ordered to wear them? **In future** – Can we make requests of the public that are actually based on science rather than appearance?

14. Why was the PCR test used as a diagnostic indicator for COVID 19 infection when it is known to have a 97% false positive rate (and can't tell the difference between COVID 19 and any other coronavirus), particularly at 40 plus cycle threshold rates?

In future – Can we utilize testing procedures with solid sensitivity and specificity to detecting the relevant pathogen?

15. Why wasn't the specific test for Covid 19, developed by Irene Bosch [from Harvard University] not adopted instead of the PCR test? Might it be because it would have demonstrated the actual infection rate as being a fraction of what was being reported? **In future – Can we Use a test like hers – one that works?**

Thank you for considering my submission and I sincerely hope that the issues I have raised will be reviewed by the Covid 19 Response Inquiry Panel.

Sincerely

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