

Dear Officer

I am a health practitioner in private practice. I have many concerns about the ways in which the Australian government's response to COVID-19 departed from established public health principles. I am hopeful that The COVID-19 Response Inquiry Panel should address will take these submissions seriously and act accordingly.

I like to keep my submission simple and ask simple questions.

In 2003, I was around when the SARS virus hit and at the time was involved in a food business at Circular Quay. We went bankrupt at that time due to the fear that was generated with this virus. But what did not happen was lockdowns and mask wearing during this time.

Both these viruses produce the same symptoms and have the same morbidity. Just like the influenza virus the most vulnerable populations are the very young and elderly.

The response that took place during the COVID-19 virus was severe and unnecessary.

The AHMPPI:

- Does *not* recommend community masking of asymptomatic individuals, and acknowledges that there is “no evidence” that mask wearing by symptomatic individuals in the community reduces infection in the community (p. 124).
- Does *not* recommend school closures except when there is evidence of high clinical severity, complication rates and/or high transmissibility specifically in children – none of which applies to SARS-CoV-2 (pp. 145-6).
- Does *not* recommend workplace closure, working from home, or cancellation of mass gatherings except for pandemics with a moderate to high clinical severity (pp. 147-9).
- Specifically recommends against the use of thermal scanners in airports and other ports of entry (p. 136); screening of passengers on cruise ships prior to disembarkation for viruses with low or moderate clinical severity (p. 138); and internal travel restrictions (i.e. “restriction of travel across state or territory borders, or within certain areas of a state or territory, either to protect remote communities or to isolate areas with higher rates of exposure” – p. 142).
- Recommends ceasing recommendations for voluntary isolation of ill travellers at borders, once community transmission is established (p. 139), and contains no

recommendation for universal, mandatory quarantine at either national or State borders.

- Recommends *voluntary* self-isolation of cases (p. 150) and *voluntary* quarantine of contacts (p. 151); neither of these recommendations could possibly be construed as supporting mandatory hotel quarantining or quarantine camps for interstate travellers or international arrivals.
- Recommends contact tracing only in the early stage of a pandemic of a novel agent (p. 152).

According to section 2.9 (p. 23), “The primary parties to the AHMPPI will be the Australian Government Department of Health (Department of Health) and State and Territory Health Departments. Yet each of the aforementioned recommendations of the AHMPPI were contravened by the Australian Commonwealth and/or State Governments.

When was the decision made to formulate COVID-19 policies without regard to the AHMPPI, by whom, and at whose behest? Why did neither the Commonwealth Minister for Health, nor senior public servants within the Department of Health, call attention to these departures from the AHMPPI and urge that Commonwealth and State COVID-19 policies be brought back in line with its evidence-based recommendations?

The imposing of vaccine mandates clearly violated the rights of Australians to receive informed consent on medical treatments, and to be protected against discrimination on the basis of their medical records? Why did the Commonwealth government permit State governments to impose vaccine passes that contravened Australians’ right to maintain the privacy of their medical information?

As a party to the UN Declaration on Bioethics and Human Rights, and the International Covenant on Civil and Political Rights, Australia has affirmed its commitment to upholding the fundamental human rights of its citizens to make fully-informed and autonomous decisions about their medical care.

For example, Article 3 of the Universal Declaration on Bioethics and Human Rights states that

1. Human dignity, human rights and fundamental freedoms are to be fully respected.
2. The interests and welfare of the individual should have priority over the sole interest of science or society.

Article 6, Clause 1 states that

Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.

Article 11 states that

No individual or group should be discriminated against or stigmatized on any grounds, in violation of human dignity, human rights and fundamental freedoms.

Yet Australians' fundamental human rights – including freedom of association, freedom of movement and the right to work and to freely participate in the cultural life of the community – were violated by vaccine passes that excluded unvaccinated individuals from retail, recreational, sporting and cultural venues, and from travelling interstate and internationally; and by vaccine mandates that denied unvaccinated individuals the right to work in their chosen occupation. Australians who were at extremely low risk of serious COVID-related illness, and who did not wish to take vaccines with no long-term safety data, were pressured, coerced, shamed and intimidated into taking COVID vaccines 'to protect others' rather than for their own benefit. This was done in direct contravention of Article 3 of the Universal Declaration on Bioethics and Human Rights, and despite the Australian Public Assessment Reports for each vaccine admitting that the ability of these products to prevent viral transmission had not been established (see AUSPARS for Pfizer/BioNTech, Moderna and AstraZeneca) - thereby invalidating the government's claim that individuals had a moral duty to get vaccinated for the good of others. Senior politicians, including Premiers, Chief Ministers and the Prime Minister, stigmatised unvaccinated Australians and blamed them for governments' own refusal to restore the fundamental human rights that they had improperly abrogated.

At no point during the COVID-19 did the Australian Human Rights Commission (AHRC) fulfil its charter to protect the human rights guaranteed under the treaties to which Australia is a party. The AHRC failed to perform its statutory duty to report any of the multitude of public health ordinances and employer-imposed mandates that violated human rights, to the relevant Minister. It also failed to respond adequately to the deluge of complaints of human

rights violations, and requests for assistance in matters of human rights, made by the public during the COVID-19 pandemic. The Australian public had no effective protection against the serious violations of their human rights that were committed by both Commonwealth and State governments, in the course of instituting policies that directly contradicted the Australian Health Management Plan for Pandemic Influenza.

Why did the AHRC fail to perform its statutory duties during the COVID-19 pandemic? What instructions were given to AHRC staff with respect to the unprecedented volume of complaints and requests for assistance received from the public, and by whom?

Why has the Commonwealth Government ignored, downplayed or misrepresented multiple indicators that COVID-19 vaccines are neither safe nor effective?

The Database of Adverse Events (DAEN) has, from the beginning of the COVID-19 vaccine roll-out, thrown off clear safety signals indicating that these products are associated with a disproportionately high rate of adverse events, including serious adverse events and death. The Therapeutic Goods Administration (TGA) has downplayed these safety signals, claiming without evidence that the high number of adverse events reports is a consequence of efforts to promote reporting. On the contrary, prominent doctors, including former Australian Medical Association (AMA) president, Dr [REDACTED] have publicly asserted that serious adverse events are both underreported and underinvestigated, because of pressure exerted on healthcare providers by the Australian Health Practitioner Regulation Agency (AHPRA). Attempts by elected representatives to gain concrete information on how TGA ascertains whether a reported adverse reaction is causally related to a vaccine, and whether autopsies have been performed on people who died after receiving a COVID-19 vaccine, have been met with evasive responses.

Excess mortality was *below* expected levels during 2020, and rose slightly in 2021 and dramatically in 2022. The greatest increase in excess mortality occurred *after* the vast majority of the Australian population had received at least two doses of a COVID-19 vaccine, and after Omicron – a variant associated with mild clinical illness – had become the dominant circulating variant of SARS-CoV-2. The Australian Medical Professionals Society has extensively documented the unprecedented increase in excess mortality in their ebook, *Too Many Dead*. At the very least, it is self-evident that COVID-19 vaccines have failed to protect the Australian population against the most serious outcome of SARS-CoV-2

infection, namely death. It is patently absurd to argue that without near-universal vaccination, many thousands more Australians would have died of COVID-19 when in fact, excess mortality was at least 3.4 standard deviations above the mean in 2022.

Multiple statistical analyses correlate COVID-19 vaccinations with excess mortality, especially in elderly people (see [here](#), [here](#), [here](#) and [here](#)). Being 'up to date' with COVID-19 vaccination was found to *increase the risk of SARS-CoV-2 infection*. Analysis of data from the phase 3 clinical trials for the two mRNA COVID-19 vaccines used in Australia, found that the excess risk of serious adverse events attributable to these products was higher than the risk reduction for COVID-19 hospitalisation relative to the placebo group. Yet governments continue to promote COVID-19 vaccines to the Australian population, claiming – contrary to available evidence – that they reduce the risk of serious illness and death.

How does the TGA analyse adverse events after COVID-19 vaccines, reported to DAEN? Are autopsies being carried out on people who died after receiving a COVID-19 vaccine? Why has no investigation of the unprecedented levels of excess death in 2022 and 2023 been carried out – and why did the Senate block an inquiry into excess deaths?

Finally, I believe that only a properly-constituted Royal Commission will have the scope, authority and capacity to thoroughly investigate the many policy decisions in response to COVID-19 that resulted in catastrophic damage to the Australian economy, egregious violations of human rights, ongoing historically unprecedented excess mortality, spiralling rates of chronic illness and disability stemming from adverse effects of COVID-19 vaccines, and a breakdown in the social fabric of this nation that will take many years to repair.

The [2023 Edelman Trust Barometer](#) reported that Australians do not trust government, the media, NGOs or business. Is it merely a coincidence that all these institutions participated in promoting a narrative about COVID-19 that was, at best, misleading, and a suite of policy responses to it that inflicted multiple harms on the public? If the Commonwealth Government is truly interested in learning lessons from the COVID-19 pandemic, the Inquiry should forthrightly address the causes of this loss of trust, which are rooted in its multitudinous and grave policy failures.