

## **Submission to independent Task Force for COVID-19 Response Inquiry**

Terms of reference I will address:

1. Governance including the role of the Commonwealth Government, responsibilities of state and territory governments, national governance mechanisms (such as National Cabinet, the National Coordination Mechanism and the Australian Health Protection Principal Committee) and advisory bodies supporting responses to COVID-19.
2. Key health response measures (for example across COVID-19 vaccinations and treatments, key medical supplies such as personal protective equipment, quarantine facilities, and public health messaging).

### **Re Governance**

**and**

### **Re Key health response measures**

The issuance of obligatory instructions to doctors, hospitals and other health professional as to which protocols were considered appropriate for the treatment of COVID-19 took away any options for the health professional to treat patients as they, in their professional capacity, judged to be best fit for their patients. This set government bodies and health departments as the sole authority on health decisions and it thus disempowered professional health practitioners in their historically accepted role. The government policies were backed up by coercion and threats of de-registration and loss of jobs should that health practitioner not comply. This has set a dangerous precedent for future health policies to be applied dictatorially from the above government departments.

Whilst it is perhaps not the scope of this inquiry but emphatically impacts it, I note that the Federal Government has now moved to pass these functions over to the World Health Organisation who plan in future to mandate Public Health Policies in times of pandemics that they alone themselves declare. This compounds the issue of loss of local decision making and debate about future pandemics where both the health practitioners, and the patients are compelled to comply and where there has been no full disclosure or debate at a local level. The declaration of a pandemic and the discussion of appropriate treatment protocols are taken behind closed doors and without effective informed local scrutiny and without local open debate on the matter. This is a looming future that compounds the issue addressed herein.

There is widespread disagreement in the community with this type of health policy applied without discussion and with compelled compliance from above. I belong to an association of 5,000 Health Practitioners who have exited the AHPRA regulated health system over the last 3 years purely because of these measures. Additionally there is at least one other large professional association that has been set up by medical practitioners, dentists and chiropractors who have been either deregulated because of non compliance with the COVID-19 pandemic Health Mandates or who have voluntarily and by way of protest left the professional associations and regulatory bodies that they used to belong to. There are many other smaller networks of health practitioners who have forged local networks outside of those that they used to belong to and be regulated by.

This exodus of health practitioners speaks volumes as to the unacknowledged opposition to the governments handling, at both State and Federal levels, of the COVID-19 pandemic. Consider also, in your inquiry, that each of these health practitioners has a community of clients around them (no longer termed patients) asking and actively seeking health care and advice outside of the protocols imposed over the last three years by the Chief Health Officer.

On the upside the grass roots opposition to the CDC and the Chief Health Officers handling of COVID-19 has catalysed a new awareness amongst both community and health practitioners that they each have a personal responsibility to do the due diligence and research on the treatments they are considering for their health plans and that the detailed independent information that they need to make sound decisions on health treatments for their clients, themselves and their families. Detailed quality information is not available nor ever debated deeply in the mainstream media anymore. Do we not as practitioners and as individuals have a constitutional right to access information and should not that information be drawn from multiple sources and not vetted or screened out by questionable “Fact Checking” processes?

For example: the Food and Drug Administration states that Ivermectin is not authorised or approved by them for treatment of COVID-19 in humans or animals and the prescription or sale of Ivermectin has been severely restricted over the last 3 years. A scan of the research literature both pre and post COVID pandemic shows a wide range of clinical results and a plethora of research papers (some appear flawed and others looking to be well set up). Initial studies on the plant source (*Artemisia annua*) from which Ivermectin was developed show a death rate in subjects from the initial clinical trials of 1%. It is considered in traditional and western medical circles as a safe treatment for many ailments including malaria and because of its broad spectrum antiviral activity has been successfully used in COVID-19 treatments:

<https://www.sciencedirect.com/science/article/pii/S0378874121002439>

<https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=5edb1f5c342ac1d539227915696c22337af3d925>

Compare this to the use of Remdesivir mandated as the primary treatment drug for COVID-19 in the USA (and here) when prescription of Ivermectin for COVID-19 was banned. Note that the primary scientific research on Remdesivir during the Ebola outbreak in Africa was terminated due to an unacceptable 48+% death rate during clinical trials. This same early study was referenced by Fauci (former Chief Medical Advisor to the President of USA) as justification of the compulsory treatment protocols in force in USA. Fauci is now testifying before Congress on pandemic mandates and the stated origins of the COVID-19 virus.

The issues I would like to see the Inquiry address are:

What specific independent research papers were used here in Australia by the Australian Government Department of Health (both Federal and State levels) and their associated Departments and Committees as justification for the COVID-19 treatment protocols implemented in Australia.

What specific laws back the application of compulsory compliance by health practitioners with directives issued by the Chief Health Officer during the COVID-19 pandemic years and what laws state that non compliance attracts a punishment and if so what are the stated parameters of that punishment?

What specific laws state that individuals have no choice about whether to take the COVID vaccinations or not?

Does the Government (federal and State) and all their assigns and agents take commercial liability for injuries and deaths related to the COVID vaccine and all its boosters? If not, why not?

Does the Government (federal and State) and all their assigns and agents officially record which COVID deaths had taken the COVID vaccine and/or its boosters pre death and how, importantly, many days prior to death were these vaccinations and/or boosters taken?

It does seem that the government passed the responsibility for enforcement of health protocols onto the actual hospitals, schools, businesses and doctors rather than take direct responsibility for this action and yet was able to enforce compliance to the carrying out of the vaccination mandates by those entities and

corporations. How specifically was this accomplished. Was there a law backing that action or was it just “colour of law”?

Why were health professionals instructed not to speak of any opposition to the health measures mandated by the Chief Health Officer?

Why were Health Professionals vilified and/or de registered by AHPRA for expressing professional opinions that were at odds to the position stated by the Chief Health Officer.

Why were health professionals fired from positions of employment if they did not get the COVID-19 “vaccination” or its booster shots?

Is there consistent and planned restriction/censorship of information and debate about COVID-19 research and government Health Regulations surrounding this pandemic ?

Is there consistent and planned restriction/censorship of information and debate about whether Australian Government proceed to pass all encompassing decision making about future pandemics over to the World Heath Organisation?

I would appreciate this independent Inquiry investigating the matters and questions outlined above.

Jenna Barbara Ford  
Retired Psychologist.