Commonwealth Government COVID-19 Response Inquiry.

I'm an Australian citizen, who was in southern China when COVID-19 was becoming a concern, and just managed to cross the last open Shenzhen-Hong Kong border crossing on the last day before it, too, closed and leave from Hong Kong to return home. Since returning home, I have had to endure the mandates and seen the unexpected death of a relative and family friends, most likely caused by the roll out of the 'vaccines.'

Understandably, at the start of the pandemic, the situation was unclear and the health departments erred on the side of being cautious. However, the abandoning of all previous laid down protocols and following the decisions and actions made by China was a big mistake. The Chinese government can't really be trusted as a modal to follow. Because of corruption and/or incompetence another organization that can't be trusted and should, in fact, be withdrawn from is the WHO, especially now that a pandemic treaty[1] is being worked on. The government has been wasting tax payer money donating it to the WHO when it is nowhere near as independent as it should be with Bill Gates, the Bill & Melinda Gates Foundation, GAVI and CEPI having excessive influence.[2] [3] The solution by the government of simply throwing money at problems just doesn't work (this applies universally). Besides, there are many pressing issues that need dealing with here within Australia.

Considering that COVID-19 was within a few months determined to be only as fatal, more or less, as the seasonal flu, it made no sense for the health department bureaucrats to advise the recommendations they did. The Great Barrington Declaration[4] was signed in October of 2020 by many infectious disease epidemiologists and public health scientists recommending focused protection. The disruption to our peacetime society was unprecedented. The total focusing on trying to stop the spread of the virus above all else was unrealistic, as can be seen after the mandates were lifted—the spread was bound to happen, especially as the COVID-19 gene therapy shots (Pfizer and Moderna) didn't stop infection and transmission. This meant that one of the main reasons for the mandates was based on a fallacy and the subsequent discrimination against those unwilling to get the shots was an ugly consequence. How can everyone be expected to receive injections from an experimental platform for immunization—the first time this technology has been used on the public, especially when all previous attempts had failed—without informed consent, when there is evidence of the trials not strictly following necessary protocols.[5]

The issue of excess deaths, which corresponds closely with the roll out of the COVID-19 shots, has not been seriously looked at by the relevant health authorities. It is as if these authorities have blinkers on. According to the Actuaries Institute,[6] using ABS data, there were excess deaths mostly attributed to COVID-19 or COVID-19 related, when most Australian's were 'vaccinated' and some 'boosted.' If the 'vaccines' were as safe and effective as constantly repeated politicians and the media, there should not have been any excess deaths. This needs serious consideration.

One issue with the current health system (Health Departments, TGA, ATAGI and AHPRA) is its need for the public to maintain faith in the system, even when there are adverse reactions, as mentioned in

1 https://www.hrw.org/news/2023/11/07/draft-pandemic-treaty-fails-protect-rights
2 https://www.politico.com/news/2022/09/14/global-covid-pandemic-response-bill-gates-partners-00053969
3 https://www.brightworkresearch.com/how-bill-gates-bought-control-over-the-who/
4 https://gbdeclaration.org/
5 https://www.bmj.com/content/375/bmj.n2635
6 https://www.actuaries.digital/2023/07/06/excess-mortality-running-at-6-for-the-first-three-months-of-2023/

the Federal Register / Vol. 49, No. 107 / Friday, June 1. 1984 / Rules and Regulations[7] "… any possible doubts, whether or not well founded, about the safety of the vaccine cannot be allowed to exist in view of the need to assure that the vaccine will continue to be used to the maximum extent consistent with the nation's public health objectives." With this mindset, well founded problems have to be suppressed. Even though this was stated in 1984 (interesting year from a ministry of truth perspective), it still applies today here in Australia. This needs to change. The protocols for testing pharmaceutical products needs to be much more stringent.

A comprehensive multidisciplinary review by PANDA found that the COVID-19 vaccination experiment has been a failure.[8] To put it succinctly, the government's response to COVID-19 was very inappropriate, to say the least. The Department of Health can no longer be trusted to serve the interests of the people. On the topic of COVID-19 Response, it is also inappropriate to not include the actions of the departments of health in each state from this inquiry, since most of what the population of Australia had to endure was due to decisions made by unelected bureaucrats in these very same departments and enforced by politicians. This is not a small matter, since without properly informed consent, the coercion of citizens to be 'vaccinated' in order to work, go to restaurants, etc., infringed on our human rights. The politicians involved with the mandates need to be held to account. Therefore, I don't see how the actions on the states and territories cannot be included in this inquiry, otherwise this inquiry will be less meaningful. One could even speculate, is this the intent?

The Texas Attorney General, Texas, USA, is currently suing Pfizer for allegedly misrepresented its COVID-19 'vaccine's' efficacy.[9] Since the same misrepresentations of efficacy, namely only using relative risk reduction (RRR),[10] were used in Australia, as elsewhere, for all the 'vaccines' offered without adding absolute risk reduction (ARR) for context, the Therapeutic Goods Administration (TGA) and the Australian Technical Advisory Group on Immunisation (ATAGI) were not properly informing the public of meaningful risk reduction numbers. With the use of only the RRR it appeared the 'vaccines' were highly effective (95%), but the ARR showed only about 1% efficacy—certainly making the intervention and heavy handedness unnecessary. This brings into question the dependability of the regulatory agencies, for example, it is reported[11] that the TGA is 96% funded by the industry it is meant to be regulating. With that much funding by the industry, the chance of a conflict of interest (COI) is too high.

The pharmaceutical companies involved in manufacturing the COVID-19 shots were given all the benefits (lucrative deals) and no liability—this is unethical. With the exception of vaccines and COVID-19 gene therapy shots, there aren't any other products that share this privilege, not one.

Many things told to the public by health officials, and then repeated by politicians and the media, were misleading or false, while other sources were much more accurate but labeled as misinformation or disinformation and canceled. This certainly brings into question the mis/disinformation bill[12] that the government is pushing for. There are many examples—too many for there not to be an agenda at play, namely the roll out of gene therapy platform as a means to immunization. These include: the 'vaccines'

7 https://pubmedinfo.org/wp-content/uploads/2016/07/Federal-Register-Vol.-49-No.-107-Friday-June-1-1984-.1-Rules-and-Regulations.pdf
8 https://pandata.org/policy-review-covid-19-vaccines/
9 https://www.texasattorneygeneral.gov/news/releases/attorney-general-ken-paxton-sues-pfizer-misrepresenting-covid-19-vaccine-efficacy-and-conspiring
10 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9647013/
11 https://www.bmj.com/company/newsroom/investigation-are-drug-regulators-sufficiently-independent-from-the-companies-they-are-meant-to-regulate/
12 https://humanrights.gov.au/about/news/opinions/why-misinformation-bill-risks-freedoms-it-aims-protect

were safe and effective; the active ingredients stay at the site of injection; they stop infection; they stop transmission, to name a few. None of these were true. The number of adverse events[13] reported has been unprecedented. The very idea of giving your body the instructions to make the spike protein, the most pathogenic part of the SARS-CoV-2 virus, seems ludicrous, especially when it can travel all through the body and cause cardiovascular problems, for example. Previously, no company had successfully brought a mRNA platform product to market, much less a product to treat corona virus infections, but then, without seriously considering safety concerns,[14] seemingly miraculously RNA and adenoviral vector vaccines were very quickly developed and approved. Also, other treatment options where available, for example, a group of leading critical care specialists founded, in March 2020, the Front Line COVID-19 Critical Care Alliance (FLCCC),[15] came up with treatment protocols even early on during the 'pandemic.'

In conclusion, it can reasonably be expected that gain of function and other experiments on pathogens will continue as before,[16] so the likelihood of further escapes of such pathogens is possible.[17] Regardless of whatever ethical standards are put in place, risky experimentation, no doubt, will continue. Even so, the rush to push for patented vaccines in times of an outbreak leads to ineffective and unsafe products. There are many past examples[18] where a vaccine was rushed and was neither safe nor effective, but at least then there was media coverage and not the gaslighting of the public as now occurs. With the way things are now, we cannot expect a better result, so systemic changes need to occur. The whole nexus between government health departments, medical practitioners and pharmaceutical companies needs to be re-evaluated; the current allopathic medical paradigm needs examining. Also, immunity from liability for vaccines needs to end, and pharmaceutical companies' ethical practices closely look at, for example, Pfizer[19] has many previous lawsuits against it. Conflicts of interest and the revolving door between industry and regulator need to end—the regulators are meant to be looking out for the public.

Ian Sloan BSc. (Chemistry)

13 https://www.openvaers.com/
14 https://openaccesspub.org/international-journal-of-coronaviruses/article/1784
15 https://covid19criticalcare.com/
16 https://www.forbes.com/sites/stevensalzberg/2023/02/06/experts-recommend-new-limits-on-dangerous-gain-of-function-research-now-what/?sh=35c104cf21bd
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19 https://lawyerinc.com/biggest-pfizer-lawsuits/