Thankyou for the opportunity to submit my contribution to the COVID-19 Response Inquiry (the Inquiry).

I completed a PhD in molecular biology in the mid-1990's, and published a handful of articles in scientific journals during the course of my work as a PhD student and later as a postdoctoral fellow. So I have a sound grasp of cellular biological processes such as transcription and translation, virology and immunology. In 2000 I went to medical school and have been working as a medical doctor in the public health system for the better part of 20 years. Later in my career I was a senior medical practitioner in a busy, 300-bed hospital

I make this submission on the presumption that the Government is genuinely committed to protecting the welfare of the Australian people, including their inalienable rights as human beings. Sadly, this has not been evident over the past 4 years.

I have read the terms of reference and I feel there are a couple of fundamental precepts that underpin the entire framework of the Inquiry.

Firstly, the COVID-19 pandemic was <u>not</u> a zoonotic spill over event originating at a Wuhan wet market, but was caused by the escape of a genetically-modified coronavirus from the Wuhan Institute of Virology. Gain-of-function research was allegedly conducted on coronavirus at this Institute, funded by grants from the US National Institutes of Health (NIH). In the headline story of the July 29/30 edition of The Weekend Australian, "When Science was Silenced," it was sobering to read that Dr Robert Kadlec, former assistant secretary for preparedness and response at the US Department of Health, and Tony Fauci's former superior, stated, "We think *vaccine research* resulted in the pandemic" (emphasis added). Note that he did not say "virus research."

And to date 6 million people have died worldwide from COVID-19.

Surely the Australian Government's first step in preparedness for the next pandemic is to <u>advocate for a ban on "vaccine research" – in the form of gain-of-function research.</u> The cost in human lives, both from the pandemic itself and from the appalling response throughout most of the Western World, is already too high. While this research continues, more lives remain at risk.

Therefore it is perplexing that in their proposed Pandemic Treaty/Accord/Instrument, the World Health Organisation (WHO) seeks to remove administrative barriers to gain-of-function research. If it endorses this treaty, the Australian Government is supporting the conditions which give rise to future pandemics.

Secondly, The panel must recognise that the COVID-19 Response was not a public health campaign per se but more akin to a marketing campaign. There was no valid medical reason for PCR-testing of millions of asymptomatic Australians, nor for vaccinating perfectly healthy adults and children – who were never at risk of serious disease from COVID-19 – with an experimental gene therapy whose long-term safety is *still* unknown.

The Australian COVID-19 Response, along with the response of most of the Western world and beyond, will be remembered as the *worst public health response to a disease threat in modern history*. The shocking disregard for human rights, along with the deliberate abandonment of the Nuremberg Code and the medical ethical principles of beneficence, non-maleficence, informed consent, and bodily autonomy *must never be allowed to happen again*. These principles <u>must</u> take priority over any "emergency declaration," otherwise we are diminished from a society of unique human beings to little more than an ant colony.

It is therefore very concerning that the WHO has proposed the following amendment to Article 3

(Principles) of the International Health Regulations (IHR):

1. The implementation of these Regulations shall be with full respect for the dignity, human rights and fundamental freedoms of persons based on the principles of equity, inclusivity, coherence and in accordance with their common but differentiated responsibilities of the States Parties, taking into consideration their social and economic development.

The words struck out are from the current (2005) version of the IHR; words in bold are what the WHO are proposing to put in place of the struck-out words. Note also that Bill Gates, the WHO's largest single financial donor, has predicted the next pandemic will most likely originate from a laboratory by 2025. Mr Gates has also publicly bragged about the 20-fold return on his investment in vaccines. In Article 1 (Definitions), the WHO proposes to add the following to the IHR:

"health products" include therapeutics, vaccines, medical devices, personal protective equipment, diagnostics, assistive products, cell- and gene-based therapies, and their components, materials, or parts."

Taken together with the rest of the proposed amendments, the WHO appears to be setting up a <u>legally</u> binding framework for the worldwide marketing of vaccines, test kits, personal protective equipment (PPE), etc, and member states will be powerless to pull out. This matter is being debated in the UK parliament. The New Zealand Government has already voiced their opposition to the Pandemic Treaty. Sadly, The Australian Government appears either completely ignorant or complicit to this abominable distortion of the IHR. If Australia and the other member states do not reject these amendments and the 'Pandemic Treaty/Accord/Instrument,' they will be ratified in May 2024, setting the stage for more human rights disasters of even greater proportion than the catastrophe of the COVID-19 Response.

The terms of reference state that consultation will take place with "experts" (among others). It is imperative that the experts consulted must have no conflicts of interest with pharmaceutical companies, nor with globalist health organisations like the Coalition for Epidemic Preparedness Innovation (CEPI), nor philanthropic trusts like the Bill and Melinda Gates Foundation. Their opinions will be biased towards mass-vaccination, regardless of the human rights abuses this entails. Companies and Organisations such as these are part of the problem, not the solution. With this in mind, I would suggest at the very least, the following experts for your consultation:

Emeritus Professor Robert Clancy (known as the father of Clinical Immunology).

Professor Gigi Foster, Professor of Economics and author of "The Great COVID Panic."

Father Frank Brennan SJ AO, who was consulted recently about the Voice to Parliament.

Dr Kerryn Phelps, GP and first female head of the Australian Medical Association (AMA).

Dr Phillip Altman, Pharmacologist who has worked extensively with the Therapeutic Goods Administration.

Professor Jay Bhattacharya, Epidemiologist and co-author of the Great Barrington Declaration.

Dr Peter McCullough, consultant cardiologist and expert on treatment of COVID-19, long-COVID and COVID-vaccine-related injury.

Representatives of organisations such as Coverse and Jab Injuries Australia, who can provide first-hand accounts of lives destroyed by COVID-19 vaccines; Australians abandoned by the Government and the medical system in which they had placed their trust.

For the Inquiry to have any relevance, certain truths must first be acknowledged. Both Federal and State Governments must admit their mistakes, and must be transparent in their rationale behind the disastrous decisions made during the COVID-19 Response. This transparency must extend to the Government's contracts with pharmaceutical companies and philanthropists such as Bill Gates. Finally, both Federal and State Governments, their Health Departments and Regulatory Authorities (i.e.; AHPRA and the TGA) owe the Australian People apologies for a multitude of unwise and/or unethical practices, including, but not limited to:

- 1. Ignoring a century of wisdom gained since the Influenza epidemic of 1918-20 and adopting measures for which there was no good evidence. Mask-wearing and lockdowns had already been dismissed in a review of the existing Pandemic Preparedness Plan as recently as 2019.
- 2. Destroying the economy by spending \$5 billion on more vaccines than will ever be used.
- 3. Proclaiming that the COVID-19 vaccines were "safe and effective." At the very least, they did not even know if this was true at the time of the rollout; at the worst, they lied to the public.
- 4. Causing untold trauma and education deficits with border closures, lockdowns, restrictions on family gatherings, school closures.
- 5. Destroying livelihoods with unnecessary business closures enforced during the lockdowns.
- 6. Colluding with mainstream media and social media platforms to promote vaccination, by manipulating the public through fear, coercion and censorship. This includes emphasising COVID hospitalisations and deaths while not publicising vaccine-related deaths and injuries; and censoring people who voiced disagreement with the vaccination narrative, or who reported their vaccine-related injuries.
- 7. Denying Nursing Home Residents access to their loved ones, many of them dying in isolation this is particularly heinous and unforgiveable.
- 8. Ignoring/dismissing/downplaying the concerns of doctors who were reporting the harms that the COVID-19 vaccines were causing to their patients.
- 9. Permitting AHPRA and the Medical Board's joint position statement of March 2021, effectively banning doctors from reporting anything that contradicted the vaccination narrative.
- 10. Changing the Health Practitioner Regulation and National Law Act in October 2022, making public confidence in the safety of health services the paramount guiding principle, taking precedence over the health and safety of the public (public confidence cannot be legislated, it must be earned; this legislation would have the opposite effect of *reducing* public confidence).
- 11. Enforcing vaccine mandates in order to attend work, school, tertiary education, public venues, or travel.
- 12. Abandoning those whose health and livelihoods have been impacted by vaccine-related injuries.
- 13. Not investigating the cause behind 30000 more Australian deaths than expected over the past 3 years.

Only when Federal and State Governments, their Health Departments and relevant Regulatory Authorities acknowledge these wrongdoings can we hope to repair the damage to public trust over the past 4 years, and move forward to a Pandemic Preparedness that respects human dignity and human rights as well as minimising harm to our livelihoods, our relationships and our health.

I look forward to your response.

I remain, Yours Sincerely,