COVID-19 RESPONSE INQUIRY SUBMISSION

There must be a Royal Commission with far broader terms of reference which includes a detailed review of the role of the States and Territories and the WHO.

Evidence that C19 Virus was isolated.

Use of PCRs as diagnostic tools, including cycling parameters used.

What data and evidence were the models of C19 deaths used to justify lockdowns based on?

Robust scientific studies to support the use of masks and lockdowns at the time.

Robust scientific studies to support banning alternative treatment at the time.

Robust scientific studies to support asymptomatic transmission at the time.

Review of deaths in nursing homes and hospitals and the effectiveness of treatment protocols therein.

Whether incentivisation provided to hospitals to implement particular C19 treatment protocols and to report illness and death as C19?

Whether incentivisation provided by hospitals to relatives of deceased to record death as stemming from C19 when this was not the case?

Review of law enforcement response.

The role of the media.

The role of AHPRA and the gagging/censorship/disciplining of doctors and scientists with an alternative view.

Censorship, including on social media.

Serious perceived and actual conflicts of interest in TGA, whose budget is predominantly funded, on a cost recovery basis, by the very entities whose products it is charged with regulating.

The effect of lockdowns and masks on the economy, small business sector, the general population, particularly children and their health, development and education.

Evidence of all C19 related deliberations and decisions made by governments of all levels during the response.

Unredacted contracts between the C19 pharmaceutical companies and the Government.

The anonymised raw public health data regarding those who died from C19, with C19 but from comorbidities, as well as that relating to excess deaths since the rollout of the C19 vaccines.

The anonymised raw public health data showing the C19 batch numbers used in Australia and the adverse effects and deaths by age and temporality stemming from each batch, as well as the data at the vaccine centre/vaccinator level and the adverse effects and deaths by age and temporality stemming from each of those.

All documentation from the TGA regarding independent assessment of the pharmaceutical companies'clinical trial data, including safety and effectiveness, provisional approval of the C19 vaccines, monitoring of the vaccines, assessment of deaths and adverse effects and decisions to remove same in relation to its database.

Review of the legality and/or constitutionality of C19 vaccine mandates.

Review of whether true informed consent provided, including full disclosure of vaccine ingredients, the fact that lack of effectiveness was known and known adverse effects (including death).

Full disclosure of disability caused by C19 vaccines and the ongoing impact of absenteeism and presenteeism on industry.

Lack of effectiveness of C19 vaccines in preventing infection and transmission and the fact that this was known at the time.

Anonymised hospital data showing the age and vaccination status, including dosage level, of people hospitalised, placed in ICU and who died from C19, other respiratory diseases and all other causes.