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Commonwealth Government Covid-19 Response Inquiry

The Australian Medical Professionals Society (AMPS) comprises a collective of ethical medical and allied health experts united by a core mission: safeguarding and advancing the interests of our members and their patients, while advocating optimal health outcomes across Australia. We cherish the tenets of medical ethics, prioritising patient well-being and community welfare.

Be aware that this document is entirely inadequate for its ostensible purpose, and it should be received by this panel as nothing more than a placeholder. AMPS is doing its own scientific and independent research and it wishes to be in a position to share it with other ethical stakeholders.

We wish it to be noted from the outset this inquiry should instead fall under the auspices of a Royal Commission.

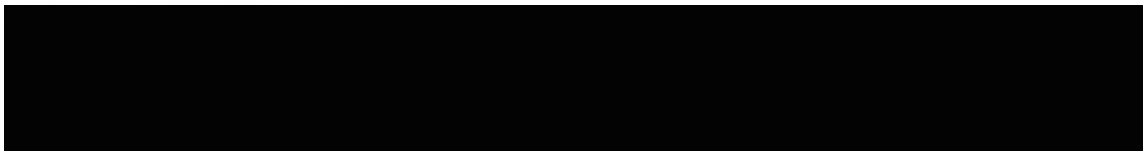
After wide investigations this organisation has amassed substantial scientific evidence, and concludes:

- The government's policy response to COVID-19 appears to have been made using poor-quality pharmaceutical-company-sponsored data passing for evidence;
- The modelling has been pessimistic and inaccurate;
- Testing methods have been inaccurate;
- Enforced mandates were unscientific and unjustified;
- There has been misinformation on safety and efficacy of provisionally approved vaccines;
- The suppression of cheap, repurposed, fully approved and promising COVID-19 early treatment options such as hydroxychloroquine (destroying millions of doses sourced by Mr Clive Palmer), Ivermectin, doxycycline, zinc, vitamin D and C in favour of provisionally approved drugs such as paxlovid, molnupiravir and gene-based vaccines warrants a separate inquiry.
- Data collection has been very poor;
- Pharmacovigilance has been of an extremely low and possibly sub-standard;
- Throughout (and as with nominating the constituents of this panel) there has been absence of decision-making transparency;

- The political environment has been nothing short of outrageous in the way it has intimidated all doctors and scientists, and there have been many, who set out to raise concerns regarding patient safety only to be vilified for upholding professional and ethical standards.

Further, AMPS raises substantial concerns about the impartiality of this investigation, given that we have here a panel appointed by the government assessing the government's handling of the COVID-19 pandemic, at the same time as the authorities including the Health Minister are steadfastly ignoring requests to receive and review the science we hold. The potential motivations to conceal errors and inherent conflicts of interest cast doubt on the inquiry's capacity and incentives to rigorously evaluate presented evidence in the best interest of the Australian people. Each of the points above deserves airing in a neutral environment and with proper facility for the sharing of the science that supports it. Advocacy now lies solely in the hands of people employed to speak for policies that have gone terribly wrong. At present, Sir Humphrey Appleby strides unimpeded through the Canberra medical regulatory bureaucracy.

The evidence is that many policy decisions were politically motivated, made despite a lack of high-quality evidence, and in the absence of any analysis of risk or cost-benefit. This has breached medical ethical principles and has caused gross harm. [REDACTED] of the [REDACTED] [REDACTED] wrote in his UK Covid-19 inquiry submission:



Making allowance for AMPS to produce adequate evidence to establish these facts in Australia using only a three-page submission to a panel that will be supported by a taskforce, based within the Department of Prime Minister and Cabinet, is so obviously not independent it is ridiculous. The UK Health Security Agency, the Australian Health Management Plan for Pandemic Influenza 2019 and the WHO Non-Pharmaceutical Public Health Measures for Mitigating the Risk and Effects of Epidemic and Pandemic Influenza 2019, all show that the evidence base was weak for the effectiveness of non-pharmaceutical interventions (NPIs) such as lockdown, social distancing, test and isolation, face coverings and border restrictions¹²³.

We now find our country is enduring a pandemic of death that began in early 2021, coincident with the national rollout of genetically modified and still experimental Covid-19 drugs. While the medical bureaucracy continues to suppress the evidence which we have been trying to share with it, Australian citizens continue to die at wholly-unnatural rates of excess deaths found in the all-cause mortality rates. This is immoral and ultimately it is vicious. It must not be allowed to continue without proper exploration. This inquiry is most certainly not going to undertake that exploration.

We can show through FOI documents, independent inquiries and investigative journalism that the full power of the State has been used to silence informed but dissenting opinions. Government experts and regulatory agencies claimed policy consensus where none existed, obfuscated the precautionary principle, undermined ethical evidence-based medicine, destroyed valid informed consent and severely punished any dissent, in total contradiction to our well researched pre-pandemic preparedness plans, and relied upon poor and highly exaggerated modelling and inadequate pharmaceutical-company-sponsored data. All this acted directly against the interests of the Australian people.

¹https://assets.publishing.service.gov.uk/media/65144556b1bad400144fd3910/NPI_and_COVID_mapping_review.pdf

²<https://www.health.gov.au/sites/default/files/documents/2022/05/australian-health-management-plan-for-pandemic-influenza-ahmpipi.pdf>

³<https://www.who.int/publications/i/item/non-pharmaceutical-public-health-measures-for-mitigating-the-risk-and-impact-of-epidemic-and-pandemic-influenza>

The pandemic response has been marked by a serious lack of transparency in decision-making and data disclosure. Public health decisions were based on health advice that remains shrouded in secrecy, and obtaining information and data from government regulators has proved extremely difficult, and often impossible. In all respects the ‘public’ was stricken from health decision making.

It has now been well documented that policies such as lockdowns were justified on what can only be described as outrageously pessimistic and demonstrably exaggerated estimates from the inappropriately termed [REDACTED] the [REDACTED] and the [REDACTED]. Again, [REDACTED] stated in his UK inquiry submission:



From the outset, political and medical authorities wielded control over the information accessible to the public.

Government regulatory bodies should not have been empowered to censor, suppress, and punish dissenting opinions from health professionals, scientists and academics when the policy decisions deviated substantially from known scientific evidence, used poor quality data, had an overreliance on inaccurate modelling so apparently robust it remains kept secret, and have been absent any risk-benefit or cost-benefit analysis.

There has been an almost total refusal of the government to engage in dialogue or answer any questions from those interrogating the policy decisions. Government and its personnel are servants of the people, however during Covid-19 Australian governments treated the Australian people with contempt and disdain, amounting to a legally unqualified repudiation of the master-servant relationship. This culminated in the silencing of Australia’s medical frontline and concomitant scientific debate resulting, inevitably, in thousands of lives lost, a shameful and preventable outcome now observable in excess death rates that continue, unabated.

If this inquiry is interested in a database of over three thousand peer-reviewed case histories and peer-reviewed studies, none of them contaminated by pharmaceutical-company money and vested interests, then AMPS stands most willing to share them in the interests of the truth. Transparency has been claimed by the present government to be a signature characteristic of its administration. Be assured that this organisation is not going to participate in a whitewash. We have the facts. They will be examined and fully disbursed, nationally and worldwide. All that remains is to contact our office to negotiate how.

⁴https://www.medrxiv.org/content/10.1101/2020.05.13.20101253v3?utm_source=substack&utm_medium=email