

Submission to Commonwealth Government COVID-19 Response Inquiry – Petra Liverani 15 December 2023

When the following rule of critical thinking is applied to the alleged covid pandemic, we find there is no pandemic nor was there ever one.

Rule: Confine your analysis to the most relevant and unarguable-with data in the first instance

The most relevant unarguable-with data favours the hypothesis that the covid pandemic is a complete fabrication with a certain amount of advertising of the fact over the hypothesis of a real pandemic. I contend that there is zero unarguable-with data that favours the hypothesis the covid pandemic was real in any shape or form and thus that any measures were required against it.

1. **Exercises:** In the two years prior to the pandemic the following exercises were conducted: Pandemic tabletop exercises, [Event 201 \(Oct 2019\)](#) and [Clade X \(2018\)](#); joint exercise by US agencies to respond to a severe pandemic of influenza originating in China, [Crimson Contagion \(2019\)](#).

We were told that the covid pandemic is an exercise: in a press conference on March 20, 2020, Mike Pompeo says: [“We’re in a live exercise here,”](#) after which Donald Trump says quietly and impassively, “You should have let us ... you should have let us know.” How does Pompeo’s statement and Trump’s response make sense for a real pandemic? We were told on the World Economic Forum website, [Lockdown is the world's biggest psychological experiment ...](#)

2. **Against reality:** We are shown things against reality including [people lying on the ground and on hospital floors and falling flat on their face](#).

3. **Hospital anomalies:**

- There are very good reasons for believing that some footage at least from hospitals crying “pandemic” is really of drills, for example, this BBC news item, [Covid frontline: harrowing scenes from London intensive care unit as deaths soar](#), shot in University College Hospital, London.
 - We see alleged ICU patients sitting beside their bed or with only an oxygen tube.
 - There are no clear signs that these patients need ICU care.
 - We’re told that they have converted wards to ICU but there is no clear evidence of this.
 - We see staff roles scribbled on their facemasks.

- We also wouldn't expect filming in a genuine ICU situation, especially in the midst of a serious pandemic.
- [CBC apologizes for using fake patients](#) and training facility in COVID-19 story.
- [CBS used Italian footage](#) for a New York story.
- Debbie Hicks walked the corridors of Gloucestershire Royal Hospital filming and found little sign of activity despite [the hospital reporting it was extremely busy](#).
- [How do so many medical staff](#) have time to rehearse dance routines when they're supposedly under massive pandemic pressure?

4. **No determination of illness other than test:** The alleged covid [doesn't have a distinctive set of symptoms](#) telling it apart from cold, flu, pneumonia, or other respiratory illnesses. There is no *clinical diagnosis* of the disease and if testing stopped tomorrow we'd have no clue that anyone had covid as distinct from other respiratory illnesses. While now we are being told that suffering the alleged covid may result in myocarditis this condition is [a known side-effect of the jab](#).

5. **Test not valid:** [It is admitted by the authorities](#) that there is no gold standard test for the alleged covid and the PCR test is not a diagnostic test, [stated clearly on its packet](#) (“For use under an Emergency Use Authorization (EUA) Only”, “Positive results are indicative of the presence of SARS-CoV-2 RNA; clinical correlation with patient history and other diagnostic information is necessary to determine patient infection status”) and yet "cases" are based purely on the result of the test, not on a clinical diagnosis.

6. **Low mortality in Australia:** According to the [Australian Bureau of Statistics](#), covid was the 38th leading cause of death in 2020 but is nevertheless shown at the bottom of the Top 20 causes of death table. According to the statistics, in 2019 flu and pneumonia caused more than four times the number of deaths of covid and yet no enforced measures were taken and nor did we hear about the number of cases or mortality in the media in any memorable way.

Cause of death and ICD-10 code	2019	2020
Influenza and pneumonia (J09-J18)	4,124	2,287
COVID-19 (U071, U072) (g)	n/a	898
All Causes	169,301	161,300

Hypothetically, if we were told about a respiratory illness that didn't have a distinctive set of symptoms, wasn't diagnosed clinically but determined by a non-standard test and was ranked as 38th leading cause of death our expectations would not be that our country would enforce unprecedented measures that turned our lives upside down.

7. **Other health conditions present at time of death:** According to the [Australian Bureau of Statistics](#), it was reported in February 2022 that more than 90 per cent of those who died from COVID-19 had other health conditions. Most of the deaths – 91.4 per cent – had other health conditions listed on the victim’s death certificate. On average, deaths due to COVID-19 had 2.7 other diseases and conditions certified alongside the virus.

8. **Alternative explanation for excess mortality:** While the overall excess mortality spike in Europe in April 2020 might lead us to suspect the presence of a novel illness, when we [break the figures down by country](#) (set the end date marker to 2020-25) we see there is no excess spike (that is the spike is no greater at that time of year compared to previous years) in Portugal and Germany, two countries that didn’t implement either of the aggressive drug trials, the [Oxford Recovery](#) and the [WHO Solidarity](#) trial. Very little publicity of the problems with these trials was covered by the media but France-Soir published this article, [Oxford, Recovery et Solidarity: Overdosage in two clinical trials with acts considered criminal?](#)

Other measures that can be inferred increased mortality include:

- [dangerous discharge](#) of sick elderly people from hospital to care homes
- [end of life protocols](#) established in care homes for those not near end of life
- use of excessive [narcotics and aggressive antiviral](#) trials
- [ventilator-acquired pneumonia](#)

Of course, [isolation kills people](#) too.

9. **Isolation of virus disputed:** [Various sources](#) show that the alleged SARS-CoV-2 has never been isolated in the true sense of the word and that the term “isolated” has been used fraudulently by scientists. [A challenge has been submitted to virologists](#) by a group of 20 medical doctors, other health professionals and scientists to prove the existence of the alleged SARS-CoV-2 following steps that adhere to the scientific method. So far no lab has responded to the challenge.

10. **No enforcement of mask hygiene:** There is [great debate about the effectiveness of masks in the first place](#) but regardless, if we were to consider masks played any positive role, dirty masks would surely not be considered effective against infection by anyone. The rules, however, only require a mask to be worn with no monitoring of level of hygiene and many people wear masks purely for compliance’ sake – they pull out masks that have been here, there and everywhere purely to comply with the rules. What we can infer from this very obviously ineffective measure is that masks are about appearance only, nothing to do with health.

11. **Contradictory guidelines:** In addition to the mask problem, [guidelines in general have been confusing and contradictory](#) which undermines the credibility of all of them.