



United Australia Party
Commonwealth Government COVID-19 Response Inquiry Submission

A full Royal Commission is the gold standard to inquire into the pandemic response and to understand why it was so badly managed. This inquiry should seek to address the following points:

1. **Failure to acknowledge and prevent lab leaks.** From February 2020, it was clear that COVID-19 almost certainly leaked from a laboratory in Wuhan, China. Why so many lies were told about the origins of COVID-19 should be investigated but more importantly, immediate action needs to be taken to prevent future lab leaks.

2. **Differentiated threat of Covid.** By March 2020, it was clear that COVID-19 was a threat mainly to those who were already sick, immunocompromised, or elderly. As Professor ██████████ said on 30 April 2020:

- the risk to children was extremely low
- around 80 percent of people have a mild or moderate infection and make a full recovery at home
- Only a minority would need hospital treatment
- even in the most high-risk group - the frail elderly, the severely ill, and the immunocompromised – the majority of people would survive.

This assessment has been borne out by COVID-19 deaths and infections in Australia.

(<https://www.abs.gov.au/articles/covid-19-mortality-australia-deaths-registered-until-30-september-2023#deaths-due-to-covid-19-age-and-sex>). It highlights the unwarranted exaggeration of the threat of COVID-19 in public messaging to justify authoritarian responses in populations that were not at serious risk. From this fundamental error, all other errors flowed.

3. **Abandonment of Australian pandemic plan for a lockdown.** Given the threat of Covid-19 to only a small segment of the population, it made no sense to lock down the entire population of Australia at enormous expense but having failed to do an accurate risk/benefit analysis, health officials abandoned Australia's scientifically based pandemic plan and adopted a completely inappropriate, authoritarian model of lockdown adopted by China and advocated by the World Health Organisation (WHO). The damage of lockdowns was greatest to those at least risk from COVID-19 (school students and working-age people). Evidence from Sweden shows all-cause excess-mortality scores were the lowest in the world. Although this evidence was available in real-time, Australian governments persisted with lockdowns throughout 2020, 2021, and for part of 2022.

4. **Scientific swindle and banning early treatment.** By March 2020, it was clear that drugs that were already authorised for other treatments and had demonstrated clinical benefit in treating the original Sars coronavirus such as chloroquine and hydroxychloroquine (HCQ), also showed benefit in treating Sars-Cov-2. A meta-analysis of 560 HCQ COVID-19 studies, 437 peer-reviewed, and 414 comparing treatment and control groups showed that early treatment consistently shows positive results (<https://c19hcq.org/>).

Another study in France by Prof. ██████████ showed early drug treatment with hydroxychloroquine and azithromycin in COVID-19 patients was effective against the SARS-CoV-2 virus both in vitro and in vivo. More than 3,700 COVID-19 patients were treated with this drug combination which resulted in reduced risk of death and hospitalisation, and a shorter viral shedding period for transmission against modest side effects. Conversely trials of HCQ effectiveness against Covid-19 by the UK government and the World Health Organisation (WHO) were stymied by the use toxic doses even when Indian health authorities, who have great experience using HCQ to treat malaria, raised the alarm.

In an attempt to save as many Australian lives as possible The Palmer Foundation in collaboration with the Department of Health sourced and donated to the Australian people 33 million doses of HCQ. Shockingly a decision was made by the Government not to distribute this medicine. It is unclear if stock of this medicine were destroyed or retained for future use. The reasons for not utilising this precious resource at the time must be disclosed to the Australian people in addition to the status of the donated medication.

The utility of ivermectin in treating Sars-Cov-2 was even more dramatic and was an Australian discovery but it was also banned for the treatment of Covid despite strong evidence of clinical efficacy. A real-time meta-analysis of 99 studies shows 'Statistically significant lower risk is seen for mortality, ventilation, ICU admission, hospitalization, recovery, cases, and viral clearance.' <https://c19ivm.org/meta.html>

Many other treatments also showed efficacy (<https://c19early.org/treatments.html>) and by August 2020, Dr [REDACTED] had published a protocol for using repurposed drugs. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7410805/>) This was also ignored. In addition, fraudulent studies to discredit HCQ, for example, the Surgisphere research was published and retracted from the Lancet in May 2020. ([https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31324-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31324-6/fulltext)). Similarly, the investigators in the Together Trial - used to discredit ivermectin – refused to release their data on deaths and hospitalisations and even 'misdirected the scientific community to a data repository which never held the study's data' (<https://www.mdpi.com/2077-0383/12/11/3625>) casting deep doubt on their integrity and that of their study.

6. Emergency Use Authorisation of experimental treatments. The most plausible explanation for attempting to discredit and ban demonstrably safe, well-known, repurposed drugs appears to be that it made it possible to use experimental treatments under emergency use authorisation. In particular, it allowed the authorisation of Remdesivir, the extremely expensive, failed Ebola anti-viral. All independent studies including a large one by WHO show remdesivir increases renal failure by 20 percent and mortality by 3 percent (<https://www.science.org/content/article/very-very-bad-look-remdesivir-first-fda-approved-covid-19-drug> <https://c19early.org/s>). It also meant that Covid vaccines could be authorised for emergency use.

7. Failure to adequately regulate COVID-19 vaccines. After examining the novel vaccines for only a few weeks, the Therapeutic Goods Administration (TGA) claimed that they were safe and effective. No studies of genotoxicity - the ability to damage the genetic information within cells causing mutations - nor carcinogenicity- the ability to cause cancer- were performed. No studies were performed on people with auto-immune conditions or on pregnant or lactating women.

The Gene Technology Regulator for Australia confirmed before a Senate Estimates hearing that the Covid-19 products of Pfizer and Moderna are Genetically Modified Organisms (GMO) yet neither the TGA nor then Office of the Gene Technology Regulator insured that the Pfizer and Moderna injectables were licensed under the *Gene Technology Act 2000* which constitutes serious and ongoing criminal offences. This is particularly disturbing given that international evidence outlined in the attachment shows that international evidence confirms the products contain grossly excessive synthetic DNA contamination.

Freedom of information requests detailed by Dr [REDACTED] and set out by [REDACTED] a litigator acting on behalf of more than 500 vaccine-injured Australians, show that the TGA ignored warning signals that emerged for a wide range of side effects that had been flagged in advance by the Brighton Collaboration. These warning signals were not communicated to the medical community, or the public, or acted upon by the TGA resulting in considerable harm and injury to Australians including death which is documented in the class action statement of claims. To date, there have been over 139,589 adverse events, including 1,005 deaths, that have been reported to the TGA following the administration of COVID-19 vaccines of which 64 percent were reported in working-age people. The vast majority were reported by highly qualified healthcare workers.

To see just how much more deadly the Covid vaccines are than any other drug on the market, compare 2020 when there were only 21,627 reports and 854 deaths for all drugs with 2021 when reports rocketed up to 123,729 adverse events and 1,427 deaths even though Covid vaccines were only administered for ten months of the year. Yet even these reports are almost certainly an understatement. A Harvard study commissioned by the US Department of Health and Human Services in 2010 showed that reports to the regulator of vaccine injuries may represent only one percent of those who are injured. Despite the mounting claims of deaths and injuries, the TGA insists that only 14 deaths are 'likely to be related to vaccination' - 13 following an AstraZeneca (AZ) jab and one following Moderna with no evidence as to why all the other deaths have been dismissed.

The AZ vaccine was withdrawn from Australia on 21 March and AstraZeneca is being sued in the UK by a group representing the vaccine injured but the TGA maintains this has nothing to do with safety even though there were 484 reports to the TGA of Australians dying shortly after an AstraZeneca Covid injection. Of the people who died, 100 were aged 18 to 64, 342 were aged 65 and above, and 42 Australians whose age is apparently unknown. As for Pfizer, it seems highly unlikely that not a single death has been caused by its vaccine in Australia when smaller countries such as New Zealand and Singapore acknowledge that it has caused deaths. There have been over 5,300 reports of myocarditis and/or pericarditis in people following Covid vaccination both of which are known to be caused by Covid vaccines. In 23 cases the person died and in seven the person was aged between 18 and 64.

8. Inadequacy of Australia's federal vaccine injury compensation program. The [COVID-19 Vaccine Claims Scheme](#) is [not fit for purpose](#) and has abandoned almost all [vaccine-injured Australians](#). Media reports indicated that there were more than 3,500 applications by April 2023 and only 137 claims had been paid totaling more than \$7.3 million, with 2,263 claims still in progress and 696 deemed not payable.

9. Excess mortality. The bottom line is that there has been a dramatic and unexplained increase in excess mortality which started in 2021 when the Covid vaccines were rolled out. If the vaccines were effective they would have stopped transmission of the virus and ended the pandemic. If they prevented death by Covid we would not have seen 1,646 Covid deaths in 2022 almost all of them in vaccinated people. Instead, we have seen a dramatic increase in excess mortality since the introduction of the vaccines. Given there was almost no exposure to Covid prior to vaccination this can only be attributed to either failure of the vaccines to prevent deaths, an increase in deaths due to vaccine-enhanced disease, side effects of the vaccines, or the impact of lockdowns.

10. Unjustified vaccine mandates. Given the rushed approval of the vaccines, the fact that studies (for example on myocarditis) still haven't been completed, and that it was evident within weeks that the vaccines didn't prevent transmission it was absolutely inexplicable that vaccines were mandated. To this day there are still people who are unable to work because they refused to be vaccinated.

11. Informed consent. The government failed to ensure the provision of ethically obtained, fully informed consent which must never be coerced and be free of inducements and reprisals.

12. Coercion and censorship of doctors by AHPRA. The requirement of Australian Health Practitioner Regulation Agency (AHPRA) that doctors be immunised against communicable diseases can only apply if a vaccine prevents transmission of the disease, clearly not the case for Covid vaccines. Yet doctors lost the right to work if they refused the COVID-19 injections. AHPRA had no legal authority to coerce doctors into getting vaccinated or vaccinating others as it has no authority to issue medical advice. AHPRA also coerced doctors to tell patients that the vaccines were safe and effective 'to ensure high participation rates' and were threatened that 'Any promotion of anti-vaccination statements' may lead to their suspension.

13. Demonisation of the unvaccinated. The demonisation of the unvaccinated went against human rights. There was no evidence for any of the claims made - that the unvaccinated were more likely to spread COVID-19 and these people were unnecessarily excluded from society, community and workplaces.