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Legal and Constitutional Affairs References Committee

Covid-19 Royal Commission Inquiry

Canberra Declaration Submission

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1.1 Executive Summary

Representing our over 90,000 signatories, the Canberra Declaration is a grassroots network of Australians committed to the preservation of faith, family, freedom and life.¹ We affirm the legal reality, etched into the preamble of the Constitution, that Australians are a people “humbly relying on the blessing of Almighty God,” and we believe that God’s blessing will endure in our nation to the extent that we continue to humbly rely on Him. Our vision is to see our country’s Judeo-Christian values revitalised for the good of all Australians. We welcome the opportunity to present our submission to this Inquiry.

During the Covid era, in pursuit of the misguided goal of ‘Covid Zero’, Australian governments, elected officials and unelected bureaucrats engaged in breathtaking human rights violations, unconscionable censorship of Australian citizens, a flagrant disregard for medical ethics, an appalling waste of taxpayer resources, and ‘expert’-informed policymaking that proved wrong time and time again. Our leaders oversaw a breakdown in the rule of law; confiscated decision-making processes that belonged solely to this nation’s citizens; and consolidated and centralised executive powers never granted to them by the people of Australia.

For this reason, we strongly urge the Committee to recommend a Royal Commission into Australia’s response to Covid-19. We are deeply concerned that the Covid-19 Response Inquiry presently being conducted by the Department of the Prime Minister and Cabinet is not fit for purpose, not least because it shields State and Territory governments from all accountability. Indeed, it was the State and Territory governments that used emergency powers to implement lockdowns, vaccine and mask mandates, close borders and detain people in quarantine facilities. In fact, it is reasonable to suspect that the Prime Minister’s paltry Inquiry has as its true purpose a vindication of the bureaucracy for “trying”, the apportioning of blame to people no longer in office, and an affirmation of Australia’s pandemic response as substantially correct and the “new normal” for future scenarios.

Only a Royal Commission that probes the response of Federal, State and Territory governments — with its coercive powers to summon witnesses and require them to answer questions under oath and produce documents and other evidence — will provide the answers and accountability that the people of Australia rightly deserve. We affirm the resolve of the New Zealand government to hold a Covid-19 Royal Commission and, given the comparable Covid-19 response and result in our two respective nations, urge the Committee that the same be undertaken here in Australia.

When in opposition, the Albanese Government promised a Covid-19 Royal Commission. As Opposition Leader, Anthony Albanese said that if he was elected, there would be “a Royal Commission or some form of inquiry, that will need to happen”. He also stated, “I cannot envisage a situation in which, whoever wins, the government wouldn’t want to examine the once-in-a-century pandemic and the response. You have to do so. We have to examine it so we learn the

lessons.”² Minister for Finance Senator Katy Gallagher, when in opposition, chaired the Senate Select Committee on Covid-19. That Committee produced a report in April 2022 which unequivocally called for a Covid-19 Royal Commission. According to Recommendation 17 of that report, “the committee recommends that a Royal Commission be established to examine Australia’s response to the COVID-19 pandemic”.³ It is a betrayal of the Australian public and a mark of bereft leadership for the Albanese Government to make a promise in an election season that it fails to keep once in office. It is incumbent upon the Albanese Government to make good on its promise and establish a Covid-19 Royal Commission.

Not only must a Covid-19 Royal Commission be established, but it must also adopt the strongest possible Terms of Reference, lest it also be rendered a toothless tiger and a get-out-of-jail-free card for those who mismanaged Australia’s Covid-19 response. We urge the Committee to recommend the broadest, most comprehensive and most detailed Terms of Reference possible. It is paramount that every leader responsible for wayward actions in the Covid era — whether in Federal, State or Territory positions — take full accountability for their mistakes and act to ensure the same failures and abuses are never repeated again. Only a Royal Commission with the most robust, incisive and unambiguous Terms of Reference will be effective in achieving such an outcome.

We offer our submission in hopes that the voices of reasonable Australians will prevail over the wishes of a self-insulating bureaucracy. We will leave it to others to offer Australian governments praise for their response to the pandemic: doubtless there were instances of good leadership and sound public policy to commend. Nevertheless, below are our recommended Terms of Reference for a Covid-19 Royal Commission, along with explanatory notes justifying those Terms of Reference.

2.1 ‘National Cabinet’

Recommended Terms of Reference:

- Conduct an analysis into how the ‘National Cabinet’ was justified by existing Federal, State and Territory laws, including the cabinet’s formation, its decision-making processes, and its concealment of all minutes and communications from the Australian public; determine whether any laws were breached by the same, and whether stronger legislation is required to prevent a repeat of the same.
- Propose a legal framework by which the ‘National Cabinet’ can be formally disbanded and all of its minutes and communications be released to the Australian public unredacted.

Explanatory Notes:

The formation of the ‘National Cabinet’, which combined the executive branches of Federal, State and Territory governments, was a flagrant abrogation of the rule of law, a mockery of the

Westminster system, and a betrayal of Australia's Constitution. It was an arrangement that gravely undermined the public's trust. Never should democratic governments consolidate and centralise their powers in such a fashion, much less conceal their decision-making from the people who elected them. The cabinet's formation allowed for the many abuses that followed, including the sidelining of emergency laws already in place, the secrecy surrounding their decision-making processes, and the collusion of Federal, State and Territory leaders in imposing reckless and damaging 'Covid Zero' policies on their constituents.

2.2 Indigenous Impact

Recommended Terms of Reference:

- Investigate the extent to which Covid-19 injections, injection mandates, lockdowns, lockouts and quarantine camps disproportionately impacted Aboriginal and Torres Strait Islander Australians and those living in rural and remote communities, including the impact on physical health, mental health, social stigma, and access to food and medical treatment, prioritising as evidence firsthand oral testimony.
- Evaluate the extent to which, in order to encourage take-up of Covid-19 injections, Aboriginal and Torres Strait Islander Australians were offered cash, vouchers and other financial incentives; threatened with job loss, relocation, quarantine or interrupted or terminated access to children and other family members; and subjected to bullying and mistreatment, prioritising as evidence firsthand oral testimony.
- Determine the number of Aboriginal and Torres Strait Islander Australians who were injected unknowingly or against their will, prioritising as evidence firsthand oral testimony.
- Investigate the extent to which medical personnel injected Aboriginal and Torres Strait Islander Australians without observing the recommended wait period to check for anaphylactic reaction, prioritising as evidence firsthand oral testimony.
- Ascertain excess mortality rates and excess rates of heart disease, miscarriage, stroke and cancer among Aboriginal and Torres Strait Islander Australians since the beginning of the Covid-19 injection rollout.

Explanatory Notes:

We offer four whistleblower testimonies in support of these Terms of Reference: two from Aboriginal Australians, one of whom is an elder; and one each from a pastor and a longstanding member of the Northern Territory Police Force, both of whom witnessed Indigenous mistreatment firsthand.

The first of these testimonies comes from Professor Wanta Jampijinpa Pawu-Kurlpurlurnu (also known as Steve Patrick), who is an elder from the Northern Territory community of Lajamanu. He has been given an honorary professorship in Indigenous Studies at the University of Melbourne

and has represented the University at conferences around the world, including in China, France, Germany, England, Canada and the United States of America, as well as around the major cities of Australia.⁴ Wanta is fluent and literate in both his first language, Warlpiri, and in English. He was interviewed by Dr Lance Alan Box in Darwin on Sunday 16 July, 2023 and asked to recall his experience of the Covid-19 injection roll-out in Lajamanu in 2021. Wanta replied in Warlpiri, as it is his first language, but then interpreted what he said in his mother tongue. The following is a summary of Wanta's interpretation. A copy of the original recording is publicly available.

When Covid came, police came and they knew how to scare the Warlpiri people. Many doctors came. They knew that if they could get my father, the senior elder, to get the needle, then everyone else would get the needle too.

And that is what happened; it worked. Some younger people were scaring the living daylight out of people saying that if you did not get the needle, then you would not be allowed to go out, buy food or eat. Emergency rations were given out to make the whole thing seem like a serious emergency.

A well-known doctor put in place strategies, along with the police, to scare the people. The roads were blocked. Those of us who wanted to go to our outstation to get away from the danger were threatened with a \$10,000 fine. The place was like it was invaded by an army made up of doctors and police.

People were lined up like a prisoner-of-war camp. If you were found to be Covid-19 positive, then you were taken away from the community and put in a quarantine camp in Howard Springs (over 800 kilometres away) near Darwin for two weeks. A relative of mine had no symptoms. His test came up positive. He was taken to the prison camp for two weeks. During the two weeks he did not develop any symptoms.

I asked the people in charge about how we knew that the community had Covid-19. I was told that it was in the sewerage water. Later, I made inquiries, and the people who looked after the sewerage treatment plant said that no one got samples of the sewerage water. It was all lies that they told us.

Since the roll-out of the Covid-19 injections, cruel lies based on lies have consequences that are now coming out in the open. Everyone was scared into getting the needle, and now people from lots of communities are suffering heart disease, miscarriage, stroke and cancer. Some of the men who were close to me are now dead.

I feel that they were not ready to go. The community needs them. Once you get the Covid-19 injection, you have to live with the consequences of the jab. One of my best mates and my brother passed away after getting the jab. Some of these who have died, died young. My young uncle is dying. My grandson's grandmother is dying. We expect more of them to die later on.

The whole thing was on purpose and was a deception. The community was frightened by evil ways that were disguised as a health thing. The government deceived us, using the medical profession and the police. These evil people need to be stopped. They frightened the community into something so much so that we feel there is

no hope for us now. Our only hope is the Christian gospel. The Covid-19 government response and injection roll-out was very cruel to our young people.

They must never be allowed to do this again.

Gloria Watkins:

My name is Gloria Watkins. I am a Noongar woman from the south of Western Australia.

During the injection rollout, I endured many difficulties in my family life. My husband Martin had to have the jab due to his work obligations. If he didn't get it, we would have lost our home. I was opposed to the injection and the mandates, and I began resenting my husband for going along with it. It was a conflict that nearly destroyed our marriage.

My son Martin (Jnr) had to have three injections due to working FIFO. He didn't want to, but he had no choice because he might have lost his home also. Since having the injections, he has suffered mental illness and still today is suffering. He has since lost his job and is finding it hard to find other work. In the end, he might lose his home anyway.

My mother, cousins and uncle all took three injections, and since that time they have each had strokes and been in and out of hospital. My cousins have had numerous strokes and heart attacks as a result of the jabs. One of my cousins is still in hospital and we are not sure when he will be out. They are all now paralysed and have speech problems. Before the injections, they were all were perfectly fit and healthy.

I also know of other Aboriginal people who have had strokes and/or heart attacks and have died. Our governments have a lot to answer too, and I pray something is done about this.

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Stephen Lewin:

As a Christian pastor, I have had many years' experience with Indigenous people throughout Australia, and in particular, over the last 12 years in Central Australia. During that time, I have observed numerous injustices inflicted upon the Indigenous people of Central Australia, especially regarding the Covid-19 injection rollout.

To compensate for a lack of injection take-up by Indigenous people, I witnessed cash and other incentives given, along with threats of not being provided with medicine, not seeing relatives, losing care of children, not being able to purchase food from shops, and loss of work. All of these strategies were used to coerce Indigenous people to take Covid-19 injections.

One day in June 2021, for example, I received a call from a very upset Indigenous lady. She wanted me to pick her up from a lunch gathering at an NGO, as she was being coerced to take a jab at a surprise pop-up clinic that sought to inject everyone at the lunch event. She did not want to take the injection as had received personalised, off-the-record advice from her own GP not to take it. When I went to collect this lady, the NGO's CEO, whom I knew, told me to tell her to take the injection, since I was a pastor and another pastor had told people at the event to take it. I refused to do so, explaining that this lady had information from her own GP that informed her choice, a choice I respected. When I went to pick her up, I witnessed this CEO offer her incentives, then threats, such as no treatment in her homeland, which would result in her not seeing family. She still did not want the injection and became very upset at the coercion, as she was normally respected as a leader in her community. Following this, I took the Indigenous lady and another lady to meet my daughter over a cuppa, where we provided them with pastoral care. She shed many tears that day.

Another Indigenous lady who did not want her two primary school-aged boys injected, was suddenly visited by a government family officer at her house, and was threatened with the loss of care of her children if they did not come and get jabbed that day. The lady did not know her rights and was bullied into giving in.

Another Indigenous lady who did not want to take the Covid-19 injection worked with the government and had a house as part of her work. She was told she would lose her work and house. At the last moment, she took the jab to keep her job and home.

Indigenous people I know received the injection from mobile clinics that visited their homes and pressured them into taking the jab there and then on the spot. Some communities were locked down so that mobile teams could administer the jab.

Another Indigenous man I had to take to the hospital for a check-up in August 2021 was treated harshly by hospital staff because he had not been injected. I spoke up for him, explaining that he was following advice given by a higher authority. Fortunately, that put a stop to their coercion tactics, and it also helped that the injections had not yet been mandated at that time.

When Indigenous communities were forced to endure lockdowns as a way of increasing take-up of the injection, food and baby items became scarce in several communities in late 2021 and early 2022. So a support group in Alice Springs organised for food and other relief to be delivered in vehicles to three such communities. I was part of the group providing relief.

In 2021 and 2022, in many communities, supermarkets refused entry to people who had not been injected, which caused unnecessary travel in search of food and fuel. These resources were already limited in some communities, which prevented Indigenous people from travelling to other places.

Some Indigenous organisations in the Northern Territory gave large cash incentives to take the jab before the mandates came into effect. Incentives in many forms became a norm to increase Indigenous take-up of the injection.

I have heard from Indigenous people I know that excess deaths remain a serious concern. Excess deaths among Indigenous people from 2021 to 2023 need to be investigated.

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Leith Phillips:

My name is Leith Phillips and I am a former sergeant with the Northern Territory Police Force. On October 5, 2021, I submitted an internal memorandum (which you can find attached to this submission) in protest against the injection and mask mandates imposed on members of the Northern Territory Police, Fire and Emergency Services. My opposition to these policies ultimately led to my being locked out of the Alice Springs Police Station and being forced to resign a few days later. I submit this testimony in partnership with my wife Corrine.

We possess video evidence of Aboriginal people in Alice Springs being injected, given paracetamol for pain, advised to ring an ambulance if they felt ill, and being provided with telephone and food vouchers as “payment” to take the injection. The nurses who did the injecting left the people either in the scrub where they found them or at their home, generally between one and five minutes after the jab. The standard practice is to wait for 15 minutes to ensure no anaphylactic reaction.

We personally know one Aboriginal lady who does not want to be named, who had children in her care and was pressured by child services to have her children injected otherwise she might not get them back. To this day, her fear of losing her children prevents her from speaking up about these experiences.

We spoke face to face with an elderly Aboriginal lady who attended the local Aboriginal health clinic in Alice Springs to collect medication. She told us that while she was there, a member of the medical team came up to her and put an injection into her arm. She asked what it was and was told that it would protect her from Covid-19. She suffered pain in her arm for a long time.

It is our testimony that Indigenous Australians were robbed of their right to informed medical consent throughout the Covid-19 injection rollout scheme.

Ben and Rebecca Matson, whom we know, have a list of the names of people from Docker River who lost their jobs and were excluded from the only store in the community because they refused the injection. The closest community store was at Yulara, some 300 kilometres from the border, which also had a “no jab, no service” policy. That left Alice Springs, over 800 kilometres away, as their only option for food.

The Northern Territory implemented a lockout of the uninjected in early January 2022. Anyone without the jab was not allowed to leave their home. Previously, Covid-19 lockdown rules allowed people five reasons to be out of their house, however these exemptions were removed during the unjabbed lockout, with only food and medical treatment being valid reasons a person could be out of their homes. This situation lasted for many weeks.

My wife Corinne is a nurse and midwife of over 22 years. She is still unable to be employed in the Northern Territory health system, as they maintain a three-jab mandate.

I have been asked to return to the Northern Territory Police Force as they need my experience of over 24 years, including 17 years as a detective. I have been advised that the Covid-19 period was difficult for everyone and that my disciplinary action (which is on hold because I resigned) would be dropped. I am not returning regardless.

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3.1 Covid-19 Risk Profile

Recommended Terms of Reference:

- Review all epidemiological studies and other expert advice available to and used by Federal, State and Territory governments between 2020 and 2023 in determining the threat posed by SARS-CoV-2 to Australians, with special reference to Covid-19 Infection Fatality Rate (IFR) studies; in particular comparing the findings of published IFR studies and all public statements made by Federal, State and Territory government ministers and health officials regarding the dangers posed by SARS-CoV-2 to Australians, and whether early epidemiological studies confirmed that SARS-CoV-2 represented a threat equivalent to severe influenza.
- Assess existing Federal, State and Territory legislation to determine whether governments are currently required to make the risk profile of an emergency threat or alleged emergency threat (with regards to age, comorbidities and other relevant risk factors) a central feature of their

response, or whether stronger legislation is required to prevent governments from treating future emergencies or alleged emergencies as equally threatening to all Australians, as they did in the Covid era.

Explanatory Notes:

In March 2020, with precious little data, the World Health Organization (WHO) made the alarming claim that 3.4% of people who contracted Covid-19 had died.⁵ The following month, it became clear the WHO's estimate was vastly overstated, and that age and comorbidities were significant risk factors for severe disease and death from Covid-19. An analysis of over 60 studies released in January 2021 showed that across 51 locations, the median Covid-19 Infection Fatality Rate was in fact 0.27%.⁶ Age-stratified studies continued to affirm that the vast majority of the world's population was almost certain to survive Covid-19. In October 2022, an analysis was published that covered 38 countries, revealing an IFR of just 0.095% for people aged 0-69, before injection treatments.⁷ In other words, 94% of the global population or nearly 7.3 billion people had a 99.965% chance of surviving Covid-19, even before any health interventions.

Despite all this data, the Australian Government continued to act as though the WHO's earliest inaccurate estimate held true, and absolutely refused to take age differentials into account when enacting its policies. Instead of focussing protection on the approximately 12% of Australians at higher risk of severe disease or death from Covid-19, the Government insisted on a years-long campaign of lockdowns, border closures and injection mandates that inflicted immeasurable harm on the 88% who were almost certain to survive the virus either way.⁸

Without explanation, the Government went to extreme measures to prevent Covid-19 deaths — even to the point of throwing human rights to the wind and squandering untold public resources — while effectively ignoring deaths by all other causes, including deaths caused by their own interventions. Australians deserve to know why their leaders engaged in such abject disproportionality, judging the deaths of certain Australians more vital to avoid than others.

3.2 Covid-19 Origins

Recommended Terms of Reference:

- Determine if any Australian scientists, organisations, universities, or Federal, State and Territory departments, agencies and officials were in any way involved in the origins of SARS-Cov-2, or were involved in the field of gain of function research in the decade prior to the pandemic.
- Investigate the involvement of any Australian scientists, organisations, universities, or Federal, State and Territory departments, agencies and officials in the writing and publication of the *Nature Medicine* article “The proximal origin of SARS-CoV-2” and *The Lancet* open letter titled “Statement in support of the scientists, public health professionals, and medical professionals of

China combatting COVID-19,” including but not limited to Edward C. Holmes, Hume Field, John S. Mackenzie and Kanta Subbarao, to determine if these parties knowingly misled the public about the origins of SARS-CoV-2 or were aware of or party to the conflicts of interest related to these papers.

- Examine the role of all Australian intelligence agencies in the public suppression of the lab leak hypothesis, including but not limited to any communication, collaboration or collusion with the Australian Broadcasting Corporation and its executives and journalists.
- Determine whether any Australian intelligence agencies or other relevant Federal departments or agencies have made a formal assessment of the lab leak hypothesis, and whether there are any legal impediments to all such reports being released to the Australian public unredacted.

Explanatory Notes:

It was initially believed that SARS-CoV-2 arose naturally, having jumped from bats to humans in the wet markets of Wuhan, China. But as the virus spread around the world, so did whispers of a strange coincidence: the city at the epicentre of the pandemic was also home to China’s leading coronavirus lab, the Wuhan Institute of Virology (WIV). During a press conference in April 2020, U.S. President Donald Trump confirmed that he had seen enough evidence to give him a high degree of confidence the virus originated in the Wuhan lab.

Immediately, corporate news outlets around the world queued up to declare Trump guilty of spreading conspiracy theories, and to convince the public that anything other than a natural origins explanation for the virus was ‘misinformation’, ‘bunk’ and ‘fringe’.⁹ In turn, Facebook,¹⁰ Twitter¹¹ and other social media platforms swiftly began censoring and banning any users who promoted the lab leak theory. The Australian Broadcasting Corporation (ABC) was particularly vicious, publishing multiple articles smearing the lab leak theory as ‘misinformation’ and a Trump-inspired ‘conspiracy theory’.¹² In May 2020, *Media Watch* devoted almost two full programs to discrediting the intrepid work of veteran journalist Sharri Markson, one of the few Australian investigative reporters who suspected a lab leak origin for Covid-19.

In seeking to suppress any discussion of the lab leak theory, social media companies and media outlets, including the ABC, relied heavily on an article published in *Nature Medicine* on 17 March 2020 titled “The proximal origin of SARS-CoV-2”. The article declared that SARS-CoV-2 was “not a laboratory construct or a purposefully manipulated virus”.¹³ One of the five authors of the ‘Proximal Origins’ paper was leading Australian virologist Professor Edward C. Holmes of the University of Sydney.

It was later revealed, however, through communications subpoenaed by the United States Congress, that “Proximal Origins” was authored under highly dubious pretences. Contradicting their published claims, Holmes and his colleagues privately and secretly admitted their suspicions,

both before and after their paper went to print, that SARS-CoV-2 did indeed originate at the Wuhan Institute of Virology.¹⁴

While drafting “Proximal Origins”, in February 2020, Holmes sent a private email to colleague Ian Lipkin, saying, “I favour natural evolution myself, but the furin cleavage site is an issue.” He added, “it’s the epidemiology that I find most worrying”. Other communications from the time suggest Holmes was even more doubtful, leaning “60-40 lab”.¹⁵ After the paper’s publication, Holmes continued casting doubt on the conclusion he and his colleagues had sold to the public. He wrote in a comment on messaging platform Slack in April 2020, “Let’s face it, unless there is a whistleblower from the WIV (Wuhan Institute of Virology) who is doing (sic) to defect and live in the west under a new identity, we are NEVER going to know (what) happened in that lab. Never.”¹⁶

The “Proximal Origins” scandal, however, goes far deeper. Documents obtained by the United States House Select Subcommittee on the Coronavirus Pandemic have also since revealed that “Proximal Origins” was in fact secretly commissioned by Dr Anthony Fauci, then-Director of the National Institute of Allergy and Infectious Diseases (NIAID).¹⁷ Fauci’s covert involvement in this paper represented a significant conflict of interest, since his agency was also actively funding risky coronavirus bat research at the Wuhan Institute of Virology (WIV), in the city where the Covid-19 outbreak began.¹⁸ Under Fauci’s watch, millions of American taxpayer dollars were funnelled to the Wuhan lab through EcoHealth Alliance, a non-profit led by Peter Daszak, a friend of Fauci’s.

According to the uncovered emails, Fauci had been alerted by Professor Kristian Anderson of Scripps Research that some of the features of SARS-CoV-2 look “possibly engineered”, and that Anderson and his team “all find the genome inconsistent with expectations from evolutionary theory”.¹⁹ Immediately, Fauci set about using his authority as a representative of the U.S. Government to publicly discredit any notion that SARS-CoV-2 could have leaked from the Wuhan lab. Around the same time, he and Francis Collins, then director of the National Institutes of Health (NIH), organised a conference call with at least 11 virologists, including Andersen. On that call, Fauci and Collins commissioned a team led by Anderson to author a paper “trying to disprove any type of lab theory”.²⁰ Anderson and his colleagues agreed, and within days, they made a 180-degree reversal on their previous assessment of the virus, which they published in “Proximal Origins”. They had first sent the article to Fauci for editing in draft form and again for final approval before it went to press.

Eight weeks later, Fauci stood at a White House press conference alongside President Donald Trump and cited the very paper he had secretly commissioned as “evidence” the lab leak theory was implausible — in effect, quoting himself — all the while pretending the article had nothing to do with him and that he did not know the authors.²¹

Following these events, on 21 May, 2020, several months after “Proximal Origins” was published, Dr Kristian Anderson’s lab in California was awarded a US\$8.9 million research grant from Fauci’s agency, the NIAID. Anderson has since claimed he was hasty in assuming the virus was engineered, and that the findings in “Proximal Origins” were the result of “more extensive analyses”. In truth, Anderson wrote that paper with his colleagues in a matter of days — immediately after the conference call with Fauci, and just prior to receiving millions in grant money from the agency led by Fauci.²²

Another publication that media outlets relied on to discredit the lab leak theory was an open letter published in *The Lancet* on 7 March, 2020, signed by 27 scientists who claimed they “overwhelmingly conclude” the pandemic had a natural origin.²³ The signatories likewise repudiated any suggestion that SARS-CoV-2 leaked from a lab, writing, “We stand together to strongly condemn conspiracy theories suggesting that COVID-19 does not have a natural origin... Conspiracy theories do nothing but create fear, rumours, and prejudice that jeopardise our global collaboration in the fight against this virus.” Among the signatories were three Australian scientists: Hume Field of the University of Queensland, Curtin University’s John S. Mackenzie, and Kanta Subbarao of the University of Melbourne.

Dishonestly, those 27 scientists neglected to mention that the man who commissioned their letter and pushed for its publication was Peter Daszak — the friend of Fauci’s and president of EcoHealth Alliance, the organisation that had channelled U.S. funds to gain-of-function research at the Wuhan Institute of Virology. *The Lancet* was eventually forced to add an addendum to the letter declaring previously concealed conflicts of interest.²⁴

Peter Daszak was also part of the 10-member delegation sent to Wuhan by the World Health Organization (WHO) to investigate the origins of SARS-CoV-2. The United States originally submitted the names of three officials as delegates. Peter Daszak was not one of the names put forward, yet he was one of the three who ended up being sent, despite his blatant conflicts of interest. Following the investigation, Daszak assured the United States that the Chinese had personally shown him proof that SARS-CoV-2 originated in nature, though he was unable to provide this evidence when asked for it. In the end, the WHO delegation found the lab leak theory “extremely unlikely”, though it only dedicated three pages of its 413-page report to the lab leak hypothesis and only spent three hours at the Wuhan Institute of Virology.²⁵

In the face of so much dishonesty and corruption from “experts”, evidence that SARS-CoV-2 originated in the Wuhan Institute of Virology is very strong, beyond the mere “coincidence” that the lab is located just 12 kilometres from the supposed wet market epicentre of the virus.

John Ratcliffe, then Director of National Intelligence (a role in which he oversaw 18 different U.S. intelligence agencies) has confirmed that America’s spy networks first became aware of a problem in Wuhan in late 2019. “People became sick at the lab in October with symptoms that became

entirely consistent with what most people have experienced around the world from Covid-19,” Ratcliffe has explained.²⁶ The *Wall Street Journal* likewise reported that “three researchers from China’s Wuhan Institute of Virology became sick enough in November 2019 that they sought hospital care”.²⁷

The Wuhan Institute of Virology’s virus database was taken offline on 12 September 2019, and along with it, 22,000 coronavirus samples.²⁸ The same day, security was beefed up at the facility and a tender was issued to replace the lab’s air-conditioning system. Despite their knowledge of the outbreak, the Chinese Communist Party kept silent about it during the crucial early weeks and apparently “disappeared” a WIV researcher and citizen journalists who blew the whistle.²⁹ Cybersecurity analysts have recovered Chinese government data that had been wiped from the internet, showing a major buy-up of PCR supplies in Wuhan in late 2019 — equipment used to test for coronaviruses.

Moreover, a growing number of researchers *without conflicts of interest* have concluded that the SARS-CoV-2 spike protein has unique inserts that are the result of human manipulation.³⁰

Through a document declassified in June 2023, it was revealed that, far from being a conspiracy theory, the lab leak hypothesis was regarded by U.S. intelligence as at least an equally plausible explanation for the origin of the virus. Published by the U.S. Office of the Director of National Intelligence, the document explained that all U.S. intelligence agencies “continue to assess that both a natural and laboratory-associated origin remain plausible hypotheses to explain the first human infection”.³¹ Today, the lab leak theory remains the FBI’s favoured explanation for the origins of the pandemic. FBI Director Christopher Wray conceded point blank during an interview with Fox News that “the FBI has for quite some time now assessed that the origins of the pandemic are most likely a potential lab incident in Wuhan”.³² The U.S. Energy Department has also concluded that SARS-CoV-2 originated at the Wuhan Institute of Virology.³³

4.1 Censorship

Recommended Terms of Reference:

- Investigate all Federal, State and Territory government agencies and departments that engaged in the active suppression of Australians’ constitutionally-protected free speech, identifying all executives and staff responsible for these violations, including but not limited to the Department of Home Affairs.
- Determine the legal and ethical justification by which AHPRA and the National Boards imposed their gag order on Australian medical practitioners, including if and how their gag order violated Australia’s international medical ethics obligations, with special reference to the sanctity of the physician-patient relationship.

- Review all investigations conducted by AHPRA and the National Boards into medical practitioners who suffered the loss of their registration or faced other disciplinary measures for prescribing alternative treatments or repurposed drugs for the treatment of Covid-19, determining by what legal framework AHPRA cancelled the registration of dissenting medical practitioners and/or reinstated such practitioners on the condition that they limit their speech about Covid-19 treatments, and by what legal framework all medical practitioners whose registration was cancelled can be reinstated without injury to their freedom of speech.
- Review the policies governing how the TGA receives, analyses, responds to and reports on instances of medication-induced adverse events of special interest (AESI), including deaths; whether the TGA adhered to these policies with regard to the Covid-19 injections; and whether these policies provide adequate protections for the Australian public.
- Evaluate if and/or how emergency laws were used to justify the suppression of Australians' constitutionally-protected free speech; whether stronger legislation is required to protect speech in future emergencies or alleged emergencies; and the extent to which Federal, State and Territory officials are currently using the events of the Covid era to further suppress the speech of Australians, with special reference to the Communications Legislation Amendment (Combating Misinformation and Disinformation) Bill 2023.

Explanatory Notes:

During the Covid era, departments and agencies of the Australian Government weaponised the medical regulatory system to achieve certain desired political outcomes, and waged a scurrilous campaign of secrecy and censorship against the citizens of Australia.

The Department of Home Affairs, whose purview includes border security and counter-terrorism but not public health, wilfully violated the free speech of thousands of Australians. An FOI request by Senator Alex Antic revealed that the DHA referred 4,213 Covid-related social media posts to social media platforms for removal.³⁴ While some of these posts contained irrational or unverified statements, also blacklisted were a myriad of legitimate claims made by Australian citizens. Among them were posts correctly stating that Covid-19 injections do not stop infection or transmission of the virus, that masks and lockdowns were ineffective, and that SARS-CoV-2 likely leaked from the Wuhan Institute of Virology. Content posted by Australian medical professionals was also censored, along with calls for peaceful protest against government abuses, and most cynically of all, testimonies of Australians injured by Covid-19 injections. Even memes that poked fun at politicians were suppressed.

Separate to these events, AHPRA and the National Boards imposed gag orders on Australian medical practitioners, suppressing debate on any evidence-based science that went against the state-imposed narrative on Covid-19 — including alternative therapies, medical mandates and Covid-19 injection harms. Echoing Soviet Russia or Communist China, even today, Australian doctors still risk investigation and disciplinary action for carrying out one of their most basic

functions — namely, providing patients with individualised medical care such that the patient’s welfare supersedes any obligations placed on them by others. They can even face discipline for posting *in private* on social media. Some medical practitioners whose registration was cancelled by AHPRA have since been reinstated. However, in certain cases they have been forced to agree not to criticise official Covid-19 policies in order to maintain their registration. How such a state of affairs could ever have been allowed in once-free Australia is chilling and demands immediate reversal.

The TGA has likewise been exposed, via an FOI request by Dr Melissa McCann, for allegedly censoring the truth about the injection-induced deaths of numerous Australians, including two children. Dr McCann lodged the request after seeing an unexpectedly high number of patients coming through her clinic experiencing adverse events after injection.³⁵

5.1 Lockdowns

Recommended Terms of Reference:

- Ascertain how many Australian lives were lost as a result of lockdowns, with special reference to deaths by domestic violence, substance abuse, suicide, and deaths of despair.
- Conduct an evaluation of the impact of lockdowns on mental health (including loneliness, addiction and suicidal ideation), physical health (including nutrition, exercise, obesity, Vitamin D deficiency and delayed medical treatment), life expectancy, spiritual and religious wellbeing, social and community cohesion, education (including cognitive development and emotional wellbeing), employment, small business, public debt, and the economy.
- Review Australia’s national and international human rights commitments and evaluate if and/or how enacting lockdowns put Australia in breach of those commitments.
- Determine whether Federal, State and Territory government officials responsible for recommending and imposing lockdowns conducted a cost-benefit analysis (CBA) into lockdowns before and/or during the imposition of these measures; if not, why not; and if so, on what basis their CBAs were concealed from the Australian public, and whether there are any legal impediments to all such CBAs being released to the Australian public unredacted.
- Assess to what extent and why CDPLAN (2016) and AHMPPI (2019) were abandoned in favour of novel approaches to a virus with extremely high survival rates for most people.
- Evaluate whether Australians are adequately protected from human rights abuses by Federal, State and Territory governments in future emergencies or alleged emergencies, or whether stronger legislation is required.

Explanatory Notes:

Australia’s pandemic emergency response plans, CDPLAN (2016) and AHMPPI (2019) contain no mention of large-scale lockdowns.³⁶ Despite this, beginning in March 2020, Australian

governments embarked on a course of unscientific, cruel and demoralising lockdowns which they refused to abandon for the better part of two years.

Australia's lockdowns resulted in astonishing educational losses for schoolchildren, whether seen in their cognitive development, nutrition and physical health, or social and emotional wellbeing. Lockdowns caused an epidemic of isolation and loneliness that directly harmed the mental health of hundreds of thousands of Australians, and pushed many into joblessness, alcohol and drug abuse, domestic violence, and suicide.³⁷ Lockdowns are likewise responsible for the destruction of countless small businesses, a spike in obesity rates, a drop in life expectancy, and a level of social divisiveness not seen in Australia for decades.³⁸ The economic cost of lockdowns was not only devastating and immediate, but persists today in the form of rampant inflation, a persistently high cash rate, and an enduring cost-of-living crisis.

An independent review published in October 2022 found Australia's response to Covid-19 to be excessive, particularly in regard to school closures, lockdowns and border closures.³⁹ A cost-benefit analysis by the Institute of Public Affairs found that 37 times more life-years were lost than were saved as a result of lockdowns, and that thus far, Australia's Covid-19 response has cost almost \$1 trillion.⁴⁰ Another cost-benefit analysis, by UNSW economist Gigi Foster, found that the costs of Australia's lockdowns have been at least 68 times greater than any benefits they delivered.⁴¹

It is not enough for the Federal Government to offer remedies to those whose human rights they violated without taking responsibility for the violations themselves. The Government erred severely by remaining silent in the face of the inhumanity of State and Territory governments and the resultant economic and social devastation, and by demonising MPs who criticised these policies.⁴² The Commonwealth had many tools at its disposal to force an end to these human rights abuses and chose not to.

5.2 Border Closures

Recommended Terms of Reference:

- Determine how many Australians were left stranded overseas, how many were trapped in Australia against their will, and how many were prohibited from travelling interstate due to border closures.
- Evaluate if and/or how Federal, State and Territory governments violated Section 92 of Australia's Constitution through their use of border closures.
- Review Australia's international human rights commitments and assess if and/or how enacting years-long border closures put Australia in breach of those commitments.
- Establish whether Australians are adequately protected from Federal, State and Territory governments impeding their right to freedom of movement in future emergencies or alleged emergencies, or whether stronger legislation is required.

Explanatory Notes:

The Australian Government refused to allow its citizens to leave the country for two years, and also refused its citizens passage back into the country for many months on end. (It did, however, make many generous exceptions for the rich, elite and powerful).⁴³ In both of these actions, the Commonwealth stood in flagrant violation of Article 13 of the Universal Declaration of Human Rights.⁴⁴ In pandemic emergencies, a travel embargo for a period of several days or even weeks is defensible, but not months, certainly not years, and absolutely not for a virus with a survival rate approaching 100% for the vast majority of people.⁴⁵ Australian citizenship means nothing if citizens are barred from their own country or held prisoner by their government. The Federal Government likewise did nothing to prevent the States and Territories breaching Section 92 of Australia's Constitution when they imposed months-long internal border closures.

6.1 Injection Supply Deals

Recommended Terms of Reference:

- Review all procurement contracts between the Federal Government and its various departments, agencies and representatives and the pharmaceutical corporations approved for the Covid-19 Vaccination Program (Pfizer, Moderna, AstraZeneca and Novavax),
- Determine how the Covid-19 injection procurement contracts were justified by existing Federal laws, including whether any laws were breached in the granting of legal immunity to pharmaceutical corporations, the concealment of contracts from the Australian public, and the purchase of excessive quantities of the products; and whether there are any legal impediments to the contracts being released to the Australian public unredacted.
- Establish whether existing federal legislation is adequate in preventing future government abuses with regard to the granting of legal immunity to pharmaceutical corporations, the concealment of relevant contracts from the Australian public, and the profligate waste of taxpayer funds in the procurement of pharmaceutical products, or whether stronger legislation is required.
- Assess existing Federal legislation to determine whether the pharmaceutical corporations that signed procurement contracts with the Australian Government can be held liable for product failure.

Explanatory Notes:

When signing procurement contracts with Covid-19 injection suppliers, the Australian Government granted the companies total legal immunity if their products resulted in the maiming or killing of Australian citizens.⁴⁶ This was an ethically indefensible decision that rightly eroded public confidence in the products, and that should have been unnecessary in any case, since the government communicated to the public unwavering certainty about the safety of the products. In

combination with injection mandates, the legal immunity granted to injection suppliers represents a double betrayal of the Australian public by its government, especially those maimed and killed.

The Federal Government has likewise never explained to the Australian people why it signed contracts to purchase almost ten doses of injection per citizen — far more than required under the Government's or the suppliers' own logic. To date, the Federal Government has spent at least \$18 billion on Covid injections and other treatments, approximately half of which have been binned.⁴⁷ Of the first 255 million vaccine doses purchased, only 60 million were used, with more than half set to expire and be dumped, to the estimated value of approximately \$3 billion. Australians deserve to know why so much of their treasure — approximately \$1,200 from the pocket of every tax-paying Australian — was transferred to powerful pharmaceutical corporations, when the majority of those products were not needed and were therefore destined for disposal from the outset.

6.2 Injection Deaths

Recommended Terms of Reference:

- Investigate Australia's unprecedented excess mortality rates, determining to what extent Covid-19 injections are contributing to Australian deaths, and whether or not an immediate pause to the national Covid-19 Vaccination Program is necessitated.
- Analyse the peer-reviewed literature available globally on the safety and efficacy of the Covid-19 injections, including all relevant studies whose conclusions do not support the "safe and effective" narrative, giving precedence to research not funded by special interest groups such as pharmaceutical multinationals.
- Review the TGA's regulatory approvals process, including whether the agency adhered to its own policies with regard to the Covid-19 injections, whether its approvals process provides adequate protections for the Australian public, and the extent to which funding from pharmaceutical corporations influences the approvals process.
- Conduct an appraisal of the Covid-19 Vaccine Claims Scheme, determining the cause of reported delays, the basis on which rejected claims were deemed not payable, and the overall conduct and performance of the scheme to date.

Explanatory Notes:

A "definite causal link" between peaks in all-cause mortality and rapid vaccine rollouts has been identified in 17 southern hemisphere countries by a team of Canadian researchers, including Australia. The study identified approximately one death for every 2,000 injections, and implicated a broad range of products, including Covaxin, Sinovac, and Johnson & Johnson. "In 9 of the 17 countries, there is no detectable excess mortality until the vaccines are rolled out," according to the researchers, who also found "a new regime of higher mortality" following the start of vaccine

rollouts in all of the other eight countries. “The Covid-19 vaccines did not save lives and appear to be lethal toxic agents,” they conclude.⁴⁸

Their findings were consistent with readily-available Australian data.⁴⁹ Most Queensland Covid-19 deaths were of people who were “fully vaccinated” when the state borders first opened in December 2021.⁵⁰ Excess deaths were detected in Australian states in 2021 when the injection rollout was in full swing but many states still had no (or very few) Covid-19 cases.⁵¹ Western Australians suffered extraordinarily high rates of adverse events following Covid-19 injections — with a staggering 57% of them presenting at a hospital — at a time when most of the population was injected but no Covid-19 cases were recorded.⁵² Analyst Dr Wilson Sy conducted a Bradford Hill analysis of Australia’s excess mortality data, concluding, “Strength of correlation, consistency, specificity, temporality, and dose-response relationship are foremost Bradford Hill criteria which are satisfied by the data to suggest the iatrogenesis of the Australian pandemic, where excess deaths were largely caused by Covid-19 injections.”⁵³

As a small consolation, the Australian Government does offer a free funeral gift card with every Covid-19 injection via its Covid-19 Vaccine Claims Scheme.⁵⁴ Australians who have been maimed or rendered jobless by the injections can also apply for compensation. However, as of May 2023, only 164 out of 3,160 claims had been approved, or less than 5%. Over 900 claims had been deemed not payable, while 2,030 other claims remain in progress.⁵⁵

6.3 Injection Mandates

Recommended Terms of Reference:

- Review Australia’s international human rights commitments, with special reference to the Universal Declaration on Bioethics and Human Rights and the Nuremberg code; and evaluate if and/or how enacting injection mandates put Australia in breach of those commitments.
- Establish whether Australians are adequately protected from Federal, State and Territory governments violating their medical freedom, bodily autonomy and workplace rights via injection mandates in future emergencies or alleged emergencies, or whether stronger legislation is required, making special reference to the Covid-19 Vaccination Status (Prevention of Discrimination) Bill 2022 and the Fair Work Amendment (Prohibiting Covid-19 Vaccine Discrimination) Bill 2023.

Explanatory Notes:

Informed consent is a bedrock principle of modern medicine and a legal and ethical requirement for administering any vaccine. The Australian Immunisation Handbook explicitly states that vaccines “must be given voluntarily in the absence of undue pressure, coercion or manipulation”.⁵⁶ These facts notwithstanding, Australian governments imposed heavy-handed injection mandates

on their populations, explicitly using tactics of pressure, coercion and manipulation by depriving Australians of their freedom to work, travel, use public and private amenities, and be with loved ones at important moments such as births, deaths and funerals, unless they submitted to a novel medical treatment.

The Australian public was not made aware they were being cajoled to inject a product that had undergone no long-term testing, nor were they sufficiently informed of the risks involved.⁵⁷ When the injection rollout began, no claim could be made with confidence about the product's long-term safety.⁵⁸ As such, a moral and scientific argument for its use could only be made for those at high risk of severe illness or death from Covid-19. Yet mandates were imposed on young and old alike, including those with no comorbidities and a vanishingly small risk of severe illness or death.⁵⁹ Australia's Covid-19 Vaccination Program put at risk young and healthy lives in an attempt to save old and unhealthy ones. Throughout the program, policymakers and spokespeople did not so much as acknowledge they were putting Australian lives at risk, nor disclose how they had weighed such risks in drafting their policies. Instead, government bureaucrats gave hand-waving appeals to 'experts', were dishonestly unequivocal, and never hinted at any risk associated with being injected.

In enacting these mandates, governments assumed total power over the bodies of millions of Australian citizens, violated Article 6 of the Universal Declaration on Bioethics and Human Rights,⁶⁰ arguably breached the Nuremberg code, and parted with a century of sound medical ethics. No Australian government, Federal, State or Territory, should ever be allowed to mandate medical procedures, regardless of the particulars of the situation — even if the product is assumed safe, effective and necessary. Either informed consent exists or it does not. In the Covid era, it did not.

The Australian Government cannot pass blame to the States and Territories for injection mandates. The Commonwealth consented to the mandates, first by its silence, and then by its refusal to pass the Covid-19 Vaccination Status (Prevention of Discrimination) Bill 2022 and the Fair Work Amendment (Prohibiting Covid-19 Vaccine Discrimination) Bill 2023.⁶¹

6.4 Alternative Treatments

Recommended Terms of Reference:

- Review the evidence basis upon which Federal, State and Territory government health departments and officials chose not to adopt, approve or allow alternative therapies and repurposed drugs for the treatment of Covid-19, including but not limited to Ivermectin, Hydroxychloroquine and Vitamin D.
- Investigate the TGA's bans on alternative treatments and repurposed drugs, determining whether these embargoes were in breach of the TGA's own policies or any other relevant legislation, or were enacted due to any conflicts of interest.

- Determine why Federal, State and Territory governments neglected to campaign for exercise, weight loss and adequate access to sunlight as a protective measure for Australians against Covid-19.

Explanatory Notes:

Inexpensive, safe and effective alternative treatments, most notably Ivermectin⁶² and Hydroxychloroquine,⁶³ when used early and in their respective triple therapies, have long been known to reduce Covid-19 hospitalisations and deaths. Unfortunately, these drugs were dismissed, derided and ultimately banned by Australian Federal authorities during the Covid era.

Ivermectin, which has been distributed to the tune of 3.7 billion doses globally since 1987, and whose discoverers won a Nobel Prize for their work on the drug, was subjected to an off-label ban by the TGA in September 2021, which prevented doctors from prescribing it to treat Covid-19.⁶⁴ Hydroxychloroquine, which also has a robust safety profile, came under a similar ban in March 2020. Five million doses of Hydroxychloroquine that were imported by Clive Palmer to donate to the public for the treatment of Covid-19 were seized by Australian authorities and destroyed.⁶⁵

The banning of Ivermectin and Hydroxychloroquine violated the rights of Australians to access medical care and infringed the sanctity of the doctor-patient relationship. Given their safety profile, these therapies should never have been banned, even if their efficacy was contentious. Based on the available data, however, it appears certain the bans on these therapies contributed to the deaths of many Australians who would otherwise have survived if they had access to them.

Obesity and low Vitamin D have long been known as significant risk factors for poor Covid-19 outcomes, yet the Government barely acknowledged this fact and failed to campaign for weight loss and improved Vitamin D levels in its response to Covid-19.⁶⁶

7.1 World Health Organization

Recommended Terms of Reference:

- Review all public and private recommendations and advice received by Federal, State and Territory officials from the World Health Organization's personnel and representatives regarding Covid-19 in 2020, 2021 and 2022, detailing how this information influenced Australian policy responses to the pandemic.
- Investigate all financial and conflict-of-interest ties between World Health Organization personnel and pharmaceutical corporations that manufactured and marketed Covid-19 injections.
- Examine any and all influence Bill Gates maintains over World Health Organization objectives, in particular regarding the agency's response to Covid-19.

- Evaluate Tedros Adhanom Ghebreyesus's appointment as Director-General of the World Health Organization despite his lack of medical training, his membership of terrorist organisation the Marxist Tigray People's Liberation Front, and his role in documented human rights violations; with special reference to the involvement and/or response of Federal Government officials to his appointment.
- Assess the influence of the Chinese Communist Party over Tedros Adhanom Ghebreyesus in his role as World Health Organization Director-General, in particular regarding the agency's response to Covid-19.
- Review all reported financial mismanagement by the World Health Organization since 2009.
- Evaluate Australia's national and international commitments to public health and human rights to determine whether Australia's ongoing involvement with and funding of the World Health Organization is consistent with those commitments.

Explanatory Notes:

The World Health Organization (WHO) is tasked with a noble aim: to “promote health, keep the world safe and serve the vulnerable”. The United Nations agency deserves praise for its historic eradication of smallpox in the 1970s, and for its vaccination programs that have averted millions of preventable deaths among the poor from diseases like diphtheria, pertussis, measles and polio. In recent decades, however, the WHO has become increasingly politicised, compromised and scandal-ridden. Its handling of the Covid-19 pandemic is only the latest headline-maker in a growing list of fiascos and failures. Many remain unaware of the WHO's array of scandals, though they are all on the public record. Sadly, the world's poorest have the most to lose as the WHO continues on its downward trajectory. The global health body is in dire need of reform.

Prior to the 2009 swine flu outbreak, top scientists advised the World Health Organization on its influenza policies and recommendations. As a result, the WHO lowered the threshold of what constitutes a pandemic and subsequently applied this label to the outbreak.⁶⁷ The WHO then raised widespread fears that millions would die unless Western nations provided over \$1 billion in vaccine funding.⁶⁸ Funds came in, and nations raced to stockpile vaccines and antiviral drugs. In the end, the swine flu's death toll was approximately the same as that of an annual flu season.⁶⁹ A year later, the *British Medical Journal* published a report revealing a major conflict of interest: the same scientists who had advised WHO had close financial ties to pharmaceutical companies that stood to profit from the sale of vaccines and other flu treatments.⁷⁰ Ultimately, far more people than necessary were treated with the vaccine, and many of the stockpiled drugs were left unused.⁷¹ More damning still was that the World Health Organization was aware of this conflict of interest but failed to publicly disclose it at the time or even identify the members of its advisory committee.⁷² The Council of Europe — the international organisation that protects human rights and the rule of law in Europe — later held an inquiry into the affair. The inquiry's report condemned the agency for its “waste of large sums of public money, and unjustified scares and fears about the health risks faced by the European public.” Neither the WHO nor its advisers were

held accountable in what the inquiry's head called "one of the greatest medicine scandals of the century".⁷³

In 2017, the left-leaning news site *Politico* published an exposé on the "undue influence" that Bill Gates has over the World Health Organization and its global health agenda.⁷⁴ The story began: "Some billionaires are satisfied with buying themselves an island. Bill Gates got a United Nations health agency in Geneva." The article reported that the celebrity billionaire had recently become the WHO's second-largest donor after the United States, just outdoing the United Kingdom which came in third place. "This largesse gives him outsized influence over its agenda," *Politico* wrote, warning that Gates' contributions may be "distorting research priorities". Under his influence, the agency has apparently shifted its focus from building resilient health systems in poorer countries to a disproportionate emphasis on "projects with the measurable outcomes Gates prefers, such as the effort to eradicate polio," and "delivering vaccines and medicines".⁷⁵ More recently, Bill Gates has also praised China's inhumane lockdowns, and openly advocated for a mass tech surveillance network to combat the coronavirus pandemic. When *Politico* wrote its report, journalists interviewed 16 people and explained that most of them spoke on the condition of anonymity and were reluctant to openly criticise Gates. One Geneva-based NGO called Gates "one of the most influential men in global health" and said that he "is treated liked a head of state, not only at WHO, but also at the G20". *Politico* also warned that because so much of the Gates Foundation's money is derived from corporate investments, WHO's health policies could end up reflecting big business interests. To the extent that this is true, it is hardly the direction that should be taken by an agency with so much influence over international public health.

Ethiopian politician Tedros Adhanom Ghebreyesus was appointed Director-General of the WHO in 2017. Before this appointment, he was Ethiopia's Minister of Health (2005-2012) and then Foreign Affairs (2012-2016). During his time in the Ethiopian parliament, Tedros represented the revolutionary Marxist Tigray People's Liberation Front (TPLF), of which he was a prominent politbureau member.⁷⁶ The Global Terror Database lists the TPLF as a terrorist organisation.⁷⁷ The government Tedros served has been accused of violent repression, electoral fraud, weaponising aid, and committing gross human rights violations by Human Rights Watch and other organisations.^{78,79} During his time as health minister, Tedros also covered up three cholera outbreaks — not a glowing résumé for the world's top public health official.^{80,81} There was significant public outcry when Tedros was announced as a candidate for WHO's lead role.⁸² One denouncement came from the Amhara Professionals Union (APU), an advocacy group based in Washington DC that defends "the rights and interests of the Amhara people," a minority ethnic group in Ethiopia it maintains has been subject to "heinous crimes" by the Ethiopian regime for over 25 years.⁸³ The APU wrote that they would have happily supported Tedros' candidacy if they "were to consider only our Ethiopian or African background". But Tedros, they warned, was a "very poor choice for the job" who "lacks the competence, impartiality, accountability and transparency that we feel are required for a position of this magnitude". The group provided evidence that as health minister, Tedros had "treated his own citizens differently based on their

ethnicity” — actions “contrary to WHO’s goal of building a better, healthier future for all people”.⁸⁴ They also documented an unexplained 2.5 million decrease in the Amhara population during his health ministry tenure.⁸⁵ Tedros is the first Director-General in WHO’s 73-year history to hold the top job despite having no medical degree.⁸⁶ He did, however, hire an American public relations firm to help deliver a winning presentation before the global body.⁸⁷ He was also supported by China, who worked tirelessly behind the scenes to lobby for his election.⁸⁸ “Bought by the Chinese government” is how former U.S. Secretary of State Mike Pompeo described the arrangement.⁸⁹ The cosy relationship between Tedros and China was evident long before WHO’s misplaced praise for the Chinese Communist Party’s Covid-19 response. Immediately following his election, Tedros voiced support for the CCP’s claims over Taiwan.⁹⁰ He then appointed the brutal dictator Robert Mugabe — a CCP ally — as a WHO ‘goodwill ambassador’, before public backlash forced him to reverse course.⁹¹

The *Associated Press* revealed in 2017 that the WHO routinely spends \$200 million a year, or a tenth of its budget, on travel expenses.⁹² This is more than its annual expenditure on AIDS, hepatitis, malaria and tuberculosis combined. On her visit to Ebola-struck West Africa, then director-general Dr. Margaret Chan “spent the night in the top-tier presidential suite at the beach-side Palm Camayenne hotel” according to *AP*. The suite had marble bathrooms, an eight-seat dining table and a price tag of over \$1,000 a night. Chan’s travel expenses that year came in at more than \$370,000. During the Ebola crisis, Dr. Bruce Aylward — who oversaw the WHO’s mismanaged response to the outbreak — spent almost \$400,000 on travel. *AP* noted that he sometimes flew by helicopter to avoid travelling by jeep over muddy roads. Though the WHO introduced rules to try rein in its travel budget, senior officials have lodged internal complaints that staffers continue to book five-star hotels and business class flights with few repercussions. Ian Smith, the executive director of Dr. Chan’s office, has admitted to apathy at the WHO over this culture of misconduct. He told *AP* that “we, as an organisation, sometimes function as if rules are there to be broken and that exceptions are the rule rather than the norm.” Over \$800 million was spent on travel by the WHO between 2013 and 2017. On publishing its report, *AP* highlighted the irony that in preceding weeks, the WHO had appealed for \$100 million in donations to save Somalians from an ongoing drought, and a further \$126 million to avert a humanitarian catastrophe in Yemen.

The duplicity and corruption of the WHO was most clearly on display in its early handling of the Covid-19 outbreak, now the largest pandemic in modern history. It gave Tedros and his senior colleagues an ideal test of loyalty to China’s ruling Communist Party — one they passed with flying colours. The SARS-CoV-2 virus began spreading in the city of Wuhan possibly as early as October.⁹³ By late November, case numbers were rapidly rising, and the CCP began to arrest doctors and journalists who raised the alarm about the novel virus. In time, some of them would mysteriously disappear, while others like would succumb to the disease.⁹⁴ On December 31, Taiwan alerted the WHO that the virus was spreading through human-to-human transmission. But having excluded Taiwan from the World Health Assembly since the beginning of Tedros’ leadership, the WHO ignored Taiwan’s warning and hid this information from the public.⁹⁵

Finally, on the same day, China reported Covid-19's existence to the WHO, but refused any assistance, claiming to have the outbreak under control. A fortnight later, as deaths began to be recorded, the WHO unquestioningly repeated CCP propaganda that there was "no clear evidence of human-to-human transmission" of Covid-19.⁹⁶ Within days, China would admit that the virus is highly contagious and transmissible through human contact. To the incredulity of many global health experts, it would still take until the end of January for the WHO to declare a public health emergency, and until mid March to declare a global pandemic. When President Trump and other world leaders imposed travel bans from China, the CCP heavily criticised the move. Once again, the WHO sided with China. Tedros claimed there was no need for measures that "unnecessarily interfere with international travel and trade." Meanwhile, the CCP was locking down 50 million of its citizens and halting key domestic travel — all the while sending thousands of passengers abroad, including to Italy whose hospitals were quickly overwhelmed. The CCP went to great efforts to block news stories that tried to report accurate case numbers, and it heavily censored social media posts reporting on the outbreak. It took a visit from Tedros to President Xi Jinping before international WHO experts were finally allowed access to Wuhan in mid-February, leaving many questions unanswered about the CCP's activities in the intervening period.⁹⁷ China also delayed for 17 days before releasing the virus's genome sequence to the outside world.⁹⁸

Despite China's long catalogue of misconduct, senior WHO officials consistently sung the praises of the Communist nation for its handling of Covid-19. "The Chinese government is to be congratulated for the extraordinary measures it has taken to contain the outbreak," Tedros said in a speech.⁹⁹ He added: "The speed with which China detected the outbreak, isolated the virus, sequenced the genome, and shared it with [the] WHO and the world are very impressive, and beyond words. So is China's commitment to transparency and to supporting other countries." Most of this was demonstrably untrue, even at the time. In fact, it is now evident that China's months of lies and cover-ups, its suppression of dissidents, and its international politicking over Covid-19 prevented other nations taking action sooner, leading to the suffering and death of needless millions. Even so, China enjoyed endless praise from the world's peak health body. "I will praise China again and again," said Tedros, who doubled down when asked if the CCP applied pressure for such vocal support from the WHO.^{100,101} Nearly every step of the way — whether on the magnitude of the threat, masking advice, the reopening of wet markets,¹⁰² or the role of the Wuhan lab — the WHO was both wrong and unapologetic in its deference to the deceitful Communist leadership of China.

As if any more evidence of the WHO's subservience to the CCP were required, consider a remote interview that took place between a Hong Kong journalist and senior Tedros advisor Dr. Bruce Aylward — the aforementioned helicopter enthusiast.¹⁰³ When asked for comment on Taiwan's response to the virus, Aylward first pretended he couldn't hear the question. On being re-asked, he interrupted the reporter, saying, "No that's okay, let's move to another [question] then." She persisted, so he switched off the call. When the connection was re-established and the reporter

asked the question a fourth time, Aylward refused to acknowledge the existence of Taiwan, saying, “We’ve already talked about China.”

Over decades, the World Health Organization has become corrupt, inept, wasteful and mired in scandals. It is led by a Marxist revolutionary and is under the sway of billionaires, Big Pharma and communist dictators. Nations shouldn’t fund it, and people shouldn’t trust it. If the WHO can’t be reformed, it needs to be shut down and its funds be redirected to groups that are serving with integrity and accountability.

7.2 Pfizer

Recommended Terms of Reference:

- Review all clinical safety and efficacy data submitted by Pfizer and relied upon by the Therapeutic Goods Administration (TGA) for the provisional approval of the drug Comirnaty, including all correspondence and communications between the TGA and the United States Food and Drug Administration (FDA) regarding the FDA’s monitoring and auditing of Covid-19 injection clinical trials, in particular any correspondence that identified issues, complaints or concerns raised regarding those trials.
- Examine the legislative basis upon which the TGA was not required to independently audit Covid-19 injection clinical trials, including the trials’ patient-level data.
- Evaluate all contracts between Federal Government officials and representatives of Pfizer to determine whether the contract terms, prices paid and indemnities afforded were reasonable and proportionate; whether Pfizer demanded any sovereign assets as collateral; whether Pfizer negotiated to be shielded from their own acts of negligence, fraud and malice in such contracts; and whether Pfizer pressured any Federal Government officials or representatives to pass new legislation to clear the way for such contracts.
- Investigate to what extent Pfizer utilised foetal stem lines in the development, production and testing of the drug Comirnaty, and to what extent Pfizer hid any such relevant facts from the public.
- Determine the legislative basis upon which the TGA provisionally approved the drug Comirnaty for children aged 5 to 11 years against the advice of the World Health Organization and in the absence of adequate clinical trial data for children below the age of 12.

Explanatory Notes:

In 2003, a drug sales representative from Florida blew the whistle on his own company. He believed Pfizer was promoting an anti-inflammatory pill, Bextra, for ailments far broader than its approved uses.¹⁰⁴ As a result, patients were being put at risk of heart attacks, strokes and blood clots. A six-year investigation uncovered serious unethical conduct that included illegal promotion

of multiple drugs and paying kickbacks to compliant doctors. Bextra was taken off the market and Pfizer was ordered to pay US\$2.3 billion in penalties and settlement fees. This included a US\$1.195 billion criminal fine — the largest in U.S. history.¹⁰⁵

Pfizer's record-breaking fine is only a fraction of the penalties, damages and similar costs it has been forced to pay out in recent decades. It is a matter of public record that Pfizer has bribed doctors, committed environmental violations, covered up negative safety data, engaged in fraudulent marketing, and sold products that caused hundreds of deaths.¹⁰⁶ Project On Government Oversight is an independent watchdog that keeps a database of U.S. federal contractor misconduct. It has recorded 42 instances of malpractice at Pfizer since 1995, and US\$6.5 billion in penalties. On its Violation Tracker, the watchdog Good Jobs First has logged 97 separate violations by Pfizer with penalties totalling US\$10.1 billion since the year 2000.¹⁰⁷

One of Pfizer's lesser-known but most contemptible crimes was running an illegal drug trial on 200 Nigerian children. The experiments potentially caused 11 deaths and horrific side effects, including brain damage and organ failure.¹⁰⁸ In the year 2000, *The Washington Post* held an 11-month investigation into exploitative medical trials taking place in underdeveloped countries, called 'The Body Hunters'. Part 1 of their series uncovered Pfizer's secret tests in Africa: "Wall Street analysts said Pfizer might reap \$1 billion a year if Trovan, as it was known, won approval for all its potential uses. Pfizer also wanted to test the drug for use against meningitis, including an epidemic strain. The company couldn't find enough patients in the United States, so its researchers had come to Kano, among the dying. Doctors working with Pfizer drew spinal fluid from the girl, gauged her symptoms and logged her as patient No. 0069 at testing site No. 6587 in experiment No. 154-149. They gave her 56 milligrams of Trovan. A day later, the girl's strength was evaporating, Pfizer records show, and one of her eyes froze in place. On the third day, she died. Pfizer records are explicit. Action taken: 'Dose continued unchanged.' Outcome: 'Death.'"¹⁰⁹ Pfizer's patients were under the impression they were receiving an approved drug. Instead, they had been co-opted, without consent, into an experiment that violated Nigerian and international law. Again, Pfizer faced eye-watering fines for their misdeeds and ultimately paid millions to a Nigerian state government. Even so, years later, WikiLeaks published cables indicating that Pfizer had blackmailed Nigeria's Attorney General into dropping an additional \$6 billion federal suit against the pharmaceutical company for the illegal experiments.¹¹⁰

In early 2021, the Bureau of Investigative Journalism released a report detailing how Pfizer bullied Latin American countries during Covid-19 vaccine contract negotiations.¹¹¹ To secure a vaccine deal, the company made stunning demands. Argentina and Brazil were asked to put up sovereign assets such as federal bank reserves, embassy buildings and military bases as collateral. As might be expected in a pandemic, most governments signing deals with Pfizer offered them indemnity — meaning taxpayers, not Pfizer, would compensate victims who suffer an adverse reaction. But Pfizer wanted more from some governments, demanding to be legally shielded from their own acts of negligence, fraud and malice. Pfizer even pushed Argentina to pass new legislation to clear the way

for its agreement. One government official described Pfizer's conduct as "high-level bullying" and said it felt like they were being "held to ransom" to access life-saving medication.¹¹²

Following this exposé, Public Citizen released a similarly damning report in October. It obtained copies of nine Pfizer contracts from around the world which "offer a rare glimpse into the power one pharmaceutical corporation has gained to silence governments, throttle supply, shift risk and maximise profits in the worst public health crisis in a century".¹¹³ Pfizer's contract with Brazil prohibits its government from making "any public announcement concerning the existence, subject matter or terms of [the] Agreement" without the company's written consent. The U.S. government is subject to similar conditions. Without Pfizer's express permission, Brazil cannot buy Pfizer vaccines from other nations, distribute them to other nations, or even transport them outside of Brazil. Nor can the nation accept donations of the vaccine: to do so would be considered an "uncurable material breach" of their agreement, whereby Pfizer immediately terminates the contract and Brazil still pays in full. According to the United Kingdom's agreement with Pfizer, UK courts do not decide contractual disputes between the two parties. A secret panel of three private arbitrators get to resolve such matters under International Chamber of Commerce rules, and all outcomes must be kept secret.

The *British Medical Journal* (*BMJ*) is one of the world's oldest and most prestigious peer-reviewed medical journals. In November last year, the *BMJ* published an investigative report exposing serious data integrity issues in Pfizer's vaccine trial.¹¹⁴ Pfizer had hired a research group called Ventavia to enrol over 1,000 participants in a trial that would yield vital data to world governments on the safety and efficacy of their Covid-19 vaccine. But a regional director employed at Ventavia, Brook Jackson, witnessed serious negligence in relation to the trial. She lodged multiple complaints with the company. Ignored, Jackson then emailed her concerns to the FDA. Later the same day, Ventavia fired her.¹¹⁵ Brook Jackson told the *BMJ* that Ventavia "falsified data, unblinded patients, employed inadequately trained vaccinators, and was slow to follow up on adverse events reported in Pfizer's pivotal phase III trial". She also reported that patients were left unmonitored, vaccines were stored at incorrect temperatures, lab specimens were mislabelled, and Ventavia staff who reported such problems were targeted. Less than a week after the *BMJ* published its whistleblower report, Facebook began giving the report "misleading" and "false information" labels. Facebook's "fact checker" smeared the *BMJ* as a "news blog" and their report as a "hoax", while providing no assertions of fact that the *BMJ* got wrong.¹¹⁶ The FDA never investigated Jackson's allegations. Within months, the agency had approved the vaccine for use.

The U.S. Food and Drug Administration (FDA) relied on hundreds of thousands of pages of data in giving approval to the Pfizer-BioNTech vaccine. When a group of scientists asked the government to make this data public in November 2021, the FDA requested a federal court to grant them until 2076, or 55 years, to do so. The agency said that releasing 500 pages per month was the best they could do with limited personnel — a hollow claim given that the FDA took only 108 days to review the data in the first place.¹¹⁷ A month later, the FDA told the court they had

more data than previously mentioned, meaning they would need 75 years to release it all, extending the timeline to 2096. America's national media and the public were rightly outraged at this request. How could people be asked to "trust the science" if the science was to remain hidden until long after their death? Ultimately, a federal judge from Texas made a more sensible ruling, giving the FDA eight months to release its 450,000 pages of data.¹¹⁸

The use of foetal stem cells in the development of vaccines is a serious ethical issue for some people. As such, public health bodies like the U.S. National Institutes of Health (NIH) offered assurances early on that: "For those patients who refuse a [Covid-19] vaccine that is developed in a cell line that was derived from an abortion, alternatives exist: for instance, mRNA vaccines as a class are not designed, developed or produced in foetal cell lines."¹¹⁹ While some were satisfied with the mRNA alternatives, other members of the public were still opposed due to reports that foetal cell lines were used during the testing phase of these vaccines. Such concerns were born out when a Pfizer whistleblower leaked internal emails to Project Veritas, revealing that high-powered company executives wanted information on foetal cells kept from the public.¹²⁰ The emails discuss a stringently-vetted, company-approved paragraph that was designed to answer outsider questions about its use of foetal cells. It reads: "Human foetal derived cell lines are not used to produce our investigational vaccine, which consists of synthetic and enzymatically produced components. One or more cell lines with an origin that can be traced back to human foetal tissue has been used in laboratory tests associated with the vaccine program." In the correspondence, Vanessa Gelman, Pfizer's Senior Director of Worldwide Research, urges staff members to use the first sentence but omit the second when discussing the vaccine with the media, lawmakers and the public. "We want to avoid having the information on foetal cells floating out there," she wrote, adding, "We have been trying as much as possible to not mention the foetal cell lines."¹²¹ Given how important religious exemptions are in nations like the U.S., the intent of top Pfizer executives to hide plain facts from the public raises serious ethical questions.

In December 2021, Australia's Therapeutic Goods Administration (TGA) provisionally approved the Pfizer vaccine for children aged 5 to 11 years. But they did so against the advice of the World Health Organization. At the time, in an article about the Pfizer vaccine, under the subtitle, "Who should not take the vaccine?" the WHO cautioned: "There are currently no efficacy or safety data for children below the age of 12 years. Until such data are available, individuals below 12 years of age should not be routinely vaccinated."¹²² The Pfizer vaccine trial, which did not test enough children below the age of 12 to detect rare adverse events, was scheduled for completion in May 2023.¹²³ In other words, children who took the Pfizer vaccine before May 2023 date were effectively part of the drug trial.¹²⁴ The TGA has so far received 265 reports of death in relation to the Pfizer vaccine, and 954 reports of myocarditis (The TGA has not necessarily reviewed these cases or confirmed a causal link). Hundreds of severe adverse events in children have also been reported in Australia, including several deaths.¹²⁵ Ironically, Covid-19's infection fatality rate for children is 0.002%. In fact, according to the CDC, children are more likely to die from cancer, drowning, homicide, suicide or the flu than they are Covid-19.¹²⁶

Along with other Big Pharma companies, Pfizer has carved out an enviable business model. They enjoy free vaccine marketing thanks to dozens of national governments that have mandated their product. And the taxpayers compelled to take it foot the bill — not just for the doses but also for any injuries or deaths that result. Pfizer may have the approval of drug agencies, the protection of “fact checkers” and lucrative government contracts, but their history of criminal activity and their exploitation of the Covid-19 pandemic invite comparisons to drug cartels and the modern-day mafia. Serious reforms are needed at Pfizer if a discerning public is to be confident in their brand and products.

8.1 Conclusion

Much of the rhetoric surrounding the Covid era emphasises the virus as an unprecedented threat, despite the well-established scientific fact that the vast majority of people were never in danger. What was unprecedented was the response of Australian governments — whether in centralising and consolidating executive power, harming Aboriginal and Torres Strait Islander people and communities, exaggerating the risk of Covid-19 to the public, displaying apathy about the virus’s likely origins in a Communist-controlled laboratory, censoring medical professionals and other members of the public who dared challenge government narratives, indefinitely locking Australians inside of their own homes, closing state and international borders, securing contracts that indemnified pharmaceutical multinationals and that fritted away vast sums of taxpayer treasure for excessive and wasteful quantities of medication, approving novel medical products that appear to be contributing to excess mortality rates never seen in Australia outside of wartime, defying a century of medical ethics to force those medical products into the bodies of an unwitting public, banning alternative therapies and repurposed drugs that were arguably more effective than the mandated products, and engaging in countless other human rights violations.

In short, a Covid-19 Inquiry is not enough. Moreover, a Covid-19 Royal Commission with toothless Terms of Reference is not enough. Australian governments have much to answer for. Fortunately, there is now a growing appetite among members of the public, the media, and even of the Australian Parliament for answers and accountability. Those responsible for disastrous Covid-era policies might be afraid that a Royal Commission could embarrass them or call their decision-making into question. But that is no reason not to hold one. Royal Commissions exist, not to protect the bureaucracy from scrutiny, but to provide answers about bureaucratic abuses to the Australian people, along with assurances those abuses will never be repeated.

A Covid-19 Royal Commission is urgently needed. A Covid-19 Royal Commission with strong, robust, broad, detailed and comprehensive Terms of Reference is absolutely essential. As an organisation that advocates for faith, family, life and freedom, we at the Canberra Declaration urge the Committee to recommend a Covid-19 Royal Commission armed with no less than the Terms of Reference we commend to you in these pages. The Canberra Declaration also places on record

our formal endorsement of the submission compiled by Julian Gillespie, Katie Ashby-Koppens, and Peter Fam in collaboration with the Australian Medical Professionals Society.

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To: Assistant Commissioner, People and Cultural Reform TRM File:

Through: Craig Laidler, Commander Southern TRM Doc:

Through: Antony Deutrom, Superintendent, Divisional Officer, Alice Springs Police Station

From: Leith Phillips, Sergeant, No. 2075, Alice Springs Police Station Date: 05 October 2021

Re: Submission to consultation on the intended introduction of mandatory COVID-19 vaccination and mandatory mask wearing for unvaccinated members of NTPFES.

Background

The Assistant Commissioner, People and Cultural Reform has called for consultation on the intended introduction of mandatory COVID-19 vaccination and mandatory mask wearing for all members unvaccinated.

Find following my submission to this request for consultation.

Current situation

I write in response to your broadcast seeking consultation with the organisation regarding your vision for SARS-CoV-2 (COVID-19) and to you to raise my concern about the following issues:

1. General NTPOL response to COVID-19;
2. Consultation on Mandatory COVID-19 Vaccination for Northern Territory Police Force Members¹;
3. Message to NTPS All – COVID-19 Update²;
4. Consultation on Mask Wearing Policy³.

I seek to submit my comments and concerns to the advertised 'consultation' process which I have previously brought to the Commissioner of Police (COP) attention on 02 September 2020 and again on 10 August 2021, for which I have since been chastised / counselled through the chain of command and instructed not to communicate with the COP again on this topic. So, I take this opportunity to again raise my concerns as follows.

¹ Broadcast issued to PFES Everyone, 24 September 2021 @ 0814 hours, authorised by Acting Assistant Commissioner, People and Cultural Reform.

² Broadcast issued to all NTG employees, 15 September 2021, authorised by Jodie Ryan, CEO, Department of the Chief Minister and Cabinet.

³ Broadcast issued to PFES Everyone, 30 August 2021 @ 0800 hours, authorised by Acting Assistant Commissioner, People and Cultural Reform.

General police response to COVID-19

'Health is a state of physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO Constitution, 1948).

The use of police during the Australian Governments (state and federal) response to COVID-19 around the country, and to a lesser extent within the Northern Territory (NT), has done nothing but erode community trust in their police forces.

The initial response in February / March 2020 to COVID-19 appeared appropriate given there was limited information at the time with which to make informed decisions. Since this time, however, the amount of scientific data has exploded as well as data relating to COVID-19 and its effects upon individuals and the community in general.

As was referenced by ex-NSW Police Officer, Alexander Cooney, in his 'Open Letter' to Police Commissioner of New South Wales (NSW),

... the initial modelling from the Imperial College in the UK ⁴and the Peter Doherty Institute here in Australia, indicating a catastrophic number of cases that would severely burden our hospital system and could result in up to 150,000 Australian deaths⁵, it is easy to comprehend why our governments would respond as they did and why the vast population would comply...⁶

We were told during this time that we needed to 'flatten the curve', to avoid overloading our critical care beds and that we would not have sufficient ventilators with which to cope with the predicted (modelled) catastrophic numbers expected to be infected with COVID-19.

As time has gone on, it has become apparent that the modelling was wrong or at best, inaccurate. The World Health Organisation (WHO) website listed an article which detailed research in 48 African countries and found the Fatality Infection Rate (IFR) was an average of 0.23% of those infected with COVID-19⁷. This is a recovery rate of 99.77%. A similar IFR was identified by Professor John P Ioannidis⁸ who concluded the following as a result of his studies across 51 locations around the globe:

"... Uncorrected estimates of the infection fatality rate of COVID-19 ranged from 0.01% to 0.67% (median 0.10%) across the 19 locations with a population mortality rate for COVID-19 lower than the global average, from 0.07% to 0.73% (median 0.20%) across 17 locations with population mortality rate higher than the global average but lower than 500 COVID-19 deaths per million, and from 0.20% to 1.63% (median 0.71%) across 15 locations with more than 500 COVID-19 deaths per million.

⁴ <https://www.imperial.ac.uk/news/196234/covid19-imperial-researchers-model-likely-impact/>

⁵ <https://www.smh.com.au/politics/federal/australia-prepares-for-50-000-to-15-000-coronavirus-deaths-20200316-p54amn.html>

⁶ https://12224e9c-a5fa-4daf-962b-f9379e0c0efa.filesusr.com/ugd/e12357_2548d50a7bb541acaa2c0705f46f6759.pdf

⁷ [Estimates of the COVID-19 Infection Fatality Rate for 48 African Countries: A Model-Based Analysis | BioMed; 1\(1\):63-79, 2021. | MDPI \(bvsalud.org\)](#)

⁸ Professor John PA Ioannidis, Meta-Research Innovation Center at Stanford (METRICS), Stanford University, 1265 Welch Road, Stanford, California 94305, United States of America

The corrected estimates of the median infection fatality rate were 0.09%, 0.20% and 0.57%, respectively, for the three location groups.”⁹

In Australia we find the IFR, as at 27 September 2021, is sitting at 0.012% whereby there have been 97,540 cases with 1,231 recorded deaths (as per the statistic tiles listed below which are updated daily by states and territories)¹⁰.



This is vastly lower than the 150,000 deaths modelled last year and yet we still have severe restrictions being imposed upon the Australian populace.

The police response to this pandemic has been nothing short of highly demanding and intimidating to the general public.

Why are we (police) being made to ask people what their reasonable excuse is and to show proof of where they have been, even to the point of interrogating a person's private data on their mobile devices? If I want to do this for a criminal investigation, I must first have prior informed consent or a search warrant. How do these 'health orders' bypass historical rights and protections.

Why are we (police) being made to criminalise ordinary Jo Citizen if the person exercises their right to silence and the right not to self-incriminate?

My understanding is that the health minister, and by proxy, the Chief Health Officer (CHO), do not have the power to create offences. Why are police being asked to act as the enforcers of these directives? Does this mean that health ministers and CHO determine what police can and can't do? What else will the CHO dictate that police should do? How will this affect the relationship of police and the community? I am happy to be corrected here.

⁹ [Infection fatality rate of COVID-19 inferred from seroprevalence data \(nih.gov\)](#)

¹⁰ [Coronavirus \(COVID-19\) case numbers and statistics | Australian Government Department of Health](#)

The recent actions and tactics being deployed by Victorian Police, specifically the Riot Squad, are deplorable. It is evident that the 'leash' has been removed by the Chief Commissioner and we now see progressively aggressive tactics being used by this group to suppress people's freedom of speech and movement even when they are compliant with social distancing requirements.

I was recently required to speak with a person who flew into the NT. This man had forgotten he had attended a café or similar prior to going to the airport. He rang in the middle of the night because he was terrified, he would be sent to the Todd Facility and fined over \$5000. When I spoke with this man, who was an average, law abiding citizen. He was shaking and frightened he had done the wrong thing. So much so that he rang at 0130 hours in the morning. I attempted to allay his concerns however he could not sleep and ended up being 'deported' on the grounds he had come from a declared 'hotspot' (which, if you read the PCR section below, raises significant concerns at these declarations being made based on flawed data).

Vaccination and related issues

There is a growing body of work being published and supported by thousands of doctors and health professionals not only within Australia but around the world who are calling for an end to 'lock-downs' and the forced use of 'vaccines' which have been granted 'emergency authorisation' only.

One of these 'bodies' is the 'Covid Medical Network' (CMN), which is based in Australia¹¹. As I previously advised the Commissioner of Police (CoP), this is not a group of extremists, 'anti-vaxxers', or conspiracy theorists, but level-headed, professionals in their fields of expertise who hold great concerns at the current response to COVID-19 in this country. The 'Statement of the Australian Covid Medical Network', although focused on the State of Victoria, provides a balanced stance for all Australian States and Territories with a view forward in the current COVID-19 response¹².

In their (CMN) on-line webpage they provide various articles which relate directly to this 'consultation' process sought by the CoP and provides a great reference for the consultation group.

In the United States of America (USA), a group of leading critical care specialists came together to form the 'Front Line COVID-19 Critical Care Alliance' (FLCCC). In their mission statement they list their objective as being "... dedicated to developing highly effective treatment protocols to prevent transmission of COVID-19 and to improve the outcomes for patients ill with the disease..."¹³

One of the core medications listed in the FLCCC protocols for the prevention and treatment of COVID-19 was ivermectin. This anti-parasitic medicine has been given 3.7 billion times around the world and won the Nobel Prize in 2015 for its global and historic impacts in eradicating endemic parasitic infections in many parts of the world. The FLCCC go on to highlight that ivermectin has proven to be highly potent against COVID-19... it has shown

¹¹ <https://www.covidmedicalnetwork.com>

¹² <https://covidmedicalnetwork.com/about-covid-medical-network/declaration-statement.aspx>

¹³ [About us - FLCCC | Front Line COVID-19 Critical Care Alliance \(covid19criticalcare.com\)](https://www.frontlinecovid19.com/about-us)

antiviral and anti-inflammatory properties throughout the world¹⁴. Support for the use of ivermectin against COVID-19 was published in 2020¹⁵.

Interestingly the 'Therapeutic Goods Authority' (TGA) in Australia on 10 September 2021 banned the 'off label' prescribing rights for all doctors in Australia¹⁶. The TGA gave their reasoning as "... because of concerns with prescribing of oral ivermectin for the claimed prevention or treatment of COVID-19..." Surely the fact this drug was being prescribed by highly trained medical practitioners should not warrant such a severe reaction from the TGA? There were several high-level authorities within Australia who questioned the TGA without response.

Emeritus Professor of Pathology at the University of Newcastle Medical School, Robert Clancy, wrote in Quadrant online on 13 September 2021,

"...[this] was a black day, the day a group of faceless bureaucrats known as the 'Advisor Committee for Medicines Scheduling', through its effector arm, the 'TGA', compromised medical practice and the health of their fellow Australians. The TGA used its regulatory muscle to prevent doctors at the COVID-19 pandemic's coalface from prescribing ivermectin, the one therapy available that is safe, cheap and which reduces mortality in the order of 60%. This poorly conceived action threatens the high standards of medical practice we have achieved in Australia, and the credibility of the administrative structure within which medicine operates..."¹⁷

It is also interesting to note at this stage that the TGA provided emergency authorisation for the use of Pfizer 'vaccine' with no independent research. In an FOI (#2289) response from the TGA dated 21 May 2021¹⁸, the authority advised the following:

"... the TGA does not hold any relevant documents relating to points 1 and 2 of your FOI, to be clear, the TGA does not hold individual Level Patent Data in relation to this application for provisional registration..."

Points 1 and 2 in the original FOI were listed as:

"[1] No request for raw (patent-level) data from the sponsor (Pfizer) was made by TGA in assessing this application for provisional registration.

"[2] No committee review of the raw (patent-level) data from the sponsor (Pfizer) took place in assessing this application for provisional registration."

The TGA said in July 2021 that their decision was made after careful evaluation, including clinical studies, "The decision has been made on the basis of short-term efficacy and safety data," the TGA said in a statement. "Continued approval depends on the evidence of longer-term efficacy and safety from ongoing clinical trials"¹⁹.

So, on the one hand, the TGA have banned a medicine which has been used globally on over 3 billion people for many years with limited side effects based on the fact they were

¹⁴ [COVID-19 Protocols - FLCCC | Front Line COVID-19 Critical Care Alliance \(covid19criticalcare.com\)](https://www.flccc.org.au/covid-19-protocols)

¹⁵ [Ivermectin as Prophylaxis Against COVID-19 Retrospective Cases Evaluation \(scivisionpub.com\)](https://www.scivisionpub.com/ivermectin-as-prophylaxis-against-covid-19-retrospective-cases-evaluation)

¹⁶ [New restrictions on prescribing ivermectin for COVID-19 | Therapeutic Goods Administration \(TGA\)](https://www.tga.gov.au/news-and-media/news/new-restrictions-prescribing-ivermectin-covid-19)

¹⁷ <https://quadrant.org.au/opinion/public-health/2021/09/a-sad-and-shameful-day-for-australian-medicine>

¹⁸ [FOI: Notice of decision \(covidmedicalnetwork.com\)](https://www.covidmedicalnetwork.com/foi-notice-of-decision)

¹⁹ [Australia's TGA finds Pfizer COVID-19 vaccine is safe for children aged 12 to 15 - ABC News](https://www.abc.net.au/news/2021-07-15/australia-tga-finds-pfizer-covid-19-vaccine-is-safe-for-children-aged-12-to-15/10118444)

concerned that medical professionals would not be able to properly monitor their patients and that the patient would not comply with COVID-19 testing. Whereas on the other hand, the TGA have granted emergency authorisation to a company who has been subject to the largest health care fraud settlement and the largest criminal fine of any kind with \$2.3 billion in 2009. The list of failure to provide adequate warning to patients is quite long²⁰. So according to the TGA we are expected to believe Pfizer's report that their 'vaccine' is safe?

Further evidence of alternative treatment to the COVID-19 'pandemic' as indicated by the FLCCC is to be found in India, specifically Uttar Pradesh (and several other states), which has an estimated population of over 202 million people. They have a COVID-19 vaccination rate of around 5%. The current recovery rate within the state is running at 98.7% and have pointed to their early use of Ivermectin as having kept their cases and death rate low²¹.

Consent

An area of great concern regarding the current Pfizer vaccines (& similar RNA products) is that in the area of informed consent. The Australian Immunisation Handbook provides clinical advice for health professionals on the safest and most effective use of vaccines in their practice²².

Within the handbook is a specific section on 'Vaccination Procedures'. Within this section is advice and instruction for medical professionals concerning 'valid consent' when preparing for vaccination. In this area, the handbook describes valid consent as:

"Valid consent is the voluntary agreement by an individual to a proposed procedure, which is given after sufficient, appropriate and reliable information about the procedure, including the potential risks and benefits, has been conveyed to that individual."

Further, the criteria for valid consent is listed as follows:

"For consent to be legally valid, the following elements must be present:

1. It must be given by a person with legal capacity, and of sufficient intellectual capacity to understand the implications of receiving a vaccine.
2. It must be given voluntarily in the absence of undue pressure, coercion or manipulation.
3. It must cover the specific procedure that is to be performed.
4. It can only be given after the potential risks and benefits of the relevant vaccine, the risks of not having it, and any alternative options have been explained to the person.

The person must have the opportunity to seek more details or explanations about the vaccine or its administration.

The information must be provided in a language or by other means that the person can understand. Where appropriate, involve an interpreter or cultural support person.

²⁰ [Pfizer | Company History, Products & Lawsuits, COVID-19 Vaccine \(drugwatch.com\)](#)

²¹ <https://www.redvoicemedia.com/2021/09/india-state-that-pushed-ivermectin-now-free-of-active-covid-19-cases/>

²² [The Australian Immunisation Handbook \(health.gov.au\)](#)

Obtain consent before each vaccination, after establishing that there are no medical condition(s) that contraindicate vaccination. Consent can be verbal or written.”²³

As can be seen from the handbook, consent to being vaccinated can only be through informed consent and that is without the threat of undue pressure, coercion or manipulation of any kind.

A reasonable person would come to a natural conclusion that the threat of losing your job without the evidence to support that person being a risk to others in this current COVID-19 response, would deem the administration of the vaccination to be subject to undue pressure, coercive and unlawful and/or at the very least, highly unethical.

Which leads directly into the Nuremberg code which is a set of research ethics principles for human experimentation created by the US v Brandt court as one result of the Nuremberg trials at the end of the Second World War. It was developed following WW2 and addresses human medical experimentation and specifically the voluntary consent of the human subject is absolutely essential²⁴. The code goes on to articulate what consent is, most of which is not dissimilar to the Australian immunisation Handbook guidelines on consent.

The current narrative is that this code does not apply to the COVID-19 ‘vaccinations’ as they are ‘approved vaccines’ and therefore not a medical experiment. However the TGA has granted emergency authorisation because the vaccination is still under research. One does not justify the other.

Further, there is currently before the Parliament of the Commonwealth of Australia a private members bill, titled ‘No Domestic COVID Vaccination Passports Bill 2021’. In the explanatory memorandum, it provides the following quotes²⁵:

The UN Economic and Social Council has stated that the right to health under the *International Covenant on Economic, Social and Cultural Rights* contains both freedoms and entitlements:

“The freedoms include the right to control one’s health and body, including sexual and reproductive freedom, and the right to be free from interference, such as the right to be free from torture, non-consensual medical treatment and experimentation.”

The Australian Human Rights Commission stated:

“Australians have been and continue to be exposed to potentially unnecessary restrictions of their rights and freedoms because of the lack of transparency and accountability and Covid-19 emergency measures must be prescribed by law, be necessary and proportionate, must be justified and regularly scrutinised, must be temporary and must be non-discriminatory.”

²³ [Preparing for vaccination | The Australian Immunisation Handbook \(health.gov.au\)](https://www.health.gov.au/healthcare/preparing-for-vaccination)

²⁴ [Nuremberg Code - history - Office of NIH History and Stetten Museum](https://www.nih.gov/history/nuremberg-code)

²⁵ [No Domestic COVID Vaccine Passports Bill 2021 \(legislation.gov.au\)](https://www.legislation.gov.au/ulocs/other/bills/2021/1)

In a discussion of the s 51(ix) of the Constitution quarantine power in *Attorney-General (Vict) v The Commonwealth ("Pharmaceutical Benefits Case")* (1945) 71 CLR 237 at 257, Latham CJ held in obiter:

"The [Commonwealth] parliament could not pass a law requiring citizens of the States to keep their premises clean or to submit to vaccination or immunization."

I do not think I need to expand this further other than to say it is apparent the consideration of mandatory vaccination in order to retain your employment is unethical and I would consider unlawful.

PCR

Polymerase chain reaction (PCR) was developed by Kary B. Mullis and awarded the Nobel Prize for it in 1993. It is described as a thermal cycling method used to make up to billions of copies of a specific DNA sample, making it large enough to study. According to Mullis himself,

... PCR cannot be totally and should never be used as a tool in "the diagnosis of infection diseases".²⁶

It appears the problems with the PCR test can be summarised as follows:

- Result is binary – positive or negative. All positive results are treated the same way, but some positive results require more cycles than others.
- The cycle count is not shown on the test report (and doctors do not readily have cycle count information when they receive a positive test report).
- The test does not test for the presence of a virus, but rather, a fragment of the virus. Question arises then is the fragment specific to coronavirus or more specifically the SARS-CoV-2 virus (which is one of coronaviruses known to infect humans – most human coronaviruses causes the common cold)²⁷.

Further, does the PCR test mean that the patient is infectious? Michael Mina, an expert in viral testing protocol states the following in the Harvard Magazine²⁸:

"Positives produced with more than 30 cycles are unlikely to find infectious patients. Such tests detect tiny fragments of viral RNA even after the patient has recovered. The vast majority of PCR positive tests we currently collect in this country are actually finding people long after they have ceased to be infectious... Results can't be relied on to guide the epidemiological efforts of public-health officials, which are focused on preventing transmission and controlling outbreaks".

Further, the Australian Government Department of Health has stated, "It should be noted that PCR tests cannot distinguish between "live" virus and non-infective RNA"²⁹.

²⁶ [What is a PCR Test Kit by Kary Mullis? – eClassifie.com](https://www.youtube.com/watch?v=iWOJKuSKw5c) & <https://www.youtube.com/watch?v=iWOJKuSKw5c>

²⁷ [Covid Medical Network | PCR Testing](#)

²⁸ [New Test Paradigm Needed for SARS-CoV-2 | Harvard Magazine](#)

²⁹ <https://www.health.gov.au/sites/default/files/documents/2020/03/coronavirus-covid-19-information-for-clinicians.pdf?fbclid=IwAR0sTIOk3KO32Bb8n6T97MSEi6omt0ZimWYb-rl0TJB2Pgqus6eB5jfsH5U>

This is just a sample of the research which is out there if one cares to look for it which has been subject to peer review. If then, the PCR tests are flawed for detecting infectiousness, why are we still using it? Why are we using PCR tests to take away human rights and issue punitive punishment to people who are of no threat to the wider community?

The Covid Medical Network provides a simple recommendation to the Australian Health Authority on the PCR testing and for testing of COVID-19 in general, however what is clear is that case numbers alone must not be the absolute target whereby the public must sacrifice everything to attain 'safety'.

Masks

It is interesting to see the mandate on mask wearing being pushed by our Government and the CoP. 'Pandemics – Data & Analysis' (PANDA)³⁰ issued a report in May 2021 titled, 'Declaration for the protection of children & young people from the COVID-19 response'. In it they listed numerous recent reviews and studies of the ineffectiveness of masks and associated harms as listed below (it should be noted this is not an exhaustive list):

"The WHO lists mask disadvantages: discomfort, headaches, breathing difficulties, self-contamination, facial lesions, a false sense of security and poor compliance, among others." (WHO, 2020b)³¹;

"At present, there is no direct evidence (from studies on COVID-19 and in healthy people in the community) on the effectiveness of universal masking of healthy people in the community to prevent infection with respiratory viruses, including COVID-19." (WHO, 2020a)³²;

"The pooled results of randomised trials did not show a clear reduction in respiratory viral infection with the use of medical/surgical masks during seasonal influenza. There were no clear differences between the use of medical/surgical masks compared with N95/P2 respirators in healthcare workers when used in routine care to reduce respiratory viral infection." (Jefferson et al., 2020) - Cochrane Review³³;

"It would appear that despite two decades of pandemic preparedness, there is considerable uncertainty as to the value of wearing masks." (Jefferson & Heneghan, 2020) - The Center for Evidence-Based Medicine, University of Oxford³⁴;

"We did not find evidence that surgical-type face masks are effective in reducing laboratory-confirmed influenza transmission, either when worn by infected persons (source control) or by persons in the general community to reduce their susceptibility." (Xiao et al., 2020) - Centers for Disease Control and Prevention³⁵.

³⁰ [Declaration for the Protection of Children and Young People from the COVID-19 Response - PANDA \(pandata.org\)](#)

³¹ [WHO-2019-nCov-IPC Masks-2020.5-eng.pdf](#)

³² [WHO-2019-nCov-IPC Masks-2020.4-eng.pdf](#)

³³ [Physical interventions to interrupt or reduce the spread of respiratory viruses - Jefferson, T - 2020 | Cochrane Library](#)

³⁴ [Masking lack of evidence with politics - The Centre for Evidence-Based Medicine \(cebm.net\)](#)

³⁵ [Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures - Volume 26, Number 5—May 2020 - Emerging Infectious Diseases journal - CDC](#)

Summary

The use of Australia's police forces in the quelling of dissent from the general public and in criminalising ordinary, hardworking, long-term taxpayers through randomised and highly confusing CHO orders is nothing short of totalitarianism. It has been gut-wrenching for me to watch how quickly a Western Democracy has slide into oblivion whereby what we once thought of as sacred, inalienable human rights have been blown away within an 18-month period.

We must learn from history. As was recently recognised by Bill Muehlenberg in his post 'German history in light of COVID: The 1930s and 40s revisited', he wrote

"History is a wonderful tool for understanding human nature and group behaviour."³⁶

It appears that in the current climate the old adage about those who ignore history are doomed to repeat it is looming as a stark reality within this country.

18 months ago, I would never have thought that you could obtain 'Prospective Data' (mobile telephones) authorisation on the basis that you needed to find someone who had not 'reported' in at the border; or that pregnant woman would be dragged out of their vehicle by baton wielding police officers; or that the riot squad would replicate the last charge of the light horse through the Melbourne markets, to identify a few 'adverse' incidents with policing both in the NT and interstate.

It is also interesting, or more specifically, worrying, to see the public narrative using fear to isolate any person who holds a contrary view to the current mandate on vaccinations, isolations, and mask wearing.

"... A recurrent theme in Nazi anti-Semitic propaganda was that Jews spread diseases. To prevent non-Jews from attempting to enter the ghettos and from seeing the condition of daily life there for themselves, German authorities posted quarantine signs at the entrances, warning of the danger of contagious disease. Since inadequate sanitation and water supplies coupled with starvation rations quickly undermined the health of the Jew in the ghettos, these warnings became a self-fulfilling prophecy, as typhus and other infectious diseases ravaged ghetto populations. Subsequent Nazi propaganda utilised these man-made epidemics to justify isolating the "filthy" Jews from the larger population..."³⁷

Sound familiar with the current narrative of fear? If you don't do this, you will die. If you don't get vaccinated, you will kill others.

"First the papers. Vaccine mandates and vaccine passports are just like 1938, when the Gestapo demanded papers from every German... By the way, this isn't about vaccines. If you want the vaccine, take it. I'd never stop you. I'd never limit your freedom, your choice. This is about vaccine mandates – forcibly injecting Americans who don't want it. That's 1938... but there's much more in common with 1938. Mask mandates. If you're scared, wear them. I'm not scared. I don't want to wear them. Mandates are about forcing individuals to lose their freedom, choice, individuality and human rights. That's 1938. Lockdowns are a match with the Warsaw Ghetto... if government can force us to close our businesses, to kill our jobs, to decide who is

³⁶ <https://blog.canberradeclaration.org.au/2021/09/20/german-history-in-light-of-covid-the-1930s-and-40s-revisited/>

³⁷ <https://www.wnd.com/2021/08/welcome-1938-first-came-unvaccinated/>

nonessential, then this is 1938. Stars on clothing... The vaccinated get into restaurants, bars, concerts, supermarkets, planes and trains. They keep their jobs. The rest of us are marked as 'subhuman' for life. That's the star. That's 1938."³⁸

Mock history if you dare. But I grew up with a family who studied history so that we would not make the same mistakes in the future.

My immediate family lost two uncles killed in the line of duty in WW2; an uncle taken prisoner of war (POW) by the Japanese and horrendously treated; my grandfather taken POW by the Germans and my own father who saw action in Tarakan, an island off the coast of Borneo. I have served the community of the Northern Territory for 23 years within the NT Police. I have PTSD from my experiences. My family has paid the ultimate sacrifice and continues to do so for the human rights and privileges of freedom we enjoy, or used to enjoy, in this country.

The rest of the world are mocking Australia now due to the totalitarian regime being enforced in Victoria and the other states and to a lesser degree here in the NT.

It is time to stop.

It is time to say enough.

It is time to open our community up and let us live again.

It is time for the NT Police to stop being the handmaiden to the Chief Health Officer and have them do their own dirty work and let us get back to our real job, which is to serve and protect our community.

In closing I provide a quote from Fair Work Commission deputy president, Lyndall Dean, in her dissenting decision dated 27 September 2021, on an appeal hearing (C2021/2676). She states the following, and I am in full agreeance with her³⁹:

[181] Blanket rules, such as mandating vaccinations for everyone across a whole profession or industry regardless of the actual risk, fail the tests of proportionality, necessity and reasonableness. It is more than the absolute minimum necessary to combat the crisis and cannot be justified on health grounds. It is a lazy and fundamentally flawed approach to risk management and should be soundly rejected by courts when challenged.

[182] All Australians should vigorously oppose the introduction of a system of medical apartheid and segregation in Australia. It is an abhorrent concept and is morally and ethically wrong, and the antithesis of our democratic way of life and everything we value.

[183] Australians should also vigorously oppose the ongoing censorship of any views that question the current policies regarding COVID. Science is no longer science if a person is not allowed to question it.

[184] Finally, all Australians, including those who hold or are suspected of holding "anti-vaccination sentiments", are entitled to the protection of our laws, including the

³⁸ <https://www.wnd.com/2021/08/welcome-1938-first-came-unvaccinated/>

³⁹ [Fair Work Commission – Appeal of decisions Jennifer Kimber v Sapphire Coast Community Aged Care Ltd – Constitution Watch](#)

Memorandum: ASCOM consultation on COVID-19 vaccination & masks – Sgt Leith Phillips

protections afforded by the Fair Work Act. In this regard, one can only hope that the Majority Decision is recognised as an anomaly and not followed by others.

Recommendation

That no mandate is made on the forced, coerced or manipulated vaccination of any employee within NTPFES.

That no mandate is made on the forced wearing of masks for any employee who is not vaccinated.

That this memorandum is forwarded to the Assistant Commissioner, People & Cultural Reform for inclusion in the consultation process.

Sincerely,



Leith Phillips
Sergeant, No. 2075
Alice Springs Police Station

cc President NTPA

Antony Deutrom
Superintendent
Alice Springs Division

Noted / Please Discuss

Date:

Comments:

Craig Laidler
Commander – Southern Command
Remote & Regional Operations

Noted / Please Discuss

Date:

Comments:

Bruce Porter
Assistant Commissioner
People & Cultural Reform

Noted / Please Discuss

Date:

Comments: