Senate Legal and Constitutional Affairs Committee
Committee Secretary
Via email: legcon.sen@aph.gov.au

12 January 2024

TO

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Covid-19 Royal Commission

An inquiry into the appropriate terms of reference for a COVID-19 Royal Commission that would allow all affected stakeholders to be heard

Dear Senators,

When the world was forced to bear the vicissitudes of the Covid-19 pandemic the values of trust, transparency and accountability were the pillars upon which public health and safety needed to stand. However, during the throes of the pandemic to now the wake of Covid-19, the foundations of Australia's public health system response have been called into question.

This submission on proposed Terms of Reference delves into a multifaceted examination of the roles undertaken by Australian governments, agencies, and institutions, involved in the management of the Covid pandemic, encompassing the intricate landscape of public health, pharmaceutical approvals, pharmacovigilance, differential pandemic management, monitoring systems and public messaging, the influence of Australian governments on restricting non-government public opinions, the independence of Health Practitioners, the role of government in the Doctor-Patient relationship, the status of valid Informed Consent in Australia, the legitimacy of mandated treatments to the exclusion of established and alternate treatments, the role of the judiciary and, the vitally significant question of the relevance of Human Rights in a pandemic environment.

In brief, the following Terms of Reference seek to establish whether the actions taken by Australian governments involved assessment of costs and benefits in relation to overall human health and wellbeing during and following the Covid era.

Created by Julian Gillespie LLB, BJuris; Peter Fam LLB; and Katie Ashby-Koppens LLB

The era of Covid-19 was unique and involved an almost complete departure away from prior pandemic planning resulting in ad hoc and disparate management by Australian governments.

All Co-Authors and Co-Signatories here bore witness to and experienced unprecedented encroachments onto their personal liberties, many of which are deemed inviolable and non-derogable under international Human Rights law.

Australians need a Royal Commission created by Australians, not a Royal Commission crafted by the public servants it is meant to examine. Were the latter to occur the solemn institution of Royal Commissions would be made a mockery and confirm a concerted distance and rift between The Australian People and Australian governments. That cannot be allowed to occur.

The range of problematic issues Australian governments are seen to be responsible for or implicated in have only been briefly elucidated in the following Terms of Reference.

The depth and breadth of the multifaceted examination needed for restoring confidence in Australian governments and public health requires information to be received from many Australian and overseas subject matter experts, in order that appropriate expertise accurately informs this Committee.

All Co-Authors and Co-Signatories implore the Committee to make sufficient allowance to hear briefly from all Proposed Witnesses named below each Term of Reference, so those qualified Witnesses may further impress upon the Committee the need to include respective Terms of Reference, so the proposed Royal Commission is properly empowered to examine all issue of concern which impacted Australian citizens throughout 2020 into 2023, in respect of the management of SARS-CoV-2 and Covid-19.

The hearing from Witnesses will take several months. We submit this is a reasonable and necessary task for determining appropriate Terms of Reference for a fully empowered Royal Commission allowing all affected stakeholders to be heard, when examining the all-of-government response to, and management of, Covid-19 on a total population basis.

To aid in a full and proper examination of the Australian public health response to Covid-19 by the creation of a Covid-19 Royal Commission, empowered by Letters Patent, these Terms of Reference are presented to the Legal and Constitutional Affairs References Committee to assist in the creation of appropriate Letters Patent, and were created by the following Co-Authors:

Julian Gillespie LLB, BJuris, Children's Health Defense, Australia
Professor Wendy Hoy AO, FAA, FRACP, MBBS(H1), BScMed(H1)
Professor Philip Morris AM, MBBS, BSc(med), PhD, FRANZCP, FAChAM(RACP)
Emeritus Professor Robert Clancy AM, MBBS (Hons), BSc (Med), PhD, FRACP, FRCPA

Adj. Professor Fellow Paul Stevenson OAM, CSW, BA (Mus), Dip Psych, MOP, MAAETS, MAPS, MAIIA, MCCAT, MUNAA, Fellow AAPi, Fellow ACCP
Emeritus Professor Ramesh Thakur BA(Hon), MA, PhD, LLD (hc)
Professor Ian Brighthope MBBS, Dip Ag Sci, FACNEM, FASE, MAIAST
Professor Paul Frijters PhD, Emeritus Professor London School of Economics, Professor of Economics MBSC, Australians for Science and Freedom
Professor Gigi Foster PhD, UNSW Schools of Economics, Australians for Science and Freedom
Professor Brendan Vote MBBS, Australians for Science & Freedom
Professor Robyn Cosford MBBS(Hons), FACNEM, Children's Health Defense, Australia
Professor Augusto Zimmermann PhD, LLM, LLB, DipEd, CIArb
Associate Professor Michael Sladden MBChB, MAE, FRACGP, MRCP, FACD
Associate Professor Peter Parry MBBS, PhD, RANZCP
Associate Professor Mark Jones B.Sc.(Hons), PhD
Adj. Associate Professor Michael Keane BMBS, FANZCA
Dr Christopher Neil MBBS, FRACP, PhD, Australian Medical Professionals Society
Dr Duncan Syme MBBS, FRACGP, DRACOG, Dip Prac Dermatology (University of Cardiff), Australian Medical Professionals Society
Dr Jeyanthi Kunadhasan MD (UKM), MMED (UM), FANZCA, MMED (Monash), Australian Medical Professionals Society
Dr Julie Sladden MBBS(Hons) BMedSci PGDipMedEd, Australians for Science & Freedom
Dr Mark Hobart Dr Bruce Wauchope Dr Paul Oosterhuis
Dr Robert Brennan BSc, BHSc(Hon), MBBS
Lissa Johnson BA, BSc(Hons, Psych), MPsych(Clin), PhD Angela Jeanes BSc(Hon), PhD
Jessica Rose PhD Andrew Madry, PhD Wilson Sy, PhD
Phillip Altman, PhD Suzie Niblett, PhD
Kara Thomas BNurs, GCertNurs, MIntl&ComnDev, Australian Medical Professionals Society
Ros Nealon-Cook BPsychSc(H1), BCompSc(H1), Australians for Science & Freedom
Jason Strecker BCompSc, DipEd Clare Pain BSc(Hon), MSc
Richard Kelly BEd, DipFin, Australians for Science & Freedom Mary-Jane Stevens BN
Tony Nikolic LLM, BCrimSc(H) Niki Konstantinidis LLB Jay Vidanage LLB
Katie Ashby-Koppens LLB Peter Fam LLB, Children's Health Defense, Australia, Maat's Method

The Co-Signatories[1] appearing below, numbering XXX,XXX, also commend these Terms of Reference to the Committee and request sufficient time be allocated to hear from Proposed Witnesses.

Yours faithfully,

[1] Signatories reviewed this document at Terms Of Reference before agreeing to submit their details in full support. Access to the database containing the details of all signatories is available upon request to the Australian Medical Professionals Society.

Julian Gillespie LLB, BJuris
For and behalf of the Co-authors and Co-signatories

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Terms of Reference

Reference: A

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A systematic analysis and review of all epidemiological studies undertaken, and expert advices considered in relation to SARS-CoV-2 in 2020, 2021, and 2022 that were accessible to Australian governments for determining the threat posed to Australians by SARS-CoV-2 throughout those years, including but not limited to:

i. epidemiological studies undertaken and published for the Diamond Princess cruise of 2020;
ii. Covid-19 Infection Fatality Rate (IFR) studies undertaken, published, and where published throughout 2020-2022;
iii. a comparison between published IFR studies versus statements and the evidence for statements made, in respect of the risk posed by SARS-CoV-2, by the WHO, foreign country leaders and health authorities and health administrators, and Commonwealth, State and Territory government ministers and health officials.

Explanatory Memorandum

An examination to confirm whether early 2020 epidemiological studies evidenced SARS-CoV-2 represented a threat equivalent to severe influenza.

Proposed Witnesses

Prof Brendan Vote;
Prof John Ioannidis;
Dr Georgina Hale;
Dr David Bell;
Dr Peter McCullough.

Reference: B

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A review and analysis of the planning undertaken, the scientific studies relied upon, and the standing recommendations of Australian governments prior to 2020, for the management of pandemics, including:

i. the WHO report *Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza* (September 2019);
ii. the Australian Health Management Plan for Pandemic Influenza (AHMPPI);
iii. the extent to which the AHMPPI was followed for SARS-CoV-2;
iv. differences between recommendations contained in the AHMPPI and those actions adopted by Australian governments for SARS-CoV-2, and the scientific basis for any departure from AHMPPI recommendations;
v. an examination of Event 201 conducted in October 2019, its participants, sponsors, and associate organisations, including:
    a) all and any involvement by Australian governments, personnel, agencies, or departments;
    b) all and any involvement by Australian citizens;
    c) all Event 201 information materials presented to, received by Australian governments, personnel, agencies, or departments before the event, during the event, and after the event;
    d) all pandemic recommendations compiled by the organisers of Event 201 and their affiliates and associates presented to, or received by Australian governments, personnel, agencies, or departments before the event, during the event, and after the event;
    e) all capacities in which Jane Halton, AO, PSM, FAICD, FIPPA participated in Event 201, including:
        i. any planning for Event 201;
        ii. any promotion of Event 201 to Australian governments, personnel, agencies, or departments before the event, during the event, and after the event;
        iii. any promotion of pandemic recommendations arising from and after conducting the Event 201 tabletop to Australian governments, personnel, agencies, or departments.

Explanatory Memorandum

To review the recommendations contained in the Australian Health Management Plan for Pandemic Influenza (AHMPPI) last updated in 2019, and the adequacy of those recommendations for dealing with SARS-CoV-2, and the extent to which, if any, recommendations arising from Event 201 influenced Australian governments.
Proposed Witnesses
Prof Jay Bhattacharya; Dr Georgina Hale; Julian Gillespie LLB, BJuris.

Reference: C

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A review and analysis of Covid-19 pandemic management decisions, laws, and policies, and particularly Covid-19 vaccine mandates compelling the receipt of Covid-19 vaccines, implemented by State and Territory governments *in addition to* decisions and positions adopted by the National Cabinet throughout 2020, 2021, and 2022, including:

i. the scientific studies advanced in support of any additional pandemic management decisions, laws, policies, and mandates implemented by State and Territory governments;
ii. modelling advanced in support of any pandemic management decisions, laws, policies, and mandates, including:
    a. modelling undertaken by The Peter Doherty Institute for Infection and Immunity;
iii. an assessment of the review and consideration processes and cost-benefit analyses undertaken by State and Territory governments into potential adverse psychological impacts and mental harm from lockdown measures and mandates, with particular focus on children and infants, before lockdown measures were implemented, during lockdown measures, and subsequent to lockdown measures being implemented, including but not limited to the assessed impacts versus actual impacts;
    a) from masking children and infants;
    b) school closures;
    c) from stay-at-home orders for children and infants;
    d) from social distancing children;
    e) on the physical health of children and infants;
    f) on the mental health of children and infants;
    g) on parental relationships with children and infants;
    h) on the impact of parental stress / mental health impairment on children;
    i) on the impact of chronic fear-based messaging on children;
    j) on the impact of chronic mortality-reminders on children;
    k) on the impact of social ostracism on unvaccinated children and young people;
iv. a review of all submissions and reports provided by suitably qualified non-government experts in mental health to State and Territory governments into potential adverse psychological impacts and mental harm from lockdown measures, with particular focus on children and infants, and the review and consideration processes and cost-benefit analyses undertaken by

State and Territory governments in respect of any such submissions and reports, before lockdown measures were implemented, during lockdown measures, and subsequent to lockdown measures being implemented, including but not limited to;

a) from masking children and infants;
b) school closures;
c) from stay-at-home orders for children and infants;
d) from social distancing children;
e) on the physical health of children and infants;
f) on the mental health of children and infants;
g) on parental relationships with children and infants;
h) on the impact of parental stress / mental health impairment on children;
i) on the impact of chronic fear-based messaging on children;
j) on the impact of chronic mortality-reminders on children;
k) on the impact of social ostracism on unvaccinated children and young people;

v. an assessment of the review and consideration processes and cost-benefit analyses undertaken by State and Territory governments into potential adverse impacts and from lockdown measures, in response to publicly available expert opinions, including for example:
    a. The Great Barrington Declaration;
vi. the health science evidence upon which State and Territory governments enacted border closures;
vii. the health science evidence upon which State and Territory governments implemented mandates and laws for the compulsory wearing of masks;
viii. the health science evidence upon which State and Territory governments implemented mandates and laws and policies for mass testing of asymptomatic populations using a technology (PCR) the inventor of which expressed scepticism when used for the diagnosis of SARS-CoV-2 or Covid-19 infection;
ix. health science evidence upon which State and Territory governments implemented mandates and laws for compulsory staying at home when not seeking essential services or performing exercise;
x. the health science evidence upon which State and Territory governments implemented mandates and laws for social distancing;
xi. the health science evidence upon which State and Territory governments implemented mandates and laws for the isolation of sick persons;
xii. the health science evidence upon which State and Territory governments implemented contact tracing mandates and laws;
xiii. the health science evidence upon which Australian governments variously enacted vaccine passports;

xiv. the health science evidence upon which the Commonwealth government enacted international border closures and travel restrictions;

xv. when State and Territory health authorities first understood Covid-19 vaccines neither prevented infection or transmission;

xvi. the scientific basis upon which State and Territory governments continued to enforce pandemic management decisions, laws, policies, and mandates when possessed of the knowledge Covid-19 vaccines neither prevented infection or transmission;

xvii. the scientific basis upon which State and Territory governments continued to enforce Covid-19 vaccine passports when possessed of the knowledge Covid-19 vaccines neither prevented infection or transmission;

xviii. the legal basis upon which State and Territory governments deemed discriminatory treatment based on vaccination status as legally justified when possessed of the knowledge Covid-19 vaccines neither prevented infection or transmission;

xix. the legal basis upon which State and Territory governments deemed as legally justified requirements that Australians had to disclose their medical history in order to physically move or gain access to areas, both before and subsequent to possessing the knowledge Covid-19 vaccines neither prevented infection or transmission;

xx. the legal and scientific basis upon which State and Territory governments chose to not observe The Australian Immunisation Handbook;

xxi. the extent to which State and Territory governments and their expert public health advisors understood the difference between *absolute risk reduction* versus *relative risk reduction* in respect of Covid-19 vaccines, and the extent to which this understanding was conveyed by State and Territory governments and their expert public health advisors to Australian citizens;

xxii. an examination of potential or perceived conflicts of interests in members constituting any bodies responsible for advocating or advising on or promoting the uptake and receipt of Covid-19 vaccines by Australians, including such bodies as:

a. the Australian Technical Advisory Group on Immunisation (ATAGI);
b. the National Centre for Immunisation Research and Surveillance (NCIRS);
c. the National Health and Medical Research Council (NHMRC);
d. the Australian Academy of Science (AAS);
e. the TGA Advisory Committee on Vaccines (ACV);
f. The Peter Doherty Institute for Infection and Immunity; and

xxiii. an examination of any Commonwealth government or Commonwealth agency informal correspondence, informal communications, informal agreements, informal understandings, or informal undertakings with any foreign nations, foreign agencies, foreign security services, or foreign

defense organisations to collectively or in unison adhere to some or all of the lockdown measures described above, particularly (iv) and (vi) through (xiv).

Explanatory Memorandum

An examination to confirm whether Covid-19 mandates imposed by Australian State and Territory governments throughout 2020, 2021, 2022, and 2023 were reasonable and proportionate and consistent with real-time Covid-19 vaccine pharmacovigilance, epidemiological and pathology/serum data known by and shared between Australian governments.

An examination to confirm whether Covid-19 mandates imposed by Australian State and Territory governments throughout 2020, 2021, 2022, and 2023 were reasonable and proportionate and considered all available scientific evidence and submissions for completing all reasonable cost-benefit analysis in respect of each mandate item or policy or rule implemented and required of Australian citizens.

In a review of Covid-19 decisions and mandates implemented by Australian governments, each measure analysed should be approached in terms of whether the action taken involved costs and benefits in relation to overall human health and wellbeing during and following the covid era, rather than with reference to particular phenomena such as disease spread or cause-specific morbidity or mortality within a prescribed timespan.

In respect of Ref C (iii) and (iv) and impacts on Australian children.

In 1990 Australia ratified the *Convention on the Rights of the Child (CRC)* within which Article 3 states:

> In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

In the Australian Human Rights Commission report *Impacts of Covid-19 on children and young people who contact Kids Helpline* the AHRC noted:

> Children and young people, especially teenagers, frequently expressed the view that their friends provide them with their main mental health support in times of crisis and were worried about being unable to connect with these

> friends because of social distancing measures. Some spoke of loneliness, feelings of abandonment, introspection, and insecurities about their friendships especially those with pre-existing mental health conditions.

Further:

> Teenagers raised the adverse impacts of social distancing measures on their romantic relationships, in some cases causing them significant anxiety and distress.

The Australian Government Department of Education noted in its report *Improving Outcomes for All*:

> The Panel heard that students with strong social and emotional wellbeing are more engaged with learning and tend to have higher levels of academic achievement and attainment. However, students with poor wellbeing may have challenges with their ability to engage and learn, their academic achievement, and their relationships and social interactions at school.

Schools play and essential role in childhood development where UNESCO noted in 2020:

> School closures carry high social and economic costs for people across communities. Their impact however is particularly severe for the most vulnerable and marginalized boys and girls and their families. The resulting disruptions exacerbate already existing disparities within the education system but also in other aspects of their lives.

Any policy or action contemplating the disruption of schooling during Covid-19 was required to conduct a careful analysis of harms to children and their emotional and psychological development against purported benefits.

SARS-CoV-2 was widely acknowledged to represent virtually no threat to children of schooling age, however Australian governments enforced widespread and prolonged school closures, and whether in school or not, enforced prolonged social distancing measures which impacted childhood activities which develop social skills, despite the abundance of evidence-based scientific literature speaking against these measures. As the Norfolk Group noted in *Questions for a Covid-19 Commission*:

> There were no data indicating differences in transmission rates between social distancing of 6 feet or 3 feet (or fewer).

Again, in the 2020 study titled Child behavior during the social distancing in the Covid-19 pandemic the authors placed the evidence forward:

> Maintaining the routine helps the children to keep their stability and balance. To all of them, playing is their favorite activity, regardless of their environment. Through playing, the child acquires knowledge and increases interaction with people, thus improving ways of dealing with their expectations and frustrations, learning to live together in a group, and to expose their feelings.
>
> Although 84% of the children in this study were having some online class or video lesson, in children and adolescents, the stress of the pandemic generated by the interruption of pedagogical activities, the disorganization of family and social coexistence, the interruption of team sports and, often, the difficulty of those responsible for meeting emotional needs can contribute to the emergence of psychological suffering, such as insomnia, anorexia, anxiety crises or depression.
>
> Anxiety is the expectation of an imagined or potential threat at any level; it is usually vague and unfocused and can affect emotions, thinking processes, body sensations, and behaviors[(12)]. In this study, those responsible for children reported that 52% presented anxiety, with no statistical difference between ages. The Brazilian Society of Paediatrics (BSP) points out that severe psychological traumas appear when situations out of the order of ordinary life experiences overcome the individual's mental elaboration capacity, leaving marks on mind and body.
>
> This study shows that children who did not practice physical activities have 1.37 times more chance to develop anxiety than those who performed physical activity.

In March 2021 UNICEF remarked in the article titled *Covid-19 and School Closures: One year of education disruption*:

> We are facing a Covid-19 education crisis. As this report finds, schools for more than 168 million children globally have been closed for almost a full year. With every day that goes by, these children will fall further behind and the most vulnerable will pay the heaviest price.

A NSW Department of Education document *Term 2 2020 Guidelines for Schools* noted a significant decrease schooling hours during school closures to 3.5 hours for Years 7-10 (ages approximately 13 – 16 years). The average school day is approximately 6.5 hours. NSW school closures caused a 46% reduction in learning

time. Remote learning was not able to deliver the same quantity of learning hours. Further impacting children, and no mitigation or remediation strategy was articulated by the NSW Department of Education at the time of writing.

Under the *Universal Declaration of Human Rights* the Australian Human Rights Commission acknowledges:

> .. the United Nations has proclaimed that childhood is entitled to special care and assistance.

Despite this statement there is no evidence Australian governments turned their minds to the special care and assistance to be afforded Australian children when considering school closures.

Instead, evidence suggests school closures were used by some Australian governments for messaging purposes unrelated to the special care and assistance to be afforded Australian children.

For example, the Brisbane Times reported CHO Dr Jeannette Young in April 2020:

> .. while evidence showed schools were not a high-risk environment for the spread of the virus, closing them down would help people understand the gravity of the situation. "If you go out to the community and say, 'this is so bad, we can't even have schools, all schools have got to be closed', you are really getting to people," Dr Young says. "**So sometimes it's more than just the science and the health, it's about the messaging**."

In the US the National Bureau of Economic Research released an assessment in November 2021 titled *Pandemic Schooling Mode and Student Test Scores: Evidence from US States*, and noted:

> there were considerable declines in test scores overall during the 2020-21 school year, and these declines were larger in school districts with less in-person instruction. There are consequences for inequality in outcomes in these results. Students in districts with larger populations of Black and Hispanic students, for example, were less likely to have access to in-person learning… our analyses demonstrate that that virtual or distanced schooling modes cannot support student learning in the same way as in-person schooling. As such, educational impacts of schooling mode on students' learning outcomes should be a critical factor in policy responses to future pandemics or other large-scale schooling disruptions.

The Australian situation appears to have fared no better and only to the detriment of Australian children.

According to Professor Gigi Foster and Sanjeev Sabhlok PhD in their book *Do lockdowns and border closures serve the "greater good"? A cost-benefit analysis of Australia's reaction to COVID-19*:

> Lost future productivity of children of school age during lockdowns equates to $465 million in lost lifetime earnings of schoolchildren.

However, school closures and social distancing measures, compounded by closures to community playgrounds and after school activity groups, did not only impact negatively on the physical and emotional development of Australian children, but also the mental health of Australian families as a whole.

Infancy, childhood, and adolescence are critical stages in the development of future generations becoming well-functioning and productive members of society.

This development is crucially rooted in a nurturing, happy, and well supported family environment.

In Australia, the government's sweeping mandates and restrictions during the pandemic directly impacted the biopsychosocial development of all children and adolescents. Measures such as masking, social distancing, and stay-at-home orders exacerbated social isolation, negatively impacting neurodevelopment, behaviour, learning, and psychological well-being, particularly in children.

The loss of essential support services, both in homes and schools, along with diminished religious and social support and the absence of extended family, created a dangerous situation resulting in severe effects on our society's youngest, exacerbated by isolated parents forced to cope and manage and implement Australian government mandates aimed at their children, but with no support or guidance from Australian governments for circumstances never before experienced in Australian history.

The adage *'It takes a village to raise a child'* became painfully relevant: during the pandemic children effectively lost their 'village'.

The consequences of these unique pressures brought to bear upon Australian families and children in child maltreatment terms has yet to be fully studied, and was a critical issue of concern absent in the mandating and lockdown measures enforced by Australian governments on Australian children and their parents.

Child maltreatment has long been a problem in society with particularly deleterious effects potentially impacting the child for the rest of their lives.

Child maltreatment includes physical, emotional, and sexual abuse as well as physical and emotional neglect. The WHO outlines several risk factors that make children particularly vulnerable to childhood maltreatment. Listed below are those exacerbated by Australian government pandemic measures:

Family isolation in the community or lacking a support network and support in child rearing from the extended family:

Parental difficulties bonding with a new-born;
Parents not adequately nurturing children;
Parents lacking awareness of child development or having unrealistic expectations.

High levels of unemployment or poverty:

Potential impacts on the mental health of parents;
A lack of services to support families and institutions;
Easy availability of alcohol and drugs;
Parents misusing alcohol or drugs, including during pregnancy;
Family breakdown or violence between other family members.

Further stresses on Carer(s) with pre-existing mental or neurological disorders.

Further analysis is required into the immediate and long term impacts on the psychological and practical development of Australian children as a consequence of their being subjected to Covid-19 lockdown measures.

The national consequences require examination by a Covid-19 Royal Commission.

Proposed Witnesses

Prof Brendan Vote;
Prof Paul Frijters;
Prof Jayanta Bhattacharya;
Prof Gigi Foster;
Prof Thomas Mack (US);
Prof Sunetra Gupta (UK);
Adj. Prof Paul Stevenson;
A/Prof Peter Parry;

Sanjeev Sabhlok PhD;
Dr Tom Jefferson (UK);
Lissa Johnson PhD;
Ros Nealon-Cook BPsychSc;
Jason Strecker BCompSc, DipEd;
Peter Fam, LLB.

Reference: D

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A review and analysis of all relevant national and international Human Rights laws, conventions, and treaties, including the Nuremberg Code and the Constitution and other rights protection mechanisms such as the separation of powers and the Principal of Legality, to assess whether any Australian citizens suffered any violations of Human Rights in the context of:

i. Covid-19 vaccines;
ii. mandates created by Australian governments requiring Australian citizens to receive one or more Covid-19 vaccine in order to participate in any activity;
iii. Covid-19 pandemic management decisions, laws, and policies implemented by Australian governments;
iv. the Nuremberg Code and whether any aspects of the receipt of Covid-19 vaccines by Australians involved:
    a) any elements of human experimentation;
        i. if so found, whether any instances of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion were experienced by a recipient of a Covid-19 vaccine deemed to have been involved in human experimentation;
        ii. if so found, any instances where all inconveniences and hazards reasonably to be expected and the effects upon health which may possibly have come from receipt of a Covid-19 vaccine, were not shared with those recipients identified as having undergone human experimentation;
    b) de facto clinical trials on humans;
        i. if so found, whether any instances of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion were experienced by a recipient of a Covid-19 vaccine deemed to have been involved in a de facto clinical trial on humans;
        ii. if so found, any instances where all inconveniences and hazards reasonably to be expected and the effects upon health which may have possibly come from receipt of a Covid-19 vaccine, were not shared with those recipients identified as having been involved in de facto clinical trials on humans;
    c) de facto clinical trials on humans conducted without appropriate regulations;

i. if so found, whether any instances of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion were experienced by a recipient of a Covid-19 vaccine deemed to have been involved in a de facto clinical trial on humans conducted without appropriate regulations;

ii. if so found, any instances where all inconveniences and hazards reasonably to be expected and the effects upon health which may have possibly come from receipt of a Covid-19 vaccine, were not shared with those recipients identified as having been involved in de facto clinical trials on humans without appropriate regulations;

d) the administration of Covid-19 vaccines to sub-populations of Australians for which insufficient clinical trial data or studies existed, or no satisfactory clinical trial data or studies existed, or for which no clinical trial data or studies existed in respect of the safety or efficacy;

i. if so found, whether any instances of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion were experienced by the sub-population to receive a Covid-19 vaccine;

ii. if so found, any instances where all inconveniences and hazards reasonably to be expected and the effects upon health which may have possibly come from receipt of a Covid-19 vaccine, were not shared with sub-populations of Australians who received Covid-19 vaccines for which insufficient clinical trial data or studies existed, or no satisfactory clinical trial data or studies existed, or for which no clinical trial data or studies existed in respect of the safety or efficacy; and

e) in the event of a positive determination or finding for one or more of (a) through (d) above, a thorough examination of all elements of the Nuremberg Code to identify any other failures to observe the Code in Australia, and where appropriate, the identification of those responsible for any observed failures to observe the Code.

This review and analysis should include an investigation into the following questions, expanded upon in the Explanatory Memorandum:

1. Did Australia fulfill its obligations under the international human rights treaties and covenants it is a signatory to during Covid-19? If not, why not?
2. Did the Australian Human Rights Commission perform its statutory function during Covid-19? If not, why?

3. Why did the Principle of Legality fail as an effective barricade to human rights breaches in Australia during Covid-19?
4. Has the law on informed consent in Australia been ignored?
5. Is the Separation of Powers functioning appropriately in Australia?
6. Are Australia's discrimination and privacy laws adequate to protect people against discrimination on the basis of their medical status, and to protect people's private medical information?
7. Were provisional approval laws utilised for Covid-19 drugs used to enable the supply and administration of drugs that would have historically been subject to much more rigorous animal and human clinical trials, with the consequence being, the early deployment and administration of Covid-19 drugs saw Australian citizens partake in the assessment of the efficacy and safety of those drugs?

Explanatory Memorandum

Australia as a nation is founded on the rule of law and has a strong common law and jurisprudential tradition of protecting the rights and freedoms of individuals. Fundamental elements of our Governance structure and laws serve to protect these rights and freedoms, including the separation of powers between the judiciary and the executive and the Principle of Legality, which ensures that legislation should not infringe fundamental rights and freedoms unless the legislation expresses a clear intention to do so, and the infringement is reasonable.

Domestically, Australia has comprehensive statutory frameworks in place intended to protect the right of Australian citizens to privacy, as well as the right to equal treatment and freedom from discrimination. The High Court has found that the Constitution contains an implied freedom of political communication, and there remains some open questions as to whether other rights, such as freedom of movement, are protected as well (via prohibitions on restrictions of trade between States, for example).

On the international stage, Australia has asserted itself as among the leaders in becoming a party to and advocating for the core international treaties and covenants. Australia was one of only eight nations involved in drafting the Universal Declaration of Human Rights. In addition, Australia as a nation is a party to the seven core international human rights treaties. These are:

1. the International Covenant on Civil and Political Rights (**ICCPR**)
2. the International Covenant on Economic, Social and Cultural Rights (**ICESCR**)

3. the International Convention on the Elimination of All Forms of Racial Discrimination (**CERD**)
4. the Convention on the Elimination of All Forms of Discrimination against Women (**CEDAW**)
5. the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (**CAT**)
6. the Convention on the Rights of the Child (**CRC**)
7. the Convention on the Rights of Persons with Disabilities (**CRPD**).

(collectively, the **Core Treaties**)

In addition, Australia is also a party to the UN Declaration on Bioethics and Human Rights.

Australia also took the additional step of signing the optional protocols to the above Treaties, emphasising Australia's responsibility to uphold them, and increasing Australia's obligations under them.

The Australian Human Rights Commission

The Australian Human Rights Commission is a statutory body established by the *Australian Human Rights Commission Act 1986* (**the AHRC Act**). In general, the Core Treaties render it incumbent on party states to ensure there is a domestic mechanism in place for the protection of the human rights protected under those Treaties. The Australian Human Rights Commission is intended to fulfill that function for Australian citizens.

The AHRC Act makes clear the "duties" (Section 10A) and "Functions" (Section 11) of the Commission. First, with **emphasis added**;

> **10A Duties of Commission**
>
> **(b)** It is the duty of the Commission to ensure that **the functions of the Commission under this or any other Act are performed:**
> **(a) with regard for:**
> (b) **the indivisibility and universality of human rights**; and
> (ii) the principle that every person is free and equal in dignity and rights; and
> (b) efficiently and with the greatest possible benefit to the people of Australia.

So, any expression of the functions of the Commission must be maintained with regard for the indivisibility and universality of human rights. Importantly, the Act defines 'human rights' as follows;

> **Human rights means the rights and freedoms recognised in the Covenant, declared by the Declarations or recognised or declared by any relevant international instrument.**

Section 11 of the Act lists the various functions of the AHRC. Relevantly, these include (emphasis added);

> **11 Functions of Commission**
>
> (b) The functions of the Commission are:
>
> …
>
> **(d) the functions conferred on the Commission by section 31; and**
>
> **I to examine enactments**, and (when requested to do so by the Minister) proposed enactments, **for the purpose of ascertaining whether the enactments or proposed enactments, as the case may be, are, or would be, inconsistent with or contrary to any human right,** and to report to the Minister the results of any such examination; and
>
> **(f) to:**
>
> **(b) inquire into any act or practice that may be inconsistent with or contrary to any human right; and**
>
> **(ii) if the Commission considers it appropriate to do so—endeavour, by conciliation, to effect a settlement of the matters that gave rise to the inquiry; and**
>
> (g) to promote an understanding and acceptance, and the public discussion, of human rights in Australia; and
>
> …
>
> (j) on its own initiative or when requested by the Minister, to report to the Minister as to the laws that should be made by the Parliament, or action that should be taken by the Commonwealth, on matters relating to human rights; and
>
> **(k) on its own initiative or when requested by the Minister, to report to the Minister as to the action (if any) that, in the opinion of the Commission, needs to be taken by Australia in order to comply with the provisions of the Covenant, of the Declarations or of any relevant international instrument**; and
>
> …

(n) to prepare, and to publish in such manner as the Commission considers appropriate, guidelines for the avoidance of acts or practices of a kind in respect of which the Commission has a function under paragraph (f); and

…

(p) to do anything incidental or conducive to the performance of any of the preceding functions.

So, it is the very statutory function of the AHRC to:

1. "inquire into any act or practice that may be inconsistent with or contrary to any human right" (and in particular, with any covenant or declaration specifically included in the Act), and, "effect a settlement of the matters that gave rise to the inquiry"; and

2. to perform the functions conferred on the AHRC by section 31 which have to do with equal opportunity in employment and occupation; and

3. to examine enactments (ie; laws) for the purpose of ascertaining whether those laws are, or would be, inconsistent with or contrary to any human right; and to report to the Minister the results of same.

Human Rights Breaches During Covid-19

The Australian Federal, State and Territory Governments' responses to Covid-19 saw unprecedented impositions on the rights enshrined in the Core Treaties as well as domestic law. A citizen's status as either 'vaccinated' or 'unvaccinated' against Covid-19, along with their ability to wear a face covering or otherwise, have, among other examples, determined their ability to;

- Work in most industries, and for most employers;
- Enter shopping centres, bars, live entertainment venues or other public places;
- Enter or exit each State and Territory;
- Enter and exit the country;
- Enter places of worship;
- Enter aged care homes and hospitals;
- Complete tertiary education; and
- Receive treatment and critical care.

There has been a persistent campaign, encouraged predominantly by State and Territory Governments as well as in the media, to demonise citizens who chose not to undergo vaccination for Covid-19. The clear messaging from both Government and media has been that everybody should be vaccinated, and any choice otherwise, for whatever reason, is irresponsible, reprehensible, and to be admonished.

For those who chose not to be vaccinated, they have undergone huge personal sacrifice in order to maintain this choice. Careers have been abandoned, relationships damaged, and debt accrued. This gives rise to several areas of inquiry:

1. Did Australia fulfill its obligations under the Core Treaties? If not, why?

There are a long list of Treaty articles and parts that were breached during Covid-19. In most cases, the rationale provided was one of the following:

a) The Core Treaties allow derogations from obligations under them in certain circumstances, including generally in times of public emergency; and

b) The Core Treaties have (in most cases) not been formally enshrined in Australian domestic law, leading to a lack of enforceability.

Both of the above rationales are oversimplifications of the true position at law. With regards to the former, the Core Treaties are very particular about the circumstances in which these derogations can occur (see Part II, Article 4 of the ICCPR, for example), and several treaty provisions are themselves non-derogable, meaning the aforementioned exceptions do not apply (see Part III, Article 7 of the ICCPR for example). With regards to the latter, several rights protections *have been* enshrined into Australian domestic law (see inquiry number 6 below), and the Australian Human Rights Commission, itself enacted by statute, is tasked with defending the rights obligations of Australian citizens whether or not those rights are enshrined in domestic statute. It is worth noting that the AHRC Act itself actually includes several of the international human rights conventions which Australia is party to, and which the Act's definition of 'human rights' refers to, within it.

A full and comprehensive assessment of the rights enshrined under the Core Treaties (and in the ICCPR in particular) must occur, vis a vie the measures implemented by Federal State and Territory Governments, for the purpose of assessing whether rights derogations were compliant with Australia's obligations under international human rights law, and for the purpose of informing Australia's approach to such a pandemic in future. To date, no such detailed analysis has occurred, and such analysis is owed to the many Australians whose fundamental

rights and liberties were severely curtailed by the Federal and State Government responses to Covid-19.

2. Did the Australian Human Rights Commission perform its statutory function during Covid-19? If not, why?

The statutory functions of the Australian Human Rights Commission are clear and are featured above.

In summary, they are to:

1. "inquire into any act or practice that may be inconsistent with or contrary to any human right" (and in particular, with any covenant or declaration specifically included in the Act), and, "effect a settlement of the matters that gave rise to the inquiry" (**First Function**); and

2. to perform the functions conferred on the AHRC by section 31 which have to do with equal opportunity in employment and occupation (**Second Function**); and

3. to examine enactments (ie; laws) for the purpose of ascertaining whether those laws are, or would be, inconsistent with or contrary to any human right; and to report to the Minister the results of same (**Third Function**).

During Covid-19, the Commission received an unprecedented number of complaints, and requests for help, from the Australian public, noting in their responses to those requests that due to their inundation, complainants had to wait up to six months for a response. Clearly, the Australian public had a perception that the AHRC would assist them, and sought that assistance, desperately.

With respect to their First Function, the AHRC did not make any inquiry into any act or practice that was inconsistent with or contrary to any human right. Part of their stated reasoning for this was an interpretation of the words "act" and "practice" in the AHRC Act which encompassed measures taken by Federal Government, but not State or Territory Governments. Even if this interpretation of the AHRC Act is correct (which is questionable), it is not clear why the AHRC did not make any inquiry into the actions of Federal Government during the most significant human rights impositions in Australia's history. Further, even if the AHRC's interpretation is correct, should not then the discussion turn to amending the AHRC Act so that it may properly operate to require all States and Territories to observe and give effect to the Core Treaties, in circumstances where the

Commonwealth Government entered into those Treaties on behalf of all Australians, States and Territories?

With respect to their Second Function, Section 31 of the AHRC Act states that the AHRC is obligated:

> (b) to examine enactments, and (when requested to do so by the Minister) proposed enactments, for the purpose of ascertaining whether the enactments or proposed enactments, as the case may be, have, or would have, the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation, and to report to the Minister the results of any such examination;
>
> (b) to:
>
> (i) inquire into any act or practice (including any systemic practice) that may constitute discrimination

The definition of "discrimination" which applies to Section 31 of the AHRC Act includes discrimination on the basis of medical record. It is unclear why the AHRC did not inquire into the widespread practice of employers in Australia restricting their employees from working on the basis of their medical record (vaccination status).

With respect to their Third Function, Covid-19 saw the widespread use of public health orders and public health directives to severely limit the human rights of Australian citizens in an unprecedented way. The AHRC is the body in Australia with the power and duty to examine these controversial enactments and did not do so. If Covid-19 was not reason enough to enact this function, what is?

3. Why did the Principle of Legality fail as an effective barricade to human rights breaches in Australia during Covid-19?

The Principle of Legality (**the Principle**) is a rule of statutory construction which states that, in the absence of clear indication to the contrary, it is to be presumed when interpreting a statute that the statute was not intended to modify or abrogate fundamental rights (see *Coco v The Queen* (1994) 179 CLR 427; [1994] HCA 15 at 437; "Coco"). Australia does not have a bill of rights, so the principle has often been said to be a fundamental protection in Australian law.

However, in *Kassam v Hazzard; Henry v Hazzard [2021]* NSWSC 1320, the plaintiffs sought to rely on the Principle to challenge the public health orders made under the auspices of Section 7 of the *Public Health Act 2010 (NSW)*, only to find his Honour's conclusion that, because the Public Health Act is an Act that deals with "public safety…curtailing the free movement of persons including their

movement to and at work are the very type of restrictions that the PHA clearly authorises. Hence, the principle of legality does not justify the reading down of s 7(2) of the PHA to preclude limitations on that freedom" [at 9]. This precedent suggests that the Principle will be powerless to dilute any Act of Parliament which allows for particular human rights limitations or derogations, which in turn calls into question the utility of the Principle. In particular, this NSW departure from the *Coco v R* precedent demonstrated a State judicial effort to dilute the Principle, rendering it powerless to dilute the Act of Parliament under review. This then allowed for particular human rights limitations and derogations to essentially be sanctioned by the Court, in turn calling into question whether Australia observed a failure of the Principle itself during Covid-19.

4. Has the law on informed consent in Australia been ignored?

Australia has a long legal history of upholding the central medical tenet of fully informed and free consent.

Various domestic statutes, such as the *Guardianship Act 1987 (NSW)*, the *Mental Health Act 2007 No 8 (NSW)* and the *Victorian Charter of Human Rights and Responsibilities Act 2006 (VIC)* contain definitions of the concept that are generally analogous. The latter, for example, has the following definition: "A person must not be…subjected to medical or scientific experimentation without his or her full, free or informed consent".

This is, again, an example of a human right which Australia has covenanted into via an international treaty (Part III, Article 7 of the ICCPR) which has been enshrined into our domestic law.

The principle is also reflected in the many regulations that inform both the medical and legal professions in this country. For example, the Code of Conduct for doctors states unequivocally that "informed consent is a person's voluntary decision about medical care that is made with knowledge and understanding of the benefits and risks involved". The Australian Law Reform Commission states that "Informed consent refers to consent to medical treatment and the requirement to warn of material risk prior to treatment. As part of their duty of care, health professionals must provide such information as is necessary for the patient to give consent to treatment, including information on all material risks of the proposed treatment. Failure to do so may lead to civil liability for an adverse outcome, even if the treatment itself was not negligent". There are many other examples.

In the common law, there is a well-known positive duty for Doctors to warn patients of material risks inherent to any treatment proposed (see *Rogers v Whittaker (1992)*. A 'failure to warn' patients of material risk, and the subsequent

breach of duty of care at common law, is the foundation of most medical negligence cases in Australia, of which there are thousands per annum.

In *Wallace v Kam [2013] HCA 19*, the High Court was clear:

> *The common law duty of a medical practitioner to a patient is a single comprehensive duty to exercise reasonable care and skill in the provision of professional advice and treatment […] The component of the duty of a medical practitioner that ordinarily requires the medical practitioner to inform the patient of material risks of physical injury inherent in a proposed treatment is founded on the underlying common law right of the patient to choose whether or not to undergo a proposed treatment.*

Given the above, which must be described as a comprehensive and consistent approach in Australian law, it is remarkable that so many Australian citizens underwent vaccination against Covid19, a provisionally approved medical treatment, in circumstances where they:

a) Did not fully understand the material risks associated with that treatment; and
b) Were subjected to significant social and economic pressures to undergo that treatment.

It is not unreasonable to argue that **nobody in Australia** was capable of providing fully informed and free consent to vaccination against Covid-19, given the pressure being exerted daily by employers, media and politicians, and the inaccurate and incomplete information being made available to them.

This poses the question of whether the law on informed consent in Australia has been bypassed or ignored, and if so, how and why this was allowed to occur.

5. Is the Separation of Powers functioning appropriately in Australia?

The Australian Constitution distributes power to govern between the Parliament, Executive and the Judiciary. With respect to the judiciary, this is an important separation, because the judiciary is often tasked with assessing the legality and correctness of Government laws and decisions. Indeed, this is one of the primary functions of the judiciary.

On 27 September 2021**,** a decision in the matter of *Jennifer Kimber v Sapphire Coast Community Aged Care Ltd (C2021/2676)* was handed down by a full bench of the Fair Work Commission.

That decision featured a dissenting judgment by Deputy President Lyndall Dean, which was highly critical of the approach taken by Governments in Australia to Covid-19. It is, to date, the only decision by a member of any Tribunal or Court in Australia that has been critical of the measures taken by Government in response to Covid-19.

This may be partly due to the way the Deputy President was punished for her judgment. President Justice Iain Ross immediately barred the Deputy President from appeal cases. The President told the Deputy President that her conduct constituted "misuse of her statutory office" and that she had breached "basic principles of quasi-judicial decision-making including criticising government policy and doing so in highly inflammatory terms". She was forced to undergo professional conduct training.

Of course, members of the Fair Work Commission, as well as other Tribunals and Courts in Australia, are appointed by the Government. The removal of an appointee from the Fair Work Commission can only be done through a vote by Parliament.

By contrast, the Judge who heard perhaps the most famous case involving the assessment of Government measures against Covid-19 (*Kassam v Hazzard*), and who essentially endorsed the actions of Government as lawful and reasonable, has recently been elevated to the High Court.

It is not unreasonable to wonder whether such elevation would have occurred if that Judge was to have made a different decision in that case, and whether that kind of potential detriment may have influenced, consciously or subconsciously, his decision. High Court judges, of course, are appointed by the Governor-General, who is part of the Parliament and the Executive.

The question thus must be asked: Is It appropriate that judicial officers be appointed and promoted by members of Parliament and the Executive given they are often tasked with critiquing the decisions of those members?

6. Are our discrimination and privacy laws adequate to protect people against discrimination on the basis of their medical status, and to protect people's private medical information?

Federal and State discrimination statutes focus on 'protected attributes', including race, sex, pregnancy, marital status, family responsibilities, breastfeeding, age, disability, sexual orientation, gender identity or intersex status. These protected attributes do not include medical status or record, despite the AHRC Act including 'medical record' within its definition of 'discrimination' (but not 'unlawful discrimination', which has a different definition).

This means that, in brief, somebody who has been discriminated against in Australia on the basis of their medical record or status cannot proceed to the Federal Court accordingly. The only means of action available to that person is, if the discrimination occurred in the context of their employment, to complain to the AHRC pursuant to Section 31 of the AHRC Act, and to hope that the AHRC chooses to inquire into and conciliate the issue. This is not very effective protection. Do we need a more explicit protection against this form of discrimination?

With respect to Privacy, Covid-19 saw employers intrude violently into the private medical histories and records of their employees, often with no regard for the Australian Privacy Principles, enshrined in the *Privacy Act 1988 (Cth)* which provide stringent restrictions and conditions on the collection and storage of this information. In almost all cases, employers said that the collection of employees' vaccination status was lawful and reasonable to ensure that the employee could safely perform the inherent requirements of their job – but this is an oversimplification of a law which is supposed to be applied in exceptional circumstances only, based on the individual circumstances of each employee. Did employers generally breach Federal and State privacy laws in Australia during Covid-19, and if so, how and why was this allowed to happen, and how can it be avoided in future?

7. Constitutionality of Mandates

In a related issue to the vitiation of informed consent, attention must be given to the way that Section 51 (xxiiiA) of the Constitution was interpreted in the context of vaccine mandates. The Section, which allows for the provision of various services by the federal government, but not to the extent of authorising any form of civil conscription, means that medical practitioners may not be compelled by the Federal government to provide mandatory services, such as vaccinations. The argument oft made (and accepted by the NSW Supreme Court in *Kassam*) is that the section only bars the Federal Government from forcing doctors to do something; it doesn't stop something like a vaccine mandate from actually being made. The problem is that doctors were still forced to vaccinate their patients, unless they wanted to face regulatory punishment and fines from their regulators, and the *intent* of this important section of our Constitution was nonetheless flouted, even if it wasn't technically breached. The question that must be asked is whether we are satisfied with an approach to our Constitution involving pedantic interpretation applied with an intention to get around the intention and spirit of the document. In contract law, intention of the drafters is a key element of construction. Shouldn't that same reasoning apply to our most important national contract, the Constitution?

8. **The External Affairs Power**

Section 51 (xxix) of the Constitution gives the Parliament power to make laws for the peace, order and good government of the Commonwealth with respect to external affairs. This is a power that has increased over time as the Courts broaden the scope of what "external affairs" may involve, particularly in a world that is becoming more open and global, and particularly with the rise of customary international law. In *R v Burgess; Ex parte Henry* (1936), the High Court ruled that the power to regulate external affairs is not limited to the subjects listed in section 51.

The *Tasmanian Dam Case 1983* saw the High Court explicitly say that this power can be used by the Federal Government to implement obligations that have been assumed by the federal government under international treaties and conventions, even in areas formerly under State control. This raises several questions:

a) Were statements made by the Federal Government that they did not agree with or encourage State and Territory government vaccine mandates disingenuous in circumstances where they could have used the external affairs power to enact a law which prohibited such mandates?
b) Given Australia's vehement support of the international treaties and covenants, and the now established manner in which the Federal Government can meaningfully and practically implement them, why didn't the Federal Government move to protect the rights they have covenanted into protecting?
c) Is the external affairs power an appropriate power for the Federal Government if it is only going to be implemented in such a selective way?

Proposed Witnesses

Prof Wendy Hoy;
Prof Tomas Borody;
Prof Robert Clancy;
Prof Ian Brighthope;
Prof James Allan;
Prof Andrew Timming;
Prof Gabriel Moens;
Prof Augusto Zimmermann;
Dr Christopher Neil;
Paul Taylor, PhD;
Peter Fam, LLB;
Niki Konstantinidis, LLB.

Reference: E

Index

An examination of the Department of Home Affairs (DHA) throughout 2020 to 2023, including the Social Cohesion Division and Extremism Insights and Communications division, and the Emergency Management Australia (EMA) division, including:

i. the decision to appoint DHA/EMA to lead the Whole of Government response to Covid-19 through the activation of the National Coordination Mechanism (NCM) by the National Security Committee of Cabinet on 5 March 2020:
   a) in circumstances where DHA is a national security ministry lacking any public health expertise;
   b) why in his 5 March 2020 press release the Prime Minister did not disclose the DHA/EMA were delegated responsibility for the NCM;
   c) whether the delegation of the NCM powers to DHA/EMA required DHA/EMA to observe the '*Australian Health Sector Emergency Response Plan for Novel Coronavirus*' published on 18 February 2020;
   d) whether the delegation of the NCM powers to DHA/EMA empowered DHA/EMA to pursue any other plans not disclosed to the Australian public or public health experts;
   e) why Australia's national security ministry (DHA) was delegated the NCM powers 6 days before the WHO declaration of a pandemic on 11 March 2020;
   f) why Australia's national security ministry (DHA) was delegated the NCM powers 13 days before the announcement of a biosecurity emergency by the Governor General on 18 March 2020; and
   g) an examination of the process of consultation and due diligence undertaken to assess the costs and benefits of placing Australia's public health response under the leadership of a national security ministry, particularly at such an early stage, when medical and scientific understanding of SARS-CoV-2, and therefore the appropriate public health response, were nascent and only just beginning to form; and
   h) an examination of the process by which DHA/EMA formulated its Whole of Government strategies and its advices to entities throughout the Whole of Government response, including due

diligence with respect to the medical, scientific, legal and human rights aspects of its advice, requests and instructions.

ii. any national plans, strategies, policies, or relationship involving the NHEMRN working with the DHA in the coordination of State and/or Territory and/or Commonwealth Government Covid-19 messaging amongst Australian governments;

iii. any national plans or strategies or relationship involving the NHEMRN working with the DHA in the coordination of State and/or Territory and/or Commonwealth Government Covid-19 messaging using Australian media outlets and companies;

iv. any relationship between the DHA and NHEMRN involving Covid-19 messaging;

v. any relationship between the DHA and Covid-19 vaccine suppliers and manufacturers involving Covid-19 messaging;

vi. any plans or strategies or directives or policies or initiatives involving the DHA in the coordination of, involvement with, advising upon, the directing of, or the requesting of the censorship or 'taking down' of any information or messages from or by any persons or groups seeking to share via media, social media, or direct public engagement, opinions, views, scientific evidence, data or information questioning the safety or efficacy of Covid-19 vaccines;

vii. any plans or strategies or directives or policies or initiatives involving the DHA in the coordination of, involvement with, advising upon, the directing of, or the requesting of the censorship or 'taking down' of any information or messages from or by any persons or groups seeking to share via media, social media, or direct public engagement, opinions, views, scientific evidence, data or information questioning State or Territory or Commonwealth Government mandate measures in response to Covid-19;

viii. any plans or strategies or directives or policies or initiatives or relationships involving the DHA and State and Territory governments and their departments in respect of (iv) and (v) above;

ix. any plans or strategies or directives or policies or initiatives or relationships involving the DHA and social media and media companies in respect of (iv) and (v) above, including 'fact checker' organisations;

x. any plans or strategies or directives or policies or initiatives or relationships involving the DHA and the Trusted News Initiative;

xi. any plans, strategies, policies, or relationship involving foreign government agencies, security services, or defense organisations working with the DHA in the coordination of State and/or Territory and/or Commonwealth Government Covid-19 messaging amongst Australian governments;

xii. any plans, strategies, policies, or relationship involving foreign government agencies, security services, or defense organisations working with the DHA for the deployment of Covid-19 vaccines in Australia.

Explanatory Memorandum

An examination to confirm whether the activities of the DHA in respect of Covid-19 public messaging, including any actions undertaken to censor non-government public messaging throughout 2020, 2021, 2022, and 2023 was reasonable and proportionate and consistent with real-time Covid-19 vaccine pharmacovigilance, epidemiological and pathology/serum data known and shared amongst Australian governments.

An examination to ensure appropriate, reasonable, and proper due diligence was understood and undertaken by the DHA, as a national security ministry, for upholding the core principles of the scientific method in its Whole of Government Response.

In other words: (a) a hypothesis-testing approach, whereby scientific positions are held as hypotheses, which remain fluid and under perpetual review as new evidence comes to light; (b) peer review, by which hypotheses are held up to collective critique and scrutiny, to ensure that only the most reliable and valid positions survive, and; (c) persistent scrutiny of the quality of evidence entertained, with an emphasis on reliability (replicability) and validity (in other words that constructs, such as PCR test results, represent what they claim to represent), along with reliance on sources that are independent (absent conflicts of interest), primary rather than secondary, and possess the relevant subject matter expertise.

An examination of whether these pillars of the scientific method were flouted during the Covid-19 response (such as the use of censorship and the rigid enforcement of a singular narrative) as a result of a national security ministry, rather than a scientific body, co-ordinating Australia's Whole of Government response.

Lastly, seeking to understand why the Australian public and science and medical communities were not informed public health strategies for Covid-19 were being coordinated by our national security ministry, and the consequences for this failure of transparency.

Proposed Witnesses

Prof Andrew Timming;
Dr Robert Brennan;

Lissa Johnson PhD;
Monique Lewis, PhD;
Paul Taylor, PhD;
Ros Nealon-Cook BPsychSc.

Reference: F

Index

A review and analysis of the operations, deliberations, and recommendations of the Australian Health Protection Principal Committee (AHPPC) in respect of Covid-19 pandemic management measures in 2020, 2021, and 2022, including:

i. Covid-19 pandemic management recommendations received pursuant to the International Health Regulations (IHR) from the World Health Organisation (WHO), including the scientific studies advanced in support of any Covid-19 IHR recommendations;
ii. Covid-19 pandemic management recommendations received from any sovereign nations including the scientific studies advanced in support of any such recommendations;
iii. Covid-19 pandemic management recommendations created by the AHPPC, including the scientific studies advanced in support of any AHPPC created recommendations;
iv. any orders, directions, requests, instructions, advices, or recommendations received from the Chair of the National Cabinet, or from the National Cabinet relating to Covid-19 pandemic management;
v. where relevant, all minutes of meetings of the AHPPC;
vi. all documents tabled during AHPPC meetings; all documents shared between AHPPC members and their staff prior to and subsequent to all AHPPC meetings, including all correspondence between members of the AHPPC (including their support staff) as it may relate to Covid-19 pandemic management measures or recommendations.

Explanatory Memorandum

An examination to confirm that any departure from recommendations contained in the AHMPPI by the AHPPC, and the adoption and recommending of any WHO/IHR SARS-CoV-2 recommendations, or the development of new and unique to Australia recommendations, advanced to the National Cabinet, were reasonable and appropriately backed by the best available scientific evidence.

An examination to confirm whether the recommendations and advice provided by the AHPPC to National Cabinet were reasonable, based on the best available scientific evidence, including continually updated Australian epidemiological and pathology/serum data throughout 2020, 2021, 2022, and 2023.

Proposed Witnesses
Prof Jay Bhattacharya; Dr Georgina Hale; Dr Robert Brennan; Wilson Sy, PhD; Julian Gillespie LLB, BJuris.

Reference: G

Index

A review and analysis of the Covid-19 pandemic management recommendations issued by the AHPPC to the National Cabinet, and the Covid-19 pandemic management decisions and positions adopted by the National Cabinet throughout 2020, 2021, and 2022, including:

i. AHPPC meeting Minutes discussing and formulating recommendations for the National Cabinet; and
ii. Corresponding National Cabinet meeting Minutes discussing recommendations received from the AHPPC, and National Cabinet resolutions on recommendations received from the AHPPC.

Explanatory Memorandum

An examination to confirm that any departure from recommendations contained in the AHMPPI by the AHPPC, and the adoption and recommending of any WHO/IHR SARS-CoV-2 recommendations, or the development of new and unique to Australia recommendations by the AHPPC, and advanced to the National Cabinet, were reasonable and appropriately backed by the best available scientific evidence.

Proposed Witnesses

Prof Jay Bhattacharya;
Dr Georgina Hale;
Dr Robert Brennan;
Wilson Sy, PhD;
Julian Gillespie LLB, BJuris.

Reference: H

Index

A review and analysis of the functioning of the National Health Emergency Media Response Network (NHEMRN) during 2020, 2021, and 2022, including:

i. any plans or strategies or relationships involving the NHEMRN in the coordination of Covid-19 messaging amongst Australian governments;
ii. any plans or strategies or relationships involving the NHEMRN in the coordination of Covid-19 messaging amongst Australian media;
iii. any plans or strategies or relationships involving the NHEMRN in the coordination of Covid-19 messaging amongst Covid-19 vaccine suppliers and manufacturers;
iv. any plans or strategies or relationships involving the NHEMRN in the coordination of, involvement with, advising upon, the directing of, or the requesting of the censorship or 'taking down' of any information or messages from or by any persons or groups seeking to share via media, social media, or direct public engagement, opinions, views, scientific evidence, data or information questioning the safety or efficacy of Covid-19 vaccines;
v. any plans or strategies or relationships involving the NHEMRN in the coordination of, involvement with, advising upon, the directing of, or the requesting of the censorship or 'taking down' of any information or messages from or by any persons or groups seeking to share via media, social media, or direct public engagement, opinions, views, scientific evidence, data or information questioning State or Territory or Commonwealth Government mandate measures in response to Covid-19;
vi. any plans or strategies or relationships involving the NHEMRN and social media and media companies in respect of (iii) and (iv) above, including 'fact checker' organisations;
vii. any plans or strategies or relationships involving the NHEMRN and the Trusted News Initiative.

Explanatory Memorandum

An examination to confirm whether the activities of the NHEMRN in respect of Covid-19 public messaging and information campaigns throughout 2020, 2021, 2022, and 2023 was reasonable and proportionate and consistent with real-time

Covid-19 vaccine pharmacovigilance, epidemiological and pathology/serum data known and shared amongst Australian governments.
Proposed Witnesses
Prof Andrew Timming; Dr Robert Brennan Monique Lewis, PhD; Paul Taylor, PhD; Ros Nealon-Cook BPsychSc.

Reference: I

Index

A systematic review of the involvement of Australian government departments in the creation or recruitment and use of "nudge" units and social media "disinformation" units, including:

i. the tools and techniques used by any such units in the management of public views and opinions providing information and criticisms not in keeping with Covid-19 messaging from Australian governments and agencies;
ii. an examination of whether Covid-19 government units established to 'nudge' Australian citizens towards Covid-19 vaccination, and compliance with other mandates and directives, employed tactics of psychological manipulation, and/or exploitation of vulnerabilities in human information-processing;
iii. an examination of due diligence undertaken to ensure that strategic messaging and censorship did not violate:
    a) the human rights of message recipients (ie to freedom of thought without political interference);
    b) psychological codes of ethics regarding evidence-based practice and non-maleficence; and
    c) the rights of democratic electorates to be freely informed.

Explanatory Memorandum

An examination to confirm whether Covid-19 government units established to 'nudge' Australian citizens towards Covid-19 vaccination and compliance with Covid-19 mandates operated reasonably and proportionately when measured against the true threat posed by SARS-CoV-2 to the Australian community, as understood from epidemiological and statistical data and pathology/serum data known and continually updated by Australian governments.

An examination to confirm whether Covid-19 government units tasked with challenging or possibly censoring Australian citizens with differing public views towards Covid-19 vaccines and mandates operated reasonably and proportionately when measured against:

i. Peer reviewed literature and studies that became publicly available in respect of Covid-19 vaccination side effects;

ii. Analysis and studies and data that became publicly available in respect of Covid-19 adverse event reports; iii. the true threat posed by SARS-CoV-2 to the Australian community, as understood from epidemiological and statistical data and pathology/serum data known and continually updated by Australian governments.
Proposed Witnesses
Prof Andrew Timming; Adj. Prof Paul Stevenson; Paul Taylor, PhD; Lissa Johnson PhD; Ros Nealon-Cook BPsychSc.

Reference: J

Index

A review and analysis of the functioning of the State and Territory government media liaison departments and activities during 2020, 2021, and 2022, in respect of:

i. any plans, strategies, policies, or activities involving the coordination of State and/or Territory and/or Commonwealth Government Covid-19 messaging amongst Australian governments;
ii. any plans, strategies, policies, or activities involving State or Territory government Covid-19 messaging using Australian media outlets and companies;
iii. any plans, strategies, policies, or activities or relationships with Covid-19 vaccine suppliers and manufacturers with State or Territory governments or officers concerning Covid-19 messaging;
iv. any plans, strategies, policies, or activities involving State or Territory governments in the coordination of, involvement with, advising upon, the directing of, or the requesting of the censorship or 'taking down' of any information or messages from or by any persons or groups seeking to share via media, social media, or direct public engagement, opinions, views, scientific evidence, data or information questioning the safety or efficacy of Covid-19 vaccines;
v. any plans, strategies, policies, or activities involving State or Territory governments in the coordination of, involvement with, advising upon, the directing of, or the requesting of the censorship or 'taking down' of any information or messages from or by any persons or groups seeking to share via media, social media, or direct public engagement, opinions, views, scientific evidence, data or information questioning State or Territory or Commonwealth Government mandate measures in response to Covid-19;
vi. any plans, strategies, policies, or activities involving State or Territory governments and social media and media companies in respect of (iii) and (iv) above, including 'fact checker' organisations;
vii. any plans, strategies, policies, or activities involving State or Territory governments and the Trusted News Initiative.

Explanatory Memorandum

An examination to confirm whether the activities of State and Territory government media liaison departments in respect of Covid-19 public messaging, including any

actions undertaken to censor non-government public messaging throughout 2020, 2021, 2022, and 2023 were reasonable and proportionate and consistent with real-time Covid-19 vaccine pharmacovigilance, epidemiological and pathology/serum data known and shared amongst Australian governments.
Proposed Witnesses
Prof Andrew Timming; Dr Robert Brennan; Monique Lewis, PhD; Paul Taylor, PhD; Ros Nealon-Cook BPsychSc.

Reference: K

Index

A systematic review of the funding from Australian governments to all bodies responsible for media collaboration and advertising in regard to Covid-19, including any contracts or incentives offered, including but not limited to:

i. the ABC;
ii. channels 7, 9, 10, and SBS;
iii. the RMIT;
iv. The Grattan Institute;
v. 'fact checker' organisations;
vi. the Actuaries Institute;
vii. the Australian Bureau of Statistics;
viii. the Australian medical colleges;
ix. AHPRA and the National Boards;
x. Universities;
xi. Medical research institutes;
xii. the TGA;
xiii. the Australian Academy of Science;
xiv. ATAGI.

Explanatory Memorandum

An examination to confirm whether Australian government media contracts and collaborations relating to Covid-19 with non-government media companies and institutions, to assist Australian governments with influencing Australian citizens towards Covid-19 vaccination and compliance with Covid-19 mandates, were fair and unbiased arrangements that did not seek to restrict third parties sharing views that criticised or offered information in opposition to the Covid-19 messaging of Australian governments; and to further confirm such contracts and collaborations were reasonable and proportionate and necessary when measured against the true threat posed by SARS-CoV-2 to the Australian community, as understood from epidemiological and statistical data and pathology/serum data known and continually updated by Australian governments.

An examination to confirm whether Australian government media contracts and collaborations relating to Covid-19 with non-government media companies and institutions, sought or required or influenced those media companies and

institutions challenge or possibly censor Australian citizens with differing public views towards Covid-19 vaccines and mandates, and whether any such requirements or influence was reasonable and proportionate when measured against:

i. Peer reviewed literature and studies that became publicly available in respect of Covid-19 vaccination side effects;
ii. Analysis and studies and data that became publicly available in respect of Covid-19 adverse event reports;
iii. the true threat posed by SARS-CoV-2 to the Australian community, as understood from epidemiological and statistical data and pathology/serum data known and continually updated by Australian governments.

Proposed Witnesses
Prof Andrew Timming; Monique Lewis, PhD; Paul Taylor, PhD; Wilson Sy, PhD; Niki Konstantinidis, LLB.

Reference: L

Index

A review and analysis of Covid-19 national statements, policies, or directives created by Australian governments or their agencies for the attention and observance by health practitioners, and any possible risks, detriments, or impacts upon the delivery of health services caused as a consequence of any national statements, policies, or directives, including:

i. the 9 March 2021 joint statement issued by AHPRA and the National Boards, including an examination to confirm whether, prima facie, the AHPRA joint statement:
    a) impaired or infringed or obstructed or violated the doctor-patient relationship;
    b) unduly or unfairly or unreasonably or illegally censored doctors and health practitioners;
    c) caused or forced or coerced violations of the Codes of Conduct and Ethics;
    d) caused doctors and health practitioners to violate their Codes of Conduct and Ethics placing them in violation of the National Law;
    e) was a legally valid statement;
    f) was a statement that illegally employed coercion or duress for compelling health practitioners to violate Codes of Conduct and Ethics and in turn the National Law;
    g) was influenced by the International Association of Medical Regulatory Authorities (IAMRA)/Federation of State Medical Boards (FSMB);
    h) misled the Australian population into compliance with government measures by creating a false impression of medical and scientific consensus, through denial of access to a full range of informed and expert opinions;
ii. possible impacts on *valid* Informed Consent;
iii. the presence of any conflicts of interest with the authors of national statements; and
iv. an examination of the investigatory and disciplinary processes undertaken by AHPRA against health practitioners deemed or alleged to have acted in any manner contrary to the 9 March 2021 joint statement.

Explanatory Memorandum

An examination to confirm whether statements, policies, or directives created by Australian governments or their agencies to be observed by health practitioners were reasonable and proportionate and considered all available scientific evidence, and involved fair and reasonable prior consultation with health practitioners, and ensured by way of prior full legal analysis and advices sought, that all statements, policies, or directives that issued were legal and would not be causative of any legal infringements by health practitioners observing same, or would negatively impact upon valid Informed Consent being provided by Australian citizens.

An examination to determine whether any evidence considered by AHPRA was held to acceptable standards of reliability and validity. That is, whether it:

a) emanated from primary sources (such as clinical trials, real world data, biological science) rather than secondary sources (such as bureaucrats, government officials, press agencies and corporate actors);
b) whether it emanated from independent sources absent conflicts of interest;
c) whether it emanated from sources with the appropriate subject-matter expertise; and whether AHPRA ensured all of its evaluation of the science prior to the release of the 9 March statement, was undertaken by persons with the appropriate range of expertise (microbiology, immunology, infectious disease, epidemiology, pharmacology, toxicology and nanotoxicology).

An examination to determine whether health practitioner directives were regularly reviewed and updated as new evidence regarding Covid-19 came to light.

Proposed Witnesses

Prof Andrew Timming;
Prof Wendy Hoy;
A/Prof Peter Parry;
Dr Christopher Neil;
Dr Michael Keane;
Dr Robert Brennan;
Dr Paul Oosterhuis;
Dr Jeyanthi Kunadhasan;
Dr Duncan Syme;
Dr Mark Hobart;
Lissa Johnson PhD;
Paul Taylor, PhD;
Kara Thomas, BNurs;

Mary-Jane Stevens, BNurs;
Peter Fam, LLB.

Reference: M

Index

A review and analysis of Australian laws, policies, practices, and procedures concerning *valid* Informed Consent for medical treatments in the context of Covid-19 vaccines, including:

i. an assessment of any defects, faults, or failures in Australian citizens receiving all information necessary for the purpose of providing fully informed *valid* Informed Consent for agreeing to receive, or not receive, a Covid-19 vaccine;
ii. whether *valid* Informed Consent was affected by incentives provided by Australian governments or Australian health authorities;
iii. whether *valid* Informed Consent was affected by contracts with Australian media entered into by Australian governments or Australian health authorities;
iv. whether *valid* Informed Consent was affected by any actual or threatened punishment by Australian governments or Australian health authorities;
v. whether *valid* Informed Consent was affected by any actual or threatened coercion by Australian governments or Australian health authorities;
vi. whether the denial of medical exemptions affected *valid* Informed Consent; and
vii. an examination of recommendations, rules, and policies implemented by Australian governments and agencies in respect of the recognition of, and granting of medical exemptions from receipt of Covid-19 vaccines.

Explanatory Memorandum

An examination to confirm whether Australian governments and health practitioners fully ensured valid Informed Consent was fully prioritised as a condition precedent before any Australian citizen received a Covid-19 vaccine throughout 2020, 2021, 2022, and 2023, and that all reasonable and ongoing efforts were undertaken by Australian governments to ensure health practitioners received and conveyed to Australian patients all information about the nature of Covid-19 vaccines, and updated in real-time Australian health practitioners with all reasonably available Covid-19 vaccine pharmacovigilance, epidemiological and pathology/serum data known by and shared between Australian governments, for advising Australian patients receiving Covid-19 vaccines.

Proposed Witnesses
Prof Andrew Timming; A/Prof Samir Saidi; Dr Elvis Seman; Dr Robert Brennan; Dr Diedre Little; Dr Julie Sladden; Paul Taylor, PhD; Peter Fam, LLB; Elizabeth Hart; Clare Pain BSc(Hon), MSc.

Reference: N

Index

A systematic review of all roles performed by the Australian Defence Force (ADF) and Australian military personnel in response to Covid-19 throughout 2020, 2021, and 2022, including:

i. the use of troops in the community;
ii. an examination of the chain of command from the Department of Home Affairs (DHA) to the ADF via Emergency Management Australia (EMA), including:
    a) the process by which DHA, via its EMA, formulated requests to the ADF and ADF personnel under Operation Covid-19 Assist, including due diligence with respect to the medical, scientific, legal and human rights aspects of those requests and any other advice and instructions;
iii. an examination of the strategies employed by the ADF to support "compliance measures" as noted on the Department of Defence website;
iv. an examination of any co-ordination or consultation by the ADF with international security services, particularly with respect to compliance measure strategies, use or threat of force, troops in the community, and advice or training for local police forces;
v. whether ADF personnel were deployed:
    a) to assist any Australian police force and the nature of any such assistance;
    b) to assist any Australian police force wearing uniforms or insignia that did not identify them as ADF personnel;
    c) to use force against non-violent protesters and members of the public;
vi. the use of troops in remote areas and indigenous communities;
vii. the involvement of the ADF in the development of Covid-19 vaccines;
viii. the involvement of the ADF arising from any international arrangements or agreements in respect of medical countermeasures in relation to SARS-CoV-2 and Covid-19;
ix. the involvement of the ADF in US Department of Defense medical countermeasure activities for the manufacture and supply of Covid-19 vaccines;
x. the total cost of ADF involvement in Covid-19 activities.

Explanatory Memorandum

An examination to confirm whether the role and involvement of the ADF was reasonable and proportionate and necessary when measured against the true threat posed by SARS-CoV-2 to the Australian community, as understood from epidemiological and statistical data and pathology/serum data known prior to the initiation of ADF activities involved in the rollout of Covid-19 vaccines across Australia, and known throughout the ADF's activities in respect of Covid-19 vaccines, as continually updated by Australian governments, and whether the involvement of the ADF was required and reasonable and proportionate and necessary when measured against: i. Peer reviewed literature and studies that became publicly available in respect of Covid-19 vaccination side effects; ii. Analysis and studies and data that became publicly available in respect of Covid-19 adverse event reports; iii. the true threat posed by SARS-CoV-2 to the Australian community, as understood from epidemiological and statistical data and pathology/serum data known and continually updated by Australian governments.
Proposed Witnesses
Lissa Johnson PhD.

Reference: O

Index

A review and analysis of clinical studies available to Australian governments and health departments (and their advisory committees) in 2020, 2021, and 2022 containing data concerning the safety and efficacy of repurposed drugs used in the treatment of SARS-CoV-2 illness (Covid-19), including but not limited to:

i. Hydroxychloroquine alone or in combination (for example with Azithromycin/ Doxycycline/Zinc);
ii. Ivermectin alone or in combination (for example with Azithromycin/ Doxycycline/Zinc);
iii. Azithromycin alone or in combination;
iv. Vitamin D alone or in combination (for example with Azithromycin/ Doxycycline/Zinc);
v. Povidone Iodine (Nasodine®).

Explanatory Memorandum

An examination of the deliberations and assessments undertaken by the TGA and Dept of Health and the extent to which the TGA/DOH included external expert advices and studies in respect of the use of repurposed drugs for SARS-CoV-2.

An examination of the deliberations and assessments process undertaken by the National Clinical Evidence Taskforce (NCET) for the recommendations made by the NCET, particularly the authorship for each recommendation, and the role of the MAGIC Evidence Ecosystem Foundation (administrators of https://app.magicapp.org/#/guidelines) in the creation NCET recommendations as well as the development, administration and clinical governance of the covid19evidence.net.au website used as the central repository for the protocols that were recommended.

Proposed Witnesses

Prof Robert Clancy;
Prof Wendy Hoy;
Prof Philip Morris;

Prof Peter Friedland;
Prof Brendan Vote;
Dr Pierre Kory;
Dr Paul Marik;
Phillip Altman, PhD;
Peter Molloy, PhD;
Dr Julian Fidge;
Dr Georgina Hale.

Reference: P

Index

A review and analysis of any decision and the evidence basis for any decision by Australian governments health departments (and their advisory committees) to limit access to repurposed drugs for use in the treatment of SARS-CoV-2 illness after March 2020, including any changes to guidelines or recommendations in respect of the use of antibiotics.

Explanatory Memorandum

An examination to understand the evidential basis for decisions made, particularly against the use of long established protocols for the treatment of Coronaviruses and secondary pneumonia/vascular effects following viral infection.

Proposed Witnesses

Prof Marc Pellegrini;
Prof Justin Denholm;
Prof Wendy Hoy;
Prof Tomas Borody;
Prof Brendan Vote;
Prof Robyn Cosford;
Prof Robert Clancy;
Prof Ian Brighthope;
Dr Bruce Wauchope.

Reference: Q

Index

A review and analysis of treatment methods and protocols for SARS-CoV-2 illness, including prophylaxis treatment methods and protocols against SARS-CoV-2 illness, with supporting clinical data evidencing safety and efficacy, that were presented to Australian governments in 2020, 2021, and 2022 by appropriately qualified Australian and overseas medical and science experts, and an examination of the scientific basis for why some treatment protocols presented were not adopted in relation to but not limited to:

i. Hydroxychloroquine (HCQ) alone or in combination (for example with Azithromycin/ Doxycycline/Zinc/IVC/IVM/Vitamin D);
ii. Ivermectin (IVM) alone or in combination (for example with Azithromycin/ Doxycycline/Zinc/IVC/HCQ/Vitamin D);
iii. Vitamin D alone or in combination (for example with Azithromycin/ Doxycycline/Zinc/IVC/HCQ/IVM);
iv. high dose intravenous Vitamin C (IVC) to prevent hospitalisation and for use in Intensive Care Units for Covid-19 patients in combination with other drugs (for example with Azithromycin/ Doxycycline/Zinc/Vitamin D/IVM/HCQ);
v. the scientific evidence basis advanced by the National Clinical Evidence Taskforce for Covid 19 recommending Remdesivir despite the drugs known adverse clinical history;
vi. the basis for recommending Paxlovid in persons vaccinated with other Covid-19 vaccines, together with an examination of the statistical basis for showing benefit from Paxlovid in the Recovery Trial.

The examination of the scientific basis for why treatment protocols (i)-(iv) were not adopted or were rejected or were said to be not effective against SARS-CoV-2 should include statements and reasons and scientific evidence relied upon by, but not limited to:

a) the Prime Minister;
b) the Commonwealth Health Minister;
c) the Commonwealth Chief Medical Officer;
d) the Secretary of Health;
e) the Australian Medical Association;
f) the Royal Australian College of General Practitioners;
g) the Medical Board of Australia.

Explanatory Memorandum
An examination to understand the evidential basis for decisions made by Australian governments against the use of long established protocols for the treatment of Coronaviruses, for example, the submitted studies and protocols of Prof Ian Brighthope detailing the use of Vitamin D and the use of IVC; the submitted studies and protocols of Professor Robert Clancy detailing the use of IVM; the submitted studies and protocols of Professor Tomas Borody detailing the use of Vitamin D and IVM.
Proposed Witnesses
Prof Wendy Hoy; Prof Tomas Borody; Prof Brendan Vote; Prof Robyn Cosford; Prof Philip Morris; Prof Robert Clancy; Prof Ian Brighthope; Dr Tess Lawrie; Dr Pierre Kory; Dr Paul Marik; Dr Georgina Hale; Dr Bruce Wauchope.

Reference: R

Index

A review and analysis of any involvement of Australian scientists in the origins of the SARS-Cov-2 virus and any involvement of Australian scientists in the field of gain of function viral and bacterial research in the decade prior to the pandemic.

Explanatory Memorandum

An examination to confirm whether evidence placed before US Congress investigating the Wuhan lab leak shows participation by Australian scientists in efforts to conceal the origins of SARS-CoV-2, and if so, an examination of any such US evidence and any further Australian evidence for confirming the nature and extent of Australian involvement.

Proposed Witnesses

Prof Nikolai Petrovsky;
Prof Francis Boyle (US);
Dr Robert Brennan.

Reference: S

Index

A review and analysis of the legal criteria required to be fulfilled or satisfied for the provisional approval and registration of Covid-19 vaccines in Australia, including the extension of those approvals to different age groups, and including:

i. whether and which Covid-19 vaccines required licencing approval by the Office of the Gene Technology Regulator (OGTR);
ii. whether and which Covid-19 vaccines required OGTR licencing approval before seeking provisional approval by the TGA;
iii. whether and which Covid-19 vaccines satisfied being deemed Gene Therapy drugs under TGA guidelines;
iv. if any Covid-19 vaccines required OGTR licencing and/or satisfied Gene Therapy definitions what, if any, further testing and assessment requirements were applicable;
v. an examination of the definition of a 'vaccine' in Australia and whether Covid-19 vaccines fulfilled all relevant criteria for being properly deemed a vaccine.

Explanatory Memorandum

An examination to confirm whether TGA Regulation 10L was ever satisfied particularly for persons under 65 years considering SARS-CoV-2 epidemiological studies.

An examination to confirm whether the OGTR fulfilled its statutory mandate in respect of Covid-19 vaccines.

Proposed Witnesses

Angela Jeanes PhD;
Phillip Altman, PhD;
Julian Gillespie LLB, BJuris;
Katie Ashby-Koppens, LLB.

Reference: T

Index

With regards to the Covid-19 vaccines received by Australians, a review and analysis of the application materials submitted by sponsors including the clinical safety and efficacy data and references submitted by Covid-19 vaccine manufacturers and relied upon by the Therapeutic Goods Administration for the provisional approval of the Covid-19 vaccines, including:

i. data that was withheld or not disclosed by Covid-19 sponsors at the time of submitting applications for provisional approval, and subsequent to provisional approval being granted, including;
    a) plasmid DNA maps;
    b) open reading frames (ORFs);
    c) translation issues associated with codon optimisation;
    d) residual DNA levels and tests used to quantitate same;
    e) residual Endotoxins and tests used to quantitate same;
    f) omissions or irregularities in Clinical Trials and the consequences from same;
    g) any other information requested by regulators but not supplied by sponsors;
ii. an examination of the review process undertaken by the TGA for assessing and verifying the references provided and comparative claims made by sponsors;
iii. an examination of the raw patient level data from Covid-19 vaccine Clinical Trials requested by the TGA for independent analysis, including;
    a) all correspondence and communications between the TGA and FDA in respect of the FDA's monitoring and auditing of Covid-19 vaccine Clinical Trials;
    b) all correspondence and communications between the TGA and FDA identifying issues, complaints, or concerns raised in respect of Covid-19 vaccine Clinical Trials monitored and audited by the FDA;
    c) the extent to which the TGA independently reviewed and requested information from Covid-19 vaccine sponsors in respect of any issues, complaints, or concerns brought to the attention of the TGA in respect of Covid-19 vaccine Clinical Trials;
    d) an examination of the legislative basis upon which the TGA was not required to independently assess and audit and examine Covid-19 vaccine Clinical Trials, including patient level data from those trials.

Explanatory Memorandum
An examination to confirm whether there was any regulatory oversight by the TGA in context of Covid-19 drugs developed in record time, approved in record time, for use in a national vaccination campaign. An examination to confirm the inquiries undertaken by the TGA in respect of Pfizer performing clinical trials using a drug from one production method, then supplying a different drug resulting from a different production method. An examination to confirm and understand the regulatory justifications for not insisting upon a range of studies prior to a national rollout of Covid-19 drugs.
Proposed Witnesses
Prof Peter Doshi; Prof Nic Petrovsky; Prof Philip Buckhaults; A/Prof Peter Parry; Aaron Siri [to be contacted via ICAN]; Dr Jeyanthi Kunadhasan; Geoff Pain, PhD; Kevin McKernan, B(Bio)Sc; Brook Jackson.

Reference: U

Index

A review and analysis as of the date each Covid-19 vaccine was provisionally approved of the safety studies completed by the manufacturers, and any safety studies not performed or completed by the manufacturers at the time of provisional approval, and:

i. peer reviewed studies that supported the claims of manufacturers as to safety;
ii. peer reviewed studies that subsequently contradicted earlier safety claims published by their manufacturers.

Explanatory Memorandum

Examine TGA reasoning for not requiring historically required studies into safety.

Proposed Witnesses

Prof Peter Doshi;
A/Prof Peter Parry;
Dr Jeyanthi Kunadhasan;
Phillip Altman PhD.

Reference: V

Index

An examination of each State's Covid-19 vaccination and infection statistics that were relied upon for creating legislation that impinged upon freedom of movement of the population. This should include the availability of any data set that was published by a State authority showing infection or mortality statistics by vaccination status, and which data should be auditable and be able to be reconciled with the published documents, including:

i. an examination of the use and accuracy by Australian governments of WHO ICD codes U07.1 and U07.2 for classifying persons with Covid-19 for compiling Covid-19 data;
ii. all deaths data on persons dying within 14 days and 28 days of receipt of a Covid-19 vaccine;
iii. all scientific data relied upon for deeming a death within 14 days or 28 days of receipt of a Covid-19 vaccine being:
    a) due to Covid-19;
    b) not due to a Covid-19 vaccine;
    c) by reference to a random selection and analysis of deaths fitting the above criteria from each State and Territory;
iv. any other data or information relied upon.

Explanatory Memorandum

What is important here is to gain an understanding of how authorities knew vaccination status.

For example, there were periods in NSW where it was clear the categories "Unknown" and "0 Dose" were being mixed.

An understanding is needed of the systems that were being used to merge data from different repositories, for identifying any data processing limitations that may have contributed have affected Covid-19 statistical reporting to the public.

In respect of legislation that impinged upon freedom of movement, how such laws were created when measured against the true threat posed by SARS-CoV-2 to the Australian community, as understood from epidemiological and statistical data and pathology/serum data known and continually updated by Australian governments.

In respect of the use of ICD code U07.1:

> Use this code when COVID-19 has been confirmed by laboratory testing irrespective of severity of clinical signs or symptoms. Use additional code, if desired, to identify pneumonia or other manifestations.

A person could have no symptoms of COVID-19 infection and be classified as a COVID-19 case, hospitalisation and/or COVID death, based on a positive test result alone. In the absence of symptoms, and a relevant estimate of the false positive rates of the PCR and other test used to identify COVID-19 cases, it is uncertain whether a case defined this way was valid or had any clinical significance.

The application of this classification code may have inflated case counts significantly and possibly engendered the hospitalization, ICU and death data constantly published by Australian governments potentially misleading and uninterpretable.

This issue was exacerbated in NSW where the classification of cases, hospitalisations and deaths included back-capturing positive COVID-19 test results from 14 to 28 days prior to presentation at hospital, regardless of whether Covid symptoms were present or whether an individual was registering positive to the disease when present in hospital.

In respect of the use of ICD code U07.2:

> Use this code when COVID-19 is diagnosed clinically or epidemiologically but laboratory testing is inconclusive or not available.

The clinical (observational) diagnoses of individuals using this code when the symptomology of Covid-19 shares many clinical characteristics with other respiratory disorders such as viral pneumonia or multi-inflammatory disease. The application of this classification code may have inflated case counts significantly and possibly engendered the hospitalization, ICU and death data constantly published by Australian governments potentially misleading and uninterpretable.

Additionally, there have been claims that medical professionals were instructed by State governments not to test for influenza infection at certain periods during 2021 and 2022, regardless of symptom presentation, and to only test for COVID-19 infection. If any such directives were issued, they likely led to inflate the false categorisation of individuals as Covid-19 infections under ICD code U07.2 through

restricting the ability to identify alternative diagnoses with over-lapping clinical presentation and may explain a drop in influenza cases and non-Covid-19 respiratory infections reported in 2021.
Proposed Witnesses
Dr Christopher Neil; Andrew Madry, PhD; Suzanne Niblett, PhD.

Reference: W

Index

A review of epidemiological data relied upon by Commonwealth, State and Territory governments during the Covid-19 pandemic, relating to data collection, data integrity, data availability, data timeliness and data analysis to inform policy and justify Covid-19 mandates.

Explanatory Memorandum

To identify the status of data records, the extent of any centralized national relational databases, and publicly available SQL facilities for data downloads, and to investigate the extent to which epidemiological data was relied upon, and the quality of the epidemiological data.

Proposed Witnesses

Suzie Niblett PhD;
Felicity Hamilton.

Reference: X

Index

A review and analysis of the use of social media including celebrities by Australian governments and health authorities to transmit information to the public regarding:

i. Covid-19 case incidences;
ii. Covid-19 vaccine effectiveness statistics;
iii. Covid-19 vaccination advertising.

Explanatory Memorandum

An examination to confirm the nature and extent of social media campaigns employed health authorities, the accuracy of the data communicated, the transparency of data sources, and degree if any, Covid-19 social media campaigns were coordinated amongst Australian governments, and whether any censorship tactics were employed by Australian governments in social media against views or opinions or comments that did not support Australian government messaging and narratives.

Proposed Witnesses

Dr Monique Lewis;
Dr Robert Brennan;
Ros Nealon-Cook.

Reference: Y

Index

A review and analysis of claims made by health authorities, Prime Ministers, Premiers, Ministers, health officials and spokespersons of Australian governments in respect of Covid-19 vaccines, including by Covid-19 vaccine sponsors, that Covid-19 vaccine(s):

i. are safe and effective;
ii. stop person-to-person transmission of the SARS-CoV-2 virus;
iii. are effective at stopping people getting very sick if they catch Covid-19;
iv. stay at the injection site where they are quickly broken down;
v. protect against reinfection from Covid-19;
vi. are particularly important for protecting persons who are immunocompromised or with comorbidities;
vii. ingredients are quickly broken down by the body;
viii. do not shed their ingredients or by-products;
ix. do not cause autoimmune disease;
x. 'do not' (then changed to) 'may' cause a small and temporary change to menstrual cycles;
xi. do not cause sterilisation or infertility;
xii. protect against Long Covid;
xiii. can be safely administered with other vaccines;
xiv. do not enter the nucleus of cells;
xv. do not impact fertility or cause any problems with pregnancy, including the development of the placenta;
xvi. cannot affect or combine with human DNA; and
xvii. an examination of the designation of these genetic technology products as vaccines rather than genetic technology or gene therapies; and
xviii. an examination of epidemiological and statistical findings by pharmacovigilance departments within Australian governments in relation to the safety of Covid-19 vaccines at the time public statements as to the safety of Covid-19 vaccines were being made.

Explanatory Memorandum

An examination to confirm the nature and type and extent of Covid-19 vaccine claims and assertions by the TGA and other Australian health departments, the scientific basis for the claims made compared to available peer reviewed literature,

and the possibility of conflicting real-time data being observed by pharmacovigilance departments within Australian governments.
Proposed Witnesses
Prof Nikolai Petrovsky; A/Prof Peter Parry; Dr Christopher Neil; Dr Robert Brennan; Dr Melissa McCann; Conni Turni, PhD; Rado Faletic, PhD; Suzie Niblett, PhD; Andrew Madry, PhD.

Reference: Z

Index

A systemic analysis of peer reviewed and published scientific studies (including preprints), including studies published by overseas health authorities in 2021, 2022, 2023, and 2024 suggestive of adverse health outcomes in recipients of Covid-19 vaccines, and where shown, a comparison with published scientific studies of adverse health outcomes for any other therapeutic treatments of prior historical concern.

Explanatory Memorandum

An examination to confirm the extent of Covid-19 vaccine adverse event studies and case reports, when they first emerged and in what numbers and on what medical topics, and the extent to which such studies and reports were being considered by Australian health authorities and were being shared with the Australian public.

For example, what analysis did the TGA undertake and what considerations were made upon receiving advice from Norwegian Health authorities regarding deaths of elderly in nursing homes following vaccination with Pfizer vaccine.

And a review of the extent to which Australian governments and authorities communicated independent studies with the Australian public.

Proposed Witnesses

A/Prof Peter Parry;
A/Prof Peter Doshi;
Dr Christopher Neil;
Dr Joseph Fraiman;
Dr David Rabbolini;
Dr Russell Price;
Andrew Madry, PhD.

Reference: AA

Index

A systemic analysis of Covid-19 vaccine adverse event reporting during 2020 to 2023 by:

i. Australian State and Territory governments;
ii. the Department of Health and Aged Care and TGA AEM and DAEN systems, including a brief overview of vaccine adverse event data for 1970-2019;
iii. the United States Vaccine Adverse Event Reporting System (VAERS), including a brief overview of vaccine adverse event data prior to 2020;
iv. the European Medicines Agency EudraVigilance database, including a brief overview of vaccine adverse event data prior to 2020;
v. the Medical & Health products Regulatory Agency Yellow Card system, including a brief overview of vaccine adverse event data prior to 2020; and
vi. any studies or programs by Australian government agencies or medical institutes involving the administration to Australians of saline placebos misleadingly labelled as Covid-19 vaccines, with particular reference to records and knowledge of this possible activity held by the Burnet Institute.

Explanatory Memorandum

An examination of local and international adverse event reporting systems in the context of Covid-19 vaccines, and whether reporting was historically significant, and the degree to which Australian authorities communicated any historically significant data trends for Covid-19 vaccines to the Australian public.

Proposed Witnesses

Prof Norman Fenton;
Dr Clare Craig;
Dr David Rabbolini;
Andrew Madry, PhD;
Suzie Niblett, PhD;
Jessica Rose, PhD.

Reference: BB

Index

A systemic analysis of the formal guidelines and procedures used during 2021, 2022, and 2023 by State and Territory governments, hospital administrators responsible for receiving and processing AEFI, and the TGA, to assess adverse event reports in respect of Covid-19 vaccines, including:

i. the criteria for assessing possible causal association (unrelated, possibly related, probably related, definitely related etc.) in respect of the Covid-19 vaccines;
ii. who was responsible for first receiving adverse event reports, performing initial assessments and the criteria used to perform assessments, the qualifications of those responsible for first receiving adverse event reports, who they reported to, and to whom they sent adverse events after assessment, and to which databases;
iii. what directions, guidelines, procedures, or policies were created or implemented specifically for Covid-19 vaccine adverse event report assessments;
iv. what directions, guidelines, procedures, or policies were created or implemented specifically for Covid-19 vaccine adverse events reporting death as an outcome after Covid-19 vaccination;
v. what directions, guidelines, procedures, or policies were created or implemented and provided to coroners specifically for investigating deaths following Covid-19 vaccination.

Explanatory Memorandum

An examination of Australia's adverse event reporting system, the IT platforms used, their integration nationally, their public transparency, personnel qualifications, and agreed procedures and standards observed nationally.

Proposed Witnesses

Dr Christopher Neil;
Dr Melissa McCann;
Suzie Niblett, PhD;

Phillip Altman, PhD.

Reference: CC

Index

A systemic analysis of epidemiological and statistical tools and information platforms used by Australian governments and overseas pharmacovigilance authorities for monitoring the safety of Covid-19 vaccines, with particular emphasis on:

i. adverse even reporting systems utilised by Australian Local Hospital Networks and Primary Health Networks;
ii. adverse event reporting systems utilised by Australian State and Territory government health departments;
iii. the AusVaxSafety system implemented for Covid-19 vaccines;
iv. the TGA's AEMS and DAENS databases and the interaction of those databases with State and Territory government adverse event reporting systems.

Explanatory Memorandum

An examination of the nationally and internationally agreed standards for the epidemiological and statistical modelling of Covid-19 vaccine safety signals, for example Proportional Reporting Ratio (PRR) and other established statistical tools.

An examination of the network structure, national standards, national procedures, and network coordination between State, Territory, and Federal government adverse event reporting systems, and the pharmacovigilance departments they each connect with.

Proposed Witnesses

Dr Christopher Neil;
Dr Melissa McCann;
Phillip Altman, PhD;
Suzie Niblett, PhD;
Felicity Hamilton.

Reference: DD

Index

A systemic analysis of epidemiological and statistical findings in relation to the safety and efficacy of Covid-19 vaccines by pharmacovigilance departments within Australian governments during 2021, 2022, and 2023.

Explanatory Memorandum

An examination of the safety signal findings for the Covid-19 vaccines, which findings were and were not shared with the Australian public and what, if any, accepted analysis was not undertaken.

Proposed Witnesses

A/Pro Christopher Neil;
A/Prof Peter Parry;
Dr Melissa McCann;
Phillip Altman, PhD;
Suzie Niblett, PhD;
Felicity Hamilton.

Reference: EE Index
A systematic and independent analysis of all Covid-19 vaccine adverse event reports of deaths reported to the TGA through the DAEN system as reported by the TGA in its "vaccine safety report", and a further systematic and independent analysis of all deaths recorded on the AEMS system.
Explanatory Memorandum
An independent review and analysis of all Covid-19 vaccine adverse event reports received by the TGA, to confirm whether the TGA provided reasonably accurate data transparency.
Proposed Witnesses
Dr Christopher Neil; Dr Melissa McCann; Suzie Niblett, PhD; Andrew Madry, PhD.

Reference: FF

Index

A systematic and independent review of the data held on the AEMS system and data published on the DAEN system in respect of adverse event reports for Covid-19 vaccines, including:

i. all national and international Covid-19 vaccine adverse event reports held by the Pharmacovigilance Special Access Branch (PSAB) during 2021, 2022, and 2023;
ii. all epidemiological and statistical modelling of Covid-19 vaccine safety signals conducted by the PSAB in respect of national and international adverse event reports during 2021, 2022, and 2023;
iii. all epidemiological and statistical modelling of Covid-19 vaccine safety signals received by the PSAB from equivalent Pharmacovigilance units located in the FDA, WHO, EMA, and MHRA, in respect of national and international adverse event reports during 2021, 2022, and 2023

Explanatory Memorandum

An independent review and analysis of all Covid-19 vaccine adverse event reports received and analysed by the TGA to confirm whether the TGA provided reasonably accurate data transparency on Covid-19 vaccine safety to the Australian public.

Proposed Witnesses

Dr Christopher Neil;
Dr Melissa McCann;
Suzie Niblett, PhD;
Andrew Madry, PhD.

Reference: GG

Index

A review and analysis of the real-time safety systems used by Australian governments to inform and alert health practitioners of potential or actual side effects or contraindications in respect of treatments or the use of identified therapeutic goods, and the interaction of these safety systems with pharmacovigilance departments within Australian governments, and how those safety bulletin systems operated prior to 2021.

Explanatory Memorandum

A review of pre-existing systems to inform health practitioners of any problems or potential problems with treatments or therapeutics.

Proposed Witnesses

Dr Christopher Neil;
Dr Melissa McCann
Andrew Madry, PhD;
Suzie Niblett, PhD;
Felicity Hamilton.

Reference: HH

Index

A review and analysis of the real-time safety systems used by Australian governments to inform and alert health practitioners of potential or actual side effects or contraindications reported in respect Covid-19 vaccines from 2021, and the interaction of these safety systems with pharmacovigilance departments within Australian governments receiving Covid-19 vaccine adverse event reports.

Explanatory Memorandum

A review and analysis of all Covid-19 vaccine adverse event reports received and analysed by Australian government health departments, to confirm whether real-time safety systems provided reasonably accurate Covid-19 vaccine safety messaging to Australian health practitioners for the purpose of providing necessary information to patients for the purpose of ensuring valid Informed Consent was being from Australian citizens.

An independent review to confirm whether State and Territory health department real-time safety bulletin systems to inform and alert health practitioners of any safety concerns with respect to Covid-19 vaccines was fully and accurately functioning throughout 2021, 2022, and 2023.

Proposed Witnesses

Dr Christopher Neil;
Suzie Niblett ,PhD;
Felicity Hamilton.

Reference: II

Index

A review and analysis of the conduct of TGA pharmacovigilance following the rollout of the Covid vaccines and whether this met the standards set forth in the AusPAR provisional approvals for the vaccines, both for the general population and the pregnant population, including:

i. compliance by sponsors with TGA document *Pharmacovigilance responsibilities of medicine sponsors* (version 2.2, January 2021);
ii. all information received by the Secretary of Health falling under Section 23(d) of the Therapeutic Goods Act 1989, and the assessment of that information by the Secretary;
iii. all inspections of Covid-19 vaccine sponsors undertaken by the TGA in respect of the collection, collation, processing, timely and appropriate reporting and follow-up of adverse reaction reports performed by sponsors;
iv. all information concerning Covid-19 vaccine sponsors funding 'fact checker' organisations.

Explanatory Memorandum

An independent review to confirm whether the TGA and sponsors fulfilled all pharmacovigilance obligations in respect of Covid-19 vaccines throughout 2021, 2022, and 2023.

An examination to confirmed whether sponsors responsible for the collection of adverse event data and reports, were also funding 'fact checker' organisations that were and continue to deliberately neutralise media and social media reports of harms associated with Covid-19 vaccines, in circumstances where sponsors are obliged to approach all adverse reports in respect of their products as caused by their products, until proven otherwise.

Proposed Witnesses

Dr Melissa McCann;
Phillip Altman, PhD;
Julian Gillespie LLB, BJuris;

Reference: JJ

Index

A systemic analysis and review of processes and guidelines used to assess causality using appropriate analytical tools and sources of data relevant to an assessment of whether, prima facie, Covid-19 vaccines disproportionately caused harm or death to Australians as compared to any other registered or previously registered therapeutics in Australia, undertaken by Commonwealth, State, and Territory government pharmacovigilance units.

Explanatory Memorandum

An examination to confirm whether what Australian pharmacovigilance units were seeing in real-time in respect of Covid-19 vaccines, in terms of accumulating causality assessments; and to confirm whether causality assessments were being performed rigorously and being reasonably accurately shared with the Australian public.

Proposed Witnesses

Dr Christopher Neil;
Dr Melissa McCann;
Suzie Niblett, PhD;
Andrew Madry, PhD;
Felicity Hamilton.

Reference: KK

Index

In the event of a prima facie finding evidencing disproportionate harm and/or death associated with Covid-19 vaccines, a systemic analysis to determine when evidence of disproportionate adverse outcomes from the Covid-19 vaccines became apparent and discernible to relevant Australian government departments, including for each State and Territory:

i. the date upon which one or more type of adverse outcomes from one or more Covid-19 vaccines became statistically significant; and
ii. indicative of disproportionate harm or death to Australians as compared to any other registered or previously registered therapeutics in Australia; and
iii. where those findings were published, and to who those findings were reported; and
iv. an examination and comparison with re-purposed drugs used to treat Covid-19 in 2020 and any evidence of disproportionate harm or adverse events reports possibly caused by such re-purposed drugs.

Explanatory Memorandum

An examination to confirm what Australian pharmacovigilance units were observing throughout 2021, 2022, and 2023, to confirm whether messaging by public officials of the ‘safe and effective’ nature of Covid-19 vaccines was accurate.

Proposed Witnesses

Prof Robert Clancy;
Prof Tomas Borody;
A/Prof Peter Parry;
Dr Christopher Neil;
Dr David Rabbolini;
Dr Russell Price;
Suzie Niblett, PhD;
Andrew Madry, PhD;

Reference: LL

Index

A review of issues and themes and experiences among persons claiming to have been prima facie injured from one or more Covid-19 vaccine, including family members, spouses and partners who have lived experience with those they claim to have died as a prima facie consequence of receiving one or more Covid-19 vaccine, including systemic issues and any common themes:

i. relating to the Covid-19 Claims Scheme, including the Constitutional legality of the Scheme;
ii. relating to the recognition and treatment of Covid-19 vaccine injuries and deaths by Australian health practitioners.

Explanatory Memorandum

To hear from Covid-19 vaccine victims.

Proposed Witnesses

Adj. Prof Paul Stevenson;
Dr Melissa McCann;
Dr Kerryn Phelps;
Rado Faletic, PhD;
Tanya Neilson, LLB;
Rebekah Barnett.

Reference: MM

Index

A review and analysis of Australian Covid-19 pandemic modelling relied upon by Australian governments for making Covid-19 pandemic management decisions, policies, mandates, and laws, including:

i. Covid-19 modelling undertaken by the Doherty Institute;
ii. any other modelling relied upon;
iii. the extent to which reliance was placed upon modelling over real-time data.

Explanatory Memorandum

An examination to confirm whether reasonable assumptions were used, the statistical modelling tools utilised, known and available real-time data that was incorporated or discounted, and conclusions reached in models to justify the reliance by Australian governments on commissioned models as a basis for actions implemented by Australian governments throughout 2021, 2022, and 2023, were entirely reasonable.

Proposed Witnesses

Prof Jay Bhattacharya;
Prof Carl Heneghan;
Dr Christopher Neil;
Dr Georgina Hale;
Wilson Sy, PhD;
Suzie Niblett, PhD;
Andrew Madry, PhD.

Reference: NN

Index

A review and analysis of Covid-19 pandemic management decisions and policies, and particularly Covid-19 vaccine mandates compelling the receipt of Covid-19 vaccines as conditions of employment, implemented by Australian companies (private and public) and government departments not providing health services, including:

i. an examination of the review and consideration processes and risk-benefit assessments undertaken by Australian companies and (non-health) government departments into potential adverse impacts, side effects and potential harms from Covid-19 vaccines, including:
    a) an examination of assessments undertaken to consider the long-term safety of vaccine mandates, in the absence of any longitudinal safety data on Covid-19 vaccines at the time of vaccine mandates;
ii. an examination of Australian companies and (non-health) government departments of assessments:
    a) undertaken to ascertain that officials and company officers responsible for vaccine mandates and policy held appropriate credentials, knowledge and subject-matter expertise to review and evaluate evidence regarding the safety and efficacy of Covid-19 vaccines including immunological, microbiological and nanotoxicological expertise;
    b) undertaken regarding the risks inherent in violating longstanding principles of patient-centred, individualised medical care, in favour of population-wide medical interventions irrespective of individual medical profiles;
    c) undertaken to evaluate the impact of prior vaccine mandates implemented in other nations earlier than Australia, with respect to key outcomes, particularly illness, hospitalisation and death;
    d) undertaken to ascertain whether vaccine mandates placed those responsible for implementation in violation of their obligations under their codes of ethics and conduct, their Occupational Health and Safety Regulations, privacy protections, and international human rights treaties and conventions.
iii. an examination of the review and consideration processes and risk-benefit assessments undertaken by Australian companies and (non-health) government departments of the risks of serious illness or death to employees who chose to remain unvaccinated;

iv. an examination of the review and consideration processes and risk-benefit assessments undertaken by Australian companies and (non-health) government departments of the risks to Covid-19 vaccinated employees of serious illness or death from Covid-19 if exposed to unvaccinated employees;

v. the extent to which Australian companies and (non-health) government departments and their expert health advisors understood the difference between *absolute risk reduction* versus *relative risk reduction* in respect of Covid-19 vaccines;

vi. when Australian companies and (non-health) government departments first understood Covid-19 vaccines neither prevented infection or transmission;

vii. the legal basis upon which Australian companies and (non-health) government departments deemed discriminatory treatment based on vaccination status as legally justified when possessed of the knowledge Covid-19 vaccines neither prevented infection or transmission;

viii. the legal basis upon which Australian companies and (non-health) government departments deemed compulsory Covid-19 vaccination as a condition of employment legally justified when possessed of the knowledge Covid-19 vaccines neither prevented infection or transmission;

ix. an examination of any pressure placed on, or incentives provided to Australian companies to implement employment mandates by Australians governments;

x. an examination of Australian media companies and outlets and any involvement in the BBC instigated Trusted News Initiative (TNI), including:

a) the details of TNI partnership agreements;
b) the details of TNI policies and practices implemented in Australia;
c) the review and consideration processes and risk-benefit assessments undertaken by Australian media companies and outlets before and during implementation of TNI policies and practices;
d) the legal assessments undertaken by Australian media companies and outlets to ensure implementation of TNI policies and practices would not and did not unreasonably interfere with opinions and criticisms shared publicly by Australian health practitioners and professionals concerning Covid-19 vaccines;
e) the legal assessments undertaken by Australian media companies and outlets to ensure implementation of TNI policies and practices would not and did not unreasonably interfere with the ability of Australian citizens to receive publicly available opinions and criticisms shared by Australian health practitioners and professionals, being information relevant to personal risk-benefit assessments by Australian citizens for the purpose of providing valid Informed Consent for Covid-19 vaccines.

Explanatory Memorandum
An examination to confirm whether Covid-19 mandates (for non-public health government employees) and employment conditions imposed by Australian companies throughout 2020, 2021, 2022, and 2023 were reasonable and proportionate and consistent with real-time Covid-19 vaccine pharmacovigilance, epidemiological and pathology/serum data known by Australian governments and reasonably accessible by Australian companies.
Proposed Witnesses
Prof Gigi Foster; Prof Paul Frijters; Lissa Johnson PhD; William Parry LLB; Peter Fam LLB; Katie Ashby-Koppens LLB; Flight Captain Graham Hood; John Larter, paramedic; Josh Hawkes, firefighter; Clare Pain BSc(Hon), MSc.

Reference: OO

Index

A review and analysis of Australian Excess Deaths in the years 2020, 2021, 2022, and 2023 including:

i. an assessment utilising accepted causation criteria and any appropriate new or relevant epidemiological or statistical data tools and methods for determining whether Covid-19 vaccines contributed to Australian Excess Deaths in the years 2021, 2022, and 2023;
ii. whether and how the TGA's pharmacovigilance system was monitoring mortality statistics in real time as part of an early warning system (EWS);
iii. whether and how the TGA's pharmacovigilance system was monitoring cancer incidence and mortality statistics in real time as part of an EWS;
iv. whether and how the TGA's pharmacovigilance system was monitoring miscarriage, stillbirth, fetal anomaly and neonatal mortality rates in real time in vaccinated women as part of an EWS;
v. whether and how in the absence of (ii) – (iv) the States were monitoring in real time those factors.

Explanatory Memorandum

An examination to confirm whether excess deaths in Australia in and from 2020 were consistent with excess deaths to be expected from SARS-CoV-2 as a pandemic infectious disease, and were statistically significant to warrant the declaration of Emergency issued under the Biosecurity Act.

An examination to confirm whether fluctuations in excess deaths in Australia in 2021 through 2023 were consistent with historical national averages.

An examination to confirm whether excess deaths in Australia in 2021 through 2023 bore no scientific nor statistical nor causal relationship with the uptake of Covid-19 vaccines.

An examination to confirm whether excess deaths in Australia in 2021 through 2023 did not warrant any formal investigation by Australian governments.

Proposed Witnesses

A/Prof Mark Jones;
Dr Christopher Neil;
Dr Clare Craig;
Andrew Madry, PhD;
Wilson Sy, PhD;
Suzie Niblett, PhD;
Edward Dowd;
Clare Pain BSc(Hon), MSc.

Reference: PP

Index

An examination of Australian government transparency and accountability in the context of the handling of freedom of information requests (Federal and State equivalents) in relation to SARS-CoV-2 and the Covid-19 vaccine rollout, with particular reference to (but not limited to) the following:

i. the TGA;
ii. Sydney University;
iii. New South Wales Health.

Explanatory Memorandum

An examination to confirm whether certain refusals by agencies and institutions to provide requested documents were reasonable and according to law, and to confirm whether redactions made to certain documents received pursuant to FOI requests were reasonable and according to law.

Australian governments make claims to value transparency, however throughout 2020 through 2023 there appears to have been a tendency to prioritise concealment when faced with challenges. This approach undermines the principles of accountability and openness that are essential for a healthy democratic system.

Proposed Witnesses

Dr Melissa McCann;
Nancy Osmanagic.

Reference: QQ

Index

A review and analysis of all procurement contracts between government bodies and the pharmaceutical corporations approved for the Covid-19 vaccination program, including between the Commonwealth government and its nominated representatives and:

i. Pfizer;
ii. Moderna;
iii. AstraZeneca;
iv. Novavax.

Explanatory Memorandum

An exercise in full transparency to examine and confirm whether the purchasing terms, price paid, and indemnities afforded suppliers and manufacturers were reasonable and proportionate as compared any other reasonable alternative treatments or protocols available as a prophylaxis or treatment for Covid-19.

Proposed Witnesses

Julian Gillespie LLB, BJuris.

Reference: RR

Index

A full audit and itemised review of the total budget expended in relation to the Covid pandemic including all payments made by the Commonwealth to State and Territory treasuries, and payments to all other government and non-government recipients designated as part of the Covid response, including:

i. all contracts for Covid-19 advertising, reporting, and commentary placed by Australian governments and entered into with Australian news and media companies and outlets, inclusive of the terms and conditions of those contracts.

Explanatory Memorandum

An exercise in full transparency to examine and confirm whether the Covid-19 expenditure by the Commonwealth government was reasonably necessary, on reasonable terms, for reasonable prices, involved reasonable auditing to ensure fulfillment of contractual terms, did not involve unreasonable or unnecessary indemnities, and was generally reasonable and proportionate and necessary when measured against the true threat posed by SARS-CoV-2 to the Australian community, as understood from epidemiological and statistical data and pathology/serum data known and continually updated by Australian governments.

Proposed Witnesses

Prof Robert Clancy;
Prof Gigi Foster;
Prof Paul Frijters;
Prof Jayanta Bhattacharya;
Julian Gillespie LLB, BJuris.

Reference: SS

Index

A review of all Covid-19 pandemic-related court cases that were denied to applicants on the basis of mootness or judicial notice, or in which judicial notice was taken in regard to evidence and advices from bodies including:

i. the Australian Technical Advisory Group on Immunisation (ATAGI);
ii. the National Centre for Immunisation Research and Surveillance (NCIRS);
iii. the National Health and Medical Research Council (NHMRC);
iv. the TGA Advisory Committee on Vaccines (ACV);
v. the TGA;
vi. The Peter Doherty Institute for Infection and Immunity.

Explanatory Memorandum

To examine and confirm the extent to which Australian courts and tribunals received previously published information from certain bodies as evidence received 'on notice', thereby denying applicants any opportunity to test such evidence including denying applicants any opportunity to require authors of such evidence to appear and undergo cross-examination to further test such evidence.

To examine and confirm the extent to which Australian courts and tribunals ordered the discontinuation of proceedings based upon rulings of 'mootness', as a consequence of Australian governments (as defendants/respondents) reversing or changing or annulling Covid-19 mandate laws or policies originally the subject of proceedings and challenge by applicants, with the consequence being applicants were denied court declarations in respect of the challenged Covid-19 mandate laws or policies.

Proposed Witnesses

Justice Stuart Lindsay;
Prof Augusto Zimmermann;
Paul Taylor, PhD;
Jay Vidanage LLB;

Niki Konstantinidis, LLB;
Peter Fam, LLB;
Tony Nikolic, LLB.

Reference: TT

Index

A systematic review of Australian Whistle-Blower legislation to determine whether any such legislation failed to protect doctors, scientists, government officials, medical administrators, or hospital staff who attempted to raise safety concerns in the public interest with respect to Covid-19 vaccines and Covid-19 lockdown measures and mandates.

Explanatory Memorandum

An examination to confirm whether Australia has adequate Whistle-Blower legislation for protecting employees and experts when seeking to legitimately challenge government messaging or share information on government activity or data, particularly in the context of a proclaimed emergency when Australian governments introduce extraordinary measures and invoke extraordinary legislation.

Proposed Witnesses

Human Rights Law Centre;
Prof Andrew Timming;
A/Prof Peter Parry;
Dr Christopher Neil;
Dr David Berger;
Dr Paul Oosterhuis;
Dr Jeyanthi Kunadhasan;
Dr Duncan Syme;
Dr Mark Hobart;
Paul Taylor, PhD;
Mary-Jane Stevens, BNurs;
Niki Konstantinidis, LLB;
Tony Nikolic, LLB.

Reference: UU

Index

A systematic review of all foreign funding to any Australian institution that were relied on for medical or scientific advice in regard to the Covid pandemic, and the contractual terms contingent on receipt of any such funding, in the generation of treatment protocols and/or Covid policy, including but not limited to:

i. the US National Institutes of Health;
ii. the US Department of Defense;
iii. the US Defense Advanced Research Projects Agency;
iv. any agencies of the European Union or European Council;
v. the World Bank;
vi. the WHO;
vii. the Bank of International Settlements;
viii. Bill Gates and any organisations with significant financial ties to Bill Gates or the Bill and Melinda Gates Foundation.

Explanatory Memorandum

An examination to confirm whether foreign funding played a substantive or significant role in shaping the approach to the Covid-19 pandemic by Australian institutions, and whether any such financial were reasonable and proportionate and necessary when measured against the true threat posed by SARS-CoV-2 to the Australian community, as understood from epidemiological and statistical data and pathology/serum data known and continually updated by Australian governments and shared with or accessible by Australian institutions, and whether the terms contingent in the provision of any such funding were reasonable and proportionate when measured against:

i. Peer reviewed literature and studies that became publicly available in respect of Covid-19 vaccination side effects;
ii. Analysis and studies and data that became publicly available in respect of Covid-19 adverse event reports;
iii. the true threat posed by SARS-CoV-2 to the Australian community, as understood from epidemiological and statistical data and pathology/serum data known and continually updated by Australian governments.

Proposed Witnesses
Dr Robert Brennan; Phillip Altman, PhD.

Reference: VV

Index

A systematic review and analysis of any suppression of clinical services that may have highlighted safety concerns associated with the Covid-19 vaccines, or better confirmed Covid-19 infection, including:

i. State or Territory coronial services;
ii. State or Territory pathology services that could reasonably have been expected to test pathology samples for the presence of proteins that would identify plausible evidence supporting Covid infection or Covid vaccines as a cause of death or injury;
iii. State or Territory pathology services that could reasonably have distinguished death 'from' Covid versus death 'with' Covid;
iv. State or Territory radiology services that could reasonably have assessed cardiac injury from Covid vaccines.

Explanatory Memorandum

An examination to confirm whether any suppression of clinical services was organised by Australian governments and if so, an examination of the nature of those services and the risks or benefits associated with any identified services, and whether any such suppression was reasonable and proportionate and necessary when measured against the true threat posed by SARS-CoV-2 to the Australian community, as understood from epidemiological and statistical data and pathology/serum data known and continually updated by Australian governments and shared with or accessible by Australian institutions, and whether the terms contingent in the provision of any such funding were reasonable and proportionate when measured against:

i. Peer reviewed literature and studies that became publicly available in respect of Covid-19 vaccination side effects;
ii. Analysis and studies and data that became publicly available in respect of Covid-19 adverse event reports;
iii. the true threat posed by SARS-CoV-2 to the Australian community, as understood from epidemiological and statistical data and pathology/serum data known and continually updated by Australian governments.

Proposed Witnesses

Prof Robert Clancy; Prof Tomas Borody; Dr Christopher Neil; Dr Peter McCullough; Jessica Rose, PhD; Kevin McKernan, B(Bio)Sc.

Reference: WW

Index

A review and analysis of the use of any artificial intelligence, without public declarations of such, in the management of the Covid-19 pandemic including but not limited to:

i. the generation or authorship of medical treatment protocols;
ii. the generation or authorship of medical journal papers;
iii. the use of AI generated video to address the public (such as ProxyTwin) masquerading as qualified medical personnel.

Explanatory Memorandum

An examination to confirm whether any artificial intelligence was organised or utilised or authorised by Australian governments in the management of the Covid-19 pandemic, an examination of the nature of the artificial intelligence resources employed and the risks or benefits associated with those resources, and whether employing or utilising or authorising AI resources was reasonable and proportionate and free of any form of deception on the Australian public, when measured against the true threat posed by SARS-CoV-2 to the Australian community, as understood from epidemiological and statistical data and pathology/serum data known and continually updated by Australian governments and shared with or accessible by Australian institutions, and whether the terms contingent in the provision of any such funding were reasonable and proportionate when measured against:

i. Peer reviewed literature and studies that became publicly available in respect of Covid-19 vaccination side effects;
ii. Analysis and studies and data that became publicly available in respect of Covid-19 adverse event reports;
iii. the true threat posed by SARS-CoV-2 to the Australian community, as understood from epidemiological and statistical data and pathology/serum data known and continually updated by Australian governments.

Proposed Witnesses

XXX XXXXX.

Reference: XX

Index

A systematic review and analysis of the health and economic impacts and costs forecast and consequent to Covid-19 mandates and lockdowns variously implemented by Australian governments on, and including:

i. families;
ii. small businesses;
iii. the national economy;
iv. individual sectors within the national economy;
v. health services;
vi. the cost of Covid-19 mandate measures including wealth transfers; and
vii. technical cost-benefit questions and issues concerning:
    a) the damage caused by hospital closures and procedural adjustments to in vitro pregnancies;
    b) the general damage to health from lost screening and lost procedures;
    c) the accumulated mental health damage of school closures and loneliness caused by lockdowns; and
    d) the future cost to health, life, and wellbeing from reduced government services locked in as a consequence of the approximately 400 billion dollars of government debt created by Australian governments in response to Covid-19.

Explanatory Memorandum

An examination to confirm whether Australian governments properly and adequately assessed all reasonably possible and likely adverse economic impacts prior to implementing mandates; what the actual realised extent of those impacts became and/or continue to be subsequent to the implementation of Covid-19 mandates, and whether the implementation of Covid-19 mandates was reasonable and proportionate and necessary when measured against the true threat posed by SARS-CoV-2 to the Australian community, as understood from epidemiological and statistical data and pathology/serum data known prior to implementing mandates, and known during the enforcement of mandate measures, as continually updated by Australian governments, and whether mandates were reasonable and proportionate and necessary when measured against:

i. Peer reviewed literature and studies in existence prior to the implementation of mandates;

ii. Economic advices received or submitted to Australian governments prior to mandates and during mandates; iii. the true threat posed by SARS-CoV-2 to the Australian community, as understood from epidemiological and statistical data and pathology/serum data known and continually updated by Australian governments.
Proposed Witnesses
Prof Gigi Foster (and other experts she can advise); Prof Paul Frijters; Dr Monique O'Connor.

Reference: YY

Index

Any examination or review or analysis of any matter or person or persons reasonably incidental to a matter referred to in paragraphs (A) to (XX) that you believe is reasonably relevant to your inquiry.

AND We direct you to make any recommendations arising out of your inquiry that you consider appropriate, including recommendations about any policy, legislative, administrative or structural reforms.

AND, without limiting the scope of your inquiry or the scope of any recommendations arising out of your inquiry that you may consider appropriate, We direct you, for the purposes of your inquiry and recommendations, to have regard to where relevant to receiving information or evidence needed for a full and complete inquiry of the matters referred to in paragraphs (A) to (YY), consideration be given to receiving testimony from the following experts:

Emeritus Prof Robert Clancy
Emeritus Prof Ramesh Thakur
Prof Wendy Hoy
Prof Ian Brighthope
Prof Norman Fenton
Prof Phillip Buckhaults
Prof Bhattacharya
Prof Marty Makary
Ass. Professor Peter Parry
Jessica Rose PhD
Dr Joseph Fraiman
Dr Pierre Korey
Dr Peter McCullough
Dr Tess Lawrie
Dr Robert Malone
Andrew Madry PhD
Wilson Sy PhD
Kevin McKernan, B.S.