

**ANNEX A
TO SENATE EXCESS DEATHS INQUIRY
SUBMISSION
DATED 17 May 2024**

**LETTER SENT TO 33 ADDRESSEES BY REGISTERED MAIL
NOT ONE SINGLE REPLY OR ACKNOWLEDGEMENT RECEIVED IN RESPONSE**

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See Distribution List

**A LETTER TO THE PRIME MINISTER, DEPUTY PRIME MINISTER
PREMIERS AND CHIEF MINISTERS OF THE COMMONWEALTH OF AUSTRALIA,
CONCERNING THE GROSS MISMANAGEMENT, MALFEASANCE AND
PROPAGANISING OF COVID-19**

We write to you to express our grave concern about the handling by Government agencies at all levels within the Commonwealth of Australia of the disease and virus known as COVID-19 and SARS-CoV2 respectively.

As at the time of writing, the average age of death from this disease in Australia according to statistics provided at <https://www.health.gov.au/resources/covid-19-deaths-by-age-group-and-sex> is 79.2 years for males and 83.7 years for females. COVID-19 poses virtually no danger to anyone below the age of 70 who is medically fit. This is especially the case both for the young and even the elderly if preventatives and treatments, including vitamin D, vitamin C, Ivermectin, Hydroxychloroquine and zinc, were communicated and made available. If early treatment and proven effective therapeutics had been adopted early in the pandemic, many loved ones, especially the elderly would be still alive today.

Further facts which put into context the limited threat SARS-CoV2/COVID-19 poses the community are:

- 1 The majority of the persons who have died from this disease in Australia were suffering from serious, life-threatening comorbidities.
- 2 It is probable that many of these persons died *with* SARS-CoV2/COVID-19 *not* directly because of it. We are suspicious that the number of deaths attributed to SARS-CoV2/COVID-19 have been deliberately inflated so as to instil fear and panic into the public in order to encourage them to seek 'vaccination' as their only salvation. Inflation of these figures was achieved not only by wrongly attributing the cause of death to COVID-19 but also by a testing regimen which was over-amplified so as to give a large number of false positives.
- 3 Because of protocols enforced by public health officials and agencies, all patients that have died were *not* given life-saving medicines in the first week of contracting this disease. This has been further reinforced by the Australian Therapeutic Goods Administration

unreasonably prohibiting the use of low-cost, safe drugs that have proven to be very effective in treating SARS-CoV2/COVID-19 in its early stage.

Despite the fact that this disease, properly treated, poses no significant threat to the health of the general public, there has been, in our opinion, a concerted campaign of misinformation and disinformation to create in the minds of the public and politicians exactly the opposite impression. There has also been a deliberate campaign to deny Australians access to early treatment using therapeutics which a large number of doctors, who have successfully cured thousands of sufferers of SARS-CoV2/COVID-19, attest are effective. These same therapeutics have been wrongly disparaged by the media, certain politicians and public health officials.

Specifically, here is a list of some of the medicines which we know to be safe and highly effective when administered, as deemed appropriate to the patient's circumstances, by a qualified medical practitioner, in sequenced combinations:

- 1 Hydroxychloroquine,
- 2 Ivermectin,
- 3 Quercetin,
- 4 Azithromycin,
- 5 Doxycycline,
- 6 Soluble Zinc Salt,
- 7 Vitamins C & D,
- 8 Anticoagulants appropriate for the patient's medical circumstances,
- 9 Fluvoxamine,
- 10 Colchicine,
- 11 Prednisone, and
- 12 Melatonin.

(The foregoing list is not exhaustive but contains most of those medicines that have been found, from extensive front-line experience, to be highly effective in treating SARS-CoV2/COVID-19 in the early stage of the disease.)

We are of the opinion that the administration of these medicines by a qualified medical practitioner as soon as symptoms of SARS-CoV2/COVID-19 present, will result in a reduction of hospitalisation by at least 85%. In other words, if indeed there have been 1,590 deaths as a consequence of COVID-19, as at the time of writing, it is possible that greater than 1,300 persons have died unnecessarily as a consequence of the TGA refusing to allow the early treatment of patients with the above medicines (and others as appropriate).

It is our opinion that, if these medicines had been allowed, then the risks, attendant with the use of COVID-19 vaccines, which have not been thoroughly tested in accordance with past standards, would not have been warranted. These COVID-19 vaccines are, in our opinion, unacceptably dangerous. We believe they have been responsible for hundreds of deaths and tens of thousands of serious injuries in Australia. It is also likely there will be long-term ill effects from these vaccines. Determining the exact number of deaths and injuries is made exceptionally difficult due to a failure by the public health authorities to disambiguate counting methods and because of opaque criteria. Specifically, the immunological and general medical health state of the person to be vaccinated was not established prior to vaccination, nor is there any sort of rigorous, periodic check of persons after they have been vaccinated in order to determine if there has been a change in the injected person's health state. In a similar vein, should a person die within 12 months of being vaccinated, there is no

set program of autopsy to properly ascertain the cause of death and record this data in case a pattern of likely injury, which could be attributed to the effect of the vaccination, becomes apparent.

It is our opinion that banning low-cost therapeutics, both as a prophylactic and as early treatment protocols, and instead recklessly promoting the use of COVID-19 vaccines which have subsequently been shown to be unacceptably harmful to public health, amounts to gross incompetence on the part of those involved. Indeed, the actions of these persons are, in our opinion, worthy of a transparent investigation by an appropriate authority for the purposes of eventual judicial action.

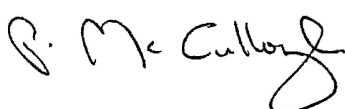
There are other matters associated with the handling of this medical emergency that are also worthy of comment. These are:

- 1 The long-term wearing of masks by the public:
 - poses a psychological and physiological health hazard to the wearers,
 - instils unnecessary alarm in the public, and
 - is totally ineffective in stopping the spread of COVID-19 and therefore does far more harm to the public than any imagined benefit it might confer.
- 2 As but one of many examples worldwide, the continuing rise of cases in Victoria while undergoing severe lockdowns coupled with the increase in drug-addiction, breakdown of marriages, destruction of small business, the interruption of education services at all levels and a significant increase in mental health illness, confirm that lockdowns are both detrimental to society and ineffective in stopping the spread of COVID-19.
- 3 We are of the opinion that mask wearing and lock-downs are being used, not to control the disease, but to cause anxiety and distress, thereby encouraging everyone to submit to a COVID-19 vaccination.
- 4 Mass COVID-19 vaccination of the public is absolutely the wrong thing to do when trying to bring a disease such as this under control. It will do a great deal more harm than good because it will give rise to variants which will likely be resistant to the vaccines being used.
- 5 It has been conclusively established that persons who contract and recover from SARS-CoV2/COVID-19 have a broad and enduring immunity to the disease and its variants. This immunity has been found to be significantly superior to that which is conferred by vaccination.
- 6 Latest data suggests that persons who are vaccinated still contract, spread and die from this disease; possibly in greater numbers than those that are not. It therefore makes no sense that persons involved in the health services, the military or the police forces should be compelled to be vaccinated.

We strongly recommend that you:

- 1 institute a protocol of prophylaxis and early treatment using the medicines that we have listed plus any others that qualified medical practitioners feel are appropriate for the patient's circumstances,
- 2 cease interfering in the patient-doctor relationship but help doctors share their knowledge and experiences for the greater good,
- 3 cease immediately the vaccination of the public using these experimental COVID-19 vaccines until they have been thoroughly tested in accordance with long-accepted test and evaluation standards,
- 4 per 3 above, prohibit any sort of mandate, either in Government or in business, that would coerce people into submitting to vaccination,

- 5 provide isolates of SARS-CoV2 for national and international scrutiny and provide the specimens tested by PCR for full confirmatory sequence analysis so as to quantify the accuracy of these tests,
- 6 take the required action to dismiss those persons who have been responsible for this unsatisfactory state of affairs, both as advisers and public health officials, and
- 7 appoint a Royal Commission with the broadest possible terms of reference to investigate the Government's handling of this pandemic, including but not limited to:
 - lock-downs,
 - border closures,
 - mask and vaccine mandates,
 - the role of the media,
 - the role of advisory committees and individuals not members of the public service, and
 - why life-saving therapeutics and early treatment were denied the Australian public.



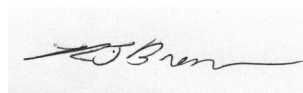
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