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17 May 2024

Senate Inquiry into Excess Deaths in Australia  
Att: Senator Ralph Babet  
Canberra ACT 2600  
**For Information:** See Distribution List

**SUBMISSION BY LTCOL KEVIN LOUGHREY(Ret'd)  
ON EXCESS DEATHS IN AUSTRALIA CAUSED BY COVID-19 & mRNA TECHNOLOGY  
- A CASE OF MURDER, MANSLAUGHTER, OFFICIAL MALFEASANCE AND  
RECKLESS GRIEVOUS BODILY HARM IN COMPANY**

*In loving memory of Penny & Brendan Bailey, the paternal grandparents of our grandchildren.  
28/07/1946 to 25/04/2022 and 15/11/1945 to 18/01/2023 died suddenly after COVID-19 booster.*

*“You don't need a formal conspiracy when interests converge.” George Carlin.*

## INTRODUCTION

1. This paper will deal with a number of issues that are pertinent to the excess mortality that Australia and other Western nations have experienced since 2021 to 2024; the first and most obvious being the prime cause of these excess deaths. Considerable detail and background information on this subject may be found on my website at:

<https://kevinloughrey.com.au/COVID/Facts.html>.

2. As background to this paper, I have provided two letters as Annex A & B that I wrote; both of which were sent by registered mail to the addressees listed in those letters. In the case of Annex A, co-signed by Prof Dr Peter McCullough, Prof Dr Dolores Cahill, Dr Tess Lawrie and Dr Robert Brennan, and sent on 21 Oct 2021 to the Prime Minister, Deputy Prime Minister, Premiers and Chief Ministers of States and Territories, Health Ministers, Public Health Officers and Police Commissioners at Territory, State and Federal level (33 addressees in all), not one single reply or acknowledgement has ever been received. The second letter, Annex B, was sent to the 9 Directors of Public Prosecution within the Commonwealth of Australia, also by registered mail, on 6 January 2022. 5 replies were received, all declining to take the matters I had raised any further and suggesting that I contact my local police service. This I did in Queensland, New South Wales and Western Australia. All declined to thoroughly investigate my concerns.

## DISCUSSION

### A Disproportionate Response

3. When faced with a perceived medical emergency, common sense dictates that, before deciding a course of action, one should compile data that will provide some indication of the seriousness of the threat with which one is faced. If the threat is severe, then extraordinary action might be justified. If not, then it is better to shield those who are most vulnerable and allow

everyone else to live their lives as normal. In combination with this, one should consult with doctors who are actually treating patients and particularly those who are experiencing success in these treatments. In this instance, however, it appeared that not only was their a deliberate attempt not to compile data but there was a concerted effort to exaggerate the lethality of COVID-19. Added to that, doctors who claimed they were achieving significant success treating patients with “off-label” drugs were ignored or demonised.

4. **Average Age of Death from COVID-19.** During 2020, Australia was largely isolated from the effects of COVID-19 due to the country isolating itself from the rest of the world. By June of 2020, it was obvious that this disease primarily affected the aged and those already suffering from life-threatening medical conditions. The average age of persons whose deaths were ascribed to COVID-19 was around 82 years of age for males and 86 years of age for females. This reality could be established from data provided by the Australian Government’s Department of Health website. No healthy children were known to have died from this disease and experts in this field, such as Prof Dr Dolores Cahill, opined that COVID-19 posed no serious risk for anyone under the age of 70 who was in reasonably good health.

5. **Absence of Factual, Useful Data.**

- a. Key indicators of the seriousness of a disease are the Infection Fatality Rate and the Case Fatality Rate. The Infection Fatality Rate provides an indicator of what percentage of people die from a disease once infected. The Case Fatality Rate provides an indicator of the percentage of persons who, after seeking medical treatment, die from the disease. Determining the Infection Fatality Rate can be problematic because if a person does not seek medical help, their infection will likely not be reported. Random serology tests of the population in California indicated that at least 60% of the population had been infected by COVID-19 and recovered without the need to seek medical assistance. (I personally doubt the accuracy of this figure for a number of reasons, chief amongst them being that Corona virus infection is commonplace and serology tests were not sufficiently precise to determine the difference between a common cold, caused by a generic Corona virus, and COVID-19.) The Case Fatality Rate is therefore likely to be a more accurate figure. Here is a table that was constructed with the help of Dr Gerry Brady and an engineer who worked in the area of statistics and data analysis.

| Age Range      | CASE FATALITY RATE (%) |               |                   |               | INFECTION FATALITY RATE (Estimated)(%) |                 |                   |                 |
|----------------|------------------------|---------------|-------------------|---------------|--|-----------------|-------------------|-----------------|
|                | COVID-19 (Alpha)       |               | COVID-19 (Delta)  |               | COVID-19 (Alpha)                       |                 | COVID-19 (Delta)  |                 |
|                | Not treated early      | Treated Early | Not treated early | Treated Early | Not treated early                      | Treated Early   | Not treated early | Treated Early   |
| 0-17           | 0.0042                 | 0.0007        | 0.0012            | 0.0002        | 0.000126                               | 0.000021        | 0.000036          | 0.000006        |
| 18-29          | 0.0414                 | 0.0066        | 0.0119            | 0.0019        | 0.002484                               | 0.000396        | 0.000714          | 0.000114        |
| 30-39          | 0.1441                 | 0.0231        | 0.0412            | 0.0066        | 0.017292                               | 0.002772        | 0.004944          | 0.000792        |
| 40-49          | 0.4169                 | 0.0667        | 0.1192            | 0.0191        | 0.091718                               | 0.014674        | 0.026224          | 0.004202        |
| 50-64          | 1.3446                 | 0.2151        | 0.3846            | 0.0615        | 0.470610                               | 0.075285        | 0.134610          | 0.021525        |
| 65-74          | 3.7381                 | 0.5981        | 1.0692            | 0.1711        | 1.943812                               | 0.311012        | 0.555984          | 0.088972        |
| 75-84          | 9.0124                 | 1.4420        | 2.5778            | 0.4124        | 6.308680                               | 1.009400        | 1.804460          | 0.288680        |
| 85+            | 23.5271                | 3.7643        | 6.7293            | 1.0767        | 21.174390                              | 3.387870        | 6.056370          | 0.969030        |
| <b>Average</b> | <b>1.6065</b>          | <b>0.2570</b> | <b>0.4595</b>     | <b>0.0735</b> | <b>0.353430</b>                        | <b>0.056540</b> | <b>0.101090</b>   | <b>0.016170</b> |

Figure 1: A table showing indicative Infection and Case Fatality Rates for COVID-19 for various age groups

- b. From the table, shown in Figure 1, the following conclusions can reasonably be drawn:
  - (1) The variants of COVID-19 became less lethal as time went on. This may not have only been due to the disease becoming less lethal but also because treatment became more effective.
  - (2) Young people were significantly less affected by this disease than the elderly.
  - (3) If patients were treated early with a sequenced combination of low cost medicines

such as Hydroxychloroquine (and later Ivermectin), Azithromycin (and later Doxycycline) Zinc, Vitamins D3 & C and Aspirin, hospitalisation and death was reduced around sixfold. These treatments were prohibited by many Western Governments. In the case of Queensland, a doctor could be fined \$50,000 and imprisoned for 6 months; something that verges on the demonic. It is my opinion that public health officials knew these drugs were effective and deliberately banned them so as to force the public to submit to ACIs. This amounts to manslaughter at the very least but, most likely, it was a case of mass murder. The denial of early treatment to the elderly resulted in many thousands of needless deaths.

- c. **Australian Bureau of Statistics & Health Reporting System.** The questions must be asked, “Why did Australian Health Authorities not vigorously pursue data to accurately quantify the lethality of COVID-19 in a manner similar to that shown in Figure 1? Was it a case of inexcusable incompetence or was it deliberate?” Why is it that the Australian Bureau of Statistics has been so inept when it came to providing timely data on deaths and the causes of deaths? This is an area that requires thorough investigation. There needs to be in place systems to ensure that reporting on medical statistics occurs in as near to real time as is possible. Much of what happened occurred because politicians were making decisions in ignorance of the facts. The public health officials and the system failed Australians abysmally.

6. **Exaggeration of Lethality.** From the very beginning there appeared to be a deliberate effort on the part of health authorities and the media to exaggerate the lethality of COVID-19 and create panic.

- a. **Wearing Masks.** Initially medical authorities rightly stated that wearing a mask would not prevent the spread of an RNA respiratory virus. However this message soon changed to one of mandating everyone, even school children, had to wear facemasks. Figure 2 shows that wearing a mask does not inhibit the spread of COVID-19 but, instead, may well have increased it. There are many more graphs like this that show the same message.

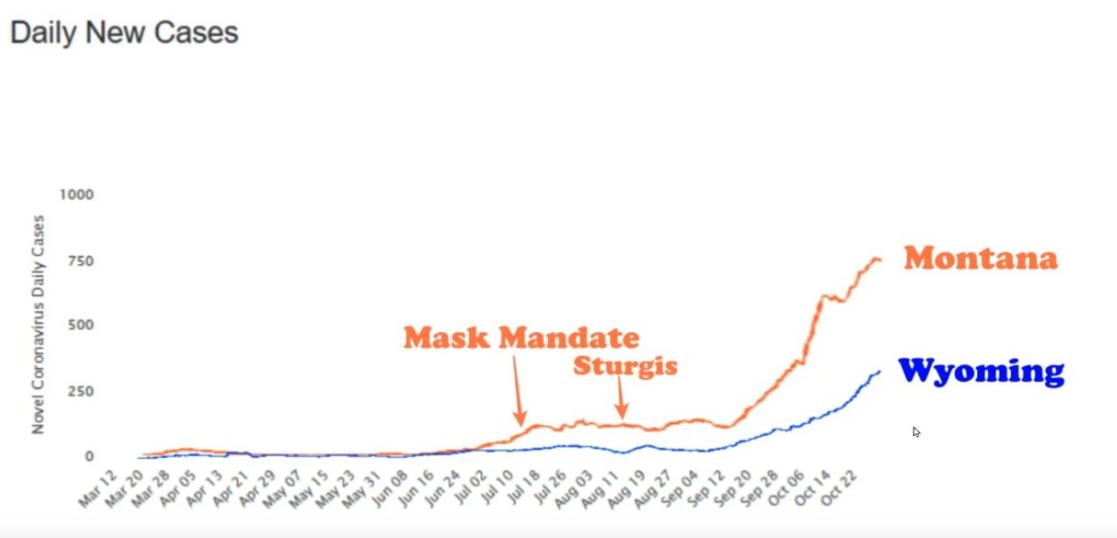


Figure 2: Data that show, if anything, Masks increase the spread COVID-19

- b. **Chinese Communist Party Videos.** <https://kevinloughrey.com.au/COVID/Videos/ContrivedFallOfCoronaVirusSufferer.mp4> provides a video that was published by the Chinese Communist Party. It shows a man falling in the street, ostensibly from COVID-19. I have slowed this fall down so that the reader can see the man puts out his hands just before he hits the concrete to break his fall. This is not the action of an unconscious person but instead of a stuntman. The objective here was to spread panic.
- c. **Polymerase Chain Reacton Test.** One of the stratagems for exaggerating the infectiousness of COVID-19 and the size of the pandemic, was to inappropriately use the Polymerase Chain Reaction(PCR) test invented by Kary Mullis. For this test to be accurate it required that amplifications of no greater than 25 be used. Greater amplifications than this were known to produce false positives. Australian Government Health Authorities directed that amplifications greater than 30 were to be used and, as a consequence, large numbers of false positives resulted, thereby exaggerating the infectiousness of the disease and the size of the epidemic.
- d. **Dying with, rather than of, COVID 19.** Worldwide, there was a concerted effort to exaggerate the lethality of COVID-19. In the USA, attractive Government inducements were provided to hospitals to fraudulently claim a patient had died of, rather than with, COVID-19. Sweden distinguished itself as being a country that took a more measured and sensible approach to COVID-19 but even in that country there were attempts in the early stages of this medical emergency to exaggerate the lethality of the disease. Figure 3 is a graph that shows in blue the number of people who were initially classed as having died as a direct result of COVID-19. The graph in red shows the actual number determined by a postmortem examination of the death certificates. In this instance there was almost a 7-fold exaggeration. I personally confirmed the authenticity of this graph by ringing the district medical authority in Östergötland.

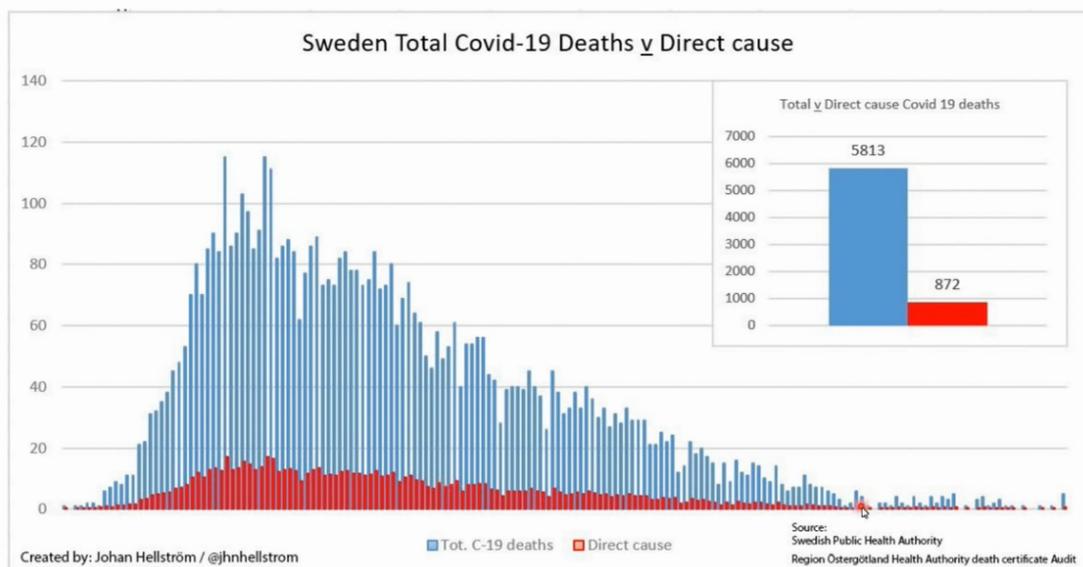


Figure 3: Post mortem examination of death statistics - Östergötland Sweden

## Denial of Early Treatment.

7. **Prof Dr Didier Raoult.** It has long been known that Hydroxychloroquine(HCQ) was effective in the treatment of respiratory illness. Australian epidemiologist and immunologist Prof Dr Robert Clancy has confirmed this. Early in 2020, Prof Dr Didier Raoult, a noted French Epidemiologist, reported that he had greatly improved the efficacy of HCQ by adding Azithromycin(AZM) to the medication regimen. In this regard, he published the graph shown in Figure 4 which clearly showed a substantial benefit with this combination. Immediately after doing this he was vigorously attacked both by certain politicians, the medical fraternity and the media; all with links to the pharmaceutical industry.

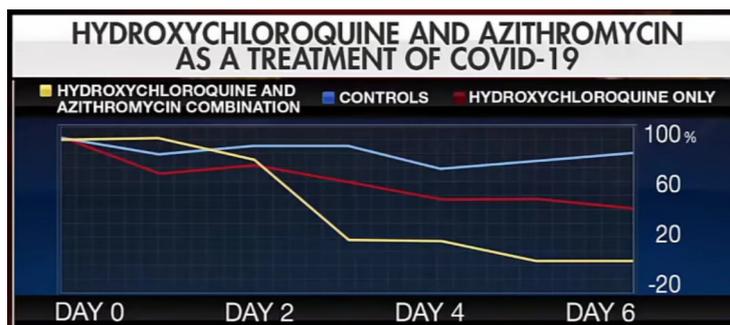


Figure 4: Beneficial effect of adding Azithromycin to Hydroxychloroquine

8. **Dr Vladamir Zelenko.** Soon after Prof Raoult published his results, a New York Doctor, Dr Vladamir Zelenko announced that he had found the addition of Zinc, Vitamins C & D3 and Aspirin to Prof Raoult's prescription had further improved outcomes. This was particularly the case if this suite of medications was administered immediately symptoms were present. Early treatment was imperative for the best result.

9. **Prof Dr Thomas Borody.** By mid 2020, it had also been established that Ivermectin was effective in the treatment of COVID-19 when used in combination with Doxycycline, Zinc, Vitamins D3 & C and Aspirin. Prof Dr Thomas Borody, the inventor of the cure for stomach ulcers, created a composite medication comprised of Ivermectin, Doxycycline and Zinc which he submitted to the Therapeutic Goods Administration of Australia(TGA) for approval. To my knowledge this innocuous medication, comprised of drugs with a long and stellar history of safety, has still not been approved by the TGA for general use yet the TGA in a very short time approved drugs like Remdesivir, Molnupiravir and Paxlovid; all of which have been shown to be of no significant benefit and all have serious side-effects.

10. **Australian Government – Department of Health.** It is my opinion that those persons in the Australian Department of Health are, at the very least on the basis of incompetence, guilty of manslaughter in that their suppression of low cost, highly effective early treatment has resulted in the needless deaths of many elderly Australians whilst, at the same time, burdening the Australian taxpayer with a huge cost providing to patients extremely expensive yet ineffective and dangerous anti-virals. It is my opinion many of those officials were aware of the fact that these low cost medicines were effective and deliberately blocked their use so that anti-COVID injections would be the only way of combatting the disease. Further to this, I believe these people profited, either directly or by way of indirect benefits, such as promotion, from that deliberate course of action. As such they are guilty of mass murder. This needs to be thoroughly investigated by police and tested in a court of law.

11. **Australian Intelligence Agencies – ASIO and ASIS.** From the outset there had to be the suspicion that the pandemic was contrived and that various entities, particularly the CCP, were involved. In the case of the CCP the obvious intent was to destroy Western economies, amongst which Australia numbers. It is therefore surprising the neither security agency advised the Government of what the truth of the matter was with regard to the lethality of the disease and the availability of effective treatments. Both agencies sat by dumbly and watched the spectacle unfold. There is no indication these agencies provided any guidance or warning to Government. This lack of awareness could only be the result of incompetence or that these agencies are compromised. It is most likely the former.

### **Randomised Controlled Trials versus Evidence Based Medicine**

12. **Randomised Controlled Trials.** Medical authorities steadfastly refused to accept early treatments centred around HCQ and IVM; claiming that their benefit was “anecdotal”. Instead, they claimed they needed to conduct Randomised Controlled Trials(RCTs) in order to positively ascertain their effectiveness. RCTs have many deficiencies in that they:

- a. are expensive to organise and conduct;
- b. take a long time to yield results;
- c. will only involve a small number of doctors with limited intellect and expertise;
- d. will often require one group of patients to be denied potentially life saving medication in order that they can be the control group and so, with a lethal disease, this means there is a high chance of the patient dying for want of effective treatment; and
- e. are easily rigged so as to produce a desired result - in this instance, trials of Hydroxychloroquine:
  - (1) used false data to show that HCQ was not useful,
  - (2) the HCQ was only given to patients in an advanced stage of the disease whereas it was known it was most effective if given to the patients as soon as symptoms were evident,
  - (3) a lethal dose of the drug was given to patients, and
  - (4) only HCQ was administered to patients despite the fact it was known that AZM and Zinc along with Vitamins D3 & C and aspirin greatly improved outcomes.

13. **Evidence Based Medicine(EBM).** By contrast to Randomised Controlled Trials, EBM allows doctors to try whatever drugs and techniques they believe will be effective in treating their patients. Essential to the successful application of EBM is the ability of doctors to share the results of their work with other persons involved in healthcare. In particular, with EBM, patients are categorised using applicable criteria, eg, age, gender, race, relevant ailments such as, in this case, asthma, cardiac & renal issues, and so on. In EBM, the treatment these patients received is categorised and accurately documented. This covers medicines given, time when medicines were given and amount and means of administration of medicines. Most importantly, the patients recovery after treatment is categorised, eg, full recovery, recovery with certain persistent ailments or death with those things that are believed to have contributed to death accurately documented. By this means, it is relatively simple to create a report writer that reports on which category of treatment yields the best category of result for a particular category of patient. Doctors are free to treat their patients in the manner they feel is appropriate for the patients’ circumstances. Using this approach effectively taps the expertise and ingenuity of all doctors and allows the rapid identification of treatments that have the best outcome for various categories of patients. This approach should be adopted by Australian Health Authorities and effort should be expended to put

in place the necessary, highly-secure systems to enable doctors and patients to effortlessly input the necessary data. Most importantly, Government Health Officials should have little say in this matter. They have shown themselves to be either utterly incompetent, corrupt or both.

14. **Review of all Vaccines in terms of their Risks and Benefits.** The endemic corruption that has now become apparent within the medical industry causes one to wonder whether there may be some substance to claims made by numerous independent medical practitioners that there seems to be a link between vaccines, allergies and autism. One of the most prominent persons suggesting there may be a link is Mr Robert Francis Kennedy Jr., now running as an independent for President of the USA. Another prominent person is the physician Dr Andrew Wakefield who was deregistered by the British Medical Authorities and forced to relocate from Britain to the US. Here in Australia there is Dr Roslyn Judith "Judy" Wilyman who came to prominence following the award of a humanities PhD titled "A critical analysis of the Australian government's rationale for its vaccination policy" by University of Wollongong. What has become glaringly obvious (and is now admitted) is that there has never been a proper thorough evaluation of the risk/benefit of vaccination of young people by comparing the performance of a group of people who have never received vaccination against a equivalent group of people who have been fully vaccinated according to Government schedules. There is much credible research, especially that which has been latterly performed by Mr Steven Kirsch, that indicates there is strong evidence early childhood vaccination is having a damaging effect on the health of our young and that the medical damage done extends into adult life. It is noteworthy also that when one consults the Google search engine the first few pages are full of claims that vaccines are safe and effective and that those persons who hold a contrary view are misguided, ill-informed "anti-vaxers". Alphabet, the owner of Google, has been very active in suppressing any information that would show alternative treatments as being effective and heavily involved in the promotion of the Pharmaceutical Industry in which it is heavily invested.

### **Anti-COVID Injections based on mRNA Technology**

15. I have resisted calling injections based on mRNA technology, "vaccines". They are not, in the classical sense, vaccines. Medical authorities have reclassified what is effectively a "gene therapy" to be a vaccine on the basis that the end result of this therapy is the creation of a specific antigen which challenges the adaptive immune system. They did that because the law, extant at that time, forbade the use of a gene therapy in an emergency situation; especially when effective alternative treatments were available. A vaccine exposes the body to a variety of antigens that comprise a virus. These antigens result from denaturing a live virus of the type for which the vaccine is intended to provide some level of immunity to the recipient. In the case of mRNA technology, the human cell is made to create, through the introduction of mRNA into the cell's cytoplasm, a single antigen; namely, the Spike or S protein. The S protein is the most dangerous component of the virus and it is also the most "mobile", that is, it rapidly mutates, in which case, immunity achieved for this antigen rapidly becomes outdated. There are other aspects of these injections that are just as concerning as their narrow immunity. Empirical data shows conclusively that the more doses a patient has of mRNA, the more susceptible they become to the illness and death. Prof Dr Geert Vanden Bossche, Prof Dr Dolores Cahill and Dr Robert Malone have all warned of the possibility of "Anti-Body Dependent Enhancement". This is an immune system phenomena wherein the immune system becomes inured to a particular antigen and thus is rendered totally ineffective against a particular pathogen such that the patient is overwhelmed by a new variant and rapidly dies. Figure 5 shows a strong relationship between the number of doses a patient receives of mRNA and the likelihood of contracting and dying from the disease. All data show that these

injections have no benefit and actually have a negative effect.

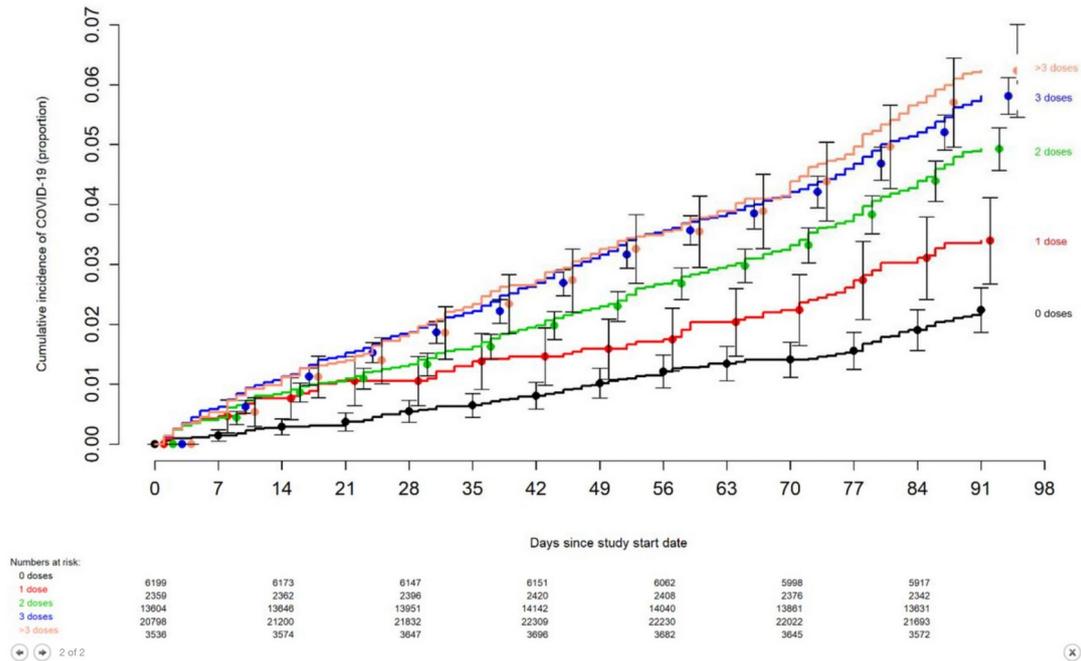


Figure 5: Graph from Ohio Medical Clinic showing adverse relationship between doses and immunity

16. In late-2020, early 2021, I came into contact with Prof Dr Peter McCullough and Prof Dr Dolores Cahill. Prof Cahill was stridently warning against the use of injections based on mRNA technology and still, to this day, steadfastly remains of that opinion. Similarly Dr Michael Yeadon, someone who had worked at very senior management level within Pfizer, was equally strident in his belief these injections would be deadly to anyone who submitted to them. By the middle of 2021, I started corresponding with Prof Dr Peter McCullough. He too was now firmly opposed to these mRNA injections. It was clear by that time something was going very badly wrong with these injections. Figure 6 shows a sudden rise in athletes suddenly dying after mRNA injections were mandated for all sportsmen, despite the fact that all data showed this disease posed no risk to medically fit young persons. Adding to this, it has long been known that natural immunity is far superior to that which is conferred upon a person by a vaccine; especially mRNA which provides the narrowest of protection by only exposing the adaptive immune system to one single antigen.

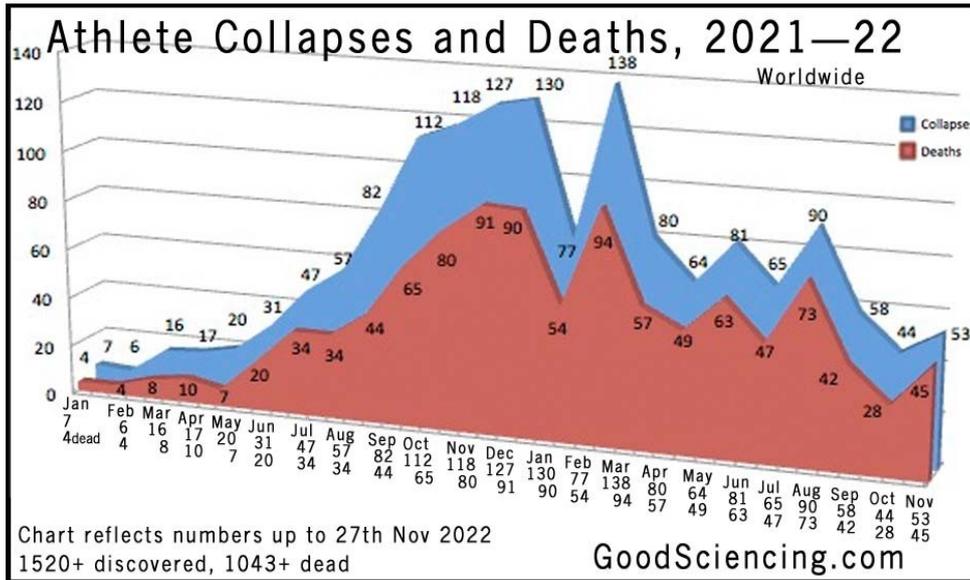


Figure 6: Athletes suddenly dying after injection with mRNA

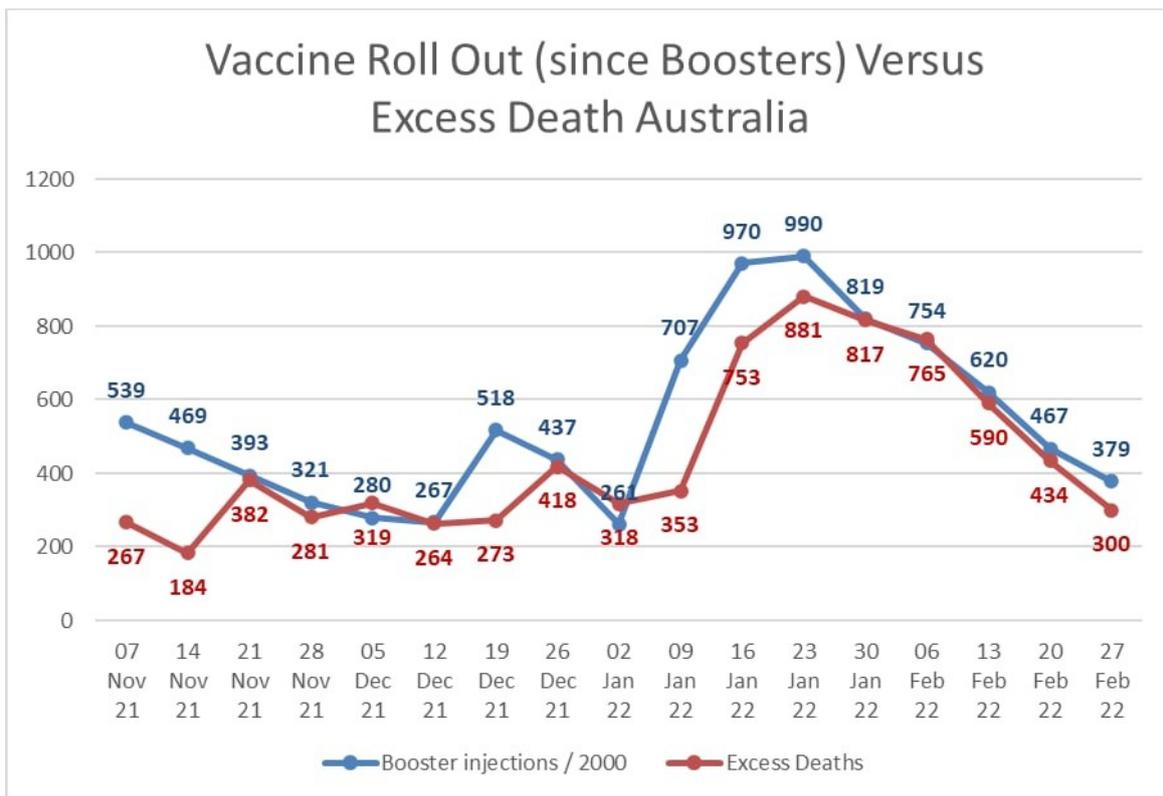


Figure 7: Excess deaths follow number of booster injections. (Source Craig Kelly)

17. **Personal Experiences.** Figure 7 shows a strong relationship between the receipt of boosters and sudden deaths. In the case of my family, Mrs Penny Bailey, my son-in-law's mother died days after receiving a booster from massive heart failure. His father, Brendan Bailey, likewise died of sudden heart failure shortly after receiving his booster. Both submitted to these injections on the strong recommendation of their doctors. In both cases, there was not a thorough autopsy and the

cause of death has never been ascribed to the mRNA injections they had days before they died. My daughter-in-law, Rhianna Wessels is a teacher with the NSW Department of Education. She was not willing to be injected with mRNA because of past reactions she had had with other vaccines. She obtained a medical exemption after an hour long interview with Dr Mark Hobart. Despite having a medical exemption, the NSW Education Department was insistent that she should submit to two mRNA injections. After her first injection she suffered extreme headaches and blindness in the left eye. She refused to have a second injection and so her employment was terminated. Dr Hobart's surgery was visited by the police and his patient files and computers were confiscated. Dr Hobart has been deregistered and he has not been able to work as a doctor since that time, now three years ago. My eldest grandson was in his last year of high school at Church of England Grammar School in Brisbane. They were insistent senior students had to be injected with mRNA. After his second injection he was bed-ridden with severe chest pains for days. I have been involved with "The Forest of the Fallen". There are many tragic stories like mine.

18. In all of the above cases involving my family members, the adverse reactions were never reported and the deaths were never attributed to mRNA injections. Thorough autopsies using [Burkhardt's protocol](#) were never conducted.

### **Determining Whether Excess Mortality has been caused by mRNA Injections**

19. Mr Steven Kirsch is an engineer and an entrepreneur who has taken a strong interest in mRNA injections and the harm they are causing. He has done a lot of research in this area and, having reviewed some of his work, I can attest to the fact that it is convincing and his conclusions are valid. I strongly recommend the Senate Committee of Inquiry interview Mr Kirsch. He is contactable at <https://kirschsubstack.com/p/how-to-contact-me> .

20. Similarly, another researcher is Mr Sy Wilson. He can be contacted at Sy Wilson<[sywilson@internode.net.au](mailto:sywilson@internode.net.au)>. His expertise lies in data analysis and he has been particularly interested in deaths and injuries caused by COVID-19 mRNA injections.

21. Other material that may be helpful can be found at:

- a. <https://kevinloughrey.com.au/COVID/Videos/40PercentIncreaseInAllCauseMortality.MP4>
- b. [https://kevinloughrey.com.au/COVID/Videos/NSW\\_GovtData-37xGreaterRiskIfVaccinated.mov](https://kevinloughrey.com.au/COVID/Videos/NSW_GovtData-37xGreaterRiskIfVaccinated.mov)
- c. <https://kevinloughrey.com.au/COVID/Videos/DamageToImmuneSystem.mp4> ; and
- d. <https://kevinloughrey.com.au/COVID/Videos/DrPeterMcCullough-VaccineInjury.mp4>

22. **Calculating the Average Mortality of Injected and Uninjected Populations.** To determine what is causing the present excess mortality one need only determine the mortality rate for uninjected persons and the mortality rate for injected persons over the period 2021 to 2023. It will be found that the uninjected have an rate of mortality slightly less than the average mortality rate computed between the years 2015 to 2020. On the other hand, the population that has been injected has a rate of mortality that is between 10 and 18% higher than that average calculated between 2015 and 2020. Having said that, there are some difficulties with obtaining these figures; particularly with determining what percentage of the population was comprised of persons who were not injected and that percentage which was. Another obstacle to accurately ascertaining the true state of things is the fact the medical industry did not declare a person "vaccinated" until 14 days after being injected. Persons who died within 14 days of being injected were classed as being "unvaccinated". So some care must be taken when compiling these figures to make sure one is accounting for everyone who received an mRNA injection.

## CONCLUSIONS

23. From this experience, the following conclusions are evident:
- a. **The COVID-19 Pandemic was Contrived.** The COVID-19 pandemic was contrived for reasons that will be explained hereunder. A short list of the entities involved in this murderous fraud were:
    - (1) **The Chinese Communist Party.** The CCP:
      - (a) inserted Tedros Adhanom Ghebreyesus as the head of the World Health Organisation from which vantage point he could spread CCP propaganda and misinformation both about the source of COVID-19 and what means were available for its treatment;
      - (b) initially lied about whether COVID-19 could be transmitted from person to person;
      - (c) concealed the fact that the Wuhan Institute of virology was conducting research into a Corona virus that likely was the one causing the outbreak of severe respiratory illness;
      - (d) destroyed and/or withheld data from investigating authorities;
      - (e) published videos that were fake and which were designed to instil fear into Western economies. An example of this can be found at <https://kevinloughrey.com.au/COVID/Videos/ContrivedFallOfCoronaVirusSufferer.mp4> ;
      - (f) closed down domestic air transportation whilst allowing international air travel thereby ensuring that the disease was transported to everywhere in the world; and
      - (g) from a military strategic aspect, the CCP has inflicted great harm upon the Western economies plunging them deeply into debt.
    - (2) **World Health Organisation(WHO).** The Head of the WHO, Tedros Adhanom Ghebreyesus, is a person with a [dreadful history](#) in the field of medicine. His past incompetence, likely fiscal corruption and wickedness has resulted in many deaths. He is also a strong adherent of Marxism. Coincidentally, Tedros was inserted into his appointment through the influence of the CCP and has just recently been re-elected despite his abysmal handling of the COVID medical emergency. This further points to the possibility this pandemic had been planned for a number of years; *its aim being to destroy Western economies to the benefit of the CCP's stated aspiration of being the supreme world power by 2049.* Australia should disassociate itself from the WHO. It serves no useful purpose and has done great harm to Australia.
    - (3) **The Pharmaceutical Industry.** This pandemic was pre-planned. The Pharmaceutical industry had agents positioned within Government Health agencies around the world. Here in Australia, more than 90% of the TGA's funding comes from the Pharmaceutical Industry. Jane Halton was the Chair of the Bill Gates Funded, Coalition for Epidemic Preparedness Innovations (CEPI), an organisation specifically set up to promote the use of vaccines around the world. Halton played a key role in convincing the Federal Government of the strategy that should be adopted to overcome the COVID medical emergency and she must bear considerable responsibility for the death and injury Australians are

now suffering as should the Ministers and bureaucrats that followed her advice and urgings.

- (4) **The World Economic Forum (WEF).** This is a collection of wealthy elites who believe in fascism where fascism is defined as the close collaboration between authoritarian governments and industry. The head of this organisation, Mr Klaus Schwab is on record as saying the pandemic was an excellent opportunity to effect what he calls “The Great Reset” where “you will own nothing and be happy”. Another catch-cry of “The Great Reset” is “build back better”. As with any centrally controlled economic initiative, “The Great Reset” will only bring widespread misery for the masses. Those prominent entities in the WEF have been active in suppressing information relating to effective treatments and energetic in their promotion of the use of mRNA injections; the largescale deployment of which has made them many billions of dollars.
- (5) **Asset Management Companies.** Blackrock, Vanguard, the Bill and Melinda Gates Foundation, Berkshire Hathaway, etc all have invested heavily in the pharmaceutical industries and have made many billions from this contrived pandemic. These companies have invested in very large industrial concerns and have a controlling influence over these companies. *One such entity is Alphabet, the company that owns Google. Google was particularly active in suppressing any reports of adverse reactions and promoted the lie that early treatment with HCQ and IVM did not work.* Alphabet is heavily invested in the Pharmaceutical Industry and has made many billions of dollars as a consequence of its unbridled promotion of mRNA injections. This is still the case to this day.
- (6) **Australian Government (especially its Public Service) and Academia.** [https://kevinloughrey.com.au/COVID/PDF/A\\_WebOfIntrigue-Advisors&HealthOfficials&Politicians.pdf](https://kevinloughrey.com.au/COVID/PDF/A_WebOfIntrigue-Advisors&HealthOfficials&Politicians.pdf) provides the reader with some understanding of the complex web of corruption that has been established in Australia; a web which reaches to the topmost echelons of the Australian Government, the Public Service and medical academia.
- (7) **The Media.** The media, both the legacy media and social media, particularly Facebook, Youtube, LinkedIn and Twitter worked actively to suppress any reports of adverse reactions to the anti-COVID injections whilst promoting false reports which stated that early treatment using HCQ and IVM was ineffective. This came about because of the amount of money being spent by the Pharmaceutical Industry on advertising on these media outlets or the fact that the financial asset managers, like Vanguard and Blackrock, had substantial equity in these businesses.
- (8) **US Government Administration.** Elements within the US Administration had been involved in Gain of Function research on Corona viruses at the Wuhan Institute of Virology utilising a company, called Eco Health Alliance, run by Mr Peter Dazak. The key researcher in this gain of function research was Dr Ralph Baric A.K.A. Prof William R. Kenan Jr; a person who held numerous patents in the field of mutating viruses. Those elements within the US Administration were busy obfuscating the situation so as to prevent the truth of their involvement being revealed to the public. Added to that, many within that administration had financial interests in mRNA technology.
- (9) **The US Democrat Party.** The Democrat Party of the US saw COVID-19 as being an excellent excuse to introduce voting systems that were susceptible to

fraud. Collectivism sits comfortably with the Democrat voter. The idea of everyone having to be immunised against COVID-19 to protect the collective was embraced by Democrats with enthusiasm.

- b. **Exaggerated Infectiousness and Lethality.** At no time did the public health system strive to accurately quantify the infectiousness and lethality of COVID-19. Every effort was made to exaggerate both through the use of faulty PCR tests and by ascribing deaths with COVID-19 as being deaths by COVID-19. The Australian Bureau of Statistics was incapable of providing accurate data in real time and this points to significant deficiencies in the systems by which data is captured. Despite the fact this contrived pandemic and the use of mRNA posed a serious threat to Australia's economic situation and ultimately, its ability to defend itself, both ASIO and ASIS were "missing in action".
- c. **Forced Wearing of Masks was to create panic.** Public health officials knew that masks were ineffective in preventing the spread of an RNA respiratory virus. They deliberately did not collect data that would show this. Instead, they enforced mask wearing so as to instil panic in the ill-informed public and cause the public to feel that mRNA injections were their only salvation from a supposedly dreadfully lethal disease..
- d. **Early Treatment Reduces Hospitalisation and Death by more than 85%.** Using HCQ, IVM, Doxycycline, AZM, Vitamins D3 and C, Zinc and Aspirin has been proven to be highly effective in the treatment of COVID-19. Public health officials deliberately suppressed these treatments in order that they could approve mRNA injections for emergency or provisional use. If the early treatment had been allowed, then, by law, these injections could not be approved for use on the general public. One good thing to come out of what is a dreadful chapter in Australian history and that is the realisation that a Lysosomotropic Ionophore such as Ivermectin, Hydroxychloroquine and Quercetin can carry the Zinc cation into the cytoplasm of human cells where it will interfere with viral replication. This mixture will work for any RNA virus. Once a person has been exposed to a virus and cured by this method, both their innate and adaptive immune systems have a broad and enduring immunity that can't be matched by a vaccine. The value of Vitamin D3 supplements has also now been well proven.
- e. **A Means of Defeating President Trump in the 2020 Elections.** Trump organised an accelerated development of mRNA injections. Pfizer deliberately held off their release so as to try to damage President Trump's electoral chances. The public administration in the US is dominated by the Democrat Party. (The same can be said of the Australian Public Service. It is dominated by the Unions and Labor Party, hence 70% of the Canberra population voted in favour of "The Voice" in the recent Referendum whereas the 60% of the rest of Australia was opposed to this.) They contrived to have mass mail-in ballots. These gave great opportunity for fraud and for ballot harvesting. Mark Zuckerberg, the owner of Facebook, donated approx \$400 million to Democrat run organisations to tilt the vote in favour of the Democrats. Google, Facebook, Twitter and Youtube suppressed all information on the Hunter Biden laptop and the largescale corruption of the Biden family generally. In all, the Nov 2020 election was riddled with fraud of such magnitude there is no doubt the Donald Trump was cheated. The fact he was so inept as to allow this to happen speaks volumes for the poor standard of Presidents in the USA. Another possibility is that Trump allowed this to happen so that it would force the system to heal itself. This healing has not happened and there is a chance that the 2024 election will be riven with the same level of cheating as the 2020

election. Should that be the case, the USA will topple as a consequence of the destructive policies of President Biden, to be replaced by Communist China. If that were to happen, Australia and its citizens will be in dire peril.

- f. **The mRNA Injections are killing and maiming people.** There is no doubt that these mRNA injections have killed and maimed millions of people worldwide. Every effort has been made up to now to hide this death and injury. In the case of my family, two deaths occurred soon after receiving a booster but satisfactory autopsies using the Burkhardt Protocol were not conducted. Similarly when family members were injured by mRNA injections, the adverse reactions were not reported. The longterm consequence of these injections is not known. Some are predicting that everyone who was injected will die within the next 5 years. In this regard there is some good news. It is estimated by some that the quality control on these injections was so deficient that around 70% of the injections were ineffective. Added to this, because the injections had to be held at very low temperatures when in storage, it is likely many of the places where mass injection of the population took place could not achieve that standard. As it was, a phial contained 5 injections. Once it was broken it is likely it stood for some time between injections such that the mRNA was denatured because of the elevated temperature it was subjected to. As a consequence of this, it is likely many people were given injections that were denatured and ineffective. However with each dose there is the possibility of a person receiving an injection of mRNA that is of good quality. Should that be the case, the likely result will be them sustaining significant damage to their circulatory, neurological and immunological systems.
- g. **Great Injustice to Ethical Doctors.** A number of doctors were deregistered for speaking out about the general management of the COVID-19 medical emergency. They also advocated early treatment and were concerned about the safety of the mRNA injections. Being deregistered, these doctors were denied their ability to earn a living but there has not been a speedy hearing before a court of law to determine whether that deregistration was warranted. In the case of Dr Mark Hobart, he has been unable to earn a living for around 3 years. This is totally against natural justice.

## RECOMMENDATIONS

- 24. It is imperative that we learn as much as we can from this tragedy so that all of the death and suffering will not have been in vain. The following recommendations flow from the conclusions:
  - a. **Computer Systems to Assist Doctors and Patients.** At present when people go to the doctor, they receive a prescription and then go on their way. Often there is not a review of the treatment unless the ailment is of an intractable nature requiring periodic treatment or follow-up. Computer systems that help doctors perform their tasks and which facilitate the patient providing feedback to the doctor after treatment would provide excellent data for analysis of which treatments are most effective for a particular category of illness and patient. Open Source software projects should be considered as the means by which such systems could be developed and tailored for the exact needs of the medical profession and patients.
  - b. **Thoroughly Review the Risk/Benefits associated with all Vaccines.** Over the years there have been numerous medical experts who have warned that vaccines are damaging the health of young people, leaving them with life-long disabilities and immune dysfunction. These people have been dismissed as being wrong and some, such as Dr Andrew Wakefield have been forced to relocate to another country. As at the time of

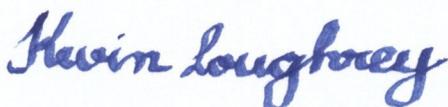
writing, there has been no rigorous investigation comparing the health outcomes of an unvaccinated population against a similar population that has been fully vaccinated according to Government recommended schedules. Should that be done, experts in data analysis, such as Mr Steven Kirsch, claim that there will be a very clear signal, the largescale vaccination of infants is having a damaging effect on their long-term health.

- c. **Review the Role of ASIS and ASIO.** This pandemic, and also the “Climate Change Fraud”, has destroyed and continues to destroy the economic well-being and security of Australia. It is possible that the health of the nation has also been so badly damaged that the weight of medical support for those that have been injured will be crippling to the economy of Australia. Involved in this deception is the CSIRO. It’s advice cannot be trusted because it benefits through its involvement in vaccine research (see <https://www.csiro.au/en/research/health-medical/vaccines>) and by continuing the deception of Anthropogenic Global Warming (see: <https://www.csiro.au/en/research/environmental-impacts/climate-change>). Both ASIO and ASIS have the resources to thoroughly, impartially investigate, and report factually to Government, these dangerous, damaging deceptions, which, in the long term, massively benefit Communist China. Where these intelligence agencies do not have this expertise in-house, they have the ability to engage external contractors who do not stand to benefit from the present deceptions. It is essential that contrary opinions are sought so that what is being presented by organisations like the CSIRO and organisations working with universities can be thoroughly challenged. ASIO and ASIS have the surveillance ability to investigate whether certain persons giving dubious advice to Government are receiving benefits from persons or countries that are not working in the interests of Australia. As a consequence, the role of ASIS and ASIO should be reviewed to ensure that it has the necessary powers to conduct such investigations and the responsibility to advise Government on these matters.
- d. **Justice-Prosecuting all Responsible.** Those persons who were responsible for the suppression of early treatment, the promotion of this extremely dangerous technology and the de-registration of doctors that spoke out against the suppression of early treatment, mandating marks and forcing people to submit to mRNA injections must be brought before the judicial system. This particularly applies to any consultants who were advising the Government, the Government Ministers and the Public Health Officials. This includes senior public servants who insisted their staff had to be injected with the mRNA injections. All of the Senior Management Teams of the Police Services of each State along with the Senior Hierarchy in the Defence Forces and the Emergency Services should have known better. They had at their disposal the resources to thoroughly check what the real situation was but they did nothing. This negligence and dereliction of duty is inexcusable. All are guilty of Reckless Grievous Bodily Harm in Company. All should be prosecuted for this and punished accordingly.
- e. **Compensation.** All persons who have been injured by these injections, particularly those persons who were coerced through a threat of termination of their employment should be compensated for what has happened. Those doctors who were deregistered should be fully compensated for the distress and the loss of income deregistration has caused.
- f. **The Therapeutic Good Administration(TGA).** The following recommendations are made concerning the TGA:
  - (1) This organisation’s role should be strictly one of quality control. They should

ascertain that what is on the label is actually in the bottle.

- (2) The organisation should conduct independent studies to determine whether drugs being marketed by the Pharmaceutical companies have adverse effects and are effective for their stated purpose. Trials done by the company manufacturing the drug, though useful, have to be treated with great suspicion and the results independently verified.
  - (3) The TGA should be fully funded by the taxpayer as should those persons performing independent reviews on their behalf.
  - (4) The TGA might advise doctors as to how a drug should be used but they must never be in the position of approving how a drug might be used by a doctor. That decision rests with the doctor.
- g. **Doctor Registration Boards.** Doctor Registration is a complex matter that is handled by a hierarchy of committees at State and Federal level. The top level board is the Australian Health Practitioner Regulation Agency. It is a huge organisation with its tentacles into the States and Territories. It has been one of the villains in the COVID Medical emergency and its management must be brought to justice and prosecuted for their actions. Serious consideration should be given to how this organisation could be significantly reduced in its size and the scope of its activities limited. In general medical certification boards should be established and operated at State level with a “Board of Governors” comprised of 3 doctors and 3 nurses drawn from medically qualified doctors and nurses serving in that State. These doctors would be selected randomly in a similar manner to the way citizens are called to attend jury duty. This Board of Governors would be well compensated for their time and would be expected to serve on the Board for a period of 12 months after which they would never be selected again to serve in that capacity. The purpose of the Board of Governors would be to review and oversee the entire operations of the medical board of that State. They would have the power to hire and fire. This would make it difficult to have the entrenched corruption and arrant stupidity we have witnessed in APHRA and the State Medical Boards during this COVID emergency.
- h. **Doctor Disciplinary Procedures.** Only a court of law should have the right to inflict a punishment upon an citizen. To that end, if a medical board believes a doctor should be deregistered or disciplined in any way, the matter must be brought before a court and jury for them to decide the guilt or innocence of the accused. Legal representation for the doctor should be free under these circumstances. Any such action must be conducted as soon as possible and the doctor must be paid for lost earnings and be fully compensated whilst they are unable to practice pending the hearing of their case. Anything less than this is not natural justice and is unacceptable in any democracy. The present unsatisfactory arrangement intimidate doctors causing them to acquiesce to medical malfeasance and corruption on the part of bureaucrats.

Sincerely



K.A.LOUGHREY LtCol(Ret'd) BE Mech(hons), psc, jssc, Grad Dip Strategic Studies

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**Annexes:**

- A. Letter CMN-211021-a, by Kevin Loughrey et al, "LETTER SENT TO 33 ADDRESSEES BY REGISTERED MAIL NOT ONE SINGLE REPLY OR ACKNOWLEDGEMENT RECEIVED IN RESPONSE", dated 21 Oct 2021
- B. Letter CMN-220106-a, by Kevin Loughrey, REQUEST FOR EACH ODPP LISTED BELOW TO FORMALLY INVESTIGATE THE POSSIBILITY OF MURDER, MANSLAUGHTER, OFFICIAL MALFEASANCE AND RECKLESS ENDANGERMENT WITHIN ITS JURISDICTION, dated 6 January 2022

**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**

**In reply quote:** CMN-211021-a  
**Telephone:** +61 416 276 624  
<https://kevinloughrey.com.au/COVID/Facts.html>

**Reply to:**  
LtCol(Ret'd) K. A. Loughrey  
Secretary  
1 Keith Hall Lane  
KEITH HALL NSW 2478  
21 October 2021

**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.



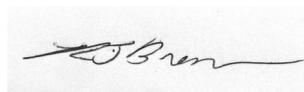
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The Hon Barnaby Joyce  
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Commissioner Katarina Carroll APM  
Qld Police Service Headquarters.  
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Chief Commissioner Shane Patton APM  
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Commissioner Grant Stevens  
South Australia Police Headquarters  
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Adelaide SA 5001

Commissioner Chris Dawson  
WA Police Headquarters.  
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Commissioner Jamie Chalker APM.  
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Deputy Commissioner Neil Gaughan APM  
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Canberra ACT 2601

**ANNEX B  
TO COVID-19 EXCESS DEATHS ENQUIRY  
SUBMISSION  
DATED 17 MAY 2024**

**In reply quote:** CMN-220106-a  
**Telephone:** +61 416 276 624  
<https://kevinloughrey.com.au/COVID/Facts.html>

**Reply to:**  
LtCol(Ret'd) K. A. Loughrey  
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KEITH HALL NSW 2478  
6 January 2022

**See Distribution List**

**REQUEST FOR EACH ODPP LISTED BELOW TO FORMALLY INVESTIGATE  
THE POSSIBILITY OF MURDER, MANSLAUGHTER, OFFICIAL MALFEASANCE  
AND RECKLESS ENDANGERMENT WITHIN ITS JURISDICTION**

**PURPOSE**

1. The purpose of this letter is to:
  - a. bring to your attention my suspicions that, here in Australia, there has been murder, manslaughter, official malfeasance and reckless endangerment committed by politicians, public-health bureaucrats and contracted consultants/advisers to the Government on the matter of COVID-19, at the highest levels of the Federal, State and Territory Governments; and
  - b. request that your office urgently assign a specialist police task force within your jurisdiction to ascertain whether these suspicions have substance.

**BACKGROUND**

**The COVID Medical Network**

2. Because of my military background and my intense interest in this matter, I have become involved with an eclectic group of world-renowned specialists in medicine, virology, immunology & microbiology, engineers, scientists, legal practitioners and concerned citizens called, "The COVID Medical Network". In connection with this, I developed the enclosed letter (Enclosure A) which was sent by registered mail to the 33 addressees provided in its distribution list. Approximately four months have elapsed since that letter was dispatched. I have not received a single reply. I have therefore decided to commence the 2<sup>nd</sup> phase of this operation to bring this unsatisfactory state of affairs to a conclusion and to see those responsible for what I believe are criminal offences and crimes against humanity brought before the courts.

**FACTS**

3. The enclosed letter (Enclosure A) provides an excellent background adumbration of the facts pertaining to this matter and a framework for the expression of my concerns. In addition to that, by way of a further background briefing, I recommend you watch:
  - a. <https://rumble.com/vkfzi9-dr.-zelenko-discusses-his-affordable-covid-treatment->

[and-the-censorship-tha.html](#) - Dr Vladimir Zelenko interview,

b. <https://odysee.com/@Corona-Investigative-Committee:5/sam-Session-85-en.mp4:3?&sunset=lbrytv> - Dr Sam White / Reiner Fuellmich interview, and

c. <https://rumble.com/vq8med-former-nsw-police-sergeant-stephen-kelly.html> – Former NSW Police Sergeant Stephen Kelly’s testimony.

4. At the core of my concerns, expressed in paragraph 1.a above, is the fact that the Australian public have been deliberately denied access to life-saving early treatments for COVID-19 based on highly-effective, low-cost, readily-available therapeutics and that, as a consequence of this, over 1,000 Australians have needlessly died of this disease. Similarly, I suspect health authorities have deliberately not informed the public of medicines, such as Hydroxychloroquine, Ivermectin, Quercetin, Vitamin D, Zinc salts and Vitamin C that provide some level of prophylaxis against this disease<sup>1</sup>.

5. Related to this, Australia has accrued a National Debt of greater than \$1 trillion, businesses, particularly small businesses, have been disrupted and a number of them irrevocably ruined, civil rights have been trampled upon, society has been destabilised with mental illness and marriage breakups and the population has been coerced, through mandates and restrictions of their liberty and livelihoods, into submitting to a series of injections of substances that have not been subjected to proper testing before being forced upon the whole Australian population. This has resulted in hundreds of deaths and many tens of thousands of injuries; a significant number of which will leave people with permanent and even life-threatening disabilities.

6. As per the enclosed paper and recommended video interviews, this suspected criminal activity was motivated by the desire to impose upon the Australian population, and, indeed, the world, experimental medical therapies presented as being novel vaccines. The motives for doing this and the parties involved are multi-various. Some were motivated by profit and others by ideology and political advantage whilst others were driven by global strategic considerations. These parties are both national and international.

7. With respect to Australia, I suspect that the foremost perpetrators/instigators of this criminal activity have been:

- a. members of the National Covid19 Clinical Evidence Task Force (NC19CT),
- b. the Ministers for Health and Chief Medical Officers of the Federal, State and Territory Departments of Health,
- c. the Therapeutic Goods Administration of Australia, and
- d. members of the Australian Health Practitioner Regulation Agency.

8. Complicit in this have been:

- a. the Prime Minister, Deputy Prime Minister and the Premiers and Chief Ministers of each State and Territory, and
- b. various politicians of opposition parties who have demonised early treatment for political advantage or ideology.

9. In some instances, the denial of early treatment and related information was deliberate and with the full knowledge of its consequences. In others, it was due to profound incompetence, sloth, politics and ignorance. That is the discriminator between murder, manslaughter and official malfeasance whilst the forced imposition of dangerous injections upon the Australian Public on the

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<sup>1</sup> The World Council for Health represents over 100 reputable medical and scientific organisations. It lists a wide range of alternative treatments. See: <https://www.worldcouncilforhealth.org>

pretext of a contrived health emergency constitutes reckless endangerment.

10. It is up to your expert police investigatory team to decide which offence belongs to the above listed persons as well as any others identified during the course of this investigation.

### **RECOMMENDATION**

11. I recommend that a Specialist Police Task Force be constituted at both the Federal and State level to thoroughly investigate this matter, with the Federal Task Force playing a coordinating but not a controlling role.

### **ACKNOWLEDGEMENT OF RECEIPT/ADVICE ON INTENDED ACTION**

12. Your acknowledgement of receipt of this letter and your advice as to what action you intend to take to address my concerns would be appreciated within the next 14 days.



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#### **Enclosure:**

A. CMN-211021-a, A Letter, to the Prime Minister, Deputy Prime Minister, Premiers and Chief Ministers of the Commonwealth of Australia, concerning the Gross Mismanagement, Malfeasance and Propagandising of COVID-19, dated 21 Oct 2021

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