

# Graham and John provide testimony to the Federal Senate 13th March 2024...

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Okay,

thank you very much. Good afternoon. I now welcome representatives from Ashley, Francina, Leonard and Associates. And the Australian Medical Network. Thank you for taking time to speak with the committee today and thank you very much for your submissions, which were very helpful information on parliamentary privilege and the protection of witnesses and evidence has been provided to you and is available from the secretariat.

For the hand record, I'm gonna ask each of you to please state your full name and the capacity in which you appear. So I'll go first to our representatives from Ashley Francina Leonard and Associates. Good afternoon Senators and thank you for having us here today. We really appreciate the opportunity.

My name is Tony Nicklick. I'm the Director of Ashley Francina Leonard. Thank you. Thank you, Mr. Nicklick. Mr. Wood. Yes, thank you, uh, committee for having us here. My name is Graeme Wood. I'm formally a captain of Qantas Airways and I resign as a result of the implementation of mandates. And I'm here representing aviation as best I can.

Okay, thank you Mr. Wood. Uh, Mr. Lata? Yes, thank you Senators, John Lata, I'm a SAC paramedic of 25 years with New South Wales Ambulance and I'm also a serving councillor with Snowy Valleys Council and I'm here as a witness. Uh, with AFL solicitors in regard to, uh, uh, the COVID situation and our appointments.

Okay. Thank you very much, Mr. Lata. Uh, Ms. Gragomirovich? Close. Sorry. You'll know it by the time I Lovely to meet you all. Thank you and good afternoon. My name is Diana Dragomirovic and I'm the CEO of the Australian Medical Network. It's phonetic. It's not as hard as it looks. Oh, okay. Thank you. Thank you very much.

Thank you. Appreciate that. And we have some other witnesses from the Australian Medical Network. By video conference, if you could just introduce yourselves, Ms. Woods.

If you could take yourself off mute.

Hello, everyone. Hopefully it's working. It is. Oh, great. Sorry. I think there's a bit of a delay in the video, so I apologize if I accidentally talk over anyone. My name is Alyssa Woods, and I am here talking to you on behalf of students, and in particular health care students who were impacted by mandates over the past few years.

Okay. Thank you very much, Ms. Woods. Uh, Dr. Van Zyl? Yes. Good afternoon. My name is Dr. Van Zyl and, um, I'm, uh, an ethentist, um, uh, currently not working in that capacity due to the mandates. Um, I represent, um, and my story is a weakness for AMN. Um, thank you very much for having us. Excellent. Thanks very much.

Uh, now I think I've covered everyone off. Uh, there's no one else on video conference. No. Okay. Okay. Very good. Uh, so I'll go first, uh, to you, Mr. Nicolet, maybe to ask how you and your witnesses, if you have an opening statement. you want to make or either of your witnesses would like to make? Certainly, I'll be very brief.

Firstly, thank you again for having us here today. I appear with Graeme Hood and John Mata, together with AMM down the end of the table there. I think over the last four years, we've had a dramatic change in the way we see things here in Australia. There's been a lot of mistrust as to how the COVID situation's been handled.

Quite frankly, we get A number of calls and emails in the thousands, if I may say that in the thousands, we were one of the law firms, if not the first law firms that rose to the occasion, challenged the mandates of lockdowns, both generally and in respect to the religious lockdowns. And so we went through that process and through that process, we identified a number of features such as a lot of workers being sacked and they were emergency service workers who only months earlier.

Uh, received awards for their services during the lockdowns. Um, and only months later, they're all being sacked. Um, most unfortunate. Now, Senator, early, back in 2014, I published a book chapter. Also worked with some Labor twigs back in 2000, uh, 2010. No longer there, but, uh, And in that book chapter, we looked at fraud and false claims.

And, um, I, I do have, and I can certainly, I, I bought seven copies of that book chapter for it. Um, I can certainly table that for your, your leisure and reading, not that you don't have enough, Senator, but, um, uh, we certainly looked at fraud and false claims together at the ANU, the Australian National University, back in, it was published in 2014.

The central focus of that chapter was, uh, pharmaceutical frauds and false claims. that really put together a compendium of potentially some of the largest corporate fraudsters in the world, which have been pharmaceuticals amongst others. And I'm not calling them fraudsters here. What I am saying is there is certainly a potential That what we're seeing here is a, uh, a large scale, um, issue where there's been misleading deceptive conduct to the extent that we've never seen before.

I say that on the basis of certain research in 2021, we knew early on, and I do have, um, further records from a Dr. Brian Tyson, and again, that we've made public, um, during court cases and in that early treatment. Early treatment of both the vaccinated and unvaccinated, 5, 700 patients from one doctor, all but four survived.

Now, they were the vaccinated and the unvaccinated. We knew early on, early on, Senator, that there was a problem with what we were seeing. Out of that 5, 700, only four passed away. And so that early treatment option was denied to many, many Australians. Okay. And, and I should say just for the benefit, the heza uh, record, when you refer to false claims, this is a particular piece of US legislation.

Yes. Is that correct? Yes, it is. And, and back in 2012, there were meetings, um, with the Australian Federal Police. Both major parties were present, um, at that time. And there were certainly discussions with respect to that. Okay. Thank you very much. Uh, if I can now go to the Australian Medical Network, do you have a opening statement you'd like to make?

Good afternoon, I called you a senator, well you are a senator, sorry, Senator Paulson. Sorry, I'm the committee secretary, so forgive me. We had an ordeal getting here, it was like two hour traffic, and so forgive me. In Canberra? Um, on the freeway. Oh, coming up from Sydney. Yeah, well, thank you. It does make a profound difference for you to appear in person.

As I'm sure Senator Roberts would agree. So thank you. Yeah. So thank you for giving me some time to collect ourselves. So, um, so I'm, I'm here in the capacity of CEO of the Australian Medical Network and I've come to shed light on the experiences we have experienced as a New York. a network over the past, you know, four years.

And we mobilized, uh, in 2020 on a national level to help alleviate the suffering, um, that was going on with respects to COVID because COVID all, you know, hit us all by surprise. And so we, we want it to be a space where, where people can come to and get, balanced information. However, over the course of the four years, what we found was that, um, it was very hard to be able to offer balanced information due to, um, I think the fear that was around COVID and, and the approach.

So, um, Our submission covers 12 areas and obviously we're not going to cover all those areas because we don't have that much time. But I'd like to bring your attention to the restricting and access to early diverse treatments, um, inhibiting the autonomy of healthcare. to see how they see fit, we have a problem where you know, patients go to see a doctor and the doctor is afraid to actually share his or her expertise because of the environment that was at the time.

And it's still happening, um, patient privacy and confidentiality. This is especially around when um, the medical regulators, practitioner regulators are accessing private patient. information without informed consent of the patient, um, all the, all the, all the, um, all the customer of the doctor and also the lockdowns.

The lockdowns have caused indescribable trauma to this day. And then lastly, the, the deterioration between Health professionals and the practical, the, um, the practitioner regulators, which is unnecessary. There, there are ways here and we are hopeful because even though everybody struggled during COVID, um, in their own way, we see that there are, uh, room for positive reforms and we can all learn from this.

So thank you for allowing us to have a voice today. Well, thank you for being here today. Senator Roberts, you have the call. Thank you, Chair. And thank you all for appearing here today, especially in person. Thank you for your submissions, which are brilliant and outstanding. Um, and also, also thank you for your active participation, all four of you, or I don't know the other two, but all four are here, um, during the COVID response as a lawyer, particularly Mr.

Nicolet, running court cases and in public actions and statements, holding health authorities and politicians accountable. It's been really remarkable to watch. Mr Nicolet, I understand you're a lawyer with experience in criminal cases, civil cases, fraud, whistleblowers. You would understand criminal behaviour.

You've seen it. Yes, um, I, I, I'm also, uh, got a degree, an honours degree in criminology and I worked in the enforcement area. Supporting enforcement of intelligence types areas. So I see your opinion on a vaccine question given Australian federal and state health agencies and politicians claim they did sound work in responding to COVID.

Yet not one has made a submission to put on the record their response. Not one submission from any health organisation or entity in this country to this, this inquiry. Making a submission would have made them liable to be called as witnesses and held accountable. What does their action, in your view, in avoiding scrutiny, say to the whole world about their own view of their response?

I think when we look at laws, especially criminal laws, they also include terms act in omission, so the omission of certain conduct. It can also imply certain conduct or point towards certain conduct. Um, having willful blindness, um, is, is certainly an issue that has been striking my mind and that is where you know something is occurring or there's something occurring and you're not looking.

And the fact that you're not looking is certainly an element that I certainly believe we really do need to take serious, serious look at this, um, because when I say that and I mentioned briefly, I've got the evidence in broad daylight. Tyson here. There's 5700 people there. Dr. Brian Tyson from the USA. We put his evidence into the case of Kassam and there's 5700 people there who were saved.

We did not look at these things. How many Australians, and this is what was getting to us, is how many Australians could have been saved but for people actually looking. for those issues here in Australia, but we had this almost monomaniacal view of vaccine only. I'm not saying vaccines are terrible. I'm not saying pharmaceutical companies are bad.

They save people on the day on a daily basis. And they do that because there's life saving medications out there. But here is the evidence of people who were coming before trauma centers in the USA. And we know early on that a lot of the politicians, public health was saying that we're also relying on international data.

With the international data and the affidavit of Brian Tyson that I can table, um, certain copies. Um, and you'll see the Excel spreadsheets of the treatment that he actually provided. Um, it's a lot of, if you want to read it. Yeah, uh, we might just,

so what we might do, Mr Nicola, it was one thing that you chapped up, that, uh, we might just, We'll, we'll take it under advisement, um, just because typically we do review something before we set the tone of it, but perhaps you two, uh, take it under advisement. Certainly. And if, if there's, and also give you a chance to reflect if you, if you want to give us an abbreviated version or, or that would make it easier, but you can take that on notice as well.

Okay. So we can deal with that subsequently. Certainly. I think at the crux of it, Senator. Good to see you. Thanks But what he said was, the amount of people saved, in his interpretation, um, New South Wales Health lost 10 times the amount. Um, and that was the concern we had. And what you're saying, as I interpret it, correct me if I'm wrong, is there was willful blindness in turning away from proven remedies during the response to COVID, and there's willful blindness now in not wanting to front to this committee, not making a submission to detail what they've done.

Potentially, so that's also the case. And if you look at the whistleblowers, um, the, the document that I've provided there, um, if you go to page 383, you, you'll see set out in page 383, that was 10 years ago I wrote that. Uh, oh, it was published 10 years ago, I wrote it 12 years ago. Um, and you will see that's the same conduct we're seeing now, and that's why I jumped up so early.

Um, this is taxpayer money, and taxpayer money is being put towards one side. There was no transparency, we wrote numerous letters to numerous organisations, not one responded. Hence, we were forced into litigation, putting cost pressures on people. to take these steps for litigation because no one even wanted to address it.

Therefore, they then get cost orders against them. And again, it was just a battering and a battering, hence the mistrust that we see out there right now. Unless I'm wrong in my statement now, the definition of fraud is the presentation of something as it is not. Yes, uh, knowingly or not, uh, gain benefit or deceit here.

So, there's been a lot of fraud potentially with, um, taxpayer money. So, turning to Captain Hood. As a pilot, you've had decades making decisions using solid data and sound reasoning, sound logical reasoning, otherwise people die. You have in recent years travelled across Australia listening personally to thousands and thousands of Australians.

Yes, sir. And I've watched the response of Australians to you. They come to you and just bare their souls. You've received a lot. And you've broadcast it to millions of Australians. So I have two questions of you initially. As a pilot, how do you think that CASA has handled this? Particularly in blindly condoning a novel, new, unproven experimental gene therapy based treatment that did not complete American testing and which, according to the TGA, was not tested in Australia, yet the TGA approved it on the basis of America's FDA giving it approval despite the TGA knowing that the FDA did not test it and instead relied on Pfizer scanty trials that were finished early after thousands of deaths.

Thanks for the question, Senator. I can honestly say from the bottom of my heart, and I'm surely speaking for a lot of other aviators in the industry, that we have lost complete faith in the safety authority in Australia and CASA, and in particular the primary medical officer, Dr Kate Manderson. Um, and for good reason, we, um, we were, it was made available to us a video link that was conducted with Dr.

Manderson and several Virgin pilots. Uh, in that video link, uh, these pilots were given an opportunity to ask the primary medical officer, um, about the, the potential side effects and is it safe and has it been tested? We got a copy of that video and we looked at it. several times and the flippancy and the lack of thought that had gone into their answers was palpable.

As a result of getting that video, we organised interviews for our media program Club Grubbery with a panel of experts from the USA and Australia in aviation. And two of those people were military aviation medical specialists from the forces in the USA. One from the uh, I think both are from the army.

These were credible witnesses and we played them that video and when they saw the video and responded, one of them said, what, what would that nurse know about this particular topic? And I said to him, that's not a nurse, that's the primary medical officer. for the Civil Aviation Safety Authority and we were all flabbergasted.

Both the medical professionals in America and Aviation Medicine agreed that this lady was speaking out of the top of her head and didn't know what she was talking about. And that took away the confidence of me and a great many other pilots in the Safety Authority to do the job it's been doing. To me, to be quite honest with you Senator, it seems to have become an organisation that just ticks the boxes.

Now, I've lived my whole life under the aviation vehicle system in Australia. If I had a head cold and I took something like the old cobbled cold and flu, and I was drug and alcohol tested when I got to work, I'd be grounded and I'd be subject to an investigation because of stringent application of CASIS policy.

And, uh, when I first realised that there was something wrong with the, with the mandates, uh, and this came about by me actually, me actually, uh, having a conversation in front of my wife over the phone with one of my base managers in Brisbane, for Qantas. And I said to him, Uh, I know that we're going to have to have this vaccine, but don't put me down for AstraZeneca because I'm over 60 and I don't want to run the risk of blood clots.

Give me a chance at the Pfizer when it comes out. In other words, I've accepted that I take Pfizer to keep my job. Uh, previously in the week previous to that, I'd given a nursing home permission to give my stepmother Pfizer, uh, having trusted the data that the government was obviously crunching and believing that they were making the decisions in our best interest.

My wife overheard me making that comment to my base manager and she said to me, are you going to get vaccinated? And I said, well, yeah, I've got to keep my job. And she said, your whole life is risk benefit analysis. Have you done any on this? I said, actually, you're right. I'm just trusting the government.

She said, would you trust the government to do the walk around with your aeroplane? I said, no, I wouldn't. And so. Um, as a result of that, I went down a very standard route to find out what I could in the next few hours that afternoon about the covid vaccination policy in this country. I didn't go down rabbit holes.

I didn't go exploring the dark web. The first thing I did was go to high view and I I asked the question of, uh, sorry, I put four corners in because I was looking for programs in current affairs programs in Australia that might indicate where we're going with this and what's been done. As a result of that, I went to two programs, uh, put out by four corners.

They were both called, I think, Vaccinating Australia. They were about the vaccine rollout policy. And somebody in this august institution had applied for a freedom of information for the vaccine rollout policy to be given to them. And it was given. And I think it was some 30 something pages with, uh, with the health minister's letterhead on the front.

But every page after that was completely redacted. Completely. Nothing. The reporter took that document to Professor Brendan Murphy, handed it to him and said, uh, why is this document fully redacted? And Professor Murphy sat back in his, uh, toilet chair and said, I don't know. Well, you have to realise that we have very sensitive commercial arrangements with our suppliers.

And they don't want us to talk about it. That was the first thing I saw on Australia's ABC. And that got the hair standing up on the back of my neck. I then decided to contact three doctors who I had professional relationships with, uh, GPs. I put the same question to them as I put to CASA and to Qantas Medical not long after that.

What are the side effects, long term, short term, has it been tested at high altitude for people working in aviation, and will I pass my medical every six months if I get it? The answer I got from the GPs was I wouldn't rush into this if I were you, I'm summarising, but don't tell anyone I told you. And I then said, why wouldn't I tell anyone you told me?

Because I can be struck off for telling you that. Now that got the hair on the back of my neck standing up. Then I contacted Qantas Medical and I asked Qantas Medical the question over the phone, can you tell me what all these side effects are? Has it been tested for aviation at high altitude? And I said, And will I pass my medical every six months?

The combined answer to all those questions was, we don't really know, but we're trusting the government. Then I went to CASA, I rang CASA and I asked their, one of their medical officers, the same question. And I got the same responses. I then rang one of my management pilots in Sydney, And I said, have we changed our safety policy in Australia?

And he said, why do you ask? I said, well, for the simple reason that, um, if I was to invent a new jet fuel and decide to fill my Boeing 737 up with that fuel and 200 passengers and take them to Perth from Brisbane, would I be allowed to do that without being tested? He said, of course not. I said, well, why are you asking us?

to put an experimental serum into our bodies and put us at the pointy end of that airplane and take those people where they need to go. What's happened to our safety policy? His response was, I know where you're going with this Woody, but let's just trust the government. Now, I've since learned that that was a fallacy.

I can't tell you the, uh, the dramas that you feel when you're on descent into Perth with 180 odd passengers who just spend five hours sitting behind you. To be told by the company radio on your way in that the Premier of WA has just decided to close the borders and you have to tell your passengers that if they want to stay in WA on landing they'll have to spend two weeks in hotel quarantine or they've got to stay in the airport until we fly them home.

This was the ludicrous stuff that was going on. Um, so as a result of all those investigations, I realized I could smell a rat in the cheese factory. Something was not being done properly. And I have a background in human factors, which is, which is, um, I used to train pilots in Qantas and also medical teams and military aviation teams that were contracted to do this research, but this training with us through Qantas and the former Australian airlines.

Um, and. The purpose of human factors is to get pilots to work together and crew to work together as a team to solve critical situations. And it's a really good model. And aviation is as safe as it used to be prior to these pandemics, um, because of the learning that we have from experiences. There's a great, um, there's a great phrase that is long remembered in the psyche of the people of this generation and that is Houston we have a problem.

Everyone knows that saying, it refers to Apollo 13 and Apollo 13 was an accident, was a, a, a This is the third lunar mission for landing on the moon. En route to the moon, they had an explosion in their oxygen tanks when they followed a standard operating procedure. As a result of that, the landing on the moon was aborted and every effort was made to get those astronauts back on Earth.

This is where really good human factor and critical management thinking comes into play. Gene Kranz, the, uh, the controller, the mission controller at Houston, uh, came out straight away and said, we really do have a problem. Our mission is to get these guys back on the ground. What can we do? How can we do it?

They focused on what wasn't working, but then somebody said, let's see what we've got that we can bring them home with. What have they got in that capsule that we can use to get them back? So a whole bunch of people

were working on one problem and another bunch of people went and sorted out what they had that they could use to save their lives.

Um. Now, in the ideal, uh, COVID response would have been a whole bunch of people working on a, on a vaccine that was going to protect people into the future. And then another bunch of people saying, all right, while we're working on that, what have we got in the cupboard that we can use right now to save lives?

And so I thought that through when I was making my decision not to get vaccinated. And as a result of that, I looked at people like Dr. Peter McCullough, uh, who is, who is the most, uh, the most written on COVID in the world. He's published, I think, 88 peer reviewed papers on COVID. He is an expert. He was using off the shelf medications that were saving lives.

I think he had over 8,000 patients who contracted COVID and not one of them was hospitalized, to my knowledge. So I looked at the information he was giving and he was talking about off patent medicines like ivermectin. like hydroxychloroquine. And I thought, wow, here are these guys and they're all working really hard to see what we've got in the cupboard that we can use to save people's lives now.

Because up till then, Senator, in New South Wales, I knew of a family who had contracted COVID according to a PCR test. They were very unwell. They were at home. They were told to stay home and not present to the hospital unless they were coughing blood or their lips turned blue. When I asked if they were offered any treatment by NSW Health, they were given Panadol.

Now, why? So the question I had to ask was, okay, well why aren't we seeing these prophylactic treatments being made available in Australia? And so I could see then that the people offering those prophylactic treatments, and the drugs they were suggesting, were being cancelled. They were censored. They weren't allowed to share their remedies.

They weren't allowed to promote the medications, which are, which are great medications that have been around for decades. And because of their cancellation, I saw the censorship. It became a lay down desire to me that there's no way that this pandemic rollout was in the best interest of the people. And for that reason, I attended a Zoom call with several hundred, uh, aviation people that was organised by somebody else.

I appeared on that call. Most of the people were blanked out. You could hear their video, but you couldn't see their faces. And as I listened to their stories of fear about what was being presented to them, because the Prime Minister had just come out and said, we don't vaccinate, we don't mandate vaccines in this country.

And then three days later, Alan Joyce, the CEO of Qantas, came out and said. If anyone doesn't get vaccinated, they're deciding against their career in aviation. I was enraged by those comments. So then these people were appearing on the screens, page after page after page. And after hearing their stories, I said, I want to see your faces.

I said, if we're going into this and we're going to try and resolve this, show your faces. And all these faces came onto the screen and I was brought to tears because I saw them hurting really badly. Their childhood dreams for careers in aviation were being put up against their desire to have a healthy lifestyle and they had to make decisions they knew that was going to cost them their careers.

And it was at that meeting that I suggested that somebody has to come out. And say something to bring attention to this because this is abjectly wrong. And I realized that I was the oldest and most senior member of that group. And as a result of that, I said, I will be the one to fall on my sword. But a couple of years left in my career, their careers were only halfway through.

I will make an example of this. I'll use myself, and as a result, I made a video that went viral. I believe it had several million views around the world where I put on my uniform for the last time. Uh, I shared my concerns.

And following making that video, I was bombarded with 30, 000 messages from all around the world in the first week.

And the stories were horrendous. People were pouring their hearts out. Doctors who weren't allowed to practice anymore, in tears. Telling me, please pray for my patients because I'm no longer able to help them. Messages from people who'd come home and found their 14 year old daughter hanging in the garage when they pressed the remote to drive their car in.

Because the girl was perplexed she couldn't go to a formal because Daniel Andrews had locked down Victoria. Stories like this. Now I could have then at that stage decided to, I've done my bit and walk away. But I've always had a heart to serve, as John Larder has, and the people sitting at these panels, that we've always had a heart to serve, and the frontline workers.

And we couldn't leave it that way. A lot of people were saying, please keep talking, you've got a voice, please be our voice. And to that end, we've, we've done exactly that. And, um, I can tell you, for the last, uh, 15 months, my wife Michelle and I hooked up the caravan, had five different tours, We toured this country, 70, 000 kilometres, we visited and spoke at 300 venues around the country to over 30, 000 people, and we listened to them.

And that's what this government needs to do. There are so many, there is a disadvantaged subclass in Australia now labelled as anti vaxxers. And I envisage one day that there will be an apology in 30 or 50 years time, there will be an apology in this house to people who were, who were mandated into oblivion.

And so I've continued to be their voice as best I can. I do the best I can to do that, but I can tell you, and I'll try not to get too emotional as I wind up that part of the question, Um, My wife and I have been touring through a country with a broken heart.

This country has been decimated. My political expediency and a lack of proper human factor, uh, uh, application to a problem that could have easily been solved a whole lot better. I developed an ego warning light in my mind years ago when I became a pilot. I've carried 6 million people over 12 million miles, I've no doubt carried every one of you and everyone listening.

I'm sure, it's easily possible, I used to come into Canberra all the time. It would have been Thomas when we landed in Omaha, Sierra Visibility Fault. or in thunderstorms with lightning hitting the ground and you may have been sitting behind me, trusting me. And I applied that problem solving model to what I've, the decisions I've made with this and I am more convinced now that I made the correct decision.

And in the course of our programming, uh, uh, John Larder and myself have run this program called Club Robbery. We've done hundreds of interviews. We've interviewed Peter McCullough. These are the medical experts. Peter McCullough, a Sable Hotshot. Professor Harvey Rees from Harvard University. Our own Professor Robert Clancy, who has now been considered for a Nobel Prize.

Dr. Philip Altman, Dr. Pierre Corey, Professor Angus Dalgleish, Professor Ted Steele, and we'll soon be interviewing Dr. Sabine Steinberg. And every single one of them has passionately called on governments to stop using mRNA until we sort this out. So my position is basically this. We have a problem.

Australia, we have a problem. And when we're in a situation of, of um, of high anxiety in an aeroplane when there's an issue going on, there's an urgency language that we use if somebody's fixated on a solution that isn't going to work. If, for example, I've got an engine on fire and I'm about to come in and land at Brisbane and I've forgotten something and it's obvious I'm not, I'm not falling into the normal flow of operational procedures, the minute I hear the term, Captain you must listen, I stop straight away.



It's trained in me. Stop. What is it? The co pilot tells me. We haven't put the landing gear down. Thanks, I'm so solution orientated, I forgot some of the basics. Urgency language. And I urge this Senate, and I urge this Government, with these words, Government, you must listen. This country is in dire straits.

The spirit of this country has been systematically destroyed. And I've witnessed it first hand. I've done what many of you don't have the time to do. I've been face to face with people who've lost loved ones that they know were from vaccine injury. And I don't know whether this is, these excess tests have been caused by vaccines or long COVID or whatever else it might be.

Could be an additive in food. I don't know. But nobody else seems to know either. And that's why we must stop. We must investigate. We must do a proper debriefing. We must apply proper human factors and we must bring the people that I mentioned that have been locked away with, with censorship back out of the dark with their data so that we can start healing the people of this country.

And if we don't do that, we have neglected an opportunity that will go down in history as one of the greatest human factor failures. In the world. I don't know the court, but I'll have it back if there's time left. Uh, yes, I do want to thank you very much, Mr. Wood. Uh, I do want to provide an opportunity for as many of the witnesses, uh, to have, uh, If I can go to the Australian Medical Network and if I can ask each of the witnesses, representing the Australian Medical Network, a key issue.

This Committee needs to consider is why do we need a Royal Commission? And some people put in submissions saying, well, there are some other inquiries going on. Others have said this, this is a issue of such significance. It really does need a Royal Commission. So I want to give each of you an opportunity from the Australian Medical Network, in your own words, to tell this committee as to Why do we need a Royal Commission to deal with this issue?

So, if I could start with you first, the Chief Executive Officer. Thanks. The first reason is we now have hindsight and we know what worked and what didn't work. And a Royal Commission will enable us to review all the different, because you've got different factors here. There's so many things at play when it comes to the response to a pandemic.

And because we have a culture of fear at the moment, we need to, we need to stop that. And the first step for the Royal Commission will be to show that next time this comes around, that we actually have protocols in place. that include a wider sector of the audience. So for example, Captain Hood mentioned all these international names.

Well, I can tell you that we've got rock star doctors here in Australia that don't have big profiles. But they have been doing on the ground work and they deserve a voice. They deserve that. Like we, we've been interviewing so many of these doctors. So I think that these people need to come forward to be able to share their stories.

And for example, um, We actually, during COVID, we had a, a trial, especially in the early stages when the, when the government said, don't do anything for two weeks, this was in the early stages. And so we, we were, we had about 600, uh, patients that came through and then we would refer them out to the actual, um, network.

And out of those 600, Each person was treated differently by a doctor. I won't go into what that was, but it was successful. We only had five hospitalizations. So we've got one of the deaths and two deaths. And one of those deaths was a heart attack. So it was successful. We minimise hospitalisation. So I am mindful of time, but the main reason why we need the COVID 19 Commission is we need to be able to put some protocols down, some strategies down, so that this is treated differently next time.

Because there will be a next time, whether it's as large as what we went through or small. And we need different voices and different voices. Um, opinions, expert opinions coming through. Not just, um, I think experts that are, you know, that have that privilege, that work with government and work in academia.

We need on the ground people too, who actually have access to people. Um, who deal with the common man and woman, you know, because they feel like they're not heard. So I'll allow the witnesses now to have their say. So if I could put the, and I'm going to put this question to each of you, uh, so Dr. Van Zeel, why do we, why in your view, should there be a Royal Commission?

Look, um, Okay. I'm going to echo the words of Captain Hood in that he, he was describing, um, the loss of workforce within the aviation industry. That was experienced in the, the health industry as well. I'm an example of a highly qualified, um, Um, critical care physician and an ethicist and critical care doctor.

I've been doing that for 17 years at the peak of my career. Um, my example represents many others, um, I know, which I know personally, and that would be amplified as well throughout Australia. I don't know the actual numbers. The point is that, um, as a result of the handling, government's handling of this pandemic and therefore the mandates, um, there was no opportunity given for health professionals to seek.

an alternative, um, uh, way of managing their career, maintaining their career, their credentials, um, their safety and patient care. Um, there was no opportunity to explore any other options except for vaccinations. And we've just heard that there clearly was treatment options. Um, there could have been other ways.

Um, if you were proven to be ill as a health care worker, you could do what you've always done, which is you stay home, isolate yourself from anyone who's vulnerable, your patients, come back to work when you're feeling good. No problem. We were not given those opportunities that, as a result, um, led to, you know, uh, resignations, um, loss of credentialing.

Um, that is exactly what happened to me. I was forced to make a decision. I'd be vaccinated or I was not allowed to touch a patient, not allowed to enter a hospital. Further to that, um, you will know that APRA sent, um, email warnings to everyone registered with APRA, um, which governs obviously medical practitioners and allied health professionals within Australia.

Very explicitly saying that if we were to discuss amongst ourselves or openly with our patients, anything that went outside the approved government language and guidelines, we would be investigated, reprehended with the worst outcome deregistration. And I know personally doctors who went through that very traumatic process.

Um, I think that Quite frankly, um, unethical, um, um, you know, rough handling, bullying, whatever you might want to call it, um, in extremes criminal, just illegal. I don't, I don't know how that's possible. How we could have a system, um, that could inflict that sort of imposition on, um, a medical, uh, you know, um, framework that is based on scientific, uh, principles.

That thing that. Science, uh, is movable. It's based on theories, um, theories that should be challenged. Um, within a time of pandemic, as we experienced and saw, there were multiple voices to be heard. Those that did not echo the governments were immediately censored and silenced. Those voices, scientific in approach, were silenced.

Nobody heard them. We were told as practitioners, we could not discuss those things.

I think that should never be repeated. Um, I have not returned to the workforce. There are many of my colleagues who haven't and they won't. We've lost so much trust, in the system, um, lack of support, there's no transparency. It's become authoritarian, uh, punitive and closed. Um, that does not work for health practitioners who want to exercise personal autonomy and autonomy on behalf of the rights of their patients when they're given no choice at all except to accept and talk and discuss, um, only government approved language and protocols and treatments.

That is not medicine. And in this case, I'd have to say government The biggest abuse of all of that was the lack of the government to consider that their proposed treatments, namely, we know what it was, okay, vaccination with a gene, a novel gene therapy, completely untested, of which we didn't know the long term effects.

Um, that, uh, in its own right and enforcing or encouraging, inflicting, coercing people to take that when we had no idea of its outcome is abusing the number one principle, Hippocratic Oath, which is to first do no harm. You could not prove that harm could not be created by this. We know very well that it's created harm so far.

There's plenty of evidence for that. Um, and that goes against the grain of the law. Any health practitioner, um, who believes that. That's it. Thank you. I just want to make sure everyone here has an opportunity to, uh, to be heard. So, uh, Ms. Woods, uh, why do you believe there needs to be a Royal Commission?

Thank you. Um, uh, there needs to be a Royal Commission because what we experience through The pandemic and the pandemic response was a tunnel vision approach to what it means to, um, be safe, not get infected, not infect others, um, and to quote many politicians and, um, healthcare workers to do the right thing.

And unfortunately, this approach, which was, as it's already been said, um, vaccination and that's it. That completely discounted the multi faceted health that person has to experience and has to take care of in their lives. We need to understand how having such a tunnel vision approach to this situation has impacted people, not just in that finite time that we were dealing with.

This is a new virus, this is a new, um, kind of health, uh, response where we're doing lockdowns, where we're doing this, this rapid vaccination of the entire population. That was a finite space of time where people struggled, for many reasons, with lockdowns, with illness, with, um, vaccinations. But beyond that, people have experienced vast disruptions in their lives and they're still continuing to this day.

I am in contact with students. Who are still unable to complete their degrees that they started pre 2019, 2020, because mandates are preventing them and their personal choice to, to take a medical treatment or not, um, is essentially becoming a punishment. And they've invested in some cases, years in my case, um, I had invested, uh, between five and six years off the top of my head in my education to, to get into the masters of physiotherapy.

Program. Um, other students would be within that that high timeframe. We've invested thousands of dollars. I had invested 42, 000 in only one year of education in my master's degree, let alone all the undergraduate study I had done. You have to look at these mental health, social wellness, emotional wellness aspects of what the pandemic response actually is.

Did to people. I, again, personally, excuse me, personally, I was, um, I was living in Brisbane alone at the time of, of the, the rapid, um, vaccination, uh, rolling and, um, the lockdowns, I had no family support. I moved here specifically for my, for a program of study to become a physiotherapist and work in health care.

And I was, um, essentially. Pushed to the side of my, my university, my campus, but also just society in general because mandates existed that prevented me from having a social engagement with my community from being able to exercise emotional wellness techniques like simply going out for dinner with a friend or meeting, meeting people, um, when I wasn't able to do with my peers in my course anymore.

So the issue of, of what these mandates have done broadly to people really needs to be investigated. Because still to this day, four years on, I talk to people this morning and yesterday who are struggling and they're, they're, they're alone. They have these massive debts or they felt coerced into, um, accepting vaccination and that went against their personal beliefs and they struggle with that.

Um, and so it's much more. Much more complex than just the finite time where people were struggling with lockdowns and struggling with taking a vaccine or not. People are still hurting, as has already been said. And we can't let, should something like this happen again, we can't let all of these individuals and individuals who will be in these situations in the future be pushed to the side and not treated with empathy.

And.

That's a major issue here. Um, and so if we can investigate the, the complexity and, and how pervasive these issues still are today and were at the time, how they've impacted people so deeply, we'll be well set for moving forward. Thank you. Thank you very much. Uh, I'm, uh, Mr. Lata, you, and then I am going to go to Senator Rennick.

But I, I did think it was important to give everyone appearing today an opportunity to tell your story. Uh, Mr. Lata, why do you believe there needs to be a Royal Commission? Well, thanks Senator. Thank you for the opportunity. Well, look, there needs to be a Royal Commission because this is just too massive to, uh, ignore.

And, in my view, uh, we need to learn. And the only way we can learn is to investigate what happened. What we did well, what we didn't do well. And make sure that this doesn't repeat itself. Yes, there'll be some, uh, issues along the way that will need to be prosecuted. There is no doubt about that in my opinion.

But, it involves the media. Um, in the words of Chris Youngland, the former Channel 9 political reporter, uh, there needs to be a Royal Commission because, uh, we, we don't know about the iatrogenic harm that's been caused. Uh, in, in relation to the, the, the medical, uh, decisions that were made. Uh, people, uh, couldn't go to university.

My daughter's one of them. She couldn't do her nursing degree. Had to change her nursing degree to, uh, um, teaching. 25 years as a paramedic. Uh, I still haven't been replaced as a station manager and chairman. Two years on. My wife is a registered nurse with a master's degree in critical care teaching.

Still, uh, you know, unreplaced in her job as a wound nurse in Tumut. So the vacancies are there. All we are doing at the moment is putting the public at risk. Ambulances are not being responded in a timely manner because staff are not there. The other night, the night shift at Tumut Ambulance Station was sent from Tumut to Cooma to transfer a patient from Cooma to Canberra.

It's two and a half hours just to get to Cooma. There was no ambulance in Tumut. Covering thousands of people. Truman night shift is being sent to Wagga to cover 70,000 people because they haven't got enough staff there to man the ambulances. And in Sydney, the day shift take the ambulances out and there's not even enough ambulances to put the afternoon shift in when they turn up.

I mean, we are in absolute crisis and it's a whole of health and safety. Um, situation, there was no uniformity to anything they did, it involved all the states and that's why it's so important that we have a look at this because the, the states essentially uh, the, the premiers basically and, and the health ministers basically gave away all their powers, divested all their powers and gave it away to these cheap bureaucrats like Dr.

Kerry Chan. There is no reason for what they are doing now, they, they are preventing me from, from front row and whip. I mean, if you've, if you had a stroke here, Senator, would you be worried that I'm unvaccinated and treating you or would you accept my help? I mean, it makes absolutely no sense. The Bali bombings in 2002, I was sitting in an office working in our ambulance in critical care.

I got a phone call from a lady and she said, my son's been injured in the Bali bombings. He's coming in on a Qantas flight. Can you arrange an ambulance for him? And I said, sure. Let me arrange that, and I go off the phone and I thought, geez, if there's one person there needs an ambulance, this is going to be an absolute stuff up.

There'll be people hopping on these aeroplanes with, uh, blast injuries, with lung injuries, head injuries. We need to do something here. We need to put in place some sort of triage. I rang the Chief Medical Officer for Qantas, and I rang the Head of Security for Qantas, and I rang the Chief Medical Officer for the, uh, Aeromedical Retrieval Service, Dr Ron Manning.

As a result of that one phone call that I made, just thinking outside the square, in an office, working, uh, there with two other people, not forward facing, I'm not out in the public. Qantas put on a chartered aeroplane, a 767, to Bali that afternoon, with CareFlight doctors, Lifesaver doctors, Aeromedical doctors.

from New South Wales Health. They were able to triage all those patients at Denpasar Airport, see who was fit to go on. All these flight attendants didn't have to go through all this trauma of having all these people on board their airplanes. That one decision probably saved countless lives and made so many people's lives a whole heap better from a traumatic point of view.

Now, New South Wales Health could have done that with me. I could have gone into a back room. I could have triaged people over a video teleconference system. Why sacked them? My wife had worked in emergency departments for 25 years, in trauma settings. But no, sacked. I mean, the whole thing was just completely, completely mad.

And these people should hang their heads in shame for what they've done to Australians. The harm that they've caused. It's an absolute disgrace. And it goes across every sector, Senator. Uh, whether you're a barista in Western Sydney, whether you're a trainee, APRA suspended me for speaking out, talking to a government, uh, elected official in New South Wales on Facebook about what I thought about these, uh, vaccines.

I said, I don't, I wasn't being, uh, uh, derogatory towards the vaccines. I said, look, we need to do some more research into them. And, and that has turned out to be the right advice. APRA suspended me and now they've had to, uh, lift those caveats and I'm now back as a practicing paramedic, but I still can't work because I'm, I'm not vaccinated.

New South Wales Health, you can, uh, you don't have to be boosted now. You just sign a waiver and they say, Oh, so how is that any different? Uh, to me not being at work. Uh, it is just madness. Police, uh, Natalie Vassallo, a senior constable, uh, with the New South Wales Police. Justin Poole, a New South Wales Police, uh, senior constable.

Former State of Origin footballer. Both disallowed from going back into the police by Commissioner Karen Webb because they were guilty of gross misconduct, a 181 D, because they couldn't, they were people of disrepute. They can't even get a visa. I mean the whole thing's mad. Natalie Fasalo tried to apply for a security license so she could work as a security officer.

Karen Webb said, no, you're, you're not fit to be a security officer. You were set from the police for gross misconduct. She had a medical exemption for an autoimmune disease and they disregarded it. These people, these people need to be examined thoroughly. And I can tell you now, the only way that we are going to get any, uh, sense and learn from this is if the Senate, uh, pushes for a Royal Commission into the whole handling of this mess so that we can essentially learn from it.

I, you know, people do need to, you know, Uh, be put under the microscope, I don't fall back from that and they should be, they absolutely should be. I'm angry and so is the majority of Australia in regard to this because people realise they've been stooped, they really do. People are out there with vaccine injuries, I know of a nurse, uh, up in, uh, Northern Rivers that was, uh, had the vaccine at work.

She had the vaccine at work in the emergency department. She had to be, uh, resuscitated in the Resus Bay with adrenaline because she had an anaphylactic reaction to the drug, to the, to the, uh, AstraZeneca. And then they insisted that she get the second dose. She went and had the second dose. Her voice, uh, vocal cords have now snapshot.

She's got a permanent tracheostomy. A permanent tracheostomy. She's in her thirties with kids, can't work again, and New South Wales Health is denying that it was a workplace injury. This is the madness that's going on Senator. Thanks, thank you Mr Lutter. I did want to give that opportunity for everyone to, um, to say something, um, and give your perspective.

So, uh, it did take some time Senator Roberts, but I think it was really important, especially given the time you've all invested in here today. Uh, Senator Rennick, uh, we have, uh, uh, about seven more minutes. How many more minutes do I get? Ok, alright. Um, look, Mr Nicholas, uh, I'll ask you, um, I, probably more of a comment.

Uh, because we are very much on the same page, but very different mission. I, I agree with you in regards to the need for greater physical viral protection. And I also like your point about the patient complaints at, um, uh, Do you want to comment on that? Yeah, uh, certainly Senator, thanks for the question.

It's, it's desperately needed. Uh, in my submission, I actually spoke about allowing these doctors, and we've heard the evidence coming from each and every one of us hearing these stories all around Australia. I was getting doctors calling me up saying, Tony, sorry my first name's Tony, Tony, uh, don't, please don't tell anyone this, I could lose my licence.

They're not allowing me to do serology tests because that'll show me the immune markers as to where the vaccines are. Is there anything you can do to help me? Um, and so, this is why we need these. I know we can do things in camera here, Senators. And, but, anyone that came forward at that point in time, they were being deregistered.

I've actually represented some of these people. Um, and, and it's, it is, it's a travesty. It should not happen in a country such as this. I think it, um, Going back to it I think we do need, I've got this document here which is signed, it's a national, it's the National Partnership on COVID response. It needs to be, I'll turn left here, it's signed by the Prime Minister and all, all state premiers, it needs to be, it needs to be a national response including all the states.

If it was good enough for all these people to come out and say we're going to lock you down, close borders, it should be good enough for each and every one of them to front, um, the, uh, uh, Uh, the Senate for a Royal Commission in terms of the whistleblower, Senator Rennick, I absolutely agree there needs to be more transparency and that's what whistleblower laws do.

It gives them the confidence to come out, it gives the Royal Commission the power to get the information we need and not only that, if for prosecution, for good or bad. If it comes from that type of stuff, then we really need to look at that. Just, sorry to interrupt Senator Rennie, if I can just ask Ms Nicollet, if you can um, I'm looking at the document, if you can just provide, perhaps on notice, just the source for you.

where you downloaded this from just so certainly we can complete the record and then we'll try to take that on notice i think yeah and then i yeah i just want to make sure we get the evidence okay over to you senator rennick uh okay so just back to that fact claims act right here have we got anything a good example Uh, I'll refer to in the product assessment report, uh, he said that Pfizer was approved to prevent the transmission of COVID.

Now that clearly never happened. Are you aware of any laws, um, in Australia that could Um, prosecute, I don't know, FISA or the TGA for making false claims. I, I, I think there's an exemption, uh, in that one act that somehow the government isn't liable for misleading information, which is probably the win.

Can you think of any other avenues by which, um, you know, health authorities to seek out misleading information could be sued? Indeed, you, you may have issues around negligent misstatements. Um, you also have misleading deceptive conduct, also the unconscionability of their actions when it came. to pushing out these medications, especially in circumstances where, for instance, we've seen the South African contract released under their Freedom of Information.

I've been fighting our Department of Health now for close to a year and a half to get a copy of the contracts. It's not for me. There's 19 or 20 variations, um, that the taxpayer has paid for that we know nothing about. There's a commercial, uh, in confidence, uh, blanket over them. That may be said. I don't know.

But if we're getting um, these contracts from abroad and it says, uh, we do not know specifically a clause 5. 5 of the South African contract for Pfizer with the South African government and again the caveat is I don't know what's happening here in Australia, but if that's there it says we don't know what harms, if any, are going to occur.

The next issue then becomes Senator, the logical deduction from that is that how, how on earth can we get all these people to come out and say it's safe and effective. And I don't care whether it was a politician, the media, these people giving medical advice, that's another issue. How many people gave medical advice in circumstances where they weren't medical people to get people to go and take these vaccines in circumstances where it's clear that it didn't stop transmission, it didn't confer immunity, it didn't stop hospitalisations and it certainly hasn't stopped the deaths.

It's not safe, it's not effective. Yes, okay, um, I haven't, yeah, I think if you look at that product assessment report, you'll see that they have the similar qualifications already in the Pfizer product assessment report. Um, just in regards to that previous statement by Mr Larder, and this is the last question here, I know he's got a lot of off.

Um, and I am told Mr. Larder is a very handsome man, unfortunately, uh, I'm not on video today so this is very disappointing. Um, but, um, is there anything under New South Wales law where you could now, given that we know that the vaccine doesn't stop transmission, we could go back to the health department in New South Wales, uh, and sort of question their, um, authority to impose vaccines that don't really stop transmission or infection?

Yeah, well certainly if you look at the New South Wales data, especially 31 December 2022, you can, and this is official New South Wales data, as the doses went up, the levels of ICU and deaths went up. And that's government data, that's not Facebook, it's not the dark web, this is, and then they quickly and surreptitiously pulled it down where they, when they could see the trajectory going the opposite way.

Yeah. So that rule is a bit stumped, because you don't need to follow them, and even though I've talked about it. No, it doesn't and that's a, that's another, um, catastrophe in itself. Australia in itself doesn't have a Bill of Rights. Um, I think we need to start looking at that. We also need to look at NSW having a Human Rights Charter or legislation that certainly comports with international stances such as the Syracuse Principles which was written pursuant to the ICCPR.

Again, we're very selective when we're choosing to put blame on international countries. But in this instance, what we have is a very selective and narrow approach to human rights in New South Wales. And that was seen in the recent judgments in New South Wales, where a very narrow approach was taking human rights.

If you look at the Syracuse principles, it actually says that all state signatories, including Australia, should have Um, uh, a proportionate response to public emergencies. Okay, Senator Rennick, I'm afraid we have to leave it, I'm afraid we have to leave it there. Uh, so, could I ask you one question? I want to know when the, that's a yes.

I want to know when the, when all the 500 submissions will be published. Um, probably. Uh, We might, uh, deal with that in a private session if we put Senator Roberts, uh, but happy to have a discussion with you about that. Uh, can I thank all of the witnesses, uh, for appearing us, appearing today. I was looking for that.

Thank you. Migrator. Uh, if I can ask, uh, for a motion that we take questions on notice reporting data 22 March 2024. You're happy with that Senator Roberts? Can I take that from Senator Roberts? Thank you. Uh, that concludes today's proceedings. The committee has agreed that answers questions taken on notice at this hearing should be returned by closer business Friday, 22 March 2024.

I thank all witnesses, uh, who have given evidence. to the committee today. Thank you very much and thank you for battling the traffic uh, to get here. Much appreciated that you appeared in person and those witnesses appearing by video conference. Thanks also to Broadcasting and Secretariat. I declare the hearing adjourned.

Thank you very much. The End. Subscribe. Comment.

and help you Um, uh, Uh, Um, Uh, Uh,