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Senate Legal and Constitutional Affairs Committee  
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Dear Secretary,

The Gold Coast Medical Association (GCMA) would like to make a submission to the Commonwealth Government COVID-19 Response Inquiry. Our submission takes into account the Scope and Purpose of the Royal Commission Inquiry, as we understand it.

We would like the Inquiry to address the following concerns.

1. Why were Australia's international borders not closed more quickly to countries where the pandemic had become clearly a problem?
2. Why did it take so long for our public health authorities to recognize that the virus was passed from person to person by aerosol spread?
3. Why were the drugs ivermectin and hydroxychloroquine that had an established safety profile and were effective in early treatment of Covid-19 banned from general use in Australia? What was the justification for this regulatory decision? Was this necessary?
4. What was the advantage of community-wide lockdowns compared to more focused public health measures to protect vulnerable populations like elderly individuals, those with significant medical comorbidities, and those in residential aged care facilities? What was the personal cost (infringing civil liberties, isolation from loved ones etc) and economic costs of community-wide lockdowns? Was the benefit of preventing virus spread by community-wide lockdowns outweighed by the adverse consequences of these measures? Should community-wide lockdowns be used in future pandemics?
5. Was the justification for mandating individuals to be vaccinated in order to continue in employment reasonable given the Covid-19 vaccines did not prevent infection or transmission of infection to others?
6. Was the release of the Covid-19 vaccines (particularly the novel mRNA vaccines) to the general public without the usual safety assessments for medications and vaccines having been completed justified in the circumstances of the pandemic? What can be learnt from this experience that might be relevant to future pandemic management?
7. How effective has the monitoring of vaccine adverse effects and safety concerns been following the rollout of Covid-19 vaccines in Australia? How can vaccine safety monitoring be improved in the future?
8. Has the public health advice and governmental medical advice concerning the risk of Covid-19 infection and the adverse effects (for example pericarditis and myocarditis) of Covid-19 vaccines been effective in alerting different cohorts within the overall population to the risks they face? How can this messaging be improved in the future?
9. Can the Inquiry establish if there has been an increase in unexpected deaths from non-Covid-19 causes in 2022 and 2023 compared to the pre-pandemic years prior to 2020? If there has been a significant increase in deaths can the Inquiry determine the cause of this very unfortunate outcome? Could the increase be due to adverse consequences of the Covid-19 vaccines or some other factors? What can be done to prevent this happening?
10. During the pandemic years and subsequently, it has been very difficult for doctors and health professionals who question the government promulgated health information about the pandemic and its management to offer alternate explanations or approaches. These individuals have been dismissed, disregarded, and intimidated from various sources including warnings from medical registration bodies. How can essential medical debate about matters concerning this pandemic (and other controversial matters) be conducted so that respectful alternate perspectives can be canvassed? How can open discourse about future pandemic response be guaranteed?

We would be pleased to provide in-person testimony to the Inquiry if required.

Yours sincerely,

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