

Commonwealth Government COVID-19 Response Inquiry (Australia)

Public submission

*Request to be De-identified

15 Dec 2023

Responding to Terms of Reference:

- *Governance, including roles and responsibilities*
- *Key health response measures*
- *Mechanisms to better target future responses to the needs of particular populations*

As a strong community advocate concerned at the impact of the National public health pandemic RESPONSE vs the actual health impact of the SARS CoV-2 virus itself, it is important to highlight that the lack of transparency from State and Federal governments, including the operations of National Cabinet, through failing to provide evidence-based '**health advice**' to the enquiring public, severely limited the ability of Australians to assess their personal risk and manage their own response as appropriate to their personal circumstances, which disproportionately affected children, people of working age and the elderly and has inflicted long-lasting mental, social and economic harms to society, the cost of which was never considered and has yet to be calculated.

'One size does not fit all.'

Two fundamental questions were never clearly addressed to allow the public to make informed decisions about their own health and safety:

- Who was **MOST** vulnerable to SARS-CoV-2 / covid?
- Was the government's public health response **PROPORTIONATE** to the **ACTUAL** risk?

I refer to the following Queensland Health ('QH') document in support of my concerns:

*Queensland Health, Clinical Excellence Queensland
COVID-19 Action Plan
Statewide General Medicine Clinical Network Version 2
April 24, 2020*

https://web.archive.org/web/20200524103342/https://www.health.qld.gov.au/data/assets/pdf_file/0039/959952/sgmcn-covid-19-action-plan.pdf ^

'Show us the health advice'

In **October 2021**, I shared screenshots and link to **QH Covid19 Action Plan v4** ('CAP') to QH FaceBook ('FB') page. The QH Social Media team warned me via FB DM (for sharing government data??, screenshots below), then blocked the public's ability to post pictures and links on its FB page. QH then removed this CAP v4 file from its website and later blocked me from its FB page in August 2022 for asking further questions in relation to individual risk factors for covid. It is unethical for a taxpayer-funded SM platform to prevent the public from reasonably engaging with its primary public health agency, denying them vital information during a public health emergency.

The image displays three screenshots of Facebook interactions with Queensland Health. The top screenshot shows a private message from Queensland Health to a user, dated 13:08. The message states that some comments have broken their policy against false information or faux science, provides a link to their house rules, and warns that future posts of a similar nature could lead to being blocked. A blue reply bubble from the user asks for clarification on which posts are false and provides sources for their data. The middle screenshot shows a public comment from the same user asking about risk factors for bowel cancer and SARS-CoV-2, with two replies. One reply states the focus is not on COVID and to stop deflecting. The other reply, from Queensland Health, explains that public comment has been closed and that the department has a duty to respond to legitimate queries. The bottom screenshot shows another private message from Queensland Health, dated 09:01, warning the user that they have continued to break house rules and that this is their second and final warning, with a threat of being blocked if they continue. A blue reply bubble asks which house rule has been broken.

Queensland Health

Hi [redacted]

Some of your comments on our Facebook page have broken our comment policy.

We don't allow comments that contain or promote false information or faux science or false representation of another individual, organisation, government or entity.

You can find our house rules here: <https://qld.health/HouseRules>

Any future posts of a similar nature may lead to you being blocked from our page.

Kind regards,
QH social media team

13:08

Please clarify which of my posts are false information?

I am quoting data directly from QH website, COVID-19 Action Plan Statewide General Medicine Clinical Network V4
October 12, 2021, the National COVID19 Clinical Evidence Taskforce and health.gov.au 'Coronavirus (COVID-19) case numbers and statistics'.

Which of those are false information?

So age is the biggest risk factor for bowel cancer and only those people aged 50+ are recommended to have a screening test. 🙄

What is the biggest risk factor/s for severe disease/death from SARS CoV-2 virus?

Like Reply Page responded privately 3 h

[redacted] the focus isn't on covid. Stop deflecting

Like Reply 2 h

[redacted] Good to know we're no longer focussing on covid. 🙄

When public comment has been closed under the daily reporting of covid statistics and given it is the taxpayer funded department tasked with managing public health, **Queensland Health** has a duty of care to respond to legitimate queries by the public on matters of public health.

Instead it seeks to shut down these legitimate queries by sending warnings by PM that a member of the public will be blocked from its page for merely asking a question about who is most at risk from covid.

Why is that?

Queensland Health

Hi [redacted]

You have continued to break our House Rules. This is your second and final warning. If you continue, you will be blocked from this page.

Kind regards,
QH social media team

09:01

Please clarify which House Rule has been broken by my comment seeking

My primary concern:

If the imperative was to 'follow the health advice', then why did QLD government seek to withhold it from the public, preventing fair review of clinical data gathered from the lived experiences of overseas jurisdictions, to justify the QH Public Health Directions, State of Emergency and vaccine mandates, in apparent contradiction of the data in the CAP?

Importantly, referring to page 1 of the *COVID-19 Action Plan _Statewide General Medicine Clinical Network_ Queensland Health_V2_ 24April 2020*, (see ^ link above) QH **KNEW** back in April 2020 that:

- *Most cases of infection (80%) are mild and will not need hospitalisation, 10-15% are very sick and 2-5% will require ICU admission and ventilation.*
- *Severe cases and deaths are concentrated among older patients with co-morbidities,*
- *There have been very few severe cases in children or pregnant women.*
- *Case fatality rate ranges from 1% to 4% overall depending on the denominator of ascertained cases but rises with age to 8% in age group 70-79 years and to 15% in those >80 years. Men are more likely to die (2.8%) than women (1.7%). Patients admitted to ICU and ventilated have a mortality rate as high as 50%.*

So QH authorities KNEW the SARS CoV2 virus was **not** deadly to **ALL** ages, but still proceeded to issue public health directions that imposed unreasonable and excessive restrictions on ALL of society, that were **not** supported by the QLD State government's own '**health advice**'.

On that data, its own HEALTH ADVICE, (that it sought to keep from the public), **was the QLD State government's pandemic response proportionate to the ACTUAL risk?**

Were medical professionals misled about the severity of covid and silenced by AHPRA in order to promote mass vaccination and other unethical pandemic public health measures?

What is the relevance of this QH 'health advice' to the operations of "*Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2022*" (QLD) that guides National laws?

In closing: public trust in our systems of governance is preserved when politicians, bureaucrats and health advocacy organisations treat all Australians with respect and are honest with them in matters that affect them. A National Apology and compensation for mistakes made must be forthcoming. Transparency and accountability must be prioritised if we are to regain trust in our public institutions and encourage social cohesion in any future health emergencies.