

SUBMISSION TO THE COMMONWEALTH GOVERNMENT COVID-19 RESPONSE INQUIRY

As a concerned citizen, I wish to set out my observations and impressions as they relate to the terms of reference of the inquiry.

IN DEFENCE OF LOCKDOWNS

I anticipate that the Inquiry will receive a number of submissions arguing that lockdowns were a gross overreach, an infringement on basic liberties, and a travesty of human rights. I'm sure that some people would have you believe that lockdowns were the worst thing that happened to Australians during the early stages of the COVID-19 pandemic. I disagree.

It is true that those were extraordinarily challenging times. We were faced with a novel virus causing death in large numbers. The virus was highly infectious, and could transmit asymptotically. We would soon learn that the dominant mode of transmission was through the air, so that simply breathing was enough to spread it. We had no clear idea how to treat it, and certainly no easy way to control or contain it. It is also true that lockdowns impacted some Australians worse than others.

Whilst the reference is almost a cliché, I find I cannot examine lockdowns without reference to John Stuart Mill, *On Liberty*. It is a fundamental tenet of our system of laws and governance that *"the only purpose for which power can be rightfully exercised over any member of a civilised community, against his will, is to prevent harm to others"*. Whilst not enshrined in a Bill of Rights, our legal and governance systems have developed structures and procedures that uphold the notion that governments should not unfairly infringe upon a citizen's fundamental rights without good reason.

The key point that many anti-lockdown commentators seem to overlook is that personal rights can and should be hindered to prevent harm to others. **The right to not be harmed takes precedence over the right to harm.** This simple premise seems to have been denied in the rush to demonise any and all measure that causes an individual even the slightest discomfort, annoyance or inconvenience. It is also true that the restrictions must be proportionate to the level of risk, however, the level of risk is often minimised when in fact COVID is the third leading cause of death in Australia.

It's easy to look back now in the post-vaccination era and forget about the harrowing images of refrigerated makeshift morgue trucks, temporary mass graves, the overwhelmed hospitals, those who died alone, separated from their loved ones. Australians should not forget that they were spared the worst of these ravages. Some look at the case fatality rate and suggest that death is the only measure we should use to assess risk, but this effectively ignores the significant impact of the acute illness, post-Covid conditions, increased rates of heart attacks and strokes, increased rates of diabetes, POTS, and many other direct and indirect consequences of infection.

Australia's low case numbers, low health burden, and low deaths from Covid during 2020 and 2021, when viewed against many comparable jurisdictions who did not take similar precautions, shows absolutely that strong and effective public health measures were hugely successful. That it can also be said that lockdowns had significant social, economic and health impacts does not mean that lockdowns weren't necessary or warranted, nor that they won't be necessary again in the future during this, or some future, pandemic.

It perhaps would help to define exactly what is meant by 'lockdowns'. To restrict the analysis to only 'stay at home' orders, would be to unnecessarily limit the scope of all the ways that people's freedoms were limited by the response to the pandemic. We must look more broadly at border closures and travel restrictions as well as social interactions, work from home and school closures.

Australia, as an island nation, was in an enviable position when it came to our ability to use our hard border as a buffer against disease. That our international border was closed fairly quickly meant that we were spared the worst of the initial wave, however, in doing so, we stranded a large number of Australian citizens outside our border (and the rest inside it).

The primary problem was that once we'd closed the border, we didn't do anything else. We didn't build quarantine facilities. We didn't offer our citizens any way to get home. We just abandoned them in countries which had no obligation to care for them, and away from the families who loved them and desperately pleaded for their return. We didn't offer citizens inside Australia a way to return if they needed to travel, for example, to care for a dying parent or loved one overseas.

While this perhaps not what most people think of when we talk about lockdowns, for those affected by the policy, it no doubt felt like their freedom of movement was unfairly curtailed, particularly where the policy kept families apart. The same could be said for border closures between Australian states which had a similar effect. In particular, it should be noted that the burden of the hotel quarantine policy, which protected the whole community, was borne by only the few who could afford to access it.

That restrictions on movement were hard on many Australians is undeniable, but it must be remembered that many of the consequences that flowed from the policies were not because there was a border closure/lockdown per se, but because the policies were poorly designed and implemented without adequate supports. We could have closed borders to protect our on-shore citizens as well as done more to protect our citizens off-shore. Ways to do this included government-funded purpose-built,

quarantine facilities, repatriation flights, consistent rules regarding travel between states and an agreed set of rules regarding when an outbreak would trigger a lockdown.

This proposition is supported by the fact that hotel quarantine proved to be exceptionally poor at containing the virus. One study, published in September 2021, identified [22 quarantine system failures in Australia, in one instance initiating an outbreak that caused more than 800 deaths \(the Victorian “second wave”\) and eight lockdowns that were linked with quarantine system failures.](#)

Breaches of the virus from hotel quarantine were compounded by difficulties experienced by our contact tracing systems (as demonstrated during the Victorian Royal Commission). We had a useless tracking app that seriously challenged individual privacy (which consequently nobody used), and a QR tracing system that didn't allow authorities to alert people when they had been in the vicinity of a positive case – so what exactly was the point of it?

Another problem was that lockdowns were, in most cases, imposed without adequate financial support in place. While the Morrison government initially threw money at some business sectors with its JobKeeper package, it completely excluded other sectors (casuals, universities, permanent residents, etc.). There was also no consistent financial support available for later lockdowns, with decisions seemingly made on an ad hoc basis. The Australian public may well have been more accepting of lockdowns if there were clear and fair ways to financially compensate those affected.

While some of the macro responses outlined above will only have affected a portion of the community, all of us will have had social events curtailed; some will have had weddings postponed; missed out on going to funerals when only a handful of people could attend. Almost all will have been ordered to stay at home at some point, and only leave for essentials. Many who have school-aged children will have had to juggle work and family commitments as they were also asked to keep kids home from school.

Whilst these were great impositions, we have to remember why we did it. We came together to protect others, particularly the vulnerable in our community. Some of us lost loved ones along the way, but we would have lost many more if we had chosen not to lock down.

We have to consider the broader picture of policy failures to understand why lockdowns have come to be so demonised. We must be careful to distinguish the necessary and successful restrictions which protected Australians, from the failures in the policies that were supposed to support those measures.

While lockdowns were a significant imposition, the whole suite of failures in terms of lack of financial support, inconsistent/unsupported border closures, failure to implement fit-for-purpose quarantine facilities, the resultant outbreaks and pressure on our TTIQ capacities, added to the difficulties that are often ultimately blamed on 'lockdowns'. In reality, if those other aspects had been addressed, later lockdowns might not have been necessary (or at least, would not have been as long) and we may well have been able to design a successful long-term plan to deal with the ongoing threat posed by Covid-19.

It is my submission that the key failure of our pandemic response is largely a lack of vision:

- The Commonwealth government should have exercised its constitutional power over quarantine and built facilities that would have put us in good stead to combat this and future pandemics. This would have significantly reduced those outbreaks which stemmed from the failure of hotel quarantine. This nation building exercise would have also provided us with assets which could be used as emergency accommodation during times of floods, fires and other disasters.
- Instead of cherry-picking who and would not receive financial compensation, which decisions appeared to be unfair at best, and politically motivated at worst, we could have taken initial steps towards a Universal Basic Income, so that every Australian had fair and equal access to financial support during lockdown periods and the sense of unfairness would not have been able to proliferate.
- We could have nurtured the sense of comradeship and concern that was evident during the early stages of the pandemic as Australians worked together to support each other, to quash outbreaks and to protect the vulnerable. Ideally, this would in part have taken the form of a public health campaign that explained to Australians why precautions are still necessary to this day. Covid has not gone away. This pandemic is not over.
- We should have acknowledged airborne transmission and engaged in a robust public health campaign explaining to Australians that they can infect and be infected by the virus just by breathing. Four years into this pandemic and most people don't seem to understand that simple fact. Many apparently qualified medical and scientific commentators, CHOs and Health Ministers don't appear to understand that fact given their frequent appeals that we should 'wash our hands' to keep ourselves safe *from an airborne virus*.
- We could have developed a long-term plan to support Australians throughout the ongoing pandemic, which plan included paid pandemic leave during infectious periods, easy access to testing, easy to access respiratory masks (as well as explaining to people how respirators differ from surgical or cloth masks and why this is important in an airborne pandemic).

Of course, it will no doubt be suggested that these measures would come at a significant financial cost to the national budget, and that is true. That cost must be weighed against how many cases could be prevented, how the reduction in transmission and subsequent reduction in ill-health would improve productivity, reduce the health burden, reduce sick leave and supply chain disruptions, not to mention all the lives that could be saved and the potential long-term disability that could be prevented.

It is entirely possible that future lockdowns will be required. No-one knows when a more virulent or deadly COVID-19 variant might arise, nor whether some other deadly pandemic might be just around the corner. Sadly, we don't appear to have learned a thing.

DATA

The lack of transparency in health data has been deplorable. Vulnerable Australians have been left to 'make their best guess' at the relative level of risk in their community as they avoid public spaces and try to plan essential health care around waves. Governments and health departments around the country have gradually hidden and obscured more and more data.

Further, the lack of consistency in health data collection across Australian states makes one wonder how on earth our health authorities could possibly have mounted an effective pandemic response. The different jurisdictions don't use the same criteria, they don't record the same information, don't use the same categories or age ranges. Moreover, they don't publish the information in a timely way.

The lack of accessible, consistent and timely health data has been one of the biggest failures of pandemic management.

SO CALLED "IMMUNITY" ...

This Inquiry should conclude unequivocally that [attempts to reach 'herd immunity' through exposing people to a virus are scientifically problematic and unethical. Letting COVID-19 spread through populations, of any age or health status will lead to unnecessary infections, suffering and death. Viruses do not inherently become less virulent.](#) There is no benefit to infection with a pathogen when [immunity from infection is so short lived that one can be reinfected within weeks.](#)

The Inquiry should acknowledge the [immune dysfunction that can be caused by a Covid-19 infection](#) and the significant, [cumulative health consequences and risks that flow from each infection.](#)

It should also make clear that ['immunity debt' is not a concept that should be applied to encourage individuals to get infected.](#) The simple and obvious conclusion is that we know how to prevent those diseases which are now making a resurgence. If those diseases were eradicated in 2020-21, they can be eradicated again through air hygiene, personal protective measures and public education about airborne pathogens.

SCHOOL CLOSURES

One sees many suggestions that lockdown and school closures have led to long term learning deficits. Why does nobody ever seem to consider that many children have been frequently absent from school because they are constantly ill, not just from Covid itself, but from the other health issues that flow from [damaged immune systems](#) making them more susceptible to other viruses and bacteria? Somehow people seem to think that learning from home for a few weeks or months two years ago is more likely to be causing problems today rather than repeated infection with a virus that has been shown to cause cognitive problems and long-term ill health. They kids aren't skipping school – they're sick.

SAFE ACCESS TO HEALTHCARE

Hospitals and health care facilities take few to no precautions to prevent the spread airborne pathogens, and even the few who do take some precautions generally use surgical masks. How on earth do health care providers think that surgical masks are adequate PPE in the middle of an **airborne** pandemic? The viral particles just shoot out the sides of the gaps around the edge of the mask and accumulate in unventilated rooms. How do people not understand this?

Many refuse to mask, even for vulnerable patients who ask them to. Even cancer treatment centres have removed the requirements for patients and staff to wear masks. This is simply inexplicable. A patient should never have to request that a doctor or nurse take basic hygiene and infection control protections to protect them from contracting a disease which could kill them. Vulnerable people report avoiding or delaying seeking health care due to the risks of contracting covid in health settings.

Covid remains a dangerous and deadly disease. Respirators should be minimum PPE in health care settings. Every Australian has the right to safe access to health care, which right is currently denied to them because CHOs, Health Ministers and health care providers refuse to acknowledge or address airborne transmission risks.