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SUBMISSION: COMMONWEALTH GOVERNMENT COVID-19 RESPONSE INQUIRY

Prior to the COVID-19 pandemic, Australia had a pandemic management plan (AHMPPI)ⁱ that addressed 'specific pandemic influenza control strategies'. This was overtaken by the 'Australian Health Sector Emergency Response Plan for Novel Coronavirus'ⁱⁱ. There is no detail as to why there was the need to throw out the old plan to replace it with this. It is interesting to note that it has a stated goal of a 'Proportionate Response' that seeks to 'ensure resources are not wasted'. What we saw in response could not be said to be proportionate and it is reasonable to suggest that there were enormous economic resources wasted that will leave a debt that will be with us for a lifetime.

With the benefit of hindsight there are a numerous studies, papers and reviews that show that the actions of Government have had negative impacts to our economy and to people's quality of life. Here's the summary.

1. The Federal Government, and its bureaucratic departments should not be congratulating themselves for meeting KPI's and milestones based upon internal markers for success that are not assessments against real world outcomes. Why was there no Cost Benefit Analysis for the entire response prepared? There has been no publicly released Formal Risk Management Matrix that would better inform the public of all considerations made, the weightings applied and the likely probability of outcome.

Instead, it appears all focus centred on health outcomes to the exclusion and detriment of any other markers supporting quality of life, wellbeing and healthy living behaviours. Psychological distress has increased markedly and the ABS General Social Survey shows that life satisfaction fell from 7.5 out of 10 in 2019 and is 6.6 in August 2023.ⁱⁱⁱ

2. Economic and Social Impacts appear to have completely ignored in the management of this Pandemic. There were a number of reasonably expected outcomes from the Government and Bureaucratic courses of action – yet these very outcomes now are being heralded as unintended. No. They were foreseen, a lot of these outcomes just didn't fit the Government and Bureaucratic narrative. A direct result of this, whether real or perceived, is the politicisation of public health.

There have been no lessons learned from past pandemics as there is published literature that affirms that evidence obtained now in response to COVID-19 either repeats or extends findings from previous pandemics.^{iv} This particular paper further states that in the Australian specific context that the impact to children's health of "these restrictions are having immediate and likely longer term adverse consequences on children's developmental potential".

3. Western Government's appeared to have a collective mental breakdown and ran with a co-ordinated approach led by apparently the World Health Organisation (WHO). This was the same WHO that failed to acknowledge for over 13 months that COVID-19 was airborne.^{v vi}

Australia is contributing to the WHO Pandemic Prevention, Preparedness and Response Accord (Treaty). If COVID-19 is the marker for how such a response would be managed, Australia should seriously re-consider its participation and re-assess the base case for being part of such an instrument and organisation.

There were many mistakes made but what is 'unforgivable is that (these) were not corrected as knowledge and experience accumulated. The pandemic response may be come a case study for students of cognitive bias.'^{vii}

4. Suppression of Free Speech. COVID-19 was a fast evolving situation. People need to be free to discuss, dispute and debate the known information. In a fluid situation, known information will be updated as new information comes to light. But rather than allow this to happen, opinions (even those of leading and well credentialed specialists) were disregarded in favour of an approved narrative.

Social Media platforms were quick to label anything not produced by government or preferred media as being 'false, misleading or deceptive'. The passage of time has shown that these labels were not accurate. Legitimate scientists and others who were seeking to engage in scientific and robust debate were removed from these platforms and out of the public forum as a result of collusion between Government, NGO's and Academia. Government itself intervened to request removal of many thousands on COVID-19 posts.^{viii}

5. The Vaccine First and Only approach at the expense of any other option bordered on obsessive. This led to not only a suppression of cheap antivirals, but to the apparent demonisation of them. This included restrictions on allowing medical practitioners to prescribe them^{ix} and on making public statements about the risks of importation^x and subsequent prosecution. This is a restriction on informed consent and the doctor-patient relationship and contrary to a number of different published and peer reviewed papers that had been written on the subject. The two primary and already on market drugs in this instance included Ivermectin^{xi} and Hydroxychloroquine^{xii}.

6. Early-known risk factors of poor COVID-19 outcomes included advanced age, obesity and Vitamin D deficiencies. Rather than address this through communication and other messaging that would encourage healthy living behaviours instead the Commonwealth, through it's National Cabinet, appeared to make no representations to the States^{xiii} with respect to their approach that prevented outdoor recreation and gyms from opening. This is a not a [REDACTED] or [REDACTED] issue, it is a known mortality factor and this should have been addressed.

7. TGA Approval of new technology. The instantaneous messaging from Government sources was that these vaccines were 'safe and effective' yet this was never a testing point for the pharmaceuticals.^{xiv} The headline numbers quoted for efficacy were a relative risk reduction, not an absolute risk reduction.^{xv} It was stated by multiple Commonwealth officials that the vaccines prevented transmission – however [REDACTED] didn't test for this^{xvi}. How could these officials make these definitive statements, if the manufacturer did not know?

It is reasonably expected that the medical professionals would have been clearer with politicians and bureaucrats to ensure that the messaging was accurate. The TGA should be clear with the public the entire basis for its decision making in the approval of these pharmaceutical interventions, including the information supplied, representations made, and money paid by [REDACTED] and [REDACTED]. For the re-establishment of public trust, there should be a lot more transparency surrounding this.

8. TGA Failure to obtain accurate information to determine vaccine injury status and/or adverse events. With the passage of time, it is now known that these vaccines cause multiple forms injuries, short and long term.

In January 2023, it was reported that there were 14 confirmed deaths as a result of the vaccine^{xvii} – what number is too high? Further there are allegations that the TGA has failed to follow up on

reported injuries and hidden deaths.^{xviii} There is a lack of confidence in the TGA and Government, so this collapse in confidence calls to question the accuracy of any of this reporting. This extends to the reporting of hospitalisation and death rates attributed to COVID-19 with the definition of being 'died with or from'.

Further, if myocarditis and heart related issues were such a rare side effect, why did their need to be an additional Medicare Item number to monitor it?^{xix} There is a widely recognised excess death rate that cannot be attributed entirely to COVID-19 yet there appears to be a significant lack of curiosity on behalf of the Commonwealth to investigate such matters. Why is this?

9. The data modelling used to inform policy decisions appears questionable. The Commonwealth commissioned the Doherty Institute to advise on the National Plan.^{xx xxi} Mathematical modelling appears to have been highly influential when used in conjunction with other advice taken by the Government and this formed the basis for a number of decisions that were made. This modelling was also extremely flawed with heavily publicised extremely high worst-case scenario models that on their face appear ridiculous. While this may have been a messaging failure, it is a warranted criticism of the failure of the modelling process. Notwithstanding these are not projections, models are derived with bias as to the inputs that are used. The question should be whether these models were based on the right information and how these results were used and communicated.^{xxii} Further in the Final report, there appears only one mention of economic cost. For the influence this report had, there needed to be a much wider domain of expertise sought to provide a full picture of the total cost. It would be a further line of inquiry as to how you can ensure that the right disciplines and perspectives are included in modelling efforts used to inform policy outcomes.

10. The Government has failed to 'protect its citizens from workplace discrimination in the form of vaccine mandates.' This is the direct results of the Federal Government voting down the COVID-19 Vaccination Status (Prevention of Discrimination) Bill 2022 and the Fair Work Amendment (Prohibiting COVID-19 Vaccine Discrimination) Bill 2023.^{xxiii}

Conclusion

Restricting the Terms of Reference of this Inquiry by excluding actions taken unilaterally by State and Territory Governments makes this entire process a mockery. The reality is that the National Cabinet was to co-ordinate a whole of government approach, although it excluded the Australian Local Government Association – yet the focus of this Inquiry is limited only on the Commonwealth part.

There is enough to work with though because the Commonwealth response was abysmal and should never be repeated. The approach, by any measure, has been a total failure.

There must be accountability to the public by and on behalf of all Ministers, Department Heads and Senior Bureaucrats who contributed to the litany of decisions made for an on behalf of Australians who have ultimately overseen one of the most disastrous public health, economic and whole of life policy failures.

Even in writing this response there is the potential for hundreds of questions that need to be answered but with a measly 3 page limit for submissions it would seem that Government don't really care to actually find out what could be the lessons learned from such an event. One major conclusion that is already apparent in a number of sources has been the complete and total erosion of public trust in Governments and Institutions that may never be redeemed.

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- ⁱ Australian Health Management plan for Pandemic Influenza (August 2019) <https://www.health.gov.au/sites/default/files/documents/2022/05/australian-health-management-plan-for-pandemic-influenza-ahmppi.pdf> accessed 14 December 2023
- ⁱⁱ Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) https://www.health.gov.au/sites/default/files/documents/2020/02/australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19_2.pdf Accessed 15 December 2023
- ⁱⁱⁱ AIHW – Report card on the wellbeing of Australians looks at what’s changed since the COVID pandemic began (7 September 2023) <https://www.aihw.gov.au/news-media/media-releases/2023/2023-september/report-card-on-the-wellbeing-of-australians-looks-at-what-s-changed-since-the-covid-pandemic-began> accessed 14 December 2023
- ^{iv} Potential indirect impacts of the COVID-19 pandemic on children: a narrative review using a community child health lens’ Goldfeld et al, (April 2022) <https://pubmed.ncbi.nlm.nih.gov/35066868/> Accessed 14 December 2023
- ^v Anastasia Tsirtsakis RACGP – ‘A welcome step’: WHO acknowledges aerosol spread of COVID-19’ <https://www1.racgp.org.au/newsgp/clinical/a-welcome-step-who-acknowledges-aerosol-spread-of> Accessed 15 December 2023
- ^{vi} Nature ‘Why the WHO took two years to say COVID is airborne’ (6 April 2022) <https://www.nature.com/articles/d41586-022-00925-7> Accessed 15 December 2023
- ^{vii} McKee M, Hanson K, Abbasi K. Guided by the science? Questions for the UK’s covid-19 public inquiry BMJ 2022: <https://www.bmj.com/content/378/bmj.o2066> Accessed 15 December 2023
- ^{viii} Under Australian Freedom of Information laws, the secretary of the Department of Home Affairs Michael Pezzullo revealed in May 2023 that between January 2017 and December 2022, his department had referred 13,636 posts to digital platforms such as Facebook, Meta, Twitter, Instagram and Google to review against their terms of service. Of these, 4,213 were related to Covid.
- ^{ix} TGA ‘New restrictions on prescribing ivermectin for COVID-19’ (Published 10 September 2021), <https://www.tga.gov.au/news/media-releases/new-restrictions-prescribing-ivermectin-covid-19> Accessed 14 December 2023. These restrictions were not removed until the 3 May 2023.
- ^x TGA ‘Risks of importing Ivermectin for treatment of COVID-19’ (Published 23 August 2021) <https://www.tga.gov.au/news/media-releases/risks-importing-ivermectin-treatment-covid-19> Accessed 14 December 2023
- ^{xi} Ivermectin for COVID-19: real-time meta analysis of 99 studies (November 27, 2023 Version 217) https://c19ivm.org/meta.html#fig_fpp Accessed 14 December 2023
- ^{xii} HCQ for COVID-19: real-time meta analysis of 414 studies (November 27, 2023 Version 276) https://c19hcq.org/meta.html#fig_fpearly Accessed 14 December 2023
- ^{xiii} The public does not appear able to access the minutes of the National Cabinet Meeting. It is extremely inappropriate to keep these documents secret as they form the basis for the decision making mind, and the weighting to risk factors that were considered. As such, we cannot know what was or wasn’t discussed.
- ^{xiv} Peter Doshi: ‘Pfizer and Moderna’s “95% effective” vaccines—we need more details and the raw data’ (4 January 2021) <https://blogs.bmj.com/bmj/2021/01/04/peter-doshi-pfizer-and-modernas-95-effective-vaccines-we-need-more-details-and-the-raw-data/> Accessed 14 December 2023. There was also a further clarification piece that is available at: <https://blogs.bmj.com/bmj/2021/02/05/clarification-pfizer-and-modernas-95-effective-vaccines-we-need-more-details-and-the-raw-data/>
- ^{xv} Marabotti C. Efficacy and effectiveness of covid-19 vaccine - absolute vs. relative risk reduction. Expert Rev Vaccines. 2022 Jul;21(7) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9115787/> Accessed 15 December 2023. This paper found that in Pfizer the 95% Relative Risk Reduction corresponded to a 0.85% Absolute risk reduction.
- ^{xvi} Factcheck.org ‘It’s Not News, Nor ‘Scandalous,’ That Pfizer Trial Didn’t Test Transmission’ (18 October 2022) <https://www.factcheck.org/2022/10/scicheck-its-not-news-nor-scandalous-that-pfizer-trial-didnt-test-transmission/> Accessed 14 December 2023
- ^{xvii} TGA COVID-19 Vaccine safety report – 02-11-23 <https://www.tga.gov.au/news/covid-19-vaccine-safety-reports/covid-19-vaccine-safety-report-02-11-23> accessed 14 December 2023
- ^{xviii} Senator Gerard Rennick ‘TGA covered up vaccine deaths of a 7 & 9 year old (12 February 2023) <https://gerardrennick.com.au/tga-cover-up-child-deaths/> Accessed 14 December 2023

^{xix} MBS Online Medicare Benefits Schedule – Note IN.5.3.

[https://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=IN.5.3&qt=noteID#:~:text=Item%2063399%20has%20been%20introduced,%20and%20Spikevax%20\(Moderna\)](https://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=IN.5.3&qt=noteID#:~:text=Item%2063399%20has%20been%20introduced,%20and%20Spikevax%20(Moderna)). Accessed 15 December 2023

^{xx} 'COVID-19 modelling papers and press conference' 7 April 2020 - <https://www.doherty.edu.au/news-events/news/covid-19-modelling-papers> accessed 14 December 2023

^{xxi} 'Modelling' Doherty Institute <https://www.doherty.edu.au/our-work/institute-themes/viral-infectious-diseases/covid-19/covid-19-modelling/modelling#:~:text=The%20Doherty%20Institute%20was%20commissioned,measured%20advice%20to%20policy%20makers>. Accessed 14 December 2023

^{xxii} Pagel C, Yates C A. Role of mathematical modelling in future pandemic response policy BMJ 2022 <https://www.bmj.com/content/378/bmj-2022-070615> Accessed 14 December 2023

^{xxiii} Rebekah Barnett 'Submission: Australian Federal COVID-19 Response Inquiry' https://x.com/dystopian_DU/status/1735106567320842241?s=20 Published via X