These suggested points of inquiry and evidence barely scrape the surface of the intensive and detailed examination demanded of Australia's Covid response.

As a medical practitioner my personal experience witnessing the fallout from the heavy-handed decisions made by the government of the day has been distressing. Many of the decisions WERE NOT scientifically based, and a number of positive strategies which could have been implemented to improve the health and wellbeing of the Australian people were not even considered.

The usual process of scientific inquiry – question everything, and test hypotheses – was effectively binned. Doctors were ignored and, worse, often silenced. Now, doctors at the coal face are left to face the fallout in terms of adverse health outcomes, compounded by cost-of-living pressures, stretched resources and a reduced workforce thanks to the many who walked away in disgust at being treated so appallingly by Australia's government, bureaucrats and regulators.

The below evidence, questions and suggestions form only a tiny portion of what should be addressed in this inquiry (which has prohibitively restrictive terms of reference).

Governance and National Cabinet

The national governance mechanisms that installed the National Cabinet should be examined in addition to and the transparency of the decisions that were made during the meetings. National cabinet confidentiality was challenged and rejected by the Administrative Appeals Tribunal¹ on the grounds that the evidence was 'persuasively against the National Cabinet being a committee of the Cabinet within the meaning of the statutory expression' (para. 210).² Yet the Australian people remain in the dark about the decisions made on their behalf.

The Inquiry should perform a thorough investigation into the legality and transparency of the National Cabinet and publish all available documents and minutes for public scrutiny.

The Australian Health Management Plan for Pandemic Influenza (AHMPPI, Aug 2019)³ recommended against mass lockdowns and school closures, stating "Targeted measures will focus on: supporting and maintaining quality care; ensuring a proportionate response; communications to engage, empower and build confidence in the community; and providing a coordinated and consistent approach."

Why did Australia's response deviate significantly from the AHMPPI 2019?

In September 2021 Lieutenant General John Frewen was appointed as Chief of Joint Capabilities and commenced in that role on completion of the national vaccine rollout.

What was the rationale behind appointing Lt General John Frewen as Coordinator General of the National COVID Vaccine Taskforce by the Department of Health?

Key Health response measures

Public Health messaging focussed primarily on social distancing, hand washing, masking, isolation and quarantine.

The scientific evidence for masking remains equivocal.^{4,5} Quarantine for healthy people with no history of contact has no evidence base and is not supported by Australia's Pandemic Plan.⁵

What was the scientific basis for mandating masking and quarantine of healthy people for 2 weeks upon arrival into the country (and for each of the states for that matter)?

No effort was made by public health experts to improve the immune health of the Australian people and there was no prevention focus by public health experts. Instead, the public health

messaging was 'fear-based' (stay home, stay frightened, stay indoors) and ensured that peoples immune systems were compromised due to lack of Vitamin D (sunlight), adrenal stress response (which supresses the immune system), lack of exercise and reduced social interaction – which all have negative impacts on the immune system. Poor diet and increased alcohol consumption during this period would also have impacted on individual health negatively.

Why was there no focus on preventative strategies and improvement of overall health parameters?

The Impact of lockdowns

Despite being 'state-sanctioned' responses the lockdowns has impacts on national parameters including education, health and residential care.

The inquiry should examine the impact of lockdowns on our most vulnerable including children, the elderly and those with a disability (recommendations 8, 11, 12).¹²

Mandatory Vaccines

Australia's National Cabinet endorsed the introduction of mandatory COVID-19 vaccinations for workers in residential aged care facilities (RACFs) on 28 Jun 2021, with all staff required to receive a first dose by 17 September 2021.⁶ Many states followed suit with mandatory vaccinations for health care workers and public service providers. Meanwhile, emerging evidence at that time showed vaccination did not halt transmission⁷ and later admission by Pfizer confirmed that their mRNA vaccine was not tested for transmission.⁸

What was the scientific basis for mandating the vaccines that did not stop infection nor transmission?

Vaccination Safety, Surveillance and Injury Compensation

The TGA's DEAN system has recorded more SAE for the Covid-19 vaccines than for all the other vaccines combined in the past 50 years. This observation is not unique to Australia. 14

Meanwhile, despite receiving thousands of claims, the vaccine injury compensation scheme has only paid out to a fraction of claimants, despite doctor certified evidence of vaccine injury.

An independent inquiry into the vaccine injury compensation scheme including number of claims received, injuries recognised and payments made is desperately needed.

Legally Valid Consent

The Australian Immunisation Handbook stipulates legally valid consent can only be given in the absence of undue pressure, coercion or manipulation. The threat of losing one's job, livelihood, ability to provide for one's family, social connections or services because one is 'unvaccinated' could reasonably be considered to be significant pressure, coercion and manipulation. While many workers capitulated, a significant number received vaccinations under duress. Others 'walked away' from their chosen profession – including many in healthcare and the public services.

What was the legal, ethical and scientific basis for overriding legally valid 'informed consent' with mandates and a government endorsed campaign of pressure, coercion and manipulation?

Supporting industry and business

There needs to be a thorough examination of the support – both tangible and financial - offered to businesses of different sizes.¹⁰

The border closures - both state and national – had significant effects on supply of goods and directly affected the functioning of big and small business across the nation. In addition, there is

evidence that policy decisions of the Australian government placed a significant generational costburden on young Australians.¹¹

What was the evidence base for closing international borders and was a cost-benefit analysis done to examine the impact of such closures on both the current and future population?

The terms of reference and scope of this Covid Inquiry

Despite Prime Minister Albanese indicating support for a Covid-19 Royal Commission, and the Select Committee on Covid-19, chaired by Labor Senator Katy Gallagher, recommending "a Royal Commission be established to examine Australia's response to the Covid-19 pandemic," (recommendation 17) the government has opted for an inquiry. **Why?**

The Senate Select Committee on Covid-19 Report highlights, through a number of recommendations, the lack of transparency over government decision making processes during Covid-19. These include stymied attempts to access pertinent information behind key decisions – as indicated in recommendations 15, 18, and 19.

The apparent lack of transparency over government processes and the 'toothless' nature of an inquiry versus the Senates recommended Royal Commission, sets this inquiry process up for failure.

The overwhelming need for a Royal Commission is evidenced by the emerging economic and health measures currently affecting the Australian population. With three consecutive quarters of falling GDP on a per capita basis¹³ and ABS reported excess mortality extending from 2021 to August 2023, the question asking 'just how much did Australia's pandemic cost the Australian people' needs urgent attention.

The Senate Select Committee recommended a Royal Commission and that's what the Australian people deserve.

- 1) http://www7.austlii.edu.au/cgi-bin/viewdoc/au/cases/cth/AATA/2021/2719.html
- 2) <a href="https://www.aph.gov.au/About_Parliament/Parliamentary_departments/Parliamentary_Libra_ry/pubs/BriefingBook47p/NationalCabinet#:~:text=The%20Council%20of%20Australian%20Governments,Government%20Association%20(ALGA)'
- 3) https://www.health.gov.au/sites/default/files/documents/2022/05/australian-health-management-plan-for-pandemic-influenza-ahmppi.pdf
- 4) https://pubmed.ncbi.nlm.nih.gov/37952983/
- 5) https://www.cochrane.org/CD006207/ARI do-physical-measures-such-hand-washing-or-wearing-masks-stop-or-slow-down-spread-respiratory-viruses
- 6) https://pmtranscripts.pmc.gov.au/release/transcript-44077
- 7) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8481107/
- 8) https://youtu.be/J6Vbl8gOnUM?si=u2e1ZnfHMTOGBIOB
- 9) https://immunisationhandbook.health.gov.au/contents/vaccination-procedures/preparing-for-vaccination#valid-consent
- 10)<u>https://www.reuters.com/business/pandemic-boosts-super-rich-share-global-wealth-2021-12-07/</u>
- 11) https://www.cis.org.au/publication/covids-cohort-of-losers-the-intergenerational-burden-of-the-governments-coronavirus-response/
- 12)https://www.aph.gov.au/Parliamentary Business/Committees/Senate/COVID-19/COVID19/Report
- 13) https://www.theguardian.com/business/grogonomics/2023/dec/06/australia-gdp-september-quarter-falling-per-capita
- 14) https://worldcouncilforhealth.org/wp-content/uploads/2023/11/Pharmacovigilance-Report-22.01.23-LR.pdf