

Dear Panel members,

Submission to the COVID-19 Response Inquiry Panel re. ToR: Key health response measures

I am the author of the accompanying research report, *Navigating the COVID-19 Pandemic: Lessons for the Victorian Bus Industry*, written for Bus Association Victoria, which is also publicly available from its online publications page at <https://www.busvic.asn.au/resources/reports-articles> and directly at this URL, https://www.busvic.asn.au/sites/default/files/uploaded-content/website-content/Resources/BIIF/BIIF_FINAL/18_bav_pandemic_report.pdf

The statements and source evidence that support this submission are all documented in my report.

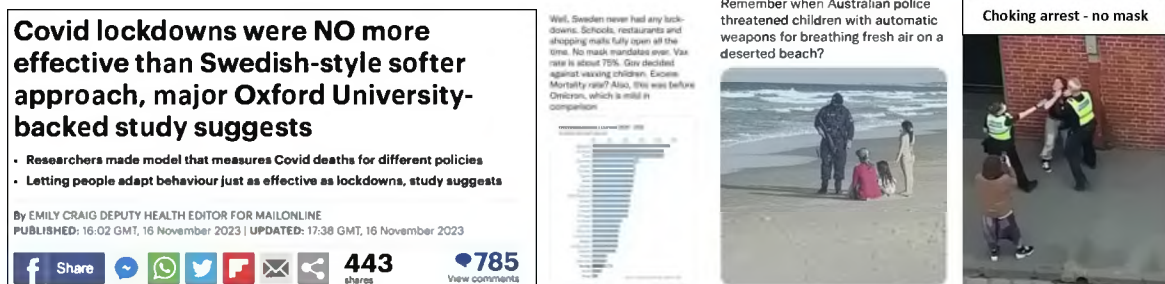
My report was compiled from notes and research beginning from late January 2020 when it became clear that governments generally had been panicked by hypothetical worst-case scenarios modelled by Imperial College London. This in turn led to lockdown responses around the globe as urged by the London modellers, to the disregard of pre-existing pandemic management plans. This knee-jerk lockdown response allied with panic buying hysteria swept most of the globe in roughly two weeks.

This submission highlights points in my report that are relevant to the Terms of Reference of this Inquiry and makes recommendations as to future pandemic responses by the Commonwealth based on that evidence, and in some few places on additional facts that have emerged since it was written.

Part 1, 'Facts and figures – COVID-19 and the Victorian bus industry', graphically illustrates the COVID wave that swept through Victoria in 2020. With the benefit of hindsight it can be seen that this was a natural flu wave long before the "vaccines" (actually experimental therapeutics), and did not result in large numbers of deaths except those resulting from government bungling in the Hotel Quarantine fiasco for which Victorian CHO Sutton and Premier Andrews were largely responsible. After 1 August 2020's Stage 4 lockdown, Victoria became a dictatorship run by health bureaucrats.

Recommendation 1

That lockdowns be rejected as an airborne (aerial) virus control measure in any future pandemic.



Part 2, 'The Context: Australian pandemics before COVID-19', notes that despite the National Cabinet, through 2021 the states and Commonwealth were often travelling in different directions in their responses, complicated further by politicking with an upcoming May 2022 Federal election.

Recommendation 2

That states and territories adhere closely to pandemic guidance issued by the Chief Medical Officer.

Part 3, 'Pre-pandemic planning and COVID-19 arrival' notes influenza control measures prior to a vaccine, PPE supply issues, public panic, and international border closures. It notes that Victorian CHO Sutton recommended buying extra food and essentials including medicines, further triggering panic buying. Considerable social disruption and cost was created by sensationalist media reporting of fear-based, worst-case epidemiological hypotheses given undeserved credibility by the WHO. The

WHO lied globally; it knew that a new human-transmissible coronavirus had been identified in China by 8 Jan and had spread to other countries by mid-January 2020. On 1 Feb 2020, WHO's Melbourne CCRHI centre predicted a quiet 2020 flu season. In 2023 it is clearer that COVID 'vaccines' can be actively detrimental. (See e.g. <https://eurjmedres.biomedcentral.com/articles/10.1186/s40001-023-00992-0>)



Recommendation 3

That CHOs and academics use common sense and do not abet panic buying of food, PPE, medicines, etc. That masks not be mandated outdoors; maybe indoors, e.g., in public transport, medical centres, aged care facility visitors. Further, that “vaccines” not be mandated in the light of recent (2023) knowledge that they are of dubious value, can cause heart conditions, and may cause long COVID.

That Australia withdraws from the WHO and immediately ceases to contribute any funding to it.

Part 4, ‘Pandemic-related legislation and directives’, notes that the October 2021 Bill for the *Public Health and Wellbeing Amendment (Pandemic Management) Act 2021* was highly contentious and attracted vocal community opposition on civil liberties grounds as neither the public health advice nor the human rights analysis claimed to underpin and justify its restrictions were made public.¹

Recommendation 4

That the public health advice and human rights analysis for the PHWA(PM) Act 2021 be published.

Part 5, ‘Bus operations during pandemic restrictions and lockdowns’, notes impacts of government decisions and actions from the first closures of so-called “non-essential” businesses in late March 2020 through until early 2022. It notes that the State Government’s 5km travel limit rule had no epidemiological basis and that CHO Brett Sutton admitted that Melbourne’s curfew (apparently from the Premier) was not a public health measure recommended by him or based on medical advice.

Recommendation 5

That lockdowns be unequivocally rejected as an aerial virus control measure in any future pandemic.

Part 6, ‘BAV communication with and support for members and the bus industry’, makes clear the extraordinary impact of continuous DH rule changes on industry. There were 57 issues of Workplace Directions in the 68 weeks between 5 August 2020 and 25 November 2021, along with endless variations of *Stay at Home*, *Restricted Activity*, and other Directions, devised by legalistic-minded bureaucratic minions to close lockdown loopholes and restrict the movements of Victorians. Each time the Directions changed we had to update our industry so it could avoid falling foul of the law. Part 6 also details how many State government ‘health’ measures pointlessly wasted public moneys.

Recommendation 6

That lockdowns be unequivocally rejected as an aerial virus control measure in any future pandemic.

Part 7, ‘Post-pandemic evaluations and lessons learned’. From March 2020 Melbourne suffered more days under lockdown than any other city in the world. It cost us greatly, and we are still paying for it with increased state taxes and charges including a new state COVID Debt Repayment Plan and a Windfall Gains Tax. **Recommendation 7** as per Recommendation 6.

Part 8, the ‘Recommendations’, listed two matters concerning the bus industry, then recommends review action in respect of the AHMPPI given that both Commonwealth and States failed to follow it.

Recommendation 8

¹ See e.g. the paper at <https://apo.org.au/sites/default/files/resource-files/2021-11/apo-nid315133.pdf>

That there be a review of the Australian Health Management Plan for Pandemic Influenza (2019):

Section 2.10 of the AHMPPI states that “The support documents in the AHMPPI are intended to be ‘living’ documents and will be regularly updated and refined to make sure they keep up with current ideas and evidence”. As my accompanying report shows, Australia and its states did not follow the reasonable course of actions charted by the AHMPPI in its Part 3, Attachment E, Menu of Actions.

*That comprises “A list of the public health measures that could be implemented during a pandemic and the key factors relevant to determining suitability for implementation”.² Conspicuous by its absence is any suggestion of locking down states or the country wholesale. As my report observed, **the lockdown approach was adopted by around 80 percent of OECD countries within two weeks of the Imperial College London’s abysmally inaccurate pandemic modelling, disaster predictions, and stringent lockdown advocacy on 16 March 2020.** The alternative and successful mitigation strategies employed by Sweden, Latvia, and some other countries were dismissed by ICL-inspired modellers in many countries, including Australia, and in the home of Australian modelling, Victoria.*

The AHMPPI (2019) Attachment E, Social Distancing Strategies, held that proactive school closures (SD1), were not generally recommended, and reactive school closure (SD2) was not recommended unless the disease has high clinical severity or children are a group at risk of complications. It held that workplace closure (SD3) was not generally recommended as it is unlikely that a large enough percentage could participate to significantly affect the pandemic’s impact (which it did not). It wiped out a large number of bus operators and numerous other businesses, and the inevitable rise of COVID-19 variants made the massive economic and social losses throughout 2020-21 pointless. Even cancellation of mass gatherings (SD5) was classed as not generally recommended by the AHMPPI.

*The social, economic, physical and psychological harm of lockdowns has been unprecedented, and as noted in my report, **recent cost-benefit analysis using standard methodology showed that there was no point including in 2020 at which the wholesale lockdown strategy was justified.**³ There has been so little work of this kind that when the AHMPPI is reviewed, it is imperative that a rational process takes that critique into account as a starting point for further research, and that the review does not turn into a glorification of modelling that proved so disastrous in its interpretation and application, but is almost ubiquitously praised by those ever in search of research grant funding.*

Part 9, ‘Conclusions’, makes some final points about the ground covered in my report, including that the DH Directions were claimed to be “reasonably necessary to eliminate or reduce the risk to public health - and reasonably necessary to protect public health”.⁴ Clearly that was often not the case. Many unreasonable directions were given, including classifying large numbers of businesses as ‘non-essential’ despite their obvious ability to trade in a CovidSafe way had they been permitted to do so.

Recommendation 9

That the lockdown approach be recognised as wrong for airborne viruses and permanently rejected. Further, and additional to my report, I recommend that Australia ban any involvement with gain of function research and/or biological warfare and defund any Australian laboratories involved in it.

Thank you for reading this submission and I trust that you will read my associated report.

² AHMPPI (2019), 7.

³ Martin Lalley, ‘A cost–benefit analysis of COVID-19 lockdowns in Australia’, *Monash Bioethics Review*, 28 January 2022, <https://link.springer.com/content/pdf/10.1007/s40592-021-00148-y.pdf>

⁴ See e.g., *Restricted Activity Directions (Regional Victoria)*, 3 June 2021, introductory Section 200 statement, <https://docplayer.net/212738729-Directions-from-acting-chief-health-officer-in-accordance-with-emergency-powers-arising-from-declared-state-of-emergency.html>