

Commonwealth Government COVID-19 Response Inquiry

Given the limit on submission length, I've focused primarily on the Federal Government's key health response measures to the COVID-19 pandemic. It was challenging to keep to the 3-page limit given the extent and severity of the Morrison Government's failures during the COVID-19 pandemic.

Key findings

The Morrison Government's response to the COVID-19 pandemic has been broadly criticised. Many of its failures related to lack of transparency and outsourcing of vital government responsibilities. Key pandemic public policy failures that fell within the remit of the Federal Government included:

- Lack of preparedness for a global pandemic.
- Failure to enact appropriate quarantine plans.
- Inadequacy of diagnostic services during peak infection periods.
- Delays in the procurement and rollout of vaccines, with failure to adequately prioritise the vaccination and care of vulnerable groups.
- Failure to adequately address community concerns regarding side-effects of vaccinations against COVID-19.
- Errors in the procurement of PPE, resulting in wasted money and resources.
- Delays in the provision of PPE, especially to healthcare professionals.
- The psychosocial impact of prolonged lockdowns on Australian children- specifically, youth mental health, increases in school refusal and educational outcomes.
- Errors in planning, procurement and provision of diagnostic services (PCR and RATs) to the public.
- Faltering public confidence in vaccination and the failure to combat widespread public misinformation.
- Failure to adequately address the burden and impact of long COVID.
- Failure to map out a plan for further COVID vaccination schedules, and for management of future significant outbreaks should they occur.

Specific issues:

Vaccine rollout

The Morrison Government's performance in procurement and distribution of vaccines for COVID-19 has been described as 'the worst national public policy failure in modern Australian history'.¹

The Senate Select Committee on COVID-19 concluded:

*To date, the Australian Government's response has been characterised by poor preparation, a refusal to take responsibility and provide national leadership—including in areas of clear Commonwealth constitutional responsibility—a failure to learn lessons as the pandemic progressed... with, at times, catastrophic consequences.*²

Described by Prime Minister Morrison as "not a race", the vaccine rollout in Australia began months after that in the UK and the USA and did not adequately prioritise vulnerable groups. Sadly, that delay resulted in increased case numbers and deaths.

Key aspects of the COVID-19 vaccine rollout were outsourced to private companies, [REDACTED] received contracts worth over \$11 million, [REDACTED] more than \$14 million. [REDACTED] - which was one of the then-Government's biggest donors – also received funding to run the vaccine rollout, while [REDACTED] conducted a 'readiness review' of 'Australia's preparedness for a vaccination program'.

The government was slow to procure personal protective equipment (PPE), and there were multiple instances of government procurement of PPE which subsequently failed regulatory requirements.

Over-reliance on COVID-19 testing via pathology providers was a key contributor to the widespread delays in COVID-19 screening and testing results during peaks in infections. The presentation of the highly transmissible Omicron variant in Australia, coinciding with a relaxation of public health restrictions, led to a surge in COVID-19 cases in late 2021 which swamped the PCR testing system. Although rapid antigen tests for self-testing were rolled out internationally from mid-2020, they were not approved for use in Australia until the end of 2021. There were widespread shortages of RATs from January 2022. On several occasions the Federal Government placed orders with suppliers who failed to deliver or who delivered unapproved test kits.^{3,4}

Other key aspects of the Government's COVID-19 response were also outsourced. Private companies received tens of millions of dollars to run testing centres, deliver PPE, immunise aged-care residents, and deliver strategic planning advice. The widespread failures of the COVID-19 response raise questions as to why the Federal Government's Health Department was unable to undertake these actions.

Management of COVID-19 outbreaks

Australia had one of the highest rates worldwide of aged care deaths as a proportion of total deaths from COVID-19. Key aspects of the Commonwealth Government's management of COVID-19 outbreaks at aged care facilities were outsourced. For example ██████████ was awarded more than \$1 billion worth of pandemic-era contracts, including \$15.6 million to provide emergency response teams to outbreaks at aged care facilities — teams which were subsequently criticised for lacking appropriate skills.^{5,6}

Immunisation and vaccine reactions

The Inquiry should examine the means, timeframe of and rationale for Australian Technical Advisory Group on Immunisation (ATAGI)'s pandemic decision-making. The basis of ATAGI's decisions should be made clear to the public and to medical clinicians at the time they are released. An appropriate model is that used by the US CDC's Advisory Committee on Immunisation Practices.

There were suggestions during the pandemic that political pressure had been placed on ATAGI by the Federal Government (on one occasion, Prime Minister Morrison stated that he had made a "constant appeal" to ATAGI to reconsider its stance on one of the COVID vaccines).¹ The appearance of political interference during the pandemic contributed to public loss of faith in both the ██████████ vaccine and in ATAGI's recommendations around vaccinations.

Separately, adverse effects of the vaccines were not well communicated to the general public; messaging around this contributed to mistrust of the system. Constituents also reported unreasonable delays and rejection of claims by the COVID-19 Vaccine Claims Scheme.

Long COVID

The Parliamentary Standing Committee on Health, Aged Care and Sport published its report: *Sick and tired: Casting a long shadow. Inquiry into Long and repeated COVID infections* in April 2023.⁷

Minister ██████████ has not yet formally responded to that report, and its key recommendations have not been acted upon. These include:

- The establishment of a nationally coordinated research program for COVID-19 and long COVID research.
- That the Department of Health and Aged Care updates, focusses, and improves its COVID-19 vaccination strategy.

- That support and education should be provided to help general practitioners (GPs) and other primary healthcare providers to diagnose and manage long COVID.
- That funding be provided for selected public hospitals to develop multidisciplinary long COVID clinics.
- That the Federal Government establish an advisory body to oversee development of national indoor air quality standards.
- That the Federal Government consider a comprehensive summit into the COVID-19 pandemic and Australia's past and current response, including by governments at all levels, with particular consideration to the role of the future Centre for Disease Control.

Recommendations

The Senate Select Committee on COVID-19's 2022 report made clear and cogent arguments for holding a Royal Commission into the subject of Australia's COVID-19 response.

If a Royal Commission is not to be held, the current Inquiry must report on all aspects of our national government's handling of COVID-19, including: pandemic preparedness; procurement of testing services, vaccines and PPE; provision of healthcare during the crisis including testing, tracing, isolation, and measures to stop viral spread, including clean air measures; management of aged care and other vulnerable communities; quarantines and lockdowns.

Other than the health measures, the Federal Government's stimulus package and economic response, including the changes made to superannuation regulations during COVID and their long-term effect on the most vulnerable Australians, should also be scrutinised.

The Inquiry must also examine the short- and long-term impacts of COVID, including long COVID, the psychological impacts of lockdown, the effects on our healthcare workforce, and the long-term impact on secondary and tertiary educational outcomes for young Australians. It should address the inequities in health care and educational outcomes in the economically disadvantaged. It should compare our COVID-19 response with that of similar nations worldwide; what we did well, and what we could have done better. It should make appropriate recommendations regarding preparedness for future outbreaks of COVID and other pandemics.

Climate scientists foreshadow more pandemics in our near future. We must examine this critical time in our very recent past with transparency and honesty.



Dr Monique Ryan MP

References:

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2. Senate. Select Committee on COVID-19. In *Final Report*; Senate: Canberra, Australia, 2022
3. Knaus and Smee (2020) 'Australian government sought to buy 500,000 Covid-19 test kits from company now under investigation', *The Guardian*.
4. <https://www.tga.gov.au/news/media-releases/promedical-equipment-fined-63000-alleged-unlawful-advertising-covid-19-rapid-test-kit>
5. Lucas and Schneiders (2020) 'Medical firm with ex-health minister as lobbyist wins \$1.2b of work', *The Age*
6. Four Corners episode 'Profiting from the pandemic', originally aired 2nd May 2022.
7. House of Representatives. Parliamentary Standing Committee on HACS Report. *Sick and tired: Casting a long shadow. Inquiry into Long and repeated COVID infections*. Canberra, Australia 2023.