

To:



23rd January 2024

Submission to the Covid-19 Response Inquiry

Dear Panel Members,

This submission is in relation to the terms of reference listed below:

- Key health response measures (for example across COVID-19 vaccinations and treatments, key medical supplies such as personal protective equipment, quarantine facilities, and public health messaging).

Background

I am a member of the general public, with a [REDACTED] career in product marketing, product management and product testing/delivery/launch. (In the past, I have provided input to [REDACTED] regulations and delivered solutions in response to regulations). During 2020-2022 I investigated and analysed data from multiple sources regarding Covid-19 and the global health response, for example the statistics and advice from Australia and the UK, the test summary documents for the Covid-19 vaccines and boosters, the [REDACTED] for the vaccines [REDACTED] the [REDACTED] vaccine committee streams on YouTube and multiple independent research studies.

The health response

1. Vaccination Mandates

Recommendation: In future, do not propose, allow or enforce vaccination mandates. Instead, provide accurate information and options to the public to retain cooperation and trust.

The Federal Government and ATAGI did not recommend vaccination mandates. This is because they understood that the Covid-19 vaccines would not prevent transmission in the workplace or crowded settings. The vaccine manufacturers also never claimed that their products would stop transmission. The Department of Health and ATAGI also would have known that they would have legal liability for injury if they imposed vaccine mandates.

However, the Federal Government allowed the state premiers and employers to introduce mandates and sack employees who did not comply. They also allowed the states and employers to discriminate against those who were unvaccinated.

In my view, the Department of Health should have strongly opposed vaccination mandates, especially outside of healthcare settings and made clear statements that mandates would have limited usefulness. The Department of Employment could have warned employers not to terminate employees on this basis, or even introduced workplace legislation to this effect. The Prime Minister could have advised the State Premiers against this course of action in National Cabinet meetings. This was an extreme form of coercion which did not support the ethics of informed consent or the reality of a mutating virus and waning vaccine immunity. It would have been better to introduce regular rapid antigen testing instead.

The vaccination mandates and the resulting loss of employment contributed to economic hardship, mental stress, and loss of trust in state governments and corporations. There were employers still using this as an excuse to discriminate against and sack staff in 2023 (example name can be provided), despite most vaccinated employees having contracted the virus and circulated it around the workplace by this time.

The UK vaccination surveillance reports clearly showed, from early 2021, the risk of infection, hospitalisation and death, stratified by age group (every decade) and vaccination status.

<https://www.gov.uk/government/publications/covid-19-vaccine-weekly-surveillance-reports><https://www.gov.uk/government/publications/covid-19-vaccine-surveillance-report>

2. Public Messaging

Recommendation: Ensure that Government and media public messaging is not misleading and deceptive. When recommending products/vaccines, this should come with disclosure of potential side effects and details of actual effectiveness. If a statement is an opinion, an assumption or a guess, make this clear. Provide balanced and honest information, rather than spin; do not censor inconvenient evidence.

Usually, in Australia, if a company makes unsubstantiated claims about a product, it can be fined large sums for misleading and deceptive conduct by the ACCC. However, the Government and the media have been free to say or do whatever they like during the pandemic, without regulatory oversight or consequence.

In relation to Covid-19 vaccines, it should be noted that the pharmaceutical companies never made a general claim of “safe and effective” about their products; they just submitted the test results, signed a contract and let the Government & media make this claim on their behalf. The TGA also does not claim that the Covid-19 vaccines are safe or effective, they simply review and publish the data and decide whether or not to approve.

The broadcast, public messaging of “safe and effective” and “the benefits outweigh the risks” (frequently repeated, verbally, by the states and the media), is misleading and **deceptive** as it does not detail the possible side-effects or the different risk profile for every age and individual. [REDACTED] statement of a “pandemic of the unvaccinated” (copied from the US public messaging), was also misleading and he would have known this was inaccurate from global statistics (for example, <https://www.gov.uk/government/publications/covid-19-vaccine-surveillance-report>).

The Department of Health is aware of this – published online advertising and statements are much more carefully worded. However, the media, the Chief Medical Officer and State Premiers were allowed to make a variety of subjective and assumptive statements in their public speeches.

Example:

“Dr [REDACTED] explained Covid acts as a very short term booster but would not be officially considered a replacement for the shot.

'When you've had Covid, it does act like a booster, so you can delay [your shot] or wait for a period afterwards,' she said.

'It's reasonable to say four to six weeks after infection, get the booster.' “

<https://www.dailymail.co.uk/news/article-10377509/Dr-Kerry-Chant-explains-BANNED-singing-dancing-hospitality-venues-NSW.html>

The end result has been a loss of public trust in public messaging. With the ever-changing advice, unsupported statements, assumptions and (from the states, a certain amount of discrimination and verbal abuse), many people turned off their television in 2021 and switched to YouTube and Rumble. I would also recommend (to the ACMA), that censoring online media is not the best answer to rebuilding trust in public messaging; more balanced, honest and accurate public messaging is.

3. Foreign and corporate influence on Australia's health response and the TGA.

Recommendation: independent analysis of foreign and corporate influence on the Department of Health and the TGA. How is Australia's response guided by overseas nations and NGOs? How are the TGA's approvals impacted by the ICMRA and funding from pharmaceutical corporations?

I would like to ask the Inquiry to examine the influence and impact of international Governments, agencies, NGOs and private corporations on Australia's health response and product approvals:

For example, the TGA receives much of its regulatory funding from the pharmaceutical companies that it regulates. <https://www.tga.gov.au/sites/default/files/tga-business-plan-2021-22.pdf>

It has also been working together with the [REDACTED] since March 2020 in relation to the Covid-19 vaccines and therapeutic products. All the member regulators of the [REDACTED] agreed to adopt the same messaging and approvals with regard to the pharmaceutical products released. Please see:

https://www.icmra.info/drupal/sites/default/files/2022-10/covid-19_wg_summary_of_achievements.pdf

This is of interest because each country has different approval paths, with different safety requirements but the messaging and approval outcomes were similar.

Members of overseas agencies (such as the FDA and the WHO), can be subject to conflicts of interest and pharmaceutical company lobbying which can then influence the ICMRA and the other member regulators. International cooperation is needed but there may be a point where cooperation becomes collusion or cartel-like behaviour.

There is a huge opportunity for pharmaceutical companies and investors to expand their markets and profits during pandemics; Australia needs to be sure that it is investing tax-payer funds wisely and for the benefit of Australians.

(FYI Interesting article from 2019 - how consultants shape global health (2019). Vox.com
<https://www.vox.com/science-and-health/2019/12/13/21004456/bill-gates-mckinsey-global-public-health-bcg>))

Thank you for your consideration.

Best Regards

