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Commonwealth Government COVID-19 Response Inquiry

I am general practitioner currently practicing in North Queensland and have over 15 years experience as a medical practitioner. Prior to completing my medical training I qualified as and worked as a pharmacist. I have developed a special interest in COVID-19 vaccine adverse events prompted by reports of adverse events from patients and I have over the past almost 2 years been involved in advocacy, literature review and a clinical workload including persons with severe events following vaccination. I have also been involved in initiating a class action in the Federal Court seeking compensation for damages and losses consequent to those adverse events.[1]

By way of submission to this inquiry; the *Committee tasked to review the Commonwealth Government's response to the COVID-19 pandemic and make recommendations to improve response measures in the event of future pandemics*; I outline below a number of observations and recommendations based on my experiences as a health care professional during and following the COIVD-19 pandemic.

In response to the specific areas of review-

1. *Governance including the role of the Commonwealth Government, responsibilities of state and territory governments, national governance mechanisms (such as National Cabinet, the National Coordination Mechanism and the Australian Health Protection Principal Committee) and advisory bodies supporting responses to COVID-19.*

   The COVID-19 pandemic was characterised by neglect for well-established pandemic response plans and established pathways for vaccination approval, purchase and distribution and the justification for these deviations from established legislative pathways ought to be examined by this committee. For example, the detailed *Australian Health Management Plan for Pandemic Influenza, AHMPPI, August 2019*[2], appears to have been entirely ignored. Notably, this extensive plan contains no mention of 'lockdowns', border closures or mandatory vaccination policies; whereas such policies have unpinned the COVID-19 pandemic response.

   Specifically, the COVID-19 vaccination program was administered outside of the *National Immunisation Program*. Vaccine listing for the National Immunisation Program (NIP) requires a recommendation by the Pharmaceutical Benefits Advisory Committee (PBAC) that a vaccine is clinically and cost effective for the NIP[3].
   The *National Immunisation Strategy 2019-2024*[4] outlines the National Immunisation Program governance, and the supply and monitoring of NIP vaccines, and notably contains no mention of Covid 19 vaccines; these being administered outside of this program[5].
   In 2005, the National Heath Act 1953 was amended to provide for the evaluation of cost-effectiveness of vaccines by the Pharmaceutical Benefits Advisory Committee (PBAC), in order to provide a more consistent and transparent process for recommending vaccines for Australian Government funding[6].
   Under these arrangements, the *National Health Act 1953* requires that, before a vaccine is provided for free through the NIP or subsidised under the Pharmaceutical Benefits Scheme, the PBAC must undertake a thorough and objective assessment of its clinical efficacy and cost-effectiveness (value for money), in comparison with other available treatments.
   The PBAC then provides advice to the Minister for Health. The Act does not allow for ministerial or departmental discretion to list a vaccine on the NIP in the absence of this recommendation. As part of the legislative changes in 2005, existing vaccines on the NIP were listed on the National Health (Immunisation Program – Designated Vaccines) Determination.
   PBAC recommendations are given in response to vaccine sponsor submissions and with these legislative changes, ATAGI was given a strengthened role in providing technical advice to the PBAC on new vaccines, and specific vaccines expertise was added to the PBAC. I would emphasise the COVID-19 vaccines have not been evaluated by the PBAC and to this day continue to be administered outside of the NIP.

In addition, the National Immunisation Committee (NIC) has not met since 2019[7] and the absence of this Committee during one of the largest national immunisation programs requires explanation by the Department of Health. The established governance framework includes for the NIC to establish time frames for reviewing and responding to AEFI (Adverse Events Following Immunisation) reports in consultation with the state and other jurisdictions and to outline the escalation protocols for an emerging signal and establish benchmarks for alerts.
The provision of the COVID-19 vaccination program, *Operation COVID SHEILD*[8], with complete failure to utilize existing pathways for program evaluation, purchasing and administration requires the review of this committee.

Further, the governance structure utilising National Cabinet, as opposed to established governance frameworks such requires detailed scrutiny by this committee.
Intentionally or otherwise, the National Cabinet effected a deviation from the democratic process of accountability to the public and such democratic principles of disclosure and transparency, and the process by which exemptions from the *Commonwealth Freedom of Information Act 1982* were determined requires transparent review[9]. Presuming the intention of the National Cabinet was not to allow governmental decision making absent the democratic right for public scrutiny, the outcome of precisely that is highly alarming, particularly when decisions made under the shroud of National Cabinet resulted in substantial harm and suffering to the public. Such consequential decisions as lockdowns, border closures, vaccination purchase agreements and vaccination mandates must be subjected to vigorous review within the scope of this inquiry *to more effectively anticipate, adapt and respond to pandemics in areas of Commonwealth Government responsibility;* and ultimately to ensure that the mistakes of this pandemic will never be repeated.

2. *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)*

Perhaps simplest to contemplate if these key response measures could have been managed any worse, and work backwards from there; it is almost difficult to know where to begin.
Lockdown and quarantine facilities have been characterised by human rights violations and even resulted in deaths of 'inmates'[10,11] - the utter antithesis of facilities utilised for the purposes of improving public safety.
Public health messaging was focused on the goal of every citizen being vaccinated, rather than a goal to ensure the public health and safety during the pandemic[12]. This resulted in perverse advertising and public messaging at times, including advertising campaigns targeted at young children, and offering rewards for vaccination[13,14,15]. This public messaging at times crossed clearly into contravention of advertising standards for therapeutic goods, even taking into consideration the considerable leniency provided for advertising COVID-19 vaccines by the Therapeutic Goods Administration 2022 *Permission*. For example, this Permission disallowed '*statements to the effect that COVID-19 vaccines cannot cause harm or have no side effects and any statement regarding COVID-19 vaccines that is false or misleading';* and was required to be balanced and factual and non-promotional, for example '*presenting comprehensive information that doesn't emphasise the benefits over, for example, the risks and limitations'.* Few among us could have traversed the pandemic without being subjected to promotional statements that entirely emphasized benefits over risks and limitations, promoted false information in the form of advertising unapproved indications such as prevention of transmission and suggested the COVID-19 vaccines could not cause harm.

Adequate governance over the public health messaging and related advertising campaigns appears to have been entirely absent and requires the careful review of this inquiry.

Finally, the COVID-19 vaccinations have been perhaps the most egregious health response measure in recorded history. The success of a vaccination campaign is not measured by the percentage of population who were convinced to be vaccinated, despite this being reported by various official sources as evidence of a successful program[16]. A successful vaccination campaign ought to result in the majority of vaccinated persons

not becoming infected with the disease the vaccines were designed to protect against. A successful campaign would result in reduced number of cases and reduced transmission of disease throughout a population following the vaccination campaign. It ought to result in small numbers of adverse events after vaccination and such events comparable with traditional vaccines. It ought to result in an overall reduction in severe disease, deaths caused by the disease and reduction in overall excess mortality across a population.

By every measure the COVID-19 vaccination campaign has been a complete failure despite the multibillion-dollar investment[17,18].

The alarming and extraordinary number of adverse event reports to the TGA DAEN database and number of claims to the COVID-19 compensation scheme are measures of the harm caused by the vaccines. While most likely this represents substantial under reporting of the adverse events, these reports are still extremely alarming.

Each report or claim represents an individual who took the COVID-19 vaccines on the basis that the benefits would vastly exceed any rare and inconsequential risk (and that risk 'far less than the risk of COVID-19 disease') when such claims were not based on scientific evidence; and information contradictory to such claims was actively suppressed by the same persons making the egregious false advertising and promotional claims. Or alternatively, took the vaccine as a consequence of a vaccination mandate and therefore without free and informed consent.

I believe this Committee ought to make a recommendation of public apology.

An apology to the Australian public for the harms consequent to the pandemic mismanagement including impacts of lockdowns and harms from the use of novel genetic vaccines which the majority of the population was mandated to receive, contrary to all principles of medical ethics, might go some way to begin acknowledgment for the harms caused.

1. https://www.covidvaxclassaction.com.au
2. https://www.health.gov.au/sites/default/files/documents/2022/05/australian-health-management-plan-for-pandemic-influenza-ahmppi.pdf
3. https://www.health.gov.au/sites/default/files/nip-vaccine-listing.pdf
4. https://www.health.gov.au/resources/publications/national-immunisation-strategy-for-australia-2019-to-2024
5. https://www.legislation.gov.au/Details/F2023C01051/Download
6. https://pbac.pbs.gov.au/information/about-the-guidelines.html
7. https://www.health.gov.au/committees-and-groups/national-immunisation-committee?language=und
8. https://www.health.gov.au/resources/publications/op-covid-shield-national-covid-vaccine-campaign-plan
9. https://federation.gov.au/national-cabinet/terms-of-reference
10. https://www.theleader.com.au/story/8179430/hotel-quarantine-criminal-civil-cases-to-run-together/
11. https://www.abc.net.au/news/2023-11-24/investigation-into-legality-of-covid-mandatory-quarantine/103146634
12. https://www.health.gov.au/our-work/covid-19-vaccines/campaign
13. https://www.smh.com.au/business/consumer-affairs/green-light-for-businesses-to-offer-vaccine-rewards-20210607-p57yuy.html
14. https://www.canberratimes.com.au/story/7612191/canberras-young-superheroes-called-to-join-the-fight-against-covid-19/
15. https://www.swslhd.health.nsw.gov.au/mediacentre/mediareleases/2022/220110.pdf
16. https://www1.racgp.org.au/ajgp/2022/september/strategies-effective-in-optimising-covid19-vaccine
17. https://www.abs.gov.au/statistics/health/causes-death/provisional-mortality-statistics/latest-release
18. https://ourworldindata.org/covid-cases