

Commonwealth Government Covid 19 Response Enquiry Submission.

I am a retired CEO and Company Director.

I have run both large corporates and social enterprises. I have also served on the boards of both NFPs and social enterprises.

I am immunocompromised with a blood cancer; my partner is also immunocompromised with a heart condition.

My son has cancer likely caused by Covid infection and my sister has neuroendocrine cancer.

As such, myself and my family have been greatly affected by Covid itself and also by the responses of Australian Governments thus far into this still ongoing pandemic.

1. The role of the Federal & State Governments and other advisory bodies:

1.1 The Morrison Government:

The gross incompetence and politicisation of the Morrison government plus recommended actions are well recorded in the Senate Select Committee on Covid 19 report tabled on 7th April 2022:

https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/COVID-19/COVID19/Report

For the first time in our history public health had been almost completely abandoned, with Morrison declaring that Australian's needed to take "personal responsibility" for their health:

<https://www.sbs.com.au/news/article/scott-morrison-urges-personal-responsibility-instead-of-mask-mandates-and-lockdown/h2tlrp5k2>

For myself and my family a lack of public health measures meant locking down in our home and choosing not to continue work due to the high risk of Covid infection – a very privileged option most others did not have.

It also meant missing the birth of our first grandchild and not being able to physically support our son and his family in their time of need.

A lack of trust in the Morrison government and the CMO, meant relying on the advice of overseas bodies (CDC, NHS, etc), coupled with advices from local credible sources such as the Victorian CHO and Premier as well as apolitical experts such as Raina McIntyre, Brendan Crabb and Peter Doherty.

1.2 Albanese government:

After being highly critical of the Morrison government's response to Covid, it was a complete betrayal of the Australian public for Albanese to go even further in removing effectively all remaining public health measures:

<https://www.thesaturdaypaper.com.au/news/politics/2022/10/08/albaneses-choice-covid-19-and-public-health#hrd>

The Albanese government continued the well publicised policy of gaslighting by Morrison and slowly commenced removing even the access to Covid data from the public:

<https://www.thesaturdaypaper.com.au/news/politics/2022/07/23/next-covid-wave-the-government-gaslighting-the-community#hrd>

Vaccine procurement was even slower than previously and vaccine and anti-viral access was further restricted – inconsistent with other health bodies and the WHO.

Meanwhile the CMO Kelly has continued marketing the virtues of “rich hybrid immunity” –a policy unsupported by independent science. It is also morally corrupt given the death and disablement rates associated with such an action. Regardless it appears now to be government policy to mass infect the population with a rapidly mutating Class 3 Biohazard.

For us it has meant no visits to dentists, GPs, specialists and hospitals unless absolutely crucial. Health care workers and hospitals have become spreaders of infection and Covid misinformation thrives due to the lack of science-based policy and gaslighting by successive governments.

The lack of government leadership based on science has left a communication hole to be filled with misinformation by malevolent actors. Federal government communications are effectively nonexistent and as with the Morrison government, that void is continuing to be filled with misinformation.

1.3 State Governments:

A lack of consistent messaging between states has been one of the major issues for the public. Four years into the pandemic and yet contradictory information abounds between States. For example, currently the NSW government advises a focus on hand washing (9 specific publications) – for an airborne virus! Meanwhile Victoria is clear about masking and even advising the virtues of respirators:

<https://www.betterhealth.vic.gov.au/coronavirus-covid-19-victoria>

The State governments appear to have differing levels of scientific knowledge and as such, misinformation continues.

1.4 ATAGI and the TGA:

The AHPCC, like the TGA is essentially unseen by the public. However, the TGA has a most crucial role. On the few occasions when John Skeritt was in public he engendered confidence in the agency, but when queried about approval delays, he also made it quite clear that the TGA was reliant on Government to “signal” its political requirements:

<https://www.theguardian.com/world/2021/dec/31/a-scramble-how-australian-governments-flipped-from-resisting-to-embracing-covid-rapid-antigen-tests>

Like the TGA, ATAGI has also clearly been politicised by reference to its recommendations versus those for the CDC, NHS, WHO and EMA for the same products and circumstances.

ATAGI as an advisory body is very slow to provide its formal report on urgent Covid vaccines. For example, so far 6 weeks minimum for the XBB monovalent, with no value added to the TGA report and inconsistent with the WHO SAGE recommendations.

ATAGI's real benefit appears to provide governments with a political scapegoat for slow vaccine procurement, supply and distribution – regardless of its actual functional responsibilities.

For example, the very slow approval for an XBB vaccine in 2023, that was being rushed into arms in other developed nations from September, meant for my family, an otherwise unnecessary extended lockdown until it becomes available.

Approved belatedly by the TGA on 6th October – over 2 months ago, and no signs of any vaccines as yet, with the XBB variant infections rapidly increasing Australia wide.

In the meantime, Mark Butler excuses his inaction saying that he must wait for ATAGI to make its recommendations.

1.5 Australian CDC:

The potential introduction of an Australian CDC is most welcome, with the following comments:

1. It needs to take on the functional roles of ATAGI, TGA and AHPPC as well as responsibility for the National Medical Stockpile.
2. Senior appointments must be apolitical and seen to be so.
3. Advices must be published for the community with explanations and references.
4. KPIs need to be established for key items such as vaccine procurement. With performance to KPIs published.
5. The States and the Federal government need to agree on community messaging and implement accordingly.