Commonwealth Government COVID-19 Response Inquiry

SUBMISSION – Marilyn Dall BSc Hons, MPsych

I am a retired clinical psychologist. I am writing this submission in the hope that this Inquiry will prove to be more than a political exercise designed to blame the previous government for any identified shortcomings of Australia's pandemic response.

I note that during the pandemic years - 2020-2022 - the major political parties were pushing the same narrative and the same ideas, with the only points of contention being about the efficiencies or otherwise of implementation. Hence all must share responsibility for any identified shortcomings.

Governance and decision making

On 13 March 2020, the Australian PM Scott Morrison established his "National Cabinet", comprising himself as PM and the Premiers and Chief Ministers of the states and territories. This "National Cabinet" - which has no basis in our Constitution - became effectively the primary decision making body for all policy during the covid era.

Calling it a "Cabinet" allowed the National Cabinet to function under the same confidentiality and Freedom of Information protections as the federal cabinet, under the Freedom of Information Act (1982) - and the minutes of these "National Cabinet" meetings have never been publicly available. Hence the Australian public are largely unaware of the machinations of these meetings, apart from what they were allowed to know in carefully written press releases.

This secrecy of decision-making is counter to the principles of our democracy, regardless of what sort of national "emergency" may have been declared, and has been fundamental in undermining our trust and faith in our elected governments to do their job, i.e. to represent the interests and wishes of the Australian people.

This also applies to the various bodies which were tasked with various aspects of pandemic management, both the regulatory agencies already in place (eg the TGA and AHPRA) and the taskforces set up especially, eg ATAGI, the National Covid Commission, etc.

Recommendations and decisions were made, with no rationale provided, no real evidence to support them, and no discussion or debate allowed to challenge them.

Yet we the public were urged (and coerced with threat of punishment) to comply unquestioningly with such recommendations (which too often became rulings and directions).

Which brings me to:

Declaration of National Human Biosecurity Emergency

On 19 March a National Human Biosecurity Emergency was declared, on the recommendation of CMO Prof Brendan Murphy, in order to "provide... the power to set requirements and give directions as necessary to manage the risk of COVID-19".[1]

Since the WHO had declared COVID a pandemic on 12 March 2020 and urged all countries to take "urgent and aggressive action", there was obvious international pressure to follow the lead of other countries which were already experiencing reported outbreaks.

However, the word "emergency" is derived from the verb "to emerge", and suggests a short-term temporary situation. The emergency powers under existing Australian legislation were designed to be only temporary measures, until some sort of longer-term plan could be developed.

The National Biosecurity Emergency declared on 19 March lasted until 17 April 2022, when it was allowed to lapse. This was in place for just over two (2) years! ...and this is what was used to justify the suspension of full parliamentary process, along with the suspension of individual human rights and freedoms that we were all subjected to.

This beings us to:

Health Response Measures

At the time when COVID first became an international concern, in the beginning of 2020, Australia already had a very comprehensive plan for managing a respiratory pandemic.[2]

This plan was developed through consultation with a range of stakeholders and medical experts. Rationally, this plan should have been used at least as the basis of the pandemic management plan for COVID. But it was discarded with no explanation, no discussion, and no questions.

Instead, we had border closures, lockdowns, social distancing, masks, and contentless health advice, all together amounting to a coercive holding strategy until a vaccine could be rolled out.

Lockdowns

Though lockdowns later came to be imposed and managed by the states, our very first Australian lockdown was initiated by the PM nationwide, after a "National Cabinet" meeting on Sunday 22 March, 2020.

Along with Commonwealth funding packages and recommendations for restrictions on indoor gatherings, this set the framework for ALL subsequent lockdowns, implemented at state level.

Never before in human history was such a thing considered to be an appropriate response to any disease outbreak. There is no evidence that such quarantining and isolating of healthy people serves any useful purpose in "stopping the spread", and a great deal of evidence that it is extremely harmful, in particular to children and young people whose normal healthy physical, emotional, mental and social development depends on physical interaction with other humans.

This initial lockdown (setting the norm for later lockdowns) included the shutting down of huge swathes of economic activity, which in turn led to the closure of many small businesses (which larger enterprises have benefitted from, with record profits).

The Federal Government attempted to soften the impact by throwing money around - money that was not being produced by economic activity but by debt, billions of dollars of debt, which we, our children and our grandchildren will be paying for over the next several decades, in the form of inflation and most likely, austerity measures.

Economic activity is not some sort of frivolous luxury - it is the way that people feed their families and contribute to our society. Shutting down business activity because of a virus that was known from the first months of 2020 to present little danger to healthy people has been economic suicide.

And let me reiterate: this was indeed initiated by the federal government on 22 March 2020, at a meeting of the "National Cabinet", where the Premiers and Chief Ministers were encouraged and given carte blanche to decide and implement the details of such restrictions, supported by Australian Government handouts as a sweetener for compliance.

The Vaccine

From early 2020, the primary COVID management strategy appeared to be to quarantine and isolate the entire (healthy) Australian population until a vaccine could be rolled out.

This was disingenuous (at best), to speak of "The Vaccine" as the solution to COVID, before any vaccine had been developed and tested. At that time (and still to this day) there has never been a sterilising vaccine for a respiratory illness. Additionally, it was well known scientifically that all efforts to develop a vaccine against the original SARS-CoV virus had failed.[3]

It normally takes several years to bring a vaccine to market after development, to be able to claim truthfully that it is both safe and effective. And the novel technology involved in the mRNA platform should have indicated the need for MORE stringent testing, not less. Even without the paltry (and doctored) clinical testing from Pfizer and Moderna, this should have been known to any responsible medical regulator or Health Officer.

Yet these so-called "experts" and regulators continued to push "The Vaccine" - before it was even developed, let alone tested – while going to great lengths to suppress and restrict any and all other possible health measures.

Not only that, they spent $18 billion of taxpayer money (that they didn't actually have, so creating further debt for our country) on 255 million doses in total[4], via secret contracts that are protected from public scrutiny. This would be enough vaccine for every single person in Australia to receive 10 doses. These vaccines have a very limited shelf life, so the 155 million unused doses[5] are as useless as your pre-NBN wifi router.

Vaccine Mandates

Although it was mostly left to the States to impose vaccine mandates, the Australian Government did, however, mandate COVID vaccination for all residential aged care workers.[6] And I note once again that the idea of vaccine mandates emerged from National Cabinet meetings whose discussions were kept secret from the public.

Most pertinently, the Australian Government actively refused to enact any legislation that might protect the rights of Australians to accept or refuse medical treatment (as has been a principle enshrined in the Nuremberg Code).

The COVID-19 Vaccination Status (Prevention of Discrimination) Bill 2022[7] was introduced and read in Parliament on 29 Nov 2022 by Senator Pauline Hanson - but was defeated by a majority that included all Labour and Greens Senators and all but five of the Coalition Senators.

Dismissal of Vaccine Injuries

Even the safest vaccine can cause injury. All of the approved COVID vaccines in Australia were only provisionally approved – meaning that the TGA (our pharmaceutical regulator) acknowledged that none of these vaccines had been fully or thoroughly tested. In other words, they were rolled out on an experimental basis. Under these circumstances, these vaccines should only be administered with informed consent (normally a legal and ethical requirement for any medical procedure), and on a completely voluntary basis.

Moreover, the process of getting a pharmaceutical product from "provisionally registered" to fully registered requires the collection of data about adverse effects and injuries.

While we do have a process for registering adverse effects, there are significant deterrents in place for any health practitioner who reports an adverse effect: namely, the threat of "regulatory action" from the health practitioner regulatory body, AHPRA, who sent out a statement to that effect to its members.[8]

Restriction and Suppression of Early Treatment & Prevention

For example, Professor Didier Raoult's findings on the effectiveness of hydroxychloroquine as an early treatment for COVID were reported on 23 March 2020 [9] – yet the response of the Australian regulator, the TGA, was to restrict the use of hydroxychloroquine – long considered safe enough to be used as an anti-malarial on a long-term basis – for specialist prescription only.

Not only these well-understood prescription medications were restricted, but also there was an absence of any recommendation for any general health measure, eg fresh air, sunlight, and good nutrition.

In particular, Vitamin D is to this day noted as being "not recommended" as a treatment for Covid by the TGA [10] – this in spite of the plethora of research showing that Vitamin D status is one of the strongest determining factors in severity of illness after COVID infection.[11, 12]

Marilyn Dall

[redacted]

Footnotes and References

1. Letter from Prof Murphy to Greg Hunt, FOI_2655
https://www.health.gov.au/sites/default/files/documents/2022/04/foi-2655-release-documents-covid-19-biosecurity.pdf

2. Australian Health Management Plan for Pandemic Influenza - Aug 2019
https://www.health.gov.au/resources/publications/australian-health-management-plan-for-pandemic-influenza-ahmppi

3. For example (just one of many):
Immunization with Modified Vaccinia Virus Ankara-Based Recombinant Vaccine against Severe Acute Respiratory Syndrome Is Associated with Enhanced Hepatitis in Ferrets
https://jvi.asm.org/content/78/22/12672.abstract

4. Australia's vaccine agreements
https://www.health.gov.au/our-work/covid-19-vaccines/about-rollout/vaccine-agreements
The Australian Government has invested a total of over $18 billion in Australia's vaccine and COVID-19 treatment supply as part of the COVID-19 Health response.

5. 18 July 2022
Australia has ordered millions more COVID vaccines than it needs. What are the options to deal with them?
https://www.abc.net.au/news/2022-07-18/australia-covid-vaccine-surplus-options/101237430

6. 25 Aug 2021
Australia's National Cabinet has mandated COVID-19 vaccinations for all residential aged care workers as a condition of working in a residential aged care facility.
https://www.racgp.org.au/advocacy/position-statements/view-all-position-statements/clinical-and-practice-management/mandatory-covid-19-vaccination-healthcare-workers#ref-num-3

7. COVID-19 VACCINATION STATUS (PREVENTION OF DISCRIMINATION) BILL 2022
EXPLANATORY MEMORANDUM
https://classic.austlii.edu.au/au/legis/cth/bill_em/c19vsodb2022563/memo_0.html

8. AHPRA Gag Order - 9 Mar 2021
Registered health practitioners and students: What you need to know about the COVID-19 vaccine rollout
https://www.ahpra.gov.au/News/2021-03-09-vaccination-statement.aspx

9.23 Mar 2020
French researcher posts successful Covid-19 drug trial
https://www.connexionfrance.com/French-news/French-researcher-in-Marseille-posts-successful-Covid-19-coronavirus-drug-trial-results

10.Australian guidelines for the clinical care of people with COVID-19 - National Clinical Evidence Taskforce
https://app.magicapp.org/#/guideline/L4Q5An

11. For example, this study:
1 in 4 COVID patients hospitalized while vitamin D deficient die – Israeli study
https://www.timesofisrael.com/1-in-4-hospitalized-covid-patients-who-lack-vitamin-d-die-israeli-study/

12.And this one:
"Effect of calcifediol treatment and best available therapy versus best available therapy on intensive care unit admission and mortality among patients hospitalized for COVID-19: A pilot randomized clinical study"
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7456194/pdf/main.pdf