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SENATOR FOR VICTORIA

### Commonwealth Government COVID-19 Response Inquiry Submission

As a Senator elected to serve the Australian people, I was elected to Federal Parliament in the wake of the Covid Pandemic response. The antidemocratic actions of government played a role in my election. I write this restricted three page submission on behalf of every Australian who had their human rights violated, suffered physically, emotionally, or financially due the government's pandemic response. All Australians deserve justice and I hope this independent inquiry can deliver.

My hometown of Melbourne was locked down for more days than any other city in the world<sup>1</sup>. The Federal and State Government's Covid-19 response lacked transparency and accountability from the beginning. Fear was weaponised by those in positions of power and significantly tenuous decisions were made behind closed doors.

It is an insult to the Australian people that a Royal Commission into the Governments handling of the SARS-Cov-2 outbreak is yet commence. It is only a Royal Commission with the power to compel witnesses and subpoena documents, that will deliver a fully evidenced and informed response framework to manage future pandemics. The Australian people deserve nothing less.

It is a critical failing of this inquiry to specifically exclude all actions taken unilaterally by State and Territory Governments<sup>2</sup>. Every tier of government action local, state and federal had an impact on the Australian people. How are we to identify and learn from our mistakes if we are only inquiring into a small portion of the issues? Individuals, businesses, and communities were directly impacted because of unilateral state action, but their voices are silenced through this inquiry.

The emergence of centralised power and decision making through the executive federalism forum of National Cabinet should be criticised<sup>3</sup> for being undemocratic and unaccountable, with the role of the parliament becoming marginalised<sup>4</sup>. Minutes from all national cabinet meetings should be publicly released.

During the early days of the response to Covid-19, criticism came from some in the intelligentsia that the lockdowns<sup>56</sup> and mask mandates<sup>78</sup> were not justified. There were also claims from many Australian citizens and from the scientific community that lockdowns and mask mandates did more harm than good. Victoria endured the longest and most severe mandates in the world, and this induced much financial hardship and psychological distress amongst the population.<sup>910</sup> This included a "hard lockdown" of a residential tower in Melbourne's inner north, which caused considerable distress for residents.<sup>11</sup>

There was very little consistency with decision making around which industries or sectors of society should close or remain open. Many were left bewildered by the sudden changes to public health policy, such as modifying zones in which individuals could travel, time allowed outdoors and spatial restrictions in stores and public places. This led to significant confusion, mistrust in authorities and declines in mental health.<sup>121314</sup> Border controls were not properly explained to the public and were poorly implemented.<sup>15</sup> Families were torn apart and livelihoods ruined, especially in border communities. The ability to access urgent medical care was impeded by ill-conceived border controls contributing to the death of a baby who was entitled to receive care under the Medicare health system.<sup>16</sup>

In general, messaging around the Covid-19 response in Australia was inconsistent and not publicly justified with robust data.<sup>17</sup> Even now, more than two years later, data has not been collected from this time, nor properly analysed.<sup>18</sup> The Australian people deserve better. Following the initial Covid-19 response came vaccine mandates. Heavily promoted by government and media and seen by many as a necessity, the argument for bodily autonomy was largely ignored.<sup>19</sup> There are alternatives to vaccine mandates,<sup>20</sup> but these were not explored or considered. Mandates still linger in many sectors of society.<sup>21</sup> Valid concerns remain around safety and efficacy of novel vaccine technology.<sup>2223</sup>

The spectre of vaccine injury looms large.<sup>2425262728</sup> With over 139,000+ adverse event reports, including 1,005 reported deaths (as of 11 December 2023) on the Database of Adverse Event Notifications (DAENS) on the Department of Health's website.<sup>29</sup> The Western Australian Vaccine Safety Surveillance annual report for 2021 clearly shows the heightened risk of adverse event from Covid-19 vaccines. For 2021 the rate of adverse event per 100,000 doses for all non-Covid vaccines was 11.1 per 100,000 doses. For Covid 19 vaccines the rate of adverse events was 264.1 per 100,000 doses. The risk of adverse event per dose in Western Australia was 23.79 times greater for Covid-19 vaccines than all other vaccines.<sup>30</sup> Many Australians who questioned the safety of novel Covid-19 vaccines were dismissed as 'antivax'. These people had valid concerns around safety and efficacy but were gaslit, censored and silenced by media and authority.

Some medical professionals have had their practising licenses revoked for questioning vaccine safety and efficacy during the government's Covid-19 rollout.<sup>31</sup> The role of the Australian Health Practitioner Regulation Agency (AHPRA) and the action taken by them against medical practitioners must be thoroughly investigated.

Medical practitioners were bullied by AHPRA and accused of facilitating vaccine hesitancy when in truth they were acting upon a legal requirement to act in the best interest of their patients. Medical practitioners have every right to alert regulators and wider medical networks to observed adverse events experienced by their patients post injection of a novel therapeutic product. Patient safety and welfare is paramount, and this can only be achieved by clinicians responsibly voicing their safety concerns. Medical practitioners should NEVER be coerced into promoting a product that we now know, can cause death and severe adverse health outcomes in healthy cohorts. Strict oversight of AHPRA must be established by a new community led entity funded by the Commonwealth to prevent the obstinate, damaging, and appalling conduct of AHPRA from occurring again.

Restrictions were placed on doctors prescribing existing medications off label<sup>32,33</sup>. The guiding principles for the quality use of off-label medicines developed by the Council of Australian Therapeutic Advisory Groups for public hospitals provide insight into how this should be approached. They state that off-label use of a medicine should only be considered when other options are unavailable, exhausted, not tolerated, or unsuitable. The patient/carer must be involved in decision-making. Outcomes, effectiveness, and adverse events should be monitored and reported to facilitate evidence-based decisions.<sup>34,35</sup> If the health practitioner is providing informed consent and the risk profile is low, why would regulators intervene in the doctor patient relationship?

Ensuring informed consent is properly obtained is a legal, ethical, and professional requirement on the part of all treating health professionals<sup>36</sup>. There are many examples of vaccine recipients being misinformed or ill-informed prior to receiving Covid-19 vaccines. The inquiry should seek to engage the level of informed, inferred, or non-consent relied upon at mass vaccination centres.

The pandemic response in Australia lacked clarity and justification from an economic perspective. The focus was medical with minimal economic data presented to the public. Unintended consequences on the population were not given sufficient weighting and cost benefit analyses were not provided. Gigi Foster is a Professor with the School of Economics at the University of New South Wales. In 2022, has completed a cost-benefit analysis on Australia's pandemic response that concludes, on net, the costs of Australia's COVID lockdowns have been at least 68 times greater than the benefits they delivered.

The approach taken in Professor Foster's analysis considers statistical lives lost now and, in the future, as well as mental health suffering. The human welfare costs of lockdowns are put into a currency (quality-adjusted life years, or QALY's) that is used to enumerate both current and projected costs and benefits. An executive summary of Professor Foster's work is attached and can be viewed here.<sup>37</sup>

The reserve bank of Australia provided a \$188b term funding facility in response to the pandemic. The facility was intended to boost lending to small and medium-sized businesses. Unfortunately, this fund was poorly designed and RBA economists found that the facility provided a financial windfall to major banks and had no "statistically significant effects".<sup>38</sup> RBA actions when combined with state and federal government spending during the pandemic response have contributed heavily to high inflation and the cost-of-living crisis. Economist Chris Murphy estimates that the combination of government spending and Reserve Bank policy settings increased the inflation rate by 3 percentage points to the end of last year.<sup>39</sup>

The process for the purchasing of the COVID-19 vaccines<sup>40</sup> varied from the normal process for purchasing vaccines for distribution through the NIP. While the Commonwealth Government has previously provided indemnities for vaccines manufacturers, this only appears to have occurred in limited circumstances.

Indemnities provided to vaccine manufacturers and sponsors have become more common during the Covid-19 pandemic, but very little is known by the general population about the specifics of said indemnities as the contracts between government and corporations have been protected as 'commercial in confidence'. The public has a right to know what information was provided by the vaccine manufacturers and relied upon by the government to inform their purchasing decisions. Initially we were all led to believe that a vaccine would prevent transmission and provide herd immunity. Was this a lie? Is this fraud?

In low- and middle-income countries, requests for indemnification by pharmaceutical companies has been compared to state capture<sup>41</sup>. Senator Ralph Babet's Public Governance, Performance and Accountability (Vaccine Indemnity) Bill 2023 seeks to prevent the granting of future indemnities. Public submissions by health officials and pharmaceutical companies<sup>42</sup> to Senator Babet's bill have provided much confusion around the indemnification process.

The Australian Medical Association (AMA) stated that "Vaccine indemnity was essential to Australia securing contracts with vaccine suppliers". The Department of Health and Aged Care stated in their submission that "The granting of indemnity to vaccine manufacturers is not a practice, which the Department seeks to offer voluntarily, nor are requests for indemnity entertained outside of emergency or pandemic situations.". Moderna stated in their submission that "matters of indemnities are solely the



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responsibility of the Commonwealth government". India stood firm and did not grant indemnity to pharmaceutical companies; they did not accept the mRNA products.

The AMA also stated in their public submission to the Vaccine Indemnity Bill<sup>43</sup> that "There is inherent risk in medicine and providing medical care. This risk varies significantly across diseases and the medical response. The health profile of an individual is usually a factor of that risk". Varying risk is a valid point to consider and vaccine mandates that were enforced by states and private businesses did not adequately take this into consideration. There was a substantial focus on a potential vaccine, well before any vaccine candidate had been proven to be either safe or effective. Mandatory vaccines were also discussed by Prime Minister Scott Morrison prior to vaccine approvals, he said: "I would expect it to be as mandatory as you can possibly make it"<sup>44</sup>.

There are many individuals who need to appear before public hearings and be asked to justify their actions during the pandemic response. All decisions made by Premiers, Ministers, Chief Health Officers, Government Departments and Corporations must be explained and backed up by relevant data and analysis from the time. Any decisions that were made with insufficient evidence and not disclosed to the public must be investigated and the relevant persons held to account. Where prosecution is possible, it must be pursued.

There are many more issues that need to be addressed on this topic, but this inquiry is too limited in scope. I look forward to the government honouring their promise to hold a full Royal Commission into the Covid-19 pandemic response. The Australian people deserve a full Royal Commission.

<sup>1</sup> Reflections from Melbourne, the world's most locked-down city, through the COVID-19 pandemic and beyond (csiro.au)

<sup>2</sup> Commonwealth Government COVID-19 Response Inquiry terms of reference | PM&C (pmc.gov.au)

<sup>3</sup> Cheryl Saunders 'The Scope of Executive Power' – Parliament of Australia (aph.gov.au)

<sup>4</sup> Explainer: what is the national cabinet and is it democratic? (theconversation.com)

<sup>5</sup> Project MUSE - Were lockdowns justified? A return to the facts and evidence (jhu.edu)

<sup>6</sup> Which preventive control measure initiated the "flattening of the curve" | Wiener klinische Wochenschrift (springer.com)

<sup>7</sup> BG3578.pdf (heritage.org)

<sup>8</sup> Efficacy of Generalized Face Masking Mandates - Alberto Boretti, 2021 (sagepub.com)

<sup>9</sup> The health impacts of a 4-month long community-wide COVID-19 lockdown: Findings from a prospective longitudinal study in the state of Victoria, Australia | PLOS ONE

<sup>10</sup> A repeated cross-sectional and longitudinal study of mental health and wellbeing during COVID-19 lockdowns in Victoria, Australia | BMC Public Health | Full Text (biomedcentral.com)

<sup>11</sup> COVID-19 in the public housing towers of Melbourne: upholding social justice when invoking precaution - PMC (nih.gov)

<sup>12</sup> Victoria COVID: Pandemic rules confusing, easily misinterpreted, review finds (theage.com.au)

<sup>13</sup> Lockdown, vulnerabilities and the marginalised: Melbourne as a covid-19 response study | Social Alternatives (informit.org)

<sup>14</sup> Hospital staff well-being during the first wave of COVID-19: Staff perspectives - Digby - 2021 - International Journal of Mental Health Nursing - Wiley Online Library

<sup>15</sup> Investigation into decision-making under the Victorian Border Crossing Permit Directions | Victorian Ombudsman

<sup>16</sup> Unborn twin dies after NSW-QLD border closure delays surgery (yahoo.com)

<sup>17</sup> COVID-19 dissensus in Australia: Negotiating uncertainty in public health communication and media commentary on a pandemic | Pacific Journalism Review (informit.org)

<sup>18</sup> All that stuff you did in the COVID-19 lockdowns, like masks and social distancing? We don't know how well it worked (smh.com.au)

<sup>19</sup> Covid-19 vaccine mandates: A coercive but justified public health necessity | UNIVERSITY OF NEW SOUTH WALES LAW JOURNAL (informit.org)

<sup>20</sup> How Mandatory Can We Make Vaccination? | Public Health Ethics | Oxford Academic (oup.com)

<sup>21</sup> Fire Rescue Victoria: AFA hits out at UFU over Covid vaccine mandates | Herald Sun

<sup>22</sup> Global Ethical Considerations Regarding Mandatory Vaccination in Children - ScienceDirect

<sup>23</sup> COVID Australia: New wave likely after Christmas as some get coronavirus for fifth time (smh.com.au)

<sup>24</sup> Moderna vaccine injury: 21yo tradie goes blind, denied compensation by claims scheme | news.com.au — Australia's leading news site

<sup>25</sup> COVID vaccine injury: Perth woman Tracey Bettridge to join class action (watoday.com.au)

<sup>26</sup> COVID-19 vaccine: Thousands left waiting for compensation after claims of injury (smh.com.au)

<sup>27</sup> Pfizer Covid vaccine: 11yo boy diagnosed with 'amplified pain syndrome', denied compensation | news.com.au — Australia's leading news site

<sup>28</sup> Aussie actress Melle Stewart sues Covid vaccine maker over brain injury | Herald Sun

<sup>29</sup> DAEN Medicines (tga.gov.au)

<sup>30</sup> Western Australian Vaccine Safety Surveillance – Annual Report 2021 (health.wa.gov.au)

<sup>31</sup> Coronavirus Australia: Anti-vax COVID claims to spark punishment for doctors, healthcare workers (smh.com.au)

<sup>32</sup> New restrictions on prescribing ivermectin for COVID-19 | Therapeutic Goods Administration (TGA)

<sup>33</sup> Australian Health Protection Principal Committee (AHPPC) coronavirus (COVID-19) statements on 7 April 2020 | Australian Government Department of Health and Aged Care

<sup>34</sup> Access to Medical Records by Doctors Who Are Not Treating the Patients Concerned (ama.com.au)

<sup>35</sup> Rethinking medicines decision-making in Australian Hospitals - Council of Australian Therapeutic Advisory Groups (CATAG)

<sup>36</sup> Informed consent | Australian Commission on Safety and Quality in Health Care

<sup>37</sup> 23eb94\_33b4f30ef8fa4e6eaf1a7e62d571a9a7.pdf (thegreatcovidpanic.com)

<sup>38</sup> RBA finds \$200b program to help businesses through COVID-19 pandemic had little impact (smh.com.au)

<sup>39</sup> COVID: \$92 billion more than thought pumped into economy during pandemic, analysis finds (smh.com.au)

<sup>40</sup> 8271675.pdf (aph.gov.au)

<sup>41</sup> State capture through indemnification demands? Effects on equity in the global distribution of COVID-19 vaccines | Journal of Pharmaceutical Policy and Practice | Full Text (biomedcentral.com)

<sup>42</sup> Submissions – Parliament of Australia (aph.gov.au)

<sup>43</sup> Submissions – Parliament of Australia (aph.gov.au)

<sup>44</sup> Scott Morrison says a coronavirus vaccine would be 'as mandatory as you can possibly make it' | SBS News