World Council for Health

Country Council: Australia

Submissions to inquiry on recommendations that aim to improve Australia's preparedness for future pandemics

10 January 2024

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Introduction and overview of the submissions, which commence on page 4 of this document

World Council for Health is a broad, grassroots, expert-led initiative to work together to empower global and community health. We are governed by seven principles:

1. We act in honour and do no harm
2. We are free beings with free will
3. We are part of nature
4. We are spiritual and thrive when life has meaning and purpose
5. We thrive together and value our diverse community
6. We value different perspectives
7. We use technology with discernment

The Australian chapter of the World Council for Health is led by Professor Ian Brighthope, Dr Melissa McCann, Dr David Robbolini, Ian Bell, Lucinda van Buuren, Katie Ashby-Koppens.

Mr Albanese, we thank you for the opportunity to provide submissions and evidence to inform your inquiry on recommendations that aim to improve Australia's preparedness for future pandemics.

Following are our submissions and supporting evidence on the statements that we consider will hold Australia in a better position for any future health responses to a pandemic that Australia may need to take.

We note that pandemics are not common and therefore cornerstone legal principles should be upheld and any steps that curtail rights and freedoms should be properly considered and assessed and taken with utmost caution.

There has not been one person that has not been affected by the decisions our governments made in the face of the purported Covid-19 health crisis. Every person, business, and organisation in our country has been personally touched and impacted by the decisions made in response to the pandemic. Decisions we feel have left our country in a much worse state, such that the repercussions and consequences continue to play out now everyday in all facets of our lives, and will continue to be paid for, for generations to come.

You have asked for submissions to inform recommendations that aim to improve Australia's preparedness for future pandemics, and we have provided a few areas that we feel are a priority and of the highest order for review.

It is difficult to provide a useful submission and evidence on the last 4 years in 3 pages. It is for this reason that should an opportunity be granted to give further detailed submissions, including oral submissions, we would be grateful for the opportunity.

We also cannot ignore the fact that for an event and decisions that impacted every person, that a full inquiry is necessary, and for this reason we encourage you to call for the inquiry identified in the following recommended Terms of Reference, which we fully support: Terms of Reference for a Covid-19 inquiry.

Former Prime Minister, the Hon Tony Abbott recently stated:

> *The fact that nearly every country now wants to forget the pandemic as a kind of collective bad dream, rather than rigorously analyse it lest we make the same mistakes again, shows how governance has generally become worse as it's become bigger and ever more intrusive.*

In order to endeavour to meet the impossible page limit so as to have any meaning, these submissions cover the 7 main topics we consider have led to a public health response, which has left public health and the people of Australia in a much worse position:

1. Governance - governments need to govern - not be governed
2. The politicization of healthcare and sidelining of pharmacovigilance
3. Use of Fear - failure to use actual data and scientific information, instead preferring modeling
4. State Response instead of National Response to a national health emergency
5. Failure to use suitable Australian experts
6. Censorship and unilateral removal of informed consent

Schedule 1 is a chronology and key documents referenced in the sections 1-7.

Submissions

1. Governance - governments need to govern - not be governed

1.1. It is incumbent on our government to govern. It is neither suitable, nor appropriate, for a government of elected officials, to delegate their responsibility or authority to other organisations, other countries, other countries' regulators, or global corporations. A government's role in a democratic society is to be government for the people, not of the people.

1.2. Governance encompasses the system by which an organisation is controlled and operates, and the mechanisms by which it, and its people, are held to account. Law, ethics, risk management, compliance and administration are all elements of governance.[1] None of these cornerstone principles were applied or upheld in the management or response by Australia's government to the Covid-19 pandemic.

1.3. Our intrinsic trust in our elected officials has been eroded by the government's conduct over the last 4 years, that for many, trust is non-existent. There will be a lot of work ahead for our elected officials to repair the harm, this could be achieved by: conducting a full and complete inquiry asking all of the questions necessary; activating an Open Disclosure Framework; taking responsibility; and being accountable (irrelevant if it was the former governments that made decisions).

2. Healthcare was politicized and pharmacovigilance was sidelined

2.1. Beyond lockdowns, social distancing and masking of healthy cohorts not at any actual risk of Covid-19, vaccination became the sole focus with special dispensations being made for vaccine approval to be fast tracked as ordinary pharmacovigilance practices

[1] https://www.governanceinstitute.com.au/resources/what-is-governance/

were brushed to one side. Timeframes for approval of new classes of drugs were slashed while tried and tested off-patent medicines were classified (see schedule 1).

2.2. It seems that the regulator's roles, models and responsibilities were all departed from and effectively put in the hands of the pharma-sponsors who were conflicted and blinded by profit, which can be seen in the National COVID-19 Vaccine Campaign Plan as part of Operation COVID Shield.

2.3. It still beggars belief that these untrialled products were approved for younger and younger cohorts not at risk of Covid-19 but even more alarming, when the TGA is put on notice that both Covid-19 vaccines are genetically modified organisms as well as being contaminated and adulterated, their approval is changed from provisional approval to a grant of full approval.

3. Use Science instead of Fear – use of Modelling instead of Actual Data

3.1. Fear was the sole focus of the communication campaign for the Covid-19 pandemic (December 2019 - March 2022).

3.2. Early on in the pandemic, May 2020, it was known that the infection fatality rate (IFR) of Covid-19 was at most 1.4% (meaning 98.6% recovery)[2]. That the initial Wuhan strain, which was the initial and most virulent strain, targeted the elderly and those with comorbidities.[3] It was also known that the average age of those dying from Covid-19 (not with) was 2 years older than the average age of death.[4]

[2] https://www.worldometers.info/coronavirus/coronavirus-death-rate/
https://ourworldindata.org/mortality-risk-covid

[3] Tabatabai M, Juarez PD, Matthews-Juarez P, Wilus DM, Ramesh A, Alcendor DJ, Tabatabai N, Singh KP. An Analysis of COVID-19 Mortality During the Dominancy of Alpha, Delta, and Omicron in the USA. J Prim Care Community Health. 2023 Jan-Dec; Accesssed https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10125879/pdf/10.1177_21501319231170164.pdf

[4] https://swprs.org/studies-on-covid-19-lethality/#age

3.3. Despite this, the actual data and information was ignored in favour of modelling, modelling which greatly overstated the impacts Covid-19 may have on the population, including cohorts that were never at risk (ie children, healthy, working age). The modelling was shameless and was the pawn used to drive the fear.

3.4. You, as our government, have the sole responsibility of maintaining social cohesion and a functioning society, whatever the emergency. Much is to be said for being considered and reasoned. Analysing the facts and applying them to Australia's circumstances, would have been considerate and reasonable.

3.5. Instead, you allowed fear to be driven into the population. You drove it yourself. Fear is known to be the foundation of coercive control and emotional and psychological abusive relationships and it has no place in the governing of a democratic society.

4. Australian Specific National and State Health Response – Health response not Politician response

4.1. The state level control and response of a national health 'emergency' was a shambles and a chaotic disaster. The *Emergency Management Act 2013* needs to be revised to allow the federal government to intervene in health emergencies of national significance.

4.2. In response to a health concern of national significance, the country was split at state level, which was controlled by premiers and health bureaucrats that granted unbridled power and created a tyrannical and dictatorial style of leadership not before seen in Australia.

4.3. The control and management of the health 'emergency' failed to safeguard people from the health consequences, exacerbated other health issues and breached inalienable human rights. Daily press conferences by premiers and health department chiefs were

held that communicated the numbers of new infections and 'deaths with Covid' (not from Covid) and lacked scientific basis or transparency.

4.4. Medical apartheid was created: vaccinated or not, as opposed to infected or not. Simultaneously, the right to privacy of personal medical information was obliterated.

4.5. When a health response becomes a political response then the wrong people are making decisions.

5. Fatal flaw not to utilise independent Australian experts

5.1. So much of the public health response was left to 'international' organisations, pharmaceutical corporations and what other countries were doing.

5.2. This failed to take into account our geographical, anthropological and sociological nuances of Australia as a self-contained continent, its people (as generally outdoorsy healthy people with a world class health system) meant that decisions made for other countries and applied in Australia were not suitable, or necessary, for Australia.

5.3. Use of suitable independent experts, with no conflicts of interest nor financial incentives would have resulted in very different decisions being made, and a lot less harm being caused.

5.4. An example is the Great Barrington Declaration, which was signed by 939,000+ experts, including infectious disease epidemiologists and public health scientists. All of whom had grave concerns about the damaging physical and mental health impacts of the prevailing Covid-19 policies, and recommended Focused Protection, which is to protect the vulnerable, and not lock down the healthy and capable. This Declaration advised against lockdowns and outlined possible consequences of prolonged lockdowns. All of those consequences have come to fruition in the last 3 years.

6. Why Censorship? Unilateral removal of Informed Consent

6.1. Censoring discussion and silencing scientific debate is anti-science, anti-democratic, anti-rights, anti-medicine and anti-sense. Censorship only suggests there is something to hide, and it goes against the core democratic principle of free speech.

6.2. The censorship and silencing of doctors such that they could not raise basic questions nor even speak to their patients about the suitability of certain treatments for them was not how medicine operates.

6.3. Medical Board's guidelines (per Schedule 1), were stringently enforced, such that the Boards have created perpetrators out of doctors who simply questioned what was being dictated, and what was immunologically illogical.

6.4. Further, doctors had the right to treat a patient for their individual needs removed - the classification of off patent medications was the real criminal activity.

6.5. Doctors were silenced or refused the basic information in order to give full informed consent specific to their patient:

6.5.1. the vaccines had received only provisional consent - short term efficacy and safety data and continued approval was dependent on the evidence of ongoing clinical trials as listed in all relevant AusPAR reports;

6.5.2. the government's consent forms also do not state that the vaccines were only provisionally approved;

6.5.3. the need to report side effects after vaccination.

7. The Effect and What Remains

7.1. The last 4 years has left us with a financially crippled country, with everyday people suffering with a cost of living crisis. Inflation was inevitable – there was no way that billions of dollars could be thrown at the purported health emergency and inflation not occur.

7.2. We have been left with a decrease in the education level, a ruined health system (despite the 'reason' for lockdowns to not overwhelm it) and an entire citizenry suffering psychological issues, many bordering on PTSD at the treatment you have shown them these last 4 years.

8. Conclusion

8.1. We look forward to working collaboratively and respectfully with you, empowering and partnering with the Australian Public, and ensuring our rights are at the forefront of every decision being made at a Federal, National, State and Local level in future pandemic preparedness, moving forward.

Schedule 1 - **Chronology and Key documents**

1. In February 2020, at the commencement of the pandemic in Australia, the Australian Health Management Plan for Pandemic Influenza, AHMPPI, dated August 2019 was effectively shelved and ignored. Nowhere in that plan did it mention lockdowns, border closures or mandatory vaccinations.

2. Further, the *National Immunisation Strategy 2019-2024* 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.

3. Yet as early on as 18 February 2020, the Department of Health indicated it would "*fast-track assessment and approval of customised vaccine, should this become available; procure vaccines; develop a national novel coronavirus vaccination policy and a national novel coronavirus immunisation program; and communicate immunisation information on the program to the general public and health professionals"* in its Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) | Australian Government Department of Health and Aged Care (4.1.4). This sent clear message that a vaccine solution would be a focus to respond to the virus. In the meantime, Australian states were placed into significant periods of lockdowns, people were masked, silenced and socially isolated.

4. By the middle of 2020, it was evident that vaccines would be available early in 2021.

5. The government indemnified pharmaceutical companies knowing the provisional status of these products. Our elected government officials continue to impede transparency, responsibility and accountability, by not disclosing the contracts made with these pharmaceutical companies.

6. With respect to the Covid-19 vaccines, the government departed from Australia's model of immunization advice and funding, which was through the Pharmaceutical Benefits Advisory Committee application process for funding under the National Immunisation Program Schedule. This ordinary process undertakes a thorough and objective assessment of clinical efficacy and cost-effectiveness (value for money), in comparison with other available treatments. This was not done - why not?

7. On February 2021, the TGA's Australian Public Assessment Report for Pfizer's Covid-19 injectable BNT162b2 (mRNA), at page 37, outlined:

   > "*3. As the **safety follow up is currently limited to a median of 2 months post Dose 2**, can the ACV comment on the likelihood of vaccine-related adverse events occurring after more than 2 months post vaccination, particularly with the new mRNA vaccine?*
   >
   > *The **ACV advised that it is unlikely for vaccine-related adverse events to occur more than 2 months after vaccination based on available data**. However, **there is limited information on the use of mRNA vaccine in humans, which underpins the need for post market vaccine safety surveillance.**"*

   This position has not changed, despite provisional approval being granted to younger and younger cohorts.

8. Despite this, on 9 March 2021, AHPRA and the 15 National Boards released a joint position statement for the attention of all Registered Health Practitioners and students in regards to COVID-19 vaccination. That joint statement does not relay any potential risk of these novel, provisionally approved vaccines that were all still in active clinical trials.

9. These three vaccines were fast tracked through the TGA process, as promised because of the urgent global situation and because they were fast tracked, post market safety surveillance needed to be hypervigilant for public safety and hence why they were placed on the Black Triangle Scheme, which *"provides a simple means for practitioners and patients to identify certain types of new prescription medicines, including those being used in new ways and to encourage the reporting of adverse events associated with their use."*

   The Pfizer C4591001 Protocol section 8.3.5 Exposure During Pregnancy or Breastfeeding, and Occupational Exposure. and 8.3.5.1. Exposure During Pregnancy, required investigation and substantial Risk assessment prior to these mRNA vaccines being rolled out as part of the vaccination campaign. Page 67-69 C4591001_Clinical_Protocol_Nov2020_Pfizer_BioNTech.pdf (tghn.org)

10. When the National Vaccine Campaign was rolled out in the health care facilities and health care workers were vaccinated with Covid-19 vaccines on site and continued to work. Had risks been

properly assessed by the TGA, it raises the question of workplace safety and “Occupational Exposure”?

11. Vaccine passports were introduced as a National Strategy for provisionally approved vaccines in 2021. This strategy was more about surveillance and implementing International Vaccine Passport system.