

Canberra Declaration

COVID-19 RESPONSE INQUIRY SUBMISSION

1.0 Executive Summary

Representing our over 90,000 signatories, the Canberra Declaration is a grassroots network of Australians committed to the preservation of faith, family, freedom and life.¹ We have a vision to see our nation's Judeo-Christian values revitalised for the good of all Australians. We welcome the opportunity to present our submission to this Inquiry.

During the Covid era, in pursuit of the misguided goal of 'Covid Zero', the Australian Government engaged in breathtaking human rights violations, unconscionable censorship of its citizens, a flagrant disregard for medical ethics, an appalling waste of taxpayer resources, and 'expert'-informed policymaking that proved wrong time and time again. Our leaders oversaw a breakdown in the rule of law; confiscated decision-making processes that belonged solely to this nation's citizens; and consolidated and centralised executive powers never granted to them by the people of Australia.

It is paramount that those responsible take full accountability for their mistakes, soberly reflect on how they erred so as to learn important lessons for the future, and act to ensure the same failures and abuses are never repeated again.

We place on record our strong disapproval that this Inquiry excludes unilateral actions taken by State and Territory governments, and that Australians were only given a submission period of one week mere days before the Christmas and New Year period. These manoeuvres suggest the people conducting the Inquiry do not take it seriously. We are concerned that, in the face of overwhelming outcry, the purpose of this Inquiry has already been decided—namely, to vindicate the bureaucracy for “trying”, to lay blame on people no longer in office, and to affirm the Government's response to Covid-19 as substantially correct and the “new normal” for future scenarios.

We offer our submission in hopes that those reviewing it will have ears to hear; that a whitewash as described need not be inevitable; and that the voices of reasonable Australians will prevail. Below is a summary of where the Government erred in its response to Covid-19, how it can make amends, and how it can better respond to future emergencies, with reference to the Inquiry's relevant terms of reference.

Governance

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.

2.1 'National Cabinet'

The formation of the 'National Cabinet', which combined the executive branches of Federal and State governments, was a flagrant abrogation of the rule of law, a mockery of the Westminster system, and a betrayal of Australia's Constitution. It was an arrangement that gravely undermined the public's trust and that will live in infamy in our nation's history. Never should democratic governments consolidate and centralise their powers in such a fashion, much less conceal their decision-making from the people who elected them. The cabinet's formation allowed for the many abuses that followed, including the sidelining of emergency laws already in place, and the State and Territory-led injustices that remain immune from accountability to this day.

Key Recommendations: Expand this Inquiry into a Royal Commission. Formally disband the 'National Cabinet' and release all minutes and communications to the public immediately and unredacted. Require all States and Territories to hold their own Covid-19 Royal Commissions. Enact legislation that prohibits the formation of another 'National Cabinet' or its equivalent.

2.2 Censorship

During the Covid era, departments and agencies of the Australian Government weaponised the medical regulatory system to achieve certain desired political outcomes, and waged a scurrilous campaign of secrecy and censorship against the citizens of Australia.

The Department of Home Affairs, whose purview includes border security and counter-terrorism but not public health, wilfully violated the free speech of thousands of Australians. An FOI request by Senator ██████ revealed that the DHA referred 4,213 Covid-related social media posts to big tech platforms for removal. While some of these posts contained irrational or unverified statements, also blacklisted were myriad legitimate claims made by Australian citizens. Among them were posts correctly stating that Covid-19 injections do not stop infection or transmission of the virus, that masks and lockdowns were ineffective, and that SARS-CoV-2 leaked from the Wuhan Institute of Virology. Content posted by Australian medical professionals was also censored, along with calls for peaceful protest, and most cynically of all, testimonies of those injured by Covid-19 injections. Even memes that poked fun at politicians were suppressed.²

Separate to these events, AHPRA and the National Boards imposed gag orders on Australian medical practitioners, suppressing debate on any evidence-based science that went against the state-imposed narrative on Covid-19—including alternative therapies, medical mandates and Covid-19 injection harms. Echoing Soviet Russia or Communist China, Australian doctors stull risk investigation and disciplinary action for carrying out one of their most basic functions—namely, providing patients with individualised medical care such that the patient's welfare supersedes any obligations placed on them by others. They can even face discipline for posting *in private* on social media.

The TGA has likewise been exposed, via an FOI request by ██████, for allegedly censoring the truth about the injection-induced deaths of numerous Australians, including two children. ██████ lodged the request after seeing an unexpectedly high number of patients coming through her clinic experiencing adverse events after injection.³

Key Recommendations: Identify and discipline executives behind DHA's censorship regime. Remove Martin Fletcher as CEO of AHPRA. Abolish AHPRA's gag order on doctors and other medical practitioners. Require the TGA to publish unredacted reports of all mRNA-induced events, including deaths. Withdraw the Communications Legislation Amendment (Combating Misinformation and Disinformation) Bill 2023. Enact legislation that protects Australians against censorship by Federal departments and agencies.

Health Response Measures

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).

3.1 Injection Deaths

A “definite causal link” between peaks in all-cause mortality and rapid vaccine rollouts has been identified in 17 southern hemisphere countries by a team of Canadian researchers, including Australia. The study identified approximately 1 death for every 2,000 injections, and implicated a broad range of products, including Covaxin, Sinovac, and Johnson & Johnson. “In 9 of the 17 countries, there is no detectable excess mortality until the vaccines are rolled out,” according to the researchers, who also found “a new regime of higher mortality” following the start of vaccine rollouts in all of the other 8 countries. “The Covid-19 vaccines did not save lives and appear to be lethal toxic agents,” they conclude.⁴

Their findings were consistent with readily-available Australian data.⁵ Most Queensland Covid-19 deaths were of people who were “fully vaccinated” when the state borders first opened in December 2021.⁶ Excess deaths were detected in Australian states in 2021 when the

injection rollout was in full swing but many states still had no Covid-19 cases.⁷ Western Australians suffered unprecedentedly high rates of adverse events following Covid-19 injections—with a staggering 57% of them presenting at a hospital—at a time when most of the population was injected but no Covid-19 cases were recorded.⁸ Analyst ██████████ conducted a Bradford Hill analysis of Australia’s excess mortality data, concluding, “Strength of correlation, consistency, specificity, temporality, and dose-response relationship are foremost Bradford Hill criteria which are satisfied by the data to suggest the iatrogenesis of the Australian pandemic, where excess deaths were largely caused by Covid-19 injections.”⁹

As a small consolation, the Australian Government does offer a free funeral gift card with every Covid-19 injection via its Covid-19 Vaccine Claims Scheme.¹⁰ Australians who have been maimed or rendered jobless by the injections can also apply for compensation. However, as of May 2023, only 164 out of 3,160 claims had been approved, or less than 5%. Over 900 claims had been deemed not payable, while 2,030 other claims remain in progress.¹¹

Key Recommendations: *Suspend Australia’s Covid-19 Vaccination Program immediately. Establish a Select Committee on Australia’s Excess Mortality. Issue a formal apology to Australians maimed by TGA-approved Covid-19 products and to the families of those killed. Fast-track the Covid-19 Vaccine Claims Scheme to ensure all entitled claimants are compensated without delay. Conduct a comprehensive review of the TGA’s regulatory approvals process.*

3.2 Injection Mandates

Informed consent is a bedrock principle of modern medicine and a legal and ethical requirement for administering any vaccine. The Australian Immunisation Handbook explicitly states that vaccines “must be given voluntarily in the absence of undue pressure, coercion or manipulation”.¹² These facts notwithstanding, Australian governments imposed heavy-handed injection mandates on their populations, explicitly using tactics of pressure, coercion and manipulation by depriving Australians of their freedom to work, travel, use public and private amenities, and be with loved ones at important moments such as births, deaths and funerals, unless they submitted to a novel medical treatment.

The Australian public was not made aware they were being cajoled to inject a product that had undergone no long-term testing, nor were they sufficiently informed of the risks involved.¹³ When the injection rollout began, no claim could be made with confidence about the product’s long-term safety.¹⁴ As such, a moral and scientific argument for its use could only be made for those at high risk of severe illness or death from Covid-19. Yet mandates were imposed on young and old alike, including those with no comorbidities and a vanishingly small risk of severe illness or death.¹⁵ Australia’s Covid-19 Vaccination Program put at risk young and healthy lives in an attempt to save old and unhealthy ones. Throughout the program, policymakers and spokespeople did not so much as acknowledge they were putting Australians at risk, nor disclose how they had weighed such risks in drafting their policies. Instead, government bureaucrats gave hand-waving appeals to ‘experts’, were dishonestly unequivocal, and never hinted at any risk associated with being injected.

In enacting these mandates, governments assumed total power over the bodies of millions of Australian citizens, violated Article 6 of the Universal Declaration on Bioethics and Human Rights,¹⁶ arguably breached the Nuremberg code, and parted with a century of sound medical ethics. No Australian government, State or Federal, should ever be allowed to mandate medical procedures, regardless of the particulars of the situation—even if the product is assumed safe, effective and necessary. Either informed consent exists or it does not. In the Covid era, it did not.

The Australian Government cannot pass blame to the States and Territories for injection mandates. The Commonwealth consented to the mandates, first by its silence, and then by its refusal to pass the Covid-19 Vaccination Status (Prevention of Discrimination) Bill 2022 and the Fair Work Amendment (Prohibiting Covid-19 Vaccine Discrimination) Bill 2023.¹⁷

Key Recommendations: *Pass the Covid-19 Vaccination Status (Prevention of Discrimination) Bill 2022 and the Fair Work Amendment (Prohibiting Covid-19 Vaccine Discrimination) Bill 2023. Issue a formal apology to all Australians discriminated against for refusing a Covid-19 injection. Re-ratify Australia’s commitment to the Universal Declaration on Bioethics and Human Rights.*

3.3 Alternative Treatments

Inexpensive, safe and effective alternative treatments, most notably Ivermectin¹⁸ and Hydroxychloroquine,¹⁹ when used early and in their respective triple therapies, have long been known to reduce Covid-19 hospitalisations and deaths. Unfortunately, these drugs were dismissed, derided and ultimately banned by Australian Federal authorities during the Covid era.

Ivermectin, which has been distributed to the tune of 3.7 billion doses globally since 1987, and whose discoverers won a Nobel Prize for their efforts, was subjected to an off-label ban by the TGA in September 2021, which prevented doctors from prescribing it to treat Covid-19.²⁰ Hydroxychloroquine, which also has a robust safety profile, came under a similar ban in March 2020. Five million doses of Hydroxychloroquine that were imported by Clive Palmer to donate to the public for the treatment of Covid-19 were seized by Australian authorities and destroyed.²¹

The banning of Ivermectin and Hydroxychloroquine violated the rights of Australians to access medical care and infringed the sanctity of the doctor-patient relationship. Given their safety profile, these therapies should never have been banned, even if their efficacy was contentious. Based on the available data, however, it appears certain the bans on these therapies contributed to the deaths of many Australians who would otherwise have survived if they had access to them.

Obesity and low Vitamin D have long been known as significant risk factors for poor Covid-19 outcomes, yet the Government barely acknowledged this fact and failed to campaign for weight loss and improved Vitamin D levels in its response to Covid-19.²²

Key Recommendations: *Hold an inquiry into the TGA’s banning of alternative Covid-19 treatments. Close all investigations into doctors who prescribed Ivermectin and Hydroxychloroquine for Covid-19. Issue a formal apology to doctors who were prevented from prescribing these alternative therapies and to those who lost their registration for doing so. Reinstatement of all medical professionals who lost their registration for prescribing these alternative treatments to their patients. Offer a coherent explanation for why campaigning for weight loss and adequate Vitamin D levels were never part of the Government’s Covid-19 response.*

Broader Health Supports

Broader health supports for people impacted by Covid-19 and/or lockdowns (for example mental health and suicide prevention supports, and access to screening and other preventive health measures).

4.1 Lockdown Harms

Australia’s pandemic emergency response plans, CDPLAN (2016) and AHMPPI (2019) contain no mention of large-scale lockdowns.²³ Despite this, beginning in March 2020, Australian governments embarked on a course of unscientific, cruel and demoralising lockdowns which they refused to abandon for the better part of two years.

Australia’s lockdowns resulted in astonishing educational losses for schoolchildren, whether seen in their cognitive development, nutrition and physical health, or social and emotional wellbeing. They caused an epidemic of isolation and loneliness that directly harmed the mental health of hundreds of thousands of Australians, and pushed many into joblessness, alcohol and drug abuse, domestic violence, and suicide.²⁴ Lockdowns are responsible for the destruction of countless small businesses, a spike in obesity rates, a drop in life expectancy, and a level of social divisiveness not seen in Australia for decades.²⁵ The economic cost of lockdowns was not only devastating and immediate, but persists today in the form of rampant inflation and a cost-of-living crisis.

An independent review published in October 2022 found Australia's response to Covid-19 to be excessive, particularly in regard to school closures, lockdowns and border closures.²⁶ A cost-benefit analysis by the Institute of Public Affairs found that 37 times more life-years were lost than were saved as a result of lockdowns, and that thus far, Australia's Covid-19 response has cost almost \$1 trillion.²⁷ Another cost-benefit analysis, by UNSW economist ██████████, found that the costs of Australia's lockdowns have been at least 68 times greater than any benefits they delivered.²⁸

It is not enough for the Federal Government to offer remedies to those harmed by human rights abuses without addressing the abuses themselves. The Government erred severely by remaining silent in the face of the inhumanity of State and Territory governments and the resultant economic and social devastation, and by demonising MPs who criticised these policies.²⁹ The Commonwealth had many tools at its disposal to force an end to these human rights abuses and chose not to.

Key Recommendations: *Release the Cost-Benefit Analysis relied on for Australia's pandemic response, if one existed. Issue a formal apology to Australians adversely affected by lockdowns, including and especially those who lost loved ones to resultant violence, substance abuse and suicide. Enact legislation that outlaws Federal and State governments imposing lockdowns on Australians again. Ensure all future emergencies are responded to in accordance with CDPLAN and AHMPPI.*

International Policies

International policies to support Australians at home and abroad (including with regard to international border closures, and securing vaccine supply deals with international partners for domestic use in Australia).

5.1 Border Closures

The Australian Government refused to allow its citizens to leave the country for two years, and also refused its citizens passage back into the country for many months on end. In both of these actions, the Commonwealth stood in flagrant violation of Article 13 of the Universal Declaration of Human Rights.³⁰ In pandemic emergencies, a travel embargo for a period of several days or even weeks is defensible, but not months, certainly not years, and absolutely not for a virus with a survival rate approaching 100% for the vast majority of people.³¹ Australian citizenship means nothing if citizens are barred from their own country or held prisoner by their own government. The Federal Government likewise did nothing to prevent the States and Territories breaching Section 92 of Australia's Constitution when they imposed months-long internal border closures.

Key Recommendations: *Re-ratify Australia's commitment to the Universal Declaration of Human Rights. Issue a formal apology to all Australians left stranded overseas, those trapped in the country against their will, and those prohibited from travelling interstate. Formally recommit to Section 92 of Australia's Constitution.*

5.2 Injection Supply Deals

When signing contracts with Covid-19 injection suppliers, the Australian Government granted the companies total legal immunity if their products resulted in the maiming or killing of Australian citizens.³² This was an ethically indefensible decision that rightly eroded public confidence in the products, and that should have been unnecessary in any case, since the Government communicated to the public absolute certainty about the safety of the products. In combination with injection mandates, the legal immunity granted to injection suppliers represents a double betrayal of the Australian public by its Government, especially those maimed and killed.

The Federal Government has likewise never explained to the Australian people why it signed contracts to purchase almost ten doses of injection per citizen—far more than required under the Government's or the suppliers' own logic. To date, the Federal Government has spent at least \$18 billion on Covid injections and other treatments, approximately half of which have been binned.³³ Of the first 255 million vaccine doses purchased, only 60 million were used, with more than half set to expire and be dumped, to the estimated value of approximately \$3 billion. Australians deserve to know why so much of their treasure—approximately \$1,200 from the pocket of every tax-paying Australian—was transferred to powerful pharmaceutical corporations, when the majority of those products were not needed and were therefore destined for disposal from the outset.

Key Recommendations: *Release all injection supplier contracts to the Australian public immediately. Offer a coherent explanation for why suppliers were granted legal immunity and why excessive quantities of the products were purchased. Issue a formal apology to Australian taxpayers for the profligate waste of public money. Enact legislation requiring the Government to hold pharmaceutical companies liable for product failure.*

Population-Specific Mechanisms

Mechanisms to better target future responses to the needs of particular populations (including across genders, age groups, socio-economic status, geographic location, people with disability, First Nations peoples and communities and people from culturally and linguistically diverse communities).

6.1 Virus Risk Profile

In March 2020, with precious little data, the WHO made the alarming claim that 3.4% of people who contracted Covid-19 had died.³⁴ The following month, it became clear the WHO's estimate was vastly overstated, and that age and comorbidities were significant risk factors for severe disease and death from Covid-19. An analysis of over 60 studies released in January 2021 showed that across 51 locations, the median Covid-19 Infection Fatality Rate was in fact 0.27%.³⁵ Age-stratified studies continued to affirm that the vast majority of the world's population was almost certain to survive Covid-19. In October 2022, an analysis was published that covered 38 countries, revealing an IFR of just 0.095% for people aged 0-69, before injection treatments.³⁶ In other words, 94% of the global population or nearly 7.3 billion people had a 99.965% chance of surviving Covid-19, even before any health interventions.

In spite of all this data, the Australian Government continued to act as though the WHO's earliest inaccurate estimate held true, and absolutely refused to take age differentials into account when enacting its policies. Instead of focussing protection on the approximately 12% of Australians at higher risk of severe disease or death from Covid-19, the Government insisted on a years-long campaign of lockdowns, border closures and injection mandates that inflicted immeasurable harm on the 88% who were almost certain to survive the virus either way.³⁷

Without explanation, the Government went to extreme measures to prevent Covid-19 deaths—even to the point of throwing human rights to the wind and squandering untold public resources—while effectively ignoring deaths by all other causes, including deaths caused by their own interventions. Australians deserve to know why their leaders engaged in such abject disproportionality, judging the deaths of certain Australians more vital to avoid than others.

Key Recommendations: *Issue a formal apology to Australians who lost loved ones to the Government's Covid-19 interventions. Enact legislation requiring Government to make the risk profile of an emergency threat a central feature of their response.*

Canberra Declaration



15th December 2023

SUBMISSION: Covid-19 Response Inquiry

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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).

3.1 Injection Deaths

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detectable excess mortality until the vaccines are rolled out,” according to the researchers, who also found “a new regime of higher mortality” following the start of vaccine rollouts in all of the other 8 countries. “The Covid-19 vaccines did not save lives and appear to be lethal toxic agents,” they conclude.^{iv}

Their findings were consistent with readily-available Australian data.^v Most Queensland Covid-19 deaths were of people who were “fully vaccinated” when the state borders first opened in December 2021.^{vi} Excess deaths were detected in Australian states in 2021 when the injection rollout was in full swing but many states still had no Covid-19 cases.^{vii} Western Australians suffered unprecedentedly high rates of adverse events following Covid-19 injections—with a staggering 57% of them presenting at a hospital—at a time when most of the population was injected but no Covid-19 cases were recorded.^{viii} Analyst ██████████ conducted a Bradford Hill analysis of Australia’s excess mortality data, concluding, “Strength of correlation, consistency, specificity, temporality, and dose-response relationship are foremost Bradford Hill criteria which are satisfied by the data to suggest the iatrogenesis of the Australian pandemic, where excess deaths were largely caused by Covid-19 injections.”^{ix}

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Informed consent is a bedrock principle of modern medicine and a legal and ethical requirement for administering any vaccine. The Australian Immunisation Handbook explicitly states that vaccines “must be given voluntarily in the absence of undue pressure, coercion or manipulation”.^{xii} These facts notwithstanding, Australian governments imposed heavy-handed injection mandates on their populations, explicitly using tactics of pressure, coercion and manipulation by depriving Australians of their freedom to work, travel, use public and private amenities, and be with loved ones at important moments such as births, deaths and funerals, unless they submitted to a novel medical treatment.

The Australian public was not made aware they were being cajoled to inject a product that had undergone no long-term testing, nor were they sufficiently informed of the risks involved.^{xiii} When the injection rollout began, no claim could be made with confidence about the product’s long-term safety.^{xiv} As such, a moral and scientific argument for its use could only be made for those at high risk of severe illness or death from Covid-19. Yet mandates were imposed on young and old alike, including those with no comorbidities and a vanishingly small risk of severe illness or death.^{xv} Australia’s Covid-19 Vaccination Program put at risk young and healthy lives in an attempt to save old and unhealthy ones. Throughout the program, policymakers and spokespeople did not so much as acknowledge they were putting Australians at risk, nor disclose how they had weighed such risks in drafting their policies. Instead, government bureaucrats gave hand-waving appeals to ‘experts’, were dishonestly unequivocal, and never hinted at any risk associated with being injected.

In enacting these mandates, governments assumed total power over the bodies of millions of Australian citizens, violated Article 6 of the Universal Declaration on Bioethics and Human Rights,^{xvi} arguably breached the Nuremberg code, and parted with a century of sound medical ethics. No Australian government, State or Federal, should ever be allowed to mandate medical procedures, regardless of the particulars of the situation—even if the product is assumed safe, effective and necessary. Either informed consent exists or it does not. In the Covid era, it did not.

The Australian Government cannot pass blame to the States and Territories for injection mandates. The Commonwealth consented to the mandates, first by its silence, and then by its refusal to pass the Covid-19 Vaccination Status (Prevention of Discrimination) Bill 2022 and the Fair Work Amendment (Prohibiting Covid-19 Vaccine Discrimination) Bill 2023.^{xvii}

Key Recommendations: *Pass the Covid-19 Vaccination Status (Prevention of Discrimination) Bill 2022 and the Fair Work Amendment (Prohibiting Covid-19 Vaccine Discrimination) Bill 2023. Issue a formal apology to all Australians discriminated against for refusing a Covid-19 injection. Re-ratify Australia’s commitment to the Universal Declaration on Bioethics and Human Rights.*

3.3 Alternative Treatments

Inexpensive, safe and effective alternative treatments, most notably Ivermectin^{xviii} and Hydroxychloroquine,^{xix} when used early and in their respective triple therapies, have long been known to reduce Covid-19 hospitalisations and deaths. Unfortunately, these drugs were dismissed, derided and ultimately banned by Australian Federal authorities during the Covid era.

Ivermectin, which has been distributed to the tune of 3.7 billion doses globally since 1987, and whose discoverers won a Nobel Prize for their efforts, was subjected to an off-label ban by the TGA in September 2021, which prevented doctors from prescribing it to treat Covid-19.^{xx} Hydroxychloroquine, which also has a robust safety profile, came under a similar ban in March 2020. Five million doses of Hydroxychloroquine that were imported by Clive Palmer to donate to the public for the treatment of Covid-19 were seized by Australian authorities and destroyed.^{xxi}

The banning of Ivermectin and Hydroxychloroquine violated the rights of Australians to access medical care and infringed the sanctity of the doctor-patient relationship. Given their safety profile, these therapies should never have been banned, even if their efficacy was contentious. Based on the available data, however, it appears certain the bans on these therapies contributed to the deaths of many Australians who would otherwise have survived if they had access to them.

Obesity and low Vitamin D have long been known as significant risk factors for poor Covid-19 outcomes, yet the Government barely acknowledged this fact and failed to campaign for weight loss and improved Vitamin D levels in its response to Covid-19.^{xxii}

Key Recommendations: *Hold an inquiry into the TGA’s banning of alternative Covid-19 treatments. Close all investigations into doctors who prescribed Ivermectin and Hydroxychloroquine for Covid-19. Issue a formal apology to doctors who were prevented from prescribing these alternative therapies and to those who lost their registration for doing so. Reinststate the registration of all medical professionals who lost their registration for prescribing these alternative treatments to their patients. Offer a coherent explanation for why campaigning for weight loss and adequate Vitamin D levels were never part of the Government’s Covid-19 response.*

Broader Health Supports

Broader health supports for people impacted by Covid-19 and/or lockdowns (for example mental health and suicide prevention supports, and access to screening and other preventive health measures).

4.1 Lockdown Harms

Australia's pandemic emergency response plans, CDPLAN (2016) and AHMPPI (2019) contain no mention of large-scale lockdowns.^{xxxiii} Despite this, beginning in March 2020, Australian governments embarked on a course of unscientific, cruel and demoralising lockdowns which they refused to abandon for the better part of two years.

Australia's lockdowns resulted in astonishing educational losses for schoolchildren, whether seen in their cognitive development, nutrition and physical health, or social and emotional wellbeing. They caused an epidemic of isolation and loneliness that directly harmed the mental health of hundreds of thousands of Australians, and pushed many into joblessness, alcohol and drug abuse, domestic violence, and suicide.^{xxiv} Lockdowns are responsible for the destruction of countless small businesses, a spike in obesity rates, a drop in life expectancy, and a level of social divisiveness not seen in Australia for decades.^{xxv} The economic cost of lockdowns was not only devastating and immediate, but persists today in the form of rampant inflation and a cost-of-living crisis.

An independent review published in October 2022 found Australia's response to Covid-19 to be excessive, particularly in regard to school closures, lockdowns and border closures.^{xxvi} A cost-benefit analysis by the Institute of Public Affairs found that 37 times more life-years were lost than were saved as a result of lockdowns, and that thus far, Australia's Covid-19 response has cost almost \$1 trillion.^{xxvii} Another cost-benefit analysis, by UNSW economist ██████████, found that the costs of Australia's lockdowns have been at least 68 times greater than any benefits they delivered.^{xxviii}

It is not enough for the Federal Government to offer remedies to those harmed by human rights abuses without addressing the abuses themselves. The Government erred severely by remaining silent in the face of the inhumanity of State and Territory governments and the resultant economic and social devastation, and by demonising MPs who criticised these policies.^{xxix} The Commonwealth had many tools at its disposal to force an end to these human rights abuses and chose not to.

Key Recommendations: Release the Cost-Benefit Analysis relied on for Australia's pandemic response, if one existed. Issue a formal apology to Australians adversely affected by lockdowns, including and especially those who lost loved ones to resultant violence, substance abuse and suicide. Enact legislation that outlaws Federal and State governments imposing lockdowns on Australians again. Ensure all future emergencies are responded to in accordance with CDPLAN and AHMPPI.

International Policies

International policies to support Australians at home and abroad (including with regard to international border closures, and securing vaccine supply deals with international partners for domestic use in Australia).

5.1 Border Closures

The Australian Government refused to allow its citizens to leave the country for two years, and also refused its citizens passage back into the country for many months on end. In both of these actions, the Commonwealth stood in flagrant violation of Article 13 of the Universal Declaration of Human Rights.^{xxx} In pandemic emergencies, a travel embargo for a period of several days or even weeks is defensible, but not months, certainly not years, and absolutely not for a virus with a survival rate approaching 100% for the vast majority of people.^{xxxi} Australian citizenship means nothing if citizens are barred from their own country or held prisoner by their own government. The Federal Government likewise did nothing to prevent the States and Territories breaching Section 92 of Australia's Constitution when they imposed months-long internal border closures.

Key Recommendations: Re-ratify Australia's commitment to the Universal Declaration of Human Rights. Issue a formal apology to all Australians left stranded overseas, those trapped in the country against their will, and those prohibited from travelling interstate. Formally recommit to Section 92 of Australia's Constitution.

5.2 Injection Supply Deals

When signing contracts with Covid-19 injection suppliers, the Australian Government granted the companies total legal immunity if their products resulted in the maiming or killing of Australian citizens.^{xxxii} This was an ethically indefensible decision that rightly eroded public confidence in the products, and that should have been unnecessary in any case, since the Government communicated to the public absolute certainty about the safety of the products. In combination with injection mandates, the legal immunity granted to injection suppliers represents a double betrayal of the Australian public by its Government, especially those maimed and killed.

The Federal Government has likewise never explained to the Australian people why it signed contracts to purchase almost ten doses of injection per citizen—far more than required under the Government's or the suppliers' own logic. To date, the Federal Government has spent at least \$18 billion on Covid injections and other treatments, approximately half of which have been binned.^{xxxiii} Of the first 255 million vaccine doses purchased, only 60 million were used, with more than half set to expire and be dumped, to the estimated value of approximately \$3 billion. Australians deserve to know why so much of their treasure—approximately \$1,200 from the pocket of every tax-paying Australian—was transferred to powerful pharmaceutical corporations, when the majority of those products were not needed and were therefore destined for disposal from the outset.

Key Recommendations: Release all injection supplier contracts to the Australian public immediately. Offer a coherent explanation for why suppliers were granted legal immunity and why excessive quantities of the products were purchased. Issue a formal apology to Australian taxpayers for the profligate waste of public money. Enact legislation requiring the Government to hold pharmaceutical companies liable for product failure.

Population-Specific Mechanisms

Mechanisms to better target future responses to the needs of particular populations (including across genders, age groups, socio-economic status, geographic location, people with disability, First Nations peoples and communities and people from culturally and linguistically diverse communities).

6.1 Virus Risk Profile

In March 2020, with precious little data, the WHO made the alarming claim that 3.4% of people who contracted Covid-19 had died.^{xxxiv} The following month, it became clear the WHO's estimate was vastly overstated, and that age and comorbidities were significant risk factors for severe disease and death from Covid-19. An analysis of over 60 studies released in January 2021 showed that across 51 locations, the median Covid-19 Infection Fatality Rate was in fact 0.27%.^{xxxv} Age-stratified studies continued to affirm that the vast majority of the world's population was almost certain to survive Covid-19. In October 2022, an analysis was published that covered 38

countries, revealing an IFR of just 0.095% for people aged 0-69, before injection treatments.^{xxxvi} In other words, 94% of the global population or nearly 7.3 billion people had a 99.965% chance of surviving Covid-19, even before any health interventions.

In spite of all this data, the Australian Government continued to act as though the WHO's earliest inaccurate estimate held true, and absolutely refused to take age differentials into account when enacting its policies. Instead of focussing protection on the approximately 12% of Australians at higher risk of severe disease or death from Covid-19, the Government insisted on a years-long campaign of lockdowns, border closures and injection mandates that inflicted immeasurable harm on the 88% who were almost certain to survive the virus either way.^{xxxvii}

Without explanation, the Government went to extreme measures to prevent Covid-19 deaths—even to the point of throwing human rights to the wind and squandering untold public resources—while effectively ignoring deaths by all other causes, including deaths caused by their own interventions. Australians deserve to know why their leaders engaged in such abject disproportionality, judging the deaths of certain Australians more vital to avoid than others.

Key Recommendations: *Issue a formal apology to Australians who lost loved ones to the Government's Covid-19 interventions. Enact legislation requiring Government to make the risk profile of an emergency threat a central feature of their response.*

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