

1. THIS IS NOT A ONCE-IN-100 YEAR PANDEMIC

It was known since early 2020 that the covid pandemic is not very severe. Victoria's pandemic plan of 10 March 2020 said that "COVID-19 is assessed as being of moderate clinical severity". It was also clear from February 2020 that covid is largely a non-event in children but can be severe in the elderly and those with comorbidities. Thus, I wrote to Department of Treasury and Finance officials on 28 February 2020:

Sent: Friday, 28 February 2020 12:53 PM

From the data that I could gather, wholesale social isolation that China and Italy are implementing is not an optimal strategy to minimise harm from coronavirus.

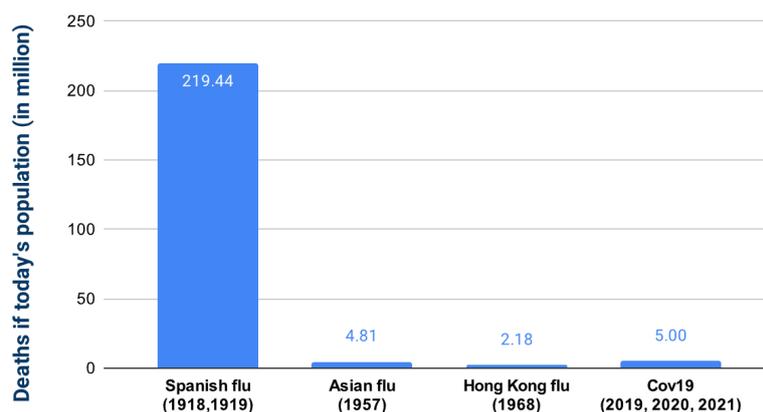
The data suggests that the young in Victoria (below 40) can go about their business without much concern. 40-60 can wear protective equipment (masks, gloves, etc.) and go to work – they must take extra precautions at all times. Those above 60 (and those with weak respiratory systems) should mainly work from home and minimise interactions with others. This will minimise the hit to Victoria's GSP and minimise health costs.

I elaborated the 'age-based' risk management approach in a piece on 6 March 2020 in the *Times of India*¹, an approach later confirmed by the Great Barrington Declaration. But throughout the pandemic no reference has ever been made to the actual risk profile of the virus. Instead, the magnitude of the pandemic has been inflated by an order of magnitude.

Mr. Scott Morrison's 18 March 2020 claim that this is a "once-in-100-year" type event is a blatant lie. He should be called Scamo, not Scomo.

There were 50 million global deaths in 1918-1919 from the Spanish flu when the world's population was 1.8 billion. The current population is 7.9 billion. How many people would need to die today if the covid pandemic was in the league of the Spanish flu? The answer – 219 million – is trivially obvious to any secondary school student. As well as the fact that the 5 million deaths with covid (as opposed to "from" covid) being reported by Worldometers are 44 times fewer than 219 million.

Comparing four pandemics



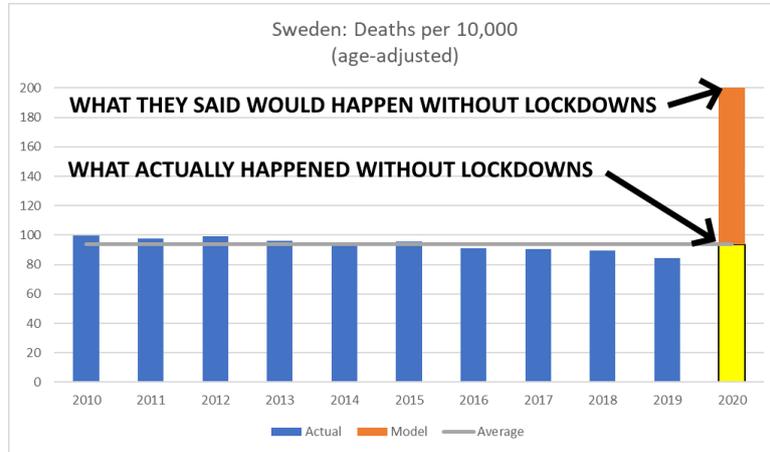
(Source: <https://bit.ly/3ut40LA>)

Even if legitimate questions about covid death reporting are ignored, the pandemic is at worst in the range of the Asian flu of 1957, for which nothing was shut down and Australia not plunged into man-made recession.

¹ <https://timesofindia.indiatimes.com/blogs/seeing-the-invisible/age-based-risk-management-of-coronavirus/>

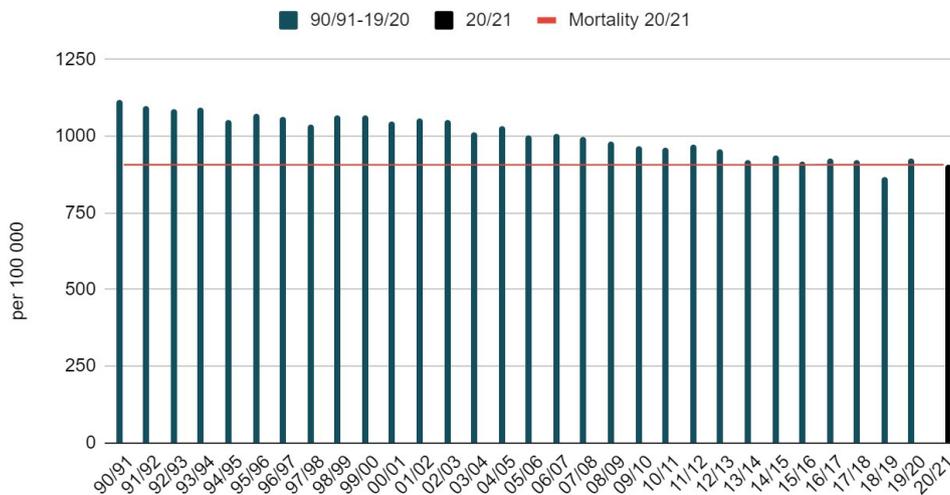
Nobel prize winner Michael Levitt has calculated that in Sweden – the only nation that followed standard pandemic plans and rejected lockdowns – 2,996 excess deaths occurred in 2020², using the baseline deaths of 2017-2019. This is around 3% of its expected annual deaths.

Its 2020 death rate was the average for the past 10 years³.



When seasonal comparisons are made of Swedish death rates over the past 20 years, the shabbiness of Scamo’s lies become even more clear. Where is the mega-pandemic that Scamo talks about?

Comparing all cause mortality October through September per 100 000
Sweden Data Source SCB (Updated 13 October)



Source: <https://twitter.com/HaroldofWorld/status/1448242991672532993/photo/1>

The lies surrounding the magnitude of the pandemic underpin the harmful policies adopted in Australia, policies that are prohibited in Australia’s pandemic plans. The standard pandemic plans should be followed and the excessive measures introduced since March 2020 stopped.

² https://twitter.com/MLevitt_NP2013/status/1368451506857381888

³ <https://teamaustralia21.org/data-and-explanation-for-the-sweden-chart-from-panda/>

2. THE INNUMERABLE PROBLEMS WITH LOCKDOWNS

A. Lockdowns have never worked in the past. That's why no scientific literature, official guideline or pandemic plan recommended them.

While small lockdowns have been used (very rarely) in the past for other pathogens (e.g. Ebola), they have **never had any success** and were specifically prohibited in the literature⁴. That's why WHO's October 2019 guidelines or official pandemic plans do not recommend lockdowns. **The shutting down of an entire country to stop transmission of a respiratory virus is unprecedented in the history of pandemics.** This was noted by the WHO itself on 24 January 2020.

Instead, Victoria's 10 March 2020 pandemic plan stated that "we are preparing so that we are ready to respond if a larger, or more severe outbreak occurs" – and even for such an eventuality there was no lockdown recommendation. Or curfews or mandatory masks. In similar vein, the manifestos of the Liberal and Labor parties never had any lockdown policy. Nor did the government keep a contingency of hundreds of billions of dollars in the budget to pay people to sit at home during a pandemic.

- A 2006 paper by Thomas Inglesby, 'Disease Mitigation Measures in the Control of Pandemic Influenza', observed that:

It is difficult to identify circumstances in the past half-century when large-scale quarantine has been effectively used in the control of any disease. The negative consequences of large-scale quarantine are so extreme that **this mitigation measure should be eliminated from serious consideration.**
- On 24 January 2020 the WHO's chief in China, Dr Gauden Galea, said that "trying to contain a city of 11 million people is new to science. The lockdown of 11 million people is unprecedented in public health history, so it is **certainly not a recommendation the WHO has made**".
- In 1995 and in 2014 lockdowns were attempted to control Ebola in parts of Africa. A 2015 review by Rachel Kaplan Hoffmann and Keith Hoffmann of these lockdowns ("Ethical Considerations in the Use of Cordons Sanitaires") concluded that "**medium- and large-scale cordons around neighborhoods, regions, and nations have proven ethically troubling, largely ineffective, and difficult to enforce**". In any event, SARS-Cov2 is unlike Ebola, being both highly transmissible and extremely mild for most people.
- On 16 March 2020, in "Report 9 - Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand", Neil Ferguson's Imperial College team noted that it is "not at all certain that suppression will succeed long term; no public health intervention with such disruptive effects on society has been previously attempted for such a long duration of time", confirming once again that this had never been attempted before.
- Stefan Baral, the Associate Professor and Infectious Disease Epidemiologist at John Hopkins School of Public Health said on 16 August 2020: "**I spent a decade in public health training and do not remember the lockdown lecture**"⁵.

⁴ Inglesby, Thomas V., et. al., 'Disease Mitigation Measures in the Control of Pandemic Influenza', *Biosecurity and Bioterrorism*. Volume 4, Number 4, 2006. Short URL: <https://bit.ly/3mTUrcN>.

⁵ Baral, Stefan. Tweet, 16 August 2020. Short URL: <https://bit.ly/33XKHin>.

- Harvard Medical School Professor Martin Kulldorff said in August 2020 that by increasing other types of morbidity during lockdowns, **we end up with much higher mortality in the long-term with lockdowns**⁶.
- Regarding border closures, Prof. D.A. Henderson of John Hopkins University said on 5 March 2010, “This idea that in this day and age, one is going to intercept people coming across the border and you are going to stop the spread of the disease is a concept that was antiquated a very long time ago”⁷.

B. Lockdowns for a flu-like respiratory virus are the invention of CCP

If lockdowns do not form part of any recommendation in the scientific literature, then from where has this policy arisen? There is unambiguous evidence of Xi Jinping’s personal involvement in the invention of the Wuhan lockdowns⁸. There is strong evidence that CCP-influenced global institutions (such as the WHO) and research institutions in the West added their voice in support of CCP’s lockdowns, causing great confusion in the minds of many people, many of whom had fallen for the panic and hysteria prompted by the CCP.

C. CCP’s actions prompted great panic and hysteria across the world

The CCP provoked panic and hysteria across the world by deploying a range of pressure tactics, some of which included the following:

- Fake videos: Even an obtuse observer can confirm that the videos which poured out of China from 24 January 2020, of people falling suddenly on the ground, were fake. Nothing of that sort has ever happened elsewhere⁹.
- Getting WHO chief to change WHO’s advice: CCP’s support in 2017 for the candidacy of communist politician Tedros Ghebreyesus for the chief’s role at the WHO was pivotal in getting him across the line. Tedros came met Xi Jinping on 28 January 2020 and exclaimed: “China is setting a new standard for outbreak response”. It wasn’t even week then after the Wuhan lockdowns had started. No one had published any peer-reviewed paper to refute all previously known science. But for Tedros Jinping’s word was enough.
- Influence on Belt and Road Italy: CCP has significant influence over Belt and Road countries, including Italy, which became the first Western nation to adopt lockdowns. As Neil Ferguson from Imperial College (which Xi Jinping personally visited in 2015 as part of CCP’s relationships) acknowledged that, “We couldn’t get away with it in Europe, we thought... and then Italy did it. And we realised we could”¹⁰.
- Pressure on world leaders and research institutions: Chinese official state media agency taunted world leaders to lockdown. For instance, on 15 March 2020, Hu Xijin tweeted: “Sweden will not test people with mild symptoms. UK and Germany tried to build a ‘herd immunity’, which will expose many people to the risk of death. These countries are unwilling to invest more

⁶ Kulldorff, Martin, Tweet, 29 August 2020. Short URL: <https://bit.ly/2RUc0oe>.

⁷ <https://twitter.com/MartinKulldorff/status/1411658549743267844>

⁸ <https://bit.ly/3u3usvg>

⁹ <https://twitter.com/Infrequentvalue/status/1399214418169262084>

¹⁰ <https://www.thetimes.co.uk/article/people-don-t-agree-with-lockdown-and-try-to-undermine-the-scientists-gnms7mp98>

resources in epidemic control. What about human rights? What about humanitarianism?"¹¹ On 15 March 2020 also, Lei Harrison advised Dr Fauci: "Shut down the country NOW".¹²

More details are provided in a 40-page Open Letter co-signed by me to the Director General of ASIO in January 2021. But ASIO has been silent on such a basic national security issue.

Seeing the West cave in to China's plans, Anders Tegnell – the one man who did not forget his training – exclaimed on 24 June 2020: "It was as if the world had gone mad, and everything we had discussed was forgotten".

D. Proof is pouring in that lockdowns are deadly

All studies prior to 2020 and tens of studies since March 2020 confirm the deadly nature of lockdowns.

- On 20 October 2020, the Australian Treasurer, Josh Frydenberg made an appeal to Daniel Andrews to 'end lockdown torture'¹³.
- A recent study shows that one out of ten Victorians had seriously contemplated suicide during last year's lockdowns¹⁴.
- John Tierney analysed excess deaths in the group aged 15 to 54 in the USA. Most of these weren't attributable to the virus but to lockdowns¹⁵.
- Sajid Javid, the UK Health Secretary, has admitted that lockdowns cost lives¹⁶.
- "The number of years of life lost to lockdown is many times greater than the number of years of life lost to covid-19" – based on multiple studies¹⁷.
- The fact that lockdowns have devastated those on lower incomes has been identified in data analysis from Harvard University, Brown University, and the Bill and Melinda Gates Foundation¹⁸. And "Covid-19 has cost global workers \$3.7tn in lost earnings, says ILO"¹⁹.
- Websites like <https://collateralglobal.org/> have been tracking studies about harms from lockdowns.
- "Evidence is emerging of a wave of non-COVID excess deaths, including in working-age individuals, due to the impact of lockdown policies"²⁰
- The book, *The Great Covid Panic* by Paul Frijters et. al.²¹ documents the costs of lockdowns which exceed any benefits by many orders of magnitude (some studies are now estimating costs to be 141 times the benefits²²).

¹¹ https://twitter.com/huxijin_gt/status/1238864397713305600

¹² <https://twitter.com/MichaelPSenger/status/1412166796988207108>

¹³ <https://www.theaustralian.com.au/nation/rage-against-the-regime-end-lockdown-torture/news-story/1fae9208c0538b400bd04d5ebca65738>

¹⁴ <https://www.abc.net.au/news/2021-06-25/one-in-10-victorians-considered-suicide-in-2020-research-finds/100242310>

¹⁵ <https://nypost.com/2021/03/22/the-data-shows-lockdowns-end-more-lives-than-they-save/>

¹⁶ <https://www.telegraph.co.uk/news/2021/07/05/sajid-javid-has-finally-broken-taboo-admitted-lockdowns-cost/>

¹⁷ <https://sebastianrushworth.com/2020/12/13/what-are-the-harms-of-lockdown/>

¹⁸ <https://fee.org/articles/new-harvard-data-accidentally-reveal-how-lockdowns-crushed-the-working-class-while-leaving-elites-uncathed/>

¹⁹ <https://www.theguardian.com/business/2021/jan/25/covid-19-workers-lost-earnings-ilo-job-losses>

²⁰ McArthur, Emma, "Responding to Covid-19: Public Health or Public Harm?", PANDA, June 2021

²¹ <https://www.thegreatcovidpanic.com/>

²² Allen, Douglas W., Covid-19 Lockdown Cost/Benefits: A Critical Assessment of the Literature, <https://www.tandfonline.com/doi/full/10.1080/13571516.2021.1976051>

This is where negligence comes in. Anyone who understands the social determinants of health knows what these policies will do. I consider the actions of Australia's governments to have breached all human rights restrictions and in breach of Article 7 of the Rome Statute.²³

3. INTERNATIONAL TRAVEL BENEFITS PUBLIC HEALTH

Professor Sunetra Gupta of Oxford University says: children “benefit from being exposed to this (covid) and other seasonal coronaviruses”²⁴. Getting a less harmful infection protects children against more serious infections in the future. The same principle applies to the exposure an adult population gets from the wide range of pathogens that come in through global air travel.

In 2013 Sunetra Gupta explained ([Pandemics: Are We All Doomed?](#)²⁵) that global air travel has reduced the possibility of major pandemics:

“We need to be on guard against these eventualities but possibly the best way to do so is to build up a global wall of immunity. And it may be that we're unwittingly achieving this through our current patterns of international travel. Virulent pathogens cannot be the only things we bring back from countries where they've originated. It is more likely that we're constantly importing less virulent forms which go undetected because they're asymptomatic and these may well have the effect of attenuating the severity of infection with their more virulent cousins.

“After all the oldest trick up our sleeves is, as vaccination goes, is to use a milder species to protect against a more virulent species. Perhaps this is something we're inadvertently achieving by mixing more widely with a variety of international pathogens.

“It is still of course entirely possible that we will be plunged into a dystopic state by the sudden emergence of an entirely novel pathogenic life-form or that an old foe may return in a completely new disguise. But our current pattern of long distance movements across the planet reinforces the possibility that we will already have some acquaintance with these new agents of disease.”

In a 2019 paper, Sunetra Gupta proved this theory via a mathematical model: “Not only did we find that the probability of a major epidemic of the high virulence (HV) strain decreases when travel between subpopulations increases but the expected final size of the HV strain outbreak can also be reduced. This was particularly pronounced when the level of cross-immunity between strains was high”²⁶.

By banning air travel for more than a year, Australia's governments have reduced the natural immunity of the people. We have proof that children in New Zealand are now facing the effects of this reduced immunity:

²³ <https://www.sabhlokcity.com/2020/11/my-complaint-to-the-international-criminal-court-against-the-policies-of-daniel-andrews-and-scott-morrison/>

²⁴ <https://www.standard.co.uk/news/londoners-diary/the-londoner-let-children-be-exposed-to-viruses-says-professor-gupta-a4538386.html>

²⁵ Extract: <https://www.youtube.com/watch?v=kclLOF985DY>

²⁶ Thompson RN, Thompson CP, Pelerman O, Gupta S, Obolski U. 2019 “Increased frequency of travel in the presence of cross-immunity may act to decrease the chance of a global pandemic”. *Phil. Trans. R. Soc. B* 374: 20180274. <https://royalsocietypublishing.org/doi/full/10.1098/rstb.2018.0274>

“New Zealand hospitals are experiencing the payoff of “immunity debt” created by Covid-19 lockdowns, with wards flooded by babies with a potentially-deadly respiratory virus, doctors have warned”.²⁷

4. THE STIFLING OF DEBATE

People in positions of power in Australia have stifled those who ask questions. Parliamentarians and chief health officers have blocked those who ask questions on social media. ABC has refused to provide space to me to refute its false “fact-check” of my work, in which it claims that lockdowns do not cause any harm²⁸.

Political parties in Australia have stifled debate. The MP Craig Kelly had to leave the Liberal Party for asking questions. And social media companies have driven off their platforms thousands of ethical, diligent citizens who tried to ask questions.

The good thing, however, is that anyone who wishes can readily confirm the facts and decide for themselves whether the government’s actions have been proportionate.

5. OTHER EXCESSES OF AUSTRALIA’S RESPONSE

A. QUARANTINES ARE NOT REQUIRED FOR COVID

In October 2019, the WHO’s document, *Non-pharmaceutical public health measures for influenza*, specified that “Quarantine of exposed individuals” is “Not recommended in any circumstances”.

Jennifer Coate’s Hotel Quarantine Inquiry report of Victoria notes that “Just two weeks before the National Cabinet agreed to mass quarantining, Victoria published its 10 March 2020 *COVID-19 Pandemic Plan*. It did not envisage the involuntary detention of people arriving from overseas... [I]ts focus, with regard to isolation or quarantine, was on the *voluntary* isolation of people in their own homes”.

This was indeed the correct approach. That is why Anders Tegnell, arguably the world’s best epidemiologist, did not close Sweden’s borders or quarantine anyone: and no lockdowns, no masks. Anyone who becomes sick in Sweden was advised to stay at home.

B. CONTACT TRACING, QR CODES AND VACCINE PASSPORTS ARE UNNECESSARY: WE DON’T WANT A SURVEILLANCE STATE IN AUSTRALIA

In October 2019, the WHO’s document, *Non-pharmaceutical public health measures for influenza*, specified that “contact tracing” is “Not recommended in any circumstances”. It might be useful for early disease surveillance to help understand the epidemiology, but no more. And all such measures in the WHO’s guidelines and elsewhere were always to be voluntary.

²⁷ <https://amp.theguardian.com/world/2021/jul/08/new-zealand-children-falling-ill-in-high-numbers-due-to-covid-immunity-debt>

²⁸ <https://timesofindia.indiatimes.com/blogs/seeing-the-invisible/lockdown-origins-and-harms-part-1/>

Professor Jay Bhattacharya of Stanford University has argued repeatedly during the covid pandemic about the futility (and in fact, dangers from) contact tracing: “the epidemic is too widespread for contact tracing to limit disease spread; second, that errors in PCR tests substantially raise the human costs of contact tracing and render it less effective; and finally, that contact tracing creates strong incentives among the public to mislead public health authorities and avoid voluntary testing”.²⁹

The distinction between different viruses is extremely important for the purpose of contact tracing. As Bhattacharaya shows, contact tracing is effective for controlling venereal disease and played an important role in the eradication of small pox. A respiratory virus like covid that is certain to become endemic does not fall in that category.

Mandatory QR codes are both unscientific and breach the privacy of individuals. We must oppose surveillance technologies. QR codes and vaccine passports are simply not justified.

C. THE PROBLEM WITH PCR TESTS

PCR tests seem to have a significant range of problems. As Emma McArthur noted in a 21 June 2021 paper³⁰:

Evidence has emerged of flaws with the polymerase chain reaction (PCR) test, and it is being used in a manner inconsistent with its intended purpose. COVID-19 ‘cases’ are being diagnosed based on the result of a PCR test alone, in the absence of signs and symptoms of disease, counter to usual medical practice. There is widespread testing of asymptomatic people, even though literature suggests asymptomatic transmission is not a major driver of disease burden. A positive PCR test result alone does not predict an individual’s infectiousness.

It is essential therefore to revert to the original situation with testing of flu-like symptoms: only when a person is serious and has to be hospitalised, so that a proper diagnosis can be made. Conducting PCR tests randomly or of the general population only creates artificial case load and aggravates panic and hysteria.

D. MASKS MUST NOT BE MANDATORY

There is strong evidence that masks do nothing to prevent the spread of the virus. As Emma McArthur noted in a 21 June 2021 paper³¹:

In July 2020, BBC Newsnight presented evidence that the WHO changed its advice on facemasks due to ‘political lobbying’. Two papers published in major academic journals regarding potential treatment for COVID-19, were subsequently found to have been based on fraudulent data and retracted. The WHO, as well as several governments, changed policy based on the results of these studies. ... A recent RCT, the ‘Danmask-19 trial’ by Bundgaard et al, found no statistically significant difference in rates of infection with SARS-CoV2, between those who wore masks and those who did not in the community. The results of this study are consistent with other RCTs, which found little evidence that face masks provide protection from infection with respiratory viruses in a community setting.

²⁹ <https://inference-review.com/article/on-the-futility-of-contact-tracing>

³⁰ <https://www.pandata.org/responding-to-covid-19-public-health-or-public-harm/>

³¹ <https://www.pandata.org/responding-to-covid-19-public-health-or-public-harm/>

Instead, there is evidence that masks used by children are infected with pathogens, and cause other harms including reduced oxygen. There is no scientific basis to mandate masks.

E. THE PROBLEM WITH COVID DEATH COUNTS

There is a genuine problem in classifying a death: “It’s not always easy to tell if someone has died because of the effects of the SARS-CoV-2 virus, or whether they’ve passed away from pre-existing medical conditions but with the virus in their system”.³² People can shed viral fragments for over two months. The data collection methodology for covid seems to be hugely biased towards inflating covid death figures. Just having coronavirus in the body at the time of death is no proof that it caused the death.

The virus must actually *cause* the death, but today we can’t be sure of that. In the USA, CDC has reported that:

For 6% of the deaths, COVID-19 was the only cause mentioned. For deaths with conditions or causes in addition to COVID-19, on average, there were 2.6 additional conditions or causes per death³³.

This means that only 6 per cent of the reported covid deaths in USA can be genuinely considered to be entirely caused by covid. For the remainder, the real cause remains unclear. It seems that most “covid-19 deaths” in the world have not occurred ‘**from**’ covid-19 but ‘**with**’ covid-19. There are many other reported issues about PCR tests, e.g. they cannot distinguish between live and dead viruses. Plus, the cycle threshold matters: higher thresholds can make the test results questionable. And there are other related questions about the way flu has largely disappeared.

6. SUMMARY

This pamphlet provides a summary of the innumerable scientific, legal and ethical issues in the management of covid in Australia.

We need a Covid Justice Royal Commission that would investigate the government’s response and identify measures to prevent any future excesses, and to bring to account those who imposed disproportionate measures on the people of Australia. In my book, *The Great Hysteria and The Broken State*, I have outlined other measures that need to be undertaken to revert Australia to being a liberal state, a status which it has increasingly lost in the eyes of millions of people in the West.

³² <https://theconversation.com/died-from-or-died-with-covid-19-we-need-a-transparent-approach-to-counting-coronavirus-deaths-145438>

³³ https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm#Comorbidities