Date: 29 July 2022

The Independent Panel

The Australian Medical Professionals Society (AMPS) welcomes the opportunity to provide feedback from a medical frontline perspective.

AMPS believes the extraordinary government intrusion by public health experts into the lives of citizens, in an attempt to control a respiratory virus through coercive public health orders, defies historical experience and scientific consensus. Broad powers were bestowed on Chief Health Officers (CHO) to issue any direction considered reasonably necessary to assist in containing, or "responding to", the spread of COVID-19 in the community[1].

It was neither reasonable nor necessary to unleash societal interventions that were and still are supported by secret health advice in contradiction to international and national pandemic plans, while silencing any scientific dissent and conflicting with medical codes and Australian civil and political rights obligations.[2345]

It is vital that any future public health response is conducted in an atmosphere of open scientific discourse and consultation with the medical frontline. This is critical to ensuring that health care workers (HCWs) are able to deliver care appropriate to the situation, commensurate with good practice.[6] Regulatory position statements that silence health professionals from questioning the government's response, under threat of investigation and disciplinary action by AHPRA and National boards must never again be repeated. Good medical practice requires evidence-based best practice, risk benefit analysis of any treatments and informed consent, for the best interests of our patients, who are our primary concern.[7]

Health Professionals must be provided with the scientific evidence that informs the health advice directing the Public health Orders (PHO). Transparent and accountable decision making is critical to implementing safe and effective interventions that build public confidence and maintain trust in health professionals. Especially during times of medical and scientific uncertainty, such as recent times with Covid. Vigorous scientific debate, constant review of emerging evidence and engagement with the medical frontline should be embraced as was recommended in our Australian Health Management Plan for Pandemic Influenza (AHMPPI).

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[1] https://www.legislation.qld.gov.au/view/pdf/inforce/current/act-2005-048
[2] https://apps.who.int/iris/bitstream/handle/10665/329438/9789241516839-eng.pdf?ua=1
[3]https://www.health.gov.au/sites/default/files/documents/2022/05/australian-health-management-plan-for-pandemic-influenza-ahmppi.pdf
[4] https://www.legislation.qld.gov.au/view/pdf/inforce/current/act-2005-048
[5] http://www.austlii.edu.au/au/other/dfat/treaties/1980/23.html
[6]https://www.health.gov.au/sites/default/files/documents/2022/05/australian-health-management-plan-for-pandemic-influenza-ahmppi.pdf
[7]file:///C:/Users/danan/Downloads/Medical-Board---Code---Good-medical-practice-a-code-of-conduct-for-doctors-in-Australia---1-October-2020%20(9).PDF

Our AHMPPI outlined health care stakeholders have a responsibility to provide input into decision making for and to communicate pandemic information and key messages to the public. However, **under current regulations and legislation HCW's cannot build awareness across the health sector of the most up-to-date and accurate information about the disease, where the evidence contradicts politicians and PHO without risking their registration**.

What impact did the pandemic have on you and your community?

Engagement with our membership found that the impacts were not from the pandemic itself but the government response to it. Job loss, discrimination, adverse reactions, seperation from loved ones, ongoing delay or denial of treatment, to name but a few. Of particular concern to our members was the silencing of any health professional from questioning the government public health response which we do not believe was reasonable, evidence based or in line with the precautionary principle.[8] Two years on we are enduring the collateral economic, personal and social damage from policy which appears to have delayed and exacerbated the health crisis.

The mandating of unjustifiable policy decisions undermined our codes and oaths to *make our patients our primary concern using evidence based best practice, and to first do no harm*. Take for example two pandemic preparedness documents. The Australian AHMPPI 2019 and the WHO Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza 2019.

Both documents outline there is no evidence that masks are effective in reducing transmission and that there is a risk that if used incorrectly, such as wearing them repeatedly with constant touching, could increase transmission.[9][10]

Doctors could not support early treatment options as encouraged by the AHMPPI because even in the presence of statistically clinically significant evidence of reduced hospitalisation and death rates using repurposed drugs, regulatory agencies banned their use, under threat of jail, fines and registration action.[11][12]

Social distancing, mass testing of healthy people, school closures, forced quarantine and lockdowns were more directives where available evidence of effectiveness is weak. Social distancing measures (e.g. contact tracing, isolation, quarantine, school and workplace measures and closures, and avoiding crowding) can be highly disruptive, and the cost of these measures must be weighed against their potential impact. For example, the impact on children of these societal measures created demonstrable negative consequences to child development without supporting evidence of significant viral mitigation benefit.[13] However, if HCW's were to weigh the risk - benefit and ethical cost of these measures they would have been suspended for spreading misinformation.

Provisional vaccine mandates, or as former Health Minister Hunt called them the largest global clinical trial, were introduced with strict regulatory censorship of HCW through the AHPRA March 9 2021 position statement; *any promotion of anti-vaccination statements or*

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[8]https://www.researchgate.net/publication/51365486_The_Precautionary_Principle_and_Medical_Decision_Making

[9]https://www.health.gov.au/sites/default/files/documents/2022/05/australian-health-management-plan-for-pandemic-influenza-ahmppi.pdf

[10] https://apps.who.int/iris/bitstream/handle/10665/329438/9789241516839-eng.pdf?ua=1

[11] https://pubmed.ncbi.nlm.nih.gov/34145166/

[12]file:///C:/Users/danan/Downloads/ImpactsofregularuseofivermectinonCOVID019outcomes.TheIvermectinItajaStudy2.July2022..pdf

[13] https://www.medrxiv.org/content/10.1101/2021.08.10.21261846v1.full.pdf

health advice which contradicts the best available scientific evidence or seeks to actively undermine the national immunisation campaign (including via social media) is not supported by National Boards and may be in breach of the codes of conduct and subject to investigation and possible regulatory action[14].

However, health advice has been kept secret. Furthermore, amendments were made to the *Therapeutic Goods Regulations* on 23 July 2021, that provided unprecedented and dangerous concessions to manufacturers of Covid-19 drugs seeking provisional approval. Now these manufacturers are ***exempted*** from having to even show their new drug '*is likely to provide a significant improvement in the efficacy or safety of the treatment, prevention*' of Covid-19, nor are they required to show '*preliminary clinical data demonstrating that the medicine is likely to provide a major therapeutic advance*'[15]. Instead, these manufacturers whose drugs are still in clinical trial phases, need only *assert an indication* of their drug is the treatment or prevention of Covid-19 *while simultaneously stressing that* Covid-19 is life-threatening or produces seriously debilitating outcomes in the age cohort the provisional approval is being sought for. They then have up to 6 years to file the remainder of their clinical data on the safety and efficacy of their medicine[16]. Furthermore the numbers of adverse reactions to the "vaccines' have been extraordinary and Australia is now witnessing an increase in Excess Deaths above baseline All Cause Mortality.[17][18]

Even with such concerning data, provisional approval was granted for children, with mandates extended for children in care of the State. Yet according to ATAGI most children with SARS-CoV-2 infection are asymptomatic or experience a mild illness, those who are symptomatic typically have a short illness with a median duration of 5 days [19]. How can these be provisionally approved where there is no life threatening disease to healthy children? It defies good medical practice and research ethics to recommend poorly tested, gene-based products of unknown contents (due to commercial in confidence protection), no long term safety data, where unprecedented adverse reactions have been collected including death, for a disease children are at miniscule risk from. Complying without questioning we believe undermines our informed consent obligations, sacredness of the doctor-patient relationship, risk-benefit analysis, our oaths, the precautionary principle and is in breach of our code of conduct.

What worked well, and what didn't work well, in governments' policy responses to reduce the impact of the pandemic on you and your community?

Consultation with our members found no support for the public health response to a respiratory virus with a mortality rate similar to that of the seasonal flu.[20] The impacts on the personal, social and economic capital of our Nation by unaccountable, non-transparent, gross state intrusions are potentially catastrophic for personal, social, health and economic wellbeing[21].

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[14]file:///C:/Users/danan/Downloads/Ahpra---Position-statement---COVID-19-vaccination-position-statement.PDF
[15] https://www.legislation.gov.au/Details/F2021L01032
[16] http://www5.austlii.edu.au/au/legis/cth/num_reg_es/tgla2021mn2r2021202101032628.html
[17] https://www.abs.gov.au/statistics/health/causes-death/provisional-mortality-statistics/jan-mar-2022
[18] https://www.tga.gov.au/periodic/covid-19-vaccine-weekly-safety-report-23-06-2022
[19] Molteni E, Sudre CH, Canas LS, et al. Illness duration and symptom profile in symptomatic UK school-aged children tested for SARS-CoV-2. *Lancet Child Adolesc Health* 2021;5:708-18.
[20] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9045427/
[21]https://www.theaustralian.com.au/subscribe/news/1/?sourceCode=TAWEB_WRE170_a_GGL&dest=https%3A%2F%2Fwww.theaustralian.com.au%2Fcommentary%2Fcovid-cost-cruelty-linger-but-no-one-will-tell-us-why%2Fnews-story%2F1c28a9521dd73f849de465d3e123dea5&memtype=anonymous&mode=premium&v21=dynamic-warm-control-score&V21spcbehaviour=append

What should be done now to better prepare for the next health crisis?

The March 9 position statement must be removed so frontline HCW's, as recommended by national and international pandemic plans, can engage in risk benefit analysis of public health responses to support evidence-based future decision making.

Such engagement is critical for public health officials and politicians to understand the impacts of decisions on the frontline. We need to gather, synthesise and share information on the epidemiology, virology and severity of the disease to inform early treatment protocols that reduce the incidence of hospitalisation and death, thus reducing the burden of disease and the impact on the tertiary health system. Build awareness across the health sector of the most up-to-date transparent and accurate information about the outcomes of interventions to better inform management decisions; if experimental gene-based "vaccines", of unknown chemical composition (due to commercial in confidence protections), with minimal safety data are ever trialled again on our population, then where objective data indicates there is a potential risk of death, serious illness or serious injury, as has been seen with the Covid "vaccines" according to National and International adverse event reporting systems, they must be suspended and never mandated.[22][23][24][25][26][27] Fully informed valid consent must be adhered to, participation should always be voluntary without coercion in line with ethical research principles and risk-benefit analysis and the individual patient must be the HCW's primary concern.[28]

What other issues would you like to raise with the Panel?

Initiate a review, or Royal Commission, as recommended by the Emergency Response Plan for Communicable Diseases of National Significance (CD Plan).[29]

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[22] https://www.legislation.gov.au/Details/C2021C00376
[23] https://www.thelancet.com/journals/lancet/article/PIIS0140-67362200089-7/fulltext
[24] https://pubmed.ncbi.nlm.nih.gov/35659687/
[25] https://pubmed.ncbi.nlm.nih.gov/34849657/
[26] https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4125239
[27] https://journals.sagepub.com/doi/10.1177/17455057221109375
[28] https://www.health.gov.au/sites/default/files/documents/2022/05/australian-health-management-plan-for-pandemic-influenza-ahmppi.pdf
[29] https://www.health.gov.au/sites/default/files/documents/2022/07/emergency-response-plan-for-communicable-diseases-of-national-significance-cd-plan.pdf