

16 July 2021

The Hon Scott Morrison MP
Prime Minister
Parliament House
CANBERRA ACT 2600

Dear Mr Morrison

Why did you abandon Australia's pandemic plan in March 2020 and pursue an authoritarian suppression strategy, with a **vaccine solution** as the only way out?

Why didn't your National Cabinet follow the *Australian Health Management Plan for Pandemic Influenza 2019 (AHMPPI)* to '**allocate resources where needed**', '**minimize disruption to the community**', '**reduce the risk to vulnerable people**' and '**provide a response that was proportional to the level of impact**'?¹

Was it because you are serving the interests of a lucrative vaccine industry, rather than the best interests of the Australian people?

Did you suppress the rights of the Australian people, to force us into complying with your **vaccine solution**?

The *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)* is based on the AHMPPI.² It states:

'This, the first Australian Health Sector Emergency Response Plan for Novel Coronavirus (the COVID-19 Plan) is designed to guide the Australian health sector response. It should be considered a living document that will be periodically updated. As we learn more about the virus and **its key at risk groups**, and as **potential treatments become available such as antiviral drugs** and vaccine[sic], we can **target resources** and public health interventions to **most effectively protect the health of all Australians.**' [emphasis added]

It goes on to say:

'A key goal of the decision making process is to achieve a response that is **proportionate to the level of risk, acknowledging that the risk is not the same across population groups**. A response that is **appropriate to the level of impact** the novel coronavirus outbreak is likely to have on the community, and on vulnerable populations within the community, will **make the best use of the resources available** and **minimise social disruption.**' [emphasis added]

Mr Morrison, it has been known since February 2020 that COVID-19 has a steep age gradient in mortality.³ Elderly people with comorbidities have an increased risk of serious illness and death,⁴ and most deaths have occurred in this group of people.⁵ As noted in *CDNA National Guidelines*, for most people COVID-19 is a mild illness.⁶ Recent estimates suggest a global infection fatality rate of 0.15%, which is not dissimilar to influenza;^{7,8} for the under 70s it is 0.05%.⁹ Children are much less likely to develop symptoms of COVID-19 and their risk of death is close to zero.^{10,11}

Are border closures, lockdowns and mandatory quarantine **proportional to the risk**, and **appropriate to the level of impact** of COVID-19 in Australia? Do they **minimise social disruption** and consider that the **risk is not the same across population groups**? Why were these measures used when they are **not recommended** in the AHMPPI, nor in the World Health Organization's *Non-Pharmaceutical Public Health Measures for Mitigating the Risk and Impact of Epidemic and Pandemic Influenza (2019)*?¹² How do they **effectively protect the health of all Australians** given that research explicitly cautions against such extreme measures because they carry such obvious harms?^{13,14}

Are you **reducing the risk to vulnerable groups** by allowing suppression of anti-viral treatment? According to the AHMPPI, anti-viral treatment should be one of the pillars of our pandemic response. A growing body of evidence demonstrates that early treatment, with medications such as ivermectin and hydroxychloroquine, is highly effective at reducing hospitalisation and death from COVID-19;¹⁵¹⁶ you must be aware of this because it was raised in Federal Parliament by the Hon Craig Kelly.¹⁷

Instead of a vaccine solution, why didn't you **allocate resources where needed** and **reduce the risk to vulnerable people** by making multi-drug therapy freely available? Why haven't you also been educating the public about how to support the immune system and the importance of vitamin D, to help them **reduce their risk** of serious illness?¹⁸

How can treatment with medications, that have an established safety record and evidence to support their efficacy, be a greater risk than rushed experimental 'vaccines' with no long-term safety data? Does the fact that suppression of these low-cost medications serves the vested financial interests of the vaccine industry, have anything to do with this denial of early treatment for those at risk?

Are you **making the best use of resources** and **allocating them where needed**, when you spend billions of dollars buying 195 million doses of COVID-19 'vaccines' that are of no benefit to most of the Australian population?¹⁹ Does mass vaccination **acknowledge that the risk is not the same across population groups**, with most people likely to be able to mount their own effective natural immune response to this virus?

Over 14000 people die in Australia **every month**;²⁰ so far this year, one person has died from COVID-19 (377 deaths have been reported after injection with COVID-19 'vaccines').²¹ Australia has an ICU capacity of over 2300 beds, and an estimated surge capacity of 189%.²² There are currently 22 people with COVID-19 in ICU across the country.*²³

Are you **making the best use of resources** and **allocating them where needed**, when you spend billions of dollars paying the young and healthy to stay at home, and businesses are shuttered? Does this **acknowledge that the risk is not the same across population groups**? If you were not confident about Australia's hospital capacity, wouldn't these billions of dollars have been better spent ensuring health systems are adequately resourced to cope with serious cases of COVID-19?

The key objective of the *targeted action phase* of the Emergency Response Plan is '**ensuring a proportionate response to the outbreak, so scarce resources are properly allocated where most needed and that the risk to susceptible people in the community is mitigated.**' [*emphasis added*]

Is contact tracing and testing a **proper allocation** of scarce resources, particularly now that SARS-CoV-2 is globally widespread? The AHMPPI suggests contact tracing be used for disease surveillance in the **early stages of a pandemic**, but notes that it has high associated costs and '**imposes a significant burden on health and other systems.**' Contact tracing is also **not recommended** in WHO guidelines.²⁴

Over 22 million PCR tests have been conducted in Australia. How much did this cost the Australian taxpayer and who is financially benefiting from it? Is widespread testing a **proper allocation** of scarce resources? Why are asymptomatic people being tested when they are not major drivers of disease burden?²⁵ Why are people with a positive PCR test, but no symptoms, being told they have COVID-19?²⁶ COVID-19 is a disease, how can you have a disease if you do not have any symptoms? According to the WHO, the PCR test is an 'aid to diagnosis.'²⁷ How can a PCR test **alone** diagnose a 'case' of COVID-19 when all it does is detect sequences of genetic material, and it cannot predict infectiousness?²⁸ How many of these 'cases' are sick and how many are just PCR positive Mr Morrison? Are healthy people who are PCR positive clinically relevant in terms of the pandemic response?

* This statement was amended on 19 July 2021. The original version stated: '**There are currently 22 people in ICU across the country.**'

Mr Morrison, who set a goal of zero community transmission?²⁹ Was this goal ever achievable for a highly transmissible respiratory virus that was rapidly spreading around the globe? Sixteen months of repeated cycles of outbreaks, lockdowns and border closures, surely highlights the futility of your strategy and why such an approach was not recommended in the AHMPPI.

What role did mathematical modelling play in your decision to lock-up Australia? Did you throw out our pandemic plan, developed over many years, to follow modelling by the Doherty Institute that was influenced by the work of Professor Ferguson's team at Imperial College?³⁰ Are you aware that modelling for COVID-19 has been heavily criticised, and Professor Ferguson's predictions have been wildly inaccurate on many previous occasions?^{31 32}

Why did you unleash the force of the *Biosecurity Act (2015)* upon the Australian people,³³ and pursue a damaging suppression strategy modelled on the response of the Chinese Communist Party?^{34 35} This was an unprecedented intervention with little evidence to support it.³⁶

Is closing our international border for sixteen months in keeping with Australia's obligations under the *International Health Regulations (2005)*, which are intended to 'provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and **which avoid unnecessary interference with international traffic and trade**'? How does turning Australians into prisoners, locking citizens out with arrival caps and mandatory hotel quarantine, have '**full respect for the dignity, human rights and fundamental freedoms of persons**', as is required under these regulations?³⁷

The AHMPPI and the Emergency Response Plan state that '**measures will rely on voluntary compliance rather than legal enforcement wherever possible.**'

These plans also state that any public health response should '**ensure the rights of the individual are upheld as much as possible.**'

Are you **upholding the rights of the individual as much as possible** when you subject the Australian people to lockdowns, border closures, digital surveillance, mandatory testing and mandatory quarantine – and then you force us into accepting an experimental medical intervention in order to be set free?

Were these public health measures ever **proportional to the level of impact** of COVID-19, when you knew in February 2020 that it was not a risk to most people? Has the **effectiveness and appropriateness** of the measures taken been regularly reviewed by your government, as required by the Emergency Response Plan? Where is empirical data showing lockdowns have prevented deaths from COVID-19? Is there any empirical evidence demonstrating that such authoritarian interventions were **necessary**, and that you were right to throw away our pandemic plan, along with our human rights?

The Liberal Party website states:

'We Believe: In the inalienable rights and freedoms of all peoples; and we work towards a lean government that minimises interference in our daily lives...'

Mr Morrison, please can you explain what made you pursue such an **illiberal** suppression strategy?

Who is benefiting from your vaccine solution? Because it certainly does not appear to be the Australian people.

Yours sincerely

Emma McArthur

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- ¹ <https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-ahmppi.htm>
 - ² <https://www.health.gov.au/resources/publications/australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19>
 - ³ <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html>
 - ⁴ <https://gh.bmj.com/content/6/1/e004614.info>
 - ⁵ <https://www.health.gov.au/resources/covid-19-deaths-by-age-group-and-sex>
 - ⁶ [https://www1.health.gov.au/internet/main/publishing.nsf/Content/7A8654A8CB144F5FCA2584F8001F91E2/\\$File/COVID-19-SoNG-v4.7.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/7A8654A8CB144F5FCA2584F8001F91E2/$File/COVID-19-SoNG-v4.7.pdf)
 - ⁷ <https://onlinelibrary.wiley.com/doi/10.1111/eci.13554>
 - ⁸ <https://www.sciencedirect.com/science/article/pii/S0013935120307854?via%3Dihub>
 - ⁹ <https://www.who.int/bulletin/volumes/99/1/20-265892.pdf>
 - ¹⁰ <https://www.nejm.org/doi/10.1056/NEJMc2026670>
 - ¹¹ <https://www.pandata.org/allrisk-zerobenefit>
 - ¹² <https://apps.who.int/iris/bitstream/handle/10665/329438/9789241516839-eng.pdf>
 - ¹³ <https://www.pandata.org/responding-to-covid-19-public-health-or-public-harm/>
 - ¹⁴ <http://doi.org/10.1089/bsp.2006.4.366>
 - ¹⁵ <https://bird-group.org/health-professionals-resources/>
 - ¹⁶ <https://www.youtube.com/watch?v=e6CA3q0qZdU>
 - ¹⁷ <https://vimeo.com/573755687>
 - ¹⁸ <https://aapsonline.org/CovidPatientTreatmentGuide.pdf>
 - ¹⁹ <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/covid-19-vaccine-government-response/australias-vaccine-agreements>
 - ²⁰ <https://www.abs.gov.au/statistics/people/population/deaths-australia/latest-release>
 - ²¹ <https://www.tga.gov.au/periodic/covid-19-vaccine-weekly-safety-report-15-07-2021>
 - ²² <https://www.healthcare-spaces.com/2020/05/20/how-does-australias-icu-capacity-compare/>
 - ²³ <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-case-numbers-and-statistics#cases-admitted-to-hospital>
 - ²⁴ <https://apps.who.int/iris/bitstream/handle/10665/329438/9789241516839-eng.pdf>
 - ²⁵ <https://www.pandata.org/are-asymptomatics-sick-until-proven-healthy/>
 - ²⁶ <https://www.nsw.gov.au/covid-19/health-and-wellbeing/symptoms-and-testing#people-who-should-get-tested>
 - ²⁷ <https://www.who.int/news/item/20-01-2021-who-information-notice-for-ivd-users-2020-05>
 - ²⁸ <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1764/6018217>
 - ²⁹ <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-statement-on-strategic-direction>
 - ³⁰ <https://www.doherty.edu.au/news-events/news/covid-19-modelling-papers>
 - ³¹ <https://www.sciencedirect.com/science/article/pii/S0169207020301199>
 - ³² <https://www.rationaloptimist.com/blog/lockdown-and-mathematical-guesswork/>
 - ³³ https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/FlagPost/2020/March/COVID-19_Biosecurity_Emergency_Declaration
 - ³⁴ <https://www.imperial.ac.uk/mrc-global-infectious-disease-analysis/covid-19/report-9-impact-of-npis-on-covid-19/>
 - ³⁵ <https://www.thetimes.co.uk/article/people-don-t-agree-with-lockdown-and-try-to-undermine-the-scientists-gnms7mp98>
 - ³⁶ <https://www.reuters.com/article/us-china-health-who-idUSKBN1ZM1G9>
 - ³⁷ <https://www.who.int/publications/i/item/9789241580496>