

THE COVID JAILING OF AUSTRALIANS

Abalinx - Peter Adamis - 20 October 2021

EXECUTIVE SUMMARY

Knowledge is power and the Covid jailing of Australians is a good example of how to bury the truth by withholding information. In March of 2020, I published an article that stated “Why have we allowed a herd mentality to confuse our logic and commonsense?” [115] Some nineteen months later those words continue to haunt us. In this document, I have come to the conclusion that there was no attempt by state governments (emphasis on my home state of Victoria) to consider the costs versus benefits of elongated lockdowns, that they may have misrepresented the facts, failed in their executive duty to manage the pandemic and misused their executive powers.

Moreover, I am of the opinion that due to poor health advice, errors of judgement, assisted by an overzealous media contributed to state governments’ failure to consider other health related methodologies that may have had a positive impact on society. Health advice on Covid-19 being held from the public, mixed messages from Chief Health Officers and the oppressive and draconian measure taken, were instrumental in creating an environment of fear and panic.

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Background. On 31 December 2019, the World Health Organisation WHO was informed of cases of pneumonia of unknown causes in Wuhan City, China. [32] & [33] On 7 January 2020 the virus was temporarily named "2019-nCoV. According to the World Health Organisation (WHO), the word Covid-19 made its first appearance on 11 February 2020 in a WHO Situation Report as an acronym for coronavirus 2019. Before that time, the virus was commonly referred to as the Wuhan virus. [1] & [34] The change in name is believed as a result of the Chinese government objecting to the name. In mid June 2020, the origins of the virus was disputed in a study published 5 June 2020, by Paraminder Dhillon, Manuel Breuer and Natasha Hirst who were of the belief that the virus "evolved naturally and was transferred to humans via an animal" [27]

In mid January 2020, Australians who were visiting China became aware that a serious virus was loose. This information was gleaned from WECHAT, a social media platform that incorporated all other social media platforms into one. Many of these Australians were not affected as they were in a neighbouring province and returned to Australia in late January. On the 19 January 2020, when the Federal government became aware of the coronavirus, responded early and we have been led to believe, called upon the best minds in Australia and also drew upon collaborative information from overseas sources to provide advice on how to deal with the Covid-19 pandemic as it affected all Australians. [2] This was followed by the World Health Organisation on the 11 March 2020, declaring a global pandemic on the outbreak of the corona virus and recommended that aggressive actions should be implemented immediately to mitigate the spread of the virus.

By this time all three tiers of government became involved and national body was created. In creating the national body it is important to note that the relationship between Local, State and Federal governments is constrained by convention and protocols. Similarly State governments or local councils do not have access to defence, unless it is first channelled through the Federal government. That is not to say that there is not an interaction between professional bodies by members who are also on the staff of the three tiers of government. Therefore during this early period, time was of the essence and information was required to be rapidly distributed to Australians. Unfortunately as events became history, reflection on the lessons being learnt became a casualty between the states.

In Victoria on the 16 March 2020, "The declaration came into effect at 12:00pm, giving the chief health officer Brett Sutton wide-ranging powers. At the direction of Professor Sutton, health officials could detain people, search premises without a warrant and force people or areas into lockdown if it is considered necessary to protect public health." [104] On the 30 March 2020, Victoria implemented Stage 3 restrictions as the state recorded 56 more confirmed cases of COVID-19, bringing the total to 821. [105] The Victorian government on the 2 August 2020 Melbourne was placed under stage 4 coronavirus lockdown with 6,322 infections now active in the state. [106] 14 months later on the 18 October 2021, "Victoria recorded seven deaths" and 22,327 cases "as the state prepared to move out of lockdown". [107] & [108]

CORONA VIRUS COVID-19

The virus. The coronavirus in order to survive needs a companion or a compatible host body. The virus is a severe coronavirus disease 2019 (COVID-19) is not just a serious respiratory viral disease, as influenza is, but rather a systemic multiorgan viral invasion" of the body. [25] Simply put, a virus is in fact pieces of genetic code encased in a layer of protein and come in all shapes and sizes. There are viruses that are part of us, living with us and considered harmless, and then we have viruses that are dangerous to us. In the case of the Covid-19 virus, research has demonstrated that even small droplets can contain significant viral loads that have been measured to travel up to 8 metres and therefore exceeding social distancing limits advised by health officials.

The Health Minister Greg Hunt advised Australians that "Symptoms include fever, cough, sore throat, vomiting and difficulty breathing. Difficulty breathing is a sign of possible pneumonia and requires immediate medical attention." [2] As additional information was being gleaned from domestic and overseas sources, it became evident that, buildings or indoor environments with poor ventilation and closed confined spaces became recognised as incubators of Covid-19. Therefore, whoever succumbed to the seduction of the virus meant that the environment was ideal to attract it in the first place. The elderly at St Basil's aged home in Fawkner was a prime example. [3] It was of interest to note that in 2019, "837 older Australians died of the flu, compared to just 28" for 2020 at the same time. [3]

Further to the above, the World Health organisation advises nations that according to its own studies and findings “that those infected experience mild to moderate respiratory illness and recover while others may become seriously ill and require medical attention. The elderly and those with underlying medical conditions such as like cardiovascular disease, diabetes, chronic respiratory disease, or cancer are more likely to develop serious illness.[72 P46] The virus can spread from an infected person's mouth or nose in small liquid particles when they cough, sneeze, speak, sing or breathe”. [54]

VIRUS CONTROL

Virus Control phases. In Victoria, Australia, I observed five phases of virus. These phases appear to have been borrowed from overseas initially appeared to have had some success. The last number 6 being my recommendation has a clause: of until a 100% vaccine is produced. .

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|---|-------------------------------|---|---|
| 1 | Zero Covid-19 tolerance (ZCT) | 4 | Lockdowns and Precautions Practices (LPP) |
| 2 | Flattening the Curve (FTC) | 5 | Vaccine method of control |
| 3 | Suppression Protocols (SP) | 6 | Live with the Virus |

STAKE HOLDERS

Interested parties. The pandemic has attracted stakeholders from across the nation and as such each is focusing on their own mission. I have categorised the stake holders into two groups: Domestic and Purveyors. (Domestic meaning within the nation and Purveyors meaning those who sell, deal in particular goods, and/or who spreads or promotes ideas or views) On the domestic front we have the politicians, news media, health professionals, small businesses, religious, education, academics, employers, families, finance, frontline workers, SES, paramedics, police, Australian Defence Force and many others; all involved in one way or another.

On the purveyors' side are the pharmaceutical companies, government, captains of industry, news media, insurance companies, banks, housing industry, transport companies, technology giants, international interests, foreign governments, travel industry, World Health Organisation, and the maritime industry. Moreover, it is not within the scope of this document to discuss all of the above and I will confine matters to but a few.

Political. Covid-19 global pandemic created an environment that challenged the Australian Constitution and alienated Australians. It forced state governments to close State borders, implementing inconsistent and hypocritical approaches to managing the corona virus, use of law enforcement agencies, elongated lockdowns, stress on industries, small business, individuals, communities and frontline health workers. [4] State governments grappled with policies regarding the cost – benefit analysis, aggressive control polices, priorities, socio-economic and utilitarianism. “Often public announcements were made that were inconsistent with basic Covid-19 facts”, [11] which sent mixed messages to a public adapting to the various changes according to government guidelines.

Frontline workers. Front line workers, essential workers, law enforcement paramedics, construction industry and all those associated with ensuring instruments or mechanisms of society are operating return home each night exhausted. The paramedics, nurses and associated medical support teams are exhausted, working long hours without a decent break and returning home to their families after each shift worse for wear. It has been alleged that insufficient funds have been allocated to meet the pandemic. A pandemic made worse by the lockdown protocols.

Police. Another example is the Police. Their manpower resources and assets have been stretched to the limit of their endurance and the recent riots have played havoc with their health and well being. Long hours, late nights and confronting protesters have taken their toll. It is true that there have been a number of recorded incidents where the tolerance of the Police has been broken and they have resorted to responding aggressively towards protesters and others who have failed to comply with the Chief Health Officers guidelines.

This heavy handed approach has caused an outcry amongst Victorians in particular creating a negative optic of the Police. However, many police have privately stated that they did not sign up to battle the very citizens they swore to protect. In fact there are some who are resigning in NSW & Victoria. They go home to families that are reeling from the stress and their lack of human interaction. Society is unravelling at the seams and life is becoming unbearable for those unable to adapt to the draconian living standards. [46] & [47]

Australian Defence Force. (ADF) It is in the opinion of some veterans that the ADF members were used far too late and were certainly underestimated. Being utilised as roving patrols with the Victorian Police, checking and "enforcing the ring of steel" between metropolitan and regional areas, filling in the gaps for physical security at hotel quarantine facilities, acting in some cases the role of concierge's; is not the role of Defence Force personnel. However the use of ADF medical personnel at Covid-19 testing and Vaccine injection sites, assisting the paramedics with transport was well within their roles and responsibilities. By all accounts they had integrated well with their civilian counterparts. In hindsight, such on the job training had its benefits for both the civilian and military to watch how the other operated under extraordinary conditions.

Academics. It is not too difficult to see why professionals are influenced towards being seen as doing something to suppress and eradicate the virus. They are being overwhelmed by domestic directives, political requests, petitions, media reports, social media platforms, emails, messages and letters and of course by their immediate families. [71] & [72] Health officials and political representatives having been armed with modelling, academic literature and scientific data used the information to demonstrate that they were taking the virus seriously and immediate action was being taken to suppress the spread of the virus. However the language used at press conferences left a lot to be desired as much of what was being said caused panic and in the case of the academics and scientists, they failed in their responsibilities.

Take for example the 'The Great Barrington Declaration' which is a conglomeration of thousands of scientists, medical and academics who have all signed the report stating that the current methodologies used by governments to manage Covid-19 infections is wrong and harming not only society but also the world economy. (Some of those who have subsequently signed the Declaration online have been found to be false. Whether this has been done deliberately to undermine the Declaration is anyone's guess).

In any case the authors of the Great Barrington Declaration state that: "As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection". [44] They go on to say that: "The most compassionate approach that balances the risks and benefits of reaching herd immunity is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk". [94]

The Great Barrington Declaration is worth downloading and recommended reading. However the Great Barrington Declaration has attracted criticism from fellow academics that are of the opinion that it sets a dangerous precedent and has been attacked for its cavalier approach to human life. [89] - [90] - [91] & [92] "The document was swiftly denounced by top health officials and thousands of researchers and scientists around the world, who called the approach unethical and nearly impossible." [93] Dr. "Anthony Fauci (USA) dismissed the idea, calling it dangerous". [93] Stephen L Archer, of Queen's University, Ontario went as far as to highlight 'Five Flaws' in the declaration. They as follows:

1. "It creates a false dichotomy,
2. The Barrington declaration gives oxygen to fringe groups,
3. The Barrington declaration puts individual preference far above public good,
4. The declaration misunderstands herd immunity' and
5. The declaration offers no details on how it would protect the vulnerable".

A FactCheck conducted on the 27 October 2020, found that the criticisms of the Declaration were not academically correct and that it was the critics point of view. FactCheck went on to find that in their opinion 'The Great Barrington Declaration was in fact 'HALF TRUE'. [94] In light of the failed health protocols implemented by governments, new evidence emerging some twelve months later that in fact the virus is not as deadly as it seems.

New evidence is emerging each day and "As Australia enters the 'living with COVID' phase, experts say the population needs to focus on hospitalisations, not case numbers" [98] That the virus is extremely infectious is true and that it affects those with underlying health issues is also true; it is becoming abundantly clear that the authors of the Great Barrington Declaration may have been correct.

The global pandemic created a problem of moral proportions for Academics as they were placed between a rock and a hard place. On one hand they are respected professionals and on the other they are concerned about and being seen as mavericks, jeopardising their livelihood. There are cases where academics see that what is being fed to the public is not quite right and yet do not speak out in fear of going against the tide of popular theories. Other related comments are: "it might have been bad for my career" [71 - P12], 'had to cover his ass and he didn't have much time to do it" [71 - P13]. Academics have also advised me privately that their institutions are making millions out of Covid-19 studies and it's not in their interest to buck the system.

Pharmaceutical companies. The pharmaceutical companies are the real winners in the global pandemic, not mankind. There is much speculation, conspiracy theories and misinformation regarding the effectiveness of vaccines being made available to the public. It is true that pharmaceutical companies have made billions as a result of Covid-19 and it should not come as a surprise that each pharmaceutical company will do what it must do in order to attract an audience to their product.

For example The New York Times in an article published on the 22 September 2021, stated that Jeffrey Wilson, an immunologist and physician at the University of Virginia in Charlottesville was of the opinion that "Pfizer is a big hammer," Wilson added, but "Moderna is a sledgehammer." [26] One could rightly say that the real winners out of all this have been the pharmaceutical companies who have accumulated much wealth, power and influence at the expense of mankind.

News media. "Truth is the first casualty of war", (Greek dramatist, Aeschylus - 2500 years ago) [112] This is not the first time that the news media has been accused of manipulation, skewing the facts or creating an environment that raises the ire of the nation. It is fair to say that politicians respond to news headlines if it will benefit them and that of the party they represent. Read the daily papers and sure enough there is at least two political statements being made. One State premier initiated a lockdown after just one Delta case being publicised. Sensationalism is the key word here, the more the sensationalism the greater the publics' emotional response and therefore the news media stocks begin to rise. I may appear biased in my opinion; I still believe that there is a bipartisan connection between State premiers departments and that of the media. This fact alone does not mean that there is collusion in the decision making process.

MISLEADING INFORMATION

Fiction becomes reality. In the early stages of the pandemic, many decisions were based on information provided by the World Health Organisation, Diplomatic sources and researchers who had been monitoring the crisis in the Chinese province of Wuhan. Information and data surrounding the coronavirus were based on information coming from China and subsequently from Italy, Spain, South Korea, USA and United Kingdom where deaths appeared to be associated with the coronavirus.

Aided by the news media, the public was fed a daily consumption of images of hospital beds, nurses, ambulances, protesters, personal protective equipment, disturbing images of people being arrested, graphs, statistics, and press conferences. All of which became reality in the minds of the public. Except for the few that were branded as mavericks, no one else stood up to demonstrate that the virus could be managed by means other than the draconian practices implemented.

Furthermore, when research results contrary to the official government response were shared on electronic media outlets, they were either removed, attacked by known and unknown individuals intent of the distribution of misinformation. Misinformation therefore became a reality and laid the foundation of accessing genuine research difficult. Mixed messages were distributed to the public. For example, was it an error of judgement to allow the "Black Lives Matter" movement, Football venues, Celebrities, to protest and have freedom of movement while the rest of society was forced to remain behind closed doors?

Public response. The public, institutions, industries whose trust was necessary, for not every Australian has or had access to the research associated with the Covid-19 pandemic. In addition, public announcements were made that appeared inconsistent with basic Covid-19 facts that were easy to find. Fake news became a reality and as a result society saw the rise of protesters who were conned or had succumbed to the reality of fake news. Non elected State Health officials on the surface appeared to be consistent and clear with their messages, yet the language used was embedded with fear, doom and gloom.

Social media platforms. To combat misleading and fake information Social media platforms implement artificial intelligent algorithms to “monitoring social media, platform news and social interaction” [28] with the aim of identifying potential fake news and send those responsible a warning. [112] Another sure way of identifying fake news was to employ humans to monitor the online traffic which created a problem for individuals expressing a different point of view. Some individuals and organisations went as far as creating their own Covid-19 Fact sheets. [12] Unfortunately the introduction “of artificial intelligence (AI) (which) has come into focus in the fight against fake news” [29] has not been welcomed by everyone. In addition to the above, the Australian Prime Minister, Scott Morrison (ScoMo) took the lead and called out those who deliberately misled the public with misinformation and in many cases hiding behind pseudonyms and are identified as online trolls. [38]

Scientific studies predict apocalypse. Scientific bodies in the United Kingdom (UK) using the little known data at the time built a model that predicted an apocalyptic end of the world, where millions were expected to suffer and die from the virus. In Australia on the 3 March 2020, “Warwick McKibbin, an economist at the Australian National University, said his model showed the virus could kill as many as 100,000 people in Australia and 68 million worldwide” [71] & [72]. Reliance on modelling and artificial intelligence without mankind’s judgement is courting disaster.

On the 16 March 2020, Neil Ferguson, an epidemiologist at Imperial College London, and a member of the scientific panel advising the UK government, released a report based on his modelling that 510,000 deaths would occur in the United Kingdom, 2.2 million in the USA and 40 million worldwide and that governments around the world need to take radical action. [71] & [72 P14 - 15] Later, the UK model became the focus of a number of independent studies, one of which found that: “early modelling made concerning predictions that induced fear” [30]. Another model conducted at Oxford that fitted the data was advising that the outcomes of serious illness and mortality from covid-19 were a lot better than suggested by Neil Ferguson’s model. [72 P27]

A recent study published on the 12 October 2021 in the British Medical Journal suggests that, “modelling of excess mortality trends suggests that at least half of covid-19 deaths have been missed globally and, at worst, 75%”. [109] Another method of identifying and classifying deaths is called “Excess mortality, which is a comprehensive measure of the pandemic. “It captures not only the confirmed deaths, but also COVID-19 deaths that were not correctly diagnosed and reported as well as deaths from other causes that are attributable to the overall crisis conditions”. [110]

Such ambiguity in modelling and differences of scientific opinion further compounds the public’s mistrust of covid-19 scientific studies and such information fed to the public becomes an embedded into the consciousness of the average person? Slowly, society has been forced to change and adapt to a new environment not of their choosing and as such restrictions upon freedom of movement has by stealth crept into our lives.

Conspiracy theories. It was no wonder society in general has lost faith in governments that have failed to stamp out irresponsible and misleading information. Going one step further let us not forget the Y2 scare where millions of dollars were needlessly spent of allegedly fixing or repairing computers before the new century had arrived. Even so, there are many who still believe that the introduction of 5G will burn them up and/or the current vaccines are embedded with tracking devices using nanotechnology. [79] Is mankind is so gullible? Unfortunately the Internet is full of jargon, misinformation, conspiracies and alleged experts. Let us not become so gullible and easily led by emotionally driven and scare conspiracy theories and take the time and check all the sources and their origins.

- 1. Example 1.** The 'Great Reset' [75] is false and yet people continue to believe in conspiracy theories. First they blamed the nations who attended the 'Davos' conferences, [76] followed by those against the introduction of the 5G mobile network, then Climate change on both sides and now the pandemic being blamed on the elite having orchestrated the pandemic and finally those now identified as 'Anti-vaxers'. [21] & [22] In fact the word 'Great Reset' according to BBC Monitoring research indicated that "more than eight million interactions on Face book and been shared almost two million times on Twitter since the initiative was launched." [22]
- 2. Example 2.** The PCR Test. Fake news comes from a Face book online source who advised that "the PCR test had its problems as its inventor, Kary Mullis, who received the Nobel Prize for inventing the PCR manufacturing technique, is reported to have said that it was for research purposes only and not for medical diagnosis." [87]

Dr Ian Mackay, a virologist and adjunct associate professor with the University of Queensland, advised that the claims read out about PCR testing demonstrate "an extreme lack of understanding of PCR, PCR test design and use". Furthermore, Based on the evidence, AAP FactCheck found the Face book post to be false. The quotes are not from PCR test inventor Kary B. Mullis, who died in August 2019, before the discovery of COVID-19. The claims instead appear to have originated from an anonymous online commenter. Therefore the "claim that the inventor of PCR tests said the tests don't work in detecting COVID-19 is false ". [88]

Covid-19 Death misunderstandings. There are stories that come to the attention of the media from grieving relatives of loved ones being catalogued as having passed away from Covid-19 symptoms and yet there is no mention of the underlying health related causes. [109] & [110] In such cases the relatives took exception to the cause of death and had the death certificate amended. In one particular case in Europe, a body was dug up and an autopsy performed to identify the cause of death. As it turned out the relatives were correct and the cause of death was not covid-19 related.

David Oliver writing in the British Medical Journal in February 2021 disputed the statistics of people dying from Covid-19 stating that "People are not dying from, but with, covid-19." Furthermore he went on to state that "deaths are mostly from other causes and underlying conditions," "death numbers are grossly inflated," "there is no excess mortality compared with other years or months," and this is "no different from a normal flu season." [55] - [56] - [57] & [58] I do not believe that these are isolated cases and only a thorough comparison of death certificates with underlying causes, by an independent body will provide the true mortality rate attributed to covid-19. In fact I was unable to find any evidence or material from Australian sources that advise that individuals are classified as covid-19 deaths with underlying health related causes. [59] - [60] - [62] – [63]

Chaos and panic. Mankind when faced with uncertainty, fear is the normal emotional response. The lack of knowledge of the unknown threat, loosely infers anxiety and loss of courage which attracts panic as a companion. Studies in communication have indicated that messages "are often effective at changing individuals' behaviour however in some cases messages can result in audience members adopting behaviours opposite of the recommended action;" as in the case of Victorians [78]

In Victoria, the Premier on the advice of his Health Officer, Brett Sutton, a general practitioner implemented covid-19 countermeasures. Brett Sutton on the 15 March 2020 advised Victorians, to keep on hand a supply of essential items, stating that "you don't need much, just a two week supply of food and a 60 day supply of prescription medication. [72 P16]. Furthermore "Victorian Health Minister Jenny Mikakos said Victorians were dealing with a "life and death" matter and needed to "get real". [72] & [74]

Encouraged by an irresponsible news media and State Health Officers announcements, society panicked; creating unprecedented chaos in supermarkets with people stocking up food items, household goods, and other related material as a precaution against a lengthy health siege; making world headlines. 19 months later, Victorians are beginning to scratch their heads and question how they allowed themselves to be seduced media reports, the government and their alleged health experts. Many Victorians are still in denial and refuse to believe that they were conned.

LOCKDOWNS

Lockdowns - jailing - quarantine or detention. According to the Cambridge dictionary, the term lockdown maybe be referred to as "a period of time in which people are not allowed to leave their homes or travel freely, because of a dangerous disease, and/or an emergency situation". [17] Jailing on the other hand means the "unnatural retention or confinement." Quarantine is "a restriction on the movement of people;" [36] and Detention is the "imprisonment of someone guilty or suspected of a crime." [37].

In the case of Australians, "the term "lockdown" of non-pharmaceutical interventions, that is, the term will be used to include mandatory state-enforced closing of non-essential business, education, recreation, and spiritual facilities; mask and social distancing orders; stay-in-place orders; and restrictions on private social gatherings." [11] Advising people to remain indoors, to become disconnected with restrictions on exercise, lack of fresh air and sunshine only exacerbates anxiety and depression and is akin to giving those at risk a death sentence.

The great Aussie stockade. Some 18 months later, Australia has suddenly become the focus of the longest lockdown in history and fast becoming the laughing stock of the world. In the USA, there are protesters in the streets shouting "Free Australia". [64] - [65] - [66] - [67] Australians are feeling uncomfortable as being seen as kept in a stockade and as Australians we ask ourselves how did we allow ourselves invite fear and panic into our homes. Like all sceptics and doubters, I could be wrong in my assumptions but having monitored my home State of Victoria, I felt that the State Premier took the approach of implementing practices and protocols whose origins could be traced back to a bygone era. For example Australians returning from overseas were not quarantined but placed into detention.

Australians were housed in confined spaces such as 7 metres by 3 metres with no access to fresh air or able to exercise. Like all other Premiers he was shielded behind the advice of his non elected health advisers he embedded within society subliminal messages that initiated an unexpected response from the public. Society panicked and thus began the survival of the fittest and fight or flight syndrome. "On the surface, it appears that lockdowns are not necessary for viral waves of deaths and cases to end," [11] yet a number of Australian states went into lockdown based on a few cases of alleged covid-19 symptoms.

This over reaction to the rise of infected cases was a vastly different approach when compared to nations overseas. Victoria (Australia) for example holds the title of the longest lockdown of a society and still the covid-19 cases continue to rise. These lockdowns in Victoria, in fact placed the most vulnerable at risk by being kept indoors.

Initial lockdowns tolerated. At first the initial lockdowns were tolerated as a precaution against the further spread of the virus. Society rightly so believed the government's response was appropriate followed the guidelines set out by their respective State Health Officers. I noted that the information was being fed to the public by non elected officials and in some cases hijacked the power base of elected officials. Some exceeding their responsibilities and going as far as to infer, that they alone held the power to make such decisions.

Lockdown nightmare. Australian borders became closed, hasty quarantine stations were created, and state premiers began to look after their own states and resources. States began denying health and wellbeing assets to others outside their states. Un-Australian activities and industries seeking opportunities to benefit from the lockdowns began to rise. Iconic Institutions were closed, movement was restricted, illegal protests were conducted, law enforcement agencies involved, people were fined for not abiding by the health related laws and some were jailed.

Detention or Quarantine at home. I have always championed the idea of home quarantine for those who have been fully vaccinated and have been tested on their return from interstate or overseas travel. Detention (Victoria) in a hotel room with dimensions 7 X 3 metres wide with no access to fresh air, sunshine or exercise is not conducive to good health and well being if the individual is fully vaccinated and has been tested. Now that the "Prime Minister Scott Morrison is backing a seven-day home quarantine plan when international borders reopen next month". [45]; state governments are considering Home Quarantine as a potential solution to the cost of holding in detention individuals who display no symptoms and have been vaccinated.

Overseas lockdown experience. Information from overseas was mixed according to nation's abilities and capacity to manage this threat to mankind; as such it is not unreasonable to state that Australian state health officials followed their own journey towards the implementation of lockdown protocols. As early as March 2020, Michael Levitt, a Nobel laureate and Stanford biophysicist had "feared the public health measures that have shut down large swaths of the economy could cause their own health catastrophe, as lost jobs lead to poverty and hopelessness." [23] 18 months later his fears have come true and yet governments are failing to capitalize on the lessons of those past 18 months.

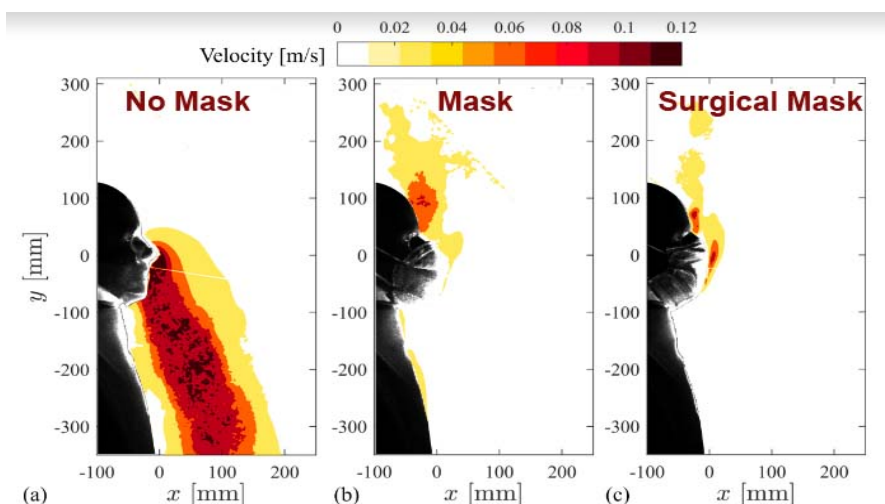
[11] Furthermore, on the 27 August 2020, the Director of the National Institute of Allergy and Infectious Diseases (NIAID) in the USA, Anthony S. Fauci, stated that "the impact of the COVID-19 pandemic serves as a potent reminder of the devastation that can be wrought when a new virus infects humans for the first time." [35] Further to the above, Glenn Ellison in his study of Implications of Heterogeneous SIR Models for Analyses of COVID-19 is of the belief that "lockdown policies can also be more cost effective in heterogeneous populations". [24] However his study completed in June 2020 must be considered in light of new studies that have been published since. [11]

In April 2021 another case study conducted in Canada, by Douglas W. Allen on the nations Covid Lockdown Cost/Benefits; advised that, "it is possible that lockdown (s) will go down as one of the greatest peacetime policy failures in Canada's history". In June 2021, a report Assessing the lockdown effect from excess mortalities, indicated that those "Countries which implemented Most Restrictive Non Pharmaceutical Interventions were capable of stopping the spread of SARS-COV2 in the population than Sweden and South Korea." [10] If this is said to be true, then previous studies may well have been biased, adding to the spread of misinformation.

PRECAUTIONS

Wearing of masks. In April 2020 Health authorities believed that wearing of masks might help prevent inhaling the virus and made it compulsory, later mandatory wearing of personal protection equipment such as masks may cause discomfort to some who find breathing through artificial material and it comes as no surprise that many are reacting violently to being forced to wearing them. The phenomenon is nothing new to those in the military. Especially for those who undergo biological warfare training all suited up in their biological attire. Studies in Australia and overseas have identified that wearing of PPE "may cause increased work of breathing, reduced field of vision, muffled speech, difficulty hearing, and heat stress". [18] & [19].

Other studies have indicated that "face masks were 79% effective in preventing transmission, if they were used by all household members prior to symptoms occurring." [20] Masks therefore will not stop the virus as studies have indicated that although some masks prevent the spread of the virus, there are sufficient droplets of the virus that leak out from an infected individual. Therefore "Public mask wearing is most effective at reducing spread of the virus when compliance is high." [20] The best of masks currently on the market will provide anything between 10 to 45% protection against the virus.



An experimental investigation of indoor aerosol dispersion and accumulation in the context of COVID-19: Effects of masks and ventilation was conducted in July 2021 found that "High efficiency masks if worn correctly, still offer significantly improved filtration efficiencies over the more commonly used surgical and cloth masks, and hence are the recommended choice in mitigating the transmission risks of COVID-19." [114]

In addition to the above the study found that the “effect of ventilation/air-cleaning was consider using an air purifier at the recommended pre-pandemic air-change rates demonstrated that ventilation air-exchange or purification is effective in decreasing both the final saturation concentration and the time required to reach the saturation state.” [114] “Increased ventilation/air-cleaning capacity significantly reduces the transmission risk in an indoor environment, surpassing the apparent mask filtration efficacy even at relatively low air-change rates”. Therefore, “based on the apparent filtration efficiency, tests performed with no mask at an air-change rate of 1:7 h1 and higher outperform cases with high-efficiency masks and no room ventilation”. [114]

From a risk analysis point of view, I am of the opinion that wearing of masks is useful as it prevents individuals from scratching their noses, or placing their fingers near their mouths. Furthermore, masks act as a sort of psychological backup that wearing masks is an indication that not all is well. However, exemptions on wearing of masks health related grounds does not exempt these members from visiting those at risk such as the elderly and those with underlying health related matters. For those with underlying health conditions, such as a compromised immune system, on medication or unless advised otherwise by general practitioner; it has been recommended that they should take all the precautions deemed necessary as for those who have yet to be vaccinated.

Social distance v Physical distance. Australians have not responded well to social distancing and as a result a number of people have been fined for flouting the Health Officers directives. [52] In essence the meaning of social distancing is in fact a physical distance of some 2 metres apart. Studies on the other hand have demonstrated where droplets can be measured at 8 meters and thus making the physical distance between individuals null and void. [53] (See below) In the world of business where transactions are being carried out, a distance of 8 metres is inconceivable and as such a compromise needs to be made.

Contact Tracing. Australians have never been at home with surveillance, identity cards, government medical programs or any other means of infringements on their privacy; “However, given the enormous risks and burdens associated with either ongoing population lockdowns, or letting the virus spread freely, some infringement of privacy may be considered proportional” [8]. This alone creates a problem for governments as to what is considered a reasonable intrusion into peoples’ lives to reduce the effects of virus that may become out of control if not checked. Australian government website advises that “the COVIDSafe app is a tool that helps identify people exposed to coronavirus (COVID-19)”. [16]. The COVIDSafe app “automatically deletes contacts older than 21 days. Nobody can access the encrypted information”, includes owner.” [12]

Government Inquiry. An Inquiry into the Victorian Government’s COVID–19 contact tracing system and testing regime was conducted to inquire into the capacity and fitness for purpose of the Victorian Government’s COVID-19 contact tracing system and testing regime. One of the many recommendations was that: “the use of manual data processing at the beginning of the pandemic meant that the system for contact tracing and recording of tracing was not fit to deal with the escalation in cases and led to significant errors”. [83]

The inquiry also found that: “greater transparency in relation to processes and a willingness to acknowledge and take responsibility for the failings by the Victorian government would increase public trust and confidence in the capacity of the contract tracing and testing regime” [83]. It does not come as surprise to see that the inquiry also came to the conclusion that the: “Victorian government was significantly unprepared to effectively manage, collect and utilise the key data required to accurately understand the states performance up to October 2020”. [83] The report which was tabled in parliament on [84] was received by the government who responded to the Committees recommendations. [85]

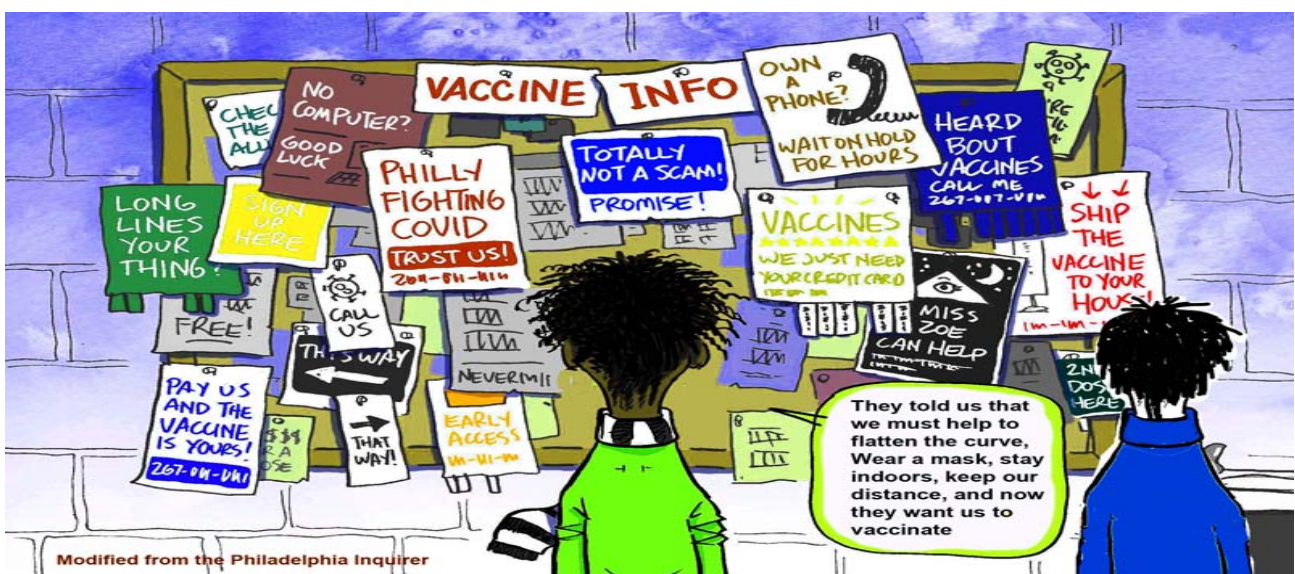
PCR Testing. Polymerase Chain Reaction (PCR) testing in a study conducted by Bio Medical Central “suggested that frequent testing and fast turnaround times could yield high probabilities of detecting infections and hence prevent outbreaks early in at-risk settings” [80] The Australian Government website advises that “Human coronaviruses circulate frequently every year and cause a common cold type illness. Serology tests can also fail to detect COVID-19 if testing is performed in the acute phase of the infection prior to the development of detectable antibodies”. [81] The Victorian government website states: “If a person without symptoms is tested and the result is negative, it does not mean that they have not been infected, as they might still be incubating the virus In other words, a negative test in an asymptomatic person does not necessarily rule out coronavirus (COVID-19) infection”. [82]

The PCR test “essentially looks for distinctive bits of DNA typical of Covid.” In other words, the PCR test “does not look for the whole virus, meaning that it will return a positive result for people whose immune systems have destroyed the entire virus but still have dead fragments floating around.” [72] For political expediency, if political officials or health officers wanted more infections, then they could in fact make the PCR tests more sensitive which could lead to more infections being found. [72] This creates more headlines and even a crisis when the truth of the matter will be fewer actual infections.

Rapid Antigen Testing. The Victorian Minister for Health Martin Foley is attributed to stating that “Victorians are getting tested at the first sign of symptoms and protecting each other. [86] Therefore to assist with identifying individuals who do not display Covid-19 symptoms, Rapid Antigen testing is being introduced into Victoria. Rapid antigen testing involves a nasal swab of which the results display within 15 to 20 minutes. Government sources advise that Antigen tests will be used across the entire healthcare system to support staff including patients who present to emergency and are awaiting the results of a PCR test. [86]

Hygiene practices. To help reduce the spread of the virus, all tiers of the Australian government have posted on their websites good hygiene practices. [51] The following are recommendations that mirror those found on most major websites:

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Wash your hands often with soap and water. This includes before and after eating and after going to the toilet. 2. use alcohol-based hand sanitizers when you can't use soap and water 3. avoid touching your eyes, nose and mouth 4. clean and disinfect surfaces you use often such as bench tops, desks and doorknobs 5. clean and disinfect objects you use often such as mobile phones, keys, wallets and work passes 6. increase the amount of fresh air by opening windows or changing air conditioning | <ol style="list-style-type: none"> 1. When you are sick 2. As we move towards living COVIDSafe, it is important that you stay at home if you feel unwell. You should also continue to practise good hygiene. 3. If you have cold or flu like symptoms you should seek medical advice and get tested for COVID-19. You should get tested even if your symptoms are mild. 4. If you have COVID-19 you must isolate and follow the directions of your local Public Health Unit. |
|--|--|



Herd immunity. If the primary aim of lockdowns is to reduce the spread of the virus, policy makers and health advisers must remember that “herd immunity” does not mean that people will not continue to be infected. New infections (will) continue to occur; they are just outnumbered by recoveries that are occurring.” [7] Epidemiologists with effect October 2021 are “hearing of people catching the virus is likely to become the new normal”, [98] however those with underling health conditions or the elderly near their end of life may still succumb to the ravages of the virus. Melbourne-based health economist Angela Jackson believes that “the case numbers aren't as important and the numbers that matter are the vaccination rate and the hospitalisation or ICU rates.” [98]

Mandatory vaccination policy. It appears that the decision for mandatory vaccinations is not a popular one. While teachers, some political representatives [40], construction workers are against the decision, banks such as Westpac and the CBA [41] along with some supermarkets and QANTAS [42] are implementing mandatory vaccinations. The Victorian Equal Opportunity and Human Rights Commission on their website, states that: Vaccination status is not a protected attribute under the Equal Opportunity Act. This means that discrimination law doesn't offer protection for everyone who chooses not to get vaccinated, only for people who have one of the other protected attributes in the Equal Opportunity Act. [43] However despite all of the scientific and academic knowledge available; no matter what our personal thoughts are on the advantages and disadvantages of vaccines, what is important is that in the final analysis, it boils down to protecting society.

VACCINES

Vaccine ingredients. Readers in Australia wishing to obtain additional information may do so by visiting the online Australian government COVID-19 Vaccine website [13]. It is important to that "COVID-19 vaccines do not change or interact with a recipient's DNA." [15]. "Covid-19 vaccine ingredients vary depending on what the vaccine is for. [12] They may contain some of the following ingredients:

1. a protein component of a virus;
2. a piece of genetic code (DNA or mRNA);
3. a very small dose of a weakened virus;
4. a substance to boost the immune response;
5. a small amount of preservative; and
6. Sterile salt water (saline) for injections.

Vaccine effectiveness. [9] "Most vaccines now in common use exceeded expectations, with efficacy rates as high as 95 per cent, and all three vaccines now available in Australia are significantly slowing hospital admissions and deaths". [99] However "some people remain vulnerable despite being fully vaccinated". [101] "On a positive note, with effect 13 September 2021, a new study finds that the Pfizer, Moderna, and Johnson & Johnson vaccines are all effective at preventing both hospitalizations and serious cases of COVID-19 due to Delta variant infection." [14] On the 22 September 2021 a study in the USA came to the conclusion that "the Pfizer and Moderna vaccines were highly effective under real-world conditions in preventing symptomatic Covid-19 in health care personnel" [102]

The University of Oxford study published on the 24 August 2021 "argues for vaccinating as many of the population as possible, since those not vaccinated may not be protected by as substantial reductions in transmission among the immunised population as seen with other infections, making herd immunity likely unachievable for emerging variants and requiring efforts to protect individuals themselves". [103] However, vaccines that are not 100% effective then mass vaccination may be just another failure. The following information is correct with effect the crafting of this article and may be subject to change given new data. [15] Tony Cunningham, director of the Centre for Virus Research at the Westmead Institute for Medical Research, said that, "the vaccinated patients most at risk of dying were immunocompromised or in the oldest age groups." [101]

1. **Novavax.** Side effects: Injection site tenderness, fatigue, headache, muscle pain. [15] 90% effective against lab-confirmed, symptomatic infection and 100% against moderate and severe disease. The company says the vaccine was 91% protective of people in high-risk populations such as people older than 65, those with health conditions that increase risk of complication, and those in situations where they are frequently exposed to the virus. [15] "Researchers found it had more than 90% efficacy in preventing COVID-19 infection and was 100% effective at preventing severe cases of the disease among the study cohort." [113]
2. **AstraZeneca.** Side effects: "Tenderness, pain, warmth, redness, itching, swelling or bruising at the injection site, all of which generally resolve within a day or two. However "in April, a European Medicines Agency (EMA) safety committee concluded "unusual blood clots with low blood platelets should be listed as very rare side effects" that could occur within two weeks of receiving the vaccine, and stressed that the benefits still outweigh the risks" [15] "AstraZeneca updated its data analysis of its phase 3 trials in March, showing its vaccine to be 76% effective and 100% against severe disease. They also said the vaccine was 85% effective in preventing COVID-19 in people over 65." [15]

3. **Pfizer.** Side effects: "Chills, headache, pain, tiredness, and/or redness and swelling at the injection site, all of which generally resolve within a day or two of rest, hydration, and medications like acetaminophen. (If symptoms don't resolve within 72 hours or if you have respiratory symptoms, such as cough or shortness of breath, call your doctor.) "In one CDC study, data from the state of New York showed vaccine effectiveness dropping from 91.7 to 79.8% against infection." [15]
4. **Moderna.** Side effects: "Similar to Pfizer, side effects can include chills, headache, pain, tiredness, and/or redness and swelling at the injection site, all of which generally resolve within a day or two." [15] "At six months after vaccination, the Moderna vaccine was shown to have efficacy of 90% against infection and more than 95% against developing a severe case, according to the manufacturer." [15]
5. **Johnsons & Johnson.** Side effects: "Fatigue, fever headache, injection site pain, or myalgia (pain in a muscle or group of muscles), all of which generally resolve within a day or two. It has had noticeably milder side effects than the Pfizer and Moderna vaccines, according to the FDA report released in late February. No one suffered an allergic reaction in clinical trials for the vaccine, according to the company". [15] "Johnson & Johnson has a 72% overall efficacy and 86% efficacy against moderate and severe disease in the U.S., according to analyses posted by the FDA in February". [15]

RISK ANALYSIS

Health related anomalies. Risk analysis is a technique used to identify and assess information and data that will assist in the success of a mission, project or a path that will lead to success. The concept is similar to the military "Appreciation methodology" where it considers all that factors and creates a plan this executed and modified as the stakeholders develop. [48] & [49] The Victorian state government in conducting their covid-19 risk analysis appear to have failed in their executive duty. The first example is that they withheld information; the second was they did not consider the cost versus benefits of their health strategy and the third was their failure to consider other health related methodologies that may have had a positive impact on society. Twenty months later, I am asking the State government the following questions:

1. When will the Victorian State government release health advice received from the department of Health and Human Services on strategies relating to Covid-19?
2. Is there any truth that Medical practitioners who provide health exemptions are being harassed by the Department of Health and Human Services?
3. Why children's playgrounds were closed one week to be opened again two weeks later?
4. Why was there no spike in Covid-19 related cases during the BLM (Black Lives Matter) protests?
5. Why is the government easing of restrictions on Friday 22 October 2021 when there are 22,327 Covid-19 cases?

Categories of risk. In my opinion, I believe that there are three categories at risk. The elderly, third party reliant and those with underlying health issues. The first category being the aged and those elderly placed in care homes are a prime example. No matter how well managed they may be, the mere fact that the elderly are at an advanced age of life places them at the high risk level. The second category is those who rely on third parties to assist them with the most basic of needs. Finally the third category is those who have underlying health issues. This group being the most vulnerable found that their bodies were seduced, attracted by the Covid-19 infection spikes.

Douglas W. Allen is of the belief that "from the very beginning of the pandemic that lockdown caused a broad range of costs through lost civil liberty, lost social contact, lost educational opportunities, lost medical preventions and procedures, increased domestic violence, increased anxiety and mental suffering, and increased deaths of despair." [11] However, in Sweden, "most of those whose death was recorded as a Covid death have been old and frail" [6].

On the other hand, Stephen J. Elledge, Department of Genetics, Program in Virology, Harvard Medical School, believed that: "significant levels of misunderstanding exist about the severity of the disease and its lethality. As COVID-19 disproportionately impacts elderly populations, the false impression that the impact on society of these deaths is minimal may be conveyed by some because elderly individuals are closer to a natural death." [5] Stephen J. Elledge is therefore not alone in his beliefs and as such policy makers will need to take that into consideration as further studies become available.

Long term Covid-19 symptoms. The two tables below outline the covid-19 long term symptoms. Both reports indicate that it is not all doom and gloom. The World Health Organisation in September on completing "an ONS (Office for National Studies) study found that long COVID was less common than first feared with one in 40 having coronavirus symptoms that lasted at least three months – significantly less than the one in 10 reported in April." [50]

It appears that "the latest ONS analysis asked two groups of people - those who had tested positive for coronavirus and those who had not - whether they had the following"[50] Further to the above, with effect the 30 September 2021, the National Health Service in the UK (NHS) official guidance lists symptoms of long terms effects of COVID [39] as: This is a good sign for humanity and a great opportunity for government and their health advisors when considering future policies regarding the reduction of the covid-19 virus in the community.

WORLD HEALTH ORGANISATION - OFFICE FOR NATIONAL STUDIES RESULTS

- | | | |
|----------------|-------------------|-------------------------|
| 1. fever | 6. nausea | 10. cough |
| 2. headache | 7. abdominal pain | 11. shortness of breath |
| 3. muscle ache | 8. diarrhoea | 12. loss of taste |
| 4. weakness | 9. sore throat | 13. loss of smell |
| 5. tiredness | | |

UNITED KINGDOM NATIONAL HEALTH SERVICE RESULTS

- | | |
|---|---|
| 1. extreme tiredness (fatigue) | 9. joint pain |
| 2. shortness of breath | 10. depression and anxiety |
| 3. chest pain or tightness | 11. tinnitus, earaches |
| 4. problems with memory and concentration | 12. feeling ill, diarrhoea, stomach aches, loss of appetite |
| 5. difficulty sleeping (insomnia) | 13. a high temperature, cough, headaches, sore throat, changes to sense of smell or taste |
| 6. heart palpitations | 14. rashes |
| 7. dizziness | |
| 8. pins and needles | |

COSTS BENEFITS

Cost effectiveness versus Benefits. The Nobel Prize winner Ronald Coase in 1960 inferred that "policy decisions should be made based on both costs and benefits. To focus on one side of the issue and consider only costs or only benefits will necessarily provide misdirection." He also advised that any attempt to achieve a particular benefit through one mechanism might lead to an exacerbation of the costs. "[11] These simple guidelines are still true this day. Yet despite the above advice by Ronald Coase, I have found no evidence of any Australian State Premier considering conducting a cost/benefit analysis of their actions during the pandemic.

While the Federal government on the other hand were monitoring the situation and took steps to ensure that the economy did not collapse. They introduced the Job Seeker support and took other measures that assisted states and enabled most business to continue within the parameters of the pandemic. State Premier continued to release press statements, introduced weekly press conferences and acted upon the advice of health officials. However state premier neglected or rejected calls to take into account the negative fallout effects on small businesses and industries with access to numerous manpower resources.

State premiers and their health officials were more interested in flattening the curve without taking into consideration the effects on the economy. Additional overseas studies conducted by Douglas W. Allen in April 2021 indicated that to his knowledge “no government (had) provided any formal cost/benefit analysis of their actions”. [11] While States procrastinate, the Federal Government in their wisdom “is developing a claims scheme to reimburse people who suffer a moderate to significant impact following an adverse reaction to an approved COVID-19 vaccine”. [61]

What Works & What Does Not. The following information is the author’s opinion only and readers are encouraged to conduct their own research. Those who have concerns should speak with their health professionals, follow current government guidelines and maintain an open mind.

WHAT DOES NOT WORK

- a. Lockdowns are not the answer,
- b. Vaccines are not a cure but a precaution,
- c. Covid-19 variations - infectious but not deadly,
- d. Masks do not stop Covid-19 infections,
- e. Social distance do not stop infections, and
- f. Fear & Misinformation are poor companions.

WHAT DOES WORK

- a. Good hygiene practices,
- b. Avoid those with virus symptoms,
- c. Healthy lifestyle - Exercise & Fresh air,
- d. Stay home if in poor health,
- e. Seek help from professionals, and
- f. Keep active and enjoy life.

THE WORLD OF WORK

Working from home. In speaking with clerical, business, trades people, government, academics and self employed, I found that those who worked at home found that there were advantages and disadvantages associated with employment location reversals. Those who enjoyed being at home with their families, advise that it was comforting to be able save money on commuting and found joy juggling their time between work and family. Others in the minority advised that they found it difficult due to their accommodation not being conducive to working independently and being away from their friends after hours. In general it appears that both points of view saw the positives and negatives of working from home with periodical face to face meetings with their employers.

Trades people, essential workers, front line workers, and those in the construction industry were not affected as those working from home. In fact one could say that based on anecdotal evidence, trades people were overwhelmed with calls for home maintenance jobs. Frontline workers especially in the medical sectors were feeling the pressure and seeking financial incentives. To date there is no response from the government regarding these requests. Despite government optimism, it will take some time before Victorians see the rise of new and small businesses. It is therefore expected that over the next few months, unemployment figures will indeed rise as the pool of jobs begin to diminish. Whether this means opportunities for the real estate and travel industry remains to be seen.

Productivity Commission Report. In September 2021, the ABC political and business reporters advised that “a major review by the Productivity Commission found the percentage of Australians working from home had jumped from 8 per cent to about 40 per cent over the past two years, staying high even when previous lockdowns have ended”. [97] Furthermore they identified that, “the percentage of Australians working from home had jumped from 8 per cent to 40 per cent in the past two years and that working from home is expected to continue at high levels after the pandemic ends”. The report however did not cover any form of compensation for those unemployed, seeking work or of new employments and industries post covid-19.

National Skills Commission Report. A report by the National Skills Commission analysed the impact of covid-19 on Australia’s labour market using modelling concepts to project post covid-19 scenarios. [95] The shape of Australia’s post-COVID-19 workforce report “builds on the understanding of Australia’s workforce and skills recovery from COVID-19”. [96] Employers and employees will also find mutual ground regarding working arrangement that of mutual benefit. [97]

RECOVER - RESTRUCTURE - REBUILD

Roadmap. The road map to recovery cannot be achieved without support of Australians no matter what their status, environment, location and circumstances are. It was timely and sensible to see Federal government set National core values in place in order that that each state must include in their roadmap to recovery. (See recommendations below). For Victorians visit the State websites or the Premiers website for additional information regarding the National Roadmap. [68] - [69] - [70]

Once each state has reached agreed upon vaccination levels, restrictions on movement, lockdowns will be a thing of the past and society can return back to some form of normalisation. My question is whether Federal and state governments in their wisdom learn from the errors of judgement and not rely always on overseas experiences but to form our own policies. With effect the date of publishing, the government of New South Wales has become the leader in the roadmap to recovery.

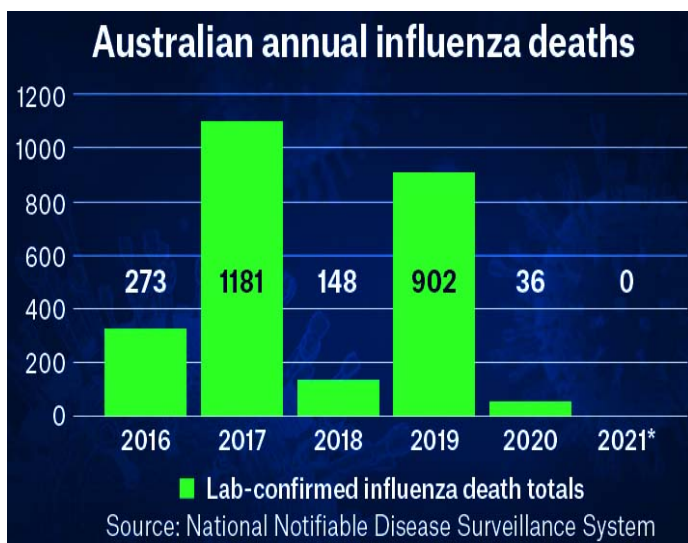
RECOMMENDATIONS

In the event of any future pandemic, the following recommendations are based on the lessons of the past 19 months:

1. Build a National Laboratory for the identification of infectious diseases
2. Build an Quarantine facility with a 1000 bed capacity in each state
3. Implement interstate health cooperation and support
4. Create a national body to monitor fake or misleading information.
5. Do not close international travel to vaccinated travellers & those with exemptions
6. Implement Health checks at airports and entry points into Australia
7. Introduce an international vaccination identification card
8. Consider additional monitoring systems other than modelling
9. Limit lockdowns to two months to enable governments to prepare & upgrade facilities
10. Consider hybrid employment conditions – (working from home or place of employment)
11. Wearing of masks in public and in the work place for vaccinated and unvaccinated personnel
12. Fine individuals who flout the government health directives without a reasonable reason
13. Do not lock down isolated regional communities
14. Do not close State borders
15. Implement Health checks at borders
16. Introduce a Covid-19 vaccine compensation package for mandatory vaccinations
17. Do not use Law enforcement agencies to enforce political ideological policies
18. Request Australian Defence Force assistance if State resources are unavailable
19. Remove contact tracing as a result of flawed monitoring
20. Hold in reserve sufficient testing, personal protection equipment, and monitoring devices
21. Allow travellers vaccinated or not to overseas destinations for long periods of time
22. Do not implement User Pays for detention or quarantine facilities
23. Introduce family Covid-19 Fact Packages for the home
24. Death certificates to include underling health issues if Covid-19 related.
25. Include Pandemic information into Occupational Health and Safety training
26. Introduce Pandemic training for all government employees
27. Conduct investigations in quality control of elderly patients at aged homes
28. Investigate means of introducing Rapid Test kits at all industries
29. Test people entering supermarkets, restaurants and those attending conferences.
30. Messages to the public should be devoid of fear that develops into panic

CONCLUSIONS

I have come to the unintended conclusion that Australians, have lost their faith in the political system. Credibility, integrity and commonsense, are buried beneath layers of fear, panic, and control, and people simply do not care anymore. Those who are employed have adapted to the new world of work and do not wish to rock the boat, whether this is self preservation or selfish remains to be seen. They are going about their daily lives within the parameters allowed and paying lip service to the protocols initiated by the respective State Health Officers' directives.



Are Australians been taken for granted and ignoring the fact that Australians with access to the internet can conduct their own research and compare other nation's management of the virus? Have Australians been ignored, underestimated and points of view not understood?

Did state health officer consider the influenza statistics prior to the arrival of Covid-19 Professor Ian Barr the Deputy Director of the World Health Organisation Collaborating Centre for Reference and Research on Influenza at the Doherty Institute said that "says the absence of influenza is a positive, and believes that fighting one virus at a time is quite enough for the general public," [116]

After 19 months of health interventions, I am still of the belief that the state governments mismanaged and misunderstood the Covid-19 levels of threat and used public institutions and assets to maintain power and control. In essence, I blame the State governments directly for creating an environment of fear and instability when the language used could have been crafted better. Zero Covid-19 tolerance (ZCT) has failed, Flattening the Curve (FTC) failed, Suppression Protocols (SP) has failed, Lockdowns and Precautions Practices (LPP) have reduced but not eradicated the virus and as a result, the Australian Economy has suffered. With each failure, additional scenarios were created to appear scientific and sold to the public for their consumption.

Deaths associated with Covid-19 in Australia have been extraordinary far less than the original modelling suggested, pointing to, far too much reliance on artificial intelligent digital modelling and poor human judgement. [109] & [110] According to statistics provided by the government on the 2 October 2021, "the average age of COVID-19 cases is 31 years old and the average age of Covid-19 deaths is 84 years old". [111] The costs versus benefits have been a human and economic disaster. When all is said and done, I am leaning towards the option of living with the virus until a vaccine similar to effectiveness of the Small pox vaccine can be found.

As Australians are beginning to live with the virus, I am not alone in my beliefs as Deakin University chair of epidemiology Catherine Bennett, recently stated "Don't be scared about exposure"; and Professor Blakely and a team at the University of Melbourne who conducted simulation models on the likely scenarios for 2022, said that "We shouldn't be fatalistic about it." [98] My message, while we wait for the roadmaps to be rolled out, is, that if you have concerns, then by all means, wear a mask, maintain good hygiene practices, exercise, enjoy a healthy lifestyle, consider physical distance, vaccinate if you believe it will help and finally don't panic or have fear as a companion.

One final question that begs an answer is why did the Victorian State Government in March 2020 introduce draconian lockdown protocols with 6322 infected cases and then 19 months later with 22,327 cases, begin easing those restrictions? Is it because of new information emerging, mass vaccination or were the authors of the Great Barrington Declaration correct after all? [105] - [107] & [108]

The information contained within the document are as a result of personal observations, advice from colleagues, news media, health documentation, international experiences, pandemic reflections, events of the past twenty months and Google Trends search [31]. I don't expect everyone to agree with me, and I therefore welcome constructive criticism and any errors on my part that may enhance the roadmap towards a prosperous recovery and rebuilding of our economy. On a personal note, I have underlying health related issues and therefore the document has been written as a result of a desire on my part to seek the truth and nothing more.



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REFERENCES

1. https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200211-sitrep-22-ncov.pdf?sfvrsn=fb6d49b1_2
2. <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/first-confirmed-case-of-novel-coronavirus-in-australia>
3. <https://www.abc.net.au/news/2020-09-12/st-basils-chair-stands-down-federal-aged-care-coronavirus-deaths/12657134>
4. <https://www.iza.org/de/publications/dp/14181/addressing-the-covid-19-pandemic-comparing-alternative-value-frameworks>
5. <https://www.medrxiv.org/content/10.1101/2020.10.18.20214783v1>
6. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3674138
7. https://scholar.google.com.au/scholar?q=An+Economist%E2%80%99s+Guide+to+Epidemiology+Models+of+Infectious+Disease&hl=en&as_sdt=0&as_vis=1&oi=scholar
8. <https://link.springer.com/article/10.1007/s11673-020-10004-z>
9. <https://www.abc.net.au/news/health/2021-03-03/covid-19-pfizer-astrazeneca-vaccine-ingredients-components/13137240>
10. <https://www.medrxiv.org/content/10.1101/2021.01.22.21250312v2>
11. https://scholar.google.com.au/scholar?q=Covid-19+Lockdown+Cost/Benefits:+A+Critical+Assessment+of+the+Literature&hl=en&as_sdt=0&as_vis=1&oi=scholar
12. <https://abalinx.com/blog/a-simple-covid-19-q-a-guide/>
13. https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/is-it-true?qclid=Cj0KCOjwwY-LBhD6ARIsACvT72OneI NOUSwrjO858Py5yKQJLJRHCjIKAKJOsClvK1hiDMexGwjv3-caAgPOEALw_wcB
14. <https://www.wreg.com/news/coronavirus/covid-19-vaccines-remain-effective-against-the-delta-variant-study-finds/>
15. <https://www.yalemedicine.org/news/covid-19-vaccine-comparison>
16. <https://www.health.gov.au/resources/apps-and-tools/covidsafe-app>
17. <https://dictionary.cambridge.org/dictionary/english/lockdown>
18. <https://pubmed.ncbi.nlm.nih.gov/33404638/>
19. <https://www.mja.com.au/journal/2021/214/11/evaluating-safety-and-effectiveness-novel-personal-protective-equipment-during>
20. <https://www.pnas.org/content/118/4/e2014564118>
21. <https://www.bbc.com/news/55017002>
22. <https://www.bbc.com/news/blogs-trending-57532368>
23. <https://www.latimes.com/science/story/2020-03-22/coronavirus-outbreak-nobel-laureate>
24. https://scholar.google.com.au/scholar?q=implications+of+Heterogeneous+SIR+Models+for+Analysis+of+COVID-19&hl=en&as_sdt=0&as_vis=1&oi=scholar
25. [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(20\)30280-2/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30280-2/fulltext)
26. <https://www.seattletimes.com/nation-world/moderna-vs-pfizer-both-knockouts-but-one-seems-to-have-the-edge/>
27. <https://febs.onlinelibrary.wiley.com/doi/10.1111/febs.15442>
28. https://www.ey.com/en_au/forensic-integrity-services/how-media-organizations-can-get-real-and-confront-fake-news
29. https://www.ey.com/en_au/forensic-integrity-services/how-to-identify-fact-from-fiction-during-the-covid-19-pandemic-and-beyond
30. <https://www.frontiersin.org/articles/10.3389/fpubh.2021.625778/full>
31. <https://trends.google.com/trends/?geo=AU>

32. <https://en.wikipedia.org/wiki/COVID-19>
33. <https://www.nature.com/articles/s41564-020-0771-4>
34. <https://www.npr.org/sections/goatsandsoda/2020/08/29/907237520/group-whose-nih-grant-for-virus-research-was-revoked-just-got-a-new-grant>
35. <https://www.niaid.nih.gov/news-events/niid-establishes-centers-research-emerging-infectious-diseases>
36. <https://en.wikipedia.org/wiki/Quarantine>
37. <https://en.wikipedia.org/wiki/Detention>
38. <https://www.abc.net.au/news/2021-10-07/prime-minister-defends-dutton-twitter-defamation-action/100522002>
39. <https://www.nhs.uk/conditions/coronavirus-covid-19/long-term-effects-of-coronavirus-long-covid/>
40. <https://m.youtube.com/watch?v=RriINzZdHB4&feature=youtu.be>
41. <https://www.abc.net.au/news/2021-10-14/westpac-cba-make-covid-19-vaccines-mandatory-for-all-staff/100538802>
42. <https://www.abc.net.au/news/2021-08-18/qantas-mandatory-vaccinations-covid19-workers-pandemic/100386206>
43. <https://www.humanrights.vic.gov.au/resources/explainer-mandatory-covid-19-vaccinations-and-your-rights/>
44. <https://gbdeclaration.org/>
45. <https://www.abc.net.au/news/2021-10-07/home-quarantine-trial-in-states-travel-industry-critics/100518162>
46. <https://www.theage.com.au/national/victoria/going-digital-stretched-police-resort-to-closing-stations-across-melbourne-20210223-p5750t.html>
47. <https://www.theage.com.au/national/victoria/protests-stretched-the-thin-blue-line-to-breaking-point-20210923-p58u7d.html>
48. [https://en.wikipedia.org/wiki/Risk_analysis_\(business\)](https://en.wikipedia.org/wiki/Risk_analysis_(business))
49. <https://georgeleesye.com/the-military-appreciation-process-sets-the-benchmark-for-thoroughness-in-planning/>
50. <https://www.bbc.com/news/health-58584558.amp>
51. <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/how-to-protect-yourself-and-others-from-coronavirus-covid-19/good-hygiene-for-coronavirus-covid-19>
52. <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/how-to-protect-yourself-and-others-from-coronavirus-covid-19/physical-distancing-for-coronavirus-covid-19>
53. <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-social-distancing-and-self-quarantine>
54. https://www.who.int/health-topics/coronavirus#tab=tab_1
55. <https://www.bmj.com/content/372/bmj.n352>
56. <https://www.usatoday.com/story/news/factcheck/2020/04/24/fact-check-medicare-hospitals-paid-more-covid-19-patients-coronavirus/3000638001/>
57. <https://fox11online.com/news/fox-11-investigates/fact-check-how-are-covid-19-deaths-counted-do-hospitals-get-money-for-covid-19-deaths>
58. <https://www.factcheck.org/2020/04/hospital-payments-and-the-covid-19-death-count/>
59. <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-case-numbers-and-statistics>
60. <https://www.aihw.gov.au/reports/burden-of-disease/the-first-year-of-covid-19-in-australia/summary>
61. <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccine-claims-scheme>
62. https://www.health.qld.gov.au/_data/assets/pdf_file/0023/1094621/covid-vaccine-certifying-death.pdf
63. <https://www.reuters.com/article/uk-factcheck-more-money-for-covid-cases-idUSKBN2212KR>
64. <https://www.msn.com/en-au/news/other/australia-s-lockdowns-a-laughing-stock-around-the-world/ar-AAMtINw>
65. <https://www.stuff.co.nz/travel/news/126619242/australia-is-becoming-a-laughing-stock-in-the-world-of-travel>
66. <https://ipa.org.au/research/rights-and-freedoms/will-australians-ever-be-free>
67. <https://www.traveller.com.au/australia-international-borders-we-risk-becoming-the-laughing-stock-of-world-travel-h1z1qk>
68. <https://www.coronavirus.vic.gov.au/victorias-roadmap>
69. <https://www.premier.vic.gov.au/sites/default/files/2021-09/210919%20-%20Roadmap-Delivering%20the%20National%20Plan.pdf>
70. <https://www.premier.vic.gov.au/victorias-roadmap-delivering-national-plan>
71. <https://www.afr.com/policy/economy/virus-could-kill-up-to-100-000-australians-20200303-p546a0>
72. The Great Covid Panic, P. Frijters, G. Foster & M Baker, 2021, Brownstone Institute
73. [https://en.wikipedia.org/wiki/Brett_Sutton_\(doctor\)](https://en.wikipedia.org/wiki/Brett_Sutton_(doctor))
74. <https://www.abc.net.au/news/2020-03-26/victoria-records-first-coronavirus-deaths/12091594>
75. https://en.wikipedia.org/wiki/Great_Reset

76. [https://en.wikipedia.org/wiki/The_Great_Reset_\(book\)](https://en.wikipedia.org/wiki/The_Great_Reset_(book))
77. <https://www.frontiersin.org/articles/10.3389/fcomm.2019.00056/full>
78. <https://www.frontiersin.org/articles/10.3389/fcomm.2019.00056/full>
79. <https://journals.sagepub.com/doi/pdf/10.1177/1329878X20946113>
80. <https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-021-01982-x>
81. <https://www.tga.gov.au/covid-19-testing-australia-information-health-professionals>
82. <https://www.dhhs.vic.gov.au/assessment-and-testing-criteria-coronavirus-covid-19>
83. https://www.parliament.vic.gov.au/images/stories/committees/SCLSI/Inquiry_into_the_Victorian_Governments_COVID_19_Contact_Tracing_System_and_Testing_Regime_/report/LCLSIC_59-05_Vic_Gov_COVID-19_contact_tracing_testing.pdf
84. <https://www.parliament.vic.gov.au/lscic-lc/inquiries/article/4574>
85. <https://www.parliament.vic.gov.au/lscic-lc/inquiries/article/4575>
86. <https://www.premier.vic.gov.au/more-two-million-rapid-antigen-tests-way>
87. <https://www.bmj.com/content/369/bmj.m2420/rr-5>
88. <https://www.aap.com.au/pcr-inventor-who-died-in-2019-did-not-say-his-test-wont-work-for-covid-19-infections/>
89. <https://www.sciencemediacentre.org/expert-reaction-to-barrington-declaration-an-open-letter-arguing-against-lockdown-policies-and-for-focused-protection/>
90. <https://www.theguardian.com/world/2020/oct/09/herd-immunity-letter-signed-fake-experts-dr-johnny-bananas-covid>
91. <https://www.medpagetoday.com/infectiousdisease/covid19/89204>
92. <https://www.businessinsider.com/herd-immunity-plan-great-barrington-declaration-wont-work-2020-10>
93. <https://theconversation.com/amp/5-failings-of-the-great-barrington-declarations-dangerous-plan-for-covid-19-natural-herd-immunity-148975>
94. <https://www.politifact.com/factchecks/2020/oct/27/facebook-posts/great-barrington-herd-immunity-document-widely-dis/>
95. <https://www.nationalskillscommission.gov.au/shape-australias-post-covid-19-workforce>
96. <https://www.nationalskillscommission.gov.au/sites/default/files/2020-12/NSC%20Shape%20of%20Australia%20post%20COVID-19%20workforce.pdf>
97. <https://www.abc.net.au/news/2021-09-16/work-from-home-productivity-commission-study/100465258>
98. https://www.abc.net.au/news/2021-10-17/living-with-covid-infection-in-australia/100540772?utm_source=sfmc%e2%80%8b%e2%80%8b&utm_medium=email%e2%80%8b%e2%80%8b&utm_campaign=abc_news_newsmlam_sfmc%e2%80%8b%e2%80%8b&utm_term=%e2%80%8b&utm_id=1753392%e2%80%8b%e2%80%8b&sfmc_id=308006405
99. <https://www.abc.net.au/news/2021-09-29/why-a-small-number-of-fully-vaccinated-people-have-died-of-covid/100497770>
100. <https://www.abc.net.au/news/2021-09-30/how-effective-pfizer-moderna-astrazeneca-covid-vaccines/100500394>
101. <https://www.abc.net.au/news/2021-09-29/why-a-small-number-of-fully-vaccinated-people-have-died-of-covid/100497770>
102. <https://www.nejm.org/doi/full/10.1056/NEJMoa2106599>
103. <https://www.medrxiv.org/content/10.1101/2021.08.18.21262237v1.full>
104. <https://www.abc.net.au/news/2020-03-16/victoria-coronavirus-state-of-emergency-powers-explained/12059194>
105. <https://www.abc.net.au/news/2020-03-30/victoria-stage-3-coronavirus-restrictions-as-cases-rise/12101632>
106. <https://www.abc.net.au/news/2020-08-02/victoria-coronavirus-restrictions-imposed-death-toll-cases-rise/12515914>
107. <https://www.theage.com.au/national/victoria/victoria-records-1903-new-covid-19-cases-as-state-prepares-for-lockdown-exit-20211018-p590rh.html>
108. <https://www.coronavirus.vic.gov.au/victorian-coronavirus-covid-19-data>
109. <https://www.bmj.com/content/375/bmj.n2239>
110. <https://ourworldindata.org/excess-mortality-covid#source-information-country-by-country>
111. <https://www.health.gov.au/resources/publications/coronavirus-covid-19-at-a-glance-2-october-2021>
112. <https://ethicaljournalismnetwork.org/covid-19-underscores-medias-responsibilities-when-the-first-casualty-of-war-is-truth>
113. <https://www1.racgp.org.au/newsgp/clinical/how-will-novavax-fit-into-australia-s-covid-19-vac>
114. <https://mail.google.com/mail/u/0/?tab=rm&ogbl#inbox?projector=1>
115. <https://abalinx.com/blog/china-sneezes-and-the-world-panics/>
116. <https://www1.racgp.org.au/newsgp/clinical/australia-records-zero-flu-deaths-over-past-12-mon>