

Health and Environment Committee

From: Brianna Ryan [REDACTED]
Sent: Wednesday, 13 January 2021 7:35 AM
To: Health and Environment Committee
Subject: Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill 2020

Categories: Submission

To: The National Cabinet

Dear Prime Minister, State Premiers, Territory Chief Ministers,

We, the undersigned, believe that you should relax COVID-19 restrictions as soon as possible. We take this position for the following reasons.

Exposure to COVID-19 is only temporarily avoidable

COVID-19 is in the community. It cannot be wished away. A successful, widely available vaccine is months away from existence, if it ever exists. We note that the original SARS (SARS-CoV) infection, also due to a coronavirus, does not yet have a vaccine. However, it now appears that humans do develop resistance to COVID-19.

Any policy that rests on COVID-19 being eliminated from the community by continuous lockdowns is doomed to fail in the likely absence of a vaccine. Even if a vaccine is eventually found, it is not desirable to lock down the community, for reasons that we explain below.[1]

While there is a risk to life from COVID-19, it cannot be completely avoided, and the cost to fully avoid it exceeds the benefits by a huge factor.

As the country opens up to more interaction, we expect that infections will rise again. Counteracting these via another lockdown will be problematic.

More damage is being caused by the lockdowns than prevented

While lockdowns limit the number of deaths from COVID-19, they also increase deaths from other causes and cause widespread misery. To analyse the COVID effect it is necessary to understand it as shortening life. But the lockdowns and the panic have also had a cost in shortening life for others:

- The lockdown will decrease national income by denying work to the most productive and this will have a measurable effect on the length of the average lifespan equivalent to thousands of casualties from COVID, because it mainly effects the elderly who suffer from comorbidities while the decrease in income will affect younger Australians.[2]

- Thousands of lives per month due to disrupted normal health services. This includes cancer deaths that would have been prevented with normal services, inoculations that were cancelled or postponed, and cancelled and postponed hospital operations. In the UK the UCL has estimated an increase in cancer deaths over the next 12 months of 20%. Using Australia's rate of cancer fatalities of 50,000 per annum, that would translate to a shortening of 10,000 lives here[3].

- Thousands of future suicides by the unemployed and others whose lives have been ruined (the AMA estimates 750 to 1500 per annum[4],[5]).

Besides these direct life costs, there is also significant misery that has reduced the quality of life: the abused who are locked up with their abusers; the elder generations who are separated from their own families and friends; widespread loneliness; delayed IVF services; the misery of the unemployed; and disrupted education for a whole generation of Australian children.

If one values this widespread misery in terms of its effect on the wellbeing of the sufferers, the lockdowns cost hundreds of thousands of years of life per month, equivalent to tens of thousands of deaths from COVID-19.[6]

On the other side of the equation, how many lives are saved by lockdowns? No one can know for sure, but we note that no country in the world has had more recorded per-capita deaths than what would translate to 20,000 victims in Australia (0.1% of the population). Sweden, which has kept open borders and allows the vulnerable to make their own decisions regarding the risks they are prepared to take, has had about 4,400 recorded deaths, having reach peak death rates weeks ago. Since their population is about half of ours, their per-capita death toll would translate to about 10,000 deaths in Australia the same as the increase in the next twelve months in cancer deaths, but affecting people with less life expectancy on average than the cancer patients[7].

How we measure and respond to epidemics has to change

COVID-19 was originally thought to be more dangerous than it has proved to be. Early official government estimates for Australia suggested 150,000 people would die earlier than otherwise because of COVID, while as of June 1 it was 103 deaths[8]. With a new virus, a lack of data is a problem, but so are models that are not robust and transparent. Decisions have been made that are opaque and not subject to normal democratic scrutiny. Goalposts appear to have been changed, but this re-direction, and the reasons behind it, have not been adequately shared with the community.

We need to change the way that decisions about how the community responds to transmissible diseases are made.

We recommend that the following changes be made to how decisions are made. This is not a conclusive list, but as the situation is dynamic, it is offered as a guide which can be refined over time.

- * No forecasting model can be used where the program code is not publicly available for analysis and download;
- * A cost-benefit analysis, including lives saved versus lives lost, both directly and consequentially, based on the best available information, must be completed before any action is taken;
- * Weekly or daily non-epidemic death figures should be posted as well as deaths from the epidemic;
- * The types of people who must be part of the advisory group to government should be specified in writing, and be more inclusive than what we appear to have at the moment;
- * No directive or regulation restricting individual rights can be promulgated without approval by Parliament within a one-month window.

Yours faithfully

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