

Material that further addresses themes of questions at Professor Gigi Foster's PAEC testimony on Covid-19, August 12 2020

Health risks increase with lockdown

General Immunity. Increased mental stress can damage immunity, as can staying indoors and away from fresh air and sunlight. During lockdown, studies (e.g., <https://www.csiro.au/en/News/News-releases/2020/CSIRO-study-reveals-COVID-19s-impact-on-weight-and-emotional-wellbeing>) have consistently shown reduced physical activity, more sitting, troubled sleep, weight gain, and higher alcohol intake, which will all have deleterious health consequences.

Things which strengthen our immune system include general exposure to and challenge by bioactive agents, emotional well-being, social interaction, singing, laughing, wholesome touch, sunlight, fresh air, and exercise.

Things which weaken our immune system particularly include stress and fear, which trigger cortisol and depress white blood count.

Obesity. 67% of Australians are already overweight or obese according to the ABS (<https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001~2017-18~Main%20Features~Overweight%20and%20obesity~90>), yet CSIRO research (<https://www.csiro.au/en/News/News-releases/2020/CSIRO-study-reveals-COVID-19s-impact-on-weight-and-emotional-wellbeing>) shows 2 in 5 people have gained weight during the lockdown in Australia. Research has found and governments have admitted ([https://www.thelancet.com/journals/landia/article/PIIS2213-8587\(20\)30274-6/fulltext](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(20)30274-6/fulltext)) that if you are overweight you are at greater risk of being hospitalised with COVID-19. So this is an example of how lockdown is making parts of the community increasingly vulnerable and potentially contributing to strain on the healthcare system, especially as we know that being overweight also places individuals at greater risk of most other chronic health issues such as cardiovascular disease, diabetes, some cancers, and so on.

Failing to protect the vulnerable. <https://youtu.be/MpJ1wt9PcM> (2020-07-31) Aged care director Carolyn Smith describes in this video how with Covid-19 we have seen a massive, socially-destructive and highly costly effort to minimise spread through low risk groups – an effort that has distracted society from allocating resources towards the protection and treatment of our high-risk people.

Initial virus modelling was off, and wholesale lockdowns are not justified

<https://fee.org/articles/world-leading-infectious-disease-expert-government-lockdowns-must-end/>

Health scientist John Ioannidis' view that lockdowns are the wrong response to Covid.

<https://unherd.com/thepost/nobel-prize-winning-scientist-the-covid-19-epidemic-was-never-exponential/>,
<https://www.news-medical.net/news/20200629/Stanfords-Nobel-Laureate-develops-a-prediction-model-for-SARS-CoV-2.aspx>

Nobel prize-winning scientist says the Covid-19 epidemic was never exponential.

“His observation is a simple one: that in outbreak after outbreak of this disease, a similar mathematical pattern is observable regardless of government interventions. After around a two week exponential growth of cases (and, subsequently, deaths) some kind of break kicks in, and growth starts slowing down. The curve quickly becomes “sub-exponential”.....

He describes indiscriminate lockdown measures as “a huge mistake,” and advocates a “smart lockdown” policy, focused on more effective measures, focused on protecting elderly people.

“I think the policy of herd immunity is the right policy. I think Britain was on exactly the right track before they were fed wrong numbers. And they made a huge mistake. I see the standout winners as Germany and Sweden. They didn't practise too much lockdown and they got enough people sick to

get some herd immunity. I see the standout losers as countries like Austria, Australia and Israel that had very strict lockdown but didn't have many cases. They have damaged their economies, caused massive social damage, damaged the educational year of their children, but not obtained any herd immunity.

"There is no doubt in my mind, that when we come to look back on this, the damage done by lockdown will exceed any saving of lives by a huge factor."

- Professor Michael Levitt"

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907616/s0650-direct-indirect-impacts-covid-19-excess-deaths-morbidity-sage-48.pdf

Admission by the UK government that "...when morbidity is taken into account, the estimates for the health impacts from a lockdown and lockdown induced recession are greater in terms of QALYs than the direct COVID-19 deaths."

Government actions such as border closures, full lockdowns, and a high rate of COVID-19 testing have not been found to be associated with statistically significant reductions in the number of critical cases or overall mortality: [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(20\)30208-X/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(20)30208-X/fulltext)

On the hysteria underpinning the lockdown response: <http://www.wrongaboutlockdown.com/>

Counting deaths "with" versus "of" the virus, and excess deaths

Changing conventions on the reporting of causes to which deaths are attributed has a large impact on reported covid-19 death counts (<https://www.thetimes.co.uk/edition/news/coronavirus-new-method-of-counting-slashes-official-death-toll-0mwm6tsx9>)

"More than 99% of Italy's coronavirus fatalities were people who suffered from previous medical conditions, according to a study by the country's national health authority"

(<https://www.bloomberg.com/news/articles/2020-03-18/99-of-those-who-died-from-virus-had-other-illness-italy-says>) (18 March 2020) (see original report in Italian here:

https://www.epicentro.iss.it/coronavirus/bollettino/Report-COVID-2019_17_marzo-v2.pdf

"A subsample of 355 patients with COVID-19 who died in Italy underwent detailed chart review. Among these patients, the mean age was 79.5 years (SD, 8.1) and 106 (30.0%) were women. In this sample, 117 patients (30%) had ischemic heart disease, 126 (35.5%) had diabetes, 72 (20.3%) had active cancer, 87 (24.5%) had atrial fibrillation, 24 (6.8%) had dementia, and 34 (9.6%) had a history of stroke. The mean number of preexisting diseases was 2.7 (SD, 1.6). Overall, only 3 patients (0.8%) had no diseases, 89 (25.1%) had a single disease, 91 (25.6%) had 2 diseases, and 172 (48.5%) had 3 or more underlying diseases. The presence of these comorbidities might have increased the risk of mortality independent of COVID-19 infection." (<https://jamanetwork.com/journals/jama/fullarticle/2763667>) (23 March 2020)

"The number and severity of these co-morbidity has been a major factor influencing the outcome; this was particularly evident where the virus diffused into old pension homes."

(<https://www.nature.com/articles/s41419-020-2603-0>) (8 June 2020)

"One or more comorbidity is highly prevalent in severe and fatal COVID-19 cases."

([https://www.ajicjournal.org/article/S0196-6553\(20\)30637-4/fulltext](https://www.ajicjournal.org/article/S0196-6553(20)30637-4/fulltext)) (9 July 2020)

"An in depth study on patients admitted to hospital and later deceased with the coronavirus (COVID-19) infection revealed that the majority of cases showed one or more comorbidities. 61 percent of reported deceased COVID-19 patients suffered from three or more preexisting health conditions, and 21 percent from two conditions. Only in four percent of COVID-19 deaths no prior health conditions were recorded."

(<https://www.statista.com/statistics/1110906/comorbidities-in-covid-19-deceased-patients-in-italy/>) (20 July 2020)

On the claim that deaths are increasing exponentially in countries in which the virus circulated more than in Australia: no, they are not. All-cause mortality in the last couple of months across Europe, in every age group, is normal (<https://www.euromomo.eu/graphs-and-maps>).

Trampled liberties, totalitarianism and the madness of crowds

<https://www.un.org/en/universal-declaration-human-rights/>

The government's COVID-19 response is tantamount to a violation of human rights. Lockdowns violate the United Nations Universal Declaration of Human Rights, including Article 30:

“Nothing in this Declaration may be interpreted as implying for any State, group or person any right to engage in any activity or to perform any act aimed at the destruction of any of the rights and freedoms set forth herein.”

Recent reports of police brutality in Melbourne are disturbing (e.g., <https://thenewdaily.com.au/news/national/2020/08/11/mask-arrest-victoria-police/>).

Some caution from the lips of historical figures:

“Once a government is committed to the principle of silencing the voice of opposition, it has only one way to go, and that is down the path of increasingly repressive measures, until it becomes a source of terror to all its citizens and creates a country where everyone lives in fear.” —Harry S. Truman

“Men, it has been well said, think in herds; it will be seen that they go mad in herds, while they only recover their senses slowly, one by one.” — Charles MacKay, *Extraordinary Popular Delusions and the Madness of Crowds*, 1841.

Economic fallout

This has been covered by other of your witnesses, but I can provide many, many links to further evidence if this is required.

On the point about Sweden's economic performance relative to Europe:

<https://fee.org/articles/bbc-sweden-s-economy-is-doing-way-better-than-the-rest-of-the-eu-during-the-covid-19-pandemic/>

The European Commission forecasts a better economic result for Sweden in 2020 (-5.3%) than many other comparable European countries (France, GDP fall of 10.6% in 2020; Finland -6.3%; Austria - 7.1%; Germany -6.3%; the Netherlands -6.8%; Italy -11.2%; Denmark -5.2%)

(https://ec.europa.eu/info/business-economy-euro/economic-performance-and-forecasts/economic-performance-country_en)

Treatments and perspective on severity

Early prophylaxis and treatment may save lives. We should be trialling immune support (zinc, vitamins D and C) in suspected cases or upon positive test results, and potentially for entire vulnerable sub-populations.

Proning, existing medications for malaria (including hydroxychloroquine), asthma (steroids), and viruses (remdesivir, ivermectin): all promising to some degree in some cases, and we should be trialling them.

Additional treatment possibilities will arrive with time, and we should not be closed to testing them.

On the point about lasting damage from Covid infection: <https://www.nature.com/articles/s41598-017-17497-6>: “Patients who survive influenza A (H7N9) virus infection are at risk of physical and psychological complications of lung injury and multi-organ dysfunction.” (like Covid, influenza too can have lasting impacts on infected individuals, and in response to seasonal influenza we do not close down our economies)

Policy alternative

Lift the wholesale lockdown, allowing people who are least likely to suffer the most severe consequences of Covid infection to get on with their lives and others to opt for protections that suit their perceived level of risk.

Use the government's scarce resources to directly support the vulnerable population – e.g., the elderly. Learn from the mistakes of Sweden. Set high-risk individuals up on videoconference technology and other support to remain connected to family, friends, and communities; subsidise immune support and work alternatives for high-risk groups; train and target testing/monitoring towards aged-care workers and carers of high-risk individuals. Soak up some of the now-unemployed into the health sector to assist with these efforts.

An alternative government script

Covid is like a severe flu, and a bit more infectious. It has been added to what is circulating in humanity.

We can't stop the virus from spreading, and we don't want to. The sooner it moves across the general population, the sooner it will run out of carriers and come to a halt on its own – through a combination of factors such as the development of antibodies, existing T-cell immunity, and heterogeneous susceptibility across individuals.

Most of us will be unaffected by the virus and unaware of any infection.

Do what supports your health, happiness, and immune system. If you get seriously ill, go to hospital. Otherwise, get on with your life.