

BORDER CLOSURES AND LOCKDOWNS

Update and perspective 3rd January 2021.

It has become abundantly clear that the current strategies for dealing with Covid 19, that are being used by the Australian Federal and State governments are not working, and not working for the reasons predicted by the experts quoted in this paper. That is they are structured for eradication (a practically impossible objective) and not for containment. It has become equally clear that these governments have no intention of rethinking these strategies in light of recent outbreaks, and with the reintroduction of lockdowns and border restrictions. Rather, they seem to be hellbent on sticking to their guns like an out of control gambler with a get lucky soon delusion or else perish in the process attitude.

A very interesting revelation has come to light courtesy of Sanjeev Sabhlock. Sabhlock resigned from the role as Senior Economist in the Department of Treasury and Finance in Victoria, on the 9th of September 2020, after he was directed to remove his direct and indirect social media criticism of the handling of the pandemic by some officials of the Daniel Andrews government. He has since published a book “The Great Hysteria and the Broken State” which is full of interesting, relevant and very important revelations. It seems that Australian governments and overseas governments already had pandemic contingency plans prepared. That is good. But these plans did not include lockdowns and state border closures. These plans were quickly abandoned without any reasons being provided.

“This pandemic is not a once in 100 year event but closer to a once in 30 year event. The hysteria is grossly overdone. There where WHO guidelines in 2019 about flu-type pandemics and none involved lockdowns. Australian governments including Victoria's had clear planned for all kinds of pandemics. None involved 5-km lockdowns, 23-hour curfews and mandatory masks even in the open air. These lockdowns are causing huge collateral damage while the governments remain in denial. The governments must lift the lockdowns and focus on the at-risk population. **We also need constitutional and legal reforms to ensure that this doesn't happen again.**” (emphasis mine).

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Summary compiled by Michael McLean. Updated 21 October 2020.
The sources quoted are not exhaustive and the original sources have not been verified by me, but quoted from what I believe to be reliable sources. Corrections and additions are most welcome. This paper should be regarded as a work in progress, aimed at finding the truth.

Do Border Closures and Lockdowns keep us safe and save lives?

Who thinks they do ?

- Jeannette Young, but she freely admits banning Anzac flyovers and school closures had no medical reasons and don't save lives. This must raise questions to her overall credibility. And at this late stage, while under heavy criticism, reveals her opinion that Covid19 affects every cell in the body and has many bad long term effects. If true why is she only telling us this now? She again refers to 'the messaging'. Covid19 has not been around long enough to reveal any long term effects.
- Anastacia Palasczuk refer Jeanette Young.
- Dan Andrews, but now we know that the curfews have no medical reasons and don't protect us or save lives.
- Steven Marshall except when he needed to fly to Queensland for his son's graduation.

Those above, arguing for lockdowns and border closures have political motives and are very questionable, as are their arguments. Jeanette Young, the chief medical officer in Queensland, has been instrumental in affecting us in non medical matters, and admits to making decisions based on

financial and economic reasons. That is not her role. Her role is to provide medical advice and make decisions based on medical issues. In Queensland and in Victoria, the state governments have refused to provide any medical reasons for the lockdowns and border closures.

Who thinks they do not?

- Taiwan

excellent results with no lockdowns

- World Health Organisation WHO

October 2020 statement list of pandemic responses not recommended in any circumstances included border closures.

I am sceptical of the WHO but have included this along with this warning.

- THE LANCET medical journal

“In our analysis full lockdowns and widespread Covid-19 testing were not associated with reductions in the number of critical cases of overall mortality”

- One of the great epidemiologists of the 20th century, the late **Donald Henderson**. Henderson’s speciality was smallpox, which is a lot more contagious and lethal than this latest coronavirus.

“large scale quarantine” — universal stay at home orders — were “so extreme ... they should be eliminated from serious consideration”.

“Communities faced with epidemics ... respond best and with the least anxiety when the normal social functioning of the community is least disrupted,”

- **Professor Michael Levitt**, Stanford University, Nobel Prize Winner,

“The level of stupidity going on here is amazing. Lockdowns are a huge mistake.”

- **Professor Sunetra Gupta** Theoretical Epidemiology Oxford University

“Urged (Australia) to abandon its selfish and self-congratulatory lockdown tactic.”

- **Professor Mark Woolhouse**, University of Edinburgh

“Lockdown was a panic measure and I believe history will say... that trying to control Covid-19 through lockdown was a monumental mistake on global scale.”

- **Dr Eamon Mathieson** Covid Doctors Network. Originally 13 concerned doctors that rose to 500 and then an overwhelming response, before their webpage was shut down due to security concerns and worries about repercussions.

“lockdowns and restrictions are wrong and killing more people than the virus. The restrictions are completely wrong.”

- **Corona Extra-Parliamentary Inquiry Committee** a group of 500 German doctors and scientists established to investigate all things that pertain to the new coronavirus such as the severity of the virus, and whether or not the actions taken by governments around the world, ... are justified and not causing more harm than good.

“We have a lot of evidence that ... it’s no more dangerous than the seasonal flu (or just as dangerous) and that there is no justification for the measures being taken to combat it.

- **British Medical Journal** report has suggested that quarantine measures in the United Kingdom as a result of the new coronavirus may have already killed more UK seniors than the coronavirus has during the peak of the virus.

- **Professor James Allan** Garrick Professor In Law University of Queensland

“we need an anti lockdown political party.”

– **Professor Joel Kettner** Manitoba University

“I have seen pandemics, one every year, it is called influenza, and other respiratory illness viruses. I have never seen this reaction and I am trying to understand why.”

– **Professor John Ioannidis** Stanford University

“If we had not known about a new virus out there and had not checked

individuals with PCR tests, the number of total deaths due to 'influenza like illness' would not seem unusual this year.

– **Great Barrington Declaration**

In early October, 2020 three university professors with backgrounds in epidemiology, Professor Martin Kulldorff Harvard Medical School, Professor Jay Bhattacharya Stanford University, and Professor Sunetra Gupta Oxford outlined a strategy that proposes what they call Focused Protection as the best way to handle COVID-19. It would shield the most vulnerable like the elderly and let younger people go back to school, college and work. The declaration has received the support of over 34,000 scientists and medical practitioners around the world. It is claimed that some of the supporter's names are bogus and there is some argument against the declaration.

- **Scott Morrison** Prime Minister

“Lockdowns and borders are not signs of success in dealing with Covid-19”

- **Tony Abbott** Former Prime Minister

labelling Premier Annastacia Palaszczuk’s restrictions as “bureaucratic bloody-mindedness”.

A professional and scientific approach cannot simply ignore the above, but must at least engage with and provide reasons why they are all wrong.

Additional information

Australian Constitution - state borders should be open

COVID-19 Australia: Epidemiology Report 22

– The symptoms reported by COVID-19 cases in Australia are

- consistent with a mild respiratory infection in the majority of cases.
- Comorbidities were common in those COVID19 cases admitted to Australian sentinel hospitals (general ward or ICU), with 78% recording at least one of the specified comorbidities; only 9% recorded no comorbidity.

If borders stay closed and lockdowns in place until a targeted number of infections is reached, THEN WHAT ?

There seems to be considerable confusion around the concepts of eradication and suppression. Eradication is the aim to completely remove ALL traces of the disease so that it will never reappear again. This is all but impossible to achieve. If it were possible in one state, then there would have to be ongoing state border controls forever. If it were possible nationally, then likewise there would have to be ongoing national border controls, most likely including quarantine, forever. Covid19 is such that many people with the disease are asymptomatic ie they don't know that they have it. This means that the disease can be passed on, and exist within the community in areas, unknown, and with occasional, sudden, seemingly mysterious outbreaks. New Zealand thought that they had eradicated Covid19, but such an approach demonstrates a lack of understanding of how transmission and the existence of the disease really work. To declare eradication as the Northern Territory has recently done is really self delusional and foolish.

If cases are reduced to zero, or even a small number, then what. As the closures and lockdowns are eased, the numbers will rise. It is inevitable. What is happening here it that the lockdowns are suppressing the disease, and so unless it is totally eradicated, it is no surprise when removing the suppression measures leads to a recurrence of the disease. The virus is still out there just as it is with all other viruses. The problem is in trying to reach elimination rather than suppression.

What about the vaccine?

Even with a vaccine it will not be fully eradicated. Not everyone will take the vaccine and it is highly unlikely that the vaccine will be 100% effective. The seasonal flu has a vaccine which is much less than 100% effective, and has a high uptake of people being vaccinated, but flu is still

most certainly with us.

The question has to be asked again “then what?”. Sooner or later we will have to face this question. Where are the current strategies for dealing with Covid19 leading us. It appears that there is talk of suppression, but actions aligned with elimination. **This will not work and is not working.** At the same time it is very very costly, not only in economic and financial terms, but in health terms. Health professionals describe a worrying trend in reductions for diagnoses for Cancer and other health matters that will result in significantly worse health outcomes, even deaths not far down the track. There are also reports of increased mental health issues and suicides.

So what should we do?

The answer is really quite simple

- remove the costly, dangerous and ineffective lockdowns immediately
- remove the costly, dangerous, inhumane and ineffective state border shutdowns immediately
- keep and manage international border control restrictions
- encourage sensible social distancing
- maintain, and by education, improve handwashing and sanitising
- keep recommending people to reduce touching their faces unnecessarily
- encourage the use of the tracking app to assist tracing and managing localised outbreaks

And now for the big one

- **PROTECT THE WEAK AND VULNERABLE**
For the vast majority, Covid19 is a mild respiratory infection. This is even if you know you have it at all. Researchers at Australian National University (ANU) discovered up to 70,000 Australians could have had the virus before the second wave hit, almost seven times higher than the reported 11,000 cases.

But it is all too clear from the large number of deaths in aged care facilities, that Covid19 is a major problem for this category of people. And it is exactly here that the stringent control measures make sense and should take place. In Victoria Covid19 positive patients were refused in hospitals and sent back to aged care facilities with catastrophic ongoing results.

And another big one

- Use readily available and proven, safe and effective medications such as Hydroxychloroquine and Ivermectin to save lives. Particularly in aged care facilities. It is illegal with a penalty of up to six months jail, for a doctor to prescribe Hydroxychloroquine, an over the counter drug that has been available for 65 years, for a patient for Covid19 in Queensland. Studies claiming that is ineffective are based on it not being used properly ie in the correct dosage and in conjunction with zinc and a particular antibiotic. A meta study shows overwhelmingly that when used properly it saves lives. Hence those responsible for preventing its use are preventing it from saving lives. WHY?

And another big one

– report the truth and what is relevant.

Currently the number of new cases is reported daily. This focuses attention on eradication and not suppression. Either we should stop reporting this or else also report the number of seasonal flu new infections each day as well, to provide perspective. As well as this, the number of deaths reported for Covid19 is, believe it or not, for deaths where the patient was positive for Covid19, and not where the cause of death was Covid19. Recent media reports claim that a study in the USA finds that 94% of Covid 19 reported deaths were exactly this, deaths where the patient had Covid19, not deaths because of Covid19. There has been another media claim that doctors are instructed to assume Covid19 as the cause of death, (whatever that means or implies I do not know).

- stop panic and overreaction
 - live a normal life
- “Communities faced with epidemics ... respond best and with the least anxiety when the normal social functioning of the community is least disrupted,” Donald Henderson

What else do we need ?

- details about how long the tests take and why
- details about alternative tests and government responses to them
- details about cures and treatments such as Hydroxychloroquine and Ivermectin and others.

Case for Hydroxychloroquine

1700 Belgium Doctors 10-9 2020

The therapy of HCQ, AZT(Azithromycin) and Zinc, “leads to recovery and often prevents hospitalisation.” This, “effective therapy has been confirmed by the clinical experience of colleagues in the field with impressive results.”

Dr Peter Cullough Master of Public Health **and** lead author of a paper published by the American Journal of Medicine, authored by over 20 medical doctors

“We treat serious viral infections always with multiple drugs... not a single drug can carry the day. Now HCQ is the most proven of the approaches 'to treat Covid'.

In pre-clinical studies HCQ when utilised is very effective. In retrospective trials and clinical studies, when employed early, 100% of those studies have demonstrated a positive result.

I'm confident that HCQ is safe and effective, it's been used in millions of individuals across the globe for over 65 years.”

It is currently illegal in Queensland for a doctor to prescribe Hydroxychloroquine for Covid 19, with penalties up to 6 months jail.

During the course of compiling this exploration of the arguments supporting, and those against state border closures and lockdowns, it has become apparent that there are wider issues involved. There seems to be fierce opposition to some points of view. This is opposed to the scientific approach that welcomes all points of view and objections, and then processes these into hypotheses and then possibly theories that will be tested by evidence, thus furthering our knowledge and understanding of the issues.

I felt the need to make the above analysis because of seemingly widespread confusion and inconsistencies and clearly wrong government and departmental policies. I found that I was not alone in this and provide examples of three different needs for such an enquiry:

- a major broadcaster, Alan Jones has called for a government advertising campaign to clear up the misunderstandings and present the facts
- A German group of 500 Doctors and Scientists :
' As the Corona-Extra-Parliamentary Inquiry Committee, we will investigate why these restrictive measures were imposed upon us in our country as part of COVID-19, why people are suffering now and whether there is proportionality of the measures to this disease caused by the SARS-COV-2 virus. We have serious doubts that these measures are proportionate. This needs to be examined, and since the parliaments – neither the opposition parties nor the ruling parties – have not convened a committee and it is not even planned, it is high time that we took this into our own hands. We will invite and hear experts here in the Corona speaker group. These are experts from all areas of life: Medicine, social affairs, law, economics and many more.'
- Ordinary man in the street, or at least facebook, David P.
' I believe there is a virus that does kill a small number of those infected. It's origin and everything else we are led to believe about it is questionable in my opinion.'

Lockdowns and state border closures are causing immense harm, including to business. Please feel free to download this document and to use it to combat unnecessary lockdowns and border closures.

788,503

confirmed death
around the globe
(till 21August)

22,492,312

confirmed cases
around the globe
(till 21August)

Hydroxychloroquine (HCQ) Should Be Available Over the Counter

Why is it that not one high ranking CCP government official has contracted COVID-19 so far?

- Because they have taken HCQ since December 2019.

Why is it that some of the developing countries have low rate of fatalities from COVID-19? [1]

- Because HCQ is allowed and encouraged; and this low-cost medicine works. e.g. in Costa Rica, UAE, S. Korea, Israel, South Africa, Chile, Turkey, India, Russia.

What is the HCQ protocol? [2]

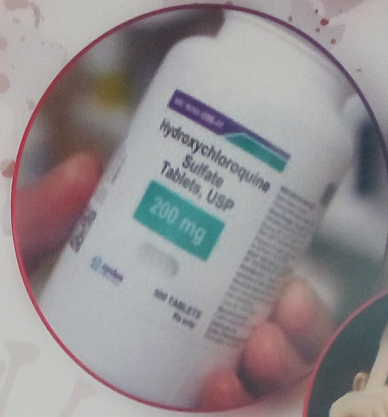
- HCQ + Zinc

When to use HCQ? [2]

- It must be used very early in the course of the illness, ideally immediately after exposure, because it works on slowing down viral replication.

What if HCQ is not available? [2]

- Use Quercetin. It is also an effective and inexpensive alternative, as its primary mechanism of action is identical to that of the HCQ, in addition to having many other anti-inflammatory benefits.



Where Quercetin is from? [2]

- Quercetin is a plant pigment (flavonoid), which is found in many plants and foods, such as red wine, onions, green tea, apples, berries, Ginkgo biloba, St. John's wort, American elder etc.

Why we want to see HCQ become available over the counter?

- Because we care about Australia and want to help the Australian people and the government. We want to see people who have lost their jobs get back to the workforce. We want to see the country's economy recover earlier and quicker.

Disclaimer: We are not medical practitioners. Please consult your doctor for COVID-19 information. We do not make any warranties about the completeness, reliability and accuracy of this information. Any action you take upon the information on this pamphlet is strictly at your own risk, and we will not be liable for any damages in connection with the use of this information.

Information source

[1] <https://thehimalaya.com/2020/07/23/countries-using-hydroxychloroquine-low-coronavirus-fatality-rate-compared-to-united-front-association-american-physicians-surgeons-sa/>

[2] <https://articles.mercola.com/sites/articles/archive/2020/08/06/hydroxychloroquine-protocol-coronavirus-getting-closer-to-a-cure-for-source-wireless-medium-amplitude-content-art194.html?cid=2020080623&mid=CM627913&aid=8443884>

Case Fatality Rate By Country

■ HCQ Allowed and Encouraged
■ HCQ Banned or Discouraged

