David Bell (00:23):

More secure in my field I would work on pandemics or on climate and health because that's where all the money is. And so most of my colleagues, they see what we do. They don't disagree with it. The stuff from the university needs no one has refuted and people on the inside have said we haven't gone far enough. It's much worse because very conservative, but all the incentives are to comply. And once we have a CDC, it has to justify itself by doing this available you will find theoretical risk because as nature, you will then roll the wheels with, we'll make a vaccine for that one, et cetera. Then we'll have mass vaccinate just in case lockdowns, et cetera. And it's inevitable that this is going to get worse and worse because we're building more and more people whose careers are dependent on it.

Ramesh Thakur (01:25):

There is another thing, Graham, which we didn't touch upon. It is there in the report in the reports and that is the advisory opinion from the world court year ago on climate liability. This is an advisory opinion so technically it's not binding. In practise it will be used in legal systems domestically in a lot of countries and will have an effect in terms of shaping court decisions in the future. And based on climate change agreements and human rights agreements, the court unanimously, you can't say hell because it's not a decision, but concluded that governments have a legal obligation to protect the populations into the future against harm from climate change and that this liability extends even to countries that haven't signed these agreements, that health is a human right and therefore it crosses over into the pandemic agenda and explains in part why the WHO is now explicitly saying that climate change is a threat to health agenda as well.

(02:49):

So the potential for this to keep going is there already in the legal thing and we are seeing now as the climate change agenda begins to come under assault that domestically legislated obligations falling from the original agenda is being weaponized by activists to prevent any rollback nationally. And that is the final element that I think people need to think about. Your legal treaty becomes static and fixed. Science on the other hand evolves, but your obligations flow from the treaty, not from the evolving science and that is what's happening on the climate side. So the potential for that to occur on the health side is there. If we don't actually begin to think through this implication and say, well, can we at least pause should the WHO pandemic agreement be open for signature next year if the PABS agreement is concluded? Can we at least pause our signature while we consider all these long-term implications?

(03:54):

Because once we sign it, we are obligated. It will be implemented in domestic law and it'll be much harder then to try and get out of it as opposed to taking time now to think through it.

Graeme AIP (04:12):

So what support is there in government support?

Ramesh Thakur (04:17):

At the moment, zero, but as we know, as everyone in this room knows, the political landscape around us is changing quite dramatically and therein lies the hope for trying to pause it. I think the backlash against globalisation and global governance is much deeper and much broader than most governments have been prepared to recognise and it's not working to just dismiss this as populist, hard right nuisance value activism.

David Bell (04:48):

I think also part of that zero interest is because of this misinformation from the WHO, the World Bank, G20 secretariat, et cetera. And you don't expect those agencies to falsify data or to lie, but it's not controversial. They are doing that on a very large scale. So I think most governments actually believe that pandemic risk is accelerating, that outbreaks are getting much more frequent because of climate change or population growth or whatever they trot out and so that they assume that the data is correct and therefore they're acting on that data and we found it extremely difficult to get actual data into journals and so on, especially into mainstream media we've had some success with journals, but politicians aren't seeing what we're showing.

Speaker 4 (05:50):

So the WHO has clearly stepped outside its original rep and is now being captured by- It's

David Bell (05:57):

Been forced to step outside by its funders, yeah.

Speaker 4 (06:01):

Because of whose control. So it needs to go back to only being funded by countries,

Ramesh Thakur (06:07):

Which was. And unspecified- And not through specific. ... through

David Bell (06:11):

Assess funding.

Ramesh Thakur (06:12):

Core funding.

David Bell (06:13):

Yeah. So that they can make good decisions based on good data.

Katie Ashby-Koppens (06:19):

And we can see just how this complex is really getting going because in the last three or four months we've seen hunter virus with over a hundred thousand news articles within two days. We've then had Ebola, which was an inconvenient annoyance prior to the World Cup and now we've got bird flu, which is on steroids and-

Speaker 6 (06:44):

She noticed saying my sister-in-law is freaking out about ...

Katie Ashby-Koppens (06:48):

And it's not that incredible.

David Bell (06:52):

Bird

Speaker 6 (06:52):

Flu.

David Bell (06:54):

That virus is throughout the United States, throughout Asia, throughout Europe, life is normal. I can assure you.

Speaker 6 (07:00):

But you try and tell the general populace that.

Speaker 7 (07:08):

What if they haven't found that bird? No. Yeah, but because I'm bushing-

Graeme AIP (07:15):

I'm

Speaker 7 (07:16):

Very concerned about that. I'm not worried about it, but for me it has devastating effects.That's

Speaker 4 (07:21):

Why we have great water,

Speaker 7 (07:22):

But it's not good because they fly in. So they can devastate. Dairy herds, they can devastate chicken, egg production businesses. They can devastate. It has the potential to devastate and cause concerns in our foods a lot.

David Bell (07:43):

You mean? Yeah, but the vast majority overseas of that devastation has been through cutting so that the question- Well,

Speaker 7 (07:53):

Our mic is cup here.

David Bell (07:54):

Yes, I make it cup. That's the interesting thing because if you don't cut a lot of the flock will die, a lot of the flocks alive. If you colour, they all die. They all

Speaker 7 (08:04):

Die.

David Bell (08:05):

And it's not going to stop her flu spread.

Speaker 7 (08:09):

But

David Bell (08:09):

They'll make it.

Speaker 4 (08:10):

Day when we didn't cut. Didn't it strengthen the ones that survived?

David Bell (08:16):

Yeah. So if you were using breeding stock, you would want it to go through the breeding stock because you have genetically stronger. The resilient ones will survive and breed, but I mean, that's not how these mass chicken places go. They buy the cheese from a central place, but you wouldn't want to colour central places. Yo shouldn't let this go through where you're actually doing the breed because you want resilient animals, but we're getting less and less resilient animals because we do culling.

Speaker 8 (08:52):

Is everyone familiar with the ostrich farm in Canada?

Speaker 6 (08:57):

Yes. No, I'd love to hear.

Speaker 8 (09:02):

Well, I didn't keep a close eye on it, but there's like a hundred pet ostriches all known by name to the people that kept them. A few of them got burned for them died so they were isolated and then quarantined and then eventually the government came and killed them.

David Bell (09:27):

Yeah. They got bird flu through and there was an order to cull all the ostriches, only about six or seven or something died out of a few hundred. They went to court, there was a long fight. So they eventually lost in court sort of a year later. There'd been no positive cases for a year. It was completely gone, but the government insisted on following through and they killed all the birds.

Speaker 7 (09:53):

Wow.

David Bell (09:55):

Even though it was absolutely established that there was no anyway.

Ramesh Thakur (10:00):

As a reminder that infamous Professor Neil Ferguson's original alarmist predictions were over the scale of deaths from mad cow disease and was it birth flu or something like that where they ended up culling huge numbers in the UK. Food and other. Where they ended up culling whose numbers, but it turned out his alarmism was happening in COVID, completely off the scale compared to what actually happened. And then the WHO did that with the swine flu as well and the purchase of tongue flu.

David Bell (10:38):

And we're building a system where it's the job of the CDC to do that. So you have these people who just, their job is justified by acting. So they'll act, they will say, "We should cow, we should do that. " So public health, there's a time not that long ago where we didn't have public health physicians. Now we have thousands of thousands on one of them in Australia and to justify our job we have to give recommendations to do stuff that we would never have done in the past. And so we're building this pandemic industry that has to justify itself by having these sort of interventions. Otherwise, why would you be spending these tens of millions of dollars if they don't do anything, they don't respond.

Graeme AIP (11:23):

So does it help or hurt that the US isn't funding them?

David Bell (11:29):

I think it helps because it's forcing people to think a bit harder about reform. It's probably new for global health. WHI is doing some good things on global health and they're doing some bad things. You could argue overall it's probably a negative influence now. It needs to be positive, but it depends how you look at it. The US is still giving funding to this area. Some of the things they're doing are good in that they're cutting out a lot of the NGOs are giving money directly to the countries. So they're reducing the industry that has grown around this area.

Speaker 9 (12:11):

It's brought up an interesting point with regards to being out of the who they've still got an incredible number of collaborating centres still there. So with regards to the collaborating centres, David and Ramesh, what sort of thoughts have you put towards tackling the collaborating centres that perhaps, let's assume, if we had this wonderful scenario with the who disappeared, but the collaborating centres were still there under the whose remaining influence, where do we go with that? How do you see that?

David Bell (12:43):

Well, I think some of them do a good job. It's not like they're just collaborating centres on Denhi and they do most of the Dengue testing for the Pacific Islands because there's not the capacity in the island and having the WHO status just helps with the transfer of samples and the discussion within between governments on it. So it's not intrinsically a bad thing. It's a bad thing when they become closer to the WHO than they are to the national government and their country and they start and you get a club forming of international health people and it's very real. So they see their role as helping each other and

building this international thing rather than serving what the Australian people or the people Malawi need or whatever country they come from. I

Ramesh Thakur (13:36):

Think I would give you a three part answer, Robert. And I'd preface that by saying that as you'll gather from our presentations, we are trying to navigate our way through two polarising demands at the moment. One is we sign onto everything that the WHO says because they're the experts, they know best. They have knowledge and expertise on the global scale that we don't have. So we sign onto everything. The other is pull right out of it. We don't want to have anything to do with it and if possible, we also want to defund the UN. And what we are saying is international multilateral cooperation does serve a necessary and useful purpose, but we need to redesign the architecture so it respects individual autonomy and personal decision making in the clinic and respects national sovereign decision making at the country level and then facilitates cooperation when necessary, bearing mind the balance between additional layers of bureaucracy and compliance and transaction costs against the returns on that investment.

(14:47):

Okay. So that's one comment. Second, due to its unique diplomatic, normative economic rate, the United States can do things unilaterally that as an option is not available to any other country. Now the next down the line will be China, but even China can't match what the US can do. But by the same token, their actions can have a catalytic effect on changing the existing status quo and so they can stimulate change. And the third and final thing is logically if you think about it, reforming an existing institution makes a lot more sense than trying to replace it, but the politics are much easier to replace it than to try and change it because it has 80 years of accumulated vested interests that today form a very stable equilibrium and you try and change it, you get sucked into the process and what comes out in terms of an elephant is if you're lucky a mouse, if you're unlucky, I rat.

(16:05):

And my favourite example to illustrate what I'm talking about is we moved at the end of the Second World War from the League of Nations to the United Nations. In essence, the United Nations is a continuation of the league. It's the same plenary assembly, it's a similar executive council, it's the same world code, it's the same international labour organisation, even the World Health Organisation is an adaptation of an existing League of Nations health organisation, but the politics were such if we had called it the League of Nation and stayed with that name, it will never have been approved. Major powers, a lot of the major powers that have refused to have anything to do with it. And for a replacement, you can begin with the one state champion that agrees to start forming a coalition of like-minded states and relevant civil society actors and comes up with a template and then works around that.

(17:02):

Whereas reform, you already require the unanimous consent of everyone who's already a party. And so all you need is a one-third blocking minority to the whole thing, Peter the whole thing. So all these factors come into play And as a panel, we didn't choose between the two. We said one or the other, but if you're going to reform, go for deep reform, not performative or incremental reform, but transformational reform.

(17:31):

But I've been burnt out by the UN reform process. I've seen how easy it is to subvert it and end up with nothing. And the last really big one of effort we had was 2005 and it hasn't even matched that since then. So all these things come into play and I think that's why I'd like this knowledge and information to spread through our policy elites, not just the government to say that let's not get locked into that. If we believe it is important, on the one hand, the market's actually thinking about if you stand in the middle, you run the risk of being hit by traffic going in both directions. Yes, we are facing that as a panel. But the reality is if you think it is important and we are in an interdependent world, then maybe it's time for a fundamental rethink of the entire architecture.

(18:32):

A thing that happens normally or not normally is has happened historically following and as a result of major wars, including the two world wars. Unfortunately, given today's weapons of destruction, we can't afford that as a catalyst to change and so we need to put the effort in it.

Graeme AIP (18:53):

So Robert's here representing an alternative to

Ramesh Thakur (18:58):

The AMA,

Graeme AIP (19:01):

You kind of touched on it there when you said you need someone to do something unilaterally potentially, I mean that would seem to me to be actually the more likely path the- Yeah,

Ramesh Thakur (19:15):

That sort of thing

Graeme AIP (19:17):

What you're saying, it's like swimming through molasses.

Ramesh Thakur (19:20):

Yeah, I agree. That's what I said. When you

Graeme AIP (19:22):

Plug a hole here and

Ramesh Thakur (19:23):

Something

Graeme AIP (19:23):

Opens up here and

Ramesh Thakur (19:25):

There's

Graeme AIP (19:25):

All these people who are very well paid-

Ramesh Thakur (19:27):

And you can end up with a messier, less tidy system.

David Bell (19:31):

And you'd have to downsize and that means sacking a lot of people and it's very hard to get an agreement.

Graeme AIP (19:36):

So wouldn't it be easier to sort of, like we do with some of our security infrastructure, walkers, five eyes, all this sort of stuff to say, well, what about Canada, the US, Australia, UK? I mean, we don't necessarily some of those were pretty bad during COVID, but wouldn't that be an easier way to go or a more practical way to go? I think that's an easy way.

Ramesh Thakur (20:06):

No, that's exactly right. That's what I was saying. My preference therefore is for a replacement health organisation that allows us to carry forward those parts that are working well and efficiently and with good returns on the investment, to shed all the dysfunctional elements, just drop them, to codify practises that have emerged alongside the constitution and write them into the new constitution and introduce accountability mechanisms that at the moment are warfully lacking in international organisations and not just them. We are facing new threats with increasing digitization of data at the moment as we speak there is a former senior executive from Meta, a lady whose name I can't remember, who is now going to sue Meta to try and invalidate her non-disclosure agreement because her allegations are that as a condition of access to the vast Chinese market, Meta agreed amongst other things to transfer health data illegally of a lot of Chinese American citizens and a lot of non-Chinese American citizens also who had dealings in China to the government of China.

(21:25):

So we are into this world where there's a lot of potential risks there and we need to think through. So as I said, this is now how much of this is true and how much far I don't know about this is an ongoing court case and a high profile court case in the US at the moment.

Speaker 9 (21:45):

Given the lay of the land, it's obviously people in America would be who the concept really has to be delivered to expand.

Ramesh Thakur (21:59):

Absolutely. But America, if it takes a lead, comes with a baggage, which doesn't exist in the countries

Speaker 10 (22:06):

Because of what-

Ramesh Thakur (22:07):

America comes with a baggage on anything it takes a lead on. And so from my own professional field, there's a reason that Australia took the lead on the comprehensive test pen treaty in consultation with the US, possibly at the behest of the US, I don't remember, I've never been part of the government, but if they had taken the lead, they would have been complications. So there is that. On the other hand, or secondly, as things stand, should there be a change of administration in two years time following a change in Congress this year in the midterm elections, then chances are very high that a democratic administration under democratically controlled Congress will simply return to the WHO.

(22:58):

And so you need to think, well, how can we work with the Americans so that they are committed? And in principle, in rhetoric, they are committed to different form of international health cooperation. They've said that they've been very explicit in saying we are not rejecting that. We are rejecting the subversion of that and we are rejecting the threats to national sovereignty and we do not like the anti-scientific basis of many of the decisions that the WHO took during COVID. So all that is there, but none of that will survive if there is a change of things in the next set of elections this year and two years time. So again, if you're going to think long term, strategically that's one option that we can align with parts of the US that we are happy with that gets away from this MAGA aligned Trump associated thing, which creates all sorts of problems everywhere.

(23:55):

Or if that's not possible, then do we work for some other countries? Italy is a potential South America

David Bell (24:02):

Probably is in Sub-Saharan African countries at the moment. So the reason the pandemic agreement has held up is because of those countries and it's partly-

Ramesh Thakur (24:11):

But as well as the Africa group, there is a friends of equity group also. Yeah,

David Bell (24:16):

Which is broader.

Ramesh Thakur (24:17):

Which includes Indonesia.

David Bell (24:18):

And also Southeast Asian and so on. Yeah. And so it's partly the issue of if they're going to give up genomes, they want something back, but it's also that they see themselves as they're the ones being shafted by this whole pandemic thing where it's really enhancing Western based and Chinese and Indian very large pharmaceutical corporations and the money in the end is being diverted from their high priorities and health. So there's a lot of disquire among those nations around the direction overall of the

WHO, but they haven't got something to focus on to sort of articulate that and have a template for something different.

Graeme AIP (25:10):

Wendy wanted to ...

Speaker 10 (25:13):

I think to an extent, you've anticipated my next question, which was really, to what extent is this a multinational initiative or this way of thinking even at this point and what's the state of maturation of the dialogue with those other potential partners like thinking in addition, you do know that there was a document written about the potential succession of Western Australia from the rest of Australia based on their income and one thing and another, of which Ian Brigham I think

Ramesh Thakur (25:53):

Wrote

Speaker 10 (25:54):

The health section and some of these issues are discussed in that much narrower context of a separate health system for Western Australia and the third thing that I wanted to say is, is there any awareness with our fledgling CDC of this change interaction or policy and so forth? Why I asked that was I was actually invited to put in an application to be on the advisory board for the CDC, but to put in an application that looked like this, that and the other, it's like applying for tenure wrong, you know, you do it and then you hear nothing and so on and without a document accompanying it which stated the outline of how the CDC was going to run and what its principles were and one thing or another, I felt that the opportunity to just be rejected and not even have your application looked at, just asked you so that they could say they ticked all the boxes, women and all that, being invited to join their board.

(27:12):

So I didn't go on besides which maybe I don't have much to contribute, but is anybody else being invited to have any input into how the CDC is going to outline its agenda and what its priority is going to be and what its funding base is going to be and any awareness of the hegemony that pharma can sort of execute on the basis of if they are funding most of public health research in Australia and so forth, these are big questions.

Ramesh Thakur (27:48):

My impression is that our CDC will be a deeply embedded part of the international structure of technocrats leading policy and so I'd be very sceptical that there would be much possibility as things stand of dissenting, Quantarian thinking, being able to influence that.

(28:15):

I think what we have seen is not just a transformation of the state, the democratic liberal democratic state into the administrative state whrees are legislative, executive and increasingly also judicial functions are now carried out by elements of the administrative state and your chances of appealing them are small, that is being transferred to the international level also where the experts and technocrats take over director of authority and take over responsibility. So we need to reverse that. So

that's the first part of that. Second part, I think there's very little such evidence internationally that even a core influential group of small states is prepared to speak out against this. Now, while I'm pleased that the Africa group and the Friends of Equity Group has delayed the FABS agreement, I also fear that going by the rhetoric, what they're demanding will deepen the global health dependency rather than help them break out of it because they're demanding better terms of offer from the other side rather than acting on the rhetoric of we need to start assuming the burdens of sovereign responsibility and look after our own future.

(29:44):

So it's not the technical assistance and capacity building assistance that is important. They want guaranteed certainty on access to the fruits of the.

Speaker 10 (29:54):

Should we be inviting Michael Kidd, the chief medical of for Australia and the newly appointed head of the CDC, who's a woman, I forget her name.

Speaker 9 (30:06):

Wayne, Professor Wayne.

Speaker 10 (30:07):

Wayne, yes. And so forth, all the chairs of their advisory boards to meetings of select groups of yourselves to just float some ideas?

Speaker 9 (30:20):

Well, what's really concerning, it's publicly been stated that they're independent of the Australian Parliament. Our Parliament has no major oversight over them. They can make their decisions, et cetera. They can decide on how they distribute their funding, the CDC funding. They individually can distribute it according to whatever they deem fit. And the other really worrying thing, which I was going to ask you before, because the way they're structured is they can actually be involved in international agreements independent of the Australian government. Is that correct?

Ramesh Thakur (31:01):

I don't know. You haven't thought of that?

Speaker 10 (31:04):

I think we should find those things out, just acting on the principle of everything sort of begins at home. To what extent is our CDC going to be acting on because of the biotechnology and pharmaceutical

David Bell (31:21):

Industry? I did see an interview with the head of it. Sorry,

Speaker 10 (31:25):

Sorry.

David Bell (31:25):

I saw an interview with the head of it two days ago where she was essentially just reiterating the talking points of the pandemic agenda, the disease X, et cetera, et cetera. It was straight out of the WHO pandemic, out of those documents that I was showing them.

Ramesh Thakur (31:44):

Yeah. But for balance, I should nonetheless point out the reason Sweden was able to step outside the COVID consensus all around the world was precisely because of their guaranteed autonomy from government influence. Government wanted to go down that same agenda as all the other countries and then just technology as a state epidemiologist said no, and the government could not override. So there is some merit to independence, but not if that is observant to international oppression.

David Bell (32:20):

But there's independence and there's the ability to do international agreements, which is

Speaker 9 (32:24):

Different. And the worrying thing is, of course, is that our democratic pathway, given the fact that the government has said that the CDC is independent of the government, we as a democracy have no pathway under that chain of command to attack what they have to say. And they have control. They've actually said on their website that their freedom of information, they will determine what freedom of information they will distribute. And in other words, it's a pretend freedom of information and under the IHRs, one of the IHRs is control of misinformation, disinformation, which basically gets down to scientific debate and the scientific method. The CDC via its structure can possibly be immune to scientific debate, the way I read it.

Ramesh Thakur (33:27):

We will have the globalisation of Jacinda Aden's claim that your single source of truth on all matters health is the Department of Health in future it will be the WHO.

Graeme AIP (33:38):

I promised that we'd finish it too. I think we've got to be out of here by 2:30. Oh,

Speaker 6 (33:45):

I wasn't sure, sorry.

Graeme AIP (33:47):

So perhaps if I tidy up things now and then those that have got to go and others can stay and have a bit of conversation and Marilyn and I might rustle around and pick up flights. Sorry, you want to-

Speaker 4 (34:02):

Very quick question. Yeah. Very quick.

Graeme AIP (34:05):

Well, you were one of the people I was thinking about when I said those that go. Do you want to delay yourself?

Speaker 4 (34:12):

With the CDC in Australia, is it restricted from receiving funding from other sources other than government?

Katie Ashby-Koppens (34:21):

Not that I'm aware of.

Speaker 9 (34:24):

They have stated they have, and this is bewildering to me. They have stated they have non-government stakeholders. What's that?

Ramesh Thakur (34:35):

Pharma.

Speaker 10 (34:35):

Pharma and biotech industry. And vaccine developers

Speaker 4 (34:40):

Paints the whole picture.

Ramesh Thakur (34:42):

And what's the implication of the CDC for the federal state relations, commonwealth, state governments?

Speaker 4 (34:48):

Pretty serious. Pretty serious.

Ramesh Thakur (34:54):

This is the thing. And our constitution, health is a state subject and yet more and more

Speaker 7 (34:59):

Approach. On our university training, but Medicare isn't people.

Graeme AIP (35:06):

Well, how about I finish it and then we can keep the conversation going? Can I ask

Speaker 6 (35:12):

One thing though before we finish?

Graeme AIP (35:13):

Yeah,

Speaker 6 (35:13):

Sure. How do we who have just sort of sat here at the table for this become involved or assist or whatever in any way, shape or form that we can? I suppose that's ... I don't want to walk out of here and just think, well, that was- I'm

Graeme AIP (35:31):

Just facilitating it. Rumesh is a friend who sort of shouldered various weapons together during the COVID period. He said he wanted to talk to a group here so we've organised it, but you really need to talk to Ramesh and Katie and David.

Ramesh Thakur (35:48):

The short answer is our purpose has been to tell you where you can find the information and the analysis and take it forward into the policy debates at every opportunity. So

Speaker 4 (35:59):

Organised only here to have a form of the convention.

Ramesh Thakur (36:04):

And while David lived in Texas, I'm just down the road in ocean shores and I'm happy to come back. Texas

Speaker 4 (36:09):

Australia or Texas America?

Ramesh Thakur (36:11):

America. The real Texas.

Speaker 4 (36:14):

It's just

David Bell (36:15):

Down the road. Oh it is, isn't it? Yeah, yeah.

Ramesh Thakur (36:20):

I'm interested in shaping our policy.

Speaker 4 (36:26):

So I think we need some bite size and you might work on the committee, some bite size campaign issues to work on just to eat away.

Speaker 10 (36:40):
I think that's critical. What do you need from us that ...

Ramesh Thakur (36:45):
Yeah, I think we'll better let Graham wrap up and then we can continue.

Speaker 4 (36:48):
Rag it down to bite size pieces and then go.

Graeme AIP (36:53):
So formalities, thank you Ramesh for approaching me in the first place and you and David for doing very detailed presentation along with Katie who's come up from Melbourne for this. Much

Speaker 10 (37:11):
Nicer weather.

Graeme AIP (37:13):
Nice to weapon weather.

Speaker 10 (37:16):
Warmer.

Graeme AIP (37:17):
Be nice to Dane. She might be able to get you into the open tennis.

Speaker 4 (37:23):
I stand open, yes. Another

Ramesh Thakur (37:25):
Hat on. The seat next to Albany. I could go as your

Speaker 6 (37:28):
Best friend.

Ramesh Thakur (37:29):
That's

Speaker 6 (37:29):
Fine. Good plus one.

Graeme AIP (37:32):

So I'd also like to acknowledge AMPS as co-sponsor of this. Red Fox who provided us with the space. Marilyn, who's Pepsi and rock and roll who provided the sandwiches. South side and Brisbane around green slopes. It's a great fruit and bench place and a former counsellor who will counsellor Matt Burke owns and runs it these days. So he does a good deal for us.

Ramesh Thakur (38:04):

And Jen, before you leave, update on this soccer. What's the score? Still zero.

Speaker 4 (38:09):

Isn't it's finished?

Ramesh Thakur (38:10):

Oh, it's finish full time.