



THE CASE OF THE HUMPBACK WHALE DOLLY/STORMY
(MEGAPTERA NOVAEANGLIAE)
PORT KENNEDY, WESTERN AUSTRALIA
26 AUGUST 2026

*A Critical Brief on the Decision to Sedate Rather Than Diagnose a Stranded Juvenile Humpback Whale
Who Was Denied Rescue Based on Assumption, Denied Diagnosis Based on Convenience, and Denied
Transparency in Death*

STRANDED NO MORE

Anonymous watchdog group of stranding professionals

Version 1.0



Part I. Preamble

Subject animal

Juvenile humpback whale (*Megaptera novaeangliae*), approximately 9 to 10.5 metres in length, described by the Department of Biodiversity, Conservation and Attractions (DBCA) as sub-adult, meaning an animal old enough to have been weaned from its mother but not yet fully mature [Perth Now, 26.08.2026; DBCA Facebook update, 26.08.2026]. The animal was named Dolly by the local community on the basis of a heart-shaped marking visible on her body. She was subsequently given the ceremonial name Stormy by Aboriginal elders during a ceremony held in her honour. This brief uses Dolly/Stormy throughout, reflecting both the community name and the ceremonial name. The animal sex has not been released yet, we will refer to her as a female in this document.

Location and date

Long Point, Port Kennedy, within the Shoalwater Islands Marine Park, approximately 50 kilometres south of Perth, Western Australia. The stranding occurred on Wednesday, 26 August 2026. The whale was first observed by members of the public at approximately 9:30am AWST swimming close to shore. A storm struck the area at approximately 10:00am. By 11:00am the whale had become stranded on a sandbank in shallow water, just metres from the shore. Emergency crews were alerted at approximately 11:15am [Perth Now, 26.08.2026; Coast FM, 26.08.2026; OceaVizuals Facebook post, 26.08.2026].

Responding authority

The Department of Biodiversity, Conservation and Attractions (DBCA), Western Australia's state government agency responsible for wildlife management. Parks and Wildlife officers and Perth Zoo veterinarians responded to the scene. The incident controller was Benson Todd, DBCA Parks and Wildlife Regional Manager for the Swan region [Perth Now, 26.08.2026; 6PR, 27.08.2026].

Outcome

By 5:00pm on 26 August, approximately six hours after the stranding and four hours after DBCA's arrival, the whale was assessed as having "compromised health" and a determination was made that it was "not possible to refloat the whale in the condition and location it was in." On the advice of Perth Zoo veterinarians, a sedative was administered "to hopefully lessen its pain and suffering." DBCA officers remained on the beach overnight. The whale died during the night [DBCA Facebook update, 5pm 26.08.2026; Perth Now, 26.08.2026].

No blood sample was collected and no blow sample was collected. Consequently, no definitive diagnosis was established and no refloating attempt was made by the authorities. The visible growth noted on the whale's body was cited as evidence that the animal "may not have been in a healthy condition before becoming stranded" [Perth Now, 26.08.2026], but no biopsy of the growth was taken, no histological analysis was conducted, and no determination was made as to whether the growth was benign, malignant, or clinically significant. Eyewitnesses also described a wound on the whale's body.

The quote that defines this case

After the decision to sedate rather than rescue had been made, and after the media had spent the entire day reporting that the whale was terminally ill with no hope of survival, Benson Todd, the DBCA incident controller, gave an interview to the press in which he stated:

*"Yeah, at this stage we are unsure as to why the whale came ashore, why it came ashore yesterday... yeah. The team from the Perth Zoo will take a range of samples so we can learn as much from this whale as possible, maybe to understand **IF** it was unwell. But at this stage, we really unsure, yeah, one of the world's many mysteries."*

[Benson Todd, Incident Controller, DBCA, 27.08.2026; emphasis on "IF" added]

The word "IF" is the entire indictment. The incident controller responsible for the decision to sedate rather than rescue a juvenile humpback whale stated publicly, after the whale was dead, that the authorities did not know whether the whale was sick, they were unsure. It was one of the world's many mysteries. Yet the decision not to attempt rescue had been made hours earlier on the basis of "compromised health," and the media had been told throughout the day that the whale was unlikely to survive, that the outcome would not be good, and that the whale's weight was crushing its internal organs. The certainty that justified the death sentence was contradicted by the uncertainty that followed it. The authorities were sure enough to sedate, but not sure enough to know why the animal had stranded or whether it had been ill at all.

Authoring perspective

This brief is the position of Stranded No More (SNM), an initiative of stranding professionals critical of the established stranding-response institutions worldwide. SNM holds that the response to Dolly/Stormy's stranding at Port Kennedy failed at every stage of the accountability cycle documented in this brief: the response was slow, the assessment was visual rather than diagnostic, the decision to sedate rather than rescue was based on assumptions rather than evidence, the public was given a narrative of inevitability that the authorities' own statements contradict, and no independent review of the decision has been conducted or announced.

This brief argues that Dolly/Stormy was denied rescue based on assumption, denied diagnosis based on convenience, and denied transparency in death. It argues that the stranding alone should not have been treated as a death sentence, that the visible growth should not have been treated as a terminal diagnosis without biopsy, that the pre-stranding drone footage showing balance and listing problems should have informed a differential diagnosis rather than being ignored, that the "sedative" administered overnight requires full public disclosure of the drug, dosage, and intended effect, and that the citizens who tried to help the whale before being ordered out of the water may have been the only people at Port Kennedy that day who treated Dolly/Stormy as an animal worth saving rather than a problem to be managed until it went away. The animal was also in good nutritional state, not emaciated, with no evidence of chronic, debilitating illness.

The accountability cycle

The diagram published alongside this brief illustrates the self-repeating cycle that governs Australia's response to stranded large whales. Each step in the cycle is expanded and supported with evidence in the sections that follow. The cycle is not a conspiracy as it does not require bad faith from any individual. It requires only the following: that authorities arrive late, that veterinarians assess visually

rather than diagnostically, that the decision to euthanise or sedate is made on assumptions rather than evidence, that the public is given a script that forecloses questioning, that the public accepts the script because trusting authority is easier than challenging it, that no independent body reviews the decision, and that the next whale strands into the same system. The cycle is self-sustaining because it is never examined from the outside. This brief is that examination.

Living document notice

This brief is a living document and it will be amended as more information becomes available.

Part II. Executive Summary

On 26 August 2026, a juvenile humpback whale designated Dolly by the community and given the ceremonial name Stormy by Aboriginal elders stranded on a sandbar in shallow water at Long Point, Port Kennedy, Western Australia, within the Shoalwater Islands Marine Park. She was approximately 9 to 10.5 metres in length and in good nutritional condition. She was not emaciated.

At approximately 9:30am, ninety minutes before the stranding, citizen drone footage captured the whale in deep water showing balance problems and listing. At 11:00am, after a storm hit the area, she stranded on the sandbar. Citizens immediately entered the water and, over approximately two hours, succeeded in pushing the whale off the sandbar toward open water on multiple occasions before being ordered to leave the water by authorities. The whale restranded each time.

The Department of Biodiversity, Conservation and Attractions (DBCA) was notified at approximately 11:15am. Perth Zoo veterinarians arrived approximately two hours after the stranding. Over the following hours, the veterinary team conducted what appears to have been an exclusively visual assessment. No blood draw, blow sample, biopsy of the visible growth on the whale's body, or neurological assessment has been reported in any public statement by DBCA or Perth Zoo.

By 5:00pm, six hours after the stranding, DBCA announced that the whale had been assessed as having "compromised health," that it was "not possible to refloat the whale in the condition and location it was in," and that a sedative had been administered "to hopefully lessen its pain and suffering." The whale died overnight.

The following morning, DBCA Incident Controller Benson Todd stated in a video posted on the Parks and Wildlife Service's own Facebook page: "At this stage we are unsure as to why the whale came ashore... maybe to understand IF it was unwell. But at this stage, we really unsure, yeah, one of the world's many mysteries." The authorities admitted, after the whale was dead, that they did not know whether she had been sick. The certainty that justified the sedation was contradicted by the uncertainty that followed it.

No definitive diagnosis was established at any point. No full necropsy was performed. The Perth Zoo veterinarians collected samples from the carcass, but the body was not opened for a comprehensive internal examination. Instead, it was hauled off the beach by machinery and transported inland for disposal. The same veterinarians who recommended sedation are the same veterinarians whose sample analysis will produce the only account of whether the whale was ill, a structural conflict of interest with no independent oversight.

This brief documents and challenges every element of the institutional response. The pre-stranding drone footage showing balance problems should have informed a differential diagnosis including vestibular disease, inner ear infection, parasitic encephalitis, acoustic trauma, toxicosis, or simple storm-related disorientation, several of which are treatable. The visible growth should have been biopsied, not used as visual justification for a death sentence without histological examination. The whale's good nutritional condition and robust physical movements during the stranding indicated a whale with a specific, potentially treatable problem, not a dying animal. The crushed-organs argument used to justify inaction is contradicted by three published cases: the East Hampton

juvenile humpback that was stranded for three days with only localised, healable damage; the Tasmania sperm whales that survived 96 hours stranded and were successfully refloated; and Hope, the juvenile humpback in Germany who survived repeated strandings over extended period of time.

The brief identifies a self-repeating accountability cycle in Australia's stranding response: authorities respond late, veterinarians assess visually without diagnostic tests, the decision to sedate or euthanise is made on assumptions rather than evidence, a script is given to the public (the whale was sick, organs crushed, nothing could be done), the public accepts it, no one checks, and the next whale strands into the same system. Five structural absences sustain this cycle: no independent oversight, no transparency in decision-making, no public access to diagnostic data, no performance metrics for stranding networks, and no consequences for poor outcomes.

The brief documents SNM's suspicion that a practice it calls "soft euthanasia" may be occurring: the administration of sedatives at doses that suppress respiration, framed publicly as comfort care, leading to death that is attributed to the underlying condition rather than to the drug. Without disclosure of the drug name, dosage, route, and clinical rationale, this suspicion cannot be confirmed or dispelled.

The brief demonstrates that the tools, methodology, and infrastructure for diagnosing, treating, and rehabilitating stranded large cetaceans already exist. Blood draws and blow samples take minutes. The captive cetacean industry has loaded, transported, housed, and medically treated orcas of comparable size for fifty years. The Taranto Dolphin Sanctuary in Italy, a 7-hectare floating pen facility with veterinary access and monitoring, is nearing completion and provides a working model for cetacean rehabilitation in natural marine environments. The binary choice between death on the beach and death at sea is false. The third option is diagnosis, treatment, rehabilitation, and release.

Australia hosts the Centre for Compassionate Conservation, whose researchers have published extensively on the principle that individuals matter regardless of population status. Australia sends warships to protect whales from Japanese harpoons. Australia invests billions in carbon capture and green technology. Yet Australia's stranding response system treats individual stranded whales as disposable, refuses to diagnose them, refuses to treat them, and refuses to account for the decisions that lead to their deaths. A country that defends whales on the international stage cannot bring itself to defend a single juvenile humpback whale on a beach in its own suburbs.

Dolly/Stormy was a juvenile humpback whale who, with timely response, rapid diagnosis, and medical attention, could have lived to be 70 years old. She was denied all three. She was denied rescue based on assumption, denied diagnosis based on convenience, and denied transparency in death. The system that killed her is still in place. The next whale to strand on a Western Australian beach will face the same system, unless the public demands that it change.

Part III. The Timeline: From Playing to Sedation in Eight Hours

The following reconstruction is based on citizen video, citizen social media posts, the DBCA official Facebook updates, the Perth Now article of 26 August 2026, the ABC News report of 26 August 2026, the Coast FM report of 26 August 2026, and the 6PR radio interview with Benson Todd on 27 August 2026. The timeline matters because it documents a response that moved slowly toward a foregone conclusion while the whale was still alive, still moving, and still undiagnosed.

9:30am — The whale is alive and active

Citizen A.D. of OceaVizuals filmed the whale from the shore at Port Kennedy Bay. He described the animal as a juvenile humpback of approximately 2 years old and roughly 10 tonnes. He filmed it at 9:30am and, in his words, "thought it was playing." The whale was in deep water and active at that time. A.D.'s footage, posted to Facebook, constitutes the only pre-stranding visual record of the animal [OceaVizuals Facebook post, 26.08.2026].

However, the footage also showed the whale struggling with balance and listing to one side prior to the stranding. This pre-stranding behaviour is clinically significant and is discussed in Part IV. It was not incorporated into any diagnostic assessment by DBCA or the Perth Zoo veterinarians.

~10:00am — Storm hits

A storm struck the Port Kennedy area at approximately 10:00am. A.D. noted this in his post. The timing is relevant because the storm may have contributed to the stranding by disorienting the animal or pushing it toward the shallow sandbank. Weather-related disorientation is a recognised cause of live strandings in humpback whales, particularly in juveniles who have less navigational experience than adults.

11:00am — Stranding

By 11:00am the whale had become stuck on a sandbank in shallow water at Long Point, just metres from the shore in the Shoalwater Islands Marine Park. A.D., who had been filming the whale ninety minutes earlier in what he believed was play behaviour, now saw it stranded. He wrote: "By 11am it had beached itself. Parks and Wildlife believe was sick and purposely beached itself to pass away" [OceaVizuals Facebook post, 26.08.2026].

This claim, that the whale had deliberately beached itself to die, appeared within the first hour of the stranding and before any veterinary assessment had been conducted. It would become part of the public narrative for the remainder of the day.

~11:00am–11:15am — Citizens enter the water

Before authorities arrived, citizens at the beach entered the water and attempted to push the whale off the sandbar. K.E.J., who was at the scene with A.N., described the experience in a Facebook post:

"So a simple watching a whale play this morning turned into a tragedy right before our eyes. We were watching him flap around out deep in the water.. but then he started coming really close to us on the beach.. and before we knew it, he was stuck on the sand bar. I threw off my clothes and

jumped in. Nat raced to get help. I was trying to push him out but it was like pushing a rock. He was huge. Then more people came to help... but each time we got him into deeper water, he came back in... We did this for two hours... he looked us in the eye many times and we were talking to him willing him to go back out."

[K.E.J., Facebook post, 26.08.2026]

Another citizen, S. from Vizual Impact, was on site early and, along with others, had succeeded in turning the whale off the sandbar toward open water before being told to leave the water by authorities. This detail is significant: citizens achieved what the authorities would later declare impossible [OceaVizuals Facebook post, 26.08.2026; Perth Now, 26.08.2026].

~11:15am — Emergency crews alerted

Emergency crews were alerted at approximately 11:15am. A member of the public spotted the struggling whale and reported it. DBCA officers began responding. The Perth Now article states that Benson Todd, Parks and Wildlife regional manager, said: "We were notified just before 11 this morning about the whale, so we've been down here since that time" [Perth Now, 26.08.2026].

~1:00pm — Perth Zoo veterinarians arrive

The vets from Perth Zoo arrived approximately two hours after the initial notification. Todd told the press: "The vets from Perth Zoo arrived an hour or so ago, so they're currently undertaking some assessments, and that'll help devise the next steps" [Perth Now, 26.08.2026]. This means the Perth Zoo team arrived at approximately 12:00pm to 1:00pm, roughly two hours after the stranding and at least ninety minutes after citizens had already been in the water trying to help the whale.

The nature of the "assessments" is not specified in any public statement from DBCA. No mention is made of blood draws, blow sampling, portable ultrasound, or any diagnostic test beyond visual observation. The assessment appears to have consisted entirely of looking at the whale.

Afternoon — The narrative takes shape

During the afternoon, Todd made several statements to the press that established the narrative of inevitable death. He told Perth Now that the whale's condition and the circumstances surrounding its stranding remained unclear: "We're not sure why it has beached, why it is here today." He noted the whale had a visible growth on its body, which "suggested it may not have been in a healthy condition before becoming stranded." He said the whale's chances of survival were poor, with its weight placing enormous pressure on its internal organs: "Whales are designed to be supported by water at all times, so having an animal this large on the sand is not good for it. It's not a good sign at all." He stated: "It's likely not to be a great outcome, as sad as that is" [Perth Now, 26.08.2026].

These statements contain a series of assumptions presented as conclusions. The visible growth "suggested" poor health but was not biopsied or examined. The whale "may not" have been healthy but was not diagnosed. The weight "placing pressure on organs" is a general principle stated without any assessment of the actual organ status of this specific animal. And the outcome was predicted as poor before any diagnostic test had been conducted.

Crucially, Todd also stated: "Our focus now really is on the welfare of the whale and the safety of the people." The question that this brief poses is what, specifically, was done for the whale's welfare

between 11:00am and 5:00pm. The answer, based on the public record, appears to be: the whale was watched.

5:00pm — The decision

At 5:00pm, six hours after the stranding, DBCA issued its formal update via Facebook:

"DBCA has had a team of experienced marine rangers, wildlife officers and incident response specialists on Port Kennedy Beach since midday today. They have been assessing the whale's condition in consultation with Perth Zoo vets who were at the scene. The approximately 9-metre-long humpback was assessed as having compromised health. It was not possible to refloat the whale in the condition and location it was in. On the advice of the vets, the whale has been administered a sedative to hopefully lessen its pain and suffering. DBCA officers will remain on the beach overnight to monitor the whale, and the response team will return tomorrow to determine the next steps."

[DBCA Facebook update, 5pm, 26.08.2026]

The statement raises several questions that remain unanswered. What does "compromised health" mean? What specific clinical findings led to this assessment? What diagnostic tests were performed? "Not possible to refloat" based on what assessment of feasibility? Citizens had already moved the whale off the sandbar before being ordered to stop. What sedative was administered? In what dosage? What was the intended clinical effect? Was the dosage consistent with analgesia and anxiolysis, or with respiratory depression?

Overnight — Dolly/Stormy dies

DBCA officers remained on the beach overnight. The whale died during the night. Perth Photographers member J.W., who had been at the scene earlier, wrote: "Captured these beautiful final splash moments of this humpback, while it was already stranded on the beach in Port Kennedy today, before the heartbreaking decision was made to euthanize it. It's devastating to know that such a beautiful whale, still fighting and full of life in these moments, will soon be gone" [Perth Photographers Facebook post, J.W., 26.08.2026].

The phrase "still fighting and full of life" from a witness at the scene contradicts the narrative of a terminally ill animal beyond help. The whale was active enough to be photographed with its fluke raised in a powerful splash while stranded. It was alive and demonstrating vigorous physical movement at the same time the authorities were declaring its death inevitable.

27 August 2026 — The aftermath and the damning quote

The following morning, in a video interview posted on the Parks and Wildlife Service Western Australia's own Facebook page, Benson Todd stated:

"Yeah, at this stage we are unsure as to why the whale came ashore, why it came ashore yesterday... yeah. The team from the Perth Zoo will take a range of samples so we can learn as much from this whale as possible, maybe to understand IF it was unwell. But at this stage, we really unsure, yeah, one of the world's many mysteries."

[Benson Todd, Incident Controller, DBCA, Parks and Wildlife Service Western Australia, Facebook video reel, 27.08.2026]

The incident controller, speaking after the whale was dead, stated that the authorities were unsure why the whale had stranded and would need post-mortem samples to understand whether it had been unwell. The word "IF" is not ambiguous. It means they did not know. The entire preceding day's narrative of compromised health, poor prognosis, inevitable death, and the decision to sedate rather than rescue were built on assumptions that the incident controller himself, the morning after, admitted were unconfirmed.

The timeline from 9:30am to death can be summarised as follows: a juvenile humpback whale was filmed active in deep water; a storm hit; the whale stranded on a sandbar in shallow water; citizens entered the water and moved the whale toward open water before being ordered to stop; authorities arrived and watched for hours; Perth Zoo veterinarians conducted visual assessments and no confirmed diagnostic tests; the whale was declared to have compromised health without a specified diagnosis; a sedative was administered; the whale died overnight; and the incident controller stated the next morning that they were unsure whether the whale had been sick at all. This is the accountability gap, and it is the gap through which Dolly/Stormy fell.

Part IV. The Pre-Stranding Evidence That Was Ignored

Before Dolly/Stormy stranded, she was filmed. The drone footage captured by A.D. of OceaVizuals at approximately 9:30am on 26 August 2026 shows the whale in deep water off Port Kennedy, approximately ninety minutes before the stranding. A.D. initially interpreted the behaviour as play. On closer examination, the footage shows the animal struggling with balance and listing, unable to maintain a straight, level orientation in the water [OceaVizuals, pre-stranding drone footage, 26.08.2026].

This footage is the single most important piece of clinical evidence in the Dolly/Stormy case, and there is no indication in any public statement from DBCA or the Perth Zoo veterinarians that it was reviewed, considered, or incorporated into the assessment that led to the decision to sedate rather than diagnose and treat.

Good nutritional condition and robust physical capacity

The photographic and video record from the stranding itself provides further clinical information that appears to have been disregarded. The whale's body showed good nutritional condition. She was not emaciated. There was no protruding spine, no visible wasting of the musculature, no sunken post-cranial depression behind the head, none of the external indicators of chronic malnutrition or systemic debilitation that characterise a whale in the final stages of a terminal illness. This was a whale with body reserves, a whale that had been feeding successfully in the weeks and months prior to the stranding.

Citizen photographs and video from the stranding show the whale moving robustly, lifting her fluke with force, sweeping her pectoral fins, and moving her head. These are not the movements of an animal whose neurological or muscular function has been compromised to the point of no return. They indicate that, whatever was causing the balance problems observed in the pre-stranding footage, the whale's motor function, muscular strength, and neuromuscular coordination in her limbs, trunk, and tail were substantially intact. The balance problem was specific, not generalised. It affected her orientation and stability in the water column but did not disable her capacity for vigorous physical movement. This distinction is clinically significant: a focal neurological deficit, such as vestibular dysfunction, is far more treatable than diffuse neurological collapse. The robust movements observed during the stranding were evidence of a whale with a specific, potentially treatable problem, not evidence of a dying animal.

What the pre-stranding footage shows

The whale is visible in open water, moving but unable to maintain stable orientation. She lists to one side. She appears to struggle to keep herself upright. The behaviour is not consistent with a healthy, actively feeding or migrating juvenile humpback whale, but neither is it consistent with a terminally ill animal beyond any possibility of treatment. It is consistent with a whale experiencing a neurological, vestibular, or balance-related problem that could have multiple causes, some of them serious and some of them treatable.

The differential diagnosis that was never conducted

In veterinary medicine, balance problems and listing in a cetacean generate a differential diagnosis that includes multiple conditions of varying severity and treatability. The pre-stranding footage should have prompted the veterinary team to consider, at minimum, the following possibilities:

Vestibular disease. Dysfunction of the vestibular system, which controls balance and spatial orientation, is a recognised cause of listing, circling, and stranding in cetaceans. Vestibular disease can result from infection (bacterial or viral), parasitic invasion of the inner ear or brain, toxic exposure, or trauma. Many forms of vestibular disease are treatable with antibiotics, anti-parasitic agents, or anti-inflammatory drugs [Geraci and Lounsbury, 2005, *Marine Mammals Ashore: A Field Guide for Strandings*].

Inner ear infection (otitis media/interna). Bacterial infection of the middle or inner ear is a common cause of balance problems and head tilting in marine mammals. It is treatable with systemic antibiotics. In a stranded cetacean, a blood sample would show elevated white blood cell counts indicative of infection, and a blow sample would provide microbiological data on the pathogen involved [Dierauf and Gulland (eds.), 2001, *CRC Handbook of Marine Mammal Medicine*, 2nd edn., CRC Press].

Parasitic encephalitis or meningitis. Migration of parasites to the brain or meninges is documented in cetaceans and can cause neurological signs including loss of balance, disorientation, and abnormal swimming behaviour. Depending on the parasite species and the stage of infection, anti-parasitic treatment may be effective [Dailey, M.D., 2001. Parasitic Diseases. In: Dierauf, L.A. and Gulland, F.M.D. (eds.), *CRC Handbook of Marine Mammal Medicine*, 2nd edn., CRC Press, pp. 357-379].

Acoustic trauma. Exposure to high-intensity underwater noise, including from seismic surveys, military sonar, or pile-driving, can damage the hearing and vestibular apparatus of cetaceans, causing disorientation and stranding. Acoustic trauma is a recognised and growing threat to cetaceans in Australian waters. The condition is not directly treatable, but animals with acoustic trauma can recover with supportive care in a protected environment if they are given time [Weilgart, 2007, *The impacts of anthropogenic ocean noise on cetaceans and implications for management*].

Toxicosis. Exposure to biotoxins from harmful algal blooms (such as brevetoxin or domoic acid) is a documented cause of neurological dysfunction and stranding in cetaceans. Toxicosis can cause disorientation, seizures, and loss of coordination. Treatment is supportive and includes fluid therapy and anti-seizure medication where indicated. Prognosis depends on the severity of exposure, but recovery is documented [Gulland and Hall, 2007, *Is marine mammal health deteriorating? Trends in the global reporting of marine mammal disease*].

Simple disorientation from storm activity. A juvenile humpback whale caught in a storm near an unfamiliar coastline could become disoriented and strand without having any underlying pathology. This is the simplest explanation and, for a juvenile during migration season, arguably the most likely. The NRE Tasmania 2022 Cetacean Incident Manual explicitly states that repeated stranding alone should not be used as the sole criterion for euthanasia, precisely because disorientation and panic, not illness, account for many live strandings [NRE Tasmania, 2022, *Cetacean Incident Manual*].

Each of these conditions would present differently on diagnostic testing. A blood panel would distinguish between bacterial infection (elevated white cells, elevated inflammatory markers), parasitic infection (eosinophilia), toxicosis (specific biotoxin assays), and mechanical disorientation

(normal blood values). A blow sample would identify respiratory pathogens. A basic neurological assessment, feasible on a stranded whale, would evaluate cranial nerve function and help localise the source of the balance disturbance. None of these tests were performed. The differential diagnosis was never conducted. The pre-stranding footage that should have been the starting point for clinical investigation was, as far as the public record shows, not part of the investigation at all.

The visible growth: assumption, not diagnosis

The visible growth on Dolly/Stormy's body was cited by Benson Todd as evidence that the whale "may not have been in a healthy condition before becoming stranded" [Perth Now, 26.08.2026]. This statement treats a visible abnormality as a terminal diagnosis. It is not. A growth on a whale's body could be any of the following:

A barnacle cluster or commensal growth (clinically insignificant). A benign tumour or fibroma (clinically insignificant unless obstructing function). A malignant tumour (potentially serious but requiring biopsy for diagnosis). An abscess from bacterial infection (treatable with antibiotics). A granuloma from parasitic infection (treatable with anti-parasitic agents). Scar tissue from a healed wound or prior entanglement (clinically insignificant). A viral papilloma (usually self-limiting in cetaceans).

Without a biopsy, which involves taking a small tissue sample using a dart or punch tool and is a routine procedure in cetacean research, the nature of the growth cannot be determined. Treating a visible growth as grounds for a death sentence without histological examination is not veterinary medicine. It is guesswork with lethal consequences. Since the growth was visible, a biopsy dart could have been deployed in minutes, but it was not.

What the pre-stranding evidence demanded

The combination of the pre-stranding balance problems captured on drone footage and the visible growth on the body, along with a possible wound of unknown origin observed by eyewitnesses taken together, demanded a rapid, structured diagnostic response. Instead, the pre-stranding footage was apparently not reviewed by the veterinary team, the growth was treated as visual confirmation of terminal illness without examination, and the balance problems that may have caused the stranding were never investigated as a clinical finding in their own right.

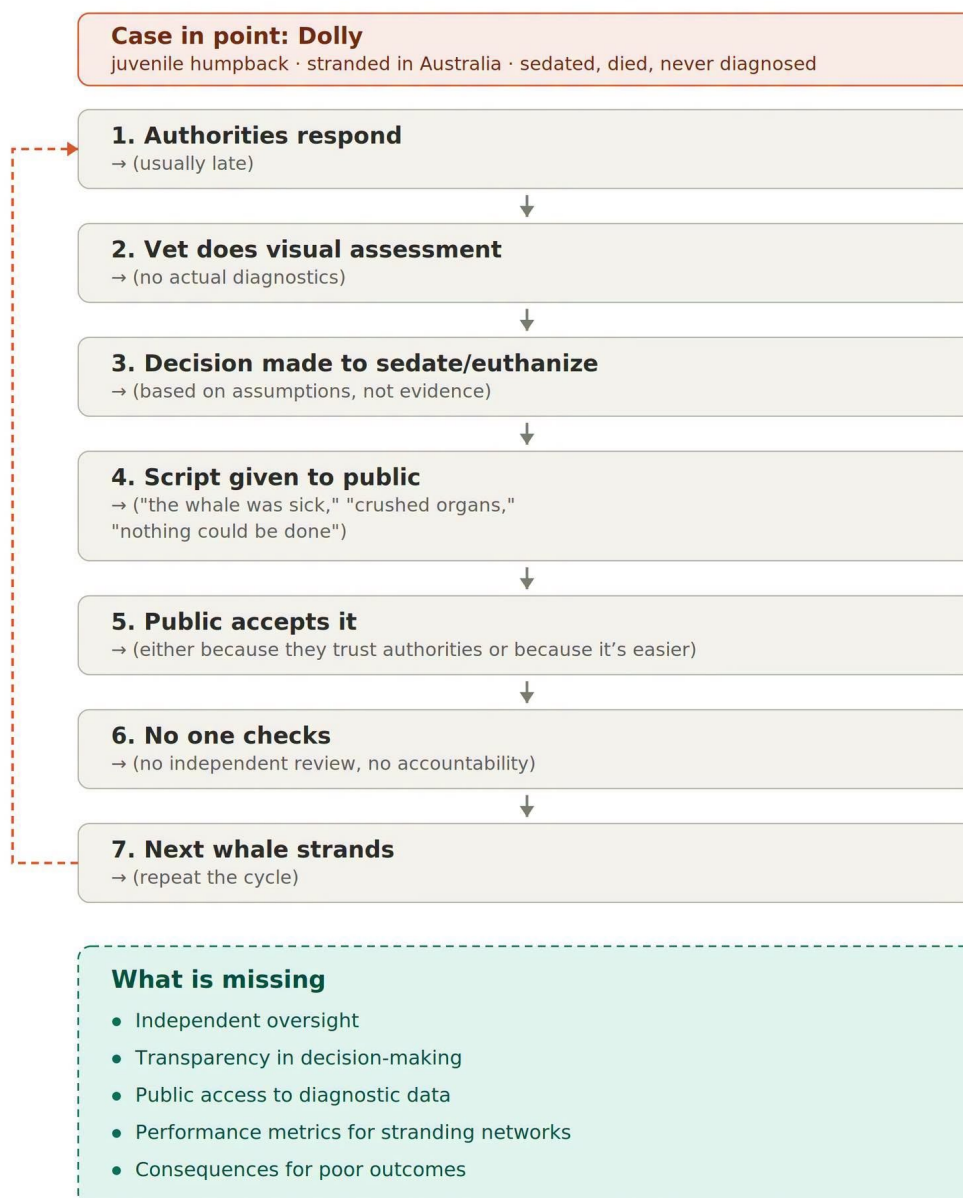
A whale that is struggling with balance and then strands is a whale that is telling you something is wrong with its vestibular, neurological, or systemic function. The correct response is to find out what. The response at Port Kennedy was to decide that the whale was going to die and to work backward from that conclusion, using every piece of evidence, the growth, the stranding, the weight on the organs, as confirmation of a death that had already been decided. The pre-stranding footage was the evidence that could have changed everything. It was the evidence that was not considered.

Part V. The Accountability Gap: A Self-Repeating Cycle

The diagram published alongside this brief illustrates the cycle that governs Australia's institutional response to stranded large whales. The cycle has seven steps. Each step was visible in the Dolly/Stormy case. Each step is documented below with the specific evidence from Port Kennedy. The cycle is not unique to this case. It has played out at every large whale live stranding in Australia that SNM has monitored, and it will play out at the next one unless the system is examined from the outside and changed from within.

How Australia fails stranded whales

The accountability gap — a self-repeating cycle



Step 1. Authorities respond (usually late)

The whale stranded at approximately 11:00am. Emergency crews were alerted at approximately 11:15am. Citizens were already in the water attempting to push the whale off the sandbar before any official arrived. Benson Todd told Perth Now that DBCA was notified "just before 11 this morning" and had been on site "since that time" [Perth Now, 26.08.2026]. The Perth Zoo veterinarians arrived approximately two hours after the stranding, around 1:00pm at the earliest. Todd himself described their arrival as "an hour or so ago" in a statement made during the early afternoon [Perth Now, 26.08.2026].

Two hours is a long time for a stranded whale. Every minute on a sandbar increases the risk of hyperthermia from sun exposure (mitigated in this case by rain), and stress-related physiological deterioration. The citizens who were in the water within minutes understood this instinctively. The institutional response took two hours to deploy veterinary expertise to an animal that was accessible by road in a metropolitan marine park fifty kilometres from Perth. A member of the public commented: "Only took 2hrs for rescue to turn up and now into the 4th hour. What's the rescue plan?" [Facebook comment, H.R., 26.08.2026]. There was no rescue plan, as there was only an assessment plan, and the assessment was visual.

Step 2. Vet does visual assessment (no actual diagnostics)

The Perth Zoo veterinarians spent the afternoon "assessing the whale's condition" [DBCA Facebook update, 5pm, 26.08.2026]. The DBCA statement at 5pm described the team as having been "assessing the whale's condition in consultation with Perth Zoo vets who were at the scene." At no point in any public statement did DBCA or the Perth Zoo specify what diagnostic tests were performed.

What was reported was a visual assessment. The whale was looked at and the visible growth was noted. The conclusion was "compromised health." The entire diagnostic workup, as far as the public record reveals, consisted of a veterinarian looking at a whale on a sandbar and forming an opinion. This is the equivalent of a doctor diagnosing a patient by looking at them from across the room and deciding they are going to die. It is not medicine. It is assumption dressed in veterinary authority.

As SNM stated in the public discussion: "We would like to know what exact tests the zoo veterinarian did to establish that the whale was gravely ill, apart from visual assessment. Did they draw and analyse blood? Did they take blow samples? Or did they waltz onto that beach, glance at the whale, and okay the killing? What was the exact diagnosis? What was the prognosis?" [SNM, Facebook response, 26.08.2026]. These questions remain unanswered.

Step 3. Decision made to sedate/euthanise (based on assumptions, not evidence)

By 5pm, the decision had been made. The whale had "compromised health." It was "not possible to refloat the whale in the condition and location it was in." A sedative was administered "to hopefully lessen its pain and suffering" [DBCA Facebook update, 5pm, 26.08.2026].

Each element of this decision was based on assumption rather than evidence. "Compromised health" was asserted without a specified diagnosis. "Not possible to refloat" was asserted despite the fact that citizens had already moved the whale off the sandbar earlier that day. The sedative was framed as comfort care, but the whale died overnight, raising the question of whether the sedative was comfort care or terminal sedation.

The decision was made approximately six hours after the stranding and approximately four hours after the Perth Zoo vets arrived. In those four hours, no confirmed diagnostic test was performed, no treatment was attempted, no refloating was attempted by the authorities, and no specialist cetacean rescue team was contacted. Four hours is enough time to draw blood, run a basic panel, collect a blow sample, administer antibiotics if an infection is suspected, and initiate a refloating plan using proven methods. Instead, four hours was used to watch, assess visually, and decide to sedate.

The decision was not based on a diagnosis. It was based on a visual impression, a growth of unknown nature, and the general principle that stranded whales are unlikely to survive. Benson Todd himself confirmed this the following morning when he stated that the authorities were "unsure" why the whale had come ashore and would need post-mortem samples to understand "IF" it was unwell [Parks and Wildlife Service WA, Facebook reel, 27.08.2026]. The decision to sedate was made before the question of illness was answered. The question was answered, or rather acknowledged as unanswerable, only after the animal was dead.

Step 4. Script given to public

Throughout the day, the public was given a consistent narrative through media statements and the DBCA Facebook page. The script contained the following elements, all of which appear in the Perth Now article and the DBCA updates:

"The whale was sick." Todd referenced the visible growth and suggested the whale "may not have been in a healthy condition" before stranding. DBCA's formal update described "compromised health." No specific illness was named. No diagnostic test result was cited.

"The organs are being crushed." Todd stated: "Whales are designed to be supported by water at all times, so having an animal this large on the sand is not good for it." This is the crushed-organs argument, presented as settled science. It is examined and refuted with evidence in Part VI.

"Rescue is not feasible." DBCA stated it was "not possible to refloat the whale in the condition and location it was in." No explanation was given for why the location, a sandbar in shallow water in a metropolitan marine park accessible by road, made refloating impossible. Citizens had already achieved partial refloating before being stopped.

"It's not going to be a good outcome." Todd: "It's likely not to be a great outcome, as sad as that is." This was said before the sedation decision, framing the death as inevitable and the sedation as mercy.

This script is not unique to the Dolly/Stormy case. SNM has documented the same narrative elements at nearly every large whale live stranding it has monitored in Australia. The specific illness is never named, the crushed organs are always invoked, and rescue is always declared infeasible. Finally, the outcome is always predicted as poor. And the prediction is always fulfilled, because the system is designed to fulfil it. As SNM stated: "You need to realize that the protocol is to never rescue. There will be a script given to the media and the public, something about the animal being gravely ill, crushed organs, and rescue not being feasible due to location, weather, sharks, and whatnot. It is always the same" [SNM, Facebook response, 26.08.2026].

Step 5. Public accepts it

The majority of the public who engaged with the Dolly/Stormy case online accepted the institutional narrative without question. Comments on social media expressed sadness but not anger, grief but not accountability. The prevailing public response was that the authorities had done their best, that the whale was beyond help, and that anyone questioning the response was being disrespectful to the professionals involved.

This acceptance is understandable. Trusting the authorities is easier than challenging them. Accepting that the whale was dying is less painful than accepting that the whale could have been saved and was not. The emotional cost of grief is lower than the emotional cost of complicity. And the public does not have access to the veterinary literature, the necropsy reports from comparable cases, or the operational precedents that demonstrate that stranded whales can be and have been rescued, treated, and released. The public trusts because it has no basis for distrust, and the system provides no basis for distrust because the system is never examined.

Step 6. No one checks

No independent review of the decision to sedate Dolly/Stormy has been announced or conducted. No external veterinary body has been asked to assess whether the visual assessment was adequate, whether diagnostic tests should have been performed, whether refloating should have been attempted, or whether the sedative administered was consistent with comfort care or with terminal sedation. DBCA investigated its own response and found it satisfactory. The Perth Zoo veterinarians who advised the sedation were the same veterinarians whose advice was the basis for the decision. There is no independent oversight mechanism.

This absence of accountability is structural, not incidental. There is no statutory requirement in Western Australia for an independent review of euthanasia or sedation decisions for stranded marine mammals. There is no requirement for public disclosure of the drugs administered, the dosages used, or the clinical rationale. There is no requirement for necropsy results to be published. There is no performance metric for stranding response networks. There are no consequences for poor outcomes. The system is accountable to itself, and it always finds itself adequate.

Step 7. Next whale strands (repeat the cycle)

Dolly/Stormy is not the first humpback whale to strand alive in Western Australia, and she will not be the last. Todd himself acknowledged this: "Humpback whales migrate up and down the West Australian coast. There has been a couple of humpback whales in this area over the last couple of weeks" [Perth Now, 26.08.2026]. The next juvenile humpback to strand on a Western Australian beach will encounter the same system: the same delayed response, the same visual assessment, the same unspecified "compromised health," the same crushed-organs script, the same sedation, and the same overnight death. The cycle will repeat because nothing in the system has changed, and nothing in the system will change unless the public demands it.

What is missing

The accountability cycle persists because five elements are absent from the Australian stranding response system, and their absence is what makes the cycle self-sustaining:

Independent oversight. No external body reviews euthanasia or sedation decisions for stranded large cetaceans. The responding agency is judge, jury, and executioner.

Transparency in decision-making. The public is told that the whale was sick and that nothing could be done. The public is not told what tests were performed, what the results were, what treatment options were considered and rejected, or what drugs were administered.

Public access to diagnostic data. No blood work results, blow sample results, biopsy results, or necropsy findings have been published for the Dolly/Stormy case. The public has no way to verify the claims made by the authorities.

Performance metrics for stranding networks. There is no published record of how many stranded large cetaceans in Western Australia were assessed, how many were treated, how many were refloated, how many survived, and how many were euthanised or sedated. Without data, there is no accountability.

Consequences for poor outcomes. No individual and no institution faces any consequence for the decision to sedate a juvenile humpback whale without performing diagnostic tests. The cost of inaction is zero for the institution. The cost of inaction is death for the whale.

Part VI. Stranding Is Not a Death Sentence: The Evidence They Did Not Consider

The institutional response to Dolly/Stormy rested on a set of assumptions that were treated as self-evident truths: that a stranded whale is a dying whale, that the weight of a whale on sand destroys its organs, that rescue is impractical, that a visible growth means terminal illness, and that the only merciful option is sedation and death. Each of these assumptions is contradicted by the published scientific and operational record. This section presents that record.

The crushed organs myth

The single most damaging claim made at Port Kennedy, and the claim most readily accepted by the public, was that Dolly/Stormy's weight was crushing her internal organs. Benson Todd stated: "Whales are designed to be supported by water at all times, so having an animal this large on the sand is not good for it. It's not a good sign at all" [Perth Now, 26.08.2026]. This statement, presented as settled veterinary science, was used to frame the stranding itself as a lethal event from which recovery was impossible.

The East Hampton juvenile humpback (NOAA NY4236). In 2010, a juvenile humpback whale stranded alive at Hither Hills State Park in East Hampton, New York. The whale was fully stranded on a beach, not partially submerged on a sandbar. It remained stranded for approximately three days before dying. A comprehensive necropsy was conducted by the NOAA Northeast Fisheries Science Center. The diagnostic workup included complete blood count, serum chemistry, urinalysis, bacterial culture, morbillivirus PCR, and a biotoxin panel. The necropsy found no underlying disease. It could not determine the cause of stranding. Critically, the necropsy did not find the widespread, catastrophic organ damage that the crushed-organs narrative predicts as the inevitable consequence of a large whale lying on a beach. The damage found was localised and consistent with the mechanical effects of stranding, not with the irreversible destruction of internal organs [NOAA NY4236 necropsy report, 2010; cited in SNM, Critical Brief on Hope, 2026]. A juvenile humpback whale lay on a beach for three days, and the necropsy showed only localised damage that could heal, not the organ catastrophe that the public is told makes every stranding a death sentence.

The Tasmania sperm whales (Thalmann et al., 2008). In Tasmania, a group of sperm whales stranded on a beach. Some of these animals remained stranded for up to 96 hours, four full days, before being successfully refloated using the net-tow method. These were sperm whales, animals weighing up to 45 tonnes, several times heavier than Dolly/Stormy. They survived 96 hours of stranding and were successfully returned to the ocean. If the crushed-organs hypothesis were correct, animals of this weight stranded for this duration should have suffered irreversible organ failure. They did not. They were refloated and survived [Thalmann, S.J. et al., 2008. Sperm whale rescue operations in southeastern Australia. *Marine Mammal Science*]. Dolly/Stormy was stranded for approximately eight hours on a sandbar in shallow water, partially submerged. If sperm whales can survive 96 hours fully stranded and be refloated, the claim that a 10-tonne humpback whale was beyond help after eight hours on a sandbar is not supported by the operational record.

Hope (Buckli/Timmy), Germany, 2025-2026. The juvenile humpback whale known as Hope repeatedly sighted in the Baltic Sea over a period of fifteen months. Experts predicted death within

days of the first stranding. Hope survived for months, refloated herself repeatedly under her own power, fed successfully, and was described as well-nourished in the German authorities' own contemporaneous assessments. Hope's case demonstrates that a young humpback whale can strand, restrand, and survive for extended periods, directly contradicting the assumption that stranding is an irreversible terminal event [SNM, Critical Brief on Hope, 2026].

Partial submersion mitigates organ compression. Dolly/Stormy was not fully beached on dry sand. She was stranded on a sandbar in shallow water within the Shoalwater Islands Marine Park, with water around her body. This partial submersion significantly reduces the gravitational load on internal organs compared to full beaching on a dry beach. The buoyancy provided by even shallow water offsets a substantial proportion of the animal's weight, reducing the compression forces that the crushed-organs argument relies upon. The conditions at Port Kennedy were, in stranding terms, favourable. The whale was accessible, the water provided partial support, and the weather was cool and rainy, reducing the risk of hyperthermia. These were conditions that supported survival, not conditions that made death inevitable.

Stranding alone is not grounds for euthanasia

The NRE Tasmania 2022 Cetacean Incident Manual, one of the most comprehensive stranding response protocols in the world, explicitly states that repeated stranding alone should not be used as the sole criterion for euthanasia. The manual recognises that cetaceans may strand, be refloated, and restrand multiple times before successfully returning to open water, and that each restrand does not necessarily indicate deteriorating condition or terminal illness. The manual requires a clinical assessment before any euthanasia decision, and it recognises that many stranded animals are healthy individuals that became disoriented, trapped, or panicked [NRE Tasmania, 2022, Cetacean Incident Manual; cited in SNM, Critical Brief on Hope, 2026].

At Port Kennedy, the whale stranded once. Citizens moved her off the sandbar and she restranded. Under the Tasmania manual, this would not have been grounds for euthanasia. Under DBCA's approach, it was treated as confirmation that rescue was impossible. The difference between these two approaches is the difference between a protocol designed to save animals and a protocol designed to manage their deaths.

Cetacean wound healing: remarkable and documented

The visible growth on Dolly/Stormy's body was treated as evidence of compromised health. Even assuming the growth was pathological, which was never confirmed by biopsy, the assumption that a whale with a growth cannot recover ignores the documented capacity of cetaceans for wound healing and recovery from significant physical injury (eyewitnesses also reported that Dolly/Stormy had a wound).

The peer-reviewed literature on humpback whale wound healing documents recovery from injuries that would be considered catastrophic in terrestrial mammals. Humpback whales have been photographed surviving ship strikes that removed large sections of tissue from the dorsal surface, entanglement injuries that cut deep into the blubber and muscle, and predator attacks from orcas and sharks that left extensive scarring. The animals healed, returned to their migratory routes, and were resighted in subsequent years. A comprehensive review of cetacean wound healing by Zasloff (2011), published in the *Journal of Investigative Dermatology*, documented that cetaceans possess

remarkable regenerative capacity, with deep wounds closing and healing without apparent infection even in a marine environment rich in bacteria. Zasloff hypothesised that cetacean skin and blubber contain antimicrobial compounds that facilitate healing in an environment where wound infection should, in theory, be inevitable [Zasloff, M., 2011. Observations on the remarkable (and mysterious) wound-healing process of the bottlenose dolphin. *Journal of Investigative Dermatology*, 131(12), 2503-2505].

Hope, the juvenile humpback whale in Germany, sustained visible skin damage, abrasions, and wounds during her repeated sightings over fifteen months. She continued to swim, feed, and function despite these injuries. The injuries did not prevent her from surviving for over a year in an environment where multiple experts had predicted her death within days [SNM, Critical Brief on Hope, 2026].

A visible growth, even if pathological, is not a death sentence in an animal species with documented capacity for healing from far more severe physical trauma. The growth needed to be biopsied and identified, not used as visual justification for a decision that was already made.

Even if sick: illness is not a reason to kill without treatment

The most fundamental flaw in the Dolly/Stormy response is the assumption that illness, if present, justified sedation and death rather than treatment and rehabilitation. The public question that was asked repeatedly during and after the event captures this assumption in its starkest form:

"Help me understand why you need to know what was wrong with the whale, can you treat whales medically, they say the whale was helped out to sea it came back, they say that the whale would have drowned an agonising death if they took it out to sea, they say if they tried to drag it back into deeper waters with the damage to itself they would have cut it???? Don't whales beach themselves when they're sick, dying??"

[Public Facebook comment, 26.08.2026]

This comment reflects the public understanding that the institutional narrative has created: that whales cannot be treated medically, that stranding means dying, and that the only options are death on the beach or death at sea. This understanding is wrong in every particular. Whales can be treated medically. The CRC Handbook of Marine Mammal Medicine runs to over a thousand pages of diagnostic and therapeutic protocols for cetaceans. Antibiotics, anti-parasitic agents, anti-inflammatories, fluid therapy, nutritional support, and anti-seizure medications have all been administered to cetaceans in managed care and in field settings. The Alexander et al. (1989) case documented successful long-term antibiotic treatment of vertebral osteomyelitis in a bottlenose dolphin. The NOAA operation in 2020 remotely administered antibiotics to a free-swimming North Atlantic right whale calf using a ballistic syringe. Veterinary medicine for cetaceans is not science fiction; it is a published, practised, and evolving field.

The question is not whether a sick whale can be treated. The question is whether anyone tries. At Port Kennedy, nobody tried. The illness, which was never diagnosed, was used as the reason not to treat. This is circular reasoning: the whale is sick, therefore it will die, therefore treatment is pointless, therefore we sedate, therefore the whale dies, therefore we were right that it was going to die. The circularity is broken by one step that was never taken: diagnosis. A diagnosis would have

determined whether the condition was treatable. The absence of a diagnosis guaranteed that it was not treated.

No necropsy: the final failure of accountability

Based on the Parks and Wildlife Service Western Australia's own Facebook posts and the media coverage following Dolly/Stormy's death, no full necropsy was performed on the animal. The Perth Zoo veterinarians collected samples from the carcass, but the whale was not opened up for a comprehensive internal examination. Instead, the body was hauled off the beach by machinery and transported inland for disposal [Perth Now, 26.08.2026; Parks and Wildlife Service WA, Facebook updates, 27.08.2026].

A full necropsy is the only post-mortem procedure capable of determining whether the whale was, in fact, terminally ill. It is the only procedure that could confirm or refute the claim of "compromised health" that justified the sedation decision. It is the only procedure that could determine the nature of the visible growth, whether it was benign or malignant, a tumour or an abscess, clinically significant or clinically irrelevant. It is the only procedure that could assess the actual condition of the internal organs and determine whether the crushed-organs hypothesis was correct or, as the East Hampton case and the Tasmania cases suggest, incorrect. Without a necropsy, the institutional narrative cannot be verified, and that, for a system with no accountability, may be the point.

Todd's own statement confirms the evidentiary void: "The team from the Perth Zoo will take a range of samples so we can learn as much from this whale as possible, maybe to understand IF it was unwell" [Parks and Wildlife Service WA, Facebook reel, 27.08.2026]. Samples without a full necropsy are fragments without context. They may determine the presence of a pathogen or a toxin, but they cannot assess organ condition, tumour staging, skeletal integrity, or the systemic picture that only a complete internal examination can provide. The whale was killed on the basis of assumptions, and the one procedure that could have tested those assumptions was not performed.

The conflict of interest: judge, executioner, and pathologist

The Perth Zoo veterinarians who advised DBCA to sedate Dolly/Stormy are the same veterinarians who collected the post-mortem samples that are supposed to determine what, if anything, was wrong with the whale. The team that made the decision not to rescue is the same team conducting the investigation into whether the decision was justified. There is no independent oversight, no external veterinary review, and no separation between the decision-makers and the evaluators.

This is a structural conflict of interest of the most basic kind. In any other area of professional practice, the individuals responsible for a decision with lethal consequences would not be the same individuals tasked with reviewing whether the decision was correct. A police officer involved in a fatal shooting is not permitted to investigate the shooting. A surgeon whose patient dies on the table is not permitted to conduct the sole review of the surgical decision. Yet in the Australian stranding response system, the veterinarians who recommended sedation are the same veterinarians whose sample analysis will produce the only account of whether the whale was ill, and their analysis will be accepted without external review, without independent verification, and without any mechanism for challenge.

If the samples show pathology, the decision will be vindicated. If the samples show nothing, the results will likely never be published, and the public will never know. If the samples are inconclusive,

the institutional position will default to the original narrative of compromised health. There is no outcome of this process that holds the decision-makers accountable, because the decision-makers are also the assessors. The system is not designed to produce accountability. It is designed to produce closure. Dolly/Stormy deserved better than a system where the same hands that administered the sedative collected the samples that will determine whether the sedative was justified.

Part VII. The Suspicion of Soft Euthanasia

A troubling trend observed by SNM

Over the course of monitoring cetacean stranding responses across multiple countries, SNM has observed a pattern it has come to call “soft euthanasia”. SNM cannot prove that soft euthanasia is being practised systematically, because the veterinary records, drug logs, and internal communications that would confirm or refute it are not available to the public. What follows is SNM's assessment based on the observable pattern of events in multiple cases, including the Dolly/Stormy case at Port Kennedy. It is presented as the opinion of an organisation with stranding specialists and veterinarians among its members, not as established fact. SNM believes that this assessment warrants independent investigation and that the transparency measures recommended in this brief would resolve the question definitively.

What soft euthanasia is

Soft euthanasia is the practice of administering drugs to a marine mammal that suppress respiration, cardiac function, or consciousness to a degree that is likely to cause death, while publicly framing the intervention as comfort care, sedation, or pain relief. The animal dies, but the death is attributed to the underlying condition rather than to the drug. The public is told the animal was sedated to ease its suffering and that it passed away during the night. The distinction between heavy sedation that allows death to occur and active euthanasia that causes death is pharmacologically narrow and, in the absence of full disclosure of the drug, dosage, and route of administration, impossible for the public to evaluate.

Soft euthanasia is not a conspiracy theory. It is a recognised concern in veterinary ethics and in the marine mammal stranding response community. The decision to administer a sedative to a large stranded cetacean that then dies overnight sits in a grey zone between palliative care and active killing. The grey zone exists because the public has been told two things that are difficult to reconcile: first, that the sedative was administered to lessen pain and suffering, and second, that the whale died. If the sedative was administered at a dose consistent with analgesia and anxiolysis, the whale should have remained alive but more comfortable. If the whale died, the dose may have been sufficient to suppress respiration in an animal already under physiological stress from the stranding, in which case the sedative contributed to or directly caused the death.

What happened at Port Kennedy

DBCA's 5pm update on 26 August stated: "On the advice of the vets, the whale has been administered a sedative to hopefully lessen its pain and suffering. DBCA officers will remain on the beach overnight to monitor the whale, and the response team will return tomorrow to determine the next steps" [DBCA Facebook update, 5pm, 26.08.2026].

The whale died overnight. The phrasing of the DBCA update is careful. The sedative was administered "to hopefully lessen its pain and suffering." The word "hopefully" introduces uncertainty about whether the sedative would achieve its stated purpose. The statement that the response team would "return tomorrow to determine the next steps" implies that the team

expected the whale to be alive the next morning, which in turn implies that the sedative was not intended to kill. If this is true, and the whale died despite a sedative dose calibrated for comfort rather than death, then the sedative was not the cause of death and the whale died of its underlying condition or of stranding-related physiological collapse.

But there is an alternative reading. The team left a sedated whale overnight on a sandbar. A whale that is sedated will have reduced muscle tone, reduced respiratory drive, and reduced ability to keep its blowhole clear of water. On a sandbar with tidal fluctuations, a sedated whale is at risk of drowning as the tide changes and water covers the blowhole. A sedated whale on a beach is at risk of respiratory failure as the sedation compounds the respiratory compromise caused by gravitational loading on the thorax. The decision to sedate and leave overnight, knowing that the whale was unlikely to survive the combined effects of sedation and stranding, may constitute a form of euthanasia in which the drug does not directly kill the animal but creates the conditions under which death is virtually certain. This is soft euthanasia. Further, if no full necropsy is performed, it is impossible to tell if the whale, for example, drowned overnight.

K.E.J., a citizen who was at the beach, wrote: "Tonight they've apparently sedated him to help him with his transition" [K.E.J., Facebook post, 26.08.2026]. The word "transition" is a euphemism for death. The citizen understood, perhaps more clearly than the official statement acknowledged, that the sedation was the beginning of the end, not a treatment.

The drugs: what we do not know

DBCA has not publicly disclosed the following information, all of which is necessary for an independent evaluation of whether the sedative was consistent with comfort care or with soft euthanasia:

The drug. What pharmaceutical was administered? Sedatives used in marine mammal medicine include diazepam (Valium), midazolam, butorphanol, and medetomidine, each with different pharmacological profiles and different risks in a stranded cetacean. Some of these drugs, particularly at high doses, can cause respiratory depression that is dangerous or fatal in an animal whose respiratory function is already compromised by thoracic compression from stranding.

The dosage. What dose was given, in milligrams per kilogram of estimated body weight? Sedative doses for cetaceans are published in the veterinary literature. Was the dose within the published range for anxiolysis and analgesia, or was it at or above the range associated with deep sedation and respiratory depression?

The route of administration. Was the drug given intramuscularly, intravenously, or by another route? The route affects onset, duration, and the risk of adverse effects including respiratory arrest.

The clinical rationale. What specific clinical indication justified sedation rather than treatment? Was the sedation intended to relieve pain from a diagnosed condition, or to manage the whale's distress while a treatment plan was developed? If the former, what was the diagnosed condition? If the latter, why was no treatment plan developed?

The veterinary record. Was a veterinary record created documenting the assessment findings, the clinical reasoning for the sedation decision, the drug administered, the dose, the route, the time of administration, and the monitoring plan? If so, will it be made public?

Without answers to these questions, the public has no way to distinguish between comfort care and soft euthanasia. The public has been told that a sedative was given to ease suffering and that the whale died. The public is expected to accept this at face value, without evidence, without transparency, and without independent review. SNM does not accept it at face value. The questions above are not hostile. They are the standard questions that any veterinary oversight body would ask about a euthanasia decision for a protected species. They should be asked, and they should be answered.

Why transparency matters

If the sedative was genuinely comfort care and the whale died of its underlying condition, then full disclosure of the drug and dosage will confirm this and should pose no problem for DBCA or the Perth Zoo. If the sedative was, in effect, a form of euthanasia that was not disclosed as such, then full disclosure will reveal this, and the public will need to ask why a juvenile humpback whale was euthanised without a definitive diagnosis, without attempted treatment, without attempted rescue, and without the word "euthanasia" being used.

The distinction between sedation that allows death to occur and euthanasia that causes death is not academic. It has legal, ethical, and procedural implications. Euthanasia of a protected species requires specific justification, specific clinical criteria, and, in many jurisdictions, specific authorisation. If what occurred at Port Kennedy was euthanasia presented as sedation, the procedural requirements for euthanasia were bypassed by the simple expedient of calling it something else.

Dolly/Stormy was administered a drug. She died. The public has a right to know whether the drug killed her, whether the drug allowed her to die (i.e. she drowned), or whether she died independently of the drug. This is not an unreasonable demand. It is the minimum standard of transparency that any veterinary decision with lethal consequences for a protected species should meet. Until the drug, the dosage, and the clinical rationale are disclosed, the suspicion of soft euthanasia will remain, and it should remain, because the authorities have provided no evidence to dispel it.

Part VIII. What Should Have Been Done: Diagnosis, Treatment, Rehabilitation, and the Third Option

Throughout the Dolly/Stormy case, the public was presented with a binary choice: the whale dies on the beach, or the whale drowns at sea. This binary was false. There has always been a third option: the whale receives timely medical help, is stabilised, is diagnosed, is treated, is rehabilitated, and is released. This section sets out what that third option looks like in practice, why it is not science fiction, and why the infrastructure and methodology for every step of it already exists.

Step 1: Rapid on-site diagnosis

Within the first hour of a large whale stranding, while the animal is accessible and alive, a trained veterinary team should collect a blood sample, a blow sample, and conduct a basic physical and neurological assessment. A blood draw from the ventral fluke veins is a routine procedure in stranded cetacean medicine and provides a complete blood count, serum chemistry, and inflammatory markers within hours. A blow sample collected from a sterile cup or gauze held over the blowhole identifies respiratory pathogens. A neurological assessment evaluates cranial nerve function, response to stimuli, and muscle tone. A biopsy dart of any visible growth provides tissue for histological analysis.

These procedures take minutes, not hours. They require equipment that fits in a single veterinary field kit. They provide the diagnostic foundation on which every subsequent decision should rest. At Port Kennedy, the Perth Zoo veterinarians had at least four hours on site before the sedation decision. In that time, the complete diagnostic workup described above could have been performed, the blood results could have been returned from a laboratory, and the veterinary team could have been making treatment decisions based on evidence rather than assumptions.

The question that was asked repeatedly in the public discussion captures the problem: "Please name the EXACT illness this whale has, how it was diagnosed, how this illness should be treated, and what the prognosis is" [SNM, Facebook response, 26.08.2026]. The question was never answered, because the illness was never named, because the diagnosis was never made.

Step 2: On-site treatment

Depending on the diagnostic findings, on-site treatment could have been initiated immediately. If the blood panel showed bacterial infection (elevated white cells, elevated inflammatory markers), broad-spectrum antibiotics could have been administered intramuscularly within minutes. If parasitic infection was indicated (eosinophilia), anti-parasitic agents are available in cetacean veterinary pharmacology. If toxicosis was suspected, supportive care including fluid therapy could have been initiated. If simple disorientation was the most likely cause, no treatment would be needed beyond stabilisation and a carefully managed refloating attempt.

The NOAA operation in January 2020 demonstrated that a long-acting cephalosporin antibiotic can be delivered intramuscularly to a large whale calf using a Paxarms ballistic syringe system. The Alexander et al. (1989) case demonstrated that vertebral osteomyelitis in a cetacean can be managed with a sequential antibiotic regimen over weeks, with clinical recovery documented at six

weeks and no disease progression at four months. These are not theoretical possibilities. They are published, practised procedures. Medical treatment of cetaceans is not science fiction. It is veterinary medicine.

Step 3: Refloating

DBCA stated that it was "not possible to refloat the whale in the condition and location it was in" [DBCA Facebook update, 5pm, 26.08.2026]. This claim is difficult to reconcile with three facts. First, citizens had already moved the whale off the sandbar before being ordered to stop. Second, the strap method for refloating large whales has been documented in the peer-reviewed literature and was used in Australia itself in April 2026 with another stranded humpback. Third, the Tasmania Cetacean Incident Manual provides detailed protocols for refloating cetaceans of all size classes, including triage, stabilisation, guided release, and post-release monitoring [NRE Tasmania, 2022; Sharp et al., WHOI-2024-05].

The whale was on a sandbar in shallow water, partially submerged, in a metropolitan marine park accessible by road. This is not a remote beach on a rugged coastline. This is an accessible, sheltered, managed marine environment within the operational reach of every piece of rescue equipment in the Perth metropolitan area. The location did not make rescue impossible. The location made rescue convenient. What was absent was the decision to attempt it.

The whale restranded after being pushed off the sandbar by citizens. This is a common occurrence in whale strandings and is explicitly addressed in the NRE Tasmania Cetacean Incident Manual, which states that repeated stranding alone should not be the sole criterion for euthanasia. Multiple attempts at refloating, including guided escort by boats, acoustic luring, and physical herding, are part of the standard response protocol in jurisdictions that are designed to save whales rather than manage their deaths.

Step 4: Rehabilitation — not science fiction, not a moon settlement

The public discussion around Dolly/Stormy treated the idea of whale rehabilitation as though it were a proposal for a lunar colony. Comments ridiculed the suggestion that a whale could be transported, housed, treated, and released. The public was genuinely unaware that the infrastructure, methodology, and operational experience for handling cetaceans of Dolly/Stormy's size already exists at scale and has existed for decades. The public's incredulity is understandable, but the institutional failure to inform the public is not.

The captive industry has done it for decades. The marine park and aquarium industry has loaded, transported, housed, and medically treated orcas (*Orcinus orca*) weighing 3,000 to 6,000 kilograms for over fifty years. SeaWorld, Marineland, Loro Parque, and other facilities have moved orcas across continents in custom-built transport containers with integrated life support systems, temperature control, and continuous veterinary monitoring. These animals are comparable in size to Dolly/Stormy, who was approximately 9 to 10.5 metres long. The transport containers, the hoisting systems, the slings, the veterinary protocols for sedation during transport, the life support technology, and the medical infrastructure for long-term cetacean care are not hypothetical. They are commercial products that have been manufactured, sold, deployed, and refined over decades of use in the captive cetacean industry. The methodology exists, the equipment exists, and the

veterinary expertise exists. What does not exist, apparently, is the willingness to deploy any of it for a wild whale in distress.

The distinction between the commercial willingness to transport and confine a healthy whale for profit and the institutional refusal to transport and treat a sick whale for its survival is not a logistical distinction. It is a moral one. The captive industry proved that handling cetaceans of this size is operationally feasible. The stranding response system refuses to apply the same capability to save a life rather than sell a ticket.

The Taranto Dolphin Sanctuary: a real project, happening now. In the waters off Taranto, Italy, Europe's first protected sea sanctuary for cetaceans is nearing completion. The San Paolo Dolphin Refuge, developed by the Jonian Dolphin Conservation association and funded by Fondazione con il Sud, is a 7-hectare marine area near the island of San Paolo. It includes large floating tanks of 40 by 40 metres constructed from floating docks and nets extending to the seabed, a dedicated veterinary tank with 24-hour camera and sensor surveillance, environmental monitoring buoys, and a mainland control room at Palazzo Amati in the old city of Taranto. The facility is designed to house cetaceans transitioning from decommissioned aquariums and zoological facilities into a natural, supervised marine environment. It has capacity for up to 17 dolphins [Il Sole 24 Ore, 07.11.2025].

The Taranto model is directly relevant to the question of large whale rehabilitation. The floating pen concept, scaled up to accommodate a juvenile humpback whale rather than a dolphin, is the intermediate facility that stranding response currently lacks. A floating pen in a sheltered bay, large enough for a whale to swim, with veterinary access, monitoring systems, and the ability to administer treatment over days or weeks while assessing the animal's recovery before release, is not a fantasy. It is the Taranto model at a larger scale. The engineering is straightforward, where the materials are standard marine construction. The veterinary infrastructure is documented in the published literature, but what is missing is the institutional commitment to build it.

The Whale Sanctuary Project. The concept of netted natural habitat enclosures for large cetaceans has also been advanced by the Whale Sanctuary Project, which has been working toward establishing a seaside sanctuary for retired captive orcas and beluga whales in a natural ocean environment. While the project has faced delays and remains a work in progress (and somewhat controversial), the underlying concept, an enclosed area of natural ocean habitat with veterinary access and monitoring, is the same concept that could provide rehabilitation capacity for stranded large whales.

As SNM stated in the public discussion: "This is not the first whale stranded alive in the area. There have been decades of these events. You can have various solutions for the rehabilitation of large whales: you can do temporary floating pens, you can do permanent facilities. You can retrofit aquariums and dolphinariums into rehab centres. Orcas of similar sizes to Dolly are routinely being transported and moved to various locations; people know how to do it; it is not rocket science. What is missing is any desire to do anything" [SNM, Facebook response, 26.08.2026].

The binary choice fallacy

The public question that encapsulates the false binary was asked repeatedly during and after the Dolly/Stormy stranding: the whale either dies on the beach or drowns at sea. There is no third option. SNM's response was direct:

"Why is this only a binary choice? How about a third option — the whale receives timely medical help, rehabilitation, is released, survives, and lives to be 70 years old? How about we all work towards this outcome?"

[SNM, Facebook response, 26.08.2026]

The third option is not utopian. It is what happens to every other category of animal in distress in Australia. Injured kangaroos are rehabilitated. Orphaned wombats are raised and released, sea turtles are treated for shell injuries and returned to the ocean, and koalas burned in bushfires receive veterinary care, are housed in rehabilitation facilities, and are released when recovered. The infrastructure for wildlife rehabilitation exists across Australia at every scale except one: large cetaceans. The absence of large-cetacean rehabilitation infrastructure is not because it is technically impossible. It is because no institution has been required to build it, because no institution has been held accountable for the deaths that occur in its absence, and because the public has accepted the binary choice without questioning whether a third option exists.

But it does exist. It has been proven operationally by the captive industry, it is being built physically in Taranto, and it is documented scientifically in the peer-reviewed veterinary literature. The next Dolly/Stormy does not have to die on a sandbar while authorities watch and the public grieves. She can be diagnosed, treated, stabilised in a floating pen, monitored, and released. The tools exist, the knowledge exists, but what does not exist is the will. And the will does not exist because the public has never demanded it, because the public has been told that the binary is the only choice, and because nobody has told the public otherwise until now.

Part IX. Compassionate Conservation and the Value of Individual Whales

Australia is home to the Centre for Compassionate Conservation at the University of Technology Sydney, founded by Daniel Ramp and Arian Wallach, two of the most prominent voices in the global movement to integrate individual animal welfare into conservation practice. The compassionate conservation literature, much of it produced by Australian researchers, argues that individuals matter regardless of population status, that compassion in conservation means caring for individuals, populations and species, and that a recovering population does not diminish the intrinsic value or the suffering of a single animal [Ramp, D. and Bekoff, M., 2015. Compassion as a Practical and Evolved Ethic for Conservation. *BioScience*, 65(3), 323-327; Johnson, P.J. et al., 2019. Consequences Matter. *Animals*, 9(12), 1115; Wallach, A.D. et al., 2020. Recognizing animal personhood in compassionate conservation. *Conservation Biology*, 34(5), 1097-1106].

Yet Australia's stranding response system operates as though none of this literature exists. A juvenile humpback whale strands alive on a beach in Western Australia, and the institutional response treats her as a unit of a recovering population whose individual fate is inconsequential, rather than as a sentient being with intrinsic value whose suffering demands a medical response. The population is doing well, therefore the individual does not matter. This is the same argument that was used in Denmark and Germany to justify the death of the humpback whale Hartwin three weeks before Dolly/Stormy's stranding [SNM, Critical Brief on Hartwin, 2026]. It is an argument that the compassionate conservation literature, authored in significant part by Australian researchers, has spent a decade dismantling.

Whales as ecosystem engineers and carbon sequesters

The institutional indifference to individual whale survival in Australia is particularly striking given what is now understood about the ecological and economic value of living whales. Humpback whales are not merely charismatic megafauna. They are ecosystem engineers whose biological functions contribute directly to ocean productivity, nutrient cycling, and climate regulation.

The whale pump mechanism, by which cetaceans feed at depth and defecate at the surface, transports nitrogen, iron, and other limiting nutrients from the deep ocean to the photic zone, stimulating phytoplankton growth. Phytoplankton produce approximately 50 percent of the world's oxygen and capture an estimated 37 billion tonnes of carbon dioxide annually, equivalent to the carbon capture of four Amazon rainforests. Each great whale facilitates this process throughout its lifetime, and the nutrient contribution of a single whale accumulates over decades of feeding and migration. The Chami et al. (2022) IMF valuation framework estimates the ecosystem services value of a single living great whale at over \$2 million at current carbon prices, and over \$8.6 million at the social cost of carbon, accounting for phytoplankton-mediated carbon capture, ocean nutrient cycling, fisheries productivity, whale-fall carbon sequestration, and ecotourism revenue [Chami, R. et al., 2022. *Nature's Solution to Climate Change*. IMF Finance & Development].

Dolly/Stormy was a juvenile humpback whale who, had she survived, could have lived to approximately 70 years of age. Over that lifetime, she would have contributed to the whale pump mechanism across decades of migration between tropical breeding grounds and polar feeding

grounds, stimulating phytoplankton blooms along thousands of kilometres of ocean. She would have generated ecotourism revenue for the Western Australian whale-watching industry, which is built entirely on the presence of living humpback whales in their waters. And at the end of her natural life, her body would have sunk to the ocean floor as a whale fall, creating a deep-sea ecosystem that sustains hundreds of species for decades.

Australia positions itself as a global leader in climate action, green technology, and environmental policy. It invests billions in carbon capture and renewable energy. Yet it does not recognise, in its stranding response protocols or its wildlife management framework, that a living humpback whale is a carbon capture system that operates continuously, for free, for seventy years, and that the decision to sedate rather than treat a juvenile whale is the destruction of a natural climate asset that no technology can replicate. The cost of diagnosing and treating Dolly/Stormy would have been measured in thousands of dollars. The value of her lifetime ecosystem services, using the IMF framework, would have been measured in millions. The system that let her die did not calculate this. The system does not appear to know that the calculation exists.

The irony of Australia's position

Australia banned commercial whaling. Australia sends naval vessels to the Southern Ocean to confront Japanese whalers. Australia has fought diplomatic battles in the International Whaling Commission to protect the species that Dolly/Stormy belonged to. Australians take pride in their country's role as a defender of whales on the global stage. Yet when a single juvenile humpback whale stranded alive on a beach fifty kilometres from Perth, the institutional response was to watch, to assess visually, to declare the outcome inevitable, to sedate, and to haul the body away for disposal.

The contradiction is not subtle. A country that sends warships to protect whales from Japanese harpoons cannot bring itself to send a veterinarian with a blood-draw kit to a beach in its own suburbs. A country that champions whale conservation in international forums treats individual stranded whales as disposable biological material whose deaths are acceptable, expected, and not worth preventing. The gap between Australia's international rhetoric on whale conservation and its domestic practice in whale welfare is the gap through which Dolly/Stormy fell, and it is a gap that the compassionate conservation literature produced by Australia's own researchers has been illuminating for a decade.

Part X. The Public Response: Hostility Toward Accountability

When SNM engaged with the public discussion around Dolly/Stormy's stranding, the response from a significant portion of the Australian online community was hostile, dismissive, and in several cases abusive. This hostility is not incidental to the accountability cycle documented in Part V. It is Step 5 of the cycle: the public accepts the institutional narrative and attacks anyone who questions it. Understanding why this happens is necessary for understanding why the cycle continues.

The attacks

The hostile comments directed at SNM during and after the Dolly/Stormy case fell into distinct categories, each of which serves a specific function in defending the institutional narrative.

The credentials demand. "Where's your credentials idiot. I'm sure the multiple of professionals all over the country come up with the best and most effective least painful way for this animal to pass. Yet here you are spreading false propaganda on your literal feelings and opinions. Show some real life credentials or shit tf up." This comment demands that SNM prove its right to ask questions before the questions are considered. It treats expertise as a credential to be displayed, not a body of knowledge to be applied. SNM's membership includes PhDs, veterinarians, stranding specialists, and search and rescue professionals. But the demand for credentials is not actually a request for information. It is a mechanism for dismissal: if the credentials are not produced, the questions are invalid; if the credentials are produced, the goalposts move.

The outsider accusation. "Exactly how many people from Stranded No More were at the beach yesterday at Port Kennedy? ZERO. In fact, do you even know where PK is? Do you even know where WA is? You appear to be an international group that hunts down strandings around the world and then you proceed to troll local communities who dare to disagree with you. You do nothing for the Whales at all, you're just a bunch of keyboard warriors, armchair critics at the very best." This comment frames the issue as territorial: only people who were physically present at the beach have standing to question the response. It converts a question of veterinary science and animal welfare into a question of geography. The adequacy of a diagnostic assessment does not depend on whether the person asking the question was standing on the same sand.

The authority defence. "I'm sure the multiple of professionals all over the country come up with the best and most effective least painful way for this animal to pass." This comment assumes that the authorities' decision was correct because the authorities made it. It is circular: the professionals did the right thing because they are professionals, and professionals do the right thing. The possibility that the professionals may have made the wrong decision, or that they may have made no decision at all beyond watching and sedating, is excluded by assumption.

The drama accusation. "This stranded no more page appears to be yet another international page that doesn't actually do anything productive just incites drama. Will not even answer questions on what they would do, what facilities they would use to help this animal and what actual real world credentials they have to be speaking on this matter." This comment frames accountability as drama. Asking what diagnostic tests were performed is drama. Asking what the exact diagnosis was is drama. Asking what drug was administered and in what dosage is drama. The reframing is effective

because it positions the questioner as the problem and the institution as the victim, inverting the actual relationship between the institution that killed the whale and the organisation asking why.

Why the hostility matters

The hostile public response to SNM is not a social media curiosity. It is a structural component of the accountability gap. When the public attacks the questioner rather than engaging with the question, the institution is insulated from scrutiny. The institution does not need to answer the question about what diagnostic tests were performed, because the public has already decided that the question is illegitimate, that the questioner is an outsider with no standing, and that the professionals must have done the right thing.

This dynamic is self-reinforcing. The institution provides the narrative (the whale was sick, nothing could be done). The media transmits the narrative. The public accepts the narrative. Anyone who questions the narrative is attacked as an outsider, a keyboard warrior, a drama-seeker. The institution observes that the public has defended it and concludes that its response was adequate. The next whale strands into the same system with the same outcome.

The public's hostility is, in a sense, the final expression of the institution's power. The institution does not need to suppress criticism, because the public suppresses it on the institution's behalf. The people who were at Port Kennedy, who saw Dolly/Stormy alive, who watched her fluke rise and fall, who felt the desperation of wanting to help and being told to leave the water, are the same people who then defend the system that killed her. They defend it because the alternative, accepting that they watched a juvenile whale die unnecessarily while the authorities did nothing useful - is too painful. It is easier to attack the messenger than to accept the message.

What SNM actually said

For the record, SNM's public responses during the Dolly/Stormy case were consistent, evidence-based, and specific. SNM asked what diagnostic tests were performed. SNM asked for the exact diagnosis. SNM cited necropsy evidence from comparable cases showing that live-stranded humpbacks are often not sick at all. SNM explained the crushed-organs myth and cited the evidence against it. SNM described the available treatment and rehabilitation options, including floating pens, retrofitted facilities, and the captive industry methodology. SNM challenged the binary choice between death on the beach and death at sea, and proposed the third option of diagnosis, treatment, rehabilitation, and release.

Every response was met with the same reactions: show your credentials, where were you at the beach, you're just keyboard warriors, stop inciting drama. The questions were never answered, just as the diagnosis was never named. The test results were never published and the drug and dosage were never disclosed. And Dolly/Stormy is dead.

As SNM stated: "What you call 'negativity' we call being on the whale's side" [SNM, Facebook response, 26.08.2026].

Part XI. Recommendations

The Dolly/Stormy case exposed systemic failures in the Western Australian stranding response system. These failures are not unique to this case. They will recur at the next stranding unless the system is changed. The following recommendations are directed at the Department of Biodiversity, Conservation and Attractions (DBCA), the Western Australian Government, Perth Zoo, and the Australian Commonwealth Government.

1. Mandatory diagnostic workup before any euthanasia or sedation decision. No stranded large cetacean should be euthanised or sedated without a documented diagnostic workup that includes, at minimum, a blood draw with complete blood count and serum chemistry, a blow sample for microbiological analysis, a biopsy of any visible growth or lesion, and a basic neurological assessment. Visual assessment alone is not a diagnostic workup. It is a guess. The results of the diagnostic workup must be recorded in a veterinary case file and made available for independent review.

2. Full transparency on all drugs administered. When any drug is administered to a stranded cetacean, the drug name, dosage in milligrams per kilogram of estimated body weight, route of administration, time of administration, clinical indication, and intended therapeutic effect must be recorded and made publicly available within 48 hours. The distinction between sedation for comfort and sedation that is likely to contribute to death must be addressed explicitly in the veterinary record. The suspicion of soft euthanasia cannot be dispelled without this transparency.

3. Mandatory full necropsy for every stranded large cetacean that dies. Every large cetacean that dies during or after a stranding response must receive a full necropsy, not merely sample collection. The necropsy must be conducted by a pathologist independent of the veterinary team that managed the stranding response. The necropsy report must be published. A system that claims whales are too sick to save but does not perform the post-mortem examination to prove it is a system that operates on faith, not evidence.

4. Independent review of every euthanasia and sedation decision. An external veterinary review panel, independent of DBCA and Perth Zoo, should review every case in which a stranded large cetacean is euthanised or sedated and subsequently dies. The review should assess whether the diagnostic workup was adequate, whether treatment options were considered and rejected with documented rationale, whether refloating was feasible and attempted, and whether the drugs administered were consistent with the stated clinical intention. The review findings should be published.

5. Pre-stranding citizen evidence must be incorporated into clinical assessment. Where pre-stranding drone footage, photographs, or video exist, the veterinary team must review this material as part of its clinical assessment. The pre-stranding behaviour of the animal may contain critical diagnostic information, as it did in Dolly/Stormy's case, where balance problems and listing were visible in drone footage ninety minutes before the stranding. Ignoring this evidence is a clinical failure.

6. Establish large-cetacean rehabilitation infrastructure. Western Australia should establish at least one temporary floating pen facility in the Perth metropolitan coastal area, capable of housing and treating a stranded juvenile humpback whale. The Taranto Dolphin Sanctuary in Italy provides a working model for a floating pen facility with veterinary access, monitoring systems, and controlled marine environment. The captive cetacean industry has demonstrated for decades that the transport, housing, and medical treatment of cetaceans of this size is operationally feasible. The absence of rehabilitation infrastructure is not a technical impossibility. It is a policy choice and the policy should change.

7. Rapid response protocol with defined timelines. DBCA should establish a rapid response protocol requiring veterinary assessment within 60 minutes of notification of a live large cetacean stranding, a diagnostic workup completed within 120 minutes, and a treatment or refloating decision within 180 minutes. The current response timeline, in which veterinarians arrived approximately two hours after the stranding and the sedation decision was not made until six hours after the stranding, is incompatible with the physiological urgency of a stranding event. Every hour on a sandbar reduces the probability of survival. Time is the enemy, and the response wasted it.

8. Refloating must be attempted before sedation is considered. No stranded whale should be sedated until at least one structured refloating attempt has been made using the strap method or equivalent technique. Citizens at Port Kennedy moved the whale off the sandbar before being ordered to stop. A professional team with proper equipment could have achieved a controlled refloating. The claim that refloating was not possible is not credible when civilians achieved partial refloating with their bare hands.

9. Publication of stranding response performance data. DBCA should publish annual data on the number of large cetacean live strandings in Western Australia, the number that received diagnostic workups, the number that received medical treatment, the number that were refloated, the number that survived, and the number that were euthanised or sedated. Without data, there is no basis for evaluating the system's performance and no basis for public accountability.

10. Recognise the ecosystem and climate value of individual whales. The Western Australian Government should formally incorporate the Chami et al. (2022) IMF ecosystem services valuation framework into its wildlife management and stranding response policies, recognising that a living humpback whale is a natural climate asset whose lifetime value is measured in millions of dollars. The cost-benefit analysis of stranding response should include the value of the whale's lifetime ecosystem services, not merely the cost of the response operation.

11. Support and develop ECHO: Early Cetacean Hazard Observation. The companion SNM Critical Brief on Hope proposes ECHO, a pre-stranding detection, deterrence, and escort framework whose operational objective is to prevent large whale strandings by detecting cetaceans as they approach dangerous shallow waters and guiding them back to open sea before they become trapped. ECHO combines fixed-position automated detection stations using optical cameras, thermal imaging, and passive acoustic hydrophone arrays with a citizen-science reporting network and trained rapid-response escort teams using acoustic lures, vessel formations, and bubble nets. The Western Australian coast, with its high density of migrating humpback whales and its documented history of repeated strandings in the same areas, is an ideal location for ECHO deployment. Had an ECHO detection system been operating at Port Kennedy on 26 August, Dolly/Stormy's approach to the shallow sandbar area could have been detected before the stranding occurred, and an escort

response could have been initiated while the animal was still in navigable water [SNM, Critical Brief on Hope, 2026, Recommendation 11].

12. Support and develop GWRA: Global Whale Rescue Alliance. The companion SNM Critical Brief on Hope proposes the establishment of the Global Whale Rescue Alliance (GWRA), a parallel global whale rescue network operating outside the existing stranding-response institutional network. GWRA is governed by six irrevocable founding principles: no euthanasia, no abandonment, immediate medical intervention, post-release monitoring, total transparency, and speed. It operates on a two-pillar structure: a federation of independent, locally-based Certified Partners who hold their own national permits and provide regional rescue capability, and a centrally maintained rapid-deployment team with pre-positioned equipment. A GWRA Certified Partner team in the Perth region, equipped with diagnostic kits, antibiotic delivery systems, refloating straps, and floating pen infrastructure, operating under the six founding principles and authorised through pre-negotiated memoranda with DBCA, could have deployed to Port Kennedy within the first hour of the stranding. The institutional system that managed Dolly/Stormy's death does not need to be reformed. It needs a parallel system that is built to save lives, not manage deaths [SNM, Critical Brief on Hope, 2026, Recommendation 12].

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