

Submission on “Public Health and other Legislation (Extension of Expiring Provisions) Amendment Bill”

Committee Secretary
Community Support and Services Committee
Parliament House
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Submission to the Community Support and Services Committee on the “Public Health and other Legislation (Extension of Expiring Provisions) Amendment Bill 2022”, introduced into Queensland Parliament by the Minister for Health and Ambulance Services, seeking to extend the government “Emergency Powers” until the end of October 2022.

This submission rejects this Bill and all mandates and emergency-power related restrictions that have been inflicted upon the residents of Queensland. It is hereby declared that our government shall not extend these already overused “powers” for another day. It is time State leaders stand down and examine the consequences of decisions made since the declaration of a coronavirus pandemic.

“Trust the science” has been the catch cry whenever the decisions of our leaders have been questioned throughout the past two years. Meanwhile, the science has continued to scream loud and clear that most of these government directives are not only the opposite of “the science”, but they make the situation worse. It is clear the real crisis is our government and their decisions that have systematically crushed Queenslanders financially, emotionally and physically.

We have been supposedly called to “unite and recover”—by dividing and conquering? The consequence of the “reuniting” is social segregation through medical apartheid and human rights discrimination at the hands of these leaders and their executive arms. This has been based on a false narrative targeting those who care to become informed and question government directives. Such people have been censored, fined, punished and some detained, and many are now no longer employed in their chosen field. Queenslanders have the right to demand public disclosure of the scientific evidence backing our State leaders’ decisions. Based on my review, the literature largely contradicts the edicts our leaders have imposed.

Examples of these misinformed directives include masking (ineffective at preventing viral transmission); lockdowns that isolate healthy populations and create damaging social disconnection; and mass vaccination with a leaky, now out-of-date, experimental injectable therapy that neither prevents disease or transmission of the pathogen. (This has become obvious with the Omicron variant.) Further, these experimental, provisionally approved shots have capacity to cause significant harm, even death, including in those who have no statistical risk of death from this disease.

Queenslanders have additionally suffered from the censorship of their medical professionals, and free speech generally, including denial of natural immunity, the robustness of which has been demonstrated through an increasing number of studies across numerous countries and regions as being superior to immunity induced by any available COVID-19 vaccine. Appallingly, the Queensland government criminalised life-saving therapies that are on the WHO list of essential medicines, the effectiveness of which is backed by indisputable practice-based evidence and meta-analysis of data, which for some therapeutics, encompasses over 60 studies (depending on the drug).

It is clear that the real emergency, the real crisis, is our government, which for two years has cajoled people using scientifically unfounded mandates and fear, whilst censoring anyone who questioned these unlawful directives. Through these actions, our State government leaders have not only chosen

Submission on *“Public Health and other Legislation (Extension of Expiring Provisions) Amendment Bill”*

to implement measures that make the situation worse, they have effectively scrubbed out the foundational layer of Queensland’s “rule of law” pyramid.

With mainstream media finally acknowledging the statistics that demonstrate the fearmongering that has been used to manipulate our nation by keeping people in a constant state of fear-induced mass psychoses, the cat is out of the bag. Between March 2020 and January 2022, SARS-CoV-2-related deaths account for one percent of all fatalities nationwide. One percent! And of those people, 92 percent had underlying comorbidities. Is this a statistic to rub in the face of government leaders? No, this is a statistic to grieve over, for what is truly abominable is that most of those people likely didn’t have to die, had they been offered suitable outpatient care.

Medical physicians in other countries who have applied an evidence-based, risk-mitigating practice of medicine have demonstrated stunning track records. Some, like Dr Shankara Chetty in South Africa, diligently worked to understand the disease, and from this, developed effective early treatment protocols for their patients, instead of allowing them to deteriorate to a point where they grew critically ill before attempting intervention, as nations like Australia have done. Dr Chetty has successfully treated over 10,000 patients with no hospitalisation and no deaths. Many other doctors around the world have demonstrated similar success upon adopting appropriate interventions.

States in India and other cities and regions around the world are now SARS-CoV-2 free after adopting test and treat strategies—the same treatments our governments ensured would never reach our population. Instead, our leaders and their advisors tied the hands of our health professionals so they could not effectively treat Queenslanders who contracted SARS-CoV-2. Fortunately this disease does not have a high mortality rate, but that is not the point. People died, for if left unchecked by the withholding of safe and effective early treatments, this illness can be deadly, especially in the aged.

Our leaders are without excuse. Many highly qualified medical researchers and scientists made this information freely available during 2020. These same highly qualified individuals were immediately attacked and discredited for their willingness to try and save lives. I personally sent information to our Premier, Prime Minister, Deputy Prime Minister, local members and other representatives who requested input from the public on key decisions. I know COVID Care alliances have been active since 2020, as do our leaders. Disappointingly, much of the media has been complicit in controlling this narrative and actively censoring such information from the Australian public, whilst driving up fear. Vaccinologists, immunologists, pathologists, epidemiologists, cardiologists and so many other medical and scientific professionals have been raising awareness on the treatability of this disease from mid-2020, including Australian practitioners. Many of these same professionals have now been sounding the alarm on the experimental injectable COVID-19 spike protein gene therapies referred to as vaccines, from around the time of release, when they began to see the mounting number of adverse events.

Instead of listening, our government leaders dug in and doubled down. “Trust the science!” “The COVID-19 vaccines are safe and effective.” “Adverse event reports do not demonstrate causality.” Except that pesky science we were supposed to be trusting kept proving their ignorance. You see, the science aligns solidly with the types of injuries and deaths these shots are incurring—as do the observations of pathologists having to examine the remains of those who have died post-injection, and health practitioners trying to help victims left maimed as a result of shots received consequential to tyrannical government edicts.

There are too many adverse effects to list here, but a brief survey of literature and adverse event reporting databases across the world reveal serious risks from these COVID-19 shots that include cardiovascular events, immunomodulation, autoimmune disorders, impairment of endothelial

Submission on “*Public Health and other Legislation (Extension of Expiring Provisions) Amendment Bill*”

function, blood coagulation and thrombosis, acute lung injury, impairment of DNA damage repair (when the spike protein passes into the cell nucleus), induction of cytokine storm, menstrual dysregulation, pregnancy events, demyelination, tinnitus, CNS disorders, and more. Oh, but these are rare, aren't they? How about we allow our medical professionals to speak freely? Because if I can count two deaths and nearly a dozen serious adverse events in my circle of contacts, we are only seeing the tip of the iceberg. That is before any account is given for safety signals that include an uptick in cancers and an increase in all-cause mortality in populations upon COVID-19 vaccine rollout.

As medical and scientific professionals have highlighted in relation to the “cannot prove causality” claims, one cannot find what one does not look for. Yet, scientific papers continue to emerge revealing the ways by which the SARS-CoV-2 spike protein and the mRNA and viral delivery systems can cause harm to the human body. No one could have predicted the startling number of adverse events that continues to rise as governments squeeze the people to take up this jab (many against their will) to operate in society, provide for their families and meet their financial obligations. Why have governments not immediately ceased this rollout based on these alarming figures, or even acknowledge the many vaccine injured Queenslanders? And we still have no idea of the medium and long-term safety effects, for this truly is an uncontrolled experiment. Now there is the question of surging life insurance claims by large organisations in the US and Germany. Many questions that require proper answers.

These mandates breach human rights and anti-discrimination laws, immunisation legislation and the Nuremberg Code, and need to be obliterated. Now. The entire vaccine rollout needs to be paused. Now. Queenslanders need to be allowed access to safe, cheap, effective, early treatment protocols. Now. Our medical practitioners must be allowed to freely practice in the best interest of their patients without the government figuratively sitting in the room with them. Queenslanders deserve the right to medical autonomy. It is apparent our Queensland leaders lack the insight and humility to admit their failures and act on these realities. Instead, they want more power, for longer.

Under “emergency powers” our State Government has excluded unjabbed Queenslanders (though many have natural immunity) from public spaces, denied them access to community services and cast them out of social events because they have chosen to decline high-risk, leaky, experimental gene therapies that have minimal to no efficacy against current SARS-CoV-2 variants, but efficiently drive towards selection of further variants via shedding in the injected population. This consequence was accurately predicted through immunological modelling by Dr Geert Vanden Bossche and is evident in the statistics of highly vaccinated and boosted populations like Israel, Singapore and even New Zealand, where cases, hospitalisations and often deaths, are higher than before the COVID-19 vaccine rollout. By observation the “fully vaccinated” seem to represent between 60 to 80 percent of these cases, hospitalisations and deaths, depending on the population and the criteria of “vaccinated”. Further, any potential personal reduction of symptoms that may be achieved (though studies show this remains short-lived and is now statistically insignificant) is easily superseded by applying safe and effective multi-drug therapies. Fortunately, if people contract the highly transmissible and milder Omicron, recovery provides robust immunity to this and previous variants, overcoming the failures of the injectable COVID-19 gene therapies. However, if mass vaccination continues to try and “chase down” future variants, we may not be so fortunate. Early therapeutics are essential for managing this disease.

If the milder Omicron truly is the dominant variant in Queensland, the fact people are still dying should result in public outrage and extracted apologies from our leaders because they knew about these safe, cheap and effective prophylactic and therapeutic options from mid-2020. What was their response? Criminalise any health practitioner that dared prescribe any of these repurposed drugs or

Submission on *“Public Health and other Legislation (Extension of Expiring Provisions) Amendment Bill”*

advise against the narrative being promoted? Now with the shots, people have suffered life-altering adverse events and are still been advised to “get the next one”. Why? Apparently the benefit outweighs the risk, even though some of these people have permanent heart damage, crippling neural disorders, paralysis or even loss of limbs? Even those who are COVID-recovered are being pressed to take the jab, despite increasing evidence this causes harm. Shame on AHPRA and shame on every leader who has engaged in this medical apartheid or turned a blind eye to the pain and genuine concerns of the people they represent.

Many parents remain ignorant of the significant risks posed by these gene therapies, including the extraordinary increase in myocarditis in young age groups (by a factor of 13,200%) with the primary risk group being 15 to 23 year-olds. Now our younger children are in the cross hairs and US data is revealing that one in every ten children 5 to 11 are suffering serious adverse reactions that are impacting their capacity to function in their normal routine (JVCI data). Further, consistent with the COVID-19 mRNA gene therapy trial data, there is a growing number of children in this age group experiencing serious cardiovascular events, including heart attack and myocarditis. This is a population that has no statistical risk from the disease and if they contract the illness they will develop robust, long-term natural immunity superior to any vaccine.

Return to school at term one was further impacted by unreasonable government edicts, with ongoing mask mandates and the sacking of “unvaccinated” teachers over the holiday period. One only needs reference data from Sweden, where schools remained opened throughout the pandemic with no masks and no vaccines, to demonstrate the minimal risk of transmission between students and teachers in that setting. Further, it is common knowledge, as attested by specialist hygienists and frustrated virologists (and over forty studies), that masks do not prevent viral transmission, however, they do cause harm, as a summary of over sixty studies highlighted. What masks do achieve includes: increased carbon dioxide, decreased oxygen, increased heart rate, increased body temperature, increased blood pressure, difficulty learning, brain fog, headaches, anxiety, skin irritation, risk of infection from pathogenic bacteria that get trapped in the fibres, developmental delay in children, dehumanisation and reduction in empathy. Further, when the surface of masks becomes damp (which happens quickly), it was shown in this summary that people had to breathe harder and talk louder to be understood, causing production of higher-velocity aerosols of virus-carrying size (capable of passing through the mask fibres) compared to non-mask wearers. There are also groups of people that include, but are not limited to, those who experience sleep apnoea, respiratory illness, cardiovascular conditions and children (who require greater oxygen than adults) who should never, ever, be required to wear a mask. Viral transmission out-of-doors has also been demonstrated to be negligible, yet people still fearfully wear them, even when exercising, which can cause harm.

Our communities have been divided and many people I know thrust out of long-term, highly skilled, employment in industries that are now on the brink of collapse because of these scientifically debunked mandates. The government claims it is to prevent pressure on hospital systems, but if that’s true, why have they unfairly sacked thousands of healthcare and frontline workers? Why have they ensured there is no access to cheap, safe and effective early treatments? Why have they not acknowledged that the shots are experimental, carry risks, and clearly do not prevent the spread of SARS-CoV-2? Why do they refuse to admit natural immunity provides robust, long-term protection against COVID-19, meaning COVID-recovered persons are technically the “safest” from a viral transmission and disease prevention standpoint?

As proposed by three experts and co-signed by nearly 900,000 concerned individuals, which includes a large number of scientific and medical professionals, the Great Barrington Declaration is one example of a sound, risk-management based approach to this disease. Our leaders would do well to shift our approach to measures that protect the vulnerable, minimise harm in all areas of society, and

Submission on *“Public Health and other Legislation (Extension of Expiring Provisions) Amendment Bill”*

humbly learn from mistakes. Were a safe and effective vaccine (not gene therapy, but a traditional vaccine like that developed by Dr Nikolai Petrovsky’s team) to become available for our vulnerable and the risk-benefit and safety proven over time, this may provide greater options. There is good reason vaccines take ten years to develop. However, if governments merely provide a suitable selection of the many safe, cheap and effective therapies, there would be sufficient capacity for managing outbreaks through outpatient care, without fear. Further, our State leaders would be wise to engage independent panels with expertise aligned with specific areas of action, with no conflicts of interest, fear of retribution, no suppression of debate, or financial incentivisation, for decision-making around SARS-CoV-2 management, not through extension of “emergency powers”.

From the initial “two weeks to flatten the curve” lockdown, when we were still figuring the situation out, the Queensland government has demonstrate a seemingly careless incompetence and disregard for their constituents and growing scientific knowledge about SARS-CoV-2. Whether this has been catalysed through compromised advisors, conflicts of interest, wilful ignorance or a questionable thirst for control, we may never know. Still, the above information remains sufficient proof that it would be unconscionable to pass any legislation that allows extension of the Queensland Government’s “Emergency Powers” for any length of time. Further, all mandates should cease immediately across all sectors, including health, and an inquest be undertaken into all Queensland government actions relating to SARS-CoV-2 since the outbreak.

Submitted by Adele Jones
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