

From: [REDACTED]
To: [Community Support and Services Committee](#)
Subject: Submission for the Extension to Emergency Bill
Date: Friday, 4 March 2022 7:31:54 AM

To Whom it may concern,

please accept this submission as a well thought out reason for the extension of the Qld State of Emergency to NOT be extended.

The State of Emergency imposes so many stressful regulations on operators of small businesses and venues and is very inconsistent, trying to guard against a virus which has mild symptoms and in both Denmark and the UK has been declared Endemic. Please can Australia finalise this Pandemic not move to prolong it.

Segregation in Society has resulted from very deliberate Governmental action. Fear has been generated to unprecedented heights to be used to strengthen Government control of the community and this is a very uncomfortable feeling to have swept to the forefront of our community.

From the Qld health pages:

- As at 23 February 2022, the World Health Organization reported a total of 426,624,859 confirmed positive COVID-19 cases reported globally. The Australian Government Department of Health reported 2,749,919 confirmed COVID-19 cases, including 5,026 deaths in Australia. In Queensland, there have been 549,935 confirmed cases of COVID-19, with 513 deaths relating to COVID-19 being Queensland residents.

The current predominant strain of Covid in Australia is BA 2 and this has much less severe symptoms than previous strains, as supported below.

- From Danish data, no, but more younger people are admitted to hospital Risk assessment of Omicron BA.2 <https://en.ssi.dk/-/media/arkiv/subsi...> The Omicron SARS-CoV-2 variant has quickly become dominant in many countries, significantly higher growth potential than the Delta variant Omicron variant is more transmissible than the Delta variant Secondary Attack Rate BA.1 29% BA.2 39% and it has shown reduced sensitivity to neutralizing antibodies. Vaccine induced protection against infection is also clearly reduced for the Omicron compared to the Delta variant. Transmissibility is lower in fully vaccinated individuals and even lower in booster vaccinated individuals, compared to unvaccinated Preliminary analyses a 36%-80% risk reduction in hospitalization for the Omicron compared with the Delta with most studies reporting a risk reduction between 45%-68%. Omicron Lineages B.1.1.529, BA.1, BA.2 and BA.3. BA.1 accounts for 97% of omicron worldwide Denmark Week 52, 2021, 20% Week 3, 2022, 66% an increase in the proportion of BA.2 and a decrease in the proportion of BA.1 BA.2 is probably beginning to take over in India, Philippines, European countries Qatar, BA.2 seems to be dominant Increased growth potential Higher transmissibility and/or increased ability to evade the immune system compared to BA.1. Current knowledge about severity no difference in hospital admission risk was detected for BA.1 and

BA.2 (n = 932 patients) BA,1 median age of hospital admission, 51 BA,2 median age of hospital admission, 40

The Qld health report from 23rd Feb 22 is misleading and the final words are regarding deaths "Related" to COVID, which does not mean those included in the statistics are those who have died from Covid exclusively. This should have been made clear to the public throughout the Pandemic, but fear controls and has also diminished the trust of the Government and indeed each other.

This Autocratic management may be helpful initially when facts are definitive, but that has never been the case with Covid and the outcome has been most divisive.

Denmark's approach has maintained community confidence and we could do well to follow their lead. Despite frequent changes in recommendations for Covid management the community has remained supportive of their Government and they are now enjoying pre Covid freedoms.

- <https://www.theatlantic.com/ideas/archive/2022/02/denmark-covid-restrictions/621482/>

Media headlines have used relentless sensational headlines to support the fear among the community and this has generated fearful mistrust on every level of our society.

Professor Katie Atwell from the University of Western Australia's School of Social Science 21/12/2021 warned of relentless pressure being applied to the community regarding the non-vaccinated being used to manipulate community responses.

- If mainstream society completely excludes those who do not vaccinate, we cannot be surprised when they take succour from those who seek to radicalise them.
- If we want them to come back to the vaccinating mainstream, then we have to retain a space for respectful and supportive dialogue.

Omicron BA2 is less severe than previous strains, so the State of Emergency has passed.

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Anxiety and Mental Health needs have exploded during this time, as cited on many Qld Health pages and by various other mental health providers.

Of course the isolation, segregation and social obstacles developed to reduce personal interaction have had a massive impact on everybody. Unfortunately it is the less supported individuals who are consequently further damaged and all mental health providers are acutely aware of this.

Please end this Pandemic and allow the Endemic status to help heal our very divided and stressed society.

How it has affected me.

I am a retired Registered Nurse and I do not believe the new technology used to develop the mRNA vaccines are as safe as reported.

There is a wealth of information to support being unsafe including articles such as the one below from a whistle-blower.

- Covid-19: Researcher blows the whistle on data integrity issues in Pfizer's vaccine trial, Revelations of poor practices at a contract research company <https://www.bmj.com/content/375/bmj.n...> Pfizer's pivotal covid-19 vaccine trial, raise questions about data integrity and regulatory oversight This was the original paper <https://www.nejm.org/doi/full/10.1056...> Autumn 2020 Pfizer's chairman and chief executive, Albert Bourla As I've said before, we are operating at the speed of science Ventavia Research Group <https://www.ventaviaresearch.com> Researchers were testing Pfizer's vaccine at several sites in Texas A regional director, Brook Jackson has told The BMJ that the company falsified data unblinded patients employed inadequately trained vaccinators was slow to follow up on adverse events reported in Pfizer's pivotal phase III trial Staff who conducted quality control checks were overwhelmed by the volume of problems they were finding. US Food and Drug Administration (FDA) were informed Ventavia fired her later the same day. The BMJ has been provided with dozens of internal company documents, photos, audio recordings, and emails. She repeatedly informed her superiors poor laboratory management patient safety concerns data integrity issues that drug assignment confirmation printouts were being left in participants' charts, accessible to blinded personnel (later corrected) company wasn't able to quantify the types and number of errors

they were finding when examining the trial paperwork for quality control ICON, the contract research organisation
<https://www.iconplc.com/services/clin...> ICON then highlighted over 100 outstanding queries older than three days Worries over FDA inspection Concerns raised Participants placed in a hallway after injection and not being monitored by clinical staff Lack of timely follow-up of patients who experienced adverse events Protocol deviations not being reported Vaccines not being stored at proper temperatures Mislabeled laboratory specimens Targeting of Ventavia staff for reporting these types of problems. FDA advisory committee meeting held on 10 December 2020 Problems at Ventavia not mentioned The next day the FDA issued the authorisation of the vaccine In August this year, after full FDA approval of Pfizer's vaccine FDA published that 9 of the trials 153 sites were inspected FDA, full trial swabs were not taken from 477 people with suspected cases of symptomatic covid-19 Other employees' accounts everything that you complained about was spot on Two former Ventavia employees spoke to The BMJ anonymously for fear of reprisal and loss of job prospects in the tightly knit research community I don't think it was good clean data It's a crazy mess Pfizer has hired Ventavia as a research subcontractor on four other vaccine clinical trials covid-19 vaccine in children and young adults pregnant women a booster dose an RSV vaccine trial NCT04816643, NCT04754594, NCT04955626, NCT05035212).

There is also the data available on the Dept. of Health Therapeutic Goods Administration regularly that supports the knowledge of Vaccine injuries, such as the latest Covid-19 Vaccine weekly safety report from 6/1/22

- <https://www.tga.Government.au/periodic/covid-19-vaccine-weekly-safety-report-06-01-2022>

More evidence of these vaccines not being as safe as "thought", from the British Medical Journal.

- Pfizer Jab side effects in 12 - 15 year old's at high risk of Covid -19 complications, mild to moderate.
- <https://www.bmj.com/company/newsroom/pfizer-jab-side-effects-in-12-15-year-olds-at-high-risk-of-covid-19-complications-mild-to-moderate/>

More recent evidence of Vaccine Injuries. There is so much information I am amazed the Government is not wanting to end the State of Emergency and reduce the responsibility of the health crisis we are going to have in the future following this vaccination drive.

- <https://t.me/childcovidvaccineinjuriesuk/627>

Considering the generally mild symptoms of the current Covid stain, I consider the virus considerably less threatening to my health and that of my family, than the possibility of side effects and long term health grievances.

My absolute disbelief of the support of not aspirating when administering an intramuscular injection also supported my vaccination hesitancy. This was a basic procedure supported throughout my Nursing career.

I feel it is very wrong for Australia not to have retained this procedure and we need to follow Denmark and Germany in supporting the use of aspiration when giving intramuscular injections to ensure the medication is not administered intravenously.

- Germany's vaccination board STIKO ständige Impfkommission, Standing commission for vaccination

[https://www.rki.de/DE/Content/Infekt/..](https://www.rki.de/DE/Content/Infekt/) Now recommends aspiration The vaccine is to be injected only intramuscular (i.m.), and in no case intradermal, subcutaneous, or intravenous. In animal models, direct intravenous injection of an mRNA vaccine has led to Myopericarditis (both clinically and histopathologically). Although inadvertent intravenous injections are rare during application of intramuscular vaccines, aspiration of the needle is a sensible precaution when vaccinating against COVID-19 and can lead to increased safety. Ferdinand, thank you Denmark

<https://en.ssi.dk/news/epi-news/2021/...> Basically, we need to change the vaccine administration guidelines to include precautionary aspiration, prior to pushing in the vaccine. This will prevent cases of inadvertent intravascular administration of vaccine. Here is some discussion to suggest inadvertent intravascular vaccine administration is a variable in the aetiology of complications after adenoviral vector vaccine administration and after mRNA vaccines. These adverse events, although rare have reduced public confidence in covid vaccination, especially amongst the young, where vaccine rates are lowest. It has long been known that intravenous injection of adenovirus leads to TTS in mice <https://ashpublications.org/blood/art...> Now, new covid vaccine specific work agrees with this previous work Thrombocytopenia and splenic platelet directed immune responses after intravenous ChAdOx1 nCov-19 administration (29th June 2021)

<https://www.biorxiv.org/content/10.11...> The authors conclude, 'Our work contributes to the understanding of TTS and highlights accidental intravenous injection as potential mechanism for post-vaccination TTS.' 'We show that intravenous but not intramuscular injection of ChAdOx1 triggers platelet-adenovirus aggregate formation and platelet activation.' 'Hence, safe intramuscular injection, with aspiration prior to injection, could be a potential preventive measure when administering adenovirus-based vaccines.' Also after giving mRNA vaccines A new study finds that giving mice intravenous mRNA vaccine also causes heart inflammation in mice. Intravenous Injection of Coronavirus Disease 2019 (COVID-19) mRNA Vaccine Can Induce Acute Myopericarditis in Mouse Model (August 2021) <https://academic.oup.com/cid/advance-...> 'Our study indicates that IV injection of vaccines might partially contribute to this clinical phenotype, thus warranting a reconsideration of the practice of IM injection without aspiration, which carries the risk of inadvertent IV injection.' Agreement from 'fact check' from Leo Nicolai, Cardiology Fellow, Ludwig Maximilian University of Munich: (German Centre for Cardiovascular Research) <https://healthfeedback.org/claimrevie...>

‘Indeed, there is peer-reviewed work showing in mice that possibly intravenous injection of mRNA vaccine leads to myocardial inflammation.’
 ‘that intravenous injection of adenoviral vector based vaccine (AZ1222, ChAdOx1) leads to thrombocytopenia and platelet-directed immune responses, offering a possible explanation for vaccine-induced thrombosis/thrombocytopenia’ ‘these data might indicate a simple measure to lower the incidence of vaccine-induced side effects,’ ‘There is a lack of data on frequency and effects of IV injection in humans.’
 Denmark has changed their national guidelines
<https://en.ssi.dk/news/epi-news/2021/...> Based on a precautionary principle, we recommend aspiration before injection.
<https://www.youtube.com/watch?v=H7ina...> Evidence from Dr. Peter Gaillard (microparticulate pharmacologist)
<https://www.linkedin.com/pulse/astraz...> Case study evidence Metallic taste in the mouth seconds after ‘intramuscular’ mRNA vaccine administration, (in the absence of an allergic reaction)
<https://www.youtube.com/watch?v=hbjuW...> Other video-based discussions 26th September 2021 <https://www.youtube.com/watch?v=nBaIR...> 30th September 2021 <https://www.youtube.com/watch?v=KgVsd...>

I have been isolated from the usual social groups I attend because I have made an informed choice to not be vaccinated. I cannot attend social settings I have enjoyed for my whole life and this impacts my sense of wellbeing as well as the businesses I no longer frequent. This is against the Democratic Laws of our country and this proposed extension of the State of Emergency supports maintaining these limitations for myself.

I am unable to attend the Qld Museum, The Planetarium, the River stage, even though it is outdoors, and these places are funded from Taxes and Council Rates I have paid like everyone else over many years.

The link below states the discriminating Council restrictions.

- [COVID-19 vaccination status direction for Council facilities and venues](#)
- <https://www.brisbane.qld.Government.au/community-and-safety/community-safety/coronavirus-council-updates-and-impacts/covid-19-vaccination-status-direction-for-council-facilities-and-venues>

Fearful attitudes from friends as they believe they can catch Covid from me are generated by the wording of such links as the Brisbane City Council link above and such sensationalism is detrimental to community coherence. A clear prerequisite for this would be for me to have the virus first, as with anyone else.

The State of Emergency needs to expire, Vaccine mandates end and those who have lost or suspended their employment should be free to return to work and support themselves and our economy.

Attachments area

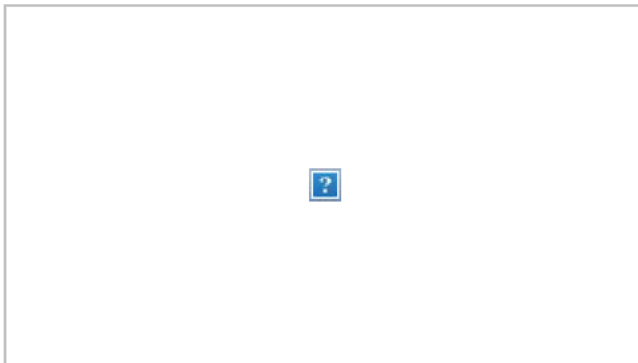
- [Preview YouTube video Kyle's vaccine complication](#)



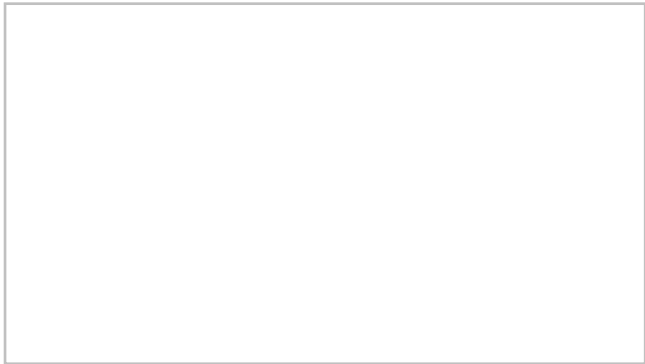
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- [Preview YouTube video Important scientific information with Dr. Pieter Gaillard and John](#)



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- [Preview YouTube video Inadvertant intravenous injections](#)



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- [Preview YouTube video Aspiration, more information](#)



Thankyou for time and consideration of this submission.

Kindest regards,

Carol Wild.

