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Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill 2022

I make this submission as a private citizen. I strongly advocate that the Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill 2022 be abandoned and that the existing expiry date for the temporary legislative framework be imposed.

I argue that the Queensland government response has been out of all proportion to the potential risk presented by COVID-19 and that the Queensland government has failed to ensure that (potentially greater) risks associated with mandates have been fully examined and mitigated.

Risk posed by COVID-19

In 2020, COVID-19 was the 38th leading cause of death (898 deaths) with a median age of 86 years.ⁱ At time of writing the Department of Health reported 2 920 706 total cases of Covid-19 in Australia with a total of 5, 317 deaths, which suggests a mortality rate of 0.18%ⁱⁱ Queensland reported a total of 582 696 cases and 570 deaths – a mortality rate of 0.097%.ⁱⁱⁱ Of the 30 126 currently active cases in Queensland, there is reportedly 26 patients (0.086%) in ICU^{iv} Hence I argue that there is no significant ongoing threat posed by COVID-19.

COVID-19 'vaccinations'

Australia began covid 'vaccine' roll out in February/March 2021.^v The rate of COVID-19 infection in Queensland increased substantially in January 2022 (see Figure 1) in a population that was reportedly 90.9% 'vaccinated'.^{vi} Scottish public health data reveals people who are vaccinated are the primary drivers of Covid infections and hospitalisations^{vii} Hence the 'vaccine' is ineffective in preventing infection, transmission or severe illness and potentially plays a role in increasing infection rates.

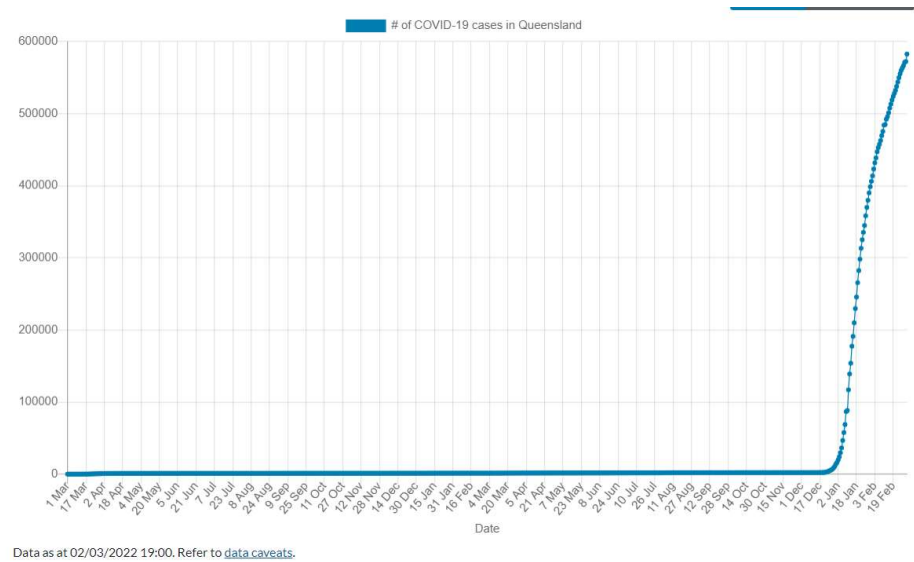


Figure 1: Queensland Covid cases over time ^{viii}

More concerning than the obvious lack of efficacy, is the increasing evidence that the ‘vaccines’ pose a significant threat to health. The USA Vaccine Adverse Events Reporting System (VAERS) was established in 1990 to detect possible safety problems with vaccines. It is commonly accepted that adverse effects reported to VAERS represents only 1% of actual vaccine injuries.^{ix} VAERS intent is not to investigate or verify the validity of self-reported vaccine injury, but rather as an early warning system for *detecting unusual or unexpected patterns of adverse event reporting that might indicate a possible safety problem with a vaccine*.^x The trend in VAERS reporting pictured in Figure 2 clearly identifies a possible safety problem with the ‘vaccine’, identifying strong cause for immediately halting the COVID-19 vaccine roll out and all related mandates.

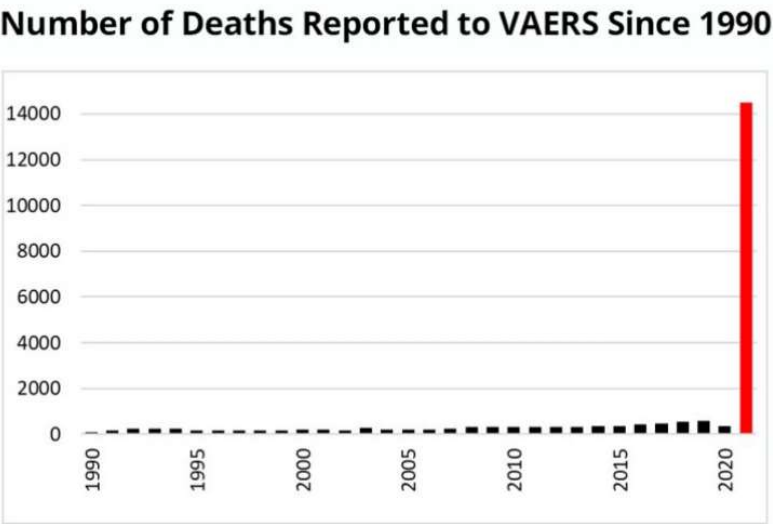


Figure2. Number of Deaths Reported to VAERS since 1990^{xi}

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- ⁱ <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2020>
- ⁱⁱ <https://www.health.gov.au/health-alerts/covid-19/case-numbers-and-statistics>
- ⁱⁱⁱ <https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/current-status/statistics>
- ^{iv} <https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/current-status/statistics>
- ^v <https://www.theguardian.com/australia-news/2021/mar/16/australia-covid-vaccine-rollout-distribution-when-can-you-get-the-coronavirus-jab>
- ^{vi} <https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/protect-yourself-others/covid-19-vaccine>
- ^{vii} <https://thehighwire.com/videos/data-reveals-higher-covid-rate-in-the-vaccinated/>
- ^{viii} <https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/current-status/statistics>
- ^{ix} <https://openvaers.com/index.php>
- ^x <https://vaers.hhs.gov/about.html>
- ^{xi} <https://childrenshealthdefense.org/defender/safety-signals-covid-vaccines-full-transparency-cdc-fda/>