Submission For
PUBLIC HEALTH AND OTHER LEGISLATION (EXTENSION OF EXPIRING PROVISIONS) AMENDMENT BILL 2022

I wish to state I strongly oppose the State Government's extending the PUBLIC HEALTH AND OTHER LEGISLATION (EXTENSION OF EXPIRING PROVISIONS) AMENDMENT BILL 2022.

Even if the Public Health Emergency Bill was to be extended, I strongly advocate that the use of covid 19 vaccine passes or passports and mandates in the State of Queensland are to abolished and will unpack my case using the World Health Organisation's Guidance.

My main opposition to the extension is the discriminatory use of covid 19 vaccine status to limit and punish an individual choosing not to vaccinate for covid-19. In particular this limits the individual regardless of if they are an adult or child to participate in a

> 'free and democratic society based on human dignity, equality, freedom and the rule of law.'
>
> *Human Rights Act* (2019) Queensland
> (Reference 1)

The WHO specify in their document *COVID-19 and mandatory vaccination: Ethical considerations and caveats* **(23 April, 2021) that covid 19 vaccine mandates should only be considered with consideration to a number of complexities:**

> Similar to other public health policies, decisions about mandatory vaccination should be supported by the best available evidence and should be made by legitimate public health authorities in a manner that is transparent, fair, non-discriminatory, and involves the input of affected parties.
>
> (P4, Reference 2)

Best Available Evidence

We have seen ZERO evidence that covid 19 vaccine mandates restricting access to venues and workplaces actually reduce mortality rates, prevent death or reduce transmission. There is no transparency given on the scientific rationale to justify the use of such orders and it is not aligned with global revisions of covid-19 response.

On January 1 2022 the medical journal *The Lancet* **published an article** *Transmissibility of SARS-CoV-2 among fully vaccinated individuals* (2022) **referencing seven scientific studies that show clearly unvaccinated and vaccinated people have similar viral loads and therefore mandates based on covid 19 vaccination status are unjustified:**

> 3 The scientific rationale for mandatory vaccination in the USA relies on the premise that vaccination prevents transmission to others, resulting in a “pandemic of the unvaccinated”.4 Yet, the demonstration of COVID-19 breakthrough infections among fully vaccinated health-care workers (HCW) in Israel, who in turn may transmit this infection to their patients,5 requires a reassessment of compulsory vaccination policies leading to the job dismissal of unvaccinated HCW in the USA. Indeed, there is growing evidence that peak viral titres in the upper airways of the lungs and culturable virus are similar in vaccinated and unvaccinated individuals.2,3,5–7 A recent investigation by the US Centers for Disease Control and Prevention of an outbreak of COVID-19 in a prison in Texas showed the equal presence of infectious virus in the nasopharynx of vaccinated and unvaccinated individuals.6 Similarly, researchers in California observed no major differences between vaccinated and unvaccinated individuals in terms of SARS-CoV-2 viral loads in the nasopharynx, even in those with proven asymptomatic infection.7
>
> (P1, Reference 3)

On the 31 January 2022, the United Kingdom revoked their covid 19 vaccine mandate for health care and aged care workers declaring that

> …combined with the reduced vaccine effectiveness against infection, it is right and responsible to revisit the vaccination as a condition of deployment policy.
>
> (Reference 14)

However information on transmission and efficacy / protection of covid 19 vaccines has been available for sometime. In October the *British Medical Journal* **published the study** Covid-19: One in four vaccinated people living in households with a covid-19 case become infected, study finds

> Transmission depends not only on the susceptibility of contacts but also on the infectivity of cases, and while vaccination reduced susceptibility of infection, it did not appear to reduce infectivity—the risk of transmission to vaccinated contacts was similar regardless of whether the index case was vaccinated or unvaccinated.

This study also shows that the duration of protective qualities from covid 19 vaccination are unknown:

> What we found, surprisingly, was that by three months after the second vaccine dose, the risk of acquiring infection was high compared with being more recently vaccinated. This suggests that vaccine induced protection is already waning by about three months after the second dose.
>
> (Reference 4)

Given that duration of effectiveness of covid 19 vaccines (and subsequent boosters) remain unknown and is only measured in months, it does not stand as a justification to mandate

covid 19 vaccination when it offers so little 'protection'. Protection would have to be regularly 'boosted', in time frames that remain debated and to what effect this has on a persons immune system as whole, is unknown with little long term immunity induced. There are no long term animal studies to inform continued immune response activation in humans.

Back to October the data was coming thick and fast. Vaccination for covid 19 did not stop infection or transmission. Effect of Delta variant on viral burden and vaccine effectiveness against new SARS-CoV-2 infections in the UK (October 2021) **champions covid 19 vaccination as a key to reducing negative outcomes from infection, but other factors to reduce infection were needed:**

> …those infections occurring despite either vaccine have similar peak viral burden to those in unvaccinated individuals. The effect on infectivity to others is unknown but requires urgent investigation. It further argues for vaccinating as many of the population as possible, because unvaccinated individuals might not be protected by as substantial reductions in transmission among the immunized population as seen other infections, making herd immunity likely unachievable for emerging variants and requiring efforts to protect individuals themselves.
>
> (Discussion, Reference 6)

Yet even with this evidence coming in, State Public Health Officials have disregarded this science and forged ahead with covid 19 vaccination mandates silencing opponents under the guise of 'safety' for others.

The evidence presented is only a few of many, many peer reviewed published articles on epidemiological relevance of the vaccinated in relationship to the covid-19 response to community infection. It shows waning or unknown vaccine effectiveness and null transmissibility protection from covid 19 vaccination, regardless of brand.

I deduct that because vaccination does not protect the community from spread to other members, including the vulnerable, it only reduces the risk of hospitalisation for the individual, that vaccination remains a personal choice. It does not impede on another indivdual's Human Rights.

Furthermore there are unspecified safety concerns, while safety limits are still being collected and investigated. The safety data does not match political rhetoric. 'Safe and effective' we are told. This actually is the most contested of all claims. The jury is out as the British Medical Journal has published repeatably that Pfizer have data integrity issues Covid-19: Researcher blows the whistle on data integrity issues in Pfizer's vaccine trial (November 2021) **(Reference 9) and yet still there are deaf ears. Currently Pfizer are in the process of releasing their raw data, which was not sighted for Emergency Use Authorisation for the FDA or Provisional use by the TGA.**

There is evidence that these vaccines, according to the TGA website, are still in Phase three studies, with no long term evidence and under Provisional Authorisation due to this (reference 15).

Once again I will not enter an argument about the status of these products because regardless of emergency/ experimental status the *Human Rights Act* (2019) Queensland **article 17 states:**

> A person must not be—
>
> c. subjected to medical or scientific experimentation or treatment without the person's full, free and informed consent.

The Global Human Right declared in the *UNESCO declaration of human rights and bio ethics* **(reference 12) states:**

> Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice
>
> (Article 6.1, Reference 12)

Therefore every individual has the right to refuse medical treatment, in this case covid 19 vaccines, without full, free and informed consent **and without removal of other Human Rights as a repercussion if consent is not given. Coercion is not consent.**

The latest Australian Bureau of statistics data on Covid 19 mortality in Australia **should have spurred a revision of the use of vaccine mandates and vaccine passports. It has not. When we examine the death rate we can clearly see 70% of people dying with or of covid 19 are already often ill.**

Deaths due to COVID-19: Associated causes, pre-existing chronic conditions

People with pre-existing chronic conditions have greater risk of developing severe illness from COVID-19. While pre-existing chronic conditions do not cause COVID-19, they increase the risk of COVID-19 complications and therefore increase the risk of death.

Pre-existing chronic conditions were reported on death certificates for 1,776 (69.5%) of the 2,556 deaths due to COVID-19 deaths outlined in this report. Of these 1,776 deaths:

- Chronic cardiac conditions including coronary atherosclerosis, cardiomyopathies and atrial fibrillation were the most commonly certified co-morbidities, present in 35.8% of the 1,776 deaths.
- Dementia including Alzheimer's disease was certified in over 30% of deaths due to COVID-19.
- Diabetes, a condition that weakens the immune system was certified as a pre-existing condition in 20.6% of deaths with a chronic condition mentioned.
- Cancer was a pre-existing condition in 14.1% of the 1,776 deaths. Blood and lymph cancers (e.g. leukaemia) were the most commonly certified cancer type among those deaths.
- The type of comorbidities most commonly present in Australian deaths due to COVID-19 are consistent with those reported internationally.

(Reference 16)

Given that the average age for death from or with Covid 19 is a year higher than the average of death in Australia (Males 80 yrs and Females 85yrs) it is debatable that this policy is needed.

The median age for those who died from COVID-19 was 83.7 years (81.2 years for males. 86.0 years for females).

(Reference 16)

Where is the modelling evidence behind the rules? Where is the logic even? Why can someone go to gym and breathe heavily on others, but cannot climb the Storey Bridge in a tourism setting? There is no documented evidence existing in the world of outdoor transmission of covid 19, if there is it should be robust and undisputed and given to justify 'rules' made in the name of Public Health.

There is no evidence or modelling that in the Queensland State Art Gallery covid transmits in higher rates than at Woolworths. Why can an individual dine in a foodcourt where they can encounter more vulnerable individuals, but not dine in a cafe or restaurant our go to a bar that is predominantly occupied by under 50's, who have a negligible chance of death from covid-19?

I state again, mandates for covid 19 vaccination have no place based in science at this point. This is especially true now we have clear evidence the covid-19 vaccines do not stop infection of the disease and therefore do not stop transmission to another. Conclusively given this point verified by evidence the herd immunity or protection of the community from vaccination argument is completely invalid. If an individuals choice does not impact on another individual's safety or rights, then choice should remain exactly that, choice. There is evidence to backup that there is more or less transmission in differing settings and absolutely no evidence for outdoors transmission.

Work Place Health and Safety justifications for vaccination are also invalid given the above points.

Legitimate Public Health Authority and Transparency

We have no transparency in what underpins the justification of the use of vaccine mandates, other than 'well the other States did it' or 'safety'. This is true, but this does not justify these mandates. If such a high stakes decision is to be made to limit Human Rights then we need the reasons why it is justified and regular review by a regulatory body or committee consulting with the public, so it impacts humans for the shortest period of time. If this matter was made at a national cabinet level then it should still be [redacted]

[redacted] **What other personal interests are being served in these mandates?**

These illogical decisions are still being made and supported that go against health directives, and only hold up if covid-19 vaccinations stop infection and transmission, for which I have explored above. This recent letter from The Minister of Health, Yvette D'ath writes:

> RMHC advise this position was taken after significant consideration and to prioritise the health and safety of the families accessing their vital services, as well as their volunteers and staff. Children's Health Queensland has been working closely with RMHC to ensure Queensland families have ready access to COVID-19 vaccinations on arrival if needed.
>
> (Reference 13)

We would deduct that this that the safety comes from the (perceived) lack of transmission from vaccinated individuals. However, even if covid 19 vaccinated individuals did not contract or transmit the virus immunity, from vaccination requires 1) time and 2) a second vaccination as evidenced here in the Pfizer product information sheet on the TGA website.

> As with any vaccine, vaccination with COMIRNATY may not protect all vaccine recipients. Individuals may not be fully protected until 7 days after their second dose of COMIRNATY.
>
> (P13, Reference 15)

If a parent was given access to a covid-19 vaccination on arrival they would still have protection until 7 days after their second dose, which is a matter of weeks not minutes? So I ask is Yvette D'Ath's stance about safety 'protection' from 2 doses of vaccine or just the requirement to have taken a covid 19 vaccine in order to enter Ronald McDonald house? These are two different things. I ask what exactly is the exact rationale for vaccination, protection or covid 19 vaccination dosage numbers?

If this basis for vaccination of covid 19 is to have immunity or protection, then it is illogical to deny people that have had prior infection. There are multiple studies showing that natural infection gives robust immunity and in many countries they have exemptions for this. It is unclear how long this immunity is valid for, but it also VERY unclear how long vaccine immunity lasts for as well.

There seems to be some integrity issues here. Least of all there is no legitimate recent evidence based rationale around these mandates.

Are certain areas of the Public Health orders are science driven or are they politically driven, or just an opinion or party initiative signed off by a Chief Health Officer?

Is Yvette D'Ath the right person to be fronting such high stakes decisions? What qualifications does she or Annastacia Pałaszczuk or other Members of Parliament have to be signing off and agreeing to such high stakes Public Health legislation and legislative tools?

Fairness

The *Human Rights Act* (2019) Queensland **clearly states:**

> 5. Human rights should be limited only after careful consideration, and should only be limited in a way that can be justified in a free and democratic society based on human dignity, equality, freedom and the rule of law
>
> (Preamble)

The absence of careful consideration and justification transparency does not seem fair.

There is no fairness when an end date or 'goalpost' is not given for when vaccination mandates will be lifted. There is no fairness when goalposts keep changing with little logic or justification, especially now we are in a time where the mortality rate is declared by a [redacted] tells us the

> 'Omicron variant is 'clearly not' as threatening as influenza'
>
> (Reference 18)

There is no fairness when evidence for justification is not given to the vaccination mandates, there is no revision of the mandates when community transmission numbers change, variant change, and treatments change. This has resulted in the community possessing antibodies through vaccination or exposure. The baseline is not the same as it was in September with Delta.

There is no fairness when regulatory bodies policies limit and restrict medical advice and information impacting on the ability to give full consent.

Fairness cannot be achieved when APHRA sent a Position statement (March 2021) **threatening Medical Doctors that do not support their vaccine program to be subject to "possible regulatory action"** ***(see full statement below)***

> National Boards expect all health practitioners to use their professional judgement and the best available evidence in practice. This includes when providing information to the public about public health issues such as COVID-19 and vaccination. When advocating for community and population health, health practitioners must also use their expertise and influence to protect and advance the health and wellbeing of individuals as well as communities and broader populations.
>
> Any promotion of anti-vaccination statements or health advice which contradicts the best available scientific evidence or seeks to actively undermine the national immunisation campaign (including via social media) is not supported by National Boards and may be in breach of the codes of conduct and subject to investigation and possible regulatory action.
>
> (P3, Reference 4)

This very act from APHRA limits the ability to give full consent to medical procedures as specified in article 17 of the *Human Rights Act* (2019) Queensland**:**

> A person must not be -
>
> ….
>
> c. subjected to medical or scientific experimentation or treatment without the person's full, free and informed consent

By silencing Doctors in a way that they cannot speak against the vaccine campaign, they cannot be honest about side effects. It also means that individual cannot give consent as required in *The Australian Immunisation Handbook, Preparing for vaccination, Consent***:**

> Valid consent
>
> Valid consent is the voluntary agreement by an individual to a proposed procedure, which is given after sufficient, appropriate and reliable information about the procedure, including the potential risks and benefits, has been conveyed to that individual.8-12
>
> As part of the consent procedure, people receiving vaccines and/or their parents or carers should be given sufficient information (preferably written) about the risks and benefits of each vaccine. This includes:13
>
> - what adverse events are possible
> - how common they are
> - what they should do about them
>
> Criteria for valid consent
>
> For consent to be legally valid, the following elements must be present:12,14
>
> 1. It must be given by a person with legal capacity, and of sufficient intellectual capacity to understand the implications of receiving a vaccine.
> 2. It must be given voluntarily in the absence of undue pressure, coercion or manipulation.
> 3. It must cover the specific procedure that is to be performed.
> 4. It can only be given after the potential risks and benefits of the relevant vaccine, the risks of not having it, and any alternative options have been explained to the person.
>
> The person must have the opportunity to seek more details or explanations about the vaccine or its administration

(Reference 13)

While APHRA is not a State body, health professionals are regulated by this body. It is not fair or ethical that a Doctor cannot exercise his/her professional judgement and is overridden by a regulatory body. The Doctor/Patient relationship is destroyed by APHRA with threats to registration to 'first do no harm'.

This has resulted in many conflicted individuals that have no trust in an Australian Doctor's medical opinion, knowing these Doctors are operating out of fear of disciplinary procedures. These individuals have been left to do their own research on the covid-19 vaccinations seeking overseas opinions of Doctors that do not have this gag. Sadly these opinions are not recognised here.

This overreach from APHRA has resulted in Doctors reluctance to issue exemptions and Doctors reluctance to treat vaccine injuries, which is not fair. Not only this, but the Doctors are not encouraged to use early treatment protocols, which do not impact on Human Rights or require mandates and can be used for infections in vaccinated and unvaccinated

individuals to prevent hospitalisation. They cannot even openly have medical discussions gaining knowledge in fear of being reported, as outlined in the March 2021 APHRA Position statement (March, 2021):

> Concerns about the conduct or practice of a health practitioner can be reported to AHPRA via the AHPRA concerns submission portal. National Boards can consider whether the practitioner has breached their professional obligations and will treat these matters seriously and in accordance with established procedure.
>
> (P3, Reference 4)

This stops doctors in face to face contact, from liaising with doctors from other countries that had to find and use treatments of off label safe and effective drugs, to treat patients when no vaccine was available. Fortunately, we have legitimate doctors participating in these groups, although denied the chance to use what they have learnt from other doctors around the world.

There are multiple treatments available on treatment protocols. There are many published and peer reviewed studies on covid-19 treatment. These exist in many places and one is the database https://c19early.com/ . Why Medical professionals and regulatory bodies cannot find this database of positive and negative studies is beyond me. I gather it is due to regulatory bodies dissuading them to actively engage in knowledge of these treatments and to only recommend vaccination. This is not fair to deny citizens the right to treatment protocols. While this is a TGA issue at a federal level it also effects the State legitimacy of an evidence based response to covid-19 and emergency response.

There is no fairness when people are told they are spreading misinformation because it does not match State initiatives. Science moves and changes. We would expect State officials to be keeping up. That is only fair. A recent judge said in a mandate case in Canada:

> And is 'misinformation' even a real word? Or has it become a crass, self serving tool to pre-empt scrutiny and discredit your opponent? To de-legitimise questions and strategically avoid giving answers. Blanket denials are almost never acceptable in our adverbial system. Each party always has an onus to prove their case and yet 'misinformation' has crept in the court lexicon. A childish- but sinister - way of saying "You're so wrong, I don't even have to explain why you're wrong."
>
> (Unreferenced)

There is no fairness when politicians personal bias, lack of scientific education in matters they are voting on and lack of information impacts choice to vaccinate.

As you can see so far in my submission my 'misinformation' is Medical Journal evidence based. This is far more explanatory than the case for mandates in which zero justification of relevant up to date science or modelling has been provided.

There is no fairness when regulations such as the Australian Regulatory Guidelines for Advertising Therapeutic Goods are not adhered to in mainstream media headlines and content and politician's social media and press conferences. I have highlighted the points of gross exploitation in italics:

> What to avoid when advertising vaccination services
>
> When advertising vaccination services, avoid using:

- *information that might enable consumers to identify the particular vaccine or the manufacturer of the vaccine provided with the service*
- *statements or representations that harmful effects will occur from not receiving the vaccine*
- references to any misleading therapeutic benefit of a vaccine (for example, a use that is not a TGA-approved indication for the vaccine)
- *an indication that the vaccine administered as part of the service is superior to other vaccines*
- *portrayals of the vaccine or service in a way that trivialises* or conflicts with public health policies, *or misleads consumers in any other way*
- price comparisons
- *incentives to encourage the consumer to obtain the service or vaccine, or*
- *any other claim that promotes the use or supply of the vaccine*

> Use of any of the above makes advertising of your service to be more likely considered advertising of the vaccine itself and subject to therapeutic goods legislation.
>
> (P23-24, Reference 10)

I'd like to highlight *misleads consumers in any other way* **as multiple statements have been made that the covid-19 vaccine 'prevents transmission' in press conferences, and that the vaccine is 'safe and effective'. I ask again does Yvette D'Ath and Annastacia Pałaszczuk or other Members of Parliament have the knowledge to be able to hold conversations regarding Public Health given they seem oblivious to Therapeutic Goods Regulations for Advertising?**

These vaccines have only received provisional approval as stated on the Pfizer product information:

> 4.1 Therapeutic indications
>
> COMIRNATY (tozinameran) COVID-19 Vaccine has provisional approval for the indication below:
>
> Active immunisation to prevent coronavirus disease 2019 (COVID-19) caused by SARS-CoV- 2, in individuals 5 years of age and older.
>
> The use of this vaccine should be in accordance with official recommendations.
>
> The decision has been made on the basis of short term efficacy and safety data. Continued approval depends on the evidence of longer term efficacy and safety from ongoing clinical trials and post-market assessment.
>
> (P2 , Reference 15)

It has got less than 2 years of short term safety data.

The use on pregnant women lacks safety data in the Comirnaty product information on the TGA website.

> Use in pregnancy - Pregnancy Category B1

> There is limited experience with use of COMIRNATY in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryo/fetal development, parturition or post-natal development (see Section 4.6 Fertility, pregnancy and lactation, Effects on fertility). Administration of COMIRNATY in pregnancy should only be considered when the potential benefits outweigh any potential risks for the mother and fetus.
>
> (P14 Reference 15)

Yet no doctors have carried out an assessment if potential benefits outweigh risks. Given the ASD shows the majority of deaths are in the age group over 55 and women over 55 are incapable of bearing children, why are there ads to vaccinate pregnant women?

I ask again does Yvette D'Ath as the Minister have the skills to be able to make sound Public Health decisions that are fair and ethical? Does she and her department have knowledge of what Pfizer's product information shows?

There are multiple issues of fairness with mandatory vaccination that are to do with rights, ethics and democracy, a few others are:

- **There is no fairness when those with health conditions are forced to vaccinate when product information on the TGA site states 'no data collected' or words to this effect**
- **There is no fairness when vaccine injury victims cannot gain an exemption from a second dose**
- **There is no fairness when psychological behaviour modification techniques are used**
- **There is no fairness when there is risk. Where there is risk there must be choice**
- **There is no fairness when natural immunity is not recognised.**

It is evident a lot of the fairness issues are because the covid-19 response has become so focussed on vaccination, that it has forgotten about other areas of public health such as mental wellbeing and that too is important to society.

Non-Discriminatory

Vaccine mandates are discriminatory. However, there is science underpinning the use of discrimination and it is used as a tool for psychological behaviour modification. It has clearly been employed during the covid-19 vaccination roll out to boost vaccination numbers. These tools frequently feature in marketing and other professions such as policing and education, although the discrimination in indirect and not obvious, often in the form of rewards. Mandates on vaccination are clearly an instrument designed to not only encourage wider discrimination, but to force and condition people to submit to covid-19 vaccination.

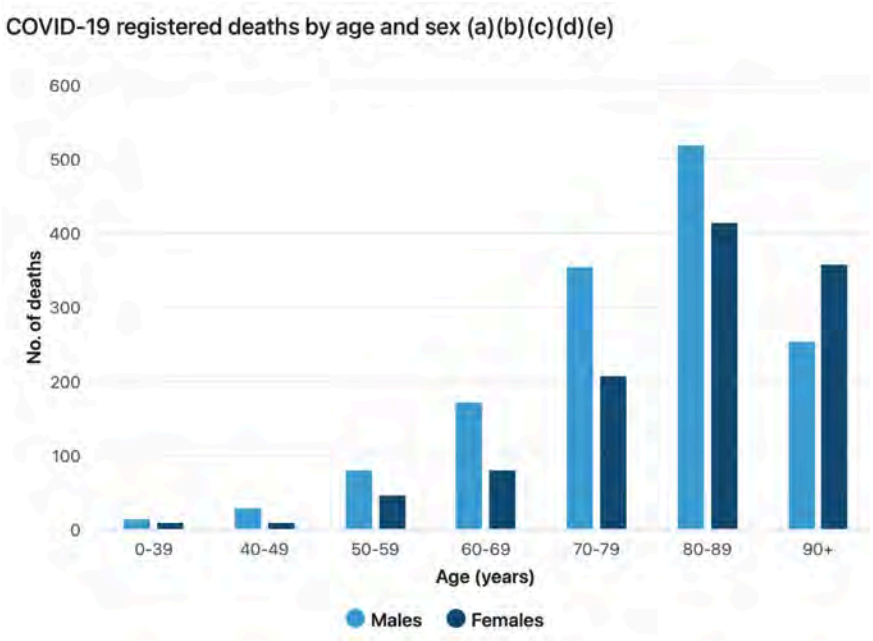
Examples of direct and indirect discrimination occur when not playing sports, eating out, visiting venues, visiting family, exclusion from friendship groups, not being able to travel and general social exclusion and other "fear of missing out" situations due to vaccine choice. This has forced many more than the ten percent of Queenslanders to submit to vaccine mandates. The mainstream media also played part in this brutal discrimination and still it remains unchecked because there is no attribution in the *Anti-Discriminsation Act (1991) Queensland,* **to which medical choice falls under, in order to make complaints. Given there is no justifiable evidence for mandates and they are looking more like political opinions, which may have another avenue to explore.**

The unrelenting bulling and labelling of 'anti-vaxxer' of individuals is a result of this discrimination, this is bandied about by politicians, as much as the media and in the community, causing more discrimination, divide and mental distress as evidenced below from a survey of 2401 non vaccinated teachers.

The term 'anti-vaxxer' given to those choosing not to vaccinate isn't even based in truth, as many of the individuals declining Covid-19 vaccination have received all other traditional vaccines with proven safety records that stop infection and transmission. People that are anti mandate do not speak up for fear of being labelled an 'anti-vaxxer' and vilified.

While in the *Anti-Discriminsation Act* (1991) Queensland **there is no attribution to 'medical choice' even though it is referenced in the** *Human Rights Act* (2019) Queensland **section 17 and stems from the unequivocal right to medical choice as mentioned above.**

There have been lives lost to suicide and many people have sought mental health support. A further 6 months of enduring discriminatory public health measures would mean we lose more lives.



How is it scientific or fair that the discriminatory, vaccine mandates are being put on the working population when they are not at high risk of death? *(Personally I have more chance of dying in a car accident than of covid-19. That stands true using Oxford University data even when delta was in circulation.)* The very fact that the ABS data shows that the average of death from death with or by covid 19 is greater than the average age of death death shows that this is not a health issue for the entire population affected by vaccination passports and mandates.

Discriminating and banning people based on vaccine status from venues, restricting their right to live is a punitive attack on the human right of living in a free and democratic society base, and the only science is the psychological behaviour modification tool of exclusion to 'encourage' or 'force' vaccination.

The prejudice over covid-19 vaccine is not uniquely a Queensland issue. That still doesn't make it right to deny that the discrimination is intense and is made worse by the vaccine mandates that the Public Health provisions enable.

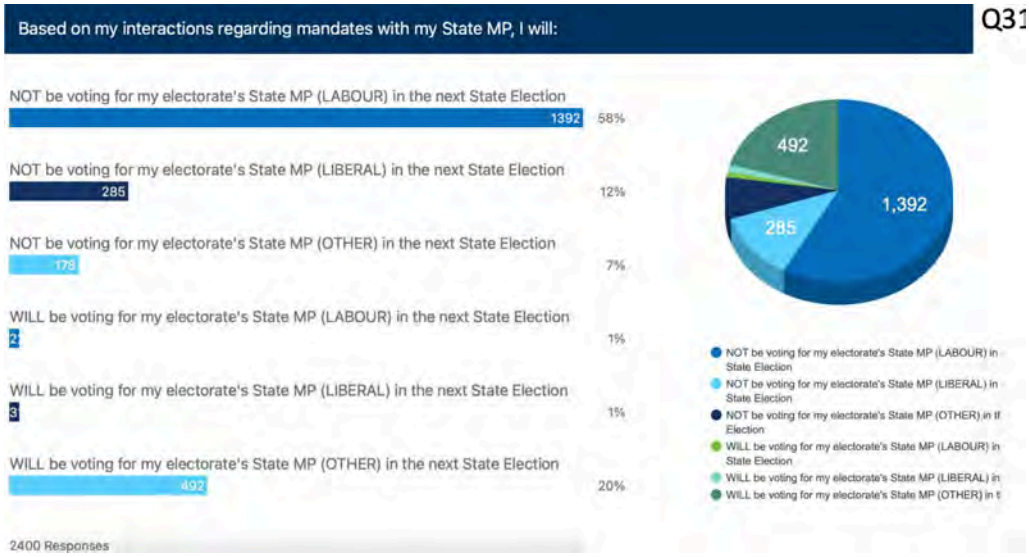
Involvement of Affected Parties in Consultation

There has been ZERO consultation with the affected parties.

When the CHO, Premier, the Minister for Health or the Minister for Education have been approached for modelling or by petition no conversation has taken place. These officials and many others have been unwilling to share any data, modelling, or science to justify the gross removals of Human Rights.

If there is no transparency, how can anyone see that democracy is at work?

A large number of teachers declining vaccination have sought to speak to MP's as constitutes, yet are denied communication, let alone representation. This is evidenced in a recent survey by Queensland Education United where they no longer support their members of parliament, as they do not support for them. From my own personal experiences [redacted] and [redacted], regardless of if they are personally or politically motivated.



From my own personal experiences with my MP, I am denied representation due to his staffers personal bias and opinions, regardless of if they are personally or politically motivated.

Many constituents write to ask members for evidence to justify vaccine mandates and are met by a wall of resistance from their members. Effectively they are ignored and sent back an advertising campaign for vaccination. This is not consultation, nor is it promoting democratic process. Please see examples provided from both members and Ministers alike dismissing petitions and communication with them over mandates. These are only 3 examples:

Ref: JJ/22

2 March 2022

[redacted]

Dear Ms [redacted]

RE: COVID VACCINE

Thank you for your email received in my office 2 March 20022 in relation to vaccination status.

These measures are about keeping Queenslanders safe.

As we've done all the way through the pandemic, we're taking a cautious and measured approach.

We've been saying for months now that there will be consequences for choosing not to be vaccinated – beyond the risk of serious illness and death if you contact COVID-19.

Getting vaccinated is not just about protecting yourself, it's about protecting those around you.

There has been ample opportunity to be vaccinated. We understand that everyone needs to make their own decision, but the vaccine is safe, effective and free – and it's easy and convenient to access in Queensland.

It's also important to note these measures are not about penalising unvaccinated people.

This is the best way to make sure we can not overwhelm our hospital system, and not penalise vaccinated people for the choices of others to remain unvaccinated at the same time.

[redacted]

Hon Yvette D'Ath MP
Minister for Health and Ambulance Services
Leader of the House

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Mr Neil Laurie
Clerk of the Parliament
Queensland Parliament
George Street
BRISBANE QLD 4000

Dear Mr Laurie

I write in response to your letter regarding petition number 3606-21, tabled in Parliament on 16 November 2021, in relation to incentives for vaccinations.

Vaccination against COVID-19 is the best way to protect yourself, your family and friends as well as the broader community from being infected with the SARS-CoV-2 virus that causes the disease.

The decision on whether to get vaccinated remains an individual one. Queenslanders are strongly encouraged to access information about Coronavirus (COVID-19) vaccines from the TGA, the Commonwealth Department of Health and Queensland Health websites: www.tga.gov.au/covid-19-vaccines and www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/protect-yourself-others/covid-19-vaccine/about/about-the-covid-19-vaccine. Queenslanders are also encouraged to talk to their healthcare provider if they have any concerns or questions.

In Queensland, individuals are required to complete a COVID-19 Vaccination Consent form in order to receive the COVID-19 vaccine. The consent form asks individuals to confirm that they have read and understood current information on the vaccines provided by the Commonwealth Department of Health which includes details regarding all real and potential side effects associated with having the COVID-19 vaccine.

The TGA regulates the marketing and advertising of medical products in Australia. On 23 September 2021, the TGA published the *Therapeutic Goods (Restricted Representations – COVID-19 Vaccines) Permission (No 4) 2021* (the Permission) to clarify that any party can offer valuable consideration to people who are partly or fully vaccinated as part of the Australian COVID-19 Vaccination Program, subject to certain conditions.

Queensland Health will maintain compliance with the Permission while encouraging Queenslanders to get vaccinated as soon as possible, as this is our pathway out of the COVID-19 pandemic.

Further information about the conditions in which incentives can be offered for COVID-19 vaccinations is available on the TGA website: https://www.tga.gov.au/communicating-about-covid-19-vaccines.

I trust this information is of assistance to the petitioners.

Yours sincerely

YVETTE D'ATH MP
Minister for Health and Ambulance Services
Leader of the House
16/12/2021

2125 Response from the Minister for Health and Ambulance Services (Hon. D'Ath), to an ePetition (3606-21) sponsored by the Clerk under provisions of S
(Reference: Tabled papers, Hansard 22.2.22 https://documents.parliament.qld.gov.au/tableoffice/tabledpapers/2021/5721T2125.pdf)

Hon Yvette D'Ath MP
Minister for Health and Ambulance Services
Leader of the House

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Mr Neil Laurie
Clerk of the Parliament
Queensland Parliament
George Street
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Dear Mr Laurie

I write in response to your letter regarding petition number 3607-21, tabled in Parliament on 16 November 2021, in relation to child vaccination.

There is a long history of childhood immunisation in Queensland as part of the National Immunisation Program and according to the Queensland Immunisation Schedule.

Under the childhood schedule, immunisations commence at birth and continue throughout infancy. For these very young children and for the majority of school-aged children, parents or guardians provide consent for their child up to the age of 18 years to be vaccinated.

As with any other medical procedure, parents are entitled to seek information on the benefits and risks of vaccination prior to providing consent.

In some cases, a child may also be able to consent to vaccination themselves if they are deemed to be Gillick competent. More information on this assessment can be found at: https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/consent.

Thank you for taking the time to communicate your concerns with me. I assure you I am committed to safeguarding the health of Queensland children. Immunisation provides our children with the best protection against vaccine-preventable diseases.

I trust this information is of assistance to the petitioners.

Yours sincerely

YVETTE D'ATH MP
Minister for Health and Ambulance Services
Leader of the House
16/12/2021

2126 Response from the Minister for Health and Ambulance Services (Hon. D'Ath), to an ePetition (3607-21) sponsored by the Clerk under provisions of Standing Order 119(4) from 1,913 petitioners, requesting the House to stop all school aged vaccinations and make age of consent 18 years of age

(Reference: Tabled papers, Hansard 22.2.22 **https://documents.parliament.qld.gov.au/tableoffice/tabledpapers/2021/5721T2126.pdf**)

The unwillingness to speak to those effected or even recognise those effected around any of the health measures, especially vaccination is highly evident. This is likely due to personal bias and party goals as independent MPs seem more open to discussion. [redacted]

[redacted]**, simply it is discrimination because they do not have the same view. For this reason I do not want these Public Health provisions extended.**

Summary:

There is mounting science that does not support the implied herd immunity rationale that has been communicated through the phrase 'safety of the community'. There has been no data, modelling or scientific justification provided to justify the covid 19 vaccine mandates or use of vaccine passports, or vaccine mandates.

Evidence for the safety and efficacy of the covid-19 vaccines is evidenced as incomplete in the product information for the covid-19 vaccines. This is in direct conflict to communications from state officials who seem unaware of the actual risks and use the phrase 'safe and effective' with frequency. Where there is risk there must be choice. Public Health policy that takes away choice is unethical and should take into account Human Rights law.

There is strong evidence from the community that the unintended outcomes of the Public Health Orders, namely the use of covid 19 vaccination mandates, outweigh the benefits of (scientifically debatable) 'safety' given the covid 19 vaccines. These unintended consequences are namely the impact on community wellbeing and bonds, mental health and economic/financial hardship.

(Survey of 2400 Queensland's effected by Vaccination Mandates)

The covid 19 vaccine mandates are inconsistent and illogical and lends its self to be another behaviour modification method that decimates Human Rights. Even though there is no attribution of medical choice for discrimination, the discrimination clearly exists and medical choice is a Human Right. The continued use of covid 19 vaccine passports and vaccine mandates are not fair or just and does not respect equality.

While provisions exist for Human Rights to be overridden in exceptional circumstances there is no hard evidence and no review . Members of parliament, including minsters have are demonstrated they are unable to engage in dialogue with those affected, let alone give any justification for their policy. It is debated if they have the capacity to make the Public Health Order instruments without personal, party or media influence affecting bias and decision making. This compromises the institute of democracy.

The Australian Bureau of Statistics shows that dying from covid-19 is amplified by being severely unwell, and as age advances. The is an increase in mortality and susceptibility to all diseases as a person ages, is always the case in human beings, regardless of covid-19 infection. Our healthy and younger population of whom covid-19 poses no real risk, are suffering due to policy.

While many of these issues may lay at a federal level, we have the ability at a state level to revise measures and provide transparency for Queenslanders without the ongoing banter and dodging responsibility. This review offers the ability to ensure further policy is reasonable and justified in the ever changing world of infectious disease.

The current legislation under the Public Health is act is having more of a negative impact on communities. I use the recent example of this ridiculousness in that experienced swift water crews were unable to be deployed into other regions to assist with flooding due to the covid 19 rules. The media knew about this, as did the opposition and the Labour government. Due to these petty rules these valuable crew members were still not deployed. This is negligence of duty in the face of a true state emergency from a natural disaster.

This has got to such a ridiculous state that unvaccinated individuals cannot even enter parliament buildings to take part in democratic processes - another Human Right demolished. These Public Health rules seem never ending and not to be getting any more logical, or equitable.

I conclude that the decisions made under the guise of Public Health have had unprecedented repercussions on the people. I do not wish to see these powers extended; and if they are, I call loudly for the illogical legislative tools empowering vaccine passports and vaccine mandates to be abolished in both the public and private domain so dignity and equality to be restored to all citizens.

Carla Mardell [redacted] [redacted]

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