4 March 2022

Committee Secretary
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# SUBMISSION: PUBLIC HEALTH AND OTHER LEGISLATION (EXTENSION OF EXPIRING PROVISIONS) AMENDMENT BILL 2022

In presenting this Bill, the Hon. Ms D'Ath has made a number of statements without providing any evidence to support her claims. This evidence has been sought by Queenslanders for almost two years now, to no avail. This evidence would be readily available to make such claims, so it can only be assumed the evidence does not exist.

Real world data and scientific study is often contrary to Ms D'Ath's claims. So prior to this Bill being considered, it would be essential for the Queensland government, to provide answers to the following:

### 1. Proof of pandemic

## 2. Pandemic response success

Without sufficient evidence of the above, an extension of such powers would be an abuse of power.

### 1. Proof of pandemic

More than 25 countries have now removed covid restrictions and that number is growing. So why is the rest of the world starting to return to a pre pandemic life, while Queensland considers ongoing restrictions including medical mandates, segregation, the destruction of SME's, tourism and public health.

The Australian Bureau of Statistics data to 31 Jan 2022 demonstrates that directives implemented to date have been grossly disproportionate to risk. They've actually confirmed that we may not have experienced a pandemic at all.

2,556 deaths directly linked to Covid 19 in Australia83.7 median age of death (avg life expectancy 83.94)220 with only Covid 19 referenced on their death certificate (all others had comorbidities)

https://www.abs.gov.au/articles/covid 19 mortality australia

## 2. Pandemic response success

There's a growing body of evidence that clearly demonstrates the ineffectiveness of masks, the mental health issues and increased domestic violence associated with lockdowns, the destruction of small business due to operational restrictions and no evidence to suggest any of these measures provided a benefit at all. Case numbers skyrocketed AFTER these measures were implemented, hospitals weren't overrun by covid patients (the only stress seen in the healthcare

system has been due to a loss of staff through mandates and a lack of focus on healthy living and early treatment). The response to the problem has been disproportionate and costly.

Here is a link to 150 comparative studies and articles on mask ineffectiveness and harm

https://brownstone.org/articles/more than 150 comparative studies and articles on mask ineffectiveness and harms/

Here is a Johns Hopkins study reporting on the effects of lockdowns during the pandemic

https://sites.krieger.jhu.edu/iae/files/2022/01/A Literature Review and Meta Analysis of the Effects of Lockdowns on COVID 19 Mortality.pdf

These studies look at viral load between vaccinated and unvaccinated individuals, demonstrating the invalidity of mandates or segregation

https://www.medrxiv.org/content/10.1101/2021.09.28.21264262v2.full

https://www.bmj.com/content/374/bmj.n2074

Here is a link to 1,000 peer reviewed studies questioning Covid 19 vaccine safety

https://www.informedchoiceaustralia.com/post/1000 peer reviewed studies questioning covid 19 vaccine safety

A paper by nine CDC authors published in JAMA January 2022

https://jamanetwork.com/journals/jama/fullarticle/2788485

Increases in COVID 19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8481107/

Systemic immunisation is essentially ineffective for induction of mucosal immune responses McGhee et al, 1992

https://www.sciencedirect.com/science/article/pii/B9780128119242000432?via%3Dihub

Please also refer attached 12.02.22 Analysis of vaccine effectiveness in Australia

Thank you for your consideration of this submission.

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Tanya Shelton