

4 March 2022

Committee Secretary

Community Support and Services Committee

Email: cssc@parliament.qld.gov.au

Dear Committee Secretary,

RE: PUBLIC HEALTH AND OTHER LEGISLATION
(EXTENSION OF EXPIRING PROVISIONS)
AMENDMENT BILL 2022 (BILL)

I wish to formally advise that I do not support the Bill nor the extension of the state of emergency.

Queensland was the first state to declare a state of emergency (SOE) on 29 January 2020. This means that if the SOE laws are extended from 30 April 2022 to 31 October 2022, Queenslanders will have been under a SOE for nearly three years.

The last two years have shown us that in a state of emergency, the wellbeing of the individual is summarily sacrificed in the name of “the wellbeing of the community at large.” This would not be a problem, if the community at large did not consist of the sum of all individuals. As it happens however, when the individual is sacrificed for “the community,” the community itself is in fact the one sacrificed.

The supposed cure, as can be observed throughout Queensland and indeed the nation, has been far worse than the disease itself, evidenced by the glaring thumbprints of the disparate policies introduced under the state of emergency:

- The devastation of middle-class businesses whilst major corporations racked in record profits in comparative industries.
- The rise in demand for mental health services since March 2020.¹
- The disintegration of trust in our public institutions; and
- Many other harrowing examples of loss and suffering.

By its very nature and function, a state of emergency suspends democracy, individual freedom, and open public discourse. It then proceeds to replace it with governance by fiat whereby dangerous powers are left in the hands of leaders who are more than eager to abuse them at the expense of the community whilst claiming to be acting for that same community's interests. Needless to say: "Power corrupts, absolute power corrupts absolutely," – Lord Acton.

Our community has not been living under democratic governance as is their due per the social contract, but under dictate where their freedoms and rights are suspended; and where they have no reasonable pathway to remedy when they suffer unjustified abuse as a consequence of the policies introduced to "protect" them.

As stated by Stephen Andrew, Queensland MP for Mirani, when discussing the SOE:

"Since then, we have seen our economy smashed, small businesses decimated, hundreds of thousands of jobs lost and people's lives turned upside down.

All sacrificed on the altar of “public safety” – along with free speech, the right to peaceful assembly, the right to work, freedom of conscience, bodily autonomy, government transparency and public trust in our institutions.

Even worse, has been the fundamental change in our relations with each other, a change clouded by suspicion and distrust.”²

¹ <https://documents.parliament.qld.gov.au/committees/HEC/2020/PublicHealth2020/trns-22Jan2021-PH.pdf>

² <https://www.facebook.com/StephenAndrewMP>

FALSE JUSTIFICATION FOR THE STATE OF EMERGENCY

The SOE was initially justified based on wildly inaccurate modelling from the Imperial College in London which forecast a drastically inaccurate death toll (of almost 10-fold above the later reported deaths) of COVID-19 (Disease) from March to October 2020:

Country Predicted Deaths – Imperial College London

Reported Deaths – Our World in Data

Great Britain 510,000 46,603

United States 2,200,000 231,515

The scientific community openly state they sought to drive fear through their inaccurate predictions, admitting:

“Initial projections built worst-case scenarios that would never happen as a means of spurring leadership into action.”³

Even the death tolls have been grossly over reported, with the TGA and CDC admitting that only 8.6% and 6%,

respectively, of COVID-19 deaths could be solely attributed to the Virus.^{4,5}

This colossal over prediction and over reporting of deaths has sent the world into a state of fear and panic, a state that governments have chosen to perpetuate, preferring to keep people fearful and isolated, instead of revealing pertinent truths such as the following:

- The predicted and reported severity of the Disease was/has been grossly overestimated.
- Healthy people are not at high risk of complications from SARS-COV-2 (Virus) if they do catch it.
- You can naturally boost your immune system to lessen symptoms if you do come into contact with the Virus (coincidentally the only thing that the so-called vaccines claim to do).
- Healthy people are not spreaders of disease.
- If you catch the virus there are safe and effective treatment protocols to aid in recovery (which have been used by doctors since March 2020) which do not involve vaccination.
- Natural infection gives longer-lasting and durable protection against reinfection.

With this information, there is absolutely no justification for a state of emergency, particularly when we have evidence of how the state of emergency will be used to terrorise, discriminate against, and destroy the lives and livelihoods of innocent Queenslanders. The state of emergency at this point is less about managing a crisis, and

more about retaining the powers and control gained over Queenslanders since the start of the pandemic.

CASE STUDIES – PROVING STRINGENT GOVERNMENT CONTROLS DO NOT TRANSLATE TO BETTER OUTCOMES

Infamously, Sweden stood out early in the pandemic for taking a different approach in responding to the emergence of SARS-COV-2 in their community.

They chose to trust their citizens, give advice on the risk of the Virus and make recommendations (not mandates) on potentially effective ways to lessen exposure to the Virus if people felt they needed to.

Despite coming under much scrutiny Sweden has emerged as having some of the least stringent government control measures and a significantly lower death rate (1,677 per million)⁶ than adjoining countries such as the UK (2,354 per million)⁷ and France (2,112 per million)⁸ who endured some of the most stringent and oppressive control measures in the world.

³ [https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247\(21\)00029-X/fulltext](https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(21)00029-X/fulltext)

⁵ <https://archive.is/jwBRK>

⁶ <https://www.worldometers.info/coronavirus/country/sweden/>

⁷ <https://www.worldometers.info/coronavirus/country/uk/>

⁸ <https://www.worldometers.info/coronavirus/country/france/>

Similarly, Japan did not impose compulsory lockdown of its citizens, but instead gave guidance and made recommendations of how people could stay safe. They have had consistently lower stringency of government control

measures than Australia, yet have retained one of the lowest death rates in the world (186 per million),⁹ even compared to Australia (199 per million)¹⁰ who suffered through extended lockdowns, business and school closures and mandatory masking & vaccination.

One must seriously question the cost to society of allowing oppressive controls measures to continue, when the benefits are clearly questionable.

DEMONISING & SILENCING SAFE AND EFFECTIVE TREATMENTS

Doctors who were successfully treating high-risk COVID-19 patients, with safe and effective treatment protocols have been silenced.

One such doctor is Australian doctor, [REDACTED] [REDACTED] who sought to inform the government of the effectiveness of Ivermectin in treating COVID-19 patients, but was quickly silenced. The censorship did not stop there, of course. We have seen reputable doctors and academics at the tops of their fields suspended from public platforms for offering viable alternatives to the touted management of the pandemic. The lives lost as a result of the suppression of these alternative remedies and the silencing of important voices is yet to be fully understood.

This censorship helped strip the people of hope and cemented in the minds of many the false and damaging notion that vaccines were the only way out.

Why were doctors who were successfully treating COVID-19 patients not gathered into a working group and given a seat at

the table of the Australian Health Protection Principal Committee (AHPHC) to plan Australia's response to COVID-19?

Once again, such callous censorship was mainly possible under a state of emergency when democracy and the rights and privileges it protects (such as freedom of speech and of conscience) have been suspended.

VACCINES HAVE PUT PEOPLE IN HARM'S WAY

During its initial rollout in late 2020, we were told that mass vaccination (first of one dose, then two) of 70%, then 90% of the population, would be the only way to return to life as normal. But here we are over a year later, and despite governments forcing, coercing, and bullying citizens to achieve their desired rates, we are told that a double dose is now insufficient and that all must submit to a 3rd dose. In some industries, already fully vaccinated individuals face economic and social sanctions if they choose to abstain from a third dose. If the implementation of the vaccine mandates this past year is any guide, this mandate of a 3rd dose is likely to be imposed across all sectors and areas of society in the coming months. It is important to note that these vaccines are experimental and only have emergency use authorisation. There are no clearly defined benefits for a vast portion of the population, nor do we have any data for the long-term risks of these experimental therapies that are only being used in humans because of the state of emergency.

Concerningly, data is emerging from countries around the world showing negative efficacy of the COVID vaccines

(meaning those vaccinated are more likely to fall ill with the Virus):

- Scotland - in a report (page 38) prepared by Public Health Scotland the double vaccinated were twice as likely to become infected with COVID and the triple vaccinated were also at an increased risk of infection (based on age-standardised case rate per 100,000).¹¹
- Denmark – a study of vaccine effectiveness against SARS-COV-2 infection showed negative efficacy for both the Pfizer and Moderna vaccines of -76% and -39% respectively at 90 to 150 days post vaccination.¹²

⁹ <https://www.worldometers.info/coronavirus/country/japan/>

¹⁰ <https://www.worldometers.info/coronavirus/country/australia/>

¹¹ https://www.publichealthscotland.scot/media/11223/22-01-19-covid19-winter_publication_report.pdf (site accessed on 4 February 2022)

¹² <https://www.medrxiv.org/content/10.1101/2021.12.20.21267966v2.full>

- Israel – the 4th booster dose has been found to be ¹³ ineffective against Omicron and infection,^{14 15} hospitalisation and ¹⁶ death rates are the highest they have ever been despite high vaccination take up.

On our own home soil, in Queensland, there were 7 covid deaths reported before the introduction of the Covid vaccines. However, that number shot to 540 when the borders were opened to admit the vaccinated only,¹⁷ while the infection fatality rate in the elderly is higher now than it was before mass vaccination started.^{18,19} This raises significant questions about the efficacy of the Covid vaccines.

No democratic government would be able to mandate a medical experiment upon its population, particularly in

light of this kind of damning evidence. Yet under a state of emergency where democracy and apparently all reason is suspended, governments have been able to force their people to repeatedly partake in a medical experiment, the long-term consequences of which are as of yet unknown.

The danger caused to the individual and our communities by a continual state of emergency is therefore quite clear, and too grave to accommodate, much less accept.

REJECT THE BILL AND THE EXTENSION TO THE STATE OF EMERGENCY

The best predictor of future behaviour is past behaviour. It is very clear to our community that we have been lied to, bullied, and coerced, all in the name of “public health.” This level of unmitigated coercion has been made possible by the continued extension of a “state of emergency.” Although the community has been gaslit, traumatised, abused, and confused, we still have enough deductive capacity to know that a temporary state of emergency that is continually renewed is not in fact temporary. We are therefore aware that the suspension of our democracy, freedoms, and civil liberties is not temporary if the state of emergency continues to be extended.

An emergency is a sudden manifestation of urgent circumstances. With the pandemic at its end, and two years of unfounded draconian measures, there can be no real justification for a “state of emergency” for the situation is not sudden nor urgent by any stretch of the imagination.

We ask the Committee to genuinely consider whether Queensland or indeed Australia, is still a liberal democracy if the people's elected representatives continue to ignore the will of their constituents, whilst supporting the continued suspension of democracy to the obvious and undeniable detriment of the people.

When voting on this bill, we would urge you to consider that you are either helping deal a death blow to democracy, or helping protect it. We in the community understand that any who vote in favour of further extending the state of emergency, is in fact voting for the continued suspension of democracy and that they have no acceptable reason to do so. Such representatives will be understood for what they actually are: traitors who have sold their constituents out for unmitigated power.

Whereas before one could excuse a vote to extend the duration of the state of emergency because of the initial confusion, after two years, we are wiser and know better. There is no excuse. Any vote to continue this gross abuse of Queenslanders will be taken for what it is and all representatives in support will be held accountable.

Make no mistake, we are paying attention, and our memories are long. We hope the committee and its members come out on the right side of history and demonstrate the courage and leadership to make Queenslanders proud.

Regards,
Peter Hardy

- 13 <https://www.timesofisrael.com/israeli-trial-worlds-first-finds-4th-dose-not-good-enough-against-omicron/>
- 14 <https://ourworldindata.org/covid-cases>
- 15 <https://ourworldindata.org/covid-hospitalizations>
- 16 <https://ourworldindata.org/covid-deaths>
- 17 <https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/current-status/statistics>
- 18 <https://www.health.gov.au/health-alerts/covid-19/case-numbers-and-statistics>
- 19 http://biomechanics.stanford.edu/me233_20/reading/ioannidis20.pdf