Andrea Newland

6th July, 2021

Committee Secretary Economics and Governance Committee Parliament House George Street Brisbane Qld 4000

Email: egc@parliament.qld.gov.au

## ATT: THE COMMITTEE

RE: Public Health and Other Legislation (Further Extension of Expiring Provisions) Amendment Bill 202, Submission of Non Support.

Please be advised that this is my submission and I do not support the above Bill 2021 as there is no real known risk for this extension.

The following compilation below defines my reasons for not supporting this Bill.

If the term pandemic is used by a Chief Medical Officer it MUST by law be demonstrably true; or they are guilty of the most serious criminal breaches of the Federal Criminal Code Act 1995 Division 137.1 — False or misleading information or documents: Penalty: Imprisonment for 12 months https://www.legislation.gov.au/Details/C2017C00235

We are NOT dealing with immaterial external opinions, or declarations or assumptions of a pandemic, we are dealing with existence or non-existence of a pandemic that the Chief Health Officers are criminally not just implying; but ILLEGALLY stating exists when it does NOT exist.

It is NOT officially stated anywhere that this IS a pandemic, it is grossly irresponsibly and fraudulently assumed; many say for sinister purpose. Nowhere, in ANY government department edict; EVER, is a COVID-19 pandemic declared, stated, proven or evidenced. NOWHERE!

Moreover, the Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) Declaration 2020; also unequivocally states: QUOTE: "with Pandemic Potential": END QUOTE. This is NOT a declaration of a pandemic; it merely states 'potential'; which on ALL evidence shown under on every measure; NOT arise!

There is NO pandemic; Chief Medical Officers declaring this is a pandemic is a criminal act when there is no pandemic! MOREOVER, you have a lawful obligation to request the Chief Medical Officer demonstrate with evidence that a pandemic exists.

A pandemic virus is ONLY a global outbreak of a new virus very different from usual circulating seasonal viruses, this virus is identical to ALL coronaviruses of colds, pneumonia, SARS, MERS, Flu.

The World Health Organisation (WHO) still classifies 99.9% of ALL Covid-19 cases as identical to MILD FLU!

The acknowledged global Gold Standard science-test for 'ALL' disease pathogens is Koch's Postulates Test, and it CANNOT detect Covid at all! https://ruqqus.com/post/1zr2/covid-fails-kochs-

postulatesfbclid=IwAR2WO2mvB1PtL\_7weLZEjXOFd20PGFuEJIayt5mD2I\_oXwys\_Almck\_t S2k. The SARS- CoV-2 virion IS detected by Koch's Postulates Test, however, Covid-19 CANNOT BE DETECTED BY KOCH'S POSTULATES TEST & THIS TEST SCIENTIFICALLY PROVES COVID-19 DOES NOT EXIST!

The PCR Test (Polymerase Chain Reaction) test is NOT licensed to be used for Infectious Diseases testing at all and it's Nobel Prize inventor Kary Mullis states it should NOT be used for testing for Infectious Diseases because it always shows 98% FALSE RESULTS!! https://bpa-pathology.com/covid19-pcr-tests- are-scientifically-meaningless/?fbclid=IwAR0bcPrWkGQoKqVXY8eogk92r9LWJIn8NmjNdOEFDy3A-iQvchKZpY2G6Io

Under 59 Freedom Of Information responses from Global Chief Health Officers, (including Tasmania attached); there is no global scientific- virology-medical-scientific paper produced 'WHATSOEVER', describing the Isolation and Purification and Characterisation of 'ANY' SARS- COV2 Virus from ANY human being anywhere in the world with an ALLEGED Covid-19 infection.

Your fellow Queenslanders and Australians know you are aware that 99.973% of ALL people 'alleged' to have contracted this 'alleged' virus suffer only mild Flu and fully recover; The deadly Delta variant, where there has been ZERO deaths in our 25,788,215 (now) million population for the past eight months! Deadly means people are dying! None are!

According to The Public Health and Well-being Act, Division 1, Section 111 it states, 'The spread of an infectious disease should be prevented or minimised with the MINIMUM RESTRICTIONS on the RIGHTS of any person'.

Clearly this has not been and is not the case.

The Clause does not say; the restrictions on the rights of any person will be minimum to contain the spread of an infectious disease. If the clause's construction read this way, it would attempt to give the Chief Health Officer arbitrary power to decide what's minimum to get her/his job done as she/he sees fit and with no consideration or reference to what the

person, who's rights are being restricted, or thinks. This is not how the law works or what the clause says.

The legal drafting and clause construction is very clear. It says; the Chief Health Officer can do her/his job to stop the spread of an infectious disease, BUT a person's rights and restrictions must be minimal. She/he has a qualifier and restraint. She/he doesn't decide what's minimum.

If a person, whose rights are being restricted, has no say in the matter, there would have been no need to include the clause in the legislation. The Parliament sought to preserve and protect civil liberties. Queenslanders feel this is a check on unfettered powers. That is the purpose of the clause, otherwise, why have it in the legislation if the Chief Health Officer has unrestrained powers? It's a reminder and constraint on the Chief Health Officer.

The Westminster system constrains, separates, checks, and contains power, through a mechanism known as the Separation of Powers. This means that the legislature (who makes laws), the Executive (Premier and Ministry) who execute law, and the Judiciary who interpret laws, remain separate.

This is a check on power, so it is NOT concentrated.

The default 'Mentis' (mind) of Parliament, in a liberal democracy, is to preserve freedoms. Particularly the freedom of movement and association, which the High Court has protected over and over and Queenslanders feel this not to be the case.

The person who decides the minimum restraint on a person's rights, is the person who has the rights.

The Chief Health Officer is lawfully bound to implement:

• the use of existing systems and governance mechanisms, particularly those for seasonal influenza.

• evidence-based decision making.

• monitor the emergence of diseases with pandemic potential and investigating outbreaks if they occur.

• identify and characterise the nature of the disease.

• ensure a proportionate response.

ALL OF THESE LAWFUL OBLIGATIONS ARE VIOLATED; and no such scientific-

epidemiological studies to PROVE a pandemic & catastrophic death-risk exists, have been conducted as lawfully required.

Furthermore, ANY epidemiological-health risk and/or pandemic now, and particularly truer in January-March 2020, when this 'alleged' risk and pandemic was merely inferred, THEN AND NOW; THERE WAS/IS:

• no 'Hard-evidence' of Mass-scale actual lethal pathogen existence, such as new/novel Ebola, Cholera, Bubonic Plague etc. OR lethal NEW/NOVEL alleged Corona Virus/Covid-19.

- no 'Hard-evidence' of Mass-scale exponential growth of pathogens
- no 'Hard-evidence' of exponential growth of mass-contagions,
- no Hard-evidence' of exponential growth of mass-virulence,
- no Hard-evidence' of exponential growth of mass-infections,

• no 'Hard-evidence' of exponential growth of mass-deaths,

• no 'Hard-evidence' of exponential growth of mass-decline in recoveries recorded at all.

There is only ONE definitive procedure that MUST be conducted in ANY determinant of a pandemic Pathogen existing, which is the internationally accredited Koch's Postulates Test. Koch's postulates are as follows:

• The bacteria must be present in every case of the disease.

• The bacteria must be isolated from the host with the disease and grown in pure culture.

• The specific disease must be reproduced when a pure culture of the bacteria is inoculated into a healthy susceptible host.

• The bacteria must be recoverable from the experimentally infected host.

The Chief Health Officer or the Chief Medical Officer not only DID NOT EVER conduct one test that was lawfully bound to test, a breach of obligations under the Australian Health Management Plan for Pandemic Influenza, but this is IGNORED and the FACT that SARS, MERS, Cold, Flu, viruses are 'ALL' proven to exist by the definitive Koch's Postulates Gold Standard; but COVID-19 DOES NOT EXIST under this test! This is criminal.

Chief Health Officer Dr Jeanette Young has committed criminal acts of False and Misleading Reports and Information, Misfeasance In Public Office, Failed Scientific Guidance, and interference with the exercise or performance of an Australian democratic or political right or duty, and the Constitution or a law of the Commonwealth.

On the grounds of ALL agreed pandemic measures such as:

- NORMAL seasonal-virus outbreaks,
- Symptom similarity to Mild Flu for 99.9% of cases,
- Extremely low stand-alone and comparative harm-virulence,
- Failure of Covid-19 to exist on Koch's Postulates tests,
- Failure of PCR testing AND,
- False and misleading information.

These are CRIMINAL breaches of our Federal Criminal Code Act 1995 Division 137.1; by Kelly, Coatsworth and Kidd, for 'issuing this destructive false & misleading information of classifying this NORMAL virus a pandemic.

The catastrophic financial ruin, economic destruction, mass-deaths from suicides and elective surgery loss; destruction of businesses, jobs losses, collapse of tax-budgets and young people' careers and futures; CANNOT be measured and are directly caused by these CRIMINAL breaches of Kelly, Coatsworth and Kidd; issuing this destructive 'false & misleading information.

The Australian government DID NOT declare a PANDEMIC! It only declared a PANDEMIC 'POTENTIAL'

The Australian Health Management Plan for Pandemic Influenza DEMANDS Dr J Young devise responses where she is obliged to do scientific-epidemiological studies to PROVE a pandemic & catastrophic death-risk exists as follows:

• the use of existing systems and governance mechanisms, particularly those for seasonal influenza.

• evidence-based decision making.

• monitor the emergence of diseases with pandemic potential and investigating outbreaks if they occur.

• identify and characterise the nature of the disease.

• ensure a proportionate response.

ALL OF THESE LAWFUL OBLIGATIONS YOU HAVE ARE VIOLATED; and no such scientific-epidemiological studies to PROVE a pandemic & catastrophic death-risk exists, have been conducted by you as lawfully required.

Furthermore, ANY epidemiological-health risk and/or pandemic now, and particularly truer in January-March 2020, when this 'alleged' risk and pandemic was merely inferred, THEN AND NOW; THERE WAS/IS:

• no 'Hard-evidence' of Mass-scale actual lethal pathogen existence, such as new/novel Ebola, Cholera, Bubonic Plague etc. OR lethal NEW/NOVEL alleged Corona Virus:

- no 'Hard-evidence' of Mass-scale exponential growth of pathogens
- no 'Hard-evidence' of exponential growth of mass-contagions,
- no Hard-evidence' of exponential growth of mass-virulence,
- no Hard-evidence' of exponential growth of mass-infections,
- no 'Hard-evidence' of exponential growth of mass-deaths,
- no 'Hard-evidence' of exponential growth of mass-decline in recoveries recorded at all.

The following world scientists' peer-reviewed and scientific papers unequivocally prove you have committed criminal acts of False and Misleading Reports and Information, Misfeasance In Public Office, Failed Scientific Guidance, and interference with the exercise or performance of an Australian democratic or political right or duty, and the Constitution or a law of the Commonwealth.

This is my submission and I do not support the above Bill 2021 as there is no real known risk for this extension.

Please investigate this matter immediately and advise results and refer this to the Crime and Corruption Commission.

Thank you for your time.

Andrea Newland. enc.

Peer-reviewed and Scientific Papers:

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12. Samanovic MI, Cornelius AR, Wilson JP, Karmacharya T, Gray-Gaillard SL, Allen JR, et al. Poor antigen-specific responses to the second BNT162b2 mRNA vaccine dose in SARS-CoV-2-experienced individuals, medRxiv [Internet]. 2021 Feb 9; Available from: http://dx.doi.org/10.1101/2021.02.07.21251311

13. Camara C, Lozano-Ojalvo D, Lopez-Granados E, Paz-Artal E, Pion M, Correa-Rocha R, et al. Differential effects of the second SARS-CoV-2 mRNA vaccine dose on T cell immunity in naïve andCOVID-19 recovered individuals [Internet]. bioRxiv. 2021 [cited 2021 May 28]. p. 2021.03.22.436441. Available from:

https://www.biorxiv.org/content/10.1101/2021.03.22.436441v1

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Circulating SARS-CoV-2Vaccine Antigen Detected in the Plasma of mRNA-1273 Vaccine Recipients. Clin Infect Dis [Internet]. 2021 May 20; Available from:

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