

From: Marcia [REDACTED]
Sent: Monday, 5 July 2021 8:03 AM
To: Economics and Governance Committee
Subject: Submission on the Public Health and Other Legislation (Further Extension of Expiring Provisions) Amendment Bill 2021

5th July, 2021

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

Marcia-Malouf Evans
[REDACTED]

Dear Committee Secretary,

As a concerned Queensland resident, I am writing in regards to the Public Health and Other Legislation (Further Extension of Expiring Provisions) Amendment Bill 2021 proposed by Hon Yvette D'Ath MP to extend a range of powers for the Queensland Government until April 2022.

In the last 18 months, the inhabitants of the state of Queensland have been subjected to unprecedented health mandates and lockdowns in an effort to completely eradicate the respiratory illness named COVID-19. It has been interesting to note, as an observant community member, that coincidentally, each time a State of Emergency was set to expire, new 'cases' would suddenly arise. A lockdown would subsequently be imposed as a means to justify a 90-day extension of the Emergency Powers. These predictable 'cases' seem to appear out of nowhere and despite the 'hotspots' being publicised, never seem to have much community transmission for an illness deemed so dangerous.

This particular occasion, interestingly, when the Emergency Powers were set to expire on the 29th June, the legislation for the Emergency Powers Act was already extended on the 25th June to expire on the 30th September, days before the recent outbreak of 'cases' even occurred.

To put the entire situation into context, the Queensland Government have drastically altered our way of life and taken it upon themselves to impose draconian measures we would only expect of a communist country in order to 'stop the spread' of an illness only .0003% of Queenslanders have caught and that

worldwide has really only affected the elderly with 2.6 comorbidities. In every other demographic in affected countries, illness is non-existent or mild and completely treatable with inexpensive, safe and easily obtainable therapeutics which have been used clinically and successfully in hospitals all over the world resulting in an 80 - 95% reduction in deaths.

These treatments were purposely repressed by the Queensland Government. Rather than giving doctors the capacity to exercise their medical expertise, these treatment protocols were made illegal and doctors threatened with fines and jail time. If we were truly facing a deadly pandemic, as we are being led to believe, then I would suggest that these treatments, that have been published in prestigious medical journals by practicing physicians, would be welcomed by the Chief Health Officer instead of infected individuals being told to go home and take Panadol.

This recent 'outbreak' in Queensland is the result of the apparent 'Delta variant' which, we are told, is the most dangerous. Recent research from the UK suggests that, while more contagious, the Delta Variant is by far the least deadly with a survival rate of 99.99% if infected. How can the fear campaign driven by the Premier, the Chief Health Officer and the media be justified for an illness that is nothing more than the seasonal flu? Why is the public not privy to the scientific data that underpins these decisions? These 'cases' have been hospitalised as a form of quarantine however these people are not sick, far from being any threat to anyone or in danger of dying. By now, the public is also well aware that the RT-PCR test was never meant to diagnose any level of infection or illness and cannot tell the difference between an active infection or recovery from infection many months ago. We also know that, due to the amplification process, any cycle threshold over 28 is far from being accurate and anything over 35 can be dismissed as it would have a 97% false positive rate. Why is the public not privy to the number of cycles the PCR tests were run at to create these recent 'cases'? Why is the public not privy to which genetic sequences were tested for and discovered in a positive 'case'? Surely, with such drastic consequences for public freedom at stake, this information should be freely available for analysis.

I find it extremely concerning that the State Government is so aggressively promoting the COVID-19 vaccines. The emotive language used can only be described as propaganda and, I believe, to be completely dangerous and irresponsible. These medications are still under trial until 2023 and the rate of adverse events, permanent disabilities and fatalities we are seeing around the world is disquieting. This experimental gene therapy has caused concern to be raised by tens of thousands of nurses, doctors, health professionals and human rights lawyers amongst others and is so far proving to be far worse than the virus itself or the available treatment options.

Two thirds of the Australian public over the age of 70 have been injected already and those who want to be part of this medical experiment are now given the opportunity. If the vaccine works, why is the government pushing it so aggressively on a healthy population? Jeanette Young herself stated in a press conference "just because you are vaccinated does not stop you from getting infected and transmitting it to others". How does that justify the divisive public health message of "no one is safe until everybody is vaccinated"? Those willing to take responsibility for their own health are vilified and classed as selfish or uneducated.

I draw your attention to the declaration that the Pfizer vaccine claims to have a 95% protection against catching COVID. I am not sure if you have studied the clinical trial documents, but these figures are based on the 21,720 trial participants who received the vaccine and 21,728 who received the placebo. According to the trial data which can be found on the Pfizer website, "among participants with and without evidence of prior SARS CoV-2 infection, there were 9 cases of COVID-19 among vaccine recipients and 169 among placebo recipients, corresponding to 94.6% vaccine efficacy". It is not publicly advertised that 21,559 placebo group participants also did not present any case of COVID-19 so one might assume that the human immune system is effective at 99.26%. By comparing the Relative Risk Reduction (RRR) of the

vaccinated group with the placebo group who received no protection, we are given the Absolute Risk Reduction (ARR). An article published in The Lancet medical journal on the 21th April 2021 titled "COVID-19 Vaccine Efficacy and Effectiveness - The Elephant (Not) in the Room" presented the actual effectiveness of the COVID-19 vaccines (see below for link to article) and found that the vaccines offered in Australia actually only reduce your chances of catching COVID-19 (the ARR) by .08% for Pfizer and 1.3% for Astra Zeneca.

Furthermore, we are constantly told by the media that taking the COVID-19 vaccine will considerably reduce your risk of serious illness and hospitalisation from the disease, however this message is not consistent with the results of the vaccine trials. In fact, both vaccine manufacturers can only offer that their vaccine will reduce mild to moderate symptoms. Recently, a risk/benefit analysis of the current international vaccine policy titled "The Safety of COVID-19 Vaccinations - We Should Rethink The Policy" published in June 2021 (see below for link to article) concludes that "the lack of clear benefit should cause governments to rethink their vaccination policy."

Knowing full well that the experimental medications have not been fully approved by the Therapeutic Goods Association (TGA) and thus cannot be administered without the Emergency Powers, I ask, what is the government's desired end result? How can it be justified that the Emergency Powers are being extended until April 2022 so the healthy members of the public can be coerced to submit to a dangerous and untested medication?

Is continuing the Emergency Powers for the next eight months necessary? Is this for the good of the people, or the good of those in high-ranking offices and the pharmaceutical industry? Will continuing and extending the Emergency Powers help Queenslanders, or simply provide a means for increased Government control?

I thank you for your time and consideration.

Yours sincerely,

Marcia-Malouf Evans

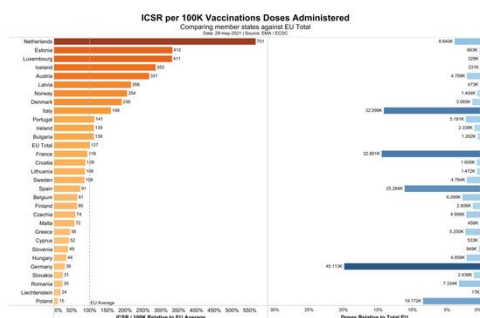
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COVID-19 vaccine efficacy and effectiveness—the elephant (not) in the room - The Lancet Microbe

Approximately 96 COVID-19 vaccines are at various stages of clinical development.¹ At present, we have the interim results of four studies published in scientific journals (on the Pfizer–BioNTech BNT162b2 mRNA vaccine,² the Moderna–US National Institutes of Health [NIH] mRNA-1273 vaccine,³ the AstraZeneca–Oxford ChAdOx1 nCov-19 vaccine,⁴ and the Gamaleya GamCovidVac [Sputnik V] vaccine)⁵ ...

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The Safety of COVID-19 Vaccinations—We Should Rethink the Policy

Background: COVID-19 vaccines have had expedited reviews without sufficient safety data. We wanted to compare risks and benefits. Method: We calculated the number needed to vaccinate (NNTV) from a large Israeli field study to prevent one death. We accessed the Adverse Drug Reactions (ADR) database of the European Medicines Agency and of the Dutch National Register (lareb.nl) to extract the number of cases reporting severe side effects and the number of cases with fatal side effects. Result: The NNTV is between 200–700 to prevent one case of COVID-19 for the mRNA vaccine marketed by Pfizer, while the NNTV to prevent one death is between 9000 and 50,000 (95% confidence interval), with 16,000 as a point estimate. The number of cases experiencing adverse reactions has been reported to be 700 per 100,000 vaccinations. Currently, we see 16 serious side effects per 100,000 vaccinations, and the number of fatal side effects is at 4.11/100,000 vaccinations. For three deaths prevented by vaccination we have to accept

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