

(‘we, us, our’) Jacqueline Ann Bratley
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Our Ref: LJA-2021-186

5th July 2021

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

Sent via email: egc@parliament.qld.gov.au

OFFICE FOUND

Within the universal maxim of law ‘notice to agent is notice to principal and notice to principal is notice to agent’. All addressed parties Jointly and Severally as well as their Successors, Nominees and assigns

Notice of Non-Consent – Further Extension of Public Health Bill 2021

To the Committee Secretary,

We are writing in regards to the Public Health and Other Legislation (Further Extension of Expiring Provisions) Amendment Bill 2021 that was introduced by Minister for Health Yvette D’Ath on 18th June 2021. This extension is proposing to extend a range of powers for the Queensland Government until April 2022.

It has come to our attention that ‘under the cover of Covid’ the Minister tabled a bill for the extension of emergency power past the statutory drop dead expiry date under the current legislation in Parliament.

The Bill was not sent to the Health and Environment Committee as per her representations but has instead made it to the Economics and Governance Committee list.

We require that you ask the Minister to explain why she made false representations to the Parliament and the people of Queensland and also why you consider that your committee is appropriate to review this Bill. Given that you are a governance committee.

She also claimed that this Bill was consistent with Human Rights legislation. Many Queenslanders do not share that view with the Minister and believe that she is acting against the laws and also is acting ultra vires. The Minister and her department refuse to release proper evidence and data regarding

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the 'pandemic' and believe that they are fully within their rights to deprive the public of knowledge and facts and for there to be zero accountability.

At this juncture, we will remind you that s57 of the Criminal Code Act of Queensland (1899) the 'Act' as well as the provisions of s92 'Abuse of Power' under that same Act, seem particularly relevant to these actions taken by the Minister and her Department.

It is becoming increasingly apparent to the people of Queensland that their rights are being removed by a government intent on exerting absolute authority with any accountability or transparency. This is NOT acceptable and it will NOT be ignored. The people of Queensland have been ignored by their representatives for far too long and this must come to an end immediately.

Here is the wording directly from your website for this Bill [Queensland Parliament](#) with our comments in red:

Objectives of the Bill

In light of continuing risks associated with the COVID-19 pandemic

*(What is a pandemic? A pandemic is an epidemic of an infectious disease that has spread across a large region, for instance multiple continents or worldwide, affecting a substantial number of people. A widespread endemic disease with a stable number of infected people is not a pandemic. Widespread endemic diseases with a stable number of infected people such as recurrences of seasonal influenza are generally excluded as they occur simultaneously in large regions of the globe rather than being spread worldwide. – Does this constitute Covid-19? [Source Pandemic - Wikipedia] ** Federal Biosecurity Act 2015 – s33 refers to human diseases - Covid19 is a virus....*

including recent recurrences of community transmission, the Bill proposes to:

- further extend the operation of a range of legislative measures implemented to facilitate the health response to COVID-19 and to minimise economic and other impacts *(how does legislation help facilitate health?)*
- implement additional, minor improvements to those provisions, to:
 - clarify that quarantine directions may be served electronically

This is in opposition to the Federal Biosecurity Act 2015 – s60 (1) only a number of officers listed are able to impose a human biosecurity control order on an INDIVIDUAL – NOT broadcast over the TV.

Federal Biosecurity Act 2015 – s63 (2) order must be read out to individual and S63 (3)

- establish a new prepayment system for quarantine fees, including allowing for the prescription of cohorts for whom fees must be paid in advance or for whom fees may be waived, and supporting more flexible payment and collection arrangements (including refund provisions).

Federal Biosecurity Act 2015 – s108 – Commonwealth is liable for expenses by individual

The extension provisions follow previous temporary extensions effected by a series of Acts of Parliament in late 2020 and 2021, under which the majority of measures are due to expire on 30 September 2021. The Bill would extend this legislative expiry date to 30 April 2022, or an earlier date to be prescribed by regulation.

The temporary measures which are to be further extended include:

- increased powers for emergency officers and the Chief Health Officer to impose restrictions on the movement and interactions of persons, facilitate contact tracing, and enforce quarantine requirements

Provide evidence and facts on WHY increased powers are required when existing powers are over the top considering to date, there have only been 7 deaths in Australia (1 in QLD) which surely doesn't satisfy a pandemic.

If these Officers and CHO are able to impose ANY restrictions on Queenslanders, then they should be held accountable for their decisions, unlike s644 (6) of the Federal Biosecurity Act 2015.

- amendments relating to attendance requirements for meetings of various groups and agencies and for the conduct of proceedings of courts/tribunals and other bodies (including provisions to facilitate remote attendance, voting, and authorisations using audio or audio-visual links)

There must be a choice to attend in person or not as areas can be hazardous for internet access and one side of the audio/visual can cut out on purpose or pretend they do not hear (example court hearing)

- modified notification requirements (allowing electronic notification) for certain proposals for community consultation or for the issuing of notices to individuals

This is in opposition to the Federal Biosecurity Act 2015 – s60 (1) only a number of officers listed are able to impose a human biosecurity control order on an INDIVIDUAL – NOT broadcast over the TV or via electronic means

- various amendments relating to planning requirements and environmental approvals

WHAT has this got to do with this Bill??

- amendments relating to access to relief measures for tenants and commercial lease holders

Commercial lease holders (aka Big Business) what about the Queenslanders landlords and tenants? Without landlords, tenants would have no homes....

- amendments relating to bodies corporate and the manufactured homes sector (including providing for the deferral of fee contributions and limitations on increases to site rent)

WHAT has this got to do with this Bill??

- various measures to facilitate the holding of state by-elections and local government by-elections and fresh elections in a COVID-safe manner

Absolutely NOT – current elections are under the spotlight in regards to being fair and equitable (see Konnech, refer this notice on page 7)

- provisions enabling variations to liquor licensing to support temporary takeaway sales by operators of licensed venues disrupted by COVID-19

HOW on earth is worrying about liquor licenses important to the HEALTH of Queenslanders!!

- public health related provisions governing the care of persons with a cognitive or intellectual disability, the delivery of mental health services, the operation of prisons and youth detention centres, and related measures.

Many Queenslanders are very protective of their people with disabilities etc so this statement needs to be fleshed out a lot more than one sentence. Many people in prisons and youth detention centres do not belong there, but find themselves there due to ludicrous legislation (legal is not law!)

Link to deaths recorded by Victorian BDM – no such 'explosion' of deaths exists. QLD BDM does not offer such information without application, plus Victoria was supposedly 'ravaged' by Covid-19.

[Deaths registered per month | Births Deaths and Marriages Victoria \(bdm.vic.gov.au\)](https://bdm.vic.gov.au)

Oct 2019 in Victoria – over 4,000 deaths. June 2020 to June 2021 average around 3,000 to 3,300.

- A. Queensland has experienced a series of 'snap' lockdowns under the auspice of 'flattening the curve' and 'stopping the spread' and contract tracing. Each lockdown has resulted in an extension of Emergency Powers for the Queensland Government. Since the initial lockdown, each subsequent lockdown has occurred *days* before the Emergency Powers were due to expire. The rest of the 90-day cycle that the Powers are active for, have few cases and almost no community transmission. The 'hotspots' only seem to occur when the Powers are about to expire. Any other cases or transmission are highlighted, but there have been no lockdowns in the interim periods. We also find it extremely interesting that upon looking at the Emergency Powers Act on Friday 25th June 2021 at 12.43pm, the legislation had already been changed to expire on 30th September 2021. We found that especially troubling, considering the most recent influx of 'cases' had not even occurred and would not occur until after the State of Origin game at Suncorp Stadium days later.
- B. The word from the Queensland Government has been about reducing the number of cases, and 'stopping the spread'. Within Queensland, to date, there have been 1,722 cases of Covid-19, 1,722 cases out of 5.11 million residents, which equates to 0.00003365949% of the population affected by the virus. To put it into perspective, that is 1 out of every 10,000 people may be susceptible to the virus. These are NOT the mortality rates, simply the number of people who have had Covid-19. ***Why is the Government seeking to increase its scope and power as a result of 1,722 cases of a virus that has occurred in 18 months? A virus that is also completely treatable – and has been successfully treated in Queensland in all but 7 cases.***
- C. Yet again, the facts run contrary to the narrative told by the Queensland Government. We, as citizens, are supposed to accept and believe that we are in a 'pandemic'. If we truly were facing an out of control threat, we are fully confident that the Chief Health Officer, Premier and myriad of other governmental health officials would be doing everything in their power to treat and stop the pathogen. This, however, is not the case. Specific treatment protocols have been made illegal for doctors to prescribe 'off label', attracting fines and jail time if they are prescribed. These same protocols have been used overseas and have been shown to be highly effective in treating the virus. Naturopaths have been threatened with \$25,000+ fines for treating patients who have any symptoms close to Covid-19 and have been instructed to refer all such patients to a GP. ***Our own government has made it extremely difficult to seek viable treatment options that have been proven to be effective. Why would this be the case?***
- D. The commentary from the beginning has been to wait for the vaccine. All the while other therapies that have been shown to work, have been all but ignored. They have been ignored because they have been deemed 'dangerous' by our government officials. However, the US data from FDA, CDC and VAERS tells a different story.
- From 01/01/1996 to 31/03/2021, a 25 year period, there were 1,517 adverse events from people who had used Ivermectin, and a total of 44 deaths.
 - This same period showed that people prescribed hydroxychloroquine had 4,966 adverse reactions and 592 deaths.
 - Over the past year, the same data set demonstrates people prescribed Remdesivir had 4,699 adverse reactions and 1,173 deaths. The statistics can be difficult to interpret,

- given we don't know how many people were prescribed these treatment options, in total.
- The real concern is that our government has cited these treatments as too dangerous to be used, but in just six months, the experimental (still in clinical trials) Covid-19 vaccination has presented with 382,270 adverse events, resulting in at least 4,812 deaths in the US alone.
 - Australian stats for Covid-19 vaccinations are over 33,800 adverse events and over 270 vaccine induced deaths, far outweighing numbers presented for the other options for treatments.
- E. The narrative is to 'wait for the vaccine' and 'get the jab' but the jab is proving to be far worse than the virus itself or any possible treatment options. We've been told by the government that everybody needs to be vaccinated to get back to normal, to restart our economy. We won't be able to restart our economy when large swathes of our population are vaccine injured or dead. What right under the Commonwealth of Australia Constitution Act 1901, section 51(xxiii)(a) but not so as to authorize any form of civil conscription, for force or coerce or apply undue influence on us to receive a medical product does this government have?
- F. We ask, in regards to the proposed Bill to extend Emergency powers - to what end? Where does this stop? When have enough people been vaccinated? When are the number of cases 'low enough'? Why are we not focusing on herd-immunity? How can the government take into considerations jabs for variants? After taking power from its citizens, when does a government relinquish that power? Totalitarianism does not occur overnight, if we do study history, we see examples of it flourishing in Ancient Greece, Ancient China and more modern day China, Soviet Union, Italy and Germany. These countries took small steps and employed small measures, convincing their citizens that they were doing this for the good of the people.
- G. Is continuing the Emergency Powers for the next eight months necessary? Is this for the good of the people or for the good of those in high-ranking offices? Will continuing and extending the Emergency Powers help Queenslanders, or simply provide a means for increased Government control? What right does this government purport to have to force, coerce, under undue influence to demand we wear a mask or be vaccinated to attend our workplace and carry out our usual duties? Under the Privacy Act 1988, what right does the government have to appoint officers and agents to request our private medical records and medical condition without following due process?
- H. What right does this government have to allow police and or agents of or for the government to issue directions or fines or charges or to use undue influence, coercion, force or intimidation in an attempt to force compliance of your rules upon us for a medical condition that has not been diagnosed by a doctor, as well as quarantine healthy people?
- I. What right does this government have under the Fair Work Act 2009 section 351 not to discriminate against us for our private decision not to wear a mask and not to receive a vaccination?
- J. What right under the Universal Declaration of Human Rights (UDHR), does the government have to override our rights in this declaration, in particular reference to Articles 2, 3, 4, 5, 7, 8, 18 and 23 which have been used to create the Human Rights of each state of Australia?

- K. Provide us with all evidence showing that the WHO has provided you with scientific and peer reviewed safety reports published in medical journals that the flu vaccination and the COVID-19 vaccination (for every product you wish to use in Australia) have been proven 100% safe and 100% effective (United Nations Universal Declaration on Human Rights Article 5. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment).
- L. Please provide evidence of the scientific and peer reviewed safety reports published in medical journals proving that wearing of mask causes no harm and carries no risk of bacterial infection by breathing in one's own expired breath (The United Nations Universal Declaration on Human Rights Article 5. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment).
- M. Evidence that the PCR test or all other tests being used to allegedly identify what is commonly claimed to be corona virus or COVID-19 is 100% accurate when diagnosing a COVID-19 reportable virus.
- N. That the PCR test or all other tests being used to allegedly identify what is commonly claimed to be corona virus or COVID-19 is 100% safe and will not cause harm (The United Nations Universal Declaration on Human Rights Article 5. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment).
- O. The COVID-19 vaccine safety report proving that it has been tested long term, more than 5 years, it contains no harmful ingredients, human material, heavy metals, nano-particles or live virus ingredients, reports are required for every alleged vaccine purchased by the government or agents for the government intended for use during the alleged period of danger of COVID-19 or corona virus (The United Nations Universal Declaration on Human Rights Article 5. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment), and
- P. Provide true and accurate numbers of the people who have died as a direct result of an alleged COVID-19 or corona virus and not as a result of an underlying or previously diagnosed medical condition. The number of autopsies carried out on people who have allegedly died from COVID-19 or corona virus, to prove accurately that COVID-19 or corona virus was in fact the true cause of death.
- Q. Please provide full disclosure of the terms and conditions of a product you have advertised as a 'health passport' or similar product by another name which you have created or intend to create with the intention of limiting our rights to travel freely, to be employed and for the enjoyment of our lives as free men and women. Please provide evidence of your authority to use the 'health passport' created with the intention of limiting our rights to travel freely, to be employed and for the enjoyment of our lives as free men and women.
- R. Please provide evidence detailing how your government has represented the Australian people with IATA, International Air Transport Association, and reinforced our rights to travel freely and without discrimination of medical condition or health status as was our right given to use by Queen Elizabeth II and is stated in our Australian passports for international travel as we were unaware of an announcement to the public to make our voice heard with our representatives on this matter.

As a further request, as a Governance Committee, we ask that you immediately start an investigation into the use of Konnech in the last state election to determine whether there was any electoral fraud given that Konnech is a CCP backed company without a front office run by Eugene Yu of LJ Communications in Michigan. We believe Eugene Yu is now based in Brisbane. Outsourcing of electoral processes to a foreign hostile power does not seem to be a very smart decision for the Queensland Electoral Commission to have made.

Also, it has been reported in the news over the last few days that the QR codes which have been made mandatory under unenforceable directives (which are NOT laws) given by an unelected and unaccountable bureaucrat have been used by the QPS to access data. There is also quite a lot of evidence around that the data is being sold through partnerships and collaborations with foreign entities (such as Huawei). You will find the relationship between certain board directors of Coles and Afiniti quite interesting in that regard. The data is not to be used for ANYTHING other than contact tracing. It is NOT for sale and it is NOT to be used to profile and categorise people such as what the CCP does to its citizens. The directives are void ab initio for fraud and the people of Queensland would be right to ignore them.


As we are sure, we don't have to tell you this is an egregious abuse of the privacy laws both state and federal AND of US laws (and other laws) relating to the use of US Internet Infrastructure as a service/product. Selling or using a persons' data without their express informed consent is not acceptable and ILLEGAL and once again this must be reported to the Crime and Corruption Commission and the relevant Privacy Commissioners. It should technically also be reported to the National Director of Intelligence in the US.

By our will, we direct you to refer the matters above to the Crime and Corruption Commission.

We thank you for your consideration of our concerns.

Our very best regards

By:



Jackie Bratley



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Attachments:

Annexure 1 – Queensland Covid-19 statistics

Annexure 2 – Worldometer – Australian Covid-19 statistics

Annexure 3 – Therapeutic Goods Administration (TGA) weekly safety report 01/07/2021

Annexure 4 – Deaths after Vaccine outnumber Covid deaths

END OF NOTICE

ANNEXURE 1

Queensland Covid-19 Statistics



Home > Health and wellbeing > Latest updates — coronavirus (COVID-19) >

Queensland COVID-19 statistics

Queensland COVID-19 statistics

Last updated: Cases & tests 5 July 2021. Vaccination data 5 July 2021

7

New cases (last 24h)

1,722

Total cases

2,983,277

Total tests

615,144

Total vaccine doses

On this page

- [Vaccination summary \(#vaccinationsummary\).](#)
- [Case summary \(#casesummary\).](#)
- [Total cases—cumulative graph \(#cumulative\).](#)
- [Cases overview by Hospital and Health Service and region \(#caseoverview\).](#)
 - [Map \(#casebyhhsmmap\).](#)
- [Likely source of infection \(#casebysource\).](#)
- [Cases by Local Government Area and likely source of infection \(#casebylga\).](#)
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 - [Locally Acquired—no known contact \(#casebylgaandsourcemap1\).](#)
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 - [Under investigation \(#casebylgaandsourcemap4\).](#)
 - [Interstate acquired \(#casebylgaandsourcemap5\).](#)
- Age and gender of cases
 - [Table \(#casebyagegender\).](#)

ANNEXURE 2

Worldometer - Australian Covid-19 Statistics

[WORLD \(/CORONAVIRUS/\)](#) / [COUNTRIES \(/CORONAVIRUS/#COUNTRIES\)](#) / AUSTRALIA

Last updated: July 05, 2021, 05:56 GMT



Australia

Coronavirus Cases:

30,803

Deaths:

910

Recovered:

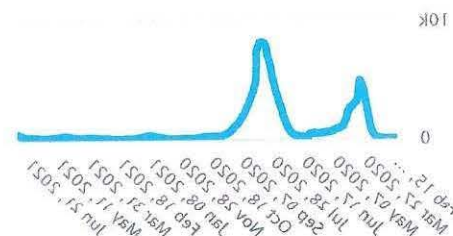
29,405

[Daily Cases Graph](#) - [Daily Deaths Graph](#)

ACTIVE CASES

488

Currently Infected Patients



[Show Graph](#)

CLOSED CASES

30,315

Cases which had an outcome:



[Show Graph](#)

487 (99.8%)
in Mild Condition

29,405 (97%)
Recovered / Discharged

ANNEXURE 3

TGA – weekly safety report 01/07/2021



Australian Government
Department of Health
Therapeutic Goods Administration

COVID-19 vaccine weekly safety report - 01-07-2021

Release date Thursday, 1 July 2021

Previous reports ▼

Vaccination against COVID-19 is the single most effective way to reduce severe illness and death from infection. Two COVID-19 vaccines ([//www.tga.gov.au/covid-19-vaccines](http://www.tga.gov.au/covid-19-vaccines)) are currently in use in Australia – the AstraZeneca vaccine and the Comirnaty (Pfizer) vaccine. Like all medicines, the vaccines have side effects (also known as adverse events). The overwhelming majority of these are mild and resolve within a few days. The Therapeutic Goods Administration (TGA) closely monitors suspected side effects. Importantly, adverse events reported to the TGA are often not caused by the vaccine itself. Learn more about causality ([//www.tga.gov.au/about-daen-medicines#causality](http://www.tga.gov.au/about-daen-medicines#causality)).

Learn about the TGA's COVID-19 vaccine safety monitoring and reporting ([//www.tga.gov.au/covid-19-vaccine-safety-monitoring-and-reporting](http://www.tga.gov.au/covid-19-vaccine-safety-monitoring-and-reporting)) activities or report a suspected side effect ([//www.tga.gov.au/reporting-suspected-side-effects-associated-covid-19-vaccine](http://www.tga.gov.au/reporting-suspected-side-effects-associated-covid-19-vaccine)).

Summary

- The most frequently reported suspected side effects associated with Comirnaty (Pfizer) and AstraZeneca COVID-19 vaccines continue to be events that were seen in the clinical trials, and are commonly experienced with vaccines generally.
- Five additional cases of blood clots with low blood platelets have been assessed as thrombosis with thrombocytopenia syndrome (TTS) likely to be linked to the AstraZeneca vaccine. When assessed using the United Kingdom (UK) case definition, two were confirmed and three were deemed probable TTS. This brings the total number of cases of TTS to 69 out of 4.8 million doses to date.

Reported side effects for COVID-19 vaccines

Gathering reports of adverse events following immunisation (AEFI) is just the first step in determining whether or not the effect is related to the vaccine and whether a significant safety issue is involved. Learn more about how the TGA identifies and responds to [safety issues](https://www.tga.gov.au/tga-safety-monitoring-medicines#steps) ([//www.tga.gov.au/tga-safety-monitoring-medicines#steps](https://www.tga.gov.au/tga-safety-monitoring-medicines#steps)).

In the week of 21-27 June 2021 we received 1459 AEFI reports for COVID-19 vaccines.

Large scale vaccination means that coincidentally some people will experience a new illness or die shortly after vaccination. The TGA reviews all deaths reported in people who have received the vaccination and monitors signals that may relate to vaccine safety to distinguish between coincidental events and possible side effects of the vaccine. Part of our analysis includes comparing natural expected death rates with observed death rates following immunisation. So far, the observed number of deaths reported after vaccination remains less than the expected number of deaths that would occur naturally, or from other causes, for that proportion of the population.

Since the beginning of the vaccine rollout to 27 June 2021, there have been over 7.3 million doses of COVID-19 vaccines administered. The TGA has received and reviewed 335 reports of deaths in people who have recently been vaccinated and found that two were definitely linked to vaccination. These were both TTS cases related to the AstraZeneca vaccine.

Total adverse event reports to 27 June 2021

4.6	33,807 <i>Adverse Events</i>	7,374,666
Reporting rate per 1000 doses	Total AEFI reports received	Total doses administered
23,235	10,314	263
Total reports for AZ vaccine	Total reports for Comirnaty	Total reports for brand not specified


Reporting rates per 1000 doses by jurisdiction

Australian Capital Territory	4.0	New South Wales
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ANNEXURE 4

Deaths after vaccine outnumber Covid deaths

Underreported: Deaths After Vaccine Outnumber COVID Deaths, Australian Stats From Jan-June 2021 Reveal

 caldronpool.com/underreported-deaths-after-vaccine-outnumber-covid-deaths-australian-stats-from-jan-june-2021-reveal/

June 29, 2021



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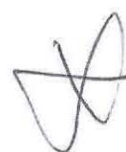
As of June 28, 2021, 272 people have died after receiving COVID-19 vaccines in Australia. Only 1 person has died from the virus.

~~Advertisement~~

As of June 28, 2021, the COVID-19 fatality roll stands at 910.

Of those 910 COVID deaths, 909 occurred in 2020.

~~Advertisement~~





Statistics last updated 31 December 2020 showing 909 deaths in total. Source: health.gov.au



Statistics last updated 24 June 2021 showing 1 death between December 31, 2020, and June 24, 2021. Source: health.gov.au

The Australian government's *Therapeutic Goods Administration* (TGA) has acknowledged, "to 6 June 2021, the TGA has received 272 reports of death following vaccination for COVID-19 vaccines. With 27, 072 total AEFI reports on side-effects."

There are two reasons why this information is not being reported widely.

[Handwritten signature]

Firstly, as I explained at length in my piece entitled, Doctors vs. The State. It's about politics, not healthcare.

There's a narrative to protect and an election cycle around the corner. Hence, the TGA follows up their acknowledgement of vaxx deaths and side-effects, with the dismissive disclaimer, "for reports of death other than TTS, our review of cases and analysis of reporting patterns does not suggest that the vaccine caused these deaths."

TGA information on known adverse side-effects such as *Myocarditis and pericarditis, multi-organ failure, Thrombosis with thrombocytopenia syndrome, and Herpes zoster (shingles)* are preceded by the statement "most reports of side-effects are observed with vaccines generally. They include headache, muscle and joint pain, fever and injection site reactions."

~~Advertisement~~

Secondly, the higher number of deaths sell better. Why report there's only been 1 death so far this year from COVID, when 910 gives a picture to incite panic, by way of an emergency.

Fear porn is rampant in legacy media. Australia's national broadcaster and many within the media industry jumped on last week's new COVID cases in Sydney, New South Wales to hype up the hysteria.

Quick to demand suffocating, livelihood killing lockdowns, they couldn't hide their vulgar drooling over the opportunity to politicise C19 and kick-in the hour-to-hour coverage of "BREAKING news."

~~Advertisement~~

Through a series of related articles or live blogs, the ABC, the Age, The New Daily, joined by their typical Twitter groupies (see here, here and here), demanded the Liberal State Premier of New South Wales, Gladys Berejiklian put the state into lockdown.

When the Premier wouldn't cave in, Leftist, legacy media turned up the pressure. Berejiklian then worked out a compromise, giving orders to only lockdown affected suburbs, and add mask mandates across the state.

The totalitarians in the media didn't get what they wanted. Now Berejiklian is being accused of doing "too little, too late," with one Twitter user touting, "Conservatives are fundamentally incapable of governing in the public interest because they don't believe in the 'public'.. Thanks Gladys.."

The "there will be casualties, but..." upbeat, pro-C19 vaccine propaganda (*Eric Clapton's words, not mine*), isn't hard to miss.

In a piece published by The Guardian on Sunday entitled Why most people who now die with Covid in England have been vaccinated, David Spiegelhalter, a statistician, asserted:

END OF NOTICE