

Committee Secretary

Economics and Governance Committee

Parliament House

George Street

Brisbane Qld 4000

Dear Committee Secretary,

I am writing a submission to not extend the Public Health and Other Legislation (Further Extension of Expiring Provisions) Amendment Bill 2021.

The current restrictions are not in line with the reality of what is happening with the virus and to extend that date out to 30 April 2022 is a gross overstep of power by the government. In my opinion it shows a lack of confidence in government to get this under control to push the dates out this far. Throughout history we have seen temporary measures pushed out until they become permanent and then there is no turning back with loss of freedom and dictatorial governments not relinquishing power.

If this was seriously about health we would be exploring all options to end this immediately, instead we are pushing a biologic treatment from Pfizer that is only approved for emergency use/provisional use. In the TGA summary (<https://www.tga.gov.au/apm-summary/comirnaty>) dated 25th of January 2021 it states that this is a new biologic entity in which the product name is Comirnaty.

Under the, what was approved tab on this website it states "The decision has been made on the basis of short-term efficacy and safety data. Continued approval depends on the evidence of longer-term efficacy and safety from ongoing clinical trials and post-market assessment."

This says to me that the efficacy is unknown at this time as well as safety? No one is saying this when they are urging or coercing people to take this with the constant harassment on TV by government officials/bureaucrats and celebrities, all this for a virus with a %99 survival rate for those not at risk. Are people getting informed consent on this? This is a very fine line for if there are long-term issues with these treatments, which there are no studies for, the government and people pushing this are leaving themselves open to legal action. This also says to me that this is still in clinical trials, as evidenced by the federal health minister Greg Hunt when he admitted this in a TV interview on the ABC.

Source <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/interview-with-david-speers-on-abc-insiders-on-the-covid-19-vaccine-rollout>

"DAVID SPEERS:

So the first goal is trying to protect against the virus coming into Australia, that's vaccinating the quarantine workers, border workers and so on. The longer-term goal is herd immunity?

GREG HUNT:

Well, obviously that is a long-term goal, but one of the things we've been cautious of is that you have three factors.

You have coverage, you also have the question of the transmission capacity and impact, although the evidence coming out of international studies now, both clinical trials and real-world data, is that the different vaccines are showing a strong transmission impact.

But we always have to be aware of the capacity of the virus to mutate, and we have to look at what is called the longevity of the protection with regards to the antibodies that are developed, and the world doesn't know that answer.

The world is engaged in the largest clinical trial, the largest global vaccination trial ever, and we will have enormous amounts of data.

But what's the message for the public? It's safe, it's effective, it will help protect you, but it will also help protect your mum and dad, your grandparents, your nonna, all of Australia."

Again at the end of this, emotional coercion.

<https://www.tga.gov.au/apm-summary/comirnaty>

Under the tab, what post market commitments will the sponsor make, it states:

"Clinical studies

The following study reports of the two ongoing studies will have to be submitted before a definitive authorisation can be considered:

- Submit safety analysis at 6 months post Dose 2 from Study C4591001 (Phase II/III) when the analysis is available.
- Submit the final completed study report for Study C4591001 with 24 months follow up duration when it becomes available.
- Submit final study reports for Study BNT162-01 once completed, including data on healthy subjects.

When available, further data relating to vaccine efficacy against asymptomatic disease, vaccine efficacy in immunocompromised subjects, paediatric subjects, pregnant women, lactating mother, and the information relating to post-market safety and effectiveness studies should be provided to the TGA, as separate submissions, to update the PI."

This says to me that it is still in the trial phase, how come this is not being put on the adverts etc to get "vaccinated"? This then leads into the TGA VAERS reports source <https://www.tga.gov.au/periodic/covid-19-vaccine-weekly-safety-report-10-06-2021> "To 6 June 2021, the TGA has received 272 reports of death following vaccination for COVID-19 vaccines." Does this not concern you that there are this many deaths after administration of a "vaccine"?

AstraZeneca started out safe and we now know that European countries have stopped its use. Now we have reports of heart inflammation in younger people with the Pfizer vaccine <https://www.cnn.com/2021/06/26/fda-adds-warning-of-rare-heart-inflammation-to-pfizer-moderna-vaccines.html>. Is this going down the same path as the AstraZeneca vaccine? Why aren't safe alternative treatments being sought to treat covid-19? Why aren't the adverts mentioning it is only provisionally approved? Why has the safety advice for the Comirnaty "vaccine" not been updated?

Efficacy of vaccine is unknown due to ongoing clinical trials : <https://www.tga.gov.au/sites/default/files/auspar-bnt162b2-mrna-210125-pi.pdf>

"Duration of protection: The duration of protection afforded by COMIRNATY is unknown as it is still being determined by ongoing clinical trials."

Safety issues have not been updated to include heart inflammation in the above PDF.

The outright censorship of alternative treatments is criminal, the QLD CHO essentially banned Hydroxychloroquine (HCQ). The CHO has not even looked at the Ivermectin protocol, yet there is evidence from Slovakia and India that this works. India and the Indian strain were in the news as a human catastrophe, then they started using the Ivermectin protocol and quickly turned their experience with the pandemic around, however the media has failed to cover this. When things started to turn around the "Indian strain" then changed to the "Delta strain", I believe so as to take the attention away from the success that India had with treating Covid-19 with the Ivermectin protocol.

In regard to India and Ivermectin:

<https://clarion.causeaction.com/2021/06/21/why-was-news-of-indias-success-with-ivermectin-suppressed/>

"In 2015, Ōmura and his partner William Campbell were awarded the Nobel Prize in Medicine for their discovery of Ivermectin and its anti-parasitic properties. In 2012, Dr. Kylie Wagstaff discovered that Ivermectin also possessed antiviral properties. Early in the pandemic, Wagstaff and a team of researchers at Monash University in Melbourne, Australia conducted cell culture experiments to see if Ivermectin might be a useful therapy in the war on COVID. Their findings blew away all expectations.

Ivermectin halted the replication of the virus and completely eradicated it from the cell culture in under 48 hours. [Their findings](#) were released on April 3, 2020. Since then, the findings have been replicated in over 60 trials and natural experiments, including 31 randomized control trials. Most of the suffering could have been avoided, but the bureaucrats who run our public health establishments condemned hundreds of thousands of Americans to death.

India's surge was over in a matter of weeks. India's doctors and public health authorities responded much more effectively and intelligently than our own. India's Ministry of Health and Family Welfare [revised its guidelines](#) on April 28 to include a recommendation that asymptomatic and mild cases be treated with Ivermectin. Along with the government, the Indian Council of Medical Research and AIIMS, Delhi (India's premier medical college and hospital), and many state government and health authorities also [bucked World Health Organization recommendations](#) and urged the use of Ivermectin. Since then, case counts have declined in Delhi by 99 percent, in Uttar Pradesh by 98 percent, in Uttarakhand by 97 percent, and in Goa by 90 percent.

Why would this information be suppressed by our media outlets? Well, under the FDA's rules, an emergency use authorization (EUA) like the ones given for the three main experimental gene therapy vaccines can only remain in force so long as there is not a superior alternative therapy available. When you consider that the absolute risk reduction from taking Ivermectin as a COVID prophylaxis is [far superior](#) to that of the products from Pfizer, Moderna, and Johnson & Johnson, the justification for administering these experimental treatments disappears."

Why is this not being explored? It seriously gives thought that the government has made up its mind or has other incentives that the Pfizer biologic treatment and other biological treatments are the only way out of this. The censorship of this and doctors speaking out against this by big tech companies is criminal and needs to be addressed however this is a separate issue. Why are the QLD government not looking at this? Restrictions could be greatly reduced right now if we looked at these alternative treatments, people say they are not approved, however these

biologics are only emergency/provisionally approved so why are we not looking at emergency use of Ivermectin?
With the above article it appears that the CHO and the QLD government are criminally negligent.

The transparency from the government around the whole pandemic has been dismal at best and the transparency around the PCR test is extremely poor. There are great concerns around the PCR with regards to what the level is used for the CT (cycle thresholds) for testing and also what are the PCR CT (cycle threshold) cut-offs being used? What levels are being used and where are they stated? They are extremely hard to find and there has been a lot of debate about higher cycle thresholds causing false

positives. https://medicine.yale.edu/labmed/sections/virology/COVID-19%20Ct%20values_YNHH%20Aug.%202020%20395430_36854_v1.pdf

- Standard tests diagnose large numbers of people carrying insignificant amounts of virus.
- Most are not likely to be contagious. If Ct >33, virus not grown in culture.
- A cycle threshold >35 is too sensitive.
- A more reasonable cut off is Ct 30-35 or even Ct <30.
- In NY state lab, 50% of recent positives had Ct >35.
- In MA, 85-90% of positives in July had Ct >30.
- Cycle threshold is never included in the results sent to clinicians.
- For outbreak tracing, cheap and abundant rapid tests are needed, even if less sensitive

Has the government been altering these throughout the pandemic? If they have been altered what were the changes and when? What companies are we using for the PCR test and do any government members have affiliations with these companies? There needs to be more transparency around this. There are now reports coming out of NSW that during the whole pandemic there has not been one case of outdoor transmission. Is this the case for QLD as well?

Viruses tend to mutate to be less deadly over time which appears to be what we are seeing in QLD with the "Delta strain".

<https://www.aljazeera.com/news/2020/8/18/mutated-coronavirus-may-be-less-deadly-expert-suggests>

"An increasingly common mutation of the novel coronavirus found in Europe, North America and parts of Asia may be more infectious but appears to be less deadly, according to a prominent infectious disease specialist. Tambyah said most viruses tend to become less virulent as they mutate.

"It is in the virus' interest to infect more people but not to kill them because a virus depends on the host for food and for shelter," he said."

The amount of fear being spread by politicians and talking heads on TV needs to stop, it is totally irresponsible to induce fear to try and get "vaccination" numbers up. It appears that the virus is getting less deadly, should we be focusing on this, instead of trying to induce fear?

Another area of concern is the transparency around "vaccine" certificates and digital ID, they have just shown up in the mygov application, where is the discussion around this with regards to privacy? Where is the opt out option? There has been no discussion about this at all it has just been put in on the sly, once again hoping people would not notice and hold the government accountable. The government tried to employ the myhealth app through mygov

app some time ago, this had an opt out option and a lot of people did opt out. It seems that the government failed with this, and the vaccine certificate seems to be a myhealth by stealth.

The government should not be able to force this on the people as there are serious concerns around privacy and security, selling of medical data, leaking of medical data, this needs to be addressed. How would you feel if you had a serious medical condition like HIV and someone in the government was able to look this up and leak it? There needs to be an opt out option for this, the same with regards to privacy and security concerns with the digital ID it needs to be by option.

This treatment or any medical treatment should be between the patient and their doctor, the government has no right to know what medical treatments individuals have had or have not had. The argument that we have had "vaccine passports" before for things like yellow fever is moot, as this vaccine was researched for years, not under emergency use and the "passport" was from your doctor and not controlled or held by the government digitally.

With the issue of "vaccination", "vaccine passports" and "vaccine certificates" with regards to only certain restrictions applying to "vaccinated" people, this carries no logic at all. At the start of the pandemic we were told to give up our freedoms so that we could protect the elderly, immunocompromised and vulnerable. So we now know that people who are "vaccinated" can still pass the virus on. <https://www.bbc.com/future/article/20210203-why-vaccinated-people-may-still-be-able-to-spread-covid-19>

"There's no evidence that any of the current covid-19 vaccines can completely stop people from being infected - and this has implications for herd immunity." So now if they are given exemptions then they will become super spreaders that will in effect spread the virus to the vulnerable and immunocompromised who cannot get vaccinated for whatever reason.

How does this make any sense? We are not safe until we are all safe is the latest ad on the TV. If that is the case, they need to state that the virus can still be transmitted if you are vaccinated because that does not make the immunocompromised safe. If vaccinated people are then able to move freely and then spread the virus does this then open up the possibility of more strains developing?

So unvaccinated people can pass the virus on, and "vaccinated" people can pass the virus on, so shouldn't they both have the same amount of freedom of movement? This is insane, this makes no sense at all and is coercion to get the vaccine. Once again other treatments like the Ivermectin protocol etc can help, this is deliberately divisive by the government. It seems that the federal and state government are trying to create a 2 tier society with linking "vaccination" with reduced restrictions, even though this does not make any sense at all. Also conveniently this will now be monitored through the mygov "vaccine" certificate which we have had no say on and there is no opt out option, once again this has tried to be bought in underhandedly with no debate or oversight. The government should not be in control of this data which is between a doctor and patient. There are serious security issues around a "vaccine" certificate controlled by the government.

With regards to "vaccination" the government should be looking at whether someone has had the virus and has natural immunity before "vaccinating". We know the virus spreads with the majority of people not even having symptoms. What if the virus has spread through the majority of the population already? We are exposing them to unnecessary emergency use/provisionally approved treatments. Natural immunity needs to be included as having been vaccinated.

When "vaccinated", the body produces the spike protein from the coronavirus so the body can recognise it and then body can then fight it if the body gets infected with Covid-19. It appears that in a lot of countries after they initiate a vaccine program, they then see an increase in positive cases, then the cycle perpetuates. More cases, more testing, more vaccination. Are we seeing more cases because of vaccinations, specifically testing picking up traces of the spike protein? Have there been any studies done on if vaccinated people spread or shed the spike protein? In Pfizers own intervention study it states that occupational exposure is a potential risk for an AE (adverse event) https://media.tghn.org/medialibrary/2020/11/C4591001_Clinical_Protocol_Nov2020_Pfizer_BioNTech.pdf

Section 8.3.5.3 Occupational exposure

An occupational exposure occurs when a person receives unplanned direct contact with the study intervention, which may or may not lead to the occurrence of an AE. Such persons may include healthcare providers, family members, and other roles that are involved in the trial participant's care.

The investigator must report occupational exposure to Pfizer Safety within 24 hours of the investigator's awareness, regardless of whether there is an associated SAE. The information must be reported using the Vaccine SAE Report Form. Since the information does not pertain to a participant enrolled in the study, the information is not recorded on a CRF; however, a copy of the completed Vaccine SAE Report Form is maintained in the investigator site file.

This has massive ramifications, as someone who is "unvaccinated" could be exposed to an adverse event from a "vaccinated" person.

WHO has changed the definition of Immunity to remove "immunity developed through previous infection". This is to focus on the only way to be able to achieve herd immunity is to "vaccinate" everyone, which is patently wrong. Naturally acquired immunity should be recognised especially with a virus that has a %99 recovery from groups that are not at risk.

See sources:

<https://web.archive.org/web/20201023093420/https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19-serology>

<https://web.archive.org/web/20201124094747/https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19-serology>

<https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19-serology>

CDC definition of vaccine is:

A suspension of live (usually attenuated) or inactivated microorganisms (e.g. bacteria or viruses) or fractions thereof administered to induce immunity and prevent infectious diseases and their sequelae. Some vaccines contain highly defined antigens (e.g., the polysaccharide of *Haemophilus influenzae* type b or the surface antigen of hepatitis B); others have antigens that are complex or incompletely defined (e.g. *Bordetella pertussis* antigens or live attenuated viruses).

There is no mention of mRNA treatments so to call these vaccines is misleading. Mirriam Webster quietly changed their definition of vaccine to include mRNA treatments, these companies and organisations are rewriting history.

WHO changing definitions of other words in their glossary of terms and making it harder to track them as they have migrated their websites to another server or updated their website. These institutions are rewriting history with no oversight.

Mask mandates by the QLD government for everyone go against WHO which recommends only people with the disease or in close contact with the disease use them <https://www.weforum.org/agenda/2020/03/who-should-wear-a-face-mask-30-march-who-briefing/>

I also note the concerning use of QR codes being expanded, this is totally out of line with how many cases we have in the state of QLD. I.e is it appropriate for people living in the middle of nowhere to have to sign in to go shopping, this is an intrusion of privacy. Approximately a week ago (26/06/2021) I noticed on the QLD health government website that the QR code checkin app would be extended to more places around QLD, namely supermarkets, which is to come into effect on the (9/7/21). This is already trying to be enforced by supermarkets even though it has not come into effect yet. This is extremely concerning, there were no media releases and I did not see it covered on the news that this would be happening.

It is almost as if you want to sneak these measures in while no one is paying attention, to avoid accountability. In these announcements the government needs to come out and say that these are temporary measures, the lack of language around this being temporary is concerning. Once again we have privacy issues with the check in app with instances of police departments being able to use this information in criminal complaints and we have only just seen the implementation of these. The increase in scams targeting mobile phone numbers has seen a dramatic rise since the checkin app has been in use. Where is our data going?

The lockdowns have caused no end of mental health issues and small businesses have been decimated. Where is the logic in letting big retail chains and supermarkets stay open while the small businesses are ordered to close? The absolute shamelessness in the government ordering shutdowns and politicians and public servants not losing any of their income is not lost on the people of Queensland. I am fortunate enough to have at this stage not had to lose any work or pay. However, if I were ordering lockdown and forcing people to close business it might be a small gesture to receive less pay and donate to some people of whom my actions have affected.

In finishing are we supposed to put our faith in companies with a history of corrupt practices (Pfizer) fined \$1.2 billion for bribing doctors (Pfizer received a fine of \$1.2 billion for bribing doctors <https://www.nbcnews.com/id/wbna32657347>), or a company (Moderna) never having a drug, FDA approved? (Moderna have never had one of their products FDA approved <https://www.marketwatch.com/story/moderna-nears-its-first-ever-fda-authorization-for-its-covid-19-vaccine-11608134670>) "(Moderna) The company, which has no FDA-approved or authorized products"

Or do we look at options that have worked in other countries around the world by the 2015 Nobel prize winner in Physiology or medicine 2015 William C. Campbell and Satoshi Omura. <https://www.borgenmagazine.com/nobel-laureates-global-health-ivermectin/>

It is time to stop the blame game between state and federal government, put people before pharmaceutical profits and not hitch our success to "vaccines" only. It seems that "vaccines" have been given the go ahead so that the government can then use the new "vaccine" certificate as a means to try and coerce more people to get the emergency use/provisional use mRNA treatment by restricting travel or other rights and also to create a divide in society. We need to look at cheap alternative treatments that have had success around the world in other countries, regardless of pressure from external influences. Greater transparency is needed around government decisions with regards to decisions made to "lockdown" i.e. testing, cases, positivity, CT thresholds, CT cutoffs, where infections occurred, i.e indoors or outdoors. Issues around the use of a "vaccine" certificate controlled by the government that has just coincidentally turned up in mygov without any notice, debate or consultation is extremely concerning, especially when the state and federal governments are threatening to use this to exclude people from society. This is a medical procedure that is to be discussed between a patient and their doctor and is to have no coercion, input or oversight from government. Medical records should be private and not be able to be used in the "big" data sphere, where is our medical data going? Who would trust the government to keep their data safe? The same case goes for the digital ID that has also coincidentally turned up in mygov, without any debate, if this is linked to your bank accounts, passwords, "vaccine" certificate, will the government be able to turn your "digital ID" off and therefore your bank accounts if you do not submit to an emergency use/provisional use mRNA treatment or other treatments in the future? This is truly frightening and needs to be addressed. This could not only be used for medical treatments again in the future but could be a form of retribution for political opponents or dissidents in the future.

Having family that lived through world war 2 and told of the horrors around people being marked and excluded for being of a particular race is frightening, only to be taken to their death under the guise of it being for their own safety. It is frightening now, that people are being threatened to be excluded from society because they will not take a “vaccine” for their own safety. Do you not see how insane this is?

It seems very coincidental that when the SOE is due to expire a few new cases pop up to be able to extend the SOE powers, I do not need to source this data as you know when these occurred. If this bill was limited to month-by-month extensions, with reviews and debate along with voting on whether to extend it or not, it would deliver greater transparency to the people of Queensland. Vaccine certificates and digital ID need to be removed from government control as this will be abused in the future. It is time to stand up and be accountable to the Queensland people. Thank you for your time.

Regards

Rohan Bartlett

