

From: [REDACTED]
To: [Economics and Governance Committee](#)
Subject: Objections to extending Emergency Powers.
Date: Tuesday, 6 July 2021 1:18:01 PM

To whom it may concern,

Proposal for extension of Emergency Powers.

I am in complete opposition to these powers being extended for yet another year. My understanding is that Emergency Powers were originally granted as a short term measure to 'flatten the curve', but now seems to be used as a long term treatment. COVID 19 is known to generally be mild unless affecting particular populations such as the elderly and those with co-morbidities. The emergency powers have been used to restrict the freedoms to all, regardless of risk or health.

Perception Vs Reality

There has been so much fear injected around the subject of COVID transmission and treatment, that the science has often been overlooked. I urge the committee to look at the science itself and make a decision based on the evidence, rather than the fear narrative.

The way that COVID 19 is reported gives a false impression of severity. Research consistently demonstrates that cases DO NOT = severity and yet decisions to implement restrictions are being made based on the number of cases. Determining the need for emergency powers to enforce a variety of restrictions based on case numbers, does not accurately represent the risk to the population.

Many cases have been classified 'with COVID', which can mean a positive test whilst not requiring and treatment for COVID, eg stage 4 cancer, strokes, heart attacks. This further scues the data. Never before have I seen such poor science used to make decisions such as what constitutes an emergency.

The WHO (2020) acknowledges that 80% COVID 19 cases are either asymptomatic or mild. Data from 44000 confirmed COVID 19 cases, also demonstrated this (CCDC,2020). In those who are asymptomatic or have mild symptoms, transmission is low, (estimated between .02-1%).

Statistics generally show around a 99% recovery rate.

Clearly, COVID 19 poses most risk to specific groups such as the elderly and those with multiple co-morbidities who are easy to isolate and protect.

However, the emergency powers have been used to withhold the freedoms to all, the majority of whom are healthy and constitute a low risk of both transmission and severity. It would be far more intelligent and effective to focus services and support on those that are most at risk and allow the majority who are at low risk to maintain their constitutional right to freedom of choice and movement.

It seems that there is an intention to wait until there are no COVID cases before stopping emergency powers. Waiting until there are zero cases of COVID-19 is unrealistic. By the nature of viruses, they will constantly evolve into other strains in the same way that the flu virus does. After 60 years of developing and researching flu vaccinations, they still only remained 40-60% effective, which of course means that they were also 40-60% ineffective.

Waiting for the majority of Queenslanders to be vaccinated with what are still experimental and unapproved vaccines that have little short term and no long term data should not be viewed as the ‘magic bullet’, because the reality is that there is no data to support any particular outcome.

Modelling.

One common argument I have heard to validate the need for emergency powers is to ensure that hospital services will not become overwhelmed, however reviewing the projections made shows that COVID modelling has always been vastly inflated and reviews of deaths and actual requirement for ICU beds shows no challenge to our health care system.

It was suggested in the modelling that 35,000 ICU beds would be required if there was an uncontrolled spread, 17,000 when implementing isolation and quarantine and 5000 with adding social distancing. Clearly these statistics are not remotely indicative of the reality and yet no one has updated the modelling based on the science that is now available.

At the time of writing this, there have been 7 deaths in total in Queensland and 47 current hospitalisations. To put this in perspective the Australian Bureau of statistics recorded that there were 56,584 notifications of flu and 264 deaths due to influenza in Queensland in 2017 and this is after a long term vaccination programme.

Emergency powers were partly implemented in response to the fear that our medical system would be unable to provide care to the perceived numbers infected by COVID-19. This is clearly not the case. And whilst some may suggest that this may be because of the response, data from countries that have not implemented restrictions, still document lower death rates than those who have. This is also supported in the USA, where states such as Florida and Texas have much lower deaths rates than other States who have imposed restrictions.

Alternative ways to reduce transmission and severity of COVID, rather than withdrawing freedoms.

My understanding is that emergency powers are only granted in extenuating circumstances when there seems to be no other alternatives in dealing with the ‘emergency’. However there are many options that are being ignored or disregarded, perhaps because of the reliance on a preferred, singular solution.

There is so much evidence that change of lifestyle improves immunity and severity of diseases including viruses, such as stopping smoking and drinking alcohol, avoiding processed foods, eating a healthy diet as well as stress reduction, exercise and rest. None of this fundamental information has been publicly advocated by the government and ‘health experts’. In fact the narrative has almost completely focused on fear, without offering any information to empower individuals to take responsibility for their own health.

There is substantial, good quality independent research that gives lots of information about how individuals can support their immunity to limit transmission or minimise severity of symptoms by taking vitamin C, Zinc and vitamin D. In fact, in the US many hospital treatment protocols include vitamin C, D and zinc. There are several studies that show vitamin D levels are lower in COVID positive individuals. This is an easy fix, but we hear nothing about it. Vitamin D is produced within our bodies as a result of being in the sun. Here in Queensland, we are lucky enough to have an abundance of sunshine, even in Winter. Lack of awareness (because this information hasn’t been shared), as well as lockdowns and restrictions reduce the availability of this effective and free resource. Of

course Vit C, D and Zinc are all available as cheap and safe supplements for individuals to take. Withholding this information and promoting the idea that we are helpless victims creates more fear, stress and almost creates a paralysis, which is not conducive to creating a healthy population.

There is also substantial, scientific proof of the effectiveness of the drug ivermectin to reduce not only transmission but also act as a treatment. I have included links below to just some of the mounting body of research for your interest. In fact, in [The IVERCAR study \(NCT04425850\)](#), ivermectin was shown to be 100% successful as a prophylactic treatment; 788 Health care workers self administered ivermectin as a prophylactic treatment, compared to a control group of health care workers who did not receive treatment. None of the ivermectin group developed COVID, opposed to 58% of the control group who tested positive. This is just one example of an alternative option. Scientific data from across the world offers many others, from steroids, hydroxychloroquine, hydrogen peroxide nebulisers which are being used around the world with great success, although ivermectin which has extensive safety data over decades, is cheap and found to be effective in both preventative and as a treatment for active stages of COVID, reducing deaths by 80% should be changing the narrative. To say that we have no alternative options is untrue. It is more that alternatives that do not align with the narrative, are being ignored or disregarded.

Ivermectin :

- [7 Antiviral Research June 2020; 178: 104787](#)
- [2, 13, 15, 18 FLCCC December 8, 2020](#)
- [3, 14 Medpage Today January 6, 2021](#)
- [4 Evidence-Based Medicine Consultancy Ltd](#)
- [5 Trial Site News April 9, 2021](#)
- [6 Indian Journal of Tuberculosis July 2020; 67\(3\): 448-451](#)
- [8 Financial Express April 14, 2021](#)
- [9 WHO Therapeutics and COVID-19: Living Guideline March 31, 2021](#)
- [10 WHO March 31, 2021](#)
- [11, 12 The Blaze April 1, 2021](#)
- [16, 19 FLCCC January 7, 2021 Press Release \(PDF\)](#)
- [17 Newswise December 8, 2020](#)
- [20 FLCCC Summary of Clinical Trials Evidence for Ivermectin in COVID-19 \(PDF\)](#)
- [21 Frontiers of Pharmacology 2020 DOI: 10.3389/fphar.2021.643369](#)
- [22 c19Ivermectin.com](#)
- [23, 25 FLCCC Alliance I-MASK+ Protocol](#)
- [24, 26 FLCCC MATH+ Hospital Protocol](#)
- [27 Journal of Intensive Care Medicine December 15, 2020 DOI: 10.1177/0885066620973585](#)
- [28 U.S. FDA March 5, 2021](#)
- [29 U.S. FDA December 16, 2020](#)
- [30 Ivermectin for COVID Conference](#)
- [31 Ivermectin for COVID Conference Speakers List](#)
- [32 Bird-group.org Conference videos](#)
- [33 The Desert Review May 6, 2021](#)

I sincerely hope that the committee will investigate and consider my points above. Emergency powers should not be used as a treatment to COVID. It is time to respond differently and consider the larger perspective. The government have had a over a year to develop other responses as well as an exit strategy and yet they rely on the use of emergency powers, restrictions, lockdowns and limiting freedoms of all of those in Queensland, rather than responding sensitively and intelligently to the populations at risk. I

think the huge effect that restrictions, lockdowns and mandating behaviours (enabled by the emergency powers) has had on individuals mental health, showing increases in anxiety, depression, suicide, self harming, DV, physical health, effects on economy, livelihoods, as well as our constitutional right to freedom of choice and movement being denied, often gets marginalised and ignored in the shadow of a virus that is either asymptomatic or mild in 80% of those effected. I believe it is time for the emergency powers to be withdrawn or at the very least limited, with an exit strategy over the next couple of months to be implemented so that we can all get back to enjoying the freedoms that are our right under constitutional law.

Regards

Jo Christmas

