Riga Walsh
[redacted]

7 July 2021

Committee Secretary

Economics and Governance Committee

Parliament House George St

Brisbane Qld 4000

Dear Members of the Economics & Governance Committee

RE: PUBLIC HEALTH AND OTHER LEGISLATION (FURTHER EXTENSION OF EXPIRING PROVISIONS) AMENDMENT BILL 2021.

Objectives of the Bill
In light of continuing risks associated with the *COVID-19 pandemic*, 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
- implement additional, minor improvements to those provisions, to:
  - clarify that quarantine directions may be served electronically
  - 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).

There are several issues I would like to bring to the attention of the committee for your review:

1. There is no pandemic in Australia.
2. The recent recurrences of community transmission is questionable given that the PCR testing cannot be relied upon.
3. Federal Legislation takes priority over Queensland legislation. Therefore the current Public Health and Other Legislation (Further Extensions of Expiring Provisions) Amendment Bill is irrelevant, where it contravenes the PRIVACY ACT 1988 - SECT 94H, BIOSECURITY ACT 2015 - SECT 60 & 61

ISSUE 1 – THE COVID 19 PANDEMIC

There is no pandemic in Australia, for the following two reasons:

1. The figures from the Australian Bureau of Statistics for 2020 do not evidence a pandemic, as death rates are lower than previous years.
2. Now that over 12months of statistical data is available, the death rate from Covid 19 is lower than annual influenza death rate.

Covid Statistics for Australia

ABS Statistics in the below table reveal that the total 2020 deaths from Covid 19 infections together with Respiratory diseases, Influenza and Pneumonia, Pneumonia and Chronic lower respiratory diseases for 2020 was 23,754, which was 4,303 less than the 28,057 for the average of the previous years 2015-2019. We have been told there is a pandemic which has resulted in increased deaths. This is clearly incorrect based on the ABS mortality statistics.

Covid 19 has now been proven by scientific to be little more than the annual flu virus. These statistic show that the pandemic or threat to the Australian public is no more than the annual flu.

Monthly doctor certified deaths, 2020													
	2020	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
All causes													
2,020	**141,116**	11,196	10,799	11,789	11,678	12,242	11,535	12,538	12,906	11,973	11,698	11,229	11,533
2015-19 average	**140,892**	10,906	9,975	11,078	11,008	12,058	12,258	13,241	13,560	12,579	12,048	11,077	11,104
2015-19 minimum	**137,278**	11,408	10,399	11,467	11,352	12,482	12,904	13,971	14,606	13,603	12,294	11,387	11,273
2015-19 maximum	**144,104**	10,444	9,601	10,727	10,766	11,608	11,786	12,887	13,047	11,948	11,642	10,626	10,820
COVID-19													
2,020	**832**	0	0	21	63	9	2	133	445	139	15	4	1
Respiratory diseases													
2,020	**12,022**	1,025	949	1,107	1,009	1,027	987	1,020	1,048	1,046	917	903	984
2015-19 average	**14,350**	971	849	945	985	1,177	1,248	1,491	1,723	1,583	1,306	1,068	1,004
Influenza and pneumonia													
2,020	**2,131**	179	183	237	232	189	186	192	186	152	129	123	143
2015-19 average	**3,332**	189	165	178	208	249	280	358	491	466	322	226	200
Pneumonia													
2,020	**2,089**	169	175	219	228	189	185	191	186	152	129	123	143
2015-19 average	**2,723**	177	156	166	187	222	245	296	330	294	255	207	188
Chronic lower respiratory conditions													
2,020	**6,680**	568	538	605	526	550	547	537	570	602	549	520	568
2015-19 average	**7,652**	549	467	530	531	651	665	802	858	785	678	582	554

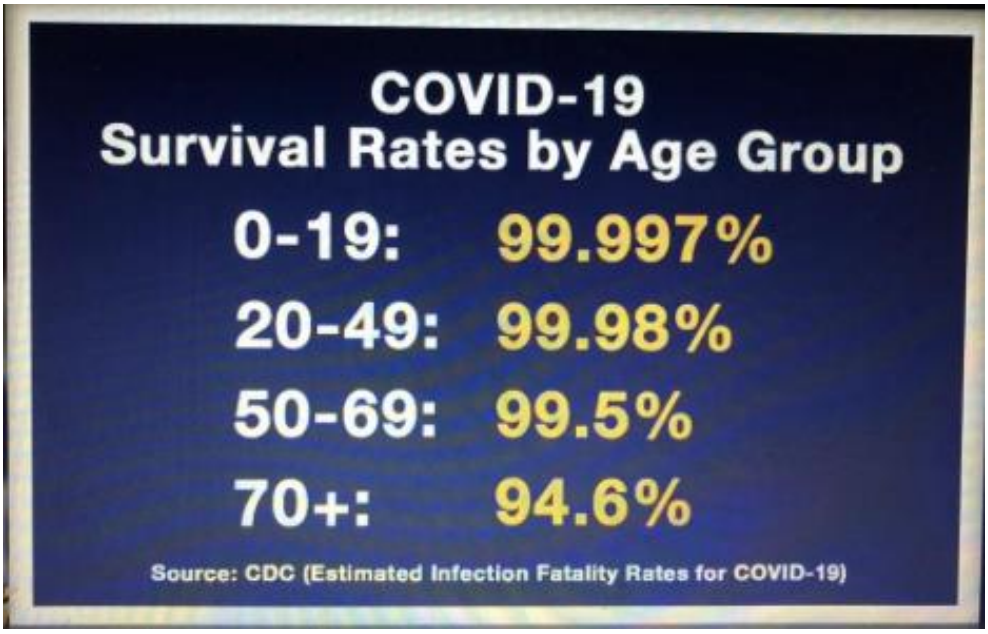
Source:https://www.abs.gov.au/7a461330-03ce-44cd-9cb7-5ca73d8a140a

The validity of the above stated Covid 19 death statistics is highly questionable.

Covid 19 deaths have been inflated. People have shared that hospitals and nursing homes recorded the deaths of their loved ones as Covid 19 deaths, despite their loved ones pre-covid being terminally ill and dying of other causes. This is an obvious fraud by hospitals and nursing homes to obtain additional funding that was available for Covid 19 deaths in their care. Not unlike the debacle that happened as a result of the frauds associated with the Governments Home Insulation Program.

Covid Survival Rates

The US CDC (Centre for Disease Control) survival rates for people infected with Covid 19 are for the USA, a country that has failed to manage the so called pandemic as well as Australia. These figures also support the conclusion that Covid19 is the annual flu virus renamed.



According to medical evidence Covid19 is at most a seasonal flu type epidemic. As such there is nothing that justifies declaring states of emergency or a disaster. Covid19 has been found to be a type of flu (coronavirus) with an estimated 99.9% survival rate across all age groups, except the highest risk group of over 70 where it is estimated at 94.6%. Evidence also shows that most of the people in this age group who died from Covid19 also had co-morbidities.

ISSUE 2 – "THE RECENT RECURRENCE OF COMMUNITY TRANSMISSION"

The second issue for the Committee to review is recent recurrences of community transmission. The identified cases of Covid 19 often occur in people with no symptoms of Covid19 but are diagnosed by the PCR test which is unsuitable for the purpose of diagnosing Covid 19.

Covid19 - PCR Testing Issues

1. The inventor of the PCR test has stated that the PCR test should not be used as a diagnostic tool.
2. The WHO says that PCR testing should not be used beyond 20-25 cycles. According to Dr Druce, PCR tests for COVID-19 are analysed through "about 40 to 45 heat and cooling cycles", with most tests in Australia capped at 40 cycles, which simply multiplies any contamination.
3. The PCR testing has revealed inaccuracies, with false positives and false negatives being recorded.

The PCR technique was developed in 1986 by chemist **Kary B. Mullis**, recipient of the Nobel Prize in Chemistry in 1993. According to Kary Mullis", PCR cannot be totally and should never be used in "the diagnosis of infectious disease."

In their Journal of Occupational and Environmental Medicine article, False Positive Results With SARS-CoV-2 RT-PCR Tests and How to Evaluate a RT-PCR-Positive Test for the Possibility of a False Positive Result, Braunstein; Schwartz et al have stated that: "The test will detect 95 of the infected persons and five will be falsely negative. For those who are not infected, 9702 will be correctly diagnosed and 198 will be false positives. The PPV is 95/95 + 198 or 32.4%. In this case, 2/3 of the positive results are false positives. For a prevalence of 0.1%, the PPV drops to 4.5%."

False positives can be attributed to a range of issues, as listed in the below table.

TABLE 1 - Causes of False Positive SARS-CoV-2 RT-PCR Results (Modified From Ref[12,13])

- Contamination during
  - Sampling (eg, an infected worker or surfaces; aerosolization of virus during collection)[15]
  - Extraction (eg, aerosolization in containment hood)
  - PCR amplification
  - Production of Lab Reagents (eg, manufacturers of the positive control may have contaminated other reagents produced in the same facility; contamination of other consumables)[17–19]
- Contamination of the equipment by high viral titer specimens (eg, sample carryover)[16]
- Cross-reaction with other viruses (eg, other coronaviruses)
- Sample mix-ups
- Software problems
- Data entry or transmission errors
- Miscommunicating results
- Variations in parameters around the LOD and definition of an indeterminate result[14,16,20]
- Assuming that an indeterminate result is a positive
- Non-specific reactions[15]

https://journals.lww.com/joem/Fulltext/2021/03000/False_Positive_Results_With_SARS_CoV_2_RT_PCR.23.aspx

Perusal of the chart reveals that well trained staff, who follow the procedures are tantamount to ensuring false results are not higher. Consequently given the Australian testing facilities set up, experience of staff and the pressure they are under, contamination would be a concern.

This is confirmed by Braunstein; Schwartz et al, who in their conclusion state " we have provided additional evidence that false positive SARSCoV-2 PCRtest results do occur in the clinical setting and are especially a problem in a low prevalence screening situation where the prior probability of a positive test is low.

Concerns about the relevance of PCR Covid 19 testing is shared by a team of over 1,000 lawyers and over 10,000 medical experts led by Dr. Reiner Fuellmich who have begun legal proceedings against the CDC, WHO & the Davos Group for crimes against humanity. Fuellmich and his team present the faulty PCR test and the order for doctors to label any comorbidity death as a Covid death as fraud. The PCR test was never designed to detect pathogens and is 100% faulty at 35 cycles or higher. All the PCR tests overseen by the CDC are set at 37 to 45 cycles. The CDC admits that any tests over 28 cycles are not admissible for a positive reliable result. This alone invalidates over 90% of the alleged Covid cases/"infections" tracked by the use of this faulty test.

ISSUE 3 - LEGISLATION ISSUES

Federal Legislation takes priority over Queensland legislation. Australian Constitution Secion 109 states
"3.3 The Australian Constitution establishes a federal system of government in which legislative powers are distributed between the Commonwealth and the six states. Section 109 of the Australian Constitution provides that: 'when a law of a State is inconsistent with a law of the Commonwealth, the latter shall prevail, and the former shall, to the extent of the inconsistency, be invalid'.

Therefore the "Public Health and Other Legislation (Further Extension of Expiring Provisions) Amendment Bill 2020" and the "Public Health and Other Legislation (Further Extension of Expiring Provisions) Amendment Bill 2021 which was tabled in the Queensland Parliament on 16 June 2021, are invalid where they are conflicting with the Federal legislation. Consequently the conflicting legislation, and the subsequent decisions and actions taken by the QLD Premier, Deputy

Premier, Chief Health Officer, all State parliamentarians, any and all police officers or military in imposing actions under Queensland legislation that conflicts with Federal legislation are:

1. In Breach of the Australian Constitution Section 109
2. In Breach of the Privacy Act 1988 – Sect 94H (Please Refer Addendum A below)
3. In Breach of the Biosecurity Act 2015 –Section 60 (Please Refer Addendum B below)
4. In Breach of the Biosecurity Act 2015 – Section 61 (Please Refer Addendum C below)

To clarify, to mandate the following is in breach of the aforementioned Federal Legislation:

- Requiring people to use the Qld Check In App
- Requiring businesses to enforce check in to their premises and business using the Qld Check In App
- Requiring businesses to obtain private information from people visiting their premises and business
- Requiring use of face masks on people who are showing no symptoms of Covid 19 or have not been exposed to a person with Covid 19
- Forcing or coercing people to have PCR tests
- Lockdowns for healthy people who have not been exposed to a person with Covid 19
- Forcing people to submit to biosecurity orders
- Failure to issue biosecurity orders in writing to individuals in accordance with the Biosecurity Act 2015 Section 60 & 61
- Police arresting people for:
    - Not wearing masks,
    - Disobeying unlawful lockdown orders.
    - Refusing to have a PCR test

In 1945, the then Chief Justice Latham held that quarantine laws "may be regarded in most, if not all, of its aspects as a form of public health legislation. The Commonwealth has the power under section 51(ix) of the Constitution to make laws with respect to 'quarantine'. This is a power granted to the Commonwealth. Not the States. At [257] of the decision, Latham CJ held that the Commonwealth "could not pass a law requiring citizens of the States… to submit to vaccination or immunization".

So there are several important things that flow from this High Court decision.

- Vaccinations and immunizations are matters that fall within the category of 'quarantine'.
- Only the Commonwealth has the power to make laws with respect to 'quarantine' under section 51(ix) of the Constitution.
- The Commonwealth is prohibited from passing laws requiring citizens to submit to vaccination or immunization (which are quarantine matters).
- The States have no power to make laws with respect to quarantine, including matters dealing with vaccinations and immunizations (as Latham CJ held that these things are 'quarantine' matters).
- The States are unable to do something that the Commonwealth is prohibited from doing under the exercise of the quarantine power.
- Therefore the States cannot pass any law that requires citizens to submit to vaccination or immunization.
- Part 3B of the Public Health (COVID-19 Air Transportation Quarantine) Order (No 2) (NSW) 2021 is invalid.

TEMPORARY MEASURES PROPOSED UNDER THE BILL

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

- various amendments relating to planning requirements and environmental approvals
- amendments relating to access to relief measures for tenants and commercial lease holders
- 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)
- various measures to facilitate the holding of state by-elections and local government by-elections and fresh elections in a COVID-safe manner
- provisions enabling variations to liquor licensing to support temporary takeaway sales by operators of licensed venues disrupted by COVID-19
- 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.

Accordingly all of these measures which contravene the Federal Legislation are unlawful, and cannot be passed into Queensland State legislation.

OVERSTATING, OVER REACTING, AND FEAR MONGERING

In her parliamentary speech introducing the Bill, Hon. YM D'ATH (Redcliffe—ALP) (Minister for Health and Ambulance Services) stated: "In the early days of the pandemic, there were estimates that more than 12,000 Queenslanders would die in the first wave of the pandemic if the government did not take swift and decisive action to slow and contain the spread of the virus and protect the most vulnerable members of our society."

As with the guesstimates worldwide this mortality guesstimate was grossly overstated. To use these figures 18months later when it is known that the original guesstimates were invalid, is overstating Covid 19s potential and inflating the effects of the Queensland Governments overreaching and restrictive actions.

The Sunshine Coast was recently put into a three day lockdown from 6pm 29/6/21 to 6pm 2/6/21 because one person working in the mines had tested positive to Covid19 using the ineffective PCR test. This person made the below statement on the "Bli Bli Locals" Facebook Social media page. Despite this information being provided to the relative authorities, the lockdown was put in place and unnecessarily left in full force and effect for the full three days. Approximately 337,000 people together with holiday makers visiting the area in the Queensland School holidays were disadvantaged and many businesses closed for the three days. Actions like this are repressive, and comparable to Nazi Germany. This is NOT ACCEPTABLE!

THESE ARE THE FACTS
I am the person involved.
25th Friday June.
Flew from Granites Gold mine to Darwin. Caught a plane from Darwin to Brisbane . Caught a shuttle bus from Brisbane to residence in Bli Bli area. I wore a mask the whole time from Granites to the residence in Bli Bli including on the shuttle bus.
AT THIS POINT I HAD NO SYMPTOMS AND WAS UNAWARE OF THE VIRUS.
26th Saturday June
Left early from residence and travelled by car to Moura. I looked at my phone at this stage and found the notification from my work site stating that a positive case had been confirmed and that all employees were to get tested immediately and quarantine themselves.
I drove directly back to the residence in Bli Bli and quarantined.
26th Sunday June.
Went directly to Nambour Hospital wearing a mask for testing.
Came directly back to BliBli and returned to Quarantine. Once the positive result was confirmed I waited until an Ambulance collected me from the residence and transported me to SCUH where I will be in isolation until a negative result is obtained after 14 days Min.
AT NO TIME DID I MIX WITHIN YOUR COMMUNITY.
I WRITE THIS TO INFORM YOU ALL FOR PEACE OF MIND.
NO FURTHER COMMENTS TO ME WILL BE ANSWERED. THE ABOVE STATES THE TRUTH.

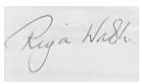
This Fear mongering must stop.

The Queensland Premier, appears to be more interested in minimising a non-existent pandemic, and taking actions she believes will get her re-elected, than she is in looking after the state economically and its people's physical and mental health. She would rather see Queensland businesses go broke, than allow this year's version of the flu to run its course. Queensland is not a dictatorship, but recent decisions actions and breaches of Federal Legislation, make it seem so.

I trust that you will find that this Bill is overreaching and in breach of Federal Legislation

If you require any further information or clarity please do not hesitate to contact me.

Kind regards



Riga Walsh

Addendum A

PRIVACY ACT 1988 - SECT 94H

Requiring the use of COVIDSafe

(1) A person commits an offence if the person requires another person to:

(a) download COVIDSafe to a communication device; or

(b) have COVIDSafe in operation on a communication device; or

(c) consent to uploading COVID app data from a communication device to the National COVIDSafe Data Store.

Penalty: Imprisonment for 5 years or 300 penalty units, or both.

(2) A person commits an offence if the person:

(a) refuses to enter into, or continue, a contract or arrangement with another person (including a contract of employment); or

(b) takes adverse action (within the meaning of the *Fair Work Act 2009*) against another person; or

(c) refuses to allow another person to enter:

(i) premises that are otherwise accessible to the public; or

(ii) premises that the other person has a right to enter; or

(d) refuses to allow another person to participate in an activity; or

(e) refuses to receive goods or services from another person, or insists on providing less monetary consideration for the goods or services; or

(f) refuses to provide goods or services to another person, or insists on receiving more monetary consideration for the goods or services;

on the ground that, or on grounds that include the ground that, the other person:

(g) has not downloaded COVIDSafe to a communication device; or

(h) does not have COVIDSafe in operation on a communication device; or

(i) has not consented to uploading COVID app data from a communication device to the National COVIDSafe Data Store.

Penalty: Imprisonment for 5 years or 300 penalty units, or both.

(3) To avoid doubt:

(a) subsection (2) is a workplace law for the purposes of the *Fair Work Act 2009* ; and

(b) the benefit that the other person derives because of an obligation of the person under subsection (2) is a workplace right within the meaning of Part 3-1 of that Act.

Addendum B

BIOSECURITY ACT 2015 - SECT 60

Imposing a human biosecurity control order on an individual

(1) The following officers may impose a human biosecurity control order on an individual:
(a) a chief human biosecurity officer;
(b) a human biosecurity officer;
(c) a biosecurity officer.

Note 1: An officer who intends to impose a human biosecurity control order on an individual has certain powers under sections 68 and 69.
Note 2: Before imposing a human biosecurity control order, an officer must be satisfied of the matters referred to in section 34 (the principles).
Note 3: The Director of Human Biosecurity must be notified of the imposition of a human biosecurity control order (see section 67).

(2) A human biosecurity control order may be imposed on an individual only if the officer is satisfied that:
(a) the individual has one or more signs or symptoms of a listed human disease; or
(b) the individual has been exposed to:
(i) a listed human disease; or
(ii) another individual who has one or more signs or symptoms of a listed human disease; or
(c) the individual has failed to comply with an entry requirement in subsection 44(6) in relation to a listed human disease.

(3) To avoid doubt, an individual may fail to comply with an entry requirement in subsection 44(6) even if the individual is not able to comply with the requirement.

(4) An officer may include one or more biosecurity measures specified in Subdivision B of Division 3 in a human biosecurity control order.

Note: For the biosecurity measures that each kind of officer can impose, see section 82.

Addendum C

BIOSECURITY ACT 2015 - SECT 61

Contents of a human biosecurity control order

(1) A human biosecurity control order that is in force in relation to an individual must specify the following:

(a) the ground in subsection 60(2) under which the order is imposed on the individual;

(b) the listed human disease in relation to which the order is imposed on the individual;

(c) any signs or symptoms of the listed human dis

(d) the prescribed contact information provided by the individual under section 69 or 70 (as the case requires);

(e) a unique identifier for the order;

(f) each biosecurity measure (specified in Subdivision B of Division 3) with which the individual must comply, and an explanation of:

(i) why each biosecurity measure is required; and

(ii) in relation to a biosecurity measure included under section 89 (decontamination), 90 (examination), 91 (body samples) or 92 (vaccination or treatment)--how the biosecurity measure is to be undertaken;

(g) any information required to be included in the order by Subdivision B of Division 3;

(h) the period during which the order is in force, which must not be more than 3 months;

(i) the following:

(i) the effect of section 70 (requirement to notify of changes to contact information);

(ii) the effect of section 74 (when an individual is required to comply with a biosecurity measure);

(iii) the rights of review in relation to the human biosecurity control order under this Act, the *Administrative Appeals Tribunal Act 1975* and the *Administrative Decisions (Judicial Review) Act 1977* ;

(iv) the effect of section 107 (offence for failing to comply with an order);

(j) details of a chief human biosecurity officer who can be contacted for information and support in relation to the order;

(k) any other information that the officer imposing the order considers appropriate;

(l) any other information required by the regulations.

Note: Despite paragraph (1)(h), an individual might be required to comply with a biosecurity measure for a more limited period of time (see for example section 96 (traveller movement measure)).