

I am filing this submission particularly in relation to this area “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”

I do not feel any further authority to continue or increase restrictions and controls is needed, in relation to Sars-Cov2. The public data does not support the current narrative, rather reductions are needed.

To be very clear to extend a questionable state of emergency for this length of time is unacceptable. A considered possible month by month review whereby truly fully independent assessors review the data and science, these should cover from all aspects including health, financial and law. They should include the impacts of any decisions, past and present. This should be the only option for an honest, transparent government.

Any decisions as well as the data or science on which any decision is made should be available easily to the public as well as who was involved in making these decisions, their credentials, affiliations and conflicts of interests should also be made publicly available.

I consider we are not and never were in this together while bureaucrats, politicians get a raise in pay, allowances, assistant ministers, pharmaceuticals and health sector as well companies make profits; while small business and ordinary people suffer. We were never in it together and who are you keeping us safe from?

Just to be clear, no I am not an anti-vaxxer, had lots of them, but a risk to benefit analysis for my history in relation the current ones, says the risk is too high. I am however happy to wait to see what develops with Prof Nikolai Petrosky's vaccine, the one which may stop one actually catching the virus, the one with a safer adjuvant.

Why hide from the public the data and science on which decisions are made ... where is the evidence of “medical advice” repeatedly thrown at us. The often-differing advice and the flip flopping which has occurred is at times embarrassing, shows a lack of good management and results in confusion and definitely creates distrust.

My concerns, which follows with more details and supporting links:

- Restrictions of now proven treatments/preventatives.
- Use of a now apparently questionable suitability and efficacy of the PCR test, where depending on supposedly a cycle threshold used can generate false positives, and therefore possibly allowing for manipulation of outcomes. Where the CDC has changed the Cycle Threshold to 28 for vaccinated people; where the WHO in January also changed its stance and basically also says a PCR on it's own without a clinical diagnosis is not apparently sufficient? Are we following those guidelines when quoting cases?
- Not making available publicly more detailed data breakdowns.
- Questionable modelling from not just from the beginning but ongoing.
- Allowing the generating fear of “deadly” variants without providing proof or facts of these statements.
- Mask mandates without providing the proof disposable or cloth masks greatly offer protections as well actually halt the aerosol size of the virus from passing through or around masks, nor the negative impacts of masks. Where reports of toxic substances such as graphene have been reported as well as faulty manufacture in retail available disposable masks.
- Mandating measures for areas which have no or little cases.
- While we seemingly are being mandated, coerced, or bribed to take experimental inoculations still undergoing trials with no medium, long-term or multi-generational studies, with limited or no animal studies before provisional approval. Where it has been necessary to give indemnity to the suppliers and doctors.

Where in the case of AstraZeneca it is apparently acceptable to use another vaccine in some of the placebo group/s! Using another vaccine or adjuvant rather than an inert placebo is as far I am concerned, is science fraud, and those who consider this acceptable are questionable.

Where it may appear the TGA may not have obtained the raw trial data before issuing the provisional approval.

- While we are coerced to have our movements tracked and traced in our everyday lives and have our human rights controlled or taken away.
- Where we are threatened inoculation passports which will create a two class society; those who have taken the jabs and those you can not risk them or do not want them at this time.
- Where conspiracy theorists are being proven true in their “it can from a lab” and “show us your papers”.
- Not promoting the benefit of healthy lifestyle choices, exercise, getting Vitamin D, C and zinc keep one strong and healthy (physical and mental) and balanced. While we hear and see repeatedly “keep your distance, wash your hands, wear your mask” and then when one receives Health Department updates it contains advice on Domestic Violence and Abuse! Allowing the unfretted sale of alcohol; are known driver of health issues and violence.
- Where highly credentialed professionals, doctors, scientists and researchers are expressing their concerns about the reliability of tests, masks, lockdowns along their suitability and impacts and more frightening their warnings about inoculations safety, efficiency and adverse events. These doctors who are appear far highly credentialed and qualified and where a lot have acknowledged international reputations are being censored and the history of contributions erased or changed. Why lesser professionals are being listened to.

Treatments:

Any extension of the state of emergency without immediately lifting the restrictions of very effective cheap, now proven successful protocols IN REAL LIFE such as Ivermectin/HCQ which can be used as part of treatment protocols or as preventatives is highly questionable and concerning.

Is SaNOTize’s Nitric Oxide Nasal Spray being evaluated and getting rushed approval?

Why if budesonide was reported on back in early July, 2020 and a known inhaled steroid for lung inflammation did we not see reports here this year?

If we have treatments which have been proven in real life to be safe and effective — there is no need for a continued state of emergency, restrictions, and no need to mandate, coerce or bribe people to take experimental jabs still undergoing trials.

Not to make for example, Ivermectin/HCQ immediately available from any GP easily, as well as providing correct and safe prescribing information protocols will absolutely confirm to me the government and anyone who supports their continued restriction apparently has no real intention of keeping people safe or to quickly move us out of this disaster.

Nor is it their intention to provide alternative options for those who can not risk the inoculations or who become ill with Sars-Cov2.

Did the powers by their decision to restrict or delay their use let people suffer and die and will people continue to suffer or die because cheap drugs and now proven effective are restricted?

Maybe you can explain why the seemingly much lesser effective and super expensive remdesivir listed as a treatment when apparently it is not recommended by the WHO? When it is reported the end-point of the Remdesivir study was apparently changed about two weeks prior to it’s conclusion, leading to questions as to its real suitability, maybe that is why WHO does not recommend it?

How many have been given Remdesivir here, and how successful was it?

Meta-analysis, Ivermectin:

https://journals.lww.com/americantherapeutics/abstract/9000/ivermectin_for_prevention_and_treatment_of.98040.aspx

In April 2020: Monash University “Lab experiments show anti-parasitic drug, Ivermectin, eliminates SARS-CoV-2 in cells in 48 hours”

<https://www.monash.edu/news/articles/coronavirus-fight-possible-covid-19-drug-identified-by-scientists>

Here in Australia, Prof Thomas Borody in AUGUST 2020 said Ivermectin was effective and should be used against Covid, as a treatment and preventative:
<https://covexit.com/australian-gps-can-legally-prescribe-ivermectin-triple-therapy-protocol-professor-borody/>

Why was HCQ also restricted when they knew it’s potential since 2005 and how did “they” know very early in 2020 to restrict it? “Chloroquine is a potent inhibitor of SARS coronavirus infection and spread”
<https://pubmed.ncbi.nlm.nih.gov/16115318/>

It is very telling not one of those who decided to restrict or criticised their use took on Craig Kelly’s challenge to openly debate Ivermectin and HCQ; is it they may lack a certain strength of their convictions, or is it they lack the proof of their stance?

Or is the hypothesis suggested in a recent Tucker Carlson the reason: https://youtu.be/JuzH3_7HbOc

Then we have a longer Tucker Carlson interview with Dr Peter McCullough where Queensland’s CHO Dr Young even gets a mention: <https://youtu.be/F7cLxs8fNq8>

Database of ivermectin COVID-19 studies, comparing treatment and control groups...
<https://c19ivermectin.com>

This site will also provide other data on others eg HCQ, Vitamin D.

Protocols and information:
<https://covid19criticalcare.com/>

Good summaries of the shenanigans with facts about Ivermectin:
<https://articles.mercola.com/sites/articles/archive/2021/06/30/ivermectin-covid-19-treatment.aspx>

<https://www.biznews.com/thought-leaders/2021/05/12/mailbox-ivermectin>

‘It’s crystal clear’: Professor Robert Clancy backs ivermectin as a COVID-19 treatment”
https://www.abc.net.au/radio/newcastle/programs/drive/ivermectin-covid-19/13418066?fbclid=IwAR0LmNeE16352ZwKap41B_RG9CzT

Have the people who denied Australians’ access to these cheap and apparently successful treatments actually had the decency to speak to these professionals to discuss these treatments; two of these are Australians (Borody/Clancy) and I am sure Craig Kelly can give them the contacts for the overseas professionals who are actually treating patients and saving lives or doing the research. I am aware of the Lancet embarrassing HCQ study redaction; the questionable possible toxic HCQ doses used in some other trials, about Merck declining a request very early to do studies on Ivermectin; then saying it’s not useful without doing any studies and then getting bags of money to help develop a new beaut antiviral.

Oh don’t tell me Oxford is now belatedly investigating Ivermectin .. isn’t that the Oxford who delivered AstraZeneca? May that not be a conflict of interest? That investigation should have started in April 2020!

Where did all those Clive Palmer HCQ supplies go?

While the TGA is reported are doing a rush approval of GlaxoSmith new wonder anti viral ... but don't Glaxo own about 68% of Pfizer??? How much will that newbie cost?

It is interesting “ The Indian Bar Association (IBA) sued WHO Chief Scientist Dr. Soumya Swaminathan on May 25, accusing her in a 71-point brief of causing the deaths of Indian citizens by misleading them about Ivermectin.”

<https://www.nextbigfuture.com/2021/06/india-could-sentence-who-chief-scientist-to-death-for-misleading-over-ivermectin-and-killing-indians.html>

Or <https://www.globalresearch.ca/ivermectin-who-chief-scientist-served-legal-notice-disinformation-suppression-evidence/5746871>

Will those who denied Ivermectin here also be held culpable for the deaths and ongoing suffering in my opinion YES they should be, that should include doctors, bureaucrats, politicians, advisors and certain media.

And highly the credentialed Dr Peter McCullough in a recent interview:

<https://odysee.com/@pandemicpodcast:c/why-we-must-halt-the-global-roll-out-now:6?lid=watchlater>

And just for good measure some concerns of the injections:

“57 Top Scientists and Doctors Release Shocking Study on COVID Vaccines and Demand Immediate stop to all vaccinations”

<https://www.globalresearch.ca/57-top-scientists-doctors-release-shocking-study-covid-vaccines-demand-immediate-stop-all-vaccinations/5746848>

Inoculations/Gene-Therapy:

So let me start here with a recent peer reviewed new study which finds that “we have to accept 4 fatal & 16 serious side effects per 100K vaccinations to save the lives of 2–11 individuals per 100K vaccinations, placing risks & benefits on the same order of magnitude”: <https://www.mdpi.com/2076-393X/9/7/693/htm>

The last summary I saw from Europe to 19 June was 15,472 dead with 1,509,266 injuries with about half of those injuries considered serious; VAERS I believe have about 5,000 deaths but it seems the considered opinion is at best VAERS is about 30% accurate?

Dr Tess Lawrie UK yellow card analysis and the call to stop vaccinations? (?) Have the concerns raised been evaluated, here?

http://medisolve.org/yellowcard_urgentprelimreport.pdf?fbclid=IwAR1k77rN0K-7pcCaQ7A4heGucozyaz_JXL5ctl-wWfEtbx8kVFVLCbgUC3w

(?) Spike Protein in relation to injections: Dr Robert Malone, is supposedly one of the inventors of mRNA technology; here he is discussing his concerns with Evolutionary Biologist, Bret Weinstein, and researcher Steve Kirsch “The spike protein is dangerous and is cytotoxic”:

<https://youtu.be/Du2wm5nhTXY>

The longer interview is available here:

<https://odysee.com/@BretWeinstein:f/how-to-save-the-world,-in-three-easy:0?r=FuWwFotRbicqY9GHyWBqDdTNNHpaTgC9>

Steve Kirsch's analysis can be found here:

<https://trialsitenews.com/should-you-get-vaccinated/>

A more recent interview with Dr Malone here:

<https://thehighwire.com/videos/episode-221-the-mrna-insider/>

The mRNA injections concerns with lawyer Reiner Fuellmich and Dr Peter McCullough:

<https://www.bitchute.com/video/rqF4RVjWg5K0/>

A personal favourite, the straight speaking Dr Rodger Hodgkinson (Pathologist) and his concerns about vaccines; good detailed explanations:

<https://thehighwire.com/videos/were-playing-with-fire-here/>

Dr Bryam Bridle concerns on possible toxic nature of the spike protein (vaccines) in this summary:
<https://childrenshealthdefense.org/defender/covid-vaccine-spike-protein-travels-from-injection-site-organ-damage/>

Autopsy report article: <https://elcolectivodeuno.wordpress.com/2021/06/16/autopsy-of-a-vaccinee-confirms-the-presence-of-viral-arn-in-all-his-organs/>

Salk:

<https://www.salk.edu/news-release/the-novel-coronavirus-spike-protein-plays-additional-key-role-in-illness/>

Which leads to this question: Are autopsies being performed for deaths after a person dies within at least three months of Covid-19 vaccinations. Is this happening here? After all these are still experimental gene-therapy injections and as we have been told by Greg Hunt “The world is engaged in the largest clinical trial, the largest global vaccination trial ever, and we will have enormous amounts of data”. Therefore, recipients are trial participants and should be required to regularly report their health status until the trial period is over. That is, if one is serious about ensuring the safety and efficiency of these experimental treatments. Is rigorous full monitoring and reporting happening?

Then there are the professionals from about 30 countries “Doctors4CovidEthics” expressing concerns, including letters to authorities – these can be found here: <https://doctors4covidethics.org>

“57 Top Scientists and Doctors Release Shocking Study on COVID Vaccines and Demand Immediate stop to all vaccinations”

<https://www.globalresearch.ca/57-top-scientists-doctors-release-shocking-study-covid-vaccines-demand-immediate-stop-all-vaccinations/5746848>

Reports from the Israel that up to 50% of fully vaccinated are positive for the Delta Strain, this is like reports apparently from the UK where it is approximately 43%

https://m.theepochtimes.com/mkt_breakingnews/half-of-adults-infected-in-latest-covid-19-outbreak-were-fully-vaccinated-israeli-officials_3874223.html

“Variants are usually weaker than the original virus and they usually differ no more than 5% from the original in the case of corona viruses.”

<https://www.globalresearch.ca/gladiators-back/574911>

Yet it appears while the dreaded “beast” of the Delta while it may be more contagious, it may not be any more serious or even less concerning in its effect; however, it appears to be used by bureaucrats, politicians, and media to scare the public into believing it is also a more serious illness or more deadly—WHY?

Really headlines like “beast” or “It’s so infectious it will get you in a few seconds”; where is the evidence, if that was actually true, surely we should have 100’s if not 1,000’s in hospital by now?

Short overview by Ivor Cummins of the Delta data: <https://youtu.be/6TR0Nrds16Y>

Or a short commentary on Sky <https://youtu.be/UIxLa2G0QYU>

FOI request, the TGA may not have fully reviewed and therefore not fully evaluated the raw data from vaccine trials?

<https://dailyexpose.co.uk/2021/06/20/australias-medicine-regulator-has-never-seen-pfizer-covid-vaccine-study-data-despite-deeming-it-safe-for-australians/>

Is a full and complete list of vaccines ingredients being provided and available to the public and where are these? Have the health authorities assessed the individual ingredients are completely safe and there have fully confirmed there are absolutely no interactions of the ingredients?

Why is it recommended people who have had Covid should be vaccinated—they should, unless the science of almost 100 years is suddenly invalid, have natural immunity and therefore not need to be vaccinated.

Then there are the concerns about the possible risk of worse adverse reactions in those who have had Covid in getting the vaccines; where is the science there is absolutely no increase in risk for this group?(Oh yes, I am aware of the apparent flip flopping WHO’s stance on herd immunity.)

I find it very concerning when reports on “rare” adverse events are associated with the number of vaccines RATHER than the number of “normal” occurrences. How can you evaluate the impact of adverse events of the vaccines when you do not compare those events against what would be expected normally? For example, how many blood clots are reported in relation to other drugs, versus how many after Covid-19 vaccines over the same period?

Another concern is the TGA adverse event reporting – how accurate is it really? When we have reports (The Australian, 6 May) saying three Pfizer vaccinated Victorian hotel quarantine staff in one day had so serious side effects that paramedics were called and they were taken to hospital, 31 March, what it did not say was how many were vaccinated that day; then on 11 June ACTU secretary Sally McManus asking for paid vaccine leave, saying about 40% of vaccine recipients experienced adverse reactions – neither of those seem to support TGA adverse event figures?

Then we have the concerns of the likes of Luc Montagnier, Evolutionary Biologist Bret Weinstein, Geert Vanden Bossche, PhD and others who have raised concerns:

Inoculations may be driving the creation of mutants.

Antibody-dependent enhancement (ADE) may driving more (serious) infection in inoculated persons.” My understanding of ADE is that it could take months or even years to become evident

Were ADE concerns even done in the limited animal trials?

Were autoimmunity and things like cancer considered in the animal trials?

Just keep in mind Luc Montagnier is a Nobel Laureate even though he has been criticised for his latest statement; he was also heavily criticised in 4/2020 for his statement the virus came out of a lab – the lab theory now considered more than possible. The people criticising him appear have one less Nobel prize.

I am concerned with the TGA brochure for consent; the one I saw was lacking in: Explaining the provisional approval, the indemnity, the injections are still undergoing trials, that recipients agree to participating in those trials, special poisons labelling permissions, injections do not stop one getting the virus nor do they stop one transmitting it – why have these important details been left out from a consent form someone needs to sign – this is not in my eyes true complete informed consent?

So we the interesting Prof Nikolai Petrosky's vaccine The one with a safer adjuvant, which may also help reduce some of the adverse events? Petrosky who apparently raised concerns over UQ's methodology over the very reason it failed, who didn't get funding at the time, who voiced his concerns about the source of the virus and had the courage to add his name to a letter to WHO about "their investigation".

And now we have not just the CSIRO but also UQ apparently being said (Sky) to be involved in possible gain of function research? If true, who funded that here?

Masks:

I think I would prefer to believe Dr Scott Atlas on masks or the 6,000 strong Danish study summary. "Among mask wearers, 1.8% ended up testing positive for SARS-CoV-2, compared to 2.1% among controls. When they removed the people who did not adhere to proper mask use, the results remained the same — 1.8%, which suggests adherence makes no significant difference"
<https://articles.mercola.com/sites/articles/archive/2020/12/03/efficacy-of-surgical-masks.aspx>

Dr Scott Atlas

<https://townhall.com/tipsheet/scottmorefield/2021/06/05/dr-scott-atlas-excoriates-faucis-unconscionable-handling-of-pandemic-n2590524>

Or what this from a Stanford report true or false?

"According to the current knowledge, the virus SARS-CoV-2 has a diameter of 60 nm to 140 nm [nanometers (billionth of a meter)] [16], [17], while medical and non-medical facemasks' thread diameter ranges from 55 µm to 440 µm [micrometers (one millionth of a meter), which is more than 1000 times larger [25]. Due to the difference in sizes between SARS-CoV-2 diameter and facemasks thread diameter (the virus is 1000 times smaller), SARS-CoV-2 can easily pass through any face-mask"

And what are the negatives about masks .. the section "Unknown Aspects of Mask Wearing" in this is worth reading

<https://www.rcreader.com/commentary/masks-dont-work-covid-a-review-of-science-relevant-to-covide-19-social-policy>

And for parents who make their children wear masks

<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2781743>

Then we have — Micro plastics

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7381927/>

Health Canada issues advisory for face masks containing graphene – did Queensland verify that all masks available for purchase here did not have the same issue, if not why not?

<https://www.ctvnews.ca/mobile/health/health-canada-issues-advisory-for-face-masks-containing-graphene-1.5372822>

Really even the WEF video on their new beaut "intelligent" mask seems to admit the danger of C02 build up and environmental impact.

<https://www.weforum.org/videos/21559-mask-tech-uplink>

Then what I have seen people, wearing their masks under their noses so they can breathe or see, people dropping their masks in public restrooms or on pavements and picking them up and reusing; constantly touching them (my recent visit to the Mater even more informative); forcing their young children to wear masks while cryand don't want to and try to tell their parent "I can't breathe";

people slinging abuse at people not able to wear masks, used contaminated masks just blowing around carparks; of my list goes on.

I will conclude this as I am out of time with these links:

Brett Weinstein

<https://youtu.be/VHyN-3QgOFM>

Full Interview

https://m.theepochtimes.com/dr-bret-weinstein-perverse-incentives-in-the-vaccine-rollout-and-the-censorship-of-science_3885796.html?&utm_medium=AmericanThoughtLeaders&utm_source=YouTube&utm_campaign=ATL-Weinstein&utm_content=7-3-2021

Dr Robert Malone recent interview

<https://youtu.be/62j33GRgQKk>

The Great Barrington Declaration:

<https://gbdeclaration.org>

I can supply a PDF of a legal letter from the UK which has in it a variety of concerns and points in relation to Masks, PCR test and so on – will supplied links and documentation.; which I can supply separately for further provide supporting information, if requested.

Please contact if anything is confusing, all links were working at the time or writing, if there are any issues with the links provided please reach out and I will source them for alternative platforms.

Thank you for your consideration.

Doris Liedmann

