

Dear Senate Committee Members,

Thank you for the opportunity to make this submission, I hope you will take the time to read carefully my message, even though it may not be written or presented in an official way. Please do not gloss over it, saying "Yes, yes" and then dismiss it. I am taking the time and effort to put my thoughts into words, especially for you, as I feel compelled to do so, even though I have never done it before.

I understand you are all doing your job to the best of your ability, in this extremely difficult and for many, confusing time and I thank you for your service to the people of Queensland.

I submit to you the most important reasons why you should not extend any state of emergency or any extraordinary powers that could result in us the people having our innate human rights taken away or suspended. As you point out at every point of your Statement of Compatibility, this bill is not compatible with any of our Human Rights. If you would like the people to cooperate with your wishes, you simply ask them, explaining the reasons why. If the people think your wishes are reasonable, just and fair, they will cooperate and follow your guidance.

To the question "Do we need to extend the state of emergency powers?"
We must look at and take into account the real facts

1. In the beginning we didn't know...

When covid was first made public, the governments around the world banned the use of medicines that Doctors would have used to treat their patients. This meant people were left without treatment in many cases being told to go home and wait till they could not breath, then go to hospital. Of course by then, for many it would be too late to save them. At that early stage no one understood what this sars-cov2 really was, it was being called a virus but as the months went by no one was able to isolate it to be able to confirm it.

It was then discovered that even though patients seemed to be breathing fine, there oxygen levels were falling drastically and patients were dying but seemingly not to do with the lungs?

The hospitals around the world had been told to burn bodies, without investigation and treat them as contagious so it was quite a long time before autopsies started to be performed. Then much was revealed.

2. Treatments and Cures...

It was first proven by Italian Doctors through autopsy that SARS-CoV-2 is not actually a virus but a bacterium, ("Disseminated Intravascular Coagulation") causing severe thrombosis in veins and arteries and blood clots, preventing oxygen getting to the heart and lungs and the person to die quickly.

Once this was understood a new protocol for treating patients was adopted using everyday medications such as Aspirin, Apranax or Paracetamol. They rapidly saw good result, with more than 14,000 patients being released from hospital in a single day and according to Italian pathologists. "The ventilators and the intensive care unit were never needed."

(As a side note, Hospitals in the US have amazingly, sent brand new ventilators, still

boxed, never opened to landfill.)

Please watch this as it shows you what many autopsies are showing... **(very important to understand what happens to the body so we know how to treat it)**

12 Autopsy Cases Reveal TRUTH About How Patients Die From Coronavirus | COVID-19
<https://youtu.be/y6h8Tlxeg1g>

Ever since the outbreak occurred, 100's of Virologist ,Doctors, Medical and Scientific Professionals from around the world have been sharing stories of successfully treating covid with cheap medicines and supplements readily at their disposal, such as Zinc, Vit D, Vit C, Hydroxychloroquine, Asperin and of course Ivermectin.

In fact our own Australian Professor Thomas Borody, internationally regarded physician with 4 FDA approved drugs, is famous for developing the triple therapy that cured patients with peptic ulcers saving more than 18,000 lives in Australia alone and millions internationally, has said **“We could probably end the lock-downs and open our economy within 8 -10 weeks using TGA approved medications.**

The Ivermectin triple therapy seems to be the cheapest, safest, and rapidly-curing treatment for Australians, and used broadly could stimulate the Australian economy.

No trial has shown Ivermectin-based therapy to be ineffective. There is mounting worldwide clinical literature pointing to international trials which report almost 100% cure rate with Covid 19 symptom improvement within 4-6 days,” he went on to say **“This needs to be available for aged care facilities and front line health workers today.”**

Professor Borody says his research has led him to a triple therapy of Ivermectin, zinc and an antibiotic – which are all TGA and FDA approved. He can be contacted by your committee to explain to you any aspects of using **Ivermectin, known as “the wonder drug” after being discovered in the 1970s. Borody referred to it being listed on the World Health Organization (WHO) list of essential medicines.**

Here are a few other trials, research and information documents regarding available treatments for covid19. Please access them off the web.

Journal of Bangladesh College of Physicians and Surgeons:

A Case Series of 100 COVID-19 Positive Patients Treated with Combination of Ivermectin and Doxycycline

<https://www.banglajol.info/index.php/JBCPS/article/view/47512/34879>

Journal of Bangladesh College of Physicians and Surgeons:

Comparison of Viral Clearance between Ivermectin with Doxycycline and Hydroxychloroquine with Azithromycin in COVID-19 Patients

<https://www.banglajol.info/index.php/JBCPS/article/view/47514>

Journal of Antibiotics: **Ivermectin: a systematic review from antiviral effects to COVID-19 complementary regimen** <https://www.nature.com/articles/s41429-020-0336-z>

MedRxiv: : **ICON (Ivermectin in COvid Nineteen) study: Use of Ivermectin is Associated with Lower Mortality in Hospitalized Patients with COVID19**

<https://www.medrxiv.org/content/10.1101/2020.06.06.20124461v2>

ResearchGate: **A Randomized Trial of Ivermectin-Doxycycline and Hydroxychloroquine-Azithromycin therapy on COVID19 patients.**

<https://www.researchsquare.com/article/rs-38896/v1>

MedRxiv: **Effectiveness of Ivermectin as add-on Therapy in COVID-19 Management (Pilot Trial)** <https://www.medrxiv.org/content/10.1101/2020.07.07.20145979v1>

ChemRxiv: **Has Ivermectin Virus-Directed Effects against SARS-CoV-2? Rationalizing the Action of a Potential Multitarget Antiviral Agent**

https://chemrxiv.org/articles/preprint/Has_Ivermectin_Virus-Directed_Effects_against_SARS-CoV-2_Rationalizing_the_Action_of_a_Potential_Multitarget_Antiviral_Agent/12782258

According to AMA it is legal to prescribe off label, especially as there is nothing else except vaccine and we still need some sort of treatment.

Another of the worlds most prominent and vocal advocate for early outpatient treatment of SARS-CoV-2 (COVID-19) Infection in order to prevent hospitalisation and death, is Dr. Peter McCullough. On May 19, 2021, he was interviewed regarding his efforts as a treating physician and researcher. From his unique vantage point, he has observed and documented a PROFOUNDLY DISTURBING POLICY RESPONSE to the pandemic - a policy response that may prove to be the greatest malpractice and malfeasance in the history of medicine and public health.

Dr. McCullough is an internist, cardiologist, epidemiologist, and Professor of Medicine at Texas A & M College of Medicine, Dallas, TX USA. Since the outset of the pandemic, Dr. McCullough has been a leader in the medical response to the COVID-19 disaster and has published “Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection” the first synthesis of sequenced multidrug treatment of ambulatory patients infected with SARS-CoV-2 in the American Journal of Medicine and subsequently updated in Reviews in Cardiovascular Medicine. He has 40 peer-reviewed publications on the infection and has commented extensively on the medical response to the COVID-19 crisis in TheHill and on FOX NEWS Channel. On November 19, 2020, Dr.

McCullough testified in the US Senate Committee on Homeland Security and Governmental Affairs and throughout 2021 in the Texas Senate Committee on Health and Human Services, Colorado General Assembly, and New Hampshire Senate

You will be aware of our own senator Craig Kelly's speech to parliament outlining the need for Australia to urgently adopt the use of Ivermectin as our first line of defence. It can be used successfully as both a treatment and as a preventative measure.

Fighting for the Right of Australian Doctors and Patients and the Doctor Patient Relationship - The state of Play and the Political Players Obstructing Life Saving Covid19 Treatment <https://www.ourfreedomtube.com/v/iEn6SP>

A message from the USA ...

Listen to the frontline doctors who are actually treating (successfully) real Covid19 people. The treatments that the Frontline Doctors deal with and want to communicate to you are treatments that they can SEE work.

The Frontline Doctors are not obsessed with academic models

The Frontline Doctors are not obsessed with academic numbers

The Frontline Doctors are not indebted to Grants

The Frontline Doctors do not have shares in Big Pharma

The Frontline Doctors are not interested in Political deals or Political favours.

The Frontline Doctors are fulfilled by their Hypocratic Oath

Here is what is commonly available in the US.

<https://aapsonline.org/covidpatientguide/>

In August last year, US Senators said in a letter to congress, that Physicians across the country were concerned that the FDA's actions regarding HCQ may be directly costing lives.

3. Act on new and emerging truths...

Another reason we can have confidence covid can be treated like any other illness we have in our community, is because The [#WorldHealthOrganization](#) has stated that those who test positive to covid but do not have symptoms ([#coronavirus](#) patients) do NOT need to be isolated or quarantined. No [#SocialDistancing](#) is necessary as covid cannot be transmitted from one person to another so MASKS ARE NOT NEEDED! Please watch it here...

<https://youtu.be/tvDOc4uPksw>

Since there is no shortage of evidence (I can only mention these few examples here but can provide many more if you would like me to assist you further.) that sars cov2 is easily treatable with readily available and fully approved, treatments that are tried and tested over many years and proven to be safe. There is no need for any state of emergency.

4. Most people have their own immunity.....

Immune T Cells May Offer Lasting Protection Against COVID-19

Posted on July 28th, 2020 by [Dr. Francis Collins](#)

This is a wonderful study that explains why most of the population will have immunity to covid from the antibodies they have developed in their life from having the common cold https://directorsblog.nih.gov/2020/07/28/immune-t-cells-may-offer-lasting-protection-against-covid-19/?fbclid=IwAR0a63o_B8bokgGhZILBWqcc2UBrSHQKa3cRVx4iBHWk2sh5mz69PKwquxU (* I include the details on the last page for you to read and understand why we do not need to be afraid of sars-cov2.)

5. The Test...

The basis for this misconception that we have a pandemic is “the test”. Unfortunately the test kits being used were never designed to detect a particular strain of sars so they can pick up anything and say positive...

The designer of the tests warned the world not to rely on them as a true indicator of someone having covid. As we saw with the Presidents of Tanzania & Madagascar receiving positive results back from tests of paupau, goat and other strange things <https://youtu.be/4M6JvzYMErA> This has to raise grave suspicions when most people who test positive are perfectly well. If someone really did have a deadly virus, it should be evident by their symptoms. The numbers of people presenting with life threatening symptoms due to covid, are very small and as I have pointed out already mostly due to receiving no treatment. This shows that when someone who is not sick tests positive, it means nothing and can not be counted as a “case” this is the big problem that has led us down this rabbit hole. All based on a test that does not work, that does not tell the truth, which means the whole idea of a pandemic comes from a lie.

6. Talking about lies...

The number of deaths from covid have been greatly inflated around the world, with some countries paying Doctors and Hospitals for each covid patient and also for each death, this has created a totally false count and led to the misconception we have a pandemic.

Reading through your many pages I came across the number of deaths we have had in Australia. As we now know, these numbers are completely false, they are a lie.

You need to update your own statistics immediately to reflect the recent statement made by the Federal Health Minister Greg Hunt, where he clarified that in Australia we have not had any deaths due to covid – that's NOT ONE DEATH, NOT ONE = 0 (ZERO)

7. The Many deaths in Australia...

have been caused by the governments responses to this catastrophe. Lets get that figure? All the elderly people who have died because of neglect, being stuck in a nursing home with no visitors, isolated to their own small room. Inhumane treatment of even an animal. How many suicides? How many people got their surgery put on the back burner? How many people didn't get the medical treatment they needed? How many people have suffered so

much because of being locked down? Domestic violence and child abuse. What about jobs lost, opportunities lost, people evicted from their home and now with nowhere to live. Business – this is huge! Lost, gone, devastated, never to recover. My own Sister, now so depressed she can hardly get out of bed, struggling to cope with all this has thrown at her, she will never be the same person she was before.

None of this has anything to do with a virus, very few of these people so adversely affected by events that have taken place since covid hit, actually got the so called virus, no one I know has had it. All these people, so many lives ruined or disrupted by the harsh government responses. That is what has made people sick, not a virus but a few politicians unknowingly making the wrong choices. It's time to look back now in hind sight and recognise the error of our ways and let's make it right now for the future.

8. A new focus for education...

This all means that we have NO PANDEMIC and there is no need to implement any emergency measures now or into the future. Instead of spending so much money on lockdown measures, lets use that money to open up. Make sure all health care professionals know how to treat anyone with a symptom, put money into education the population on how to protect themselves with good nutrition that will deliver all the vitamins and minerals needed to prevent them getting sick. Put money into the Australian companies already growing and developing natural supplements, help them to create huge export businesses sending Health and Wellness around the world to help all countries to recover. There is no justification whatsoever for any violation of human rights in the name of anything to do with covid19 (sars cov2) in Queensland or anywhere in Australia or around the world.

Please don't ignore all these many reasons that show clearly we are operating under some misguided belief that we are in danger from this bacterium which is easily treated with a variety of tried and tested drugs

9. Right to a caring and compassionate death...

You say you are doing this because of a right to life. Let's take those listed as most vulnerable, residents in aged care facilities and nursing homes, I know from personal experience that if you gave these people the choice, they would prefer to die of covid surrounded by those who love them, than to die a slow death of neglect, loneliness and heartbreak, completely confused and bewildered as to why their family and friends no longer come to visit and everyone they know has disappeared from their world, leaving them to die alone. These beautiful souls who have given their lives working, raising families, contributing and being an integral part of our society and in a lockdown have been abandoned and left at the mercy of institutions, who outlined by the royal commission, mostly don't care a hoot.

My own beautiful Mother died in such circumstances last year and all my family agree, it

was the government response, rules and regulations and unjust restrictions that killed her. We all think and feel that your emergency measures are killing and destroying more people than they are saving, far outweighing any benefits.

10. Have an open heart and an open mind...

I ask you to please reconsider your stand on this matter and open your hearts and minds to a completely different point of view, based on the evidence we now have, on our new understanding of what this covid situation is all about. That is the great power of people coming together to share thoughts, feelings and ideas. We are able to each expand our own understanding of how things are and how they could be. My mind has been changing constantly over this past 18 months, as new information comes to light as we research and communicate more with each other we can all learn so much. The responses we thought were needed in the beginning surely have changed now, as we move forward to repairing the damage already done.

I am grateful to be able to share my thoughts with you here today and hope it can stir a change of heart for you. I hope you can see why you could achieve far better outcomes for the health and wellbeing of the people of Queensland and our economy, if they are able to enjoy all their God given rights and freedoms. For you to feel the need to extend emergency powers indicates you expect to have to force people against their will to do things they don't agree with. That can't be good for anyone.

Yours Sincerely

Veronica Davidson



* Here are the details of this study, **I think important for you to read....**

Immune T Cells May Offer Lasting Protection Against COVID-19

Posted on July 28th, 2020 by [Dr. Francis Collins](#)

This is a wonderful study that explains why most of the population will have immunity to this bacterium from the antibodies they have developed in their life from having the common cold https://directorsblog.nih.gov/2020/07/28/immune-t-cells-may-offer-lasting-protection-against-covid-19/?fbclid=IwAR0a63o_B8bokgGhZILBWqcc2UBrSHQKa3cRVx4iBHWk2sh5mz69PKwquxU

I include the details on the last page for you to read and understand why we do not need to

be afraid of sars-cov2.

Much of the study on the immune response to SARS-CoV-2, the novel coronavirus that causes COVID-19, has focused on the production of [antibodies](#). But, in fact, immune cells known as memory T cells also play an important role in the ability of our immune systems to protect us against many viral infections, including—it now appears—COVID-19.

An intriguing new study of these memory T cells suggests they might protect some people newly infected with SARS-CoV-2 by remembering past encounters with other [human coronaviruses](#). This might potentially explain why some people seem to fend off the virus and may be less susceptible to becoming severely ill with COVID-19.

The findings, reported in the journal *Nature*, come from the lab of Antonio Bertoletti at the Duke-NUS Medical School in Singapore [1]. Bertoletti is an expert in viral infections, particularly hepatitis B. But, like so many researchers around the world, his team has shifted their focus recently to help fight the COVID-19 pandemic.

Bertoletti's team recognized that many factors could help to explain how a single virus can cause [respiratory, circulatory, and other symptoms](#) that vary widely in their nature and severity—as we've witnessed in this pandemic. One of those potential factors is prior immunity to other, closely related viruses.

SARS-CoV-2 belongs to a large family of coronaviruses, six of which were previously known to infect humans. Four of them are responsible for the common cold. The other two are more dangerous: SARS-CoV-1, the virus responsible for the outbreak of Severe Acute Respiratory Syndrome (SARS), which ended in 2004; and MERS-CoV, the virus that causes Middle East Respiratory Syndrome (MERS), first identified in Saudi Arabia in 2012.

All six previously known coronaviruses spark production of both antibodies and memory T cells. In addition, studies of immunity to SARS-CoV-1 have shown that T cells stick around for many years longer than acquired antibodies. So, Bertoletti's team set out to gain a better understanding of T cell immunity against the novel coronavirus.

The researchers gathered blood samples from 36 people who'd recently recovered from mild to severe COVID-19. They focused their attention on T cells (including CD4 helper and [CD8 cytotoxic](#), both of which can function as memory T cells). They identified T cells that respond to the SARS-CoV-2 nucleocapsid, which is a structural protein inside the virus. They also detected T cell responses to two non-structural proteins that SARS-CoV-2 needs to make additional copies of its genome and spread. The team found that all those recently recovered from COVID-19 produced T cells that recognize multiple parts of SARS-CoV-2.

Next, they looked at blood samples from 23 people who'd survived SARS. Their studies showed that those individuals still had lasting memory T cells today, 17 years after the outbreak. Those memory T cells, acquired in response to SARS-CoV-1, also recognized parts of SARS-CoV-2.

Finally, Bertoletti's team looked for such T cells in blood samples from 37 healthy individuals with no history of either COVID-19 or SARS. To their surprise, more than half had T cells that recognize one or more of the SARS-CoV-2 proteins under study here. It's still not clear if this acquired immunity stems from previous infection with coronaviruses that cause the common cold or perhaps from exposure to other as-yet unknown coronaviruses.

What's clear from this study is our past experiences with coronavirus infections may have

something important to tell us about COVID-19. Bertoletti's team and others are pursuing this intriguing lead to see where it will lead—not only in explaining our varied responses to the virus, but also in designing new treatments and optimized vaccines.

Reference:

[1] [SARS-CoV-2-specific T cell immunity in cases of COVID-19 and SARS, and uninfected controls](#) . Le Bert N, Tan AT, Kunasegaran K, et al. Nature. 2020 July 15. [published online ahead of print]

Links:

[Coronavirus \(COVID-19\)](#) (NIH)

[Overview of the Immune System](#) (National Institute of Allergy and Infectious Diseases/NIAID)

[Bertoletti Lab](#) (Duke-NUS Medical School, Singapore)