

**PUBLIC HEALTH AND OTHER LEGISLATION (FURTHER EXTENSION OF EXPIRING  
PROVISIONS) AMENDMENT BILL 2021**

**FORM K SUBMISSION**

**LIST OF SUBMITTERS**

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**From:** [REDACTED]  
**To:** [Economics and Governance Committee](#)  
**Subject:** Submission RE: Public Health and Other Legislation (Further Extension of Expiring Provisions) Amendment Bill 2021  
**Date:** Monday, 5 July 2021 9:39:11 AM

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Dear Committee Secretary,

I am writing in regard to: Public Health and Other Legislation (Further Extension of Expiring Provisions) Amendment Bill 2021, where Hon Yvette D'Ath MP, is proposing to extend a range of powers for the Queensland Government until April 2022.

Thus far, Queensland has experienced a series of “snap” lockdowns under the auspice of “flattening the curve” and “stopping the spread” and contact tracing. Each lockdown has resulted in an extension of Emergency Powers for the Queensland Government. Since the initial lockdown, each subsequent lockdown has occurred *days* before the Emergency Powers are to run out. The rest of the 90-day cycle that the Powers are active for have few cases and almost no community transmission. The “hotspots” only seem to occur when the Powers are about to expire. Any other cases or transmissions are highlighted, but there have been no lockdowns in the interim time periods. The timing of these outbreaks therefore seems incredibly aligned with the expiration of Emergency Powers - interesting, is it not? I also find it extremely interesting that upon looking at the Emergency Powers Act on Friday, 25 June at 12:43pm the legislation had already been changed to expire on 30 September. I found that especially troubling, considering the most recent influx of “cases” had not even occurred at this point, and would not occur until after the State of Origin game at SunCorp Stadium days later.

The word from the Queensland Government has been about reducing the number of cases, and “stopping the spread”. Within Queensland, to date, there have been 1,705 cases of COVID-19 (Queensland Health). 1,705 cases out of 5,110,00 residents, which **equates to 0.00033431372549% of the population** affected by the virus. To put it in perspective, that is 1 out of every 10,000 people. These are not the mortality rates, simply the number of people who have had COVID-19. Hence, it seems the Government is seeking to increase its scope and power because of 1,705 cases of a virus that have occurred across 18 months. A virus that is also completely treatable – and has been successfully treated in Queensland, in all but 7 cases.

Yet again, the facts run contrary to the narrative told by the Queensland Government. We, as citizens, are expected to accept and believe that we are in a “pandemic.” If we were truly facing an out of control threat, I am fully confident that the Chief Health Officer, Premier and myriad of other appointed government health officials would be doing everything in their power to treat and stop the pathogen. However, this is not the case; **specific treatment protocols have been made illegal for doctors to prescribe “off label,” (attracting fines and jail time if they are prescribed) despite these same protocols having been used overseas and showing to be highly effective in treating the virus.** Naturopaths have been threatened with \$25,000+ fines for treating any patients

who have any symptoms close to COVID-19 and have been instructed to refer all such patients to a GP. Our own government has made it extremely difficult to seek viable treatment options that have been proven to be effective. Why would this be the case?

The commentary from the beginning has been to wait for the vaccine. So these therapies have been all but ignored. They have been ignored because they have been dubbed “dangerous.” However, the US data from the FDA, CDC and VAERS tells a different story; take the compound Ivermectin for example. From 1/1/1996 to 31/3/2021, **a 25-year period**, there 1,517 adverse events from people who used Ivermectin, and a total of 44 deaths. This same time period showed that people prescribed hydroxychloroquine had 4,966 adverse reactions and 592 deaths. Over the past year, the same data set demonstrates people prescribed Remdesivir had 4,699 adverse reactions and 1,173 deaths. These statistics can be difficult to interpret, given we don’t know how many people were prescribed these treatment options, in total. However, we can consider the mortality rates, per annum. The real concern is that our government has cited these treatments as too dangerous to be used whilst in just the last six months the experimental, still in clinical trials, COVID 19 vaccination has presented with **382,270 adverse events, resulting in at least 4,812 deaths in the US alone.**

The narrative is to “wait for the vaccine” and “get the jab.” But, the jab is proving to be far worse than the virus itself, or any possible treatment options. We’ve been told we have to do this to get back to normal, and to restart our economy. We won’t be able to restart our economy when large swathes of our population are vaccine injured or dead.

I ask, in regard to the proposed bill to extend Emergency Powers, to what end? Where does this stop? When have enough people been vaccinated? When are the number of cases low “enough”? After taking power away from its citizens, when does a government relinquish the power? Totalitarianism does not occur overnight. If we study history, we see examples of it flourishing in Ancient Greece, Ancient China, and more modern day China, Soviet Union, Italy and Germany. These countries took small steps and employed small measures, justifying that all they were doing was for “the good of the people”.

Is continuing the Emergency Powers for the next eight months necessary? Is this for the good of the people, or the good of those in high-ranking offices? Will continuing and extending the Emergency Powers help Queenslanders, or simply provide a means for increased Government control? Is this in keeping with maintaining Australia as a country of freedom and choice?

I thank you for your consideration,

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