

Health and Environment Committee

From: Peter Rowan [REDACTED]
Sent: Tuesday, 12 January 2021 10:38 PM
To: Health and Environment Committee
Subject: SUBMISSION TO THE: Queensland Parliamentary Inquiry into Health Powers.
Attachments: PANDA_ProtocolReopeningSociety-3.pdf

Categories: Submission

SUBMISSION TO THE:

Queensland Parliamentary Inquiry into Health Powers.

The losses to small business are substantial due to the Lockdowns and other restrictions. The tourism industry has suffered in particular. Suicides have increased and citizens are delaying treatment for other conditions which leads to unnecessary suffering and deaths. The personal pain and suffering of Queensland citizens does not justify the procedures being followed by the Queensland Government when there are successful treatments available for current, or potential, Covid infected citizens. Treatment with Ivermectin and several supplements has been proven to be safe, inexpensive, and successful. Hydroxychloroquine and several complementary supplements have also proven to be successful treatments and this product has been safely used for various treatments for scores of years. There is no justification for banning the use of hydroxychloroquine except for a discredited study that was published in, and then withdrawn from, The Lancet in 2020.

There is, though, more to treating Covid 19, than medical intervention. Covid 19 can be very successfully treated by effectively managing society in a framework of freedom of movement, thereby preserving that most important of human needs found in all healthy societies, personal freedom. Such a framework is described in the attached document titled "Protocol for reopening society".

Both of the above treatments have been demonised by Queensland health officials while the treatments are successful, while dangerous products called vaccines, which do not meet the scientific definition of vaccines, are substituted for proven treatments by health officials against the advice of many of the most qualified medical experts in the world. Using the Ivermectin protocol would, for example, likely end the Covid 19 threat, at much lower human suffering and financial cost than the current freedom denying process will, within about 3 to 4 months.

To keep this submission simple I will avoid detail and provide you with the following document which is easy to understand and is endorsed by many medical and economic experts. If you require any evidence of the claims I have made in this submission please contact me and that evidence will be supplied forthwith.

Best regards,

Peter Rowan

PANDA
PANDEMICS - DATA & ANALYTICS

PROTOCOL FOR REOPENING SOCIETY

DECEMBER 2020



PANDA | PROTOCOL FOR REOPENING SOCIETY

Pandemics and epidemics have occurred throughout human history. In the past century, humans have amassed a vast array of scientific knowledge about how to respond and manage infectious disease outbreaks. Governments and health organisations have at their disposal country-specific pandemic preparedness plans, as well as World Health Organisation pandemic guidelines, which provide a roadmap on how to keep society functioning, while mitigating the impact of a disease or virus. In 2020 however, the emergence of SARS-CoV-2 heralded an almost-instantaneous rewriting of disease management principles. Countries, with few exceptions, disregarded existing pandemic plans and replaced them with policies of 'lockdown'. Whole societies have been shut down, sometimes for months on end, even though existing pandemic guidelines widely recognised lockdowns as being highly damaging, with little long-term benefit.


Research now reveals the devastation caused by lockdowns, particularly in the developing world. Poverty and unemployment are increasing; economies have been decimated; mental health and wellbeing is declining; vital health care is not being provided; decades of progress in preventative healthcare programmes is being reversed; outcomes are worsening for chronic diseases; and children are missing vaccinations and access to education. Draconian lockdown policies have been associated with the biggest infringement on civil liberties in democratic countries ever seen during peacetime. There has also been a corresponding explosion of other non-pharmaceutical interventions. Previously accepted guidelines actively recommended against many of these. These public health interventions have included mask mandates, quarantining of exposed individuals, wide-spread school closures, restrictions on international travel, mass testing of the population and contact tracing. Although the World Health Organisation states that its mission is 'to promote health, keep the world safe and serve the vulnerable', it has failed to uphold its own pandemic guidelines, and has supported many of these interventions despite the lack of a credible evidence base. The important cost-benefit analyses that should have been undertaken before implementing any such interventions still have not been done.

Much of the long-term harm from lockdowns is predictable if the social determinants of health are properly considered. If society is shut down, people are denied employment and income, children's education is halted, social connections are severed, support is removed, and access to vital health care is prevented, there will inevitably be severe ripple effects. This will affect health and wellbeing across all of society, well into the future and will also likely cause an increase in excess mortality in the years ahead. PANDA's mission is simple. We believe that, at this juncture, the science is quite clear on what key

PANDA | PROTOCOL FOR REOPENING SOCIETY

policy responses should be—or should have been. It is critically important that societies are reopened, whilst protecting those who may be vulnerable to serious illness from SARS-CoV-2. Human agency must be upheld and individuals should be empowered to make their own choices. Our multidisciplinary team has developed a framework for helping our communities to do just that. PANDA's Protocol for Reopening Society, builds upon existing pandemic frameworks and incorporates current scientific understanding of Covid-19, to provide a roadmap out of the damaging cycle of lockdowns.

IN BRIEF

- Lift all Covid-19 specific restrictions and mandates
 - Offer protection to vulnerable individuals
 - End mass testing, contact tracing, quarantining and lockdowns
 - Ensure public transparency of all efficacy and safety data of vaccines
 - Reassert open scientific debate and freedom of speech, opinion and choice.
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PROTOCOL FOR REOPENING SOCIETY

BROAD GUIDELINES

1. Human dignity should be respected above all.
2. "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." (WHO).
3. Humans should be allowed to pursue quality of life as they subjectively perceive it.
4. Focused protection should be offered on a voluntary basis to individuals for whom Covid-19 represents severe risks.
5. Allocation of resources should include all facets of healthcare, not only Covid-19.
6. All restrictions should be lifted: reopen schools, businesses and travel and return normality to society.
7. Accurate, balanced and timely public health communication with regard to risk, prevention, protection and treatment should be provided to individuals. This would enable people to make their own health-risk assessments and be the prime decision-makers in matters pertaining to their health.
8. Policies should reflect local means and circumstances and not be cast globally.

PROTOCOL FOR REOPENING SOCIETY

GENERAL RECOMMENDATIONS

Lockdowns, PPE and social distancing have never been shown to benefit the course of an epidemic, yet they can have devastating effects on society. Such diktats should be rendered unlawful.

1. Reassert freedom of speech, opinion and choice.
2. Restore open scientific debate.
3. Promote personal responsibility and accountability and the protection of basic human liberties
4. Promote mutual respect with regards to feelings of fear and personal health choices.
5. End quarantining of asymptomatic individuals.
6. Eliminate forced isolation of symptomatic individuals. Recommend resting at home when experiencing flu-like symptoms for up to eight days from the onset of symptoms and until the absence of fever for 24 hours.
7. Develop a public health awareness campaign to promote hand hygiene and a healthy lifestyle consisting of healthy eating, exercise and adequate exposure to the sun (or vitamin D supplements).



03

PROTOCOL FOR REOPENING SOCIETY

HEALTHCARE RECOMMENDATIONS

In times of outbreak, the most valuable intervention is to ramp up healthcare capacity quickly (intensive care beds and well-trained staff) and restrict Covid-19 admissions to specific isolated facilities to reduce nosocomial infections.

1. Restore all health services back to normal, including free access for visitors. Without this patients will continue to die at home.
2. Give access to early outpatient treatment for high-risk individuals with Covid-19.
3. End mass testing, testing of asymptomatic individuals and contact-tracing (including contact-tracing apps). Hospital testing should be limited to patients with a characteristic clinical picture, on a case by case basis and at the discretion of the attending physician. Differential diagnostic testing is called for only if the treatment plan thereafter would be different.
4. Set the PCR cycle threshold to not exceed 30 cycles and require the detection of multiple primers. Alternative tests with high specificity may be used to confirm the results. The Ct value of the test must be transparent to the doctor and patient.
5. Define cases using clinical symptoms confirmed by a positive test result.
6. Define a Covid death as death of a patient who is an active Covid-19 clinical case.
7. Ensure public transparency of all efficacy and safety data for vaccines. Vaccination must be fully voluntary with informed consent and without any form of coercion or restriction. Mandatory vaccination is unethical and unlawful. It undermines trust in the medical profession and in vaccination programmes.

04

PROTOCOL FOR REOPENING SOCIETY

PROTECTION OF VULNERABLE INDIVIDUALS

The vulnerable must be allowed autonomy about the risks they choose to take. Forced protection is not an option in a free society. Keeping the elderly in care homes against their will is akin to imprisonment.

1. Accommodate the needs of the vulnerable as much as possible without causing harms to others, such as developing more opportunities for vulnerable individuals to work from home if they wish.
2. Inform vulnerable individuals about the increased chance for infection in closed crowded environments.
3. Seek means to aid the elderly at higher risk from Covid-19 in performing their daily household chores and purchases (such as online shopping or help from a neighbour). Provide them with internet access, if applicable.
4. Offer older people from multigenerational households with symptomatic members temporary housing in hotel rooms or with a family that has recovered from the virus.



5. Minimize the number of nursing home staff that each nursing home resident is exposed to. Ask staff and visitors to stay home at the slightest symptom of respiratory illness.
6. Reduce the risk of nosocomial infections in care homes by moving high-functioning elderly people out of care homes and into the community. Create makeshift units outside the care homes for elderly patients with Covid-19, until they recover.
7. Schedule specific times for vulnerable groups only to use public parks, libraries, cafes and other shops during epidemic phases.

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SCHOOLS AND EDUCATIONAL INSTITUTIONS

School closures harm children's educational attainment, long-term earnings and socio-psychological wellbeing. They should be rendered unlawful.

1. Open all schools and higher educational institutions to face-to-face learning.
2. Remove all separating screens and demarcations on the ground related to social distancing.
3. Clarify to the public that transmission by children to adults is rare.
4. Inform vulnerable teachers and parents of vulnerable children that Covid-19 does not place them at greater risk in a school setting than they normally face.
5. Eliminate mask requirements in educational settings. Inform parents and teachers that the safety of mask wearing in children has not been established.

PROTOCOL FOR REOPENING SOCIETY

BUSINESS, TRAVEL AND LEISURE

Livelihoods affect lives directly and indirectly. Turning a blind eye to this reality is a crime against humanity. Sports and the arts are what connect us and make us human. Destroying them denies us our humanity.

1. Open for business: end all restrictions on businesses.
2. Open borders: end all travel restrictions.
3. Resume all individual sports as well as group sports with no restrictions.
4. Resume all cultural and artistic activities with no restrictions.
5. Denounce medical ostracization by opposing immunity passports and ending PCR testing requirements for work and travel. Eliminate temperature screening checkpoints - it is a useless measure.

Supplementary Submission Part 2 of 3 Parts**The initial Submission is Part 1****The following Email is Submission Part 3**

Peter Rowan

Due Date: 29 January, 2021

Supplementary Submission to the Public Health and
Other Legislation (Extension of Expiring Provisions)
Amendment Bill 2020 Friday 22 January 2021 Public
hearing program Committee Room 3, Parliamentary
Annexe, Brisbane

As requested and consented to by the Health and Environment Committee on Friday January 22, 2021 please accept this Supplemental Submission to Peter Rowan's initial Submission on Friday January 22, 2021 for consideration by the committee members and other submission contributors. This submission more thoroughly substantiates and expands upon the information provided in Peter Rowan's initial Submission.

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The Queensland Chief Health Officer (CHO) and the Queensland Government's objectives.

The CHO's and Queensland Government's objective is, apparently, to reduce or eliminate deaths and suffering from COVID-19.

Amongst other matters, this submission describes a pathway to reach that objective with a minimum of interference with citizen's economic well-being, and their health well-being, as a science supported alternative to the CHO's current directions. The pathway suggested below differs somewhat from the present path being taken by the CHO and does not require the wide powers currently enjoyed by the CHO. The pathway proposed below is based on a huge body of scientific evidence that is supported by tens of thousands of medical practitioners and economists around the world. The information to be found in this submission is factual or it is opinion based on fact, science and evidence.

Within this submission readers will find evidentially supported information from economic and medical experts and others about how a relatively easy pathway can be followed to end the widespread fear and damage that Covid 19 is, largely unnecessarily, fomenting.

To eliminate Covid 19 suffering and death we can first ask who suffers from and who dies from Covid 19. Then we can effectively assist and help that affected population segment. *There is no need, as is currently happening under the*

[REDACTED]

CHO's guidance, for the government to make deep intrusions into individual's lives if the individuals are unaffected, or only marginally affected, by Covid 19.

Most people do not suffer, or die, from COVID-19 infections.

It is only a minority segment of the population who suffer or die from Covid 19.

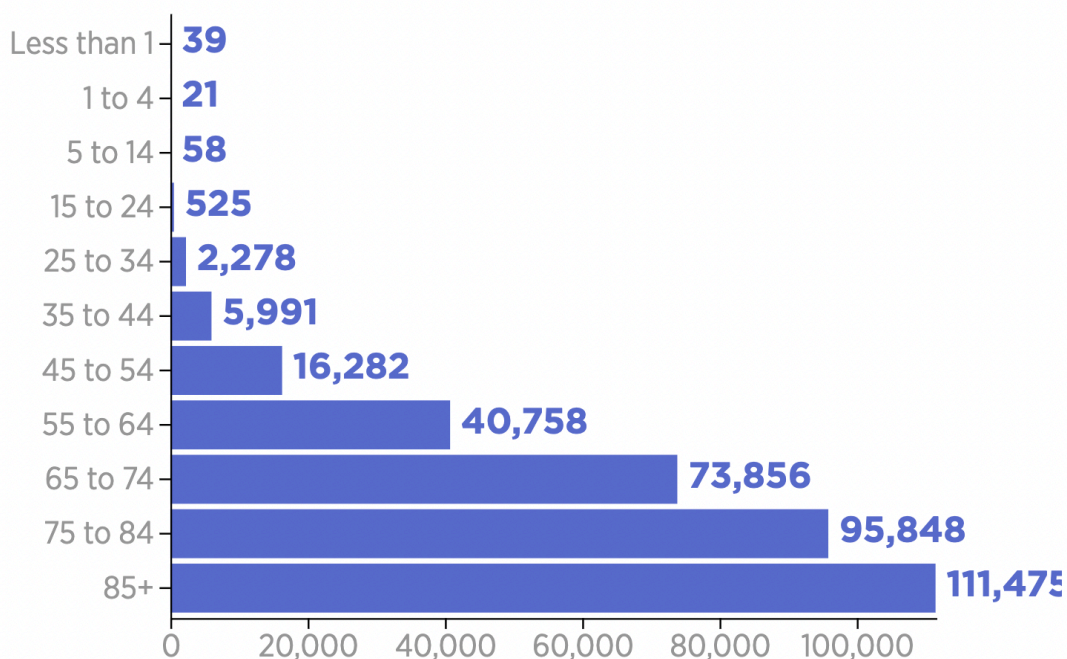
The chart below (compiled from CDC data) shows the numbers who died from Covid 19 in the USA, as at September 23, 2020. As the USA had a relatively 'free rein' on Covid 19 at this date this graph serves as a useful reference point.

The vast majority of deaths were people aged 55 or older who made up 93% of Covid deaths. This then, is the age group that requires the most support to prevent deaths. As the comorbidity rate is 94% (94% of Covid-19 deaths have underlying medical conditions ie 'comorbidity' according to the CDC) the underlying cause of death is very likely *largely* a result of the normal diseases and illnesses that occur in this age group and Covid 19 may only be coincidentally present at death, or, Covid 19 may be 'the straw that breaks the camels back', or in at least some cases Covid 19 is likely to be the cause of death. Whatever is the actual cause of death, Covid or otherwise, it is clear that 93% of deaths of persons with Covid 19 are those persons aged 55 years or older and that a significant number of those deaths are very likely not caused by Covid 19 alone but by comorbidities which are frequently the Metabolic Diseases that have emerged as primary killers in modern westernised societies over the past 70 years where lifestyles of poor diet and exercise have become prevalent.

It is no secret, for example, that many Covid deaths occur in people who are obese. Obesity is a Metabolic Disease, some other metabolic diseases are hypertension, dementia, cardiovascular diseases, cancers and diabetes. Rather than a vaccine that is above suggested by Pfizer's CEO as being unnecessary for healthy people it appears that a healthy diet as prescribed by one of Australia's foremost sports physicians, Dr Peter Brukner OAM, MBBS, FACSP, FACSM, FASMF, FFSEM together with an Ivermectin protocol is an appropriate treatment for existing and potential Covid sufferers. Dr Brukner is connected with thousands of medical practitioners who practice like minded diet inclusive health enhancement programs with proven and powerful health benefits to prevent and cure metabolic diseases. That said, this present submission does not intend to focus any more deeply on successful more extended health enhancement programs as it is the problem of CHO promoted Lockdowns and vaccines, and the actual benefits of the Ivermectin protocol that are crucial to immediately solve the Covid 19 crisis and will be dealt with from hereon-in.

The minority who suffer and die from Covid 19.

Age in years



According to data from the Center for Disease Control, Covid-19 is deadliest among older populations. In fact, through January 21, 93 percent of Covid-19 deaths nationwide (USA) have occurred among those aged 55 or older. Only 0.2 percent were younger than 25. This trend can also be found on the state level.

There appears to be little or no justification for those under age 55 to be forced to endure Lockdowns or to be forced to use a vaccine that is not fully researched, and is causing deaths and adverse reactions in some, when only 7% of the total Covid deaths are in that age group. Also, when Metabolic Disease is so common in those who die *with, but not necessarily from Covid 19*, it is unreasonable to insist that those who have taken care of their health and well being through a nurturing healthy diet and lifestyle be forced to vaccinate and risk their lives and their good health. This appears to be the Pfizer CEO's point when he rejects vaccination.

To recap: 93% of Covid deaths are in people aged 55 years or over, and of those persons 95% have comorbidities which may not be, but very well could be, the cause of the death.

<https://www.heritage.org/data-visualizations/public-health/covid-19-deaths-by-age/>

https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm?fbclid=IwAR3-wrg3tTKK5-9tOHPGAHWFO3DfslkJ0KsDEPQpWmPbKtp6EsoVV2Qs1Q

The Covid death share is well exceeded by total deaths.

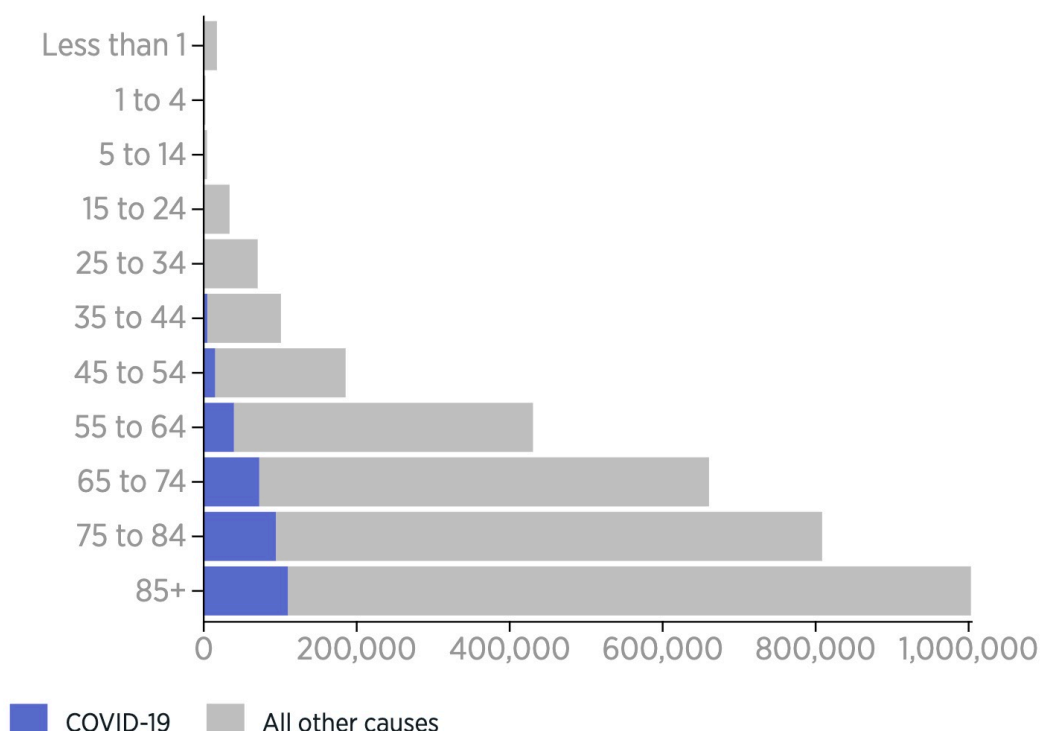
CDC data in the graph below shows that Americans, regardless of their age group, are far more likely to die of something other than Covid-19.

Even among those in the most heavily impacted age group (85 and older), only 11.1 percent of all deaths since February 2020 were due to Covid-19 and many of those deaths were potentially due to comorbidity and not directly caused by Covid 19.

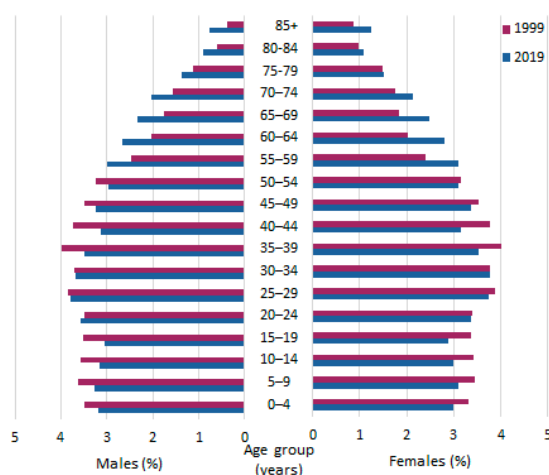
The vast majority of the population are, or will be, unaffected by Covid-19 as they are under 50 years of age or older and healthy. Therefore, any restrictions that are introduced and that adversely affect those healthy and younger people under 50 years of age will largely unnecessarily curtail their freedom.

✓ NUMBER OF TOTAL DEATHS ○ SHARE OF TOTAL DEATHS

Age in years



AUSTRALIAN POPULATION BY AGE GROUP.



<https://www.abs.gov.au/ausstats/abs@.nsf/0/1CD2B1952AFC5E7ACA257298000F2E76>

Lockdowns Are Ineffective at Slowing COVID-19.

1) The Lancet.

A July 21st study said, *'government actions such as border closures, full lockdowns, and a high rate of COVID-19 testing were not associated with statistically significant reductions in the number of critical cases or overall mortality.'*

2) Frontiers in Public Health.

Researchers wrote, *'Stringency of the measures settled to fight pandemic, including lockdown, did not appear to be linked with death rate.'*

3) Tel Aviv University.

This study concluded, *'We would have expected to see fewer Covid-19 fatalities in countries with a tighter lockdown, but the data reveals that this is not the case.'*

<https://kfyi.iheart.com/content/2020-12-10-lockdowns-dont-work-thats-what-the-science-says/>

<https://fee.org/articles/3-studies-that-show-lockdowns-are-ineffective-at-slowing-covid-19/>

4) The World Health Organisation.

The World Health Organisation's special envoy on COVID-19 urged world leaders this week to stop "using lockdowns as your primary control method."

Note that the Lancet also reports that "...a high rate of COVID-19 testing

were not associated with statistically significant reductions in the number of critical cases or overall mortality.”

<http://www.msn.com/en-us/health/medical/who-official-urges-world-leaders-to-stop-using-lockdowns-as-primary-virus-control-method/ar-BB19TBUo>

We must consider whether or not it is reasonable, even morally justified, to cause enormous economic damage and societal damage by imposing lockdowns and other restrictions upon all those healthier or younger people who are only minimally affected, if at all, by the Covid disease. Certainly the opinions and evidence espoused by University of NSW economist Prof. Gigi Foster PhD (Economics) BA Director of Education oppose Lockdowns and confirm that most Covid economic restrictions are not justified due to their negative outcomes. Further Professor Foster confirms the damage that is being caused to the Queensland economy in her missives and other work on the subject.

Measuring of Covid 19, false positives and symptoms.

There can be more or less infected citizens showing positive Covid test results but the number who suffer or die can be, and is, far less than the number of positive test results.

Measuring and broadcasting tested positive infection numbers is far less important than curing those suffering and potentially dying from a Covid infection. Testing and broadcasting a large number of positive results is scaremongering if the tests are giving a high number of false positives or if very few citizens are suffering or dying.

Even though it has been widely known by some experts for over 12 months that some tests for Covid are providing a high number of false positives the practice has continued. The media, and many politicians and bureaucrats, have created and maintained a scare campaign in part as a result of the positive test numbers when it is the number of people suffering and dying, that is those who genuinely have Covid symptoms, that *really* count. There has been deliberate scaremongering on the part of many who have persistently and knowingly used the false positive numbers to justify their actions. We can likely anticipate falling positive test

numbers across the board as a result of the WHO belatedly issuing a notice, some 12 months overdue, to retract the false positive test numbers by testing appropriately.

On January 20, 2021 WHO issued a notice that the testing protocol should be properly conducted as many tests to date have been returning false positives. Further, as shown below, WHO drew attention to the fact that a *true* positive test result requires multifactorial examination.

WHO guidance [Diagnostic testing for SARS-CoV-2](#) states that careful interpretation of weak positive results is needed (1). The cycle threshold (Ct) needed to detect virus is inversely proportional to the patient's viral load. Where test results do not correspond with the clinical presentation, a new specimen should be taken and retested using the same or different NAT technology.

WHO reminds IVD users that disease prevalence alters the predictive value of test results; as disease prevalence decreases, the risk of false positive increases (2). This means that the probability that a person who has a positive result (SARS-CoV-2 detected) is truly infected with SARS-CoV-2 decreases as prevalence decreases, irrespective of the claimed specificity.

Most PCR assays are indicated as an aid for diagnosis, therefore, health care providers must consider any result in combination with timing of sampling, specimen type, assay specifics, clinical observations, patient history, confirmed status of any contacts, and epidemiological information.

https://www.who.int/news/item/20-01-2021-who-information-notice-for-ivd-users-2020-05?fbclid=IwAR2_NOw16mE-QnWTCwEeLfaSGDXNIILDy80961BZdwvEjwmJVVUEvZgozk4

If, that is, if, testing protocols are correctly managed by those testing then we can expect the number of positive test results to fall significantly over time. Improved testing over time is now a near certainty due to human behavioural traits. The false narrative presented by many

is then likely to claim that falling infection numbers are a result of increased vaccinations, mask wearing and Lockdowns. That claim, if made, will be false.

Creating a society sensitive solution to Covid disease.

Considering the relatively small percentage of people who are affected by COVID-19 suffering or death (the affected being largely those with comorbidity conditions over age 55) a successful Covid 19 plan will primarily care for those over 55 *and not those who are younger and in better health*. That is, as the majority of the population is unaffected by Covid (particularly those under 55 and those having a healthy lifestyle) they, who are productively employed and healthy participants in society, can continue to be so and not be locked down or otherwise restricted. Notably, those who are healthier or younger people, are also those who economically and socially support those who are vulnerable to Covid infection. Therefore using widespread lockdowns that inconvenience and socially, financially, and in health terms, harm millions of the otherwise healthy vast majority of the population, further harms the vulnerable. Lockdowns are a flawed, harmful and damaging solution to the Covid disease.

As stated in the attached PANDA PROTOCOL FOR REOPENING SOCIETY and as discussed and alluded to by Prof. Gigi Foster and others below, the most efficient way to serve the needs of the entire population is to allow for a relatively open society where those who are severely affected are properly cared for and the vast majority of the population can get on with their lives to build, enhance and enjoy our advanced civilisations, in part as a de facto reward for their continuing maintenance of a healthy metabolic disease free lifestyle. In practice that means that we protect the vulnerable members of society who are primarily those over age 55 with Metabolic Diseases and help them to live healthier lifestyles if they choose to do so.

The current Covid management plan and treatment protocol.

The current management plan in regard to Covid-19 appears to be to lockdown, or at least curtail activities, when there is one or more infections whilst waiting for a suitable vaccine to be manufactured to prevent infections. Some might say that this means reducing freedoms that maintain a productive and enjoyable lifestyle, and that the end objective is to

force a potentially harmful vaccine injection onto all Queenslanders while those who refuse vaccination will be punished by, at the very least, preventing them from travelling freely. That is an ominous future for many.

If that is the plan, then it is fraught with difficulties when it means restricted freedoms and confined movement, forcing the vast majority of the population to be injected with vaccines, and risks to their lives and health when an alternative safe proven solution with wide medical and economic expert support is immediately at hand as described below:

Ivermectin can be used as a prophylactic *and* as a treatment.

Ivermectin can be used as both a prophylactic *and* as a treatment.

The Ivermectin triple protocol can be adopted now instead of waiting for a safe vaccine, and/or injecting Australian citizens with a substance that is not properly tested and may later be found to be unsafe and detrimental to good health, or worse. Vaccines, properly and fully tested and researched, are a valid response to Covid if that day ever arrives.

Ivermectin is a proven safe drug which has been used medically for over 40 years. Ivermectin is on the WHO Model List of Essential Medicines and has approached 100% Covid treatment success where it has been used in Covid clinical settings. Ivermectin is apparently cheaper to manufacture and purchase than the current vaccines and has a proven safety record. The Covid 19 vaccines currently in use do not have a proven safety record and are killing and injuring some people into whom they are injected.

It is a simple matter to give doses of Ivermectin triple protocol to all nursing home residents, and others such as at risk and aged people, without the risk of death and illness which appears to be occurring, in some part, as a result of the use of vaccines. If quality of life and survival is the issue, and apparently it is, then the Ivermectin protocol apparently fulfils that role adequately. With a Covid response plan that emphasises caring for the vulnerable, Ivermectin protocol treatment and prophylactic use allows the rest of society to continue to function as per normal while protecting the aged and vulnerable.

The Ivermectin solution is directly and implicitly supported by well over tens of thousands of doctors and nurses and other medical employees around the world. It is also supported directly and implicitly by well over tens of thousands of others such as economists and business people. Many of the world's top medical people support the Ivermectin solution or a solution using similar processes rather than the still potentially, and actual, unsafe vaccine solution.



Ivermectin Triple Therapy Protocol for COVID-19 released to Australian GPs as treatment for Infected Elderly, Frontline Workers

Professor Thomas Borody MB, BS, BSc(Med), MD, PhD, DSc, FRACP, FACP, FACG, AGAF, FRS(N) said:

"The three medications are on chemist shelves right now. GPs can email GP@CDD.com.au to obtain the dosing protocol and COVID-19 treatment information for their patients.

"GPs can legally prescribe the therapy today as an "off label" treatment according to Australian Guidelines - a standard practice in medicine. In fact more than 60% of prescriptions in Australia are "off-label". It's not a new concept. It's happening every day to manage diseases and save lives."

<https://prwire.com.au/pr/91367/ivermectin-triple-therapy-protocol-for-covid-19-released-to-australian-gps-as-treatment-for-infected-elderly-and-frontline-workers?>

"Because I'm involved in developing these in the U.S. where all the patients are, there are a number of studies that are amazingly successful. We're talking close to 100%. In fact, we haven't seen a result yet under 100%. It looks like corona is very simple to kill," Professor Thomas Borody, medical director of Australia's Center for Digestive Disease. "It's available as a prescription medication. You wouldn't use it alone ... but you add two other things to it such as doxycycline and zinc."

<https://www.newsmax.com/health/health-news/australia-ivermectin-coronavirus-covid/2020/08/08/id/981220/>

Available Ivermectin and Covid 19 research papers:

This link is to a database of possibly all Ivermectin COVID-19 studies. 54 studies, 20 peer reviewed, 35 with results comparing treatment and control groups.

IVERMECTIN FOR COVID-19

35 TRIALS, 221 SCIENTISTS, 10,338 PATIENTS

17 RANDOMIZED CONTROLLED TRIALS

90% IMPROVEMENT IN 10 PROPHYLAXIS TRIALS RR 0.10 [0.05-0.23]

84% IMPROVEMENT IN 10 EARLY TREATMENT TRIALS RR 0.16 [0.08-0.33]

71% IMPROVEMENT IN 17 RANDOMIZED CONTROLLED TRIALS RR 0.29 [0.17-0.51]

78% IMPROVEMENT IN 14 MORTALITY RESULTS RR 0.22 [0.11-0.42]

POTENTIAL DAILY LIVES SAVED*: 11,161

* BASED ON DAILY DEATHS AND EFFECTIVENESS OF EARLY TREATMENT WHERE NOT USED. 01/25/21. IVMMETA.COM



**Emeritus Professor Robert Clancy
AM DSC PHD MB BS FRACP FRCP(A)
is one of the Australia Academy of Science's
Covid-19 Experts**



COVID-19 Expert Database

The COVID-19 Expert Database has been created to provide a mechanism for governments, the business sector, the research sector, and other decision-makers to easily access the expertise they need to inform their decision making.

**Here's what Professor Robert Clancy,
published on the 18th Jan 2021**

**"An impressive data base has more recently
accumulated that strongly supports the use of HCO
and/or Ivermectin. Their use in concert with
vaccines can NO LONGER BE DENIED; indeed this
is the ONLY SCIENCE-BASED OPTION."**

After judge orders hospital to use experimental Covid-19 treatment, woman recovers

Don Herbeck Jan 15, 2021 Updated Jan 15, 2021 125



JOANNE HENDERSON, 85, of , was given a 10% chance of surviving Covid-19 when she was admitted to
Midland Pittman Suburban Hospital, according to her children.
Her husband, Justin Henderson, is her son.

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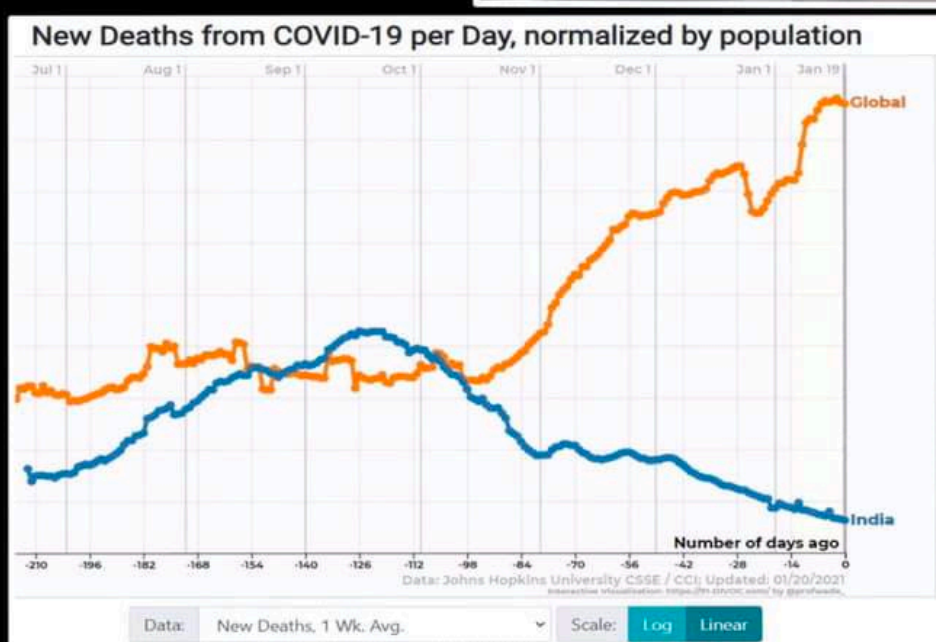
The Buffalo News - January 15, 2021

FLCCC
ALLIANCE

https://c19ivermectin.com/?fbclid=IwAR2OziaGPbPZ5rph00BVh4jdRJMeApOZDStor05pfrQ_xOJGozO378tbSPM

MIGHTY INDIA

**Covid treatment
kit A\$2.65
invented in
Australia;
Ivermectin, Zinc
& Doxycycline -
produced and
sold in India**



Peru surrenders in the War Against Ivermectin

IVERMECTIN IS INCLUDED IN COVID-19 TREATMENT AGAIN

A few days ago, Dr. Ciro Maguiña highlighted the positive effects of the use of ivermectin in his treatment against COVID-19.



Friday, January 22, 2021

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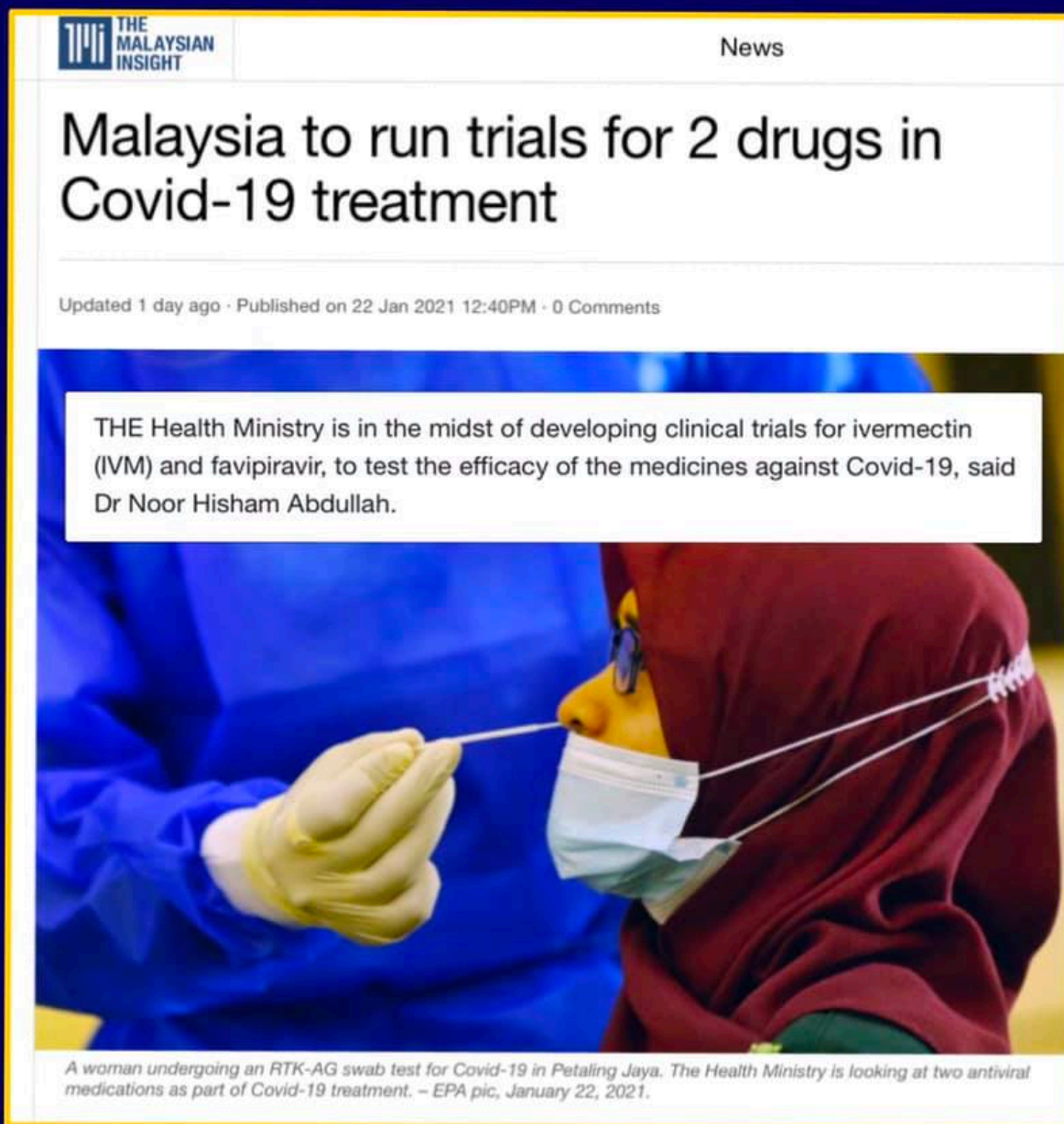
In the framework of the second wave of **COVID-19**, the Ministry of Health (Minsa) and EsSalud once again included **ivermectin** in the new kit for the outpatient treatment of patients with this disease, despite being withdrawn last year.

Through a document dated January 8, released by Canal N, it details the **new composition of the kit**, along with paracetamol and masks, to treat vulnerable people in the initial stage.

The Times report on cheap wonder drug:

https://www.thetimes.co.uk/article/trial-for-covid-wonder-drug-that-could-save-thousands-of-lives-99jc07v2s?fbclid=IwAR30-L60kZReZQL4huU7p4LT9zMNivCYaiOL5_q7aQ7POcGHT8T_D9pPL4c

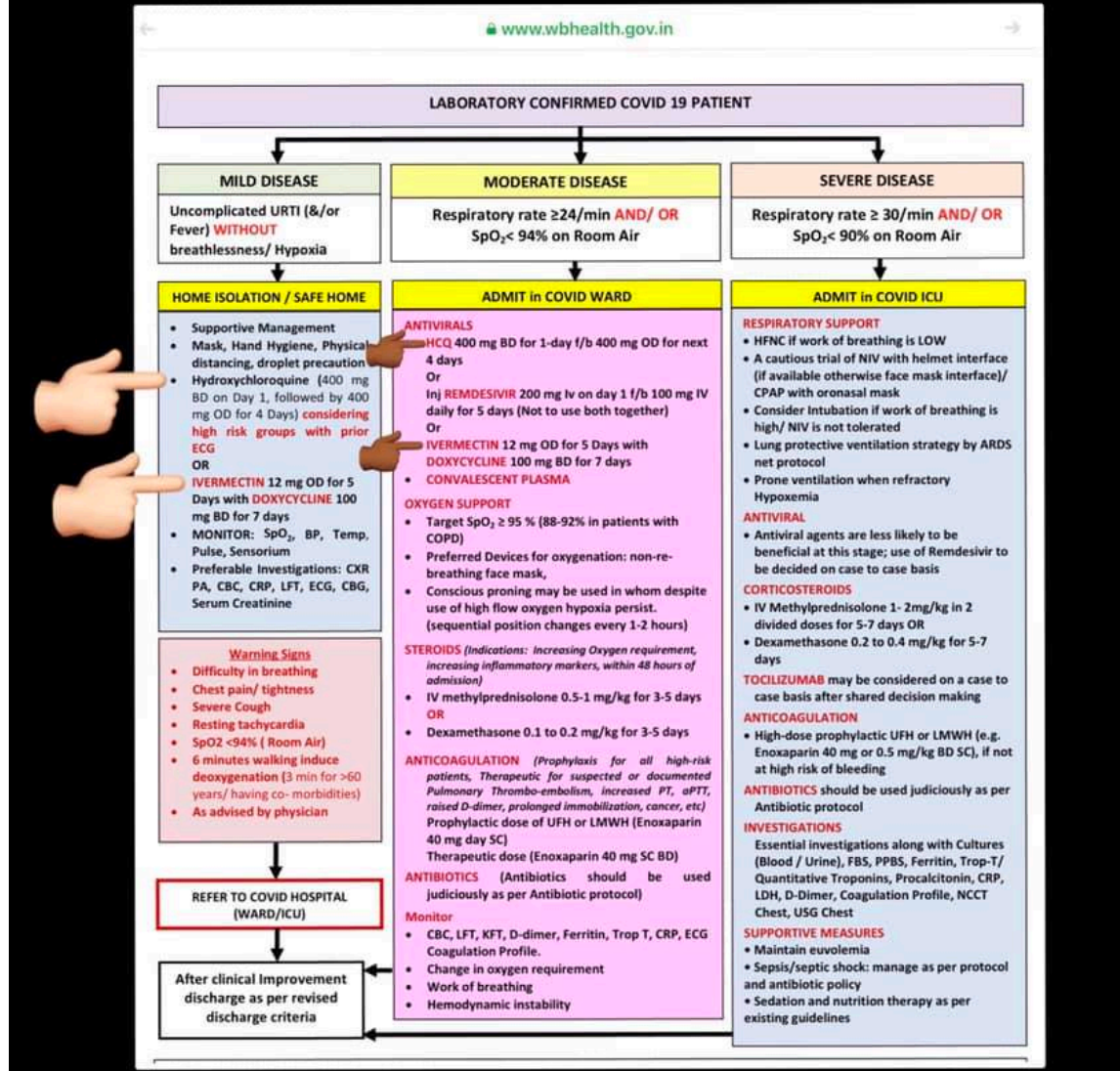
Malaysia set to surrender in the War Against Ivermectin



CDC: 94% OF COVID-19 DEATHS HAD UNDERLYING MEDICAL CONDITIONS

<https://www.msn.com/en-us/health/medical/cdc-94percent-of-covid-19-deaths-had-underlying-medical-conditions/ar-BB18wrA7>

Official treatment protocol from India



https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm?fbclid=IwAR3-wrg3tTKK5-9tOHPGAHWFO3DfslkJ0KsDEPQpWmPbKtp6EsoVV2Qs1Q

https://www.thehindu.com/news/national/karnataka/quadruple-therapy-with-ivermectinis-effective-in-treating-covid-19/article32601262.ece?fbclid=IwAR07qGqFxcAFby_1MDAFG3gid-LCLcFqRgPCnP5wCJ3JPInBLbg2zI7I9YA

IVERMECTIN: PROVEN AND SAFE

“Those who want the choice must be able to retain it, rather than having it determined by regulations — particularly considering the vaccine is not a ‘magic pill’. It will ‘reduce the severity’ of Covid-19 but won’t necessarily stop community transmission all by itself, and at this point questions also remain about how effective the current vaccine is at combatting the new strains of Covid that are popping up around the globe.”

<https://www.sydneycriminallawyers.com.au/blog/covid-19-vaccine-approved-but-questions-remain-as-to-safety-and-effectiveness/?fbclid=IwAR3mYMfe-R63k75s4fugCG1yXTfhQ5CD8B0ofkUlua1OCAP07Nv84zUZ41A> ‘Quadruple Therapy with Ivermectin is effective in treating COVID-19’

	Pfizer/BioNTech	Moderna	AstraZeneca/Oxford
Technology	mRNA	mRNA	Adenoviral vector
Efficacy	95%	95%	62% to 90%
Storage temperature	-94° F	-4° F	36° to 46° F
Shelf-life	5 days	1 month	6 months
Price per dose	\$19.50	\$32 to \$37	\$3 to \$4
For profit?	Yes	Yes	After pandemic ends
Doses by end of 2020	50 million	20 million	200 million

Sources: American Council on Science and Health (ACSH.org), multiple news outlets

WHO Information Notice for IVD Users 2020/05

Nucleic acid testing (NAT) technologies that use polymerase chain reaction (PCR) for detection of SARS-CoV-2

20 January 2021 Medical product alert Geneva Reading time: 1 min (370 words)

Product type: Nucleic acid testing (NAT) technologies that use polymerase chain reaction (PCR) for detection of SARS-CoV-2

Date: 13 January 2021

https://www.who.int/news/item/20-01-2021-who-information-notice-for-ivd-users-2020-05?fbclid=IwAR2_NOw16mE-QnWTCwEeLfaSGDXNIILDy80961BZdwvEjwmJVVUEvZgozk4

California calls for pause in use of huge batch of Moderna vaccines after

allergic reactions:

Michael Williams Jan. 18, 2021 Updated: Jan. 18, 2021 6:18 p.m.

[https://www.sfchronicle.com/health/article/California-calls-for-pause-in-use-of-huge-batch-15878735.php?utm_campaign=CMS%20Sharing%20Tools%20\(Mobile\)&utm_source=m.facebook.com&utm_medium=referral&fbclid=IwAR3MmzSLPjPg83ekszgmK_auBQdd_LiL2y5XIb2ljz_Tp1rt4LfBFNnRCJc](https://www.sfchronicle.com/health/article/California-calls-for-pause-in-use-of-huge-batch-15878735.php?utm_campaign=CMS%20Sharing%20Tools%20(Mobile)&utm_source=m.facebook.com&utm_medium=referral&fbclid=IwAR3MmzSLPjPg83ekszgmK_auBQdd_LiL2y5XIb2ljz_Tp1rt4LfBFNnRCJc)

WHO Updates CCP Virus Test Guidelines, Cautions Against Over-Reliance on PCR Test

https://www.theepochtimes.com/who-changes-ccp-virus-test-criteria-in-attempt-to-reduce-false-positives_3668064.html?utm_source=morningbriefnoe&utm_medium=email&utm_campaign=mb-2021-01-24

Not Using Ivermectin, One Year In, Is Unethical And Immoral

<https://trialsitenews.com/not-using-ivermectin-one-year-in-is-unethical-and-immoral/?fbclid=IwAR3K-Ypsv96H8ECNICvJ00iY789vGKA8W5E3WMkDs53ZMuhXwwsCRY8NCvs>

Legal issues:

Court challenges to governments and government agents and employees are rising around the world for what is broadly called ‘human rights abuses’ in the guise of combating Covid 19. Associated cases have already been won by claimants in Germany, Portugal and the USA.

Lawyers are claiming that governments their employees and agents have acquired billions of dollars of liabilities by their actions imposing lockdowns, vaccinations and by restricting other freedoms. These cases take time to ripen and over coming months and years the settlements and convictions can be expected to rise at an increasingly rapid rate. (See attached document: Sabloc In these types of legal actions it is usually insufficient to claim that one was required to make policy that destroyed businesses and citizen’s health or to claim “I was just following orders”).



See document attached to Part 3 of this submission: In the matter of a prosecution of the Victorian and Australian Governments – in relation to their ongoing crimes against humanity since end March 2020 arising from reckless and disproportionate public health measures.

Sanjeev Sabhlok, Ph.D. Economics (USA)

CONCLUSION: The Chief Health Officer's special powers should not be extended as she has not, apparently, done her research effectively and, insofar as her Corona Virus decisions are concerned, the CHO has apparently acted primarily on hearsay and hope. She has, in fact, embraced a damaging and, legally risky course, and a largely unnecessary vaccination program that she apparently intends to force on Queenslanders by punishing those who do not wish to be, or need to be, vaccinated. Subsequently, Queensland state and its agents and employees have potentially acquired legal liabilities. As the contents of this three part submission and supplement shows, the CHO's implementation of Lockdowns have not been necessary, have possibly been delinquent, and have severely damaged the economic, health and social fabric of Queensland. The references and information in the missives of University of NSW economist Professor Gigi Forster exemplifies the failure of Lockdowns as a strategy to combat Corona Virus.

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