



**Senator Malcolm Roberts**  
One Nation Senator for Queensland

19 October 2021

Hon. Scott Morrison MP  
Prime Minister  
PO Box 6022  
Australian Parliament House  
**CANBERRA ACT 2600**

Hon. Anastacia Palaszczuk  
Queensland Premier  
PO Box 15185  
**CITY EAST QLD 4002**

Dear Prime Minister and Premier

In serving the people of Queensland and Australia, it is my duty to bring to your attention the points and questions below that our constituents have raised with increasing concern.

As elected heads of government and often speaking emphatically on the COVID-19 virus, you are responsible for the issues raised in this letter.

This affects every citizen because the actions of federal and state governments have made the COVID-19 issue one of freedom, general health and parliamentary accountability. Peoples' questions now focus on current and future health, basic human rights, trust in government, leadership and parliament's role.

While acknowledging the fact that COVID-19, like previous respiratory disease including severe strains of flu, kills people and is a threat to a very small minority of people, it must be taken seriously. Confusingly and dishearteningly, some constituents refer to COVID-19 as a big threat, others call it a scam and many others imply it has become a grossly exaggerated distraction and diversion of resources.

Across our state and country people have a mixture of feelings of being confused, disheartened, disillusioned, mentally anguished, stressed, overwhelmed, hurt, fearful and afraid, in turmoil, regretful, squashed, intimidated, threatened, frustrated, resigned, angry, and even militant. People are needing information, understanding, clarity, support, honesty, consistency, leadership, clear direction, hope, freedom and respect. Above all, people want to be heard and need empathy for what is being endured, and for the decisions they have been forced to make under coercion.

It is now widely acknowledged that government actions and inaction are tearing apart businesses, employment and the economy, as well as marriages, families and communities.

It is widely known that constituents consider state and federal government behaviours, omissions and inactions have destroyed faith and trust in health systems, aged-care facilities, police forces, education systems, the legacy media, social media, governments and parliaments.

On Monday 23 March 2020 and Wednesday 8 April 2020 I participated in the Senate to pass the federal government's Corona virus packages. In doing so I said that due to thousands of deaths reported in Spain, Italy, France, China and other nations I would support the federal government's initial COVID-19 measures.

The qualifier for my support was the expectation the government would gather the data in the months ahead and to use that data as the basis for a comprehensive plan for managing the virus. I stated that in the ensuing months I would hold the government accountable for its management of the virus.

In those senate speeches I spoke of the highly successful results of Taiwan's strategy for managing COVID-19 and of the encouraging in-vitro trials on Ivermectin at Monash University.

Prime Minister, in March 2020 your government released modelling from the Doherty Institute showing a single virus wave. Based on that, state and federal governments encouraged people to "flatten the curve" and Australians, desperate to trust you and your government, duly cooperated with the restrictions that state and federal governments imposed.

The federal government's single wave modelling contrasted starkly with the New Zealand government's release on 25 March 2020 of Doherty Institute modelling showing multiple waves of virus outbreaks.

In mid 2020 I wrote twice to both of you seeking data. Premier, your staff referenced two websites as sources for data, neither of which contained any useful data. Prime Minister, your responses similarly lacked data.

After this failure to provide relevant data, in May-June 2021 Senate Budget Estimates hearings I sought from the federal Chief Medical Officer (CHO) data characterising the virus. That data is provided in **Attachment 1**, together with other relevant associated data and questions on behalf of our constituents, and for which I respectfully request your answers.

I remind you both that page 29 of your governments' *Australian Health Sector Emergency Response Plan for Coronavirus (COVID-19)*, which your so-called "national cabinet" apparently endorses, states:

▪ **6.1 Key principles:**

*The following key principles will be applied across all our communication activities:*

- *openness and transparency;*
- *accurate risk communication, including where there is uncertainty;*
- *communications as a two-way process;*
- *...*

[https://www.health.gov.au/sites/default/files/documents/2020/02/australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19\\_2.pdf](https://www.health.gov.au/sites/default/files/documents/2020/02/australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19_2.pdf)

In the March 2021 Senate Additional Estimates hearings and May-June 2021 Senate Budget Estimates hearings, the federal CHO and Health Department Secretary confirmed my list of the six strategies for a proper plan for managing a virus, and added a seventh. These officials confirmed our combined list of seven strategies as complete, accurate and necessary.

These strategies are:

- Treatments and cures such as antivirals and prophylactics
- Testing, tracing, quarantining
- Fitness and general health
- Personal behaviour (such as washing hands and hygiene)
- Restrictions including the wearing of masks and social distancing
- Vaccines
- Lockdowns

I note that in hindsight and with the benefit of later data, I now admit that it was likely a mistake to use state lockdowns, yet under the uncertainty and risk in early 2020 that was a prudent step at the time. I do not criticise your governments' support for lockdowns in early 2020. Yet circumstances changed as data became available.

Attachments 2 to 7 provide data and observations on the seven strategies the CHO and federal Health Department Secretary confirmed together with questions asked on behalf of constituents, for which I respectfully request your answers.

The last 19 months has revealed stark lessons that become obvious when listening to constituents and when independently scrutinising circumstances raised in Attachments 1 to 7.

We need you both to:

- (a) Get the relevant data, make it public and open it to public scrutiny – Attachment 7.
- (b) Build and implement a comprehensive plan for managing COVID-19 successfully.
- (c) Make proven alternative treatments available as a matter of choice for all people and especially for those not able to choose a vaccine injection.
- (d) End lockdowns and instead return to absolute normal ending extended emergency directives.
- (e) Stop the mass coerced injection of people and make it people's free and informed choice as to whether to get an injection of a provisionally approved "vaccine" such as those currently under what Health Minister Greg Hunt says is, quote - *"The world's largest clinical vaccination trial."*
- (f) Implement policies of rigorous testing, tracing and proper quarantining.
- (g) Remove "vaccine passports" that are really "vaccine prisons" cutting people from access to society and to services for which they have paid taxes.
- (h) Cease all government coercion, bullying, violations of privacy, censoring and propaganda.
- (i) Consider additional actions as listed in Attachment 7.

Governments' actions in response to COVID-19 are increasingly seen as dishonest diversions, as distractions from core responsibilities and as unlawful removal of people's basic human rights and freedom.

I ask that you provide our constituents and me with information/answers to the following:

1. Attachment 1 containing data characterising the virus and the data that is the basis for federal and state actions, together with relevant questions.
2. Attachment 2 characterising your governments' COVID-19 "vaccine" injections and justification for their injection. How much of this data did you know when making the decision to coerce people into being injected? If you knew little, why did you then force or coerce people to be injected? If you knew of this data, why did you decide to inject people and do so under threat of people losing their livelihoods? Please confirm that you and all in your government support medicines that have been properly and thoroughly tested and that have been proven to be safe, effective, affordable and readily available. Please confirm that you oppose forcing onto people medicines not fully tested?
3. Data justifying the removal of basic human rights and freedoms that are coercing Australians into being injected and restricting economic, social and family activities.
4. Data showing why Ivermectin and other alternative treatments complementary to vaccines have been banned from use for COVID-19, thereby interfering with the doctor-patient relationship.  

Premier, why did you bet everything on lockdowns, and Prime Minister, why did you bet everything on unproven injections that have not even been fully and properly tested?
5. Data justifying the use of lockdowns and restrictions such as masks.
6. An explanation as to why proven strategies such as testing, tracing and quarantining have not been used strategically and in a targeted way to manage the virus, rather than control the people.
7. An explanation as to why there is still no comprehensive plan based on the seven strategies that your CHO and your Secretary of the federal Department of Health's confirmed.
8. Attachment 2 includes many facts about the Therapeutic Goods Administration (TGA).
  - (a) Are your governments aware of the TGA's many conflicts of interest?
  - (b) What will government do to end these conflicts and ensure that in future the TGA is independent and serves Australians?
  - (c) Why has the TGA selectively waited for applications from certain drug corporations rather than working proactively with stakeholders?
9. Rather than relying on a tight group of self-serving foreign agencies for your advice and policies, will you instead scrutinise the basis for their modelling and advice, and broaden your approach to receive advice from agencies without financial or political conflicts of interest?
10. Premier, the Queensland CHO was recently quoted as saying - *"every one of us will get infected"*. What is your detailed plan, based on solid data, for managing people's health once borders are open and life gets back to normal?

In coming months, I will be providing more data and asking further questions of you and of parliament.

I provide basic data on the above topics as Attachments 1 to 7. Attachment 2 includes data on vaccine capability, efficacy, description, adverse effects, financials, coercions, the government's TGA and associated topics.

In light of your governments' coercion of people to be injected, are you and/or your government in breach of Clause 17 of Queensland's Human Rights Act and/or Queensland Criminal Code 164?

Increasingly, our constituents see that your governments have spent hundreds of billions of dollars of taxpayer money and destroyed vast sections of our communities, families and people's livelihoods.

Constituents are advising the core issues as being freedom, health, morality and integrity, government mismanagement and loss of parliamentary accountability. Many feel they now cannot trust or support your governments.

After the last 19 months, our constituents now see the core issue as being your governments' mismanagement of COVID-19. This period has revealed our state's and our nation's poor governance and loss of parliamentary accountability. Attachments 1-7 reflect our constituents' conclusions.

The virus mismanagement highlights key failings over recent decades in state and federal parliaments, governments and political leadership. Specifically, these include:

- Ignoring and often contradicting the empirical data and facts when making policies, decisions, legislation, regulations, international commitments and plans.
- Setting and pushing policy without asking the fundamental question as to whether the policy is even needed. For example, before pushing the policy of injecting people, the question that must be asked is - "should people be injected"?

Subsequent questions would include - should that be made compulsory"? "Is compulsion lawful"? "What forms and levels of coercion should be used"? "What is the financial cost"? "What are the social costs"?

There are many similar questions that need to be asked and the answers freely and honestly explained to people before deciding on a policy of injecting people and especially before deciding to do so using coercion and threats.

This basic due diligence has been bypassed in regards to COVID-19 and is typical with regards to other policies as well, including:

- Energy
- Water and the Murray Darling Basin
- Climate
- Immigration
- Property Rights
- International commitments
- PFAS
- Aboriginal affairs
- Debt
- Neglect of crucial infrastructure
- Erosion of our national and state productive capacity
- Submarines
- Erosion of Australian values, history and the Constitution in education
- Family law provisions
- Misuse of federal disaster relief funds
- Failure to audit federal elections and Queensland state elections
- Electric vehicle policies
- and many more.

This applies to Labor and Liberal-National policies because both are closely aligned and differ only in minor details and only slightly in degree.

- Ceding sovereignty to international bodies and blindly following their policies that are hurting Australia while the federal government repeatedly justifies this, citing that we must meet “international obligations”.
- Resorting to compulsion whether directly and overtly through coercion and intimidation or subtly and implicitly through omission, misrepresentation and intimidation.
- Under both Liberal-Nationals and recent Labor-Greens governments, the aim seems to be to market the government with the intent to look good, not do good. Under both governments, parliamentary accountability has been gutted.

Specifically, what will you do to restore good governance and parliamentary accountability, and to return parliaments and governments to serving Australia’s national interest and restoring human rights and freedoms.

Yours sincerely



**Malcolm Roberts**  
Senator for Queensland

- c.c. Governor General  
President of the Senate  
All State Premiers and Chief Ministers  
All Federal Senators  
All House of Representative Members of Parliament  
All State Governors

## Contents

<b>ATTACHMENT 1 – VIRUS DATA and QUESTIONS.....</b>	<b>8</b>
<b>ATTACHMENT 2 – VACCINE INJECTION DATA, TGA and QUESTIONS.....</b>	<b>14</b>
1. Vaccine Capability? .....	16
2. Vaccine Efficacy? .....	17
3. Vaccine Descriptions .....	17
4. Vaccine Adverse Effects .....	19
5. Financials – Conflicts of Interest .....	20
6. Coercion .....	21
7. Media and Controls.....	26
8. Therapeutic Goods Administration (TGA).....	26
9. Government Mismanagement.....	28
10. Final Summary and Concluding Comments .....	29
<b>ATTACHMENT 3 – ALTERNATIVE TREATMENTS COMPLEMENTARY TO VACCINE STRATEGY and QUESTIONS.....</b>	<b>32</b>
1. Alternative Treatments as Complements to ‘Vaccine’ Injections .....	34
2. Ivermectin Details Including Triple Therapy .....	34
3. Other Alternative Treatments.....	36
4. International Bodies.....	36
5. Government Mismanagement.....	36
<b>ATTACHMENT 4 – LOCKDOWN DATA and QUESTIONS.....</b>	<b>38</b>
1. Lockdowns are Not Effective.....	40
2. Lockdowns are Extremely Costly.....	41
3. Cruel, Heartless Implementation .....	44
4. Inconsistencies, Contradictions.....	45
5. Legality .....	45
6. Mismanagement .....	46
7. Fear .....	48
8. Freedom.....	49
<b>ATTACHMENT 5 – RESTRICTIONS, TAIWAN’S SUPERIOR PERFORMANCE and QUESTIONS.....</b>	<b>51</b>
1. Restrictions are Often Contradictory, Inconsistent and Capricious.....	53
2. Testing, Tracing & Quarantining – Taiwan’s Success .....	54
3. Personal Behaviour: Hand Washing ... ..	56
4. Fitness and General Health .....	56
5. Lack of a Comprehensive Plan for Managing the Virus.....	56
6. Control Measures.....	56
7. Control Including Coercion and Force is the Opposite of Leadership.....	57
8. Coordinated Use of Slogans, Tactics and Sources Across Australia and the Western World .....	60
9. Audit JobKeeper.....	60
<b>ATTACHMENT 6 – CONCLUSIONS, CORE ISSUES and QUESTIONS .....</b>	<b>61</b>
1. Governance .....	63
2. Media .....	65
3. The Core Problem is Atrocious Government and Failure of Parliamentary Oversight .....	65
<b>ATTACHMENT 7 – POSSIBLE SOLUTIONS and QUESTIONS.....</b>	<b>67</b>
1. Steps Needed .....	69
2. What Really Makes People Secure? What Makes a Community Secure?.....	71
3. Our Constituents Call For .....	71
4. Calling on State and Federal Parliaments to Acknowledge and Take Action on the Following .....	72
5. Leadership.....	73
6. The Basics.....	74

# **ATTACHMENT 1**

Virus Data and Questions



In my senate speeches on Monday 23 March and Wednesday 8 April 2020, and in my letters to the Prime Minister and Premier in 2020, I asked for data. It was not received.

The data detailed here is largely based on what government agencies and advisers have provided in response to my requests.

- COVID-19 virus characteristics:
  - Transmissibility is “High” although lower than SARS 2002.
  - Severity is “Low” to “Moderate”. Less than some past flu such as H5N1 Avian Flu.
  - Severity varies as some people with the virus show no symptoms, or mild symptoms, or moderate, or severe, or prolonged together with various co-morbidities including the elderly, obesity, compromised immune systems, ... just like the flu.
  - The incidence of children, particularly young children, getting sick from COVID-19 is extremely low.
  - Page 12 of the Australian Department of Health’s “plan” entitled *Australian Health Sector Emergency Response Plan for Coronavirus (COVID-19)* says, quote:
 

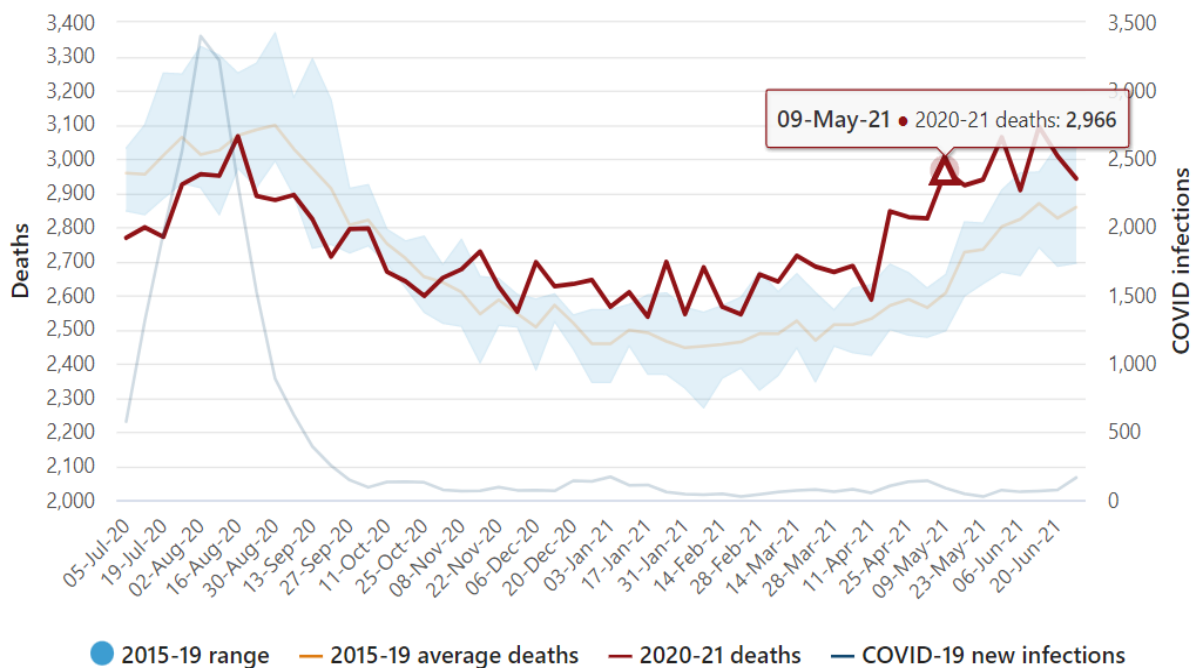
[https://www.health.gov.au/sites/default/files/documents/2020/02/australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19\\_2.pdf](https://www.health.gov.au/sites/default/files/documents/2020/02/australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19_2.pdf)

*“Strategies to support at- risk groups, once they are identified, may be required (e.g. people with underlying illness, people with immunocompromised conditions, aged care, ...”*
  - From page 28: *“5.3 Resilience. Building preparedness within Australia’s health systems will contribute to the resilience and sustainability of our systems. ...*

*To build resilience within our most vulnerable populations, communications within the health sector will be used to raise awareness of at-risk groups and their associated needs. Measures will also be implemented with consideration of necessary adaptations to meet the needs of these individuals and communities. The needs and challenges of communicating with low socio-economic communities, which may have reduced access to healthcare, will also be considered.”*
- The survival rate after contracting COVID varies around the world and is very high and above 99%. The death rate as a percentage of total population from COVID-19 worldwide is very low, 0.0615%.
- Despite this relatively low death rate, many people still question the number of COVID-19 deaths because some deaths were due to other causes, yet because the patient had the virus with mild or no symptoms at the time of death those deaths were recorded as FROM COVID-19 instead of WITH COVID-19. See further comments below on all causes of deaths.
- There are no reports of investigation into deaths to verify deaths as being FROM COVID-19 rather than deaths WITH COVID-19? Reportedly, the vast majority of COVID deaths have serious co-morbidities. According to the American Centers for Disease Control and Prevention (CDC) during the period 1 February to 22 August 2020, 94% of USA COVID-19 deaths were comorbid deaths. Only 6% were deaths due to COVID-19 alone.
- Life expectancy in Australia is around 83 years, yet the average age of deaths attributed to COVID is 86 years.

- COVID mortality exactly mirrors the natural mortality curve and affects the same groups that the flu affects.
- Figures for all causes of death show no pandemic of excess death:
  - About 160,000 deaths occur in Australia every year. Until the last few months, there has been no change to the death rate.
  - This is similar around the world except for nations like Sweden and in that country, deaths are rapidly reverting to the mean.
  - Flu and flu mortality have disappeared
  - The recent increase in death rate corresponds with the vaccination rate and not the COVID-19 infection rate. Refer to Australian Bureau of Statistics, ABS, figures on Australian Death Rate: <https://www.abs.gov.au/statistics/health/causes-death/provisional-mortality-statistics/latest-release>

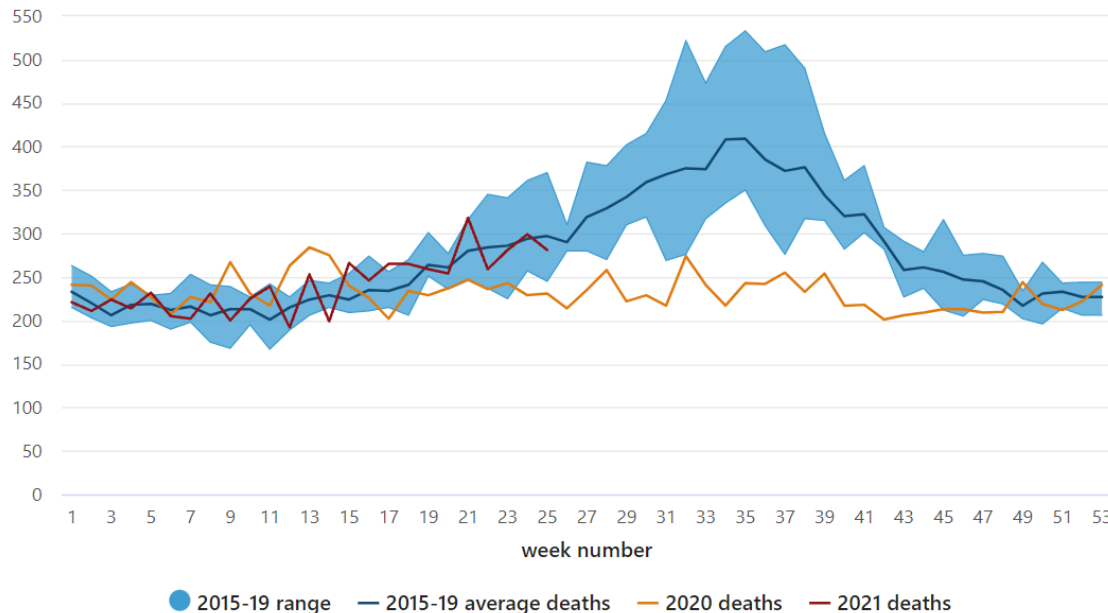
Doctor certified deaths, COVID-19 infections, Australia, 29 Jun 2020 - 27 Jun 2021 vs 2015-2019 benchmarks



and

- The death rate jumped noticeably above long-term range following the start of vaccination.
- As of late September, the most recent data is for 20 June 2021. Where is the data for deaths in the last three months?

Deaths due to respiratory diseases, Australia, 30 Dec 2019 - 27 Jun 2021 vs 2015-2019 benchmarks



- In late September 2021 the ABS website said data from June was collected by the end of July and reported mid August. The page now says data from June was collected by August and reported by September. **Why? Is the ABS covering for the medical establishment?**
- The only State with death rate data still online is Victoria.
- **Why is the Australian Bureau of Statistics having trouble getting the data when Victoria is already posting August data? What is the federal government hiding?**
- While there is an increase in deaths in July and August 2021, when adjusted for the winter season this is not dramatic. It's less than the 2019 bad flu season.
- In summary, Australian death rates due to car accidents, misadventure and flu would be down due to lockdowns. While suicides have increased their total number is relatively small compared with other causes of deaths. Despite these facts, the overall death rate has shown dramatic increase since vaccinations started. Why?
- The lack of data and the sloppy and misleading use of poor data characterises governments' COVID-19 response.
- The Doherty Institute modelling that the Prime Minister cited in March 2020 showed a graph of a single virus wave, peaking rapidly and falling. At the time, this was justifiably ridiculed yet nonetheless succeeded in evoking the chant of "flattening the curve". Australians desperate to trust governments at a time of perceived crisis and great fear duly cooperated with restrictions that state and federal governments imposed.

- The New Zealand government's release of modelling from the Doherty Institute appropriately showed multiple waves over time.
- In late 2019 - early 2020, the UN's World Health Organisation (WHO) said human-to-human transmission of COVID-19 was not possible. Will your governments be holding the UN WHO accountable?
- Data is the core component of effective and honest policy and decisions.

The government's own Dept of Health Australian Health Sector Emergency Response "Plan" for Novel Coronavirus (COVID-19) states on page 1:

"Due to heightened global concerns around the pandemic potential of COVID-19, following a meeting of the World Health Organization (WHO) International Health Regulations Emergency Committee, the Director-General declared the outbreak of COVID-19 a Public Health Emergency of International Concern on 30 January 2020."

[https://www.health.gov.au/sites/default/files/documents/2020/02/australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19\\_2.pdf](https://www.health.gov.au/sites/default/files/documents/2020/02/australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19_2.pdf)

**Did governments trust and rely on the crooked, corrupt, incompetent, dishonest UN WHO?**

**What validation did the Australian and Queensland governments do to confirm the risk and to the approaches to managing the risk?**

- American Senator Rand Paul's questioning of Anthony Fauci in American Congressional Hearings reveals that Fauci cannot be trusted. Fauci is almost 81 years of age and has been entrenched as Director of the USA's National Institute of Allergy and Infectious Diseases for 37 years.
- Investigative journalist Shari Markson in her new book entitled *What really happened in Wuhan* raised serious conclusions, including the following as Paul Monk listed on Saturday 9<sup>th</sup> October 2021.

<https://www.theaustralian.com.au/arts/review/why-wuhan-could-be-chinas-chernobyl/news-story/9b758f4c43fd5ac9a5b2f064f4d74029>

- "The WIV (Wuhan Institute of Virology, China) was conducting gain of function experiments on coronaviruses for years before the pandemic. Reportedly, the CSIRO and academics at the University of Queensland supported such research. Is that correct? If so, is that because that type of research is banned in our country?
- This was being done in the context of violations by the party-state of its commitments under the Biological Weapons Convention (BWC), to which it is a signatory.
- WIV scientists were looking at how to engineer such viruses to enhance human infectivity.
- COVID-19 was so engineered.
- WIV safety standards were very poor, which made an accident disturbingly likely.
- Such an accident occurred in October 2019.
- Several WIV workers fell ill in October 2019, but this was covered up and a lot of data suppressed to prevent knowledge of all this from leaking to the outside world.
- Research was, meanwhile, being conducted on a vaccine for that coronavirus and one was patented in late February 2020 by a military scientist, Zhou Yusen, who then died under mysterious circumstances, in May 2020.

- The (Chinese) People's Liberation Army stepped in and took over the laboratories, because WIV was part of a biological warfare research program that was in violation of the BWC (Biological Weapons Convention).
  - Scientists, journalists, doctors and lawyers, including some researchers at WIV, tried to get word out as to what had happened, and they have now vanished without trace.
  - Anthony Fauci, Peter Daszak and others in the US Ecohealth Alliance and National Institute of Health were compromised by all this, because they had been involved in the research itself and in funding it.
  - They deliberately misled the public, the media and the US intelligence community, by insisting, from the outset, that any suggestion of a lab leak was a nutty conspiracy theory.
  - It took strenuous efforts by a few insiders, championed by Mike Pompeo, as Secretary of State and former director of the CIA; open-source investigators and independent scientists such as our own Nikolai Petrovsky, to pin down what was going on; and
  - It is still going on, because the Party, under Xi Jinping, is stubbornly refusing any transparency or authentic independent inquiry.
  - These are damning findings.
- PCR tests were not designed to diagnose COVID illness. The "scientific" basis for COVID tests is highly disputed.
  - PCR tests have a history of being inaccurate and unreliable. The Cycle Threshold (CT) values are too high. Even the UN WHO twice admitted that PCR tests produce false positives. Why have your governments not provided data on the PCR test's efficacy and on the rate of false positives?
  - The government's own Department of Health Australian Health Sector Emergency Response "Plan" for Novel Coronavirus (COVID-19) mentions the word "antiviral(s)" 20 times yet the government has not advanced any of these antivirals. My senate office has compiled a list of 18 possible treatments as complementary to "vaccine" injections for COVID-19.
  - The globalist elites associated with the big pharmaceutical makers of the COVID-19 injections have made fortunes during the virus campaign.

If you consider any of the above data and facts to be inaccurate, I respectfully request you identify any material errors to me and when doing so, cite specific scientific and/or medical references including document title, author(s) name(s) and specific page numbers for location of data and facts.

**While the initial uncertainty and reports from overseas in early 2020 led to understandable fear among people, why did governments not correct that uninformed exaggeration and misunderstanding? Instead of calming our population with facts and details of how you would respond as leaders of your governments, why did your governments whip people into a pandemic of fear and paranoia during the Queensland election campaign?**

**Recently, the excessive fear and the apparent neglect or omission of telling the whole truth has eroded government credibility and people's faith in parliaments.**

## **ATTACHMENT 2**

Vaccine Injection Data, TGA and Questions

## Index – Attachment 2

<b>Vaccine Injection Data, TGA &amp; Questions</b> .....	<b>14</b>
1. Vaccine Capability? .....	16
2. Vaccine Efficacy? .....	17
3. Vaccine Descriptions .....	17
4. Vaccine Adverse Effects .....	19
5. Financials – Conflicts of Interest .....	20
6. Coercion .....	21
7. Media and Controls.....	26
8. Therapeutic Goods Administration (TGA).....	26
9. Government Mismanagement.....	28
10. Final Summary and Concluding Comments .....	29

**We all as human beings want safe treatment.**

**After being properly informed and in accord with the established principle of bodily autonomy we each as individuals decide what is put into our body.**

**We all as people under the established principle of informed consent want freedom to each make our choice and for that to be accepted. That is, we all want choice, freedom and acceptance.**

**We all want medicines that have been properly and thoroughly tested and proven to be safe, effective, and preferably affordable and readily available.**

### **“Vaccine” Injections**

Firstly, I acknowledge the range of responses from people being put under pressure to be injected. Some people are injection compliant and want the injection. Their choice is respected.

Others are injection reluctant and do not want the injection yet take it under threat of losing basic rights and freedoms or for a specific need such as visiting relatives in aged care. Their choice is respected.

Others are injection hesitant and who currently do not want the injection after watching government inconsistencies and contradictions regarding the injections, lockdowns, and restrictions. Their choice is respected.

Another group is the injection resistant who are waiting five or so years to assess the injection’s long-term effects. Their choice is respected.

The fifth group is the injection opponents who oppose the COVID-19 injections because of the data and their individual circumstances. Their choice is respected.

I empathise with the millions of people who are not in the first group and especially with people reluctantly vaccinated who feel very awkward, uncomfortable and in some cases guilty for compromising their principles. We understand that many people live week-to-week and cannot withstand the threat of losing income and livelihood for non-compliance with the sole treatment of COVID-19. This is both distressing and un-Australian.

#### **1. Vaccine Capability?**

Federal Minister for Health, Greg Hunt quoted - *“The world is engaged in the largest clinical vaccination trial.”*

Statements from the federal government’s Chief Medical Officer (CHO) and the Secretary of the federal Department of Health seem to confirm that trial status. In answers to my questions in Senate Budget Estimates hearings in May-June 2021, the CHO and federal Department of Health Secretary:

- Admitted they cannot say that the COVID-19 Pfizer and AstraZeneca injections are 100% safe.
- Admitted they do not know the required dosage, number, and frequency of injections.
- Admitted the injections will not stop people getting virus.
- Admitted that the injections will not stop virus transmission.



## **When governments exhort employers to mandate injections, why have your governments not been advising employers of these facts?**

It seems that the main benefit is that those injected could possibly initially have lower severity of symptoms if they contract the virus. What your governments are not sufficiently explaining to people is that they can still get COVID-19, they can still pass it on to at-risk loved ones and that vaccinated people can still die from COVID-19.

### **2. Vaccine Efficacy?**

Pfizer has admitted that vaccine efficacy is plummeting soon after people are injected.

- Pfizer has applied to the USA's Food and Drug Administration for permission to deliver a third/booster injection to people already double-injected.
- Israel has withdrawn vaccine "passports" for people who are double injected and now require people to be triple injected to get the "passport".
- Israel is publicly discussing a fourth/booster injection with no end to boosters in sight.
- Cases, hospitalisations, and deaths in two of the most highly injected nations, being Israel and Singapore, are reportedly skyrocketing.
- Victoria is now being hit with increased COVID-19 cases among those injected.
- Premier Palaszczuk publicly admitted booster shots are part of the national "plan" and then referred journalists to ask the Prime Minister.

## **How is government monitoring overseas performance of the injections and what is this data showing?**

### **3. Vaccine Descriptions**

There are two types of vaccines:

- Messenger RNA vaccines such as Pfizer and Moderna. Messenger RNA have never been used on humans.
- Monkey adenovirus DNA vaccines such as AstraZeneca. This type of injection has been used once before for Ebola.
- Both turn the human body into a spike-protein fragment factory, producing trillions of fragments that circulate through our body to spur our body's immune system to recognise and fight the virus. Vaccines do not give us complete immunity from getting COVID-19, or passing it on to others, or dying from it.

Spike protein is a pathogen in animal studies. Pathogen is the term for agents that can cause disease.

#### **Vaccine Details - Pfizer:**

- Provisional approval only. This means it has not been fully tested and the Australian Therapeutic Goods Administration (TGA) has approved it for use in Australia, based on manufacturer's claims on the understanding that actual experience may not be as expected.
- Despite being only provisionally approved on the manufacturer's claims, the federal government gives full indemnification for any injury or death Pfizer's injection causes.

- Duration of efficacy unknown although recent studies show efficacy plummets within months.
- Data for use in the frail elderly (>85 years) is limited.
- Safety and efficacy in children younger than 12 years is not established.
- Effects on laboratory tests – no data available.
- Interactions with other medicines and other forms of interactions – no interaction studies have been completed.
- Associated use with other vaccines not studied.
- Pregnant women - limited experience.
- Unknown whether mRNA is excreted in human milk.
- Impact on fertility in males and females is unknown.
- Impact on next generation unknown.
- Genotoxicity unknown – no studies (Mutagenicity – mutations).
- Carcinogenicity unknown – no studies.

**Vaccine details - AstraZeneca:**

- Provisional approval only. This means it has not been fully tested and the Australian Therapeutic Goods Administration, TGA, has approved it for use in Australia based on manufacturer's claims on the understanding that actual experience may not be as expected.
- Despite being only provisionally approved on the manufacturer's claims, the federal government gives full indemnification for any injury or death Pfizer's injection causes.
- Continued approval depends on long term efficacy.
- Contains genetically modified organisms.
- No data available on safety and efficacy on adolescents younger than 18 years and on children
- Limited data on efficacy and safety of people with significant co-morbidities.
- Impact of fertility unknown.
- Impact on next generation unknown. Animal reproductive toxicity studies not yet completed. Not recommended during pregnancy.
- Impact on lactating women unknown.
- Genotoxicity unknown – no studies (Mutagenicity – mutations).
- Carcinogenicity unknown – no studies.

No studies have been done on the female reproductive system and intergenerational factors.

What studies have been done on male sperm counts comparing sperm counts before the first injection, after the first injection and after the second injection? When will we know any effect on children's sterility?

#### 4. Vaccine Adverse Effects

Vaccine manufacturers apparently have low confidence in their products' safety because the government indemnifies them and because manufacturers make no promise of efficacy. Injection manufacturers forced governments into signing away our people's legal rights as a way of ensuring supply from manufacturers. Manufacturers holding a gun to our government's head does not build trust.

##### Adverse Effects & Virus Shedding

- 14 to 25 days after injection, family members and close associates of Queensland State Member of Parliament, Steve Andrew, have incurred three deaths and seven very ill with strokes, myocarditis, miscarriage, and arms black and severe enduring sickness. As of Tuesday 12 October 2021, Steve Andrew is aware of 12 deaths following COVID-19 injections. Yet the TGA reports only nine deaths across Australia due to the injections.

Are you aware that doctors are being threatened to ensure they do not report vaccine deaths or request autopsies?

- It has been estimated medically that 90 to 99% of adverse events are not being reported. Given the 46,000 American and European deaths, that means potentially 406,000 to 4,066,000 deaths following vaccination as of September 2021
- Adverse effects data is very vague, loose and lacks confidence. This is despite an expensive injection program and serious potential health consequences because the injections have not been fully tested.
- The injections were rushed and have unknown long-term adverse effects.
- A qualified Doctor of Medicine (retired), UQ, with 30 Years of patient focused clinical experience in Medicine and co-founder of a successful Bio-Pharmaceutical Research & Development Company in 1990, producing genetically manipulated micro-organisms, large scale fermentation and anti-cancer therapeutics has cited France's most highly qualified vaccinologist, Prof Christian Perronne who says Covid policy is "completely stupid" and "unethical".

Prof Perronne has said:-

*"Vaccinated people are at risk of the new variants. In transmission, it's been proven now in several countries that vaccinated people should be put in quarantine and isolated from society. Unvaccinated people are not dangerous; vaccinated people are dangerous to others."*

*And - "the 'variants' are not very dangerous. All the 'variants' since last year are less and less virulent. That's always the story in infectious diseases".*

*"The 'Delta variant' is of very low virulence".*

*"And now, the epidemic is quite over in many countries worldwide."*

- Many expert doctors in Australia and overseas have spoken of serious doubt about the need for, efficacy of, and safety of the injections.

What are the population fatality rate and case fatality rate from COVID-19 in developed western nations?

What is the five-year mortality rate for the injections causing the following conditions:

- Myocarditis?
- Blood clotting?

Because it is known that the incidence of children, particularly young children, getting sick from COVID-19 is extremely low, there is no benefit to injecting children down to 12 years of age, and certainly not down to 5 years because the risk and uncertainty from the injection appears to be far greater than the risk from the virus.

The Queensland government suddenly and without community consultation gave power to doctors to decide whether a child aged as young as 12 years of age is sufficiently mature to give consent to having an injection and thereby bypass the need for parents' or guardians' consent. This is in complete contrast with established law.

This is the first time in our nation's history that governments have injected healthy people with a substance that can kill them. Indeed, it is killing people in numbers far greater than reported as anecdotal evidence hints and overseas data confirm. Why are governments doing this wilfully?

## 5. Financials – Conflicts of Interest

On 28 July 2021, The Wall Street Journal (WSJ), with a worldwide reputation for accuracy and reliability, reported:

<https://www.wsj.com/articles/pfizer-raises-full-year-outlook-on-vaccine-sales-11627472453>

- In the preceding quarter, Pfizer had revenue of \$18.9 billion and an estimated profit for the quarter of \$4 billion.
- Pfizer's sales of COVID-19 injections are expected to reach \$33.5 billion for the year, an increase of nearly 30 per cent from its forecast just 3 months ago. Likely sales for this year could reach \$43.5 billion.
- Pfizer said that booster shots would be necessary against the Delta virus variant.
- Quote -"Pfizer Chief Executive Albert Bourla said in an interview that the potential need for annual booster shots could make the company's vaccine sales durable, particularly with shots in demand as the virus evolves and herd immunity remains elusive."
- The WSJ reports an analyst as saying that mooted additional contracts would likely push vaccine sales for this year to \$43.5 billion, surpassing Pfizer's entire revenue last year of \$42 billion.
- Pfizer's COVID-19 injection is recognised as causing cardio myocarditis as an adverse effect. Does Pfizer sell drugs to treat cardio myocarditis and has the TGA approved their use in Australia?
- AstraZeneca's COVID-19 injection is recognised as causing blood clotting. Do Pfizer, or companies associated with AstraZeneca's corporate owners, sell drugs treating blood clotting and has the TGA approved their use in Australia?

- Vaccitech makes AstraZeneca. In turn Alphabet, the company that owns YouTube and Google, owns Vaccitech. YouTube bans users who post videos extolling Ivermectin. In turn, Ivermectin threatens sales of AstraZeneca COVID-19 injections.

See Item 8 below - TGA.

Are governments aware of these apparent potential conflicts of interest?

What is the total cost to taxpayers to date of commitments from the government to Pfizer and the makers of Moderna and AstraZeneca?

What is the total cost exposure of future commitments to these companies and makers of other COVID-19 injections?

What is the government's exposure for indemnifying the makers of these injections?

How will the families of people that the injections kill be compensated?

## 6. Coercion

An established principle in health care is the principle of informed consent in which patients considering treatment must be informed sufficiently to make an informed decision about the treatment considered and to freely give their conscious consent before the treatment is administered.

From the Australian Department of Health's Immunisation Handbook, the Section entitled "Valid Consent" states:

- *Valid consent is the voluntary agreement by an individual to a proposed procedure, which is given after sufficient, appropriate and reliable information about the procedure, including the potential risks and benefits, has been conveyed to that individual.*

*As part of the consent procedure, people receiving vaccines and/or their parents or carers should be given sufficient information (preferably written) about the risks and benefits of each vaccine. This includes:*

- *what adverse events are possible?*
- *how common they are?*
- *what they should do about them?*

### CRITERIA FOR VALID CONSENT

*For consent to be legally valid, the following elements must be present:*

- *It must be given by a person with legal capacity, and of sufficient intellectual capacity to understand the implications of receiving a vaccine.*
- *It must be given voluntarily in the absence of undue pressure, coercion, or manipulation.*
- *It must cover the specific procedure that is to be performed.*
- *It can only be given after the potential risks and benefits of the relevant vaccine, the risks of not having it, and any alternative options have been explained to the person.*

- *The person must have the opportunity to seek more details or explanations about the vaccine or its administration.*
- *The information must be provided in a language or by other means that the person can understand. Where appropriate, involve an interpreter or cultural support person.*
- *Obtain consent before each vaccination, after establishing that there are no medical condition(s) that contraindicate vaccination. Consent can be verbal or written.*

The government's handbook contains statements on valid consent for children and for adults lacking capacity.

### **Doesn't medical ethics show there is no ethical reason for taking a treatment for somebody else?**

To do so is an immoral, unethical, and possibly criminal construct. Doctors can only prescribe a medication for someone who can benefit from it, and it's up to the patient to decide whether to take the doctor's advice.

Section 51 of our Commonwealth Constitution states: "The Parliament shall, subject to this Constitution, have power to make laws for the peace, order, and good government of the Commonwealth with respect to:

- *Clause 23A: "the provision of maternity allowances, widows' pensions, child endowment, unemployment, pharmaceutical, sickness and hospital benefits, **medical and dental services (but not so as to authorize any form of civil conscription)**, benefits to students and family allowances.*
- The Commonwealth cannot mandate COVID-19 injections.
- States can make laws to force vaccination. Yet from Victoria's Charter of Human Rights Act 2006 it states – "*This Charter binds the Crown in right of Victoria and, so far as the legislative power of the Parliament permits, the Crown in all its other capacities.*"
- One provision states - "*A person must not be subjected to medical or scientific experimentation or treatment without his or her full, free and informed consent.*"
- Under Clause 17 of Queensland's Human Rights Act a person must not be "*subjected to medical or scientific experimentation or treatment without the person's full free and informed consent.*"
- Under the Queensland government's own Advanced Care policy document, Queensland Health states that: "*a health professional who provides treatment contrary to a refusal will have committed an assault on that person*".
- According to Queensland's 'End of Life' pathway guidelines, a person's right to refuse their consent to a medical treatment, is a "*principle of autonomy*" and a foundational "*common law right*".
- A right, moreover, protected under the Queensland Criminal Code 164: "*Where medical treatment ...is provided against the decision of an adult with capacity, it amounts to an assault. This assault under the Criminal Code may give rise to either criminal charges or to a civil action for battery*".
- In punishing workers who don't consent, the Queensland Government is denying them their acknowledged right to free and informed consent.

- For 18 months the Prime Minister promised that vaccines would not be mandatory, while at the same time pursuing legislative changes that were necessary to make them mandatory.
- The Prime Minister lied to the Australian people and the proof is in the legislation his government passed through Parliament with the help of the Labor and National Parties. The legislation was called the Australian Immunisation Register Amendment (Reporting) Bill 2020, that the large parties waived through in February this year. This bill allowed the Federal Government to share people's vaccination status with the states, so the states could include that in the QR code check-in apps.
- That was an endgame around privacy laws that prevent businesses and employers from asking people's medical status. Now governments won't have to because the government will automatically tell them right there on the check-in screen under that big green tick for all to see.
- Prime Minister Morrison is personally responsible for the vaccine mandates, and so is Anthony Albanese and the Nationals who waived that bill through.
- Some employers forced injections on employees without evidence of the injection's contents and/or possible adverse effects.
- Some union bosses blindly agreed to not defend union members against mandatory injections.
- This raises many questions:
  - Doesn't this mean that Victoria's own order to mandate COVID-19 injections breaks the law?
  - How can consent be freely given when someone is told their job and family's livelihood depends on them agreeing? Particularly when the alternative to an injection is starvation and starvation of one's family and children?
  - How can a pregnant mother be forced or even coerced into being injected when the effect on the baby she is carrying is unknown and simply so that she can continue to feed the toddlers she already has at her feet?
  - It's easy to understand why doctors, nurses, aged care workers, teachers and police have been in tears when contacting my office desperately seeking assistance and support?
  - Is it considered that consent has been given when Victorian police stifle protesters voices? And do so with brutality after that state's Premier invokes counter-terrorism legislation that leads to innocent people's heads being slammed into concrete and to women being choked?
  - Are governments aware that dedicated aged-care workers are crying because they will resign rather than be injected, and are upset about leaving their residents and patients?
  - Are governments aware that some and apparently many doctors and nurse assess the injection as being of greater risk than the virus?
- Isn't it immoral that the Commonwealth and the States are forcing injections against people's will when:
  - Vaccinated people transmit the virus?
  - Vaccinated people have low levels of protection soon after the injection?

- Israel is the highest vaccinated nation with a population comparable to NSW, yet virus infection cases are occurring at 10,000 per day.
- Sweden has reportedly banned anyone from Israel from entering.
- What is the purpose of prizes and benefits given to people who are injected? Isn't this a form of coercion, particularly when governments first remove basic human rights and freedom with a promise to return these to those who are double-injected?
- Separation of society into two opposing groups is an element of classic propaganda and a feature of those who seek to divide to control. Dividing society undermines our strength as a cohesive society. Instead, it is far more effective to get a choice of tested, proven strong protections and let people choose. Coercion fails and undermines people's confidence in government. Isn't it an effective leader's role to unite, inspire and draw people forward, that is to lead? Isn't the role of threatening, intimidating, dividing, and coercing that of a bully?
- Are governments aware that many citizens, whom we are supposed to serve as their representative in parliament, see the federal government present activity in coercing injections as medical tyranny and medical apartheid?
- What is the scientific basis for implicitly or explicitly strongly demonising the unvaccinated as a threat to the vaccinated? What have the supposedly protected to fear from the unprotected?
- Doesn't saying that the unvaccinated threaten the vaccinated mean the injections are not effective?
- The state and federal governments' carefully crafted narratives contain many blatant contradictions and despicably false claims and slogans. Why have governments resorted to using such measures against the people they are supposed to serve? Rather than seeing these as signs of care, people are rightly seeing these as symptoms of control.
- State governments have repeatedly shifted the goal posts on injection proportions: Initially the goal was stated as 70% double injected, then 80%, and recently the Queensland Premier alluded to deeming it 90%. Meanwhile Britain, with 80% double injected, is having a large increase in cases. What is governments' stated goal or range of goals and what is the specific science upon which such advice and goals are based? Where is the scientific publication title, author(s) name(s) and specific location of the empirical scientific data and the causal logical framework proving cause-and-effect.
- If state and federal governments really care about people's health, they would not be threatening the doctors, nurses and carers and aged care workers out of service as is currently the case in Queensland. Why is the state government doing this? Why is the federal government urging and supporting state governments that do this?
- How can it be effective management of health staff, nurses and doctors and aged care carers who we all recognised as heroes for their work on COVID-19 over the last 19 months and to now punish these workers, to cut staff, and to work the remainder to the bone and then asked to be on standby when those refusing injections were stood down?



- So-called “vaccine passports” lock people out of society and the economy and therefore are more accurately labelled “injection prisons”. What is the science underpinning this? Where is the title of the scientific paper, author(s) name(s) and page numbers for the data and the logical framework proving cause-and-effect.
- Will tax refunds be given to members of our community locked out of services they provide through paying taxes and be locked out of access to the community?
- Are governments aware that businesses are already publicly refusing to enforce injection prisons and at considerable cost to themselves staying closed while separation is in place?
- Are governments aware that recent public protests, social media, and newspaper articles show that many vaccinated people think coercion is wrong and that restoring basic human rights and freedom has become a core issue for the public and voters?
- A constituent says, quote: *“I was doing OK until they stopped me from working, earning a living because of the mandated vax.”* Are governments aware that vaccine injection mandates are causing enormous stress and mental health problems directly due to the coercion, loss of employment income and the injection’s adverse effects, and indirectly through the worry of adverse effects among injected people.
- When a farmer in western Queensland under dry weather conditions has to drive interstate to obtain hay to feed his cattle, he is under instruction to be injected if he wants to re-enter Queensland.
- Nurses say that one of their primary functions is to ensure patients give informed consent to medical treatments and procedures, yet nurses are denied the same human rights themselves and are instead coerced against their will, beliefs and rights into being injected.
- Nurses advise that AHPRA has reportedly threatened doctors and nurses to endorse vaccine injections without first giving these health care professionals the training to advocate for the injections.
- When state governments dismiss health staff who refuse to be injected, state governments are jeopardising health care and risking the lives of patients and future patients.
- Why is the federal Health Department and Services Australia involved in establishing and running a “vaccine passport” (injection prison) system so that the states can enforce injections? In enabling the states to mandate injections, isn’t the Commonwealth government in breach of S51, clause 23A of our national constitution?

The government’s circular illogic is astounding and glossed over publicly and in the media. For example, we are told that people not injected need to be forced to be injected using the injections that do not protect the injected. In effect, the so-called “protected” need to be protected from the unprotected”.

When fear prevails, the data and logic are bypassed and overrun.

## 7. Media and Controls

Instead of open debate and science we see censorship, gagging orders, silencing people on social media and in the legacy media, threats, propaganda, coercion, separation into two groups wrongly pitched against each other, division and loss of livelihoods as a threat.

Why did the federal Civil Aviation Safety Authority reportedly stop helicopter flights over Melbourne at the Victorian government's request to suppress the news reporting the massive protests against mandatory injection and calling for freedom to be restored?

A prominent advertiser told me personally that he bought airtime on a large radio network and then when his topic of exposing the government's COVID-19 campaign was due to be broadcast, the network cancelled his allocated times. The slots were then allocated to the government.

During August The Weekend Australian, Australia's largest circulating newspaper, twice ran four-page colour lift outs that had the appearance of journalism yet were effectively propaganda spreading the government's message at huge cost to taxpayers.

When every host on Sky News, except Rowan Dean and Alan Jones, and every compere on 2GB has become an injection propagandist pushing injections and smearing those who dare ask questions, it hurts the public's view of the media. The media has lost credibility. It will continue to lose ratings, thus sales and eventually revenue.

What has been the governments' role in forcing this, in forcing media owners to cancel opposing views, in buying up advertising space when those pushing the opposing view have been banned? Government has enormous purchasing power.

What has the government spent on advertising at Sky News, 2GB, The Australian and The Weekend Australian? How much has government paid these organisations?

What has been the total expenditure on legacy media in the form of traditional newspaper, radio, and television? What has been the total expenditure on social media: FaceBook, Instagram, YouTube?

What has been the total spending aimed at dominating Google searches and silencing dissenting opinions?

Some highly respected journalists and economists have emerged from this debacle with their heads held high. These include Adam Creighton, Terry McCrann, Alan Jones and Rowan Dean. These same people have done so consistently across other issues and their secret is relying on the empirical data and applying common sense.

## 8. Therapeutic Goods Administration (TGA)

- Conflicts of interest abound in association with the Therapeutic Goods Administration (TGA). For example: The TGA is funded entirely by fees imposed on the pharmaceutical companies that it supposedly regulates.
- A new prescription drug, for example, requires payment of a \$250,000 application fee and ongoing fees of around \$30k a year.

- The TGA makes \$160m a year in payments from pharmaceutical and nutraceutical companies and device manufacturers.
- It is the same drug companies repeatedly paying their money and getting their approvals. (These same drug companies invite clinicians to attend exclusive and free professional development programs to promote their products.)
- COVID has shown how easily those approvals are issued, and how hard it is to get an approval for a drug like Ivermectin, that only makes a few cents a pill in profit for drug companies.
- I have a document containing 32 pages of conflict of interests for the medical professionals on the TGA's expert committees that review drugs and recommend approval. Members who have taken research grants or benefits from or worked for the same drug companies whose products they sit in judgement. That doesn't pass the pub test.
- The people signing off on new drugs at the TGA are too close to the drug manufacturers, personally and financially.
- All the vaccines, booster shots and new daily pills like Pfizer's Sotrovimab have been given temporary approval. All have high profit margins.
- That approval, as we now know from Freedom of Information requests, was based on the drug companies telling the TGA what the field trials revealed about safety and efficacy, and the TGA believed them. There has been no independent inquiry, no fact checking from the TGA. Instead, the TGA relied entirely on manufacturers' claims.
- The system that allows temporary approval does not require that there is no other treatment. It merely requires that other treatments are considered not as effective.
- That does put the continued use of these COVID-19 injections under the microscope. The question must now be asked: "are the "vaccine" injections more effective than alternative treatments?"
- In all previous pandemics, like SARS and MERS, the primary weapon were the treatments, not vaccines. We did not have a vaccine for the first year of this COVID-19 outbreak, yet alternative treatments were not employed, and the public was made to wait for "vaccine" injections.
- The whole approach has been back to front and the obvious question is: why?
- Did the TGA approve the COVID-19 injections without any Australian testing? On what basis did the TGA give the injections Provisional Approval? Was it purely or mostly based on manufacturers' testing and claims? If so, what were these claims?
- **Why didn't the TGA stringently review and personally cite safety studies for vaccine approval when they are part of an unprecedented government mandate process?**
- Why is the TGA still using its outdated system of adverse-effect registry which has been the cause of dangerous drugs remaining on the market before?
- Is the TGA protecting its multinational big pharmaceutical sponsors with the rushed/emergency approval of vaccines?
- Why was the TGA not proactive in searching for alternative treatments?

- In May-June 2021 Senate Budget Estimates hearings I raised the issue of massive fines on big global pharmaceutical companies including \$2.4 billion imposed on Pfizer alone. In response the TGA Director claimed that the fines were not about the products themselves. Indeed, many of the fines were due to big pharmaceutical companies publicly misrepresenting their products' safety and efficacy. That makes this a matter of demonstrating those companies' lack integrity. Why did the TGA's head, Professor Skerrett defend the big pharmaceutical companies' massive fines for misrepresenting their products and their efficacy and safety? How can taxpayers and citizens trust an agency that attempts to justify or ignore a matter that goes to the core of corporate integrity? It goes to the heart of this whole issue. Professor Skerrett was defending dishonesty. Will the government provide closer scrutiny of the TGA and its processes and principles?
- Earlier this year, the TGA sent me a letter that was implicitly threatening me, an elected representative, for speaking on behalf of our constituents and answering constituent questions about Ivermectin, an approved medicine. Why does the TGA need to silence contrary views? Did it do so under a corresponding government policy?
- Is the TGA playing politics with the vaccine approval process?
- Is the TGA engaging in anti-competitive behaviour against Ivermectin and others?
- Why didn't the TGA and government insist on a free-market approach to treatments including vaccines and antivirals to maximise choice for consumers? This would have ensured vaccines with better safety records, like Novavax, were not pushed to the back of the queue due to government contracts artificially inflating the worth of the TGA's existing big pharmaceutical partners?
- Why did the TGA withdraw Ivermectin approval from doctors? As such, government agencies are usurping the doctor-patient relationship.
- Doctors have advised they are under threat of being disbarred for advising patients. This is destroying trust in government agencies and in doctors. It's leading to the dismantling of key institutions and protections leaving people vulnerable and without security. What is the government doing to protect these?
- It is the role of governments, public servants, and bureaucrats to enforce and protect the independence of the doctor-patient relationship, not undermine it.
- Why does the Health Minister have the power to pressure the TGA into reversing a decision on giving tickets to football fans as an incentive to have their first COVID-19 injection, yet the Health Minister is apparently not able to seek the TGA to investigate alternative treatments?

## 9. Government Mismanagement

As is often the case under Liberal-Nationals and Labor-Greens governments in recent decades, the government moves straight into implementation of policy without debate and scrutiny of policy, and without justification for the policy and without accountability.

In this issue of injections, the first question is: should people be injected with an untested concoction of chemicals, virus particles and genetically modified organisms? If the answer to this first question is positive, a subsequent question could then be: should it be forced onto people under threat to their foetus or loss of livelihoods and being able to put food on the table for their children?

Other questions for responsible management of the injection campaign would be: What are the direct and indirect costs of the injection campaign? What are the moral, social, and financial benefits of the injection campaign? What are the risks and uncertainties in terms of safety, efficacy, and rollout?

Finally, after many other questions are confidently answered affirmatively, and debated in parliament based on solid, verified empirical evidence we must ask the question: How do we inject people, what is the plan?

Why, did the government not follow such a process and instead rush straight to forced injection?

**If I am wrong in my conclusion about a lack of due diligence, proper process, and sound leadership, I welcome governments sharing with the people and with me, the process leading to the decision on how to implement the injection program.**

Paramount in this decision-making process the government needs to consider the will of the people and attaining individual informed consent and community support. On this occasion, governments have ignored, indeed trampled the will of the people. Additionally, governments have preyed on fear, emotion.

Instead of using a multi-strategy low risk approach to manage the virus, why has the government put all eggs in one basket relying only on untested, unproven injections with serious known risks and many uncertainties? Unless the risk with COVID is low, the federal government is not being prudent and is being irresponsible. It is being negligent toward people's health.

Further, the federal government has ignored successful strategies overseas and failed to develop a comprehensive plan for managing the virus.

In doing what it state and federal governments have done and continue to do, governments have exposed our communities, nation, and economy to a huge risk: betting it all on one strategy using unproven and risky injections.

## 10. Final Summary and Concluding Comments

- Essential nurses, doctors and aged-care staff are walking off the job. In Queensland police are suing our state's Police Commissioner. Approximately 7,000 Queensland Health workers are yet to get vaccinated. Aged care workers are resigning and upset at leaving their beloved aged-care residents due to state government intimidation. Yet state and federal governments don't seem to care. Why are governments jeopardising people's health care?
- In Queensland, the Government is saying they want more frontline healthcare workers, yet they are happy to sack thousands who are concerned about the injections.

When a Prime Minister and Premier coerces many of the 80 per cent of people to be injected, these are the questions that need to be answered. These apply when just one person is coerced. More so when say 10 million people are coerced.

Three aspects are in question: the basis for approval of the COVID-19 injections, making it compulsory through coercion and the consequences.

How can a medical treatment under trial be mandated? The Minister for Health has himself admitted the use of injections is a trial. Senior Department of Health officials' statements confirm the use of injections has many unknowns and uncertainties. The TGA granted only provisional approval confirming that the injections have not been fully tested.

The federal Constitution clearly states the federal government cannot mandate administering injections. There are no moral or ethical grounds for mandating injections as part of a trial.

History reveals that in the past officials and 'scientists' were executed for forcibly conducting trial injections and treatments on people without those people's consent.

As Steve Andrews MP said in his letter to the Queensland Premier concerning mandatory vaccination through the withholding of employment:

- *"If the State punishes a person financially for exercising a right, then it ceases to be a right. It is now a privilege, or a commodity to be purchased or extracted by the State at will."*

And:

- *"Many of these people are not well off and most have children and extended families to support. A significant number are from low income, unskilled and semi-skilled sectors of the economy, and a significant number of them live and work in rural and regional areas of the State.*

*They are also workers who don't have the luxury of being able to work from home, as wealthy office workers in the city do, and they won't be given any pay entitlements or severance package to cushion the blow of unemployment.*

*On that basis alone, the Government's health mandates are neither reasonable nor proportionate.*

*They are in fact, unethical and profoundly discriminatory.*

*The use of manipulation and coercion by an all-powerful State against its most vulnerable and powerless citizens, breaches countless human rights laws, conventions and charters in force here in Queensland."*

I ask again what Steve Andrew, MP for the Queensland state electorate of Mirani, asked in his letter to the Queensland Premier in October 2021:

- ***"Given the seriousness of these concerns, and in the interests of full transparency, I respectfully request the Premier provide:***
  - 1. Copies of any Impact or Risk assessments carried out on the constitutional, legal, economic, social and psychological impacts of these mandates (risk assessments are a requirement under the Qld Government's own "Best Practice" policy for decision-making).***
  - 2. Copies of any medical assessment reports on which the decision was based, including epidemiological data showing the estimated 'absolute risk reduction rate' numbers the mandates will achieve.***

3. ***Copies of any agreement between government and unions, which lends authority to such a radical change being made to the terms and conditions of employment for workers covered under enterprise bargaining agreements.***

***I would also ask the Premier to advise what compensation and support will be available to workers who suffer an adverse reaction to these injections.***

*Even ordinary vaccines may result in severe damage, including death and permanent injury, and these new ones are proving no exception.*

***Forcing low-income workers in this State to accept a medical treatment which could harm them, should therefore require a comprehensive and State based Vaccine Injury Compensation Scheme. Why has this NOT been done, and on what legal/ethical/economic/medical advice was that decision based?***

*Under the Human Rights Act, it is unlawful for a public authority to act in a way which is incompatible with a convention right.*

*The Act includes protections for physical and psychological integrity which incorporates compulsory medical treatment.*

*There are also clauses protecting freedom of thought, conscience, and religion.*

*In order to avoid or defend a claim that the State and employers are acting in accordance with all known human rights legislation, conventions and charters, it is necessary the State ensures there are full exemptions allowed on religious, medical and philosophic grounds.*

***I therefore close this letter with the request that the Premier re-instate the right to conscientious objection in Queensland, on religious, medical and philosophic grounds, as an important democratic safeguard and a basic human right."***

## **ATTACHMENT 3**

### Alternative Treatments Complementary to Vaccine Strategy and Questions



### Index – Attachment 3

<b>Alternative Treatments Complementary to Vaccine Strategy &amp; Questions.....</b>	<b>32</b>
1. Alternative Treatments as Complements to ‘Vaccine’ Injections.....	34
2. Ivermectin Details Including Triple Therapy .....	34
3. Other Alternative Treatments.....	36
4. International Bodies.....	36
5. Government Mismanagement.....	36

- In all previous pandemics, like SARS and MERS, the primary weapon were the treatments, not vaccines.
- In every respiratory virus pandemic, health experts explored and endorsed trialling of alternate treatments. Particularly off-label use of safe market drugs. The use of antivirals and supplementary treatments were prioritised as primary care with vaccines used as a secondary defence. We have not been given a reason why this historically successful approach was not used with Covid.

NOTE: this advice includes the same doctors as the H1N1 pandemic now commenting on Covid.

- Why has that not been the case with COVID-19?
- Despite not having a vaccine for the first year of this COVID-19 outbreak, alternative treatments were not employed. The public was forced to wait for vaccines.
- The whole COVID-19 approach has been back to front and the obvious question is: why?
- In my speeches during the single day sessions of parliament on Monday 23 March and Wednesday 8 April 2020 I raised the fact that in-vitro trials of Ivermectin at Monash University were showing promising results. Did the government pursue that lead and if so, what was the outcome and if not, why not?

Any accomplished marketer understands that most populations are not homogenous and have varied, diverse needs. In business a company can choose to ignore these people on a commercial basis. In government though and on an issue affecting people's lives, morality is a consideration.

One size does not fit all and in the case of vaccine injections that one treatment could kill and has killed.

### 1. Alternative Treatments as Complements to 'Vaccine' Injections

A significant percentage of people won't be injected. They need and deserve an alternative choice.

Page 18 of the Australian Department of Health's "plan" entitled *Australian Health Sector Emergency Response Plan for Coronavirus (COVID-19)* says: "Other health sector stakeholders will contribute to IHR (International Health Regulations) core capacities; provide input on needs related to national stockpile items; maintain stocks and use of, personal protective equipment as appropriate for infection control requirements; and report adverse events following immunisation or following the administration of antiviral drugs (should relevant antivirals become available) to the state health authority and/or the Therapeutic Goods Administration (TGA)."

[https://www.health.gov.au/sites/default/files/documents/2020/02/australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19\\_2.pdf](https://www.health.gov.au/sites/default/files/documents/2020/02/australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19_2.pdf)

My office has compiled a list of 18 alternative treatments, one of which I will now discuss here.

### 2. Ivermectin Details Including Triple Therapy

- Ivermectin is on the UN World Health Organisation's list of Essential Medicines and in 2013 Australia's Therapeutic Goods Administration (TGA) approved its use in Australia for a variety of conditions.

- Ivermectin has been delivered in 3.7 billion doses over almost sixty years. With minimal known adverse effects, it has been proven universally safe.
- I used it successfully on a doctor's prescription to treat a condition in 2014. It worked quickly and I had no adverse effects.
- It's reported to be rapid, safe and highly effective in treating COVID-19 in various nations and states and points the way to end COVID-19. Reportedly its use in some Indian states has led to the sudden collapse in deaths from COVID.
- At least 40 peer reviewed scientific medical papers herald its success treating COVID-19 and the number is rising rapidly. Ivermectin is reportedly proven in 61 international trials, including 32 randomised control trials, showing it to be an effective treatment and prophylactic.
- A highly reputable and internationally acclaimed physician has had success with using a compound medicine based on Ivermectin in Australia. In one quarantine facility he administered Ivermectin to 24 patients very ill with COVID-19. All were cured, rapidly. Two patients who were not treated with Ivermectin died.
- It is known to be a prophylactic against COVID-19.
- Where it has been used overseas it has ended the threat of COVID-19 because in addition to being a treatment and cure for people with COVID-19 it is a prophylactic.
- Its use would end the virus threat.
- From the Dept of Health's plan: *"This, the first Australian Health Sector Emergency Response Plan for Novel Coronavirus (the COVID- 19 Plan) is designed to guide the Australian health sector response. It should be considered a living document that will be periodically updated. As we learn more about the virus and its key at risk groups, and as potential treatments become available such as **antiviral drugs** and vaccine, we can target resources and public health interventions to most effectively protect the health of all Australians."*
- Medical specialists have said Ivermectin will allow opening of borders and end the virus threat.
- Acclaimed physician Dr Thomas Borody has sought an audience with TGA.
- Ivermectin has been distributed overseas in combination with zinc, vitamin D and antibiotics. For example, the UN WHO admits on its website that it is distributing COVID-19 treatment to kids in some Indian states. Interestingly the WHO does not disclose the contents of the kit yet Indian media reports that the kits contain Ivermectin, multi-vitamins, paracetamol and packets of Oral Rehydration Salts, and are being distributed to children with COVID-19 symptoms. Other reports indicate kits are being distributed to adults and contain Ivermectin, vitamins A & D, paracetamol tablets and an antibiotic. This followed reports that Indian lawyers were suing the UN WHO for obstructing the use of Ivermectin. Perhaps the WHO was then faced with a backlash for what would have amounted to killing sick people denied Ivermectin as a COVID-19 treatment. The UN WHO is known to be closely colluding with manufacturers of COVID-19 injections whose profits would be decimated if Ivermectin is adopted globally.

<https://www.who.int/india/news/feature-stories/detail/uttar-pradesh-going-the-last-mile-to-stop-covid-19> and <https://www.hindustantimes.com/cities/lucknow-news/yogi-adityanath-launches-covid-19-medical-kits-for-covid-19-symptomatic-children-101623747649057.html>

- In Australia social media, legacy media and government agencies are censoring and preventing mention of Ivermectin using broad, emotive and unsupported claims.

### 3. Other Alternative Treatments

- Florida's Governor Ron DeSantis on 20 Sep 2021 tweeted: *"Since Florida opened monoclonal antibody treatment sites in August: 100,000 Floridians have received treatments; COVID hospital admissions have fallen by over 60%; COVID hospital census has declined for 28 consecutive days; ER visits for COVID have declined by over 70%."*
- There are many alternatives. Proven medicines and combinations of proven medicines with vitamins, minerals, ... yet where is the proof that our governments proactively got out there and looked for treatments to protect us?

### 4. International Bodies

- What role did internationally coordinated pandemic 'test runs' have on collectivising the global approach to COVID? Did this centralised plan of response from the UN and WEF, vaccine manufacturers and investors, sway world leaders to adopting vaccines as the only response at the expense of successful alternate treatments?
- Was the political treatment and censoring of alternative treatments including antivirals such as Ivermectin a causality of the international campaign against centre-right politics or is it simply a clear and obvious financial threat to vaccine manufacturers eyeing financial windfalls?
- What role, influence and control did foreign, non-democratic institutions have over the COVID management of our nation? Did bureaucrats who represent the views of multinational lobby groups influence management decisions and marginalise best clinician practice?

### 5. Government Mismanagement

- In a lengthy letter the Australian government's TGA implicitly threatened me for discussing Ivermectin in public. That is interference with my role and duty as a Senator elected to listen to, serve and communicate with constituents.
- The TGA recently banned prescription of Ivermectin and chemists have not honoured prescriptions already made.
- Various agencies and organisations have reportedly threatened doctors with being disbarred from medical practice if they prescribe or even discuss Ivermectin. Doctors are in fear.
- Government agencies appear to be interfering with the 3,000 year old universally accepted doctor-patient relationship and disrespecting the sanctity of that relationship.
- In committing these acts is the TGA following government orders?
- Experts are now saying or implying that in 2021 if a person is admitted to hospital with COVID-19 and dies without having been treated with some combination of Ivermectin, zinc, vitamin D or similar drugs, they didn't die from COVID, that may be considered malpractice.
- In committing these acts is the TGA following government big pharmaceutical companies?

- Reportedly, the Health Minister Greg Hunt’s outburst in September about tickets to NRL finals led the TGA to reverse its order to not give football fans free tickets for getting vaccinated. As a result of his outburst the TGA overruled its own administration rules. Yet the Health Minister had no reported outburst over the TGA banning Ivermectin. Nor has he had any reported outburst in an attempt to have Ivermectin approved for treating COVID-19 and saving lives as is occurring overseas.
- **Who decided under what policy and under what set of values government prevents Ivermectin’s use and prevent its approval? Why is the Health Minister not enabling the TGA to fast-track alternative treatments as complements to a suite of vaccines? Lives are at stake and all parliamentarians with any shred of decency and humanity will support such legislation.**
- In my view and in the view of many everyday Australians, doctors and prominent physicians, the denying of treatment using a medicine with a proven record of safe human treatment, the government and the TGA have blood on their hands.
- What has driven the legacy media to run a coordinated misinformation campaign describing Ivermectin as a ‘horse paste’?
- Social media censorship of alternate treatments is robbing citizens of informed choice while suppressing news of the many known and serious adverse effects of vaccine injections. Alphabet owns 12 per cent of Vaccitech the maker of the AstraZeneca injection and Alphabet owns YouTube that bans videos merely for mentioning the word Ivermectin.

Meanwhile the federal government is coercing injection of citizens with an experimental injection for a virus that can be treated with known safe standard drugs giving 85% decrease in hospitalisations and deaths. In doing so the federal government is arguably breaching the Commonwealth constitution.

This is the first time in Australia’s history that governments have knowingly withheld a proven, safe, effective, affordable, and readily available treatment from the sick and the dying.

Governments are withholding a proven prophylactic that will likely rapidly put an end to government’s hideous mismanagement of COVID-19 and return life to normal for all Australians.

With their combined withholding of proven treatments and the forcing of ‘vaccine’ injections on all people, the states and federal governments have failed to understand the needs of Australians.

Governments are failing to serve the people.

## **ATTACHMENT 4**

### Lockdown Data and Questions

## Index – Attachment 4

<b>Lockdown Data and Questions .....</b>	<b>38</b>
1. Lockdowns are Not Effective.....	40
2. Lockdowns are Extremely Costly.....	41
3. Cruel, Heartless Implementation .....	44
4. Inconsistencies, Contradictions.....	45
5. Legality .....	45
6. Mismanagement .....	46
7. Fear.....	48
8. Freedom .....	49

## 1. Lockdowns are Not Effective

- Emergency Declarations enable governments to invoke and enforce lockdowns.
- Nothing makes it moral or respectful to invoke and enforce lockdowns the way some states have. The federal government's support for lockdowns have extended imprudently beyond the initial stages early in 2020.
- No state or federal government has provided the scientific medical data and evidence justifying lockdowns.
- Even the incompetent, dishonest, corrupt UN WHO now admits that lockdowns are a blunt instrument only for use initially to get control of a virus. Every lockdown since mid-2020 is an admission that the state government is not in control. Every lockdown confirms that instead of the governments mastering the virus, the virus is master of the states.
- In Victoria COVID-19 cases are high despite the Premier invoking "fast and hard" lockdown and despite high 'vaccine' injection rates.
- Experience across the USA's 50 states reveals lockdowns have no advantage with COVID-19 and many disadvantages to the people including loss of jobs and livelihoods, adverse mental health effects, separations and family dislocations.
- Early in Florida's experience with COVID-19 Governor Ron DeSantis declared a lockdown. He called it off early and apologised to the people of Florida. Despite having a high proportion of retirees and elderly, Florida has had better results with COVID-19 than California which had been in perpetual lockdown and restrictions.
- There's increasing broad consideration that Sweden was correct in never locking down. The Swedish death rate is now reverting to the mean together with the added advantage that Sweden now has herd immunity.
- While quarantine restricts the movement of sick or vulnerable people, lockdowns are not quarantine. Lockdowns, like tyranny, restrict the movement of healthy people.
- The universal human need to belong is fundamental to human society and civilisation. Depriving people of social connection is inhuman.
- **Where is the empirical scientific medical data as evidence for the basis of lockdowns? Where is the economic data showing the short-term and long-term cost of lockdowns? Where is the empirical data showing the social and mental health impacts of lockdowns?** In addition to governments being responsible for providing an environment in which people can take responsibility for individual personal physical health and mental health, the government is responsible for economic health that determines people's future physical and mental health.
- There is no difference in safety pushing hundreds of people into one centralised location like a large supermarket where the risk of mass transmission is high versus allowing small shops to be open.



## 2. Lockdowns are Extremely Costly

### Cost of lockdowns

Are the following devastating impacts of lockdowns factored into the costing of lockdowns?

- Lockdowns kill people
- Lockdowns kill jobs and the economy

### In Victoria

Any just, moral, competent, compassionate government would solemnly reflect on:

- More than 340 teenagers suffering mental health emergencies admitted weekly to hospitals, a 162% increase attributed largely to lockdowns.
- 156 teenagers a week rushed to hospital for attempting suicide or self-harm, 37 needing emergency treatment or surgery; an 88% increase.
- 90% increase in children with eating disorders.

This is the ultimate transgression, neglect and abandonment of people at a vulnerable age.

### In NSW

- Daily, more than 40 children and teenagers are rushed to hospital for self-harm; up 31%.
- Acute mental health admissions for children and young people up 43%.

### In Queensland

- At Gold Coast Hospital, a 212% spike in eating disorders from 2019 – 2020.
- Queensland's Butterfly Foundation says:
  - calls for help increased 34% for eating disorders from Jan 20 to Jan 21.
  - 85% were first time callers for the Help line.

### Other

- In August, Lifeline's National Suicide Prevention had its busiest days in its 57-year history.
- Children now may wait 6 – 9 months before seeing a psychiatrist.
- Children suffering with depression, eating disorders or suicidal thoughts, may not be able to wait 9 months.
- As a result of government lockdowns, parents who must work from home now have to educate children and are now front-line mental health workers.
- In lockdowns people defer health diagnoses and treatments leading to future increased health burdens after lockdowns end.
- Economic impacts of people losing their job adds stress affecting people's future health. Debt levels rise adding to stress.
- Lockdowns harm disabled people and the vulnerable.

- Economic effects and impact:
  - Reputable, perceptive economists have raised the irresponsibility and lack of accountability rife in government approach relying on lockdowns.
  - During the first COVID outbreak (April-May 2020) the Australian Bureau of Statistics (ABS) arbitrarily decided to reduce the size of the Australian labour force by around 656,000 people. That positively yet wrongly affected the public perception regarding the lockdown's effects on unemployment. Australians were forced to lockdown and to be out of the labour force or not be available for work. The government cooked the books to show a better subsequent recovery.
  - An unemployment rate based on a linear projection of the labour force shows that in 2020 the unemployment rate could have reached 11.7% which is double the official data of 5.7%. This is seen as a biased manipulation to hide reality in order to manage people's negative perceptions of lockdowns. (Additionally, it increases unmeasured underemployment.)
  - The unemployed population could have reached 1.5 million people, about double the official data of 837,000 that the ABS presented. This simple analysis could have changed the public perceptions of the lockdowns, of actual unemployment, and of the effectiveness of the JobSeeker and JobKeeper programs.
  - Official ABS data claims that during the period March 2020 to May 2020 unemployment grew by only 89,000 people, yet based on linear projections of the labour force unemployment grew possibly by 1,069,000 people.
  - Current unemployment is comparable only to the negative period 1991-1992 when the global financial crisis affected our country. The negative effects on unemployment of that period lasted 7-10 years. Should we expect the same for the current lockdown measures?
  - Was any economic modelling done? Has any analysis been conducted since? If so, governments need to make these public so that cost-effectiveness can be assessed. Without such a review, governments and the people will not be awake and prepared for future challenges

The problem we are facing now is not only the economic and social cost of lockdowns it is additional indirect costs associated with the types of enforcement because sadly, some humans, including parliamentarians and senior public servants, have wielded power brutally and without care for others.

- Politicians capriciously invoking lockdowns and brutally or heartlessly withdrawing basic human rights and freedoms enforcing lockdowns destroying people's trust in government, parliament and fundamentals of society, including law and order.
- Making businesses responsible for COVID outbreaks is unprecedented and irresponsible of the government.
- Creating businesses injection hubs is a violation of the separation between health and corporate.
- When government breaks our laws and the Constitution it leads to the community losing respect for the law.

- When police are sacrificed in the name of suppressing honest citizens simply voicing dissent in an overwhelmingly peaceful protest against government economic and mental brutality, it erodes community trust in the police.
- Capricious or brutal lockdowns undermine truth; the basis of civil society.
- When trust is smashed it often leads to oppression and cruel inhuman control as in Victoria. Extreme emergency measures lead to control, bullying and violence.
- Capricious or brutal lockdowns undermine human rights, freedom, economic security, military security, health, immune systems.
- Governments are disrespecting the people and undermining our citizens respect for vital institutions and our states and country.
- States enforcing unsupported dictates and brutality are harming and trashing Australia's international reputation.
- Governance has been undermined and further tarnished. What did the Prime Minister do to stop this and to enforce our national constitution?
- The sad reality is that the omission and contradiction of the basic data prevented the security of the most vulnerable and jeopardised the future health of people across the community and nation.
- Was economic modelling conducted before each lockdown? Were the underlying assumptions revised based on lessons from each lockdown? Was data gathered? Will it be the basis of future policy?

These are some of the reasons why it is known that after lockdowns end, overall mortality increases.

**What is the total direct cost to taxpayers of the lockdowns and the total indirect cost in terms of lives, livelihoods, impact on our economy, health and business failures?** At a time when Queensland's debt position is disgraceful as a result of Labor policies and decisions for all but three of the last 23 years.

These staggering costs and callous ignoring of the many human costs lead into the bastardry and inhumanity characterising lockdowns in Victoria and Queensland.

As Sweden's death rate reverts to the mean, is anyone in government evaluating its strategy as an option?

*A constituent says - "I was doing OK until they stopped me from working, earning a living because of the mandated vax."*

Lockdowns kill people. Locking down healthy people makes healthy people sick.

The use of lockdowns 19 months after the virus arrived in Australia proves politicians lack understanding of what is happening, of what is needed and of what is a proper comprehensive response.

### 3. Cruel, Heartless Implementation

- Personal impacts of government lockdowns have often been cruel and heartless:
  - A pregnant mother in northern NSW was denied entry to Queensland for emergency care and instead of a two-hour dash to Brisbane hospitals had to endure a 16-hour odyssey to Sydney. Despite receiving federal funding for hospitalisation of northern NSW people in Brisbane, the Queensland government abandoned this mother and her twins resulting in one dying.
  - People were prevented from saying goodbye to dying parents who died alone.
  - Children undergoing cancer treatment were alone without their parents who were prevented from entering Queensland.
  - While the town of Mungindi straddles the Queensland-NSW border the hospital is a few hundred metres inside Queensland and the Queensland government prevented Mungindi residents in NSW from going to the hospital.
- Hospitals were never overburdened. **Why were these capricious and inhuman edicts not revised? Why were they implemented? Why did governments drive needless stress, hurt, anguish and damage coupled with a double dose of stress from mandating injections?**
- Is people's health being considered when a twin dies because of the lockdown? When children in cancer treatment cannot have their parents at bedside? When people cannot farewell their parent? What does it mean to be human?
- Alcohol was confiscated after being paid for, showing an abuse of fundamental property rights.
- People's lives have been devastated staying for weeks in tents near borders.
- Lockdowns and restrictions are costing individuals thousands of dollars and great anguish, especially with people losing their jobs and livelihoods, and the ability to feed their children.

People are feeling hurt, devastated, upset and angry because they need fairness, consistency, sense, practicality, understanding, transparency, honesty, truth, respect, surety, confidence, consideration, social interaction.

In my experience basing decisions on solid data and transparently communicating that data gives people confidence. **Why do governments so rarely make decisions based on solid, data and allow scrutiny?**

This confirms how easy it is for politicians who feel the uncertainty and then sense their vulnerability to ditch common sense, decency, truth, morality and any semblance of care and humanity.

Always beneath control there is fear.

**When applications for exemptions for border entry ballooned into ridiculous waiting times of many weeks, why was the basis for capricious lockdowns not revised? Why were lockdowns not removed and proven treatments like Ivermectin implemented?**

#### 4. Inconsistencies, Contradictions

- Contradictions and inconsistencies abound and are a giveaway to the lack of objective empirical data as the basis for policy and decisions.
- Inconsistent and arbitrary health orders absurdly call coffee shops ‘safe’ and shoe stores ‘dangerous’. Reportedly, a health official said that alcohol shops are as “dangerous” as retail but they ‘didn’t feel they could close them politically”.
- There is still no working definition between ‘essential’ and ‘non-essential’, yet this arbitrary categorisation was used to pummel the small business sector that is already overloaded with bureaucracy, restrictions and tax administration compared with large multinationals.
- After the Rugby League Grand Final on 3 October people are rightly ridiculing the limit of 43,000 for Suncorp Stadium compared with 20 for dancing at weddings.
- When questioned after the grand-final, the Queensland Deputy Premier was adamant that the stadium audience was wearing masks, yet photos abound that show his statement to be false. It seems that any statement is made to justify every latest capricious, unfathomable declaration and order.

Shifting targets, contradictions, lies, falsehoods, nonsensical and absurd claims.

What does it say about health? Especially with contradictions?

#### 5. Legality

What is the statutory basis of emergency powers and health directives?

Steve Andrew MP submitted the only Dissenting Report to the Public Health and Other Legislation (Extension of Expiring Provisions Amendment Bill 2020) committee in February 2021. The report states:

- *Domestic and international jurisprudence contain principles for law making during a public health emergency.*

*These are that emergency laws should be limited, time-bounded and proportionate to the nature of the emergency.*

*This makes emergency laws separate and distinct from ordinary laws, and reduces the chances of them being used for periods and purposes beyond their initial remit.*

*Specific structural techniques to do this are: to use sunset clauses, to use a single legislative vehicle for emergency laws, to use non-textual amendments, to expressly state their temporary nature, to specifically limit their use to the emergency and to give them a title which indicates their emergency nature.*

*I am concerned at the lack of Transparency we are getting from the Government, that no cost/benefit or risk assessment was carried out at the outset of the crisis as is regarded as ‘best practice’ for crisis management, and even today, over a year later, we are given no roadmap for removing these powers.*

*In fact, Dr Young leaves the question of an ‘exit date’ as very much up in the air. On page 14 of the Report, Dr Young States:*

*“in response to the question of how long the extraordinary powers would be needed, Queensland Health states “it is difficult to determine with absolute certainty how long these emergency response measures will be required.”*

*Like a lot of other submitters to this Inquiry, I am starting to have real concerns regarding not only the impact of emergency provisions on our democratic freedoms and civil liberties, but also the potential of emergency powers to become normalised and eventually permanent.*

**And: CONCLUSION**

*All over the media and official outlets, we are hearing about how efficient the new way of governing is, at both the National and State level.*

*Normally, when parliamentary committees conduct inquiries they will select individuals and representatives of organisations from amongst those who have submitted written submissions to the Committee are invited to appear before the committee and answer questions the committee may have.*

*According to the Australian Parliamentary website, “these hearings enable witnesses to clarify and expand on their written submissions and allow the committee to seek additional information”.*

*There is a common delusion that authoritarian government is efficient. It does not waste time in argument or debate or parliamentary scrutiny.*

*This concentration of power in a small number of hands and the absence of wider deliberation and scrutiny enables governments to make major decisions on an ad hoc basis, without proper forethought, transparency, scrutiny or accountability.*

*The use of political power as an instrument of mass coercion is corrosive. It divides and it embitters.*

*The unequal impact of the government’s measures is also eroding any sense of community or national solidarity.*

The repeated, unexplained, unjustified extension of emergency declarations contradicts the spirit and intent if not the actual wording of the requirements bounding declarations.

Emergency legislation created a parallel legal system immune to scrutiny and politics.

## **6. Mismanagement**

Why has there been so much politicking and why have there been so many contradictions within individual governments over time, between state governments and with the federal government? What has the PM done to stop this? His is a failure of leadership and teamwork. People’s lives have been lost due to lockdowns.

If the virus was as serious as it has been made out to be, there would have been unity.

The failure reveals that either the virus is not as serious as politicians' exaggerations and fearmongering suggest or politicians just do not care.

Political point scoring has rendered the so-called national "cabinet" pointless and damaging. This is hardly surprising as there is clearly no agreement among the Premiers and Prime Minister, and that indicates that objective data is not being followed and instead politics is the driver.

The failure of quarantine occurred in two aspects: firstly, breaches of quarantine such as the Ruby Princess fiasco and the Victorian aged care fiasco with no one held accountable.

Secondly, the government is responsible for destroying tens of thousands of businesses. Are governments able to provide data on how many businesses closed and on the drop in staff numbers since many small businesses apparently went from 20 staff to 1 or 2, which has a huge impact on the overall market?

Did the government deliberately prioritise big business over small business in the mismanaging the virus?

What was the cost of health orders on small business?

Removing the right to protest is a political, not health measure.

Limitation or prevention on travel between states breaches our Constitution. One of the core responsibilities of a federal government is to ensure free trade between states. Do governments not understand that trade incorporates small businesses and individuals?

The lack of unity and the politicking have been due to lack of data that has enabled political games to be played.

This may be one reason why it has been said that after lockdowns end, overall mortality increases.

In February 2020 after the bushfire season the Prime Minister was floundering electorally and in Queensland the Premier was set to lose the state election, despite an uninspiring opposition. Fear worked for both.

That is, it worked until recently because people can now see that the fear went too long and the data and circumstances exposed governments' strategies as unfounded, wasteful, expensive, dishonest, unfounded, cruel and heartless.

A cornerstone to the governments' fear campaigns was the omission of relevant data. That omission enabled the campaign to mislead the people and heighten fear.

From the Australian Department of Health's "plan" entitled *Australian Health Sector Emergency Response Plan for Coronavirus (COVID-19)*:-

Dept of Health's initial plan:

*"During the novel coronavirus outbreak, the health sector will aim to minimise the outbreak's impact on the health of Australians and our health systems. This, the COVID-19 Plan, is the Australian national health sector plan for the outbreak of novel coronavirus 2019/20, and contributes to these aims by:*

- *Clarifying the roles and responsibilities within the health sector of the Australian Government and state and territory governments.*
- *Identifying areas where national guidance and coordination will be provided, and how this will be achieved; and*
- *Supporting decision makers to respond in a manner that is flexible, informed and proportionate to the circumstances at the time.*

Initially the government's "plan" seemed to aim at minimising impact on the health system. While that initial aim is understandable, the "plan" never moved off that aim after data revealed the virus to be far less severe for most people.

As a result of the so-called "National Cabinet", the virus quickly became politicised. That indicates that those in the national cabinet never considered the virus to be a serious threat.

A real leader would be able to lead us without exceeding what is moral and without stealing basic human rights and freedoms and without coercion and bullying.

Real leaders use data while inspiring and drawing people forward to take responsibility and needed action. Bullying though is based on coercion and intimidation. The state and federal governments handling of the COVID-19 virus reeks of bullying and is devoid of leadership.

Instead of inspiration there is intimidation.

In totalitarian dictatorships, the people fear the government.

In true democracies, governments fear the people.

Although voters vote, the government does not fear the voters because in the current two-party system, allied media and statutes are used to control people under the guise of protecting the people.

## **7. Fear**

Fear may be causing the current reported explosion in mental health issues. Nonetheless, political leaders have fomented, promoted, deepened fear to harvest the opportunity to control people.

Given the accompanying data, why are Premiers and the Prime Minister fomenting so much fear? Is it deliberate for political advantage or because politicians are ignorant of the data or themselves afraid of the virus or afraid of being exposed for exaggerating the virus threat?

If the virus was being responsibly managed there would be no need for politicians to be afraid. Given that the virus is being woefully mismanaged it is not surprising that politicians would be in fear of being found out.

In an apparent attempt to grab the crown of incumbent during a perceived external threat the Queensland Premier whipped Queenslanders into a state of deep, pervasive fear and then made the most of it electorally. She succeeded in that her government's poor election prospects when COVID-19 arrived in Australia were expertly transformed into an increased majority at the cost of all other political parties.



Nineteen months later the deep fear of the virus has mutated into fear of government orders and prosecutions and into fear of coercion to be injected.

In attending a nurses' forum in Brisbane many nurses were afraid of being on film in case their employer, the Queensland Department of Health, saw their presence. Some were upset, a few crying.

It is clear from recent experience in Victoria and to a lesser yet real extent in NSW and Queensland that the people fear the government. This fear is not only fear of physical harm in Victoria and NSW and to a lesser extent in Queensland, it is fear of being vilified and financially devastated. It is a fear of being unable to provide for one's family. It is a deep yearning for security as a result of carefully choreographed government deprivation of people's fundamental human rights and freedoms.

It is calculated true deprivation bluntly spurring coercion.

It's noted that in a totalitarian dictatorship, the people are afraid of the government. In a true democracy, governments fear the people.

In a true democracy the governing receives consent to govern from those being governed.

That is no longer the case in Australia where governments make up controls without reference to parliament, debate, data or the common good.

## 8. Freedom

Increased freedom in Britain, Europe and America during the nineteenth century led to the developed world blossoming scientifically, medically, technically, materially, socially and economically.

This led to unprecedented increases in material standards of living, health, longevity, ease, comfort, choice, movement and economic interaction. These further increased people's freedom across many additional dimensions of human life.

Human progress and development depend on freedom. Future health technology and affordability of care depend on freedom.

During the last 19 months freedom has been severely and, at times, savagely constrained. The cost has been in many dimensions including lower levels of current and future mental health, physical health, economic activity, social cohesion and community interaction, and reduced respect for and confidence in the fundamentals of modern democracy and its institutions including the police, health care, and especially parliament.

As has been noted overseas, "Australia is returning full circle back to being a penal colony."

On the bright side, lockdowns have given people time to research and to learn why they're locked down and being coerced into injections. This awakening to the reality of shoddy government and mismanagement in Australia will hopefully lead to greater responsibility to elect representatives who serve the people and not the political parties.

Lockdowns must end now. **Where are governments' detailed plans for managing the virus?**

Remember, quarantine restricts the movement of sick or vulnerable people. Tyranny restricts the movement of healthy people.

The virus and especially the mismanagement of the virus have made governance the core issue in Australia.

## **ATTACHMENT 5**

Restrictions, Taiwan's Superior Performance and Questions

## Index – Attachment 5

<b>Restrictions, Taiwan’s Superior Performance and Questions .....</b>	<b>51</b>
1. Restrictions are Often Contradictory, Inconsistent and Capricious.....	53
2. Testing, Tracing & Quarantining – Taiwan’s Success .....	54
3. Personal Behaviour: Hand Washing ... ..	56
4. Fitness and General Health .....	56
5. Lack of a Comprehensive Plan for Managing the Virus .....	56
6. Control Measures.....	56
7. Control Including Coercion and Force is the Opposite of Leadership.....	57
8. Coordinated Use of Slogans, Tactics & Sources Across Australia & the Western World.....	60
9. Audit JobKeeper .....	60

Restrictions include masks, social distancing, movements, work, social activities – like people naturally do with the flu.

Let’s focus on masks that to many people are the most obvious restriction apart from lockdowns.

State and territory governments have never provided the empirical scientific evidence that masks are effective when worn in public.

### **1. Restrictions are Often Contradictory, Inconsistent and Capricious**

In the early days of COVID-19 in Australia, there was a shortage of masks and at the time governments and supposed experts advised people that masks do not provide protection, are useless and there was no need to wear masks.

In February 2020 the 81-year-old Anthony Fauci, Director of America’s National Institute of Allergy and Infectious Diseases since 1984, wrote that face masks are “*not effective in keeping out the virus*”. He said COVID is “*small enough to pass through material*.”

Later he changed his view and made a point of strongly supporting the use of masks apparently without providing empirical scientific evidence.

Now that American Senator Rand Paul has exposed Fauci’s dishonesty on the virus and on peddling the globalist agenda and especially now that investigative journalist Sharri Markson has exposed his dishonest denial of any involvement with Wuhan Institute of Virology, the source of COVID-19 he is now rapidly becoming infamous.

New Mexico state Senator and Doctor Gregg Schmedes showed that America’s Center for Disease Control and Prevention (CDC) relies for its support for masks upon references provided on its website. The first reference cited studied two hairdressers. According to Schmedes the CDC dismisses studies showing masks are not effective for having a small sample population yet the study involves 3,030 people contains too few people. The contradictions among government agencies here and overseas are staggering and undermines public confidence.

When notifying Queenslanders of three COVID-19 cases in Southeast Queensland in January 2021, the Health Minister, Yvette D’Ath, discussed the government order mandating the wearing of masks. When journalists asked whether that order applied to drivers alone in their car, she paused, looked puzzled and then blurted out a hesitant “yes”. It was clear no one had envisaged such a question and that she had no idea. So much for the science.

In a later mask mandate imposed as a result of a minor number of cases, the government mandated the wearing of masks across the entire length and breadth of Queensland, including Bamaga on the tip of Cape York, approximately 2,700 km from Brisbane.

Are governments behaving capriciously and irresponsibly because of incompetence, or because they are knowingly using masks to condition fear?

Some medical experts considered masks, at best, useless. Others consider them detrimental to people’s health.

Masks are considered detrimental to our planet as a form of pollution.

### Data

Where, specifically, is governments’ peer-reviewed empirical data as evidence that the general public’s wearing of masks in public places is necessary? Governments have not provided the specific publication title, author(s) name(s) and the specific page numbers to obtain the data and the scientific logical framework proving cause-and-effect.

Similarly, governments have not provided the specific location of peer-reviewed empirical data as evidence that other restrictions work, are necessary medically and are beneficial to society in terms of cost-benefit involving social, economic and other considerations?

Given the capricious and at times illogical directives involving masks and their possible adverse effects on the wearer’s health and on social interactions and safety, as well as children’s development, it seems that the purpose of masks is conditioning people and driving fear with constant reminders of the exaggerated virus effect.

Under the circumstances, the purpose of masks seems to be to control people.

## 2. Testing, Tracing & Quarantining – Taiwan’s Success

The Victorian hotel quarantine inquiry highlighted gross mismanagement:

- *“The remarkable report of Jennifer Coate into the Victorian hotel quarantine disaster details the squabbles between public servants, the incorrect delegations of responsibility and the sad role of cabinet ministers in this affair. <https://www.theaustralian.com.au/business/how-union-failures-fuelled-melbourne-protests/news-story/4107707be5801f98e2090954ff272042>.”*

She graphically described what happened as a *“lack of proper leadership and oversight”*, a *“catastrophe waiting to happen”* and a *“disaster that tragically came to be”*. Mismanagement.

In Senate speeches on Monday 23 March and Wednesday 8 April 2020, I referenced Taiwan’s performance and note again that its challenge was far more difficult than Australia’s, yet its performance far superior, and Taiwan achieved that without lockdowns:

- Taiwan’s population of 24 million people is similar to Australia’s 25 million.
- Taiwan’s population is crammed into an area of 36,193 square kilometres, while Australia’s people are spread out over 7,692,000 square kilometres. Taiwan’s population density is 663 people per square kilometre compared with Australia’s 3 people per square kilometre. After allowing for most Australians living in metropolitan areas, the population density of Taiwan’s major cities is still far higher than in Australian cities enabling the virus to be more easily transmitted in Taiwan.
- The virus arrived much earlier in Taiwan than in Australia.
- Taiwan’s Chinese population has many more interactions with mainland China than does Australia’s population.

- Despite Taiwan’s far greater challenge in managing the virus Taiwan had no lockdown and for the first year incurred seven COVID-19 deaths, whereas Australia had more than 900 over the equivalent period and had severe lockdowns in many states and cities.
- Taiwan’s economy continued with almost no impact, whereas Australian jobs and livelihoods were gutted.
- Reportedly, following a major break in quarantine *“Taiwan imposed restrictions on gatherings, including closing entertainment venues and limiting restaurants to take-out service, in mid-May (2021) following a spike in domestic cases after months of no or few cases apart from imported ones.”* <https://www.reuters.com/world/asia-pacific/taiwan-lower-covid-19-alert-level-cases-drop-2021-07-23/>.
- Taiwan’s death rate climbed steeply following a quarantine breach yet due to Taiwan’s superior management, the outbreak plummeted as quickly. Despite the serious major breach of quarantine, Taiwan’s death rate as of 11 October 2021 was 35, while Australia’s was 1.6 times higher under state regimes imposing numerous long, severe, and sometimes brutal lockdowns whereas Taiwan had no lockdowns.
- Instead, Taiwan’s government realised that health and the economy are not competing priorities because the people’s current and future health depend on economic health.
- Page 28 of the Australian Department of Health’s “plan” entitled *Australian Health Sector Emergency Response Plan for Coronavirus (COVID-19)* states:
  - *“5.3 Resilience. Building preparedness within Australia’s health systems will contribute to the resilience and sustainability of our systems. ...  
To build resilience within our most vulnerable populations, communications within the health sector will be used to raise awareness of at-risk groups and their associated needs.  
Measures will also be implemented with consideration of necessary adaptations to meet the needs of these individuals and communities. The needs and challenges of communicating with low socio-economic communities, which may have reduced access to healthcare, will also be considered.”*
- As I said repeatedly in the senate in 2020, Taiwan’s comprehensive plan for testing, tracing and quarantining was and is far superior to Australia’s mismanagement due to lack of data, politicians playing politics and reliance on lockdowns.
- The UN’s World Health Organisation has repeatedly suppressed news of Taiwan’s success.

Economic health is vital for future health: mental health, physical health, human interaction, human rights and freedom.

Australian federal and state governments do not have a comprehensive plan based on the seven-strategies that the federal Chief Medical Officer and federal Department of Health secretary confirmed as the strategies for an effective plan.

The Australian state and federal governments have destroyed people’s trust in government.

Australia failed in this aspect because, as is typical of Australian governments and parliaments, decisions and policies are made all too often without the necessary empirical and objective data and often in contradiction of the empirical, objective data.

### 3. Personal Behaviour: Hand Washing ...

- Just like the flu, with COVID-19 personal hygiene is important for managing the virus.
- Governments have discussed this.
- This is another strategy as part of the seven-strategy plan discussed above.

### 4. Fitness and General Health

- Just like with the flu, people’s immune system is stronger with regular sunshine, fresh air, exercise, Vitamin D, sound nutrition, human engagement, lower stress.
- Obesity is a major COVID-19 co-morbidity.
- Government has been silent about advice on ways to minimise other co-morbidities and risk factors.
- This is another strategy as part of the seven-strategy plan discussed above.

### 5. Lack of a Comprehensive Plan for Managing the Virus

In Senate Budget Estimates hearings in May-June 2021, the federal Chief Medical Officer and secretary of the federal Department of Health confirmed as accurate and complete the seven strategies needed for a comprehensive plan for managing a virus. These are:

1. Treatments and cures such as antivirals and prophylactics
2. Testing, tracing, quarantining
3. Fitness and general health
4. Personal behaviour (such as washing hands and hygiene)
5. Restrictions including the wearing of masks and social distancing
6. Vaccines
7. Lockdowns (initially to get control of the virus)

From the inconsistent and often contradictory behaviour within each state and across states and the federal government, and from the lack of data shared with the public, it is clear that there is no coherent, comprehensive plan for managing the virus, and it is clear that the so-called national “cabinet’s” “plans” and “roadmaps” are not comprehensive plans.

The public blaming, public criticism, bickering, squabbling, contradictions, reversals and lies confirm the lack of solid data for decisions, policies and edicts confirm the lack of a coherent, comprehensive plan and confirm a lack of commitment and integrity across the states.

This confirms the lack of leadership.

The edicts and orders imposed without consultation and explanatory data as justification reveal abandonment of leadership and instead the use of force, coercion and control.

### 6. Control Measures

- So-called health directives made under state emergency directives contain many contradictions that betray them as unscientific and capricious. State governments contradictions occur within each government, between governments and with the federal government.



- Instead of a plan and informed leadership there is no meaningful direction for the nation or for states.
- Police are used coercively and violently. Victorian police head-slammed a 74-year-old red-headed lady and a non-threatening man into the ground among many needlessly violent acts.
- People lost the fundamental right to protest government. Governments reveal they fear protestors and free speech.
- Governments make many unlawful and unjustified breaches of laws.
- The federal government deceitfully and breached the federal constitution, Section 51, 23A. Its actions remain unconstitutional.
- There is a massive taxpayer-funded concerted media and propaganda campaign.
- News of Taiwan’s success has been ignored.
- Governments push a strategy of division and separation within the community resulting in medical tyranny and medical apartheid.
- Labels, smears, and lies such use of the terms neo-Nazis, extreme far right, anti-vaxxers create and maintain division. These become subtle implicit controls and suppression.
- Fear based on gross exaggerations and dishonesty reveal the common political tool to control. Fear bypasses the human neo-cortex responsible for rational, logical thinking and many people swallow ludicrous edicts.
- Governments have abandoned respect for the people, the law and integrity.
- Queensland’s state health system was in crisis before COVID and now the Premier blames the people not injected.

#### **7. Control Including Coercion and Force is the Opposite of Leadership**

- Instead of listening to people, lazy and incompetent politicians are labelling and dismissing people.
- Instead of planning, politicians are controlling and suppressing.
- Instead of uniting people invoking courage, politicians are dividing with fear.
- Instead of uniting people with objective scientific data and facts, politicians are dividing people with politics.
- Instead of uniting people for freedom, politicians are dividing people for control.
- Instead of uniting people for humanity, politicians are dividing people for power.
- Governments are undermining their authority and societal values.
- Governments are undermining respect for the law and for society.
- People then do the same.

Where’s the plan for managing the virus? We cannot afford to open and close repeatedly and endure waves, especially now that politicians are calling for us to live with the virus, as other countries are already doing.

For a plan to be complete and effective it needs to be based on solid, replicable, objective data and specify the basic elements of 5 x W’s and H:

- What?
- Why?
- Who?
- When?
- Where?
- And then How?

With continued capricious opening and closing and the lack of a plan for managing the virus, the vulnerable will be at most risk.

**Where’s the data on which policies, decisions and orders were made?**

**Where’s the Treasury modelling? Federal Treasury? State Treasury? Economic impacts? These are needed to assess the impacts and assess the benefits and costs? And to reassure people.**

**What are the costs economically on our state and federal economies, small businesses, our communities, individual citizens?**

**The Queensland Premier dishonestly and misleadingly trotted out an existing infrastructure plan that was launched before COVID and re-branded it as a COVID measure. Was that for political gain?**

**After 18 months, where is the government’s plan?**

The federal government also trotted out a pretty website pretending it was a plan. Page 9 of the Australian Department of Health’s “plan” entitled *Australian Health Sector Emergency Response Plan for Coronavirus (COVID-19)* states:

- **“2.6 Ethical framework**

*In 2008, AHPPC agreed on an ethical framework to guide health sector responses. These values will be taken into account when planning and implementing actions under this plan, and can be outlined as:*

**Equity** - *Providing care in an equitable manner, recognising special needs, cultural values and religious beliefs of different members of the community. This is especially important when providing health services to vulnerable individuals, such as Aboriginal and Torres Strait Islander peoples and people who are culturally and linguistically diverse.*

**Individual liberty** - *Ensuring that the rights of the individual are upheld as much as possible*

**Privacy and confidentiality of individuals** - *Is important and should be protected. Under extraordinary conditions during a pandemic, it may be necessary for some elements to be overridden to protect others.*

**Proportionality** - *Ensuring that measures taken are proportional to the threat.*

**Protection of the public** - Ensuring that the protection of the entire population remains a primary focus.

**Provision of care** - Ensuring that health care workers (HCWs) are able to deliver care appropriate to the situation, commensurate with good practice, and their profession’s code of ethics.

**Reciprocity** - Ensuring that when individuals are asked to take measures or perform duties for the benefit of society, their acts are appropriately recognised and legitimate need associated with these acts are met where possible.

**Stewardship** - That leaders strive to make good decisions based on best available evidence.

**Trust** - That health decision makers strive to communicate in a timely and transparent manner to the public and those within the health system.”

Various provisions above show that the “plan” is not a plan, rather it is a glossy façade trying to look good, not do good. Breaches of these simple and important concepts show lack of respect for the people and a lack of integrity.

Was the intent to mislead people into thinking there was a comprehensive plan when there was no such thing?

From page 42 of the same “plan” - “*Targeted action stage*:

- *The Targeted Action stage of response will commence when there is sufficient information collected about the virus to inform the refinement of the outbreak response measures already implemented, such as the scaling down or ceasing of some measures. The key objective of the Targeted Action stage is ensuring a **proportionate response** to the outbreak, so scarce resources are properly allocated where most needed and that the risk to susceptible people in the community is mitigated.”*

Why was this measure not done and apparently largely ignored?

From page 37 of the Department of Health’s plan: - “*Across all activities the **Strategic Objectives** of this response will be to:*

- *Identifying and characterising the nature of the virus and the disease in the Australian context;*
- *Minimise transmissibility, morbidity and mortality;*
- *Minimise the burden on support health systems; and*
- *Inform, engage and empower the public.”*

Why did the government’s approach not change as experience accumulated?

Instead of a data-driven plan, there are controls that are often capricious, contradictory, and inconsistent.

Why didn’t the so-called National Cabinet build hospitals and beds, instead of betting everything on untested, unproven and risky ‘vaccine’ injections? Was it because governments knew the data did not warrant the investment because the virus is dangerous only to a small percentage of people?

#### **8. Coordinated Use of Slogans, Tactics and Sources Across Australia and the Western World**

These are another form of controlling people.

Our state Premiers, our Prime Minister and the Prime Ministers or Presidents of western nations were clearly co-ordinated in their use of slogans such as “Build Back Better”, other messaging and use of tactics such as policies on travel during early and subsequent phases of the COVID-19 campaigns. We note that:

- The UN WHO, the UN as a whole, and the World Economic Forum all contain an extensive network of entities and people with financial interest in big pharmaceutical companies.
- Even before COVID-19, billions of dollars were being funnelled into companies like Pfizer through the World Economic Forum to set up vaccine alliances and pursue mRNA vaccine technology.
- These organisations held Pandemic Simulations in which world leaders, chief health/medical officers, senior bureaucrats, military commanders, media and high-level political advisors came together to model pandemics and agree on one common response.
- The environment was apparently created to exaggerate a future pandemic and then promote COVID-19 as an apocalyptic event in order to sell drugs from big multinational and transnational pharmaceutical companies and manipulate geopolitics for the UN, with many western countries acting in concert.
- When Sweden and Hungary did not participate, the media attacked them and portrayed them as stubborn and even homicidal. Yet, history has shown that those countries, along with Norway and Denmark who recently joined them, got it right on COVID-19 when they removed all restrictions and let people get on with their lives.
- The American states of Florida and South Dakota, for example, adopted liberty and are in a better position than other US States.
- This concerted UN backed campaign of tyranny has failed.
- It is time to free the people.

What was Australia’s participation in activities prior to the virus’ arrival in our country, particularly in relation to simulations and forums associated with the UN WHO and the World Economic Forum?

#### **9. Audit JobKeeper**

On behalf of our constituents, I have requested the federal government arrange an independent audit of JobKeeper.

## **ATTACHMENT 6**

### Conclusions, Core Issues and Questions

## **Index – Attachment 6**

<b>Conclusions, Core Issues and Questions .....</b>	<b>61</b>
1. Governance .....	63
2. Media .....	65
3. The Core Problem is Atrocious Government and Failure of Parliamentary Oversight .....	65

## Conclusions

Given the data and facts in preceding sections governments have failed their responsibility to provide and explain the scientific, economic, legal, and moral justification for the coerced use of untested injections and abusive use of lockdowns.

Given the state and federal governments' failure to build and follow a comprehensive plan, governments have relied on control in many forms including breaching the constitution, breaking laws, using propaganda, misrepresenting the facts, omitting facts, coercion, removal of basic human rights and freedoms. Always beneath control there is ... fear.

### 1. Governance

- The Victorian Premier has demolished government of the people, by the people, for the people.
- As have the Premiers of Queensland, Western Australia and South Australia and former Premier of NSW.
- As has the Prime Minister.
- Australians loathe hypocrisy, lies, theft – especially at their expense.
- Ignorance of the vital role of freedom:
  - Essential for human progress.
  - Vital for health.
  - Freedom is more than a noble cause, it is essential for health and human progress.
- Politicians and government agencies have deliberately destroying the integrity of the doctor-patient relationship, a 3,000-year foundation for human medical care.
- Governments are fracturing people's trust in crucial and valuable institutions including parliament and parliamentary government, the police, health care and nursing, aged-care, government agencies such as the Therapeutic Goods Administration, TGA.
- Mismanagement:
  - During the decades leading up to March 2020: COVID-19 revealed the basic failures of governments causing the loss of manufacturing security, high cost of living and ceding of economic and national sovereignty. COVID-19 confirmed the destruction of our economic independence and productive capacity. The arrival of COVID-19 in Australia heralded widespread acknowledgment that over many decades our country has lost its manufacturing and economic capability, independence and sovereignty.
  - Since March 2020. The last 19 months has confirmed the poor governance and extended it to realisation that parliamentary accountability has been lost. Mismanagement in the extreme has made our nation the world's laughingstock. In the 19 months from March 2020 to October 2021 the startlingly clear complete mismanagement of COVID-19 has confirmed poor governance and leadership. Several characteristics of shoddy governance abound, including the Chinese Communist Party's (CCP) targeting of Australia.

China is a bully and has observed our weak gutless national leadership for the last 25 years surrendering our sovereignty and deferring to the UN and various dishonest, corrupt, incompetent UN entities and policies while China itself cleverly pays lip service to those same bodies while continuing with policies in the interests of the CCP.

- The so-called National “Cabinet” appeared from the start to be a mechanism for the Prime Minister to take credit if the management of COVID-19 succeeded and an opportunity to blame the Premiers if it failed. It appeared to be aimed at managing the risk of failure, and not to be effective.
- It is now increasingly seen as a failure due to the politicking and lack of cohesive, consistent action. It was bound to fail due to the complexity and due to the ill-defined initial plan.
- In Australia, the challenge for the people has not been COVID-19. Rather it has been government restrictions, often imposed capriciously without data justifying. The far more extreme danger than COVID-19 is government restrictions.
- Policies are often not based on data and sometimes contrary to the data. The lack of sound, objective data and the lack of plan is a common thread through parliaments and governments in their decisions, policies and positions. Instead of making decisions based on proven objective data, governments all too often make decisions based on ideology, grabbing headlines, opinions, vested interests, rewarding donors, globalists and international entities/agencies.
- Lack of a comprehensive plan for managing the virus properly and with the intent of providing a service to the people.
- Bypassing the basis for, and justification of, policy and going straight to uninformed implementation of policy.
- This makes policy impossible to deliver across multiple administrations whether state and federal at any point in time or across different federal governments over time. If, instead, governments used objective, sound data it would make for objective government and withstand the scrutiny of subsequent successive governments.
- Surrendering our sovereignty to overseas agencies and entities such as the UN World Health Organisation, World Economic Forum, WEF and Britain’s Imperial College. Yet again, Liberal-Nationals and Labor-Greens policies align with the WEF and UN globalist policies aimed at controlling people.
- Repeated state and federal failure of parliamentary accountability.
- Parliament not working for the people and instead working for both the established coalition parties being Liberal-Nationals and Labor-Greens.
- Parliaments serving and working for parties, party donors, vested interests, foreign organisations and globalist elites.
- Members of Parliament are not afraid of the people, they’re afraid of party powerbrokers making decisions on pre-selection.
- Parties have become the centre of parliament and now control the parliament and through the parliament control the people.
- People have become a football being booted around. People pay the price for this betrayal.



- Governments and individual politicians use coercion & force, sometimes direct yet often subtly implicit and unseen. This includes whipped up fear & propaganda. This is not leadership.

Fomenting fear is not a basis for policy, nor for decisions, nor for planning.

In my career in business, I have seen uncaring executives and irresponsible union bosses using fear to control and move people. While this can work spectacularly in the short term in bypassing rational thinking and controlling people, it eventually leads to cultural sickness and malaise and people often turn in resentment and anger.

The enormous and costly failure of governance and of mismanagement have let down, forsaken, abandoned all Australians – injected and non-injected.

The recently changed line in our national anthem, changed without people having a vote, is false: we are not one and free. We, the Australian people, are now neither one, nor are we free.

Death figures confirm there is no virus pandemic in Australia or overseas. There is, though, a pandemic of fear, panic and coercion.

## 2. Media

As a result of the legacy media censoring reports and the media peddling excess fear, and being an arm for government propaganda, the legacy media is losing the people's trust and declining in audience numbers, credibility and influence.

As a result of censoring people, the new phenomenon of social media has lost its credibility.

People are now increasingly turning to independent media involving start-up and private individuals.

## 3. The Core Problem is Atrocious Government and Failure of Parliamentary Oversight Leading to Mismanagement and Loss of Accountability

The issue was initially fear of Covid due to exaggerations preying on people's ignorance.

The issue then became political and fear was reinforced and deepened with masks and capricious, often contradictory lockdowns reinforcing fear.

Then it became medical. Then it became injections along with control and propaganda.

Throughout the agenda has clearly been to control people.

State and federal governments created this mess.

We can help untangle it and end it.

Yet that will require:

- Courage to admit error and confess the truth
- Sharing data openly to scrutiny
- Listening
- Policy and decisions based on data and on people's needs
- Leadership based on strength of character and on objective data and aimed at fulfilling people's basic universal human needs.

These vital ingredients have been missing in state and federal parliaments and governments for 67 years and especially for the last 25 years since 1996.

Death rates are not consistent with and far lower than with other respiratory disease death rates.

Did governments panic and oversell COVID-19?

Did governments then exaggerated COVID-19 fear to justify the wide and deep government control measures and breaches of law as a way of controlling people

Always beneath control there is ... fear.

Of what are governments afraid? The truth and data.

Governments that lie and misinform and that steal basic human rights and freedom need to be afraid. History shows repeatedly that the people always eventually awaken to being conned and controlled.

Today this is more likely to be sooner rather than later because people have greater access to information – both accurate and inaccurate.

I see a wonderful awakening. Not for anarchy. Rather a yearning to restore lawful governments and parliaments that serve the people.

## **ATTACHMENT 7**

### Possible Solutions and Questions

**Index – Attachment 7**

**Possible Solutions and Questions ..... 67**

- 1. Steps Needed ..... 69
- 2. What Really Makes People Secure? What Makes a Community Secure? ..... 71
- 3. Our Constituents Call For ..... 71
- 4. Calling on State and Federal Parliaments to Acknowledge and Take Action..... 72
- 5. Leadership..... 73
- 6. The Basics..... 74

The real work on COVID is yet to begin. It will start when these steps are taken:

- Admission of error to date and of the lack of a comprehensive plan for managing the virus.
- Compliance with relevant state and federal laws and constitutions and with their intent.

Rule of law is vital to a healthy democracy and vital for justice.

### **Truth Loves being Questioned**

Questioning truth increases accuracy and strengthens its case.

People misrepresenting circumstances or lying, dislike and fear being questioned. Politicians in powerful positions who misrepresent situations avoid and prevent proper questioning and scrutiny.

It is vital that parliamentary accountability be restored, and governments be held accountable.

#### **1. Steps Needed**

- Give the people the data and allow public scrutiny and transparent inquiry of the data and of the decisions, policies and plans made based on that data.
- Policy needs to be based on objective data. Data and science are far superior to unfounded opinions and emotion.
- On behalf of our constituents in Queensland and Australia I request the specific location of the empirical scientific evidence justifying state and federal policies, directives and measures applied in association with the virus. Please provide each data source's document title, author(s) names, page numbers for locating the specific data, and page numbers of the logical scientific framework proving cause-and-effect.
- Australia and each state need an independent Office of Scientific Integrity and Quality Assurance to investigate scientific and medical data that is claimed to be the basis of government policy and decisions. A duty of such an Office would be to ensure data is published and available for public scrutiny in a Transparency Portal. And to establish and fund a team of experts to advocate for an alternative view to the government's so that there can be a publicly accessible debate on the science and an open adjudication of the science based on the empirical evidence. That is how science is determined in an open debate based on objective empirical data.
- Until such a body is enacted and operational, we request the following data on virus characteristics; PCR testing including inaccuracies and limitations; COVID-19 case numbers, COVID-19 hospitalisations; numbers of deaths WITH COVID-19 compared with deaths FROM COVID-19; number of vaccine injections delivered and adverse effects cases, hospitalisations and deaths. People need publicly published guidelines and criteria for all the above data including case numbers and adverse effects from injections.
- People need an explanation on why there has been no change in numbers of people dying from "all causes of death" until the vaccine injections started. That is, why there is no pandemic of death due to the virus around the world and why deaths have risen since injections started.
- Please clearly and honestly show the basis for government COVID-19 policies and decisions.

- All future decisions, directives, policies and plans need to be based on objective empirical data that is available for and open to public scrutiny.
- Leadership based on data is essential for health care, for effectiveness, for efficiency and for smooth and efficient policy implementation in subsequent governments.
- Our nation and the people of Australia need a comprehensive plan for managing the virus, a plan based on objective empirical data and open to scrutiny. Such a plan needs to be based on the seven strategies for a comprehensive plan that the Chief Medical Officer and the federal Department of Health Secretary have endorsed as sufficient and complete. These strategies are:
  1. Treatments and cures such as antivirals and prophylactics
  2. Testing, tracing, quarantining
  3. Fitness and general health
  4. Personal behaviour (such as washing hands and hygiene)
  5. Restrictions including the wearing of masks and social distancing
  6. Vaccines
  7. Lockdowns (with use restricted to getting control of a virus in its early days)
- In addition to being based entirely on solid, verifiable, objective, repeatable data the core components of a credible, effective plan include:

Specifying the 5 x W's and 1 x H being:

- a) What is to be done?
  - b) Why it is to be done?
  - c) Who is responsible for getting it done?
  - d) When will it be done?
  - e) Where will it be done?
  - f) And, once the 5W's are done - how will it be done?
- Involvement of and accurate truthful communication with the relevant people that the plan will impact requiring sincere listening and genuine consideration.
  - Plan objective and assumptions.
  - Costings including cost-benefits of various alternative plans. Specifically - health, moral, economic, social, child developmental, community cost-benefits.
- Such plans need to be comprehensive and treat the people with respect. People are tired of jargon and pretence as conveyed in "Roadmap" and other diversions from real plans.

COVID's arrival in our country revealed Australia's loss of economic and national capability, independence and sovereignty due to decades of shoddy state and federal government. As mentioned in my senate speeches our country needs a comprehensive national plan with realistic strategies for restoring Australia to where we were, namely No.1 in per capita income.

We have the people, the resources in energy, metals, minerals, soil, water and climate, the potential and the opportunity in nearby huge Asian markets. All our country lacks is competent leadership.

## 2. What Really Makes People Secure? What Makes a Community Secure?

Security comes not from troops in the street nor from police assaulting citizens nor from capricious directives and coercion. Real, lasting security comes from families having a:

- Breadwinner income.
- Home with roof over people's heads.
- Family structure providing personal support.
- Community with economic and social interactions.

## 3. Our Constituents Call For

- A return to absolute normal along with the protection of proven treatments and prophylactics.
- Children back to school.
- A stop to vaccine coercion and bullying. Stop mandatory injections.
- Cessation of all coercion driving people to be injected. No mandatory injections. No bribes or incentives to injections and instead allow people to decide on the merits of each injection and other treatments based on objective information leading to informed choice and consent. Let all vaccines and treatments stand on their merits.
- Federal legislation consistent with the Constitution banning forced medication and allowing medication only after individual informed consent.
- Withdrawal and end of all vaccine passports since these are really vaccine prisons keeping people from community social and economic interaction.
- Use of alternative treatments including Ivermectin and other treatments that can be seen as complements to vaccines.
- End to lockdowns.
- Tracking system that protects people's health and security.
- Cease all violations of privacy.
- Cease all collusion between government and big multinational pharmaceutical corporations, and between big pharmaceutical corporations and big retail corporations.
- Cease all rolling emergencies with declared emergencies to only be of specified short duration.
- Cease all police violence.
- Lift the banning of protests.
- Stop censorship.
- Stop bio-fascism.
- Open international borders with a quarantine system combined with reliable COVID-19 testing and treatment using proven cures such as Ivermectin and proven alternative treatment complementary to vaccines.

- Royal Commission into the TGA: its operation, its funding, its foundation and purpose and operating guidelines, its boundaries. For example, why should emergency approval of an existing medicine not be possible at the government’s request in an emergency.
- Royal Commission into the Australian federal and state responses to COVID-19 including the inability for state and federal elected leaders to develop and implement a co-ordinated, consistent, united, safe, and cost-effective efficient response to COVID-19.
- Stop or at least highlight and put under scrutiny all foreign, non-democratic institutions’ direct and/or indirect influence and control over the management of our nation. For example, UN World Health Organisation, WHO, UNESCO, Coalition for Epidemic Preparedness Innovations, CEPI, GAVI vaccine alliance.
- I ask again what Steve Andrew, MP for the Queensland state electorate of Mirani, asked in his letter to the Queensland Premier in October 2021:

“Given the seriousness of these concerns, and in the interests of full transparency, I respectfully request the Premier provide:

1. *Copies of any Impact or Risk assessments carried out on the constitutional, legal, economic, social and psychological impacts of these mandates (risk assessments are a requirement under the Qld Government’s own “Best Practice” policy for decision-making);*
2. *Copies of any medical assessment reports on which the decision was based, including epidemiological data showing the estimated ‘absolute risk reduction rate’ numbers the mandates will achieve;*
3. *Copies of any agreement between government and unions, which lends authority to such a radical change being made to the terms and conditions of employment for workers covered under enterprise bargaining agreements.*

*I would also ask the Premier to advise what compensation and support will be available to workers who suffer an adverse reaction to these injections.*

*Even ordinary vaccines may result in severe damage, including death and permanent injury, and these new ones are proving no exception.*

#### **4. Calling on State and Federal Parliaments to Acknowledge and Take Action on the Following**

- Restore and reinvigorate democracy:
  - Ultimate power is with the people.
  - Return parliaments to their role of holding government accountable.
  - Restore parliaments working for the people, serving the people.
  - Restore people’s understanding of parliament and government so that people understand that parliamentarians serve as representatives for the people when parliament holds government accountable and when parliament debates and decides laws.
  - Educate people’s understanding of election processes and voting.



- Increase scrutiny on the leadership of medical and government organisations to restore public trust. This is fundamental to public health and economic security.
- Consider whether Senators should sit in the senate chamber in state blocks as one way to return the Senate to being the states' house. This discussion has started with a senior Liberal Senator.
- Closer scrutiny of political donations and a change to the system to stop the Liberal-Nationals and Labor-Greens coalitions using their current practice of double-dipping involving taxpayer funding of election campaigns.
- Restore respectful and honest behaviour during parliamentary Question Time where behaviour is currently disrespectful of the people and fundamentally dishonest.
- Restore the upper house in Queensland's parliament that is currently the only unicameral parliament in Australia after Labor abolished the previous upper house. Queensland state parliament currently ignores as much as 30 per cent of voters at a time when one third to one half of voters are dissatisfied with the large coalition parties.

## 5. Leadership

Increasingly, people see poor leadership in state and federal governments and have lost faith in parliaments.

The following observations are given:

- Above all, for effective leadership power must be used ethically.
- Leadership inspires, unites and draws people together toward an agreed objective, goal or vision. Fear-based coercion, intimidation and pushing is not leadership, it is bullying.
- Coercion fails and undermines people's confidence in government. A leader's role is to unite and lead not to divide and coerce. It is far more effective when people have a choice of tested, proven strong protections and people are freely allowed to choose.
- The most important leadership trait is strength of character which includes a leader being:
  - Honest with self and about self
  - Self-disciplined
  - Persistent in staying the course and withstanding despite being alone or suffering setbacks
  - Able to freely admit mistakes and honestly consider criticism
  - Able to freely admit what (s)he does not know and freely asking others for help
  - A driver of high standards so that (s)he accepts nothing less and addresses people who fail to meet expected standards.
- Australian values drove our nation's success and their abandonment or dilution caused our country to lose its way.
- We need to end the many divisions in our nation, divisions that are largely politically driven. We need to unite with objective data and facts, and with political courage based on uniting for humanity and freedom.

(Separation of society into two opposing groups is an element of classic propaganda and a feature of those who seek to divide to control. Dividing society undermines our combined strength as a cohesive society.)

- Confident people lead and have no need to bully.
- Effective leadership is always toward freedom.
- Leadership does not make idle promises wildly and does not break promises.

## 6. The Basics

The two fundamental structures on which human society is organised are:

- Family
- Nation state

These combine with our federal constitution's Christian heritage and basis expressed in the constitution's preamble. Judeo-Christian values include:

- Personal consciousness for personal responsibility.
- Forgiveness – true forgiveness leading to strength, compassion, and grace.

Instead of living in a nation in compliance with our federal Constitution, we now live in a world where the government creates a problem and then insists that citizens give up basic human rights and freedoms to solve the problem.

Australians want to cancel their 18 month free trial of totalitarianism.

People need to have their autonomy over their own lives. This is fundamental for personal responsibility and accountability.

Australians want to restore parliament to serve the people. Increasingly after the last 19 months, younger and older Australians are lining up to change the composition of parties and members in state and federal parliaments.

We all want good health. We all want effective treatment. We all want freedom to choose our treatment and our choice to be accepted.

Respect the Constitution and our freedoms, stay united, stick together.

We have one flag. We are one community. We are one nation.