

Sandy, we appreciate that you are extremely busy, so would like to thank you for taking the time meet with myself and my colleagues today.

My name is Spencer May a resident of Tewantin, and I am here with several of your other constituents today, who I would now like to introduce themselves.

I am going to be speaking from a script today to ensure that I fully cover a number of critical points. I will then hand over to my colleagues to add any further points that they may wish to raise with you. I would ask that whilst I am reading, you pay attention and do not interrupt with questions; there will be time to for questions / debate following my statement.

We are here today to request that when the Bill proposed by Yvette D'ath (ALP) to extend the State of Emergency until 22 April 2022 and to also extend the powers under said State of Emergency, that you do not support the proposed extension. In making this request, I remind you that it is your constitutional duty to represent the people and to enact the Will of people that you represent.

There are five critical reasons why we strongly believe an extension of the State of Emergency, especially for such an extended period is unwarranted and an unacceptable imposition upon your constituents' human rights.

1. There is an insufficient burden of proof to justify a State of Emergency

At the outset of the Pandemic in early 2020, much was not known about the SARS-COV-2. As a consequence, the action taken by Government's across the world were based on modelling undertaken by Professor Neil Ferguson of Imperial

College London¹²³. It was this analysis, and the horrific death rates that he predicted that led to a world first; the imposition of lockdown's destroying economies and livelihoods, causing a wave of mental illness and suicides, and the terrible suffering of the elderly in homes who have been so isolated.

The analysis has subsequently been proven totally wrong. In fact we now know that 99.74%⁴ (others report a recovery rate of around 99%⁵) of people that contract SARS-COV-2 will recover. This has led to many world-renowned doctors and scientists to state that COVID-19 (the disease caused by SARS-COV-2 infection) is no worse than a mild to severe flu.

Yet we still find ourselves at the mercy of periodic, snap lockdowns. Why is this? Are Governments' really so arrogant that they cannot accept they got it wrong?

2. An extended State of Emergency removes due political process removing the necessary checks and balances to ensure that powers are not abused

Men are easily corrupted, particularly those of men in power. That is why all governance, yes all governance, including the business of Government, requires processes and controls that ensure corruption or even just poor governance cannot take place. In essence everyone must be held to account.

¹ <https://www.imperial.ac.uk/media/imperial-college/medicine/sph/ide/gida-fellowships/Imperial-College-COVID19-NPI-modelling-16-03-2020.pdf>

² <https://www.aier.org/article/the-failure-of-imperial-college-modeling-is-far-worse-than-we-knew/>

³ <https://www.heritage.org/public-health/commentary/failures-influential-covid-19-model-used-justify-lockdowns>

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html>

⁵ <https://medium.com/microbial-instincts/clarifying-the-true-fatality-rate-of-covid-19-same-as-the-flu-8148e38b9ab5>

A State of Emergency bi-passes these checks and balances, concentrating power in the hands of but a few; namely the Chief Health Officer without so much as having to justify their actions to a governance committee. After 18 months of living with this so-called Pandemic, surely we do not need a continual State of Emergency to be in place and can instead rely on due political process?

In fact, I put it to you, that as a member of Parliament you should be most concerned about ensuring that due political and control processes are not bi-passed and that you are able to participate in processes that hold those decision makers to account.

3. The measures being enacted by the Chief Health Officer under the Public Health and Wellbeing Act are not proportionate to the underlying risks

All we have heard about during this pandemic is the number of cases. Yet if we look at things a little deeper, we find a far less disturbing scenario.

- Cases are definitively not an indication of an individual being infected with SARS-COV-2. Kerry Mullis the inventor of the PCR test used to identify the existence of SARS-COV-2 genetic material stated before his untimely death that the test should not be used to identify infection, the reason being that as a genetic amplification tool it can only identify a fragment of genetic material that may be indicative of SARS-

COV-2 being present⁶⁷⁸⁹¹⁰. It is this approach to testing that has so inflated the perceived prevalence of COVID-19 and the misnomer that the pandemic may be driven by 'asymptomatic transmission'. I remind you that Dr Anthony Fauci is on record stating that pandemics are not driven by asymptomatic transmission¹¹. Further, Portugal has ruled that the PCR test is an invalid measure¹²¹³.

- As stated above, the case fatality rate of COVID-19 is 0.26%-1%, with the elderly being most at risk. In fact, there has only been one death from COVID-19 in Australia this year¹⁴¹⁵!

So I challenge you, are snap lockdowns, social distancing, mandatory masks, mandatory QR code check-ins, and coerced vaccinations really proportionate to the risks presented by COVID-19? I know they are not.

⁶ <https://www.youtube.com/watch?v=rXm9kAhNj-4>

⁷ <https://thegoldwater.com/news/44099-Inventor-of-PCR-Test-Says-Fauci-Knows-Nothing-His-Test-Is-Not-Diagnostic-Tool-For-Viruses>

⁸ <https://www.sabhlोकcity.com/2020/11/pcr-testing-how-many-cycles-are-used-in-australia/>

⁹ <https://www.health.gov.au/resources/publications/phln-guidance-on-nucleic-acid-test-result-interpretation-for-sars-cov-2>

¹⁰ <https://spectator.com.au/2021/05/how-accurate-are-pcr-tests/>

¹¹ <https://www.israelnationalnews.com/News/News.aspx/286920>

¹² <https://off-guardian.org/2020/11/20/portuguese-court-rules-pcr-tests-unreliable-quarantines-unlawful/>

¹³ <https://www.rt.com/op-ed/507937-covid-pcr-test-fail/>

¹⁴ <https://www.covid19data.com.au/deaths>

¹⁵ https://docs.google.com/spreadsheets/d/e/2PACX-1vRndBYIcNp9ZOdmKn45j0w_8RNYPpvYEstXrus_wmv4_YaetahHhO6k6VV2RVHx7rWSBw_8SUVhRRJ9/pubhtml

4. The measures being enacted by the Chief Health Officer have been proven to be ineffective, have elongated the period of the crisis, and in many cases are not supported by the Science

We are 18 months into this so-called pandemic and yet we are no further forward, with no end in sight. This being the case, can we really sit here today and agree that the strategy adopted by the Government is working? Can you?

You will argue that the vaccine provides the path back to normality. Really?

A vaccine typically takes between 5 and 10 years to take to market, so that the long-term effects of the vaccine upon health can be understood. Yet we now, miraculously, have an experimental gene therapy (for it is not a vaccine) that has received Emergency Use Approval after just 12 months of development and testing, with the added benefit of the Government providing indemnity waivers to the pharmaceutical manufacturers – hardly a ringing endorsement of their confidence in the safety of their product. Yet we are told it is both safe and effective.

Let's, shall we, take a look at the emerging adverse reactions data from the US, UK and Australia. In doing so, I remind you that a paper from the NIH (US) estimates that only 1%¹⁶¹⁷ (max 10%) of adverse reactions and deaths are reported.

¹⁶ <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf#:~:text=Likewise%2C%20fewer%20than%201%25%20of,vaccine%20adverse%20effects%20are%20needed>

¹⁷ https://www.icandecide.org/ican_press/underreporting-of-serious-injuries-to-vaers-confirmed-by-new-study/

Australia (as at 1 July 2021)¹⁸

Deaths – 335

Injuries – 33,807

UK (as at 23 June 2021)¹⁹

Deaths – 1,403

Injuries – 1,007,253

United States (as at 25 June 2021)²⁰

Deaths – 6,985

Injuries – 411,931

There are also countless examples of fully vaccinated people becoming infected with SARS-COV-2²¹. In fact, they were not designed with this end point in mind²². They were designed to suppress the severe symptoms of COVID-19 to minimise the number of deaths.

So clearly, they are neither safe nor effective. In fact, the risk reward benefit for vaccinating even the elderly is questionable let alone the whole population.

¹⁸ <https://www.tga.gov.au/periodic/covid-19-vaccine-weekly-safety-report-01-07-2021>

¹⁹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/998563/Coronavirus_vaccine_-_summary_of_Yellow_Card_reporting_23.06.2021_clean.pdf

²⁰ <https://wonder.cdc.gov/controller/datarequest/D8;jsessionid=3007679E102232ACF67FB6D023E8>

²¹ <https://www.cnn.com/2021/06/25/covid-breakthrough-cases-cdc-says-more-than-4100-people-have-been-hospitalized-or-died-after-vaccination.html>

²² https://www.icandecide.org/ican_press/ican-demands-valid-covid-19-vaccine-endpoints-from-fda/

The poor science relating to this vaccine is the most concerning to me, but sadly there exist many other examples of such shameful science. For example, there is NO scientific consensus backed up by peer reviewed scientific papers, in the world concerning the effectiveness of social distancing²³²⁴ (see also various articles and videos published by Dr Michael Yeadon – former Chief Science Officer at Pfizer). The vast majority of RCT and peer reviewed scientific papers conclude that masks are not effective in preventing the transmission of infective diseases²⁵²⁶²⁷. In short, you cannot solve a nano problem with a micro solution.

Conversely, why have repeatedly proven treatments such as Ivermectin and Hydroxychloroquine been suppressed and actively banned in Australia? You will no doubt quote the study published in the Lancet which raised concerns about the safety of HCL in the treatment of COVID-19. However, the study was later retracted because it was fraudulent²⁸²⁹.

5. The measures being enacted by the Chief Health Officer are not lawful and contravene Federal Laws

²³ <https://www.studyfinds.org/social-distancing-six-feet-apart-outdated-science/>

²⁴ <https://www.dailymail.co.uk/news/article-8339837/Government-scientist-says-2m-social-distancing-rule-based-fragile-evidence.html>

²⁵ <https://aapsonline.org/now-that-we-have-a-randomized-controlled-trial-rct-about-masks-will-it-change-what-you-do/>

²⁶ <https://www.webyf.com/2021/06/updates-on-randomized-controlled-studies-about-mask-wearing/>

²⁷ <https://thehayride.com/2021/04/twitter-blocks-stanford-study-showing-face-masks-trap-co2-do-not-stop-covid/>

²⁸ <https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2820%2931180-6/fulltext>

²⁹ <https://ahrp.org/the-lancet-published-a-fraudulent-study-editor-calls-it-department-of-error/>

Under Section 109 of the Australian Constitution, all State Statutes and Laws and their operation are subservient to their equivalent Federal Laws³⁰.

This means that Queensland's Public Health and Wellbeing Act, under which the Chief Health Officer enacts their powers in a State of Emergency, is subservient to the Bio-Security Act 2015. To be clear, whenever there is a conflict between the two, this means that the Bio-Security Act 2015 takes precedence.

I draw your attention then, to Section 60 (1) of the Bio-Security Act (2015)³¹ which states that only a chief human biosecurity officer, a human biosecurity officer, and a biosecurity officer may impose a human biosecurity control order. Section 60 (2) further states that such an order may only be imposed if the officer is satisfied that:

- The individual has one or more signs or symptoms of a listed human disease; or
- The individual has been exposed to a listed human disease, or another individual who has one or more signs or symptoms of the listed human disease; or
- The individual has failed to comply with entry requirements in relation to a listed human disease.

Section 60 means that the controls that may be imposed by the defined officers via a bio-security order, can ONLY be imposed on individuals if and only if they have the signs and symptoms of the listed disease or have been in contact with someone that has.

Section 61 (1) defines what must be included in a human biosecurity control order, which includes:

³⁰ <https://www.legislation.gov.au/Details/C2005Q00193>

³¹ <https://www.legislation.gov.au/Details/C2017C00303>

- The grounds under which the order is imposed on the individual;
- The listed human disease in relation to which the order is imposed on the individual;
- Any signs and symptoms of the listed human disease;
- The prescribed contact information provided by the individual under section 69 or 70;
- A unique identifier for the order;
- Each biosecurity measure with which the individual must comply, and why each measure is required;
- The period during which the order is in force, which must not be more than 3 months;
- The rights of review

Clearly, the Queensland Public Health Orders issued under the Public Health and Wellbeing Act are not operating in accordance with the Bio Security Act (2015) and is not therefore lawful.

If this was not concerning enough, we the people are witnessing ever increasing levels of coercion to take the vaccine. I remind you, that the Nuremburg Code³², to which Australia is a signatory, outlaws the forced use or coercion of an experimental medical treatment.

Summary

In summary, we believe that there is a significant body of evidence that does not support the extension of the State of Emergency. My Will is that you do not support the extension when it is tabled in parliament, and I kindly request that you do not do so.

³² <http://www.cirp.org/library/ethics/nuremberg/>