

ATTACHMENT 1

Virus Data and Questions

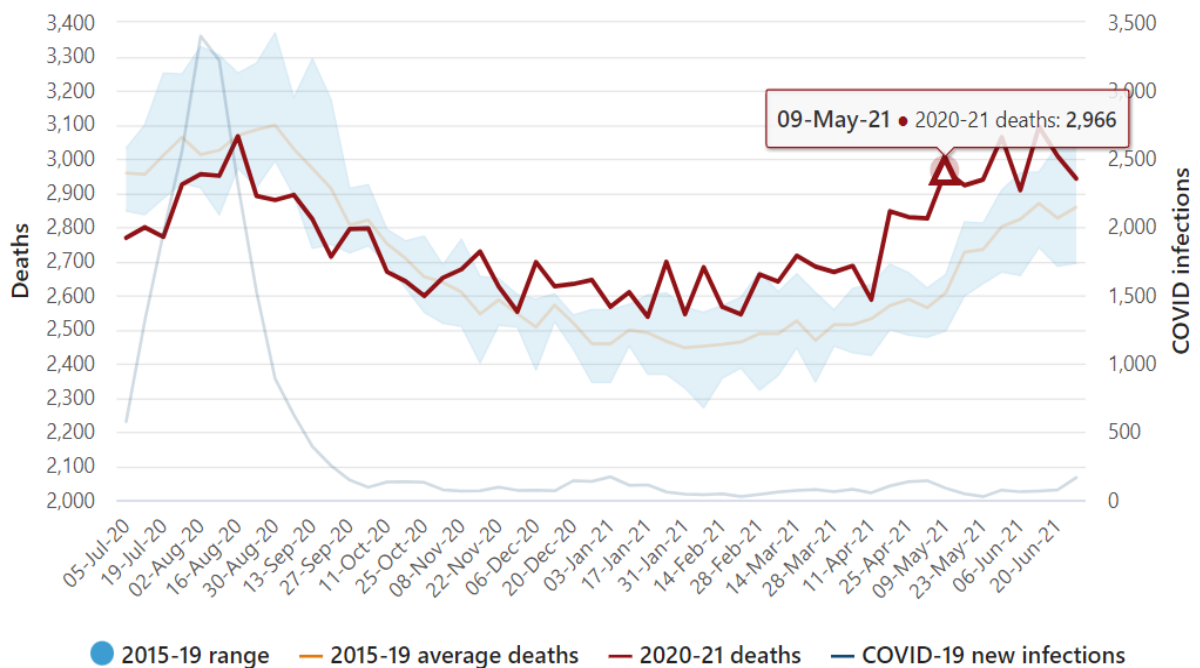
In my senate speeches on Monday 23 March and Wednesday 8 April 2020, and in my letters to the Prime Minister and Premier in 2020, I asked for data. It was not received.

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
“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>

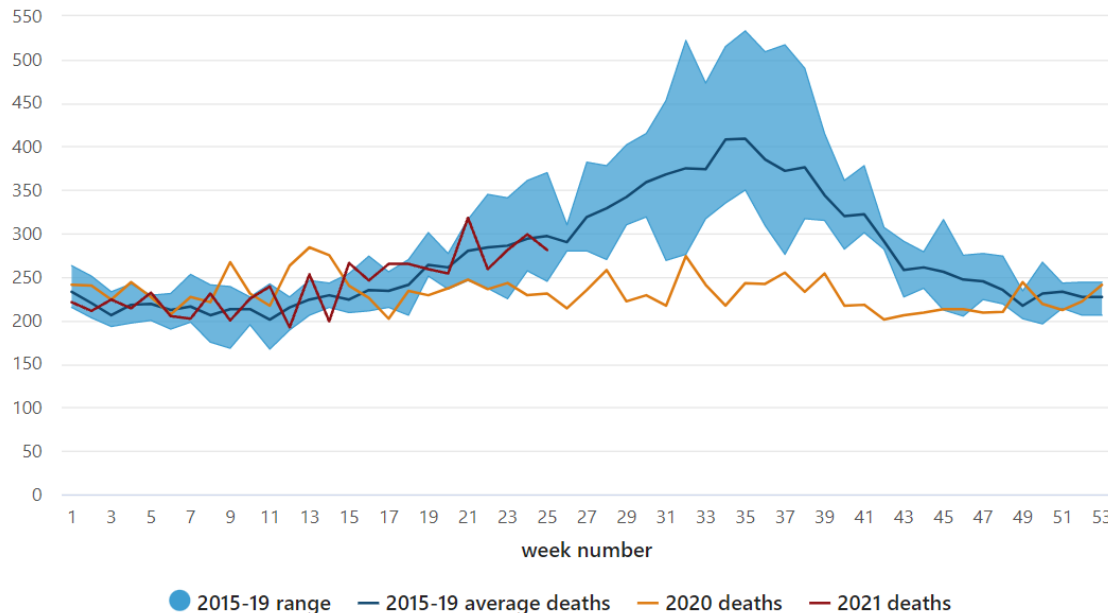
Doctor certified deaths, COVID-19 infections, Australia, 29 Jun 2020 - 27 Jun 2021 vs 2015-2019 benchmarks



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

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 9th 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.