

ATTACHMENT 2

Vaccine Injection Data, TGA and Questions

Index – Attachment 2

Vaccine Injection Data, TGA & Questions	14
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."