

Canberra Declaration
1A-227 Cordeaux Road
Mount Kembla NSW 2526

24th March 2023

SUBMISSION:

Fair Work Amendment (Prohibiting COVID-19 Vaccine Discrimination) Bill 2023
Senate Education and Employment Committees

To Whom It May Concern:

Enclosed is a copy of our submission in response to the Inquiry into the Fair Work Amendment (Prohibiting COVID-19 Vaccine Discrimination) Bill 2023. Thank you for providing us with the opportunity to contribute on this critical issue.

We stand in wholehearted support of this Bill. During the COVID-19 era, the rights of Australian workers were severely eroded through discriminatory vaccine mandates that lacked scientific justification and divided our country. We believe that Australian workers should be protected from such discrimination, and that the proposed amendment to the Fair Work Act 2009 is an eminently sensible provision to that end.

Australian workers deserve workplace relations laws that are fair and that foster national economic prosperity and social inclusion. Australian businesses need workplace relations laws that are flexible and promote productivity. From a legal standpoint, Australia must have workplace relations laws that fulfil our international labour obligations and that reflect our national character and values.

The Fair Work Amendment (Prohibiting COVID-19 Vaccine Discrimination) Bill 2023 fulfils all of these requirements, while still allowing vaccine mandates in workplaces where vaccination is a reasonable and justified requirement of the job.

In support of the Bill, we have provided in our submission a comprehensive collection of testimonials and short-form essays that highlight the discrimination faced by

everyday Australians as the result of COVID-19 vaccine mandates. Importantly, we have highlighted the ways in which Australian governments and workplaces breached long-held Australian values and eschewed our international human rights obligations. Our errors must be amended for the future wellbeing and prosperity of our nation.

The Canberra Declaration is a community of caring Australians who have a vision for a better Australia where everyone can enjoy the prosperity, peace and freedom that come from the revitalisation of the Judeo-Christian values that formed the foundation of Australia.

Along with our over 90,000 signatories, we at the Canberra Declaration implore you to recommend the strongest protections possible for Australian workers against unjustified, unethical and unnecessary discrimination.

Thank you for taking the time to review our submission.

Yours sincerely,

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Executive Summary

As the dust settles on the COVID-19 era, many Australians are still trying to make sense of the inordinate fear that overtook so many in our purportedly laid-back, larrikin nation.

Gripped by terror, whole cities locked down for months on end, driving up deaths of despair, and running businesses, children's education, youth mental health and community cohesion into the ground. A ring of steel encircled not just our continent, but even our states, with loved ones needlessly cut off from Christmases, weddings, funerals — and worst of all, dying loved ones.

After a year of promise, the vaccine was promoted — and widely embraced — as a way out of our self-imposed prison. But as evidence of its leakiness, waning efficacy and rumoured risks reached our shores, any who questioned it were ostracised as social pariahs. Holistic health, natural immunity for the already-recovered, and early COVID-19 treatments were comprehensively poo-pooed.

The worst was yet to come.

Following eighteen months of financial hardship, hundreds of thousands of Australia's best employees were put out of work for refusing these vaccines whose hazards and benefits were still being tested. Doctors were silenced for any dissent.

A not insignificant number of Australians coerced into taking the vaccines began suffering serious side effects. Paralleling events globally, news emerged of Australians dying from the vaccines. Their stories were ignored. Those who sounded the alarm were censored on social media and howled down as 'conspiracy theorists'.

Crowds took to city streets in peaceful protest against the lockdowns and mandates in numbers not seen since the Vietnam War. The media downplayed their size and misconstrued their motives, while authorities assailed them with tear gas, rubber bullets and other deplorable human rights abuses.¹

¹ <https://blog.canberradeclaration.org.au/2021/10/07/australia-faces-international-condemnation-for-covid-linked-human-rights-abuses/>.

These are events we wish to never relive.

The testimonials and short essays below provide a snapshot of the psychological harms, ethical violations, scientific negligence and social damage unleashed on Australians by the discriminatory vaccine mandates of the COVID-19 era.

Their stories must be told.

Australia's major political parties should be defending workers

Kurt Mahlburg, 24 August 2021

All Australians want a safe exit from the crisis that has plagued our nation these last eighteen months. And while vaccines, despite their flaws,² are part of our nation's solution, vaccine mandates are not. Compulsory medical treatment is a violation of Australia's most basic values, which begin at "respect for the freedom and dignity of the individual".³

Our nation has long affirmed medical freedom: the right of each person to consult their GP and decide what's best for them, as opposed to having governments or employers dictate their medical care. Indeed, the Australian Immunisation Handbook states explicitly that vaccines "must be given voluntarily in the absence of undue pressure, coercion or manipulation" — a principle Australia has also agreed to under the Universal Declaration on Bioethics and Human Rights.⁴

The Australian Labor Party has traditionally been a voice for working-class Australians. This demographic has been especially hard hit by covid restrictions and the resulting economic downturn. Incidentally, these same workers are now among the most vulnerable to medical coercion as well, given that so many blue-collar jobs do not take place at laptops in sterile home offices but in high-interaction environments.

If there has ever been a time for the ALP to speak up in their defence, it is now.

Medical freedom means that even if certain medical treatments benefit whole populations, they should not be forced upon every individual. A person's conscience, medical history or religious outlook may preclude them from giving consent to a vaccination. This may be bureaucratically inconvenient, but human dignity always has been — and always should be — of higher importance in Australian life than collectivist ideals. Our national character hinges on this fact.

² See COVID-19 vaccine safety reports at <https://www.tga.gov.au/news/covid-19-vaccine-safety-reports>.

³ <https://www.homeaffairs.gov.au/mca/Pages/australian-values.aspx>.

⁴ <https://www.unesco.org/en/legal-affairs/universal-declaration-bioethics-and-human-rights>.

Additionally, many Australians harbour legitimate concerns about the precedent we set by mandating vaccines. If retaining one's job is made contingent upon certain vaccinations today, does this not grant the government the power to mandate 'booster shots' — and any other ongoing treatments they deem necessary — in perpetuity? To paraphrase John Adams, medical autonomy once lost, is lost forever.

Those who have adopted more of an authoritarian outlook in these times may resist such calls for caution. But all of us are capable of empathy. Put yourself in someone else's shoes: how would you feel to be injected with something you didn't want in your body — just to keep feeding your family; to go on working the only job you've known since high school; to hold on to the dignity your career gives you?

Spare a thought for your fellow Australian who since the start of last year has missed a birth, wedding, funeral or Christmas with the family; who has seen their savings dry up or their house repossessed by the bank; who has lost a loved one to suicide or the virus; who has been forced to live on the doll for months on end. Surely the final indignity would be for them to permanently lose their career too — or to have their medical autonomy taken away just to keep it.

Is this not precisely the kind of Australian that the labour movement exists to defend?

Fortunately, some of Australia's biggest unions and labour collectives have spoken up for medical freedom in recent weeks. The Australian Council of Trade Unions is the peak body for unions in Australia. On the 13th August, they released a statement on mandatory covid vaccinations in conjunction with the Business Council of Australia.⁵

While affirming that they were "committed to working cooperatively with governments to keep workplaces safe" and to achieve high rates of vaccination, they left no room for doubt that vaccination "should be free and voluntary". The ACTU/BCA told their constituents that "for the overwhelming majority ... your work or workplace should not fundamentally alter the voluntary nature of vaccination". They also called on governments and the National Cabinet to support this position, and that any exceptions to this should be governed by nationally consistent Public Health Orders.

⁵ <https://www.actu.org.au/media/1449658/actu-media-release-130821-bca-vaccine-statement.pdf>.

Likewise, when food manufacturer SPC announced vaccine mandates for their staff in early August, the Australian Manufacturer Workers Union came out and sharply criticised the move.⁶

“SPC are not showing workers that they are genuinely willing to consult with them over a planned vaccine rollout,” AMWU president Andrew Dettmer said. He added that “mandating vaccination in workplaces needs to be based on the advice of health professionals and a proper risk assessment—not just a poorly consulted plan by bosses.”

Another union to take a principled stance on vaccine mandates is the NSW branch of the Construction, Forestry, Mining and Energy Union (CFMEU). For certain high-risk local government areas, Gladys Berejiklian’s government shut down construction work and then mandated that workers receive at least one dose of the vaccine before returning to work.

In response, the CFMEU state branch released a statement to say they have “consistently argued that vaccinations should be a matter of personal choice, rather than a mandatory requirement for construction workers from locked down LGAs and surrounding suburbs,” and that “construction is an industry that understands how to manage risk”.⁷

It is clear that workers and their unions have seen the need to speak out against coercive medical mandates. It would only make sense for the Australian Labor Party to now do the same.

Five Reasons Why Vaccine Passports are an Ethical Disaster

Kurt Mahlburg, 2 September, 2021

A year ago, mandatory vaccines were almost unimaginable, the stuff of science fiction. Now vaccine passports are being presented to us as the best—if not the only—way out of Australia’s covid crisis.

⁶ <https://www.news.com.au/finance/work/at-work/australian-manufacturer-workers-union-criticises-companys-mandatory-vaccine-rule/news-story/ddd856eb11a042cee32f0f29eb81ee9c>.

⁷ <https://www.nationaltribune.com.au/cfmeu-nsw-statement-on-construction-reopening-on-11-august/>.

Recent data indicates that up to 80 per cent of Australian adults are not opposed to being vaccinated.⁸ This raises the question as to why vaccine mandates are even necessary.

Despite this, a growing number of Australia's industries, postcodes and even states are making it impossible for people to go about daily life without proof of vaccination. It appears increasingly likely that a digital vaccine certificate will be required in many parts of Australia for entry into pubs, restaurants, cafes, businesses, public buildings and even places of worship.

From a policy standpoint, vaccine passports may make sense. But they are also profoundly unethical. And this is not an abstract argument. Vaccine mandates are causing significant hardship and distress for ordinary Australians who have already suffered under debilitating lockdowns. And they are a source of great angst for those not yet affected but fearful of what the future holds.

Consider five reasons why vaccine passports are an ethical disaster.

1. Vaccine passports are an unprecedented threat to liberty

Those defending compulsory Covid-19 vaccinations often cite 'no jab, no play' policies already enforced in Australia. But nothing in our nation's history comes close to what is presently being rolled out.

Australians have always been free to work, shop, travel, socialise and gather for worship without medical discrimination. Vaccine passports will force Australians to choose between these birthrights and their medical autonomy. To give the State this level of power over an individual's body represents a loss of personal liberty unheard of in modern times.

⁸ <https://melbourneinstitute.unimelb.edu.au/publications/research-insights/ttqn/vaccination-report>.

Western democracies like Australia have always prized and protected human freedoms. In defining ‘Australian values’, the Department of Home Affairs website puts “respect for the freedom and dignity of the individual” at the top of its list.⁹

Australia’s emphasis on human rights and liberties emerged out of Christian theology which says that a person’s conscience is sacred and must not be infringed or usurped by State power.¹⁰ Indeed, the worst abuses of the last century were only made possible when governments were allowed to trespass this boundary.

For the common good and future generations, we must not allow the individual’s conscience and bodily integrity to be violated.

2. Vaccine passports replace informed consent with coercion

Informed consent is a bedrock principle of modern medicine. The Australian Immunisation Handbook explicitly states that vaccines “must be given voluntarily in the absence of undue pressure, coercion or manipulation”.

Grave human rights abuses led to the drafting of important international agreements on this matter. Free consent is enshrined in the International Covenant on Civil and Political Rights.¹¹ It is also articulated in Article 6 of the Universal Declaration on Bioethics and Human Rights:

Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information.¹²

To make vaccines mandatory—to hold a person’s civil liberties at ransom in exchange for their being vaccinated—is to erase informed consent and replace it with naked coercion.

⁹ <https://www.homeaffairs.gov.au/mca/Pages/australian-values.aspx>.

¹⁰ <https://blog.canberradeclaration.org.au/2019/04/17/ten-reasons-our-human-rights-come-from-jesus/>.

¹¹ <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CCPR.aspx>.

¹² http://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html.

3. Vaccine passports assume no reasonable grounds for declining vaccination

A sweeping assumption is made by governments and businesses that mandate vaccinations—namely, that there are no reasonable grounds for someone to decide against being vaccinated. In fact, there are many good reasons.

The first and most obvious is someone’s medical history. The TGA tells us that the various Covid-19 vaccines come with risks.¹³ For someone who suffers from underlying conditions or has in the past, the risk of taking the vaccine may outweigh the benefits it gives them. They should be allowed to make this decision in consultation with their doctor: this is a right we have always preserved and should continue to.

There are many other reasons someone might decline vaccination. A person’s religious beliefs or deeply-felt personal convictions might prevent them from giving consent. Another person might weigh the risks and benefits of the vaccine based on their young age and good health and decide that the procedure is unnecessary.

An 18-year-old boy, for instance, has just a 0.003 per cent chance of dying from Covid-19.¹⁴ He is more likely to die from electrocution, sunstroke or a sharp object than he is to die of the virus.¹⁵ Given that nine Australians have died as a direct result of taking a Covid-19 vaccine¹⁶ and many more have suffered a vaccine injury, this particular young man might prefer to take his chance with the virus—a choice that should be left up to him.

Of course, there are also those who have previously been infected who now carry virus antibodies. Why should they be forced to take the vaccine when they already have substantial immunity?¹⁷

¹³ <https://www.tga.gov.au/periodic/covid-19-vaccine-weekly-safety-report-26-08-2021>.

¹⁴ <https://www.acsh.org/news/2020/11/18/covid-infection-fatality-rates-sex-and-age-15163>.

¹⁵ <https://injuryfacts.nsc.org/all-injuries/preventable-death-overview/odds-of-dying/>.

¹⁶ <https://www.tga.gov.au/periodic/covid-19-vaccine-weekly-safety-report-02-09-2021>.

¹⁷ <https://www.nih.gov/news-events/nih-research-matters/lasting-immunity-found-after-recovery-covid-19>.

4. Vaccine passports create unreasonable discrimination

The covid pandemic has resulted in the most significant wealth exchange in history, further exacerbating the gap between rich and poor. In addition, the social fabric in nations like Australia has been worn thin by the pain and division caused by covid restrictions.

Vaccine passports will only further tear at that social fabric. To exclude ten or twenty per cent of the population from routine daily activities will create a two-tiered society, a form of medical apartheid. The harm will be felt most by those already marginalised.

This kind of discrimination may not even be legal. According to Anti-Discrimination NSW, for example, ‘infectious diseases discrimination’ is against the law.¹⁸ This includes unfair treatment on the assumption that someone has or may acquire an infectious disease.

Legal frameworks like this were put in place to stop people from being excluded from society despite any marginal health risk they pose to the public. We should not abandon our principled commitment to inclusion and social harmony now.

5. Vaccine passports open the door to untold medical control

My digital vaccine certificate might glow green today. But what about when it turns orange tomorrow, and I have to book in my booster shot to maintain my access to society? What about when I have to get another one in six months? And a flu shot. And routine blood tests. Every year on repeat.

My body and my medical treatment regime is now tied to the State, who will be increasingly tempted to provide my biomedical data to third parties—all for public health and safety, of course.

This is not some far-fetched dystopian dream. It is the most likely long-term scenario if we roll out mandatory vaccines today. Vaccine passports place us on the precipice:

¹⁸ <https://antidiscrimination.nsw.gov.au/anti-discrimination-nsw/discrimination/types-of-discrimination/infectious-diseases-discrimination.html>.

once we jump, we won't go back. They are the thin edge of the wedge to significant medical control, and it is naive to think otherwise.

Thomas Jefferson wisely warned that “the natural progress of things is for liberty to yield, and government to gain ground.” Or, as Australian historian Stephen Chavura frames it in our context:

When Covid hit in early 2020, did you think 18 months later we'd have riots in the streets, police shooting rubber bullets at civilians, the military prowling around, church leaders debating whether or not to let unvaccinated people worship in churches, truckies planning to shut the country down, and vaccine passports to enter into restaurants, see friends and family, travel, and even to continue in your job? Did you think you'd no longer be able to enter into any private or public establishment without registering your whereabouts to the State?

Civil liberties are eroded piecemeal, never all at once. And often, it is by those who wish us well. As Chavura qualifies, “This is not being driven by monsters. It's being driven by saints. People who know how to fix our world now have the science, technology, and power to do it.”

Even if we grant that our governments have good intentions, vaccine passports are an ethical disaster. We must resist them at all costs, and we now have a very narrow window of time in which to do so.

The Case for Vaccine Passports is Feeble and Fading

Kurt Mahlburg, 7 September, 2021

Last week I wrote ‘5 Reasons Why Vaccine Passports are an Ethical Disaster’. It was met with plenty of praise and agreement—but more than a few rebuttals as well.

Some who disagreed with me are in open support of compulsory vaccinations; others simply believe that Christians have a moral duty to be vaccinated, whether the shot is mandatory or not. Below I respond to arguments made by those with either viewpoint.

1. *“But we already need vaccine passports to travel to some countries.”*

It is true that to visit some countries, you are required to present proof that you are immunised against diseases like smallpox, yellow fever or cholera.

But visiting the far-flung jungles of Africa or South America is worlds apart from visiting your local cafe, museum, church, workplace, or a nearby Australian state or territory. This is what the current vaccine passport debate is about.

These are apples-and-oranges comparisons. One is about the right of sovereign nations to determine who enters their borders and under what circumstances. The other is about freedoms that every Australian was born with, such as freedom of movement, association and assembly.

Advocates of vaccine passports are yet to explain why Australians should have these inalienable birthrights held hostage until they give up their medical autonomy.

2. *“But flu vaccination is already mandated for entry into nursing homes.”*

In some parts of Australia, people wanting to visit a loved one in a nursing home must show proof of an influenza vaccination before entry. Given that the primary purpose of a nursing home is to house and care for the elderly—who are on average much more vulnerable to influenza—there are obvious merits to such policies.

The same is true for ‘no jab, no play’ rules in childcare facilities. You don’t have to agree with these policies (I don’t) to see that the logic is to protect young children who are particularly susceptible to childhood diseases.

But to use this as the rationale for Covid-19 vaccine passports at all venues in the nation—which provide goods and services to people of all ages—is an extraordinary stretch. As such, an extraordinary amount of evidence must be provided by those arguing for it.

We know that while Covid-19 is a deadly disease for some, it is nowhere near as fatal to the general population as influenza is to the elderly. In fact, for the vast majority of

people, both the original virus and its variants are no more (or less) dangerous than the flu.¹⁹

Moreover, we know that while the Covid-19 vaccines reduce hospitalisations and deaths, they do not prevent transmission of the virus.²⁰

These facts do not constitute extraordinary evidence for forcing people to take a Covid-19 vaccine.

3. *“But privately-owned venues are already allowed to ban smokers.”*

Yes, privately-owned venues are allowed to ban smokers, but the minute a smoker removes the cigarette from their mouth, they can enter the venue. A patron visiting a particular establishment without shoes, a collared shirt or ID can likewise tidy themselves and freely enter.

Taking a vaccine is different. Vaccination is a medical treatment that, like all other medical treatments in Australia, is governed by the principle of informed consent.²¹

Even if we entertain the comparison between taking a vaccine and disposing of a cigarette, privately-owned venues are still regulated by the government. A pub or restaurant cannot, for example, decide to exclude people who have HIV/AIDS. In NSW, ‘infectious diseases discrimination’ is against the law: this includes treating someone unequally on the assumption that they have or may acquire an infectious disease.²²

Prime Minister Scott Morrison has so far indicated that the Federal Government won’t force venues to require proof of Covid-19 vaccination for entry: a welcome announcement. What is in question is whether the government should allow this kind of discrimination at all.

¹⁹ <https://www.acsh.org/news/2020/11/18/covid-infection-fatality-rates-sex-and-age-15163>.

²⁰ <https://www.ndm.ox.ac.uk/files/coronavirus/covid-19-infection-survey/finalfinalcombinedve20210816.pdf>.

²¹ <https://immunisationhandbook.health.gov.au/vaccination-procedures/preparing-for-vaccination>.

²² <https://antidiscrimination.nsw.gov.au/anti-discrimination-nsw/discrimination/types-of-discrimination/infectious-diseases-discrimination.html>.

A strong case can be made that they should not. Renowned legal scholar Professor Augusto Zimmermann argues that vaccine passports “unconstitutionally impinge on the democratic principle of equality before the law and the free movement of Australian citizens within their own country.”²³

Whether we turn to Australia’s Constitution and subsequent case law, our nation’s anti-discrimination legislation, or even the ‘tolerance’ and ‘inclusion’ rhetoric that has dominated our airwaves for the last five years—Australian governments should be acting to prevent this kind of medical discrimination.

4. *“But the government already mandates other safety measures.”*

It has also been argued that since the government has the right to make us wear seatbelts or stop at traffic lights, they should also have the right to make us get a vaccine.

Once again, these situations are chalk and cheese. One of them involves obeying momentary directives; the other requires handing over one’s medical autonomy to the State without any assurance that the State will hand it back again.

Other nations such as Israel are already mandating a third booster shot and planning a fourth. These passports come with no sunset clause. It takes immense—one might argue naive—trust in government to assume that this infrastructure won’t be broadened by present and future governments.

5. *“But other countries are already using vaccine passports.”*

Other nations are indeed already using vaccine passports. But this has been met with considerable unrest, with mass protests breaking out in cities across Europe—even if corporate media outlets are being deliberately silent about these historical events.

Representative democracy was established so that a nation’s laws would reflect the will of its people. But when political leaders make unilateral decisions under emergency

²³ <https://www.spectator.com.au/2021/09/vaccine-passport-restrictions-are-constitutionally-invalid-heres-why/>.

health orders, they effectively bypass the people's will. Mass protests are an indication that a leader's decisions may not accurately reflect the will of those who elected them.

The use of vaccine passports elsewhere does not mean Australia will inevitably follow suit. By speaking up on this issue, Australians can and should seek to influence the decision-making of their leaders.

It is also a flawed argument to suggest that Australia should mandate vaccines because other countries are doing so. Other nations allow grown men to marry child brides. Should we do the same? A nation's laws should not be shaped by global groupthink but by the will of its citizens—ideally guided by God's moral law.

6. *"But vaccine passports will bring us greater freedom."*

The idea that vaccine passports will somehow grant us 'greater freedom' is a semantic trick that some political leaders have used and that many have believed and repeated.²⁴

It is a semantic trick because what is meant is not greater freedom but greater safety. Driven by exaggerated panic, people hope that vaccine mandates will deliver them freedom from fear or freedom from death. But to be clear, these are functional synonyms for safety.

The civic freedoms endangered by vaccine passports—such as freedom of movement and the right to bodily integrity—have precise definitions.²⁵ More safety is always possible when we give up civil liberties. After all, one of the safest places in the world is solitary confinement; but that doesn't make solitary confinement an optimal life choice.

In every case, we must ask whether the freedoms we give up—freedoms that our ancestors bled and died on foreign soil to protect—are worth the safety promised to us in that exchange. And we can hardly have a rational debate about such weighty matters when words are used to conceal rather than reveal someone's true intent.

²⁴ <https://twitter.com/VictorianCHO/status/1418837281012535296>.

²⁵ <https://www.ag.gov.au/rights-and-protections/human-rights-and-anti-discrimination/human-rights-scrutiny/public-sector-guidance-sheets>.

7. *“But vaccine passports are just temporary.”*

I have been asked why I assume vaccine passports will be permanent. But I believe this is the wrong question. A better question would be, why do you assume vaccine passports will be temporary?

At the beginning of 2020, if I had told you that the Australian government would force people to stay inside their homes for months at a time and only be allowed to exercise for an hour a day, would you have believed me?

What if I told you there would be mass unrest with police firing rubber bullets at unarmed protesters? What about state borders being shut at the drop of a hat? Military patrolling the city streets? Governments requiring you to tell them your every move, including—if you are single—which other individual you were liaising with?

Of course, every one of these measures has been justified as being “for the greater good”. But that’s precisely the point. In the name of public health and safety, the government’s role in our lives has only become more intrusive and onerous since the beginning of the pandemic.

It is not ‘acting out of fear’ to warn that the vaccine passports being rolled out now may end up becoming a permanent fixture of daily life. On the contrary, this is an entirely sober and realistic prediction—though one I would be delighted to be wrong about.

For context, in August, the World Health Organisation released an 80-page document providing ‘implementation guidance’ for vaccine passports.²⁶ They aimed to equip all WHO member states to develop passports that are ‘interoperable’—that is, passports that can be used within and between all of the world’s nations.

Indeed, long before the Covid-19 pandemic began, the European Commission had laid out a roadmap to implement a standard vaccination passport for EU citizens.²⁷

²⁶ https://www.who.int/publications/i/item/WHO-2019-nCoV-Digital_certificates-vaccination-2021.1.

²⁷ https://ec.europa.eu/health/sites/default/files/vaccination/docs/2019-2022_roadmap_en.pdf.

There is a global mood for these passports. Governments are spending billions of dollars on them.²⁸ Again, what would lead us to assume they are temporary?

8. *“But no one is suggesting churches should ban the unvaccinated.”*

Once again, in response to the question “Who is seriously considering barring unvaccinated people from church?” one could reply, “Who was seriously considering locking Australians inside their homes before 2020 began?”

But in answer to the question, Zimbabwe, Nigeria, and Israel have all variously barred unvaccinated people from worship services.

Moreover, a recent Christianity Today article suggested that although limiting gatherings to only vaccinated congregants would be resisted by many churches, “the idea isn’t new [and] the use of health passes could become commonplace in the coming months.”

In an Australian context, the vocal and widespread opposition to The Ezekiel Declaration suggests that many Australian Christians are willing to exclude unvaccinated people from church services in the name of health and safety.

Before I could finish writing this article, the New South Wales government announced a soon-to-be-confirmed rule that places of worship must use vaccine passports to exclude the unvaccinated.²⁹

This eleventh-hour development is further evidence—if we needed it—that those still instinctively hoping for government leniency are letting themselves be led up the garden path.

9. *“But the vaccines are safe.”*

²⁸ <https://www.cbc.ca/news/politics/trudeau-promises-1b-vaccine-passports-1.6155618>.

²⁹ <https://caldronpool.com/churches-required-to-use-vaccination-certificate-systems-for-vaccinated-only-worship/>.

The vaccines have proven safe for the majority of those who have taken them. But this does not mean they should be mandated. Many things are healthy for us—whether vitamins, exercise or vegetables—that governments have no business forcing upon us.

It is important to note, however, that the vaccines have not been safe for everyone. The Therapeutic Goods Administration (TGA) reports that nine Australians have lost their lives as a direct result of taking a Covid-19 vaccine—one from Pfizer and eight from AstraZeneca.³⁰

(The TGA has received 490 further reports of death following a Covid-19 vaccination, but in these cases, a causal link to the vaccine was not explicitly confirmed).

Some 55,000 adverse events have been reported to the TGA in connection with the Covid-19 vaccines. Most of these were minor and short-lived, but some have been serious. Channel 7 reporter Denham Hitchcock, for example, has suffered debilitating complications since taking the jab.³¹

In the United States, almost 14,000 deaths have been reported following a Covid-19 vaccination through the Vaccine Adverse Event Reporting System (VAERS).³² This number represents 60 per cent of all vaccine deaths that have ever been reported to VAERS since it was set up in 1990.

Not all VAERS data is bias-free or accurate since reports are made to it voluntarily. But it is also true that reporting a death is a time-consuming task that comes with no personal benefit—and possible scrutiny—for any medical professional who submits it. So 14,000 is likely to be a floor rather than a ceiling for Covid-19 vaccine deaths in America.

In addition to this, some 650,000 adverse events have been reported to VAERS following a Covid-19 vaccination.³³ Most of these are minor, but thousands of miscarriages, heart attacks, and permanent disabilities are included in this number.

³⁰ <https://www.tga.gov.au/periodic/covid-19-vaccine-weekly-safety-report-02-09-2021>.

³¹ <https://www.instagram.com/p/CTBCWyyBhaI/>.

³² <https://www.openvaers.com/>.

³³ <https://www.openvaers.com/covid-data>.

Similar data can be seen in the UK's Yellow Card reporting system and Europe's EudraVigilance database.

Given that lockdowns, travel bans, and mask mandates were so often justified on the basis that they might save "even one life", it is ironic if people now justify these deaths and injuries as mere collateral damage in the vaccine rollout.

It is also callous to suggest that any talk of vaccine deaths or injuries will harm the vaccine rollout. These are real people who have died or suffered in life-altering ways. Their lives matter as much as those we are seeking to protect from Covid-19.

10. "But the risk of Covid-19 outweighs the risk of the vaccine."

It is true that, on balance, the risk posed by the virus outweighs the risk of taking the vaccine. But this fact comes as cold comfort for the person who dies from a vaccine and for the loved ones they leave behind.

This point was well-argued in a recent Caldron Pool article.

Caldron Pool likewise pointed out that human beings are not robots: we approach risk in different ways. Some people are so risk-averse that they never travel by aeroplane; others live for the thrill of BASE jumping or motocross despite the significant dangers of these sports. We all agree that these are decisions people should be free to make themselves, not have imposed on them by others.

Additionally, if given a choice between being killed 'artificially' at the hands of another person or by an event of nature that may happen sometime in the vague, unknowable future, most people would choose the latter. This explains why many young, healthy people with robust immune systems prefer to take their chance with the virus rather than the vaccine. This choice should be left to them, not forced on them.

Covid-19 is a highly discriminatory disease that poses particular dangers to the elderly, the immunocompromised, and those with co-morbidities. For such people, taking the vaccine is a no-brainer. But this is an argument for vaccines, not compulsory vaccines.

Let the healthy 18-year-old man who has just a 0.003 per cent chance of dying from Covid-19—but who could die of a vaccine complication—assess his risks each way, free of coercive mandates.³⁴

11. “But the unvaccinated could end up killing people.”

The Covid-19 vaccines have been shown to reduce hospitalisations and deaths significantly. But nations with high vaccination rates still see high rates of transmission and infection.³⁵

In other words, the benefit of the vaccine is almost entirely personal. It protects the person who takes it and may help slow transmission of the virus, but it cannot prevent them from passing it on to others.

Recent studies show that unlike immunity gained through natural infection, the vaccines do not give mucosal immunity;³⁶ and that unvaccinated and fully vaccinated people carry similar viral loads.³⁷

So people should be encouraged to take the vaccine for their protection. But the idea that being vaccinated will render significant benefits to others is yet to be established. This is a wish; it is not a fact. Therefore, barring unvaccinated people from society is not only unethical; it is also ineffectual.

12. “But the healthcare system will be overwhelmed if you don’t get vaccinated.”

Now that most at-risk people have been vaccinated, the pressure on Australia’s healthcare system is significantly reduced, though modellers and governments remain vigilant.

³⁴ <https://www.acsh.org/news/2020/11/18/covid-infection-fatality-rates-sex-and-age-15163>.

³⁵ <https://www.abc.net.au/news/2021-08-21/israel-shows-what-life-looks-like-at-80-per-cent-vaccinated/100394760>.

³⁶ <https://www.frontiersin.org/articles/10.3389/fimmu.2020.611337/full>.

³⁷ <https://www.ndm.ox.ac.uk/files/coronavirus/covid-19-infection-survey/finalfinalcombinedve20210816.pdf>.

For someone likely to need hospitalisation if they fall sick with Covid-19, it is a selfless act for them to be vaccinated. But this doesn't mean it should be made mandatory for all people regardless of their risk profile.

13. "But Christians should give up their rights."

Through his life and teachings, Jesus made it clear that we are to give up our rights for the benefit of others. Theoretically, this could be applied to freely deciding to get vaccinated. But it certainly doesn't work for vaccine mandates: Jesus didn't teach us to demand that others give up their rights for us—which is precisely what proponents of vaccine passports are arguing.

In fact, this teaching of Jesus would only apply to being vaccinated if, by taking the vaccine, I could prevent deaths in others. We are yet to see clear evidence of this in the case of the Covid-19 vaccines.

Furthermore, Jesus taught us to die to ourselves, but this command has limits. It is not 'Christlike' for someone to endure abuse, violence or sexual predation at the hands of their spouse. A similar example is Communism, where your rights and property are fully surrendered to the State—but this philosophy led to 150 million deaths. There must be a limiting principle to giving up our rights.

If someone has a very low risk of dying from Covid-19, and if the vaccine will not prevent them from spreading the virus to others, it may not make sense for them to take it. It certainly doesn't make sense for us to force them to, nor would it be Christlike for us to demand this.

In fact, given that natural immunity has been found to be up to 13 times better than vaccine immunity, it could be argued that the most selfless thing for a young and healthy person to do is to contract the virus naturally and recover.³⁸

I often hear the criticism that Christians who disagree with vaccine mandates are selfish for demanding their rights. Actually, I have encountered very few Christians making this point.

³⁸ <https://www.medrxiv.org/content/10.1101/2021.08.24.21262415v1>.

Instead, I see Christians seeking to protect the rights and freedoms of those who, for a whole swathe of reasons, may not want or be able to take the vaccine. In making this stand, they are weathering a lot of opposition for the benefit of others; they are applying the teaching of Jesus to die to self.

Unfortunately, there are many today who are not conversant with history. We have had it so good for so long that we don't understand the importance of civil liberties.

Freedoms are a safeguard, not a luxury. Human liberties protect the weak by restraining the powerful. It is the defence of freedom that has long prevented tyrants from terrorising ordinary people. The worst abuses of history were only made possible when fundamental freedoms were cast aside.

If you shrug off freedoms in the name of 'loving your neighbour', know that the neighbours you have chosen to love are the world's powerful. And it is the powerless who will eventually pay the price. Instead, be like Jesus and sacrifice your popularity to defend the freedoms of others.

By all means, get vaccinated if you will. But don't force others to: that is a demand we should not make.

The Canberra Declaration Meets with Top Federal MPs About Vaccine Passports

Warwick Marsh and Kurt Mahlborg, 16 October, 2021

Led by the Canberra Declaration, a delegation has recently met and spoken with top Federal MPs from both sides of politics to raise our concerns about the discrimination being enacted through vaccine mandates and passports.

We (Warwick and Kurt) were extremely grateful to have been joined by Professor Ramesh Thakur, former Assistant Secretary-General of the United Nations (1998–2007), who is now based at the Crawford School of Public Policy, Australian National University. We were also very thankful to partner with a Melbourne-based cardiologist who is part of the Covid Medical Network.

Our delegation has met via Zoom with a member of the federal Cabinet and a top federal MP from the Shadow Ministry. We shared our serious concerns about the two-tiered society being created through industry-wide vaccine mandates, and the basic freedoms that are being denied everyday Australians via discriminatory vaccine passports.

Both MPs were receptive to and had sympathy with our concerns. Alarming, some of what we shared with them—information freely available in peer-reviewed medical journals—was entirely new to them.

We are very grateful for the time they afforded us, and we look forward to raising these concerns with other MPs and union powerbrokers. Below is a summary of our presentation.

“Get injected so you can keep your job, feed your children, pay your mortgage or visit family interstate” sounds like Communist China or North Korea—but it is now Australia in 2021. Vaccine passports:

- Make no medical sense. The vaccinated can still get sick and infect others, while the unvaccinated are maligned as ‘unclean’ even if they are healthy.
- Are a major threat to liberty. They force Australians to trade freedoms they were born with for immense State power over their body.
- Replace informed consent with coercion.
- Ignore the power of natural immunity from infection.
- Assume no reason for abstaining. Religious beliefs, youthful health, and previous vaccine injury are all fair reasons to abstain from a vaccine.
- Create discrimination. Excluding 10-20% of the population from everyday life creates medical apartheid and a two-tiered society.
- Are politically toxic. They have sparked unprecedented protests globally, for all of the above reasons.³⁹

The evidence base for early treatment with Ivermectin (and Ivermectin in combination therapies) is robust.⁴⁰ Ivermectin has an excellent safety profile; it is on

³⁹ <https://youtu.be/sP1e5yk8nuc>.

⁴⁰ <https://pubmed.ncbi.nlm.nih.gov/34145166/>.

the WHO's list of essential medicines; and the researchers who developed it won a Nobel Prize for their work in 2015.

Why has there been such a concerted campaign to discredit Ivermectin in the media and academic journals? Why the groupthink and information blackout by the TGA and AHPRA?

Hundreds of Australian medical practitioners who have treated Covid-19 patients in clinical settings were astounded at the TGA's decision to ban Ivermectin. They now risk their careers to speak up in defence of this important treatment.

The TGA approved the Covid-19 vaccines on much less evidence than the high bar they have set for Ivermectin. Why?

The modelling used in Australia has been consistently unreliable. The trajectory of the virus has proven to be remarkably policy-invariant everywhere. The New York Times observed just last week that Covid cases surge for about two months and then retreat, with no clear correlation with the timing or severity of lockdowns and mask mandates.⁴¹

The vaccines are no silver bullet. The case and mortality curves have dropped sharply in India and Indonesia despite single-digit vaccination rates. Israel and the UK have seen case surges despite very high vaccination rates. Mandatory vaccination would be justified if:

- the disease was exceptionally severe, highly transmissible and lethal;
- there was clear and compelling evidence of vaccine efficacy;
- there is extremely low risk of serious side effects from the vaccine; and
- alternative treatment options were lacking.

Every one of these is questionable on good scientific and observational data grounds. Vaccines should be made freely available to all, compulsory for none, and promoted for the protection of vulnerable groups based on informed consent.

All restrictions on individual and social activities should be lifted once everyone has been provided access to the vaccine.

⁴¹ <https://www.nytimes.com/2021/10/08/briefing/covid-restrictions-delta-caseload.html>.

Historic Anti-Mandate Protests in Australia and Worldwide, ABC Silent

Kurt Mahlburg, 9 November, 2021

Over the weekend, thousands of Australians gathered in cities around the nation to protest vaccine mandates. The largest protest took place in Melbourne where Victorians decried the sweeping pandemic powers Premier Dan Andrews is soon to push through the state's upper house.

Melbourne: [watch](#)

Thousands gathered on the banks of the Parramatta River in Sydney's West, with large protests also taking place in Darwin, Adelaide, the Gold Coast and Canberra.

Sydney: [watch](#)

Canberra: [watch](#)

As the number of covid-related protests being held in Australia has risen over the last month, the national broadcaster has remained eerily silent. A search of the ABC News website yields just a handful of articles that are evidently framed to discredit those who took part, or that focus on the very small number of arrests that have taken place in otherwise peaceful months-long protests.

Darwin: [watch](#)

Typical of the national broadcaster's partisan offerings is an article titled 'Protest against mandatory vaccinations in Perth earns rebuke from Australian Medical Association's WA president'.⁴² The piece claims that "more than 2,000 protesters" attended the rally when video footage clearly indicates far larger numbers.

Perth: [watch](#)

⁴² <https://www.abc.net.au/news/2021-10-16/wa-covid-protest-perth-forrest-place-anti-vaccines/100545066>.

Other corporate news outlets have given little attention to what should rightly be seen as a once-in-a-lifetime protest movement. Such stories routinely characterise the large crowds as ‘anti-vax’ when it is clear that vaccine mandates and other forms of government overreach have been the focus for the majority of protesters.

Brisbane: [watch](#)

Gold Coast: [watch](#)

Meanwhile, both the ABC and other mainline media corporations have diligently covered climate protests that attract much smaller crowds.

The tendency of the corporate press to curate rather than report the news is a pattern increasingly seen globally. Crowds in the thousands – and tens of thousands – have been taking to the streets in cities across Europe, Africa, the Middle East and beyond, but few outlets have been willing to cover these events.

Predictably, the ABC — which is one of Australia’s most relied-on sources for global news — couldn’t be less interested in this historic global movement. The online footage being ignored by the ABC and other outlets has been emerging from a diverse array of nations.

Greece: [watch](#)

Italy: [watch](#)

The United Kingdom: [watch](#)

Romania: [watch](#)

Morocco: [watch](#)

Israel: [watch](#)

New Zealand: [watch](#)

By failing to report on these events, corporate and taxpayer-funded media firms are only heightening interest in the global protest movement through what is often referred to as the Streisand effect.

The phenomenon is named after American singer Barbara Streisand, who in the early 2000s took legal action to keep the address of her Malibu mansion private but by doing so, invited intense public scrutiny. The Streisand effect is defined as “an attempt to hide, remove, or censor information [that] has the unintended consequence of increasing awareness of that information, often via the Internet”.

Mainline media’s lie-by-omission approach to the protests has thrown fuel on the fire for conspiracy theorists. It has also raised the ire of more considered citizens who are turning to alternative news sources in droves as corporate media ratings continue to collapse.⁴³

Unfortunately for Australian taxpayers, this growing distrust likely won’t affect the enormous budget — or the partisan content — of our national broadcaster, which only 32 per cent of Australians feel represents their views.⁴⁴

There is a word in the English language for government-commissioned media presenting only the government’s point of view on a matter. It starts with a ‘p’. Is this the Australia you grew up in?

Senator Asks PM to Suspend Child Vaccines Following Death of 14-Year-Old Girl

Kurt Mahlburg, 11 November, 2021

Queensland Senator Gerard Rennick this week wrote to Prime Minister Scott Morrison asking him to immediately halt Australia’s child COVID-19 vaccination program after the death of a 14-year-old girl was reported to the TGA last month.⁴⁵

⁴³ <https://medium.com/concoda/the-mainstream-media-is-tearing-itself-apart-5dcef1469969>.

⁴⁴ <https://ipa.org.au/publications-ipa/poll-only-32-of-australians-believe-the-abc-represents-the-views-of-ordinary-australians>.

⁴⁵ <https://www.facebook.com/315993447004424/>.

The teenager's death, which has suspected links to the Moderna (Spikevax) vaccine, was reported to the TGA's Database of Adverse Event Notifications (DAEN) on the 20th of October.⁴⁶

Senator Rennick published a copy of his letter to the Prime Minister on his Facebook page, noting that the media was yet to cover the story.

"I have written to the Prime Minister asking that the vaccine rollout for children stop immediately," Rennick wrote. The Senator explained that state Premiers have used the 'precautionary principle' to shut borders, impose lockdowns and keep children out of schools.

"If the precautionary principle can be used for COVID then why can't it be applied in regards to vaccines, especially when it comes to our children," he asked.

Rennick queried why Australia has approved the Moderna vaccine for children when the United States, Sweden and Denmark have opted not to due to safety concerns.

"It is also worth noting that all Covid vaccines are still undergoing longitudinal studies, of which the data from those studies is still being reviewed on a rolling basis by the TGA," he wrote.

The Queensland Senator also questioned the risk-benefit calculations being made by Australian authorities, given that children are at comparatively low risk of suffering from complications due to the virus. He noted:

Over 50,000 children have caught Covid in Australia and not one has died directly from the disease. This evidence is supported by the fact [that] children have fewer angiotensin-converting enzyme 2 (ACE2) receptors, to which the SARS-CoV-2 attaches, and as a result are at the lowest risk of a severe outcome from COVID-19.

⁴⁶ <https://blog.canberradeclaration.org.au/2021/11/11/senator-rennick-asks-pm-suspend-child-vaccines/>.

Rennick concluded his letter by asking that “the Australian Government join those countries in pulling not just Moderna, but all vaccines from circulation for those under 18”.

This is the second open letter Senator Rennick has sent to the Prime Minister about the COVID-19 vaccines in recent weeks. Last month, Rennick promised to withhold his vote with the Coalition for any legislation in the Senate until compensation for victims of adverse events is improved, and state borders are reopened.

The Prime Minister is yet to respond to either letter publicly.

Five Things That Don't Sit Right About Australia's Response to Covid

Kurt Mahlburg, 16 November, 2021

For those who have been happily vaccinated, there is a sense of optimism in the air. Lockdowns are ending. Our country has run a successful vaccination program with some of the highest take-up rates in the world. Life is returning to normal.

But this is not everyone's experience. The Sydney Morning Herald this week reported that 10,000 Australians have filed coronavirus vaccine injury claims.⁴⁷

Hundreds of thousands of other Australians are out of work for a different reason: they were sacked after deciding not to take one of the provisionally-approved vaccines.

Despite perfect health, many Aussies are still under discriminatory lockdowns. While everyone else is out and about, they are only allowed to leave their home for 'essential' reasons and cannot travel freely within their own state. Tens of thousands will be barred from seeing their interstate loved ones for Christmas if they do not take a government-mandated injection.

This isn't normal.

⁴⁷ <https://www.smh.com.au/politics/federal/more-than-10-000-australians-have-filed-coronavirus-vaccine-injury-claims-20211115-p598yy.html>.

You may not be personally affected by these realities, but many of your compatriots are. You may even feel like the punishment they face is justified. But have you tried putting yourself in their shoes? Have you stepped back to take a look at the bigger picture in Australia?

There are a lot of things that don't sit right about Australia's response to Covid.

1. The Vaccines Are Not Living Up to Their Promises

There is consistent worldwide data showing that the Covid-19 vaccines significantly reduce rates of serious illness, hospitalisation and death among those who contract the virus. We can be very thankful for this.

However, we still lack scientific consensus on whether the vaccines prevent transmission of the virus. Some published studies suggest that they do help reduce it. Others do not. A recent paper published in *The Lancet* revealed that fully vaccinated people are just as likely as unvaccinated to pass the virus onto others in a household setting.⁴⁸

Granted, being vaccinated means that you are less likely to become sick in the first place. But the suppression of symptoms has an unintended consequence: those who are vaccinated but sick may be spreading the virus unawares.

These facts — and the flaws of the vaccine passport system — were exposed last month when three Sydney gyms and even the Melbourne Cup saw large Covid outbreaks, despite all present being vaccinated.

Moreover, the vaccines have rapidly waning efficacy. Booster shots are now being required by an increasing number of nations just months after “full vaccination”. We can expect the same in Australia soon.

2. The Vaccines are Killing and Maiming Australians

Do you know how many Australians have died as a result of taking a Covid-19 vaccine? (Hint: the answer isn't zero).

⁴⁸ [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(21\)00648-4/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00648-4/fulltext).

To date, 656 suspected vaccine-induced deaths have been reported through the TGA's Database of Adverse Event Notifications (DAEN). Only nine of these deaths have been acknowledged by the TGA as being caused by a vaccine (all were attributed to the AstraZeneca shot). The TGA claims that the remaining 647 reported deaths have only a "coincidental association" with vaccination.

This seems highly unlikely, when the TGA has acknowledged suspected vaccination links to over 500 cases of myocarditis⁴⁹ — a condition that has a first-year mortality rate of 20 per cent.⁵⁰ Bizarrely, in the last two months, 161 suspected vaccine-induced deaths have been reported to DAEN, and the TGA claims that precisely none of them were caused by a vaccine.

This also doesn't line up with reports from many anonymous frontline medical workers in Australia, who claim to be seeing distressingly high numbers of post-vaccination heart attacks and deaths.⁵¹

Australia's Covid-19 death toll, which currently sits at approximately 1,900 — is determined very differently. That number includes all people who have died with the SARS-CoV-2 virus in their bodies, unless there is a clear alternative cause of death that cannot be related to the virus.⁵² In other words, the bar is set very low for inclusion in this statistic. The Covid-19 virus is "guilty until proven innocent".

But in the case of vaccine deaths, it is the opposite. The TGA sets a very high bar for inclusion in the vaccine death toll by assuming that the vaccines are "innocent until proven guilty".

It is not just vaccine-induced deaths that should concern us. Myocarditis — which poses the greatest risk to young men taking an mRNA (Pfizer or Moderna) vaccine —

⁴⁹ <https://www.tga.gov.au/periodic/covid-19-vaccine-weekly-safety-report-11-11-2021>.

⁵⁰ <https://www.ahajournals.org/doi/full/10.1161/circulationaha.105.584532>.

⁵¹ <https://rumble.com/vp3h2w-whistleblowers-speak-on-covid-19-vaccine-injuries-long.html>.

⁵² <https://theconversation.com/died-from-or-died-with-covid-19-we-need-a-transparent-approach-to-counting-coronavirus-deaths-145438>.

is a very serious condition. Only 50 per cent of those who contract it survive after five years.⁵³

This is now the fate of hundreds of Australians who took for granted the government’s “safe and effective” messaging. It is also the fate of many who knew the risks but were vaccinated under duress to save their job or home: a choice they never wished to make.

It is true that the rates of these adverse effects are statistically low: some 80,000 reports after 37 million doses of vaccine. But for those who suffer and die, statistics are cold comfort.

Where has our nation’s compassion gone? Nothing that kills or maims should be mandated.

3. Australia Has Suspended its Human Rights Obligations

Australia has long been praised as one of the staunchest defenders of human rights globally. But on the international stage, we are now infamous for setting aside the human rights of our own citizens.

Melbourne is one of the most locked-down cities in the world, with six separate lockdowns and almost 250 days of effective home detention. It is the only city in Australia’s history to see unarmed protesters shot at by police with rubber bullets. Premier Dan Andrews now seeks to make his sweeping pandemic powers permanent through legislation — a move widely condemned by human rights advocates and 60 of Victoria’s top lawyers.

Prime Minister Scott Morrison and state Premiers routinely celebrate vaccine milestones on social media. But they paper over the vast coercive powers they have wielded to deliver such outcomes.

⁵³ <https://www.ahajournals.org/doi/full/10.1161/circulationaha.105.584532>.

The Australian Immunisation Handbook explains that vaccines “must be given voluntarily in the absence of undue pressure, coercion or manipulation”.⁵⁴ Article 6 of the Universal Declaration on Bioethics and Human Rights agrees:

*Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information.*⁵⁵

Instead, millions of Australians were deprived of their freedom of movement and assembly and their right to work. Then they were told they can gain these rights back from the government by being vaccinated. But even then, how many who were vaccinated were made aware of the deaths and adverse events outlined above?

At best, Australian governments have practiced extracted consent. It is certainly not “informed consent” as we have long known it.

A vaccine that is safe and effective should sell itself without the need for undue pressure. A person’s health alone should be enough reason for them to consent to a medical treatment. Feeding one’s family, paying the mortgage or seeing loved ones across state borders should not be used as bargaining chips by the government.

4. Alternative Treatments Have Been Banned

Ivermectin as a treatment for Covid-19 has been poo-pooed in much of the Western world as a dangerous “horse medicine”. While the drug is also used by veterinarians, some 4 billion doses of Ivermectin have been administered to humans in the four decades since it was discovered. Ivermectin won a Nobel Prize in 2015; it has an incredible safety profile; and it is on the World Health Organisation’s list of essential medicines.

Ivermectin’s patent has also expired, which means it is no longer able to generate profits for governments or pharmaceutical companies.

⁵⁴ <https://immunisationhandbook.health.gov.au/vaccination-procedures/preparing-for-vaccination>.

⁵⁵ <https://www.unesco.org/en/legal-affairs/universal-declaration-bioethics-and-human-rights>.

In early 2020, world-renowned Australian professor Dr Thomas Borody discovered an effective treatment regime for Covid-19 called ‘triple therapy’. By treating patients early with Ivermectin, Doxycycline and Zinc, Borody has seen amazing success. Out of 600 Covid-19 patients treated with the therapy, only five were admitted to hospital and none died. An equivalent control group of 600 patients not treated with it saw 70 hospital admissions and six deaths.

The literature is increasingly clear that Ivermectin is both safe and effective in the treatment of Covid-19. A recent meta-analysis published in the American Journal of Therapeutics found that Ivermectin probably reduces deaths by 62 per cent and possibly reduces transmission by as much as 86 per cent.⁵⁶

Despite this, the TGA recently banned Australian doctors from prescribing Ivermectin for Covid-19.⁵⁷ Their reasons were threefold. They are concerned that the use of Ivermectin will discourage Australians from being vaccinated; that social media may cause people to take the drug in the wrong dosage; and that using it for Covid-19 could spark a national shortage of Ivermectin for other uses.

But these reasons make little sense. First, people can choose both vaccination and Ivermectin. Second, if they are prescribed Ivermectin by their doctor, they will know the correct dosage. And third, if there is a shortage of the drug, Australia can meet that demand just as we have with the vaccines. TGA’s reason for banning Ivermectin evidently has nothing to do with Ivermectin’s safety or efficacy — a truly puzzling situation.

Meanwhile, Pfizer has just released a new antiviral drug called Paxlovid, which we are assured is nothing like Ivermectin. The chemical structure of Paxlovid is brand new, making it able to be patented and profitable. However, its modality of action against the Covid virus is precisely the same as that of Ivermectin.⁵⁸ This has led some to dub it ‘Pfizermectin’.

⁵⁶ https://journals.lww.com/americantherapeutics/Fulltext/2021/08000/Ivermectin_for_Prevention_and_Treatment_of.7.aspx.

⁵⁷ <https://www.tga.gov.au/media-release/new-restrictions-prescribing-ivermectin-covid-19>.

⁵⁸ <https://youtu.be/ufy2AweXRkc>.

There are other odd and unexplainable events surrounding the last 18 months. Why, for example, are most Australians not aware that Vitamin C, Vitamin D and Zinc deficiencies are clear underlying risk factors for Covid-19 patients?

The disease is also highly discriminatory against the overweight and obese. Why has good diet and exercise for the able-bodied not been encouraged by our public health officials as much as scanning QR codes or staying at home?

Why are we still not using rapid antigen testing when we know the vaccinated can be sick and spread the virus?

Why are so few people asking these important questions?

5. Medical Professionals Have Been Silenced

In a recent Discernable interview, host Matt Wong asked Dr Carlyne Bosak, a GP, her thoughts on the lifting of lockdowns. Eerily, she replied, “I have an opinion but I actually can’t really express it freely.”⁵⁹ She went on to explain a chilling situation.

Most Australians are unaware that registered health practitioners have been given a gag order by the Australian Health Practitioner Regulation Agency (AHPRA). Under threat of losing their license, they must abide by the following ‘position statement’:

Any promotion of anti-vaccination statements or health advice which contradicts the best available scientific evidence or seeks to actively undermine the national immunisation campaign (including via social media) is not supported by National Boards and may be in breach of the codes of conduct and subject to investigation and possible regulatory action.⁶⁰

To put it simply, if an Australian doctor wrote the article you are currently reading, their entire career could be at risk. To speak openly of vaccination deaths and injuries, alternative treatments, or even human rights abuses could be a career-ending move for GPs in today’s Australia.

⁵⁹ <https://www.youtube.com/watch?v=ukjlCTaSdL8>.

⁶⁰ <https://www.ahpra.gov.au/documents/default.aspx?record=WD21/30751&dbid=AP&chksum=zrOQ56xJaaLbasNxLDyqMA==>.

Consider what this means for informed consent. Unless all GPs are as honest as Dr Bosak, patients who seek medical advice about vaccination will assume their doctor's counsel is honest and unrestrained. Little do they know that AHPRA, via threats, has already ensured that only one opinion will be available to them as a patient.

There is a distinctly Soviet feel to this silencing of Australia's medical professionals.

Where are Good Leaders When You Need Them?

I was a pastor for five years, in which time I learned a lot about good leadership. Almost any leadership book you read will tell you that leadership is influence, not power — and that the way to lead well is to be trustworthy, empathetic and responsive to those you are leading.

This is not what we have seen from our leaders and institutions over the last 18 months. Instead, we have been cajoled with fear, threats, shifting messages, and the silencing of dissent.

Do an image search for charts that explain cycles of abuse or clues that you might be in a controlling relationship. That these accurately depict what Australians have endured since March 2020 is a blight on our nation. How will we repair the damage that has been done to Australia's social fabric?

Soon we will be vaccinating our children, exposing them to serious risks from the vaccine when the virus itself presents nearly no threat to them. In the past, when the world was at war, Australian adults fought and died to save the nation's children. Soon we will do the opposite — sacrificing children to save adults — all in the name of panic and public health.

People have lost livelihoods, small businesses, homes, family and friends for refusing to take a vaccine that has known serious risks, waning efficacy, and will not achieve herd immunity.

In a first for modern times, Australia now has a two-tiered society; medical segregation that punishes any who refuse to go against their conscience or better judgment to partake in the national vaccine rollout.

These are challenging times for our nation. No one wanted the Covid-19 disaster, and few would want the mantle of leadership in such difficult circumstances. But Australia could be doing so much better. We need to ask more of our leadership.

And we need to pray for Australia.

Good intentions or otherwise, we have strayed a long way from “first, do no harm”. Somehow, we must find our way out of this mess.

I Am, You Are, We Are Living In a Parallel Universe

Leonie Robson, 25 November, 2021

As Australians, we sing songs about our national unity. But covid panic and discriminatory laws have split our nation in two. If post-vaccine life is rosy for you, dare to take a look at life from the viewpoint of the injured, the broke or the locked-out.

“Australians all let us rejoice, for we are one and free.”

Are we?

The Prime Minister’s attempt at equity and unity in changing the lyrics to our national anthem appears to many Australians to have stumbled at the first hurdle. With state borders closed, we are not one. And with vaccine passports, we are certainly not free!

Some Australian citizens have made informed, carefully considered choices about the vaccine. They have weighed the risks and rewards, have abstained for religious reasons, or are aware of their medical susceptibility to an adverse reaction. To others, a new vaccine with only provisional approval poses more questions than answers. So they have said “no”.

Many of these people have been unfairly labelled instead of being applauded by family, friends, and co-workers for taking the time to read, learn, and inquire. “Anti-vaxx”. “Lacking compassion”. “Conspiracy theorist”. These and even some four-letter expletives have flown at them, even from people they love.

Our nation has been split like a Portuguese chicken on the spit of half-truths.

Perhaps you have chosen to “do the right thing” and roll up your sleeve for “the greater good”. You may have sailed through the process without any fears and without missing a beat. Maybe you work from home or in an industry unaffected by lockdowns. Good for you.

That is not everyone’s story.

Meet Peter*. He’s 52 and has had a rough life. He lives on the street after becoming homeless. It’s cold outside and beginning to rain. A mate tells him the local shelter has space. He hurries there. The supervisor meets him and tells him that an extra bed is available. “You’re fully vaccinated, Peter?” the supervisor asks. “Nah, I don’t want to,” Peter responds. “Sorry mate, I can’t let you in. Just get the jab and I’ll be able to fix you up next time.”

Pauline* is 85. She is a widow, a mother, and a grandmother. She’s double vaccinated but suffered an adverse reaction. Many months later, she is still suffering lethargy and pain. She has decided not to take the booster, and she worries about what this will mean for her future interactions in society.

Johanna* is 83. She is a beautiful Christian granny. Her children have harangued, threatened and cajoled her. “Will you get the vaccine for Jesus? Don’t you love us?” Christmas remains under a cloud.

Georgie* is 51. Her underlying health conditions led her to research the possible side-effects of the Covid-19 vaccines. Georgie is a double-certificate nurse of 28 years in both general and ER. She’s being fired after caring for the very people who had Covid-19 this year and last. She has also seen too many vaccine injuries coming through the system: young people with myocarditis; older people who have suffered a

stroke shortly after vaccination. Georgie's position is simple: Covid-19 presents far less of a risk to her health.

Melanie* is 68. She is a retired teacher and an avid golfer. Melanie and only one other friend remained unvaccinated at their club. Her buddy gave in to the pressure and then began to look upon her with derision. Since Melanie wasn't vaccinated, she could only play golf under strict conditions: she had to play with only one other golfer. To her credit, the club president volunteered. Melanie made the final of her grade competition. But nobody was happy with her because she would not be playing against another player, just the captain playing passively. Word also came out through the club that several people asked for non-vaccinated people to be expelled. Crushed, Melanie withdrew. Her daughter was fired that week, too; a pre-school teacher who rejected the industry mandate.

Tina and Dennis* lost their 33-year-old son Kris* to suicide in June. He had spent endless weeks alone in a mental health facility, unable to see his family due to NSW lockdowns. His mum had been his rock and confidant. One of five children, Kris knew he was loved, but he just wasn't coping after ten years at sea on night shift. His body and mind were out of kilter.

Kris finally convinced his doctor that he was responding to new medications, and he pleaded to go home. His mum was concerned, but trusted the health advice and took her son home. He seemed subdued, but he was relieved to be in his own bed, cuddle his sister's kids and play with the dog. The next day, he slipped away from the family and went to heaven. Like so many others, the family had a ten-person funeral. Our own family were only six kilometres away but were not allowed to go.

Soon after this, Premier Gladys Berejiklian stepped aside to be replaced by Dominic Perrottet. Hope appeared on the horizon. Perrottet spoke of not wanting a two-tiered system and promised an end to medical apartheid in NSW by the 1st of December. Kris's bereaved family set about planning a wake, a celebration of his life. But then Perrottet cancelled that, too, by shifting the date to the 15th of December.

This two-tiered justice system has many names. Some call it medical apartheid; others call out the coercion or the discrimination on medical, ethical, moral and religious grounds – simply for someone's decision about their own body.

The hypocrisy is that even many government officials and elected politicians don't need to suffer under the unjust vaccine mandates.

As for us, we've lost friendships of over four decades. We have stood firm on the principle of letting people make their own choices, as we have. But this has been met with disrespect and mocking. We have shed tears. Our only crime is that we have done more than listen to the squawks of the corporate press.

One of our sons frets how we have changed. "Stop letting this affect you. Get a life. You worry too much." He has no children and doesn't want any. He doesn't understand us.

My doctor respects our position, but he worries that the powers that be will keep making life harder for us if we stand by our decision.

My husband's mates, who played golf with him for 15 years, deserted him the moment Berejiklian began creating this parallel universe with her speeches and policies.

So, while friends celebrate lunch together or have a barbeque and a beer at the pub, we sit at home. We paint, write songs, or have a hit of golf with some friends. We love our family and the friends we have all the more. Thank God.

Have I described isolated incidents taking place in Australia? No. These are everyday stories that many suffer. The pain continues to mount for many. People are being turned away from their GP's, dentists, churches, even the Salvos!

If you think that all of this is okay – all for the betterment of Australia – consider that it's only better for some. You are living in a parallel universe, even if you can only see your side of it.

* Names changed for anonymity.

Dictionaries Are Redefining 'Anti-Vaxxer' to Silence Opposition to Mandates

James Macpherson, 13 December, 2021

I have had most vaccinations available in Australia because I have travelled extensively and have always wanted to do so safely. But despite my near-complete collection of vaccinations, I am – according to Merriam-Webster’s dictionary – an “anti-vaxxer”.

In September, Merriam-Webster redefined “anti-vaxxer” to mean “a person who opposes the use of vaccines or regulations mandating vaccination”.

Before you can say ‘George Orwell’, they had reclassified and demonised a whole segment of the population.

You might be jabbed like a pin cushion, but if you disagree with vaccination mandates, you are now an anti-vaxxer.

I suppose that means the people who wrote the Universal Declaration on Human Rights were “anti-vaxxers”, too.

I’m a Christian, but I don’t think people should be forced to be Christians. Does that mean I’m “anti-Christian?” Probably.

Miriam-Webster’s banner advertises that they have been around “since 1828”. In doing so, they suggest that language is defined according to time-honoured etymology. Despite this, they seem to have now conceded that language is entirely political and that meaning is completely fluid.

It is much easier to redefine words to discredit your ideological opponents than to marshal the correct words in a coherent argument.

This manipulation of dictionary definitions to smear anti-authoritarians as anti-vaxxers was embraced with zeal by Northern Territory Chief Minister Michael Gunner.⁶¹

On November 22, speaking with an intensity that caused veins to bulge in his neck, he insisted: “I don’t care what your personal vaccinated status is. If you support anyone who argues against the vaccine, you are an anti-vaxxer.

⁶¹ <https://www.abc.net.au/news/2021-11-22/nt-covid-vaccine-mandate-opponents-anti-vaxxers-michael-gunner/100640656>.

“If you are out there in any way, shape or form campaigning against this mandate you are absolutely anti-vax. Shove it, stuff it. Anyone out there who comes for the mandate, you are anti-vax.”

One of the most pernicious ways we have been manoeuvred over the past two years has been by the manipulation of words.

Why bother with nuance, respectful dialogue or understanding when you can simply redefine anyone who disagrees with you right out of polite society?

Merriam-Webster might like to consider redefining “democracy” in time for the next election so that the Chief Name Caller can tell every voter in his kingdom – vaxxed and unvaxxed alike – to “shove it”.

As English author, Sir Terry Pratchett once quipped: “The thing about words is that meanings can twist just like a snake. If you want to find snakes, look for them behind words that have changed their meaning.”

We now routinely speak of people who died “with” rather than “of” Covid.

Vaccination now means providing “protection” rather than “immunity”.

And myocarditis means “extremely rare side-affect hey look over there squirrel have you got your fourth booster shot yet or do you literally want people to die?”

At this rate, retro dictionaries, untainted by the truth police, will be the next Bitcoin.

Our Leaders Now Echo the Covid ‘Conspiracy Theorists’

Kurt Mahlburg, 8 January, 2022

The covid dominoes are falling.

In recent weeks, political leaders in Australia and beyond have begun to admit obvious truths that so-called ‘conspiracy theorists’ have been harping on about for months.

The Vaccines Don't Prevent Transmission

The classic example of this, which slowly came to light over the course of 2021, is the ubiquity of “breakthrough infections”.

Once dubbed “rare” by the corporate press, such cases are so common among the double- and triple-jabbed that we no longer bother using such an onerous phrase to describe them. Now we just shrug our shoulders and carry on when the supposedly-immune catch the virus.

Many argue that the covid injections were never designed to confer sterilising immunity as with other vaccines. But that is not what the world’s most trusted leaders told us.

President Joe Biden, White House Medical Advisor Anthony Fauci, CDC Director Rochelle Walensky and pharmaceutical investor Bill Gates clearly stated that by getting injected, you would neither contract nor transmit Covid-19.⁶²

It is now abundantly clear that, while the vaccines may prevent severe and deadly outcomes, they do little to slow the spread of the virus. This, of course, makes vaccine mandates and passports (which supposedly protect others) futile. I made this point in an article last year and was rebuked by many for being irresponsible. Where are my detractors now?

Everyone Will Eventually Get Covid

A more recent admission was made last week by NSW Health Minister Brad Hazzard. “We would expect that pretty well everybody in New South Wales at some point will get Omicron,” he told reporters. “We’re all going to get Omicron.”⁶³

While Hazzard was addressing the new variant specifically, our leaders have known for a long time that covid would eventually reach us all.

⁶² https://twitter.com/backtolife_2023/status/1489533531139231745.

⁶³ <https://www.skynews.com.au/australia-news/coronavirus/were-all-going-to-get-omicron-hazzards-bleak-covid-warning/video/13870fa81cdf81a127e4d4865b0a397c>.

How? For at least two reasons. The vaccines don't prevent infection, as we have seen. Also, they have not reduced covid's reproduction rate (the average number of additional cases caused by an infected person) to below the necessary target of 1.

“Covid-zero” was always going to be impossible. But that never stopped state premiers like Daniel Andrews and Mark McGowan pursuing it with reckless abandon. They truly believed it was possible to keep their state safe from covid until the threat simply disappeared into the ether. To question their radical commitment was verboten just months ago.

Now even our Prime Minister is saying that we must “live with this virus with common sense and responsibility” — ironically, while case numbers reach heights that would have made his eyes water last year.⁶⁴ And now we're all free to say in polite society what was taboo just weeks ago.

Hospitalisation Numbers Have Been Overstated

Brad Hazzard has again come to the rescue, admitting what the tinfoil hats among us have suggested from the start: covid hospitalisation figures are not what they seem. Last week he explained:

A reasonable proportion of cases being classified as Covid hospitalisations are actually people with other reasons for admission. Heart attacks, births, falls, none of that stops just because there is Covid.

They come into hospital, they have a swab taken and it confirms Covid. This shows us it's out in the community, but we aren't necessarily seeing that as the primary reason for all of the admissions.

⁶⁴ <https://www.skynews.com.au/australia-news/coronavirus/we-are-not-going-back-to-shutting-down-peoples-lives-says-the-prime-minister-amid-record-covid19-cases-across-australia/news-story/6c7b55522e82b12df047283b9b3a6c6f>.

According to the Daily Mail, “data shows as many as 50 per cent of ‘Covid patients’ in the state’s hospitals were actually admitted for other reasons”.⁶⁵

Coincidentally, just days earlier, Anthony Fauci acknowledge the same anomaly in US hospitalisation statistics for children:

*If you look at the children who are hospitalised, many of them are hospitalised with covid as opposed to because of covid. And what we mean by that, if a child goes into the hospital they automatically get tested for covid and they get counted as a covid hospitalised individual, when in fact they may go in for a broken leg or appendicitis.*⁶⁶

It takes commendable blind faith in talking heads to believe this was a conspiracy theory last week and a perfectly acceptable viewpoint today.

Your Health is Your Responsibility

Millennials like me went through school learning that exercise, healthy eating and good self-care were hallmarks of responsible adulthood.

Then over the last two years we were abruptly told that the deaths of others were on our heads if we didn’t live like hermits, take a provisionally-approved medical treatment, and happily hand over a swathe of other human rights.

If you’ve followed the science, you would know that Covid-19 disproportionately affects those who are immunocompromised, chronically ill and overweight. It is ironic, then, that those insisting on healthy eating, vitamin supplements, exercise and sunlight these last two years have routinely been frowned upon as encouraging “vaccine hesitancy”.

“Protect your family and get vaccinated” and “stay home to save lives” have been far more popular slogans — perhaps because they require far less effort from us than the hard work of personal health.

⁶⁵ <https://www.dailymail.co.uk/news/article-10362331/Victorias-Covid-crisis-100-000-cases-day-amid-shock-claims-NSW-hospitalisations.html>.

⁶⁶ <https://twitter.com/TPostMillennial/status/1476710278096166917>.

While I remain dumbfounded and disconcerted that no public leaders anywhere (as far as I am aware) have promoted personal health, perhaps the tide is beginning to turn. El Salvador's government recently released the following ad.⁶⁷

As omicron continues to spread, maybe Western governments will begin to see the wisdom in the “quackery” of personal health as well.

All of this to say: if your main source of news the last two years has been the corporate press, you may be shocked and even afraid of what our leaders are now telling us about covid. But if you have been consuming independent and conservative media and thinking critically, none of it will come as a surprise.

So be careful who you trust. And maybe take a moment to reach out and apologise to your “conspiracy theorist” friends and family?

Four More Covid Conspiracy Theories That Came True

Kurt Mahlburg, 25 January, 2022

In a recent article entitled *Our Leaders Now Echo the Covid ‘Conspiracy Theorists’*, I documented four facts now widely accepted that were rejected as nonsense just months ago.

If you insisted on those facts during earlier phases of the Covid-19 pandemic, you were dismissed as a conspiracy theorist or even —gasp— a ‘grandma-killer’. But as I explained, it is finally dawning on most people that:

- The vaccines don't prevent transmission
- Everyone will eventually get Covid
- Hospitalisation numbers have been overstated
- Your health is your responsibility

As the mainstream Covid narrative continues to unravel, consider four more alleged conspiracy theories that have recently ‘come true’.

⁶⁷ <https://twitter.com/apexworldnews/status/1478389709852352526>.

Natural Immunity Beats Vaccine Immunity

During the global vaccine rollout, natural immunity from Covid-19 was generally ignored and even criticised. Early on, the CDC published a study insisting that vaccination offers up to five times better protection than prior infection.⁶⁸ Media outlets and ‘fact checkers’ echoed this lack of confidence in antibodies gained through a previous bout of Covid-19.

“Get vaccinated even if you’ve had Covid” was the mantra. If you chose not to, you were likely labelled an ‘anti-vaxxer’ and a risk to others. It was a mindset that shaped policy all over the world, forcing the already-recovered out of careers and daily life for refusing a medical treatment they weren’t convinced they needed.

People who questioned the status quo were demonised. But they were standing on decades of research and common sense about infectious diseases. And they have been proven right.

The CDC released a new study last week that considered immunity during the delta wave (May to November 2021) in California and New York. Its findings directly contradict the previous study: by October, those who were vaccinated but had no natural immunity were six times more likely to get infected with Covid-19 than those who previously had it but didn’t take the vaccine.⁶⁹

The study also showed that both vaccination and prior infection together provided the best immunity. But it certainly demolished the myth that natural immunity doesn’t work, or that the previously ill who decline the vaccine are a danger to others.

Covid Deaths Have Been Overstated

Worldometer has been a vital resource for many of us over the last two years. Collating data from governments worldwide, it currently puts the Covid-19 death toll at over 5.6 million.

⁶⁸ <https://www.cdc.gov/media/releases/2021/s1029-Vaccination-Offers-Higher-Protection.html>.

⁶⁹ <https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e1.htm>.

Every one of these deaths is a tragedy. But accuracy matters.

The question many are now asking is whether the national statistics we've relied on provide an accurate count of Covid-19 deaths. These numbers often include people who died of a different cause while Covid-positive, or deaths where Covid-19 was just one of several contributing factors.

Of course, medical professionals rightly point out that discerning a single cause of death can sometimes be difficult, if not impossible. We will never have exact data on deaths where Covid-19 was the definitive factor. But recent freedom of information requests in the UK have shed more light on this issue.

In the UK, 153,800 people have died within 28 days of a positive Covid test — this is the nation's official death toll. But the Office for National Statistics has revealed that only 17,300 of these were deaths from Covid-19 with no other underlying causes.⁷⁰ In a separate report, it was revealed that just 6,200 Brits had Covid-19 as the only cause of death on their death certificate.⁷¹

The death toll is certainly higher than these figures. Many people with underlying conditions such as diabetes, obesity or high blood pressure, for example, would have lived longer had they not encountered Covid-19. But at the very least, the official numbers we've been relying on are murky and overstated.

Given that this data drove so much policymaking and fear, it is only right to ask if our response might have been more measured with a clearer picture of Covid-19 deaths.

Covid Definitely Discriminates

Another popular mantra from public figures has been that “Covid doesn't discriminate”. Though this was an appeal for every person to act with caution, it falsely implied that all people were equally at risk.

⁷⁰ <https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/deathsfromcovid19withnootherunderlyingcauses>.

⁷¹ <https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/covid19deathsandautopsiesfeb2020todec2021>.

Until recently, if you suggested otherwise — believing that the young and healthy should safely go about their lives while the elderly and at-risk were protected — you were seen as dangerous and irresponsible.

But Covid-19 does discriminate. Now that omicron is on the loose, we are allowed to admit this fact in polite society. But it was true long before omicron arrived. For all but the well advanced in years, the virus has posed a remarkably small risk.⁷²

This means a vaccinated 80-year-old is as likely to die as an unvaccinated 50-year-old. Likewise, a vaccinated 25-year-old is at greater risk of death than an unvaccinated 10-year-old.

Obviously, this isn't an argument against vaccines. But it does count as further evidence that Covid-19 is highly age-selective — and that vaccination should always have been a choice for people based on their relative risk.

Moreover, it is a major rebuke to every leader who laid the greatest burdens on the young and healthy. We will regret these policies for decades to come — a reality that is only now dawning on those who refused to listen at the start of our lockdown madness.

The Unvaccinated Are Not to Blame

In May 2021, Channel 9 released an ad featuring celebrities who promised that vaccination was Australia's ticket to freedom. "Now we have a shot to get our lives back to normal," began Scott Cam, host of *The Block*. In a long queue, big names promised that vaccination would mean everyone reuniting for Christmas, friends being welcomed back to Australia's shores, and a return to business as usual.

Australia is now 93 per cent vaccinated — one of the highest rates in the world. But many people were not allowed to reunite for Christmas, our international borders are still effectively closed, and rolling restrictions continue for schools, events and businesses. Vaccination mandates still prevent many Australians from earning an income, for no discernible benefit to anyone.

⁷² <https://www.medrxiv.org/content/10.1101/2021.07.08.21260210v1>.

Australia's omicron surge is finally subsiding but there is little hint from our leaders that we are allowed to "live with Covid" in 2022 as promised. Despite a far less deadly new variant, case numbers are still driving public policy and too much panic.

To blame the vaccine-free for this is disingenuous. Like so many other nations with exceptionally high vaccination rates — including Israel, Denmark, Spain and Israel — cases have risen regardless. Those without immunity remain at greater risk of hospitalisation and death, but they are not to blame for case spikes and ongoing restrictions.

Today, the unvaccinated are the whipping boy for all our country's ongoing woes, but even the most hard-headed can see that this is no 'pandemic of the unvaccinated'. It's a virus we are yet to fully understand and control — and the onus is on the government to let those who are immune or at otherwise low risk to get on with their plans, dreams and lives.

Until then, pay attention to other Covid 'conspiracy theories': their fulfilment may be just around the corner.

'We Are Not Anti-Vaxx': 30 Real Reasons People March For Freedom

Kurt Mahlburg, 9 February, 2022

Freedom Convoys are gathering momentum in Canada, Australia and several European countries. Millions of citizens have marched in freedom rallies across the Western world for 30 weeks straight.

The protesters who attend are routinely labelled 'anti-vaxxers' by the legacy media — even though many of them are vaccinated, are pro-vaccine, or are explicitly protesting vaccine *mandates* and other authoritarian health orders.

The news outlets using the 'anti-vaxx' label know what they are doing. They have found an epithet that is deeply unpopular with the public, and are wielding it to discredit a movement that threatens the credibility of their reporting over the last two years.

In response to this obvious journalistic deception, a letter to the editor was recently sent in to Cairns News that truthfully reflects the concerns of the freedom protesters. An edited version of this list appears below. “While the media prefer to label everything as ‘anti-vaxx’,” the writer posed, here are some other ideas:

1. It’s the cancelled surgeries.
2. It’s the family and friends we haven’t been allowed to see.
3. It’s the elderly parents passing away alone.
4. It’s the funerals of loved ones we haven’t been allowed to attend, and the limit on how many can celebrate their death, or even attend at all.
5. It’s the children’s cancelled birthday parties, including the two-year-olds who have never had a birthday party, nor attended one.
6. It’s the decline in mental health — because the worst thing for depression is being lonely.
7. It’s the cancelled vacations, work trips, festivals, concerts, parties and reunions.
8. It’s telling us how many people are allowed to attend our weddings.
9. It’s masking our children while they sit in class, run during gym, and play outside.
10. It’s having to choose between a vaccine that gave your friend heart problems, and losing your job.
11. It’s our healthcare workers — our heroes — losing their jobs, and causing other healthcare workers to become exhausted from trying to keep it together day after day!
12. It’s the parents who have been forced to leave work to take care of their children’s homeschooling.
13. It’s missing work and defaulting on mortgages and bills.
14. It’s the incentive to stay home instead of working, and being rewarded with ‘free’ money.
15. It’s the ‘free’ money that we’ll all be paying back through taxes and inflation eventually.
16. It’s the isolation and the separation — and telling us how many can come over for Christmas.
17. It’s the hours spent listening to our government officials dictate every aspect of our lives.
18. It’s the fear-mongering that has been instilled upon us by our leaders and every legacy news outlet.

19. It's the vacationers who have been stranded on cruise ships, resorts and in airports — forced to wait endlessly, pay for new tickets or be turned away to, all follow rules that were made up yesterday and will be forgotten next week.
20. It's the families no longer able to build their dream homes.
21. It's the dads not being able to be present for their unborn baby's ultrasound.
22. It's the mothers giving birth and being told their husbands can't be there.
23. It's the hugs we've missed out on.
24. It's the professional sports cancelled, the children's sports games cancelled, the gym classes cancelled, the recreation classes cancelled, the competitions cancelled.
25. It's the ten-year-old choosing a needle in her arm that she doesn't need just so she can attend her dance competition.
26. It's trying to explain to our two-year-olds (who are now four-year-olds) why they have to wear a mask.
27. It's the burnt-out teachers, doctors, nurses, fast-food workers, mums, grocery workers and service station attendants who just want to get back to their normal lives.
28. It's the increase in domestic violence and suicide.
29. It's the constant contradiction and changing of rules, where our elected leaders have refashioned themselves as dictators, dividing us and separating us and turning us against each other for no discernible benefit.
30. But it's really been our freedom that has been impacted the most — the freedom of choice that we used to take for granted but must now demand back from the powers that be.

Testimony of an Australian who fled Communist China

Jane Lee, 15 February 2022

Many of you have heard about the one-child policy in China, but you probably don't know how it was implemented.

There were times when it was tightened or relaxed over its course from the 1980s to early 2000s, and it caused enormous physical and psychological trauma, as well as financial stress, for several generations of Chinese families.

During its peak, people, especially married women, were mandated to have contraception such as IUD (intrauterine devices) after having one child, and to be sterilised through tubal ligation after having two children.

On many occasions, people were requested to show evidence of having complied with such measures. I will list just a few examples here:

- To keep their job or to get a promotion;
- To register their child with the “Single Child Certificate”, allowing privileges other families couldn’t access, such as schooling selection benefits, etc;
- To register their child as a “legally born person” to receive any government welfare.

There were also many cases where pregnant mothers were mandated to have an abortion so they might be allowed to keep their job; or, if they don’t have a job, to keep themselves or the fathers out of jail.

It was such a widely accepted belief that “people with multiple children are usually under-educated, old-fashioned, and struggle with poverty.” Media and artists played comedy shows to mock people who fled from their hometowns so that they could be somewhere nobody knew them and have more than one child.

I grew up in China during this era.

I had an unborn sibling (or siblings) aborted, because their existence threatened the livelihood of the rest of the family.

“How could such laws be implemented?” you may ask. “Were the Chinese governments (central and local) particularly controlling and cruel? Were the Chinese people particularly gullible and obedient, that they could allow such things happen to themselves?”

I would probably have answered “Yes” to these questions prior to 2021.

Before that, I thought I had been set free since moving to Australia. In this country, I could choose what to believe in, openly express my views on current affairs, have as many children as I wish, and choose what to put into my body.

When COVID-19 first hit Australia in 2020, I was very proud of how the Federal Government and many Liberal states handled the issue; schools stayed open for families who needed them, businesses were allowed to continue wherever they could, people could go out for exercise and carry on with their lives. People were given choices while they were trusted to do the right things to protect themselves and their communities.

I was proud to be able to live in Australia, while feeling sympathetic for my fellow Chinese people who lived in long lockdowns, loss of livelihood, being arrested for exercising outside without a mask, and having to scan in and out wherever they went.

In early 2020, many Chinese people who live in Australia were heavily criticising the relatively relaxed Australian government COVID policies, saying that Australia should just “copy the homework of China”, which is the only way to handle the threat of COVID. However, as the year progressed and the situation improved, they were able to see the credibility of choosing an alternative path.

Things took a sharp turn in early 2021, when the COVID vaccines became available.

Strict lockdowns continued in Labor states, and even in Liberal states, people started being mandated to wear masks and stricter check-in rules.

Some of my friends and colleagues started to worry about the vaccines being mandated for work. I was not happy with how things were developing, but was still feeling very calm and confident — even the Chinese central government was not mandating the vaccines and urged local authorities and organisations not to mandate it. These are vaccines in the experimental phase. There is no long-term evidence to suggest that they are safe and effective. Surely the Australian governments would not do it.

However, only a few weeks later, I was told at work that I would need to either comply with the vaccine mandate or lose my employment.

This felt like *déjà vu*.

I could see the patterns.

Over the decades, Chinese people complied with the one-child policy because the Chinese government had them believe that overpopulation was a huge threat to the whole nation — we would run out of food and resources to survive if we didn't severely reduce the growth of our population. The Policy was our ONLY solution. Furthermore, having fewer children helps families to be better off, with a better quality of life, and it helps the whole country to develop and modernise.

The government achieved this “common understanding” throughout society by bombarding people with propaganda: banners with slogans on walls, pictures of a happy father and mother with one child, speeches and formal letters from the authorities. There were no alternative opinions available in the public square. It was all about conveying one message:

“Do this. It’s good for you, your loved ones and the community.”

What about here in Australia? Why are most Australian people complying with the COVID mandates?

The Australian government tells us that COVID is a huge threat to the whole country — we could be very sick and die if infected with COVID. There is no effective medicine or treatment to cure this disease. The vaccines are the ONLY solution. Taking the vaccines helps to keep everyone safe, to keep the community safe, and it helps the whole country to open up again so people can have their freedoms back.

The government achieved this “common understanding” in our society by bombarding people with propaganda via our mainstream news outlets. There have been no alternative opinions allowed in the public square. Anyone speaking a different view is discredited or penalised. It has all been about conveying one message:

“Do this. It’s good for you, your loved ones and the community.”

Besides the past few years, Australians have had a pretty stable system of government for a long time — and therefore they have little reason for distrusting this system. The government also provides plenty of welfare, making people feel they are being looked after.

Because of this, people have put their faith in the government in Australia and other Western democratic systems. As long as they can have comfortable lives and the right to vote, Australians believe they still hold the power over their government — therefore they feel a sense of security, and happily follow strict directions from government bureaucrats without asking too many questions.

However, what many Australian people don't realise is that their power over the government is weakened the moment they stop asking questions. The power turns when the media stop working for the people, instead suppressing debate and eliminating different opinions in the public square. They have now become propaganda machines for the government.

I have lived in a country without freedom of speech, and I have seen how easily a government can control people's thoughts through propaganda and tyranny.

I'm concerned that Australia is heading down the same road. We need to stand up for our precious rights and freedoms before it is too late!

The Guardian Makes Coherent Case For Vaccine Refusal

Kurt Mahlburg, 19 February, 2022

In a stunning reversal, left-wing newspaper The Guardian has made a perfectly rational case for why some people refused a Covid-19 jab despite immense societal and government pressure.⁷³

While still touting the benefits of vaccination, the British-based rag provided a list of 19 well-articulated motivations for people's non-compliance over the last year. The article comes as welcome relief at a time when those opposing government mandates are being labelled 'domestic terrorists'.⁷⁴

⁷³ <https://www.theguardian.com/commentisfree/2022/feb/15/this-is-why-some-people-dont-want-to-get-the-covid-vaccine>.

⁷⁴ <https://www.dhs.gov/ntas/advisory/national-terrorism-advisory-system-bulletin-february-07-2022>.

Written by Columbia University sociologist Musa al-Gharbi, the piece opened with a gentle rebuke for ‘progressives’ who have long assumed people’s “failure to comply with the directives of public health officials is absurd” and “must be driven by some pathology or deficit”.

Al-Gharbi describes the puzzled reaction of the typical Guardian reader, who has for the last year pondered “the primary malfunction of ‘those people’: Are they ignorant? Brainwashed? Stupid? Selfish and apathetic? All of the above?”

Not so, he argues. “Hesitancy and non-compliance may actually be reasonable responses to how experts and other elites have conducted themselves, both before and during the pandemic.” In words that directly mirror the concerns shared by countless million dissenters all around the Western world, al-Gharbi makes the case that:

There are many powerful and fairly straightforward reasons people cite for why they are suspicious of authorities, both with respect to the Covid-19 vaccine and other pandemic-related public health guidance.

Excerpts from his list are provided below. Regardless of whether you got vaccinated or not, if you have stood against coercive government mandates, you may fall off your chair reading this:

- “The Covid-19 vaccines were developed, approved, mass produced and distributed at record speed. On the one hand, this was a miracle of modern science, state capacity and private sector ingenuity. On the other hand, the rapid process gave rise to questions about whether proper protocols had been followed and exacerbated concerns about how safe and effective the vaccines would be.”
- “These rapidly produced vaccines also pioneered the use of “artificial proteins never seen in the natural world”. Again, a miracle of modern science, but one that left many wondering if there was sufficient research on possible long-term problems and side-effects...”
- “During the 2020 US presidential campaign, both Joe Biden and Kamala Harris expressed grave concerns about the ‘Trump vaccines,’ alleging that they may not have been properly developed, vetted, approved or manufactured – and

consequently, may not be safe. The Biden administration is now depicting hesitancy around these same vaccines as irrational and immoral.”

- “In a recent interview, Anthony Fauci outright acknowledged that he has engaged in ‘noble lies’ with respect to herd immunity vaccination targets in order to encourage more people to take the shots.”
- “Pre-Omicron, the vaccines were portrayed as providing more than 90% effectiveness against Covid-19 infection. It turned out that even a two-dose sequence faced precipitous declines in efficacy, dropping to less than 50% effectiveness several months after the second shot...”
- “In the wake of Omicron, even people who have been ‘boosted’ with a third shot are regularly experiencing breakthrough infections. And so, over time, the justification for getting vaccinated has shifted. Rather than being sold as a means of preventing infection altogether, it is now argued that people should take the shots in order to reduce hospitalizations and deaths...”
- “It was initially reported that a single shot provided great protection, although a booster could conceivably be suggested down the line. Then two shots became the standard to be “fully vaccinated.” Now, according to Fauci, three shots will soon become a requirement for being considered “fully vaccinated” – and the CDC is urging some Americans to pursue a fourth shot. There does not seem to be a clear end in sight for how many shots may ultimately be suggested.”
- “Each additional round of shots generates billions for vaccine manufacturers. Pharmaceutical companies have a clear stake in multiple rounds being mandated or encouraged for as many people as possible, in as many places as possible (at as high a price as possible).”
- “The CDC receives immense sums of money from big pharma, while failing to adequately disclose these donations and industry ties, despite obvious conflicts of interest in many of these ‘gifts.’ This was a big problem even before the pandemic. Yet despite vocal calls for reform, no changes were made – even as donations rapidly increased in the midst of the Covid-19 crisis.”

- “The FDA approved the Johnson & Johnson vaccine as safe and effective. It subsequently advised against Americans taking this vaccine due to rare but occasionally fatal side effects.”
- “According to the VAERS (vaccine adverse event reporting system) database, nearly 12,000 Americans have died shortly after receiving Covid vaccines, possibly as a result of side-effects or allergic reactions from the vaccines. On the one hand, these casualties represent a minuscule share (0.0022%) of all doses given out, and are radically offset by the immense number of lives saved by vaccination. But at the same time, 12,000 lives are not nothing. There are many, many towns in the US with populations smaller than that. Nonetheless, people expressing concerns about vaccine-related deaths are often mocked or derided.”
- “Over the course of the pandemic, legislators and other government officials have invested heavily in the stock of vaccine manufacturers, and reaped significant financial windfalls from these investments. Pharma companies have reciprocally poured millions into the campaign coffers of sympathetic congress members.”

Looking at the approach of authorities to Covid more broadly, the Guardian article offers further reasons for people’s scepticism and non-compliance:

- “In the early days of the pandemic, the CDC insisted that Americans did not need to mask, and went so far as to suggest that masking could actually be harmful under certain circumstances. They later insisted that everyone should mask in public settings, even if they are fully vaccinated. Mask mandates have proliferated. Cloth masks, once deemed effective, are now proclaimed as better than nothing, but not very helpful.”
- “Expert modelling and predictions around the Covid-19 pandemic have often been inaccurate. In particular, they tend to wildly overestimate rates of infection, the numbers of deaths, etc, over a given period... These dire projections have been quite costly for many – from “lost years” of learning in schools to devastating financial losses for individuals and businesses and increased social isolation, mental health strain and substance abuse to radical increases in antisocial behaviours resulting from a breakdown of social cohesion. These costs have all been borne most heavily by those who were already relatively disadvantaged and vulnerable...”

- “Statistics on ‘Covid-19 related hospitalisations’ seem to significantly inflate the number of people who are seeking medical care specifically due to health problems related to a Covid infection (even as Covid-related deaths may be significantly undercounted).”
- “While Trump was in office, insinuations that Covid-19 may have originated from a lab leak were widely derided as a racist conspiracy theory and media content exploring the possibility of a lab leak was actively censored by Facebook. Nonetheless, significant evidence has continued to build in support of the “lab leak hypothesis,” to the point where senior Biden administration officials now view the lab leak theory as roughly as credible as the natural origins theory – raising questions for many about why some public officials so aggressively (and prematurely) sought to suppress and discredit this hypothesis.”
- “Trump continues to be mocked and condemned for allegedly downplaying the severity of the Covid-19 pandemic. However, many in the expert class and mainstream left-aligned media outlets did exactly the same thing, and have apparently memory-holed this fact.”

There’s only one problem with The Guardian’s article — it’s around a year late. Common sense people have been making all of the above arguments for a painfully long time, often at the cost of friendships, reputations, and even careers.

Either way, the narrative that Covid was worth mothballing the economy for two years and tearing apart the fabric of Western democracy is now tumbling like dominoes. Consider these recent backflips from other corporate media outlets:

- News.Com.Au: End of restrictions exposes senseless Covid ‘scare-mongering’⁷⁵
- The Daily Mail: Ben Fordham exposes astonishing list highlighting what’s REALLY causing coronavirus deaths in Australia and the damning statistic that will leave you fuming: ‘There’s an overblown scare campaign’⁷⁶

⁷⁵ <https://www.news.com.au/world/coronavirus/australia/end-of-restrictions-exposes-senseless-covid-scaremongering/news-story/e84643e7f745d3745f08065791419dd3>.

⁷⁶ <https://www.dailymail.co.uk/news/article-10516561/Ben-Fordham-exposes-data-shows-whats-really-causing-Covid-deaths.html>.

- Sky News Australia: Former deputy chief medical officer Dr Nick Coatsworth says Omicron variant is ‘clearly not’ as threatening as influenza⁷⁷

The question that remains is, have we learnt our lesson — or will we allow ourselves to be driven to paranoia by the next all-consuming ‘crisis’?

A Doctor Speaks: Why I Am Refusing the COVID-19 Vaccination

Dr Thomas Moore Rosario, 25 April, 2022

For the past year, many have inquired as to the reasons why I have declined vaccination for COVID-19 despite the massive effort by governments to promote the vaccines, to the extent of providing them free of charge, first to healthcare workers and then to the public.

Recently, these efforts have resulted in a totalitarian vaccination mandate and the permission for employers to terminate unvaccinated employees without any liability, and the restriction of movement of the unvaccinated in public spaces.

The haste in which these vaccines have been created, and the adverse reactions that they are causing give great cause for concerns as to whether the medical benefits of COVID-19 vaccination outweigh the risks of contracting the virus itself. This is particularly so in the demographic of the young and healthy adults, of which I am included.

As a Christian and a medical doctor who serves in the public healthcare sector, I cannot comply with the government’s unjust and unscientific demands. Given these circumstances as well as the nuance required in understanding my decisions, I have decided to attempt to explain my decision in this brief essay.

A. COVID has a low infection fatality rate (IFR)

⁷⁷ <https://www.skynews.com.au/australia-news/coronavirus/former-deputy-chief-medical-officer-dr-nick-coatsworth-says-omicron-variant-is-clearly-not-as-threatening-as-influenza/news-story/9f7684fc26256cccbddf2bf7ec3a142>.

The IFR of COVID in general ranges from 0.00% to 1.63%.⁷⁸ Age stratification demonstrates a survival rate for my age range (30 to 39) to be 99.969%.⁷⁹ The vast majority of patients who develop COVID also have mild symptoms. Hence, it would appear that for young healthy individuals in my age range, the vast majority of patients who develop COVID will endure mild symptoms with a low risk of death.

B. Inefficacy of experimental vaccines to prevent COVID infection, severe COVID, and transmission of COVID

There are over thirty studies that demonstrate the inefficacy of vaccinations in preventing COVID infections.⁸⁰

Of note, data from Israel, one of the most highly vaccinated countries in the world, published their data for July 2021 which showed that despite having a 84.4% fully vaccinated population, 86% of their confirmed COVID cases were fully vaccinated.⁸¹ Another group from UC Davis found “no significant difference in cycle threshold values between vaccinated and unvaccinated, asymptomatic and symptomatic groups infected with SARS-CoV-2 Delta.”⁸²

A group in UC San Diego Health published a letter in the New England Journal of Medicine showing that despite having 87% of the hospital workforce vaccinated, 57.3% (130/227) workers tested positive for the Delta variant.⁸³ A group from

⁷⁸ Ioannidis, J. P. A. (2021). “Infection fatality rate of COVID-19 inferred from seroprevalence data”. *Bulletin of the World Health Organization*, 99(1), 19-33F. doi:10.2471/BLT.20.265892.

⁷⁹ Axfors, C., & Ioannidis, J. P. A. (2021). “Infection fatality rate of COVID-19 in community-dwelling populations with emphasis on the elderly: An overview”. *medRxiv*, 2021.2007.2008.21260210. doi:10.1101/2021.07.08.21260210.

⁸⁰ Alexander, P. E. (2021). 47 Efficacy Studies that Rebuke Vaccine Mandates.

⁸¹ data.gov.il and DataDashboard.health.gov.il.

⁸² Acharya, C. B., Schrom, J., Mitchell, A. M., Coil, D. A., Marquez, C., Rojas, S., ... Havlir, D. (2021). “No Significant Difference in Viral Load Between Vaccinated and Unvaccinated, Asymptomatic and Symptomatic Groups When Infected with SARS-CoV-2 Delta Variant”. *medRxiv*, 2021.2009.2028.21264262. doi:10.1101/2021.09.28.21264262.

⁸³ Keehner, J., Horton, L. E., Binkin, N. J., Laurent, L. C., Pride, D., Longhurst, C. A., ... Torriani, F. J. (2021). “Resurgence of SARS-CoV-2 Infection in a Highly Vaccinated Health System Workforce”. *New England Journal of Medicine*, 385(14), 1330-1332. doi:10.1056/NEJMc2112981.

Wisconsin also demonstrated that vaccinated individuals can also transmit the Delta variant to others.⁸⁴

A CDC study also reported that the majority of patients (53%) who were admitted to hospitals for COVID-19 like illness were fully vaccinated.⁸⁵ It should be noted that hospitalisation for COVID-19 in the states and many other countries is solely for severe illness requiring oxygen or ICU care. This is in contrast to Singapore whereby, until September, all COVID-19 cases were admitted to hospital or to community care facilities.

Further, the vaccination does not provide protection against Omicron.^{86,87,88} In fact, the data coming out of several countries suggest that the fully vaccinated are more likely to catch COVID.^{89,90}

C. Significant Adverse Effect Events and Lack of Long Term Safety Data

⁸⁴ Riemersma, K. K., Grogan, B. E., Kita-Yarbro, A., Halfmann, P., Kocharian, A., Florek, K. R., ... Grande, K. M. (2021). "Shedding of Infectious SARS-CoV-2 Despite Vaccination when the Delta Variant is Prevalent — Wisconsin, July 2021". medRxiv, 2021.2007.2031.21261387. doi:10.1101/2021.07.31.21261387.

⁸⁵ Embi, P. J., Levy, M. E., Naleway, A. L., Patel, P., Gaglani, M., Natarajan, K., ... DeSilva, M. B. (2021). "Effectiveness of 2-Dose Vaccination with mRNA COVID-19 Vaccines Against COVID-19-Associated Hospitalizations Among Immunocompromised Adults — Nine States, January-September 2021". MMWR. Morbidity and mortality weekly report, 70(44), 1553-1559. doi:10.15585/mmwr.mm7044e3.

⁸⁶ Cele, S., Jackson, L., Khan, K., Khoury, D. S., Moyo-Gwete, T., Tegally, H., ... Sigal, A. (2021). "SARS-CoV-2 Omicron has extensive but incomplete escape of Pfizer BNT162b2 elicited neutralization and requires ACE2 for infection". medRxiv, 2021.2012.2008.21267417. doi:10.1101/2021.12.08.21267417 (Cele, Holm, UK HAS).

⁸⁷ Hansen, C. H., Schelde, A. B., Moustsen-Helm, I. R., Emborg, H.-D., Krause, T. G., Mølbak, K., ... Institut, o. b. o. t. I. D. P. G. a. S. S. (2021). "Vaccine effectiveness against SARS-CoV-2 infection with the Omicron or Delta variants following a two-dose or booster BNT162b2 or mRNA-1273 vaccination series: A Danish cohort study". medRxiv, 2021.2012.2020.21267966. doi:10.1101/2021.12.20.21267966.

⁸⁸ Agency, U. H. S. (2021). "SARS-CoV-2 variants of concern and variants under investigation in England Technical Briefing 33".

⁸⁹ Alexander, P. "Near 80% of Omicron cases US were double vaccinated (initial rise if OMICRON); CDC MMWR reporting Dec 10th 2021 & WHO Urges Nations To Lift Travel Bans & Not Mandate 'proof Of Vaccination' For Entry".

⁹⁰ Garrison, B. "Fully Vaccinated: 88% of COVID-19 Cases, 68% of Hospitalizations, and 67% of Deaths in Canada." Canadian Covid.

These experimental vaccines were also rushed through development, skipping many established safety processes along the way.⁹¹ Where vaccines are typically developed over 10 years, with an accelerated process taking 5-8 years, the COVID vaccines were developed and pushed to market in the record time of 6 to 8 months, along with many other dubious practices in the trial, such as Pfizer unblinding its trial, and merging the control arm with the vaccine arm after 2 months. As such, the world has become unwittingly subject to an ongoing global phase 3 clinical trial, where the companies involved have indemnity to any consequences of the trial.

As a result, there is a lack of long-term safety data across all the vaccines. There has been an argument made that this is acceptable in view of the novel and emergent situation that this pandemic has brought about. However, given the IFR of COVID-19 is between 0.00% to 1.63% and it is <0.1% across all age groups under 70, it does not warrant the gravity necessary to trial experimental therapeutics upon the general public.

Further, there is a significant risk of severe and long-term adverse effects ranging from thromboembolic events, strokes, auto-immune disease, myocarditis, to death amongst previously young and healthy individuals. As of December 2021, 1,000,227 reports of adverse events have been reported to the US Vaccine Adverse Events Reporting System.⁹² 21,002 of those reports are deaths, a number that exponentially overshadows the total number of deaths reported to VAERS since its inception in 1980. Deaths in VAERS are physician-reported, and stringent checks are done to ensure veracity. The FDA reported that VAERS events are under-reported by a factor of 10 to 100.⁹³

In fact, the recent FOIA of Pfizer trial documents has shown that Pfizer has compiled a 9-page list of side effects of their vaccine.⁹⁴ Read that again. That isn't 9 pages describing side effects — that is a 9-page list of reported side effects. This list totals 1,291 various side effects that were reported over 3 months from 1 Dec 2020 to 28 Feb 2021. These documents also revealed a shocking 1,223 fatalities in the first 3 months

⁹¹ “The Pfizer Inoculations For COVID-19 – More Harm Than Good – VIDEO”. Canadian Covid Alliance.

⁹² “VAERS COVID Vaccine Mortality Reports”. Open VAERS.

⁹³ Lazarus, R., Klompas, M., & Bernstein, S. (2010). “Electronic Support for Public Health–Vaccine Adverse Event Reporting System (ESP: VAERS)”. Grant. Final Report, Grant ID: R18 HS, 17045.

⁹⁴ “List of Adverse Events of Special Interest”. Children’s Health Defense.

of vaccine roll-out. Some smarter people than I have analysed the data and extrapolated that this represents 10 deaths per million injections, or 22,775 deaths since the vaccine rollout.⁹⁵

The incidence of myocarditis amongst youth taking the vaccines is also concerning. A recent analysis of British data demonstrated an increased incidence of myocarditis following COVID-19 vaccination. The most affected group were patients under 40 years of age, who had received two doses of the vaccine. Males were disproportionately affected.⁹⁶ A recent prospective study from the US published on a pre-print server has demonstrated a 1 in 2000 men aged 19-24 developed myocarditis following their second mRNA shot.⁹⁷

Myocarditis is a serious disease with long-lasting consequences. 1 in 2 patients with myocarditis will have permanent heart failure,⁹⁸ with a 1 in 5 risk of mortality within 6.5 years.⁹⁹ Further, we have also seen a significant increase in the number of professional athletes collapsing or dying in 2021. One Israeli report of FIFA players found a 5-fold increase in deaths from 4.2 per year to a record 21 in 2021.¹⁰⁰ Another website that has been tracking the deaths of professional athletes has collated 810

⁹⁵ "The missing number in the Pfizer report to calculate death and adverse event rates." The Naked Emperor, <https://nakedemperor.substack.com/p/the-missing-number-in-the-pfizer>.

⁹⁶ Patone, M., Mei, X. W., Handunnetthi, L., Dixon, S., Zaccardi, F., Shankar-Hari, M., ... Hippisley-Cox, J. (2021). "Risk of myocarditis following sequential COVID-19 vaccinations by age and sex". medRxiv, 2021.2012.2023.21268276. doi:10.1101/2021.12.23.21268276.

⁹⁷ Sharff K.A., Dancoes D.M., Longueil J.L., Johnson E.S., Lewis P.F., "Risk of Myopericarditis following COVID-19 mRNA vaccination in a Large Integrated Health System: A Comparison of Completeness and Timeliness of Two Methods", medRxiv 2021.12.21.21268209; doi:<https://doi.org/10.1101/2021.12.21.21268209>.

⁹⁸ Tschöpe, C., Ammirati, E., Bozkurt, B., Caforio, A. L. P., Cooper, L. T., Felix, S. B., ... Van Linthout, S. (2021). "Myocarditis and inflammatory cardiomyopathy: current evidence and future directions". Nature Reviews Cardiology, 18(3), 169-193. doi:10.1038/s41569-020-00435-x.

⁹⁹ Grün, S., Schäufele, T., Derin, T., Kispert, E.-M., Klingel, K., Kandolf, R., ... Mahrholdt, H. (2011). "Long-term follow-up after viral myocarditis established by endomyocardial biopsy: Predictors of mortality". Journal of Cardiovascular Magnetic Resonance, 13(Suppl 1), M7-M7. doi:10.1186/1532-429X-13-S1-M7.

¹⁰⁰ Sones, M. (2021). 5-fold increase in sudden cardiac and unexplained deaths among FIFA athletes in 2021, <https://americasfrontlinedoctors.org/2/frontlinenews/500-increase-in-sudden-cardiac-and-unexplained-deaths-among-fifa-athletes-in-2021/>.

collapses and 579 deaths since the vaccination roll-out.¹⁰¹ While these have not been fully investigated, there is a common link behind them: the COVID-19 vaccination.

Young adults in Singapore are also suffering from adverse effects; however, there are such stringent criteria in place that many are rejected by the VICAP in spite of the plausibility in view of the proximity of onset.¹⁰² Far less plausible adverse reactions have resulted in declaring antibiotics or NSAIDs contraindicated in similar patients.

While these risks are still generally low, the long-term consequences are very heavy. Given the extremely low risk of mortality and severe illness of COVID-19, it is clear that the risks of vaccination do not outweigh the benefits.

Conclusion

Sars-CoV-2 is a novel coronavirus that causes COVID-19. It has become widespread across the world with an overall IFR Of 0.00-1.63, causing mostly mild disease in young adults without comorbidities. The novelty of this virus and its quick spread throughout the world have led to lockdowns, mask mandates, and other draconian measures worldwide, which have changed the way we live life.

This has resulted in the accelerated development of vaccinations for COVID-19. However, in the haste to create these vaccines, great lapses in safety have occurred. These experimental therapies have been shown to have poor efficacy in preventing infection and transmission of COVID-19.

In spite of this, vaccination mandates are being initiated in many parts of the world. These mandates are immoral as they coerce individuals to take experimental and ineffective treatment and to participate in the global drug trial against their will.

Vaccination with these experimental therapies should be a personal and individual choice. In light of these findings, I cannot in good conscience take this experimental vaccination, nor can I recommend them as a treatment for others and for my patients.

¹⁰¹ 890 Athlete Cardiac Arrests, Serious Issues, 579 Dead, After COVID Shot. (2022), <https://goodsciencing.com/covid/athletes-suffer-cardiac-arrest-die-after-covid-shot/>.

¹⁰² Leo. "Suspected Vaccine Injured – our Neighbours' inconvenient stories". Voice of Wilderness, <http://vow.sg/suspected-vaccine-injured-our-neighbors-inconvenient-stories/>.

Australian Medico-Legal Summit Finds Vaccine Mandates ‘Irrational’

Australian Medical Professionals Society, 19 July, 2022

The recent Australian Medical Professionals’ Society (AMPS) medico-legal summit hosted a panel of eminent experts including professors, associate professors, consultant specialists, PhDs and a lawyer, discussing the public health and safety issues presently resulting from interpretations of the Health Regulation National Law and how proposed amendments are likely to further impact on our ability to provide evidence-based best practice, informed consent and maintain the sacred doctor-patient relationship.¹⁰³

Health professionals are being persecuted for their loyalty and belief in codes of conduct predicated on the Hippocratic Oath, the Declaration of Geneva, and the International Code of Ethics. They have made commitments to serving the community, their patients, and to do no harm.

The immediate action clauses and proposed new amendments, rather than protecting public health, safety and confidence, pose a threat to public health. Rather than our patients being our primary concern, adherence to public health messaging is the new accepted professional standard of “best practice”.

In light of the failings, AMPS seeks legislative amendments to the Health Practitioner Regulation National Law and Therapeutic Goods Act. The legislative amendments contained within the Declaration and Urgent Demands are vital for protecting the health and safety of all Australians, while securing rights for health practitioners to function without undue interference, being a package of reforms that will implement safeguards preventing government and agency overreach, witnessed during the time of Covid.¹⁰⁴

AMPS believes these amendments are a threat to transparent evidence-based health care as the amendments, such as the making of public statement clauses, will further

¹⁰³ <https://rumble.com/c/c-1712475>.

¹⁰⁴ <https://amps.redunion.com.au/healthreformdeclaration>.

enforce silence through threats to public shaming, empowering AHPRA to be a single-minded enforcer of government policy, rather than a regulator of safe, effective and trustworthy professional practice. This makes politicians the primary concern of health practitioners across the country, not the individualised care of their patients. We cannot allow such government intrusion to stand.

Gene-based vaccines are not normal vaccines. They are experimental, novel, under-tested and producing high rates of injuries.

They use a completely new technology, which has only been previously used in severe life-threatening illnesses where there was a perceived potential benefit-risk response.

Nothing is known about their long-term effects, hence Covid-19 experimental mRNA vaccines constitute the largest biological experiment in human history. Until we have long-term safety data, no one can claim they are safe.

All mortality data from official UK, EU and US databases indicate a positive correlation with Covid-19 gene-based vaccine rollouts during 2021 and increased life insurance payouts. Israel, the most vaccinated country in the world, has record numbers of cardiac health issues in the younger population and the US forces have a 10x increase in registered diagnosis episodes following mRNA vaccinations.

German pathologists have described pathological aggregates of spike proteins and lymphocyte infiltrations in inflamed organs in autopsies related to deaths post-vaccination.

Pfizer's short-term phase 3 clinical trials are now under a cloud of fraud and mismanagement allegations.

The vaccines are not as safe or effective as we were told. They do not stop you from catching or spreading Covid, and research shows that the triple-vaccinated are more likely to get covid compared to the unvaccinated. Furthermore, the more you vaccinate, the greater the risk of desensitising and weakening the immune system.

The benefit-risk ratios vary tremendously with age and do not justify the widescale use of these "vaccines", especially in the "Omicron variants" where the infection fatality

rate is approximately 1/3 of seasonal flu, and when natural immunity (blindingly ignored by the CDC and our various Governments) is more protective than Covid mRNA “vaccinations”.

Getting vaccinated is not the only way out of the pandemic.

There were safe alternatives and inexpensive proven early treatments (e.g. widespread Ivermectin, doxycycline, zinc triple therapy used in Uttar Pradesh) together with traditional safe vaccine technology, all appearing suppressed by Big Pharma in Western Nations.

Governments used behaviour modification and ‘nudge’ public-relation strategies to increase compliance.

The Australian Health Practitioner Regulation Agency (AHPRA) intimidated health professionals with deregistration if they diverted from the narrative. Scientific information at odds with The Narrative was censored and risk/benefit debate was closed down.

Businesses became proxies to roll out the vaccines by coercive industrial relations sanctions. Rules were set for what could and could not be said in mainstream media and freedom of speech was lost.

The sacred doctor-patient relationship has been destroyed by government intrusion and mandated vaccinations.

Most of all, children have great immune systems and the vast majority already have Sars Cov 2 antibodies. Data from the UK’s Office Of National Statistics (27/6/22) shows that 82% of primary school children have SARS Cov 2 antibodies, all but 0.4% from natural immunity. In 2-year-old children, 99.7% have Sars Cov 2 antibodies, with 34.4% unvaccinated and 64.9 % vaccinated (the majority of which have natural immunity too).

This alone calls for an urgent review of the vaccination policy which was introduced in an emergency, especially now that there is proven negligible benefit in this age group because of the changing risk analysis. How can anyone justify experimental mRNA

injections without any robust safety data or clinical benefits for an infection with a 99.995% recovery rate in their age bracket? This is a massive failure of duty of care. The benefits simply don't outweigh the risks, as verified by the more rational health agencies in Europe.

Finally, a few weeks back, at the World Economic Forum (WEF) meeting in Davos, even Bill Gates acknowledged (no doubt in preparing his defence and next strategy) that the Covid vaccines do not block infection and the duration of whatever protection they bring to the table is extremely short. He also acknowledged the absurdity of implementing any Covid passport program.

If Bill Gates is saying this openly at the WEF, why are Australian state governments mandating health professionals and aged care workers must still be vaccinated against Covid?

My Government Turned Me into an 'Anti-Vaxxer'

Dr Julie Sladden, 30 September, 2022

I'll come clean. Like most people defending their position on the Covid jabs, I used to start my apology with, 'I'm no anti-vaxxer!'

Having probably received more vaccines than most, given I am both a doctor and fairly well-travelled, I naively thought this approach might earn credibility with vaccine enthusiasts. I should have saved my breath.

Over the last two years, the government-endorsed segregation and dehumanisation of those who exercised their right to refuse the jab, has forced me to change my identity.

When Australia locked down in 2020, I soon tired of the daily command 'Stay Home, Save Lives!' mantra, turned the TV off, and started researching.

I discovered the government-imposed lockdown measures were replacing perfectly good pandemic plans that were updated August 2019.¹⁰⁵ These were plans which,

¹⁰⁵ <https://www.health.gov.au/resources/publications/australian-health-management-plan-for-pandemic-influenza-ahmppi>.

from what I could tell, hardly saw the light of day despite how much they cost to put together.

Australia, and much of the world, was ‘off script’.

No attention was being given to the well-documented costs of lockdowns and no effort was directed toward early treatment options. Nor were there attempts to improve the immune health of Australians through measures like nutrition, reducing alcohol consumption, and exercising. None.

With all this hand-washing, comfort eating, drinking, isolating, and fear-mongering, Australians were sitting ducks as far as their health was concerned. Meanwhile, the government and Chief Health Officers told us to sit tight and wait for the ‘saviour’ vaccine to arrive.

In August 2020, when Scott Morrison announced: ‘I would expect (the vaccine) to be as mandatory as you could possibly make it,’ I felt my eyebrows rise. Just how was our Prime Minister going to do that? The ethical, medical, and legal implications concerned me.

The Australian Health Practitioner Regulation Authority (AHPRA) position statement on Covid vaccination arrived in the mail in March 2021, and I felt my eyebrows rise again. AHPRA effectively told doctors to fall in line with government policy, warning that regulatory action may follow if a practitioner promoted anti-vaccination statements or undermined the immunisation campaign.¹⁰⁶ More groundwork being laid.

Finally, in June 2021, Lt. General John Frewen was appointed as head of the National Covid Vaccine Taskforce. It became apparent we were part of a military-style operation, especially considering there were actual military forces policing our streets.

When the vaccine arrived in Australia, I decided to perform a personal risk-benefit analysis.

¹⁰⁶ <https://www.ahpra.gov.au/News/COVID-19/Vaccination-information.aspx>.

As a cancer survivor (I'm well now, thanks for asking), it had taken years to regain full health and I was keen to stay that way. The Covid risk calculator estimated my chance of survival at over 99 per cent. Not bad.

I then looked at the mRNA vaccines. Early data from overseas showed some concerning safety signals and surprising evidence of similar transmission rates by both vaccinated and unvaccinated. I could only surmise: we had new drug technology, with limited data, worrying safety signals, and indications it didn't prevent infection or transmission.

For me, the risks did not outweigh the benefits, especially if it meant I could still infect my patients.

When the Tasmanian government mandated vaccines for all healthcare workers, I personally went, research in hand, and spoke to as many politicians as I could, recommending they adopt a risk management approach.

I spent hours writing, phoning, and visiting — arguing the point based on scientific evidence, ethics, and medical resource management.

I reasoned our state couldn't afford to lose any healthcare professionals who would rather walk than take the vaccine.

I pleaded for the middle ground and a strategic approach including personal protective equipment (PPE), rapid antigen testing, and Telehealth — not just vaccination — to preserve both autonomy and the workforce so the healthcare system didn't suffer further.

Many sympathised behind closed doors, but were unwilling to speak publicly (except Senator Eric Abetz, thanks Eric).

When the mandates came into effect, I chose to remain unvaccinated along with hundreds of others and was forced to stop work. I wasn't even allowed to do Telehealth (can someone please explain that to me?). It felt punitive.

Now the truth is coming out.

The Centres for Disease Control and Prevention (CDC) has announced no difference between vaccinated and unvaccinated as the vaccines don't prevent infection or transmission.¹⁰⁷

In addition, the Australian Therapeutic Goods Administration (TGA) has received more adverse reports in 2021 through June 2022 (18 months) for Covid vaccines than over the past 50 years for all other vaccines combined.¹⁰⁸ This is not simply because of the number of Covid vaccinations.

Around the world, there has been a significantly higher rate of reported adverse events and deaths for Covid vaccinations when compared with non-Covid vaccines like measles, polio, and flu vaccines.¹⁰⁹

And finally, the latest hospital admission statistics do not support the claim that the unvaccinated are more at risk of serious Covid disease, hospitalisation or death.¹¹⁰

Just how bad is it? We don't know. There is no long-term toxicity, carcinogenicity (cancer-causing), genotoxicity (effect on genes), or fertility studies.

This 'thing' that we have been doing the past two years, is not healthcare. I don't know what it is, but it is not healthcare, and it was obvious from the start. It is not benefiting the 'greater good'. It is not looking after grandma. It is not 'doing our bit and protecting others'. It is not saving lives.

It never was.

As the fog of Covid-war lifts, I suspect we will realise more people have been harmed because of this single-minded 'vaccine-or-bust' approach than any other intervention foisted on the people before now. It truly is an iatrogenic crisis caused by bureaucrat-prescribed 'medical' treatment.

¹⁰⁷ <https://www.cdc.gov/mmwr/volumes/71/wr/mm7133e1.htm>.

¹⁰⁸ https://amps.redunion.com.au/covid19_evidence_based_information.

¹⁰⁹ <https://worldcouncilforhealth.org/resources/covid-19-vaccine-pharmacovigilance-report/>.

¹¹⁰ <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/weekly-reports.aspx>.

If an ‘anti-vaxxer’ is someone who cannot give informed consent to a ‘vaccine’ that fails to prevent infection or transmission, has alarming safety signals, must be taken to earn back the right to live and work in society, for a disease that has a greater-than-99 per cent survivability rate, then ‘yes’, I’m an anti-vaxxer...

My government made it so.

Pfizer Admits mRNA Injection Not Tested to Stop Virus Transmission Before Entering Market

Kurt Mahlburg, 12 October, 2022

Pfizer spokesperson Janine Small told the European Parliament this week that the pharmaceutical giant never tested their mRNA injection on its ability to stop transmission of COVID-19 before it went to market.

The bombshell admission was made in response to a question by Dutch MEP Rob Roos, who is a member of the JA21 political party and serves as vice-chair of the European Conservatives and Reformists Group.

“Was the Pfizer Covid vaccine tested on stopping transmission of the virus before it entered the market?” Roos asked Small pointedly, before adding, “If not, please say it clearly. If yes, are you willing to share the data with this committee? And I really want a straight answer, yes or no.”

Small, who is President of International Developed Markets at Pfizer, responded:

Regarding the question around did we know about stopping the immunisation before it entered the market: No. We had to really move at the speed of science to really understand what is taking place in the market, and from that point of view, we had to do everything at risk.¹¹¹

¹¹¹ <https://twitter.com/i/status/1579759795225198593>.

The admission gives the lie to assurances — made by Pfizer and national public health agencies reviewing the data — that taking the mRNA injection would keep others in the community safe.

Pfizer's revelation also raises questions about the implementation of vaccine mandates that were justified on the basis of the mRNA injection's ability to prevent community transmission of the novel coronavirus.

The revelation came after Pfizer CEO Albert Bourla pulled out of his appointment to testify before the European Parliament's special committee on Covid-19.

Janine Small apparently faced the committee on Bourla's behalf to answer tough questions about how the EU's secretive vaccine deals were negotiated.

Last month, an EU audit report was published that probed the multibillion-euro vaccine contracts struck between Bourla and European Commission President Ursula von der Leyen, according to Politico:

With every passing day, the negotiations held between the European Commission and Pfizer over the EU's largest COVID-19 vaccine contract look less like business as usual and more like a whodunnit.

The plot thickened further after the European Court of Auditors published a report today, accusing the Commission of refusing to disclose any details of Commission President Ursula von der Leyen's personal role in the talks.

The budget watchdog found that the EU chief threw out the existing rulebook to hash out a preliminary deal with the U.S. multinational, paving the way for a contract for up to 1.8 billion coronavirus vaccine doses to be signed in May 2021. For all the other vaccine deals struck by the EU between 2020 and 2021, a joint team comprising officials from the Commission and seven member countries conducted exploratory talks. The outcome was then taken to a Vaccine Steering Board made up of representatives from all 27 EU member states who signed off on it.

*But this established procedure was not followed in the case of the EU's biggest contract, the Court of Auditors says.*¹¹²

Pfizer's latest admission comes just days after Florida Surgeon General Joseph Ladapo released an analysis showing an 84% increase in the relative incidence of cardiac-related death among males 18-39 years old within 28 days following mRNA vaccination.¹¹³

Florida now recommends against males aged 18 to 39 from receiving mRNA COVID-19 vaccines.

Twitter immediately censored Lapado, saying his post "violated the Twitter rules".¹¹⁴ The social media platform has since reinstated the Surgeon General's post.

Pandemic Reckoning: Australians Deserve a Review

Dr Julie Sladden, 7 October, 2022

It seems the pandemic has disappeared — from our TV screens at least.

Last week, the Prime Minister and Opposition Leader debated the usual run of pre-election promises without making mention of the virus. Meanwhile, polls suggest a significant swing away from major parties towards minor parties and independents.

Why? Neither the media nor the major parties see fit to address the elephant in the room: the reckoning of Australia's pandemic response.

For the past two years, Australians have endured impositions on liberty from both national and state governments, all in the name of 'keeping us safe'. The question is: did it?

¹¹² <https://www.politico.eu/article/eu-stonewalls-over-von-der-leyens-role-in-multi-billion-euro-pfizer-jab-deal/>.

¹¹³ <https://twitter.com/FLSurgeonGen/status/1578515633159180289>.

¹¹⁴ <https://www.nationalreview.com/2022/10/florida-surgeon-general-florida-will-not-be-silent-on-the-truth/>.

While many seem keen to move on and forget the whole affair, the reality is that thousands of Australians are still enduring mandates, restrictions, and the devastating effects of Australia's pandemic response on their businesses, families, and health.

Our politicians need to recognise that restoration of public trust in government is paramount if Australians are going to recover from the past two years of struggle. To do this, we're going to need a comprehensive review in the form of a Royal Commission, and this is why:

Australia's pandemic emergency response plans include the Emergency Response Plan for Communicable Disease Incidents of National Significance (CDPLAN, 2016) and the Australian Health Management Plan for Pandemic Influenza (AHMPPI 2019). These are supported by federal and state legislation, and contain no mention of large-scale lockdowns, curfews, mask, or vaccination mandates.

Australia's CDPLAN promises that, 'The Department of Health will initiate a review of actions taken during the emergency and outcomes of the response.'

Evaluation and review are the bedrock of any emergency response and involves asking the questions: What went well? What didn't go well and why? And what should be done differently next time? The CDPLAN indicates these questions should be asked. However, any review should be fully independent of the Health Department. Should this occur, we might find answers to why Australia's response ignored the established plans.

The health, social, and economic costs from the pandemic response are emerging and will be with us for years to come.¹¹⁵ Australia's response saw unelected bureaucrats hold extraordinary power with a military-like orientation to the task of eliminating the virus. Instead of Chief Medical Officers, we had 'Chief Covid Officers'; instead of Health Ministers, we had 'Covid Ministers'. Meanwhile, the health of the nation suffered.

The Australian Bureau of Statistics recently reported a 22 per cent increase in all-cause mortality in the year up to 30 Jan 2022: cancer deaths increased by 6.7 per cent; heart disease by 5.8 per cent; dementia by 29.2 per cent; and diabetes by a whopping 38 per

¹¹⁵ <https://ncc.org.au/newsweekly/economics/covid19-spending-has-induced-an-economic-coma/>.

cent. Experts hypothesise that prolonged lockdowns, fear-based health behaviour, and inadequate chronic disease care contributed to this. Mental health suffered too, with increases in depression and anxiety-related disorders, substance abuse, and mortality through suicide.

Significant social costs have accrued in terms of lost education, childhood development, family breakdown, domestic violence, and loss of social cohesion due to segregation behaviours. Economically, families and businesses have suffered due to lockdowns, and mandates; the national debt has exploded and the next generation looks set to foot the bill for decades to come.

If we don't review now, future generations will suffer, perhaps even more than we have. The starting point for the next pandemic will be the end point of this one.

We owe it to those who have suffered and sacrificed as told through heart-wrenching stories in the news: last moments missed with loved ones; funerals unattended; births missed by partners; weddings cancelled; hands not held during cancer treatments.

We owe it to those who lost jobs because of lockdowns, mandates, and decimated businesses.

We owe it to those who bravely stepped up for novel vaccines and suffered adverse events, or even death.

We owe it to the thousands of healthcare workers who were prepared to blow the whistle or give up careers rather than participate in something their conscience would not allow.

We owe it to the elected few who bravely withstood derision and ridicule while fighting political battles for the vaccine injured and those affected by the mandates.

We owe it to our children, and the country we are going to hand to them. And we owe it to ourselves.

The trust Australians feel towards the government and its institutions is at an all-time low. Restoration of this trust is fundamental to our liberal democracy and cannot occur unless a timely review of the pandemic response happens and happens soon.

In an independent enquiry or Royal Commission into bureaucratic handling of the Covid pandemic at both Federal and State levels, with appropriate legal ramifications and prosecutions where warranted, we need to ask the following:

Pandemic Plan and Legislation

- Why was there such extensive deviation from pre-established pandemic plans?
- Was there appropriate and proportional application of the Biosecurity Act 2015, National Health Security Act 2007, Therapeutic Goods Act 1989, and relevant state Public Health, Disaster and Emergency Acts?

Lockdowns

- Why were prolonged extensive lockdowns used when the evidence is lacking for these?
- What were the effects (both short and long term) of prolonged lockdowns on:
 - health — individuals, families, children, pregnancy, mental health, chronic, and cancers
 - children, including social development and education
 - substance abuse, addiction, and domestic violence
 - household economies, businesses, state, regional and national economies, and
 - social connection and cohesion?

Masks

- Were mask mandates effective?
- What were their:
 - effectiveness against viral transmission
 - risk versus benefit in specific groups
 - costs in terms of childhood emotional and social development?

Mandates

- What was the justification, rationale, and legality for the vaccine mandates?
- Were mandates a proportional response?
- Why was no provision made for conscience or moral objections to the mandates?

- Vaccines
- Why wasn't there an independent, transparent review of the emerging safety and efficacy data including recently released Pfizer documents?
- What has been the extent and nature of the injuries, and full account of recorded deaths?
- Why did the vaccines continue to maintain provisional approval despite significant safety signalling?
- Why has there been no review of the timeliness and transparency in reporting?

Regulatory body activities

- Why have regulatory bodies such as AHPRA, TGA and ATAGI continued to act without independent oversight, accountability, and open consultation with broader scientific communities?
- Specifically, what is AHPRA's justification for silencing and suspending healthcare professionals for dissenting or providing medical exemptions?
- What was TGA's justification for the removal of early treatment options and why were no efforts directed towards investigating early treatment options?

These are questions all Australians deserve answers to.

Health Expert Who Promoted COVID-19 mRNA Vaccination Now Calls for Its Immediate Suspension

Cody Mitchell, 12 October, 2022

Dr Assem Malhotra is well known in the United Kingdom as a “highly-regarded” public health campaigner. The anti-obesity activist graduated from the University of Edinburgh in 2001 before holding a number of cardiology-related posts within the National Health Service and serving as a Consultant Clinical Associate at the Academy of Medical Royal Colleges and a visiting professor at Bahiana School of Medicine and Public Health in Brazil.

In 2016, Malhotra was ranked as one of Britain's 500 most influential people by The Sunday Times.¹¹⁶

¹¹⁶ <https://www.thetimes.co.uk/article/britains-500-most-influential-fxtzx0sg7qd>.

According to Cheryl K. Chumley, a commentator for the conservative Washington Times, Dr Malhotra has not always been critical of the COVID-19 vaccine. In fact, he was “initially on board with the COVID-19 vaccination program and widespread use of the novel mRNA shots”.¹¹⁷

However, in a recent video, Dr Malhotra claims to have changed his views. His basis for doing so are two studies he conducted and published in the peer-reviewed Journal of Insulin Resistance.

The first study constitutes a “narrative review of the evidence from randomised trials and real-world data of the COVID mRNA products with special emphasis on BionTech/Pfizer vaccine”.¹¹⁸ It reviewed data from a range of studies before concluding, “it seems difficult to argue that the vaccine roll-out has been net beneficial in all age groups”:

While a case can be made that the vaccines may have saved some lives in the elderly or otherwise vulnerable groups, that case seems tenuous at best in other sections of the population, and when the possible short-, medium- and unknown longer-term harms are considered (especially for multiple injections, robust safety data for which simply does not exist), the roll-out into the entire population seems, at best, a reckless gamble. It’s important to acknowledge that the risks of adverse events from the vaccine remain constant, whereas the benefits reduce over time, as new variants are (1) less virulent and (2) not targeted by an outdated product.

A second study¹¹⁹ constituted a “narrative review of both current and historical driving factors that underpin the pandemic of medical misinformation” in an effort to “identify the major root causes of [COVID-19] public health failures”:

Authorities and sections of the medical profession have supported unethical, coercive, and misinformed policies such as vaccine mandates and vaccine passports, undermining the principles of ethical evidence-based medical practice and informed consent.

¹¹⁷ <https://www.washingtontimes.com/news/2022/sep/27/pro-covid-19-shot-doc-calls-stop-shots/>.

¹¹⁸ <https://doi.org/10.4102/jir.v5i1.71>.

¹¹⁹ <https://doi.org/10.4102/jir.v5i1.72>.

These regrettable actions are a symptom of the ‘medical information mess’: The tip of a mortality iceberg where prescribed medications are estimated to be the third most common cause of death globally after heart disease and cancer.

The paper’s conclusion included a dramatic call for the vaccine rollout to be stopped:

There is a strong scientific, ethical and moral case to be made that the current COVID vaccine administration must stop until all the raw data has been subjected to fully independent scrutiny.

Looking to the future, the medical and public health professions must recognise these failings and eschew the tainted dollar of the medical-industrial complex. It will take a lot of time and effort to rebuild trust in these institutions, but the health — of both humanity and the medical profession — depends on it.

Despite the lack of mainstream media coverage, Dr Malhotra’s two papers have garnered significant interest. At the time of writing, the full papers had been viewed 213,191 and 64,457 times respectively, with the abstracts receiving 179,995 and 62,678 hits respectively.

Dr Kerryn Phelps Admits to Vaccine Injury, Slams Censorship by Australian Regulators

Kurt Mahlburg, 21 December, 2022

Dr Kerryn Phelps AM, the former President of the Australian Medical Association, this week revealed that she has suffered a ‘devastating’ Covid-19 vaccine injury. She made her bombshell admission in a written submission to the Australian Parliament, in which she also decried Australian health regulators for censoring discussion of vaccine injuries.¹²⁰

In her 18-page submission to a parliamentary inquiry into ‘long Covid’, Dr Phelps also revealed that her wife, Jackie Stricker-Phelps, has likewise suffered a debilitating

¹²⁰ <https://www.aph.gov.au/DocumentStore.ashx?id=4697e5d4-c6bf-4d9b-aa27-e4ba5e39e57b&subId=729868>.

Covid-19 vaccine injury. Both of them took multiple doses of Pfizer’s mRNA injection.

A health communicator in mainstream media for almost four decades, a former MP for Wentworth, and a former City of Sydney Deputy Lord Mayor, Dr Phelps was an outspoken advocate of the Covid-19 injections when they were first released. “The only way to ‘live with COVID’ is for numbers of #COVID19 cases in the community to be extremely low, to have very high vaccination rates and highly efficient contact tracing in place,” she tweeted in September 2021.

Now Dr Phelps warns that “a subset of medically vulnerable people includes those who have suffered adverse events following immunisation (AEFI) with COVID vaccines”.¹²¹

“I stress at the outset that these people are NOT ANTIVAXXERS,” she writes in her parliamentary submission. “They clearly all presented for immunisation as recommended or because their occupation required it, and would have continued to have doses of vaccine if they have not been so significantly affected by the vaccine they willingly had.”

At length, Dr Phelps describes the long-term impact that Pfizer’s mRNA injection has had on Jackie:

This is an issue that I have witnessed first-hand with my wife who suffered a severe neurological reaction to her first Pfizer vaccine within minutes, including burning face and gums, paraesthesiae, and numb hands and feet, while under observation by myself, another doctor and a registered nurse at the time of immunisation. I continue to observe the devastating effects a year and a half later with the addition of fatigue and additional neurological symptoms including nerve pains, altered sense of smell, visual disturbance and musculoskeletal inflammation. The diagnosis and causation has been confirmed by several specialists who have told me that they have seen “a lot” of patients in a similar situation. Jackie asked me to include her story to raise awareness for others.

¹²¹ <https://www.smh.com.au/politics/federal/not-anti-vaxxers-dr-kerryn-phelps-says-she-suffered-covid-vaccine-injury-calls-for-more-research-20221220-p5c7ry.html>.

We did a lot of homework before having the vaccine, particularly about choice of vaccine at the time. In asking about adverse side effects, we were told that “the worst thing that could happen would be anaphylaxis” and that severe reactions such as myocarditis and pericarditis were “rare”.

Dr Phelps then recounts her own severe adverse reaction to Pfizer’s product:

I was also diagnosed with a vaccine injury from my second dose of Pfizer vaccine in July 2021, with the diagnosis and causation confirmed by specialist colleagues.

I have had CT pulmonary angiogram, ECG, blood tests, cardiac echogram, transthoracic cardiac stress echo, Holter monitor, blood pressure monitoring and autonomic testing...

In my case, the injury resulted in dysautonomia with intermittent fevers and cardiovascular implications including breathlessness, inappropriate sinus tachycardia and blood pressure fluctuations.

In her most shocking revelation, Dr Phelps writes that “these reactions were reported to the TGA at the time, but never followed up”.

The TGA’s failure to follow up vaccine injury reports from one of Australia’s most prominent medical figures puts to lie the oft-repeated claim on its website that “the TGA closely monitors reports of possible side effects to the COVID-19 vaccines”.¹²²

The TGA has also consistently hosed down concerns about post-injection myocarditis by describing the condition as mild, transient and mostly occurring in young males. Dr Phelps debunks this widespread ‘misconception’, writing, “there are many cases where myocarditis is manifestly not mild, not transient and not confined to the young male demographic”.

“Vaccine injury is a subject that few in the medical profession have wanted to talk about,” Dr Phelps laments in her submission. She continues:

¹²² <https://www.tga.gov.au/news/covid-19-vaccine-safety-reports>.

Regulators of the medical profession have censored public discussion about adverse events following immunisation, with threats to doctors not to make any public statements about anything that “might undermine the government’s vaccine rollout” or risk suspension or loss of their registration.

She cites AHPRA’s ‘gag order’ against Australian medical practitioners who express anything but full-throated support for the mainstream Covid-19 narrative. That gag order, roundly denounced by myself and many others last year, reads:

Any promotion of anti-vaccination statements or health advice which contradicts the best available scientific evidence or seeks to actively undermine the national immunisation campaign (including via social media) is not supported by National Boards and may be in breach of the codes of conduct and subject to investigation and possible regulatory action.

Thanks to AHPRA’s gag order, Australian medical practitioners were deregistered for voicing the same facts Dr Phelps has expressed in her parliamentary submission — facts that are demonstrably true. Many others were shamed by colleagues, threatened by their superiors, and shadow-banned on social media.

Australian governments used vast coercive powers to force people into receiving mRNA injections. At the time, no long-term safety data was available, though by November 2021, we already had some indication of mRNA product harm, with 10,000 Australians filing for Covid-19 vaccine injury claims.¹²³

The use of mandates by Australian authorities put them in breach of the Australian Immunisation Handbook, which provides that vaccines “must be given voluntarily in the absence of undue pressure, coercion or manipulation”.

Australian governments also cast aside their international obligations, such as the Universal Declaration on Bioethics and Human Rights, which reads:

¹²³ <https://www.smh.com.au/politics/federal/more-than-10-000-australians-have-filed-coronavirus-vaccine-injury-claims-20211115-p598yy.html>.

Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information.

In her submission, Dr Phelps flags the alarming possibility that as many as 1 in 1,000 Australians have experienced a serious adverse reaction to a Covid-19 injection. She cites a group of Greek scientists who have uncovered a possible mechanism of causality, centering on the spike protein, which is present in the Covid-19 virus and is produced by the mRNA product.

Dr Kerry Phelps joins a long and growing list of high-profile medical professionals who have reversed course on their promotion of Covid-19 injections. Among them are British cardiologist Dr Aseem Malhotra and oncologist Professor Angus Dalgeish.

In response to Dr Phelps' revelation, ABC News NT journalist and presenter Eleni Roussos went public with her own story of vaccine injury, yesterday tweeting:

Inspired by @drkerrynphelps today I want to say I too have been in a living hell with pericarditis because of the Covid vaccine. Vaccine injuries are real and serious and I sincerely hope more people will speak up.¹²⁴

Dr Phelps' prior pro-vaccine stance makes her revelations this week all the harder to ignore.

Study Finds Natural Immunity 'at Least as Protective' Against Covid as Vaccine

Kurt Mahlburg, 22 February 2023

The largest meta-analysis of COVID-19 immunity ever undertaken has concluded that prior infection with the novel coronavirus is 'at least as protective' as two injections of an mRNA product.

¹²⁴ https://twitter.com/eleni_roussos/status/1605066852031672320.

Published last week in *The Lancet*, the study found that even 10 months after getting COVID-19, people who never took the controversial injections still had an 88 per cent lower risk of hospitalisation and death from the virus.¹²⁵

The meta-analysis included 65 studies from 19 countries. It was led by the US-based Institute for Health Metrics and Evaluation and received funding from the Bill and Melinda Gates Foundation.

Even Australia's national broadcaster ABC, which has been notorious for its biased coverage of COVID-19, has acknowledged *The Lancet's* latest revelation.¹²⁶

The finding puts the spotlight on Australia's health regulators and employers that refused to give mRNA mandate exemptions to workers who had already caught and recovered from COVID-19.

Approximately half a million adult Australians decided against treatment with a mandated mRNA product. Hundreds of thousands found themselves out of work as a result, while many were barred from leaving the country or travelling between states to attend funerals, weddings and the deathbeds of loved ones.

A significant subset of these Australians had already caught, and recovered from, COVID-19 at the time they were forced to choose between ongoing employment and bodily autonomy.

According to *The Lancet* study, the vaccine-free who recovered from the virus had equal or superior immunity to COVID-19 as Australians who succumbed to the mandates.

At the time, they were widely demonised by politicians and media pundits and frequently dismissed as conspiracy theorists.

¹²⁵ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)02465-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)02465-5/fulltext).

¹²⁶ <https://www.abc.net.au/news/2023-02-17/covid-infection-gives-similar-immunity-to-vaccination-study/101989472>.

Proponents of COVID-19 natural immunity did not simply guess correctly about its protective benefits. Evidence that natural immunity was on par with ‘vaccine’ immunity was already in wide circulation by the beginning of 2022 and earlier.¹²⁷

Australians were subjected to a persistent campaign of misinformation throughout the COVID-19 pandemic. Trusted media outlets and political and community leaders oversold the dangers of the virus, scoffed at early and effective treatments, defended draconian lockdowns and mandates, and ignored deaths and injuries caused by the novel mRNA injections.

In recent weeks, several media outlets have begun to acknowledge their errors, while Australian politicians have drawn attention to the injustices perpetrated against the nation’s citizens since the start of 2020.¹²⁸

Excess Death Spike Now Seen Simultaneously in 30 Western Nations

Kurt Mahlburg, 27 January, 2023

At least 30 Western nations are experiencing a coincidental spike in excess deaths years after the peak of the COVID-19 pandemic, according to statistics from national databases.

Examples of the national data in question have been circulating for months on social media. This week, up-to-date statistics were collated and summarised by Covid commentator Dr John Campbell.¹²⁹ A retired Ph.D. nurse educator from northern England, Campbell has had over 600 million views on his popular YouTube channel.

Australia, the United States, the United Kingdom, Canada and New Zealand, as well as 25 European countries or subnational regions, all have rising excess mortality data showing hundreds of thousands of collective excess deaths during the latter half of 2022.

¹²⁷ https://www.medscape.co.uk/viewarticle/covid-19-why-are-we-ignoring-infection-acquired-immunity-2022a1000ifd?faf=1&src=soc_tw_220301_mscpedt_news_mdscp_immunity.

¹²⁸ <https://blog.canberradeclaration.org.au/2023/02/20/australias-drug-regulator-hid-vaccine-deaths-from-the-public/>.

¹²⁹ <https://youtu.be/av4Ej6om0WI>.

“I think we are in somewhat of an international emergency,” the usually understated Campbell tells viewers in his most recent video.

Despite heavy interest from the legacy press in daily deaths during the pandemic, mainstream news outlets are yet to show any interest in the highly unusual spike in worldwide excess mortality.

In the United States, excess deaths throughout 2022 total more than 242,000, per CDC and census data.¹³⁰ According to Campbell, this is the opposite of what should be expected since so many of the nation’s vulnerable already died during the pandemic and immunity should be higher now than in recent years.

Excess mortality also remains high in Canada, though currently, Statistics Canada only provides data until August 2022.¹³¹

In Australia, the most recent provisional mortality statistics show almost 20,000 more deaths than the historical average — a 16% spike.¹³² Less than half of these, or 8,160, are attributable to Covid-19. The remainder are yet unexplained, though a significant number have been referred to coroners.

New Zealand has seen a 10% rise in deaths between 2021 and 2022 per StatsNZ data.¹³³

Statistics bureaus in the United Kingdom are releasing particularly worrisome data. During a single week in January, almost 20,000 deaths were recorded, or 20.4% more than the historical average.¹³⁴ As Campbell points out, in raw numbers that week more UK citizens died than there were victims in the 2001 World Trade Centre terrorist attack, yet the press has responded with “a deafening silence”.

¹³⁰ <https://www.usmortality.com/deaths/excess-cumulative/united-states>.

¹³¹ <https://www150.statcan.gc.ca/n1/pub/71-607-x/71-607-x2021028-eng.htm>.

¹³² <https://www.abs.gov.au/statistics/health/causes-death/provisional-mortality-statistics/latest-release>.

¹³³ <https://www.stats.govt.nz/topics/births-and-deaths>.

¹³⁴ <https://www.gov.uk/government/statistics/excess-mortality-in-england-and-english-regions>.

As elsewhere, in the UK, Covid-19 cases and hospitalisations are going down and intensive care admissions remain low, even as excess deaths are up, indicating that the vast majority of these excess deaths are not attributable to Covid-19. Indeed, only 5.3% of UK deaths involve Covid-19, per the Office for National Statistics.

According to EuroMOMO data, all-cause mortality is significantly up in 25 European nations or subnational regions.¹³⁵ Elevated levels of excess mortality are seen in all age groups compared to average levels from before 2020.

In summarising the worldwide data trend, Campbell refers to the Bradford Hill criteria, a set of principles widely used in epidemiology to establish a causal relationship between an effect and its presumed cause.

According to Campbell, the Bradford Hill criteria has been met in the excess deaths fiasco, though he stops short of naming the probable cause for fear of violating YouTube's so-called COVID-19 medical misinformation policy.

“I really hope this stops soon,” Campbell laments, adding, “But even if it did stop tomorrow, this demands an explanation.”

¹³⁵ <https://www.euromomo.eu/>.

Conclusion

This submission has made a strong case in favour of the Fair Work Amendment (Prohibiting COVID-19 Vaccine Discrimination) Bill 2023. The collection of testimonials and essays enclosed provides a perspective on the COVID-19 era that was censored and mocked for three years but has, in the end, been vindicated.

Among the most poignant insights in our submission are the real-life stories of everyday, hard-working Australians whose lives were needlessly upended by unethical and ineffective vaccine mandates.

We are convinced that the best safeguard against Australian governments and workplaces repeating the grave mistakes of the last three years is the passage of the Fair Work Amendment (Prohibiting COVID-19 Vaccine Discrimination) Bill 2023. It is imperative that Australia fulfils its international human rights obligations, abides by medical ethics, treats its workers fairly, and lives up to our nation's aspirational values.

Please protect Australian workers from future discrimination. Please decide in favour of social inclusion, workplace flexibility, national productivity and economic prosperity. We urge the Committee to recommend the passage of this Bill.