

**Independent Review of the Efficacy and Safety of the COVID-19 Vaccination to
Evaluate Whether “Reasonable Grounds” Have Been Established to Enforce
Mandatory Vaccination**

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Abstract

The Health Minister has enacted Public Health Orders to enforce mandatory COVID-19 vaccination onto the public based on “reasonable grounds”. This independent review will outline the research derived from multiple research methodologies namely, doctrinal, empirical and scientific research. There is an overwhelming amount of data although due to limited time constraints, this research will cover a selection of the data reviewed. It is also important to note that new data is emerging daily and the information contained in this research is subject to change.

COVID-19 is part of the coronavirus family. Coronaviruses have been around for many years with the emergence of SARS-CoV-2 in Wuhan on 31 December 2021. Symptoms can range from asymptomatic to moderate with a small percentage of fatalities. The prevalence of fatalities occurs mainly in people who have existing comorbidities and the elderly. Diagnosis of COVID-19 is relied upon the Polymerase Chain Reaction (PCR) testing. There is an issue of contention surrounding the PCR testing that will be discussed in detail.

The ambiguity of information and data surrounding the statistics provided to the public is in question. This research aims to review the data and determine whether the Health Minister has established “reasonable grounds” to enforce public health measures including mandatory COVID-19 vaccinations. This research also aims to review the statutes and legal instruments allowing such mandates and will consider whether the Public Health Orders are lawful. The

methods used to evaluate the lawfulness of the Public Health Orders utilise three research methodologies: doctrinal, the study of statutes and legal instruments; empirical research, through reviewing interviews, testimonials and observations; and scientific research by analysing statistical and scientific data.

Based on the research undertaken in this independent review, the COVID-19 vaccine has not been proven to be effective and safe beyond reasonable risk. Alternative treatment that have been proven safe should be considered. The findings of this review has discovered flaws in the diagnosis of COVID-19 and unreliable statistical data pertaining to the numbers of deaths and severe adverse events (SAE). “Reasonable grounds” have not been established based on the statistical data, empirical research and scientific research discussed in this review. Without the provision of long-term safety data, the community should have informed consent and freedom of choice before undertaking medical procedures including the COVID-19 vaccine. The current law including emergency-based legislative instruments unduly prevent movement. If lawmakers were to compel its subjects to mandatory vaccinations, rules, to that extent, would be constitutionally inconsistent and thus unlawful.

Introduction

Coronaviruses belong to the Coronaviridae family. Coronaviruses are not new to mankind (Brahams and Zeitlin 2020) and have been identified in animals including rats, mice, chickens, dogs, and cats. In humans, Coronaviruses primarily cause upper respiratory tract infections. Human coronaviruses are responsible for 10% to 20% of common colds (Enjuanes 2005). Many individuals remain asymptomatic (Reiss and Bhakdi 2020). Coronaviruses are a single-stranded positive-sense RNA which have the largest genome known for an RNA virus and probably one of the longest stable RNAs in nature (Enjuanes 2005). The genome of all

coronaviruses contains a basic set of genes: the replicase, the spike, envelope, membrane, and nucleoprotein arranged in the order 5' -Rep1a-1b-S-EM-N-3' and a variable number of genes encoding non-structural proteins intercalated between these genes in a position characteristic of each virus group (Enjuanes 2005). The production of coronavirus subgenomic mRNAs involves the fusion of sequences that are non-contiguous in the viral genome (Enjuanes 2005). The SARS virus is a variant of coronaviruses which reached world headlines in 2003. This variant was deemed as highly contagious and its spread caused 774 deaths worldwide (Reiss and Bhakdi 2020).

The emergence of the SARS-CoV-2, was first reported from Wuhan, China on 31 December 2019 from patients presenting with pneumonia of unknown aetiology (World Health Organisation 2020). SARS-CoV-2 will be referred to as "Covid" in this research.

The PCR test was invented by Kary Mullis (Mullis 1993). In an interview, Mullis stated that the PCR is not designed to diagnose disease in the body (Mullis 1963). A major issue of diagnosing Covid, is the need for reliable antibody testing to determine whether a person is immune to Covid (Brahams and Zeitlin 2020). Reiss and Bhakdi (2020) states the PCR test is known to have false positives. Even in small proportions, where there is large enough testing, there will inevitably be false positives. The authors state that the quality control requirements were essentially shelved in the name of Covid because of declared international urgency. The reporting of deceased people who had tested positive have been officially recorded as a Covid death regardless if they recovered and died of something else, or died of complications of comorbidity (Reiss and Bhakdi 2020). This method of reporting violates all international medical guidelines (Reiss and Bhakdi 2020).

An independent review of the efficacy and safety of the Covid vaccination and PCR testing will be analysed and considered by the research. The aim of this research is to educate people including employers, politicians, police officers, and members of the Court who are enforcing, mandating, and coercing people to undertake the Covid vaccine.

Public Health Orders (PHO) have been introduced in pursuant to s 7 of the *Public Health Act 2010 (PHA)* which states that “this section applies if the Minister considers on reasonable grounds that a situation has arisen that is, or is likely to be, a risk to public health”. This research aims to challenge the *PHO* on whether “reasonable grounds” have been justified at the time the *PHO* was enacted. This research aims to evaluate scientific data and empirical research, and whether the orders are lawful based on doctrinal research.

Numerous legal professionals argue the *PHO* contravene primary legislation and are coercive, constitutionally inconsistent and therefore unlawful. Many people in positions of authority believe that they are required to follow the *PHO* set out by the government. The justification of carrying out an act because a person was “just following orders”, with the understanding of such act as illegal does not justify the act (*Attorney General of the Government of Israel v Eichmann; United States v Keenan*).

Method

Doctrinal Research will be used to analyse and review legal instruments including:

Anti Discrimination Disability Act 1977 (NSW);

Australian Constitution ss 51(xxiiiA), 58, 109, 117;

Australian Immunisation Handbook s 2.1.3;

Biosecurity Act 2015 (Cth) ss 60-63, 95, 108;

Charter of Human Rights;

Civil Liability Act 2002 (NSW)

Disability Discrimination Act 1992 (Cth);

Great Barrington Declaration;

International Covenant of Civil and Political Rights arts 7, 26;

International Covenant on Economic, Social and Cultural Rights;

Nuremberg Code 1947;

Privacy Act 1988 (Cth);

Public Health (COVID-19 Additional Restrictions for Delta Outbreak) Order (No 2) 2021 (NSW);

Public Health (COVID-19 Vaccination of Health Care Workers) Order 2021 (NSW);

Public Health Act 2010 (NSW);

Universal Declaration of Human Rights;

Common law precedent including:

Attorney General of the Government of Israel v Eichmann (1961) 36 ILR 5

Attorney General (Vic) v The Commonwealth (1945) 71 CLR 237, 257.

Director General, Department Of Community Services; RE Jules (2008) 40 Fam LR 122

Hunter and New England Area Health Service v A by his Tutor [2009] NSWSC 761

Hocroft v Hazzard [2021] NSWSC

Malette v Shulman (1990) 67 DLR (4th) 321

Montgomery v Lanarkshire Health Board [2015] UKSC 11

Rogers v Whitaker (1992) 175 CLR 479

United States v Keenan (1969) 18 USCMA 108

Zywicki v Gregory Washington

Empirical Research will be used to analyse and report findings based on observed and measured phenomena and derives knowledge from actual experience from the following:

Interviews with people who have suffered from severe adverse events (SAE);

Analysing media reports of people who have suffered SAE;

Interview with the CEO and employees of the pharmaceutical companies responsible for manufacturing the Covid vaccine;

Interview with the inventors of the PCR test and mRNA vaccines;

Press releases of statements released from politicians mandating Covid restrictions.

Scientific Research will be used to analyse and report scientific data from:

Australian Bureau of Statistics;

Journal articles;

Vaccine Adverse Event Reporting System (VAERS), Yellow Card, and hospitals;

Media reports;

Doctors and other medical professionals

Results

Doctrinal Research

Australian Constitution:

Section 109 states, “when a law of a State is inconsistent with a law of the Commonwealth, the latter shall prevail, and the former shall, to the extent of the

inconsistency, be invalid”. Therefore, where state law comes into conflict with federal law, federal law takes precedent including the *PHO* and *PHA*.

Section 51(xxiiiA) states, “...the provision of maternity allowances, widows' pensions, child endowment, unemployment, pharmaceutical, sickness and hospital benefits, medical and dental services (but not so as to authorise any form of civil conscription), benefits to students and family allowances.” Meaning that if an employer or its agents acting on behalf of the employer, or police officers enforce a medical procedure including the Covid vaccination, they are contravening federal law and are acting unlawfully.

Section 117 states, “A subject of the Queen, resident in any State, shall not be subject in any other State to any disability or discrimination which would not be equally applicable to him if he were a subject of the Queen resident in such other State.” Meaning a person or organisation shall not discriminate against another individual, including employers discriminating against an employee on any grounds.

The *Privacy Act 1998* (Cth) says that a person is not lawfully required to provide another person or organisation their medical records. This means that if an employer or police officer demands a person to provide medical records, including vaccination records, they are acting unlawfully. The application of privacy legislation here suggests that it is unlawful for an employer or police officer compels production of medical records by reference to the *PHO* or *PHA*.

Pursuant to the *Disability Discrimination Act 1992* (Cth), a person cannot be discriminated against on a disability; be refused access to employment, education, goods, services or facilities, accommodation, sport or land; or be harassed in employment, education, or in relation to the provision of goods and services. In an email correspondence on 2 September 2021, a healthcare provider is advising their employees that “Staff who do not meet [our vaccination] requirements will not be able to enter our facilities” (Gwynn 2021). Business owners and employers refusing a person access to their facilities are opening themselves to litigation. Section 15, subsections 2 (c) and (d) state that “it is unlawful for an employer or a person acting or purporting to act on behalf of an employer to discriminate against an employee on the ground of the employee’s disability...by dismissing the employee; or by subjecting the employee to any other detriment” such as leave without pay. Under s 109 of the Australian Constitution, this law would be classified as inconsistent to the *PHO* and *PHA* and an employer who dismisses an employee or places an employee on leave without pay is unlawful and the employee can seek restitution.

Biosecurity Act 2015 (Cth):

Section 60: Refers to a chief human biosecurity officer, human biosecurity officer and biosecurity officer can only impose a human biosecurity control order on an individual. A human biosecurity control order may be imposed on an individual only if the officer is satisfied that the individual shows signs or symptoms or has been exposed to a listed human disease or individual who also show signs and symptoms of a listed human disease. As per s 60 of this Act, an employer, business owner or police officer have no authority to enforce a biosecurity order. Considering this Act is a federal and not state legislation, s 109 of the *Australian Constitution* prevails over *PHO* and *PHA*. This means if an employer or a police officer enforces

the *PHO* or *PHA*, they are acting unlawfully and in contravention with the *Biosecurity Act*. This also means that a person who is not showing signs and symptoms are not subject to s 60.

Section 61: A human biosecurity control order that is in force to an individual must state specific information including: “the ground in subsection 60(2) under which the order is imposed on the individual; the listed human disease in relation to which the order is imposed on the individual; any signs or symptoms of the listed human disease; information under ss 69 or 70; a unique identifier for the order; an explanation why and how the individual must comply; information under sub-div B of div 3; the duration of the order (must not be longer than three months); the effect of ss 70, 74, 107, *Administrative Appeals Tribunal Act 1975* and the *Administrative Decisions (Judicial Review) Act 1977*; contact details of the chief human biosecurity officer in relation to the order; and other relevant information required by the regulations.” This means that only a biosecurity officer with a biosecurity control order can enforce s 61 of this Act. According to s 109 of the *Australian Constitution*, if an employer or police officer enforces the *PHO* or *PHA*, they are acting unlawfully as federal law takes precedent over state law.

Section 62: states that Orders must be in writing such as a court order. Employers enforcing the *PHO* without a court order are acting unlawfully and in contravention with ss 51(xxiiiA) and 109 of the *Australian Constitution*.

Section 92: refers to requiring an individual to receive a specified vaccination “in order to manage the listed human disease specified in the order...” The *Public*

Health (COVID-19 Additional Restrictions for Delta Outbreak) Order (No 2) 2021 (NSW) refers to the “Delta” variant as the “listed human disease”. An issue of contention questions whether the Delta variant is diagnosed in the current PCR testing. The listed human disease of this particular Order is the Delta variant and it is usually argued that the Delta variant is analogous to other Covid variants in the PCR test.

Section 94: prescribes that the vaccination or treatment must be performed in a manner consistent with appropriate medical standards and/or appropriate other relevant professional standards. The issue of contention here questions the “medical standards” that the Health Minister has relied upon to enforce the *PHO*.

Section 95: force must not be used against an individual to require the individual to comply. This means that an employer or police officer cannot apply force onto a person to undertake a Biosecurity Control Order. If so, they are acting unlawfully.

Section 108: The Commonwealth is liable to pay for reasonable expenses incurred by an individual in complying with a biosecurity measure included in a human biosecurity control order. This means that a person can seek compensation if a Biosecurity Control Order has been enforced.

Anti Discrimination Act 1977 (NSW): Section 49A(d) refers to a “disability of the past, present or future and presumed disability... that a person will have in the future, or that it is thought a person will have in the future (whether or not the person in fact will have the disability).” Section 49D states that it is “unlawful for an employer to discriminate against an

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employee of the ground of disability...by dismissing the employee; or by subjecting the employee to any other detriment” such as leave without pay. The definitions of disability are set out under Part 1(4). The Covid vaccine can cause future physical and mental disability. Health officials have stated that the unvaccinated are spreading Covid which relates to definition (b) under disability. Meaning, if an employer, agent, or representative acting on behalf of an employer discriminates against an employee on the grounds of vaccination status, they are contravening the Act.

Great Barrington Declaration: set out by “infectious disease epidemiologists and public health scientists who have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies.” The Declaration contributes a compassionate approach that balances the risk and benefits of reaching herd immunity whereby the young, fit and healthy resume daily life and activities, whilst protecting high risk people. Their approach is called Focused Protection, which focuses on resuming regular activities. The Declaration also suggests that the “young low-risk adults should work normally, rather than from home. Restaurants and other businesses should open. Arts, music, sport, and other cultural activities should resume. People who are more at risk may participate if they wish, while society as a whole enjoys the protection conferred upon the vulnerable by those who have built up herd immunity.” This means that police officers should allow businesses and restaurants to remain open and the young, fit and healthy to resume daily activities without restrictions including mandatory vaccination. Enforcing mandatory vaccinations, PPE, social distancing, and lockdowns contravene the Declaration.

Nuremberg Code 1947 article 1 states:

“The voluntary consent of the human subject is absolutely essential. This

means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision.”

Black’s Law Dictionary (2021) defines “experiment” as either a trial or uncompleted [assessment] to ascertain what changes or additions may be necessary to make it accomplish the design or trial of a completed test or illustrate its practical efficiency. Therapeutic Goods Administration (TGA) (2021a) states that the Pfizer Covid vaccine has been provisionally approved the and approval:

“is subject to certain strict conditions, such as the requirement for Pfizer to continue providing information to the TGA on longer term efficacy and safety from **ongoing clinical trials** and post-market assessment.”

The World Health Organisation (2021) defines a clinical trial as:

“[A]ny research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes.”

The words “ongoing clinical trials” suggest that the Covid vaccine is still in experimental phase and is subject to the Nuremberg Code. This means that employers or police officers enforcing the Covid vaccine are contravening the Nuremberg Code as was the case in *Attorney General of the Government of Israel v Eichmann*.

Charter of Human Rights: Section 10 refers to torture, cruel or inhumane treatment including medical treatment. Mandatory vaccinations are an example of a contravention of the Charter. Under s 13, people have the right not to have their privacy interfered with. This extends to medical tests or examinations, or other confidential matters. People or organisations who demand PCR test results or vaccination status are breaching this Charter.

Universal Declaration on Bioethics and Human Rights:

Article 3 refers to informed consent. Mandating and enforcing medical procedure contravenes a person's right exercise informed consent. This means that people have the right to exercise informed consent to the Covid vaccine.

Article 6 states, "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. The consent should, where appropriate, be express and may be withdraw by the person concerned at any time and for any reason without disadvantage or prejudice." Vaccination is a form of preventive therapeutic medical intervention and enforcing a person to comply without informed consent breaches this legal instrument.

International Covenant on Civil and Political Rights:

Article 7: "No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation." The Pfizer Covid vaccination is an experiment that requires monitoring and controlling to ensure efficacy and safety

during clinical trials. Enforcing a person to undertake a medical or scientific experiment is inconsistent with art 7.

Article 17 (1): “No one shall be subjected to arbitrary or unlawful interference with his privacy, family, home or correspondence, nor to unlawful attacks on his honour and reputation.” Article 17(2): “Everyone has the right to the protection of the law against such interference or attacks.” Everyone has the right privacy, including privacy of their medical status and records. Employers or police officers requesting for an individual’s vaccination records does not comply with art 17(1).

Article 18: refers to the right to freedom of thought. Removing peoples ability to adopt a religion or belief of one’s choice without coercion this article. Meaning, if an employer or agent acting on behalf of an employer does not respect an employee’s beliefs, they are contravening art 18.

Article 19: refers to the right of freedom of expression. Censorship in the media and removing people’s ability to freely express their thoughts without coercion breaches this article. This also means that if an employer or its agents acting on behalf of the employer disregards an employee’s beliefs, they are contravening art 19.

Article 21: “The right of peaceful assembly shall be recognised. No restrictions may be placed on the exercise of this right other than those imposed in conformity with the law and which are necessary in a democratic society in the interests of national security or public safety, public order, the protection of public health or morals or the protection of the rights and freedoms of others.” It could be challenged that

politicians who say that protesting is illegal and police officers who fine protestors are contravening art 21.

Article 22: refers to the right to freedom of association with others. It could be argued that lockdowns and not permitting people to associate with others breaches this article.

International Covenant on Economic Social and Cultural Rights: enforcing mandatory vaccination and implementing “no job, no pay”, “no job, no play” policies breaches arts 6 (right to work), 9 (right to social security), 13 (right to education). If an employer or its agents do not allow an employee the right to work, they are offending the *ICESCR*.

The Civil Liability Act 2002 (NSW) protects people against medical negligence. Business owners, employers, agents and representatives of an employer who recommend their employees to have the Covid vaccine and advise that the Covid vaccine is safe are opening themselves to litigation. The Covid vaccine is classified as a medical procedure. People should be warned of the associated risks of the Covid vaccine before undertaking this medical procedure. It would be argued that employees who heed the advice of business owners, employers, agents and representatives of an employer by undertaking this medical procedure vaccine are entitled to seek restitution of medical negligence including birth injuries to an unborn child.

PHA s 7: “This section applies if the Minister considers on reasonable grounds that a situation has arisen that is, or is likely to be, a risk to public health.” The question herein is what “reasonable grounds” the Minister is relying upon to make Orders that have not passed through

Parliament and without the Queen's assent. It can be argued that the Minister does not have "reasonable grounds" and the Orders are unlawful. Also, this is state law, which means that federal law including the *Australian Constitution* and *Biosecurity Act* takes precedent over state law.

Public Health (COVID-19 Additional Restrictions for Delta Outbreak) Order (No 2) 2021

(NSW); *Public Health (COVID-19 Vaccination of Health Care Workers) Order 2021* (NSW):

This is state law which means that any federal law prevails this Order. Grounds for this Order states "The basis for concluding that a situation has arisen that is, or is likely to be, a risk to public health is as follows— (a) public health authorities both internationally and in Australia have been monitoring and responding to outbreaks of COVID-19, which is a condition caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), (b) COVID-19 is a potentially fatal condition and is highly contagious, (c) a number of cases of individuals with COVID-19 have recently been confirmed in New South Wales and other Australian jurisdictions, including by means of community transmission, and there is an ongoing risk of continuing introduction or transmission of the virus in New South Wales." As per s 1.8(b), Covid is "potentially fatal condition and highly contagious." However, there is little clarification as to whether other potentially fatal and highly contagious illnesses and diseases in the community have been responded to by the introduction of legal instruments. It could be challenged that influenza (the flu) is also potentially fatal and highly contagious, but the flu has not caused as many restrictions and mandates as Covid. Another issue of contention questions the source of the data that the Minister is relying upon to establish "reasonable grounds". The sources should originate from people and organisations with no conflicts of interest and they should be sources of integrity and the benefits should outweigh the risks. "Reasonable grounds" should be evidenced with scientific research demonstrating the measures are effective. The

public is not made aware of the scientific data the Health Minister has relied upon and the information should be transparent.

In the Australian Government's Immunisation Handbook, s 2.1.3 refers to valid consent. It states that for consent to be legally valid, "It must be given voluntarily in the absence of undue pressure, coercion or manipulation." This means that if an employer, or its agents acting on behalf of the employer places pressure or coercion onto an employee such creating a sense of urgency of having the Covid vaccine within a specific timeframe, they are acting unlawfully. For an employer or its agents to state to an employee that they are acting under government directions that are known to be unlawful is manipulation.

In *Attorney General of the Government of Israel v Eichmann* (1961) 36 ILR 5; *United States v Keenan* (1969) 18 USCMA 108, people in positions of authority carried out an act under instruction from a higher authority, with understanding the act was unlawful were found guilty of an offence. In these cases, the "just following orders" defence was not applied. This case is significant because it shows that if an employer by its agents or the police enforces an unlawful act under direction of another authority, they can still be found guilty of the act and are liable to prosecution.

Director General, Department Of Community Services; RE Jules (2008) 40 Fam LR 122 - Bereton J ruled that "a medical treatment order is in substance a request and consent..." and the child did not receive the mandatory vaccination. This precedent shows that even if a vaccination is deemed mandatory, the Court can rule against it.

Rogers v Whitaker (1992) 175 CLR 479 - Dr Rogers did not advise Mrs Whitaker of the risks associated with the medical treatment and suffered an irreversible adverse reaction to the medical treatment. The *Bolam* principle provides that a professional does not breach their duty for the performance of professional services, if they acted in a way that (at the time the service was provided) was widely accepted by peer professional opinion (Sappideen 2010). In this case, the *Bolam* principle was rejected. Mason CJ, Brennan, Dawson, Toohey and McHugh JJ stated:

On standard of care: "...the standard of care to be observed by a person with some special skill or competence is that of the ordinary skilled person exercising and professing to have that special skill...but, that standard is not determined solely or even primarily by reference to the practice followed or supported by a responsible body of opinion in the relevant profession or trade..."

On failure of disclosure: "...particularly in the field of non-disclosure of risk and the provision of advice and information, the Bolam principle has been discarded and instead, the courts have adopted the principle that, while evidence of acceptable medical practice is a useful guide for the courts, it is for the courts to adjudicate on what is the appropriate standard of care after giving weight to 'the paramount consideration that a person is entitled to make his own decision about his life'."

On duty of care: "...the law should recognise that a doctor has a duty to warn a patient of a material risk inherent in the proposed treatment; a risk is material if, in the circumstances of the particular case, a reasonable person in the patient's position, if warned of the risk, would be likely to attach significance to it or if the medical practitioner is or should reasonably be aware that the

particular patient, if warned of the risk, would be likely to attach significance to it.”

This precedent shows that people who administer a vaccine, including an employer or a representative of the employer, shall exercise a standard of care, duty of care and provide a full disclosure of the vaccine to the recipient. This precedent also shows that if a recipient of a medical procedure suffers from a reaction, side effect or disability from the medical procedure, the party who did not fully disclose the risks can be liable to pay compensation to the injured party.

Zywicki v Gregory Washington - Mr Zywicki, an employee of George Mason University (GMU) sued his employer over mandatory Covid vaccination and mask wearing despite having natural immunity. Prior to Mr Zywicki proceeding with legal proceedings, GMU stated that disciplinary action would follow including unpaid leave or possible loss of employment. After Mr Zywicki commenced legal action, GMU granted Mr Zywicki an exemption. This case demonstrates that a legal action can be brought where an employer compels an employee to receive the Covid vaccination.

Montgomery v Lanarkshire Health Board [2015] UKSC 11 - the Court held that an adult person of sound mind was entitled to decide which treatment to undergo, and consent should be obtained before any treatment was carried out. This precedent shows that people have the right to informed consent to a medical procedure such as a Covid vaccination.

Malette v Shulman (1990) 67 DLR (4th) 321 - the Court held that:

“[A] competent adult is generally entitled to reject a specific treatment or all treatment, or to select an alternative form of treatment, even if the decision may entail risks as

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serious as death and may appear mistaken in the eyes of the medical profession of the community...it is the patient who has the final say on whether to undergo the treatment.”

This case suggests that a person has the legal right to exercise informed consent to treatment such as a Covid vaccination.

Hunter and New England Area Health Service v A by his Tutor [2009] NSWSC 761 - the Court held:

“Whenever there is conflict between a capable adults’ exercise of the right of self-determination and state’s interest in preserving life, the right of the individual must prevail.”

This precedent demonstrates that even though the NSW Government’s *PHO* and *PHA* direct the public to take a Covid vaccination, the individual has the right to self-determination including vaccinations..

Attorney General (Vic) v The Commonwealth (1945) 71 CLR 237: the Court clearly stated that, "But the Parliament could not pass a law requiring citizens of the States to keep their premises clean or to submit to vaccination or immunisation." This case shows that vaccinations cannot be mandated by legislative instruments.

Hocroft v Hazzard [2021] NSWSC - Ms Hocroft was required to have the Covid vaccine by her employer and was placed on leave without pay. She challenged the lawfulness of the NSW *PHO*. Justice Beech-Jones said that the *PHO* was not her fault, she should not be financially disadvantaged and placed on leave with pay until the matter was heard. Justice Beech-Jones advised Ms Hocroft’s barrister to negotiate with her employer to place her on leave with pay

otherwise he will make a judgement. The case was settled out of court with the settlement details not disclosed to the court. This mention is significant as the court ordered that the employee should not be financially disadvantaged by being placed on leave without pay.

The Black's Law Dictionary (2021) defines "coercion" as "compulsion; force; duress. It may be either actual, (direct or positive) where physical force is put upon a man to compel him to do an act against his will, or implied, (legal or constructive) where the relation of the parties is such that one is under subjection to the other, and is thereby constrained to do what his free will would refuse." The Australian Prime Minister, Scott Morrison, stated that the Covid vaccine is not mandatory as Mr Morrison is aware that the Australian Government cannot lawfully enforce mandatory vaccinations (Morrison 2021). The unlawfulness of the government to enforce mandatory vaccines is similarly identified in a statement by NSW Premier, Gladys Berejiklian where Ms Berejiklian (2021a) stated, " Well firstly, we weren't able to make the vaccines mandatory, it's not in our power to do that."

By creating the *PHO* and *PHA*, the Australian Government is passing the onus onto employers to bear full liability. Furthermore, NSW state government are creating Orders that prohibit unvaccinated people from particular freedoms and rights such as the right to earn a living and the right to travel. It will be argued that the Australian Government and *PHO* are coercive and therefore unlawful. Meaning, employers and its agents, and police officers who enforce the *PHO* are also acting unlawfully.

Black's Law Dictionary (2021) defines "poison" as per medical jurisprudence, "a substance having an inherent deleterious property which renders it, when taken into the system, capable of destroying life." The *Public Health Act 2016 (WA) - Instrument of authorisation -*

Authorisation to Supply or Administer a Poison [SARS-CoV-2 (COVID-19) Vaccine - Australian Defence Force] (no.2) 2021 refers to the Covid vaccine as a “poison”. On 9 April 2021, Dr Chant, Chief Health Officer of NSW received authorisation to “supply poisons” namely, adrenaline and “SARS-CoV-2 (COVID-19) vaccine” (NSW Health 2021). Creating legislation and authority to supply a poison creates vaccine hesitancy. Black’s Law Dictionary (2021) defines “medicine” as:

“The practice of medicine is a pursuit very generally known and understood, and so also is that of surgery. The former includes the application and use of medicines and drugs for the purpose of curing, mitigating, or alleviating bodily diseases, while the functions of the latter are limited to manual operations usually performed by surgical instruments or appliances.”

If the Covid vaccine is safe, it should be referred to as ‘medicine’ to alleviate confusion and anxiety within the community.

Empirical Research

Data collection of victims of SAE is still ongoing. Here are some key points:

Israel is one of the highest vaccinated countries to date (Brookes 2021; Willis 2021). Iverson (2021) states that Israel is one of the leading countries to get vaccinated. In email correspondences on 23 June 2021 and 24 June 2021, a healthcare provider have informed their employees, “After a single dose of the COVID vaccine, you are 75% less likely to be hospitalised from COVID-19 Delta, and 94% less likely after the second dose” (Gillan, & Gwynn 2021). For this reason, the author of this research has conducted interviews with people residing in Israel to observe trends in rates of infection, death and SAE from the Covid vaccine. Interviews are still ongoing. The participants surveyed in this study thus far have confirmed

that majority of the people hospitalised are those who are vaccinated. This was confirmed by Dr Kobi Haviv (2021) from an interview regarding the waning efficacy of the Covid vaccine. Although, information online including the media state these claims are untrue, the participants in Israel warned that the data is not transparent. The participants also warned that the media is withholding information and no one fully knows the true statistics. The participants also warned that people are speaking out and providing testimonies of SAE in social media but mainstream media (MSM) is not releasing the information. One participant said that they are the “most vaccinated country in the world and are the most sickest [sic] in the world”. Statistical data verifies the participant’s claims (Figures 1 and 2). In a statement by Kim Iverson, she shows statistical data indicating a trend in higher rates of death and infection after booster shots (Iverson 2021).

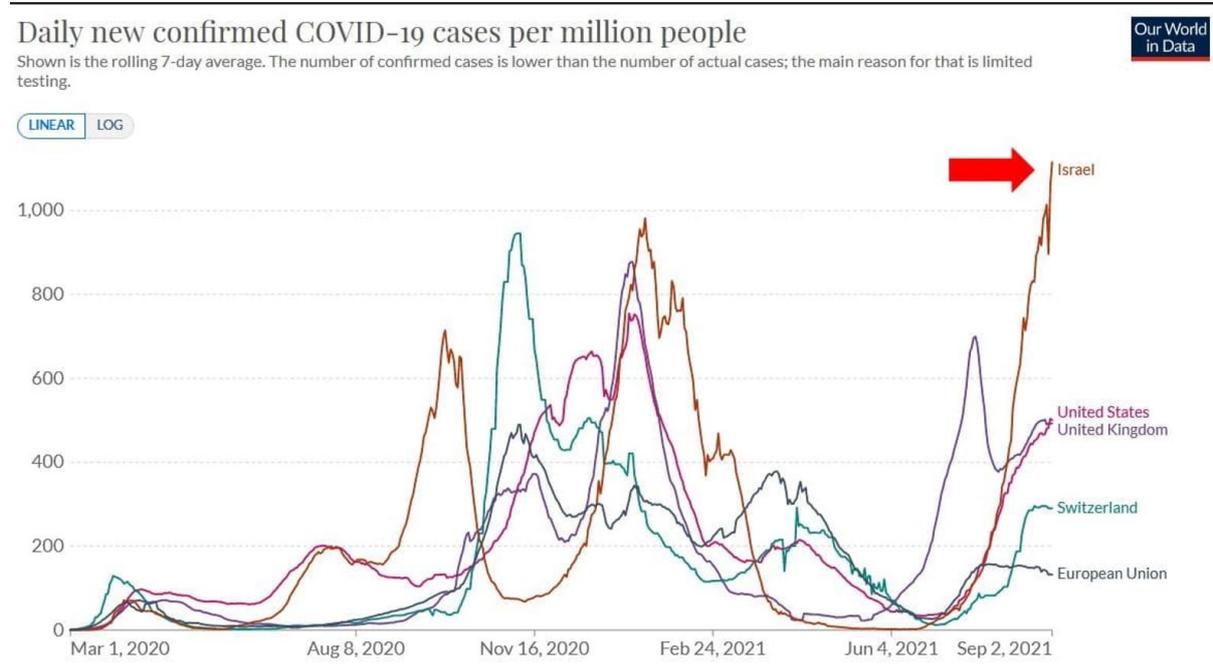


Figure 1. Israel having most infections despite a high vaccination rate (Our World in Data 2021).

ISRAEL CONFIRMED CASES, JULY 4 TO JULY 31

Age Group	Cases Fully Vaccinated	Cases Unvaccinated	Percent of Cases Fully Vaccinated	Percentage of Population Fully Vaccinated
20–29	2689	795	77.2%	71.9%
30–39	3176	881	78.3%	77.4%
40–49	3303	635	83.9%	80.9%
50–59	2200	359	86.0%	84.4%
60–69	2200	187	92.2%	86.9%
70–79	1384	100	93.3%	92.8%
80–89	540	61	89.9%	91.2%
90+	142	20	87.7%	89.7%
TOTAL	TOTAL	TOTAL	AVERAGE	AVERAGE
20–90+	15634	3038	86.0%	84.4%

Source 1: <https://data.gov.il/dataset/covid-19/resource/9b623a64-f7df-4d0c-9f57-09bd99a88880>

Source 2: <https://datadashboard.health.gov.il/COVID-19/general>

Figure 2. Statistical data showing that majority of the people infected with Covid have been fully vaccinated.

A random selection of 50 people who suffered from SAE have been tabulated from media reports and participant surveys (Appendix A). Out of the 50 participants, 8 died as a result of the Covid vaccine. This equates to 16% SAE attributed to death which is significantly high. It is difficult for the Health Minister to outweigh the risks of the vaccine with such statistics, and even more difficult to establish “reasonable grounds” to mandate the Covid vaccine. The author of this research acknowledges the small sample size, however studies are ongoing and further information is to follow.

Mexico reported 1,959 people had one dose of the Covid vaccine and 1,493 people had two doses. A total of 3,452 of vaccinated people were infected with Covid. No unvaccinated people were hospitalised. The Secretary of Health in Nuevo Leon in Mexico, Manuel De La O Cavazos admitted all infected people were vaccinated. In another survey in Mexico, out of a total of 301

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people hospitalised, all were vaccinated. Out of 62 people who died from Covid, 36 had one dose of the Covid vaccine and 26 people had two doses (*62 people die from COVID-19 despite being vaccinated in Nuevo Leon 2021*). The Australian Government's position on the Covid vaccine reducing symptoms and hospitalisation does not reflect what is happening overseas. Based on these findings, the Health Minister does not have "reasonable grounds" to enforce mandatory Covid vaccinations.

In a report from Illinois, United States of America, River Forest High School confirmed 17 Covid positive cases where 14 people were fully vaccinated. This equates to 82% of infected people being fully vaccinated (Lamb 2021). From these statistics it is difficult to prove that the unvaccinated are spreading Covid when majority of the cases are found amongst the fully vaccinated.

Public Health Scotland (2021a & b) have released statistics of number of hospitalised patients admitted to hospital with Covid. The number of fully vaccinated people admitted to hospital with severe Covid symptoms is greater than the unvaccinated (Table 1). From 28 August 2021 to 3 September 2021, the number of fully vaccinated people (443) admitted to hospital with severe symptoms is significantly greater than the unvaccinated (271) (Public Health Scotland 2021a & b). This equates to 65% more hospitalisation in the fully vaccinated versus unvaccinated. As discussed earlier, the public are informed that the Covid vaccine reduces severity of symptoms. However, the statistic from Scotland contradicts the Australian Government's statements. Based on these statistics, the Health Minister does not have "reasonable grounds" to enforce mandatory Covid vaccinations.

Table 1. Number of Covid related acute hospital weekly admission in unvaccinated and fully vaccinated (source: Public Health Scotland).

Date range	Unvaccinated	Fully vaccinated
31/6/2021 to 6/8/2021	128	125
7/8/2021 to 13/8/2021	122	137
14/8/2021 to 20/8/2021	106	134
21/8/2021 to 27/8/2021	153	261
28/8/2021 to 3/9/2021	271	443

There are significant testimonials and anecdotal evidence of deaths from the Covid vaccine have been discovered in independent sources and are not reported in MSM (Figures 1 to 4. Appendix B). Testimonials from independent sources reveal that MSM and vaccine adverse reaction databases are not reporting the full extent of SAE in vaccine recipients (Figures 1 to 4. Appendix C). Testimonials of teenagers with heart issues are emerging in independent sources that are not reported in MSM (Figures 1 and 2. Appendix D). Miscarriages have also been reported by vaccine recipients on social media (Figures 1 and 2. Appendix E). These testimonials are merely a small selection from a 213 page dossier from (*A compilation of COVID vaccine reactions 2021*).

Further media reports show that there are higher rates of infection in the fully vaccinated than unvaccinated in Singapore (Appendix F). Other reports are emerging demonstrating the high rate of infection and deaths in the fully vaccinated (Figures 1 and 2. Appendix G) (*A compilation of COVID vaccine reactions 2021*)

In an interview with former Pfizer employee, Karen Kingston, she states that all the ingredients in the Covid vaccine are not listed due to safety reasons and shares evidence of this (Kingston 2021).

Mr Albert Bourla, CEO of Pfizer, in an interview stated that “I’m 59, in good health. I’m not working in the front line. So my type is not recommended to get vaccination [sic].” By Bourla’s statement, it is inferred that the Covid-19 vaccine is not recommended for healthy people who do not work in the front line (Bourla 2020).

Observation of media reports purport to people dying “from” Covid and not “with” Covid. Dr Jeremy McAnulty, Deputy Chief Health Officer of NSW, stated that this has recently changed (McAnulty 2021). Patients are now reported as having died “with” Covid and not “from” because it is not always known whether the patient actually died from Covid, had comorbidities or recovered from Covid, then died of another cause (McAnulty 2021).

The number of people who are elderly and/or have comorbidities is not transparent in the media from information provided by the Australian Government and health officials. The media is referred in this review because this is where majority of the information is disseminated from and the source of information relied upon from the community. The significance of analysing deaths from the elderly and/or people with comorbidities is important as most of the deaths contribute to this demographic. This will be discussed in detail. Forrest (2021) states:

“A very high percentage of people who have supposedly died from Covid-19 have had at least 1 or 2 comorbidities. According to a chart released early last year by the ISS Italy National Health Institute regarding ‘Italy Coronavirus Deaths by Prior Illnesses’, 48.5% of the people that died in Italy had 3 or more

pre-existing conditions/illnesses, 25.6% had 2 or more illnesses, 25.1% had 1 other illness and only 0.8% had no other illnesses. Also, the CDC (Centres for Disease Control and Prevention) stated on its website: “For 6% of the deaths, COVID-19 was the only cause [of death] mentioned. For deaths with conditions or causes in addition to COVID-19, on average, there were 2.6 additional conditions or causes per death.” I guess for the 94% it’s difficult to tell exactly how much the virus played a role in the deaths. There have been plenty of family members speaking out about the deaths of their beloved ones and the concerns they have had surrounding their death certificates stating they died of COVID-19 when in fact they did not have COVID-19 or they were not aware/informed they “supposedly” had COVID-19. In December 2020, two Minnesota lawmakers called for a full audit of all death certificates marked as COVID-19 deaths. Mary Franson and Scott Jensen revealed their own findings after looking over thousands of “death certificate data points” and found that the number of COVID deaths was being inflated by roughly 40 percent. According to Rep. Franson, the investigation uncovered various un-COVID related deaths being counted as COVID deaths, including a freshwater drowning and a vehicle fatality, among others. Many doctors have come out and publicly said that they have been strongly encouraged or even pressured to write COVID-19 as the cause of death even though it may not necessarily be the cause. The American CDC COVID-19 Guidelines has been quoted as follows “In cases where a definitive diagnosis of COVID-19 cannot be made but is suspected or likely (e.g. the circumstances are compelling within a reasonable degree of certainty) it is acceptable to report COVID-19 on a death certificate as “probable” or “presumed”. The US COVID-19 Task Force Coordinator Dr Deborah Birx can

be quoted as saying ‘We’ve taken a very liberal approach to mortality’ and “if someone dies with COVID-19 we are counting that as a COVID-19 death’.”

Observation of liability of pharmaceutical companies responsible for manufacturing the Covid vaccine have indemnified themselves from liability of severe adverse effects of the Covid vaccine (The University of Sydney 2020).

Observation of the historic fraudulent behaviour of Pfizer: In 2009, Pfizer faced the largest fraud settlement and paid \$2.3 billion to resolve criminal and civil allegation that the company illegally promoted uses of four of its drugs (United States Department of Justice 2009). In 2012, Pfizer agreed to pay a total of \$60.2 million in penalties to settle the documented charges of bribery (Chatterjee 2012). In 2016, Pfizer said it has reached a \$486 million settlement of litigation accusing it of causing big losses for shareholders by concealing safety risks associated with its Celebrex and Bextra pain relieving drugs (Stempel 2016). The significance of discussing these actions is to raise awareness of the fraudulent activities in the past. This raises questions over the credibility and trustworthiness of Pfizer.

Observation of historic fraudulent behaviour of AstraZeneca: In 2010, AstraZeneca paid a \$520 million fine brought by the U.S. Department of Justice for promoting Seroquel for unapproved uses (United States of Department of Justice 2010). In 2011, AstraZeneca paid \$647 million to settle 28,461 lawsuits that claimed the drug maker failed to warn the public that Seroquel could cause diabetes (Feeley 2011). In 2016, AstraZeneca paid \$5.5 million for bribing doctors in China and Russia (Silverman 2016). In 2018, AstraZeneca agreed to pay \$110 million to settle two lawsuits brought by the state of Texas claiming that it fraudulently marketed the antipsychotic drug Seroquel and Crestor for high cholesterol (Reuters Staff 2018). Same as

above, these actions against AstraZeneca raises concerns over the company's credibility and trustworthiness. It can be argued that the distrust in Pfizer and AstraZeneca have been justified by their past actions.

Observation of thalidomide showed in clinical trials that it was safe and subsequently, received FDA approval in 1997 (Dupuy 2020). Sister Pat Sparrow, a nurse at Crown Street Women's Hospital noticed an increase in babies born with birth defects (Kim & Scialli 2011). She also noticed that the mothers of the babies were patients of Dr William McBride who was prescribing pregnant women thalidomide where other obstetricians had not. Dr William McBride embarked on a clinical trial to prove that thalidomide was not safe in pregnant women. His data was unusable so he manipulated the data to make it appear as though thalidomide caused birth defects and was struck off the medical register for scientific fraud (Swan 2018). People have argued that this case is irrelevant to the Covid vaccine. On the contrary, this observation serves as a lesson in history showing that although a medicine or medical procedure passes a clinical trial and receives safety approval, does not necessarily indicate it is safe in the long-term.

Observation of medical practitioners waiving liability: Medical practitioners including General Practitioners, nurses and pharmacists have demanded to be indemnified from liability in the event of someone suffering an SAE. A Member of Parliament, Greg Hunt (2021) stated that the Covid-19 Vaccine Claim Scheme has been introduced to protect medical practitioners from liability.

On 6 February 2021, in a statement by the head of TGA, John Skerit, he said, "the safety evidence is pretty thorough." The key word is "pretty". Mr Skerit did not explicitly state that

the evidence was thorough, completely thorough or used any other adjectives (Skerrit 2021a). In another statement, Skerrit (2021b) states that they do not have information on duration or protection, they require pharmaceutical companies to provide that information over the next few years, the Covid vaccine “is a trial in a sense...” and that “medicines that are incorporated into any human genetic material and are inherited, are not permitted in most countries including Australia”.

In a press conference, NSW Premier, Gladys Berejiklian (2021b) stated that “even in communities with high rates of vaccinations, they have thousands and thousands of cases every day.” Ms Berejiklian, by omission, effectively admits that people will still be infected with Covid even after vaccination and discredits its efficacy. (Berejiklian 2021b).

In a statement made by Dr Kerry Chant, Chief Health Officer of NSW, she states “when the majority of the population is vaccinated, the cases of Covid that you see will occur more in vaccinated people because no vaccine is perfect” (Chant 2021a). Chant is stating that more cases will occur in vaccinated people than unvaccinated. People have argued that the Covid vaccine does not stop transmission or the rate of infection and suggest that it reduces the severity of symptoms and rate of hospitalisation. In a different statement, Dr Chant debunks this theory by stating, “There will always be cases of people who have been vaccinated that have a poor outcome.” (Chant 2021b).

In a statement by Dr Jeanette Young, Chief Health Officer of Queensland, she asserts that “just because you are vaccinated doesn’t mean you won’t get infected” (Young 2021). This also suggests that the Covid vaccine does not prevent transmission, which leads to question the

rationale behind segregating people who are vaccinated versus unvaccinated. If the Covid vaccine stops transmission, there is no need to segregate vaccinated from unvaccinated people.

Dr Young issued a statement on 1 July 2021:

“We are not in a position that I need to ask young, fit, healthy -people to put their health on the line [by] getting a vaccine that could potentially significantly harm them.”

These statements also questions the efficacy of the Covid vaccine. If the efficacy of the Covid vaccine is not in the benefit of the community, it would be argued as to the necessity for mandating it.

People would dispute the relevance of analysing media censorship surrounding Covid such as statistical data of infection and death rates, side effects from the Covid vaccine, whether the unvaccinated are truly the spreaders of Covid and alternative treatments. However, in order to evaluate whether the Health Minister has established “reasonable grounds” to mandate the Covid vaccine, the data relied upon must be fully transparent, accurate, reliable and without bias to those who are affected by the mandates namely, the public. Considering majority of the public are relying upon information disseminated by the media, there are growing concerns over the level of censorship in the media which makes it difficult to determine whether the Health Minister has “reasonable grounds” to enforce mandatory vaccination.

It is unknown whether information provided to the public is accurate. For example, the MSM has not been transparent over the truck drivers’ strike with reports purporting that the strike was due to pay rise demands (Lannan & Hutchens 2021). However, testimonials and statements from truck drivers expressed that they are planning to strike are in response to the lockdowns

and mandatory Covid vaccination (Gillespie 2021). A number of grocery stores in Greater Sydney experienced food shortages (*Food shortage due to truck strike* 2021). The media reported that the reason was due to staff requiring to self-isolate as a result of Covid restrictions (Boseley 2021). If this information was misleading, it also raises concerns over the information provided by the Health Minister to ascertain “reasonable grounds” for enforcing the *PHO*.

Another example of censorship in MSM includes children suffering an SAE at Qudos Stadium at Sydney Olympic Park from receiving a Covid vaccine. A child was filmed having collapsed and the parents were not allowed inside (Qudos Stadium 2021). Another issue of contention is that the child was informed by the medical staff administering the Covid vaccine that they were not permitted to film which is indicative of withholding information. It can be argued that they were in a public space and therefore, filming was permitted in this case. This incident was not widely reported on MSM.

Another evidenced incident of censorship in Australia relates to Monica Smit, the founder of Reignite Democracy Australia (RDA). Ms Smit was arrested for incitement and held in remand. She was offered bail however, her bail conditions included deactivating her personal and RDA social media accounts (Clubb 2021). Preventing a group or individual their right to freedom of speech, not only proves the level of censorship occurring in Australia, but contravention of numerous legal instruments.

Censorship of Covid statistics is also under contention. Journalist, Ben Fordham released a statement on social media confirming the misrepresentation of a Ianeta Isaako, a 30-year-old woman being reported as dying of Covid but was in fact diagnosed via an autopsy as having died of pneumonia (Appendix H). The credibility of the data provided to the public is

increasingly questionable. It is difficult to establish “reasonable grounds” based on the inconsistencies evidenced in this research.

An issue of contention is the conflict of interest of the politicians, health advisors and doctors mandating the Covid vaccine. For example, Dr Chant’s husband served as an advisor for Pfizer (Appendix I). If this is proven correct, this questions the reasons behind conflicts of interest of politicians and health advisors dictating an individual’s right to self-determination. Queensland premier, Annastacia Palaszczuk’s father is said to be the head of a gene data storage and sequencing organisation (TOTT News 2021). If proven correct, this leads to question the motives of pushing everyone to get Covid tested. In an Honours thesis by Bourke (2019), he raises the lack of control people have over their DNA during pathology testing. Doctors in the UK are said to receive remuneration for administering the Covid vaccine which also represents a conflict of interest (NHS 2021) (Appendix J). The public needs to be informed of any conflicts of interest to make an informed consent.

The media is creating fear within the community by portraying that Covid causes serious disease and fatalities. In a statement from the Prime Minister of the United Kingdom, Boris Johnson states that Covid causes mild to moderate illness in majority of people, even in the elderly (Johnson 2021). This information is backed up by Professor Chris Whitty who states that most people who are infected will experience a mild to moderate illness (Whitty 2021). Professor Whitty (2021) then asserts that even though the elderly are most at risk, the “great majority of people will survive this even if they are in their 80s”. This demonstrates that although majority of the people who died “with” Covid are attributed to the elderly, majority of the elderly will survive if infected.

Scientific Research

First part of this thesis analyses the research already available. The second part involves the author of this thesis setting up their own independent laboratory to analyse blood sample of people who have been vaccinated and compare the results with people who are unvaccinated. The following scientific data that forms the foundation of addressing the research question.

Ingredients of Pfizer Covid vaccine include BNT162b2 (mRNA), ((4-hydroxybutyl)azanediyl)bis(hexane6,1-diyl)bis(2-hexyldecanoate) (ALC0315), 2-[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide (ALC-0159), Distearoylphosphatidylcholine (DSPC), cholesterol, potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, sucrose and water for injections (TGA 2021b). The ingredients of the AstraZeneca Covid vaccine include Recombinant, replication-deficient chimpanzee adenovirus vector encoding the SARS-CoV-2 Spike glycoprotein. The AstraZeneca Covid vaccine is produced in genetically modified human embryonic kidney (HEK) 293 cells. This product contains genetically modified organisms (GMOs). The other excipients are L-histidine, L-histidine hydrochloride monohydrate, magnesium chloride hexahydrate, polysorbate 80, ethanol, sucrose, sodium chloride, disodium edetate dihydrate, water for injections (TGA 2021c).

The Therapeutic Goods Administration (TGA) website has published information titled “COVID-19 vaccine safety monitoring plan” where it states:

“ ... clinical trials may not fully characterise the safety profile of a product in certain population groups, such as the very elderly, **pregnant women**, or people with other medical conditions, because **these people may not have been included in the trials.**”

The Pfizer (2021b) product information sheet states:

“Vaccines administered to pregnant women are insufficient to inform vaccine-associated risks in pregnancy.” (Figure 1, Appendix K).

The AstraZeneca (2021c) product information sheet states “As a precautionary measure, vaccination with COVID-19 Vaccine AstraZeneca is not recommended during pregnancy.” (Figure 2, Appendix K).

On 17 August 2021, in an interview with a medical professional who specialises in treating women undergoing IVF, women who are trying to conceive and pregnant women, the medical professional stated that they would not recommend the Covid vaccine in this demographic. However, they are not permitted to express their opinions over the Covid vaccine. In fear of prosecution from AHPRA, this medical professional requested to remain anonymous. The AHPRA position statement (2021) states:

“Any promotion of anti-vaccination statement or health advice which contradicts the best available scientific evidence or seek 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....

Health practitioners are reminded that it is an offence under the National Law to advertise a regulated health service (including via social media) in a way that is false, misleading or deceptive. Advertising that includes false, misleading or deceptive claims

about COVID-19, including anti-vaccination material, may result in prosecution by AHPRA.” (Appendix L).

The same situation also applies to other doctors (*AHPRA silencing doctors* 2021). The issue with this is that doctors are too scared to express their true opinion to patients. A participant of this research experienced numerous doctors and their employer express that RANZCOG asserts the Covid vaccine is safe in pregnancy, but they do not state that they, themselves believe it is safe, which is misleading and relies upon information from a third party.

The CDC (2021a) considers a person to be fully vaccinated after “2 weeks after their second dose in a 2-dose series”. Numerous scientific articles report people who have been vaccinated after 14 days from having the vaccination as “fully vaccinated”. People who have died less than 14 days of vaccination are being reported as “unvaccinated” (Rosenberg et al. 2021; Griffin et al. 2021). Reporting deaths in such a manner is misleading because people who have died within 14 days of vaccination could have died due to SAE from the vaccination. Reporting should include those who have been vaccinated within 14 days of vaccination. Instead, these cases should be reported as a separate third category to account for the possibility of dying of SAE or from Covid.

ADE has been observed in SARS, MES and other human respiratory virus infections including RSV and measles. Lee (2021) states that the evidence for vaccine-induced ADE in animal models of SARS-CoV-2 is conflicting and raises potential safety concerns. The risk of ADE occurring in Covid vaccines has not been fully established. Suggestions of reducing the risk include delivering high doses of potent neutralising antibodies rather than lower concentrations of non-neutralising antibodies (Lee 2021). It is crucial to evaluate animal and clinic datasets

for signs of ADE and to balance ADE-related safety risks against interventions efficacy if clinical ADE is observed (Lee 2021).

In an interview with one of the inventors of the mRNA vaccine, Dr Robert Malone warns of antibody dependant enhancement (ADE) which “causes the virus to replicate more efficiently than it would otherwise”. The Covid vaccine can cause coronavirus to “become more infectious than would happen in the absence of vaccination” and “replicate at higher levels than in the absence of vaccination” as seen in the Dengue virus vaccine and Respiratory Syncytial Virus (RSV) vaccine. (Malone 2021a).

In another interview, Dr Malone (2021b) raised concerns over the cleaving of the spike protein and becoming free forming, then accumulating in the bone marrow, the brain, and ovaries. He states that he had warned the FDA of the spike protein being cytotoxic and biologically active (Malone 2021b). Dr Malone then raised concern over censorship and believes that people should have freedom of expressing an opinion, receiving full disclosure of risks, and giving informed consent (Malone 2021b).

Classen (2021) states that based on the pivotal scientific data, it is certain that mass Covid vaccinations are hurting the health of the population in general. The scientific researcher asserts that the clinical trial design has been proven dangerously misleading. The scientific analysis of the data from key clinical trials indicated the Covid vaccines failed to show any health benefit and demonstrated a decline in the health of the vaccinated groups. Classen (2021) also expresses concern over a looming induced public health catastrophe and believes that scientific principle demonstrate mass Covid vaccinations must cease immediately.

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Indian Bar Association sued the World Health Organisation Chief Scientist, Dr Soumya Swaminathan over misleading information about Ivermectin in treating Covid patients. Data showed that areas where Ivermectin was used, namely Delhi, Uttar Pradesh, Uttarakhand and Goa, cases dropped 98%, 97%, 94% and 86% respectively. The area of Tamil Nadu opted out of treating their patients with Ivermectin and their cases increased to the highest in India (Hope 2021).

Ivermectin treatment for Covid is now supported by 119 studies with 77 studies having been peer reviewed and 64 with results comparing treatment and control groups (*COVID-19 treatment studies for Ivermectin* 2021).. This includes 63 controlled trials with a total of 26,398 patients, and 31 Randomized Controlled Trials. There are news reports of patients overdosing on Ivermectin overseas and in Australia (Pengelly 2021). In relation to the overseas report, White (2021) identifies the report to be incorrect. There are many inconsistencies with the efficacy and safety of Ivermectin. More research is required and the research must be from an independent trial without any conflict of interest, bias, or censorship.

A Carnival cruise ship had 27 people test positive for Covid, 26 of those people were staff and one was a guest. 99.8% of the crew were vaccinated (O'Neill 2021). This demonstrates again that the Covid vaccine does not prevent an individual from contracting Covid. Since the accumulation of evidence of the Covid vaccine not preventing infection or transmission, the NSW Government is now informing the public that the Covid vaccine reduces symptoms and hospitalisations (Australian Department of Health 2021a).

Pfizer Covid vaccines have been touted by RANZCOG to be safe in pregnant and breastfeeding women. Curiously, nowhere on the RANZCOG website is the scientific basis for this assertion.

Dr Ah Kahn Syed (2021) evaluated the scientific papers by Shimabukuro et al. (2021) and Head Zauche et al. (2021). Syed (2021) rebuts in great detail of the misleading data, limitations and bias of these studies. He asserts that the data has been presented in the absence of a control group and in a very confusing manner, obfuscating any possible analysis by most readers. He concludes the risk of miscarriage in the v-safe pregnancy cohort is very high (Syed 2021).

RANZCOG provided a disclaimer stating, “Given the recency of Covid-19 and the **paucity** of data, particularly in pregnancy, the accuracy of any advice may be rapidly superseded... RANZCOG commentary on COVID-19 should be considered **advisory**, and not proscriptive...” (RANZCOG 2021). The keyword of concern is “paucity”. The Oxford Dictionary (2021) defines paucity as “the presence of something in only small or insufficient quantities or amounts.” The issue of concern is that RANZCOG is providing medical advice based on small or insufficient data. Pregnant and lactating women are basing their medical choice over a small sample size. The other keywording of concern are “advisory”. It can be interpreted that RANZCOG is not taking full responsibility for their claims as it is merely providing advice and not a definitive response.

As of 23 July 2021, VAERS has reported 518,770 cases of SAE including 11,940 deaths, 12,808 permanent disabilities and 885 women reported cases of miscarriage or premature birth (Redshaw 2021) (Appendix M). As at 6 August 2021, a total of 1,261 SAE, with 1,169 of miscarriages (Figure 3). Another example of an SAE reported to VAERS, resulted in an infant dying after the mother received the second dose of Pfizer Covid vaccine (Figure 4) (VAERS 2021). The figures reported on VAERS is not accurate as it is a voluntary reporting system. A Harvard Pilgrim Hospital study revealed that less than 1% of vaccine injuries are reported. Meaning 99% of vaccine SAE are not reported or acknowledged (Sussmann 2019).

"Pregnancy" Related Adverse Reactions and Fatalities following the Covid-19 injections per VAERS (USA) - 6th August 2021.	
Aborted pregnancy	1
Abortion	16
Abortion spontaneous	1,114
Stillbirth	38
Subtotal	1,169
Venous thrombosis in pregnancy	1
Haemorrhage in pregnancy	48
Abortion threatened	15
Uterine contractions during pregnancy	28
Total	1,261

Figure 3. 169 miscarriages as of 6 August 2021 reported to VAERS (source: VAERS).

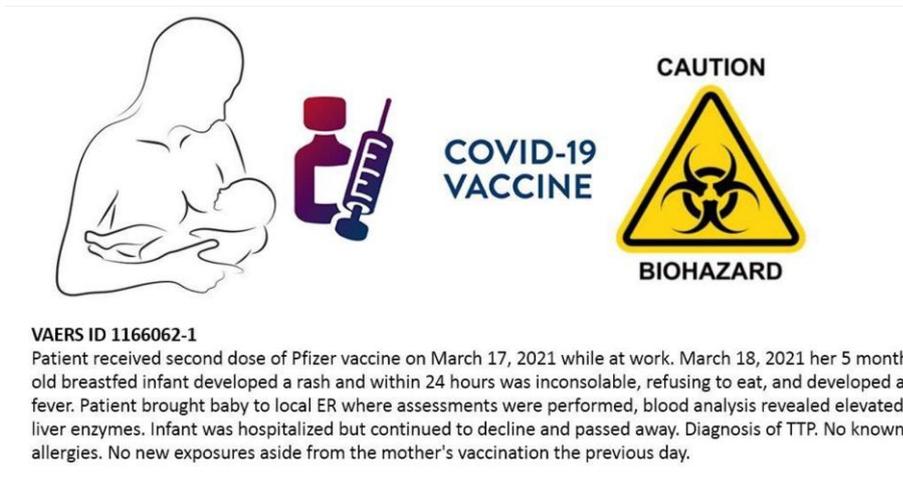


Figure 4. Summary of VAERS record ID# 1166062 (VAERS 2021).

Reporting only Relative Risk Reduction (RRR) and omitting Absolute Risk Reduction (ARR) means that the data is biased and interpretation of vaccine efficacy may be challenged (Brown 2021). The Covid vaccine studies measured the prevention of mild to moderate infection and were not designed to conclude on preventions of hospitalisation, severe disease, or death, or on prevention of infection and transmission (Olliaro, Torreale & Vaillant 2021). The suitability of vaccines should be measured against all indicators including safety. If the public are only provided with the RRR, the information is misleading. The disseminated data needs to be

transparent and without bias. Table 2 summaries the findings from Olliaro, Toreele and Vaillant (2021).

Table 2. RRR versus ARR of reporting Covid vaccines.

Vaccine Type	Relative Risk Reduction	Absolute Risk Reduction from Vaccine
Pfizer/BioNtech	95.03%	0.84%
Moderna (NIH)	94.08%	1.24%
Janssen	66.62%	1.19%
AstraZeneca/Oxford	66.84%	1.28%

Public Health England (cited in Waldburger 2021) stated that from 1 February 2021 to 2 August 2021, the UK reported 741 deaths from the Delta variant, 402 (54%) were fully vaccinated, 79 (11%) received one dose and 253 (34%) were unvaccinated. Seven people were unaccounted for (Appendix N). This calculates to two-thirds of deaths from the Delta variant were from people who were vaccinated.

Gazit et al. (2021) studied the prospects of natural immunity versus fully vaccinated individuals. Although the research paper is not peer reviewed, there is emerging empirical data from participants of this research concurring the findings (refer to Empirical Research). Their research showed that natural immunity confers longer lasting and stronger protection against Covid infection to the Delta variant compared to those who were fully vaccinated. Results concluded that individuals who had natural immunity, experienced less symptoms and fewer hospitalisations (Gazit et al. 2021).

“Small black materials” have been reported in the Moderna vaccine in Japan”. As a result of the contamination, Japan has ceased administering the Moderna vaccine (Kyodo News 2021). Recent updates have emerged from Japan with reports of three men dying from the same batch

of Moderna vaccine which have since been recalled (Sharma 2021). Moderna released a statement admitting that there was a rare presence of stainless-steel particles contained within the vaccine (Blair 2021).

The public were initially informed that the Covid vaccine stops transmission and infection. As discussed in this research paper, that the public are now informed that the Covid vaccine is intended to reduce severity of symptoms and hospitalisation. There is a media report of a vaccinated woman dying of Covid who was admitted to an ICU ward in a hospital overseas. (Appendix O). It can be hypothesised that politicians, the Health Minister and the media by proxy is suppressing these reports to show a limited sample size to justify “reasonable grounds” of enforcing mandatory vaccination. Nevertheless, if vaccination reduces hospitalisation, this woman and other patients should not experience severe symptoms in the first instance.

Furthermore, Brown et al. (2021) reported an outbreak in Massachusetts, 469 patients tested positive for Covid, 346 (74%) of them were fully vaccinated. The report also found that the CT values were similar amongst fully vaccinated patients and unvaccinated patients. This was also discovered in England where was limited difference in viral load between those who are vaccinated and unvaccinated. The similar Cycle Threshold (CT) values suggests limited difference in infectiousness (Public Health England 2021). There are media reports discussing the CDC has found the viral load in vaccinated people is not lower than in unvaccinated people, meaning vaccinated people can transmit Covid in the same manner as unvaccinated people (CDC 2021b).

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The numbers of positive cases are under question by numerous doctors, scientists and health professionals on the grounds of the accuracy and specificity of the PCR test. In a statement by Dr Wu Zunyou from the Chinese Centre for Disease Control and Prevention, he states that “they didn’t isolate the virus. That is the issue.” (Zunyou 2021). This is an issue of contention here is that the pandemic has been declared upon isolating the SARS-CoV-2 virus. A Freedom of Interest (FOI) request was placed requesting for documentation “proving isolation of the SARS-CoV-2 Delta strain, which is confirmed by means of a purified viral sample being imaged with an electron microscope” and “documentation (a controlled scientific experiment in humans or animals), where the isolated SARS-CoV-2 Delta virus sample ... is exposed to healthy humans or animals and shown to cause the disease ‘COVID-19’.” The FOI and TGA did not have the requested documentation (Figure 1. Appendix P). In another unsuccessful FOI request for “one document that shows and provides scientific factual evidence, of the testing procedure being used in Australia that 100% positively identifies Covid-19...beyond reasonable doubt”, the Authority replied that “no relevant documents have been located...no test available that 100% positively identifies COVID-19 in a living human beyond any reasonable doubt, as all diagnostic tests have a margin of error.” (Figure 2. Appendix P).

In an interview with the inventor of the PCR test, Kary Mullis, he states:

“Anyone can test positive for practically anything with a PCR test, if you run it long enough...with PCR if you do it well, you can find almost anything in anybody... it doesn’t tell you that you’re sick.” (Mullis 1993).

In a statement released on 14 December 2020, the World Health Organisation admitted “the PCR test used to diagnose COVID-19 is a hit and miss process with way too many false positives” (O’Sullivan 2020). O’Sullivan (2020) reports a statement from Dr Pascal Sacré:

“This misuse of RT-PCR technique is used as a relentless and intentional strategy by some governments, supported by scientific safety councils and by the dominant media, to justify excessive measures such as the violation of a large number of constitutional rights, the destruction of the economy with the bankruptcy of entire active sectors of society, the degradation of living conditions for a large number of ordinary citizens, under the pretext of a pandemic based on a number of positive RT-PCR tests, and not on a real number of patients.”

A Portuguese Court ruled PCR Tests are unreliable, quarantines are unlawful, and ruled that a PCR test over 25 CT is totally unusable (Off-Guardian 2020). It has yet to be confirmed as to the number of CT performed in NSW laboratories however this information should be readily available to the public to create transparency. A scenario to consider is if the information was made transparent, and the results showed a high false positive rate, the Health Minister would not have “reasonable grounds” to enforce mandatory Covid vaccinations. This scenario may appear far-fetched however, withholding information causes alarms for concerns over the reliability of the data provided and censorship in the media.

Dr Sean Brookes (2021) raises concerns of blood clotting, spike proteins invading the bloodstream, creating organ failure from a cytokine storm.. Dr Brookes also warns of cases of women who have been vaccinated suffering a miscarriage in the first trimester (Brookes 2021).

Dr Jane Ruby (2021) relays information from Dr Robert Young who, through independent research, has discovered toxic substances in multiple vials of Covid vaccines from Pfizer, AstraZeneca, J&J and Moderna. Dr Young’s research methodology included optical

microscopy, bright field microscopy, phase contrast microscopy, dark field microscopy, UV absorbance and fluorescence spectrophotometry, various types of electron microscopes and nuclear magnetic resonance (Young 2021).

Figure 5 shows normal blood under a phase contrast microscope. Figure 6 shows abnormal rouleaux formation of blood cells after vaccination under phase contrast microscopy. Dr Young's research also demonstrated the presence of a foreign body under phase contract microscopy within a participant's blood, which is normally a sterile environment (Figure 7) (Young 2021).

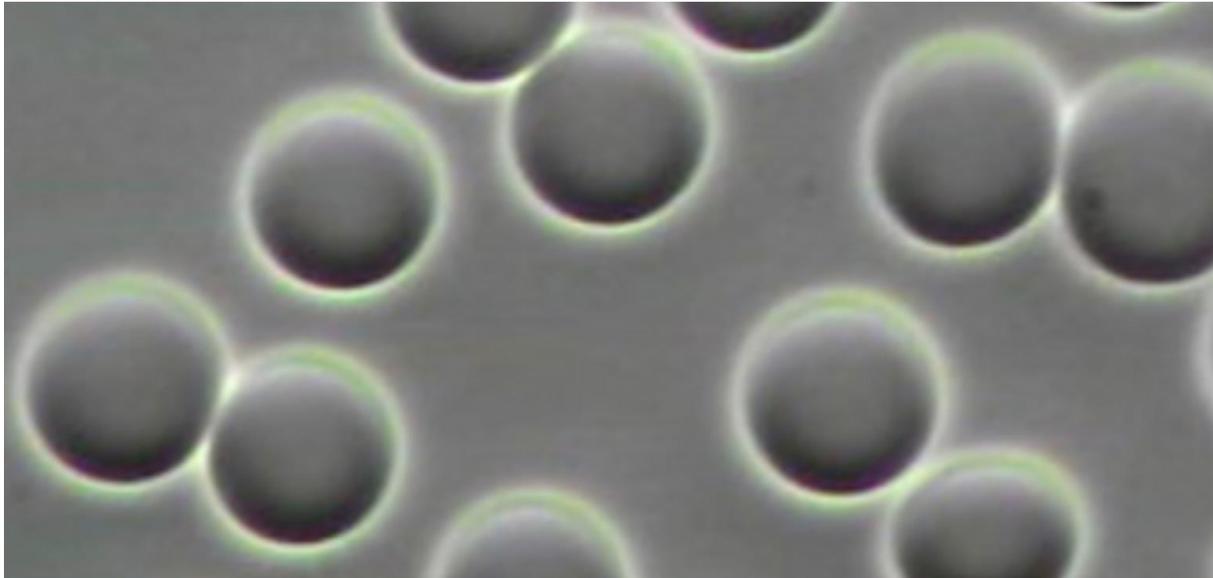


Figure 5. Normal red blood cells (source: Young).

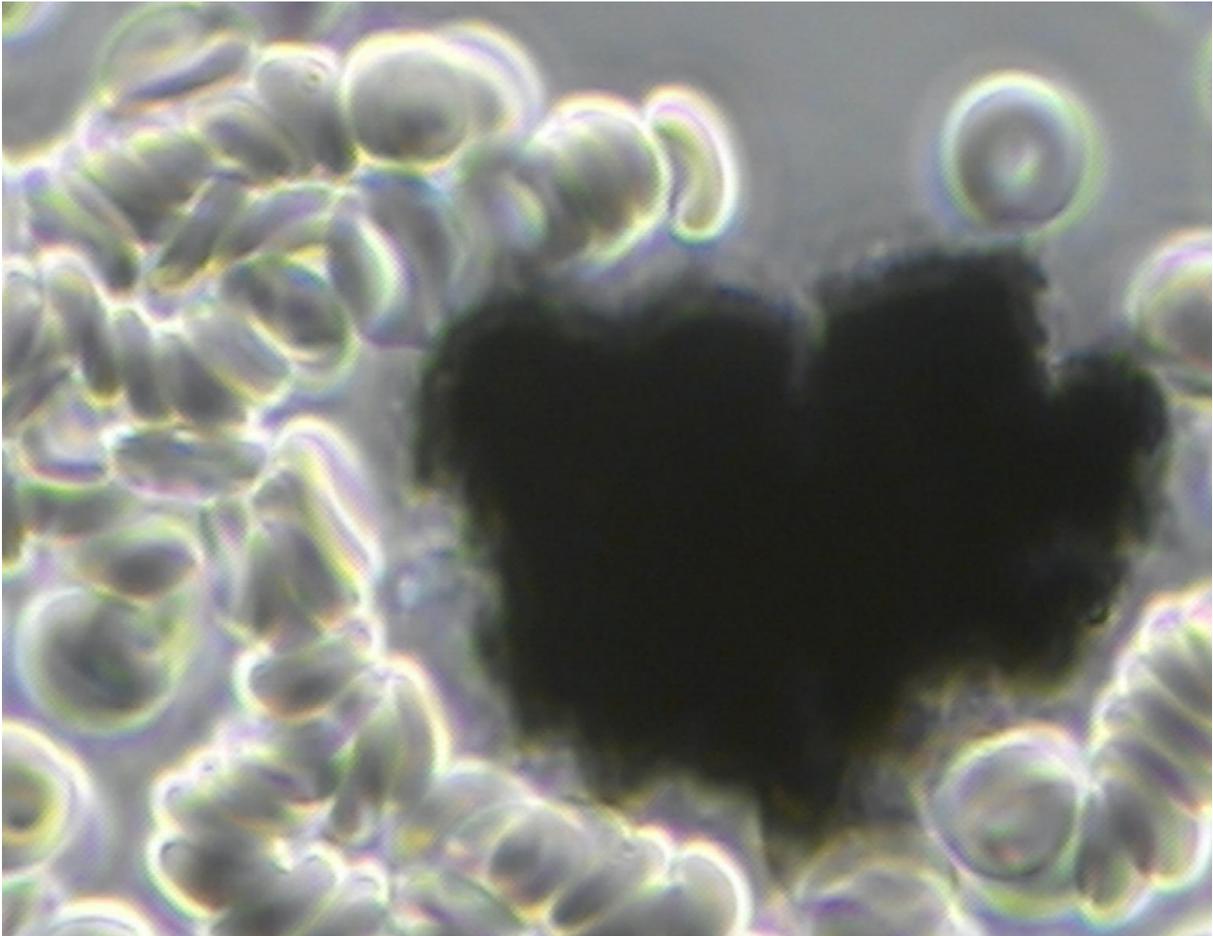


Figure 6. Post vaccinated red blood cells with rouleaux formation (source: Young)

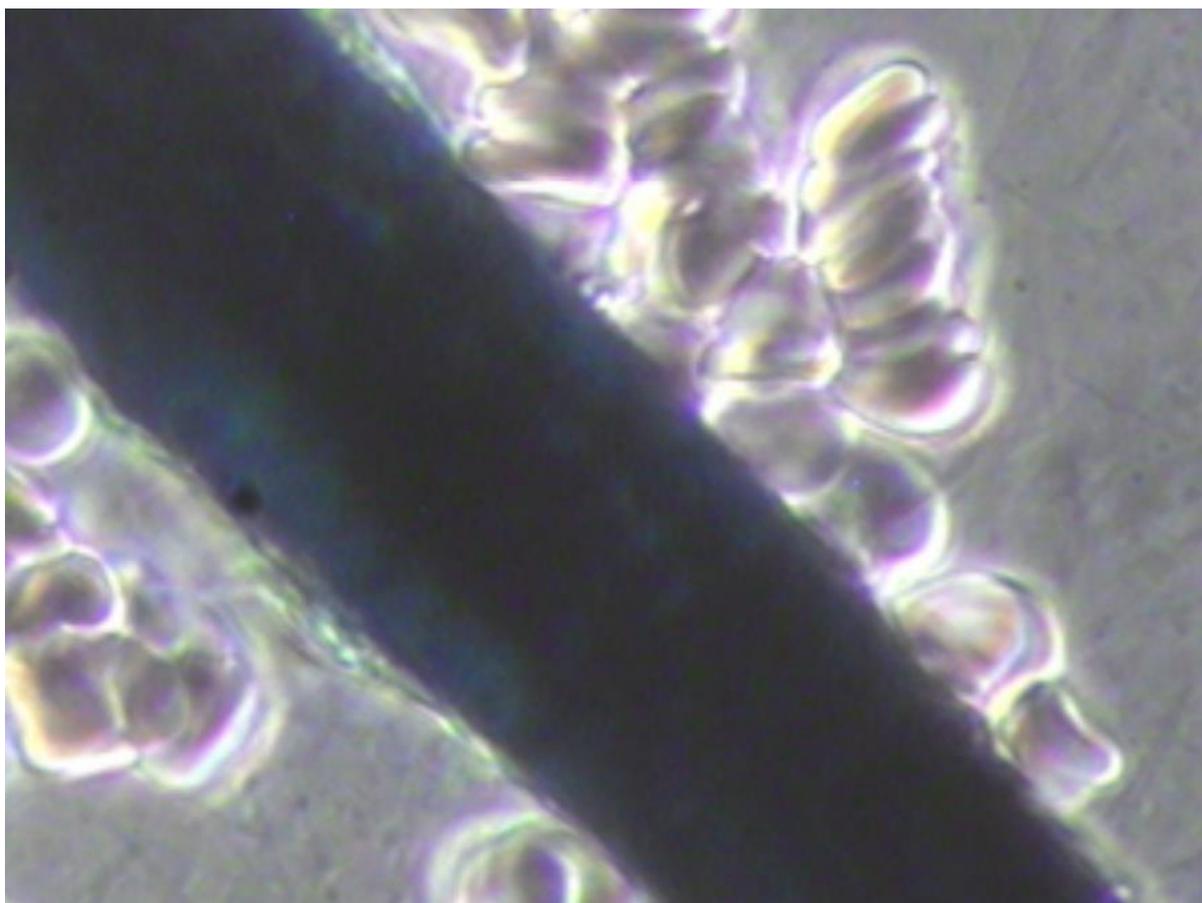


Figure 7. Blood from a participant containing foreign substance.

Upon further investigation, Dr Young also discovered foreign substances in a Covid vaccine sample. He analysed the Pfizer vaccine sample utilising methods in microscopy, fluorescence and spectroscopy and determined the foreign substance as graphene oxide (Figures 8 & 9). Dr Young also extracted RNA from the Pfizer vaccine sample with Thermofisher commercial kit and quantified RNA with specific Thermofisher Qbit fluorescence probe.

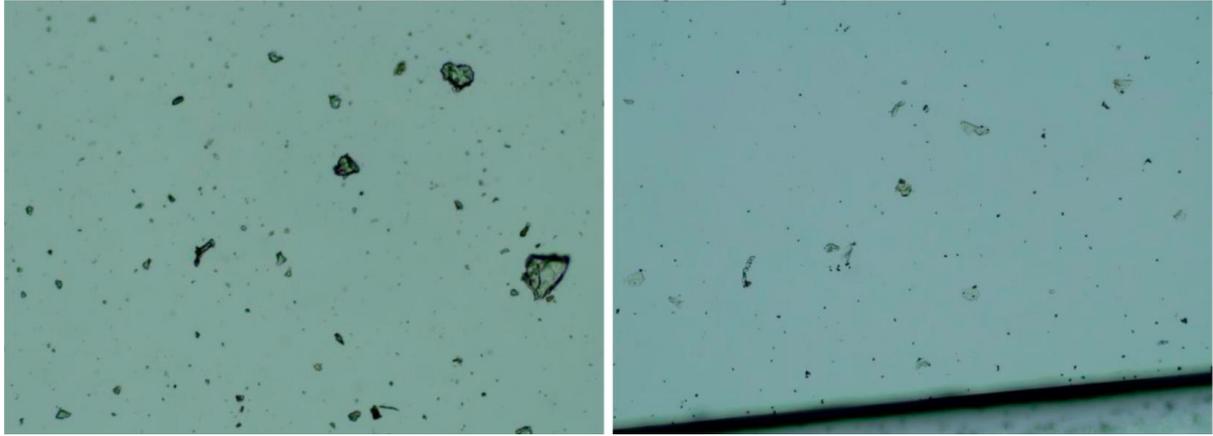


Figure 8. Aqueous fraction image form Pfizer vaccine sample (left). Reduced graphene oxide standard (right).

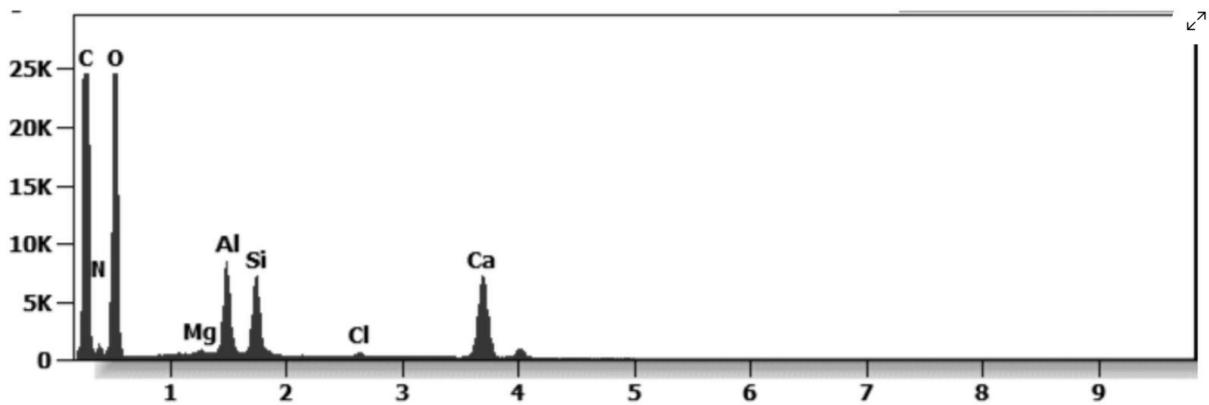


Figure 9. Energy-dispersive x-ray spectroscopy analysis performed on the Pfizer vaccine sample demonstrating the detection of graphene oxide, magnesium, aluminium, silicon, chloride and calcium. (X-axis = KeV, Y axis = Counts).

Dr Young also extracted RNA from the Pfizer vaccine sample with Thermofisher commercial kit and quantified RNA with specific Thermofisher Qbit fluorescence probe. The analyses showed that only 6t ug/ul could be related to the presence of RNA (Young 2021). The spectrum was compatible with a peak of 270 nm indicative of graphene oxide (Figure 10). Young (2021) also confirmed a maximum peak at 340 nm of the Pfizer vaccine sample by high fluorescence spectroscopy which indicates the presence of graphene oxide. Young noted that RNA does not show spontaneous fluorescence under UV exposure (Figure 11).

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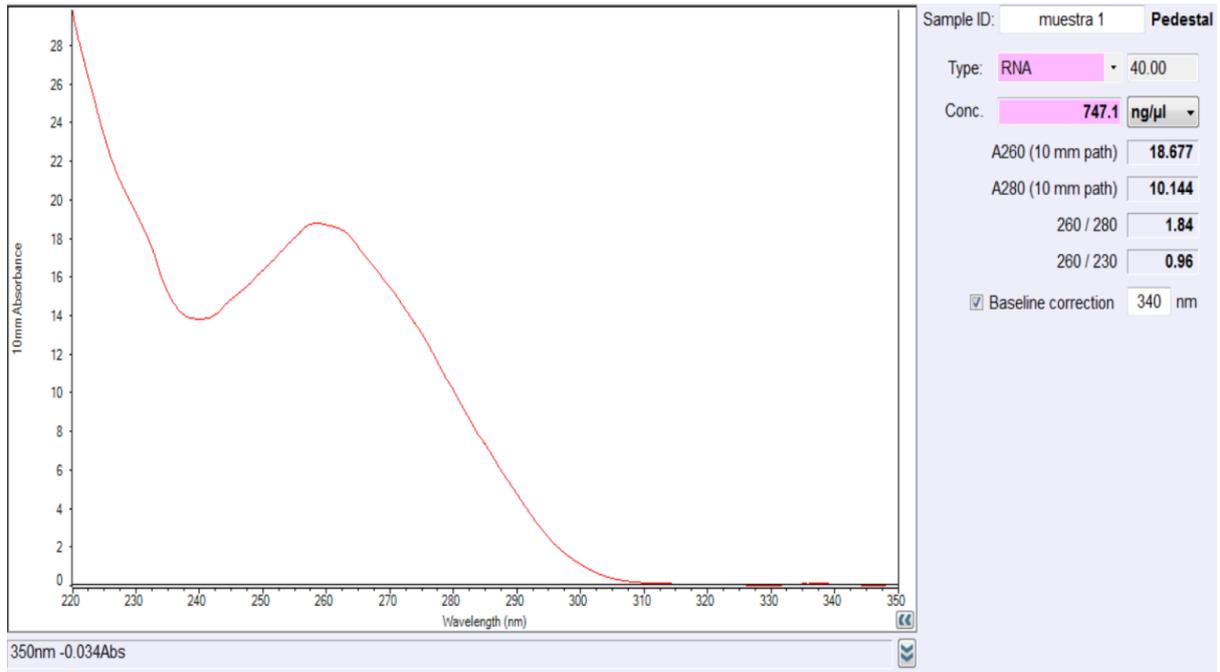


Figure 10. UV Spectrum of aqueous fraction of Pfizer vaccine sample.

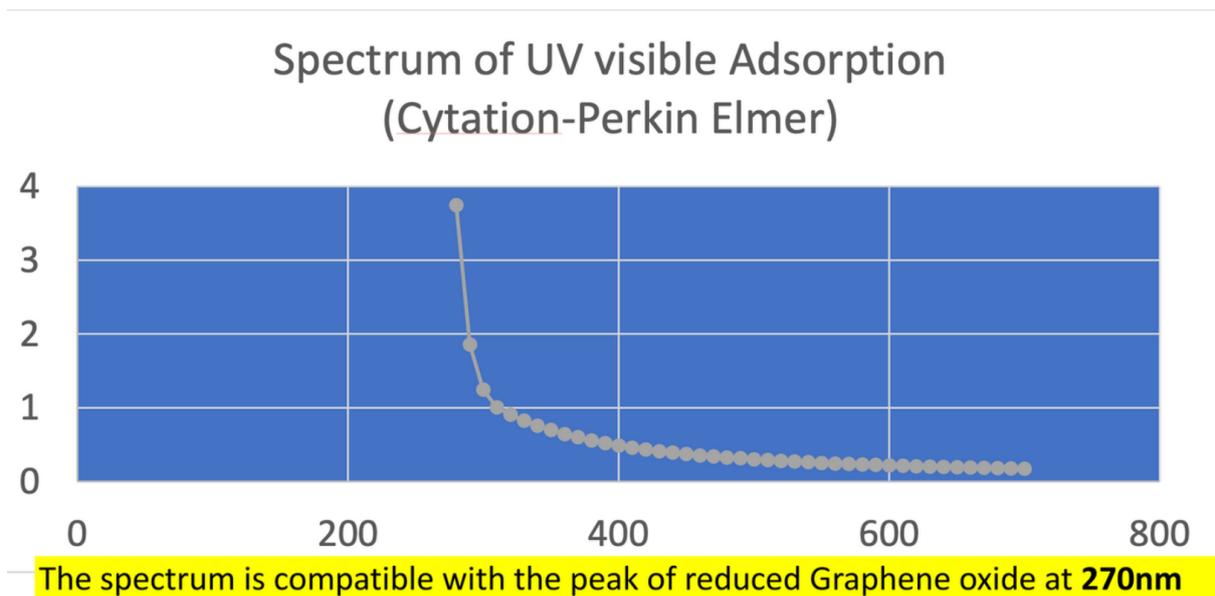


Figure 11. Spectrum of UV analysis indicating an adsorption at 340 nm reflecting the presence of reduced graphene oxide.

Dr Charles Hoffe raises concerns over blood clotting in patients after they have received the Covid vaccination. Dr Hoffe (2021) claims that his patients had spike proteins which form blood clotting in capillary networks; the clots are too small and scattered to be detected by regular scans. His research found 62% of patients who have had the Covid vaccination, showed

a positive elevated D-dimer test, indicating the formation and breakdown of a blood clot within the body (Hoffe 2021).

In a statement from Dr Richard Fleming he referred to a Harvard study which reveals virus particles circulating the body within hours of vaccination (Fleming 2021). Dr Fleming discusses the study also showing the body making antibodies to the nuclear capsid of the virus which is not supposedly found in the vaccines. He states that the body can only make antibodies to what is found within the body. Dr Fleming (2021) questions the contents of the vaccines that are making antibodies to the spike protein which are known contents and the nuclear capsid which is not disclosed. In a different study from Moderna in 2017, Dr Fleming (2021) discusses the discovery of lipid nanoparticles in animals spread to the brain, liver, bone marrow, spleen, and muscle injection site in the influenza vaccine. Despite being a different vaccine, the Pfizer and Moderna mRNA Covid vaccines contain lipid nanoparticles. Dr Fleming (2021) discusses a document disseminated by the FDA informing of shedding in viral and bacterial vaccines in 2015. Dr Fleming then explains that RNA found outside the body is a prion. The vaccines contain mRNA and any leakage causes a prion-like disease (Fleming 2021).

In a statement by Dr Ryan Cole, he discusses research demonstrating the spike protein from the Covid vaccine located in various organs including, the lungs (Figure 12), liver (Figure 13) and reproductive tissue (Figure 14) (Cole 2021a). Dr Cole cites a research paper by Rhea et al. (2021) highlighting the spike protein in the Covid vaccine crossing the blood-brain barrier in mice and raises concerns of the same occurring in humans (Rhea et al. 2021).

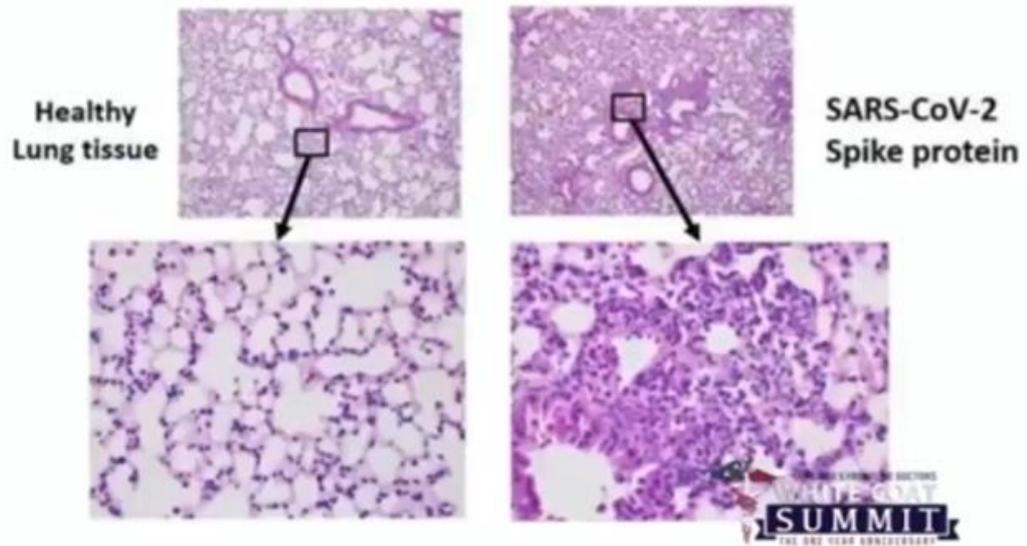


Figure 12. Lung tissue showing inflammation from spike protein represented by darker stained cells (source: Cole).

Spike damage in liver

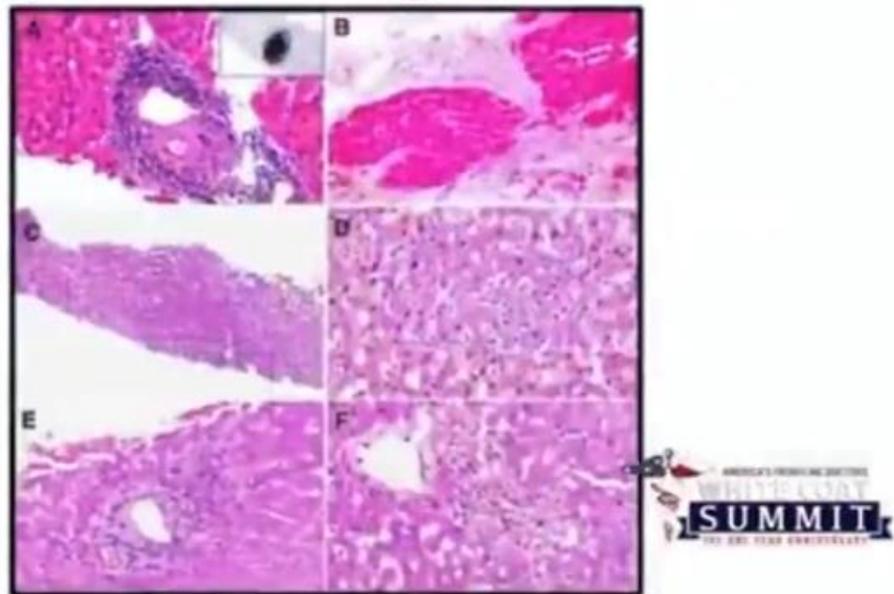


Figure 13. Liver tissue damage from spike protein (Source Cole).

Spike damage in Testes

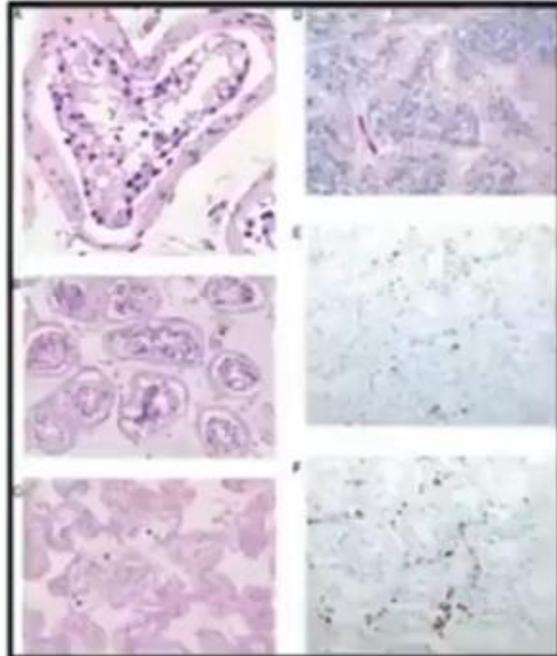


Figure 14. Reproductive tissue with damage from spike protein (source: Cole).

Doctors statements taken directly from Forrest (2021):

“Dr Suzanne Humphries: “My current opinion about vaccinations is that they have never been safe, never has there been a safe vaccine, never will there be a safe vaccine and it is not possible to have a safe vaccine. The reasoning for that is that the actual process of vaccination defies the natural function of the immune system of living beings. It thwarts the immune system into a balance that’s very unnatural and that leaves it susceptible to more things than just what you may be vaccinated supposedly for”.

Dr Kelly Brogan: “As those of us who shake our heads in pain and frustration watching the sheep get herded off the cliff, we refrain: these agents cannot be considered “safe and effective” and also “unavoidably unsafe” as the

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government agencies would have us accept. They are avoidably unsafe, in fact, when you don't use them as part of your healthcare.”

Dr Larry Palevsky: “One of the assumptions we have heard is that high vaccinations protect those vulnerable and it reduces the probability of those people vaccinated to spread the germ to others. Never once in my 37 years have I ever seen a study that showed that a vaccination makes the bacteria or the virus disappear from the body of those who are vaccinated. Yet all we continue to say is that once a vaccine is given not only are people are immune but the bacteria and viruses are no longer in their bodies to transmit to others, and that is not true. We have also heard that once you are vaccinated you are immune. Well actually the text books don't say that....We are told that unvaccinated children are the only children (and the only people) that are capable of spreading germs but that's not true either because vaccinated children can still spread germs, they can still carry the bacteria and viruses that we vaccinate against, and so can adults...You can't vaccinate believing that your children are protected and then feel that your children are not protected because somehow some non-vaccinated child is carrying some secret organism that no-one else is carrying. It just doesn't make any sense.”

Dr Raymond Obomsawin: “Personally, I can attest to the fact that as a child I did get all the vaccines available. I also came down with measles and mumps and chickenpox...natural immunity is the only true immunity. Everything else is an artificial attempt to cheat nature”.

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Dr Tim O'Shea: "Common sense is all that protects travellers from disease, not vaccines. Are about food, drinking water, local plants, air, environment, supporting the immune system – these are the only defences that ever protect anyone, home or abroad. For the last time, germs are the evidence of disease, not the cause of disease."

Dr Robert Sears: "The stupidity of having the Hep B vaccine on the schedule for every American born newborn is what woke me up to even scrutinise the (vaccine) schedule" and "I've had the privilege to basically watch around 15,000 unvaccinated kids grow up as healthy children."

Dr Shiv Chopra (who started his career developing vaccines for pharmaceutical companies): "Vaccine induced adverse reactions, including autism, diabetes, cancer, allergies & various neurological disorders continue to mount & more so where vaccines are used the most. For all these reasons I refer to vaccines as "cluster bombs" which, when injected, explode in all parts of one's body & knock out some of the most critical organs & tissues. Therefore, my opinion on this subject is that no currently used vaccine does any good to anyone's health & every vaccine is potentially dangerous to everyone's health."

Dr Jo Mercola: "There was a deliberate confusion by the public health authorities to make the public believe the vaccines were far more effective than they were, so they would use data to show that the incidence of the disease they were vaccinating against had dropped dramatically since the introduction of vaccines but what they failed to do was extend the graphs further (before the vaccines) where it had already gone down by at least 90%."

Dr Bernard Dalbergue (a former pharmaceutical industry physician with Gardasil manufacturer Merck): “I predict that Gardasil will become the greatest medical scandal of all times because at some point in time, the evidence will add up to prove that this vaccine, technical and scientific feat that it may be, has absolutely no effect on cervical cancer and that all the very many adverse effects which destroy lives and even kill, serve no other purpose than to generate profit for the manufacturers.”

Dr Paul Thomas (who wrote ‘The Vaccine-Friendly Plan’): “I have over 13,000 children in my paediatric practice and I have to say, as unpopular as this observation might be, my unvaccinated children are by far the healthiest.”

Dr Liz Mumper: “As somebody who has studied vaccines for many years, and I’ve read every single (vaccine) insert of every single vaccine, I’m not as worried about the short-term effects - the redness, the swelling, all those signs that show that the body has recognised the shot is foreign and is reacting to it. I’m much more concerned about potential long term affects - brain inflammation or auto-immunity for example.”

Dr Rebecca Carley: “Inoculations are the true weapons of mass destruction which cause autoimmune disease, non-traumatic seizures, cancer and genetic damage”. “There’s two parts to the immune system – there’s the B cells that make the antibodies, there’s the T cells which are like the little ‘pacman’ cells that are supposed to go after the cancer cells, the viruses, bacteria, etc. Vaccines

make the B cells go into hyperdrive and therefore the T cells are paralysed, so all you're doing is making an antibody and that antibody is attacking you.”

Dr Stephanie Cave: “As a family practice physician, I was prompted into action myself around 1997, as more and more autistic children showed up in my office. Although the children came from different social and family environments their histories were the same in one frightening way. They had all been healthy and developing normally – physically, emotionally and mentally until age 15 to 18 months. Then, the parents reported, their once happy, friendly babies disappeared, as if their inner spark had gone out. Suddenly the children lost speech, would not maintain eye contact, were highly sensitive to touch and noise, and were intentionally injuring themselves. The parents were horrified and frightened. And I did not know what to tell them. But then as I studied the medical charts, I realised that all the children had one thing in common. All of them had deteriorated within weeks of receiving several vaccines simultaneously. It was then that I began to document my cases and read about other similar instances reported by doctors around the world. I discovered I was not witnessing an isolated pocket of cases where I practiced...but that I was verifying a phenomenon that was happening around the globe.”

Dr Thomas Cowan: “Health does not come from the injection of toxins into our bodies.”

Dr Zoltan Rona: “Studies are increasingly pointing to the conclusion that vaccines represent a dangerous assault to the immune system leading to autoimmune diseases like multiple sclerosis, lupus, juvenile onset diabetes,

fibromyalgia and cystic fibrosis as well as previously rare disorders like brain cancer, SIDS, childhood leukemia, autism and asthma.

Professor Yehuda Shoenfeld: “Defined autoimmune diseases that may occur following vaccinations include arthritis, lupus, diabetes mellitus, thrombocytopenia, vasculitis, dermatomyositis, Guillain Barre syndrome and demyelinating disorders. Almost all types of vaccines have been reported to be associated with the onset of ASIA (autoimmune/inflammatory syndrome induced by adjuvants)”

Dr Kelly Brogan: “As those of us who shake our heads in pain and frustration watching the sheep get herded off the cliff, we refrain: these agents cannot be considered “safe and effective” and also “unavoidably unsafe” as the government agencies would have us accept. They are avoidably unsafe, in fact, when you don’t use them as part of your healthcare.”

Dr Sherri Tenpenny: “It’s a multi generation indoctrination based on myths of science...I can say unequivocally vaccines have never been proven to be safe, they don’t keep you from getting sick, and unequivocally they cause harm”.

Dr Viera Scheibner: “Vaccination is the single most prevalent and most preventable cause of infant deaths.”

Dr Robert Rowen: “Vaccinations are a major issue. I am willing to exempt any child from vaccinations in the state of Alaska under my powers as a physician and state law upon request. The reason why I am willing to do that is that

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because to this date, the highest health official in this state has not given me any study demonstrating that all the vaccines given to children confer less risk than not receiving the vaccines at all.”

Professor L. Vincent: “All vaccination has the effect of directing the three values of the blood into or toward the zone characteristics of cancer and leukaemia... Vaccines do predispose to cancer and leukaemia.”

Dr Anthony Morris: “There is a great deal of evidence to prove that immunisation of children does more harm than good.”

Dr Paul Frame: “There is insufficient evidence to support routine vaccination of healthy persons of any age.”

Dr H. M. Shelton (who treated around 1,000 patients during the 1918-19 flu pandemic without losing one, using natural therapies/treatments): ‘Making war on disease with vaccine & toxic drugs amounts to battling down reserve life forces & fighting delusional causes & entities. It is really a war upon the human constitution.’ ”

Scientific research of SAE are overwhelming. A selection of a few articles have been summarised. These articles are taken from credible sources and are most relevant to the research question in hand. Research from Abou Mouch et al. (2021) demonstrated an increased number of cases of myocarditis or heart inflammation among individuals below age 30 years. The article gives the example of a 24-year-old male suffering from myocarditis post-Covid

vaccination without any medical history of cardiovascular issues or risk factors (Cimaglia, Tolomeo & Rapezzi 2021). A 43-year-old man suffered from a purpuric rash and slightly raised D-dimer post vaccination (Cazzato et al. 2021). A middle-aged female suffered from Stevens-Johnson Syndrome - multiple large oral ulcers after her second dose of Pfizer Covid vaccine (Elboraey & Essa 2021).

People are dying and being hospitalised days after their Covid vaccination. Based on VAERS as of 25 June 2021, there were 6,985 Covid vaccine deaths reported and over 23,257 hospitalisations reported for the Covid vaccines. In comparison, from 1999 to 31 December 2019, VAERS received 3,167 death reports from all vaccines combined. Over the 10-year period of 1999 to 2019, this is calculated at 158 death reports from all types of vaccines, which is at least a 39-fold increase in annualised deaths from the Covid vaccine (VAERS 2021b). As of 20 August 2021, VAERS have reported 623,341 reports of SAE from the Covid vaccine, with 13,627 deaths, 55,821 hospitalisations and 1,671 miscarriages. Table 3 summarises the type and number of SAE cases reported to VAERS from the Covid vaccine. (also refer to Appendix Q).

Table 3. Summary of VAERS Covid vaccine data.

Types of SAE	Number of SAE
Deaths	13,627
Hospitalisations	55,821
Urgent Care	74,368
Office Visits	100,966
Anaphylaxis	5,721
Bell's Palsy	4,785
Miscarriages	1,671
Myocarditis	5,093
Thrombocytopenia	2,831

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Hearth Attack	6,071
Permanently disabled	17,794
Life threatening	14,105
Severe allergic reaction	25,921
Shingles	7,324

The number of deaths from the vaccine has been investigated to evaluate whether the benefits outweigh the risks. The TGA have noted a lag in time of reported incidents appearing on their website. As of 14 September 2021, the TGA have only reported 9 deaths (Figure 1, Appendix R)(TGA 2021d).

The Database of Adverse Event Notifications (DAENS) was searched for the number of deaths as the results of the Covid vaccine. The DAENS search revealed a summary stating 501 deaths from the Covid vaccine (Figure 2, Appendix R). Upon further investigation, a list from DAENS was generated which listed all the outcomes for each condition. The number of deaths tallied was 1,110 as of 14 September 2021 (Figure 3, Appendix R)(Australian Department of Health 2021b).

A statistical analysis was performed on these figures. 1,110 deaths were linked with the Covid vaccine since date of vaccine roll out from 22 February 2021 to 14 September 2021. Over the 205-day period, this equates to 501 vaccine related deaths per day. In comparison with the number of Covid deaths since first reported case on 25 January 2020 to 14 September 2021, 1,098 deaths from Covid were reported (Figure 4, Appendix R)(Australian Department of Health 2021c). This equates to 1.8 deaths per day from Covid over this 598-day period. These statistics illustrate that more people have died from the Covid vaccine per day than from Covid itself.

The Australian Bureau of Statistics (ABS 2014) state that a boy born in 2017-2019 can expect to live to the age of 80.9 years and a girl would be expected to live to 85.0 years compared to 51.1 and 54.8 years respectively in 1891-1900. The majority of people dying with Covid fits within normal patterns of life expectancy as measured longitudinally from 1891-2019. Based on face value, it does not appear to be a crisis of emergency of death outside the norm. This equates to approximately 76% of deaths of people occurred in the age groups 80 to 99 years.

Upon statistical analysis from the Australian Department of Health (2021d), as of 29 August 2021, the top 3 age groups attributing to the majority of Covid cases are people in their 20s, 30s and 40s. The majority of the Australian population contracting Covid are between 20 to 49 years of age. (Refer to Figure 15 and Table 4).

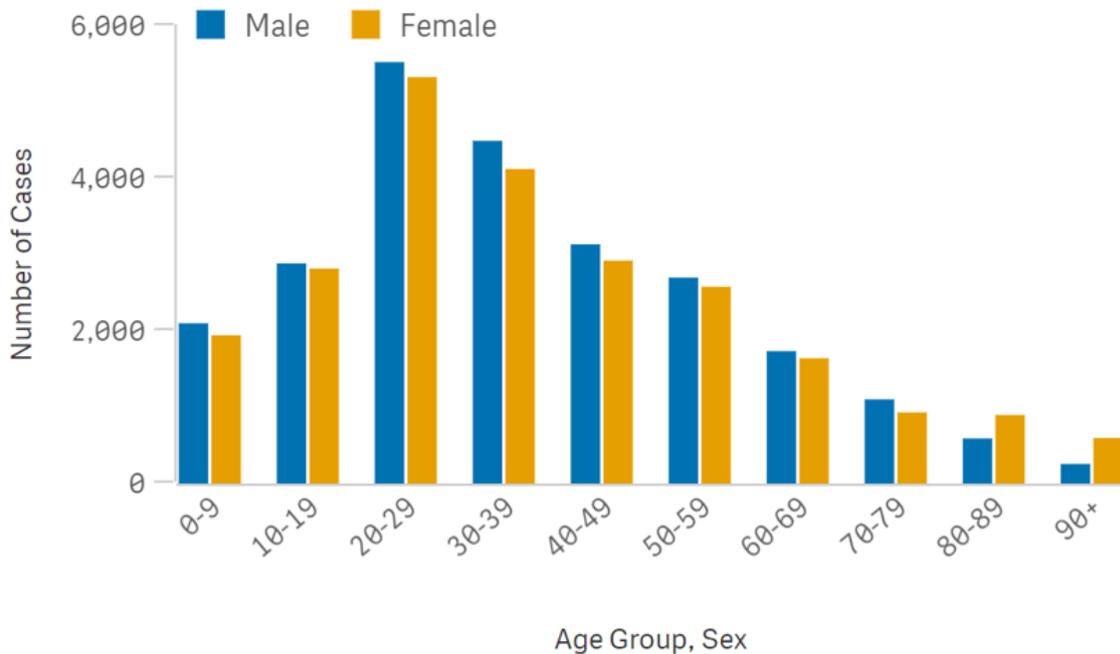


Figure 15. Covid cases per age group as of 29 August 2021 (source: Australian Department of Health).

Table 4. Quantifiable numbers of Covid cases from Figure 15 (source: Australian Department of Health).

Age Group	Male	Female
0-9	2,102	1,945
10-19	2,888	2,819
20-29	5,527	5,331
30-39	4,495	4,125
40-49	3,137	2,924
50-59	2,702	2,581
60-69	1,736	1,644
70-79	1,105	934
80-89	592	899
90+	257	599

The top three age groups attributing to majority of deaths range from 70 to 90+ (see Figure 16).

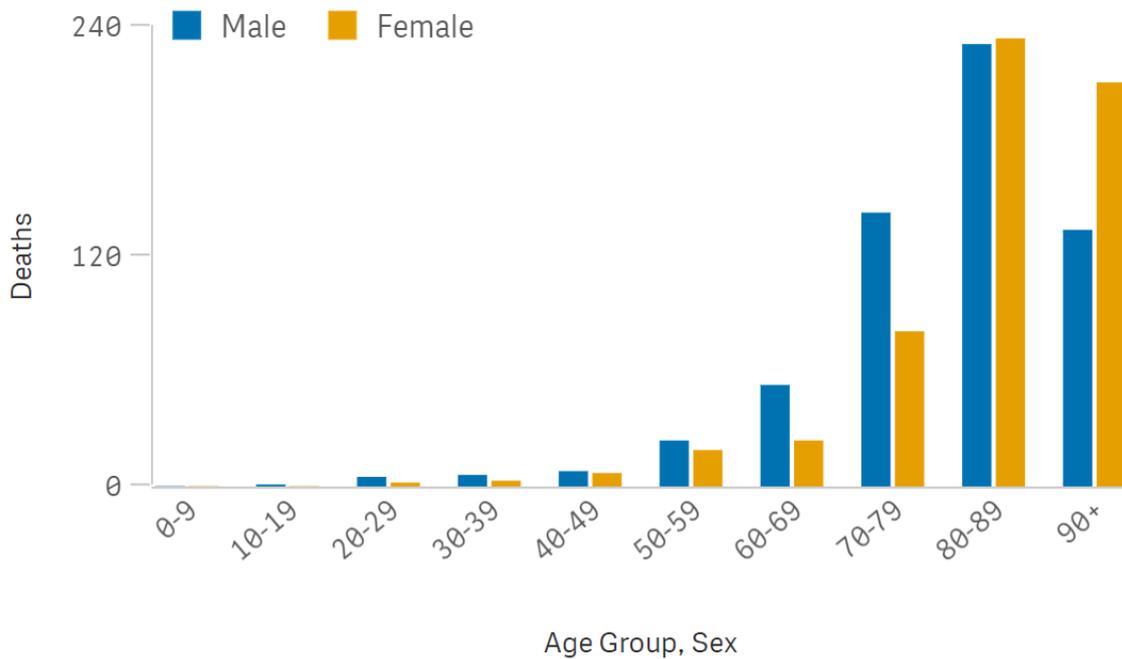


Figure 16. Number of deaths per age group.

The total number of cases in males and females have been totalled and the corresponding deaths per age group is summarised in Table 5.

Table 5. Summary of cases of male and female combined with their corresponding deaths per age group (source: Australian Department of Health).

Age group	Cases	Deaths
0-9	4,047	0
10-19	5,707	1
20-29	10,858	2
30-39	8,620	6
40-49	6,061	5
50-59	5,283	17
60-69	3,380	48
70-79	2,039	172
80-89	1,491	410
90+	856	331
Total	48,342	992

As mentioned, majority of the cases are from people between 20 to 49 years old with a total of 25,539 cases and 13 deaths. This comprises of 52.83% of the total cohort with 1.31% of deaths within the total cohort. This equates to one death in 1,965 cases, 0.051% deaths per case and 99.95% survival rate (refer to Table 6). This portion of the Australian population exhibits a high survival rate.

Table 6. Statistical analysis of 20-49 year old age group.

Age group	Cases	Deaths
20-29	10,858	2
30-39	8,620	6
40-49	6,061	5
20-49	25,539	13
Total cohort	52.83%	1.31%

The next group analysed, are children and teenagers in the 0-19 year old age group. This age group accounted for 9,754 cases with one death. The number of cases of this age group represented 20.18% of cases and 0.1% of deaths within the total cohort. This equates to 1 death in 9,754 cases, 0.01% of deaths per case and 99.99% survival rate (see Table 7).

Table 7. The proportion of cases and deaths in children and teenagers.

Age group	Cases	Deaths
0-19	9754	1
Total cohort	20.18%	0.10%

The top three age groups of deaths include people aged 70+ years. They attribute to 4,386 cases and 913 deaths. This age group accounts for 9.07% of cases and 92.03% of deaths within the total cohort. This equates to 1 death in 4.8 cases, 20.81% deaths per case and 79.19% survival rate. Survival rates in people over 70 years of age were lower than the younger age groups, however, the statistics show that majority of the elderly surviving. This age group reflects less than 10% and represents over 90% of deaths of the total Australian population (Table 8). As of 31 August 2020, there were 72.7% of people who died from Covid had pre-existing chronic medical conditions certified on their death certificate (ABS 2020a). This means that only 27.3% of people reported died without any other pre-existing or underlying health conditions. Although, data has not been provided to show which age groups suffered from pre-existing chronic medical conditions, it is more than likely to be the elderly (McAnulty 2021).

Table 8. Statistics from 70+ age group.

Age group	Cases	Deaths
70-79	2039	172
80-89	1491	410
90+	856	331
70+	4386	913
Total cohort	9.07%	92.04%

In a press conference on 3 September 2021, Berejiklian (2021c) stated that “we need to put things into perspective...we lose 600 to 800 people every year to the flu.” The CDC (2021c) and Australian Department of Health (2021e) both state that the flu is a highly contagious and potentially fatal respiratory illness. Comparing Covid with another highly contagious and potentially deadly illness puts things into perspective. Table 5 calculates to 2.05% of people who contracted Covid since the first reported case on 25 January 2020 until 29 August 2021 had died from the disease. In comparison to the flu, Table 9 shows the number people who died from the flu from 2015 to 2019 averages at 2.51% annually which is similar to Covid (ABS 2020b).

Table 9. Influenza deaths in Australia spanning 2015-2019 (source: ABS).

Year	Total infected	No. deaths	Percentage
2015	157,285	3,075	1.96%
2016	158,591	3,332	2.10%
2017	164,296	4,354	2.65%
2018	159,300	3,115	1.96%
2019	155,890	3,907	2.51%
Average	159,072	3,557	2.23%

Discussion

State Premiers and health officials acting on behalf of the Australian Government have relied upon the Doherty Modelling to set out Covid measures and restrictions. Vaccinations are seen

by as the way out by experts. Ude (2021) outlined the flaws of the Doherty Modelling including that it is based on too many assumptions, using model input from overseas which are not representative of Australia, unrealise assumption that the Delta variant will be the dominant variant by the time the vaccination target is reached and reliance on input form studies which themselves were based on models. Other shortcomings of the modelling include the failure to incorporate variability, failure to incorporate real-world facts and failure to demonstrate accuracy (Ude 2021). There needs to be conclusive testing, with realistic assumptions that account for the Delta variant.

Vaccine development is a long and complex process, often lasting 10-15 years (Belete 2021). However, the Covid vaccine clinic trial has been expedited and there is little data identifying any potential long-term side effects. Perhaps, alternative treatments that are known to be safe should be investigated. Studies of alternative treatments show they are safe and effective such as ivermectin. Triple therapy treatment for Covid has several publications demonstrating that intermittent Ivermectin (12 mg), Doxycycline (100 mg) and zinc (25 mg), taken once every 7 days will prevent Covid. This protocol needs to be considered as a prophylactic measure to reduce the transmission of Covid, especially in people who are vulnerable.

If certain groups of people have not been included in clinical trials, such as pregnant women, they should be permitted to exercise informed and voluntary consent to having the Covid vaccine. Product information sheets for Pfizer and AstraZeneca do not state that they are safe in pregnant women, therefore these groups of people should be permitted to exercise informed and voluntary consent to having the Covid vaccine.

An IVF clinic in Sydney are relying upon advice from RANZCOG to encourage and infer that the Pfizer Covid vaccine is safe in patients wanting to conceive and pregnant women (Gillan & Sjoblom 2021). On the contrary, a scientific article demonstrated that despite a small sample size, miscarriage was the most common SAE post-Covid vaccination (Shimabukuro et al. 2021). RANZCOG provided a warning in their disclaimer of the paucity of data related to the effects of the Covid vaccine on pregnant women. Business owners and employers, including their agents and representatives should be prudent in providing misleading medical advice to patients and pregnant employees to prevent legal proceedings for medical negligence in the event of women suffering miscarriages from heeding their medical advice as per the *Civil Liability Act 2002* (NSW).

Public health measures should be voluntary and based on informed consent as per the legislation researched in this review including the Australian Immunisation Handbook, *International Covenant of Civil and Political Rights*, *Australian Constitution* and *Universal Declaration of Human Rights*. The lawfulness of the PHO should be considered and pro-Covid enforcement must be constitutionally and legislatively consistent.

Many scientists, doctors, and other health professionals have raised concerns over the ramifications and side effects over having the Covid vaccine (Cole 2021b). However, under AHPRA guidelines, medical practitioners are not permitted to express their medical opinions regarding the Covid vaccine. As in *Rogers v Whitaker*, Mason CJ, Brennan, Dawson, Toohey and McHugh JJ stated the importance of disclosing risks and the duty to warn patients of risks inherent in the proposed treatment. The failure of disclosure demonstrates a conflict of interest of the *Declaration of Geneva* which states "...The health of my patient will be my first consideration..." Information given to the public should be transparent and without bias. If

SECOND DRAFT

members of AHPRA are not permitted to express their opinion, then bias is inadvertently apart of information disseminated to the public.

If the Covid vaccine is safe, it leads to question the reason behind pharmaceutical companies and medical practitioners indemnifying themselves against liability from people suffering from SAE. If the Covid vaccine is safe, then people will not suffer SAE and therefore, will not seek restitution from pharmaceutical companies and medical practitioners. There will always be risks associated with any medical procedure, however these medical procedures are not made mandatory by the Australian Government whereas the Covid vaccine is in many instances.

A vast proportion of people who have received the Covid vaccine have experienced past and ongoing SAE. The benefits of the Covid vaccine should outweigh the risks of infection and mortality from infection. The reporting of SAE is voluntary and the numbers are likely to be significantly higher than what is reported.

In a statement from one of the inventors of mRNA vaccines, he expresses his concerns over ADE of mRNA vaccines. It is unknown whether the Covid vaccine will illicit the same response as other mRNA vaccines. More time is needed to elucidate whether this phenomenon will occur in the Covid vaccine, which is an mRNA vaccine.

The media, politicians and medical professionals have informed the community that the Covid vaccine prevents severe symptoms. Emerging research shows that the majority of people who are admitted to hospital with severe symptoms are those who have been vaccinated against Covid. The viral load in the nasopharynx of people who have been vaccinated against Covid is the same as those who are unvaccinated. Data is emerging showing that people who are

SECOND DRAFT

vaccinated against Covid still can get infected. Mandating a medical treatment should be questioned if the efficacy and safeness is not beneficial in individuals who have undergone the procedure. These results are contrary to the intended purpose and is another argument demonstrating that the Health Minister does not have “reasonable grounds” to enforce mandatory vaccination.

The age of people reported to have died with Covid are not necessarily falling outside the traditional life expectancy ranges to warrant such strict mandates against the healthy population and yet, the Government is employing the private sector to implement and enforce its policies by proxy. By disallowing the young, fit and healthy members of the community to resume daily activity, contravenes the Great Barrington Declaration.

The risk of death from Covid is very low. The elderly, vulnerable and people with comorbidities are those who should be offered protection. People not at risk from Covid can continue life as normal which enables the population to develop herd immunity (*Great Barrington Declaration*). It is important not to neglect vulnerable people including the elderly, people with comorbidities or have a pre-existing chronic medical condition. Health professionals have suggested to implement Covid restrictions for this demographic rather than the entire population. This demographic is less likely to be affected by the restrictions as they would be retired, not working and less active than younger people in any event.

According to the statistics from the Australian Department of Health, 72.7% of people who died from Covid had pre-existing chronic medical conditions certified on their death certificate. Meaning 27.3% of people reported actually died without comorbidities or underlying health conditions. People aged 0 to 49 years made up less than 1% of cases and experienced a survival

SECOND DRAFT

rate of over 99.9%. The unremarkable statistics suggests that persons aged 0 to 49 years should be able to resume work, sport, outdoor activities and regular activities. The necessity for mandatory Covid vaccinations could also be challenged and should be administered by informed consent without coercion in this age group. People aged 80+ attribute to majority of deaths and have lived beyond the average life expectancy (ABS 2014). Those aged greater than 70 years make up less than 10% of cases but attributed to over 90% of deaths. The nation is facing strict Covid restrictions where less than 10% of the population are accounting for most of the deaths and majority of the deaths are from people who have outlived their life expectancy. Even so, it is still important to protect these people the most as they are most vulnerable.

Many citizens are fearful of catching Covid due to the information broadcasted by politicians and the media. In a statement by Gladys Berejiklian, she states that Covid, in particular the Delta variant, is extremely contagious and deadly (Thomas 2020). By the very nature of the ever-changing *Public Health (COVID-19 Additional Restrictions for **Delta Outbreak**) Order (No 2) 2021* (NSW), the additional restrictions have been enforced to control the Delta variant. The PCR test does not routinely differentiate an individual having the Delta variant over the other strains. It could be argued that the flu, despite being highly contagious and potentially fatal, yields a similar percentage (2.51%) of people dying from the illness compared with Covid (2.05%) and did not result in strict restrictions. Therefore, *PHO* made that are designed to protect the community from the Delta variant seem to do the opposite.

People are now reported as having died “with” Covid and not “from” Covid. This means that people who have recovered from Covid and died of another cause, people who tested positive for Covid and died of an unknown cause together with people who had comorbidities are all

included together in the statistics. News reports are emerging with the majority of the Covid deaths are from people with another illness. This leads to question whether these people died of another illness and are being reported as dying “with” Covid, falsely elevating the death count. It is important that these statistics are accurate, remain transparent and without bias.

It is important to consider that people could die from the Covid vaccine weeks, months or years after having it and could be reported as deaths “from” or “with” Covid. The reporting of vaccinated people dying within 14 days of being vaccinated as being unvaccinated obviates a further kind of bias. This is misleading and the public are being led to believe that a higher rate of unvaccinated people are dying from Covid. It is difficult to establish whether the Health Minister has established “reasonable grounds” to enforce mandatory Covid vaccinations if the data is not accurate.

The public was initially informed that the Covid vaccine stops infection and transmission. With emerging data, the information has been changed to the Covid vaccine reduces severity of symptoms and rate of hospitalisation. Empirical evidence overseas including Israel shows that most of the hospitalised patients are those who have been vaccinated. The true statistical data is unknown due to the level of censorship.

Conclusion

Trials to evaluate the Covid vaccine’s efficacy and safety are ongoing, understandably causing public scrutiny (Cohen et al. 2020). Long term safety data is not available and the “reasonable grounds” are yet to be justified by policy makers and those charged with enforcing *PHO* and *PHA*. Mandating a vaccine with no long-term data should be reconsidered by policy makers

SECOND DRAFT

and people in positions of enforcing it. More evidence is required to provide support of the mandatory rollout of the Covid vaccination to populations not at a significant or low risk group of contracting Covid.

If the *PHO* are designed to benefit the community by reducing transmission and fatality, alternative treatments that have been proven as safe and effective should be considered. Doctors should be legally permitted to prescribe alternative treatments that are effective and safe without prosecution. There are many of peer reviewed articles demonstrating alternative treatments are effective and safe. To eliminate concerns and issues of contention over these treatments, the Australian Government should consider and endorse further research that is free from conflicts of interest, and conduct research that is reliable, accurate and without bias.

Based on the doctrinal, scientific and empirical research discussed in this review, “reasonable grounds” have not been justified to enforce mandatory vaccination. The statistics are flawed due to recording people dying “with” Covid. This creates biased data, further evidencing that “reasonable grounds” have not been established based on the statistics. The public have not been informed of the scientific data the Health Minister has relied upon to enact the *PHO*, for a comparison analysis. This information should be made available, transparent and without bias. Based on the doctrinal research, mandatory Covid vaccinations contravenes federal statute as well as other legal instruments, rendering the *PHO* unlawful.

The *PHO* and *PHA* are unlawful. Policy makers and people in positions of enforcing such Orders should consider their actions before enforcing Orders that contravene federal instruments and the Constitution. Policy makers should be cautious they are not acting *ultra*

SECOND DRAFT

vires. The impact of decisions made by leaders who attempt to hide or distort information about infectious outbreaks lead to sever consequences of their actions (McDonald 2020).

Appendix A

Table of SAE from 50 people.

Participant	SAE
72 yo male	Chills, fever, sore joints and headache lasting over 4 weeks post vaccination
Female in 20s	Diarrhoea, nausea, vomiting, nose bleeds and pterygium leading to hospitalisation
Male in late teens	Myocarditis
46 yo male	Death after one minute post Covid vaccination
Female in 20s	Thrombocytopenia (plate count less than 1), requiring transfusion. Pfizer Covid vaccine
64 yo female	Confusion and brain fog. Hospitalised and diagnosed with Creutzfeldt-Jakob Disease
20 yo female	Severe allergic reaction, hives and swollen mouth leading to hospitalisation. AstraZeneca Covid vaccine
33 yo male	Death 15 days post Pfizer Covid vaccination
Female in 20s	Involuntary shaking in legs
Female in 20s	Facial paralysis from Pfizer Covid vaccine
52 yo female	Swollen elbow with ulcer post AstraZeneca Covid vaccine
Male. Age unknown	Blisters inside mouth and on hands, elbows and feet. Rash back of scalp and chin. Required ER admission and placed on IV medication. Pfizer Covid vaccine
Male. Age unknown	Swollen eyes and red conjunctiva
Female in 50s	Shortness of breath, reduced lung capacity, overall weakness and tiredness
86 yo female	Fall from loss of balance
68 yo female	Fever, chills and sweating
Male in early 40s	Anaphylactic reaction from first dose
Male. Age unknown	Immediate headache, leading to death after first dose
Female in 20s	Bruising at injection site, petechiae on body and face and dark urine from Pfizer Covid vaccine
Female in 20s	Facial paralysis on half of face
Female. Age unknown	Collapse immediately after vaccination
Male in teens	Collapse immediately after vaccination at Qudos Stadium, Sydney Olympic Park vaccination centre
Male in 30s	Swollen eyes 24 hours after Pfizer Covid vaccine
30 yo female	Fever, chills, sweating, tiredness and bedridden after Pfizer Covid vaccine
Female in 20s	Fever and headache post Pfizer Covid vaccine
Male. Age unknown	Death after a few days post Pfizer Covid vaccine

SECOND DRAFT

27 yo female	Australian journalist suffered Pericarditis
Male in 30s	Australian journalist suffered from heart complications and subsequently hospitalised. Pfizer Covid vaccine
Male. Age unknown	Australian radio host's ex-husband hospitalised from heart inflammation believed to be pericarditis. Pfizer Covid vaccine
Female in 80s	Facial paralysis on right side after Pfizer Covid vaccine
Female in 40s	Facial paralysis on half of face
32 yo female	Difficulty breathing, skin rash and seizure requiring hospitalisation after Pfizer Covid vaccine
Female in 20s	Difficulty breathing, body aches, vomiting, headache
47 yo female	Constant vaginal bleeding. Normally experienced regular menstruation. Pfizer Covid vaccine
38 yo female	Irregularities in vaginal bleeding with onset of headache during bleeding post AstraZeneca Covid vaccine
Female in 20s	Involuntary shaking and difficulty walking
Female in 20s	Involuntary shaking, seizures and bedridden. Pfizer Covid vaccine
54 yo male	NSW MP suffered Bell's Palsy
2 x Males in 30s	No underlying condition. Died from Moderna vaccine batch with contamination in Japan
44 yo male	Hot and cold sweats and uncontrollable shaking. AstraZeneca Covid vaccine
50 yo male	Death a month after having 2 doses of Pfizer Covid vaccine
Female in 20s	Chest pain, dizziness, shortness of breath, heart palpitations, overall pain and tachycardia. Pfizer Covid vaccine
49 yo female	Facial swelling on one side and elevated resting pulse (105 bpm). Pfizer Covid vaccine
29 yo male	Myocarditis requiring hospitalisation.
16 yo female	Death after 1 day post Pfizer Covid vaccine
22 yo, gender unknown	Paralysed from Moderna Covid vaccine
Female in 20s	Guillain-Barre Syndrome with paralysis from the waist down. Hospitalised from Moderna Covid vaccine
Male in 80s	Death a couple weeks after Pfizer Covid vaccine
20 yo female	Death one month after vaccination

Appendix B

DEC 18 - gets shot → DEC 21 - ER → JAN 3 - dead

Death of Florida doctor after receiving COVID-19 vaccine under investigation

Karen Weintraub USA TODAY
Published 9:00 p.m. ET Jan. 6, 2021 | Updated 9:26 a.m. ET Jan. 7, 2021

A Florida doctor has died several weeks after receiving a COVID-19 vaccine, although it's not yet clear whether his death Monday was related to the shot he received on Dec. 18.

Dr. Gregory Michael, 56, an OB-GYN at Mount Sinai Medical Center in Miami Beach, died after suffering a hemorrhagic stroke apparently resulting from a lack of platelets.

In a Facebook post, Michael's wife, Heidi Neckelmann, said he sought emergency care three days after the shot because he had dots on his skin that indicated internal bleeding.



Facebook post by Heidi Neckelmann dated January 5 at 11:00 PM. Text describes the death of her husband, Dr. Gregory Michael, after receiving a COVID vaccine, mentioning symptoms like petechiae and a low platelet count.

Johns Hopkins Scientist: 'A Medical Certainty' Pfizer Vaccine Caused Death of Florida Doctor

Dr. Jerry L. Spivak, an expert on blood disorders at Johns Hopkins University, told the New York Times Tuesday that he believes "it is a medical certainty" that Pfizer's COVID vaccine caused the death of Dr. Gregory Michael.

Autoimmune means that something in the vaccine may be provoking the body to create antibodies to its own platelets, could be because of molecular mimicry, or cross reactivity between proteins. ITP has been documented to occur after the MMR vaccine, as well as influenza vaccines, DTP vaccine and hepatitis A vaccines.

Figure 1. Testimonials of people who died after having Covid vaccination.

Appendix B

JAN 5 - gets shot **JAN 5 - ER** → JAN 9 - dead

THE ORANGE COUNTY REGISTER

Health care worker dies after second dose of COVID vaccine, investigations underway

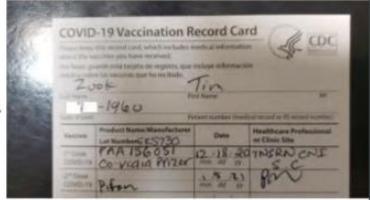
Tim Zook's last post on Facebook brimmed with optimism. "Never been so excited to get a shot before," he wrote on Jan. 5, above a photo of the Band-Aid on his arm and his COVID-19 vaccination card. "I am now fully vaccinated after receiving my 2nd Pfizer dose."

Tim Zook
January 5 at 11:24 AM · 🌐
Never been so excited to get a shot before. I am now fully vaccinated after receiving my 2nd Pfizer dose.

Zook, 60, was an X-ray technologist at South Coast Global Medical Center in Santa Ana. A couple of hours later, he had an upset stomach and trouble breathing. By 3:30 p.m. it was so bad his colleagues at work walked him to the emergency room. "Should I be worried?" his wife, Rochelle, texted when she got the news. "No, absolutely not," he texted back. "Do you think this is a direct result of the vaccine?" she typed. "No, no," he said. "I'm not sure what. But don't worry."



There were suspicions of COVID and a diagnosis of congestive heart failure. Zook was put on oxygen, then — just four hours later — a BiPAP machine to help push air into the lungs. Multiple tests came back negative for COVID.



Shortly after midnight on Jan. 7, the hospital called. Zook was in a medically induced coma and on a ventilator to help him breathe. But his blood pressure soon dropped and he was transferred to UC Irvine Medical Center. "On Friday I get a call, 'His kidneys are failing. He needs to be on dialysis. If not, he could die — but there's also a chance he might have a heart attack or stroke on dialysis because his blood pressure is so low,'" Rochelle Zook said.



By 4 a.m. Saturday, Jan. 9, Zook had gone "code blue" twice and was snatched back from the brink of death. There was a third code blue in the afternoon. "They said if he went code blue a fourth time, he'd have brain damage and be a vegetable if he survives," Rochelle Zook said.

Later that day, Tim Zook died.

This photo of Rochelle and Tim Zook was Zook's Facebook profile picture.

Figure 2. Testimonials of people who died after having Covid vaccination.

Appendix B

MAY 6 - gets shot



MAY 22 - dead



Coronavirus: British national hospitalised with thrombotic episode dies (update 4)

By Gina Agapiou | May 24, 2021 | 200 Comments | 30643

A British national who was hospitalised in Nicosia general hospital for a thrombotic episode after receiving the AstraZeneca coronavirus vaccine has died, a health official said on Monday.

Health authorities have not disclosed the woman's name, but a close friend of the dead woman has confirmed to the Cyprus Mail it was the UK-born model Stephanie Dubois, 39, who had been living in Tsada, Paphos for the last five months.



Figure 3. Testimonials of people who died after having Covid vaccination.

Appendix B

APR 10 - gets shot



APR 11 - dead



Friends, it is with a broken heart and shattered souls, Michael and I tell you we lost our precious angel, John Francis Foley, last night. He apparently died peacefully in his sleep, we suspect a bad Covid vaccination reaction, but are not sure. Please pray for us, we don't need anything right now. We didn't get home from Cincinnati till 4:30 so we're going to be with our kids



Jennifer Snyder Benedict
22h · 🌐

This is my daughter's friend. Please pray for his family and Teagan and their group of friends. They are really struggling. He had the Johnson and Johnson vaccine on Saturday and started not feel good on Saturday evening. He was gone the next day. This is so heartbreaking. ❤️

LEGACY.COM

John Foley Obituary (2021) - Columbus, OH - The Columbus Dispatch

👍👍👍 78

64 Comments 3 Shares



Mark R. Weaver @MarkRWeaver · 8h

If you're a reporter inquiring about the recent death of University of Cincinnati student (and Columbus area resident) John Francis Foley, this is the only on the record statement from his family. Please do not contact the family or funeral home.

STATEMENT FROM MICHAEL AND MARY BETH FOLEY

Our beloved son **John Francis Foley** is gone, and our family mourns the loss of this wonderful and sweet joy of our lives. While the facts remain unclear how he died, we are rejoicing in how he lived: caring for others, lit with God's grace, and generous to all. We know the doctors involved are doing their best. We must be patient, and we ask everyone else to be patient, too. John was going to be a doctor, so this is what he would want.

We understand many want to know more about his death -- we do, too -- but we ask people to understand that this is the time for our family to grieve in private. Thank you.

###

The family is not taking media inquiries.

John Francis Foley



The Angels came down from heaven on April 11, 2021 to collect for repose the soul of John Francis Foley, age 21. John was one of them, and the Lord could no longer bear Heaven without him. John is the beloved son of Michael and Mary Beth Foley and the adored baby brother of Emma and Patrick Foley. He was a graduate of St. Charles Preparatory School. Among John's many accomplishments, he was a National Latin Scholar, Altar Server of the Year, Eagle Scout and National Honor Society Member. John was a junior studying Medical Sciences at the University of Cincinnati, and was on the Dean's list every semester. In addition to being an excellent student, he was very active in the community and volunteered with the Saint Vincent De Paul Society, Breakthrough Cincinnati and the Parker Woods Montessori Public School. At UC, John was blessed to have met a group of amazing roommates and friends who John loved very much. They will gather on Wednesday, April 14 for a Vigil at 8pm for John in Burnet Woods Park at the University of Cincinnati. John's family cannot thank them enough for being John's family at UC. John was a generous, caring and loving friend. He was lit with grace from within that shown in his ready smile. John loved the Bearcats, but cheered for Notre Dame



Medical student, 21, died a day after getting J&J vaccine leaving family devastated as officials open an investigation into his death

- John Foley, 21, a pre-med student at the University of Cincinnati in Ohio received the Johnson & Johnson coronavirus vaccine on Saturday
- He was discovered by his roommates on Sunday and was pronounced dead
- The Ohio Department of Health and the Hamilton County Coroner's Office are awaiting medical records and test results before determining cause of death
- It comes after Brad Malagarie, of St. Martin, Mississippi, suffered a stroke caused by a blood clot in his brain within four hours of getting the one-dose shot

Figure 4. Testimonials of people who died after having Covid vaccination.

Appendix C

APR 6 - gets shot



APR 6 - stroke



'Young, healthy' South Mississippi man suffers stroke hours after receiving J&J vaccine

By Karen Abernathy | April 14, 2021 at 7:30 AM CDT - Updated April 14 at 5:09 PM

ST. MARTIN, Miss. (WLOX) - When the news broke about the [pause of the Johnson & Johnson vaccine](#) Tuesday, one Coast family was already living with a tragedy they believe was caused by the vaccine.

It started out as a normal day for 45-year-old Brad Malagarie of St. Martin. This busy father of seven spent the morning at his D'Iberville office before heading to get a Johnson & Johnson vaccine a little after noon.

He returned to work, and within three hours coworkers noticed he was unresponsive at his desk.

"They called me and said he had that vaccine and something is wrong, we think it's a stroke," said Celeste Foster O'Keefe, Malagarie's aunt.

Malagarie was rushed to the hospital and diagnosed with a stroke. A blood clot had lodged in his left middle cerebral artery. O'Keefe, who is also Brad's boss, said the family believes without a doubt that the vaccine caused the stroke.

"He can't talk now and he can't walk. He's paralyzed on the right side. He knows who we are and he will just cry when he sees us," O'Keefe said.



MAY 5 - gets shot



MAY 12 - clots



Beaverton woman suffers blood clots after Johnson & Johnson vaccine

Barbara Buchanan said the one-dose Johnson & Johnson vaccine was appealing, so she made an appointment in early May. Buchanan said at first she didn't have any reactions, not even a sore arm. Days went by and then she said she started coughing up a lot of blood. "The doctors, I think, immediately knew something was seriously wrong," said Buchanan. "It turns out there are blood clots in my brain and in my neck," said Buchanan.



Figure 1. SAE from Covid vaccine recipients.

Appendix C

KVVU-TV
Henderson - Las Vegas

Las Vegas woman, 18, suffered seizures, clots in brain after J&J vaccine, family's pastor says



UPDATED 16 HRS AGO | POSTED ON APR 19, 2021

Emma's is now responsible for over \$513,000 in medical bills that J&J will not pay

LAS VEGAS (FOX5) -- An 18-year-old Clark County woman suffered seizures and clotting in the brain after receiving the Johnson & Johnson COVID-19 vaccine on or about April 1, according to a GoFundMe campaign raising money for her medical expenses.

The woman, identified as Emma Burkey, was one of six women across the country who experienced a serious clotting side effect after receiving the one-shot vaccine.

spokesperson, Burkey was initially treated at St. Rose Hospital, Siena Campus in Henderson but was subsequently airlifted to Loma Linda Hospital's special neural treatment unit near San Bernardino, California. "Emma was put into an induced coma, ventilated and at least three brain surgeries have been done to repair blood clots," the GoFundMe states.

WPXI

Bethel Park woman paralyzed 12 hours after getting first dose of Pfizer vaccine, doctors searching for answers

April 19, 2021 at 6:44 pm EDT



BETHEL PARK, Pa. — There have been some negative side effects reported worldwide from the Pfizer, Moderna and Johnson & Johnson COVID-19 vaccines, but a Bethel Park woman told Channel 11 she has been affected by something that hadn't been seen at all yet: paralysis.

The 33-year-old woman, who asked to remain anonymous, said she felt fine in the hours after getting the first dose of the Pfizer vaccine last week. However, she said 12 hours later, she woke up in the middle of the night with no feeling in her arms or legs.

Paramedics came and rushed her to Jefferson Hospital. In the coming days, she was moved to Allegheny General Hospital in the Northside and then the Cleveland Clinic -- as doctors ran a multitude of tests to figure out how and why this happened. An MRI and spinal tap were clear, and her blood work all came back negative, ruling out any rare diseases or disorders.

"There is just nothing they can find wrong with me. No underlying conditions, I have nothing in my history and they are basically telling me, 'You're healthy and we can't figure out why this is going on,'" the woman told Channel 11.

Figure 2. SAE from Covid vaccine recipients

Appendix C

Greek doctor & nurse paralyzed same day as vaccination

Greek Hospital Administrator Faces Criminal Prosecution for Reporting Nurse's Paralysis after Second mRNA Shot



CORFU, GREECE – A Greek nurse is now paralyzed after receiving a second dose of mRNA. The 40-year-old nurse is a mother of two and has been a nurse for 17 years.

The nurse, whose name has not been disclosed, developed a fever, followed by excruciating pain throughout her body immediately after the second shot. She was rushed to the hospital when she was unable to move or feel her lower extremities.

Michalis Giannakos, President of the Panhellenic Federation of Public Hospital Workers (POEDIN), told [Open TV](#) in the East Attica region that X-rays came back clean. The nurse is now undergoing neurological assessments.

Giannakos said the nurse "was in perfect health" prior to receiving the second mRNA shot. It is believed that the nurse developed [Guillain-Barré syndrome](#).

The Prosecution of the Court of First Instance is considering pressing criminal charges against Giannakos. Greek media outlet [Ethnos](#) is reporting that a prosecutor is investigating if Giannakos committed the crime of "[spreading fake news](#)."

His crime is expressing an mRNA adverse effect with "too much certainty."



Corfu doctor paralysed after second COVID-19 jab

With paralysis in the lower extremities, fatigue and myalgias, a doctor is being treated at the general hospital of Corfu.

Yesterday, Doctor Spyros Skiadopoulos received the second dose of the COVID-19 vaccine.

At night he did not feel well as his body weakened and he felt paralysis in the lower extremities and pain in the lower back.

A few days ago, a nurse on the same island had similar symptoms after receiving the COVID-19 jab.

Figure 3. SAE from Covid vaccine recipients.

Appendix C

APR 13 - gets 2nd shot



APR 13 - chest pain, ER, myocardial infection

Christopher Boeckman
June 21 at 1:50 PM · 🌐



Four (4) weeks later I [again reluctantly] received the second dose of the Pfizer COVID-19 vaccine on April 13, 2021 at 9:36am. Ten (10) hours later, my entire body ached and I was feverish at 103 degrees – I had the same thoracic/chest pain which intensified but my entire body was in pain at the time intensifying through the night capped off with the coldest/hottest chill/convulsions I have ever experienced. This all lasted about one (1) day. The aches and fever subsided, the thoracic/chest pain remained but decreased back down at the 5/10 level I was used to over the past month – again, convincing myself I must have a herniated disc or muscle strain or something... because

I found myself back to the ER, walking inside this time, at 9:32am on May 9, 2021. As soon as I said chest pain, I was taken back immediately, hooked up to some machines, given some meds to chew on, and had blood drawn amongst other tests/scans. The bloodwork came back very quickly showing elevated Troponin – indicating heart injury. I was transported to a different hospital, the cardiac ward. The first cardiologist I saw was dumbfounded upon my entry saying “by the initial results and description, I would have thought you would be a 60 year old man”... his curiosity would continue as he learned more about my [extremely healthy] lifestyle. This cardiologist, and every cardiologist since, would not have any answers as to why this happened. They all said “maybe this, maybe that” (none of which were the vaccine) and after the longest 30+ hours of my life and still with no answers but Troponin levels trending downward, they decided to release me with a prescription for 90 days of Colchicine, 14 days of Motrin, an order for a Heart MRI, and a follow up.

The final diagnosis was a non-ST elevated myocardial infarction and myo/pericarditis.

Since that day, many new reports have come out regarding the Pfizer COVID-19 vaccine relating to myocarditis in [specifically] young males. I have noted this multiple times with all of my doctors who have all seemingly dismissed the possibility. Finally, during my most recent follow-ups with my primary care doctor, and with the CDC finally looking into the issue, we submitted my symptoms – soon after which, the VAERS team asked for my medical records and just this past week I received a call from the Vcheck vaccines follow up team who have marked my case as “serious” and say I will be contacted by the CDC.

APR 20 - gets shot



APR 27 - Heart Attack

Tom @TomSchulz · Apr 28

Yesterday, I had a heart attack

My cardiovascular system is completely normal & healthy
But last week I took the Pfizer vaccine and there are reports that it's been causing heart complications
Most causes have been ruled out and it looks like Pfizer may have done this to me...

Save Health SUBSCRIBE

HOME > INFECTIOUS DISEASES > CORONAVIRUS

Could the Pfizer Vaccine Lead to Heart Inflammation? A Report Found a Link to Myocarditis—Here's What We Know

How worried should you be? We asked doctors.

By Karin Miller

1.5K 9.6K 18K

Figure 4. SAE from Covid vaccine recipients

Appendix D

MAY 10 - gets 2nd shot → MAY 12 - myocarditis



Washington Co. teen's parents warning about myocarditis



By Sarafina James, WPXI-TV
May 26, 2021 at 10:40 am EDT

PITTSBURGH — Alex Franks, 17, was a healthy high school junior who never had any medical issues until a few weeks ago.

Just two days after getting his second dose of the Pfizer COVID-19 vaccine, the Washington County teen had trouble breathing.

"It was the middle of the night. I was walking upstairs from the basement when I got a sudden constricting feeling in my chest," Franks said. His parents immediately rushed him to the hospital.

"That's when things became eye-opening for us because it became much more serious very, very fast," said Karen Franks.

Doctors discovered Alex Franks had inflammation around his heart.

MAY 16 - gets 2nd shot → MAY 18 - myocarditis



Kenmore teen develops myocarditis after 2nd vaccine shot; CDC



"I'm 18 years old, no medical record of any kind," Morud said.

But about 48 hours later, some different symptoms cropped up, like chest pain.

"That's they found out it was the myocarditis," Evan Morud said.

The family said Evan's heart rate was 140, about double what's normal. But even more alarming – his heart function was way down.

"I was pretty scared at first, just because I wasn't really sure what it was. My first initial thought was, am I going to have any long-term damage?" Morud said.

Figure 1. Examples of teenagers suffering from heart condition post Covid vaccine.

Appendix D

Isaiah Harris
Pfizer May 2021
Severe Adverse Reaction: Myocarditis
resulting in a Heart Attack
Age: 18 Years Old



Hours after attending his college graduation, Isaiah Harris was rushed to the emergency room after complaining of being unable to breathe. Once at the hospital, Harris suffered a heart attack while waiting for treatment.

The first hospital he visited after suffering an adverse reaction to Pfizer's COVID refused to believe his symptoms were a result of the COVID shot. Isaiah was diagnosed with inflammation of the heart, or myocarditis.

After being hospitalized for four days in Rogers, Arkansas, Harris was released and sent home with medication to numb his heart and reduce the swelling. But when he tried to phone the doctor to say he was still suffering from heart pain, the nurses stonewalled him, he said. "One of the nurses who treated me picked up," said Harris. "Some words were exchanged and she ended up hanging up on me and wouldn't get me through to the doctor."

Isaiah went to see Dr. Allen Kline at the Cleveland Clinic in Ohio, after being referred by a friend. Kline is aware of the link between mRNA COVID vaccines and myocarditis.

He's witnessed hundreds of cases, said Harris. Isaiah told Kennedy he felt pressured to get the vaccine. He said he thought it was safe, that there weren't any risks. "I plan on going to medical school and thought it was a requirement," said Harris. "There's a lot of pressure to get it right now."

Draper teenager hospitalized with blood clots after COVID-19 vaccine shot



DRAPER, Utah (ABC4) – The day after his COVID-19 vaccine shot, 17-year-old Everest Romney felt his neck swelling. In the coming days, he suffered from severe headaches.

"He could not move his neck without the assistance of his hands," says mother Cherie Romney.

That was just a few days after the shot. Plus, now her son suffered from fevers and incessant headaches.

Finally, after more than a week of the symptoms, the Corner Canyon High School basketball player and his family had answers: two blood clots inside his brain, and one on the outside.

"The hardest thing was I let him get that shot. And he was healthy and well before," says Romney.

Figure 1. Examples of teenagers suffering from heart condition post Covid vaccine.

Appendix E

JAN 28 - gets 2nd shot → FEB 4 - miscarries

Sara Beltrán Ponce, MD @SaraBelP... · Jan 28 ...

14 weeks pregnant and fully vaccinated! I got the #CovidVaccine to protect myself, my baby, my family, my patients, and my community! When it's available to you, I encourage you to do the same!

1 2 35

Sara Beltrán Ponce, MD @SaraBelP... · Jan 28 ...

As a physician, I feel a responsibility to protect the cancer patients that I see on a daily basis, especially those who are immunocompromised from their therapies. We should be examples of social distancing, masking, and vaccination! #MedEd #MedTwitter

1 3

Sara Beltrán Ponce, MD @SaraBelPonMD · 6h ...

I've always been open about my motherhood journey in medicine, and it's with a heavy heart that I tell my #MedTwitter family that I've suffered a miscarriage at 14 1/2 weeks. My husband and I are devastated, but blessed to have each other and our sweet Eva. Rest In Peace, angel.

56 7 330

FEB 20 - gets 2nd shot → FEB 22 - miscarries

Megan B is with [redacted] ...

Saturday at 14:58 · 🌐

41 weeks today and I'm officially fully vaccinated with the Pfizer vaccine! Clearly [redacted] want a fully vaccinated mama! 🥰👩🏻‍👶

I am scheduled to be induced on Wednesday evening if he hasn't arrived by then!

It's crazy. This time last year we were exactly 2 weeks away from beginning our journey with IVF. Now our precious babe is about to make his entrance into the world. It is not lost on me how incredibly lucky we are

Megan B asked a question in [redacted] ...

9 mins · 📺

Not sure if this is allowed... I don't have to read the rules as I'm currently 12 hours into induced labor with my precious baby who is no longer living.

My dream of becoming a mother came true 9 months ago after 2 years battling infertility and a successful go with IVF. And it was ripped away from me in the blink of an eye at 9am this morning.

Part of that dream into motherhood was breastfeeding. And so I'm reaching out to find out if

Diane Wheat-Stephenson
 My friends sister was so excited to be 34 weeks and to be "allowed" to get her Covid vaccine to protect her and her baby. Her baby passed away pre-birth 48 hours later. They are still waiting on autopsy results.

☰ THE EPOCH TIMES

3 Dozen Cases of Spontaneous Miscarriages, Stillbirths Occurring After COVID-19 Vaccination

Hi all- wondering if there is anyone out there experiencing the same thing. Had my water break Sunday at 33wks.

Turns out there are 3 other women that were admitted this week with the same issue. And all 3 of us got our second COVID vaccine less than a week before our water broke. Has anyone else experienced this or are currently? Just curious!



The NEW ENGLAND JOURNAL of MEDICINE

Among 221 pregnancy-related adverse events reported to the VAERS, the most frequently reported event was spontaneous abortion (46 cases).

Appendix E

I had received a call from my dr to book my covid vaccine appointment. I attended this appointment on the 16th of February. I was asked if I was pregnant. To which I replied yes. They went and found a dr who was on site and she explained that she had to make it clear that there hasn't been enough tests on pregnant mothers to be sure of the risks.. however she did say she wouldn't think the vaccine would reach the baby.

I went home, I had a headaches and a sore arm ... I wasn't too concerned, 5 days later on the 21st of feb .. I woke to blood just pouring out of me, I was hemorrhaging and I lost 4 pints of blood as well as my baby at 17 weeks.

New Member · 2d · 📷

Has anyone heard anything about babies having reactions when their nursing moms get the covid vaccine? This is my grandnephew yesterday, his mom got her shot on Saturday.

Why We Don't Know What's Actually Going On With Periods and COVID Vaccines

Dr. Jen Gunter discusses a possible side effect and how it could have been overlooked.

Why Are Women Having Abnormal Periods After Getting The Covid Vaccine?

BY ELIZABETH CONDRA · Apr 20th 2021 · 6 min read

Number of Pregnant Women suffering Miscarriage after having Covid Vaccine increases by 483% in just 7 weeks

THE DAILY EXPOSE ON MARCH 28, 2021 · (28 COMMENTS)

We're saddened to report that the eighth update on adverse reactions to the Covid vaccines reported to the MHRA Yellow Card Scheme has seen yet another increase in the number of women suffering the heartbreak of losing an unborn child.

The Government have released weekly reports on adverse reactions to the experimental Covid-19 vaccines, the first of which covered data inputted to the MHRA Yellow Card Scheme from the 9th December 2020 through to the 24th January 2021. Their latest report (*find it here*), which is the eighth to be released covers data inputted to the MHRA Yellow Card Scheme from the 9th December 2020 though to the 14th March 2021.

The favorite @stupidnstoned

A small, silent Mother's Day to me because I got a covid vaccine during my pregnancy and miscarried the following week after my OBGYN said it would fine. So ya know crying.

9:55 AM · 5/9/21 · Twitter Web App

Figure 1. Anecdotal evidence of miscarriages, affected babies and abnormal menstrual cycles.

Appendix F



Vaccinated people make up 75% of recent COVID-19 cases in Singapore

July 23, 2021

AP

Top Chinese official admits vaccines have low effectiveness

By JOE McDONALD and HUIZHONG WU April 11, 2021



BEIJING (AP) — China's top disease control official, in a rare acknowledgment, said current vaccines offer low protection against the coronavirus and mixing them is among strategies being considered to boost their effectiveness.

China has distributed hundreds of millions of doses of domestically made vaccines abroad and is relying on them for its own mass immunization campaign.

But the director of the Chinese Center for Disease Control and Prevention, Gao Fu, said at a conference Saturday their efficacy rates needed improving.

"We will solve the issue that current vaccines don't have very high protection rates," Gao said in a presentation on Chinese COVID-19 vaccines and immunization strategies at a conference in the southwestern city of Chengdu. "It's now under consideration whether we should use different vaccines from different technical lines for the immunization process."

Media report of higher rates of infection in vaccinated people in Singapore.

Appendix G



7 fully vaccinated people have died from COVID-19 in Texas, city says

Thursday, July 22nd 2021



PROVINCETOWN

July 13, 2021

New Provincetown COVID Cases 'Overwhelmingly' in Vaccinated: Town Manager



Pelosi and Biden aides test positive for COVID-19 after contact with Texas Democrats

Jul 20, 2021

Fully vaccinated aides for Nancy Pelosi and the White House tested positive for COVID-19 after meeting with Democrats from the Texas Legislature who fled the state last week to prevent the passing of voter ID laws.

49 Fully Vaccinated New Jersey Residents Have Died From COVID-19

BY ZACHARY STIEBER July 22, 2021 Updated: July 22, 2021

28 Fully Vaccinated People Contract COVID at Homeless Shelter in California

BY ZOE STROZEWSKI ON 7/16/21 AT 10:17 AM EDT



Central Texas man fighting for his life after contracting Delta variant despite vaccine



I was a Covid super-spreader and the guilt is killing me: How Australian socialite gave the Delta strain to SIXTY people in a single weekend despite being fully vaccinated



Pfizer COVID-19 Vaccine 'Significantly Less' Effective Against Delta Variant: Israeli PM

BY JACK PHILLIPS July 18, 2021

Israel's top officials are warning that Pfizer's COVID-19 vaccine is "significantly less" effective at combating the "Delta" variant of the CCP virus.

Seven fully-vaccinated Stanford students test positive for coronavirus in a single week - all of whom are symptomatic

- Stanford University officials confirmed the breakthrough infections in a letter to students on Thursday
- All of the cases were confirmed in the last week and all were symptomatic
- Stanford is among nearly 600 colleges nationwide that have required students and faculty to be vaccinated before coming back to campus this fall

Fully Vaccinated GOP Tests Positive

Florida GOP Rep. Vern Buchanan announced Monday he's tested positive for COVID-19.

In a [statement](#), his office said Buchanan has been fully vaccinated since earlier this year.

Figure 1. Anecdotal evidence of a higher death rate in fully vaccinated people.

Appendix G

Vaccinated County Commission Chairman Jose "Pepe" Diaz Tests Positive For COVID-19 While Helping At Surfside Condo Collapse Site

Author: CBSMiami.com Team
July 12, 2021 at 3:30 pm



Andrew Marr tests positive for coronavirus after being double vaccinated: 'It was really unpleasant'

The BBC News presenter told viewers on Sunday that he believes he caught Covid-19 while attending the G7 summit in Cornwall earlier this month.

'Breakthrough' COVID death: Fully-vaccinated Flossmoor man, 75, dies from virus a month after 2nd vaccine dose

A 75-year-old south suburban Flossmoor man is one such case. More than two weeks after his second vaccine dose, Alan Sporn, felt free.

IBT

Who Is Dr Rajendra Kapila? Fully Vaccinated Infectious Disease Expert Dies Of COVID-19 In India

Top infectious disease specialist and Rutgers University professor Dr. Rajendra Kapila has died of COVID-19 in India, nearly three weeks after testing positive for the virus. The founding member of the New Jersey Infectious Disease Society had reportedly received two Pfizer shots

Dr Carey Washington passed away with "covid" after IPf!zer

[google.com/amp/s/www.lega..](https://www.google.com/amp/s/www.lega..)



CORONAVIRUS

Two Royal Caribbean cruise passengers test positive for Covid-19

"Celebrity Millennium is sailing with fully vaccinated crew and guests and following comprehensive protocols that align with our destination partners and exceed CDC guidelines"



Golden State Warriors guard Damion Lee said he got COVID-19 despite being fully vaccinated



SAN FRANCISCO -- Golden State Warriors guard Damion Lee said he tested positive for COVID-19 despite being fully vaccinated.

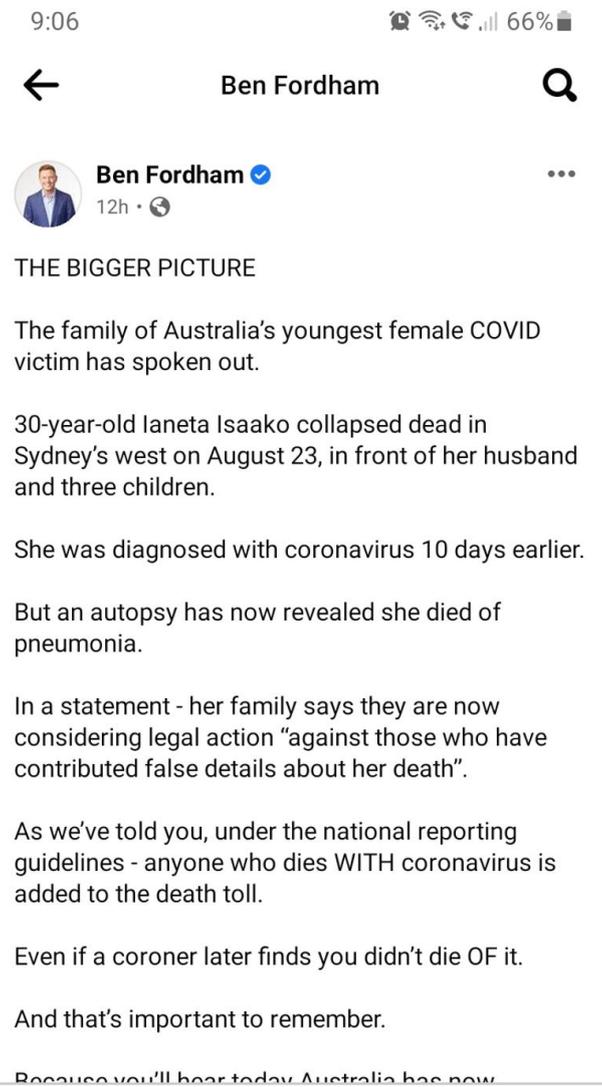
"I did test positive for COVID about two weeks ago," Lee said prior to Thursday night's 118-97 win over the Oklahoma City Thunder. "I did get the vaccine the middle, end of March, but essentially this was just a rare breakthrough case. ... Right now, there's no timeline in the immediate future for me coming back and playing."

Lee, who hasn't played since April 19, said he received the Johnson & Johnson vaccine, which requires only one dose, on March 22. He tested positive for COVID-19 on April 21 and experienced a variety of symptoms.

by a car. Like hit by two cars at once every step I took. It hurt, it was pain, soreness. It felt like there was a weight on my chest for a couple of days, like it was just hard to breathe."

Figure 1. Anecdotal evidence of a higher death rate in fully vaccinated people.

Appendix H



Screenshot of empirical data showing censorship and inconsistencies in statistical data provided to the public.

Appendix I

» TIME TO PICK A SIDE
(BY LINDA SPRACKLIN)

CHO's husband got a perk from Pfizer

GREG STOLZ

THE husband of Queensland chief health officer Jeannette Young has served as an adviser to Covid-19 vaccine manufacturer Pfizer and received travel perks and other benefits from the drug giant.

Discussion about the link has emerged on social media after Dr Young said the AstraZeneca jab should not be given to under-40s, and only given to under-60s on medical advice, despite a study finding it had a "similar safety profile" to Pfizer.

Her stance prompted a rebuke from Australia's deputy chief medical officer Michael Kidd, who said South East Queensland was in the grip of a significant outbreak.

The Australian Technical Advisory Group on Immunisation this week reaffirmed previous advice that "in a large outbreak, the benefits of the Covid-19 vaccine AstraZeneca are greater than the risk of rare side effects (potentially fatal blood clots) for all age groups".

The Sunday Mail is not suggesting any conflict of interest over Dr Young's stance or any link to her husband's work.

Queensland Health says she does not perform work for Covid-19 vaccine manufacturers, travel to conferences or receive speaking fees.

Her husband is respected microbiologist Graeme Nimmo, who was Queensland Health's state director of microbiology before retiring last year.

Up until about a decade ago, he served on advisory boards for Pfizer and other drug companies Novartis and bioMérieux. Novartis this year announced a deal to produce the Pfizer-BioNTech vaccine to help meet worldwide demand.

Documents show Pfizer and Novartis paid Professor Nimmo's travel and accommodation costs to attend the 2011 Antimicrobial Resistance Summit in Sydney in 2011. A health source said Professor Nimmo was also believed to have performed work for a company which merged with AstraZeneca.

A QH spokesman said Dr Young, who was appointed chief health officer in 2005, did not attend the conference with her husband.

"Dr Young does not perform work for drug companies involved in Covid-19 vaccine production," the spokesman said.

"She does not travel to conferences or accept any speaking fees from drug companies involved in Covid-19 vaccine production. The most significant vaccine work Dr Young has done was working with the University of Queensland and CSIRO on the Herdrix vaccine.

"She received no payment or consideration for this work beyond her regular salary."

It is not uncommon for public servants and academics to have conference attendance costs covered by organisers or sponsors.

Online searches of QH's gifts register dating back to 2010 do not show any benefits provided by Pfizer or Novartis to Dr Young.

In February, Dr Young said Pfizer and AstraZeneca were "both fantastic vaccines". In an interview with The Courier-Mail's Queensland magazine last year, Dr Young said Professor Nimmo's advice had been "critical" during the pandemic.

"He's my sounding board and so often, he'd go, 'Oh, I'd just have a rethink about that one if I was you,'" she said. "He's always very, very wise. He's exceptional. He can tell me things, genuinely, and say, 'You've not got that right'."

"He is the perfect person to be married to when you've got a pandemic, or you're a chief health officer who doesn't know anything about pathology and infectious diseases. It's been a great team, purely by accident."

Dr Young this week clarified her position on vaccine suitability, saying ATAGI had changed its advice on not recommending people under 60 have the AstraZeneca jab to saying they could if they lived in an outbreak area and had medical advice.

"The ATAGI advice is exceptionally clear and I have always followed it," she said.

"If you are under 60 years of age, the advice is very clear that you should go and talk to your GP and work through with your GP - if you aren't able to access Pfizer because you're not in the priority group - whether you should be accessing AstraZeneca.

"It is a personal choice and one that needs to be made with your GP."



“ Dr Young does not perform work for drug companies involved in Covid-19 vaccine production ”
QH spokesman

Chief health officer Jeannette Young and husband Graeme Nimmo; and (inset) Professor Nimmo at work.

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God only knows what church rul

Dr Chant's husband having worked for Pfizer demonstrating a conflict of interest.

Appendix J

14. Is there a financial supplement for vaccinating eligible 12-15 year olds?

Yes. In addition to the £12.58 item of service fee, a further supplement of £10 can be claimed per vaccination dose to eligible children and young people aged 12-15 (cohort 13). Only one £10 supplement per vaccination is claimable.

15. How do I claim the £10 supplement?

- The Point of Care systems will be developed as soon as possible to recognise the £10 supplementary payment.
- In the interim, record vaccination events for children and young people aged 12-15 (cohort 13) against the existing 'home of housebound patient' field to ensure the supplementary payment is applied. The screens in the Manage Your Service (MYS) portal are also being updated to reflect this additional payment.

Covid vaccination program in the UK demonstrating a financial interest in vaccinating children. (source: NHS).

Appendix K

11 USE IN SPECIFIC POPULATIONS

11.1 Pregnancy

Risk Summary

All pregnancies have a risk of birth defect, loss, or other adverse outcomes. In the US general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively. Available data on Pfizer-BioNTech COVID-19 Vaccine administered to pregnant women are insufficient to inform vaccine-associated risks in pregnancy.

Figure. 1. Pfizer product fact sheet indicating that there is insufficient data on the effects of the Covid vaccine for pregnant women (source: TGA).

4.6 FERTILITY, PREGNANCY AND LACTATION

Effects on fertility

It is unknown whether COVID-19 Vaccine AstraZeneca may impact fertility. No data are available.

Use in pregnancy – Category B2

There are a limited amount of data from the use of COVID-19 Vaccine AstraZeneca in pregnant women, or women who became pregnant after receiving the vaccine. The data are insufficient to inform on vaccine associated risk.

Animal reproductive toxicity studies have not been completed.

As a precautionary measure, vaccination with COVID-19 Vaccine AstraZeneca is not recommended during pregnancy. Use of COVID-19 Vaccine AstraZeneca in pregnant women should be based on an assessment of whether the benefits of vaccination outweigh the potential risks.

Figure. 2. AstraZeneca product information sheet stating the Covid vaccine is not recommended during pregnancy (source: TGA).

Appendix L

COVID-19 vaccination information sharing and social media

National Boards expect all health practitioners to use their professional judgement and the best available evidence in practice. This includes when providing information to the public about public health issues such as COVID-19 and vaccination. When advocating for community and population health, health practitioners must also use their expertise and influence to protect and advance the health and wellbeing of individuals as well as communities and broader populations.

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.

National Boards have developed [social media guidance](#) to help registered health practitioners understand and meet their obligations when using social media. The guidance explains that registered health practitioners must make sure that their social media activity is consistent with the regulatory framework for their profession and does not contradict or counter public health campaigns or messaging, such as the [Australian COVID-19 Vaccination Policy](#).

Health practitioners are reminded that it is an offence under the National Law to advertise a regulated health service⁴ (including via social media) in a way that is false, misleading or deceptive. Advertising that includes false, misleading or deceptive claims about COVID-19, including anti-vaccination material, may result in prosecution by Ahpra.

Concerns about the conduct or practice of a health practitioner can be reported to Ahpra via the [Ahpra concerns submission portal](#). National Boards can consider whether the practitioner has breached their professional obligations and will treat these matters seriously and in accordance with established procedure.

AHPRA position statement (source: AHPRA).

Appendix M



**National Vaccine
Information Center**
Your Health. Your Family. Your Choice.

Search Results

From the 7/23/2021 release of VAERS data:

Found 518,770 cases where Vaccine is COVID19

Table

↓ Event Outcome	↑ ↓ Count	Percent
Death	11,940	2.3%
Permanent Disability	12,808	2.47%
Office Visit	89,101	17.18%
Emergency Room	56	0.01%
Emergency Doctor/Room	65,216	12.57%
Hospitalized	40,873	7.88%
Hospitalized, Prolonged	118	0.02%
Recovered	179,077	34.52%
Birth Defect	307	0.06%
Life Threatening	11,198	2.16%
Not Serious	207,954	40.09%
TOTAL	† 618,648	† 119.25%

† Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is the reason why the Total Count is greater than 518770 (the number of cases found), and the Total Percentage is greater than 100.

Search results of SAE from VAERS as at 23 July 2021 (Source: VAERS).

SECOND DRAFT

Appendix N

Table 5. Attendance to emergency care and deaths of confirmed and provisional Delta cases in England by vaccination status (1 February 2021 to 2 August 2021)

Variant	Age group (years)**	Total	Cases with specimen date in past 28 days	Unlinked	<21 days post dose 1	≥21 days post dose 1	Received 2 doses	Unvaccinated
Delta cases	<50	265,749	84,772	28,330	23,822	40,449	25,536	147,612
	≥50	33,736	13,803	2,989	195	5,640	21,472	3,440
	All cases	300,010	98,722	31,841	24,018	46,089	47,008	151,054
Cases with an emergency care visit§ (exclusion‡)	<50	8,449	N/A	70	756	1,127	694	5,802
	≥50	1,940	N/A	10	15	326	1,098	491
	All cases	10,391	N/A	82	771	1,453	1,792	6,293
Cases with an emergency care visit§ (inclusion#)	<50	10,975	N/A	119	953	1,368	864	7,671
	≥50	3,342	N/A	24	30	486	1,815	987
	All cases	14,319	N/A	145	983	1,854	2,679	8,658
Cases where presentation to emergency care resulted in overnight inpatient admission§ ((exclusion‡)	<50	1,970	N/A	35	136	203	153	1,443
	≥50	1,059	N/A	7	12	125	620	295
	All cases	3,030	N/A	43	148	328	773	1,738
Cases where presentation to emergency care resulted in overnight inpatient admission§ (inclusion#)	<50	3,084	N/A	61	211	298	224	2,290
	≥50	2,074	N/A	20	23	230	1,131	670
	All cases	5,159	N/A	82	234	528	1,355	2,960
Deaths within 28 days of positive specimen date	<50	71	N/A	2	4	4	13	48
	≥50	670	N/A	5	6	65	389	205

Data from the UK showing two-thirds of Delta deaths were attributed to vaccinated individuals (source: Public Health England).

SECOND DRAFT

Appendix O



One example of the risk not outweighing the benefit of mandatory Covid vaccination.

Appendix P



Australian Government
Department of Health

Department Reference: FOI 2541

Mr [REDACTED]
via email: [REDACTED]

Dear Mr [REDACTED]

NOTICE OF DECISION

I refer to your request received by the Department of Health (the department) on 20 July 2021 seeking access under the *Freedom of Information Act 1982* (Cth) (the FOI Act) to the following:

Documentation held by the Australian Department of Health, Therapeutics Goods Administration, or other relevant government department on the following:

1. Documentation proving isolation of the Sars-CoV-2 Delta strain, which is confirmed by means of a purified viral sample being imaged with an electron microscope.

2. Documentation (a controlled scientific experiment in humans or animals), where the isolated Sars-CoV-2 Delta virus sample (mentioned in point 1) is exposed to healthy humans or animals and shown to cause the disease 'Covid-19'.

FOI decision

I am authorised under subsection 23(1) of the FOI Act to make decisions in relation to Freedom of Information requests. I am writing to notify you of my decision in response to your request.

Appropriate steps have been taken to find the documents referred to in your request including consultation with relevant departmental officers.

I am satisfied, on the basis of the consultation undertaken, that the department, including the Therapeutic Goods Administration, does not hold any documents referred to in your request.

As a consequence, relying on section 24A of the FOI Act, I cannot provide access to the documents you requested.

Freedom of Information Unit (MDP 516) GPO Box 9848 Canberra ACT 2601
Telephone: (02) 6289 1666 ABN: 83 605 426 759

Figure 1. Freedom of Information Request no.1.



Department of Health and Human Services

50 Lonsdale Street
Melbourne Victoria 3000
Telephone: 1300 650 172
GPO Box 4057
Melbourne Victoria 3001
www.dhhs.vic.gov.au
DX 210081

Our ref: F20/0685

Ms [REDACTED]

Sent via email to: [REDACTED]

Dear Ms [REDACTED]

NOTICE OF DECISION
FREEDOM OF INFORMATION REQUEST

I refer to your application made pursuant to the *Freedom of Information Act 1982* (the Act) cited below and received by the department on 5 May 2020:

'One document that shows and provides scientific factual evidence, of the testing procedure being used in Australia that 100% positively identifies Covid-19 otherwise known as SARS-CoV-2 (not any other type of Corona Virus) in a living human, beyond any reasonable doubt.'

Freedom of Information Act 1982 (Vic)

The Act establishes a general right of access to documents held by the department. To protect essential public interests and the private and business affairs of individuals, the right of access does not apply to a document identified in the Act as exempt.

If a document contains exempt material the Act allows for an edited copy to be released after the exempt matter has been deleted and where it is practicable to do so.

Documents

On the basis of your request, the Regulation, Health Protection and Emergency Management division conducted a thorough and diligent search and advised that no relevant documents have been located.

The division advised that a scan of the publicly available literature found that there is currently no test available that 100% positively identifies COVID-19 in a living human beyond any reasonable doubt, as all diagnostic tests have a margin of error.



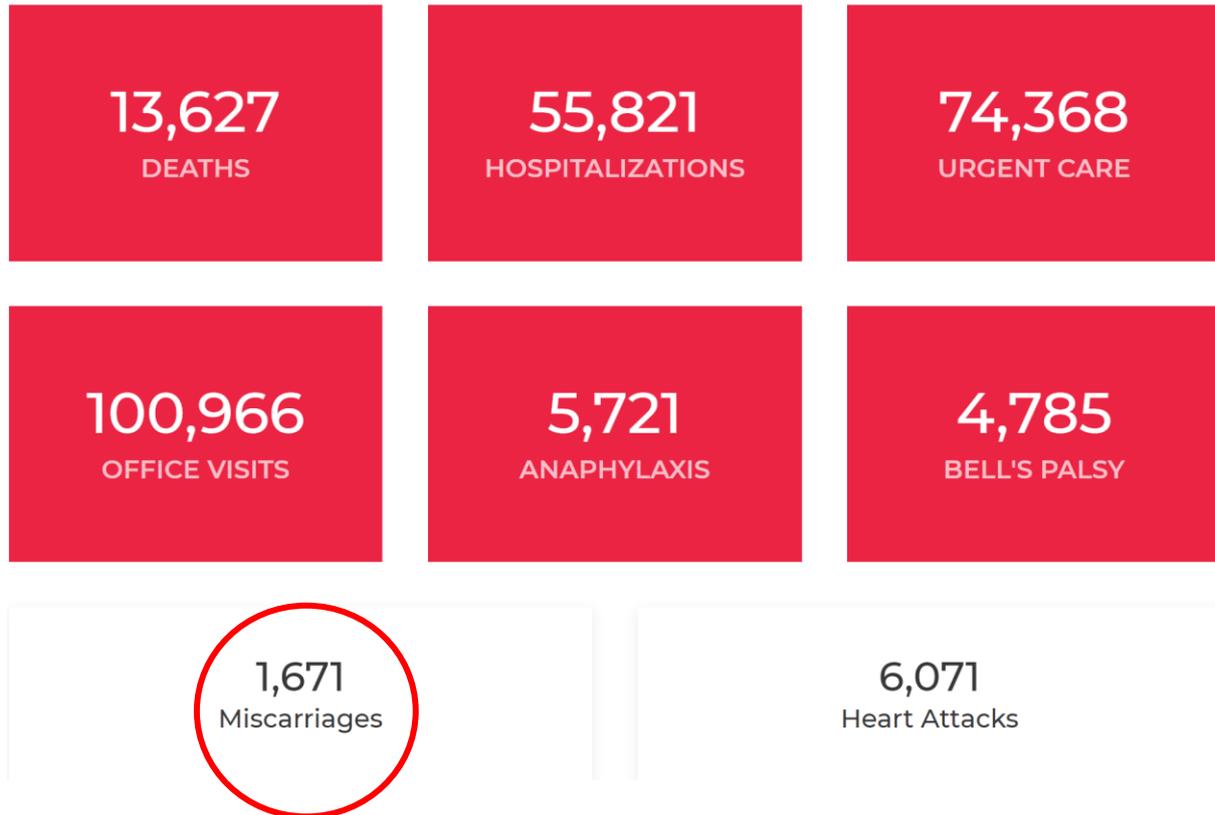
Figure 2. Freedom of Information Request no.2.

SECOND DRAFT

Appendix Q

623,341 Reports
through August 20, 2021*

[jump to browse highlighted reports](#) ▾



Data of Covid vaccine SAE as of 20 August 2021 (source: VAERS).

Appendix R

Since the beginning of the vaccine rollout to 5 September 2021, approximately 21 million doses of COVID-19 vaccines have been given. So far, the TGA has found that 9 reports of deaths were linked to immunisation from 516 reports received and reviewed. These deaths occurred after the first dose of the Vaxzevria (AstraZeneca) vaccine – 8 were TTS cases and 1 was a case of immune thrombocytopenia (ITP). The overwhelming majority of deaths reported to the TGA following vaccination occurred in people aged 65 years and older.

Figure 1. TGA only reporting 9 deaths attributed to the Covid vaccine.

+ **3 medicines selected** between 01/01/2020 - 31/08/2021.

Search results

The results are shown in two tabs.

Number of reports (cases): **53449**

Number of cases with a single suspected medicine: **52665**

Number of cases where death was a reported outcome: **501**

Figure 2. DAENS reporting 501 deaths from the Covid vaccine.

Appendix R

MedDRA system organ class	MedDRA reaction term <small>Click on a term below to search the MedlinePlus medical dictionary.</small>	Number of cases	Number of cases with a single suspected medicine	Number of cases where death was a reported outcome
poisoning and procedural complications	following immunisation			
Respiratory, thoracic and mediastinal disorders	Dyspnoea	2493	2444	45
Respiratory, thoracic and mediastinal disorders	Pulmonary embolism	803	775	38
Nervous system disorders	Cerebrovascular accident	217	211	36
Cardiac disorders	Cardiac arrest	51	47	31
General disorders and administration site conditions	Concomitant disease progression	49	44	31
Gastrointestinal disorders	Vomiting	2668	2639	29
General disorders and administration site conditions	Malaise	1928	1902	26
Blood and lymphatic system disorders	Thrombocytopenia	453	433	22
Infections and infestations	Pneumonia	176	166	20
Cardiac disorders	Myocardial infarction	97	96	20
Investigations	Fibrin D dimer increased	798	765	19
Nervous system disorders	Headache	17918	17724	18
Vascular disorders	Deep vein thrombosis	866	835	15
Infections and infestations	Sepsis	55	54	13
Nervous system disorders	Unresponsive to stimuli	37	36	13
General disorders and administration site conditions	Fatigue	7305	7210	12
Nervous system disorders	Lethargy	7181	7147	12

Figure 3. Search function performed on DEANS website and the number of deaths manually tallied.

Appendix R

COVID-19 summary statistics

1470 Locally acquired in last 24 hours	6 Overseas acquired in last 24 hours	275 Under investigation in last 24 hours
18437 Active cases (estimated)	1374 Currently hospitalised	222,346 Tests in last 24 hours
75,324 Total cases	1,098 Total deaths	34,277,304 Total tests

Figure 4. Number of Covid deaths reported on Australian Department of Health website.

References

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