

Review of WA's COVID-19 management and response

Our group, SANDBAG, would like to take the opportunity to address the terms of reference (“ToR”) as outlined below each ToR. We agree to have our submission published in full (or part), including the convenor's name. As “*the review will consider WA's COVID-19 management and response*” as a whole (“*to ensure preparedness for future pandemics*”), we will address this historic response :

a. Pandemic planning and preparedness, specifically:

i. Public sector pandemic plans and policies;



Assumptions

Government policies cannot realistically be based only on theoretical assumptions, and should be soberly based on reasonably solid facts and evidence-based realities. This is self-evidently due to the fact that these policies affect the lives of real people and communities, and can be destructive.

The underlying assumption adopted by the West Australian government (“WAg”) is that “COVID-19” (“C-19”) really was a new, fast-spreading, deadly disease with the potential to wipe out or affect much of the WA state's population. This assumption was based on the WHO's arbitrary declaration, and dubious, purely hypothetical, computer modelling and/or testing, and raises these questions:

1. How can a disease that has no long-term historical data be modelled?
2. Did WAg seek to independently verify its assumptions?
3. How does a “highly infectious” and “highly deadly” virus circulate globally in December, at New Year, and Lunar New Year, with the world population moving around rapidly (and with a high volume of traffic to/from China) without decimating the world's population?
4. Was there a pandemic or just a re-run of the usual flu season, and WAg jumped at shadows?

Adding to that is the assumption that a purported “SARS-CoV-2 virus” (“SARS-2”) exists and/or that C-19 exists as a distinctly separate disease, which does not seem to be the case for several reasons:

1. there has been no scientific isolation of SARS-2,^{1 2 3 4 5 6}
2. the US CDC admitted in a scientific paper that “SARS-2” does not “infect” human cells;⁷
3. Commonwealth legislation fails to legally notify that C-19 is a disease or that SARS-2 exists as an organism (only the original 2003 SARS disease is listed):
 - 3.1. The *Biosecurity (Listed Human Diseases) Determination 2016* (“BLIHnDeD”) does not list C-19 as a disease; it lists an “organism”,⁸ thus C-19 is not legally a disease;
 - 3.2. However, “severe acute respiratory syndrome (SARS from 2003)” is listed in BLIHnDeD [s.4(h)] and that is a disease purportedly caused by a coronavirus.⁸
4. WA public health legislation fails to legally notify that C-19 is a disease or that SARS-2 exists:
 - 4.1. The *Public Health Regulations 2017* (“PHRegs”) do not list “COVID-19” as a “notifiable infectious disease”;⁹
 - 4.2. The PHRegs list “Severe Acute Respiratory Syndrome” (from 2003) as a “notifiable infectious disease” but not a “vaccine preventable notifiable infectious disease”;⁹
 - 4.3. As “COVID-19” is not a listed disease in the PHRegs but was used as the basis for the declarations – that fact alone legally invalidates the declarations/directions.
5. Official government signs/admonitions give a “cold and flu-like” symptoms benchmark as the way for people to self-diagnose whether they may have “C-19” (as opposed to the flu?);
6. There were no excess deaths (statistically) world-wide (including in WA) in 2020.¹⁰

1 <https://bit.ly/-PCR-Cannot-Diagnose>, Bulgarian Pathology Association online, “COVID19 PCR Tests are Scientifically Meaningless”, under the heading “NO PROOF FOR THE RNA BEING OF VIRAL ORIGIN”, (01.07.2020)

2 bit.ly/-SARScov2-Isolation-FOI, Global Research, “... Science Institutions Worldwide “Have No Record” of SARS-CoV-2 Isolation”, C. Massey (4.8.21); bit.ly/-SARScov2-Isolated-Nowhere, COVID Call to Humanity, (31 Aug.21)

3 <https://bit.ly/-Reward-Isolation-SARScov2>, Principia Scientific International, “\$1.2 M Reward Offered For Proof COVID-19 Virus Exists”, Jose Hermosa <<https://m.theBL.tv>> (The Beauty of Life), (4 May 2021)

4 <https://bit.ly/-Statement-Virus-Isolation>, “Statement on Virus Isolation”, Dr Kaufman et al (2020)

5 <https://bit.ly/-No-Proof-SARScov2>, “Lead... researchers admit... no... evidence for the existence of a virus” (3.7.20)

6 bit.ly/-SARScov2-Theoretical-Virus, “10 Reasons that SARS-CoV-2 Is a... Theoretical Virus”, M Freeman (28.1.21)

7 bit.ly/-SARS2-Not-Infective, “Only Poisoned Monkey Kidney Cells ‘Grew’ The ‘Virus’”, Dr T. Cowan, (15.10.20)

8 bit.ly/-ComLaw-Disease-List, (Why repeat redundant word “human” that's in 3 section headings? Reinforce a lie?)

9 <https://bit.ly/-PHRegs-Statute-PDF>, Public Health Regulations 2017, reg.3(b), Table (pp.4, 8)

10 bit.ly/-COVID-NOexcess-Deaths “...No Excess Deaths ... Globally In 2020” 9.6.21; bit.ly/-WorldWide-Daily-Deaths

Supporting the above points is a review by Dr Peter Borger (MSc Biology, PhD Medical Sciences) who worked for the University of Sydney, the Universities of Basel and Zurich (Switzerland), an expert on molecular biology of gene expression and on the non-protein coding part of the genome. He opined that “*the genetics of the COVID-19 virus show that it is very likely a variant of the old SARS-CoV virus from 2003. ... In other words, ... We are dealing with a new but weakened SARS outbreak*”.¹¹

If there is a pandemic, the first wave is the biggest and any subsequent waves – like in earthquakes – are inevitably smaller and smaller, as the immunity of the population increases naturally.¹² This is the typical pattern that has occurred historically and to suggest otherwise causes unnecessary panic. The WA government unscientifically assumed that waves subsequent to the first would be worse and worse.

Pandemic Plans and Policies

The WA government already had in place a pandemic influenza plan, in coordination with the Commonwealth.¹³ This seems to have been cast aside and a “fly-by-the-seat-of-your-pants” approach was adopted, particularly by WA that broke the agreement it signed with the other states and the Commonwealth¹³ as WA failed to ensure that its “legislation and regulations and procedures relating to significant public health events and Overseas Mass Casualty incidents” (allegedly such as C-19) were:

- “(a) adequate and **nationally consistent**;
- (b) **supportive of timely and effective national responses** to public health threats”

and ended up using societally destructive policies, with creative use of the existing legal framework.

Instead of substantial and preventative measures (to genuinely stop C-19 in its tracks), such as:

1. early intervention using known and trusted, safe drugs such as ivermectin (“**IM**”) and hydroxychloroquine (“**HCQ**”) to successfully prevent mild cases becoming severe;⁷³
2. heeding balanced WHO guidelines in regard to non-pharmaceutical interventions (“**NPI**”)¹⁴
3. following recommendations of an eminent group of scientists arguing against lock-down policies that have put forward the internationally renowned *Great Barrington Declaration*;¹⁵

the WA government simply parroted most of the world government approaches. Why? Examining the standard contracts that were entered into with Pfizer, each one-sided contract puts Pfizer's very experimental product first and places the whole country's assets as collateral should the country renege on its part of the “deal”, and guarantees immunity from prosecution should the product be faulty.¹⁶ (It is faulty)

Thus, various “public health” measures seemed to *prima facie* be a way of delaying until the C-19 injections (“**C-19 Jabs**”) were ready to be rolled out as well as ensuring that the public were primed to receive them. However, since these C-19 Jabs were based on fraudulent studies put forward by Pfizer the logical conclusion is that the contracts were also inherently fraudulent (see ToR **b. i. 4.**)

The advice Australia received on the potential severity of C-19 – via the Doherty Institute – was based on the extremely flawed modelling, of the presumptions and scare-mongering, of Imperial College London's Neil Ferguson, a physicist by profession. Ferguson has an appalling record in predicting deaths related to all of the “pandemics”/“epidemics” of at least the last 20 years, having predicted 200 million deaths in the 2005 bird flu epidemic while only 282 people died world-wide! Ferguson's models are based on 13-year-old undocumented computer codes intended for influenza.¹⁴

11 <https://bit.ly/-COVID-Like-SARS>, *American Journal of Biomedical Science & Research*, “A SARS-like Coronavirus was Expected, but nothing was done to be Prepared”, [Dr Peter Borger](#), Research Officer, (29.4.2020)

12 https://bit.ly/_Pfizer-CSO_Pandemic-over, *Tap News* online, ‘“Pandemic is Over” – Former Pfizer Chief Scientific Officer Says “Second Wave” Faked On False-Positive Tests’, by Tyler Durden, (23 November 2020)

13 <https://bit.ly/-COVID-CommState-Analysis>, *Melbourne Forum on Constitution-Building*, “Multi-Level Government and COVID-19: Australia as a case study” webinar, Prof. Anne Twomey; [page 2, para.2], (17 September 2020)

bit.ly/-National-Health-Agreement, *NHSA*, Pt 9, p.14, cl. 45; bit.ly/-ACCI-COVIDsafe-Plan Roadmap, esp pp. 1-10

14 <https://bit.ly/-COVID-Science-Failures>, *Quadrant*, “COVID-19 and the Problem with Official Science” (June 2020)

<https://bit.ly/-WHO-Pandemic-NPI>, *WHO*, “GLOBAL INFLUENZA PROGRAMME: Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza “, (issued 11 May 2019)

15 <https://bit.ly/-GB-Declaration-Sigs>, “The Great Barrington Declaration”, Dr. Sunetra Gupta *et al.*, (4 October 2020)

16 <https://bit.ly/-WashPost-Secret-PfizerCon>, “In secret vaccine contracts with governments, Pfizer took hard line in push for profit”, A. Taylor, *The Washington Post*, (19 Oct. 21); <https://bit.ly/-Pfizer-Blackmails-Countries>, *WION*; <https://bit.ly/-Pfizers-1way-Contracts>; <https://bit.ly/-Pfizers-1wayCon-PDF>, *Public Citizen*, Washington USA, “Pfizer's Power”, Zain Rizvi, law and policy researcher, Access to Medicines Program, (19 October 2021)

“COVID-19” is not the only problem that we inherited from the hidden hand China (via London) – lockdown policies that went globally viral were taken from the WAg supported CCP government.¹⁷ The policy of total lockdowns, isolation, and doubling down was presented as the only alternative to “letting COVID rip” in the community.¹⁸ Such a polarising dichotomy is hardly good policy.

Unbiased expert opinion, that has received little press, is that the C-19 numbers were skewed in an upward fashion, due to statistical chicanery, and the “pandemic” can best be described as a bad flu season. As a sample of experts against lock-down and their opinion that current “lock-down” health advice is not only wrong but dangerous to people's health and livelihoods, here is a brief list:¹⁹

1. **Dr Sucharit Bhakdi** is a specialist in microbiology, head of the Institute for Medical Microbiology and Hygiene at Johannes Gutenberg University in Mainz. He stated that the anti-C-19 measures “*are ... very dangerous ... life expectancy ... is being shortened ... leading to self-destruction and collective suicide based on nothing but a spook.*”
2. **Dr Wolfgang Wodarg** is a German physician specialising in Pulmonology, politician and former chairman of the Parliamentary Assembly of the Council of Europe. He believes that “*Politicians are being courted by scientists ... who want to be important to get money.*”
3. **Dr Joel Kettner**, professor, former Chief Public Health Officer for Manitoba and Medical Director of the International Centre for Infectious Diseases. He stated “*I’ve never seen this reaction, and I’m trying to understand why ... In Hubei, [with highest deaths] the number of cases reported is 1 per 1000 people and the actual rate of deaths is 1 per 20,000.*”
4. **Dr John Ioannidis**, Prof. Medicine, Health Research and Policy, Biomedical Data Science, at Stanford University School of Medicine, etc. In his article, “A Fiasco In The Making?”: “*the number of total deaths due to 'influenza-like illness' would not seem unusual this year ... we might have noted that flu this season seems to be a bit worse than average.*”
5. **Prof. Hendrik Streeck** is a German HIV researcher, epidemiologist; professor of virology; director of the Institute of Virology and HIV Research, Bonn University. In his opinion “*The new pathogen is not that dangerous, it is even less dangerous than Sars-1.*”
6. **Prof. Ramesh Thakur**, political scientist, international security expert, stated that: ... “*‘coronaphobia’ has taken over as the basis of government policy, ... with a complete loss of perspective that life is a balance of risks pretty much on a daily basis.*”²⁰

Disease Diagnosis Definitions

Upon consulting with the WAg document that defines the parameters of all infectious disease diagnosis and comparing it with the Australian standard document the area of interest is that the earlier documents have more stringent guidelines for diagnosis of the earlier SARS but the latter C-19 parameters are more loosely defined.²¹ This allows for more unreliaables “cases” to be recorded.

In its C-19 Jab study, Pfizer had a stricter set of guidelines than used by WAg.²² Regardless of the reason, the result was dilution of diagnostic guidelines until they became almost meaningless and enhanced case numbers that related to people that were not ill or infectious, inflating C-19 statistics.²³ The other statistical inflation trick is to count all deaths with a COVID-related “positive” PCR.²⁴

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- 17 <https://bit.ly/-Scientific-Fraud-COVIDpolicy-China>, open letter to ASIO *et al*, “Request for Expedited Federal Investigation Into Scientific Fraud in Public Health Policies”, Sanjeev Sabhlok *co-signatory*, (Ph.D Economics, USC), ex-economist at Victorian Depart. of Treasury, resigned to protest against lockdown policies, (10 Jan. 2021); bit.ly/-WA-Labor-McGowan_support-China-CCP, Labor & McGowan have ties to the CCP that influenced WAg policy; <https://bit.ly/-China-COVID-WAust>, Documents showing the CCP has infiltrated Australia & WA (COVID) policy.
- 18 <https://bit.ly/-Lock-Down-Lies>, *The Daily Sceptic*, “The Real Science of COVID [not gov't policy]”, (20 Sep. '20)
- 19 bit.ly/-Lockdown-Dissenting-Experts, *Quadrant* online, “One Dozen Dissenting Second Opinions”, (1 April 2020); bit.ly/-COVID-Medical-Experts, *Global Research*, “12 Experts Questioning the Coronavirus Panic”, (24 Mar. 2020)
- 20 <https://bit.ly/-ProfThakur-Govt-Coronaphobia>, *Open* online, Prof. Ramesh Thakur interview, (24 Aug. 2020); <https://bit.ly/-Thakur-Corona-Tyranny>, *Brownstone Inst*, “The Tyranny of Coronaphobia”, Prof. Thakur, (5 Aug. '22)
- 21 <https://bit.ly/-Infectious-Disease-Definitions>, Google drive containing gov't case definitions, mostly highlighted
- 22 bit.ly/-COVIDjab-Trials-Summary, Summary of all trial results, interpretation, highlighting Pfizer criteria & results
- 23 bit.ly/-COVID-Flawed_Data, *Global Research* web, “Biggest Lie in World History: There Never Was A Pandemic. The Data Base is Flawed.”, Prof. Michel Chossudovsky (bio), (*the preceding is a clickable link*), (28 March 2023)
- 24 bit.ly/-JHUnews-USdeaths-COVID, *jhu News Letter*, “A closer look at U.S. deaths due to COVID-19”, (22.11.2020)

WA COVID Laws/Directions/"Mandates" ("WAC Laws") [please see ToR e. i. for more]

The Commissioner of Police ("CoP") role in emergency management is limited to both the CoP's role in the Police Force ("PoFo") and the *Emergency Management Act* ("EMAct"). These parameters are quite narrow and relate to the regular activities of the PoFo in keeping the peace.

In the CoP's main role they are limited to general management of the PoFo – that is, of the PoFo hierarchy – and to ensure individual police officers ("PO") perform their duties to the best of their ability.²⁵ It is not about management of the individual PO's health status. It is certainly limited to only keeping the peace in the community including the CoP's role as a PO under their oath of office.²⁵

The PO role is prescribed by the EMAct – the CoP is the State Emergency Coordinator ("SEC") that provides advice to the Minister and the State Disaster Council, and carries out "other emergency management activities as directed by the Minister", providing a coordinating role to the SEMC.²⁵

Additionally, WAg and its State Emergency Management Committee ("SEMC") finalised a document that specifically outlined the procedure for dealing with premises and individuals, consistent with that under the *Public Health Act* ("PHAct") and the BA.²⁶ This procedure requires that a senior police officer speak first to people about a direction and then, should they fail to act as advised, will issue a compliance notice. The only consequence of failure to comply seems to be use of force.

ii. Public sector capacity and capability.

The only problem that has dominated the issue of public sector capacity and capability is that of the ability for hospitals to cope with influx of patients and the consequent "ambulance ramping". This issue seems to have been ascribed by WAg to the St John Ambulance service, however it was (and continues to be) evident that the issue was/is that of adequate hospital staff levels. Overall, correct treatment protocols and logistical preparation are paramount for patients' health success/survival.²⁷

b. Government programs and processes to support the health response, specifically:

i. the following:

1. COVID-19 testing, including the Free "RAT" program,

The PCR "Test"

The WAg used technology designated the label "PCR test". However, this is an incorrect label for a technology that is simply used for forensic amplification of DNA/RNA. This has been known about for decades, as the PCR inventor (Kary Mullis) had numerous times declared that the PCR cannot detect nor diagnose any illness and was never intended to do so (obviously by its very nature).

There is a reason that C-19 has been described as a "case-demic" – the lack of reliable science that surrounds the so-called testing for C-19!²³ Nobel Prize winning biochemist, Dr Kary Mullis,²⁸ the inventor of the PCR laboratory technique, has always stated that the PCR "test" is inappropriate to detect infection as it is a manufacturing technique, being able to replicate DNA/RNA sequences up to billions of times; useful for biomedical research and criminal forensics, but not a diagnostic tool.

Although PCR amplifies tagged DNA (or RNA) sequences, the smallest contaminants can ruin the "test" completely. The amplification of DNA in PCR has to be initiated using short strands that are complementary to the target DNA, called primers. Keith Jerome, the head of virology at the Uni of Washington, points out that "*primer design is still somewhat of an art, and not fully predictable.*"

Even if it were to be accepted that the PCR is a "test", the arbitrary methodology used to obtain a "result" is scientifically meaningless as the cycle rate used can be varied at will. As Australian infectious diseases specialist, Dr. Sanjaya Senanayake, interviewed on ABC TV, stated that "for COVID-19 we don't have a gold standard test."²⁹ WAg should've known this publicly available info.

25 bit.ly/-WAPolice-Act-s9, (CoP role); bit.ly/-WAPolice-Act-s10, (oath of office); bit.ly/-EM-Act-s10, (SEC role)

26 <https://bit.ly/-WA-Emergency-Procedure>, "State Emergency Management: A Strategic Framework For Emergency Management In Western Australia", Gov't of WA, esp. pp 147-154, created **May 2016**, amended **31 Oct. 2019**

27 <https://bit.ly/-COVID-Patient-Mortality>, PLOS ONE, "Mortality over time among COVID-19 patients" (**28 Sep 2022**)

28 <https://bit.ly/-Kary-Mullis-Biog>, Kary Mullis website biography.

29 <https://bit.ly/-PCRtest-Scientifically-Meaningless>, *Off Guardian* online, Engelbrecht/Demeter (**27 June '20**); Also: ¹

The PCR “test” for SARS-2 was developed by Dr Christian Drosten, virologist, in January 2020, and quickly accepted by the WHO, who recommended it for detection of SARS-2.³⁰ He did not have a sample of a “virus”, but simply modelled it on the old 2003 SARS virus, then sent his *in silico* PCR to China for testing, and those there that were suspected of infection tested “positive”; it was fraud.

The US CDC (2019-nCoV) RT-PCR Diagnostic Panel *Instructions for Use* from July 13, 2020,³¹ while recommending the PCR as a test, implicitly indicates that the PCR “results” are problematic:

1. under the heading “Intended Use” it states:
 - 1.1. “Positive results... do not rule out bacterial infection or co-infection with other viruses.”
 - 1.2. “The agent detected may not be the definite cause of disease.”
2. under the heading “Limitations” it states:
 - 2.1. “Test performance can be affected because the epidemiology and clinical spectrum of infection caused by 2019-nCoV is not fully known.”
 - 2.2. “Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms.”
 - 2.3. “The performance of this test has not been established for monitoring treatment of 2019-nCoV infection.”
 - 2.4. “This test cannot rule out diseases caused by other bacterial or viral pathogens.”

In an online piece, Paul Kirkham, Prof. of Cell Biology, Head of Respiratory Disease Research at Wolverhampton Uni, Dr Mike Yeadon, former Chief Scientific Officer, and Vice President Allergy and Respiratory Research Head, Pfizer Global R&D, and Barry Thomas, Epidemiologist wrote:³²

1. “Current mass testing using the PCR test is inappropriate in its current form.”
2. “The result of continuing to use this test alone on a massive wide-scale screening program is inevitably to generate a high proportion of false positives.”
3. “... epidemiological studies show that, with the extent of prior immunity that we can now reasonably assume to be the case, only 15-25% of the population being infected is sufficient to bring the spread of the virus to a halt.”

Dr Yeadon additionally wrote: “The likelihood of an apparently positive case being a false positive is between 89-94%, or near-certainty”.³³

Also, Professor Carl Heneghan, has stated:³⁴

1. “This would mean that, in our hypothetical of 10,000 tests, we’d have 500 false positives amongst the eight genuine positives. So the hundreds of false-positive Covid-19 results would dwarf the genuine results – meaning an apparent surge in infections that is not followed by a corresponding surge in hospital admissions or deaths.”
2. “going off current testing practices and results, Covid-19 might never be shown to disappear”.

Antibody/Antigen Tests

Neither antibody nor antigen (“**Ab-Ag**”) tests are helpful in diagnosing C-19, as the testing can mistake Ab-Ag from other coronaviruses, such as common cold strains, for SARS-2 Ab-Ag and they result in a high percentage of false positive results. Part of the reason for this is that the:³⁵

“presence of the so-called antibodies is rather a reaction of the body to poisoning. ...

“What is the task of the globulins of the TH helper cells (antibodies)?

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- 30 https://bit.ly/Prof-Drosten_Science-Fraud, “The science fraud by Prof. Christian Drosten”, (3 August 2020)
<https://bit.ly/-Drosten-COVIDtest-Fraud>, *Principia Scientific International*, “Christian Drosten & The Fraud Behind COVID 19 PCR Testing”, translation by Saji Hameed, Howard Steen and Paul Charles Gregory, (1.2. 2021)
- 31 <https://bit.ly/-CDC-PCR-Manual>, CDC-006-00019, Revision: 05, Effective: pages 2, 37, 38, (13/07/2020)
- 32 <https://bit.ly/-2ndWave-PCRmodel-Driven>, *The Daily Skeptic* online, “How Likely is a Second wave? (7 Sept 2020)
- 33 <https://bit.ly/-False-COVID-Statistics>, *The Daily Skeptic* online, “Lies, Damned Lies and Health Statistics: the Deadly Danger of False Positives”, Dr Michael Yeadon, (20 September 2020)
- 34 <https://bit.ly/-COVID-False-Positives>, *The Spectator*, “How Many COVID Diagnoses Are False Positives?”, Professor Carl Heneghan, Director of University of Oxford's Centre for Evidence-Based Medicine, (20 July 2020)
- 35 <https://bit.ly/-Confusing-Antibody-Tests-PDF>, “Confused, confused, antibody tests!”, esp. p.2,3, Dr. Stefan Lanka (biologist),; <https://bit.ly/-Confusing-Antibody-Tests> (webpage from which PDF derived), (July 21, 2020)

“**Poisons (adjuvants)** [or 'antigens'] added to the body create holes in the tissue, which are sealed by the proteins of the helper cells dissolved in the acidic environment of the blood... The task of the "antibodies" is to form sealing substance (globulins). Small protein bodies, these spread out flat in the acidic environment and, with their hydrogen sulfide groups, in which energy is stored, form **the repair mass** for the injured tissue.³⁶ ...

“**A positive antibody test could mean infected or cured, allegedly protected or not. You just don't know!**³⁵ ... (Please see the bottom of page 2 of overall reference, above)

“In general, a positive test can be positive, it also depends on the zeitgeist. Until around 1984, if you had high levels of antibodies in a test, you were considered immune to a disease. Since HIV and the alleged retroviruses, high antibody levels do not mean that one is immune, but rather sick, even if one thinks one is healthy.” (See bottom of pg. 3 of ref.)

The other problem for COVID-19 Ab-Ag tests is described as follows:^{37 38}

“**It is ... widely known that lateral flow (antigen) tests [RATs] ... are far less accurate than previously thought. ... just one out of 31 positive test results is a true positive**”.³⁷

“Antibody tests incorporate antigens, and a chemical that allows the intensity of the reaction to be measured using light. Ideally antigens would come from pure virus, **but COVID-19 virus has never been purified**, thus antigens are created artificially from proteins based on portions of the 30,000 base RNA genome that is believed to come from the virus. ...

“Antibody tests might be fatally flawed, but they can be used in highly destructive ways. If the number of people who are antibody positive remains below the level of ‘herd immunity’ (90% or so) it will be an excuse to promote or even mandate vaccination, after a vaccine is rushed onto the market. Antibody tests could also be used to indefinitely quarantine people who do not test positive, asserting that they are at danger of becoming infected ...

“**Faulty tests have been used to indefinitely quarantine Chinese citizens. ...**

“The faith in this data is hard to understand since there is no evidence that the vast majority of people in surveys were ever ‘infected’ (i.e. were ever RNA positive) and no evidence that the antibodies seen during the survey were not present in the past. On the other hand, there is also no evidence that the majority who test negative were truly never ‘infected’.”

On a final note to the above, at the same time that C-19 “testing” began, there seems to have been a curtailment of influenza reporting and proportionate increase in C-19 testing. This is evident if one uses a composite chart to then compare the incidence of the two (purportedly separate) diseases.³⁹ Observing the chart in the reference (*supra*) provided, one can see an initial, immediate, inversely proportional relationship between influenza and C-19; in other words at the same time the influenza line decreases and the C-19 line increases, they do so at exactly the same rate of decline/incline. So, it seems that “influenza” was, via diagnostical and statistical manipulation, changed into “COVID”.

2. procurement of ventilators,

Ventilators are problematic in cases that involve pneumonia-type illnesses, as in C-19.⁴⁰ They can cause complications – and may lead to death – in direct proportion to their duration of use.⁴¹ Some doctors have stopped ventilator use as US statistics show that over 50% of intubated patients died.⁴²

36 <https://bit.ly/-Antibodies-Heal-Tissue>, *Immunology*, “Antibodies to wounded tissue enhance cutaneous wound healing”, Naomi Nishio, Sachiko Ito, Haruhiko Suzuki, and Ken-Ichi Isobe, (November 2009)

37 <https://bit.ly/-RAT-False-Positives>, *BMJ*, “The 'false positive paradox' and risks of testing asymptomatics”, (25.6.21)

38 <https://bit.ly/-Antibody-Testing-COVID19>, “Antibody Testing for COVID-19”, by David Crowe, Independent Researcher, HBSc Hons Biology/Mathematics, Telecommunications consultant, [pages 1, 3-4, 19], (13 May 2020)

39 <https://bit.ly/-Aust-Flu-v-COVID>, Graph based on the *Immunisation Coalition* graph; statistics from Australian gov't

40 <https://bit.ly/-Ventilator-Risks>, *US National Heart, Lung and Blood Institute*, (24 March 2022)

41 <https://bit.ly/-COVID-Ventilator-Mortality>, *Annals of Intensive Care*, “Association between mortality and age among mechanically ventilated COVID-19 patients: a Japanese nationwide COVID-19 database study”, (11/12/2021)

<https://bit.ly/-COVID-High-Vent-Deaths>, *American Journal of Respiratory and Critical Care Medicine*, online, “Case Fatality Rates for Patients with COVID-19 Requiring Invasive Mechanical Ventilation. A Meta-analysis”, (29 Oct 2020)

42 <https://bit.ly/-US-Hospital-Mortality>, *CDC National Centre for Health Statistics*, “In-hospital Mortality Among Hospital Confirmed COVID-19 Encounters by Week From Selected Hospitals”, 2nd graph, (Mar. 2020 – Feb. 2022)

3. mask distribution,

Mask distribution is unnecessary as mask-wearing is not fit for purpose during a respiratory illness. WAg was informed⁵⁹ and there was publicly available information that masks, especially surgical masks, are unable to act as a barrier for micro-organisms, instead serving to aerosolise breath,⁴³ coughing and sneezing. **Surgical** masks are only useful as a physical barrier during **surgery** and if worn for long periods of time pose risks to health including: hypoxia, neurological damage, etc.⁴⁴

As described by Dr Shane Nielson MD:⁴⁵

“Western society expects too much of masks. **In the public’s mind, the still-legitimate use of masks for source control has gone off-label**; masks are thought to prevent infection. From here, another problem arises: because surgical masks are thought to protect against infection in the community setting, people wearing masks for legitimate purposes (those who have a cough) form part of the larger misperception and ... reinforce it.

“The birth of the mask came from the realization that surgical wounds need protection from the droplets released in the breath of surgeons.⁴⁶ ...

“The technology was applied outside the operating room in an effort to control the spread of infectious epidemics. **In the 1919 influenza pandemic, masks were available and were dispensed to populations, but they had no impact on the epidemic curve**”.⁴⁷

4. vaccine rollout;

Was the C-19 Jab rollout a “vaccine rollout”? is the central question that requires resolution first. Extensive research – both early and ongoing – has uncovered that the mRNA C-19 Jabs, at least, are a form of **gene therapy**,⁴⁸ or, as Moderna put it, an “operating system”.⁴⁹ The jabs are contaminated and contain toxins in them.⁵⁰ and a reasonable conclusion is that they constitute bioweapons.⁵¹

Some C-19 Jabs use modRNA technology,⁵² a similar principle as used in a “DNA vaccine” (like AstraZeneca) that uses the recipients cells to produce spike proteins, and this covered in a typical English-published virology textbook from **2007**. Under heading “**DNA vaccines**” the book states:⁵³

“The most revolutionary approach to vaccination is the introduction into the vaccinee of DNA encoding an antigen, with the aim of inducing cells of the vaccinee to synthesize the antigen. ... Experimental DNA vaccines have been produced for ... SARS coronavirus ...”.

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- 43 <https://bit.ly/-DrPetty-MaskPPE-Expert>, “Do Masks Work to Prevent the Spread of COVID-19”, Dr Stephen Petty, Certified Industrial Hygienist (US), Certified Safety Professional (US), Editor *Forensics Engineering* (**23 Dec 2021**) https://bit.ly/_Science-Masks-Do-Not-Work, *OffGuardian* online, “Coronavirus Fact-Check #6 Does Wearing a mask do anything?”, editors Kit Knightly, Cate Black, (**6 June 2020**) <https://bit.ly/-Masks-Dont-Work>, *City Journal*, NY, USA, “Masks Still Don't Work”, Jeff Anderson, (**8 Aug. 2022**)
- 44 bit.ly/-DrBlaylock-Mask-Risks, *Technocracy News & Trends* online “Blaylock: Face Masks Pose Serious Risks To The Healthy”, Russell Blaylock MD, Board-certified neurosurgeon, (**11 May 2020**); <https://bit.ly/-Mask-Adverse-Effects> <https://bit.ly/-DrAlexander-Mask-Harms>, *Center for Neurology and Spine* online, “More than 150 Comparative Studies and Articles on Mask Ineffectiveness and Harms”, Paul Alexander PhD, Epidemiologist, (**20 Dec '21**) <https://bit.ly/-DrLazzarino-Mask-SideEffects>, *the bmj* online, (2020; 369: m1435), letter to the editor responding to “Face Masks for the public during the covid-19 crisis”, A Lazzarino, MD & Epidemiologist, UCL, UK, (**9 Apr 2020**)
- 45 <https://bit.ly/-DrNielson-Mask-Risk>, *Canadian Medical Association Journal*, v.188(8): 606-607, (**17 May 2016**), “The surgical mask is a bad fit for risk reduction”, Shane Nielson MD PhD.
- 46 <https://pubmed.ncbi.nlm.nih.gov/5333967>, *AORN J* (5:76–80), Spooner JL, “History of surgical face masks” (**1967**).
- 47 <https://pubmed.ncbi.nlm.nih.gov/9013247>, *Infection Control Hospital Epidemiology*;18:49–57, Belkin NL, (**1997**), “The evolution of the surgical mask: filtering efficiency versus effectiveness”
- 48 bit.ly/-COVIDjab-Gene-Therapy (**9.8.22**); bit.ly/-DrMartin-COVID-GeneJab, *The Weston A Price Foundation*, “It’s Gene Therapy, Not a Vaccine”, Dr. D. Martin, (Published in law, medicine, engineering, finance, education), (**25.1.21**)
- 49 bit.ly/-Moderna-Operating-System, *JMBK.news*, “Moderna’s mRNA Operating System: 'The Software of Life'”, (**17.2.22**)
- 50 bit.ly/-Moderna-Steel-Contamination (in Japan, **7.9.21**); bit.ly/-FDA-GrO-COVIDjab, Graphene Oxide (**2 April '23**) bit.ly/-US-Graphene_COVIDshot, *The Expose*, “Scientists Confirm Toxic Graphene... in Covid Injections” (**30.8.21**) bit.ly/-Detection-Graphene-COVIDvax “Detection of Graphene Oxide in COVID-19 Vaccines” Dr. Madrid (**2.11.21**) bit.ly/-COVID-Jab-Contaminants, *The COVID Blog*, “COVID-19 news update: 'living organisms' in Moderna, J&J shots; graphene oxide and Merck’s new anti-viral pills”, COVIDBLOG.com admin, (**15 October 2021**)
- 51 bit.ly/-Pfizer-Whistleblower-COVIDvax, Karen Kingston, ex-Pfizer; bit.ly/-COVID-Bioweapon-Op, James Hill MD
- 52 bit.ly/-Synthetic-Modified-RNA *CSH Perspectives*, “Synthetic Chemically Modified mRNA (modRNA)” [**Jan. 2015**]
- 53 <https://bit.ly/-Virology-Text-Extracts>, “Virology: principles and applications”, by J. Carter, V.Saunders. pp. 311, 312

Warnings that the C-19 Jab can damage DNA were sent to and rejected by the WAg.⁵⁹ One of many caveats (in above book) carries a dire warning: (*for the warnings sent to WAg, see footnotes below*):

“Before any DNA vaccine goes into clinical use some important questions about safety must be answered. There must be confidence that injection of the DNA will not trigger an anti-DNA autoimmune disease, and **that the DNA will not create cancer-causing mutations** by insertion into host genomes”.⁵³

These dire results and a plethora of [“side effects”](#)⁵⁴ – including deaths – (that one could argue are almost primary effects) of the C-19 Jabs are being played out here and now! These horrifying and ongoing consequences are falsely being blamed on C-19 as “long COVID” but this is only to cover the consequences of WAg (and other governments) rushing headlong into a DNA-altering abyss.⁵⁵

Several researchers have found that the C-19 Jabs, especially Pfizer (but all mRNA jabs at least) have a statistically high morbidity and mortality rate compared to the general population. Professor Hervé Seligmann performed an analysis and gave an expert opinion to the Israeli Supreme Court that the Pfizer jabs caused a **3-fold increase in infection rates** and a **20-fold increase in death rates**.⁵⁶

It was also discovered that the Israeli government, having only kept 6 months of Pfizer jab adverse event records, found that the jabs were maiming and killing its citizens yet continued the roll-out, then stopped keeping records and covered up the whole of the tragic consequences.⁵⁷

The nature of the COVID jab has been analysed and found to contain [CRISPR gene editing](#) in it. This is probably the reason that the COVID jabs required Federal gene technology approval. It's been suggested by medico-legal experts that alteration of a person's DNA, or using technology (such as mRNA) to make the body produce DNA alterations, renders that person a legal possession of the COVID jab modRNA/DNA patent owner, as established under both Australian and US case law.⁵⁸

Regardless of the above, a vaccine rollout was non-essential as the only response to the C-19 issue. It was: unnecessary, underhanded, unethical, unlawfully mandated, and had many unhealthy results.

As outlined (in ToR e. i.) below, all early intervention was ruled out and, in fact, outlawed by WAg. WAg has already had sufficient feedback about its C-19 Jab Roll-out (“**Jab Rollout**”) by many people and groups, not least including SANDBAG, as well as the legal group *Concerned Lawyers Network* that formally sent two emails to state and federal MP's and State senior health emergency co-ordinators, such as the Chief Health Officer (“**CHO**”) Andrew Robertson, at the end of 2020.⁵⁹

A duty of the relevant ministers (“**ReM**”) and/or the CHO and/or the State Emergency Coordinator (“**SEC**”) (the CoP) and/or the hazard management agency team (“**HazMAT**”) is to ensure that due diligence is reasonably performed initially and in crucial aspects of a response so that an emergency situation is resolved as soon as possible with the least possible disruption to the community.

This due diligence is similar to the legal principle enunciated by the High Court of Australia in *George v Rockett*,⁶⁰ that being that the ReM/CHO/SEC/HazMAT “is satisfied that an emergency has

54 [bit.ly/-WCHealth-COVIDvax-Report](#), *World Council For Health*, “Covid-19 Vaccine Pharmacovigilance”, (11.6.22) [bit.ly/-Pfizer-Adverse-Events](#), US Fed Court ordered release, Doc #5.3.6 “Cumulative Analysis of Post-authorization Adverse Event Reports, App. 1. List Of Adverse Events Of Special Interest”, Worldwide Safety & Pfizer, (28.2.21) [bit.ly/-Study-COVIDvax-Effects](#), *Substack.com*, Steve Kirsch's newsletter, “New big data study of 145 countries ... (cases and deaths)” (9 January 2022) (re study published 15 Nov. 2021); [bit.ly/-COVIDjab-Harms-Papers](#); [bit.ly/-Pfizer-COVIDjab-Dangers](#), *BizNews.com*, “The chickens are coming home to roost for Pfizer” (16 Aug. 2022)

55 [bit.ly/-SARSSpike-Impairs-DNArepair](#), *Viruses* journal, [2021, 13(10), 2056]; “SARS-CoV-2 Spike Impairs DNA Damage Repair and Inhibits V(D)J Recombination In Vitro”, Hui Jiang and Ya-Fang Mei, (13 October 2021)

56 [https://bit.ly/-ProfSeligmann-PfizerJab-Report](#), “Expert evaluation on adverse effects of the Pfizer-COVID-19 vaccination”, esp. pp.1,2,4,6,12,13, Institute of Microstructure Tech., Karlsruhe Inst. of Technology, (8 May 2021)

57 [https://bit.ly/-Israel-PfizerJab-Coverup](#), *Substack.com*, Steve Kirsch's newsletter, “Exclusive: Proof that Israel found serious safety problems with the COVID vaccines then deliberately covered it up”, (2 September 2022)

58 [bit.ly/-CRISPR-Gene-Edit](#) (25.2.23); [bit.ly/-ModDNA-Human-Rights](#), Dr Brandolino talk; [bit.ly/-Modified-DNA-Caselaw](#), *Association of Molecular Pathology v Myriad*, Appeal to the SCotUS, No. 12-398, (June 13, 2013); [bit.ly/-Aust-Gene-Patents](#), *CSH Perspectives in Medicine*, “Decoding Gene Patents in Australia”, (Jan. 2015)

59 [https://bit.ly/-Citizens-Warning-WAg](#), Google drive containing emails, letters & notices provided to WAg members, including several deliveries each to that of the Labor MP's of Stirling, Fremantle, and Perth (John Carey MLC).

60 [https://bit.ly/-HCA-George-v-Rockett](#), *George v Rockett*, [1990] HCA 26, 170 CLR 104, Mason CJ *et al*, esp. at [6]

occurred, is occurring or is imminent”.⁶¹ ⁶² This is especially true if information is actively supplied to the WAg that calls into question an emergency declaration and/or those crucial aspects.⁵⁹ Alarm bells should have rung in the REM/CHO/SEC/HazMAT's heads and, given the mounting actual evidence of no pandemic, there is no way that a health emergency existed or was imminent.

Plus, Pfizer (*et al*) rigged the C-19 Jab trials to provide favourable statistics so that their products obtained provisional authorisation with regulatory bodies.⁶³ This fraud legally invalidates contracts based upon the fraudulent trial data.⁶⁴ Also, Pfizer and Moderna failed to declare that at least two ingredients – the liquid nano-particles and the spike proteins, the central components used in the C-19 Jabs – are toxins,⁶⁵ as well as not declaring other toxic and potentially lethal ingredients.⁶⁶

The C-19 Jabs cause the body's cells to become artificial spike protein manufacturing plants and are thus by no definition functionally “vaccines”, as they are **NOT** made from a virus and are artificial.

The TGA gives the correct definition of a vaccine on one of its webpages and that is:

“medicines that protect you against specific diseases... [and] can contain: ⁶⁷

1. dead viruses or bacteria;
2. severely weakened forms of viruses or bacteria;
3. small, purified components of viruses or bacteria.

“After receiving a vaccine, your body's immune system can remember the virus or bacterium and fight off an infection much more effectively than if it was encountering the virus or bacterium for the first time.”

The *Macquarie Dictionary* [1992] defines:

1. “vaccine” as “the virus of cowpox ... the modified virus of any ... other diseases, used for preventative inoculation.”
2. “inoculate” as “to implant (a disease) in a person ... by the introduction of germs or virus, as through a puncture, in order to produce a mild form of the disease and thus secure immunity.”

The accepted functional definition of a vaccine is that a small sample of antigens (toxins), is injected into the patient and the following occurs:

1. the patient's body recognises that foreign material has entered the bloodstream, bypassing the body's antigen barriers (such as the skin);
2. the patient's body produces antibodies and then the body attempts to neutralise the antigens;
3. should the patient be exposed to the same antigens again the body will immediately recognise and attempt to neutralise the antigens again.

The functional definition of a COVID mod-RNA (or similarly a mod-adenovirus) injection is that antigens – a multitude of trojan horse nano-lipid capsules containing mod-RNA – are injected into the bloodstream and the following occurs:

1. the capsules engage with cells of the endothelium (mainly blood vessels);
2. the mod-RNA is released into the cells;
3. the invaded cells are forced to produce artificial toxic spike proteins;
4. the spike proteins are expressed from the cell wall, fused to it;

<https://bit.ly/-FCAFC-ACCC-v-Mazda>, *ACCC v Mazda Australia Pty Limited* [2023] FCAFC 45, esp. at [108, 109]

61 “imminent”: “likely to occur at any moment; impending”, *Macquarie Dictionary*, 2nd edition reprint [1992], p.881
“impending”: “about to happen”, *ibid.*, p.883; *N.B.* WA was not in a true emergency situation, nor an imminent one.

62 *Emergency Management Act 2005*, ss.50(2)(4), 56(2); *Public Health Act 2016*, s.167(2)

63 bit.ly/-COVIDjab-Trials-Rigged, *Forbes Magazine*, “Covid-19 Vaccine Protocols Reveal That Trials Are Designed To Succeed”, **William A. Haseltine**, former professor at Harvard Medical School and Harvard School of Public Health (20 years), founded the Divisions of Biochemical Pharmacology and Human Retrovirology, (23 Sep. 2020)

64 <https://bit.ly/-Pfizer-COVIDvax-Fraud>, *the bmj* (British Medical Journal) online, “Covid-19: Researcher blows the whistle on data integrity issues in Pfizer’s vaccine trial”, *BMJ* 2021; 375 P. Thackray, investigative journo, (2.11.21)

65 <https://bit.ly/-mRNA-Lipid-Nanotech>, *Principia Scientific International*, Karen Kingston, ex Pfizer (31 March '23); bit.ly/-Toxic-Spike-Lipids, *Toxicology Reports*, “Why are we vaccinating children against COVID-19?” (14.9.2021)

66 bit.ly/-Pfizer-COVIDjab-Endotoxins, “Extreme Toxicity of Endotoxins in Pfizer Jabs”, G. Pain, PhD Chem, (3.2.23)

67 <https://bit.ly/-TGA-Vax-Definition>, *Therapeutic Goods Administration* site, “Vaccines Overview”, (14 May 2019)

5. the patient's body recognises that the spikes are foreign, toxic proteins, and antibodies are produced in response;
6. the body attacks the spike proteins in an attempt to neutralise the spike;
7. the result is an attack on the infused blood vessel cell walls, causing inflammation, micro-clotting, and ultimately an auto-immune reaction (and quite probably, death).

Had there not been a confidential contract between the Australian government and C-19 Jab companies, especially Pfizer, and based on the scant, fraudulent information Pfizer, for example, provided, the WAg would by rights not have rolled out any C-19 Jabs. There is no way any sane person or organisation or government would actively (or even passively) act to poison the people under its care – there is a fiducial responsibility that trumps any private contract for profit.

At the C-19 Jab administration sites there seems to have been a lack of due process and duty of care as two features were often lacking – fully informed consent and aspiration of the needle. Plus so-called health “mandates” or directions that threaten or coerce someone to take the C-19 Jab are essentially unlawful, starting from the Constitutional level and moving through all levels of law,^{68 90} including potentially contravening the DDA via discrimination of those perceived to be C-19 sick.⁶⁹

On that note, in India, a peak body for lawyers – the Indian Bar Association – has written a most comprehensive documentation that includes both notices and court filings in actions particularly aimed at vaccine mandates and the fraudulent nature of the vaccine rollout.⁷⁰ Such an esteemed group would not have acted in such a serious manner had they not compiled enough evidence to warrant these actions. Bearing in mind that India is a fellow Commonwealth country and, because of that, its legal principles are similar to ours, their actions reflect on WAg's C-19 response similarly.

ii. Digital solutions (e.g. PHOCUS, VaccinateWA, G2G, SafeWA and ServiceWA).

All track and trace methods that were mandated were contrary to the Commonwealth *Privacy Act 1988* (“PrAct”) that covered the digital solutions issue. Due to the *Commonwealth of Australia Constitution Act* (“ComACA”) s. 109, no state law may infringe on Federal matters as state statutes must comply with Federal Legislation. Besides that, tracing is known to be ineffective as the tracing teams are always behind the current situation (basically behind the eight-ball) and cannot realistically react quickly enough to contain the purported “spread” of a disease in time anyway.

All of the above, mandated, also breaches the High Court's judgment relating to medical coercion, and breaches the ComACA s.51(xxiiiA).^{68 90}

c. Intragovernmental communication and cooperation, specifically:

i. Structures and resource mobilisation across the public sector; and

ii. Data collection, sharing and use.

The same answer applies as given in ToR **b. ii.** above.

d. Community support, engagement, and communication, specifically:

i. Public communications and campaigns;

WAg's communications and campaigns seemed aimed at inducing fear about an illness that was provably no worse than the influenza episodes that have annually killed thousands of people.³⁹

68 <https://bit.ly/-DrZimmerman-Medical-Coercion>, *Quadrant* online, “Constitutionally Inoculated to Resist Coercion”, Dr Augusto Zimmerman, Prof. of Law (Adjunct) at University of Notre Dame Australia, Sydney. Dr Zimmermann was chair and professor of constitutional law at Murdoch University from 2007 to 2017, also a former WA Law Reform Commissioner and President of the Western Australian Legal Theory Association, (24 July 2021)

69 <https://bit.ly/-COVIDlaws-Breach-DDA>, *Spectator Australia*, “Limiting access for the unvaxed to public places will likely breach the *Disability Discrimination Act*”, [David Porter](#), human rights lawyer (23 September 2021)

70 bit.ly/-IBANotice-Coerced-Vax, IBA Notice to Indian government regarding COVID jab mandates & law (8.7.21); bit.ly/-IBA-v-WHO, IBA suing WHO Indian Chief Scientist re: denial of IM & BCG, and C-19/jab fraud (5.11.21); bit.ly/-IBA-v-WHO-Others, Action for C-19 fraud: IBA v. B. Gates, Dr Fauci, WHO, Zuckerberg, & Others (1.7.21).

ii. Industry and community engagement.

WAg's "community engagement" during the C-19 era seemed to have devolved into the issuance of questionable and unlawful directions and threats, including those aimed at coercing people to take the C-19 Jobs at the expense of their employment, health, and mental wellbeing. Mr McGowan even resorted to abuse and name-calling of those that were hesitant or refused to take the C-19 Jobs.⁷¹

However, WAg was notified by many individuals and groups, including the legal group *Concerned Lawyers Network* and our group SANDBAG, in the form of emails and notices sent to WAg.⁵⁹ We strongly urge that this C-19 review should advert to these notices and, given no WAg response, are confident that it will show a lack of interest and/or wilful ignorance and/or failure to seriously engage with the community and its genuine concerns about the WAg handling of the C-19 issue.

Furthermore, it is true that Mr McGowan called this inquiry (albeit after much badgering by certain MP's), claimed to be open and accountable, and stated in Parliament that he felt "not afraid of or averse at all to any sort of [COVID] inquiry ... I do not have anything to hide in relation to this".⁷² Yet he continued to pontificate, berate, and obfuscate at every conceivable opportunity.

e. The effectiveness of public health levers on health outcomes, specifically:

i. Public health and social measures, including borders;

The "Precautionary Principle" ("PreP") and the "Sustainability Principle" ("SuP") are the main cornerstones of the PHAct, but seem to have been applied in only one direction – that of applying all measures at once (pulling all public health levers) regardless of the harms to the public with a "damn the torpedoes attitude!" It is perverse use of the PreP/SuP and one only a government drunk on its own power would contemplate applying. It resulted in wholesale damage to the community. This is an epitomic example of an aphorism "**Cracking a peanut with a sledge-hammer!**"

Early intervention was something virtually banned by most world governments, despite the fact that universal drugs such as IM and HCQ have been WHO staples for decades and are viewed as safe (if used correctly) and effective,⁷³ and there are many other remedies that can be used to treat C-19.⁷⁴ The WAg was no exception, with Mr McGowan ridiculing Mr Clive Palmer's promotion of,⁷⁵ and attempts to, make HCQ available in 2020 to the Australian "stockpile" at his own personal expense.

Mask "Mandates"

Masks, as pointed out (in ToR b. i. 3.) above, are neither safe nor effective. Masks do, however, perform a function as it pertains to obedience to directions. They are an overtly symbolic method of population control and serve as a visible indicator of someone's obedience or not to "directions". The other undesired result of facial coverings is both the physical and the mental oppression caused. In the words of Dr Shane Nielson MD:⁷⁶ (*bold text added*)

"The ... misconception about ... surgical masks – that wearing a mask protects against the transmission of virus — is a problem ... theorized by German sociologist Ulrich Beck.

"**The surgical mask communicates risk.** ... is perceived as the potential loss of something of value, but there is another side to risk, ... memorably formulated by Beck in his *Risk Society*. ... I propose that **the surgical mask is a symbol that protects from the perception of risk** by offering nonprotection ... causing behaviours that project risk into the future.

71 <https://bit.ly/-WAg-Torments-Unjabbed>, *ExcessDeathsAU* substack, "Australian genocide in progress?", (30.10.2022)

72 <https://bit.ly/-Hansard-COVIDresponse-Review>, Extract from *Hansard* [ASSEMBLY — Tuesday, 10 May 2022]

73 bit.ly/_C19_Studies, (HCQ); bit.ly/-Doherty-Ivermectin-COVID, *Pharmafield*, "Study shows anti-parasitic drug ivermectin kills coronavirus within 48 hours", (6 April 2020); bit.ly/-STUDY-Ivermectin-COVID, *IJID* (2.12.20); bit.ly/-Japan-Cures-COVID, (27.10.21); bit.ly/-Africa-Spared-COVID (31.8.21); bit.ly/-HCQ-Prevents-Deaths (25.12.20)

74 bit.ly/-COVID-Critical-Care, (17.4.23); bit.ly/-Natural-Antiviral-Studies; bit.ly/_Hi-dose_vit-C_4_COVID, 27.3.20; bit.ly/-GreenMed-COVID-info; bit.ly/-COVID-Medical-Remedies, Comprehensive coverage of COVID therapies; bit.ly/-China-COVID-VitC (14.3.2020); <https://bit.ly/-DrBuck-Mint-COVID>, *Medical Hypotheses*, Vol. 173, #111047, "The mint versus Covid hypothesis", C. Buck, Virologist, Vaccinologist, Sr Investigator, Nat Cancer Inst, (April '23)

75 bit.ly/-McGowan-Palmer-HCQ, *WA Today*, "Palmer just wants to spruik ... hydroxychloroquine in WA" (3 Aug '20)

76 <https://bit.ly/-DrNielson-Mask-Risk>, *Canadian Med. Assoc. Journal*, (#.188-8), (17.5.16), "The surgical mask is a bad fit for risk reduction", Shane Nielson; <https://bit.ly/-Japanese-Mask-Wearing>, *Sociology of Health & Illness*, "Risk, ritual and health ...: Japan's 'safety blanket' of ... mask-wearing.", 34:1184–98, Burgess A, Horii M, (23.3.12)

“When risk is perceived, readiness and protection for all those at risk becomes a goal, which **thereby creates a constant state of preparedness** in the universally vulnerable.

“The future pandemic is perceived in the present, but its materiality is not just in our minds, it is literally substantiated by the mask. Thus we have ... a self-perpetuating system: **the mask symbolically** protects against infection just as it **represents fear of that infection.**” [... hence, repetition of the false mask narrative creates a “truth”].⁷⁷

“Western society has ... emerged into ... reality in which **citizens are conditioned to want masks on the basis of** media representations of pandemics. The same annex on public health measures refers to the “**false sense of security**” that a mask can psychologically provide ... the real risk posed to a government unable to mollify its population.

“We act out our collective anxiety about pandemics by wearing masks even when there isn’t a pandemic, but **wearing masks reinforces the idea of a possible future of pandemic.** The problem of affect in political terms is ... **fear spreads** among the public, leading to intensification of risk management ... Fear of infective risk spreading ... becomes an ironic pun ... the conversation changes from *if* the next pandemic will occur to *when* ... with this detriment **masked by the surgical mask itself**”.⁹⁶

Police State / Military Measures

The job of police in enforcing the “mandates” was made much easier because alleged offenders were easily recognisable by their lack of mask-wearing (actually, any facial covering was allowed, regardless of its effectiveness, as long as the nose and mouth were both covered). It is a way of indicating your support (voluntary or not) of the prevailing political view, *a la* Orwell’s “1984”.

The mere fact that the state had a CoP as its head of “vaccine” response and the Commonwealth had a military general as the “vaccine commander” indicates that this was a war – not against a disease that could decimate – but against those that dared to question any aspect of the C-19 Jobs; to crush all opposition to the “sole answer” to the COVID question, and ensure a military precision supply.

Also not widely known about, was a covert measure WAg prepared that never eventuated, but still seems to exist as a WA “law”.⁷⁸ While it is true that pharmaceutical medicines are classified as being “poisons”, considering the actual nature of the COVID jobs, that definition completely fits the jobs operation in the human body – they are solely “poisons” and in no way have any curative value.

Even though the WAg has no federal power or ability to realistically legislate to authorise nor direct the Australian Defence Forces to do anything (this being solely a Commonwealth power) but the McGowan administration’s arrogance knows no bounds because of the artificial popularity created by its COVID response methodology and machinations, and its repetition of lies that mask the truth.⁷⁷

Misuse of the EMAct

The use of the EMAct was outside of its legislative scope. By default its invocation is only meant for **three days** and, in case an emergency cannot be resolved in three days, provision is there for its extension for up to **14 days** (but can be extended further in 14-day blocks). It is not meant to be for long-term usage as that is contrary to the nature of the word “emergency”, which ordinarily means:

“an unforeseen occurrence; a sudden and urgent occasion for action”.⁷⁹

“the occurrence or imminent occurrence of a hazard which is of such a nature or magnitude that it requires a significant and coordinated response;”⁷⁹

For an emergency declaration to be legally made, factual evidence – that either an epidemic or a plague is imminent or occurring – must exist. Certain preconditions must be met first as listed below.

Firstly, the EMAct may only be invoked (in the current context) if there is a “**hazard**”, defined as:

1. “(d) a plague or an epidemic”;⁸⁰
2. An “epidemic” is defined as “1. affecting at the same time a large number of people in a locality, and spreading from person to person, as a disease not permanently prevalent there.

⁷⁷ <https://bit.ly/-Lies-Mask-Truth>, BBC Future, “How liars create the ‘illusion of truth’ “, (27 October 2016)

⁷⁸ bit.ly/-WAlaw-ADF-Poison, “Authorisation To... Administer A Poison (COVID-19 Vaccine): Australian Defence Force”

⁷⁹ *The Macquarie Dictionary*, 2nd Ed.[1992], p.571; *Emergency Management Act 2005*, s.3, page 2, (4 April 2020)

⁸⁰ bit.ly/-EM-Act-s3, (“hazard def.”); bit.ly/-EM-Regs-r16, CoP’s HMA ambit; bit.ly/-EM-Act-s4, HMA’s functions;

2. a temporary prevalence of a disease”;⁸¹
3. A “plague” is defined as an “epidemic disease of high mortality”;⁸¹
4. “disease” is defined as “a morbid condition of the body ... illness; sickness; ailment”.⁸¹
5. Further references state the following:
 1. “**epidemic**, an occurrence of disease that is temporarily of high prevalence. An epidemic occurring over a wide geographical area is called a **pandemic**. ... After an epidemic has subsided, the affected host population contains a sufficiently small proportion of susceptible individuals so that reintroduction of the infection will not result in a new epidemic. ... the host population as a whole is immune to the epidemic disease, a phenomenon termed herd immunity”.⁸²
 2. “**Epidemic** A rapid increase in the number of cases of a disease that spreads over a larger geographical area”.⁸³
 3. “**Pandemic** A disease outbreak throughout the world”.⁸³

There has not been either a plague or epidemic – as defined above – prevalent in WA since before the WAC Laws were invoked, as: (*please see ToR a.i. Above, page 1*)

1. SARS-2 has not been isolated;
2. disease rates in WA have not increased and deaths have been minimal (not excessive).

Secondly, for a pandemic declaration to be validly invoked and/or remain active, there must be no treatment available for the disease. There are two issues that demand attention in this context:

1. Since the C-19 Jabs were being used with the WAC Laws remaining in effect, that means that the C-19 Jabs are not *ipso facto* a treatment for the disease, *QED*.
2. There are at least two long-standing, demonstrably safe drugs that are currently available and being used to treat COVID patients (please see ToR e. i., above).^{73 74}

The EMAct and the *Emergency Management Regulations 2006* (“**EMRegs**”) define the role played by various government department officers – including PO's – in an emergency situation, outlined as:

1. The CoP is the Hazard Management Agency (“**HMA**”) to manage most major non-medical emergencies, such as air crashes and terrorist acts (and so all PO's fall under those areas too).⁸⁰ The HMA role is defined by the EMAct as being “a public authority or other person who or which, because of that agency's functions under any written law or specialised knowledge, expertise and resources, is responsible for ... management, or the prescribed emergency management aspect, in the area prescribed of the hazard for which it is prescribed”.⁸⁰
2. Firstly, the oath of office of a PO in the PoFo is the fundamental basis of a PO's authority, jurisdiction, and function. Generally, this is limited to keeping Her Majesty's peace.²⁵
3. The oath binds a PO to only keeping the peace and does not authorise any activity – even if “authorised” by statute – to breach any of Her Majesty's subjects inherent rights, such as the rights to silence or the right not to self-incriminate. If a PO engages in such activity, it could be argued that they have breached their oath (which controls the PO's activity) and have, therefore lost their “cloak of office”. In doing so they have reverted to an ordinary citizen and may have committed a crime. (This is important to bear in mind as statutes are read.)
4. The PoFo is also a “combat agency responsible for the ... activity of disaster victim identity management”.⁸⁰ The above is the extent of a PO's role in health emergency activities.

So, EMAct relies on the *Police Act 1892* (“**PAct**”) to prescribe the role of a PO with respect to certain emergencies that do not directly include public health. The role in public health emergencies relates to movement and must be at the direction of an authorised public health officer. A PO, although an authorised officer is not authorised to enforce public health directions as the EMAct does not allow PO's jurisdiction to make health decisions such as ordering or enforcing any public health direction, including mask-wearing and vaccination, and does not allow them to issue infringements based on health directives. This seems to be the only reason that such firm emphasis was placed on the use of the EMAct, with the PHAct Declaration only being of token value, as it involved “public health”.

81 *The Macquarie Dictionary*, 2nd Ed.[1992], p.586 (“epidemic”); *ibid*, p.1353 (“plague”); *ibid*, p.505 (“disease”)

82 *The New Encyclopædia Britannica*, 15th edition, Micropædia, Volume III, page 922, (1978)

83 bit.ly/-Virology-Text-Extracts, *Virology: principles and applications* [2007], by J. Carter, V.Saunders. pp. 337, 341

It is also the type of emergency that should dictate the invocation of the relevant statutes that pertain to a particular emergency. This was hypothetically a “public health emergency” that should have relied on invocation of the PHAct as the main statute for use, with the EMAct used only as a backup and if necessary. All directions given should have been pursuant to the PHAct as “public health orders”. The use of the EMAct was a misuse of that act that is in conflict with the BA,⁸⁴ a federal statute that “controls”/over-rides state laws as they pertain to public health emergencies in Australia.

In this case, the PHAct was sufficient to invoke for any declarations and/or public health directives (following the principles inherent in that act and the federal BA), but proved inconvenient for the WAg's intended use – to use PO's in the WAg's panicked quest for quick and strong enforcement. However, these were dictatorial measures used by the WAg and, in particular by Mark McGowan, the member for Rockingham in the WA parliament. *[Instead it seems that he thinks that he's the “King” of WA, or, rather, “President” of the “Socialist Democratic Republic” of Western Australia]*

State Border Closure

The closure of state borders was traumatic for Australians, but especially those living in or wanting to visit WA, and questionable in its legal validity, per the *Biosecurity Act* (“BA”) and/or ComACA.⁹⁰ WAg has provided no objective proof that the measures it adopted positively altered the health outcomes of West Australians but only made unsupported assertions that the closures prevented C-19 from affecting the people's health.¹⁴ The effect of the closures resulted in families being torn apart, generated depression, stress (possible suicides),⁸⁵ and quite adversely impacted people's health.

At no time did WAg provide any proof – let alone scientifically valid proof – that closing the state border in any way lessened the alleged rate of C-19 anywhere. Yet WAg chose to relentlessly carry on regardless, using the unrelated excuse that the border was preventing drug importation into WA. This is despite quite compelling evidence that countries like Sweden and states like Florida endured minimal societal and/or economic restrictions and coped reasonably well with their situations.⁸⁶ Countries like Denmark eased restrictions **early** as they could see they were no longer necessary.⁸⁷

Respiratory Morbidity and Overall Mortality

Australian Bureau of Statistics (“ABS”) statistics show that the overall cases of influenza and C-19 and the total deaths attributed were far lower in 2020 than any other year, especially the 2017 peak.³⁹ Analysis shows that various respiratory illnesses began to fall below both the historical peak and the average, as well as “all cause mortality” and the expected levels.⁸⁸ Even though the graphs do not incorporate deaths attributed to C-19 (but not autopsy-confirmed) these deaths were low anyway.³⁹

Had the WAg been monitoring this then it would not have kept pulling all the “public health levers” for so long and so hard (or at all). Perhaps that is the reason that WAg would not release to the public the “health advice” upon which it relied, as that would have revealed the true situation – that the levers were only really being pulled to satiate the whims of our “dear leader”, Mark McGowan.

Responses Effectiveness Summary

In WA, the response measures taken with the stated aim of “stopping the spread of COVID” really amounted to tokenism and virtue signalling to prepare the population for the “vaccination” program. All measures amounted to a completely bombastic and authoritarian over-reach by the state government. This is especially true of the face-cover-wearing and “testing” that had no health benefit and only served to frighten/coerce people into submission, with the added injury of ridiculous fines being levied against essentially blameless and innocent, law-minded, good, hard-working people to profit the greedy WAg.

84 bit.ly/-BA-Overrules-State-Acts, "The Curious Case of the Unlawful Public Health Orders", P Fam LLB, (26.8.21)

85 bit.ly/-COVID-Lockdown-Suicide-Cases, *Legal Medicine*, “Corona-associated suicide – Observations made in the autopsy room”, Buschmann/Tsokos, Inst. Legal Medicine & Forensic Sciences of Charité Uni Berlin, (31.5. 2020)

86 bit.ly/-No-Pandemic-Sweden, death graph, 2001- 22; bit.ly/-Swedish-COVID-Lessons, Swedish Approach, 11.3.23; bit.ly/-Sweden-Low-COVIDdeath, “Sweden’s Covid death rate among lowest... despite avoiding ... lockdowns”, (5.5.22); bit.ly/-Florida-Unlocked-Wins, *Rational Ground*, “Florida’s... response... outperformed... lockdown”, (1.3.21)

87 <https://bit.ly/-Denmark-Eases-Lockdown>, *m.theBL.tv*, “Denmark resumes pre-pandemic operations”, (13 Sep. 2021)

88 bit.ly/-Aust2020-Less-Respiratory-Deaths, *ABS*, “Measuring excess mortality in Australia during the COVID-19:... measuring changes in patterns of mortality during the COVID-19 pandemic and **recovery period**.” (25/11/2020)

The same applies to the C-19 Jab with the added detriment that the people that took the unsafe and ineffective,⁸⁹ experimental, toxic C-19 Jabs were not only pressured into taking them against their better judgment but lost their health and/or their job (some died). Also, those alive face an uncertain future with their health that has been forever compromised (some now have severe disabilities).

Lockdown measures such as masks, C-19 Jab, and isolation “mandates”, border closures, directions aimed at gatherings, and businesses and religious services, were effectively unlawful and against the PrAct, theBA, the DDA⁶⁹ and the ComACA, in the areas of consistency of State and Federal laws.⁹⁰

In our view, the crucial aspect that was lacking in Mr Clive Palmer's border case versus the WAg,⁹¹ was an honest, critically thinking epidemiologist (like any of the ones mentioned above) that could credibly contradict the State's own expert witnesses in the Federal Court. No reality based evidence was presented in the case by either sides' experts – it was hyperbolic, hypothetically based 'modelling' similar to Neil Ferguson [see ToR a. i. (page 2 above)]. Had the right evidence been extant before the Court, the State's proportionality argument would have failed and the case would have been won.⁹¹

Nevertheless, the WAg could have been spending its time and energy productively actually looking after the health of West Australians. However, in light of the immense weight of evidence presented in the above document against WAg's COVID position, WAg wasted a lot of energy and time defending Mr McGowan's simply indefensible, egotistical, purely panicked, unevidenced and extreme position.

In summary, rather than “pulling public health levers”, the WAg acted as a buffer between the public and private interests and acted as a conduit of the pre-determined “public health” measures that favoured a potentially fraudulent contractual relationship with the criminal company Pfizer.⁹²

ii. (the following):

1. Testing,

For the response on this ToR, please refer to ToR b. i. 1., *supra*. However, in summary, basically all C-19 testing measures were not fit-for-purpose, producing highly exaggerated “positives”, causing unnecessary panic and allowing the WAg to introduce the most draconian measures ever used.

2. tracing,

Please refer to ToR b. ii. above for a brief response on this ToR.

3. isolation,

Personal isolation has never been scientifically proven to provide any public health benefit and only does damage to public health and local economies in the following ways:

1. lack of vitamin D due to lack of sun exposure;
2. deterioration of physical health due to lack of exercise and bad diet;
3. breakdown of families and communities due to lack of social cohesion and distrust;
4. generation of high stress levels, leading to depression (and potentially suicidal thoughts);
5. destruction of livelihoods by allowing selective business openings to big business at the expense of family-run small businesses.

As for the quaintly named “social distancing”, the genesis for this was a high school project and had no actual scientifically tested background (and probably none since being implemented).⁹³ Although the WHO only mentions it in its NPI list as “avoiding crowding”,¹⁴ this was simply a “good idea” at the time, one co-opted by the George W. Bush administration officials in the United States.⁹⁴ Just imagine the reaction that you would get if you told people that they had to forgo visiting an elderly relative or going out or even losing their business because of a teenager's idea! (disbelief, rage?)

89 <https://bit.ly/-Misleading-COVIDjab-RRR>, *Dialogues in Health*, “Relative risk reduction: Misinformative measure in clinical trials and COVID-19 vaccine efficacy”, R. Brown, University of Waterloo, ON Canada (17.11.2022); bit.ly/-COVIDjab-Trials-Summary, Table showing real efficacy of COVID jabs using Pfizer example, (27.7.2021)

90 ComACA, s. 51(xxiiiA), s. 92, s. 109, s. 116; BA s. 8, s. 28, s. 54, s. 60, s. 63; PrAct, s. 94H, [Privacy Principles](#).

91 <https://bit.ly/-HCA-Palmer-v-WA>, *High Court Australia*, Palmer v Western Australia [2021] HCA 5, (24 Feb. 2021) <https://bit.ly/-Border-Case-Interventions>, HCA applications as Amicus Curiae in ComACA s.92 border closure cases

92 <https://bit.ly/-Pfizer-Criminal-Record>, *Good Jobs First* online, “Violation Tracker”, Pfizer's full US criminal record.

93 bit.ly/-Social-Distance-HSproject, *Albuquerque Journal* “Social distancing born in ... teen's science project” (2.5.20)

94 bit.ly/-2006-Origin-Lockdowns, *AIER*, “The 2006 Origins of the Lockdown Idea”, Jeffrey A Tucker, (15 May 2020)

4. quarantine.

Please refer to ToR e. ii. 3. above for a brief response on this ToR. This is also one of the NPI's that the WHO does not recommend under any circumstances as there is very low evidence to support it.¹⁴

In addition to considering Government's future preparedness, the reviewers will also consider the:

1. **economic outcomes,**
2. **social outcomes**
3. **health outcomes**

of WA's COVID-19 management and response.

As an over-riding observation, the WAg and the Health Department should have been aware of most (if not all) of the above information at least in the first year of the C-19 era if not well beforehand, of their own volition. Added to this is that organisations and individuals notified them on multiple occasions using a variety of media that the WAg response was excessive and highly questionable.⁹⁵

Thus, there is absolutely NO REASON that the WAg, and particularly the CHO and Mr McGowan, could and/or should not have known about these issues and should have taken a gentler approach.⁹⁶ The fact is that WAg failed or refused to deal with these issues – and this fact alone – stands as a complete indictment of the McGowan administration and this cannot be stated in stronger terms.

It is almost as if, in lock-step with other governments around the world WAg decided (based on WHO scare-mongering and dictates) that it was going to induce a Stockholm Syndrome (in a more general sense known as “Mass Formation Psychosis”) in most of their citizens.⁹⁶ A possible goal for this would be to mesmerise them with “COVID” and confusion until the prepared “magic solution” – the C-19 Jabs – became available for these compliant citizens to unwittingly and robotically take.

Those that have suffered C-19 Jab adverse event health outcomes (“**Jab Harms**”) were discreetly hidden from the public view in the basement of Sir Charles Gairdner Hospital at the ironically-dubbed “Vaccine Safety” clinic for the first part of the Jab Rollout (later moving it to a location opposite the SCGH pharmacy).⁹⁷ The WAg only recently quietly released its data on Jab Harms,⁹⁸ that it kept from the public – now WAg rolls out a government-run clandestine pro-pharmaceutical operation to obviously mitigate WAg involvement in the Jab Rollout and cover-up the Jab Harms.

“Lockdowns” are used to control prison populations and are generally known to be destructive and contribute little if any benefit to the health of a community, especially small communities such as those located in rural areas.⁹⁹ The whole WAg response to a health issue that is comparable to the annual influenza outbreaks has been one of causing fear to control a population “for its own good”.¹⁰⁰ It was about style over substance: more about preserving private contractual arrangements – of which the WAg would have been aware via Mr McGowan's continual participation in the “Nation Cabinet” – and the enhancement of opportunity to win the next state election in the best “*Yes, Minister* style”.

Considering that C-19 was not really an emergency, but the WAg response was a drawn out exercise in state power, WAg failed to do its due diligence on any of the measures it had put in place in haste. This is a failure at the highest levels of bureaucracy and government to ensure that those measures put in place were benefitting the public by testing the information and/or procedures.¹⁰¹ Instead the WAg rode high on its popularity – drunk on its power – and sacrificed real public health for egoism.

95 bit.ly/-Lighter-COVID-Policy, *AIER*, “New Study Indicates Lockdowns Didn’t Slow the Spread of Covid-19”, **19.1.21**

96 bit.ly/-Mass-Formation-Psychosis, *Quadrant*, “Covid and the Phenomenon of Mass Formation”, (**March 2022**)

97 bit.ly/-SCGH-COVIDjab-Clinic, pictures of the 2 “COVID Safety” ADVERSE EVENTS clinics & documents

98 bit.ly/-WAg-COVIDjab-Adverse-Rep, *Dystopian Down Under*, “West Australian government finally releases 2021 vaccine safety data: vaccines have been pulled from the market for far less than this”, R. Barnett, (**14 March 2023**)

99 <https://bit.ly/-Lockdown-Border-CBA>, “Do lockdowns and border closures serve the 'greater good'? A cost-benefit analysis of Australia’s reaction to COVID-19”, G Foster (*pls see footnote below*), extract of first 14 pgs, (**1 Aug. 22**)

100 <https://bit.ly/-COVID-Fear-Industry>, *Brownstone Institute*, “The Fear Industry and the Selling of Covid Lockdowns” by Gigi Foster (*et al*), Professor of Economics, Business School, Uni. of New South Wales, (**4 September 2021**)

101 <https://bit.ly/-COVID-Lockdown-Docs> – documents relating to the damage caused by lockdowns and bad policy.

Given that Mr McGowan, likes the rock band AC/DC – that sings "Dirty Deeds" & "Jailbreak", two of the bands more “lawless” songs – and locked down a Perth highway to host the *Highway to Hell* AC/DC concert, the WAg response to C-19 was more than right on song! (*he closed the state for his own C-19 Response “Dirty Deeds” concert, leading WA into the Highway to adverse events Hell!*).

In summary, the WAg's management and response served only to:

1. “Gaslight” the public into a Stockholm Syndrome state;
2. Penalise those that “breached” purportedly valid WAC Laws;
3. Quarantine healthy people against their will, at their own cost;
4. Restrict the WA borders with various other States, damaging trade;
5. Decimate whole segments of industry for no apparently good/lawful reason;
6. Destroy individual lives by erosion of their livelihoods and/or many other injuries;
7. Cause unnecessary fear and panic in WA people (and elsewhere) by creating false beliefs;

and potentially breached the following areas of civil and/or criminal law in the process:

1. fraud;
2. kidnapping;
3. unlawful detention;
4. invasion of privacy;
5. creating false beliefs;
6. malicious prosecutions;
7. wholesale violations of human rights;
8. discrimination against those with perceived illness/disability;
9. careless disregard for both contract and public law;
10. misleading and deceptive conduct;
11. terrorism of the population;
12. breach of the BA;
13. bio-terrorism;
14. unlawful poisoning;
15. greivous bodily harm;
16. failure in duty of care;
17. contempt of High Court Judgment;
18. contravention of the Australian Constitution;
19. manslaughter and/or Murder and/or outright Genocide;
20. stockpiling and/or use of a biological weapon against the public;
21. interference with the patient-doctor relationship, a private contract;
22. Exposing the public purse to civil action for the many losses people have suffered as a result of the WAg's actions, including:
 1. Loss of income;
 2. Injury to personal health, including disability;
 3. Death, either as a result of inapporriate treatment of the purported C-19, the C-19 Jobs or as a result of suicide directly related to the C-19 responses.

While not necessarily ascribing malice aforethought to the WAg in all (or any) of the above, at the very least “wilful ignorance” is the very best that may be used to describe WAg's – and in particular Mark McGowan's – role in the C-19 saga. There is culpability by all the above-mentioned parties and they should be ultimately held to account in their public roles; ultimately, accountability is a necessary requirement for these individuals and, therefore justice should be allowed to prevail. (*It could be argued that in Mr McGowan's case his personal ego over-stepped his public role and he was no longer acting truly in his ministerial capacity but using that as a cover for his own views*).

OVERALL REFERENCE DOCUMENTS

The first following link is a summary of an abundance of references that support the contentions in the above document and cover most of the main review terms of reference. The second following link is an array of documents illustrating the corrupt nature of C-19 mod RNA jabs, but especially focussing on the company Pfizer itself, as well as the Pfizer C-19 Jabs. The most important parts of the information contained in these documents was either public and/or known by about mid-2021.

<https://bit.ly/-Govt-Response-Effects>

<https://bit.ly/-Pfizer-modRNA-Revelations>

https://bit.ly/_Global_COVID_Report

Thank you for your consideration,

Freelance Researchers of the
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For a brief summary of the function of virology in society, please refer to the following:

If one understands that the human body really has three basic functions (assimilation, building and maintenance, and elimination) and no other functions, “Health” is not really a mystery. However, if an egotist wants to control a population for his/her own ends, then the ideal scenario is to make it seem like “health” is full of unknowns and superstitions, creating a mysterious aura around it, and call it “medicine”. Then, “health” acquires a religious aspect to it, with the witch-doctor priests “guiding” the masses hither and thither. The end result is that “magical” pills and potions are then proffered to the sick as relief until the (quixotic) day that a “cure” may be found. The unfortunates are then surrounded by invisible foes that they are helpless to fight without help from the “priests.”