

# THE CORONA VIRUS PANDEMIC - A CATASTROPHIC FAILURE BY DEMOCRATIC GOVERNMENTS

## Introduction

COVID-19 is a corona virus that originally came from the Chinese Horseshoe Bat, 72% of its genetic material being the same as the corona virus that causes the “common cold” in humans. COVID-19 escaped or was deliberately released from the Wuhan Institute of Virology Laboratory in late 2019. At that time, the Chinese were performing “Gain of Function” research on the virus, funded in part, illicitly, by the US Government.<sup>1</sup> This involves modifying the S protein on the surface of the virus so that it will latch onto the ACE2 receptors of human cells, commonly found in human mucosa. At first the CCP covered up the fact that this virus could rapidly spread from human to human. At the same time the CCP shut down domestic flights throughout China but allowed International flights, carrying tens of thousands of infected people, to depart China for many destinations in the Western world. Concurrent with this, Chinese agents purchased very large quantities of Person Protective Equipment (PPE) from all over the world, thereby denuding local stocks in those countries.

## Misinformation/Disinformation

From the outset there was a great deal of secrecy on the part of CCP and a great deal of misinformation/disinformation put out about by various parties and the conventional media outlets like the Australian Broadcasting Corporation. I make the distinction between disinformation which is deliberately telling untruths to deceive and gain a benefit/advantage and misinformation which is false information put about by those that are ignorant or too lazy to undertake thorough research. This misinformation/disinformation covered the following aspects of the disease and methods for coping with it:

1. the lethality (Infection Fatality Rate) of the “novel Corona Virus”,
2. the effectiveness of masks as a means of preventing the spread of the disease,
3. the effectiveness and advisability of locking-down the population to reduce the rate of spread so that hospitals were not overwhelmed,
4. the actual situation in hotspots like Northern Italy and New York where it appeared health facilities were in crisis and not coping,
5. the effectiveness or otherwise of various medicines, particularly Hydroxychloroquine (or latterly Ivermectin) in combination with other medicines such as Azithromycin, Doxycycline, Zinc Sulphate/Acetate and Vitamin D with an anticoagulant, in treating this disease,

---

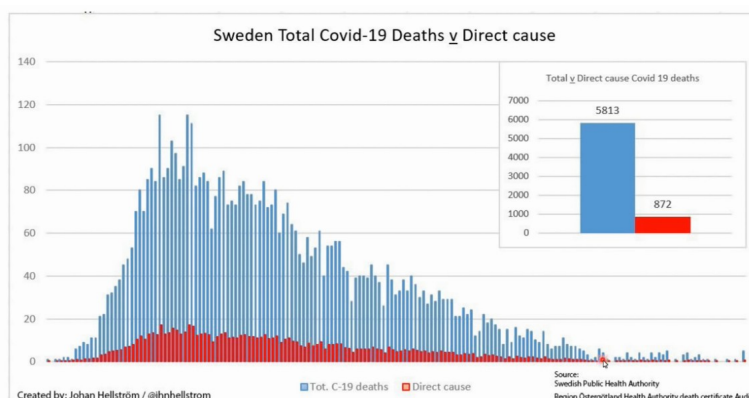
<sup>1</sup> Evidence Fauci Funded Virus ‘Gain Of Function’ Study, Making Transmission To Humans Possible <https://conservativedaily.com/evidence-fauci-funded-virus-gain-of-function-study-making-transmission-to-humans-possible/>

6. the assertion that healthy young persons who contracted COVID-19 and recovered from it were beset by serious and lingering health problems, and
7. the success or otherwise of the Swedish approach which was to advise people to socially distance, wash their hands and to take precautions, similar to what the Swedes do every flu season.

Dealing with each of these points separately:

1. **Lethality of the Disease.** Very little factual information about this disease was initially available and the Australian Government did not move quickly to remedy this by way of forming a team of unbiased persons to energetically research the case histories of (validated) sufferers of COVID-19. The purpose of this research should have been to “mine” existing data in order to categorise patients, categorise treatments and categorise treatment outcomes for each category of patient. In this way, it could have been quickly ascertained which treatment regimen yielded the best outcome for each category of patient. This database of information could have then been continuously updated so as to gain a better and better statistical appreciation of the situation. Had this been done a lot of the misinformation that has bedevilled this pandemic could have been avoided or conclusively refuted. From Australian Government Statistics, it is now known that this disease really only affects the very old and those with serious life threatening conditions such as heart disease, diabetes and metabolic syndrome. Exemplary of this is the fact that the average age of death from COVID-19 for females in Australia is 86+ years of age and for males it is 82+ years of age<sup>2</sup>. Data from Sweden<sup>3</sup> showed that children were not only mildly affected, if at all, by the disease but that children for some reason did not easily pass the disease to adults. In Sweden only one case was recorded of child to adult transmission and this has to be treated with some scepticism because it was literally a “one-off” occurrence. It is also interesting to

see how lethality was exaggerated. The graph presented here shows how many people were initially claimed to be victims of COVID-19 whereas the reality was far fewer, as shown.



<sup>2</sup> See: [h](#)

Figure 1: Sweden Persons dying with and persons dying of.

<sup>3</sup> Sweden is an excellent reference point because they did not go into lockdown and did not mandate the wearing of masks. They also did not stop children from going to school.

for graph showing the number of  
ice the first case was reported.

Statistics from the US overstated the number of people who died directly from COVID-19 even more because there was a US\$13,000 grant paid by the Federal Government to hospitals for every COVID-19 patient and US\$39,000 for every COVID-19 patient placed on a ventilator. (Of interest, a number of authorities believe placing patients on ventilators actually killed them<sup>4</sup>.) Similarly the USCDC has revised figures for deaths from COVID-19 down saying that of those that died, 94% had serious pre-existing medical conditions<sup>5</sup>.

2. **Effectiveness of Masks for Stopping the Spread of the Disease.** At first health authorities advised the public that masks were ineffective in stopping the spread of this disease. One reason for this may have been the shortage of PPE and the desire to reserve masks for health workers. Later, the narrative changed with the Head of the US Centre for Disease Control (USCDC), claiming that masks were one of the most effective means of preventing the spread of the disease. Once the narrative had changed and masks were deemed to be effective in stopping the spread of COVID-19, there developed an obsession for the wearing of masks. This obsession was followed by laws mandating the wearing of masks in public places, accompanied with heavy fines and physical violence, and things then seemed to take on a more sinister complexion, namely for the authorities to inflict their will on the populace and to instil fear and panic into the general community. This was further aided by the media which continued to trumpet the “party” line, riddled with misinformation and a lack of facts. Examination of over 50 years of empirical data related to masks and viruses that spread by contagion show that masks are not only ineffective but may actually increase the spread. This occurs because the masks of infected people become laden with virus and nutrient(mucus) which they then pass by their hands to the commonly touched items in the public space. Uninfected persons touch these items, now with virus and nutrient and rub their eyes or nose or mask; thereby becoming infected. There has been the assertion that COVID-19 spreads through aerosols. If this were the case, why the emphasis on washing hands? Also, given that shop attendants, before masks were mandated were in constant contact with the public, should not the percentage of shop attendants being infected been greater than the general population. The fact that this was not the case indicates that the idea of aerosol super-spreaders is a fantasy created to engender fear and to provide a further justification for the wearing of masks. The masks themselves are a constant reminder of there being a pandemic and an encouragement therefore for people to seek vaccination with vaccines that have been rushed to the market.
3. **The Effectiveness and Advisability of Lockdown.** The purpose of locking down the population was two fold. Firstly, there was very little information about the lethality of

---

4 <https://www.dailymail.co.uk/news/article-8204459/Are-doctors-HARMING-coronavirus-patients-putting-ventilators-early.html>

5 <https://pjmedia.com/news-and-politics/stacey-lennox/2020/08/31/new-data-from-the-cdc-shows-6-of-deaths-are-due-to-covid-19-alone-n867807>

the disease and secondly there was the fear that hospitals would be overwhelmed with patients if the disease spread rapidly through the community. Lockdowns were only to be for a few weeks but this then stretched out to many months. People still had to go shopping and this was where there was a good chance of them contracting the disease and then taking it home to their families. With any viral infection there is a significant component of genetics. Many viruses carried by animals cannot infect humans and vice versa because of genetic dissimilarities in cell receptors. It is when a virus jumps the gap from animal to human that tragedy often follows as was the case with the swine flu of 1917-1919. Medical science has found that persons are far more likely to contract a virus from a relative than from strangers because of the dependence of the virus on genetic similarities. As a consequence, when people took a virus home from a shopping expedition, the whole family was vulnerable to infection. This may be one of the reasons lockdowns do not work; something that is definitely confirmed by empirical data shows this to be the case.<sup>6</sup>

4. **Actual situation in initial hotspots, Italy and New York.** When the pandemic first struck, there were horrific pictures from Northern Italy showing that hospitals were not coping. No detailed factual examination of the situation was provided either by Government or by the media. There were a number of factors that contributed to the high death rate in Italy. The first was the extreme age of the population in the area worst affected. Next was the inadequate and inappropriate treatment. This to some extent was excusable because the virus was novel but, having said that, in there was an abundance of information from past SARS and MERS outbreaks. One gem that had come out of this was the effectiveness of Hydroxychloroquine and the close correlation between low Vitamin D and severity of the disease. These lessons were not followed. In New York elderly people, ill with COVID-19 in hospitals, were extracted from the hospitals and forced onto nursing homes on the orders of Governor Andrew Cuomo<sup>7</sup>. New York, because of this, had the worst deaths per million for COVID-19 of any country or State in the world.
5. **Effectiveness of Therapeutics.** In 2005, the NIH performed tests investigating the effectiveness of Hydroxychloroquine, using primate cells infected with SARS-COVID-1. These tests seemed to indicated HCQ was effective both as a prophylactic and as a therapeutic. However, Dr Fauci, the person advising President Trump disparaged the drug saying reports on it being beneficial were “anecdotal”. Professor Paul Kelly also made a similar statement during a TV briefing by the Prime Minister.  
<https://www.rightwirereport.com/2020/05/05/dr-fauci-at-the-nih-with-effective-choroquine-study-in-2005-now-forgets-in-2020/> and found. President Trump expressed optimism about the value of Hydroxychloroquine. This came about because a New

---

6 There is no relationship between lockdowns (or whatever else people want to call them to mask their true nature) and virus control. See: <https://www.aier.org/article/lockdowns-do-not-control-the-coronavirus-the-evidence/>

7 <https://edition.cnn.com/2020/10/01/politics/andrew-cuomo-nursing-homes-fact-check/index.html>

York Doctor, Vladimir Zelenko, building on the experience of other doctors, such as Dr Didier Raoult of France, experimented with a mixture of Hydroxychloroquine, Azithromycin, Zinc Sulphate and an anticoagulant and had great success. In March of 2020, Dr Raoult found that, whilst Hydroxychloroquine seemed to reduce the fatality rate, patients cured faster if Azithromycin was added to the medication recipe. Dr Zelenko knew that Hydroxychloroquine was a lysosomotropic ionophore, that is, it is capable of passing through the human cell membrane and carrying zinc into the cell. Once zinc is inside the cell it interferes with polymerase thereby suppressing viral replication. This was the information passed to Trump's Chief of Staff and this is what Trump then mentioned to the media. He did not, at that time, point out that Hydroxychloroquine is most effective when combined with the medications mentioned above. Subsequent to this, there were quite a number of botched trials where there were deliberate attempts to disparage the effectiveness of this therapeutic regimen.

6. **Lingering After-effects of the Disease for the Young and Fit.** It was known that over 80% of people, especially the young and fit, who contracted the disease, recovered from it without medical assistance. Faced with this fact, there was the possibility that authorities would put the disease into its proper perspective and lockdowns would not be necessary. There was no doubt that the disease was potentially fatal for the aged and for those younger persons who had medical conditions such as obesity, severe heart disease, asthma and diabetes. The sensible approach, which was adopted by Sweden, was therefore to protect those that were vulnerable but allow everyone else to go about their daily lives. There appeared however to be an intense campaign to exaggerate the severity of the disease in order to cause governments to over-react and opt for draconian measures that were damaging to the economy and to society. This wish by some to inflict as much damage onto societies as possible appears to have been deliberate. It suited the CCP because it was damaging Western economies at a time when China is striving to be the dominant power in the world. It suited the media because sensational news sells. In the US, there was the added factor of an impending Presidential election. The US economy was doing exceptionally well under the policies of the Trump administration. Another term in office appeared to be a certainty for President Trump. Democrats saw the pandemic as being a means of crippling the nation, forcing a crisis, blaming the situation on Trump and therefore having Biden elected as President. Other countries in ignorance and fear tended to follow the example set by the US.

As at the time of writing, The people of Australia are now a further \$300 billion in debt and, there is no end in sight for this present pandemic if things are allowed to proceed along their present course. One country, Sweden, chose a different approach to handling what has come to be known as COVID-19. It asked its citizens to take precautions but otherwise did not invoke mandatory masks and lockdowns.

You may have heard from those justifying lockdown, border closures, mandatory masks and the resultant destruction of the middle class economy, that the alternative approach adopted by Sweden has been a failure. That is definitely not the case. It is true that Sweden has experienced thousands of deaths from COVID-19 but when this is compared with other similar seasons, the deaths per million from disease are actually less than in some years previous. Similarly, other detractors will point to the fact that Sweden's GDP dropped during the period they were coping with COVID-19 but that is because they have not borrowed money to inflate their economy as other countries have done.

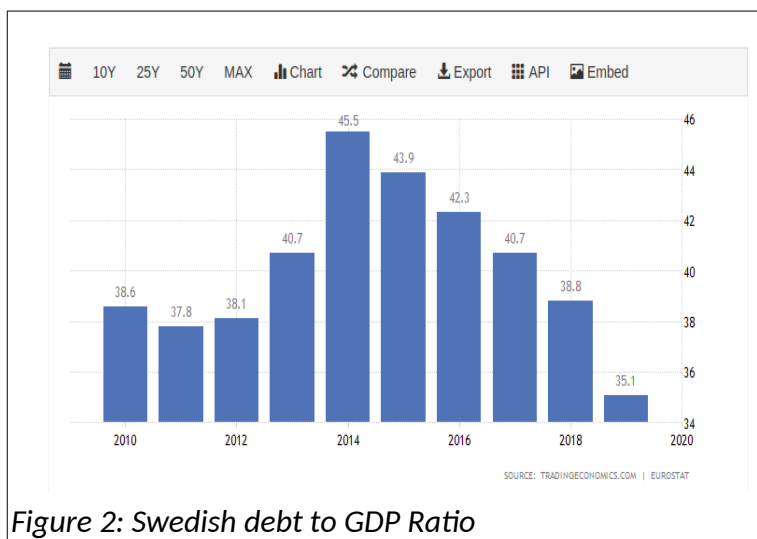


Figure 2: Swedish debt to GDP Ratio

As you can see, in Figure 2, the Swedish Government in recent years has worked hard to bring public debt under control. What many don't know is that Sweden doesn't have unfair dismissal laws, a minimum wage nor wage awards. They also allow businesses to write off any capital purchase in the tax year in which it is incurred. Corporate income tax in Sweden is 21.4% as of 2019. A decision has been made to

lower the corporate tax rate to 20.6% by 2021. Personal income tax is high in Sweden but most are happy to pay this if the money is spent wisely.

By contrast, Figure 3 shows the state of Australia's debt to GDP before the government added another \$300 billion to it:

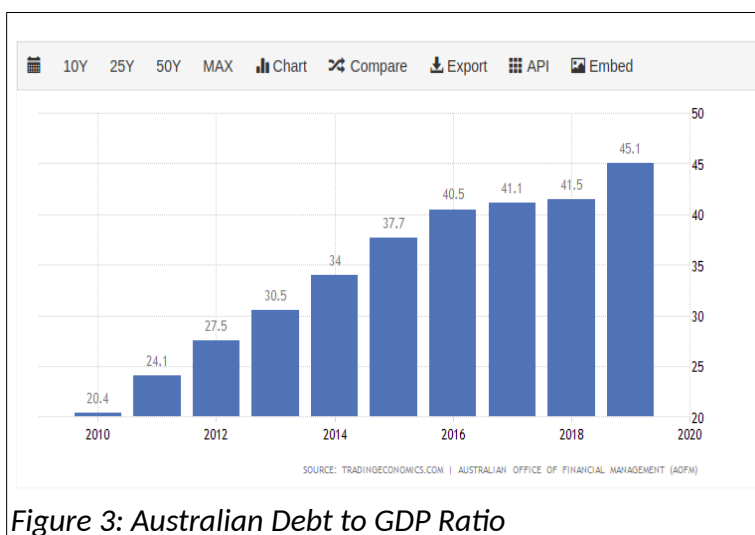


Figure 3: Australian Debt to GDP Ratio

With this further \$300 billion of debt, the debt to GDP ratio will be difficult to recover from. It will especially put pressure on Australia with regard to Defence spending to modernise the Force with a growing threat coming from China. I believe there are multiple influences at work to kill the Australian economy, each for their own reasons or ideology.

### A Failure of Democratic Government

Government should have:

1. studied and learnt from the Swedish Experience,

2. analysed actual case histories to determine the optimum therapeutical regime for the treatment of each patient category,
3. recommended all persons, say, over the age of 50 have their Vitamin D level checked and if it was below 20ng/ml. advised people to take Vitamin D to remedy this deficiency, and
4. (following the Swedish example) never have locked down the economy nor introduced the mandatory wearing of masks.

### The Swedish Experience/Example

There have been many critics of the Swedish approach. That criticism is based in malice, ignorance, bias, a lack of strategic vision and self-justification for the imprudent actions other governments, urged on by an hysterical media, have taken. It is also driven by agendas that do not have public health at the forefront of their priorities. Evidence of this is the fact that effective therapies for the treatment of this disease have been denied the citizens by ignorant Government officials and health experts that have conflicting interests, namely, they receive their income from organisations funded by the same companies eager to introduce vaccines into the general population.

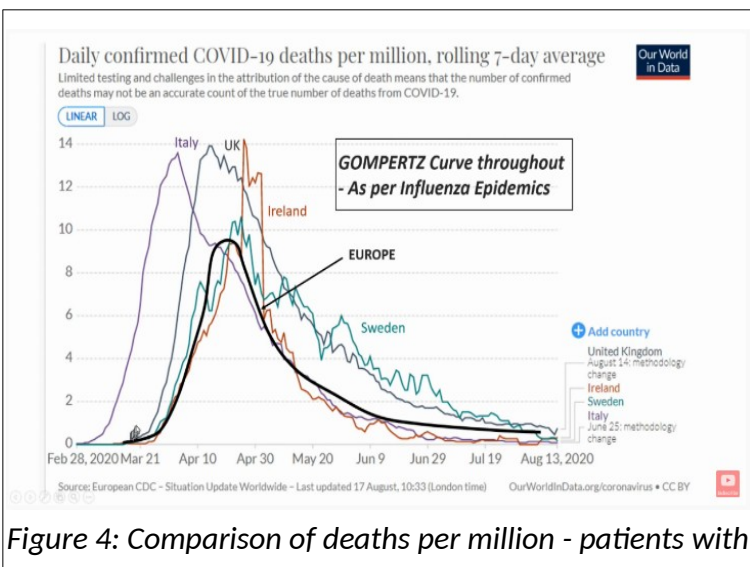


Figure 4 shows that the metric of Swedish deaths per million is close to the European average. Not shown here is where Sweden sits compared to other countries that did adopt a lock down approach.

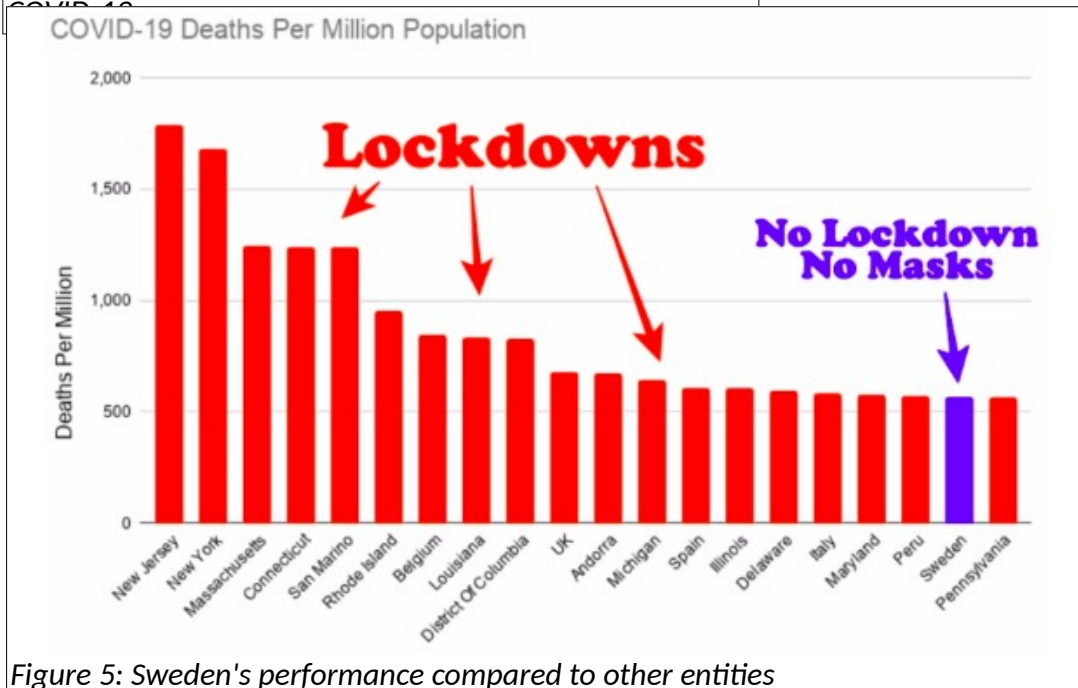


Figure 5: Sweden's performance compared to other entities



Referring to <https://www.worldometers.info/coronavirus/> it can see that Sweden's deaths per million figure is 578. The US has to be treated as if it is 50 countries because of the distances involved and the fact that each State is responsible for its own health services. This graph, Figure 5, below, puts things into perspective in terms of Sweden's ranking with other countries/states that did adopt a policy of lockdown.

### Dying With COVID-19 or From COVID-19

There has been much misinformation relating to the lethality of this disease.

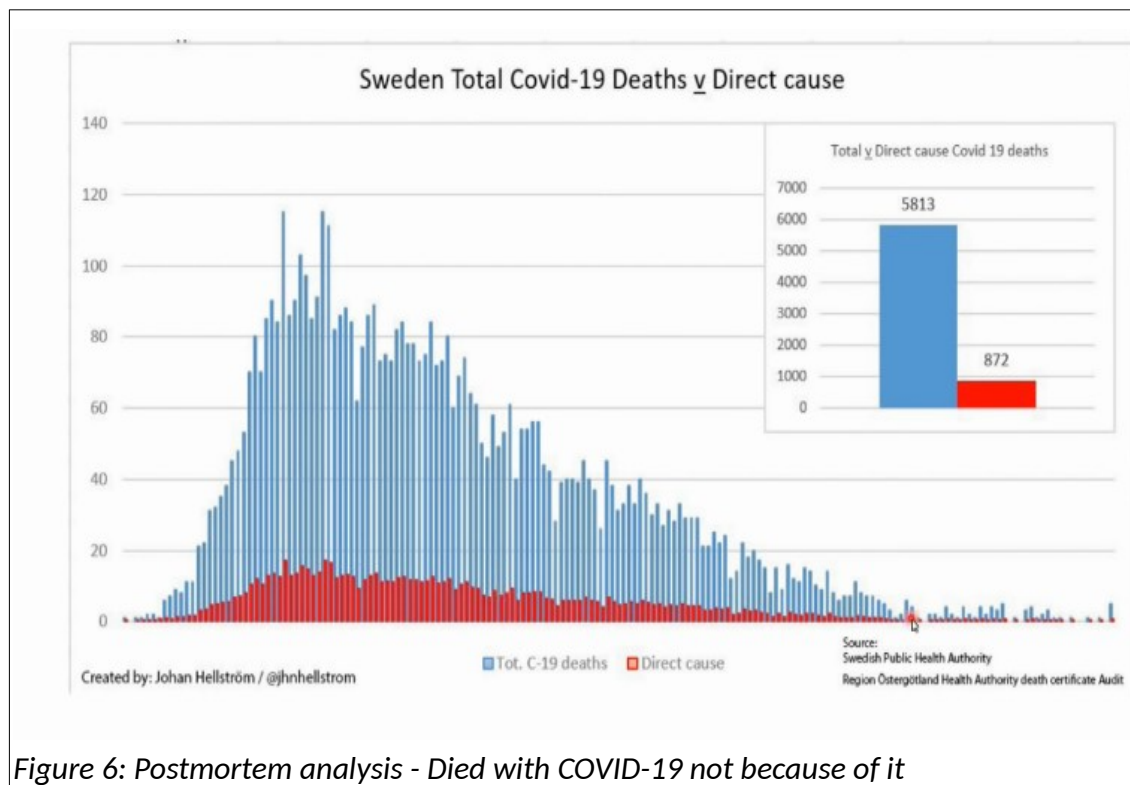


Figure 6: Postmortem analysis - Died with COVID-19 not because of it

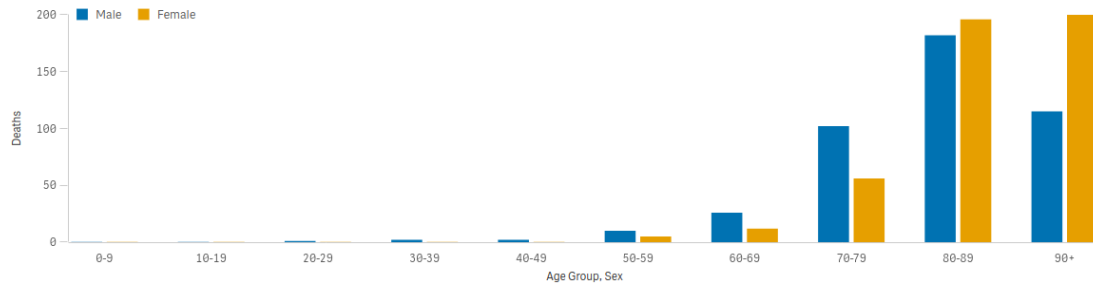
A detailed "postmortem" (literally) analysis of death certificates has revealed that more people died **with** COVID-19 than **because of it**. The actual deaths as a direct consequence of COVID-19 was 872 as shown in Figure 6. (The US CDC has recently opined that the figure for the US may actually be, by the same logic, around 10,000 people rather than 200,000+ as the public media would contend.) The Swedish death rate would have been far less if the Swedes had been better informed of the urgency to protect aged care homes. Added to this, there were certain administrative flaws that caused these homes to be vulnerable. Sweden also had a larger death toll at that time because it had a lot of what they call "dry tinder", in other words, prior seasonal death rates had been lower and then COVID-19 came along and tipped a lot of aged people over the edge.

The average age of death for the Swedes because of COVID-19 was 82. 98% of those that died had severe comorbidities with an estimated average 6 months left to live, with or without



COVID-19. Greater than 80% of the people who contracted COVID-19 did not have to seek medical assistance<sup>8</sup>. Only one case has been recorded of a child passing the illness to an adult and even this is not known for certain because it is literally a "one-off"<sup>9</sup>. The Australian Government's statistics present a similar story.

Source: NNDSS data 27/1/2021



The total number of deaths in this chart may be less than what is reported due to delays in notification to the National Notifiable Disease Surveillance System (NNDSS) or where the case's age or sex are unknown.

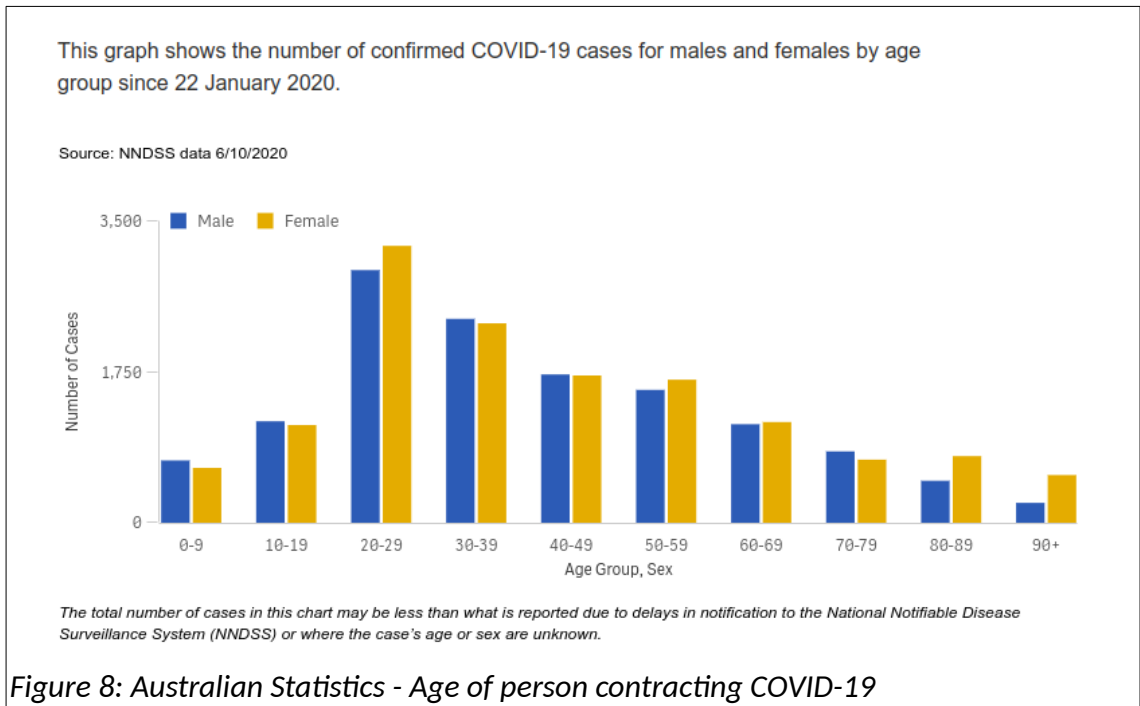
Figure 7: Australian Statistics - Age of Death from COVID-19

Note, per Figure 7, the average age of death is 86.74 for females and 82.39 for males with an average of 84.63 for both genders. In other words, this disease really only affects the very old. Those persons dying of this disease below that age already had, in all cases, serious medical issues. It should be noted that the Australian Therapeutic Goods Administration has banned the use of two effective therapeutical regimes (which will be touched upon later) and therefore has added, because of this, to the death toll.

Note, per Figure 8, the age range of people who have reported to a medical facility and been tested as being positive. Note that there is known to exist a substantial portion of the population who have contracted this disease and not been aware of it or did not become sufficiently ill to cause them to seek medical attention.

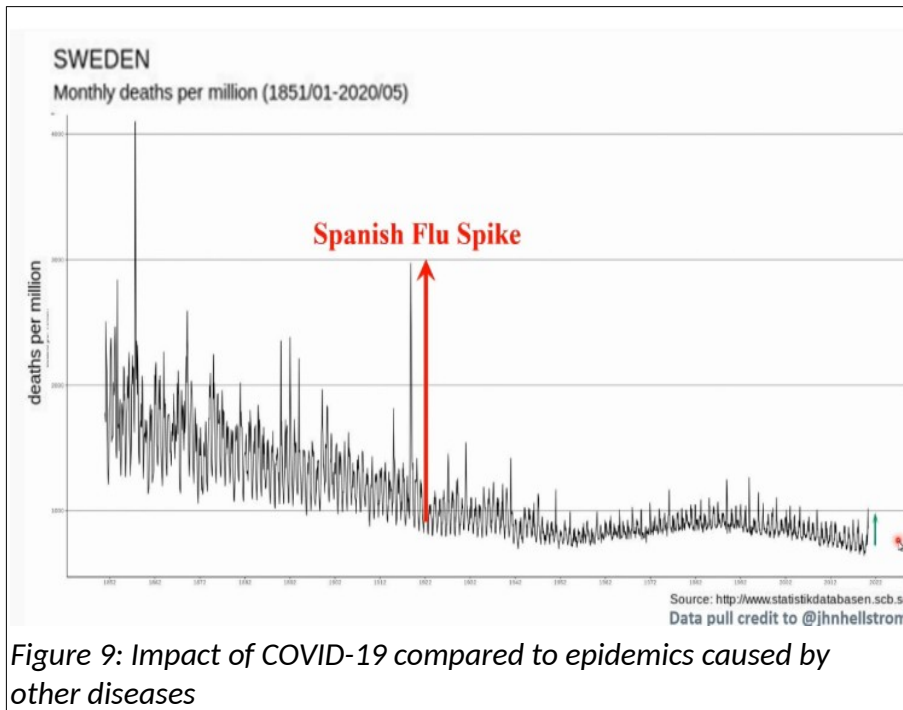
<sup>8</sup> <https://www.webmd.com/lung/news/20200324/the-other-side-of-covid-19-milder-cases-recovery#1>

<sup>9</sup> <https://www.health.nsw.gov.au/Infectious/covid-19/Documents/COVID-19-in-children-230520.pdf> & <https://www.sciencedaily.com/releases/2020/07/200710100934.htm>



The Swedes have never mandated masks and Dr Andes Tegnell, the Chief Health Officer and epidemiologist, has said they do more harm than good. Given he has been correct about everything else, one has to take his opinion as being highly credible.

Lastly, here are the deaths/million for Sweden over the last 100+ years:



You can see from Figure 9 (courtesy of Ivor Cummings) that the recent COVID-19 spike is not atypical nor is it anything extraordinary demanding extraordinary measures.

## The Role of the WHO in causing this Economic Catastrophe

When you go to the World Health Organisation(WHO) website, you are treated to graphs of "cases", not deaths. The WHO has been a constant source of disinformation and alarm which points to the CCP's involvement through Tedros. I put this down to malice and incompetence.

To my knowledge none of those who died in Australia were treated using Hydroxychloroquine(HCQ) in combination with other amplifying/assisting medicines. The Federal Therapeutic Goods Administration has banned the use of HCQ for this disease and, in some States, doctors can be deregistered or even jailed for using it. This has set a very dangerous and unacceptable precedent where the Government is now interposing itself between doctor and patient.; the worst possible scenario born of socialised medicine.

On the basis of false information and hysteria, the Australian Government has closed down the economy with State Governments enthusiastically doing what they can to kill it entirely.

Those persons responsible for this should have their employment in the Government Health Service terminated.

The next point of interest is the death rate across 360 million people in Europe as shown in Figure 10(courtesy of Ivor Cummings). You can see here the dotted red circled area where things were quiet and the "tinder" was building up waiting for a "match" to set it off.

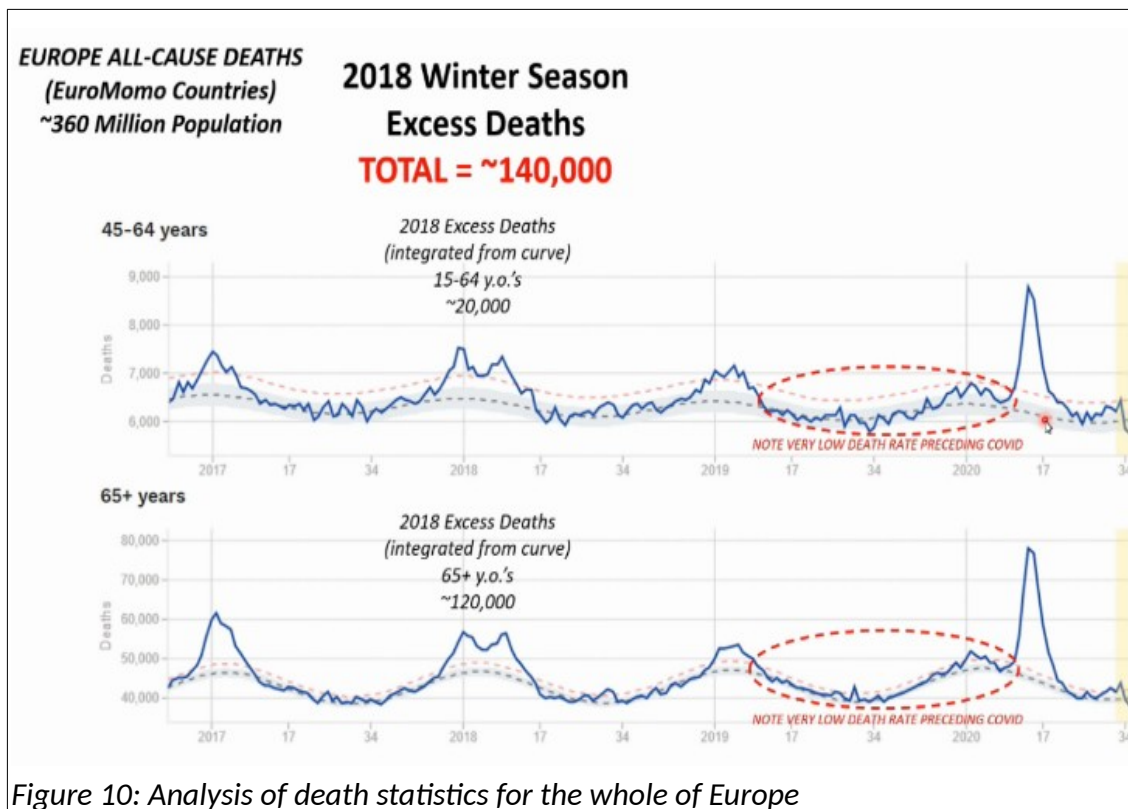


Figure 10: Analysis of death statistics for the whole of Europe

As indicated, there was a lower than normal death rate preceding this outbreak and as a consequence there was all this "dry tinder" waiting to be burnt. Added to that there was significant hysteria and incentive to blame all deaths of patients suffering from COVID-19 on

COVID-19 when in fact many died with it, not of it. When all factors are taken into account, the death rate is not exceptional. As it was, the excess deaths for 2020 is less than that of the year 2000 where no extraordinary measures were taken and the population was smaller.

Next we have the misinformation that there is a second wave (See Figure 11 - courtesy of Ivor Cummings). In this instance there is a "casedemic" not a pandemic. When testing using Polymerase Chain Reaction (PCR) technology, labs are using amplifications of >30 whereas the French epidemiologist, Dr Didier Raoult, back in March, notified the world that an amplification greater than 30 gave an unacceptable number of false negatives. They ignored him just as they did his assertion that HCQ, in combination with other medicines such as Azithromycin or Doxycycline, Zinc Sulphate and Vitamin D, was beneficial as a therapeutic. It has now been positively ascertained that HCQ or Ivermectin, when combined with these other drugs is extremely effective, even for vulnerable people, if treatment is commenced immediately a patient presents with COVID-19 like symptoms.

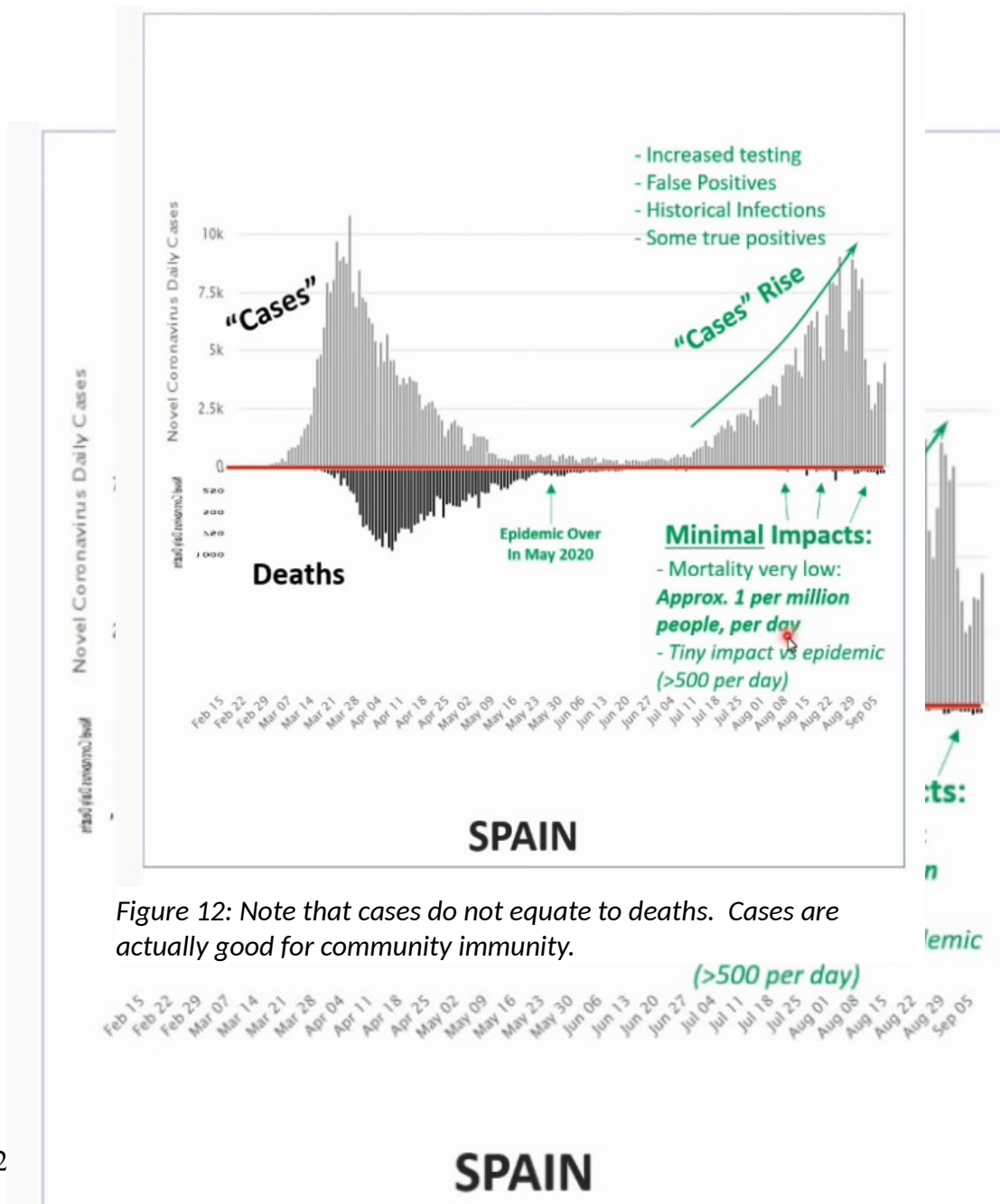


Figure 12: Note that cases do not equate to deaths. Cases are actually good for community immunity.

Figure 11: Note that cases do not equate to deaths. Cases are actually good for community immunity.

## The Efficacy or Otherwise of Masks

Another facet of a widespread misinformation campaign relates to the efficacy of masks. There are countless studies indicating masks have no significant effect in preventing the spread of this disease and may actually facilitate its contagion. That, too, touches on another snippet of misinformation and that is the disease is spread primarily through the air. It is not. Like the common cold to which it is closely related, it is believed to be spread primarily by contagion, ie, people touching contaminated items and then rubbing the mucosa, primarily in their eyes or nose. Figures 13, 14 and 15 are a series of graphs (courtesy of Tony Heller) providing empirical evidence of the non-effectiveness of wearing masks in the “real-world”.



Figure 13: Shelby County Infections without and with masks



Figure 14: California without and with masks

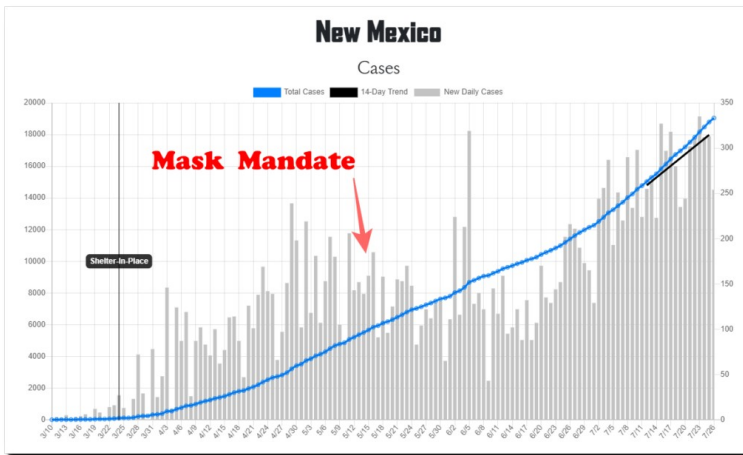


Figure 15: New Mexico without and with masks

I have thoroughly investigated trials relating to the efficacy of masks and there is no evidence masks reduce infection rates. Indeed, there is evidence that they actually increase the spread, ie, change the gradient of the case curve.

Below is Figure 16 (courtesy of Ivor Cummings) which is another interesting data analysis showing conclusively that masks and lockdowns have no appreciable effect in preventing the spread of the virus.

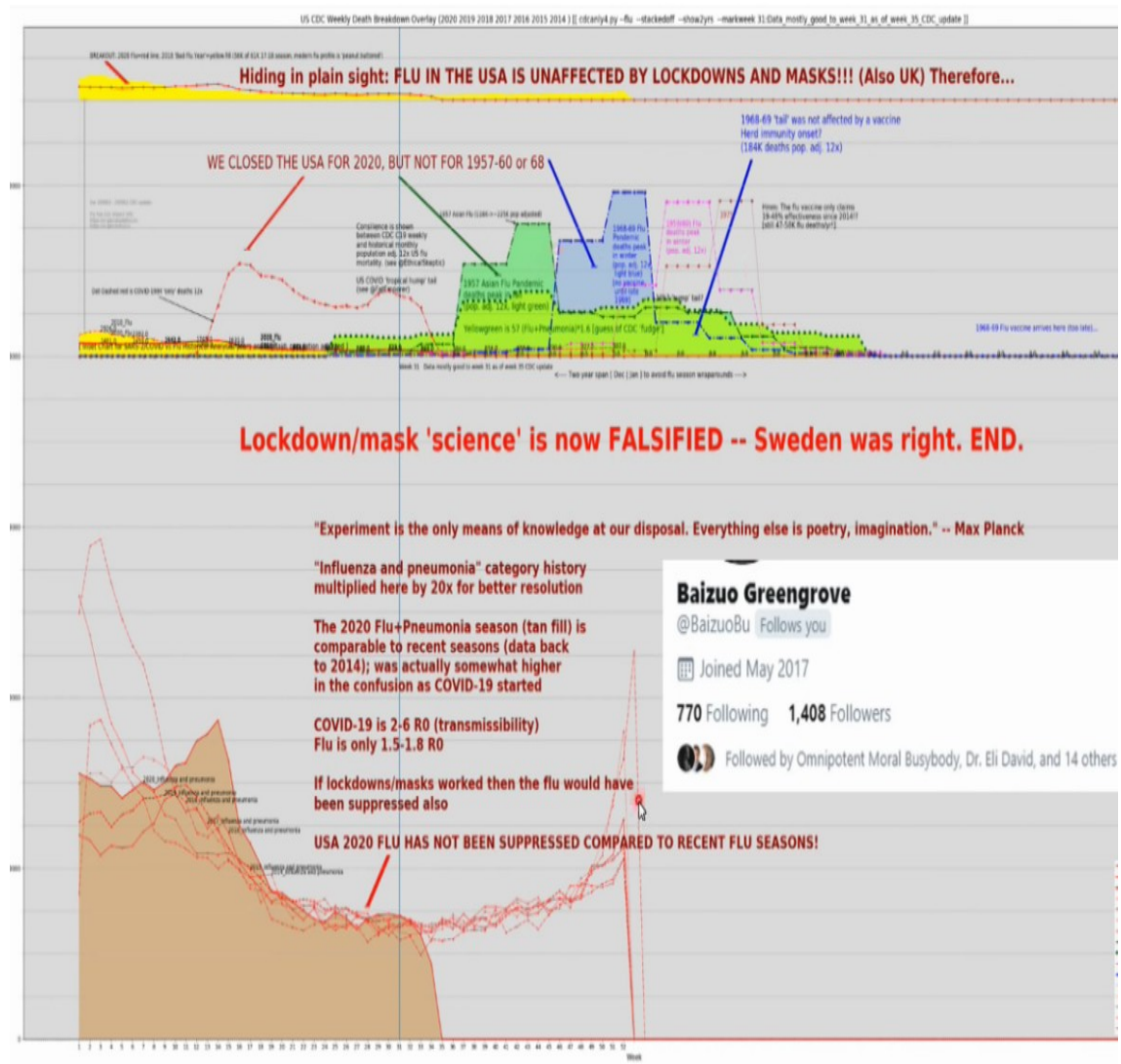


Figure 16: Lockdowns and Masks do not work



## Case Patterns Depend on Geographical Location

During the mid-20th Century, R. Edgar Hope-Simpson did a great deal of research into influenza pandemics and found there was a distinct case curve shape depending the geographical location. The case curve is dependent on many influences like air temperature variation, UV and humidity as some examples.

Here, in Figures 17&18 (courtesy of Ivor Cummings) are the patterns he discovered which were related to latitude. You can see that his empirical data from many years ago with respect to influenza is a very good fit for what we are experiencing with COVID-19.

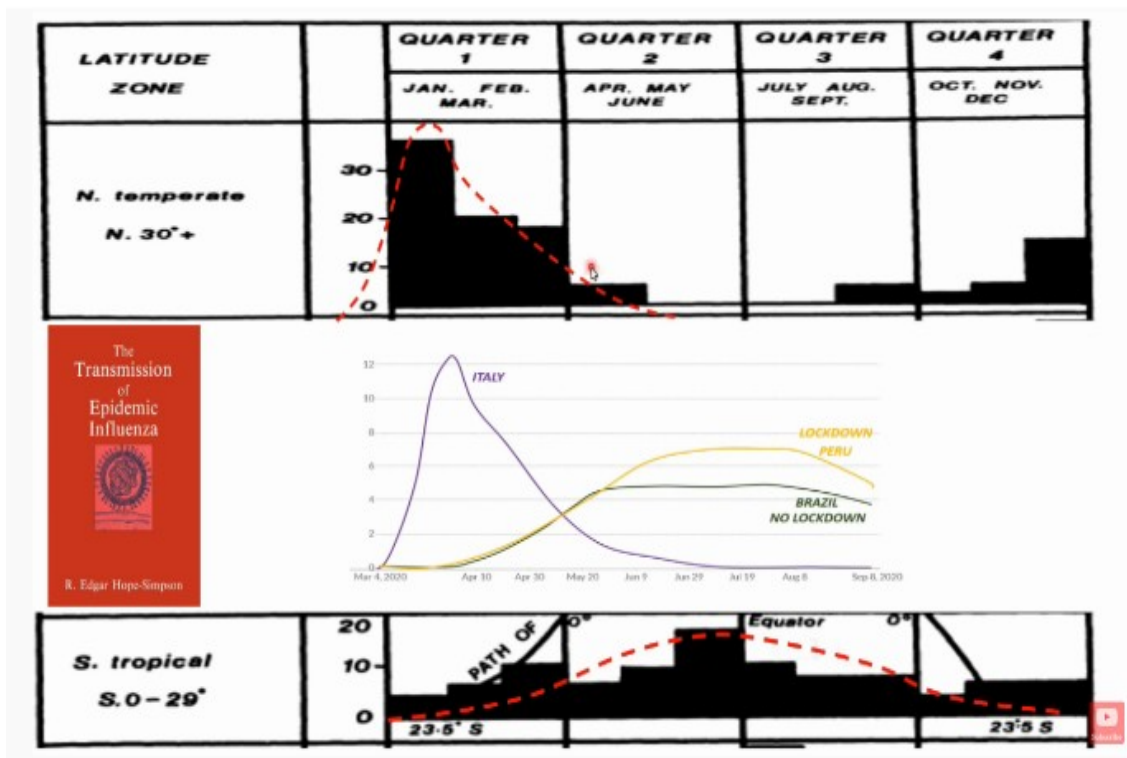


Figure 17: Case pattern dependent on climatic conditions

As a further illustration of the relevance of the research work of R. Edgar Hope-Simpson, you see very good correlation between both of these types of curves and the US experience (which I noted is really a collage of 50 different countries experiencing quite different climatic conditions):

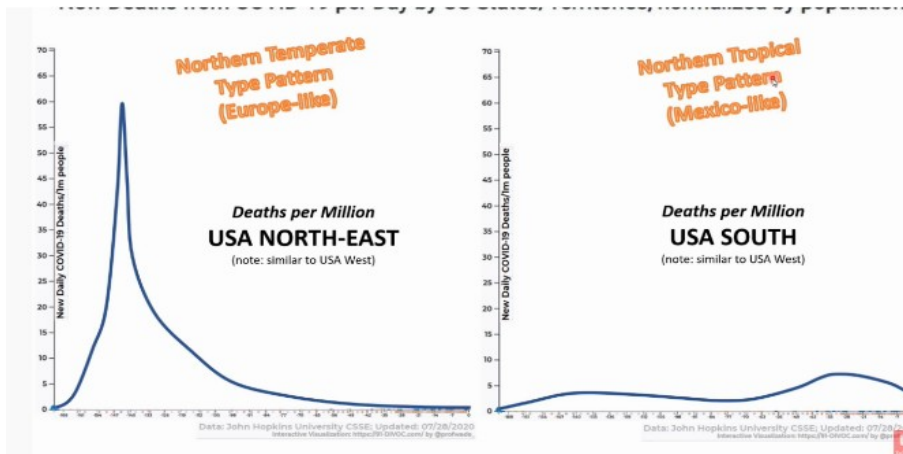


Figure 18: Edgar Hope-Simpson pattern in the North and Southern States of USA

I mentioned the research work of R. Edgar Hope-Simpson

Because Victoria and, for that matter, all the other States have not achieved herd immunity plus "burnt off their dry tinder" they are likely to have sporadic outbreaks almost indefinitely. These outbreaks will provide a continuous justification to keep the economies of those States in a lock/slowdown.

### **An Effective Therapeutical Regime**

Hydroxychloroquine(HCQ) with Azithromycin or Doxycycline, Zinc Sulphate or Acetate, Melatonin, Vitamins C&D and an anticoagulant like low dose aspirin should be used on patients presenting with COVID-19 symptoms, even before the test comes back positive. If that is done then the fatality rate would be greatly reduced as would instances of long lasting debilitating effects from the disease.

Professor Thomas Borody's suggestion of Ivermectin in combination with Doxycycline and Zinc Sulphate or Acetate, etc should be vigorously investigated to determine if it is more effective than HCQ. It may be that a combination of all medicines could yield a superior result. I trust Professor Borody to resolve that matter. In a recent contact with Professor Borody, he reports that trials of Ivermectin are producing promising results.

**If this were done, there is no need for this country to remain locked down.** Indeed, it never should have been locked down in the first place once the nature of this disease had been accurately characterised. Additionally, the Government, nor any Government agency, should ever interpose itself between a doctor and his/her patient.

### **Putting one's Trust in a Vaccine**

For over 70 years medical science has been trying, unsuccessfully, to develop a vaccine for the common cold. It is quite possible that COVID-19 was actually a product of research related to this objective. There are two major hurdles when trying to do this. The first is that the virus

mutates. The second is that human anti-bodies for corona viruses are not as persistent as they are with other viruses like, for example, polio, rabies or smallpox.

It appears that the human immune system does retain some ability to resist viruses of this type in a generic sense through what is called “T cell immunity”. It also acquires a memory of how to create antibodies to fight a particular pathogen and the code for this is stored in the person's RNA. In recent years, the developers of vaccines have focused on this aspect of the human immune system. Vaccines of this nature are called mRNA vaccines and it is this type of vaccine which has been developed by some participants in the Pharmaceutical Industry, specifically Pfizer.

In the past, all tests performed on animals using mRNA type vaccines have not ended well. One of the observed effects is that the immune system is so trained to create antibodies that, when exposed to a particular pathogen, the immune system over-reacts and kills the patient. From a germ warfare standpoint mRNA vaccines offer a promising pathway to developing a binary biological weapon. In this instance, a population is compulsorily vaccinated and so has its RNA altered such that when exposed to a new, specifically designed pathogen, the code in the RNA causes the immune system to over-react and kill the person that has contracted the pathogen. In this manner, through previous forced or coerced vaccination you can annihilate whole populations of people.

It is therefore folly to rely on the development of a vaccine for this disease and worse to demand everyone be vaccinated. The most effective protection seems to be for people to contract the disease and then recover from it with assistance from the administration of effective therapeutics such as HCQ or Ivermectin in combination with the other medicines mentioned previously. Particularly for vulnerable categories of patient, the early administration of an effective therapeutic is advisable as this disease can, over a few weeks, spiral out of control.

### **Lingering After Effects**

There have been anecdotal accounts of people suffering lingering effects after having contracted this disease. This may be as a result of any number of factors; one of which is the past infection history of the patient and the patient's genetic makeup. The early administration of effective therapeutics will also have a bearing on the patient outcome for this disease. My research indicates that anyone who receives early treatment of effective therapeutics will make a full recovery. This has been exemplified by two famous cases, namely President Trump and Rudy Giuliani.

### **Closing Comments**

This saga represents an enormous failure of democracy:

7. It demonstrates that the majority, if not all, of Australia's elected representatives are poorly equipped in the area of Science, Technology, Engineering and Mathematics

(STEM). Indeed, this situation has many things in common with “climate change” where large swathes of misinformation are presented as “settled science”. If politicians were “STEM-literate”, the first thing they would have urged was an unbiased, worldwide study of the case files of confirmed past sufferers of this disease with the objective of determining, in a factual manner, the characteristics of this disease (ie, who it most affects) and the best therapeutical regime for each category of patient in order to provide the best possible outcome. (And this study has still not been done despite my offering my services to form such an expert team for that purpose!) Instead, politicians listened to doctors who see the only way of obtaining this information being the conduct of trials which, as some have suggested, require a “control group” of patients being given ineffective compounds, such as sugar. An approach of this nature, besides being nonsensical given the huge amount of empirical data already available, raises significant questions regarding ethics when one is dealing with a potentially fatal disease.

8. It is clear that the media have manipulated public opinion and stoked irrational fear in the community. The counter to this is leadership. This has been entirely lacking on the part of the Executive Branch of Government at all levels, ie, Federal and State.
9. There exist certain business and political interests that see this pandemic as a means of either making huge amounts of money or gaining a political advantage – in some cases even a complete remaking of the social order and world economy. Without doubt, this virus has greatly benefited China and done significant damage to those countries that might oppose China.

It appears to me the only solution to this problem is widespread, methodical education of the population so that, when this happens again, society is better prepared to resist the hysteria that would otherwise destroy it. One vital component of education is the ability to gather anonymised case-file data so that it is possible to accurately and quickly determine for each patient-category the treatment regimen that yields, statistically, the best outcome. This would largely obviate the need for time consuming trials and would effectively tap the intellect of all General Practitioners who were actually treating patients. This can only be done satisfactorily if the data is automatically fed into a larger system. Any arrangement that is reliant on doctors spending hours inputting patient case history data will fail because of the haphazard and poor quality of the data that will be captured.

There is also a need for there to be a change to the Australian system of Government that better protects the liberties of all Australians. In particular, no matter how great the emergency, citizens should not be forced to give up basic rights to liberty and the pursuit of happiness.

The correct approach should have been to shelter the vulnerable but allow the medically fit to carry on with their lives as normal. Instead, Governments have locked up the medically fit and invoked measures which have hurt the most economically vulnerable in the community. It was,

and still is, very much in everyone's interest that the largest number of medically fit people in the community contract this disease and recover, if possible, through the auspices of their own immune system.

Vaccination should only be considered with there are no effective therapeutics available. In this instance, there are effective therapeutics for COVID-19. This disease also poses no real danger for the young and medically fit. A vaccines is not needed. In the case of mRNA vaccines, there is a significant long-term risk to the population. Compulsory vaccination is definitely a very dangerous policy from many standpoints, not the least of which Government may be setting up its citizens for mass annihilation some time in the future.

Emergency exceptions to Constitutions have historically been the poison pill for democracies. By way of one example, Hitler used the emergency clauses in the Weirmar Republic's Constitution to destroy it. There is a need to review these emergency exceptions and ensure that they cannot be used capriciously.

I'll close this paper with the quote:

"Those who would give up essential Liberty, to purchase a little temporary Safety, deserve neither Liberty nor Safety"

Kevin Loughrey BE Mech (hons), psc, jssc

Mobile: 0416 276 624

1 Keith Hall Lane

KEITH HALL NSW 2478

AUSTRALIA

15 October 2020

**- end -**