Potential questions for MPs of Victoria to ask in the Parliament
– prepared and/or consolidated by Sanjeev Sabhlok, 11 October 2020

HAS VICTORIA’S LOCKDOWN HUMAN EXPERIMENT RECEIVED ETHICS APPROVAL?

It is well known that lockdowns do not meet the definition of a quarantine – they are therefore a form of imprisonment. Moreover, it is well known that till they were imposed in Victoria they had been specifically rejected as a public health intervention in the scientific literature. That is also why lockdowns do not form part of Victoria’s 10 March 2020 COVID-19 Pandemic Plan for the Victorian Health Sector, which is based on the science and requires measures to be based on evidence and proportionality in accordance also with the Public Health and Wellbeing Act 2008.

Since lockdowns are a new and entirely untested preventive health intervention, a new way to kill viruses, they needed ethics approval to ensure consistency with Article 6 of the Universal Declaration on Bioethics and Human Rights and the Nuremberg Code. This basically means they require informed individual consent.

Question: Can the Minister provide evidence of ethics approval for the lockdown human experiment that is being trialled in Victoria since March 2020?

WHY IS CAUSING IRREVERSIBLE DAMAGE TO OUR CHILDREN’S BRAIN NECESSARY?

Victoria’s children are being physically and mentally affected by the human science experiment of lockdowns. Apart from a significant increase in reports of self-harm among children, lockdowns and masks are damaging their physical development.

In particular, children and adolescents have an extremely active brain that is growing connections and is thirsting for oxygen. The damage being done by the masks mandate for children in schools is certain to lead to irreversible damage to the children of Victoria. Conscious and purposefully induced oxygen deficiency is a deliberate health hazard. The use of a masks therapy in children is an even more grievous human experiment, given the novel coronavirus does not harm them in any way.

Question: Can the Minister provide evidence why our children’s brains are required to be permanently damaged to protect public health through the experimental (human experiment) masks intervention that is being imposed on them for a disease that does not afflict them in any way?

RISK-BASED REQUIREMENTS IN THE PUBLIC HEALTH ACT

Section 5 of Victoria’s Public Health and Wellbeing Act 2008 states that public health measures must be based on evidence (“decisions should be based on evidence available in the circumstances that is relevant and reliable”).

Victoria’s 10 March 2020 pandemic plan took a risk-based approach and “focused on protecting vulnerable Victorians”. It stated that “older Victorians and people with chronic diseases are known to be at greater risk of COVID-19 infection”. And said that it would “ramp up risk reduction activity [for] at-risk groups”.

1
Question: Can the Minister provide evidence of a strong focus by the Victorian Government on protecting the elderly during these lockdowns which appear to have focused mainly on the 99.8% or more of Victoria’s population that was never at risk of severe adverse outcomes from the novel coronavirus.

Further, by mid-April 2020, the coronavirus pandemic was tracking far below initial model estimates. Therefore, there was no basis whatsoever to close down any workplace – which could have taken reasonable preventative steps as required in the Victorian pandemic plan. Can the Minister provide the full details of the evidence used by the Government to shut down workplaces based on the Public Health Act and requirements of the pandemic plan.

WHERE IS THE JUSTIFICATION FOR MASS TESTING?

The science is clear that there is no requirement for mass testing or contact tracing in flu-like pandemics except to “collect information on the characteristics of the disease and to identify cases, or to delay widespread transmission in the very early stages of a pandemic in isolated communities”. This is the finding of WHO at page 14 of its October 2019 report: “Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza” after an extensive review of the literature.

Question: Can the Minister provide detailed evidence why Victoria has overturned this widely accepted and understood science regarding flu-like pandemics by imposing mass-testing on Victorians? It is self-evident that a virus that transmits asymptomatically, as SARS-Cov-2 does, is best managed through other non-pharmaceutical interventions such as hand-washing and voluntary social distancing. Why is Victoria wasting precious resources as well as invading the privacy of its citizens for something that is considered impossible by the science?

WHERE IS THE JUSTIFICATION FOR WEARING MASKS OUTDOORS?

W.H.O.’s October 2019 mask recommendation during flu-like pandemics (at page 14 of “Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza”) is very weak and notes, “Face masks worn by asymptomatic people are conditionally recommended in severe epidemics or pandemics, to reduce transmission in the community. Although there is no evidence that this is effective in reducing transmission, there is mechanistic plausibility for the potential effectiveness of this measure”.

But we know from Dr Brett Sutton’s own research of 2001 that “non-scrub operating theatre staff” may not need to wear masks in operating theatres. That suggests that if masks don’t even help in operation theatres, then they probably do not provide any preventative value in outdoor settings. Instead, they do prevent a lot of people from going outdoors to take essential exercise and possibly harm their internal organs by reducing oxygen supply to the lungs. There is growing evidence that masks and lockdowns are actually harmful.

Question: Can the Minister provide comprehensive and unambiguous proof that wearing masks by Victorians outdoors in open air is effective in reducing the spread of a flu-like virus like coronavirus?

WHY ARE WE USING DEEPLY FLAWED PCR TESTS IN VICTORIA?
The CDC in its guidelines on PCR tests in July 2020 (CDC-006-00019, Revision: 05) notes that "False-positive test results are more likely when prevalence is moderate to low" which is currently the case in Victoria. Further it notes that "Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms" and that "The performance of this test has not been established for monitoring treatment of 2019-nCoV infection". Finally, that "This test cannot rule out diseases caused by other bacterial or viral pathogens".

**Question:** When mass testing is basically forbidden by the W.H.O. in flu-like pandemics, and the PCR test that is available is dramatically unreliable, can the Minister provide evidence why we are using it in Victoria? And how much money has been spent on these tests to date?

**DOES A VIRUS BECOME SUDDENLY MORE INFECTIOUS AFTER 5 KILOMETRES FROM HOME?**

Can the Minister provide clear scientific evidence about the behaviour of this virus with respect to the distance from someone’s home? Does it become more infectious after 5 kilometres? Further, how does the virus know about a person’s distance from his home?

**HERD IMMUNITY FOR VICTORIANS THROUGH FLATTENING THE CURVE**

Herd immunity is a rock-solid concept in virology that is equivalent to gravity in physics. Of the three major pandemics over the past 100 years, none ended because of a vaccine; all ended with herd immunity. There was no vaccine in the 1918 Spanish flu and “vaccines arrived too late in both the 1957 and 1968 influenza pandemics to make a difference”.

The science behind herd immunity underpinned all standard approved pandemic policies across the world before the Wuhan lockdown and the Neil Ferguson model which wildly over-exaggerated this pandemic. The idea was to slow the spread and flatten the curve. Victoria’s 10 March 2020 pandemic plan wanted measures that were “flexible and proportionate” and aimed to “reduce [not eliminate] the morbidity and mortality associated with COVID-19”. It thus spoke about flattening of the curve, not about extreme suppression that borders on elimination – which is specifically forbidden by biosecurity law.

**Question:** Can the Minister explain what science underpins the approach that Victoria has adopted over the past six months? Has there been a new discovery in virology that has been missed by the observant public?

**DETAILED JUSTIFICATION FOR VACCINE STRATEGY**

There is no mention in the Government’s approved 10 March 2020 pandemic plan COVID-19 Pandemic Plan for the Victorian Health Sector to suggest that Victorians need to be imprisoned indoors till a vaccine becomes available.

**Question:** Can the Minister provide detailed evidence of the cost-benefit test that led to this decision? In particular can the Minister provide details of how many people the Government is willing to kill during this waiting process (through additional suicides and self-harm) and how many years of the lives of those who are currently living in Victoria is the Government willing to trade-off for the potential saving of a few lives from COVID-19? Noting also that after one year of the
pandemic, only 13 people have died in the entire world out of every 100,000 “with” or “from” COVID-19. 99,987 persons have so far escaped death from COVID-19 out of every 100,000.

WHY ARE OUR BORDERS CLOSED DESPITE CLEAR PROHIBITION FROM W.H.O?

The WHO at page 18 of its October 2019 report, “Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza” is very clear that the science does not recommend any border closures unless required “in extraordinary circumstances during a severe pandemic”. We know that this is not a severe, but a moderate pandemic. We also do not have any extraordinary circumstances to justify this restriction which violates basic human rights of Australian citizens.

The same report also recommends internal travel restrictions only ”during an early stage of a localized and extraordinarily severe pandemic for a limited period of time. Before implementation, it is important to consider cost–effectiveness, acceptability and feasibility, as well as ethical and legal considerations in relation to this measure.”

Question: Can the Minister provide detailed scientific and ethical justification for the border restrictions in place in Victoria and in Australia?

QUESTIONS SENT IN THAT I HAVE COVERED ABOVE IN SOME WAY

- You say that masks stop viruses yet you keep reporting that cleaners and health workers are getting sick when they are wearing masks and gloves. If people are still getting sick when they are wearing all the correct personal protective equipment then your theory is wrong! Isn’t it?
- Where is the science to say masks and lockdowns make a difference? This should be open to submission and review by the public and all medical researchers/ doctors. If this is not done, the Government risks associating yourself with human rights abuses.
- What has changed in the #science on face masks since March when Dr Fauci, Irish Prof Luke O’Neill (media darling) Ireland’s CMO Dr Tony Holohan (and many other “experts”) claimed face masks worn incorrectly helped aid the spread of virus COVID19? – SEE ALSO VIDEO AT [https://twitter.com/duzbme/status/1293321739167047683?s=21]
- There is growing evidence to suggest long term T-Cell immunity is available for the virus. If so how do you defend interfering with obtaining herd immunity via lockdowns & masks?
- There is evidence to suggest a higher PCR cycle threshold is associated with false positives (over 35). What is the cut-off threshold in Victoria and how is this regulated and by who? Does the threshold change?
- What gives Mr Dan Andrews the right to force masks on people when the world health organisations own website states there is no evidence that masks protect people from viruses? We can’t breathe for Christ sake?
- What evidence can you provide that a virus stops infecting people after the ridiculous 8:00pm curfew?
- You say that we can’t go beyond 5km because we are selfish and putting lives at risk! Yet you let all the footballer’s and their families go interstate with their families.
- Who advised the government to take lockdown approach?
- A question of suitability of masks when the virus particle is smaller than the holes in the masks.
• What is the scientifically proven sensitivity and specificity of the Victorian BGI PCR test for covid? Please provide the study you base your response on. IF, you say there is 100% specificity, why is it the TGA cites a study by Doherty institute of up to 2.5% false positive? IF, you say there is less than 100% specificity, shouldn't you disclose this info to the public as it means we are getting many false positives? IF, you say you don’t know, why have you never bothered to find out, since the possibility of false positives could be locking up the entire state.

• The REAL inquiry should focus on who made the decisions to target our most vulnerable in Aged Care Homes. Our elderly suffered the biggest losses. And their children weren’t even allowed to mourn them at their own funerals. THAT'S the biggest scandal.

• What is the suicide rate of 2020 compared to previous non lockup years? Why has total death rate shown no above average increase in 2020 if almost 1000 deaths have been added? Is it true Nursing homes were given money for each case of death reported as covid and how much?

• Why do need a experimental vacc when it’s an almost 100% chance of survival? If it’s safe why did we give the manufacturer indemnity from being sued for death or injury?

• Does the WHO’s estimate of global infection rate for covid being 20x more than recorded affect future decision making about measures taken and their effectiveness? Why was the goal of ‘flatten the curve’ changed to ‘aggressive suppression’ without proper community consultation?

• Why are we using a PCR test when the nobel prize winning creator said it was not to be uses for diagnosis.

• If the virus is so deadly why are the supermarkets not ground zero?

• If we lockdown now, why not lockdown every year at flu season? Why now?

• It is getting disheartening going to work each day and paying State and Federal Taxes for a 5km movement radius, we’re not getting value for money anymore, tax wise.


OTHERS THAT I HAVE NOT HAD TIME TO COVER

These questions each have an important point. Someone needs to explain. I would suggest attempting an FOI request for as many of these as possible.

SCIENCE OF THE VIRUS

• Has the virus been isolated by anyone anywhere to prove its existence and if so where is the proof? Has the virus been isolated in accordance with Koch’s Postulates? When do they expect an accurate test will become available? Where is the evidence to support lockdowns/restrictions? Why has the govt taken ownership of our lives over a weak virus? Why the obsession with a vax?

• Why aren’t we testing for immunity

CONSULTATION

• Why won’t the Government respond to the doctors of Victoria who have grave concerns about the pandemic policies? Why aren’t they being involved in decision making given they
are on the front line? Why does the Andrew's government refuse to listen to the medical professionals speaking about the damage the lockdown is causing? You keep ignoring or trying to silence other medical experts speaking out against the lockdown! Why? They are experts and should be heard.

**WHY NOT RISK BASED? (NOT FOUSED ON ELDERLY)**

- The infections are coming from the aged care centre's and not the public. So how can you justify a lockdown that is creating more deaths by suicide than the virus and yet you won't release the suicide stats?
- **Comorbidities** - the public needs to see this data to ensure the deaths did not come from other causes. For example a person with stage 4 cancer that tests positive is more likely to have died from the cancer.
- **Death rate** - revised survival rates appear to be almost 100% for people up until the average death age of about 82. If the lockdowns and masks are damaging to the rest of the population then why isn't your strategy different for both groups?
- What evidence can you provide that you are fit to lead this state considering your actions are not based on science and you've run the whole state broke for a few infections that has a 99.9% recovery rate when other countries like Sweden and Switzerland haven't?

**SCIENCE OF LOCKDOWNS**

- What evidence can you provide that locking people up kills viruses for ever?

**POLICE MATTERS - BRUTALITIES/ PROTESTS**

- What happened to the mental patient Dans goons ran over and stomped on. What happened to the goons responsible?
- Illegal Protests: why is it illegal to protest against the government when it was legal to protest for Black Matters?

**COMPARISON WITH OTHER AUSTRALIAN JURISDICTIONS**

- Why does Daniel Andrews always compare Victoria to Europe or New York? Why not compare Victoria to the rest of Australia? What do we care what's happening on the other side of the globe?
- I would like know how come currently NSW has similar cases numbers as us, but are open and we are closed? No one seems to be asking that.

**MASK & MANUFACTURE**

- Mr Andrew's you say your decisions re the lockdown are science based. You say that people who don't wear a mask are selfish yet you don't wear one during your press conferences.
- If it is true that we are on our way out of the pandemic, and also true that there are minuscule numbers of positive tests in regional Victoria, why is Daniel Andrews organising the manufacturing of millions of masks? Why is his agenda to attempt to normalise mask wearing and continue this forced compliance of an unnecessary measure that severely impacts our personal agency when there are eleven cases a day in the state?
• Why has Daniel Andrews not responded to Professor Thomas Borody’s letter. Professor Borody wrote to Daniel Andrews to inform him of a trial he was involved in 14 USA hospitals where ivermectin, zinc and doxycycline was used to treat covid 19 with 100% success? Why is Daniel Andrews locking everyone up when we have a cure. Why do we need to wait for a vaccine when professor Thomas Borody’s treatment is successful at treating covid 19?

HOTEL QUARANTINE

• You have spent 3 million dollars on an enquiry to find out who ordered the use of hotel quarantine security staff. You failed and you owe the Victorian people answers. You do not need to wait to be asked re your records. Why won’t you release your phone records? Stop lying to your people and release all phone records of all your minister’s and all the emergency services commissioners involved in the hotel quarantine failure.
• Do Rydges Hotels own the buildings in question or do they lease them if so who from. I would also like to know the disbursement of the money paid to the company that were hired to do the hotel security.

CONFLICT OF INTEREST ISSUES

• Do any of the Labor Politicians, the premier, Mr Brett Sutton or any other staff connected with the decision to lockdown the state have any shares or any involvement in any of these vaccine manufacturers, or any company that is profiting from the lockdown due to the production of health services products such as hand sanitizer, face masks or the production of vaccines?
• Why aren’t we following the science? Are there other drivers for this lockdown? I.e. conflicts of interests - there needs to be an investigation into whether the people making these decisions gain financially from the lockdown. For example, does anyone have ties past or present to organisations associated with Vaccine production etc?
• Is there not a conflict of interest in Brett Sutton being funded by the Gates Foundation-funded Burnett Institute.

VACCINE RELATED

• What gives Me Andrews the right to force vaccines on the people when we have never been able to stop the flu via the use of vaccines?
• Experimental Vaccine - if the survival rate is almost 100% then why do we need an experimental vaccine? If the vaccine is safe why did we agree to give the maker indemnity from litigation for death and injury? Two people during testing suffered from serious auto immune afflictions that were later claimed to be "coincidental" which is very concerning. Why would the general public want to take something with huge potential for harm, for a virus with almost 100% survival rate, which they may already be immune to via T-cell immunity? Which they can’t sue for if injured!!
• How can Mr Andrew's accuse people of putting other's health at risk by locking everyone up but yet he sees it as ok for all the footballer's and their families to travel interstate? That tells me it's not as dangerous as you say it is.
• You say that people who don’t stay home are selfish yet you let the footballer's and their families go interstate?
• If those travelling are prepared to quarantine at their own expense - we are the only country in the Western world to physically ban citizens and residents from leaving. I don’t even have an Oz passport but as a PR, I can’t get on a plane to see my family
• How is it the footballer's who are allowed to wrestle each other covered in sweat chasing a ball is ok yet everyone else has to stay 1.5m apart and wear a mask? Why haven't any footballer's died from covid considering they are not wearing a mask and breaching 1.5m distance apart? Why haven't any police died from covid considering they are always wrestling people to the ground for not wearing a mask and breaching 1.5m?
• Has your family gone out of the state in breach of the rules?
• Who in their right mind would allow so many people to travel interstate if this virus is so dangerous?
• Is it maybe that you are being selfish as you haven't lost anything in this mess that you have created?

**DRUG AND VITAMIN D RELATED**

• why was hydroxychloroquine banned from use in Vic. and how is that not a criminal act.
• Why is the government not investing in trialling treatments instead of relying on a vaccine that may never be?
• You banned hydroxchloriquine stating that the chief medical officer claims it doesn't work! Yet 4 Melbourne hospitals are now trailing it! Why?
• Why has no Victorian politician publicly stated and / or encouraged citizens how to boost their immune systems? Vitamin D?
• Why has hydroxychloroquine been suddenly banned when scientists worldwide speak of its ability to protect as a prophylaxis and assist the body with stopping infection when used early with Zinc, and Azithromicyn
• In this double-blind, randomised clinical trial, a vitamin D analogue was shown to reduce ICU admissions of already hospitalised COVID-19 patients from 50% to just 2% (and in that group everyone recovered) Probability of error was 1 in 1000
  https://twitter.com/sovereignmonkey/status/1314910347787149312

**OMNIBUS BILL**

• What gives you Mr Andrew's the right to bring in a bill as ridiculous as the Omnibus Bill that gives you the authority to arrest people for committing a crime they haven't committed yet? That is a threat to humanity and anyone who favours it should be given a psychological evaluation. Would you like it Mr Andrews if the people decided to take the law into their own hands and come after you because that's exactly what the Omnibus Bill is and no one should be given that power over their people. What is the option to Block Supply in Victoria and force an election, its not without precedent. John Cain Senior was forced to call a Vic
Election in 1947 after supply was blocked, and the Erskine May back up manual allows for it also.

**DATA RELATED QUESTIONS**

- What is the false positive rate of the PCR tests? What cycle count threshold are they using?
- How many of the reported cases are showing symptoms?
- How much are these inaccurate PCR tests costing taxpayers?
- Are suicides counted as Covid deaths if the victim tested positive in the last 30 days? If so are they then not counted as suicide by the coroner?
- There is evidence of hospitals running double books on covid, what are the measures to punish the faulty organizations/persons, and how the government going to stop the false reporting.
- What percentage of Covid deaths were already in palliative care? Why are these deaths counted as died from Covid to induce fear? What percentage of positive cases and deaths have had the flu shot? Why is the RT-PCR test being used when this test cannot be used to diagnose illness
- Of todays "case" total, exactly how many were actually "sick"(had actual symptoms)
- How many people have died with COVID only, no other sickness. What are their ages
- If influenza was tested for, and deaths counted in same way ad covid19 would there be a significant difference?
- wrt #Cases, how are the truly infectious and/or presymptomatics separately identified and differentiated from the #false_positives (ie NON_INFECTIOUS ppl that should NOT ever be reported)?
- Just as a company’s ability to trade on share mkt is dependent on a “clean bill of health” wrt its financial stmts from the auditors, so too should any scientifically-backed measures (#excluding #lockdown) be dependent on the #integrity of #death & #hospitalisation numbers.
- Given that #cases inevitably include #false_positives, ALL case reporting should cease until #all #false_positives are properly identified/removed from #cases Remaining cases s/be #clinically #corroborated and/or #virally_cultured to ensure truly #infectious and/or #presympt
- In summary, #ONLY #hospital_admissions and #deaths s/be reported - until #all #false_positives are properly deducted from Total Cases Lockdowns should end now, without further delay

**QUESTIONS I DID NOT CONSIDER**

- Have you signed up this state to the safe cities network? What gives you the right to do that when we a one country not a republic of Australia? We should not be under a different law to our country.
- Should amnesty be granted to officials who immediately confess to accepting bribes or to being blackmailed by, for example, for committing human rights crimes in the form of obscenely excessive lockdowns, intimidation, threats, etc. against the citizenry?