

17 Queen Street, Pingelly Western Australia 6308 Telephone: 9887 1066 admin@pingelly.wa.gov.au

## Special Meeting of Electors Minutes

7:00 PM 16 December 2024

**Council Chambers** 

17 Queen Street, Pingelly

Pingelly, positive by nature. Let's grow together!

### **Special Meeting of Electors - Meeting Procedures**

These procedures are to ensure that the Special Meeting of Electors is conducted in an orderly fashion, allowing each elector that wishes to speak the opportunity to do so.

- 1. Turn your mobile phones to silent, any calls are to be taken outside of the Chambers.
- 2. Electors should register before the meeting to receive a sticker which will enable you to speak to and vote for/against any motion.
- 3. Members of the public are welcome to observe the meeting.
- 4. A Special Meeting of Electors is to discuss the matter requested by the Elector's. It is not a forum to discuss other matters.
- 5. The meeting is being recorded to ensure the accuracy of the minutes. No other audio or video recording is permitted.
- 6. Minutes of the meeting will be uploaded to the Shire of Pingelly's website. The minutes of the meeting will record a summary of the meeting and the outcome of the motion. It will not be recorded verbatim.
- 7. Electors will be invited to make a statement. Each statement will be a maximum of 3 minutes each and made in order of receipt.
- 8. The Presiding Member may provide an opportunity for electors to speak a second time, if this section of the agenda has taken less than 60 minutes.
- 9. It is requested that statements are provided to Shire staff in writing for accuracy of the minutes. This document should include your name and contact details.
- 10. An elector may move the motion below or an alternative motion. If seconded, a vote of electors is held on the moved motion.
- 11. Voting is by a show of hands by electors who have registered. The sticker that you receive at registration will attest that you are an elector.
- 12. If the vote is lost, an alternative motion may be moved. Motions must relate to the purpose of this Special Meeting of Electors.
- 13. Please remain respectful of all others, even if they have a different opinion to you.

### **REGISTRATION AND SIGN IN**

Please arrive for the meeting approximately 15 minutes early so that electors can be registered, all attendees recorded, and everyone seated by 7: 00PM.

### 1. DECLARATION OF OPENING / ANNOUNCEMENT OF VISITORS

The Chairman declared the meeting open at 7:05pm.

### 2. ACKNOWLEDGEMENT OF COUNTRY

We acknowledge the Willman Noongar people of this area and recognise their continuing connection to land, waters and community. We pay respect to Elders past, present and emerging.

### 3. ANNOUNCEMENTS BY THE PRESIDING MEMBER

Welcome to the Special Meeting of Electors. This meeting is held in response to the request of more than 5% of our electors following the requirements of section 5.28 of the Local Government Act 1995.

Please take note of the following Meeting Procedures as determined in accordance with section 18 of the Local Government (Administration) Regulations 1996.

Thank you.

### 4. RECORD OF ATTENDANCE

A separate record of attendance is to be completed and attached to the minutes.

### 5. SPECIAL MEETIGN OF ELECTORS REQUEST

The Shire of Pingelly received a request for a Special Meeting of Electors on 15 November 2024 from more than 5% of the electors in the district under section 5.28 of the Local Government Act 1995.

This request states "that there is a growing concern among a number of local residents regarding the safety of the mandated vaccines and the elevated number of people affected and harmed as a result."

Prior to the consideration of the motion, the following order of business will be conducted:

- 1. A video will be shown to provide context to the elector's request.
- 2. Statements by electors will be heard.
- 3. Motion(s) will be considered by the electors.

Video presentation played to the Council Chambers. Link:

### **Statement of Electors:**

Guest Speaker Anne Goldsmith approached the podium. Speech attached, appendix 1.

Guest Speaker Evan Hodges approached the podium. Speech attached, appendix 2.

Guest Speaker David Kan approached the podium. Speech attached, appendix 3.

Guest Speaker Karen Howe approached the podium. Speech attached, appendix 4.

Guest Speaker Robert Howe approached the podium. Speech attached, appendix 5.

Guest Speaker Garry Smith approached the podium. Mr Smith did not provide written notes of his statement. Mr Smith spoke about his and his family's lived experience with the impact of the COVID-19 vaccinations.

Guest Speaker Sandie Spencer approached the podium. Speech attached, appendix 6.

Guest Speaker Lou Johnson approached the podium, Speech attached, appendix 7.

Elector's I	Motion
That Cou	ıncil:
	the same steps as Port Hedland in notifying our medical practitioners and medical WACHS) to suspend vaccinations until further investigation into the findings.
2. Seek u	urgent answers from the Prime Minister regarding the contamination of COVID-19 s.
٨	Moved: Seconded:
Amended	Elector's Motion
	motion has been submitted by electors as an amendment with the same intent as the origina is may be moved and seconded by electors at their discretion.
That Co	uncil:
H ii h iii	That the Shire of Pingelly Council write a letter similar to (Annexure 2 of the Port Hedland Special meeting October 11th) to local health practitioners and share the information received from Port Hedland including Dr Speicher's report and state they have contacted the Prime Minister, and are joining Mr. Broadbent in calling for the immediate suspension of these mRNA Covid vaccine products until a full investigation into how this contamination went undetected by Australia's regulatory bodies.
С	n the meantime, we believe it is vital that this DNA contamination information is communicated to patients considering the Pfizer or Moderna vaccines, so they can determine their own legally valid informed consent.
n P u fe	To write to the Prime Minister similar to (Annexure 1 of the Port Hedland Special neeting October 11th), stating that in light of the contamination findings the Shire of Pingelly council therefore joins Mr. Broadbent and the multitude of global experts in urging the immediate suspension of Pfizer and Moderna COVID-19 vaccines, and call for an urgent and thorough independent investigation to get answers into how this contamination has gone undetected by our regulatory agencies.
Λ	Moved:Anne Goldsmith Seconded:Lars Langford

### 6. CLOSURE OF MEETING

The chairman declared the meeting closed at 08:14pm.

**CARRIED** 

### **RECORD OF ATTENDANCE**

#### **Members Present**

Cr J McBurney President

Cr C Cheney
Cr B Hotham
Cr P Narducci
Cr K Singh
Cr A Trethewey

#### Staff in Attendance

Mr A Dover Chief Executive Officer
Mr M Hudson Executive Manager Works

Mrs S Nyssen Governance and Executive Officer

Ms J Hitch Customer Service Officer

**Apologies** 

Cr P Wood Deputy President

### **Electors**

Corina Clarke Robert Howell Garry Smith Sandra Spencer Susan Davey Catherine Hughes Kristel Steel Jason Dawes Jeanette Jeffrey Annette De Beaux Lou Johnson Lee Steel Anne Goldsmith David Kam **Edward Taylor** Lars Langford Elizabeth Tetlow **Barrie Hastings** Susan Heazlewood Nicholas McCabe John Timms Evan Hodges Alan Meek Stephen Townsend Suellwyn Hodges **Andrew Morling** Elizabeth Trump Esther Howell Ronald O'Brien **Gregory Ward** Karen Howell **Andrew Pauley** 

### **Members of the Public**

Loretta Howell

Rene Vitos Lesley Page Patricia Lynn Chantie Chia Karla Edin BS Allison Deonne Kingsford Tash Petit **PG Morling** Calchin Michelle Forbes Rebecca Cousin A John L Grundy Adrian Kowald DM McBrylie John Gentle Jane McCabe

Megan Pauley

Will Athertan Lee

Colin Page M Wubbles

### Good Evening everyone

Thank you to the councillors, staff and members of the public who have attended this meeting at this very busy time of the year. We appreciate your time. Tendance

For those of you who don't know me, my name is Anne Goldsmith and I am a very long-time member of this community. I ran a hairdressing business here for 14 years until ill health forced me to stop and I then worked and volunteered at the CRC and Library for 20 years. I currently work for Staying in place as a carer helping to keep people in their own homes for longer as they age. Anyone that does know me, would know that I have never been particularly vocal about issues in Pingelly but I am now very concerned about the future health and well-being of the Australian community and in particular our own community where many of our wonderful residents are hurting.

The reason we are here tonight is to discuss the recent findings from Dr David Speicher, a virologist from Canada who tested several vials of the Pfizer and Moderna vaccines and discovered that some vials contained up to 145 times more contamination than the TGA's own allowable limit of 10 Nano grams.

On receipt of Dr Speicher's scientific report, Russell Broadbent MP -Federal Member of Monash wrote two letters to the Prime Minister regarding the DNA contamination in Australian vials of Covid-19 vaccines. These letters called for an immediate suspension of Covid-19 mRNA vaccines pending an urgent investigation into the reported contamination and significant safety concerns. The letters were highlighted by the fifty-two co-signatories made up of eminent doctors, scientists and legal experts.

These letters were copied to every sitting member and senator of the federal parliament, the TGA and the Human Rights Commissioner and the information was shared with all Australians.

The letters and reports have been picked up around Australia and overseas, and the Town Port Hedland Council courageously held a special meeting on 11<sup>th</sup> October 2024 and a motion was successfully passed to write thousands letters to the every single councillor in Australia, every mayor, and CEO, the Prime Minister, The Health Department, The Minister for Health, their own local health providers and various other government departments in Australia to warn them of this issue.

With no response at this stage from the Prime Minister, Port Hedland felt that by starting at a grass roots level and asking other local councils to follow their lead there might be more hope of further investigations into this matter if we all do something collectively. Well, I don't know about you but if I thought that these vaccines are possibly causing harm to people ... I would want to know about it.

I also don't know a lot about local government but if Port Hedland, West Tamar Tasmania and Ceduna South Australia can successfully pass motions to try and get Government and other agencies to do something and now with many other communities around Australia approaching their councils we thought there was no reason that the Shire of Pingelly can't help us with this serious matter.

During this process we have received significantly more than the 5% of our local electors signatures on a letter needed so we could have this discussion with council, with only one person refusing to sign. This was because only their partner was injured by the vax but they were okay. Everyone else was concerned at some level with a lot of signatories having their own story to tell either about friends and family having adverse side effects from the jab, the coercion of vaccinations (no jab no job), or just the general bad handling of the whole Covid pandemic . To all of you, it has been a privilege to hear your stories and I only hope your signature has made a difference.

The purpose of what we say here tonight is not to cause any fear but to bring awareness that there is a problem and that main stream media is not reporting openly what a lot of medical experts, scientists, and everyday people have discovered and lived through over these last few years.

Evan and I have met a gentleman named Graham Hood couple of times and have watched and listened to him on social media for a couple of years as he has interviewed some of these experts and ordinary people from around the world. Graham was a Qantas pilot who lost his job because the mandates but is now trying to do what mainstream media should be.

Graham many times at the closing of an interview says "If you are not part of the solution you are part of the problem" and that quote is a big motivator of why we are here this evening sharing information we have learned along the way.

We the signatories of the letter would like council to consider putting forward a motion

1. That the Shire of Pingelly Council write a letter similar to (Annexure 2 of the Port Hedland Special meeting October 11th) to local health practitioners and share the information received from Port Hedland including Dr Speicher's report and state they have contacted the Prime Minister, and are joining Mr. Broadbent in calling for the immediate suspension of these vaccine products until a full investigation into how this contamination went undetected by Australia's regulatory bodies.

In the meantime, we believe it is vital that this DNA contamination information is communicated to patients considering the Pfizer or Moderna vaccines, so they can determine their own legally valid informed consent.

2. To write to the Prime Minister similar to (Annexure 1 of the Port Hedland Special meeting October 11th), stating that in light of these findings the Shire of Pingelly council therefore joins Mr. Broadbent and the multitude of global experts in urging the immediate suspension of Pfizer and Moderna COVID-19 vaccines, and call for an urgent and thorough independent investigation to get answers into how this contamination has gone undetected by our regulatory agencies.

Good evening,

My name is Evan Hodges. I was born in Pingelly and have lived and worked here most of my life.

I have been involved in many organisations in Pingelly including 16 years spent as a councillor, deputy Shire President and Shire President.

I would like to bring up a few issues that have been mentioned since the Town of Port Hedland's decision to question the contamination of Covid MRNA injections.

- One of those is that health has nothing to do with Local Government A look at the Western Australian Local Government Act 1995 will tell you that Part 3 Section 3.5 (4B) States: Nothing in the <u>Health (Miscellaneous Provisions) Act 1911</u> or the <u>Public Health Act 2016</u> prevents a local government from making local laws under this Act about matters relating to public health (as defined in the <u>Public Health Act 2016</u> section 4(1)).
- The Health Act also recognises that Local Government has a part to play in health

The Western Australian Public Health Act 2016 Part 1 Section 3 (5) Principle relating to local government. : The functions of local governments in relation to public health should be acknowledged and respected.:

A unique advantage that the Shire of Pingelly holds is that the Shire has a contract for the supply of medical services to Pingelly and surrounds with the local doctor, it has had similar arrangements with companies and individuals to provide this service since the nineties.

This Shire has and I believe always will have the best interest of the health and wellbeing of this community front and centre. You would be hard pressed to say the Shire has no interest in health.

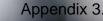
I noticed that the 11<sup>th</sup> October 2024 minutes of The meeting of the Town of Port Hedland contains a risk management framework. and that the CEO of the Shire put the risk to the Shire going ahead with its motion at **Catastrophic.**When questioned if he had any proof of the rating ... The CEO replied NO... The motion was passed as we know..

The question of informed consent is also of concern. The state of WA is serviced by over 85,000 medical health practitioners spread across 16 different professions. These professionals where warned strongly by AHPRA that they are not to question the "Safe and Effective "mantra. I have seen some of these thinly veiled threats and wonder how you can achieve informed consent if the person administering a drug is unable to warn people that it may harm them.

The essence of the motion before us tonight is that drug manufacturers gained restricted use permission to manufacture an experimental drug. When they got this permission and started producing on a large scale their production process changed and as a result many of the vaccines by Pfizer and Moderna ended up with excess contamination in them that can cause serious harm to our population. And Australia's safety regulators let them get away with it.

A question I would like to ask you all is; "If something" was to try to alter your DNA, would you want to know about it?" I know I would.

Thank you for your time tonight.



The issue of alleged contamination in the COVID vaccines, and the unknown consequences of contamination of DNA

David Kam, CTM, RN, BSc, MBA, GCD.

### **David Kam**

- Registered nurse (RN) background, Singapore
- Australia/Singapore professional qualifications
  - Bachelor of Science, Nursing, Singapore (1998)
  - Masters of Business, MBA (CGSB), Australia (2016)
  - Graduate Certificate in Divinity (GCD), VOSE, part of ACT (2021), Australia
- 17 years (July 2007 to July 2024) in the pharmaceutical industry with the TOP 10 global pharma giants working in sales/key account management:
  - Merck (USA) (MSD Australia)
  - BMS (USA) /BMS Australia
  - Shire (UK), later acquired by Takeda Pharmaceuticals

### More importantly, I am also

A parent

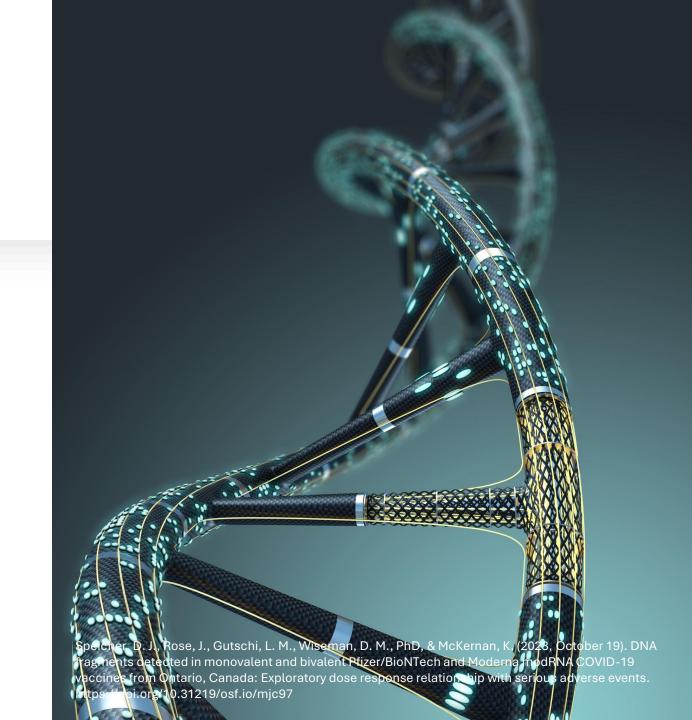
A man of science

A very concerned citizen

A rate payer who deeply cares about the community's well being

### The issue

- excessive levels of plasmid DNA fragments found in Pfizer and Moderna's mRNA vaccines
- Residual DNA, part of "process related impurity" (switch from Process 1, used in Clinical studies, to Process 2\*, which is used in mass manufacturing)
- Allowed limits in vaccines has increased over the decades





# Back in 1985, FDA allowable DINA Contamination was 10 picogram

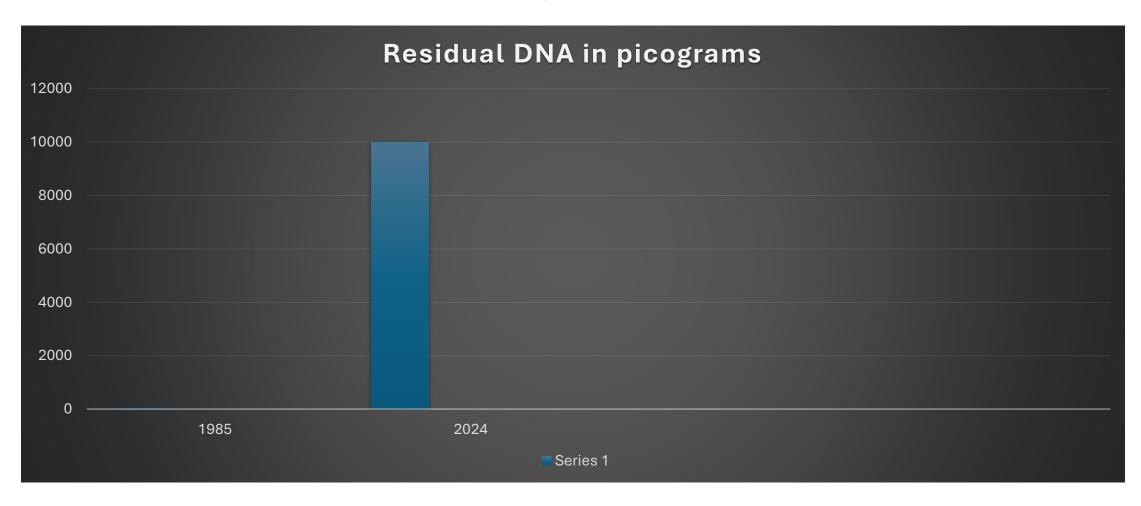
Today, it's 10
nanogram
If you use the
measurement
we've established,
that's 10,000
picogram

Requirements	Specification
Residual DNA	Less than 10 ng/dose for parenteral inoculation and less than 100 ng/dose for oral vaccine
Reduction of DNA strand size	Less than 200 base pairs
Reduction of host cell protein  Purity	Less than 100 ppm or below detectable levels  More than 95%
Animal serum content	Less than 50 ng/dose

Table 2. Requirements by the World Health Organization in concentration of residues (Cherradi, 2018)

Source: Arenas Mancebo, José María. "Industrial processes for vaccines production." (2022).

# Residual DNA allowed in 2024, 10 nanograms (which is 10,000 picograms)



# Independent studies have discovered residual DNA in Covid-19 mRNA vaccines, which exceeded permissible limits

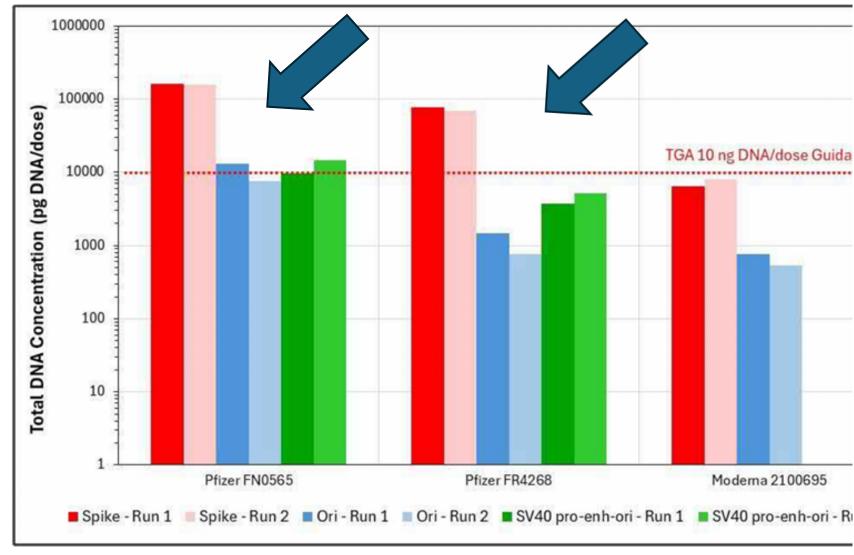
- McKernan et al, <u>USA</u>
- Source of paper: McKernan, Kevin, Yvonne Helbert, Liam T. Kane, and Stephen McLaughlin. "Sequencing of bivalent Moderna and Pfizer mRNA vaccines reveals nanogram to microgram quantities of expression vector dsDNA per dose." (2023).
- Speicher et al, Canada
- Source of paper: Speicher, David J., Jessica Rose, L. Maria Gutschi, and Kevin McKernan. "DNA fragments detected in monovalent and bivalent Pfizer/BioNTech and Moderna modRNA COVID-19 vaccines from Ontario, Canada: Exploratory dose response relationship with serious adverse events." (2023)

### Konig et al, Germany

- König, Brigitte, and Jürgen O. Kirchner. "Communication on Methodological Considerations Regarding the Quantification of DNA Impurities in the COVID-19 mRNA Vaccine Comirnaty®. Methods Protoc. 2024, 7, 41." (2024).
- Speicher D, <u>Australia</u>

### Raoult-D, France

• Raoult, Didier. "Confirmation of the presence of vaccine DNA in the Pfizer anti-COVID-19 vaccine." (2024).



**Figure 3:** Graphical analysis of the DNA loads for spike, ori and SV40 as quantitated by The dotted red line denotes the TGA 10 ng DNA/dose guidance.

- Source: Report, COOTE, TIMOTHY.
   "DISTRICT COUNCIL OF CEDUNA." (publicly available on Google Scholar)
- Quoting from the work of Dr. David J. Speicher.

## Yes, there are limitations to these studies, but you can't just rubbish these studies

- 5 studies have similar findings
  - It shows reproducibility consistent findings across Germany, France, Australia, Canada, & USA.
- Even <u>unopened</u> vials still contain residual DNA contamination. \*\*



It reminds us of the SWINE FLU vaccination program of 1976 in USA

Note: 45,000,000
 shots and some say
 32, others say 26
 deaths, the Swine Flu
 vaccination program
 was stopped for
 good.

### Source:

By David Hume Kennerly - Gerald R. Ford Presidential Library: B1874-07A, Public Domain,

https://commons.wikimedia.org/w/index.php?curid=21141140

### Fast forward to 2024...

# More research work is needed to understand relationship between contamination and adverse events (AE)

Contaminants such as fragmented RNA & dsRNA ###

And it's role in inflammation, i.e. Myocarditis

Other authors have published work correlating AE to vaccine batches \*\*

### Milano G, Gal J, Creisson A, et al. Myocarditis and COVID-19 mRNA vaccines: a 644 mechanistic hypothesis involving dsRNA. Future Virol 2021 doi: 10.2217/fvl-2021-645 0280 [published Online First: 20211206]

Samsudin F, Raghuvamsi P, Petruk G, et al. SARS-CoV-2 spike protein as a 647 bacterial lipopolysaccharide delivery system in an overzealous inflammatory 648 cascade. J Mol Cell Biol 2023;14(9) doi: 10.1093/jmcb/mjac058

\*\* -Schmeling M, Manniche V, Hansen PR. Batch-dependent safety of the BNT162b2 650 mRNA COVID-19 vaccine. Eur J Clin Invest 2023;53(8):e13998. doi: 651 10.1111/eci.13998 [published Online First: 20230409]

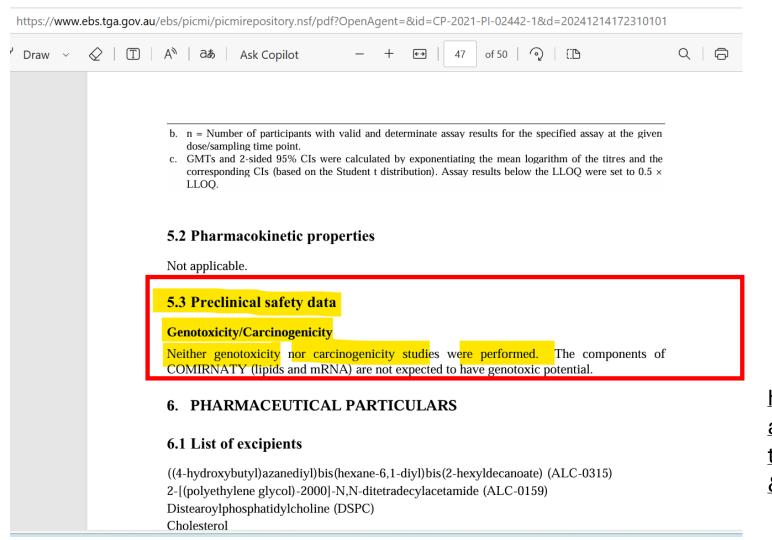
# New Adverse effects from Covid-19 mRNA vaccines continues to be validated by new medical research \*\*

Covid-19: Two rare vaccine side effects detected in large global study | The BMJ https://www.bmj.com/content/384/bmj.q488

Yet, we still do not have carcinogenicity or genotoxicity studies to understand how these fast-tracked experimental genebased vaccines affect our bodies.

That's according to Pfizer's latest PI, dated <u>12<sup>th</sup> August 2024</u> for Cominarty for Omicron XBB.1.5 (raxtozinameran)

# "No genotoxicity or carcinogenicity studies were performed", <u>page 47</u> of the latest Pfizer Cominarty Covid vaccine PI (product information), 24<sup>th</sup> June 2024



https://www.ebs.tga.gov. au/ebs/picmi/picmireposi tory.nsf/pdf?OpenAgent= &id=CP-2021-PI-02442-1 We still don't know how plasmid **DNA contaminants affect our bodies** now and in the **longer term**.

# Data on excess deaths occurring in every state in Australia in 2022 and 2023 warrants further investigation to tease out/identify possible reasons

Why are we having **double digit excess deaths** in the last 2 years when it's been on a **general decline trend**?

## Excess deaths by state, 2022, 2023 in Australia

### **Table 1**: Excess Deaths by State

Excess mortality as a percentage above expected by jurisdiction, 2020-23

	2020	2021	2022	2023
Australia	-3.1	1.4	10.9	9.1
New South Wales	-4.1	0.1	10.7	8.6
Victoria	-0.9	3.4	13.2	12
Queensland	-4.3	0.8	10.1	7.8
South Australia	-3.2	0.5	9.2	8.9
Western Australia	-3.9	0.6	6.2	6.1
Tasmania	-3.6	5.8	13.6	17.3
Northern Territory	1.5	6.8	10.6	np
Australian Capital Territory	-4.3	-2.8	12.1	8.9

a. Data is provisional and subject to change.

There are 53 weeks in 2020. There are 52 weeks in 2021 and 2022.

Excess mortality has been estimated for the first 12 weeks of 2023.

c. Deaths in 2023 are deaths that occurred by 26 March and were registered and received by the ABS by 31 May 2023.

Source: Australian Bureau of Statistics, Measuring Australia's excess mortality during the COVID-19 pandemic until the first quarter 2023 19/07/2023

### Source of table:

Allen, DE. 2024. The correlation between Australian Excess Deaths by State and Booster Vaccinations. Medical Research Archives, [online] 12(7). https://doi.org/10.18103/mra.v1 2i7.5485

b. Years are based on a sum of ISO weeks derived from the weekly modelling.

### Table 1: Excess Deaths by State

Excess mortality as a percentage above expected by jurisdiction, 2020-23

	2020	2021	2022	2023
Australia	-3.1	1.4	10.9	9.1
New South Wales	-4.1	0.1	10.7	8.6
Victoria	-0.9	3.4	13.2	12
Queensland	-4.3	0.8	10.1	7.8
South Australia	-3.2	0.5	9.2	8.9
Western Australia	-3.9	0.6	6.2	6.1
Tasmania	-3.6	5.8	13.6	17.3
Northern Territory	1.5	6.8	10.6	np
Australian Capital Territory	-4.3	-2.8	12.1	8.9

- a. Data is provisional and subject to change.
- b. Years are based on a sum of ISO weeks derived from the weekly modelling.

There are 53 weeks in 2020. There are 52 weeks in 2021 and 2022.

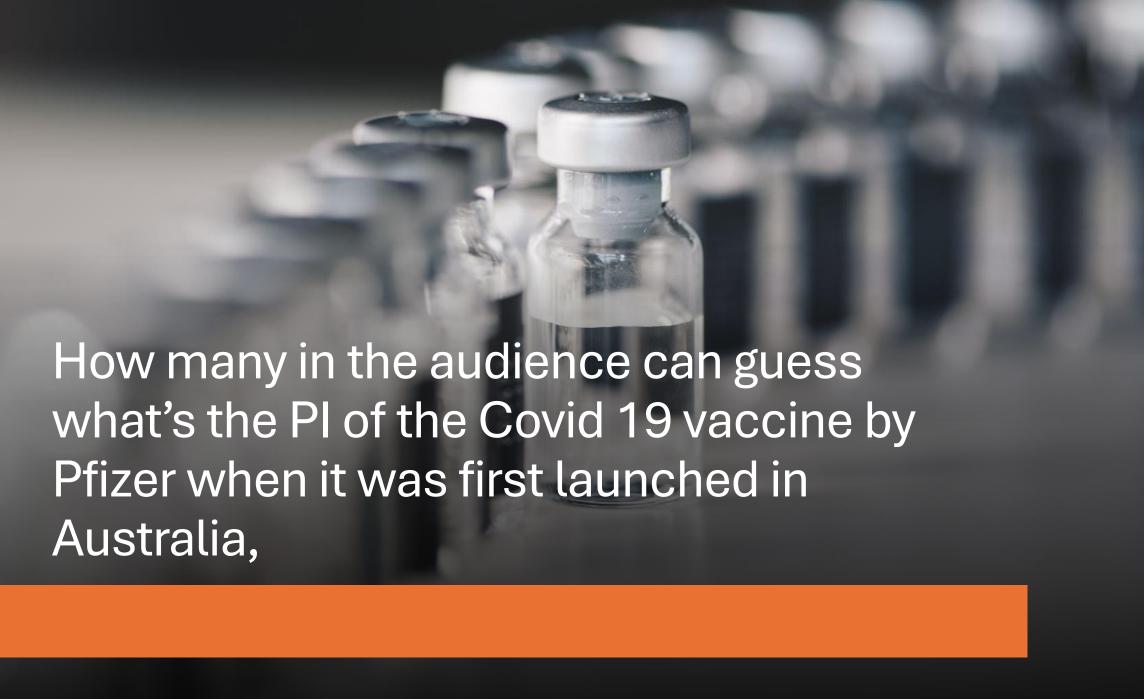
Excess mortality has been estimated for the first 12 weeks of 2023.

c. Deaths in 2023 are deaths that occurred by 26 March and were registered and received by the ABS by 31 May 2023.

Source: Australian Bureau of Statistics, Measuring Australia's excess mortality during the COVID-19 pandemic until the first quarter 2023 19/07/2023



May I ask the audience a question? (only brief answer is required)



### There are still so many <u>unknowns</u>

What is the effect of the residual plasmid DNA contamination (and other contamination) on human health/well being, short term and long term?



It reminds us of the SWINE FLU vaccination program of 1976 in USA

Note: 45,000,000
 shots and some say
 32, others say 26
 deaths, the Swine Flu
 vaccination program
 was stopped for
 good.

### Source:

By David Hume Kennerly - Gerald R. Ford Presidential Library: B1874-07A, Public Domain,

https://commons.wikimedia.org/w/index.php?curid=21141140

### Danish study: variation in adverse event rates depending on batches. 0.9% SAE-

related deaths in 61,847 batch identifiable SAEs, total = 579 deaths.

WILEY-

SCHMELING ET AL.

vaccine batches (2340-814,320 doses per batch) and 43,496 SAEs were registered in 13,635 persons, equaling  $3.19 \pm 0.03$  (mean  $\pm$  SEM) SAEs per person. In each person, individual SAEs were associated with vaccine doses from  $1.531 \pm 0.004$  batches resulting in a total of 66,587 SAEs distributed between the 52 batches. Batch labels were incompletely registered or missing for 7.11% of SAEs, leaving 61,847 batch-identifiable SAEs for further analysis of which 14,509 (23.5%) were classified as severe SAEs and 579 (0.9%) were SAE-related deaths. Unexpectedly, rates of SAEs per 1000 doses varied considerably between vaccine batches with 2.32 (0.09–3.59) (median [interquartile range]) SAEs per 1000 doses, and significant heterogeneity (p < .0001) was observed in the relationship between numbers of SAEs per 1000 doses

doses displayed considerably greater variability between batches, with lesser separation between the three trendlines (not shown).

The observed variation in SAE rates and seriousness between BTN162b2 vaccine batches in this nationwide study was contrary to the expected homogenous rate and distribution of SAEs between batches. In Denmark and other EU/EEA countries, vaccine quality is monitored according to Official Control Authority Batch Release (OCABR) guidelines and to our knowledge, potential differences in BNT162b2 vaccine batch clinical safety or effectiveness have not been reported previously, for example in pre-authorization trials and subsequent population-based studies. 4,5 Such effects may be easier to detect in small countries like Denmark where BNT162b2

Schmeling, M., Manniche, V., & Hansen, P. R. (2023). Batch-dependent safety of the BNT162b2 mRNA COVID-19 vaccine. *European journal of clinical investigation*, *53*(8), e13998.

### End of presentation.

Till date, 13.64 Billion doses of COVID vaccine has been administered. That's 13,640,000,000 doses

And yet, new adverse effects are still emerging.

Codrail; Appendix 4.

### Good evening

Im Karen Howell or Rennie which is my nickname.

I have been in the shire since 2022 when we lost our income due to the mandates.

A former registered nurse, I note that during my university training we were taught that consent was foundational to all the nursing care we delivered. During the Covid 19 pandemic, the introduction of punitive mandates and the Suppression of speech saw the ability to give voluntary consent fly straight out the window.

Or did they?

Interestingly a letter dated December 2021 from the office of Minister of Health and I quote

"I can advise that informed consent should be obtained for every COVID - 19vaccination as per usual consent procedures for other vaccinations "

I agree.

So what is consent? I refer you to the Australian Immunisation Handbook. I have this section on the slide, I draw your attention to point 2 and 4.

POINT: 2...... It must be given voluntarily in the absence of undue pressure coercion or manipulation.

POINT: 4 ......It can only be given after the potential risks and benefits of the relevant vaccine the risks of not having it and any alternative options have been explained to the person.

I agree.

Yet I see contradictions between this and what happened in the real world.

Suppression of speech, Doctors unable to speak freely to their patients people taking an injection to keep their jobs.

You may agree with the mandates and the injections.

But what if next time you don't?

Who decides what information is science and truth and whats not?

Where are the checks and balances the transparency needed for valid consent to happen?

Which is why I am asking our local government representatives, who by the virtue of their roles as councilors to advocate on our behalf.

To err on the side of caution and forward the motion of the Port Headland council.

On Friday the 13<sup>th</sup> of December Dr William Bay won his case against AHPRA in the Queensland Supreme court where his suspension was overturned. The suspension "He attributes to his public criticism of government policies regarding the Covid-19 vaccines."

It seems as though some light is beginning to fall on the dark corners of the pandemic response.

Dismissal, name calling and shaming those who hold concerns does not alleviate those concerns or make them go away.

Answers do.

And I will conclude with

Minister Butler media reports that, "A world leading Moderna vaccine facility opens in Victoria" manufacturing up to 100 million doses each year.

The issue of MRNA use in health care is on going and didn't finish with the pandemic.

Now is the time to pause and ask questions about these vaccine products.

The right to refuse or accept medical treatment is a human right, not a privilege.

Our next move will determine how history, the children and the ones to come will judge us.

		Thank y	ou ou			
		 		 	• • • • • • • • • • •	
Refere	ences					

Ministers Department of health and aged care The Hon Mark Butler.

Australian Government Department of health ref MC21-037953

The Australian Immunisation Handbook. Department of health and aged care.

William Bay 8<sup>th</sup> October facebook

Talk to Special Electors Meeting by Robert Howell

My name is Robert Howell and I moved to Pingelly about 2 years ago with my family.

Some of you may know me as a support worker. Prior to moving to Pingelly I worked as a Nuclear Medicine Technologist for almost 30 years. I was licensed to use and administer radioactive compounds. This included operating PET scanners and other radiation imaging machines.

When Covid19 came along I was working at SCGH.

Early in my career I completed a Master of Science in Nuclear Medicine through the University of London while working on human trials of radioactive monoclonal antibodies.

Working with radiation is highly controlled, with a large focus on safety. Safety for yourself, for your patients, for the public and for those yet to be born.

At the start of the 20<sup>th</sup> century the danger of radiation was not known. It was an "unknown unknown". Many scientists such as Marie Curie died as a result of their exposure to radiation. Today no one doubts the danger of radioactivity. It is a "known known".

When Covid arrived, as a healthcare worker, I was offered the chance to be vaccinated with one of these new vaccines before they were available to the general public. I declined as I wanted to be better informed about this new technology.

I went to the TGA and obtained their publicly available documents about the injections. What I found was that they were **provisionally approved on the basis of short term efficacy and safety data.** Further registration conditions and reporting obligations under The Black Triangle Scheme also applied. There was, therefore, no basis for claims being made by public officials that these products were 'Safe and Effective' or 'Fully Approved'.

Provisional registration is typically reserved for cancer drugs for use in patients where approved courses of treatment have failed and no other options are available.

The Black Triangle Scheme, by the way, is a system put in place for new medicines because some adverse events from medicines are not known until the medicine has been in general use for some time.

We are here today because concerns have been raised about level of residual DNA contamination in the mRNA vaccinations.

Other speakers will mention the test results of high residual DNA levels highlighted by the Port Headland Council. I wish to highlight another aspect of the problem.

The TGA has set a residual DNA limit of 10ng/dose. The problem is that this limit was created for traditional vaccines where the residual DNA is 'naked' and gets

chewed up quickly by the body. The residual DNA in mRNA products is not naked – it is packaged in the protective lipid nanoparticle with the mRNA which is then delivered to cells in every major organ system in the body, including the ovaries and the testes.

Therefore is the limit of 10ng/dose suitable? Should it be lower?

Long term and inherited adverse events can take many years to show up.

The TGA did not require genotoxicity testing prior to approving the mRNA products as they classed them as a vaccine. The Office of the Gene Technology Regulator chose to not be involved because of several quirks in their legislation which is several decades old. That is another story.

Knowing what has happened in the past gives us something to compare the present with.

At some point in her life Marie Curie became aware that radiation had many harmful properties. Safety became a concern and limits were set. Those limits continue to modified and adjusted.

We are now living with a 'known unknown'. We know there are issues with the amount of residual DNA in the injections but it is unknown how significant that will be.

At the same time debate and discussion are being restricted and blocked. The Australian Health Practitioners Regulatory Agency suspended health professionals who opposed public policy. This stopped your Doctor from having the freedom to express their view on the vaccine program if that did not align with the government. That freedom has now been restored by the decision of Bay vs AHPRA in the Queensland Supreme Court last Friday which declared AHPRA's gag order to be invalid.

Reports of increased myocarditis rates, increased excess death rates, increased cancers and now residual DNA concerns need to be investigated properly.

The role played by Governments', regulatory agencies such as the TGA, AHPRA and The Office of the Gene Technology Regulator need to be assessed impartially with a wide reaching Royal Commission with full investigative powers.

I call on the electors and councillors in the Shire of Pingelly to support tonight's motions.

Show of hand of who uses our medical services

The local government does not have the authority to dictate the policies, operations, or decisions of the Western Australian Country Health Service (WACHS). While the local government may engage with WACHS on matters affecting the community, the responsibilities, and operations of WACHS are governed by state-level health policies and directives. Any changes or decisions regarding the scope and delivery of health services within the region fall under the purview of WACHS, not the local government.

You are asking a medical service to stop providing essential care to the wider community. Have you considered the consequences of this action and its impact on services in Pingelly? The decision to restrict services could severely affect individuals who rely on the medical centre. For example, a person with specific medical requirements, which are currently being met at the Pingelly Medical Centre, would now need to travel to the next town for care. This not only places a burden on the individual but also forces them to rely on additional local services such as pharmacies, fuel stations, and shopping centres, which could have a cascading effect on local businesses.

This could also potentially have a negative approach for Doctors/nurses working in this town and future representation in the medical centre.

I don't believe the local government has the right to dictate medical provisions for others in the community. Your position on this matter represents your views, and while I respect that, attempting to impose restrictions on medical services takes away the choice of others who rely on these services. It is not your place to decide what healthcare options are available to individuals, especially when those decisions could have serious repercussions for their health and well-being.

In conclusion, while I acknowledge your right to express your views, the local government should not be in a position to limit essential services that others depend on. The consequences of such actions go beyond individual choice and affect the broader well-being of the community.

Are we going to dietake to waper as to where they place speed cameras.

& PN don't administer cours Thank you to those Shire Councillors who have taken the time to review the information sent to them by the Port Hedland Shire Council. The studies that have found synthetic DNA contamination well over the limit of what is considered safe, in Pfizer and Moderna vials used in Australia is of significant concern. And should be of significant concern for all of us. Also of great concern is the fact that the TGA and our federal government have failed to produce the documentation that demonstrates that the studies mentioned previously are wrong. I feel strongly that our governments from a local government level, State Government and through to the federal government have a duty of care and responsibility to their electorate to investigate any concern that poses a significant risk to the people of Australia. The Port Hedland motion is not a big ask, and it doesn't need to be a divisive or heated matter. Its just a simple "lets add our community voice in asking for answers, transparency and accountability, and a request to suspend the use of these products until the proper independent safety studies are conducted, including long term genotoxicity and carcinogenicity studies.

I chose not to take any of the covid "vaccinations" due to insufficient data available for me to make an informed decision and give informed consent. No one in this country gave informed consent, as information was simply not available.

Out of our nuclear family of mum/dad and two daughters. My husband and my younger daughter were coerced to take these experimental gene therapies injections under threat of loss of their livelihoods. These experimental injections were only given emergency authorisation - well before any long term safety studies including genotoxicity and carcinogenicity could be conducted. Both my husband and my daughter ended up with health repercussions - my then 21 year old daughter suffered heart symptoms that resulted in a visit to emergency, where the doctor verbally told her that her symptoms were due to the Pfizer injection she had received days prior. This was not documented in writing possibly due to the instructions coming from AHPRA at that time threatening deregistration of any health practitioner who was found to be in any way undermining the covid vaccination campaign. My husband, who is one of those strong as an ox types, rarely sick, experienced sudden out of the blue anaphylaxis after eating prawns two days after his second pfizer injection that he was coerced to take in order to keep his job as a school bus driver. His anaphylaxis to crustacea and shellfish is now lifelong and life threatening. The Immunologist he saw for testing at Fiona Stanley denied that this sudden event could have anything at all to do with the pfizer injections, which again, in any other situation where a strange health event has occurred shortly after an experimental medication has been administered, would at least be documented and recorded, and, if similar reactions occurred in other individuals, some red flags would be raised, a suspension of the product use, and further studies undertaken. Interestingly I have come across a number of people who had experienced this particular reaction- but there is no documentation. During that time all main stream media

spouted was the carefully constructed narrative, and actually getting real information and asking questions were all activities that were heavily censored. Stepping outside the scripted narrative earned one name calling, tin foil hat conspiracy theorists and worse. People were and still are gaslit. Social media accounts were cancelled. Youtube accounts demonetised. Censorship everywhere. You would have to be pretty blind not to have seen it. Doctors who voiced concerns were deregistered, or left their careers due to the very controlling restrictions that were placed upon them, hindering those practitioners who put their patients first from providing the care and ethical basis to their doctor patient relationship.

I know of several family members, friends and acquaintances who have experienced symptoms and reactions from these injections ranging from mild and short term, to life threatening or long term or for the rest of their lives. Some are no longer able to work due to the health repercussions they are dealing with. It's not up to them to prove these health conditions were or are due to these injections, it is up to the very companies that manufacture the products and to the regulating bodies who gave emergency use authorisation to these products, and to the governments who mandated these injections for so many employment sectors to listen, collect the data, make redress and completely overhaul the systems that allowed this atrocious situation to take place. As a citizen, elector, taxpayer and ratepayer I request my shire council act for the wellbeing of the members of the community they serve.

I feel the port headland motion is not a big ask. We the people of this community and of Australia deserve to know if the synthetic DNA contamination is or is not present in the products being administered now, and that until this is categorically proven or disproven by an independent and transparent process, the administering of these products must be suspended. Additionally, if significant health repercussions are a possible result of synthetic DNA contamination in products or batches administered in the past or still being used , then there needs to be a full scale independent and transparent investigation, and highest priority given to finding how best to help those who may have been injured.

I will add that more and more information is coming to light in real time regarding the shonky way in which safety trials were conducted with these experimental products. Additionally, all cause mortality spiked in 2022, and has been consistently high since, and is not attributed to covid, which begs the question;- why is our government not looking at why?

In the words of Medical practitioner Dr Kim Duncliffe speaking to Port Adelaide council about his grave concerns re the DNA contamination. He urged the Council: "Advocate for your community & relay our concerns to state & federal government politicians who appear to have lost touch with the people they swore to serve" Thank you