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SPEAKERS

Serene Teffaha, Molly Knight

- M** Molly Knight 00:00
And civil litigation. She's interested in government administration and consistency of legislation. While she's had limited experience in running class actions, she's seen the need, which hasn't been filled by other law firms who've chosen to remain silent during these times to do something about what she sees as illegitimate use of legislative powers by the states and territories during these states and emergency powers. Welcome Serene. Thank you so much for joining us tonight.
- S** Serene Teffaha 00:33
Thank you for having me. Wow what a beautiful Introduction.
- M** Molly Knight 00:41
I'm so excited to have you here because I know some of the work you're doing is going to be I believe, some of the most valuable work that we've seen in our history. And it's so it's awesome that you've stepped up when so many won't. So, let's start, let's kick right off tonight we'll start off talking about the state of emergency in Victoria. Do you think has the government acted in accordance with the law when declaring this state of emergency? And I wanted to know what conditions or situations like the points that a government body would have, they have to tick these off, that would lead to having such a dramatic and, and desperate situation, the response that basically closes everything

thing down. So what gives a government the right to call a state of emergency?

S

Serene Teffaha 01:39

I think it's really important to understand what public health risk is and link it to a state of emergency power. So a state of emergency powers when they can be declared as well and by who, and who has the original, I guess? autonomy or decision making in terms of national public health risks that would affect the whole country. It's important to understand the legislative framework under which this works as well. What's important to understand here is that Australia has a number of legislative frameworks. There is the Commonwealth or the federal framework of managing states of emergencies and public health risks. And that sits within the biosecurity act on the national level. And that's an act that came in 2015. That piece of legislation, I would say is a good piece of legislation. It's been very well thought out in terms of how to roll out and when to declare a state of emergency and I will come back to that in a short bit. The other layer that operates is the states and the territories powers as well. And that the Federal legislature is not carving out the states and the territories from having a say in relation to public health issues. And those are usually captured in the respective public health acts and emergency acts that operate on the under the jurisdiction of the relevant states and territories. Now, those acts unfortunately, have come much earlier. Okay, so each of the states and territories have had acts, some of them in 1970s 80s 90s to early 2000s. And unfortunately, those acts when you read them holistically, because they've had so many different amendments happen to them throughout the years, they can read in almost in conflict with them with themselves. Okay. But what the biosecurity act did when it came in, on the federal level, it actually created a precedent in itself means that all the states and territories when it comes to health risks and (?) they have to work, they can't be inconsistent with the BioSecurity Act. So, the biosecurity act that is the following that (?) the Health Minister that sits on the federal level and the and the Governor General must declare the emergency and do a declaration order. Now that was made under Section 475 of the biosecurity Act and the declaration order for the state of emergency creates a priority in the next Federal Minister okay. On on the on the higher level and the rules must be applied 100% with no conflict to the Biosecurity Act. Okay, now I'll explain when a state of emergency can occur. So what the Biosecurity Act says under sections 475 that a the Governor General may declare that a human biosecurity emergency exists if the health minister is satisfied that a listed human disease is posing a severe and immediate threat, or it's causing harm to human health on a nationally significant scale. They're actually very powerful words and very serious on a national significance scale. And the declaration is necessary to prevent or control the, obviously the emergence of the listed human disease into the Australian territory and the emergence and establishment of the spread of that disease. So you can see that the criteria is extremely high. And so the questions

have to be is well when is a disease such that it poses, when can you classify it as posing a serious threat of harm, OK, and that is on a national significant scale. What the Biosecurity Act also says you can't bring a risk to zero. So don't try to do that. That is not a realistic thing to do, OK, when realistic is managing it, so it's no longer a significant health risk. So on the 18th of March, it was determined, obviously in response to the global issue for a novel coronavirus that the uncertainties related to it would have probably necessitated, let's say a declaration of an emergency. But we need to now assess four, five months on what happened and what we have learned. And therefore that assessment has to come through with our learnings. And we need to ask well, is it still a nationally significant risk. What do we know about this virus? Do we know how many people are asymptomatic? What are the percentages, what are the likely comorbidity? What is the likely risk of people dying with comorbidity of other diseases? What are the age groups? And what is the causal fatality rate? Now, what is the causal fatality, right? The causal fatality rate is actually an attainment of the percentage of those who die from diagnosed cases. Okay. So we need to understand diagnosis, and we need to understand how things are being diagnosed as well. We need to look at testing, we need to look at controversies around that. We need to look at uncertainties around that and then determine that. Now what has been determined last time I checked is the causal fatality rate in Australia is 1.38%. That's pretty close to zero. Okay? So would a 1.38% causal fatality rate satisfy the the terms of the legislation. Okay, this is a question. I'm not answering these questions. I'm just saying this is the process under which we need to start to turn our attention. And what is really important here is that how do these powers operate? Okay, how do they operate? What can the Health Minister do and what he can't and what has happened here is that instead of the health minister, doing appropriate requirements and setting them on the federal level, so that the states and territories follows. They just outsourced it all to the states and the territories. Okay? And the states and territories are starting to act in a very ad hoc way against what the Biosecurity Act says and in fact, against some of what their own legislation says and I will give an example. I will give a number of examples What the Biosecurity Act calls for you can set requirements that impact a group of people when it comes to the following aspects. And I will just get that when it comes true. I'll get this I've got so many notes here



Molly Knight 09:23

I can imagine



Serene Teffaha 09:26

(???) human biosecurity emergency period This is section 477. The Health Minister may determine a requirement he or she is satisfied to prevent or control the entry of the

disease okay. And what it is these requirements are limited to this. The requirements that apply to persons goods conveyances when entering or leaving a specified place with in regards to the movement of persons or goods and the restriction in terms of that movement and evacuation. That means you can only give directions on a group of people only in relation to very general things like close of business or when to open, travelling export import of goods, planes coming and going, ships leaving and coming. Okay. You can do that on a group of people usually issuing directives on a general thing. But the Bio Security Act prevents from telling a group of people to do certain things like masking, like isolating, like detaining, like vaccinating, like treatment, unless you issue an individual with the appropriate bio security control order. That means you can't just go to a group of people and tell them all of you here. We don't care. We're not going to look at the details. of each of your situation. You all got to be vaccinated, all of you here go to wear some masks. All of you here have to be detained and all of you here have to be isolated No, no, no, that is a big no no under the biosecurity act, what you must do is follow very strict processes that are set to ensure the preservation of human rights and to ensure that the only basis under which you can issue a bio security control order are the following. And this is section 60 of the biosecurity control the biosecurity act so, I will now talk to you about what a biosecurity order what it must consist of, okay. Imposing a human bio security control order on an individual that only can be done by a Chief Human Bio Security officer, a human bio security officer or a Bio Security Officer. Now, what you have to do, a human bio security control order may be imposed on an individual, only if the officer is satisfied of the following, the individual has one or more signs or symptoms of a listed human disease, or the individual has been exposed to a listed human disease or another individual who has one or more signs of symptoms. That means you can't just go to anyone and say, Hey, you, you have to be vaccinated or you you need to be isolated. You need to show that that individual is either themselves symptomatic of that disease, or you need to show the contact of who the named name naming the person as to who they were contacted with who has the listed disease or the symptoms of the disease. And this is the criteria that is set under Section 61 of the of the biosecurity act meaning when you issuing a bio security control order, you need to tell the person the following, you need to tell them the ground under which you are actually ordering or imposing them to do something or not do something. And you need to list the signs and the symptoms that they're suffering of the listed human disease. So unless you're actually symptomatic, you can't they can't do anything to you. Okay? Because it's all about prevention of risk, you have to show that you're an infectious risk, or that you're at risk of infection, okay, a perfectly healthy person who is not symptomatic, you can't just come and tell them to do something and tell them on a group level, okay? You have to go to them individually, then what you need to say you need to give them a unique identifier. You need to tell them exactly who they were contacted with the name of the person that also has the signs and the symptoms. That means you can't just say oh, we think that you're exposed. We're

suspicious that you might be. No, that's not how the law works. You have to actually face them individually and name them. And very importantly, you have to give them the right of review. You have to give them the right of reviewing that decision to issue a bio security control order to either ask you to be masked, to be vaccinated, to be treated, to be isolated, to be detained, to be to be diagnosed, to be medically tested, everything even the testing you if you want or require someone to do testing, you have to give them all of these requirements through a bio security control order. Now, some states and territories have reflected that in the in their respective public health acts but they not following it. Victoria has section 117 and it says you have to issue the person a public health order and they're not following their laws. They're not following their laws and telling the people individually if they're a particular risk you Don't just go to a perfectly healthy person, and then say to them, oh, as a group, I'm not even concerned about your personal details, all of you just do that. Okay? And you can't do that, particularly in an emergency powers. Why? Because otherwise, it'll go crazy. And I'm going to give an example how things have gone out of control and in fact, created more of a virus risk. So what happened in the detention towers, let's look at what happened in the detention towers and apply the biosecurity act to it. Okay, versus how they handled the crisis in a way that is completely breaching their own laws and breaching the laws of the Federal legislator. They identified originally about 23 to about 50 cases. I've tried to get the exact numbers but I believe it was 23 who tested positive now I'll come back to the problem with testing in just a little bit. Okay. Assuming that these tests are reliable for one minute, let's assume they are, but we'll come back to that later and we'll break that one apart as well. Okay? But let's assume that these tests are positive, okay, you got 23 people tested positive out of 3000 or that you've located that that you've known that the rest are tested, but you know that you've tested in this 23 here who are positive if you genuinely believe that these people are symptomatic. Now, by the way, a lot of them weren't symptomatic. Okay, so they tested positive but weren't symptomatic, but let's assume they were, which they weren't, but let's assume Okay, let's assume you've got 23 positive, you've got reliable tests and 23 who are symptomatic. Do you then lock these people up with the other 3000 people who potentially many of them can be healthy, and lock them up in the one home confined in the small space and then bring to them 500 cops, and then bring to them almost up to another thousand DHS staff in a very confined space where the whole notion is not to spread this virus bringing people who are not trained, okay? And bring in and detain them, without them actually being issued anything under the law to tell them that where they have to be, what what risks they are, what rights of review they have. You've done nothing of that. And they've said "They can do that, its an emergency you can do whatever you want apparently, its an emergency" But let's see what happened here. What happened here is that the the police and the DHS who were untrained started to leave biosecurity hazard waste everywhere. It was coming out of the bins. It wasn't wrapped and double binned. Okay. It was willy nilly the food that was delivered, people were delivering it

without gloves, some without masks. Some were wearing the PPE suits, some were not they were putting the food next to the rubbish bins They were delivering food to people at 10pm with leaking food that is not properly prepared by chefs who have occupational health and safety training. So yes, we have processes for the purpose of us not going mad because we have processes under the law that create the right balance between human rights and the need to create proper safety checks. Okay, so the law if it was applied the biosecurity Control Act and the biosecurity Act and the public health and mental well being act in Victoria, truly holistically being applied, we would not be applying it in an ad hoc, crazy fashion where we're exacerbating risks rather than containing risks. Mm hmm. Okay. And that's why we have law we have law because it gives us process process is extremely important when there's an emergency See, that's the whole point of a process. You use the process when there's an emergency, You don't say, Oh, yeah, if there was no emergency, we would use the processes. But because there's an emergency, everything goes out the window. An unfortunately, that's not how the law works. You need to make a proper assessment of the individuals, if you felt that those individuals were at risk and were symptomatic, you could have isolate, you can have given them an individual order, told them to isolate somewhere else, provided their pay and accommodation and provided them with the appropriate respectful manner in which you treat them. Okay? And I'm not saying don't do that, I'm saying do it properly. But don't go in and isolate and detain, like a bunch of criminals, 3,000 individuals who are the most vulnerable people in our society and call it lawful. Okay, that's not lawful. And that is not risk mitigation. And what I have to say here is I'm appalled by the medical community. I'm appalled, because they all like, oh, some of them are like, oh, all the doctors are against you? No, they're not. I've got 150 doctors and nurses that I'm representing. Okay? I'm connected to so many experts internationally and locally, who are also saying this is wrong. But you've got the brainwashed, almost no, I'm not going to listen to you serene. I'm not going to listen to what are you? Are you an expert or not? I'm not holding myself out to be an expert. I know my law. I'm a lawyer, and that's the only expertise I hold. But what I do know and I'm also an accredited nutritionist as well, okay. But, you know, I'm not flaunting that or creating an expertise in that. But what I am saying is I've got my logic, I've got my law, I've got my research, I've got my brain. And as a lawyer, I'm able to research and present the arguments and get the experts that do know who actually can support these arguments. This is no consensus. There is no consensus on this, okay? And people have to understand that there is no consensus on these issues. Okay? These issues are not like, oh, all of a sudden you disagree with government, therefore you're not scientific, Since when was government the authority of science? Since when does government own science and scientific opinion, and this is the danger that we're speaking of here. This is an extremely dangerous precedent. And we have the laws to support us. We have a scheme of human rights that has been introduced in this nation. If we look at this nation purely from what is written in the provisions in the common law in our Constitution in our laws, you would

think that we're living in the most amazing, constitutionally right country in this world. But we shouldn't be afraid. You know, there's the fear and there's the hatred and the hatred I'll come back to testing in this just a second. Let you speak.

M

Molly Knight 22:06

Well given what's happened with the state of emergency in these towers, where is it right now with these people? Are they out and about or they have they done their time?

S

Serene Teffaha 22:21

Well, I'm representing the Melbourne public tenant authority. It was put together as a response to the lack of representation, consolidated representation for the residents. There's almost 3,000 residents so you can imagine it's a big community and very multicultural OK.. The MPTA was set up by a wonderful man who is very concerned for his community, okay, and he set it up with a view of consolidating the residents. He reached out to me, and I was so happy to to get his call, you know, and he said, Serene, we need representation. Okay, we need to consolidate this, because it appears that the government thinks it's a divide and conquer thing and it's very easy to, you know, because there's a lot of vulnerable people in that community. You know, a lot of vulnerable people who just don't don't want the cameras on them. You know, the whole world was looking at them, they were just please leave us alone. They don't want to, you know, they was so compliant. No kidding. They are just lovely people. I mean, if this happened down at Frankston I don't know what would happen there. People want to sit down and go Yeah right. But you know, these people are mannered these people have have have kindness and suffered and all they want is to be respected, and they were treated with disrespect. Okay, so he reached out to me, and I'm representing them now and I'm and we're urging as many residents to obviously have membership under the MPTA. Okay, with there's a lot of residents that now have joined, okay. And I'm happy with the representation and he's working really hard to garner and collect as many of the residents as possible. Okay. And I urge the residents if they're listening to this to also join MPTA Okay, because with one voice we can actually raise the concerns and I have communicated to the Chief Health Officer, the Deputy Chief Health Officer, Daniel Andrews, and `the Chief of Police and I set out to them how unlawful their actions are. Okay, now they've assigned it to the lawyers, and the lawyers are looking at it. So let's see what happens.

M

Molly Knight 24:33

Yes, watch this space.

S

Serene Teffaha 24:35

Yeah, I hope they look at it very carefully, because I'm not going away. Okay. And this is the message they are going to be hearing during this hour, I'm not going away. Okay. This is not going away. Okay. We have powerful arguments here. And these people have been treated abominably ill, you know, abominably ill and some of the worst treatment that I have seen. Okay and ridiculous to bring in police under the law. You can't you can't under the biosecurity act you can't use force the police are absolutely the last resort for enforcement, you have to be issued the bio security control order and then you have to be issued an enforcement order. And only if you breach it, then you can bring the police. You can bring in 500 cops overnight, and expect people to be okay with that. Yeah. Do you have any inkling as to why it was done like this Serene? Oh, I don't know. But it sounds to me like, I don't know. I don't know who does it power trip bullies. I mean, you know, I work with a lot of bullies every day. I fight bullies every day. You know, and this is another thing. People are so conditioned to think that, you know, bureaucracies are there to love them and help them. And it's cognitive dissonance when you actually realize that bureaucracies are composed of individuals. And the systems allow people who are power trippers to rise through the chain. We have massive problem in this country we have massive problem with family violence. We have massive problem with pedophilia, let's call it out the big mammoth in the room. The big mammoth in the room. pedophilia is the biggest problem in this country, the biggest virus in this country. Okay. And when we talk about issues that are impacting us people think, Oh, yeah, let's trust the bureaucrats implicitly. A lot of these bureaucracies are protecting perpetrators and protecting themselves and protecting their own interests and are aligning themselves with private companies and corporate interests. So people have cognitive dissonance No, no, we must trust government. Okay, but when you say, Well, hold on, why are they doing things that are so illogical? Because every day I deal with the illogical every day I deal with bureaucracies that do very awful things to people, okay? And people are so disillusioned to believe. You know that bureaucracy composed by individuals are driven by power tripping and hurting others. It's very uncomfortable for us to believe that some people enjoy a power trip. Okay, and I'm not saying, I'm not saying here, the individual medical doctors and there's so many of them that are totally amazing. Okay, but as an establishment and as a overarching, private organization that has a lot of other benefits that are coming into it. Okay, it could create brainwashing and it can create a reality that is not true. Yeah. And so we'll come back to testing if that's okay.

M

Molly Knight 27:35

Dninitely yes, please.

S

Serene Teffaha 27:41

So one of the criteria in the act is obviously determining signs and symptoms, okay, and determining infectious disease status. Okay. The RTPCR tests or the nucleic acid tests as they're called. Now, very interestingly, apart from the fact that the government itself on its own website, TGA Therapeutic Goods Administrators, okay, and the government Department of Health itself talks about the unreliability of these tests in ascertaining the infectious disease status of someone. Oh reliability hr something is 80% its pretty alright. When we're talking about those percentage, unless they're really close up high, you'll create false positives if they don't have high sense of accuracy, especially in a pool that has a causal fatality rate that is low. So yeah, every percentage counts. Did you talk to people Oh, it's alright its pretty close its what we've got, you know, well, the law doesn't work like that people right now, what is also very critical today, Dr. Sin Hang Lee peer reviewed published paper that came out today. International Journal of Geriatrics and, and rehabilitation. It came out today the paper, the current, this is the this is the result of the paper The current nucleic acid tests that test for SARS cov 2 generate 30% false positives and 20% false negatives. That means up to 50% wrong. That's not a good accuracy. Okay, that's a peer reviewed paper. Okay, so what does that mean? Okay. What that means is that you're using RT PCR tests that are highly unreliable. They're not tests that should be wholly relied upon on diagnosis, what the media and what the government and the chief Health Officers is saying is a positive test is an infection. And that's an outrage. That is an outrage and in a court of law that would be thrown out in a court of law that would be thrown out that argument because lobbyists are usually the ones who form arguments, not doctors, and no offense to doctors. Okay, but it will be thrown out Okay with a 30% false positives and 20 percent false negatives unreliably. But I'll tell you what they're reliable for. The Australian government has a very interesting practice. And that is it sets up internal bodies to question itself. And that's what I love about this country is that you've got a lot of buddies that are looking at it and itself to the Australian Government has this body to look at itself and that body so they've got family court problems, and they know the judges are getting it all wrong and they know that there's a hellhole there in the family court, they get the Australian Law Reform Commission to come in. And the Australian Law Reform Commission looks at itself and says, yeah, we think the family court should be abolished. This is the body that is looking at itself, okay. Similarly here, we have a body called the Australian Strategic Policy Institute, and the Australian Strategic Policy Institute looks at contracts And looks at security risks for this country. And you know what they've produced. I'll tell you what they produce. What they produce is a report to identify that the 10 million RT PCR tests that we got from Chinese company called Beijing Genomics Institute is actually doing a fantastic job of DNA profiling. For the Chinese government. They're actually building a police-run DNA database. And I've got all the reports. They're all online. The Australian Strategic Policy Institute warned the government of the security risk of using the RT PCR tests to 10

million of them they bought in, for the fact that the BGI is related very strongly to companies that are engaging in DNA dragnets profiling DNA. That's right. RT PCR tests. Not so reliable for COVID-19 but they're pretty good at getting your DNA information. Now, . I didn't say this, you know, people get angry. Oh, what do you mean you're a conspiracy theorist? I'll give you the reports. I didn't say it, they said it No-one can come after me. They said it. What are the implications? I don't know. But I'm not the one identifying the security risk. Their own government body that is identifying the security risk. And what does the government say to the government government's saying to the government, Hey, guys, something's not quite right here. And the government goes nah she'll be right. She'll be right. Let's not talk about this DNA dragnet (???) I didn't say they said it.

M

Molly Knight 32:55

Okay. Yeah. So Serene. What can we do? All right, what can we do as individuals?

S

Serene Teffaha 33:03

Yeah, so what's really important I just want to before saying what can we do i do want to talk about very importantly as well that people understand where they can go to for the act, okay. Okay. Yep, bio security access via security control orders and the type of things that that need to be done on an individual level that means what are the what are the things they can do to you require you to do but they have to issue you a biosecurity control order and identify your infectious disease risk, okay? before so they need to do that first and identify and issue you the bio security control order with all the requirements and the review rights. Okay. These are some of the things things to do with risk minimization. This is section 88, including using a specified clothing or equipment. So masks, you can't just go tell a group of people wear masks You need to go specifically. So you say if you're in the hospital and you're a healthcare worker, you need to wear masks of a medical grade and ensure you take breaks at particular spaces so that you're not suffocating from wearing a mask all the time. If for example, they say particularly individuals, okay, if they work in specific spaces that are extremely congested, maybe they can tell them to wear the mask, okay but telling the whole community to wear a mask all the time when you're out or providing some exemptions that are very strict or restrictive, is not helpful mitigation of risk. And that's in their own provision, section 88 of the biosecurity act, okay, section 91, requiring body samples, the diagnosis, you need to also be issued bio security control order you can't just be asked to be tested. You need to actually be identified as a risk. Okay? signs and symptoms now, what they've done here very very maliciously, is that they said, Oh, if you're asymptomatic, you can actually infect. We know from a lot of studies that have been done that that's very rare that's always

qualified as very rare. You do not form policy on things that are very rare. That is not how public health policy is formed. And that's very disingenuous. And who has come up repeatedly, people coming up from scientists from who going yeah, that's not gonna happen. And the next day who's like no, no, ignore that person. Sorry, they're being so contradictory, no kidding. And they go on the record saying it. Now managing contacts asking for contacts. Okay, you got to be issued by security control order, section 86 contacting an officer with a health status, section 87 restrictive behavior. If they're telling you to do certain things on an individual level, you have to be identified as a risk, okay? undergoing an examination or a test. Now we've got a New South Wales people are randomly being chosen for a mandatory test. You can't do that. You can't just pluck people out of a hat and go, Oh, it's your lucky day. Right? Yeah. Infectious risk status first. Okay. You don't just send here a letter and say Dear Jo. It's your turn. You've been plucked from a box. Lucky you It's your turn to be tested. Yeah, no, no, that's not how it works. Okay. And everything else, decontamination risks, receiving a medication, appropriate medical or other standards to be applied and most importantly, no use of force. No use of force. Okay, that's under the biosecurity act. Where's our states and territories in all of this? Where's our Attorney General's in all of this? Where's the Governor General? Where's the federal Health Minister? Where are they in this equation? Nowhere to be seen. Or alternatively endorsing these actions? Well, I think it's good for them to go and have a read about what their roles are under the legislature. Oh yeah, that's my role, I didn't realise that I'm the Health Minister, you know,

M

Molly Knight 37:21

I Yes, yeah. Okay, so

S

Serene Teffaha 37:25

What can we do? I'm telling you what we need to do. I've been looking at these and racking my brain from every angle. I'm doing a vaccine class action for the influenza mandate. So they brought in that you have to be vaccinated with the flu to see your loved one or access your job. Now they said that that's because it reduces hospitalizations and get this. There's absolutely no evidence of that. The Cochrane Review is very clear. The hospitalization links to influenza vaccine is just non-existent. The stats don't exist on that one, I'm afraid. There are stats that's okay. And I'll tell you what else is very interesting. Because I look again at their information, you know, people get angry. I'm psyching their information and they're like oh, you're a keyboard warrior. No, I'm not. I'm a researcher. I'm a lawyer. That's what we do where we are keyboard warriors. True. We research everything. Okay? And that's a good lawyer who does that. Okay. And their own statistics on influenza this year shows it's almost close to zero. Deaths. Okay. 36. I think that the last

time I checked, but get this their own records say it and qualify it with a very strong waiver, which says, you cannot trust those statistics because of COVID testing. They are saying this themselves, its not me saying it, its them saying it. They're saying you can't trust those statistics because you can't trust them, because the reality is that conflated the cases could be conflated. What we see is actually influenza could be COVID and what is COVID could be influenza until in the really low latest symptomatic, when you show more on the later levels, that it could display differently. Okay. But in terms of the statistics and the reporting, what may actually be reported as COVID is actually influenza. And they recognize that now it's no secret let's look at all the graphs. Yeah, let's not let's not forget we're in winter in Victoria, we're in winter. And get this if you go and look at all the stats from all the previous years, guess what? ICU and hospitalizations are very high in the season. This is not a surprise. We're in winter, vitamin D levels go low. We're more likely to contract things okay? And and and hospitalizations in ICU's you will fill up. Okay? And we've got the stats to show the comparatives of the last year, why are we going? Oh my god, ICU there's 12 or 20, we're in dire straits. Actually three years ago It was triple that amount it was 1,100 people that died, correct? Yes. Why don't we all this dramatization coming back to the definitions? What's the significant risk? And I'm not saying this the stats are. I'm not the one making this up. Okay? The stats are there to show comparatives and come up with appropriate modeling and and do appropriate reactions. So, I'm doing that. And I did that initially, because I was very concerned about the way that they brought the aged care directives very quickly. But the more that I'm looking at this now that I realized that I'm working on that vaccine class action but the real and people say, Oh, is this anti-vax? Just an anti-vax You know, this is not an anti-vax issue. This is about human rights. This is about our rights to to be defined as what a risk is, if we know that influenza is not a large risk this year, and it's been conflated with COVID, we need to apply it appropriately. There are risks with with the fact that there are serious adverse reactions and people should have this as a recommendation not a compulsion, or a requirement. We know under the law, you can't require it unless it's a biosecurity control order, or public health order. Okay. So this is about process. It's not about vaccine. Not all vaccines are the same. Let's get that out of our heads. Just because something called is a vaccine doesn't mean that all medicines are the same or all vaccines are the same. They have different risks. And we have to be logical about that. I'm not the one making this up. The experts are saying this, their own data is saying it. Okay. So what I realized is we need to go more. My plan now and I'm getting more help. And I'm getting more people on board that we need to look at a class action for every citizen in this country. Class action in relation to businesses being shut down and the inconsistencies that are being applied. Yeah, one minute 10 people, the next minute 12 or 20 people Bunnings open essential. The virus doesn't attack essential businesses. Okay. But Bunnings is and so is you know, so is the largest stores, okay, but small cafes and businesses. Oh my god, this is where you all gonna die. You're gonna die in the cafe. That's my desk is going to be but let's not mention

all the local community that are all in the vegetables and the fruits and the shelves and oh, yeah, I've seen a whole lot of people touching the fruits in my local shop, my local Coles, local Woolies, so let's not kid ourselves that we've had a full lockdown on either. We've had a partial lockdown. But we haven't had a full lockdown. So let's not kid ourselves, you can't measure that stuff. That stuff can't be measured in data, because it's not stable. not stable on that, okay? And you don't just say, Oh, you are essential and you're non essential who is there to define these things. Who's defining it. Who's saying that large businesses are fine, and small businesses are not. So businesses will be open to businesses, it'll be open to people for the masks issue, it will be open to the travel detainment. People have been detained and have been asked by the states to pay for their detainment. Queensland asks its own people to pay for being detained coming from the country from from outside the country and even if they don't have symptoms they're detained. Well, it doesn't work that way. Under the law, okay, those laws doesn't work that way. those laws must be struck out as part of the process of a class action because we're saying they're inconsistent with the biosecurity act. They're inconsistent with, with the implied rights, they're being protected constitutionally by the Bio Security Act. You can't do that to people the Bio Security Act says if you do a bio screen control order you the Commonwealth pays, what the state's doing. They're letting the people pay. That's an outrage. This is not the way you handle things. This is not the way you handle business. So we have a class action. We will be launching that very soon. The larger class action we working as I said on the influenza mandated vaccine class action and that could potentially form part of the larger one. Okay, but we're ready to go. We're ready to go with that one. All our arguments there and the arguments are the same. I've put my arguments publicly, please, go for it. The law is the law. It's meant to be shared. Friends, there's no copyright on my legal opinion, take it, read it, defend yourself. Now I'm very importantly though, and I have to say, I don't recommend even though I argue that this is under the law is unlawful and our processes under which we can go and seek that and that is a class action in the court. Okay, we do that through the court, we do that collectively with no fear. Don't be afraid, let's stand up together and say processes must be followed. Okay. But I'm not saying or encouraging or mandating or whatever, saying to people breach the directives as they are, because I understand that people are vulnerable. And I understand that they could be exposing themselves to the brutality of police or the brutality of other people reacting around them. So I would never encourage people to breach anything. What I'm encouraging is if you feel something's been wronged, or done by you incorrectly, we are raising these issues. And I do believe 100% that the laws that they're actually allegedly following are in contradiction with their own public health acts and primarily inconsistent with the scheme that should operate primarily in this and that's the Bio Security Act. Okay, but there's the process is through class action, the process is through coming together. Okay, and saying, legally, we've got those processes. We live in a lovely country. There's so much darkness at the moment. But

there's a history of common law that has been fought by some very great minds in this nation. Okay, there's a history of beautiful Indigenous women and indigenous men who fought to also have their voices heard and create proper laws in this country. There's a history of women, lovely women. I mean, I know I should say that men too, of course, there's great judges. And it's wonderful, wonderful people on the ground who've created some very, very important work. There's some really good legislative writers in this country. We have some fantastic legislative writers in this country.

M

Molly Knight 47:16

That's true, we do. Yeah. So, okay, coming together collectively. I see that and I think you're right. It's vital. We stand together and stand up. But if someone came to my house and said, Molly, here's a letter and you're the lucky one. We've chosen you. What do I do? Do I submit or how do I get past that?

S

Serene Teffaha 47:44

This is where it's important to join this class action. There's I'm getting hundreds of calls every day from around the country Serene help me Serene help me. Well, I can help you by the class action that we'll do which will address every issue. Okay. That's why I'm gonna roll that out as quickly as possible. Okay, I'm not here. I worry about people for them to say no, because I worry about more forceful things happening. Worry about force being used on them. Okay? So of course my advice would be, in the meantime, when you don't have a voice that is actually saying to, you know, can come in and hold the baton for you and go in hard, okay? I can't do that to over 100,000 people in this country who are upset, what I can do is do a class action to represent the 100,000 people. Okay? And I can do that and prepare them and have people who, and people who show the patience and the courage to stand up. Because this is no longer about personal outcomes. This is about collective outcomes. We need to collectively stand up and say, No, we live in a good country in a democratic country. We have laws here that work well. Sometimes, some of these laws are misinterpreted. Sometimes these laws are draconic, draconian, and they are inconsistent with other laws. And we have great judicial processes, judicial review and Commonwealth common law and torts and all sorts of things that can help us voice what we actually going through. That is difficult, but we need to have the bravery to come forward and not be afraid, okay? My class action will because it's going to be with a lot of people. We're going to be work, we're working on forms. I've got my team now I'm putting together my team. And actually I'm looking for four part time consultants, who are excellent administrators. I've got already two that are fabulous. So I've got four that are fabulous two that are existing and two that have expressed I would really appreciate more expressions of interest for people initially to do it on volunteer and then paid basis.

So initially, just so that we can get over the, the bump of getting the forms together and getting people to come through. And so what I'm looking for are fantastic administrators, okay, on a part time basis for up to four hours a day, five days a week, okay and they'd be rummaging through all the forms and contacting people and putting people in the right subclasses depending on their on the impact that they have made the best of class action. I've also got the AHPRA complaint. Okay. I have 150 up to 150. Now, doctors and nurses Austria's practice chiropractors, you name it, the whole look okay, and they're all 100% anonymous 100% anonymous, and the reason why they have to be is because AHPRA will target them. Absolutely. I'll talk about what was going on. It is about the vaccine issue. It's about the fact that there are serious adverse actions that don't get reported properly in this country. Okay. They have a mandatory so they don't have any mandatory reporting. The TGA has on their website. Oh, yeah, you can come and report it here. But most of the time, it's a coincidence. And you have doctors trained and hospitals "Oh No", they won't recognize that you've been injured. Correct. And I've spoken to a lot of people. And this is a real problem. Vaccine Injury is a real problem. And there's short term vaccine injury, and there's long term and we need to stop lying about it. Let's stop lying about this. This is a real issue, talk to a person who has been vaccine injured, and then you'll know some of these people who have pro vaccine till the cows come home. And then wait, what the hell is going on here? Why am I having these reactions? Okay. And I'm not talking here about small reactions. I'm talking here about severe reactions. And we don't have proper reporting systems. We don't have the data because proper report proper data comes from proper reporting. You don't have proper reporting you don't collect the data. Simple So it doesn't look like you have a major problem if you're not collecting the data Correct and also when you're when you're being gaslighted about the data okay when the data is like no oh my god do you think that's because of this? Oh, you're an idiot. And you have doctors criticizing doctors you should see when they're slamming at each other it's the worst thing you can see. Oh you Oh, you are just anti, God who are you you should be shot lined up something must happen to you. Take a chill pill, talke a chill pill. Let's consider some of these situation let's consider logically Why are we being so? Oh my god so passionate about what are you the vaccine company getting the millions? Sure, are you getting some of these people don't have the benefits, but it's like they've got this whole litany of soldiers, vaccination soldiers



Molly Knight 53:09

Yes it is like that. That's right. Yeah.



Serene Teffaha 53:12

And I'm not against vaccines, I treat vaccines, each one of them is separate. So I might

have respect for some of the more older tested vaccines, but I don't have respect for some of the more modern vaccines that are being rushed and let alone the corona vaccine allegedly gonna come very quickly with showing people are getting really sick. What is the agenda? Goodness me. Okay. There's a lot of question marks, you know, and you know, people as I said, will go you're a conspiracy theorist. Oh, you know what, I've seen a thing or two in my life. Maybe what? You've seen what I've seen, then you might understand people just that little bit more. Yes. The darkness that I have seen, maybe you'll understand, sorry, I get a bit emotional because It's been quite emotional in Victoria to be honest, because people are just so hatred of each other and they're not listening. They're not listening to each other. They're not hearing each other, like respect each other. what someone is saying to you, they're not coming with live. They're coming with facts, they coming with evidence. Let's be rational, you let rationality and just because I'm crying doesn't mean I'm weak. It means I feel for people around me. So we must feel for each other, not hate each other because that's the, you know, that's part of the plan is to create a hatred against each other and I cant believe I'm crying it's quite emotional today.

M

Molly Knight 54:48

Well, yeah, it's a very emotional world that we're living in at the moment, Serene. It's, um, nothing makes sense. There's no logic to anything that's happening right at the moment. And people I just can't believe that people are so unquestioning and and complacent and just quick to slot in and do whatever they're told they're like sheep they really are and I it just blows my mind that people will not question what's going on because it does not make sense no sense.

S

Serene Teffaha 55:25

it doesn't make sense that we don't have to hate each other for it you know the studies you know when you quote studies and say you know the masks there's been randomized clinical trials that have shown that the masks that the cloth masks are problematic the WHO itself says that in their own material. There's no high quality evidence for this Okay, there's comparative studies between the N 95 masks as well as the cloth masks as well as the surgical masks Okay, you know, there is issues around breathing and and and and issues around you know, they go "Oh no oxygen. nah, no impact". I mean, you put it on for God's sake. It doesn't require a genius here. I put on a mask and I feel like I'm suffocating. Yes. Tell me something that I like I'm an idiot or something or I don't understand or that I don't know how to read. I know how to read. I understand the information in the data and even common people know how to read. This is inciting in people a lot of emotions. Because it's a it's an interference with yourself. It's a violation. That's what people are feeling. And then you have the rest of the community all scared. Oh, we better do what

the government says. Better keep going.

M Molly Knight 56:42
Very fearful. Yeah.

S Serene Teffaha 56:43
Very fearful. And then and then they get angry with you because you're confronting their fears. It's called cognitive dissonance. And that's why they get angry with you. Let's not get angry with each other. Let's like hearing each other. When they say observational studies is the thing that says that cloth masks could be worn. Sorry. I'm not going to go for observational studies. When I've got randomized clinical trials alright? Yesterday, it was no good, today it's good. No, that's not how science works. All of a sudden, you say that instead of playing the issues, they play the person, aw you're a conspiracy theorist. That's not our response to my arguments, my friend. I'm quoting all these facts. I'm quoting you studies, I'm quoting you from their own websites. I'm quoting you from their own studies. I'm quoting you from the independent expert. That's not me being a conspiracy theorist. That's me being logical. That's me being rational. That's me being scientific. So let's hear each other and not get and then they emotion. Oh do you want your old people to die? Do you hate the 80 year olds? Don't you just want them to die? I'm all for protecting people I'm all for but we need to do it rationally, we need to do it strategically emotional arguments are not going to get us anywhere. We need to look at patterns we need to look at statistics, we need to look at comorbidity, we need to look at what the virus is and hasn't been isolated. And what are the issues around that whether testing and how do we deal with it and how do we prevent it? What kind of medicines work? What kind of medicines don't work, be constructive?

M Molly Knight 58:30
Let's get the truth. Let's get the truth of all of this because we're not being told the truth, not by a longshot.

S Serene Teffaha 58:36
It's hard to get sometimes it's a process. Sometimes it's us learning together about what might work and more might not maybe there is no absolute truth. Maybe that's something that we develop as we go along. Again, we just get to notions of truth of perceptions. Everyone has a perception. Everyone sees things from their own window of experience. We can't disregard each other, you know, and I don't mean to mock anyone, I'm just trying

to provoke their minds, you know, to think outside of the square a little bit. You know what I mean? Just because the mainstream media and the mainstream scientists and governments have told you something repeatedly. It doesn't mean it's the reality. It doesn't mean that there are no other perspectives. It doesn't mean that there are hundred points of view, one incident can happen and you have 100 people looking at it, and they will report it in 100 different ways. Yeah, there is no such thing of 100% objectivity. What we do have is data. We can make conclusions. We can do some research. We can do randomized clinical trials, we can look at gold standards. We've got these things to protect us from ourselves. Let's use that data correctly. And let's come up with proper strategies. Of course, we should mitigate risk, no one's saying that, there's no denialism here. Yeah. denialism and rational sorry, if people want to ask questions they can ask questions.

M

Molly Knight 60:13

Yeah, it's just when when a business, for instance, says that you have to either wear a mask to come into the store or pay by card you cannot pay by cash how legal is that? And is there anything we can do about that?

S

Serene Teffaha 60:36

I think you know, the problem is is like multiple layers of people telling other multiple layers of people threats and there's also threat to cascading threats. You've got the common people at the bottom, the ones who are a retailer, okay, the ones who are the real the consumers. I mean, the retailers and they've got their hands tied. If you don't do this we will fine you. So I go into a shop and I want to sit down the owners coming up, please leave. It's not me, but just leave. I'm sorry, I forgot, you know, and so I don't blame you. But what I do say is this stand up, be counted, if all the businesses, if all the businesses are not afraid, you know, We're looking at some serious problems here, some serious social issues, mental health, suicide, domestic violence increase of paedophilia. Yeah, more child trafficking. Let's call it out for what it is. 4,000 girls go missing every year from residential aged care they're trafficked in this country. Yes.

M

Molly Knight 61:58

Why do we not hear about that?

S

Serene Teffaha 62:02

In this environment, businesses will fail. I couldn't hear you again. Say that again.



Molly Knight 62:11

You're sorry. Seems to be breaking up a little bit Serene. Can you hear me now? Can you hear me? I was. Hello. I think we've lost connection. Are you there Serene?



Serene Teffaha 62:26

I think I've got you. I've got you up. Yeah, I got you. I've got you here.



Molly Knight 62:31

So you were saying about? Yeah, I can hear you. You can hear me my Yes. Yes. Yes. Can you hear me?



Serene Teffaha 62:39

Yes. So there's a lot of darkness that's happening behind the scenes. Okay. And then, every 30 seconds a child goes missing in the world. Every 30 seconds. That's the virus of the world. Yeah. And that's a fact. It's not a contention. It's not disputed. That's horrible. With these shutdowns and lock downs and with these businesses closing and families, the stresses and you can't even imagine how many more people will die, and how many people are dying already from suicide. Yes, it has increased statistics. Let's talk about statistics. Let's talk about it. Let's line it up. Now it's okay if 5,000 died from suicide, but not okay, if 105 die here. Now, how does that work? I'm not saying that 5,000 die of suicide, but I'm saying that statistically, heaps are dying. And there is actually a deep correlation now, between what is going to go on with the systemic shutdowns that are unnecessary. You can mitigate and deal with virus without complete shutdowns in the way that they've done it. And who comes up with these unscientific principles are 20 people iE 10 people IE, five people who can handle here, don't do this. Don't do that right here. Do get Come on. Go down the Woolies watch the screens. Every finger in the town has been there. Okay, we'll talk about surface transferal. Bananas, just look at the bananas. The apples. Oh my god, everyone's touched it. It doesn't matter how many times you wash your hands you're not going to take away those fingerprints. But in any case, you know where who says these these are scientific principles. There are top experts who've blown out of the water aspects of social distancing. And, and these randomized selective shutdowns, okay, these rules that they come back with, okay? You know, things can happen on things don't happen when you're essentially doing things but things will happen when you're not essentially doing business getting consistent. It's illogical. Or you want to apply things apply it from a scientific perspective. Don't just listen to two people, Neil Ferguson don't just listen to one person, he's not the only epidemiologist in the world,

and he's remodelling has been completely thrown out of the water and people get really upset "nah there was modeling, we're all gonna die". And unfortunately, the government plays on to that fear of individuals isn't there's almost a trauma or a Stockholm syndrome in terms of just people's vulnerability, okay, and people listening to authority. We've been trained very well as a society to listen to authority. It's been happening very well since Edward Bernays, Sigmund Freud, Sigmund Freud's nephew, got his hands on private companies. Okay. Oh, yeah, it's been done very well. He's the one that changed the word propaganda to public relations. That's what government doesn't does doesn't do propaganda anymore. It does public relations. Now, if you know your history, and if you very well read, and if you understand human psychology and behavior, you can see patterns developing historically and we're now at a real crossroads. In terms of the asserting of our leadership, our leadership is usurped by private interests. It's fully it has been fully usurped. Okay, by private interests. Okay. You know, you don't know where the public ends and where the private start, okay, and is that a true very dangerous when you're talking about executive decision makers? It's very dangerous when you have these affiliations when political parties will have funders, from the mining to the all sorts of things. Hey, my name is construction. No one hands off, hands off, no-one touch them. Nobody touch them in this corona times, no hands off Yeah, not the mining conglomerate, no just your local cafe. Yeah, that's where the virus lives? Open your eyes understand what's going on. Yeah, wake up wake up. Question. Listen, understand, observe, analyze, compare, get your statistics get your data, start opening up your eyes and don't be so offended when someone presents you something that gets you all like your viewpoint of the world. That is

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Molly Knight 67:35
challenges.

S

Serene Teffaha 67:36

Yeah, roses and you know the world is love that we really got to understand there's a lot of risks around us, okay. And we need to understand classify risk, okay, and understand how to measure it. And we have we've got epidemiology with a lot of good sciences. Qualitative data collection and analysis. We've got this lets use it.

M

Molly Knight 68:00

Alright, thanks. Serene. Um, one of the the biggest theme of what's coming through from our watchers tonight is how can people support you? What, what do you need?



Serene Teffaha 68:14

What I need is people to stand up. So when I'm ready to put this out, and I'm working with my team, literally, we're not sleeping this over and you know, I have two angels that have come in my life, Melissa and Sandy. And, and, you know, and and they've been a real godsend to me, you know, because they've just been such a lovely, lovely people. And they've been we've all been doing this for free, like we're not doing it like we just want to stop this, you know? Yes. agreement, everything going forward. We're asking for contributions. Now if we will open it up to far more people, those contributions are going to be far less if we all put it together to get the experts to get the top barristers. you know to get all of that it means that we all put in a little to get a lot in our What I want is simply people to come on board. Don't be afraid, come on board. Together, we will make a difference. Lovely. And how do we do that? How do we come on board? I'm going to be releasing that information next Monday, Tuesday, we'll have all of our forms we'll have all the agreements we'll have all of our strategy set out. You know, we've already got that for our wonderful influenza mandate group. Okay. And we've already trialed and tested it. So that's been wonderful that we've gathered the people in the, you know, when we've trialed, how we run a good class action and all that was in a smaller group of people. But we've obviously got them now together, and we move them to the next phase. So it's given us learnings on how to move in a better direction. So now we're much more prepared to go to the next stage, you know, and yeah, and so, join, join. Don't be afraid, put your fear aside park it all the way and let's do this together.



Molly Knight 70:01

Alright, so they go to your web page.



Serene Teffaha 70:03

Yes, they go to my web page, they go to my Facebook, and I'll share it with with the health party as well. And the people that I know and so it will be spread everywhere and maybe even if you've got a list of people who are on there tonight that can be shared with them as well.



Molly Knight 70:19

Okay, all right. So perhaps if anybody is interested in the meantime, they could certainly send their email address, I'd be happy to collate anyone who wants to send their email address to me and pass it on to Serene or contact your Facebook or your your web page. And we'll certainly share all your information on on our web page and our Facebook and

so on. Because, you know, for me personally, I think we have a couple of issues that are about to change mankind. Yes. And that scares me. Yes. Um, it really scares me It rocks my world. It's so serious. So we do need to stand up, we need to wake up, people wake up, stand up and stand together. Because together we're safe, we can make change for humanity, because this is not about individuals. This is about the human race. That's it.

S

Serene Teffaha 71:34

Molly that's beautiful. Absolutely. It's very touching. And, you know, it comes from a little wisdom I can see. From beautiful window and eyes of wisdom, you know, and and, and I think, you know, I just, I close my eyes at night and I just put out a beautiful prayer to everyone that everyone is safe even those that I don't like that we're safe and that we can. Oh well. together to get these traumas that have been inbuilt against each other that would be set up to be against each other. When we need to just be heard and understood, and really understand that we have the opportunity to not be afraid of those that do seek to limit us, enslave us, encapture us, whatever you want to call it. dominate us bully us, tell us that we don't have a voice. we do we have a voice. We all deserve to be heard. I have trust. I have some trust remaining in the judiciary. I do. I think that they're also being impacted. These judges are also being impacted. Okay. And I do believe that if we put it up to them, that at least we can get that arm of government to have a look at it. Okay, because we've got very, very powerful evidence here. You know, and let's test it out in court because I'm confident when you test this out in court what the result will be. I'm confident.

M

Molly Knight 73:05

Well, I'm confident that there's going to be an awful lot of people right behind you. Serene, and I will certainly be one of them.

S

Serene Teffaha 73:12

Thanks you so much it has been such a delight, honestly. Thank you.

M

Molly Knight 73:15

Thank you Serene. I hope we can get you back again because I think you have so much to offer us. Thank you. And it's been a total delight. listening to you and feeling your passion and knowing that you're on the right track. Because if people don't start to stand up and do something, we are lost.



Serene Teffaha 73:39

Yeah, we are, we are really in a society like this, you know, I want I just want logic. I want logic. I want rationale. You know, I want citizenship. I want participation. You know, I want people to be heard. I'm not dismissing the other side. Okay, but they also musn't dismiss And they can't be bullies in this, you know, we have to let go of our power tripping need, we have to let go of the need that we've been trained to compete with each other. We need to start to co-operate with each other, and inspire each other and go, hey, let's really look at what science means science is not a dogma, it's become a dogma, become a political tool being mean, when doctors are afraid to speak out, there's a problem. The problem when scientists are afraid to speak that's the problem.



Molly Knight 74:31

If there's something wrong, definitely something. Okay. On that note, Serene. I thank you. I thank you very, very much for joining us and wish you good night and God bless and Godspeed in your work



Serene Teffaha 74:48

You're so lovely. And it's been such an honor and a pleasure. Thank you.



Molly Knight 74:52

Thank you. Serene. Thank you. Nice, good night, everyone. Thank you all for joining us. I hope you've gained as much as I have from this talk with Serene. Thank you. Good night.