

An Open Letter to Australian Citizens

by Stephen Crothers

(Australian Scientist, Occupational Hygienist, Forensic Investigator)

My fellow Australians: I am a scientist and an occupational hygienist. I have 40 years field experience as an independent forensic investigator conducting inquiries into injuries and fatalities in workplaces and public spaces, arson and fraud, on behalf of law firms and insurance companies. My experience in investigation of physical, chemical and biological hazards and their management is extensive. I have testified in courts of law on many occasions. I have spent my professional life in seeking justice for Australian citizens to the best of my ability. My purpose in writing to you is to put before you the basic facts concerning the alleged COVID-19 pandemic in order to prove to you that we have all been deceived by our governments and our public officials. The alleged COVID-19 pandemic has absolutely nothing to do with public health; it never has. We are all being deprived of our civil liberties, our human rights and our financial independence by rogues, under the cloak of a fake pandemic that has been used to terrify us all so that we will be willing to comply with government oppression. Australia is being assailed by forces that seek to destroy our democratic way of life and take from us our freedom, our spiritual being, and our happiness. There is no dangerous contagion threatening our lives at all. The so-called 'vaccine' purported to save us is far more dangerous than the alleged disease. It is an unproven 'vaccine' that is producing profits in the trillions of dollars for the pharmaceutical companies peddling it, and in so doing, destroying our economy and our safety. It must be stopped for it is not we and our children have no bright prospects in servitude to a dictatorship no different to the communist nations. Never before has Australia been attacked by malevolent forces from both outside and within.

COVID-19 pandemic malfeasance

I draw the reader's attention herein to a number of salient facts in relation to the alleged COVID-19 pandemic in Australia and related false claims made by public authorities, politicians, directors of public health and chief medical officers of the states and territories and of the Federal jurisdiction.

Technical Preamble

In Australia and around the world the alleged medical test for COVID-19 infection in human beings is the RT-PCR: **R**everse **T**ranscription - **P**olymerase **C**hain **R**eaction. This is actually an amplifier of genetic material: Given a small amount of some genetic material (in this case RNA) the RT-PCR amplifies that amount of genetic material to a quantity suitable for laboratory study. Each 'cycle' of the RT-PCR artificially increases the amount of genetic material by 2. Thus, if n is the number of cycles run, then the initial amount, whatever it may be, if it is present, becomes 2^n times the initial amount after n cycles; e.g. for $n = 25$, 2^{25} is a huge amplification. Note that this does not report any actual amount of genetic material because the RT-PCR cannot report actual quantities of genetic material. So the number of cycles **must** be recorded to know if the RT-PCR functioned correctly. The operational range is between 25 and 30 cycles. Beyond 30 false positives become the norm. If one intends

to produce false positives at will, then simply overdrive the RT-PCR into cycles greater than 30. If the number of cycles is not recorded with any RT-PCR report then the report is entirely worthless. The number of cycles is a crucial piece of information that must be recorded against the report for any person.

The second crucial piece of information for a meaningful RT-PCR result is knowledge of the RT-PCR primer. Analogously, think of using a dog to track by a specific odour. The dog must first be given a sample of the odour before it can go looking for the trail of that odour. Without a sample of what odour to search for the dog cannot track it. Similarly, the RT-PCR primer is essentially what the RT-PCR is instructed to find in a biological sample, if it is present, as for example from a swab specimen taken from a person: So one must know beforehand what to look for. In this case what is required to prime the RT-PCR is the **unique** genetic sequence of a fragment of the alleged SARS-CoV-2 contagion. A fragment that is common to all corona viruses will not suffice because any and all corona viruses that might be present in a sample will contribute, even if the alleged SARS-CoV-2 contagion is not present. The primer must be obtained beforehand from a purified isolate of the alleged contagion in the laboratory from the cells of an infected person in order to genetically sequence it in the first place. Without a purified isolate in the first place, claims for genetic sequencing are misleading because artificial methods are then employed, such as computer generated genetic sequences. One can computer-generate as many sequences as one desires. Thus, without any valid knowledge of the primer, any RT-PCR report is entirely worthless.

Technical Specifics

Tasmania

There are two RT-PCR kits being used by the Tasmanian Department of Public Health (see Annexure 2), namely:

- (i) Alinity m SARS-CoV-2 AMP Kit, manufactured by Abbott Molecular Inc., 1300 East Touhy Avenue, Des Plaines, IL 60018 USA.
- (ii) GeneXpert SARS-CoV-2, manufactured by Cepheid, 904 Caribbean Drive, Sunnyvale, CA 94089, USA.

The Product Material/Data Sheets for these two kits clearly state that the kits are **qualitative** in nature, not quantitative (Annexure 2, pages 1 and 12). Significantly, neither data sheet specifies anything in relation to: (a) the number of RT-PCR cycles to run for any diagnostic medical purpose; (b) the genetic sequence of the RT-PCR primer for the alleged SARS-CoV-2 contagion required by the kit; or (c) any citations of peer-reviewed published scientific papers reporting isolation by purification of the said alleged contagion or parts thereof, necessary for ascertaining genetic sequence for the primer the RT-PCR kit requires. The Department of Public Health Tasmania possesses no peer-reviewed published scientific papers reporting isolation by purification of the alleged SARS-CoV-2 contagion. Significantly, these documents also state that '*Positive results do not rule out bacterial infection or co-infection with other viruses*' (Annexure 2, page 1); '*The agent detected may not be the definitive cause of disease*' (Annexure 2, page 12). So even with a positive RT-PCR output, the

cause of any disease cannot be ascertained. There is therefore **no** scientific data whatsoever in the Material/Product Data Sheets to substantiate that the RT-PCR kits are fit for the purpose of COVID-19 medical diagnosis.

The Department of Health Tasmania has also stated relative to the genetic sequence of the RT-PCR primer required that:

The information custodian advised that the sequence information is commercial in confidence and not known to the public authority.

If the SARS-CoV-2 primers are in fact 'commercial in confidence' then they are manufactured, whereas all Australian public health authorities have told Australian citizens, explicitly or implicitly, that the SARS-CoV-2 contagion is a naturally occurring organism that causes alleged COVID-19. If the primers are not manufactured, then they are not 'commercial in confidence', so the claim is false. In any event, the Tasmanian authorities have revealed no knowledge whatsoever of the genetic sequence of the SARS-CoV-2 primers in the RT-PCR kits being used in Tasmania. The public authority therefore **does not know** what it is testing for when using these kits. Hence, all claims for positive or negative 'cases' of COVID-19 made by the Department of Health Tasmania on RT-PCR outputs are false and misleading. Public officers who make false or misleading representations attract certain punitive provisions of the local criminal law and also of the Commonwealth Criminal Code.

Since the outset of the alleged pandemic, there have been only thirteen deaths assigned to COVID-19 in Tasmania, in a population of over 500,000. The age of the deceased range between 72 and 91; all died in hospitals. The public authority has never reported the co-morbidities of any of these deceased. Two other people, a man and a woman in their 60's, who died in hospital and who allegedly tested positive to COVID-19, had pre-existing serious health conditions but were not included as COVID-19 deaths due to awaited Coroner determinations. A total of 13 deaths in a population of over 500,000 does not constitute a pandemic by any scientific measure. There is no scientific evidence that these people even died of the alleged COVID-19. For more than a year the Infection Mortality Rate (or otherwise the Infection Fatality Rate) in Tasmania has been 0. On the scientific evidence, there is not and never has been a COVID-19 pandemic in Tasmania.

Since the beginning of the alleged pandemic there has been 999 deaths reported for the whole of Australia from the alleged COVID-19, in a population of about 25 million. A total of 999 deaths in a population of over 25 million does not constitute a pandemic by any scientific measure. There is no scientific evidence that these people even died of the alleged COVID-19 since it is evident, prima facie, that all the public health authorities of all the States and Territories employ methods little different to Tasmania.

South Australia

Under cover of the Freedom of Information Act 1991 (SA), application identifier CALHN/FOI/2122/003, Karen Collins, Manager Freedom of Information, Central Adelaide Local Health Network, after direction by the Ombudsman, confirmed that

the alleged medical test for diagnosis of COVID-19 infection of citizens and visitors in South Australia is (see Annexure 1, page 2):

SARS-CoV-2 PCR

There are two RT-PCR kits being used by the Central Adelaide Local Health Network (CALHN) (see Annexure 4, page 1), namely:

- (i) GeneXpert SARS-CoV-2, manufactured by Cepheid, 904 Caribbean Drive, Sunnyvale, CA 94089, USA.
- (ii) An in-house SA Pathology procedure for PCR assay.

The first kit is exactly the same as one used in Tasmania. CALHN states in relation to this kit: ‘SA Pathology does not hold any documentation of the genetic sequence of GeneExpert’s primer for the SARS-CoV-2 Contagion’. As explained above for Tasmania, there is no scientific data whatsoever in the Material/Product Data Sheets for the GeneExpert RT-PCR kit to substantiate that the kit is fit for the purpose of COVID-19 medical diagnosis, so CALHN has no valid scientific basis to claim ‘cases’ of the alleged COVID-19 in using it. All claims by CALHN of positive cases or negative relative to this kit are false and misleading since CAHLHN also does not know what it is testing for by using this kit.

Concerning the second kit, CALHN states that the number of cycles being applied in general is 45 (see Annexure 1, page 2). However, this is a very excessive number of cycles and renders the output worthless. The late Dr. Kary Mullis, Nobel laureate for chemistry, for invention of the PCR, had himself stated that if a PCR is run at over 40 cycles there is something very seriously wrong with the PCR. The problem with such high cycles is that false positives are the most likely outcome since contaminating fragments of genetic material other than the target also find expression in the output summation. Theoretically, one can generate false positives at will by simply overdriving the PCR. In any event, CALHN also appears to have not recorded the number of cycles against the record of any person ‘tested’. In the absence of record of the number of cycles against a person’s report, there is no way of knowing if the RT-PCR output has any scientific meaning. Consequently, it is improper to assign a positive or negative in the absence of a record of this crucial factor.

Concerning the genetic sequence of SARS-CoV-2 primers for its in-house RT-PCR kit, CALHN presents the following table (see Annexure 4, page 2).

TEST	PATHOGEN	GENE	OLIGO NAME	OLIGO SEQUENCE
COVID-19 (SARS-COV-2)	SARS-COV2- COVID-19	E gene	E_SARBECO-F1	ACAGGTACGTTAATAGTTAATAGCGT
			E_SARBECO-R2	ATATTGCAGCAGTACGCACACA
			E_SARBECO-P1	FAM-ACACTAGCCATCCTTACTGCGCTTCG-BBQ
		N gene	NI FWD	CTTCGGAATGTCGCGCATTG
			NI REV	AGGCTCTGTTGGTGGGAATG
			NI PRB	HEX-ACGTGGTTGACCTACACAGCTGCCA-ZEN-IBFQ

Curiously CALHN **does not reveal** from where it obtained these genetic sequences. In fact it states that it holds no peer-reviewed scientific papers reporting laboratory determination of a purified isolate of the alleged SARS-CoV-2 pathogen from the cells of an infected human being: ‘SA Pathology does not hold any documents as SA Pathology does not isolate the SARS-CoV-2 Virus and therefore does not hold peer-reviewed scientific papers’ (see Annexure 1, page 2). Consequently, CALHN has **no valid scientific proof** that the sequences it presents in its table above have any capacity to detect the alleged SARS-CoV-2 in conjunction with its in-house RT-PCR kit and the very excessive number of cycles employed. Furthermore, on what basis does CALHN justify its generalised excessive number of RT-PCR cycles? It does not say. There is therefore no scientific basis for its claims of detecting COVID-19 infections in anybody. All claims of positives and negatives amount to false and misleading representations attracting the criminal laws, State and Commonwealth.

In the absence of a purified isolate of the alleged SARS-CoV-2 from the cells of an infected human being, genetic sequences relative to the alleged pathogen have been obtained by indirect means using computers to produce them. Computer modelling has supplanted the scientific method in all scientific disciplines. The result of this is anything but science. The dubious means by which the genetic sequences in the CALHN table have been advanced is illustrated by the following. One finds in a World Health Organisation (WHO) coronavirus PCR testing protocol document published by the Institut Pasteur, Paris, bearing the title, ‘Protocol: Real-time RT-PCR assays for the detection of SARS-CoV-2’, the 18-character primer genetic sequence (see Annexure 2, page 1),

CTCCCTTTGTTGTGTTGT

The document (page 1) states: ‘*This protocol describes procedures for the detection of SARS-CoV-2 for two RdRp targets (IP2 and IP4).*’ The sequence above is an RdRp gene/nCoV_IP2 bearing the specific name, nCoV_IP2-12759Rv. What the document does not say is that the above sequence is in fact a segment of chromosome 8 **of human beings** in the range 63,648,346 to 63,648,363 (note: 63,648,363 – 63,648,346 + 1 = 18). The said document can be obtained from this url:

https://www.who.int/docs/default-source/coronaviruse/real-time-rt-pcr-assays-for-the-detection-of-sars-cov-2-institut-pasteur-paris.pdf?sfvrsn=3662fcb6_2

Confirmation of the fact that the genetic sequence above is indeed a segment of human chromosome 8 can be obtained in this document: ‘Homo sapiens chromosome 8, GRCh38.p13 Primary Assembly, NCBI Reference Sequence: NC_000008.11’ (see Annexure 3), located at this url:

[https://www.ncbi.nlm.nih.gov/nucleotide/NC_000008.11?report=genbank&log\\$=nuclalign&blast_rank=2&from=63648346&to=63648363](https://www.ncbi.nlm.nih.gov/nucleotide/NC_000008.11?report=genbank&log$=nuclalign&blast_rank=2&from=63648346&to=63648363)

The question arises as to why the WHO includes a segment of human chromosome 8 as a SARS-CoV-2 detection primer. Theoretically using this sequence as primer would always produce a positive RT-PCR output on a human specimen when the RT-

PCR is operated even at its correct number of cycles. The use of a segment of human chromosome 8 as a SARS-CoV-2 primer is simply fraudulent.

General Information

In a letter dated 22 June 2021 to Professor John Skerritt of the Therapeutic Goods Administration (TGA), Australian businessman Clive Palmer remarked (see Annexure 4):

The second fact being that your organisation, the TGA, reported that there have been over 300 deaths in Australia following the administration of the COVID vaccine. ... It is a simple fact that the TGA – according to TGA reporting – has received over 24,000 adverse reports. ... I note your comments in respect of the transparency, however it is disappointing that the TGA reports have now stopped reporting the number of people that have died following their COVID19 vaccination. Such a number of deaths caused over such a small portion of the Australians who have had the vaccines over such a compressed period of time should be a matter of concern. Normally a medicine that was responsible for even one death would be suspended. The only information that was published by me is that there has been one COVID death this year, that the TGA have reported that over 300 people have died after receiving the vaccination and that there were over 24,000 adverse reports received by the TGA. All of that comes from TGA releases.

Professor Skerritt has stated before Parliament that the COVID-19 vaccine programme is '*an experiment*'. The Federal Minister of Health, Greg Hunt, has publicly stated that the COVID-19 vaccine programme is '*the biggest clinical trial in history*', that is, **an experiment**. Yet Australian citizens are not being told that by submitting to the so-called vaccine programme they are being roped into a medical experiment, that they are subjects in a massive clinical trial. Australian citizens are therefore being drafted into a medical experiment without their informed consent, contrary to their human rights and their statutory rights. Being an experiment, the nature and likelihood of any adverse effects of the biochemical agents being injected into them is completely unknown. The biochemical agents have not been proven to be safe by the very fact that the population at large is raw material for the experiment. Such a procedure is contrary to all scientific and medical protocols for determining the safety of a medical agent. Never before has there ever been such a reckless disregard for the lives and health of a population in the name of medicine, provided one ignores the methods employed by the Nazis during WWII on their civilian captives under the direction of the psychopath Dr. Josef Mengele.

In a letter (see Annexure 5) dated 26 October 2020 to NSW Police Commissioner Michael Fuller, Senior Constable Alexander Cooney informed the Commissioner of salient scientific facts that refute the claims and the directives of the NSW Director of Public Health and NSW politicians about the alleged COVID-19 pandemic and drew the Commissioner's attention to potential violations of civil and criminal law by the actions of the NSW Police Service at the direction of the Commissioner. The Commissioner has apparently paid no heed to the advice. Senior Constable Cooney has now resigned from the NSW Police Service because he was ostracised and impeded by NSW Police Commissioner Michael Fuller. Mr. Cooney has since addressed the Australian people in this video:

Message from Alexander Cooney to all Police Officers in Australia:

<https://vimeo.com/612584943>

In a letter (see Annexure 6) dated 29 November 2020 to NSW Police Commissioner Michael Fuller, Senior Constable Kevin Dawson confirmed the points made by Senior Constable Cooney and drew the Commissioner's attention to potential violations of civil and criminal law by the actions of the NSW Police Service at the direction of the Commissioner relative to the alleged COVID-19 pandemic. The Commissioner has apparently paid no heed to the advice. The fate of Senior Constable Dawson for putting the NSW Police Commissioner on notice is not publicly known at this time.

On 20 December 2020 the Federal Government treasonously amended the Defence Act 1903 (Cth) (see Annexure 7) whereby, at the arbitrary declaration of a 'natural disaster' or a 'state of emergency' by the Federal Government, foreign military forces and foreign police forces can be brought into Australia. There is no restriction whatsoever on the source of such forces in the amended legislation and all such forces have been given total indemnity from civil and criminal liability for whatever they do to the person of Australian citizens or their property. This clearly has the very real potential effect of neutralising Australian military forces and all Australian police forces, contrary to the interests of Australian citizens.

There is no scientific evidence whatsoever of a COVID-19 pandemic in Australia, as Senator Pauline Hansen has effectively stated numerous times in news reports and as Mr. Alan Jones has also stated numerous times in news reports; as a number of Australian scientific experts not employed by government have proven by scientific analyses of data available from Australian public authorities themselves. Mr. Jones has correctly reported many times that 99.9% of the alleged cases of COVID-19 fully recover and that 99.6% of cases are mild, and that of the 0.1% that do not fully recover, the majority of those who die are elderly, suffering from other serious diseases. Moreover, cases of a disease are patients who exhibit symptoms of disease. The 'cases' reported in Australia are merely positives on an RT-PCR, which means nothing.

I urge you all to watch carefully the following video presentations by prominent people addressing the world:

(1) Lord Jonathan Sumption, former Justice of the UK Supreme Court has explained to the world that the measures currently being employed against society in the name of public health are unjustified:

Lord Jonathan Sumption discusses the Coronavirus shutdown and the terror of the police state:

<https://www.youtube.com/watch?v=JHE3OerDKEY>

(2) US attorney Robert F. Kennedy Jr. has addressed the world on the unjustified COVID-19 oppression of all citizens in this message:

**Robert F. Kennedy, Jr. - International Message for Freedom and Hope:
Children's Health Defence,**

<https://www.youtube.com/watch?v=NpMWDCX1yMI>

(3) German speaker Mr. Ernst Wolff has explained the politico-economic objectives driving the COVID-19 fraud (in German but with English subtitles) in this powerful address from Germany:

<https://odysee.com/@LongXXvids:c/Ernst-Wolf-speech---summary:3>

(4) Mr. John O'Looney, English undertaker, interviewed by German international lawyer Dr. Reiner Fuellmich, presents the facts from the coal-face:

Dr Reiner Fuellmich Interviews Funeral Director John O'Looney:

https://brandnewtube.com/watch/reiner-fuellmich-interviews-funeral-director-john-o-039-looney_wsEQ1vhxBcMRIGI.html

Brett Sutton, Chief Medical Officer for Victoria, has publicly stated that for the past two years there has been **no influenza** in Victoria. Since when does influenza disappear and if true why then influenza vaccinations for medical personnel and people visiting their loved ones in aged care facilities and hospitals? Australian Government statistics also assert that there have been no deaths in the country from influenza for a year: a scientific impossibility.

John Skerritt, the TGA, and public health officers all over the country have repeatedly asserted in the media that the COVID-19 agents they call 'vaccines' are carefully screened for their safety. However, it is in fact a scientific impossibility to develop a vaccine in less than one year and claim that it has been proven to be safe. Moreover, as already explained herein, the so-called 'vaccine rollout' is a massive clinical trial, an experiment, and the experiment has not proven the biochemical agents used to be safe. Generally it takes 7 to 10 years to conduct adequate tests and observations to determine the safety profile of a vaccine. Similarly, medicines must undergo long-term tests and observation to determine safety profiles before they can be brought to market. This has **not occurred** with the COVID-19 biochemical agents called 'vaccines'.

I could present to you a great deal of additional information proving that the COVID-19 pandemic is a hoax but to do so would lead to a massive volume of documents. With what I have given to you herein you have enough to understand the fraud and to investigate further if you wish.

Our major political parties have betrayed us for the proverbial 30 pieces of silver. I suggest that you help to vote them out of office at the first opportunity and replace them with an entirely new political representation. Thereafter all the perpetrators of and collaborators in this heinous crime against us must be brought to justice and face the full force of the true Rule of Law.

God bless you all.