"All that is necessary for the triumph of evil is that good men do nothing . . ." — EDMUND BURKE.

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CONTENTS

PERSONAL RESPONSIBILITY AND EDUCATION by Jeremy Fisher

On the 11th of March this year, Federal Education Minister Alan Tudge delivered a speech entitled *Being our Best: Returning Australia to the Top Group of Education Nations.* His address reiterates the facts concerning the deterioration of student performance over the past twenty years and a plan to get us back amongst the lead nations once again.

Minister Tudge's vision for Education is taken from the Mparntwe Declaration and would not surprise anyone familiar with policy material coming out of education departments in this country. 'Our vision is for a world class education system that encourages and supports every student to be the very best they can be, no matter where they live or what kind of learning challenges they may face... To achieve this aspiration, we must focus on excellence as well as equity in education.'

In pursuit of this vision, from 2013 to 2029, federal funding to government schools is set to increase by 193% to a total across all school sectors of $32.8 billion, aside from state contributions. Now the money has been 'locked in', the Minister explains, we need to decide how it will be spent.

But first a run down on the state of student performance. According to PISA results that measure the educational performance of nations in the OECD -

Since 2000, Australia's performance in reading has declined by 26 points, or the equivalent of nine months of schooling.

In Maths, we have fallen 33 points since 2003, or by 14 months of schooling.

In science, we have fallen 24 points since 2006, or by 11 months of schooling.

This decline has been consistent across different groups of students. Our top students are less likely to score in the highest achievement bands and our lower performing students are more likely to have fallen below the proficient standard. The problem is not a growing divide in student results; it is a decline in performance across the board.

The minister goes on to say that class sizes are coming down and facilities are the envy of older generations. Funding isn't the problem, as we've seen it's high and climbing precipitously. 'the quality of the teaching, the rigour of the curriculum and the discipline in the classroom matter most', he says.

This is why we find that the "Government's focus will be on three areas: quality teaching, particularly initial teacher education, curriculum and (wait for it) assessment".

Discipline in the classroom is not mentioned again. Thus, we can assume that despite it being one of those things that "matter most" it will not be the focus of government.

So what is the state of discipline in Australian classrooms?

Alongside the main event of academic testing PISA undertakes a survey of students' perceptions of classroom disciplinary climate. The survey is described:

PISA asked students how frequently ("never or hardly ever", "some lessons", "most lessons", "every lesson") the following things happen in their language-of-instruction lessons: "Students don't listen to what the teacher says"; "There is noise and disorder"; "The teacher has to wait a long time for students to quiet down"; "Students cannot work well"; and "Students don't start working for a long time after the lesson begins".

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Australia does not perform well. Of the 77 countries in the disciplinary climate index Australian students rank their classrooms at 70th in the OECD.

And what is the relationship between student performance and disciplinary climate? Students who describe disciplinary problems as occurring in "every lesson" experienced a 40-to-50-point drop in reading performance compared with students who reported that these problems happened "never or hardly ever". This means that the disciplinary climate alone could more than explain Australia's lamentable deterioration of student performance in PISA testing over the past 20 years.

In my experience these results accurately reflect the reality in Australian government school classrooms. At all times in my teaching career a want of classroom discipline has been the most important obstacle to effective curriculum delivery. In 2020, at the school where I currently work, there were more than 14,000 incidents recorded against students. That is roughly 10% of the school population reported on per day, most of these incidents occurring in the classroom. Keep in mind that this represents a fraction of total disruptive incidents.

As a side note, it is interesting to observe that policy material dealing with student performance always omits the deleterious effects of student misbehaviour on achievement. For instance, both Gonski Reports refer extensively to PISA results in describing Australia's declining performance, but neither mention the findings on disciplinary climate. This is a curious omission when one considers the reported effects of disciplinary climate on reading performance. This compartmentalisation is seen also in the policy material that deals with behaviour. The focus of these papers is overwhelmingly on the misbehaving students with very little detail on the general effect of continual disruption on general student performance. The negative relationship is sometimes admitted, but never elaborated on in any meaningful way.

Responsible for this deterioration of discipline in the classroom is a gradual but radical shift in how education departments consider, and therefore deal with, student misbehaviour. This shift is encapsulated in the following quote from the *NSW Ombudsman Inquiry into Behaviour Management in Schools, published in August 2017:*

> *Student behaviour does not exist in isolation – it is influenced by a wide range of internal and external factors and responsibility for behaviour should not be fully located with students.*

The Ombudsman's report was heavily influenced by another paper; *Report of the Expert Panel on Students with Complex Needs and Challenging Behaviours, 2017.* The Ombudsman's report uses the term 'complex needs and challenging behaviours' 68 times which is defined by the expert panel as:

> *Any pervasive behaviour or set of behaviours, regardless of cause (or even without any apparent or identified cause) which disrupts the capacity of the person or other persons to learn within the school environment, and requires targeted or personalised interventions.*

You will see this is not so much a definition as a recommended course of action that can be condensed to something like: regardless of the cause of the behaviour, disruptive students require interventions. Curiously, it will be noticed that the 'complex needs' part of the term cannot be made to fit into this definition, unless it is captured by 'cause', which it seems can be safely disregarded or remain unidentified without altering the interventionist response. The very pairing of the two parts of the term implies that 'challenging behaviour' is always caused by the amorphous 'complex needs.'

While causes of behaviour may be difficult to determine the expert panel, like the Ombudsman, takes a firm line on what is not the cause of disruptive behaviour:

> *Most, if not all, students with complex needs and challenging behaviour do not 'choose' to become disruptive at school. Disability, social background and/or current life circumstances, including school life, influence how these students perceive and interact with the world, and it would be unfair or a mistake to believe that the problem is strictly 'in the student.'*

We find this deterministic view elaborated in a report commissioned by the NSW Department of Education, and carried out by the Telethon Kids Institute entitled, *Strengthening School and System Capacity to Implement Effective Interventions to Support Student Behaviour and Wellbeing in NSW Public Schools: An Evidence Review.* In the section on Guiding Theory, under the heading of the Individual Student we find the following:

> *Characteristics of the individual student such as age, sex, personality and temperament, mental and physical health and special needs status can interact with factors in the environment to influence outcomes. For instance, genetic variations in how the body responds to stress … the body's ability to produce certain hormones … functional differences in the brain's reward circuit … Individual variations in biology will also affect the development of resilience by influencing personality and temperament.*

This description of the individual considers people as unconscious quantities that change under the influence of 'risk' or 'protective' factors located in concentric 'layers' of immediate to remote environments: family, school, community, culture etc. It might not be too much to say that this notion claims that the individual is considered

an environment of a sort themselves, located internally, and consisting of hormones, neural circuitry, genetic particulars, etc. Not even the personality is capable of conscious development. Personal development is not generated by such non-material illusions as these, but the result of "individual variations in biology."

It is not surprising then that this Social-ecological Systems Theory, comes up with the following solution to support students to "develop along 'normal' trajectories" and "avoid disorder":

> *As the opportunities for change are the interactions between the student and factors in these immediate environments, behaviour and wellbeing can be effectively supported by modifying the school environment i.e. social contexts can either attenuate or exacerbate the effect of individual characteristics on behaviour. It is not necessary to change the student or to remove them from the school environment.*

It will be seen that in this conception nothing is required of the student. No appeal can be made to decency or restraint of self-interest because these things are only the inevitable products of biological and social conditions over which the student has no control. It is the environment that must change. Classroom disruption is to be tolerated until such time as the social and physical conditions can be altered to eliminate the frustrations that are presumed to be causing the behaviour. It is important for the reader to know that the reports cited here, far from being ideological outliers, are cited by the NSW Department of Education as the theoretical authority behind a revision of the Department's school discipline policy being undertaken as I write.

Once the subtleties of personal responsibility and choice have been ruled out as possibilities for self-improvement (or destruction), it follows that disruptive behaviour must be the result of disability or disadvantage located in the individual or his environment; 'internal or external factors.'

Aside from omitting the conscious adaptive powers of the species as a factor in behaviour, this approach of environmental modification is impractical in the school setting. The machinery of mass education which has the purpose of passing on the essential tools for life in a modern, technical society cannot provide a different environment for each student *in the same* physical environment. Anyone who asserts that this is possible, or even desirable is simply not aware of the realities of teaching and classroom management, and perhaps not aware of the limitations of reality generally.

It is at this point that the NSW Education Act operates causing schools to take up their legal responsibility for "mitigating educational disadvantages arising from the child's gender or from geographic, economic, social, cultural, lingual or other causes." And since persistent misbehaviour can only indicate a disadvantage or disability of some kind these students become by default candidates for intervention.

Be assured that when it comes to disability the relevant legislation provides ample opportunity for labelling. The Disability Discrimination Act 1992, to which schools are subject, reads from point "g"

> *(g) a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment or that results in disturbed behaviour;*
>
> *and includes a disability that:*
>
> *(h) presently exists; or*
>
> *(i) previously existed but no longer exists; or*
>
> *(j) may exist in the future (including because of a genetic predisposition to that disability); or*
>
> *(k) is imputed to a person.*
>
> *To avoid doubt, a **disability** that is otherwise covered by this definition includes behaviour that is a symptom or manifestation of the disability.*

If we combine this absurdly broad definition with the 900 plus pages of the DSM-5 we have a formula that will allow for the interpretation of all errant behaviour as being caused by mental disability. As if this was not enough the NSW department fills the gaps with the following guidance in Legal Bulletin 5:

> *Generally, the definition of disability will include children with expressive and receptive language disorders. Mental health issues, learning difficulties and behaviour disorders as well as those with "confirmed disability."*

So a disability confirmation is not even required (and they're easy enough to come by) before a student's behaviour can be legitimately described as a *behaviour disorder.* I see this scenario playing out all the time.

It is not too much to say that the insanity defence is the *default explanation* for misbehaviour in schools.

A perverse outcome of all this is that students who are misbehaving at school and might be turned around by the application of resolute disciplinary action are being told they have a mental disorder. It is common for schools to require students to attend appointments with paediatricians where, often against the student's will, they are pressured into taking a course of psychoactive medication – I dare say the Human Rights Commission might take an interest.

If we can't find a reason for persistent behaviour in the vast category of mental disorders we can opt for the "external factors" that influence (negative) behaviour given in the Ombudsman's report: "difficult personal or family circumstances (including socio-economic factors, drug/alcohol use, and family breakdown)", circumstantial descriptions that cover a large and growing proportion of the student population. *(continued next page)*

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These mitigative interventions take a myriad of forms: endless discussions with the student about the inappropriateness of the misbehaviour from all levels of staff; curriculum adjustments; frequent phone calls home and meetings with parents; the formulation of individualised behaviour and learning plans; teaching and implementing strategies to help the student manage his or her behaviour; mediation; staff and/or student mentoring programs; the granting of exceptions to normal school routine; one on one case management by a member of staff taken off classes for this purpose; specially targeted programs; consultation with outside agencies; counselling; the bringing in of "behaviour experts" to assess the student; partial attendance schedules; voluminous incident record making; functional behaviour analysis and the list goes on. It is becoming increasingly common for misbehaving or truant students to be assigned a teacher aide full time to follow the student around all day. In a more recent development, chronically misbehaving students are given a dubious "diagnosis" of disability by the school or department, and concentrated in additional classes in special education units. Here, a class of fewer than 10 students will have a dedicated teacher and aide as well as all the other resources of a normal size class. It is now widespread practice that all students are subjected to lessons on how they should behave at school as a sort of prophylaxis against misbehaviour. As to the effectiveness of these interventions, my experience leads me to agree with the review from the Telethon Kids institute when it says "most behaviour interventions implemented in schools have no or very limited evidence of effectiveness."

Aside from the considerable expense in time and money required by these interventions, they are carried out while the disruptive student continues to attend classes. Staff and classmates are expected to endure the persistent disruptions to their work while the student receives their treatment, and with no definite end in sight. I have seen this situation persist for years, and only find its end when the student is eventually 'transitioned' into work or some other program outside the school grounds. Interestingly, on entering the workforce, many of these students, literally overnight, become prompt, productive, presentable and polite; apparently cured of their social and mental ills by McDonalds' code of conduct. The egregious loss of educational opportunity suffered by the majority of conforming students barely rates a mention. It does indeed seem that when it comes to 'equity' some animals are more equal than others.

Opposition to the equity agenda that I have described is almost non-existent, at least at the school level, though there is certainly a profound disquiet among teachers about the behaviour problems in their classrooms. As the behaviour problem worsens, the ranks of the true believers in the post-disciplinary system swell to meet the demands for interventions pursuing welfare, as opposed to academic, outcomes. Dissenters, where they can be found, are looked at askance, considered something like relics of the age of corporal punishment and labelled as "cultural resistance." All the while the educational opportunities of our children are wasted along with billions of tax dollars purloined by government for "education."

The other point I would make is that I doubt that our parents view their children as dumb products of environmental circumstances or passive victims of mental, neural and hormonal conspiracy. In the main, the community whom we serve believe in personal responsibility and moral judgement and action. It goes without saying that the less fortunate among us want more than anything for their children to rally and rise above their circumstances, and if there is a means of achieving this it can only be helped by a good education. The criminal justice system still locates the proximate cause of behaviour in human choice and you would agree it preferable that kids learn this at school rather than by a run in with the law. It simply goes against the views of the rest of society this idea that people are not responsible for their wrong-doing and it is an arrogant condescension when academics treat our children as though they are not responsible human beings. It is interesting to observe that many of the keenest proponents of these ideas in government schools send their own kids to Christian schools where the operative principle is moral responsibility.

Provision for disability and mitigation of student disadvantage are reasonable pursuits up to a point, but we are supposed to, as per the NSW Disability Standards for Education, "in determining whether an adjustment is reasonable" consider "any effect of the adjustment on anyone else affected, including the education provider staff and other students, and the costs and benefit of making the adjustment" (might have interesting legal ramifications). It does not appear as though this balancing consideration is being carried out.

If the government is serious about reversing the decline of educational performance in this country, this problem needs to be honestly confronted. The institutional adoption of a narrow brand of academic mumbo jumbo that insists students are not responsible for what they do ties the hands of those who would ensure orderly and productive classrooms. It is unacceptable that Australian students rank their classroom environments

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(continued from previous page) so poorly compared with other nations, and negligent to pretend the problem does not exist. It is time that Education departments who spend so many of our tax dollars and demand so substantial a part of our children's lives be made accountable to their own standards:

All students and staff have the right to be treated fairly and with dignity in an environment free from disruption, intimidation, harassment, victimisation and discrimination. To achieve this, all schools are expected to maintain high standards of discipline.

***

FRONTLINE CARE DOCTOR SHARES HOW TO END COVID by Joseph Mercola

Dr. Paul Marik, a critical care doctor at Sentara Norfolk General Hospital in East Virginia, is renowned for his work in creating the "Marik Cocktail," which significantly reduces death rates from sepsis using inexpensive, safe, generic medications.[1] In the video above, he speaks with Dr. Mobeen Syed about trends in the management of COVID-19, including what he believes could have wiped out the virus early on.[2]

According to Marik, the treatment of COVID-19 patients in the early stages of the disease was botched in the U.S. and worldwide, and the continued recommendation that people stay home and isolate while doing nothing until they're cyanotic, or basically turning blue from a lack of oxygen, is a disgrace, because early treatment options are available.

"There is a scientific vacuum and this starts back to March of last year," Marik said. "There's been a complete failure of the major medical institutions across the world. Every major society has failed to provide honest useful scientific information."[3]

While the World Health Organization, Centers for Disease Control and Prevention and the National Institutes of Health have stated there's no treatment for COVID-19, only supportive care to treat the fever or provide fluids, Marik describes this as an outrage:[4]

"While we may not have the best answers, we do have some answers and to tell people to stay at home and isolate so they go blue is an absurdity that's actually causing lots of damage because we are now waiting for the virus to, in some people, cause the cytokine storm. And when they arrive with that state it is very difficult to reverse it and stop it and bring them back."

FLCC's COVID-19 Treatment Protocol

Marik and four other critical care physicians formed the Front Line COVID-19 Critical Care Working Group (FLCCC) early on in the pandemic. Not content to offer COVID-19 patients "supportive care," Marik recruited some of the most knowledgeable pulmonary critical care specialists to solve the COVID-19 treatment puzzle, honing in on stopping the hyper-immune response — including multi-organ inflammation and clotting — which is what typically drives death in fatal COVID-19 cases.[5]

Marik told Mountain Home magazine, "As pulmonary critical care doctors we know how to treat inflammation and clotting, with corticosteroids and anticoagulants. It's first-grade science."[6] Yet, when the pandemic began, press briefings neglected to include clinicians who were actually treating COVID-19 patients to state "these are the symptoms and this is what you have to do."[7]

FLCCC released their MATH+ protocol for hospitalized COVID-19 patients in March 2020. It gets its name from:

Intravenous Methylprednisolone

High-dose intravenous Ascorbic acid (vitamin C)

Plus optional treatments Thiamine, zinc and vitamin D

Full dose low molecular weight Heparin

The MATH+ protocol led to high survival rates. Out of more than 100 hospitalized COVID-19 patients treated with the MATH+ protocol as of mid-April 2020, only two died. Both were in their 80s and had advanced chronic medical conditions.[8] FLCCC also created I-MASK+, which is their mass distribution protocol for prevention and outpatient treatment of COVID-19.

Step-by-Step Guide to COVID Prevention and Early Treatment

FLCCC's I-MASK+ protocol can be downloaded in full,[9] giving you step-by-step instructions on how to prevent and treat the early symptoms of COVID-19. The prevention protocol is for those who are at high risk of COVID-19 or know they've been exposed, and includes:

Ivermectin	Vitamin D3
Vitamin C	Quercetin
Zinc	Melatonin

The early outpatient protocol, for those with early symptoms, includes all of the above, plus aspirin and nasopharyngeal sanitation, such as steamed essential oil inhalation three times a day along with chlorhexidine mouthwash gargles and betadine nasal spray. Fluvoxamine is also recommended in certain cases and monitoring of oxygen saturation levels with a pulse oximeter is recommended. (continued next page)

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FLCCC also has protocols for at-home prevention and early treatment, called I-MASS, which involves ivermectin, vitamin D3, a multivitamin and a digital thermometer to watch your body temperature in the prevention phase and ivermectin, melatonin, aspirin and antiseptic mouthwash for early at-home treatment. Household or close contacts of COVID-19 patients may take ivermectin (18 milligrams, then repeat the dose in 48 hours) for post-exposure prevention.[10]

Marik's original COVID Protocol, released in March 2020, recommended hydroxychloroquine (HCQ), a zinc ionophore, to decrease the duration of viral shedding, particularly in elderly patients with comorbidities.[11] However, their latest I-MASK+ protocol, updated June 30, 2021,[12] recommends quercetin instead. Quercetin, also a zinc ionophore, is an over-the-counter alternative to HCQ and works much like HCQ does. According to Marik:[13]

"Experimental and early clinical data (published in high impact journals) suggests that this compound has broad antiviral properties (including against coronavirus) and acting at various steps in the viral life cycle. It also appears to be a potent inhibitor of heat shock proteins (HSP 40 and 70) which are required for viral assembly."

Censorship Is Keeping This Information Quiet

If you're surprised to hear that an established protocol for COVID-19 prevention and treatment exists, it's likely because you've heard nothing about it on mainstream media. This is intentional and exemplifies the censorship that has been occurring throughout the pandemic. "What we're going through now is unprecedented in the history of science," Marik said.[14]

"I mean this goes back to witchcraft and really prehistoric behaviors. Science is based on exchange of information and that has been censored. So, I think history is going to look back very unfavorably on this period.

I think this is a very dark period in the history of humanity, the history of science, the history of the press, you know the history of freedom of speech, just because of the complete lack of information, misinformation, disinformation and censorship. I mean it's absurd … what we're saying is being censored and labeled as scientific misinformation."

Ivermectin is a glaring example, which continues to be ignored even though it has shown remarkable success in preventing and treating COVID-19. It was December 2020 when FLCCC called for widespread adoption of ivermectin, both as a prophylactic and for the treatment of all phases of COVID-19.[15,16]

In one trial,[17] 58 volunteers took 12 milligrams of ivermectin once per month for four months. Only four (6.96%) came down with mild COVID-19 symptoms during the May through August 2020 trial period. In comparison, 44 of 60 health care workers (73.3%) who had declined the medication were diagnosed with COVID-19. Ivermectin is safe, inexpensive and widely available, with antiviral and anti-inflammatory properties, leading Marik to describe it as the perfect drug to treat COVID-19.[18]

While an increasing number of doctors and countries have adopted ivermectin's use for COVID-19, many more refuse it, even going so far as to prohibit its use for patients. Legal fights have ensued, with family members enlisting lawyers to battle hospital boards in order to give their dying loved ones the lifesaving pills — even when all other treatment options have been exhausted.[19] Urgent change is needed, Marik said, because profits are being put ahead of lives:[20]

"Making money and profiteering is what is driving this — not saving lives — and what they're most interested in is preserving that single organ, which may be damaged the most, which is the back pocket. They're terrified of the back pocket being damaged. The heart, the brain, the lung, they don't care. It's the back pocket that's driving this."

'The Most Dangerous Vaccines We've Ever Used'

Knowing that treatment options exist may change people's decisions about COVID-19 vaccines, which Marik describes as "categorically and without question … the most dangerous vaccines that we've ever used."[21] In full disclosure, Marik himself is vaccinated, having received the Pfizer mRNA COVID-19 vaccine, which he said he received since he's over 60, putting him in a higher risk category.

If he were 24 years old, however, Marik said he wouldn't get vaccinated, and he doesn't recommend it for younger children either, as he believes for people under 30 with no risk factors, the risks of the vaccine outweigh those of COVID-19:[22]

"I think that the risk of a bad outcome from COVID in a 12- to 17-year-old is very low and the risk of an adverse effect to the vaccine is probably much higher. So, it's just not commonsense that you would force vaccination in such kids.

I think it's a risk-benefit ratio. If they were a Type 1 diabetic, if they were immunocompromised, if they were severely obese, you may want to reconsider, but a healthy 12- to 17-year-old, in my opinion and obviously it's my opinion, I would be hesitant in vaccinating these kids."

While Marik believes the vaccines may be "somewhat effective" in decreasing cases of COVID-19 hospitalization and death, he stresses that they come with sizeable risks. "The number of side effects and deaths

from these vaccines — and this is based on reportable data from the WHO and the VAERS network — the number of deaths and adverse events are an order of 10- to 100-fold magnitude than any other vaccine."[23]

He refers to the mass COVID vaccination campaign as the biggest experiment done in the history of mankind, and points out that we don't know what the long-term effects will be. "And to make it even worse," Marik says, "the vaccine companies know a lot about these vaccines but they haven't given us this information. It's hidden."

"For example, when you get the mRNA vaccine, people assume it stays in the arm but that's not true. The spikes tend to spread throughout the body. Now the vaccine companies know about this but they don't want to tell us about it. We have to figure this out ourselves.

... we need to respect [people's] autonomy. We need to respect their informed consent. They should be able to decide for themselves. We should not be forcing this upon people and this mandate that colleges and some hospitals have, I think it goes against the foundation of freedom of choice, freedom to do to your own body as you respect and freedom of consent."[24]

Symptoms of Long COVID 'Identical' to Vaccination Syndrome

FLCCC also has a management protocol — I-RECOVER[25] — for long-haul COVID-19 syndrome, which includes a range of symptoms such as malaise, headaches, painful joints, chest pain and cognitive dysfunction.

The protocol is still evolving as more is learned about the condition, but of note is that it's been successfully used to treat post-vaccine inflammatory syndromes as well. As noted by Marik, long COVID and post-vaccine inflammatory syndromes share many similarities, but the latter is taboo to talk about:[26]

"Post-vaccination adverse events are much more common in younger people. That's our impression. There's not a lot of data and if you talk to the experts about a post-vaccination syndrome they have no idea what you're talking about because ... it's politically not correct to talk about it. They don't want to hear about it. So as far as I know, there are not any peer-reviewed publications on post-vaccination syndrome but we know from patients that they develop symptoms almost identical to the long hauler. They develop severe symptoms very much similar to the post-COVID syndrome. So, you know people say, 'Oh it's in their head. They're making this up. It's a psychiatric disease. They're trying to gain some something out of this.' I think it's a real disease ... and these people truly have monocyte activation production of cytokines much like the post-COVID syndrome."

This Could End the Pandemic in One Month

Syed asked Marik what he would do if given the opportunity to end the pandemic next month. His response was remarkably simple: a mass distribution program of ivermectin together with melatonin, vitamin D and aspirin. By assuming everyone is infected and treating with this safe combination of inexpensive compounds, Marik says, "We'll eliminate SARS-CoV-2. It will be gone."

This isn't likely to happen, though, due to "economic and political factors that benefit from the ongoing pandemic."[27] Marik also weighed in on the lab leak theory that SARS-CoV-2 came from a laboratory in Wuhan, China:[28]

"I think the preponderance of evidence highly suggests this was a manipulated virus that whether it leaked on accident or by design leaked from the Wuhan laboratory ... the molecular structure of the spike protein would suggest that this was a manipulated the protein was specifically manipulated and enhanced ...

The diversity of the symptoms, the systems it involves, the depth of damage it does and the durability of the damage — that first it causes the acute and then it becomes long COVID and then it just keeps sitting with us — I have not seen any other virus in my lifetime, which does this kind of destruction."

Moving forward, Marik states that health officials must learn from the enormous mistakes made during the pandemic, which highlighted a global lack of collaboration among health care providers along with a lack of honesty and openness.

"This pandemic has been an example of what not to do. I think everything that could have gone wrong went wrong," he said. Once COVID is under control, Marik hopes to refocus his efforts on sepsis, which remains a leading cause of deaths overall and is also an important contributor to the death of COVID-19 patients. ***

Article from Joseph Mercola, August 13, 2021: *https://articles.mercola.com/sites/articles/archive/2021/08/31/pfizers-covid-shot-granted-full-approval.aspx*

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IVERMECTIN. IT'S AS AUSSIE AS VEGEMITE by Rebecca Weisser

As more than five million Sydneysiders woke up to their fourth week under house arrest, they were greeted with the news that a woman in her fifties had died of Covid, the fifth person since they were confined to their homes. NSW Chief Health Officer Kerry Chant used the woman's tragic demise to point out how deadly Covid can be, yet no one questioned why Saeeda Akobi Jjou Stu, only 57, was allowed to die.

Tested on Thursday, confirmed positive on Friday, she was not offered early treatment that would have reduced her risk of dying by up to 75 per cent despite the fact that she was at high risk of developing severe Covid because of her weight and possibly related co-morbidities.

That treatment was discovered by Australian Professor Thomas Borody based on research by Australian scientists at the Doherty Institute and Monash University. Borody, who discovered the cure for peptic ulcers using a triple-therapy, has developed a triple-therapy for Covid using safe, cheap, approved medications.

Doctors are already legally prescribing his therapy in Australia and the key medication — ivermectin — is being used in various combinations around the world and has been credited not just with dramatically reducing cases and deaths in the devastating second wave in India but also in Mexico City. Indeed, it is currently being used in 17 countries in Europe, Asia, Africa and Latin America and even in the US, where it is legal but where families sometimes have to get court orders to force hospitals to use it, to save their relatives lives.

Sadly, Saeeda lived only a few kilometres from where Borody practises, yet she and most Australians have no idea that a cheap, safe, effective, legal prophylactic and treatment for Covid exists.

The TGA says more robust clinical trials are needed yet officials in Mexico showed a quicker way to test ivermectin's efficacy and save lives in a pandemic. They organised a trial last year and distributed an ivermectin therapy to anyone who tested positive and wanted to take the drug between November and January. Of 200,000 people who tested positive, there was a 76 per cent reduction in hospitalisation in the 80,000 that used ivermectin.

As for safety, 3.7 billion doses of ivermectin have been used since 1987 and in 30 years, only 20 deaths following its use have been reported to the UN's Vigi-Access database. Compare that to remdesivir, which has been given emergency use authorisation to treat Covid in Australian hospitals. In 12 months, there have been 551 deaths reported. Indeed, a study published in the prestigious Journal of the American Medical Association this week found remdesivir did not increase survival, just time spent in hospital.

As for the Covid vaccines, in six months 8,589 deaths have been reported to the UN database and 1,490,915 adverse reactions. In Australia, the TGA has confirmed 83 cases of thrombosis with thrombocytopenia, 24 treated in ICU, 3 fatal, 31 reports of suspected immune thrombocytopenia, one fatal, 52 reports of Guillain-Barre syndrome, one death of a patient who died from multi-organ failure and had signs of capillary leak syndrome, 50 cases of suspected myocarditis/pericarditis, all linked to Covid vaccinations. In addition, there are another 373 deaths and almost 40,000 adverse reports that may later be linked to vaccination.

Australian leaders are locked in a time warp. Oblivious to its fading efficacy, they have pinned all their hopes on the Pfizer vaccines and having let the Delta genie out of the bottle, they are desperately bludgeoning the populace to try to return to net-zero Covid. Three quarters of the country is under house arrest. It's fine for some. ABC employee and former Greens candidate Osman Faruqi is calling for the military to patrol parks — to send a message — yet for those not sheltered from the economic devastation of lockdown, anger is rising. It's all so cruel and unnecessary. How apposite that the escape route out of our pandemic prison could be as Aussie as Vegemite.***

Article Source: https://www.spectator.com.au/2021/07/ivermectin-its-as-aussie-as-vegemite/

BASIC FUND

The Basic Fund closes at the time of the National Weekend for the League which will be on October 9th this year. I am making a call to those who planned to make a donation but maybe have over-looked doing so. The fund has not filled this year so it will be wonderful if we receive those last minute donations.

As always, we appreciate the contributions, no matter how large or small. Each donation is really a vote of thanks for the work of the League and a tribute to the dedicated work of those in the 'engine room'.

Please note the appropriate address and/or banking details below to send a contribution.

BEQUESTS

Apart from the Basic Fund, the League is a recipient of bequests from supporters who remember us in their Will. These extra dollars help a lot and while we are grateful, it is unfortunate that on those occasions we are unable to personally express our thanks. Best details for establishing a bequest are available from HO. - *ND*

NATIONAL WEEKEND WEBINAR
1-5pm Saturday 9th October 2021
Bookings to: beata@veritasbooks.com.au
75th ANNUAL NEWTIMES DINNER
incorporating the Frank Bawden Memorial Dinner
6pm - seated for 6.30pm - Saturday 9th October 2021
Sandford House, 207 East Terrace, Adelaide, SA
bookings@publicschoolsclub.com.au