

## 2024-06-13. Graham and John speak with a Queensland nurse about inside Queensland health...

Well, good evening, everybody. Club Grubbery time again. We are smashing these interviews out. Why? Because we need to. Uh, we need to get you the stories. You've asked us to be your voice and that's what we're doing, Johnny. 100 percent hoodie. And, uh, yeah, look, they're not telling the truth out there, so we need to expose it.

We do. And, uh, and we're, we're sort of dealing with a lot of the domestic stuff that's going on as well. And, uh, tonight we have, uh, we have a wonderful guest. Michelle is a registered nurse from Queensland. Welcome to the show, Michelle. Thank you. Lovely to be here and have a chat with you guys. Now, we caught up with you at the, uh, AVN 30th anniversary, which was great.

You shared a bit of your story with John and I while we were standing in the crowd there. And we asked you if you'd be brave enough to come on one night and you said, yep. And we'll unpack your story in a minute. But first of all, as we do, Johnny, um, former deputy, um, what was he? Deputy Chief Health Officer, Deputy Chief Health Officer, Dr.

Nick Coatsworth. The poster boy of, um, of the, uh, vaccine of the COVID 19 vaccine. And, uh, you know, he's a media personality. He's a, he's a very nice bloke. I think. Um, uh, I think you and I, both John have had communiques with him. Uh, he has responded, um, and, and we'd be really, really happy to have him on the program.

We said that in our last interview, we'd be happy to have Nick Coatsworth on, but what is a great revelation today? And we've known that he, he and Cal Stefanovic. John, when they interact on the, on the Today Show about, uh, the COVID jabs, you can tell that they're both kind of, um, not happy, Jan, but you know, they're, they're looking after their contracts with Channel 9.

Hmm. Well, what more can you say? Uh, Come on guys. Come on guys. People's lives are literally at stake here. And look, we're not doctors. We're happy for you to come on and talk to us. Uh, and we look forward to that, Nick. So, um, I know that you're contractually obliged to Channel 9. And the last thing they want you to do is appear on Club Grubbery because, you know, our ratings will go up and theirs will continue to plummet.

But, um, it is what it is. But, uh, first of all, Johnny, you've got queued, ready to go an excerpt from, uh, a program today on Ben Fordham's show where he interviewed Dr. Nick Coatsworth. They made a pretty honest revelation towards the end of the program. You ready to play that one? Yeah. Ready to go. What do you, it was in regards to.

Uh, Nick Coatsworth was essentially on there promoting his new TV show, uh, about, uh, living longer. Uh, and the irony of all this is that, uh, what he ends up saying will ensure that people live longer. So I'll hit the button. Nick's magic potion. But I don't sell snake oil, just good advice. Okay, uh, anything else in the health space that we should know about at the moment?

COVID? COVID around at the moment? I keep hearing that COVID's back or Oh, we've got to say there is a lot of COVID around. I mean, people are by and large getting mild disease, but it's keeping kids away from school, it's keeping parents home looking after them. It is having an impact on our hospitals.

Influenza A is keeping a lot of kids away from school at the moment, probably more than COVID, is it not? Yeah, all of them are sort of stacking on top of each other, but you know, I've had my influenza vaccine as I do every year and, uh, and protected from it. So that's about the best you can do. Otherwise we just have to soldier on like this.

Are you still being vaccinated for COVID? No. When did you stop doing that? Uh, about two years ago. I had three vaccines and that's been enough for me. Any reason why? Because I don't think I need any more. Ben and, uh, the science tells me that I don't. I'm with you. The science is telling him he doesn't need it.

Johnny Lada.

You just couldn't make this stuff up. Well, who do you couldn't? Uh, and I put this to ARPA today. I've, I've spoken with, uh, their, uh, customer service line. I've put questions to their media department and asked them, well, how is it that the former deputy chief health officer in Australia, uh, can come to this opinion, uh, which we came to, um, nearly four years ago, essentially, uh, saying what we've said all along.

And APRA doesn't do anything about it. I mean, they should be out now, APRA, telling everyone, get back to work. They should be, they should be trailblazing here, APRA. Martin Fletcher, I mean, the guy that won't even tell us whether he, uh, whether he's a member of the Qantas Lounge. Um, I've asked for the pecuniary interests of all these executives on APRA.

Nothing to see here. They don't even publish it on their website. So, I mean, you can't trust these people, Hoody, unfortunately, um, Martin Fletcher, a previous, uh, member of the WHO, uh, team, and, uh, you know, they, that, that he didn't, doesn't want to appear. Uh, they had a statement for me to read out, but it's a complete, uh, gobbledygook.

I can tell you, all it does is refer you back to their comment, um, Paraphernalia on the website. Absolutely. Now, of course, that that uh Doctor Nick Coatsworth has actually broken their directive and of course, they'll be censoring him now and and I would imagine uh cancelling his registration. Oh well, of course they will.

Yes. We wait with bated breath Martin Fletcher. You're uh a charmer but you you're doing a job. You're fulfilling a role. Mm hmm. Um you are indeed because um you're warming a seat. You're warming a seat. And as the saying goes, it's uh, the best way to look like an eagle is to be surrounded by turkeys.

Anyhow, lots of turkeys in Queensland health, Michelle. Oh, there sure is. Lots of turkeys up there. Now, before, you've got to remind me who you're health minister is. I'm so um, uninterested in it but. Uh huh. So at the moment, I think it's Shannon Fenton. Oh, Shannon Fenton and that's right. Um. Yeah. A lady who has as loose a grip on the truth as I do on a rugby league football.

Yeah, that's the one. That's the one, yes. Known for her double talk and, uh, and, uh, extra face from time lies. And lies. That's what I was trying to say, but more diplomatically than you. But you've got a good reason to say, uh, to express yourself in this way. But before you do, tell us a little bit about who you are, what you've been doing for the last 20 odd years, and how you find yourself.

On the exalted screen of club grubbery. Well, you know, I was, um, I became a registered nurse back in like the year 2000. And then very quickly after my graduate year, I did, um, a postgraduate, um, certificate in critical care and pretty much ever since I've worked in critical care in intensive care units.

Um, yes. And, um, sorry, Can you please go away? I've I've seen that look. Sorry. Sorry. I've got a Michelle at home too and I get that look from her every now and then. Wow. It's like you start talking and then the kids come along. Right. Okay. Um sorry. I'll start that again. So, Uh, where was I? Okay. So I got my nursing degree back in 2020, uh, sorry, the year 2000, uh, very quickly went on and did my postgraduate in critical care.

And I've pretty much worked in critical care ever since. Um, all of my training was done down in Melbourne, um, and my first sort of eight or so years down there. Um, and then I moved up to Queensland, um, where I Worked casually for a little bit to have a look around at all the hospitals, worked with the agencies, um, and then ended up at a particular hospital, um, in Queensland health, where I have been up until I got terminated last year, um,

after being on unpaid suspension for almost two years before they sacked me, um, for not taking the COVID vaccine.

So yes, um, and then just recently, um, I. I had contacted my old, um, manager, my old nurse unit manager, um, because I saw an ad in the, I don't know, seek. com or whatever, whatever it was. And, um, so I sent her an email asking her about the job and she told me that she was sorry, but they had already filled all the positions and even all the casual positions because I even said I could just go casual, um, but.

Um, thanks for asking, but maybe if I keep an eye out for another hospital that's, that's potentially starting another ICU in the next 12 to 18 months. Um, if I keep my ear out, maybe I can apply for a job over at this other hospital. So I said, thank you, no worries. Um, and then less than, uh, six weeks later, I see another ad for them.

Um, Recruiting more nurse, more nurses for the intensive care unit because backstory, long story short is they've, um, increased the size of the unit that I worked at from an eight, eight bed intensive care unit to a 16 bed. So they're desperately needing stuff. So six weeks later, after contacting her, I see another ad.

So I send her another message asking her, um, you know, I've just seen this ad, are you recruiting again? And she said, oh, yes, we are. Um, I look forward to your application. So I thought, well, I'm going to apply, maybe just, maybe I will get the job because the mandates have been dropped. Um, Shannon Fenton and had told us, um, that we were all welcome to reapply for our jobs.

We were all welcome back to work. Um, and she'd like to say it's all back working. So I do the right thing. I put my resume in, I apply for this job at the same hospital I'd been at for around about 14 years. Um, Um, and put my reference as my old boss who's advertising the job because that's where I worked at last.

Um, and yeah, just yesterday I got an email telling me that I was unsuccessful, um, because of the highly competitive pool of nurses that applied for the job. So I guess they were trying to tell me that 15 years in their unit, 23 years of ICU nursing wasn't competitive enough for them. Um, But I guess we can all read between the lines.

She had already hinted maybe I try somewhere else, um, you know, in a year or two when that unit opens. And I think we all know that it's basically because of the termination and being sacked for not taking the vaccine. Now, Johnny, didn't, uh, didn't Queensland Health Now, Queensland Police, Queensland Ambulance, weren't they rapped over the knuckles for a breach of human rights over the COVID mandate?

Yeah, they were, but unfortunately the nurses weren't a party to that, uh, claim. Um, so I suppose It's the same thing though, isn't it? It's the same thing though, what do you, technically? I think it was a little bit different as well with the, the police and the ambulance. I think with the ambulance, it was because it breached their contracts or something.

It was something written into their contracts. And I think with the police, it was because they didn't, um. They didn't identify the risks. Yeah, they didn't. Um, you know, acknowledge that they were going to breach human rights, whereas when we got all our letters over the last two years while we were suspended, all the, the threats of termination if we don't take it and, and all the action against us, they kept telling us, we acknowledge that we are breaching your Human Rights Act.

It's whatever, whatever, um, but in light of a pandemic, it's totally justified to breach our human rights. So they acknowledged that what they were doing was breaching our human rights and then went on to do it. And apparently if you acknowledge that you're going to breach someone's human rights, that's okay.

I'm going to kill you and, um, I know that's in breach of your human rights, but it's an emergency. Yep. So I'm going to do it anyway. Yep. So I'm going to do it. Yep. Yep. Law, Queensland style. Now, I thought all that went out with J. B. Ockey Peterson, who was a law under himself. Boy, I wish Joe was back there now, to be honest with you.

Um, but, um, this is like the Clayton's, um, It's all over. Welcome home sort of thing, isn't it? It's the welcome home. You get when you're not welcome home. Pretty much. Yep. So, I mean, it doesn't take a rocket scientist to figure out that, that my unsuccessful application, I didn't even get through to interview.

It was literally, they've screened my application and gone, Oh, she worked at, she was only sacked from this unit, you know, six months ago, and now she's trying to come back. What's going on here? Oh, she was terminated. No, we're not rehiring. And I haven't actually seen a report myself, but I have had a friend tell me that they've seen reports or emails that have been leaked from Human Resources of Queensland Health that have, where they've been instructed not to re employ terminated nurses.

So, my guess is that's why, because the fact that they say that they The highly competitive pool and I wasn't part of that competitiveness. Um, I just don't believe, you know, especially when I've got experience in the same unit for 15 years and 23 years of ICU experience that, yeah, it doesn't make a lot of sense.

I you know, all the people, you know what I mean? It's like, you're part of the team. You're just walking back in. Yep. Yep. Know the equipment. Know the machines. Yep. Yep. Our friend, Tomo, the Queensland cop, got his job back at his old station and, uh, he was reinstated. He didn't have to reapply. They reinstated him, all his benefits, everything.

He said to us, he went back to his old police station, opened his locker and everything was there as it was when he left, you know, two years before. And he said he was welcome with hugs and it's so good to be back in the service of the people around his area and, and he was welcomed back with open arms.

It's Uh, Minister Fenderman, please come on to Club Grubbery and tell us the truth. Um, maybe we should send you the, John, have you got the Oxford Dictionary? Can you send Minister Fenderman the, um, the definition of truth? And, and maybe you could come on and just tell us honestly, because really it's, isn't it a bit cruel, uh, to tell SAC nurses that have been unemployed effectively without pay for years or a couple of years, and you desperately need them.

We know you do because you bring in foreign nurses. Would it be nice for you to, um, explain to us why you think this kind of cruel, uh, you know, hot, cold, hot, cold treatment is, is actually worthy of a minister of, uh, of the Queensland government. We'd love to have you on John, wouldn't we? Yeah, look, Shannon doesn't even work reasonable hours, you know, I tried to ring her office there this afternoon at twenty to five and she shuts up shop at half past four in the government.

So, it just tells you what sort of, uh, shonky outfit they're running. Um, I, look, I really am lost for words with this, I just don't know what you can even say. You know, this doesn't make sense to anyone. I mean, we've, we've just heard from the former chief health officer, a deputy, uh, for the entire country that says he's not having any more COVID vaccines because the science doesn't back having them.

Uh, we've had, uh, expert after expert after expert after expert on this program telling us that these things are bloody dangerous and that the killing people, the graphs are going through the roof. For mortality around the world, telling us that people are dying in excess in, in, in, in a 20 percent excess.

In fact, ever since the rollout of these vaccines, but these grubs, these grubs have got their heads in the sand. They just can't admit that they were wrong. Uh, the Shannon Fenderman said, Oh no, look, we'll fix this situation. I don't know who's sent this email out about nobody will be reemployed. That's not right.

That's not right. That's. They'll be re employed, nothing to worry about. And here we have, uh, an example of an upstanding, uh, outstanding, uh, clinical care specialist, uh, in an intensive care in a major hospital in Australia. in, uh, Queensland that has now been denied a return to her own unit after working in that same facility for 15 years because she doesn't meet the requirements, uh, or whatever the case is.

She's not, not good enough in comparison to the rest of the applicants. Outclassed. Absolutely a disgrace. How can you tell me? I mean, I've worked around, I've worked around these departments for 25 years. I know that intensive care units are difficult to staff. Uh, there is always a bed problem. There is always beds available.

There's never staff to run the bloody things. I know that when I worked in Air Ambulance in the medical retrieval unit, that's what we did twice daily. We rang every intensive care in New South Wales to get the bed availability. And the bed availability wasn't dependent on how many physical beds were in there, it was dependent on how many staff they had to actually, uh, man these units.

And I can tell you that they're always very tight, always very tight because there's a lack of staff and sometimes a lack of resources or equipment. But it's usually the staff. That's usually the, uh, the, the factor that, uh, causes the most upset. And you know, if you're going from a facility that's going from eight to 16 beds, I mean, it just doesn't even make any sense at all to me.

Well, there's another thing there, Johnny. The reason they've got to ramp up, they've got to double the size of the ICU. Why is that? Because they need it. And why do they need it? There's more sick people. Nick Coatsworth is saying, he said in that interview, you know, we've just got to soldier on, you know what, we get a cold, we get the flu, we just got to soldier on like we always used to.

Remember that? Soldier on, we've got to soldier on, soldier on. Um, I mean, it's just, it's absolutely nuts to me. You've got Nick Coatsworth coming out saying that. He's saying the science doesn't back it up. And while he's saying that on 2GB, all around Australia, he's These health bureaucrats through the government and the corporations are telling everybody to, to get their boosters while we've got an excess mortality, which is going through the roof and now being supported in the mainstream media by credible journalists like Frank, uh, Frank Chung, uh, and others who are reporting on credible research.

And then you add to that, uh, hoodie, the entire, uh, uh, cauldron of lies that has been told from people like Fauci. I mean, now they're being exposed in these, uh, proceedings overseas, uh, in these inquiries. Uh, Fauci's There was no science that backed up this three meter rule or whatever they had. There was nothing to it.

It was all just, it was all just BS. They just made it up on the spot. They had two or three people in the room said, Oh, yeah, we need to, we need to, uh, put on three masks and stand. Six foot from one another. That's the new rule. It just beggars belief that this stuff went on and people fell for it. And here we, here we have these bureaucratic narcissistic grubs doubling down on, on people who've given their entire life to helping others.

And it's sick. It is absolutely sick. Uh, and, and on a scale of, uh, of grubs, uh, the people that are running the recruitment section, Human remains department at this hospital and Shannon Fenderman, you, you are like, you are off the scale of grubs. There, there, there, there can't be any worse. Uh, I'm afraid you, you've really, you've really lost me.

I just cannot believe that we're having this conversation tonight, to be honest with you, honey. And John, and I think the other thing, um, too, is the staff that they are possibly, and this is just speculation, but staff that they possibly are recruiting are most likely juniors, like maybe some straight out of uni.

So you've got a lot of junior staff coming on board who, dare I say it, a little bit more easily controlled and manipulated, um, and overseas workers. With, with who knows how much experience or how much English, um, filling the roles where there's perfectly good Australian qualified nurses to do the same job.

Um, so I don't know what's going on in the hospitals, but, you know, it's a bit of a bit of a scary time. You're 100 percent right. I mean, my wife was telling me about the circumstances that are happening here in Chim facility that she works at. I mean, these overseas nurses are here. Um, and, and, you know, in, um, in those circumstances where you can't get staff, I mean, we're, we're grateful for these people that come from overseas from these island nations to assist, but these poor buggers are doing it tough too.

I mean, people think that they're, uh, They're getting a leg up, but they're not. I mean, I I'm, I'm advised by, uh, them personally that they have to pay, uh, a fee, uh, to Medicare because they're not entitled to any, um, medical attention. So they have to pay that. Uh, they're telling us that, uh, the state schools are charging them to send their kids to the school more than private schools, so it's cheaper for them to go to the Catholic school.

Uh, then to actually go to the private, to the public school. Uh, and this is, this is how they're treating these overseas workers when they, when they come here. So, I mean, they haven't got a lot of money. Uh, they haven't got accommodation. They're away from their families. And then, and then they're, uh, you know, they're, they're given all these other, um, road, road bumps, like, uh, Medicare costs, schooling, et cetera.

And, uh, it's not easy. And also we're taking qualified healthcare workers from some of these third world countries that need them workers. So we're stealing them and leaving them with whatever's left, um, to fill our spots when there's already nurses here to fill our spots. It just doesn't make sense for anyone.

It's a sort of a lost loss for everyone. And we've got the beautiful Spotlight Nurses, Johnny, and the Spotlight Nurses group that we interviewed in Nurses with Voices when we first started. Uh, I don't know whether you've been in contact with, uh, with Bueller and those guys, uh, Carol and, uh, Glassick, and just such wonderful nurses, and the experience amongst those nurses is incredible.

They're all around the same. level of experience or higher than yours, Michelle. And, um, uh, and, and all, all of them unemployed. I mean, it's just beggars belief, but I mean, the whole system has gone crazy in every aspect. We've got 25 that I know of paramedics in Queensland who were still unemployed. They still won't have them back, even though they've been virtually ordered to reinstate them, uh, because of the human rights abuses.

Uh, there's so much craziness going on. I was talking to a guy on the street. Uh, in one of the major centers near where I live, where I was doing some shopping today. He told me that his daughter was sent home for wearing jeans to school.

He told the daughter to go back and stand up for herself, which she did. Her argument was, you're sending me home for wearing jeans to school while two of my classmates come dressed as cats.

Wow. Two of her classmates identify as cats and come with the, with the, with the whiskers and the whole thing dressed as cats. And the tail was sent home because he's wearing jeans, Johnny,

read the sign above his head. You couldn't make this stuff up. This guy was furious. He was absolutely furious. And rightly so. I mean, this just demonstrates just how woke and mad this country's going. And these, these morons that are running the show are just, it's like, uh, it's like they've got, got the keys to the asylum, isn't it?

You know, it's just. And the irony is in Queensland health anyway, that they have on all their paperwork and everything, values and respect and all these virtues that, you know, You know, is all the anti bullying and anti discrimination and they have pride weeks and they have, you know, are you okay days?

And it all just, to me, just, it's just stinks of BS to be honest, because then on the other hand, they totally discriminate against us for not being vaccinated. It's like, it's okay to discriminate against the unvaccinated nurse, but don't dare discriminate against someone who wants to be a cat. Yeah. Like it doesn't make sense.

Nothing makes sense because we've come to accept the unacceptable and we do it because we can't be bothered fighting against it. So, you know, we get what we deserve, I guess. So, but you know, the whole, the whole system needs revamping and the people who are running that and administering that system need to be totally and utterly scrutinized.

Now, some people are saying, uh, John, that we are, we are too harsh, that we want revenge. We Um, I'll tell you my motives, my motives are pretty straight up. Without accountability, you do not have quality of service. Quality of service demands accountability. And without accountability, anarchy reigns. So for all those who are

saying that we're after blood and we want to hang people and we're not Christian and all of that sort of stuff, well, I honor your right to say that because we live in a free country.

But I don't want to live in a country where anyone can do anything they like without accountability. I'm sorry. I'm sorry. I'm not calling for people to be hanged, I'm not calling for people to face up and, you know, unleash the crowd on them and all that kind of stuff. The only way you prevent skullduggery, malfeasance, uh, corruption, uh, just plain incompetence is to hold people to account.

I spent 53 years in an industry that held me to account. Now imagine if you got on my aeroplane where accountability wasn't something that was, that was at the forefront of every pilot's mind. Every action I took, and the same with John, and the same with Michelle in frontline service, every single action I took was based around the fact that I was not only going to be held to account if I did something roguish, if I behaved in a rogue fashion outside of standard operating procedures, but I held myself to account.

And the best way to love somebody is to enforce tough love on them. Now, I, I've learned to love my enemies because it gives me peace. And anybody who's trying to control me and manipulate me, I see as my enemy. They do that because of behaviors that were put in place from a pain I know nothing about. So I cut them a bit of slack, but I, the best way I can love you is to hold you account because your character needs development.

And that doesn't happen when you're enabled to continue in your behavior because people don't want to rock the boat. I'm sorry. That's not compassion. I'm a better person today because I've been held to account all my life. And Johnny, you'd agree. I mean, this is the, this is the core of what we do. And that's why people like Sharon Fetterman and Deb Frecklington, who's running in the Nangar, uh, for the LNP in the upcoming state election, John, who's, um, who's pushing the renewable energy, um, uh, initiatives that are taking place around the Nangar with wind farms and solar.

And lo and behold, we're told that it has been. His job is to go around and, uh, and convince farmers and landowners to sign up to wind, wind generation. Now these things just do not pass the PUP test. They don't pass the pub days, the pub test, they don't hoodie. Uh, that's for sure. Uh, look, I'm sorry. I I, I don't make any apologies for going after these people.

I mean, they, they overstepped the line. Sorry, but, and, and we've had enough, we're entitled to justice. I mean, they're entitled to their day in court. I don't, uh, I don't. Absolutely. So they shouldn't have that. Uh, if they're found not to have acted, um, inappropriately, we'll, we'll deal with that. But look, at the end of the day.

They have to be accountable, uh, otherwise people can just run around with shotguns and shoot whoever they like. Uh, that's not how this country works. So, bad luck. Michelle, prior to your suspension before termination, when you were wearing a uniform to work in your capacity every day, um, were you seeing things then, as was COVID unfolding before your eyes back then, or was it, were you sort of gone by then?

No, no, I was, uh, working for part of it. Um, so when the, the vaccine rollout started, I was working and I was witnessing more staff members than the public, because at that stage, obviously healthcare workers were in the first ones lucky enough to be getting the jab along with the elderly, I think it was.

Um, so yeah, I did see a couple of staff members coming to work after having had their shots. Um, you know, quite a few. Feeling unwell, quite sick. One of, one of my, um, team members ended up with osteoarthritis from it. Um, and I just thought to myself, I don't, I don't want to take this. And I remember being asked by a couple of the consultants, you know, when are you getting yours?

And I said, well, I'm just going to wait and see how you lot do. You know, how you lot all fair. And as I'm leaving work, the consultants leave him work with me. And I said, well, this is early for you to be leaving work at three 30 in the afternoon. Cause normally they're there till five or six, seven o'clock at night.

And he said, well, I had my, my job yesterday and I was just feel terrible. But you know, I feel shocking us at all. He said, when are you getting yours? And I said, well, I just want to wait a little bit longer. There's, you know, not tested enough. He said, Oh no, this is normal. This is normal to feel like this.

And I thought to myself, okay, I'm still waiting. But, um, yeah, so I did see a little bit of it mostly with, um, with colleagues. Um, you know, there was one of our more elderly nurses who ended up having about eight weeks off work after her first with a lot of blood pressure issues. But she did eventually come back and then she had another one and then had more time off work after the second one.

And not long after that, she ended up resigning because. It affected her heart, I'm assuming. I don't know exactly what happened, but it was doing something to her blood pressure. So. Um, and then not long after that, me and my husband and the kids decided to pack up and um, take our long service leave because we had a feeling, uh, mandates were going to come in and we thought, let's just use up our leave and our, you know, whatever annual leaves and whatever we, we could.

So we packed up and left just before the mandates came in. And while we were on our long service leave, we were getting all the threatening emails. If you don't. You know, if you don't get the job, you're going to lose your job and blah, blah, blah. And, and we were like, we're on long service leave. You shouldn't even be emailing us with any of this stuff.

But here we were trying to enjoy our trip with the kids, um, traveling around Australia. And, um, Yeah, having to deal with, with emails and threatens and I was told on my first day back if I wasn't double vaccinated, I would be sacked and that's exactly what happened. I went to come back just, I think the mandates came in November.

We were due back at the end of December. Um, yeah. Well, I wasn't SAC then, but I was stood down without pay and then that quickly escalated to suspension with without pay. So, um, yeah, it just all happened really fast. I mean, we were actually in our caravan when all this happened. My husband also lost his job, but he's not in healthcare.

He's in another industry. Um, And we were, in a sense, lucky we were living in our caravan and had someone renting out our house, um, while we were gone. So we ended up driving back down to Victoria and living on my brother's property for a few months because neither of us had a job and we had no income.

So the thought of coming home to no money and no job, we thought, well, we can't do that because we need money to keep paying the mortgage. So we ended up letting the renter who was in our house. Just so we could keep paying the mortgage, um, until one of us found another job. And thankfully my husband found another job, um, after about three or four months.

Um, so we came home, so it was a pretty stressful time for something that was meant to be, um, yeah, a fun time away with the kids. Um, kind of turned out pretty stressful, but anyway. I guess what doesn't kill you makes you stronger. Um, so here we are. We're, my husband's working and We're back home and yeah, life continues.

It's just, you know, it's just, I guess, dealing with all of this for the last few years has been, you know, on and off, you're up and down, you're up and down. And just when you think you're good again, you know, I thought I'd apply for this job, you know, I do miss intensive care nursing. I, I missed the complexity of the type of patients that we looked after.

Um, so I guess applying, I thought, well, you know what, they did invite us back. My nurse unit manager had told me she looked forward to my application. So. I had a feeling I may get rejected, but I guess when it actually happens, you think, wow, you know, and it kind of hits you again in the guts. Like it's just, you know, all those years of study and all that hard work you've put in and all those Christmases you missed out on an Easter's and, you know, all the dedication you put in over a long period of time, it, you know, You just feel like a number to be honest.



I know when my husband. Yeah. Um, what did you love about nursing? I just love looking after patients. And I mean, when you have someone in intensive care and they're on the ventilator and they're, they're really sick, it's quite rewarding when When you actually help them to get off that ventilator and seeing the family, you know, cause you deal a lot with the family because obviously your patient's unconscious.

Um, so just watching people recover and helping them back to life basically. Um, and getting them out to the wards where they can sort of start their life again, um, is really rewarding to, to say that I do enjoy, and I know some people would probably hate it, but I do enjoy the complexity of. Of knowing your patient inside out and you know, well, we're having some technical issues and I'm going to fess up folks.

We had a power failure and we came back on and we just did about 45 minutes of one of the better interviews we've done in a long time and it didn't record. How did I manage to get a Boeing 737 from Brisbane to Perth escapes me. But there it is. I'm being honest. And that's what you're attempting to do.

There you go. So, it is recording and, uh, we got the first half down, then the power went out, and then, there you go. But, what we've just done the last 45 minutes was heartwarming and it was a great dress rehearsal, so let's get back into it. Uh, where I remember we left off, Michelle, you were talking about, about, um, about the intensive care nursing you did and what you loved about the job and about how, uh, How you were, you, you would really get inside the issues, issues of your patients and that you found that really intriguing.

Yeah. So I, I, when I first started nursing, you know, I thought I was going to be a midwife to be honest. And then very quickly I got into intensive care and, um, um, I just loved it. I loved, um, you know, the machines, knowing your patients inside out, because you're, you're one on one with your patients. Um, and I really love seeing them go from being really, really sick.

Um, and then we do our thing with the ventilator and the medications and the dialysis and whatever else they need. And we, we basically bring them back from, From almost dying, um, and sending them out to the ward if we, if we can do that. And it's really rewarding to, to see patients. recover and knowing that you had a big part in that because you're keeping them alive until that their body can heal.

Um, yeah, so I, I do love that. And I love just the complexity. And I think one of you said it earlier, um, the pressure, the pressure of intensive care, um, you know, some people may not like that, but I did enjoy that aspect of it as well. So yeah, I do miss, I do miss my job and using my brain in that way. Um, you know, because it was rewarding.

Um, I also miss the team and, you know, working as a team with everyone, all the, all the allied health staff and, um, yeah, so I do miss it. Yep. I think ICU nursing in particular. I mean, I'm the only experience I've had of ICU nursing is. Uh, that I spent, I think, five nights in an ICU in, uh, on the gold case when my wife Michelle, we were unengaged then, we were due to be married, and the doctors told me she had a slim chance of surviving with a double massive subdural hematoma.

And so, uh, while we were waiting for bloods to thicken for surgery, uh, we got to experience the nursing in that particular hospital for three weeks or more. I was, uh, I never left her side because I thought I was going to lose her. And then, um, then after the operation she spent, uh, considerable time in the ICU and normally you're only allowed in there for 15 minutes, I stayed in there for 5 nights, um, the nurses were happy to leave me there against all policy, um, because I said I wasn't going anywhere, I wasn't going to leave her side and, and I got to witness what you guys do in there, um, because you don't have much more to do while your wife's unconscious.

Uh, and to see the intensity of the care that you people provide, um, in that job was just inspiring, absolutely inspiring and somebody who loves working in that environment like you do with your level of experience. I mean, John, it's criminal that, uh, that Michelle is sitting here talking to us about the fact that she.

According to Queensland Health is unemployable. Well, that's correct Woody. And look, the difficulty is with intensive care units. They're not in every hospital. You have to have a certain criteria to be able to run intensive

cares. And usually they're associated with surgical units. Uh, for obvious reasons and look, the difficulty is, um, you can't control who comes in your front door from a car crash or a motorbike accident that is unconscious, uh, and needs an intensive care bed.

So you might deal with them in the emergency department. Uh, if you've got the capabilities to look after them internally, uh, where you, you would keep the patient. Otherwise you might move them onto a more specialist hospital, but, uh, you find a bed, but look, the issue is with intensive care beds, uh, a lot of these beds, uh, are managed in advance.

So, you know, somebody might be having a heart transplant, a lung operation, uh, they might be having a tumor removed from their brain. The, the surgeons will, uh, have the teams with the anesthetics and, and everyone, and they'll say, okay, we're going to do it on Thursday. Got the intensive care bed lined up.

Now, if you don't have staff, uh, to run that intensive care bed after those. People come back from theater that those operations get cancelled. And this is, this is a really difficult situation in hospitals because they will put off surgery if they don't have the bed. Uh, if they don't have the capability to manage the patient after the surgery.

And you can imagine, couldn't you? You've been told that you can have the tumor removed on Tuesday and the operation keeps getting put off. Um, it's a very disheartening thing for a patient in that predicament to, uh, be in that situation. And for elderly, for instance, you know, they might have a very complicated hip replacement or something and may need to be in intensive care if they're elderly.

for a night. Um, and all those things, uh, need to be managed. So, that's why I just can't believe that the Queensland Health, in fact, any health system across Australia at the moment, is so flushed with nurses that they have to disregard people like Michelle, uh, from their employment ranks. Uh, beggars belief that somebody that worked in the same department as she's now applied for a job at, uh, for fifteen years.

Would be, would be not even fit to be interviewed. I mean, that just tells you how mentally deranged these grubs are. Uh, I just cannot fathom that. It is just reprehensible. Uh, if she wasn't fit for purpose, you would have known that after 15 years. I mean, come on. To be honest, John, I think they're, they're, Employing a lot of new grad nurses, um, and maybe overseas, um, workers who possibly have very limited experience in ICU, but on the other hand, are probably more controllable and eat more easily manipulated.

So they don't want someone like me coming back where, you know, I will, um, you know, I will fight for medical freedom of choice for staff and patients, um, because I don't think it's right that anyone has to take a medical treatment that they don't consent to. Um, but obviously they, they don't want someone like that coming back when they could have more junior staff or overseas workers who will just do what they're told.

Well, that's exactly why you need to be there Michelle because I mean we know That you are going to advocate for your patient. Yeah. You were going to call out things that aren't right. Uh, and the management might not like it, but look, these, uh, hospitals can be vulnerable places. I mean, it's all well and good Monday to Friday, uh, you know, 8 AM to 5 PM when you've got the senior consultant there all day, uh, but they go home at night.

Yeah. And then you've got the registrar that spent the last three months Working on the renal unit now doing a term in the, uh, in, in the ICU. I mean, things are not always a rosy, uh, and you can have very junior doctors left overnight in, in, uh, in these facilities and look, sometimes even in these private hospitals, they don't even have doctors on.

Uh, site overnight. I, I know in Sydney at, uh, at the Prince of Wales, uh, hospital, if there was an after hours emergency at the private hospital, they would send an emergency team from the emergency department to the hospital, private hospital next door to run a recess. Yeah. No doctor. And often there's interns on at night.

I mean, so often as a nurse, we are picking up errors from the doctors, especially the more junior ones. Um, and you're constantly saying, why are we giving this? Or you don't give that with that, or this dose is wrong or, you know, and I'm pretty sure there's been many junior nurses who come along and would just go and give.

That amount of potassium or whatever it might be that could potentially kill someone. Um, it, it happens more regularly that you're not, they're not that we're picking up drug errors made by the doctors. So you're absolutely right. If we have a lot of junior staff or overseas workers, that's when patients will die, you know, patients, um, patients will literally die from errors.

Um, and to be honest, I don't think Queensland health, And the bureaucrats and the ministers, I don't think they care. I really don't think they care. I think the price that has to be paid is, is possibly a few areas and a few more extra people dying until they can get enough staff on board that will do as they're told they don't care in the meantime, if, if patients die, I honestly don't think they care.

Uh, Michelle was, uh, was a registered nurse for over 40 years and. Um, she did a lot of agency work and she was, uh, Director of Nursing. Uh, she was a Don at, uh, on a couple of occasions. But, um, the amount of errors she said that were picked up by nurses, uh, were incredible. I, I remember when I was doing human factors training in the airline industry, we were subcontracted out to do a couple of programs with surgical teams, theater teams, um, to talk to them about human factors and communicating under stress.

And we would do simulations with them. And the number of times we saw nurses. Uh, pick up errors by the doctors was incredible. Now, the big telling point of that was, uh, the surgeons who were, who were saved from making an error by a junior nurse in the theater, uh, the ones who really stuck out and shone, even though they made the mistake, was, were the guys who congratulated the nurse for picking it up and, and, um, and thanked them for their, uh, their contribution.

Uh, it's incredible, you know, when people admit to their mistakes and move forward, it's, it's, Such a beautiful example, but we're not seeing that at the moment. We're seeing, we're seeing, uh, mistakes in judgment, judgmental areas being covered up because people, they don't want to be liable. The people who made the decisions in the last four years, the critical decisions that have cost lives, they don't want to be liable.

They don't want to, they don't want to face the music, but they're going to have to, because in covering them in covering up their, their tracks, they're, they're stalling the recovery effort. of people who are sick and dying because the, the, the spotlight is not being put on the real cause, which is ultimately being seen as vaccines.

The vaccines are the ones, the things that are killing people now, which is why Dr. Nick Coatsworth said, I'm only, I've only had three. The last one I had was two years ago. Now, surely having admitted that in, on public media for the whole country to hear. And I mean, they're all hearing it now because we're all sharing it.

Arpa, John, you'd think would be on Nick Coatsworth like a ton of bricks, wouldn't that? Well, I mean, I don't want them on him like a ton of bricks or do you, I mean, no, that's, you know, what we're not, we're not advocating for that, but I mean, it just demonstrates the double standards. He doesn't, uh, you know, this is the problem with opera.

I mean, they've not got the ability to differentiate what's common sense and what's not. They've got a playbook. And if you don't abide by it, uh, that's it, there's no leniency, um, uh, unless, uh, unless you're somebody like Nick Coatsworth. Um, I, I suppose you, you can say these things, uh, and, and nobody will look twice, but, um, Uh, when you're a Paul Oosterhuis, you're a Mark Hobart, uh, you're a John Larder, uh, uh, you know, you're not, uh, you're not playing, uh, on a, on a level playing ground and they, they come after you and, and the difficulty here is that we know now that, uh, what we were saying, uh, three or four years ago, uh, is no different to what Dr.

Nick Coatsworth is saying now. Uh, you could only, So, uh, by their standards that he's promoting vaccine hesitancy, uh, that's all it is. I mean, he, he's, he's basically saying, well, I, I, I'm not seeing anything in the science that would, uh, promote me having that vaccine. And he's right. It's 100 percent right.

And he should be saying that because the only, the only benefit to getting that vaccine in our view is that. Um, well, the only, the only thing that can, can occur and it's not a benefit is, uh, some sort of secondary nasty effect. Um, it's not doing anything, uh, it can only cause you harm. So why do it? Now, Michelle, you were, you were being offered an opportunity to reapply for your job because they're increasing the size of the ICU in the hospital that they're doubling it, that you used to work for.

Yep. Um, which begs the question, uh, to both of you, why do they need to double the size of the ICU? Cause there's a lot more sick people. They need it. They need it. You know? And like I think we said before, vaccine injuries, there's so many people now with heart issues, um, you know, all kinds of issues having strokes, um, you know, auto immune conditions, diabetes, asthma, there's all these things coming out since people have been vaccinated.

And people are just not healthy anymore. Their bodies are fighting against them. Um, so they need the ICU, sadly. They've created the problem with the vaccines. And they need the staff for those ICUs. Yeah. Yep. Staff who have been vaccinated, probably. That'll probably be where we'll come in in the future when a lot of the staff can't work anymore.

I mean, I had another good friend who got osteoarthritis after her vaccines, who's a nurse. And she's like, I can't do 12 hour shifts anymore. I can't stand on my feet for that long. You know, she's my age. It's insane. Um, but another funny story. Um, my. My old nurse unit manager, my husband actually bumped into her recently, um, say a month or so ago.

Um, and they were talking about me and if I'd got another job and she looked around and they're in the supermarket and she looked around and he said, how's, how's work going? And she looked around and she said, it's, and she said the F word a few times under her breath, it's F'd, it's F'd, it's F'd, the whole thing is F'd, the whole system is F'd.

And he was like, Oh, and then, you know, they went on with their conversation. So the point of that is that people are complying with not giving us our jobs back. Um, and she's the manager of the unit. To keep their jobs when they know it's wrong. And it comes back to what you were saying before about people having morals, um, and standing by their values.

Obviously some people's price is just their job. They'll do whatever they can to keep the job, whether or not they agree with it. And obviously you two and myself, we chose to go with our morals and our values, and we lost our jobs, but so many people, their price is their job, sadly. Well, if, if you've got to sell your moral integrity to keep your job, your job's not worth having.

Yep. A hundred percent. It's just not worth having. I mean, um, it says a little bit about the integrity of these people running the interviews as well. I mean, the nursing unit managers, et cetera, I mean, I mean, they, they don't need to follow the orders of Shannon Fenton, if, if Michelle ticks the box, they know she's been there for 15 years.

She's been a model employee. I know. Who she is, she's, she's, you know, an upstanding staff member. Um, you'd just green light her straight through, wouldn't you? I mean, why are they pandering to these idiots up, up the food chain? I mean, what are, they grow a backbone, these people. Uh, drink a bit of cement and harden up and do the right thing by your fellow colleagues, your friends that you've worked with for 15 years, instead of just discarding them and treating them like pieces of dog shit.

It is just a disgrace. It's reprehensible. It's un-Australian. I mean, I'm really, really angry at you people. I mean, you, you, you, you were cowards. You were cowards. Uh, not all of you, but, but, but a lot of you were cowards. You wouldn't speak up. Um, and look, I know there's a lot of reasons for that, but look, all this would have ended.

All this would have ended if, if the majority of people had just said, no, this is, this isn't on. We are not putting up with this. It's unsafe, but you chose another route. And because there was so many, so many there that just said, Oh, you know, they had the upper hand. And it's still going on, you're still discriminating against people like Michelle.

Well, the people who are running the system are the HR departments, the human remains departments. Uh, and those, those people, you know, they're the policy administrators. Um, and policy we've said a thousand times does not have a heart, John. Um, policy does not sort of think outside the box. It's, it's autocratic.

It's almost AI, artificial intelligence. Well, at least there's some intelligence if that's the case, because there's no human intelligence involved in it. But, um, but, you know, we're just seeing this totally across the board. We're seeing absolute, uh, inconsistencies everywhere across the board. CASA, for example, the Civil Aviation Safety Authority, I was told, uh, by, uh, contact from a designated aviation medical examiner, a doctor in the last 24 hours, that CASA, uh, introduced a new Uh, two or three part questionnaire to the back end of the hundreds of questions they ask a pilot every time you renew your license.

Now it's done on your computer, it's done online, and then you go and see a doctor, uh, the designated medical examiner. Now, they have recently asked, been asking the question about mental health. And they're asking, uh, applicants for their renewal whether at any stage they've had any anxiety since the last renewal.

They're telling doctors that we're only trying to collect data, we're not going to be punitive about this in any way. And so several pilots have said, yeah, you know, it's been a pretty rugged time and, um, um, it's been pretty anxious, you know, we've been worried about our careers and, and, um, a lot of them I know, John, have contacted me and said that they felt like They were bullied and coerced into taking something they weren't sure about to keep their jobs.

And now they're flying around. Some of them are sick and they don't want to admit it. Some of them know that they have a vaccine injury and they don't want to admit it. And they're, they're feeling anxious because they either speak up and admit it, in which case they lose their license. and their income, or they, they carry it around and hope that nothing happens while they're flying.

Now that causes a certain amount of anxiety in an operating pilot. Now you're meant to be honest in your, in your, in your self assessment on these programs. And when you are, what are CASA doing? They're pulling you out of the system straight away. The minute you admit it, they're pulling your license and they're suspending it pending a psychiatric evaluation, which happens at your expense.

With your, with you having to arrange a visit to a psychiatrist. Now here's the problem. Because of the mental health situation in Australia, psychiatrists are booked out for at least six months. So you are effectively unemployable until you get that evaluation. And all this has been administered by the primary medical officer, who's now full time by the way.

Uh, Kate Manderson, she was part time during the heat of the pandemic, now she's full time. All this under her management, the lady who told pilots at the beginning of the experiment that if, she would rather they got pericarditis and myocarditis from the job than from having it, getting it from COVID because it was worse if you got it from COVID.

Now this, this is the mentality and now they're pulling this stunt. Kate Manderson, if every pilot. Who applied for their medical renewal, answered those questions in honesty. Flights would be grounded all over the country. Because they're flying feeling like, a lot of them are feeling like they were raped and abused.

I had one, a senior A380 captain in Qantas, tell me that he was forced to take the job and he felt like he was raped. Now you tell me why these people wouldn't be anxious. And all that because, and added to that is the fact that they have no confidence in their safety authority. None whatsoever. And Pip Spence, the director of the

Civil Aviation Safety Authority, had the temerity To write to the Senate to say that the comments I made in the Senate committee hearings about Dr.

Kate Manderson's capabilities or, um, our, our opinions of her capabilities were just based on hearsay and not fact and that she had complete confidence in her. Well, I'm glad. I'm, I'm sure that Dr. Kate Manderson is a lovely lady and I'm sure she's very, a talented, uh, practitioner. But she has made some very critical errors at a time when she should have been standing for the health and well being of pilots under the auspices of the Civil Aviation Safety Authority.

She said it wasn't in her remit. Well, I don't know what is then. There is no way if I was in that position when that when airlines were mandating an experiment on an operating crew that I would have stood by and let that happen. I'd have said no way, no way in the world. Now that's, that would pass the pub test.

Because every time I've been criticized by people in the past for doing what I'm doing, why did you do that? When I said I couldn't give informed consent because there was no information and I had a responsibility to passengers not to be an experimental pilot, they all said, oh yeah, fair enough. Because that's it.

Isn't that common sense to all you people who think that everyone's a cooker? Doesn't that make common sense to you? If you're calling people tin hat foil wearers and all that sort of, sort of stuff, and you're jumping on a plane to go and see the grand final in Melbourne, wouldn't you want the pilot and the crew operating that aircraft to have the common sense to say, I don't want to participate in an experiment, because I have people I'm responsible for on the aeroplane?

I would have thought that was a lay down maze, John. Anyway. We do what we do and why do we do it? Why are we doing it, Michelle? Because we want, we want to do this for our kids, you know? I look at my little kids and I think, if they wanted to be in healthcare one day, they can't unless they get vaccinated.

You know? That choice is off the table. This is why we're doing what we're doing. Because we've got to do it for the kids. I don't want my legacy or our legacy as adults to be that. We left our kids in a worse place than what we found it. You know, they deserve freedom. They deserve to go in whatever career they like.

Um, you know, they deserve that for their future. They don't, they don't deserve to come into the world and have every choice limited and controlled because of what another person says they have to do with their body, it's just wrong. And we, we, we. Can't stand by and allow this to happen. We just can't, you know, I would hope, you know, now that I'm not nursing, I would hope that the patients who are in the hospitals are getting medical freedom of choice.

Because, you know, from what I see, it's, it's, you know, with that little girl Delle who just died recently for not getting four vaccines, you know, she was denied her lung transplant. She was 15 or 16 years old and she just died. You know, I would hope that if I was in that hospital, I would be fighting for her rights to say, no, she doesn't want the vaccine, but she still wants a lung transplant to save her life.

You know, it's just criminal. It's criminal. And I hope those left in the hospital, there's still some good people in there who will fight for patients rights and staff's rights. We all have human rights, you know, especially when it comes to our own bodies. Well, you know, when, when you're a paramedic, a pilot or a nurse, you're an advocate for the people that you're responsible for.

Yep, exactly. I mean, and we do advocate really well for say a Jehovah's Witness. I remember looking after a patient one time who had given birth and she had a postpartum hemorrhage. And, um, She wouldn't accept blood or her family wouldn't she was unconscious, but her husband said no no we're Jehovah's Witness We honored that and instead we gave her an injection of a medication that was 7, 000 per injection that she had twice a day to try and encourage her own bone marrow to produce red blood cells and She did end up living, but she was as white as, you know, white paint on your ceiling.

She nearly died. She had a hemoglobin hemoglobin of about 30. Um, and we saved her life, but we respected their choice not to have blood. So I hope there's still good people in the system who don't, you know, force things on people that they don't want, like they've tried with us. Can you still hear me? Yeah, we got you.

Yeah, John, like they've tried with us, so, um, yeah. Why, why, why are you doing this, John? Well, look much the same reasons. I, I, I think, uh, I think everyone should have the right to decide their, uh, their destiny, really. Uh, as long as it's lawful, uh.

But, you know, having said that, some of these laws that they're, they're, they're sort of, uh, throwing onto us aren't, aren't what I'd call lawful either. Um, you know, I, I just think that people need to be sensible, um, and do no harm. There has to be, there has to be a pub test, really. Uh, we need it. It's the most sensible thing that's on offer.

Uh, the bureaucrats are, uh, they're, they're running the asylum. And, uh, they've, they've got the keys and look, we need to, uh, take it back. Um, and, and unfortunately, um, you know, I think the difficulty is what do you do? I think we, we got to a good spot. I think. All these diggers had fought for us. And, uh, you know, the, the country was going along fine.

And then, and then, uh, you know, this sort of nonsense starts and I think we were probably on a down downward trajectory for a little while. But, uh, this, this is really, uh, opened it up, but opened up a big wound, hasn't it? And yeah, it's, it's accelerated it, that's for sure. I mean. Michelle and I, between us, we've got six kids and 22 grandkids and a great grandson now.

Um, and, um, and you know, you cop a bit of flack because you don't spend enough time with your kids and your grandkids and everything. And, um, and I personally, I'm doing this because I've got a little bit of time left to try and leave the world in a better place for them. And, and I like you, uh, I'm in a, in a position where I can have an effect and, um, do I want to be remembered because I played soccer with them every Sunday?

That would be nice. Um, but I'd rather be remembered that I, I did everything I could because I wanted them to have the freedoms that I enjoyed when I was growing up. And so, and, and, and, uh, Michelle, look, you're, you're reasonably close to two of my grandkids. Thank you. Um, And, and my daughter, you spend, uh, you spend regular time with them in homeschooling groups and all that sort of stuff.

You know what I'm talking about, you know why I'm fighting. And, and so when you see my two little grandies, the twins, uh, give them a hug for me, will you? Because, um, and tell them that, that Pa's doing everything he can at the moment to try and, well, they're too young to even understand, but you know what I'm saying.

Yeah. Yep. They'll know one day when they grow up. I keep saying my kids don't know what, You know, me and their dad are fighting for really, you know, they're little, but they'll get it one day and that's why we're doing it, you know, and your grandkids are adorable. They're twins. They remind me of me and my twin brother.

I've got a twin brother too, so every time I say, I'm like, Oh, it's so cute. They're cute. They're very devoted to one another. I mean, they're, they're not identical twins, but they're beautiful kids and they're definitely not identical. No, they've got different personalities for sure. But, uh, Boy, oh boy, they watch each other's backs.

Yeah, they're good kids. Well, I think, I think, uh, I won't mention their names, but I think, uh, my little granddaughter is always watching her brother's back to see if she can throw a rock at him or something. Get him into trouble. Yeah, I used to do that to my brother. Yep. I know it. You've got it written all over your face.

That's what makes you a good nurse. You got, you got to have the enough testosterone to be able to stand up to doctors and say, you know what, you're making a mistake. Yeah, 100%. And we know that so many nurses have saved the day in theater. We know that. But anyhow, look, we've been prattling on for long enough.

We've had a lot of technical issues tonight. Um, you would think somebody didn't want this to go to where there are some people in, in the, uh, There are some people in the resistance movement who think that every time something like that happens, it's ASIO interfering, but, uh, I don't go down that way. I mean, you just, these things happen, but it's been a wonderful interview.

Um, you're an incredible lady, Michelle. You, you, um, the people of Queensland deserve to have you in their hospital. Thank you. And same with you too. You both deserve to be, you know, you deserve to be flying again. It shouldn't have ended that way. John, you deserve to be out there saving lives as well. It's just wrong.

What they've done to all of us, a lot of good people, um, you know, have gone to waste and you know, careers shouldn't end like yours ended. It's just wrong. It's all wrong. It's, it's corrupt and it's evil and we should all be back working in the jobs that we're qualified to do and that we love doing. It's wrong.

Sharon Fenderman, Queensland Health Minister, you have an obligation to the people of Queensland and this lady on the screen. To do the right thing and actually say and do what you, what you say and actually, in other words, have your yes be your yes and your no be your no. If you want to come on to Club Grubbery and tell us, uh, why you're offering in the general public arena, these nurses their jobs back and then seeing that they're denied through the back door, uh, we'd love to hear about that.

We'd love to understand what your motives are. You might help us to, uh, Put all this in perspective and stop talking about it. And maybe we could support you in what you're doing. Uh, but at the moment, uh, you're actually disqualified from being a, uh, a minister of the crown, even though you probably didn't swear the oath, because you, um, you have no integrity.

Although it seems these days, apart from a few exceptions that we talk to regularly, John, that integrity and, uh, and, and ministerial portfolios don't necessarily go hand in hand. Fortunately not, Woody. I think we've all lost trust in the system, sadly. Yeah, and we'll be cancelled, John. Uh, Club Grubbery will be shut down when the misinformation bill comes through.

And we're going to fight that one. Well, we're going to fight that one. But I mean, I want the government to know that the reason there are so many people speaking out at the moment is because you put everybody in that position. You've overcooked the goose and there is no way around it. The biggest purveyors of misinformation.

Uh, the government and the mainstream media, there's no two ways about it. You guys are pushing it and that's why you've exempted yourselves from the bill. But be that what it may, the people will hold you to account at the, at the election booth or heaven forbid, some other way later on, I hope not. Can I just say one thing positive too, I think, um, because of COVID and the last four years, you know, we had a bit of a hard battle at the start where.

It was us against the world, but I honestly feel like the tide is turning slowly. I feel like there's a lot more people who have vaccine injured, who have friends who have vaccine injured, who are starting to see it for what it is. And I think a lot more people are waking up and I think we just got there.

Can't shut up. We've got to keep talking, keep telling our truth and keep, you know, waking more people up to, to what's been going on. And I think we, I think we can win this, you know, this sort of whatever you want to call it, but you know, I'm, I reckon at the start it was 20 or 30 percent who could see it for what it was.

I reckon we're more up at the 60 or 70 percent now, I think. You know, with people like you guys speaking out and all of us doing our bit, um, you know, it's, it's working. Yeah, well, you know, and Nick Coatsworth and, and Ben Fordham, good on you guys for, uh, delving into the subject. And, and he's getting more and more courage, Nick Coatsworth, and we encourage, we're encouraging you, mate.



We, um, uh, we need you to come out and, and say more, but good on you for doing what you're doing. I'll add it. There's probably a lot of people raising their eyebrows around dinner tables in your profession tonight that you've said that and well done, but, um, I'm sorry, Nick, you need to go further. You know, the reasons why you stopped being vaccinated two years ago and you only had three was because you know, the science not only doesn't back it up, but the science was flawed at the beginning, you know it, and you have an obligation to the people of Australia.

To come out and tell them because if you do that, you'll be practicing your craft in the best possible way. You will be reversing the errors that have been covered up at the moment. So those who have been severely impacted by this can get better because we need doctors like you To step into the breach now with your integrity intact and start helping the people recover from what's happened in the last four years We need you nick and um, that's my plea to you and I think in that light, you know We've we've had a long night around this because of the technical problems You But, uh, I think we need to close it with a prayer.

What do you think? Yep. That's good. Lord, Father in heaven, we just, we just seek truth, um, not because we want to be right, but because we just want to be compassionate and supportive and we want to be loving and we want to be community and we want to base all of our decisions on truth. Why would we want to base any decision in lies?

So Father, we're praying for the courage. that's required for some of the people who made the mistakes in the last four years to speak up. And we want them to know that if they do, that the respect levels that they will experience will go up. And as a result, they will deal with the issues, and they'll be supported by some, and they'll be castigated by others.

But at the end of the day, if we don't hold them to account, you will. So now is the time for them to develop their character. Now is the time for them to realize that they were conned and they can come out now and make amends to the people and put things right. And Lord, they can only do that with your strength and courage.

And I just pray that you're in every bedroom tonight of every practitioner who knows that they did the wrong thing, who now needs to do something better. Be that nagging little voice in their ear, telling them that they know what they need to do farther and then protect them in the process, because all we want is honesty.

compassion and truth. But we ask all these things in the precious name of Jesus. Amen.

Well, what's written above your head, Johnny? You just couldn't make this stuff up. You couldn't. And, uh, Michelle, you're just a, you're a real, you're a real doll. Are you allowed to say that anymore? Sure. I can be a cat. I can be a doll, whatever. No, I said doll, not dog. No, I know. I called you a dog. I know you said doll.

Yes, you can say that. You're an amazing lady and, and you, everything about you screams out ICU nurse. It's done the job. I mean, there's a don't mess with me, um, take it or leave it, suck it up princess attitude about these nurses. How do I know? Because I'm married to one. I'm married to one and she's a Michelle too.

Uh, an angel of God, which I believe that word means. And, um, and I, you know, I just love that attitude. I love that Johnny's married to one. She's got a slightly different kilter to her, more live and let live. She'll be right. No worries. Everything's cool. But, uh, when the chips are down, Johnny can answer to that one.

But anyway, it is what it is. Uh, ladies and gentlemen, thank you for watching Club Grubbery again. We've really been pushing them through. Uh, there's a whole lot more interviews. We've got the incredible, uh, Dr. uh, Professor Ian Plymer coming on. We're interviewing him tomorrow night. That will screen probably Monday.

Uh, you'll see this interview we're doing on Friday night. And Dr. Ian Plymer, we're going to be talking to him about the incredible Gina Reinhart. Who, the more is revealed about her, the more I come to like this lady. Um, she's an enigma. She doesn't get interviewed by people very often. In fact, very rarely.

Um, and which says a lot about her, and she's incredibly generous in so many ways, we're told, and uh, Professor Ian Plyman knows her, works with her, and uh, we'll get some insights from him on that. We're also going to push him very hard on the, uh, renewable energies projects, and the carbon neutral by 2030, what can possibly go wrong, John?

And, uh, Dr, Dr. Susanna Humphreys will be talking to us from New Zealand, co author of the book, um, Dissolving Illusions. Uh, the other author we interviewed the other night, which you're watching while we're recording this great interviews coming up and many, many more, I can promise you, you wanted us to be your voice.

We're going to do it in the best, most credible way we can. We're not going down rabbit holes. We're not putting on tin hats. We're just telling you what we find out. For the reasons that you can make your own decisions. That's all we're here for, John. That's all it is, Odi. And, uh, yeah, we'll keep doing it.

And what you did yesterday got you to today. And don't forget, if you love somebody and you haven't told them, please ring them and tell them you might just save their life. Stay out of the trees, everyone. Michelle, you're a champion. Please keep us in the loop. We want to know what's going on with you and, uh, give my grandies a hug for me and we'll see you next time on Club Grubbery.

God bless you all. And bye for now. Thanks for having me. See ya.