

28/02/2022

Public submission - Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill 2022

Dear Parliamentary Committee Members,

I am writing this submission as a lay person in the field of health. I believe it sometimes takes someone with an external point of view and a practical mind, to point out the most obvious of realities.

There has been a lot of hype associated with SARS- CoV-2 outbreak, around the world and also here in Australia. We now have the benefit of compiled data by numerous organisations, including our own Australian Bureau of Statistics (ABS), that provides us with a clearer and more measured picture of what we have actually faced over the past two years as a community.

Without broadening my submission to the committee, I will only use contemporary data issued by Australian Government organisations, the ABS and TGA. This data is attached below for convenience within my submission.

The ABS uses a registration-based system that inherently takes longer to compile, however is more accurate than surveillance systems (that were predominately used for daily sensationalised reporting)

Considering the ABS data, one might ask the logical question – **If we were to consider the mortality rate as the ultimate measure, were we actually in any kind of emergency over the past two years, at all?**

My personal opinion is clearly not.

Less than one percent of all death registrations were certified "from" or "with" COVID-19.

COVID-19 was ranked 38th as the primary cause of death in Australia up to the 31 January 2022.

Certainly, the original strains of COVID-19 were of a concern, but the international border closures negated their impact on the Australian community. The subsequent variants were much milder, as it was to be expected.

As a comparison, Influenza and pneumonia claimed more than twice as many lives over the same timeframe as COVID-19. (COVID-19 = 1,843 compared to Influenza and Pneumonia = 4,115 for period January 2020 to November 2021)

Exert from Australia Bureau of Statistics (ABS) Website: 28/02/2022

Deaths due to COVID-19 in Australia

The Coronavirus Disease 2019 (COVID-19) is a respiratory infection caused by a new coronavirus. On 11 March 2020 the World Health Organization (WHO) declared COVID-19 to be a pandemic.

There are 2,639 death registrations that have been received by the ABS where an individual is certified as having died from or with COVID-19 between the start of the pandemic and 31 January 2022. Approximately 1% of the 273,901 death registrations received by the ABS and certified by a doctor in Australia during the pandemic period are of people who have died

with or from COVID-19. This number of deaths is a preliminary figure and represents only deaths where the death registration process through the jurisdictional Registries of Births, Deaths and Marriages (the civil registration system) has been completed. The number of deaths of people who have died with or from COVID-19 during this time period will increase as additional registrations are received by the ABS.

Data published by the ABS is collected through the civil registration system and is not directly comparable with that released from disease surveillance systems which are designed to release information rapidly on both infections and mortality.

Information about mortality sourced from the registration-based system takes longer to receive than information reported through the surveillance system, but it is more comprehensive and can provide important additional insights into deaths from COVID-19. Cause of death information is sourced from the Medical Certificate of Cause of Death (MCCD), which enables identification of the underlying cause of death and other associated causes. These data sources also provide demographic information about the decedent (e.g. age, sex and country of birth).

Certification of COVID-19 on the MCCD in Australia

There were 2,704 deaths which occurred and were registered by 31 January 2022 and had COVID-19 written as a term on the death certificate. Of these 2,704 deaths, 2,556 were deaths due to COVID-19, including:

- 2,519 which were directly due to acute COVID-19 infection with the virus being laboratory confirmed.*
- 20 deaths that were due to long term effects of COVID-19 (e.g. long COVID-19).*
- 17 deaths that were certified as being due to suspected COVID-19 with the virus not confirmed in a laboratory at the time of certification.*

These 2,556 deaths are considered to be "due to" COVID-19 and are included in underlying cause mortality tabulations in this report.

Other deaths that had COVID-19 as a term on the death certificate included:

- 83 deaths which were COVID-19 related. This is where the person died with COVID-19 (confirmed or suspected) but it was not the underlying cause of death.*
- 50 deaths which had a negative COVID-19 result recorded on the death certificate. When a negative COVID-19 test result is recorded on a death certificate an ICD-10 code of 'Z03.8 Examination and observation for other specified reasons' is assigned to capture the information communicated by the doctor. These deaths are not included in COVID-19 mortality reporting.*
- 13 deaths which occurred in people who had COVID-19 but recovered. These mentions of COVID-19 on the death certificate are captured with an ICD-10 code of "U08.9 Personal history of COVID-19". These deaths are not included in COVID-19 mortality reporting.*

Governments generally around the world have taken the COVID-19 outbreak as an opportunity to expand their already comprehensive powers. Any further expansion of

Government power should certainly have serious scrutiny and weighed against the benefits to the whole of the population.

Clearly, we have seen State sponsored discrimination being actively promoted by both sides of politics in the guise of keeping the public safe. Such things as:

- Border closures
- Travel restrictions
- Employment restrictions (no job, no job)
- Mandatory vaccination (of trial medicines, really?)
- Restrictions to public gatherings e.g. funerals, weddings (while football matches proceed?)
- Mandated masks wearing (more about population control, than a health benefit)

Have been thrust upon the population, causing immeasurable mental and financial impacts, family breakdowns, terminated personal friendships. All of which, will take a decade or more to recover from.

A Government's job should be to work toward the minimisation of its role on the community, not its expansion. **Less Government, not more.**

Allowing this Bill to proceed, will only allow the State sponsored discrimination of the Queensland population to continue for far longer than is practically necessary, and will cause more harm than good.

We all know that once Government power is expanded and durations lengthened, they invariably never get wound back.

We are no longer in an emergency situation, and it can be easily argued that we have never been.

Please recommend that the Bill be condemned to the waste bin.

Yours Sincerely,

Mr. Michael Kase

A large black rectangular redaction box covering the signature of Mr. Michael Kase.

P.S. Adverse reactions to the COVID-19 trial medicines, are going through the ceiling. Maybe some serious questions need to be asked about why this is being ignored nationally and vaccination is still being pushed by all authorities onto the population.

Considering that the data within the TGA's DAEN database is more than likely under reported by half, these are staggering numbers and would not have been tolerated in years gone by.

It's a sad confirmation of where we have ended up as a society, over the past two years!


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Database of Adverse Event Notifications - medicines

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Important information! The TGA uses adverse event reports to identify when a [safety issue](#) may be present.

- An adverse event report does **not** mean that the medicine is the [cause](#) of the adverse event.
- If you are experiencing one, or think you may be experiencing one, please [seek advice from a health professional](#) as soon as possible.
- The TGA strongly advises people taking prescription medicines **not** to change their medication regime without prior consultation with a [health professional](#).

Related information

- [About the DAEN - medicines](#)
- [Report an adverse event](#)
- [Consumer Medicines Information](#)
- [Product Information](#)
- [DAEN - medicines: consumer questions and answers](#)

■ [4 medicines selected](#) between 01/01/2020 - 14/02/2022.

Selected medicines

Trade name	Active ingredients
COMIRNATY COVID-19 vaccine	tozinameran
COVID-19 Vaccine (TNS)	COVID-19 Vaccine (Type not specified)
COVID-19 Vaccine AstraZeneca	ChAdOx1-S (Viral vector)
Spikevax COVID-19 vaccine	Elasomeran (mRNA)

Search results

The results are shown in two tabs.

Number of [reports](#) (cases): **110284**

Number of cases with a single [suspected](#) medicine: **108264**

Number of cases where [death](#) was a reported outcome: **763**