

3rd March 2022

The Committee Secretary
Community Support and Services Committee
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Dear Secretary

Thank you for this opportunity to make a submission in respect of the *Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill 2022*. It is submitted that the Bill be rejected and that the state of emergency not be extended.

It is understandable that, in early 2020, the Queensland government had a need to invoke emergency powers to in response to the emergence of a novel respiratory virus. The path of the virus was, at that time, unpredictable simply because it was a novel virus. I would suggest that, in the two years since then, the Sars-Cov-2 virus has, in fact, followed the usual path for respiratory viruses, namely that each successive variant has been more contagious but less virulent, so that, while the prevalence of infection in the community is much greater, the fatality rate and the prevalence of serious illness remain very low. While viruses, generally speaking, do not invariably follow an evolutionary path towards greater transmissibility but lower virulence, respiratory viruses do tend to follow that pattern. For a more detailed explanation of this point, see Matt Ridley, 'Breathe easy: How respiratory viruses evolve to become milder', *The Spectator*, 26th February 2022 (Link: [Breathe easy: how respiratory viruses evolve to become milder | The Spectator](#)). Accordingly, the claim, which is made at least twice in the Statement of Compatibility with the *Human Rights Act*, that 'the pandemic continues to be unpredictable' is questionable. In fact, the pandemic has followed a path that, for respiratory viruses, is highly predictable.

Moreover, the path of the virus seems to have been largely unaffected by government interventions. Outbreaks here and elsewhere have tended to rise and fall within a space of 2-3 months regardless of the stringency of government measures. Just to take one example, worldwide there does not seem to be any strong correlation between the implementation of face mask requirements and reduction in infection rates. See [Are Face Masks Effective? The Evidence. – Swiss Policy Research \(swprs.org\)](#). At the very least, environmental factors and other factors that are independent of government control overwhelm the effect of the government-imposed measures. Jurisdictions such as Sweden, Japan and Florida that have notoriously had less stringent government-imposed measures have not fared worse than jurisdictions with more stringent government-imposed measures. My point is that there is a tendency to overestimate the contribution of government-imposed measures to good (or tolerable) outcomes in terms of infection and fatality.

Any need for special measures protecting, for example, lessees of retail shops is, of course, driven by the existence of measures that restrict opening of businesses. If measures of the latter type are not implemented, then the justification for measures of the former type disappears.

I have no hesitation in conceding that high rates of vaccination have played a part in keeping rates of serious illness low. Nevertheless, it should also be acknowledged that the evolutionary path of the virus referred to previously has also played a significant role. I would make two additional points in relation to vaccinations:-

1. In the case of the DNA/mRNA products (Astra Zeneca, Pfizer, Moderna), this is the first time that these technologies have been used on such a large scale. We do not know what what the long-term implications of the administration of these products is, as there is no long-term

safety data. The immunity provided by these products seems to be quite short-lived. One wonders whether the administration of frequent “boosters” to large sections of the population is sustainable or well-advised on public health grounds. The availability of protein-based vaccines (e.g. Novavax) may alleviate this problem, but that remains to be seen.

2. The Statement of Compatibility mentions a person’s right ‘not be subjected to medical or scientific experimentation or treatment without the person’s full, free and informed consent’. There is no significant discussion of the incompatibility of government-imposed vaccine requirements for certain types of employment, venues or activities. To provide a person with a choice merely between receiving an experimental pharmaceutical product and being deprived of paid employment or social life is clearly incompatible with this right. The person receiving the product under such conditions ‘consents’ only in a formal and minimalist sense. An interference with this right could be justified only in the most extreme circumstances. Of course, it may be that government-imposed vaccine requirements are among the measures that are to expire on 30th April 2022 and the government’s intention is that they shall not be revived thereafter. If that is the case, it is most certainly to be welcomed.

Finally, it needs to be stressed that the use of emergency powers involves significant by-passing of the normal processes of democracy and the rule of law. It involves the delegation to unelected officials of significant power to regulate the activities of individuals and groups. While such powers are sometimes necessary, they should necessarily be restricted to short-term use. A situation in which a state of emergency has already existed for more than two years and may continue for a further six months is not tolerable. I would submit that the low level of threat currently posed by the Sars-Cov-2 virus can be met through the normal processes of democratic government.



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