Dr Jose Roberto Marques

4 March 2022

To: Committee Secretary - Community Support and Services Committee Parliament House

RE: Submission requesting rejection of "Public Health And Other Legislation (Extension Of Expiring Provisions) Amendment Bill 2022"

Dear Sir/Madam

I am lodging this submission to request rejection of the "Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill 2022", so most of the associated COVID-19 measures, including extraordinary regulations and statutory instruments made pursuant to the modification framework under the *COVID-19 Emergency Response Act 2020*, are not extended, and thus expire on 30 April 2022.

The health situation involving covid-19 has changed significantly over the last two years, so the extension of the current "State of Emergency" and the extraordinary power it confers to the Queensland government to enforce severe measures such as vaccine mandates and lockdowns, is no longer justified or necessary on legal, health, or rational grounds. Some current information relevant to put things in perspective and support this position is:

- The Covid-19 fatality rate in Australia stands at 0.18% (5,272 deaths out of 2,236,286 cases), and 0.15% in Queensland, as per latest official figures sourced from the website of the Australian Government Dep. of Health (AGDH), as on 2/3/2022, as per link: https://www.health.gov.au/health-alerts/covid-19/case-numbers-and-statistics
- The latest data from NSW Dep. of Health (NSWDH) focusing on the currently predominant Omicron strain (26/11/2021 to 12/2/2022) show that only 1.2% of total cases required hospitalisation, with an even lower fatality rate of 0.11% (or one death per 870 cases), as per link:

https://www.health.nsw.gov.au/Infectious/covid-19/Documents/covid-19-surveillancereport-20220303.pdf

- The AGDH website reports that the median age of deaths is 82 years, with 93% of deaths occurring in those older than 60 years, and 87% in those older than 70 years
- For those younger than 60 years, the Covid-19 fatality rate is 0.017% (or one death per 5,980 cases)
- In addition to age as a major contributing factor, data from the Australian Bureau of Statistics shows that up to 31 July 2021, 73% of Australians who died from COVID-19 had at least one pre-existing chronic condition associated with their death as per link: https://www.abs.gov.au/articles/covid-19-mortality-1

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Data from NSWDH and from the UK Dep. of Health (as per link below) on Omicron cases, show that the vaccines are generally effective in reducing the risks of hospitalisation and death. However, their effectiveness is much lower against symptomatic disease (and consequently transmission): in the UK for example, as per latest data up to 24 February 2022, the effectiveness of two doses has been 25–70% up to three months after the vaccine, dropping to only 5–30% at 4–6 months. Even with the third dose, efficacy has been 50–75% up to 3 months, then dropping to 40–50% at 4–6 months. No surprise Omicron cases increased markedly and quickly in Queensland soon after the re-opening of the borders in January 2022, with the initial transmission was caused by interstate or overseas vaccinated people, as they were the only ones allowed to travel and enter in.

In the above context, the extension of the current 'emergency' measures, in particular vaccines mandates, is not warranted. And to be clear, I am fully vaccinated. As a start, the World Health Organization warns against mandatory vaccinations unless all other options have been exhausted. Vaccine mandates are an excessive and illiberal public policy that segregate members of society, discarding equality before the law. As shown above, Covid-19 comes nowhere near the level of lethality that would be required to justify what amounts to a huge inroad into the basic standards of a functioning liberal democracy. Yes, it is a serious virus and its dangers reduces with widespread vaccination. However, do we want to throw away the core elements of living in a liberal democracy to move towards soft despotism and soft segregationism – whether we support segregating certain people, thereby making it impossible for them to work or go to entertainment venues or do much other than eat – for a disease with the level of danger shown above. I surely do not.

With now over 90% of the eligible population fully vaccinated in Queensland, one has to ask or consider:

- Can we in honest and clear consciousness justify extending these 'emergency' provisions and maintain vaccine mandates in Queensland?
- Should we keep coercing workers, blackmailing them by threatening to remove their ability to feed themselves and their families unless they subject themselves to a new medical procedure provisionally approved in Australia?
- All for a procedure that protect us from a virus that currently kills 0.11% of those who contract it, with a mean age of 82 years and mostly with pre-existing chronic conditions?
- As shown above with Omicron, there is no clear evidence that unvaccinated people are considerably more likely to transmit Covid-19 than the vaccinated, with vaccines only offering limited protection against contracting the virus, and efficacy waning considerably over just a few months
- Vaccines are not risk free, with at least 1% of vaccinated Australians reporting the need to see a GP or ED due to adverse reactions from the vaccines
 (<u>https://ausvaxsafety.org.au/safety-data/covid-19-vaccines</u>), and the Therapeutics Good Administration website currently reporting 112,460 adverse events associated with the vaccines, with a proportion of those relatively severe, including 3,448 cases of heart problems such as myocarditis and pericarditis, and 756 deaths (<u>https://tgavax.com/</u>)
- Yes, although the cause and effect of these reactions is difficult to establish and the proportion is small relative to the total number of vaccinations, it is still a risk, and of little consolation for those directly affected

The facts are now clear that the gains (if any) from heavy-handed vaccine mandates costing people jobs and affecting their mental and emotional health (and of their families) are so marginal that they do not justify the restrictions of liberty.

In conclusion, I plead please that we move from an 'emergency', authoritarian, forceful response to Covid-19 to a more intelligent, responsible, compassionate, targeted, with great consideration for the elderly and the vulnerable, coordinated, and yet non-segregationist and without compromising civil and constitutional rights typically associated with a healthy democratic society. And to do that, there is no need to extend these emergency provisions, the ordinary political system we have, led by a capable government, is enough.

Your sincerely

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