From: Peter Campbell [redacted]
Sent: Wednesday, 7 July 2021 7:29 AM
To: Economics and Governance Committee
Cc: Toowoomba North Electorate Office; Mermaid Beach Electorate Office; Coomera Electorate Office; Ninderry Electorate Office
Subject: Public Health and Other Legislation (Further Extension of Expiring Provisions) Amendment Bill 2021.

Amended submission.

Committee Secretary, Economics and Governance Committee
Parliament House Brisbane Queensland

I do not support the bill. In particular, increased powers for emergency officers and the Chief Health Officer to impose restrictions on the movement and interactions of persons, facilitate contract tracing, and enforce quarantine requirements.

The key word here is 'emergency.' An emergency is defined as a serious, unexpected, and often dangerous situation requiring immediate action.

Emergencies don't last indefinitely. Whilst the initial outbreak of SARS Cov2 in January 2020 could well be described as an emergency, the current situation in Queensland is not.

At the time of writing this submission there are 49 active cases in the State of Queensland. Queensland has a population of 5,185,000. That is 0.0009% of the population. For 49 people or 0.0009% of the Queensland population to be suffering from a respiratory illness in winter is not unusual and does not qualify as an emergency.

Whenever testing regimes are conducted, they typically return between 0.01% and 0.03% positive test rate. That is not a prevalent virus and does not qualify as an emergency.

COVID-19 has a similar mortality rate to seasonal influenza, yet we've never locked down for that.

The last three lockdowns that the Queensland Government has imposed on the back of a handful of cases of some of the viral variants have been a case of 'closing the gate after the horse has bolted.' The person(s) identified as having these so called 'super spreader' variants had been moving freely in the community prior to the lockdowns being imposed, yet none of them infected large numbers of other people that led to any serious illnesses or deaths.

At any given time, there are numerous contagious/infectious diseases circulating in the community such as Hepatitis, Influenza and Tuberculosis. We live with those diseases without imposing lockdowns and other restrictions. We can do the same with COVID-19.

It is difficult to understand why a flu-like illness caused by COVID-19 is dealt with so differently to other infectious diseases, such as influenza, which can cause significant morbidity and mortality, despite the fact that vaccination has been available. Indeed, there have been more deaths to influenza 'with' a vaccine than COVID-19 without.

The severity of seasonal influenza varies from year to year. Between 1997 and 2016, influenza caused 2,316 deaths in Australia, 80% of which were in people aged 65 and over. This data may under-estimate the real impact of influenza in Australia, as many of the people who die will not have been tested for influenza (www.aihw.gov.au). In 2019, there was high number of hospital admissions at 3915 (April 1 to Oct 6), 6.3% being admitted directly to ICU, and there were 902 influenza deaths (www.immunisationcoalition.org.au).

In 2020, there were 832 COVID-19 related deaths, representing 0.6% of all doctor-certified deaths. As of July 4, 2021, there have been 910 deaths from COVID-19. Most of the deaths have occurred in Victoria, especially of persons in nursing homes denied hospital admission, and to a far lesser extent in NSW. The majority have been in people 70 years of age and above, for whom the death rate is one in five, rising to one in three for care-home residents. Why should whole cities or regions suffer so much lockdown dislocation in QLD when the overall burden of illness has been relatively slight? If an outbreak occurs in an aged care home, all stops should be pulled out to treat those infected (by hospitalisation in isolation wards) and to manage the contacts, in that location, rather than locking down the whole city or region.

Prevention should be based on methods for which there is sound scientific evidence, including positive public health education (rather than fear-mongering), personal hygiene and individual responsibility. There is little evidence that use of non-medical disposable face masks are effective for virus control. In fact, prolonged use could be harmful to health.

The elderly should be encouraged to exercise in the sun, rather than stay indoors; sun may inhibit the virus and produces Vitamin D; physical fitness is improved with exercise, as is mental heath, whereas remaining indoors can be depressing, akin to institutionalisation.

The vaccine rollout has been slow, but is progressing. The term 'vaccine hesitancy' has become the mantra of the media, politicians and public health officials. I object to the fact that vaccine hesitancy is seen as a problem that must be solved 'at all costs' and that incentivisation and coercion is being used to address the perceived problem. I believe what has been dubbed as hesitancy exists for two very good reasons. 1. There is so much conflicting information regarding the safety and efficacy of all the available vaccines, and in particular Astra Zeneca. 2. Many people have considered the evidence, weighed the pros and cons and made an informed decision not to take the vaccine. Their decision should be respected.

Every individual is responsible for their own health, not someone else's. The vaccine is freely available to those who choose to take it however, <u>under NO circumstances should the vaccine be mandatory and NO threats, promises or inducements should ever be held out for people to take the vaccine.</u>

I note that despite the fact that we are on the tail end of the pandemic and that whilst in general restrictions have eased, the government appears to be increasing its level of surveillance on the public by increasing the coverage and use of QR Code check ins. It almost appears as if the price of freedom is increased surveillance, which in my opinion is not freedom at all. By way of anecdotal evidence, I was refused service at the bank recently because I didn't have a smart phone with me and staff were ignorant of the fact that in such circumstances the onus is on them to provide alternate means of recording the customer's details. I found the whole experience humiliating, intrusive and unnecessary. Most of all, I resent the implication that we are all sick, or a potential health risk.

I will conclude with a statement from Paul Kelly in The Weekend Australian, July 3-4, 2021 which is an accurate reflection of my concerns. *Australia has become a short-term, narrow-vision, sectional interest nation. Our public culture is regressing into a safety-first, protectionist, fortress mindset subservient to the dictates of populist premiers....Blind protectionism promoted by premiers has reached highs few Australians have seen in their lifetime as national unity is subjugated.....Australia is now threatened with declining performance. Unless Australia changes the brutal, negative, reform-veto tactics that consume its politics, then decline will become the story of this generation. The public will pay a damaging price in stagnant wages, a lower living standards trajectory, community division, and growing unhappiness.*

Peter Campbell

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