

Committee Secretary, Economics and Governance Committee
Parliament House
George Street
Brisbane Qld 4000

Public Health and Other Legislation (Further Extension of Expiring Provisions) Amendment Bill 2021

I do not support the Bill. Extension of draconian restrictions and the addition of new restrictions are not necessary in the Sunshine State. Lockdown (*cordon sanitaire*) should be a last resort or occur only in extreme circumstances, and there is no need for this approach to continue into next year. So far, during the pandemic, Queenslanders have been held hostage and subject to political division and economic penalty by the actions of the State Government. Last week, we saw one of the most blatant and disgraceful episodes of politicising COVID-19 by the Queensland Premier, notably, if perhaps unintentionally, assisted by her Chief Health Officer, in finding distractions from its own mistakes by bashing the federal government. They have undermined the National vaccination campaign, and the former has given poor advice to unvaccinated, elderly people. Lockdowns, though sometimes necessary, have hurt people, psychologically and financially. The economic penalty has been severe on sectors including entertainment, hospitality (restaurants, hotel and other accommodation), aviation/travel/tourism, education, and small business; the private sector suffers financially while politicians and public servants are unaffected. Restrictions on social distancing, with limiting attendance at sports stadia to one third capacity, without COVID-19 outbreaks, suggest to me that lockdowns are no longer necessary.

Natasha Robinson, Health Editor reported in *The Weekend Australian* of July 3-4, 2021 that *Epidemiologists believe there will be sufficient Australians fully vaccinated within the next two months to make lockdowns unnecessary in any state.* She refers to the following authoritative advice:

- *As the number of vaccinations hit a daily record of more than 163,000 on Friday, Deakin University's chair in epidemiology Catherine Bennett said the proportion of people fully vaccinated to avoid the need for lockdowns would be in the order of 30 per cent – a prospect that was likely to be only a couple of months away. "Thirty per cent is probably enough that it slows the spread of the virus and means contact tracers should be able to do their job," she said. "It should mean that we're less likely to need to go to these extreme measures." Once the vaccination rate reached between 50 and 65 per cent of a population, transmission of Covid-19 was significantly slowed, allowing the easing of restrictions and a gradual opening of international borders while keeping mitigation measures such as home quarantine in place.*
- *Burnet Institute director Brendan Crabb said a minimum threshold for beginning to open up borders in a managed way was 60 per cent of all people vaccinated, including children. Burnet Institute director Brendan Crabb said "The reason why being cautious is important is because you can start to open without relying on some force shield immunity," Professor Crabb said. "Of course we want herd immunity, that's the ultimate goal, but we could be waiting forever for that." He said a minimum threshold for beginning to open up borders in a managed way was 60 per cent of all people vaccinated, including children. "If your only goal is preventing serious illness and death you'd need less vaccine coverage than if your goal was preventing all transmission," he said. "But I think 60 per cent is the point at which you can start to think there is a chance that community-based immunity is going to stop transmission chains. "What should be the aim is high enough vaccine coverage with non-vaccine mitigations including mask wearing, the judicious use of border protection and, most importantly, well-ventilated workplaces and recreational facilities of any sort."*
- *La Trobe University epidemiologist Hassan Vally agreed about 60 per cent vaccine coverage was likely to have a significant impact on disease transmission and would see minimal deaths and hospitalisations. But he was doubtful herd immunity could ever be achieved. "If your only goal is preventing serious illness and death you'd need less vaccine coverage than if your goal was preventing all transmission," he said. "But I think 60 per cent is the point at which you can start to think there is a chance that community-based immunity is going to stop transmission chains. "What should be the aim is high*

enough vaccine coverage with non-vaccine mitigations including mask wearing, the judicious use of border protection and, most importantly, well-ventilated workplaces and recreational facilities of any sort.” Hassan Vally agreed about 60 per cent vaccine coverage was likely to have a significant impact on disease transmission and would see minimal deaths and hospitalisations. But he was doubtful herd immunity could ever be achieved.

It is difficult to understand why the 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, but for which vaccination has been available. 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....These 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 caused 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 a 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, social distancing (applied equally to all venues, whether they be churches or stadia), vaccination, appropriate (non-hotel) quarantine of those who may have been exposed, contact tracing, testing of contacts and those with flu-like symptoms, and medical isolation of infected persons. 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 health, whereas remaining indoors can be depressing, akin to institutionalisation.

The vaccine rollout has been too slow, but now it is progressing. At this point, vaccination should be strongly promoted and freely available, including through mass vaccination clinics. Giving greater freedoms to the fully vaccinated is crucial, and would be good policy. Lockdowns to protect people who refuse to protect themselves by vaccination is not endorsed. The QLD Government should cooperate with the National Government in the vaccine rollout and in the development of quarantine facilities on Commonwealth land, especially the site near the Brisbane Airport.

The following statement of Paul Kelly in *The Weekend Australian*, July 3-4, 2021 is an accurate reflection of my concern:

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.

Dr Kevin T. Farrell



5 July 2021