

Health and Environment Committee

From: Michelle Heltay [REDACTED]
Sent: Wednesday, 13 January 2021 2:14 PM
To: Health and Environment Committee
Subject: Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill 2020

Categories: Submission

Attention:

Committee Secretary
Health and Environment Committee
Parliament House
George Street
BRISBANE QLD 4000

My name is Michelle Ovens and I refer to the letter written by my colleague [REDACTED] and I concur with all he has laid out. I am writing to express my concern around the extension of the powers granted to the government under the Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill 2020, not be approved.

I would like to voice my concerns around the lack of consideration of scientific evidence to support the current public health interventions being implemented in this state and around the country. Merely extending these provisions so that interventions based on poor quality science can be continued, is highly concerning to myself and the majority of people whom I associate with.

Lockdowns

Firstly, I would like to draw attention to the fact that the current evidence does not support the use of widespread, blanket lockdowns for the general population. In fact, such lockdowns are likely to result in more harm than good. According to a recent paper published by the Stanford Medical School, lockdowns and business closures provide no significant benefits.

<https://onlinelibrary.wiley.com/doi/10.1111/eci.13484?fbclid=IwAR0Vimb-JYV4QZnNXpSrfKIYBUPqOtAdFMY1wkGF6pNAeOrLK9fJsicTOw>

A more targeted approach, that is focused around supporting those that are of high risk of infection should be considered. This approach protects the vulnerable, and let's the rest of the healthy population continue to go about their normal daily lives. We must consider the long term physical, social, economic and psychological effects that lockdowns have on the population.

<https://www.bmj.com/content/371/bmj.m4263?fbclid=IwAR2ZvRw07fJjUOU3fTHqNOyUvmiyAxSQzQuSo-RQveURj5Cty3cJzA41yLU>

Face Masks

There is also little conclusive evidence to support the use of masking millions of healthy people. In fact, masks are associated with a range of potential harms. As of April 2020, the Australian Government is on record, saying that masks are not required as there is insufficient evidence to support their use. However, no new evidence has been published since then to support the

widespread use of facemasks in healthy people. The Australian Government website refers to a "Hamster Study" to support the use of facemasks, however no mention is made about the Danish Mask Study, which found face masks provide no beneficial effect against protecting people from infection.

I have compiled a list of 20 studies and news articles which highlight some issues around the safety and efficacy of masks. If there are safety and efficacy concerns, then there should be some pretty convincing evidence supporting the benefits of masks. So where is this convincing evidence? 1. Wearing respirators may impede gas exchange and put additional pressure on the metabolic system in pregnant women.

<https://aricjournal.biomedcentral.com/articles/10.1186/s13756-015-0086-z> 2. There is a lack of substantial evidence to support claims that facemasks protect either patient or surgeon from infectious contamination. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4480558/> 3. We conclude that there is no clear evidence that wearing disposable face masks affects the likelihood of wound infections developing after surgery. This is a Cochrane Review and considered the highest level of evidence. https://www.cochrane.org/CD002929/WOUNDS_disposable-surgical-face-masks-preventing-surgical-wound-infection-clean-surgery 4. N95 masks may not provide the expected protection level against small virus particles. Some surgical masks may let a significant fraction of airborne viruses penetrate through their filters, providing very low protection against aerosolized infectious agents <https://pubmed.ncbi.nlm.nih.gov/16490606/> 5. The study indicates that N95 respirators may not achieve the expected protection level against bacteria and viruses.

<https://pubmed.ncbi.nlm.nih.gov/18326870/> 6. Respiratory etiquette, hand hygiene, social distancing, and isolation of cases, have a much stronger evidence base than face masks. Face masks are considered to be an additional measure, but there are concerns that masks can give a false sense of protection and may result in decreased compliance with other infection prevention practices <https://www.ciap.health.nsw.gov.au/assets/docs/covid-19/evidence-checks/20200720-Evidence-check-face-masks.pdf> 7. Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection. Further research is needed to inform the widespread use of cloth masks globally. However, as a precautionary measure, cloth masks should not be recommended for health care workers, particularly in high-risk situations.

<https://bmjopen.bmj.com/content/5/4/e006577.full> 8. There is little evidence to support the effectiveness of face masks to reduce the risk of infection and they might actually increase the risk of infection. <https://www.cambridge.org/core/journals/epidemiology-and-infection/article/face-masks-to-prevent-transmission-of-influenza-virus-a-systematic-review/64D368496EBDE0AFCC6639CCC9D8BC05#ref041> 9. Respirators do offer protection from particulate matter and airborne pathogens to the individual, when used in accordance with the guidelines, but compliance to those can be difficult even for people trained in their use. There is still little evidence about their effectiveness in widespread use by the general public as a health device.

[https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(17\)30229-1/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(17)30229-1/fulltext) 10. The respirators are the Rolls Royce option and do protect, and this is a tool for frontline health workers facing epidemics of known and unknown infections. Surgical masks probably also protect but to a lesser extent. But there's no evidence cloth masks will protect against invading or escaping bugs. <https://theconversation.com/ive-always-wondered-why-many-people-in-asian-countries-wear-masks-and-whether-they-work-90178> 11. Like other forms of risk protection, masks are not unconditionally useful and can have the opposite effect to the one intended. Unless there is a complete seal around the mask it is useless against the penetration of a virus, making any protective function illusory. As yet there is no research on contemporary mask wearing, so reflection on this topic is restricted. <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1467-9566.2012.01466.x> 12. Our view is that there was some evidence of a degree of protection, but it wasn't great. So we still don't effectively know if face masks in the community work.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7194641/> 13. Wearing a mask during exercise may be harmful. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7306735/> 14. This systematic review found insufficient evidence to support the use of face masks. <https://pubmed.ncbi.nlm.nih.gov/20092668/> 15. Face masks may change the nasal physiology of

people who wear them long term and impair breathing.

https://www.researchgate.net/publication/276559173_Effects_of_Long-Duration_Wearing_of_N95_Respirator_and_Surgical_Facemask_A_Pilot_Study 16. There is little good quality evidence to support surgical masks as an effective respiratory infection protection measure. The original intended purpose of masks is the prevention of surgical infections and not to protect the wearer from respiratory infection. [https://www.journalofhospitalinfection.com/article/S0195-6701\(13\)00280-6/fulltext](https://www.journalofhospitalinfection.com/article/S0195-6701(13)00280-6/fulltext) 17. This RCT found masks provide no benefit in preventing infection, compared to non-mask wearers. <https://www.acpjournals.org/doi/full/10.7326/M20-6817> 18. You can increase your risk of getting coronavirus by wearing a mask if you are not a health care provider says the Surgeon General. <https://edition.cnn.com/2020/03/02/health/surgeon-general-coronavirus-masks-risk-trnd/index.html> 19. A professor of medicine has explained that apart from masks not helping prevent catching coronavirus, they could also “autocontaminate”. <https://www.news.com.au/lifestyle/health/health-problems/face-masks-can-increase-risk-of-catching-coronavirus-expert-explains/news-story/7ce9c0628a33a93ef8baef2a4ac68720> 20. Wearing a face mask to protect from the coronavirus could actually increase the risk of becoming infected, England’s deputy chief medical officer has warned. <https://www.thetimes.co.uk/article/wearing-mask-may-increase-risk-of-infection-jzz6t0m2t>

A 70% More Infectious UK Strain

There has been considerable fear mongering in the media about the UK strain which is 70% more infectious. I located the study which suggests that a 70% more infectious strain is present within the community. This study is an estimation, based off computer modelling and it is not peer reviewed. Surely more robust evidence is required for such claims to be made about the existence of a highly infectious strain.

https://www.medrxiv.org/content/10.1101/2020.12.24.20248822v1.full?fbclid=IwAR2rFJ7nK3LwXfvVGFPvaeYvuNwwxKI_AXleoJgVsqjHgVOxyGMnsHE6D8o

I ask that the extension for the aforementioned provisions not be granted and that any prospective or future public health interventions be based upon the current scientific evidence.

Kind regards,

Michelle Heltay (Ovens)

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