Submission to the Anglican Diocese South-East Queensland on vaccine mandates December 14, 2021

To whom it may concern

For almost 2 years I have been writing and researching COVID-19, facilitating seminars and online discussions on it and writing and publishing non-technical articles. In June last year I convened a group of prominent Australians who wrote an open letter to Australian heads of government calling for proper cost benefit analysis of health measures taken to control COVID[i].

I am also an active member of my parish, having held the role of church organist for around 30 years. I am also the choir master and a church warden.

This submission is informed by my engagement with COVID research, as well as my Christianity. I mention both of these to show my *bona fides*, not because I think they prove anything on their own.

At this stage I am also unvaccinated against COVID-19. I have made the personal risk assessment that I do not want to take either the DNA or mRNA vaccines and would prefer to wait until a protein vaccine is available in Australia. I'm fit and healthy, with only a minor health complication, and only just into the age bracket at higher risk from COVID-19.

Novovax is a protein vaccine and is likely to be approved for use in Australia in January 2022. At this stage I am likely to take that vaccination.

If your provisional policy, which is to dismiss all church workers (a term which not only includes organists and wardens, but also all other volunteers, as well as contractors) is put into effect, St Matthews will need to replace me in my various roles. Some of those roles are critical to the ministry of the parish. With 10% of the population unvaccinated this is likely to be a situation duplicated in other parishes.

However, I will still be able to attend church services, sit in the pews and interact with other parishioners, including through singing hymns. This negates most of the benefits you think you will gain by forcing me to resign from my positions.

As Christians we are called to follow Christ. That means that while we are part of this world, we are not of this world – we hold ourselves to a higher standard. It means that we must first love God, and then love others as Jesus has loved us. It also means that we are members of the Body of Christ, each with equal worth, and as a logical extension of this, we are all free to make our own decisions.

I believe that while your proposed policy is not required under the law, and would be ineffective in achieving its aims, it also fails to meet the higher hurdles that a Christian institution should meet. Recent history shows us how harshly we can be judged when we fail to meet that higher standard.

From the documents available to me, it appears that the reason for this provisional policy is to protect the church by complying with the *Workplace Health and Safety Act*, and more generally to promote vaccination:

It is prudent for ACSQ to align their policy with National, and State Roadmap plans to increase vaccination across the Diocese by way of mandating vaccinations and in turn protecting our communities.[ii]

But the provisional policy will only achieve the second goal. Its method of achieving the first is flawed and will not reduce risk in the "workplace" (or should that be "worship place"?).

That second goal is not compatible with being a Christian organisation. As a religious organisation the Church has no role to play in an individual's physical health, or in advancing a government's agenda. (One should also ask which government's agenda should be promoted, given that the federal government has said there should be no vaccine mandate).

Those decisions should be left to the individual, in consultation with their medical practitioner and other proper people. There are risks in taking the vaccine, and there are risks in not taking the vaccine. These risks vary dependent on age, health, diet, and inherent biological qualities and are not susceptible to a blanket directive.

These are matters properly for individual freewill and choice, and it is unethical for the church to include them as an aim of this policy. In particular it involves excluding someone from full participation in the body of Christ, in a way which realises all their talents, as a means of coercing them into taking a therapy for a possible overall good of the community. Coercion in spiritual matters, which is within the church's realm, is not permissible, making coercion in matters of health, which is outside it, even less so.

Why do I say the method chosen to achieve the first goal is flawed? There are a number of reasons. The first is that the facts you rely upon may have been thought to be true at the time of conceiving the policy, but not all of them were; and the situation has also changed so that some are no longer relevant.

It is not true to say that people who are vaccinated are less likely to transmit the virus than those who are unvaccinated. The latest research shows the risks are virtually identical.[iii] Vaccination may limit the severity of the disease, but it does not significantly limit the chances of catching it, or of transmitting it. As there are now more vaccinated people than unvaccinated, by a significant margin, but as both can infect others, there is actually a higher chance of a person catching COVID-19 from a vaccinated person than from an unvaccinated one.

So vaccine status should be an irrelevant factor.

The obverse of the high efficacy of the vaccine in preventing serious illness and death is that the people who most need to be protected are the unvaccinated. So the reason you want to bar the unvaccinated from their roles, is to save them from themselves. Is this really the spirit of the Workplace Health and Safety Act? Given the inevitability of infection risk from the vaxxed and unvaxxed, wouldn't the simplest solution be to suggest the vulnerable who do not wish to take the risk stay home? Or perhaps they could sign a waiver releasing you of liability.

Is a church really just another place of work, or is it a hybrid where work and worship are combined and volunteer roles are more worship than work? Churches must remain open to all – they are licensed as places of public worship. This is reflected in your decision that unvaccinated can attend services, but it also underscores the complexity of the situation.

While I won't be able to lead the music by playing the organ, I can still participate from my place in the pew. What is the substantive difference between the two roles? Where does an activity done voluntarily as part of worship become work that is regulated by the WHS Act?

I am also likely to be more at risk of infecting, or being infected, in the body of the church, than off to one side at the organ. How does this serve your aims?

Your risk assessment document also claims that vaccines remain highly effective "...at preventing severe disease and death six months after vaccination". This is not true, and vaccine effectiveness reduces quite considerably over 6 months[iv], such that boosters are being required after that time period. This means that not only can the vaccinated catch and transmit, but they become increasingly susceptible, and more and more like the unvaccinated over time.

One of the side-effects of your proposed policy is that workers who have been vaccinated may believe that the vaccines prevent infection and transmission, encouraging them to take risks with their health and that of others.

The assessment also completely ignores natural immunity from having been infected with COVID and having recovered. I have not had COVID, but once I have had it and recovered, then I will have immunity that is stronger than from the vaccine. I would then represent a lower risk to others, and to myself, than the vaccinated.

A final fact that your analysis misses is the likelihood that Omicron will become the dominant strain of the virus. This makes the modelling that you rely on from the Berghoffer Institute moot, and prescribing vaccination useless.

Omicron spreads much faster, but seems to be less severe, meaning cases are higher, but deaths and serious illness lower, than Berghoffer projects.

Current vaccines appear not to protect against Omicron, which means there is no difference in the harm this new variant may cause those who are vaccinated or unvaccinated against Delta. Pfizer claims that a booster of their vaccine is effective, but it will take a lot of time to administer shots to all Australians, if indeed that claim proves to be true[vi].

If Omicron is much milder, your perceived duty of care should also be mitigated.

Your analysis also ignores completely the risks of vaccination. For healthy fit people below the age of 50 these tend to be higher than the risk of the disease. This is not the official Australian government story, but being called to a higher standard means researching the facts rather than relying on derivative official reports.

There is a strong risk of myocarditis and pericarditis, particularly in young men. Blood clots and Guillain Barre Syndrome are also other severe side-effects. It will be years before we know what the long-term effects and the risks of the vaccines may be, but I'd note that thalidomide was initially thought to be very safe for pregnant women, until it wasn't.

Given the balance of risks there is no reason for a younger person to be coerced into COVID vaccination. While I've shown the Good Neighbour principle can't apply in the case of the unvaccinated being a threat to the vulnerable, because they are basically the same group of people, it does apply to this situation. There is no justification for asking younger congregational members to endanger their health by taking the vaccine. You would potentially be doing them a harm, and for no benefit to anyone.

However, there is a way in which you could improve the safety of your workforce and your congregations without breaching Christian principles; and that is to put in place measures to detect anyone who is sick.

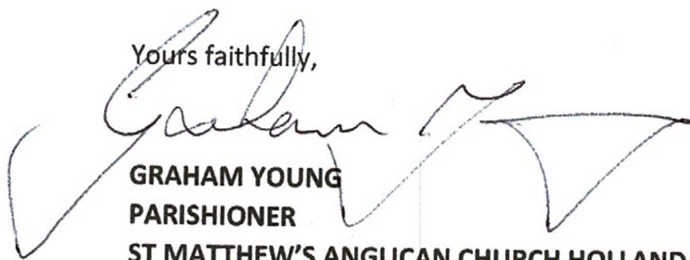
This could be done using thermometers and rapid antigen testing. While this is far from perfect it would actually have positive effects, including catching people who are genuinely sick, rather than inferring it from vaccination status; and it would quarantine more of the sick from the rest of the

congregation. It is tailored to the individual, and there is no downside physical risk to them. It avoids the moral and ethical traps of coercing individuals to have a vaccine.

God has made us in his own image, and we are wondrously complex. That complexity includes bodies that are all unique, but are also designed to deal successfully with infection, and in fact need some level of infection to function properly. Vaccines can enhance the body's resilience, but they are not the only way of doing it. Just as spiritually we must find our own way to God, so physically we must find our own way to health.

There are three vaccines available in Australia, another one to be approved, plus other therapies that can deal with COVID, like monoclonal antibodies. The church should not be mandating one approach over the others, particularly when its express aim – to protect the vulnerable – will not be achieved by that mandate.

Yours faithfully,



GRAHAM YOUNG
PARISHIONER
ST MATTHEW'S ANGLICAN CHURCH HOLLAND PARK

---

[i] "Open up our country" https://aip.asn.au/2020/06/open-up-our-country-sign-the-open-letter/
[ii] p10 "Risk Assessment of SARS-CoV-2 for Anglican Church Southern Queensland v1"
[iii] "Community transmission and viral load kinetics of the SARS-CoV-2 delta (B.1.617.2) variant in vaccinated and unvaccinated individuals in the UK: a prospective, longitudinal, cohort study" *Anika Singanayagam, PhD, Seran Hakki, PhD, Jake Dunning, PhD, Kieran J Madon, MSc, Michael A Crone, MBBCh, Aleksandra Koycheva, BSc, et al.* Lancet October 29, 2021
[iv] "Waning Immune Humoral Response to BNT162b2 Covid-19 Vaccine over 6 Months" *Einav G. Levin, M.D., Yaniv Lustig, Ph.D et al* New England Journal of Medicine October 6, 2021

[v] "Waning of BNT162b2 Vaccine Protection against SARS-CoV-2 Infection in Qatar" *Hiam Chemaitelly, M.Sc., Patrick Tang, M.D. et al* New England Journal of Medicine October 6, 2021.
[vi] https://edition.cnn.com/2021/12/08/health/pfizer-omicron-vaccine-data/index.html