



14th March 2022

FOR IMMEDIATE RELEASE

NATUC & CTAGTT Joint Communiqué to the CMO, the Director of Epidemiology, the Minister of Health and the Attorney General

END DISCRIMINATORY SAFE ZONES NOW

**The March 2022 amendment to the Public Health Ordinance targets:
The Working Class, the Poor, the Voiceless and the Disadvantaged
*Is Trinidad and Tobago still a Democracy or has COVID-19 made us a Dictatorship?***

The National Trade Union Center of Trinidad and Tobago (NATUC) and the COVID-19 Transparency Advocacy Group TT (CTAGTT: c19-transparency-tt.org) reject the March 6th 2022 amendment to the Public Health 2019 Novel Coronavirus Regulations (sub regulation 8.(1) j-l). Unjust “Safe-Zones” now include:

1. Cooperative Societies
2. Credit Unions
3. Friendly Societies
4. Lodges
5. Community Centers
6. Banquet Halls
7. Auditoriums
8. Other Meeting Places; and
9. Any other Event, Enterprise, Establishment, or Business **that the Minister may permit**

Why has the Public Health Ordinance been amended to grant the Minister of Health dictatorial power to arbitrarily, and unscientifically, block citizens’ access to community meeting places and reduce the citizens’ quality of life?

As COVID-19 vaccination has become a normalized basis for discrimination and segregation, a citizen’s vaccination status should:

- Be designated as Private, Sensitive and Confidential in law;
- Not be requested on entry into any government establishment, private business or public space;
- Not be a prerequisite of employment and renewal of contracts or even discussed at job interviews; (This line of questioning is akin to disclosing other immaterial and sensitive information like HIV status or religion);
- **Any non-medical party which demands disclosure should be prosecuted**



NATUC and CTAGTT challenge the Chief Medical Officer, the Director of Epidemiology, the Minister of Health, and the Attorney General to provide an evidential basis for this expanded legislation taking into considering the following facts:

1) The COVID-19 vaccines have failed to provide durable protection against the spread of any of the variants in circulation (Gamma, Delta, or Omicron)¹²³, and no citizen is more or less a threat to another based on their vaccination status.

2) “Fully vaccinated” citizens are transmitting variants at a high frequency, and most outbreaks in offices and homes involve or are often initiated by fully vaccinated and boosted individuals. Fully vaccinated and boosted persons substantially contribute to the COVID-19 death rate both locally and globally.⁴

3) Several of the most highly inoculated countries, which achieved rapid vaccination before their population developed widespread natural immunity have now experienced an unprecedented spike in cases, hospitalizations, and deaths during Omicron. (Table 1). Mass vaccination has not reduced the burden on the hospital sector.

Table 1: Contrasting Epidemiological Outcomes between the Omicron Outbreaks (Post-Vaccination) and Alpha Outbreaks(Pre-Vaccination) in Countries with High Vaccine Immunity, but Low Natural immunity.

Country	Vaccine doses per person	Increase in Peak Daily Case Load after vaccination (raw data)	Increase in Peak Hospitalizations after vaccination (raw data)	Increase in Peak Daily Deaths after vaccination (raw data)
<u>Israel</u>	1.94	754% (101,905/11934)	50% (3546/2349)	12% (73/65)
<u>Canada</u>	2.14	360% (41431/8989)	124% (10,677/4769)	0 (same death rate as before vaccination) (168/168)
<u>Denmark</u>	2.26	1,203% (46,078/3537)	85% (1704/919)	44% (52/36)
<u>Australia*</u>	2.13	4,564% (107,666/2,308)	241% (5,184/1522)	580% (87/15)
<u>Hong Kong</u>	1.79	88,242% (44,162/50)	Not Available	27,800% (279/0)
<u>USA</u>	1.67	217% (806,928/253,946)	19% (151,615/127,295)	-19% (nominal decrease) (2670/3301)
<u>Finland</u>	2.07	1,149% (8,927/715)	169% (812/302)	633% (38/6)
<u>Iceland</u>	2.18	1,658% (3041/173)	106% (62/30)	200% (2/0)

* All countries compared Omicron to Alpha (i.e. COVID-19 pre-vaccination) except Australia which compares Omicron to Delta because Australia experienced no Alpha outbreak.

Note: For these highly vaccinated countries the Omicron outbreaks resulted in a higher daily case load, hospitalization, and death rate than the previous Delta or Alpha variant outbreaks.



4) Countries which have pioneered vaccine passports as a strategy to enforce COVID-19 vaccines on their citizens have now abandoned this policy of coercion. High rates of vaccination and boosting have not resulted in a reduction in cases, hospitalizations, and deaths. Policies of vaccine-based segregation and exclusion have been dismantled in the following countries (table 2).

Table 2: Countries which Removed vaccine-based passports and other forms of Coercion/Discrimination

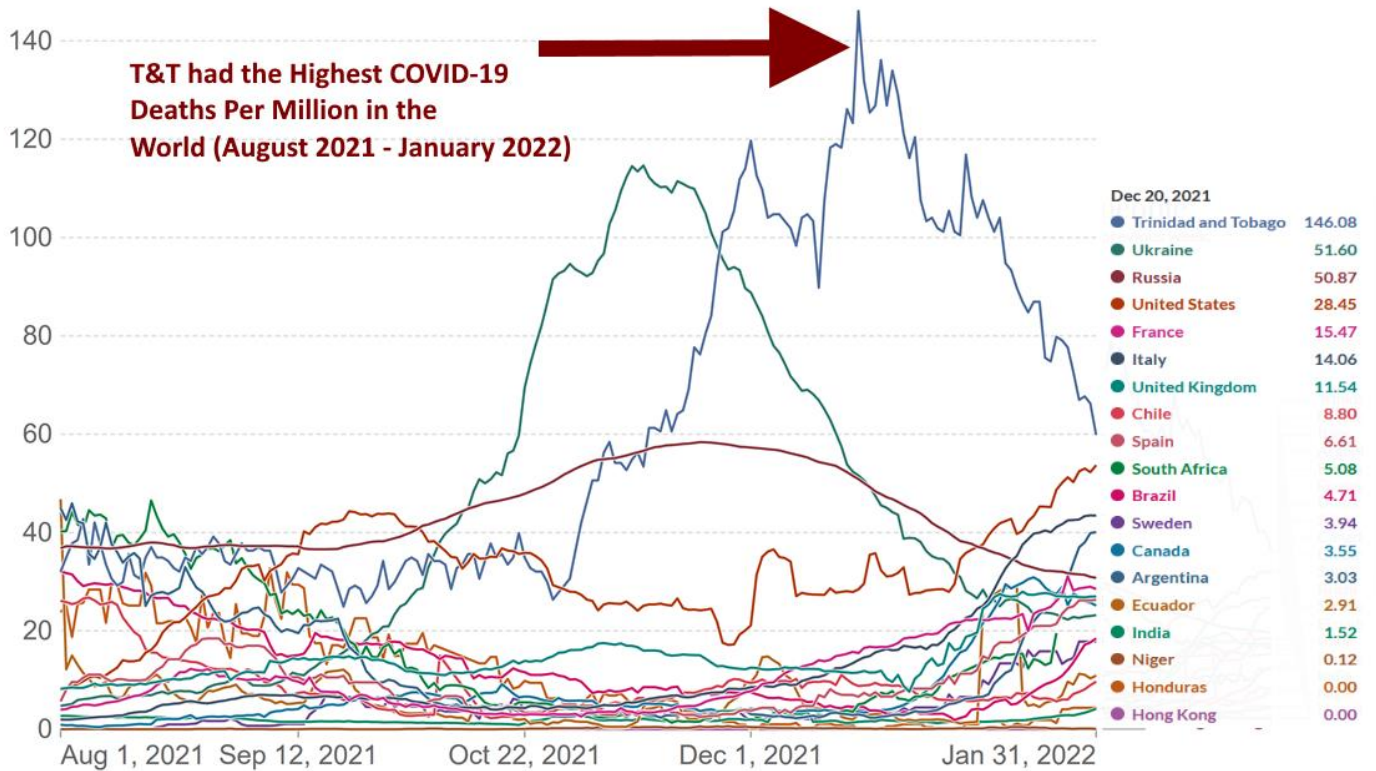
Country	Recent Measures
<u>Israel</u>	Green Pass cancelled on 17 th February 2022. Passes are no longer required to enter any public space. ⁵
<u>United Kingdom</u>	On July 19 th the UK stopped all internal COVID-19 restrictions. On January 27 th stopped masked mandated and passports. No laws on social distancing, no limits on social gatherings, all tourist attractions open without restrictions, no limits on opening hours, all bars, nightclubs, and restaurants remain open.
<u>Florida</u>	On March 8 th The Florida Department of Health recommended against the vaccination of Healthy Children (5-17 years) ⁶ Florida never adopted vaccine or mask mandates.
<u>Iceland</u>	Feb 25 th 2022: No mandatory masks, No curfews or gathering limits, No vaccine passports, No limits on hours for restaurants and bars ⁷
<u>Denmark</u>	All bars, restaurants, and cafes are open, no social distancing laws, zero restrictions on gatherings, no mandatory masks, no restrictions on travel within the country, Zero curfews ⁷
<u>Canada</u>	The Provinces of Alberta, Saskatchewan, Quebec and Prince Edward Island and Ontario have lifted many COVID-19 restrictions on February 10 th to 14 th 2022, including vaccine passes and mask mandates.

5) Despite the Ministry of Health's persistent vaccination throughout both the Gamma and Delta outbreaks, enforced shuttering of "non-essential" businesses, inordinate closure of schools for 24 months, exclusion of unvaccinated citizens from public spaces and expenditure of an estimated TTD 6 billion in COVID-19 Relief Funding in 2020⁸ to set up a dedicated parallel health sector, more than 3,600 of our citizens have died. During the 6 months spanning the global Delta outbreak (August 1st, 2021, to January 31st 2022) Trinidad and Tobago had the worst COVID-19 death rate in the world (see figure 1 below: 146 persons per million per week on December 20th, 2021). No other country which had a similar vaccination uptake (50% ± 5%) had a death rate that rivaled ours. Although the mortality rate has declined precipitously since February 2022 after the less fatal Omicron variant became dominant, the Ministry of Health must still account for its failure in timely detection and effective treatment which led to this deadly catastrophe.



Weekly confirmed COVID-19 deaths per million people

Weekly confirmed deaths refer to the cumulative number of confirmed deaths over the previous week.



Source: Johns Hopkins University CSSE COVID-19 Data – Last updated 11 March, 08:05 (London time)
OurWorldInData.org/coronavirus • CC BY

Figure 1: Weekly COVID-19 Deaths per million over the Global Delta Outbreak (August 1st to January 31st)

The National Trade Union Centre of Trinidad and Tobago and the COVID-19 Transparency Advocacy Group of Trinidad and Tobago request that the COVID-19 response team at the Ministry of Health urgently address these pertinent questions regarding the ongoing COVID-19 austerities, coercive vaccination of workers and children and underhanded expansion of vaccine-based segregation (i.e. “safe zones”) into credit unions and community centers and other public spaces. This is a transparent attempt to manipulate the Public Health Ordinance to mount a back-door attack on our democratic framework and erode our fundamental rights and freedoms.

We assert that **any legislation that is based on the false premise that a citizen is more or less a threat to another based on vaccine status is unscientific, baselessly prejudicial and socially disintegrative.** As such the Public Health 2019 Novel Coronavirus Regulations (sub regulation 8.(1) j-l) should be summarily dismantled and all unjustifiable Covid-19 restrictions enacted through the Public Health Ordinance should be immediately revoked.

We await a coherent, evidence-based response.



References

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