Abstract: Vaccination-differentiated safe management measures ("**VDS**") have been implemented with respect to unvaccinated people and most recently, to unvaccinated workers. It has had the unfortunate effect of dividing Singaporeans, and turning the vaccinated majority against the unvaccinated minority.

The three commonly mentioned rationales for VDS are to *protect the unvaccinated*, to *protect others from the unvaccinated*, and to *reduce the strain on the healthcare system*. Examining these rationales carefully, the first two are unable to support VDS.

There is a need for policy makers to clearly and publicly affirm that VDS is being used solely for the limited purposes of preserving and protecting the healthcare system, and that the moment it is no longer strained, VDS will be lifted as a matter of principle for all of the unvaccinated (including for unvaccinated workers), and in any event, to recalibrate VDS to include only persons in the high-risk categories of serious Covid illness or death. Importantly, VDS cannot be used as a tool to pressure Singaporeans to vaccinate.

It is also hoped that by providing this nuanced analysis of VDS, Singaporeans will look empathetically at the unvaccinated, and that they may not alienate or marginalize them, so that we can walk forward together as One People, One Nation, One Singapore.

Tuesday, 2 November 2021

Dear Fellow Singaporeans,
Dear Policy-Makers,

RE: A NUANCED ANALYSIS OF VACCINATION-DIFFERENTIATED SAFE MANAGEMENT MEASURES

Introduction

1. I am writing as a citizen of Singapore. Nothing in this letter should be taken to represent the position or views of any organisation or groups that I am in or may be associated with.

2. I am pro-vaccine. I believe there are strong grounds to be vaccinated. Indeed, I am myself fully vaccinated. I would strongly encourage those who are yet to be vaccinated (especially those in the high-risk categories if they contract COVID-19) to consider doing so after independently weighing the benefits and risks.

3. Yet, at the same time, I am deeply concerned about what are euphemistically called vaccination-differentiated safe management measures ("**VDS**"), which are effectively vaccine passports. I would very respectfully suggest that VDS, *in its current form*, is too broad and inconsistent, and it must be carefully recalibrated and specifically targeted, and certain public

assurances must be given by policy makers to the unvaccinated. Importantly, VDS is creating a divided Singapore, and very sadly, turning the majority against the minority.

4. This letter will examine VDS, and the rationale(s) offered in support of it. In the final analysis, only one rationale holds water, that of reducing the strain on the healthcare system, but even for such purpose, VDS in its current form needs to be substantially reduced / limited in terms of scope and duration. In offering this analysis, which is predominantly grounded on legal and philosophical principles, it is hoped that:

   (1) policy makers will do what is necessary to recalibrate VDS to the least intrusive version possible; and

   (2) Singaporeans will look empathetically at the unvaccinated, and to kindly refrain from divisive comments or opinions which may have a tendency to cause others to alienate or marginalize the unvaccinated.

5. Executive Summary: This is an executive summary of this letter:

   (1) Freedom of Movement: As citizens of Singapore, as a starting point, everyone is entitled, without distinction, to *freedom of movement* throughout Singapore (and by extension, the goods, services, events and activities provided at various places in Singapore). These are fundamental liberties, who must not be lightly taken away by the State. See [14].

   (2) Public Health Exception, Reasonableness and Necessity: Any restrictions to the freedom of movement, on account of public health reasons, are subject to the requirements of *reasonableness and necessity*. A balance must be found between the right to freedom of movement and the interest of public health. See [15].

   (3) Rationale No. 1: The first rationale cited in support of VDS, i.e. protecting the unvaccinated, is unable to support VDS:

      (a) A Deeply Personal Decision, and Equal Respect: The decision whether to vaccinate is, and must remain, a deeply personal one, and as such, is subject to unique and multi-factorial considerations for each and every citizen. Equal respect must be accorded to each individual's decision whether to vaccinate or not to vaccinate.

VDS, by taking away fundamental liberties from the unvaccinated, makes this respect illusory. See [18].

(b) Balance of Probability vs Reasonable Doubt: When it comes to the deeply personal decision whether to vaccinate, some or many are satisfied that, on a *balance of probability*, there are more reasons to vaccinate than to not vaccinate. However, some others assess benefits and risks in a different way, and they would like to be persuaded *beyond reasonable doubt*. As a matter of principle and values, should we not, as a society, respect the decisions of Singaporeans who entertain a reasonable doubt? See [20].

(c) Natural Consequences v Forced Protection: Having given every Singaporean ample time and opportunity to choose whether to vaccinate, the natural consequences of that choice must be something for those individuals to bear, rather than forcefully and disproportionately "prevented" by the State. It is highly arguable that the Government's public duty towards Singaporeans is already fulfilled by making vaccines freely available and accessible, and there is no need for the Government to play "nanny State" or "helicopter parent" to protect the unvaccinated from the consequences of choosing not to vaccinate. See [26].

(d) Underlying the issue of VDS is a question which lies beyond the realm of expertise of health experts, namely, whether we as a society should be forcefully protecting people *against their own will* by way of restricting their movement. This is a question of principle and of values, and is not a question of science. See [29].

(e) Even if, for argument's sake, our society may engage in the forceful protection of the unvaccinated despite their choice (which is denied), VDS in its current form is overinclusive in scope, by including those with low or lower risks of contracting serious Covid or dying, and is therefore unreasonable and/or unnecessary. See [31].

(4) Rationale No. 2: The second rationale cited in support of VDS, i.e. protecting others from the unvaccinated, likewise is unable to support VDS:

(a) Rationale Probably No Longer Applicable: This rationale, which was initially cited when VDS was first introduced, is

conspicuously missing as a rationale for the subsequent expansion of VDS. See [32].

(b) The Vaccinated are Protected by Virtue of Being Vaccinated: The vaccinated are protected by virtue of being vaccinated. As such, the question of whether the unvaccinated are more infectious than the vaccinated, is a red herring. See [35].

(c) It is Debatable whether the Unvaccinated are More Infectious: In any event, given that it is at least debatable (or arguably even inaccurate that) the unvaccinated are more likely to infect the vaccinated, VDS cannot be grounded on the rationale of protecting others from the unvaccinated. See [38].

(d) Protecting the Unvaccinated from the Unvaccinated: In relation to protecting the *unvaccinated* from the unvaccinated, insofar as the former are unvaccinated *by choice*, the natural consequences of that choice must be something for those individuals to bear. See [41].

(e) Protecting the Unvaccinated (not by Choice) from the Unvaccinated by Choice: The unvaccinated not by choice may contract Covid-19 from either the vaccinated or the unvaccinated. It is therefore overinclusive to restrict only the unvaccinated by way of VDS. In any event, a calibrated and proportionate strategy must be specifically designed for the purposes of protecting those in this relatively small group who are at higher risks. See [42].

(5) Rationale No. 3: The third rationale cited in support of VDS, i.e. reducing the strain on the healthcare system, has merits. However:

(a) Policy makers should clearly and publicly affirm that VDS is being used solely for the limited purposes of preserving and protecting the healthcare system, and that the moment it is no longer strained (as defined below), VDS will be lifted as a matter of principle for all of the unvaccinated (including the lifting of WFVM for unvaccinated workers). See [46].

(b) Young People, and Mental Health Needs: VDS applies to restrict the movement of unvaccinated young people (from age 13 onwards), despite such restriction having little link or impact towards reducing the strain on the healthcare system. VDS is overinclusive in this regard, and is unreasonable and/or

unnecessary, and/or lacks a rational relation to the object of reducing the strain. In addition, the mental health needs of young people who are restricted in their movement is a critical counterfactor which requires that VDS be lifted against young people. See [49].

(c) 12-49 Years Old: The risk of severe illnesses for unvaccinated persons aged 49 years old and below (12-49) is low (as recognised by policy makers), and they should be excluded from VDS as a general rule. VDS is overinclusive in this regard, and is unreasonable and/or unnecessary, and/or lacks a rational relation to the object of reducing the strain. See [56]. There is room to consider whether those aged 50-59 should be excluded from VDS as well (**provided** that they do not fall into the same risk profile as those who are 60-61 years old). See [59].

(d) 60-61 Years Old and Above: The supermajority of those who require oxygen supplementation and are in ICU are 60-61 years old and above (both vaccinated and unvaccinated). For the limited purposes of reducing strain (as defined below) on the healthcare system, VDS should be recalibrated to only include those who are 60-61 years old and above who are unvaccinated (and only if absolutely necessary, the elderly vaccinated who are assessed to be at very high risk *despite* being vaccinated), but even then, their mental health needs must be carefully looked into, and the VDS should be lifted immediately upon the strain (as defined below) on the healthcare system being sufficiently reduced. See [60].

(e) Percentage of Vaccinated vs Unvaccinated: From the perspective and for the purposes of reducing the strain (as defined below) on the healthcare system, VDS is being underinclusive in failing to include the vaccinated as well, and for only applying to the unvaccinated, since both groups each contribute roughly the same numbers in terms of the strain (as defined below). In this regard, VDS is unreasonable and/or lacks a rational relation to the object of reducing the strain. See [65].

(f) Summary for Rationale No. 3: VDS should be recalibrated to include only persons in the high-risk categories of serious Covid illness or death, namely, to those who are 60-61 years old and above who are unvaccinated (and only if absolutely necessary, the elderly vaccinated who are assessed to be at very high risk *despite* being vaccinated). See [70].

(6) "Rationale" No. 4: The fourth "rationale" (suggested by a member of the media) as a justification for VDS, i.e. that the inconvenience is meant to nudge some of the unvaccinated into taking the vaccine jabs, must be rejected outright. VDS cannot be used as a tool of compulsion. See [71].

(7) Recommendations: Various recommendations to policy makers and the vaccinated majority are made below. See [75].

(8) Conclusion: See [77].

6. Table of Contents: The table of contents below will help you to navigate the various points / sections.

CONTENTS

VDS, WFVM and 3 Rationales

7. VDS was first introduced on 6 August 2021, and it was announced on 9 October 2021 that it would be expanded with effect on 13 October 2021. At the risk of over-simplification, VDS bars unvaccinated persons[1] from entry into numerous places (subject to various exceptions), and by extension, prevents them from accessing the goods, services, events and activities provided at such places.

8. It was announced on 23 October 2021, in a joint advisory by the Ministry of Manpower ("**MOM**"), Ministry of Health ("**MOH**"), National Trades Union Congress ("**NTUC**") and the Singapore National Employers Federation ("**SNEF**") that workforce vaccination measures ("**WFVM**") (which are closely related to the concept of VDS) has now been further expanded into the realm of employment. With effect from 1 January 2022, all unvaccinated workers will not be allowed at the workplace as a general rule (subject to various exceptions).[2] These bodies have advised, amongst other things, that if termination of employment is due to employees' inability to be at the workplace to perform their contracted work, such termination of employment *would not be considered as wrongful dismissal*.[3]

---

[1] An individual is considered vaccinated if he/she has been (a) fully vaccinated; (b) recovered from COVID-19; or (c) has obtained a negative result on a pre-event test taken in the past 24 hours before the expected end of the event. See Annex B of the 9 October 2021 announcement.

[2] The joint advisory follows up from the announcement of the Multi-Ministry Taskforce ("**MTF**") that starting from 1 January 2022, only employees who are vaccinated, or have recovered from COVID-19 within 270 days, can return to the workplace. All unvaccinated employees *will not be allowed at the workplace* unless they have a negative Pre-Event Testing (PET) result. The PET negative result must be valid for the duration that employees are required to be present at the workplace. Unvaccinated employees have to pay for the costs of PET and show the results to their employers when reporting to the workplace.

[3] For employees whose work cannot be performed from home, employers can (1) Allow them to continue in the existing job with PET done at employees' own expense and own time (i.e. outside of working hours); or (2) Redeploy them to suitable jobs which can be done from home if such jobs are available, with remuneration commensurate with the responsibilities of the alternative jobs; or (3) "Place them on no-pay leave or, as a last resort, terminate their employment (with notice) in accordance with the employment contract. If termination of employment is due to employees' inability to be at the workplace to perform their contracted work, such termination of employment *would not be considered as wrongful dismissal*." See [7] of the 23 October 2021 joint advisory (and see also [8] for the medical exemption for employees who are certified to be medically ineligible for vaccines).

9. For the purposes of this letter, I will deal with WFVM and VDS collectively under the header of VDS (given that conceptually, both are a restriction of movement into places).

10. In summary, there are three publicly articulated reasons for VDS (and the expanded scope of the VDS)[4] against the unvaccinated, namely:

(1) Protecting the *unvaccinated* ("**Rationale No. 1**");
(2) Protecting *others* from the unvaccinated ("**Rationale No. 2**");
(3) Reducing the strain on the *healthcare system* ("**Rationale No. 3**").

11. It is important to note that Rationale No. 2[5] was *not* offered in support of the expanded VDS (when it was announced on 9-10 October 2021). The significance of this will be elaborated on below.

12. We will examine each rationale in turn, after discussing the key principles pertaining to the freedom of movement.

First Principles – Freedom of Movement, the Public Health Exception, and Requirements of Reasonableness and Necessity

13. Article 13 of the Singapore Constitution is found under Part IV on "Fundamental Liberties". Article 13(2) of the Singapore Constitution provides as follows:

> "**Prohibition of banishment and freedom of movement**
> 13(1) No citizen of Singapore shall be banished or excluded from Singapore.
>
> (2) Subject to any law relating to the security of Singapore or any part thereof, public order, *public health* or the punishment of offenders,

[4] See the MOH announcements on: (1) 6 August 2021 (at [5]); and (2) 9 October 2021 (at [15]). See also the Joint MOH / MTI / ESG Statement on 10 October 2021 at [1], which affirmed the MTF's rationale for the expanded VDS, namely, "to protect unvaccinated individuals and reduce the strain on our healthcare system".

[5] See the MOH announcement on 6 August 2021 at [5], "In particular, we will adopt a vaccination-differentiated approach when adjusting our safe management and border measures. Fully vaccinated individuals, who have good protection against the risk of infection or severe illnesses, will be able to engage in a wider range of activities. Unvaccinated individuals will need to exercise tighter safe management measures to protect themselves *and those around them*." Emphasis in italics added.

> *every citizen of Singapore has the right to move freely throughout Singapore* and to reside in any part thereof."
>
> [Emphasis in italics added]

14. As citizens of Singapore, as a starting point, everyone is entitled, without distinction, to *freedom of movement* throughout Singapore (and by extension, the goods, services, events and activities provided at various places in Singapore). These are fundamental liberties, who must not be lightly taken away by the State. Even without Article 13(2), it will be difficult to deny the above starting point.[6]

15. However, Article 13(2) itself provides for exceptions, and the most obviously applicable one in the current pandemic context is the public health exception. Any restrictions to such fundamental liberties (insofar as they are justified to begin with) must be applied equally across the board (and indeed, they were, until VDS was introduced). If there are any differentiations in restrictions *amongst Singaporeans solely on account of their vaccination status*, such differentiations must be justified by compelling and weighty public health reasons (i.e. they must meet the test of reasonableness), and their scope and duration cannot be any wider or longer than is absolutely necessary.

16. In short, any restrictions are subject to the requirements of *reasonableness* and *necessity*. A balance must be found between the right to freedom of movement and the interest of public health.

Rational No. 1: Protecting the *Unvaccinated*

17. Upon proper consideration, there are several reasons why this rationale is unable to justify the VDS.

A Deeply Personal Decision, and Equal Respect

18. First, the decision whether to vaccinate is, and must remain, a deeply personal one, and as such, is subject to unique and multi-factorial

[6] See also Article 12(1) of the Singapore Constitution, which provides that "All persons are equal before the law and entitled to the equal protection of the law".

considerations for each and every citizen. **Equal respect** must be accorded to each individual's decision whether to vaccinate or not to vaccinate.[7]

19. This respect cannot be illusory. The imposition of VDS implies that the decision by some not to be vaccinated should not be respected at face value, that the unvaccinated are incapable of making decisions independently for themselves, and that the State must intervene to "rescue" or "protect" the unvaccinated from the consequences of their own decisions. By taking away fundamental liberties, VDS renders any respect for such decisions entirely illusory, and conveys that only one way of deciding is acceptable.

Balance of Probability vs Reasonable Doubt

20. When it comes to the deeply personal decision whether to vaccinate, different people have varying degrees of what it takes to persuade them. Some or many are satisfied that, on a *balance of probability*, there are more reasons to vaccinate than to not vaccinate. However, some others assess benefits and risks in a different way, and they would like to be persuaded *beyond reasonable doubt*. This is fully understandable, since vaccination involves putting substances into one's own body, and this cannot and should not be forced in any way.

21. I have spoken to various unvaccinated people about their reasons for being hesitant to choose to vaccinate themselves (or someone under their care and control), as they express what *they see* as amounting to (what I would term) *reasonable doubt*. I will name two examples, though there may be more:

    (1) Hitherto Unknown Long-Term Effects: It cannot be disputed that we do not yet have data on the long-term effects of the vaccines. This is because time has not sufficiently elapsed for such data to be gathered, let alone for such data to be studied in a systematic and comprehensive manner. No one can exclude (or is willing to exclude) the possibility of long-term side effects.

    (2) For the avoidance of doubt, I am not implying or suggesting in any way that the vaccines will necessarily have long term adverse effects – What I am saying is that no one can gaze into the crystal ball to guarantee that there will be none. In deciding whether to vaccinate, after assessing

[7] See also Article 12(1) of the Singapore Constitution, which provides that "All persons are equal before the law and entitled to the equal protection of the law". For the avoidance of doubt, nothing in this letter shall be taken to endorse any acts which are not rights to begin with.

that such a possibility cannot be excluded, I had made the personal decision to do so anyway.

(3) But in so *deciding for myself*, I do not expect or demand that every Singaporean must decide in the same way. Neither should the State or the vaccinated expect or demand the same.

(4) Some or many of the vaccinated may object at this juncture, that they too did entertain what appeared to them to be a similar reasonable doubt, but that for the sake of the collective and greater good, they nevertheless chose to accept the vaccine. This is highly laudable. However, on balance, it would seem better to *inspire*, rather than to *impose*, this praiseworthy sense of altruism on the unvaccinated.

(5) Young People, and their Parents: The expert committee on Covid-19 vaccination previously said that data here and overseas show that there is a small risk that people who have received the mRNA vaccines can develop myocarditis or pericarditis, especially among younger populations and after the second dose.[8] A 16-year-old Singaporean boy suffered a cardiac arrest six days after receiving his first dose of the vaccine. The MOH said that medical investigations found that he had developed acute severe myocarditis which led to the cardiac arrest, and that the "myocarditis was likely a serious adverse event arising from the COVID-19 vaccine he received, which might have been aggravated by his strenuous lifting of weights and his high consumption of caffeine through energy drinks and supplements".[9]

(6) This may be a small risk which some or many parents may be willing to accept on behalf of their child, in deciding whether to vaccinate them. However, some parents assess this level of risk as amounting to a reasonable doubt. In both cases, parents are taking the best interests and welfare of their child as the first and paramount consideration, but have different risk assessments.

(7) Should the young people, on whose behalf and acting in their best interests their parents make the decision not to vaccinate having regard to what they believe in good faith amounts to a reasonable doubt, be subject to VDS?

---

[8] See https://www.todayonline.com/singapore/younger-individuals-should-avoid-strenuous-physical-activity-two-weeks-instead-just-one

[9] See https://www.channelnewsasia.com/singapore/16-year-old-cardiac-arrest-covid-19-vaccine-recovering-moh-2115736

22. It would be difficult to insist that right-thinking members of society are not allowed to entertain what they deem as reasonable doubt. Once again, let me be clear – I am *not* encouraging the unvaccinated to remain unvaccinated. Indeed, I repeat my opening exhortation and strong encouragement for them (especially those in the high-risk categories) to consider getting vaccinated, after independently assessing the benefits and risks. Rather, as a matter of principle and values, should we not, as a society, respect the decisions of Singaporeans who entertain a reasonable doubt?

The Misinformed and Conspiracy Theories

23. At this juncture, one might object: "but some of the unvaccinated are misinformed or worse, engaging in conspiracy theories. Their reasons raise no reasonable doubt. Their decisions are wholly mistaken, and cannot be respected. As such, it is legitimate to forcefully protect them."

24. As a starting point, misinformation and conspiracy theories must be rejected.[10] Nevertheless, it is important to acknowledge that not *every* unvaccinated person is misinformed or engage in conspiracy theories. See [21] above. In fact, I would like to think that those who remain unvaccinated due to misinformation are a small minority compared to those who remain unvaccinated due to a reasonable doubt.[11] VDS on the entire group of the unvaccinated, on account of only a presumably small but vocal minority who are misinformed, is overinclusive and is therefore unreasonable.

25. In any event, regardless of whether the decision not to vaccinate is based on a reasonable doubt or otherwise, there are further reasons immediately below why VDS should not be imposed on the unvaccinated.

Natural Consequences vs Forced Protection

26. Second, having given every Singaporean ample time and opportunity to choose whether to vaccinate, the natural consequences of that choice[12] must

[10] But that is not to say that reasonable lines of enquiry should not be investigated, although this should be done in a prudent and quiet manner, being extremely mindful of the credulous and less discerning individuals who may uncritically accept undeveloped or unproven assertions as unadulterated truth, and to act to their own detriment.

[11] Admittedly, it would be practically very difficult to determine how many fall into the former versus the latter category. Just because there may be vocal online group(s) which spread misinformation does not mean that the majority of the unvaccinated are misinformed.

[12] Whether based on a reasonable doubt or otherwise.

be something for those individuals to bear, rather than forcefully and disproportionately "prevented" by the State.

27. Indeed, it is highly arguable that the Government's public duty towards Singaporeans is already fulfilled by making vaccines freely available and accessible, and there is no need for the Government to play "nanny State" or "helicopter parent" to protect the unvaccinated from the consequences of choosing not to vaccinate. We ought to treat our citizens as mature persons capable of making their own decisions, instead of assuming that they are all misinformed.

28. By way of illustration, there are other diseases with a high annual death toll, but yet, the State does not purport to restrict the movement of Singaporeans just so to protect them from themselves. For example, pneumonia is the second leading principal cause of death in Singapore (with **4,200-4,400 per annum** for 2017-2019, according to most recent figures available on the MOH website[13]). There are vaccinations available against common causes of the disease or its related infections, such as the influenza virus and pneumococcus bacterial infection. While these vaccines are recommended, especially for high-risk groups, restrictions are not imposed on those who choose not to take up these vaccines.[14]

29. Underlying the issue of VDS is a question which lies beyond the realm of expertise of health experts, namely, whether we as a society should be forcefully protecting people *against their own will* by way of restricting their movement. **This is a question of principle and of values, and is not a question of science.** In the Singapore context, I would humbly and strongly urge the health experts advising the MTF to apply this starting principle – **equal respect for each and every individual's right to choose whether to vaccinate**,[15] and to interpret the science based on such a principle.

30. One might respond, letting people live with the consequences of their own choice does not only affect themselves, but will likely also lead to a significantly increased strain on the healthcare system. However, this is a separate and distinct ground (Rationale No. 3), which will be dealt with

[13] The principal cause of death for 28.4% of the 21,446 deaths in 2019 (i.e. 4,439) was pneumonia. The figures in 2017 (4,202) and 2018 (4,384) are very similar.

[14] One counterargument is that these diseases are not as infectious as Covid-19, and so there is no need to restrict the movement of the unvaccinated. However, this is relevant only in relation to Rationale No. 2, i.e. protecting *others* from the unvaccinated, which should be considered on its own merits, and is dealt with below.

[15] For the avoidance of doubt, nothing in this letter shall be taken to endorse any acts which are not rights to begin with.

below. It should not be muddied together with Rationale No. 1, as Rationale No. 1 should be assessed on its own merits. Rather, the question to ask ourselves is, assuming that the healthcare system will not be overstrained or overwhelmed, *should we as a society continue to impose VDS on the unvaccinated to forcefully protect them from the consequences of their own choices, by curtailing their fundamental liberties*? I would strongly propose that the answer must be "No".[16]

31. Even if, for argument's sake, our society may engage in the forceful protection of the unvaccinated despite their choice (which is denied), VDS in its current form is overinclusive in scope, including those with low or lower risks of contracting serious Covid or dying (see [47]-[70] below), and is therefore unreasonable and/or unnecessary.[17]

Rationale No. 2: Protecting *Others* from Unvaccinated

Rationale Probably No Longer Applicable

32. The 9 October 2021 MOH announcement as well as the Joint MOH / MTI / ESG Statement **no longer cites** the rationale of protecting *others* from the unvaccinated as justification for expanding the VDS (although it was cited as a rationale for the initial imposition of the VDS). The absence of this rationale for the expansion of VDS is highly conspicuous, and accords with reason.

33. Policy makers should clearly and publicly clarify that this rationale is no longer applicable. This is because many Singaporeans appear to think that this rationale continues to apply, which is causing and exacerbating a corrosive and divisive effect in society.

34. In this regard, I read with great dismay, reports from major news outlets which is likely to encourage or instigate the vaccinated majority to avoid or alienate the unvaccinated minority, effectively creating a modern class of "lepers" out of the unvaccinated. One 29 October 2021 report is insensitively

---

[16] In a similar vein, this must not be muddied together with Rationale No. 2 (i.e. protecting *others* from the unvaccinated, which is predicated on the debatable premise that the unvaccinated are substantially more infectious than the vaccinated breakthrough cases), which should be assessed on its own merits, and is dealt with in the next section below.

[17] It is also arguable that VDS in its current form, by including those with low or lower risks of contracting serious Covid or dying, lacks a rational relation to the object sought to be achieved, i.e. to protect the unvaccinated, thus arguably failing the "reasonable classification" test required under Article 12(1) of the Singapore Constitution, which provides that "All persons are equal before the law and entitled to the equal protection of the law".

titled, "Commentary: Your unvaccinated friend is about 20 times more likely to infect you with COVID-19". Such unmitigated and categorical reports / sentiments, which fail to point out important counter-considerations which are necessary to consider the issue holistically and in a balanced way, would only serve to further divide Singaporeans, and turn family against family, friend against friend, citizen against citizen.

The Vaccinated are Protected by Virtue of Being Vaccinated

35. First and foremost, the vaccinated are protected by virtue of their vaccination. Numerous studies and opinions confirm this. Indeed, a very recent peer-reviewed study published on 29 October 2021 in *The Lancet* reaffirmed that "vaccines remain highly effective at preventing severe disease and deaths from COVID-19".[18]

36. To suggest that the vaccinated are at risk from the unvaccinated is to effectively concede that the vaccination is *ineffective*, which surely cannot be what policy makers would concede. One commentator describes the irony as follows, "*The protected need to be protected from the unprotected by forcing the unprotected to use the protection that didn't protect the protected*". The recognition of this irony could perhaps have led to the conspicuous absence of this "rationale" to justify the expansion of the VDS.

37. In other words, whether the unvaccinated are more likely to infect the vaccinated (which remains debatable, see [38] below) is a red herring.

It is Debatable Whether the Unvaccinated are More Infectious

38. Second, in any event, and without prejudice to the above point that the level of infectiousness of the unvaccinated is a red herring, it is debatable whether the unvaccinated are more infectious than the vaccinated. Consider various assertions of science:

    (1) Viral load is associated with the likelihood of infection in contacts.[19]

[18] See [38(8)] below for a fuller discussion of the findings.

[19] In one study dated May 2021 published in *The Lancet*, it was found that "the viral load of index cases was a leading driver of SARS-CoV-2 transmission." In another study dated 5 April 2021 which has yet to be peer reviewed, concluded that "SARS-CoV-2 infectivity varies by case viral load, contact event type, and age. Those with high viral loads are the most infectious."

(2) Vaccinated and unvaccinated individuals have similar viral loads,[20] at least for the first 4-5 days.[21]

(3) The amount of viral genetic material may go down faster in fully vaccinated people when compared to unvaccinated people. This means fully vaccinated people will likely spread the virus for less time than unvaccinated people.[22]

(4) One study suggests that vaccination reduces COVID-19 spread, and that factors other than PCR-measured viral load are important in vaccine-associated transmission reductions.[23] However, further studies are required in this regard.[24]

---

[20] See: (1) the CDC's 26 August 2021 statement on the Delta variant; (2) A study dated 31 July 2021 done in Wisconsin, USA, titled "Vaccinated and unvaccinated individuals have similar viral loads in communities with a high prevalence of the SARS-CoV-2 delta variant; (3) A study dated 31 July 2021 by Singapore scientists, titled "Virological and serological kinetics of SARS-CoV-2 Delta variant vaccine-breakthrough infections: a multi-center cohort study"; (4) A study dated 29 September 2021 by scientists from California, USA, titled "No Significant Difference in Viral Load between Vaccinated and Unvaccinated, Asymptomatic and Symptomatic Groups Infected with SARS-CoV-2 Delta Variant". Studies (2), (3) and (4) have yet to be peer-reviewed.

[21] "Virological and serological kinetics of SARS-CoV-2 Delta variant vaccine-breakthrough infections: a multi-center cohort study" at Figure 1.

[22] CDC's 26 August 2021 statement on the Delta variant. See also "Virological and serological kinetics of SARS-CoV-2 Delta variant vaccine-breakthrough infections: a multi-center cohort study".

[23] A study dated 29 September 2021 by British scientists at the University of Oxford, titled "The impact of SARS-CoV-2 vaccination of Alpha & Delta variant transmission". This study has yet to be peer reviewed.

[24] See e.g. the opinions of Professors Ooi Eng Eong and David Lye (as reported by *The Straits Times* on 23 August 2021), "Some experts also posit that a high viral load in a fully vaccinated patient may not pose the same risk of spreading the disease as someone who is unvaccinated, *although this has not been conclusively shown*. Professor Ooi Eng Eong, an expert in emerging infectious diseases at the Duke-NUS School of Medicine, said: 'Vaccinated individuals could have antibodies that would bind these viral particles. Some of them could have been rendered uninfectious by the antibodies.' Prof Lye added that the NCID study also shows that vaccinated patients are more likely to be asymptomatic, or have less cough and runny nose that make transmission easier. 'So while the initial viral load may be similar, vaccinated patients may *theoretically* be less likely to pass it on to others,' he said." These theories have yet to be conclusively proven. A possible competing theory goes as follows: If the unvaccinated are more likely to be symptomatic than the vaccinated breakthrough cases, assuming all Singaporeans act in an equally civic-conscious manner, the unvaccinated are arguably more likely to remain home or in isolation upon noticing their symptoms *earlier* than their vaccinated counterparts. Even if the unvaccinated take a longer time to clear their infections, this longer period is offset or largely mitigated by them staying away from public places as soon as the symptoms are noticed. In contrast, the vaccinated breakthrough cases, being less likely to have or to notice any symptoms, are more likely to be out (and out longer) in the public or elsewhere,

(5) "Vaccine-breakthrough patients were significantly more likely to be asymptomatic… and if symptomatic, had fewer number of symptoms".[25]

(6) Professor Josip Car opined that "Vaccination, while critical to the fight, is not a panacea. We cannot discount the potential for it to complicate the situation because *a vaccinated person who is infected, being more likely to have an asymptomatic or very mild infection, may be a source of transmission in the community*."[26]

(7) A very recent peer-reviewed study published on 29 October 2021 in *The Lancet* titled "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" found that "Vaccination reduces the risk of delta variant infection and accelerates viral clearance. Nonetheless, **fully vaccinated individuals with breakthrough infections have peak viral load similar to unvaccinated cases and can efficiently transmit infection in household settings, including to fully vaccinated contacts**." One article summarizes the key findings of this study:

(a) Study of 621 people in the UK with mild COVID-19 infections found that people who received two vaccine doses could still pass the infection on to vaccinated and unvaccinated household members.

(b) The analysis found that 25% of vaccinated household contacts tested positive for COVID-19 compared with 38% of unvaccinated household contacts. [27] The infectiousness of vaccinated cases with breakthrough infections was similar to unvaccinated cases.

(c) Infections in vaccinated people cleared more quickly than those in unvaccinated people, but resulted in a similar peak viral load –

---

including when their viral load is at its peak, thus being a significant source of transmission during this period. Both of these competing theories should be studied further.

[25] "Virological and serological kinetics of SARS-CoV-2 Delta variant vaccine-breakthrough infections: a multi-center cohort study".

[26] Emphasis in italics added.

[27] In other words, unvaccinated people are more likely than the vaccinated to contract Covid-19, but this is a separate issue from the issue of onward infectiousness.

when people are most infectious – probably explaining why the delta variant remains able to spread despite vaccination.

(d) The authors urge unvaccinated people to get vaccinated to protect themselves from severe disease and those eligible for a booster to receive it as soon as offered. They also call for continued public health and social measures to curb transmission, even in vaccinated people.

39. Applying the above assertions of science (some more preliminary than others), the following may be argued:

(1) Even the vaccinated with breakthrough infections may be infectious. In fact, they are arguably *equally as infectious* as the unvaccinated, at least during the period when their peak viral loads are similar to unvaccinated cases.

(2) "Households are the site of most SARS-CoV-2 transmission globally." [28] In addition, "fully vaccinated individuals with breakthrough infections have peak viral load similar to unvaccinated cases and can efficiently transmit infection in household settings, including to fully vaccinated contacts."[29] In other words, VDS, which targets and restricts the movements of *only the unvaccinated outside of the home*, is likely to be focusing on the wrong arena. What is needed is a strategy targeted at reducing the spread of Covid *amongst households members, regardless of vaccination status*.

40. All things considered, given that it is at least debatable (or arguably even inaccurate that) the unvaccinated are more likely to infect the vaccinated, VDS cannot be grounded on the rationale of protecting others from the unvaccinated.[30]

---

[28] 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 citing Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Setting-specific Transmission Rates: A Systematic Review and Meta-analysis

[29] 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

[30] It is also arguable that VDS in its current form lacks a rational relation to the object sought to be achieved, i.e. to protect others from the unvaccinated, thus arguably failing the "reasonable classification" test required under Article 12(1) of the Singapore Constitution, which provides that "All persons are equal before the law and entitled to the equal protection of the law". In addition, given that the fully vaccinated may also transmit COVID-19, it is

Protecting the Unvaccinated from the Unvaccinated

41. Third, in relation to protecting the *unvaccinated* from the unvaccinated, insofar as the former are unvaccinated *by choice*, the natural consequences of that choice (i.e. the likelihood of catching Covid-19, whether from the vaccinated and/or the unvaccinated) must be something for those individuals to bear.[31] See [26] above.

Protecting the Unvaccinated (not by Choice) from the Unvaccinated by Choice

42. Fourth, insofar as protecting people who are unvaccinated due to extenuating or health reasons (i.e. not by choice), such people may contract Covid-19 from either the vaccinated or the unvaccinated. It is therefore overinclusive to restrict only the unvaccinated by way of VDS. It will also be difficult to see how the unvaccinated not by choice would have a moral claim to insist that the unvaccinated by choice must be vaccinated in order to protect them.

43. In any event, a calibrated and proportionate strategy must be specifically designed for the purposes of protecting those in this relatively small group who are at higher risks.

44. For example, both the vaccinated and the unvaccinated who are living in the same household with elderly people who are unvaccinated – the former will need to exercise a far greater degree of self-control, for the sake of *immediate family members*. Such a calibrated and proportionate strategy is far better and more palatable than applying an indiscriminate and wholesale VDS policy against *all the unvaccinated*, regardless of actual risk profiles and whether there are any at-risk household members to begin with, as well as ignoring that the vaccinated may also efficiently spread Covid-19 to household members.

---

arguably underinclusive for VDS to only require the unvaccinated to be tested negative (via PET) before allowing them time-limited access to the otherwise prohibited places and workplaces.

[31] I once again repeat my opening exhortation and strong encouragement for the unvaccinated (especially those in the high-risk categories) to consider getting vaccinated, after independently assessing the benefits and risks. I affirm that every life matters. At the same time, manifold competing factors must also be carefully considered, as elaborated in this letter, and an appropriate balance must be struck (see the recommendations at [75]).

Rationale No. 3: Reducing the Strain on the Healthcare System

45. It is very clear that there is a strain on Singapore's healthcare system. Our healthcare workers – who have now been stretched for almost two years – are bearing the brunt of the burden. I deeply appreciate the healthcare workers, the people on the frontlines working tirelessly during the pandemic.

46. The healthcare system is a critical aspect of Singapore's public health. As such, there appears to be grounds to restrict the freedom of movement in order to preserve and protect the healthcare system. However, policy makers should clearly and publicly affirm that VDS is being used solely for the limited purposes of preserving and protecting the healthcare system, and that the moment it is no longer strained (as defined below), VDS will be lifted as a matter of principle for all of the unvaccinated (including the lifting of WFVM for unvaccinated workers).

47. Nevertheless, such restrictions are subject to the requirements of reasonableness and necessity. I would respectfully submit that, with respect to the VDS in its current form, there are strong signs that some parts of these requirements are not met, and as such, VDS needs to be substantially recalibrated.

48. For the purposes of this argument, we will take the number of people who contract Covid-19 and require oxygen supplementation and are admitted into ICU as the key markers to determine whether the healthcare system is strained ("**Strain**").[32] In this regard, these are the key indicators / numbers frequently reported by policy makers to emphasise the strain on the healthcare system.[33]

---

[32] As reported by *TODAY* on 1 November 2021, Dr. Janil Puthucheary, Senior Minister of State for Health, told Parliament that Singapore's health system was under stress, but not overwhelmed, and that the most important limit standing in the way of stepping up ICU capacity to cope with a surge in Covid-19 cases, is the lack of healthcare workers (thus leading to lower nurse-to-patient ratios), and as more healthcare resources are diverted to support Covid-19 services, our hospitals' ability to sustain regular non-Covid-19 services will also be reduced. He also highlighted that adding to the manpower constraints are a surge in resignations, with 1,500 health workers quitting in the first half of this year alone, compared with about 2,000 yearly before the pandemic. It is unclear to what extent such resignations are offset by new hires.

[33] This is *not* to say that non-ICU hospitalization numbers or admission into COVID-19 treatment facilities do not increase the workload for and strain to our healthcare workers. Nevertheless, solely for the purposes of this argument, we will take the abovementioned key markers to define the meaning of "Strain". In any event, the Home Recovery Programme has begun redirecting many or most non-serious Covid-19 positive cases to recovering at home, rather than at the hospitals or Covid-19 treatment facilities.

Young People, and Mental Health Needs

49. First, unvaccinated young people without pre-existing conditions (in fact, young people in general) hardly make up any part of those who require oxygen supplementation and are admitted into ICU. Whether they contract Covid-19 or not, they do not appear to add any significant Strain to the healthcare system. Yet, VDS applies to restrict the movement of unvaccinated young people (from age 13 onwards), despite such restriction having little link or impact towards reducing the Strain on the healthcare system. VDS is overinclusive in this regard, and is unreasonable and/or unnecessary, and/or lacks a rational relation to the object of reducing the Strain.[34]

50. In addition, the mental health needs of young people who are restricted in their movement is a critical counterfactor which requires that VDS be lifted against young people.

51. The Education Minister Mr. Chan Chun Sing said on 27 July 2021 that the incidence of suicide among young people aged 10 to 19 rose in 2020 from 2019 as part of an overall increase in people here taking their own lives during the Covid-19 pandemic, with the increase being 37.5% from 2019 to 2020.[35] He went on to observe:

> "We have observed that the Covid-19 situation has aggravated existing stressors. These could include frustrations arising from disruptions of normal routine, a heightened sense of uncertainty about the future and increased interpersonal conflicts at home due to *restricted movement*."[36]
>
> [Emphasis in italics added]

52. It is immediately apparent that restrictions (which includes restricted movement) targeted solely at the unvaccinated increases their sense of social isolation. The latest VDS unfortunately are expanded to include more locations such as coffee shops, hawker centres, malls and attractions. It is

---

[34] Thus arguably failing the "reasonable classification" test required under Article 12(1) of the Singapore Constitution, which provides that "All persons are equal before the law and entitled to the equal protection of the law".

[35] Covid-19: Suicide rate among 10-19 age group rises in 2020 year-on-year - TODAY (todayonline.com). This had increased from 4.0 per 100,000 persons in 2019 to 5.5 per 100,000 persons in 2020.

[36] Covid-19: Suicide rate among 10-19 age group rises in 2020 year-on-year - TODAY (todayonline.com)

akin to a quasi-lockdown of the unvaccinated, and families with unvaccinated children (13 years old and above) are the most impacted. Even the children have begun to question these harsh measures as they see their social liberties taken away by the VDS, and they are deprived of social opportunities *only because they are unvaccinated*.

53. An irresistible inference follows - such increased social isolation will often be associated with negative mental health outcomes. In particular, teenagers, full-time or young mothers, caregivers, divorcees or single parents, widowers, the elderly, as well as those who are already suffering from depression, amongst others, are some of the groups who are at significantly increased risks of developing or exacerbating mental health issues if they are subject to continued and expanded restrictions solely on account of their unvaccinated status. With the imposition and expansion of VDS, there is no doubt that the mental health of these unvaccinated groups will decline further, for a prolonged and currently indefinite period, as compared to the vaccinated populace who do not have their family and social lives, as well as work and education disrupted by VDS.

54. All of the above are exacerbated by the intense societal stigmatization from vaccinated (and often antagonistic) Singaporeans. It would not be a stretch to say that the unvaccinated (and their families) feel like "pariahs" or "lepers" within their own country.

55. Mental health issues, which can often lead to suicidal ideations and attempts, are extremely weighty issues which have been regrettably and woefully under-considered. Mental health is no less important than physical health. There was, therefore, a palpable and bitter sense of irony that the expanded VDS was announced on 9 October 2021, which was one day before World Mental Health Day.

49 Years Old and Below (12-49)

56. Second, the risk of severe illnesses for unvaccinated persons aged 49 years old and below (12-49) is low (as recognised by policy makers), and they should be excluded from VDS as a general rule.

57. In this regard, the Home Recovery Programme ("**HRP**") has become the *default* care arrangement for everyone, other than "partially or unvaccinated individuals aged 50 years and older" (see [10] of the 9 October 2021 MOH

announcement).[37] In other words, as a starting point, all unvaccinated individuals aged 12 to 49 years would generally *not* be so seriously ill from Covid-19 that hospitalization (let alone admission into ICU) is required. Minister for Health, Mr. Ong Ye Kung's remarks on 9 October 2021 affirm this:

> "First, we will make HRP the default setting for recovery for more groups of people, starting with unvaccinated persons aged 12 to 49 years. *This is because the risk of severe illnesses for younger, though unvaccinated individuals is* ***low****, and it is safe for them to recover at home*."
>
> [Emphasis in italics and bold added]

58. Restricting the movement of younger unvaccinated individuals aged 12-49 years, whose risk of severe illnesses is assessed to be low enough that the starting point for recovery is at home (instead of the hospital), and therefore would be unlikely to add significantly to the Strain to the healthcare system, is unreasonable and/or unnecessary, and/or lacks a rational relation to the object of reducing the Strain.[38]

59. There is room to consider whether those aged 50-59 should be excluded from VDS as well (**provided** that they do not fall into the same risk category and likelihood of requiring oxygen supplementation and to be admitted into ICU, as those who are 60-61 years old – which we will examine next).

60-61 Years Old and Above

60. Third, the supermajority of those who require oxygen supplementation and are in ICU are 60-61 years old and above (both vaccinated and unvaccinated). For the limited purposes of reducing Strain on the healthcare system, VDS should be recalibrated to only include those who are 60-61 years old and above who are unvaccinated (and only if absolutely necessary, the elderly vaccinated who are assessed to be at very high risk *despite* being vaccinated), but even then, their mental health needs must be carefully looked into, and the VDS should be lifted immediately upon the Strain on the healthcare

---

[37] The other two exceptions are "vaccinated persons 80 years and older" and "children aged less than 1 year, and children aged 1 to 4 years who have been assessed to be clinically unsuitable for home recovery".

[38] Thus arguably failing the "reasonable classification" test required under Article 12(1) of the Singapore Constitution, which provides that "All persons are equal before the law and entitled to the equal protection of the law".

system being sufficiently reduced.[39] This, of course, *assumes* that VDS is an effective tool in the first place for the purposes of reducing infections.[40]

61. Looking at a sampling of the numbers as at 1, 8, 15, 22 and 29 October 2021, the supermajority of those who require oxygen supplementation and are in ICU are 60-61 years old and above (both vaccinated and unvaccinated):

Table 1: Local Cases by Severity of Condition

As at	**Warded in Hospital**	**Requires Oxygen Supp** (% 61 yrs old and above)	**In ICU** (% 61 yrs old and above)
1 Oct 2021	1,356	222 (84.68%)[41]	34 (76.47%)[42]
8 Oct 2021	1,564	307 (84.69%)[43]	41 (82.93%)[44]
15 Oct 2021	1,593	322 (81.68%)[45]	48 (77.08%)[46]
22 Oct 2021	1,609	338 (77.22%)[47]	57 (77.19%)[48]

[39] It is currently unclear what it means for the Strain on the healthcare system to be sufficiently reduced. Suffice to say, there must be an objective and fair manner of defining this. The MTF announced on 23 October 2021 that one of the key indicators for the MTF to consider some calibrated easing of measures is if the weekly infection growth rate drops below the ratio of 1 (i.e. the ratio of community cases in the past week over the week before), and if the hospital/ICU situation remains stable.

[40] It may well be that the much better strategy would be to focus on reducing infections in households *with elderly persons*. See [44] above.

[41] (68 + 120) out of 222.

[42] (8 + 18) out of 34.

[43] (74 + 186) out of 307.

[44] (12 + 22) out of 41.

[45] (66 + 197) out of 322.

[46] (14 + 23) out of 48.

[47] (77 + 184) out of 338.

[48] (15 + 29) out of 57.

As at	Warded in Hospital	Requires Oxygen Supp (% 61 yrs old and above)	In ICU (% 61 yrs old and above)
29 Oct 2021[49]	1,614	337[50] (82.49%)[51]	59[52] (83.05%)[53]

A copy of MOH's figures (in chart form) for 1-29 Oct 2021 is found at **Annex A**.

62. Looking at those who are 60-61 years old and above,[54] it is abundantly clear, and the MOH affirms, that seniors 60 years old and above, *especially if unvaccinated*, continue to be more adversely affected by Covid-19.[55] Importantly, the unvaccinated and partially vaccinated elderly form a huge or super majority of deaths versus the fully vaccinated elderly.[56] Close to 95%

[49] MOH used to categorize the 61-69 years old together. It would appear that from 25 October 2021 onwards, MOH recategorized this to **60**-69 years old.

[50] The MOH changed the style of reporting. The previous category "Requires Oxygen Supplementation" is now split into "Requires Oxygen Supplementation" *and* "Unstable and Under Close Monitoring in ICU".

[51] (63 + 152 + 23 + 40) out of 337. The number 337 consists of: (1) 257 requiring oxygen supplementation in the general ward; and (2) 80 classified as unstable and under close monitoring in the ICU.

[52] The MOH changed the style of reporting. The previous category "In Intensive Care Unit" has been renamed as "Critically ill and Intubated in ICU".

[53] (14 + 35) out of 59.

[54] MOH used to categorize the 61-69 years old together. It would appear that from 25 October 2021 onwards, MOH recategorized this to **60**-69 years old.

[55] https://www.moh.gov.sg/news-highlights/details/update-on-local-covid-19-situation_29_October_2021 at [3]. Senior Minister of State for Health, Mr. Janil Puthucheary told Parliament on Monday (as reported in a 1 November 2021 *Straits Times* article), that "Underlying conditions add risks, even if the conditions are well-controlled before the patient encounters Covid-19, *especially if the patient is elderly*… The risks of being unvaccinated are high. Compared to the vaccinated, *someone who is 60 years old and above and unvaccinated* is six times more likely to need oxygen, eight times more likely to become critically ill and need the ICU, and 17 times more likely to die". Emphasis in italics added. It was also reported in this article that 72% of all deceased cases had not been fully vaccinated, while all of the remaining 28% who were fully vaccinated had underlying medical conditions such as high blood pressure, diabetes, cancer, and heart, lung or kidney diseases. It is unclear how many of the 72% had underlying medical conditions as well.

[56] For example, as at 24 October 2021, amongst those who have passed away over the last 28 days, **31.4%** were fully vaccinated and **68.6%** were unvaccinated / partially vaccinated (this is not age-differentiated, but observing the daily updates, it is clear that most of the deaths were from the elderly category). Again, I repeat my exhortation to the unvaccinated (especially those

of those who died in the last 6 months were those aged 60 and above.[57] Nevertheless, collectively, both the vaccinated and unvaccinated elderly together contributes to approximately at least 75-80% (if not more) of the current Strain on the healthcare system (see **Table 1** above). Insofar as reducing the Strain is concerned, the more effective strategy would be for VDS to apply to those who are 60-61 years old and above who are unvaccinated (and only if absolutely necessary, the elderly vaccinated who are assessed to be at very high risk *despite* being vaccinated),[58] versus applying it to the entire group of the unvaccinated across all age groups and regardless of risk factors / health condition.

63. In any event, the mental health needs of the elderly must be carefully looked into, and the VDS should be lifted immediately upon the Strain on the healthcare system being sufficiently reduced. In this regard, the COVID-19 Mental Wellness Taskforce ("**CoMWT**") recently recognised in a 23 August 2021 MOH report, with respect to the impact of Covid on older adults, that "Research has shown that *social isolation is often associated with negative mental health outcomes*. It thus recommended for social and mental well-being efforts to be strengthened and more targeted at those who live alone." [Emphasis in italics added]. In early July 2021, the Samaritans of Singapore (SOS), a non-profit suicide prevention centre, reported that the number of suicides in 2020 in Singapore had reached the highest level since 2012, while the number of suicides among elders aged 60 and older was the highest since 1991.[59] SOS noted that the increase in the number of suicides year-on-year for elders was 26%.[60]

64. It was heartening to hear that the MOH announced on 23 October 2021 that "recognising the importance of ensuring the well-being of our seniors, [the People's Association] will organise selected safe activities, which are in line

---

in high-risk categories, such as the elderly) to consider getting vaccinated, after independently weighing the benefits and risks.

[57] As reported in a 1 November 2021 *Straits Times* article. As at Sunday, 31 October 2021, 407 people have died from Covid-19 in Singapore.

[58] Such assessment may, for example, take into account very old age and/or certain underlying medical conditions (such as high blood pressure, diabetes, cancer, and heart, lung or kidney diseases), insofar as the data shows that these factors are very strong predictors of such elderly vaccinated ending up requiring oxygen supplementation, being in ICU and/or dying.

[59] Covid-19: Suicide rate among 10-19 age group rises in 2020 year-on-year - TODAY (todayonline.com)

[60] Covid-19: Suicide rate among 10-19 age group rises in 2020 year-on-year - TODAY (todayonline.com)

with prevailing Safe Management Measures (SMMs), for our seniors, so that they can stay socially connected, active and healthy". However, much more needs to be done for them.

Percentage of Vaccinated vs Unvaccinated

65. Fourth, of those requiring oxygen supplementation and in ICU, on average, close to 50% are unvaccinated or partially vaccinated, and the remaining almost 50% are fully vaccinated, although over time, the former figure is rising slightly, while the latter figure is dropping slightly.

66. Looking at the October 2021 figures for illustration purposes:

Table 2: Percentage of Cases Requiring Oxygen, and in ICU, by Vaccination Status

As at	Last 28 days (Requires Oxygen Supp)	Last 28 days (had been in ICU)	Last 28 days	
			Fully Vaccinated	Partially Vaccinated + Unvaccinated
1 Oct 2021	471	52	51.1%	48.9%
2 Oct 2021	504	53	50.6%	49.4%
3 Oct 2021	539	55	50.2%	49.8%
4 Oct 2021	544	54	50.5%	49.5%
5 Oct 2021	570	56	50.3%	49.7%
6 Oct 2021	591	58	50.5%	49.5%
7 Oct 2021	628	61	49.5%	50.5%
8 Oct 2021	659	66	49.7%	50.3%
9 Oct 2021	672	69	49.5%	50.5%
10 Oct 2021	666	70	48.8%	51.2%
11 Oct 2021	697	74	49.3%	50.7%
12 Oct 2021	683	77	49.9%	50.1%
13 Oct 2021	704	77	49.6%	50.4%
14 Oct 2021	710	78	50.1%	49.9%
15 Oct 2021	726	87	49.9%	50.1%
16 Oct 2021	752	84	49.4%	50.6%
17 Oct 2021	757	91	48.5%	51.5%
18 Oct 2021	763	94	48.8%	51.2%
19 Oct 2021	782	97	48.6%	51.4%
20 Oct 2021	782	98	47.6%	52.4%
21 Oct 2021	812	92	47.1%	52.9%
22 Oct 2021	826	93	46.7%	53.3%
23 Oct 2021	788	77	46.4%	53.6%

As at	Last 28 days (Requires Oxygen Supp)	Last 28 days (had been in ICU)	Last 28 days	
			Fully Vaccinated	Partially Vaccinated + Unvaccinated
24 Oct 2021[61]	797	84	46.2%	53.8%

67. Having regard to Table 2 above, both the vaccinated and the unvaccinated/partially vaccinated groups each contribute about roughly the **same number of patients** requiring ICU care/oxygen supplementation.

68. Why is this significant? From the perspective and for the purposes of reducing the Strain on the healthcare system, **VDS is being *underinclusive* in failing to include the vaccinated as well**, and for only applying to the unvaccinated, since both groups each contribute roughly the same numbers in terms of the Strain. I am not saying that the movement of the vaccinated should be restricted. Rather, the under-inclusive scope of VDS indicates that its current form (insofar as its central purpose is to reduce the Strain on the healthcare system) is unreasonable and/or lacks a rational relation to the object of reducing the Strain.[62]

69. The vaccinated majority may counterargue that there is a much *smaller* denominator of unvaccinated contributing to the Strain versus the *much* bigger denominator of the vaccinated. Purely for illustration purposes, if there are hypothetically 500,000 unvaccinated versus 5 million vaccinated, and each group contributes 500 persons requiring oxygen supplementation and admitted into ICU, the former contributes 1 out of every 1000 persons while the latter contributes 1 out of every 10,000 persons. As such, the vaccinated majority may argue that it is arguably justifiable to impose restrictions on a much smaller number of people (the unvaccinated) to achieve a similar result ("benefit") which would have required imposing restrictions on a much larger number of people (the vaccinated). However, such an argument still suffers from the underinclusive scope of VDS for the purposes of reducing the Strain, as highlighted above. Furthermore, it implies that the rights of a minority group may be sacrificed in the interests of the majority, as long as the same result can be achieved.

---

[61] From 25 October 2021 onwards, it appears that the MOH no longer publishes the percentages / breakdown of unvaccinated / vaccinated status for those requiring oxygen supplementation and are in ICU.

[62] Thus arguably failing the "reasonable classification" test required under Article 12(1) of the Singapore Constitution, which provides that "All persons are equal before the law and entitled to the equal protection of the law".

Summary for Rationale No. 3

70. In summary, VDS should be recalibrated to include only persons in the high-risk categories of serious Covid illness or death, namely, to those who are 60-61 years old and above who are unvaccinated (and only if absolutely necessary, the elderly vaccinated who are assessed to be at very high risk *despite* being vaccinated).

Rationale No. 4: VDS as a Tool of "Persuasion"

71. One commentator recently opined that the unvaccinated now face more social restrictions (i.e. VDS), and that other than to protect them from infection, "*the inconvenience is also meant to* ***nudge some into taking the vaccine jabs***".[63] In other words, VDS is seen and acknowledged, by a national mainstream newspaper, to be a legitimate tool of "persuasion", which is in reality a euphemism for "pressure". As part of the moderate middle, taking to heart the exhortation not to remain silent, I would respectfully and forcefully disagree with this commentator on this point.

72. As explained at length above, VDS is an encroachment into fundamental liberties, which is only justifiable on public health grounds, subject to strict requirements of reasonableness and necessity, etc. The curtailment of rights may be an unfortunate *side effect* of the need to preserve and protect a public good, i.e. the healthcare system. It cannot be used as *the tool itself* to pressure someone to make a deeply personal decision against his or her free will. The former is a side effect of achieving a common good. The latter weaponizes the restriction of rights in order to compel a homogenous outcome, leaving no room for legitimate differences. The unchallenged acceptance of the commentator's view sets a dangerous precedent for the future of fundamental liberties.

73. By all means, challenge, reason or debate with, urge and persuade the unvaccinated to get vaccinated. As many people as possible, including the moderate middle, should engage in this. But such means must be accompanied by grace and kindness, and it must ensure that any decision

[63] In a similar vein, see also another prominent commentator's recent comment on 26 October 2021 in a national mainstream newspaper that the Government is "using persuasion, *as well as discrimination* - the latest being employers can sack workers who are not vaccinated - *to try to push more people to get vaccinated*". Emphasis in italics added. For the avoidance of doubt, as far as I am aware, the policy makers did *not* publicly state that the aforesaid workplace or other vaccination measures in relation to the unvaccinated are intended as a means of persuading people to get vaccinated. It is incumbent on policy makers to clearly and publicly clarify that there is no such intention.

ultimately made must remain a wholly free one. How we do this (persuading the vax-hesitant) is an important measure of what constitutes a civilized nation. By this yardstick, we are currently failing as a civilized nation. If anything, the continued differentiation measures against the unvaccinated will lead to greater disunity amongst Singaporeans, pitting friend against friend, family member against family member, colleague against colleague, neighbour against neighbour. Indeed, the continued imposition of VDS may accentuate distrust and feelings of marginalisation and discrimination, which is actually counterproductive as a means of "persuasion".

74. Policy makers should clearly and publicly affirm that every Singaporean's decision whether to vaccinate or not will be treated with equal respect, and that VDS is *not* a tool to "persuade" or pressure Singaporeans to get vaccinated.

Recommendations

75. In summary, I would respectfully and strongly urge policy-makers to do the following urgently:

(1) Clearly and publicly affirm that every Singaporean's decision whether to vaccinate or not will be treated with equal respect, and that VDS is *not* a tool to "persuade" or pressure Singaporeans to get vaccinated. See [74] above.

(2) Clearly and publicly clarify that Rationale No. 2 for VDS, i.e. protecting others from the unvaccinated, is no longer applicable. See [33] above.

(3) Clearly and publicly affirm that VDS is being used solely for the limited purposes of preserving and protecting the healthcare system, and that the moment it is no longer strained, VDS will be lifted as a matter of principle for all of the unvaccinated (including the lifting of WFVM for unvaccinated workers). See [46] above.

(4) In any event, to recalibrate VDS to include only persons in the high-risk categories of serious Covid illness or death, namely, to those who are 60-61 years old and above who are unvaccinated (and only if absolutely necessary, the elderly vaccinated who are assessed to be at very high risk *despite* being vaccinated). See [70] above.

76. With respect to the rest of Singaporeans (with particular emphasis to prominent and/or influential commentators), I would respectfully and strongly urge the following:

    (1) Put yourselves into the shoes of the unvaccinated. It is reasonable not to assume that they are all misinformed. Persuade them to get vaccinated, but do so with grace and kindness.

    (2) To kindly refrain from any divisive comments or opinions which may have a tendency to cause Singaporeans to alienate or marginalize the unvaccinated.

Conclusion

77. This is a call to pause and to really listen to the position, reasons, feelings and plight of the unvaccinated and their families, and to put oneself into their shoes. They are, after all, fellow Singaporeans, and they are likely to be someone whom you know personally or even live with. In this regard, I would respectfully invite the policy makers to dialogue with people who are unvaccinated, and to understand their positions and concerns.

78. To the unvaccinated, I once again repeat my strong encouragement for you (especially those in the high-risk categories) to consider getting vaccinated, after independently assessing the benefits and risks.

79. Our policy makers are clearly acting in good faith and to the best of their abilities. However, the unfortunate effect of VDS, in its current form, is a corrosive one on society. It has divided Singaporeans, inadvertently turning the majority against the minority. It is time for all of us to remedy the divide, and to walk forward together as One People, One Nation, One Singapore.

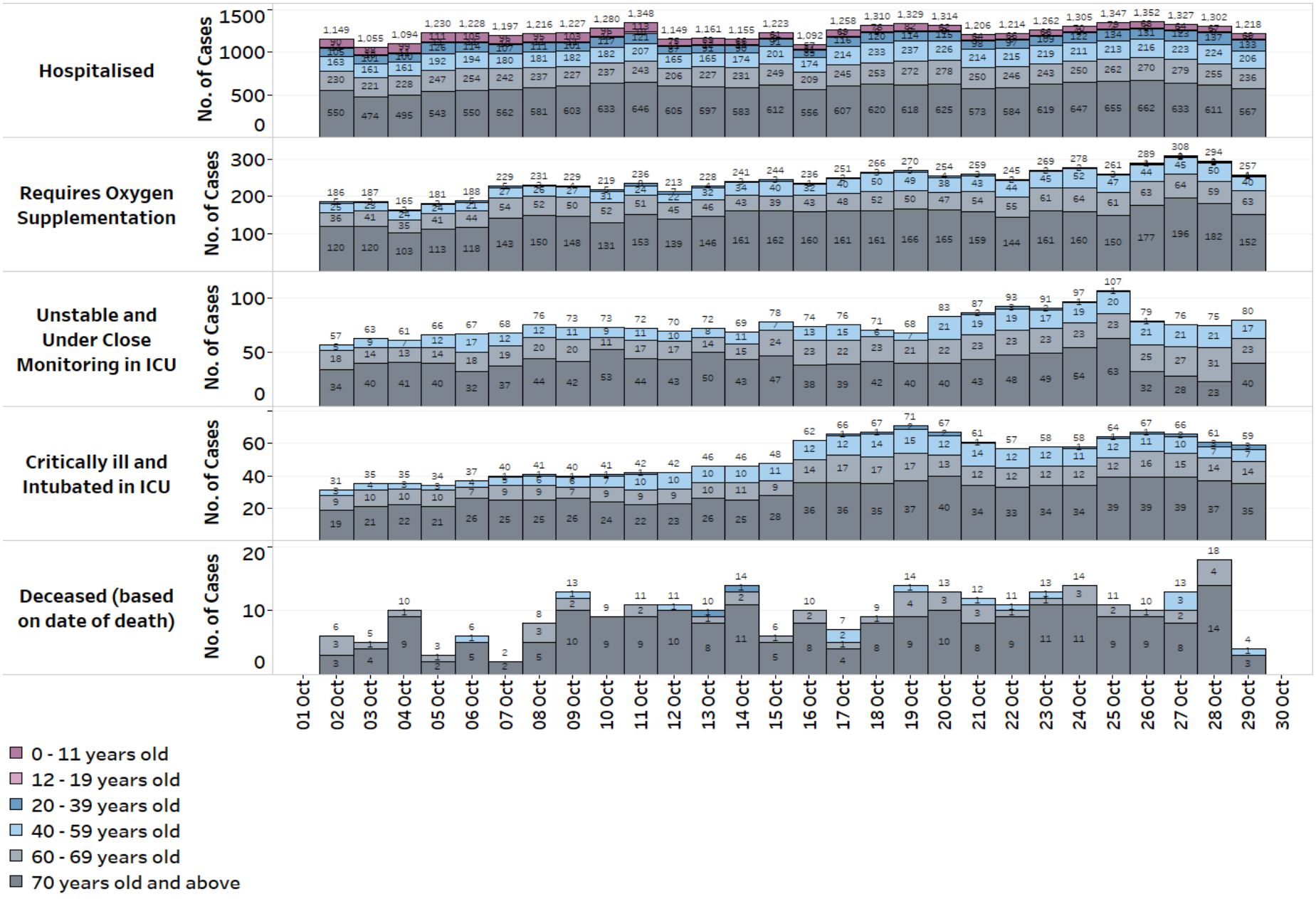
80. This is the only way not only to save lives, but to also preserve the soul of our country.

Yours faithfully,

Dominic Chan
A pro-vaccine, fully vaccinated, concerned citizen of Singapore

* This letter should be read holistically, and nothing in it should be read or cited out of context.

Annex A: MOH's Figures from 1-29 October 2021


Hospitalised
Requires Oxygen Supplementation
Unstable and Under Close Monitoring in ICU
Critically ill and Intubated in ICU
Deceased (based on date of death)
No. of Cases
01 Oct
02 Oct
03 Oct
04 Oct
05 Oct
06 Oct
07 Oct
08 Oct
09 Oct
10 Oct
11 Oct
12 Oct
13 Oct
14 Oct
15 Oct
16 Oct
17 Oct
18 Oct
19 Oct
20 Oct
21 Oct
22 Oct
23 Oct
24 Oct
25 Oct
26 Oct
27 Oct
28 Oct
29 Oct
30 Oct
0 - 11 years old
12 - 19 years old
20 - 39 years old
40 - 59 years old
60 - 69 years old
70 years old and above