

## SUBMISSION TO EXTENSION OF EMERGENCY POWERS IN QUEENSLAND CLOSING 4TH MARCH 2022

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As at Tuesday 1<sup>st</sup> March 2022, Queensland's population is estimated at 5 252 082

([www.qgso.qld.gov.au](http://www.qgso.qld.gov.au)) . On the same date the COVID 19 Statistics stood at:

Overall/total cases: 566 805 – just over 10% of the population

New cases reported in last 24 hrs: 3 312.

In hospital there were 311 cases of which 25 were in ICU.

Assuming that the rate of infection is stable or falling, the rate of infection in Queensland is 6%, of which it appears only one tenth require hospitalization.

Because Queensland does not allow open access to all statistics, it is impossible to make really accurate conclusions on these facts – however it also disallows the public from being able to fact-check what we are told by politicians and bureaucrats.

The following comes from the Australian Bureau of Statistics

(<https://www.abs.gov.au/articles/covid-19-mortality-australia>).

Only 8.6% of all Australians who died of COVID 19 listed it as the single cause reported alone on the death certificate. The remaining Australian deaths had causal sequences of events and/or pre-existing chronic conditions. The median age for those who died was 83.7 years (81.2 years for males and 86 years for females). Note that this is above the median age for deaths in Australia which in 2019 stood at 78 years for males and 84 years for females

(<https://www.aihw.gov.au/reports/life-expectancy-death/deaths-in-australia/contents/age-at-death>).

In contrast the road accident statistics for 2020 in Queensland numbered 276 which doubled in order to provide a comparison (since 2021 data is unable to be found) that numbers 552 individuals which exceeds those killed by COVID 19 (530 deaths in total) in two years.

The Queensland Government enacted the Human Rights Act 2019 and therefore would be mindful of the restrictions on human rights as a result of emergency measures. The United Nations guidance regarding this ( [https://www.ohchr.org/Documents/Events/EmergencyMeasures\\_COVID19.pdf](https://www.ohchr.org/Documents/Events/EmergencyMeasures_COVID19.pdf)) clearly states:

1. The restriction must be “provided by law”. This means that the limitation must be contained in a national law of general application, which is in force at the time the limitation is applied. The law must not be arbitrary or unreasonable, and it must be clear and accessible to the public.
2. The restriction must be necessary for the protection of one of the permissible grounds stated in the ICCPR, which include public health, and must respond to a pressing social need.
3. The restriction must be proportionate to the interest at stake, i.e. it must be appropriate to achieve its protective function; and it must be the least intrusive option among those that might achieve the desired result.
4. No restriction shall discriminate contrary to the provisions of international human rights law.
5. All limitations should be interpreted strictly and in favour of the right at issue. No limitation can be applied in an arbitrary manner.
6. The authorities have the burden of justifying restrictions upon rights.

I submit the following regarding the above.

The State of Emergency restrictions contravene many of Queensland's Acts of Parliament and those of the Federal Government which over-arch and take precedence over state legislation, including the Federal Anti-Discrimination Act 1991 and the Constitution. This is quite apart from International Laws or Agreements to which Australia is a signatory. As such, the Queensland Government needs to ensure that this level of intrusion is required, bearing in mind that it presents a

gross violation of normal rights guaranteed to Australian citizens in Queensland under these Acts and the Constitution.

Given the statistics I have been able to find in the public domain (and I am sure that more detailed figures are available to both the Queensland Parliament, Members and the Government) it should be asked as to whether the Emergency Powers are required when fewer people have died from COVID 19 in Queensland than on our roads, and that fewer still have died with COVID 19 as the only cause of death and further that the median age of those dying has been above the statistical 'normal' median age of both genders.

The Government may well argue that the measures they have put into place has resulted in such low numbers, however Japan whose figures are considered by Bloomberg (<https://www.biznews.com/health/2020/12/01/covid-19-countries>) to be superior to Australia's did not enforce a lockdown although it did have a strong contact tracing ability and sourced plenty vaccine, and due to the SARS outbreak 2002-4 (which did not affect Australia) residents happily wore masks and avoided crowded places.

Bloomberg concluded that:

*“Success in containing COVID 19 with the least disruption appears to rely less on being able to order people into submission, but on governments engendering a high degree of trust and societal compliance... When citizens have faith in the authorities and their guidance, lockdowns may not be needed at all, as Japan, Korea—and to an extent, Sweden - show.....Investment in public health infrastructure also matters. Undervalued in many places before 2020, systems for contact tracing, effective testing and health education bolstered the top performers, helping socialise hand-washing and the wearing of face masks.”*

Bloomberg illustrates clearly that Emergency Powers have not proven to be successful in the fight against COVID 19 and that education and trust in Government's advice is key. Of course, for the public to trust what their Governments are telling them, they need to educate with facts, figures, arguments and EXPERT opinions. Simply giving press conferences at which the public is addressed as though they are in a school assembly is unlikely to engender trust in the guidance being given.

In conclusion, it does not appear that the emergency measures which the Queensland Government seeks to extend are justified since it is not *“proportionate to the interest at stake”* either *“appropriate to achieve its protective function”* and it is not *“the least intrusive option among those that might achieve the desired result”*. Nor is it *“temporary in scope”* given that it has now spanned two years. (UN Guidance on Emergency Measures). It is also contrary to the advice that Bloomberg has distilled from international responses to COVID 19 being that Governments with the best response to COVID 19 did not order people into submission but educated people and improved public health infrastructure, engendering public co-operation and trust by giving accurate information from experts. In closing it would seem appropriate to remind the Queensland Government of the opinion of Ms Finlay the new Australian Human Rights Commissioner warning the government

*it needed to “be careful” when imposing broad vaccine mandates across the country. “While on the one hand, governments absolutely can limit rights in order to protect public health, those ... always need to be justified, non discriminatory and proportionate,”* Ms Finlay said. (<https://www.news.com.au/national/politics/controversial-new-human-rights-boss-warns-government-about-vaccine-mandates/news-story/1da23f582124ec8abf46081e43e20edf>)

Signed

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