

From: [Anne Frederick](#)
To: [Community Support and Services Committee](#)
Subject: FW: SUBMISSION : Public Health & Other LegislationAmendment Bill 2022 Statement of Compatibility
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To: cssc@parliament.qld.gov.au

Cc: [REDACTED]

Subject: SUBMISSION : Public Health & Other LegislationAmendment Bill 2022 Statement of Compatibility

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Dear Committee

Objections to this Amendment Bill :

1. Failure of the Queensland management of COVID Epidemic to achieve the 2020 promoted outcome : effective control of the virus to provide for our health and wellbeing ; and the right to return to pre Covid normalcy in the economy and community life.

The Minister for Health and Ambulance Services' admission is on page 1 paragraph three of the 'Overview of the Bill'.

Failure to achieve the promoted outcome has occurred despite emergency power actions to :

- close borders
 - lockdown movement of people
 - mask mandates
 - business closure some of questionable choice e.g. in 2019 a nail business where staff are masked and a hospital grade Inovaire air purifier is in place and customer time is short is closed while a hair salon is open and a furniture retail showroom where staff work with a customer for hours remain open.
 - non-compulsory vaccination for specific types of employees or employment termination
 - non-compulsory vaccination example engaged by some private business owners or employment termination
 - ridicule of the Covid vaccine hesitant
- and
- worldwide record breaking level of adult vaccination (currently around 92% aged 16 years and over)

And now the Minister of Health asks for more time to do more of the same plus more powers which include but are not limited to the following :

- The CHO and officers are exempt from liability for compensation claims under the Disaster Act :

see page 38 Bill

If property is damaged for whatever reason, you do not have the right to make a claim for compensation.

- Mental patients are granted leave to comply with public health directives : see page Mental Health Act 2016 Bill .

Does this mean ALL mental patients are considered competent to make this decision?

Does this mean this Bill over rides any Advanced Health Care Directive right to determine how your health care is provided ?

Does this mean this Bill over rides any right to over sight of your care by a Guardian or Enduring Power of Attorney for your Health ?

2. Promoted 'back to normal life' if you comply with emergency powers has not eventuated for the vaccinated.

Normal life is defined as being able to mix, socialise, work, exercise, play & travel as in pre 2020.

The vaccinated did all asked of them so they are entitled to the right to get on with their lives free of fear of the unknown. There are no guarantees in life so now accept this and live with hope not fear. .

The vaxxed did not question :

the rising bar level set for release from lockdown

the definition change for a vaccine

the change in the message that those under the age of 19 are at a higher risk from vaccine injury than from being infected with Covid

the changing statements even by Fauci on the effectiveness of masks

However the 92% adult vaccinated are now left with the following after two years of compliance :

family members they no longer speak with

friends they no longer speak with

foreign fields they are yet to reach

fear of being linked with the vaccine hesitant by being 'booster hesitant'

fear that Omicron will kill them or the next variant and the one after that because vaccines don't work as vaccines

fear through how Qld Health / media presents statistics :

Minister implies the gravity of the situation is so dire she needs a 6 month extension to control the virus yet informs us, if we extend our right to do the maths that in actuality only .0076 % of Queensland's population has died of (or with Covid).

Then Paragraph 2 on page one of the 'Overview of the Bill' states that confirmed Qld cases of those with Covid symptoms (antibodies present which once upon a time was regarded as GOOD as it meant your body was building its own immune defence against disease) is only 507,746 out of 5.2 million. Again what is MIA is the important data : age group, underlying illness, severity of symptoms, vaccination status.

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Don't we deserve the right to factual information so we can analyse the facts?

Note : This statistic is during a non lockdown time when at least 92% of vaxxed adults are unrestricted in movement and highly active in venues where masks are not worn.

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The question is : why is this outcome not presented as good news ?

Even though people are acquiring Covid, it's obvious the symptoms are mild or the media would report Qld hospital system is over run with cases.

Can the council use its rights to request the breakdown of the number vaccinated and unvaccinated in percentage form.

When Dr Gerrard CHO, reported daily on deaths around 2/3rds were vaccinated.

The vital details are MIA : underlying health issues, age

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We have a right to information that is already not provided.

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And logically any new 'fearful' variant that emerges , the reason for the Minister's request, should be less harmful than Omicron , just as Omicron is less harmful than the original virus. There is a caveat to this revealed later.

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And yet the vaccinated public live in fear of Omicron and accept reduced personal liberties. Why ?

It seems the current policy operating under the current Bill has failed to provide positive health outcomes : why permit more of the same ?

Think about this to put this Pandemic into perspective. During the 9 months of the three waves of Spanish Flu in Australia, 40 % became ill but only .3% of 5 million died. This was the lowest rate in the world.

According to virologists waves normally happen with around three peaks, as the population builds up natural immunity so finally 'herd immunity' levels are achieved.

And yes, in 1918 the state ignored the Fed Gov't, states did their own thing, borders closed, trade was affected, mask mandated however the vaccines that emerged were strictly voluntary .

Yes the Minister is correct to have concern for the wellbeing of the community .

Two years on, are the health measures presided over, been worth the cost ?

And how will the request to extend the promise of future lockdown, the loss of more jobs for the vaccine hesitant or booster hesitant, the threat of loss of freedom of movement and decision making improve public health , wellbeing and the economy when its consequences are not a magic bullet vaccine but more fear and community division?

Is it reasonable to describe the minister as scaremongering to ensure the adoption of this Bill ?

3. Claim the pandemic continues to be unpredictable because new variants will emerge requiring an extension of power/s. that include breaches of human rights with no benefit (Page 2 Statement of Compatibility para 4.)

This reason seems illogical considering the modelling used since 2020 , most of which has proved inaccurate and alarmist.

This reason seems incorrect based on comments made above in point 2 re level of vaccination and the mild symptoms associated with Omicron.

This reason seems baseless if you took advice from PRO VACCINE virologists and immunologists, who until Covid were highly regarded in their scientific areas of expertise, however concerned about 'emergency rushed' Covid vaccines.

Virologists say a vaccine has to have a sterilizing capacity to block transmission of the virus. Covid vaccines do not block transmission. Instead they encourage mutations egg Omicron and the shorter the time between shots the less time your body builds up its own immune system to fight off a variant. To end the pandemic we need to fight off the Omicron infection without vaccines. Now is the time because Omicron is proving less harmful to us, and we are fighting it off sans Omicron vaccine regardless of what the Pharma company say. If we stop taking boosters Covid is more likely to become endemic which is now the best option, rather than remain pandemic where Health Departments are defacto controllers of our lives, our economy and our rights.

What happened to the news that Covid is to be declared endemic ?

This will mean the need to lock down, close business, mandate masks and force people to vaccinate or lose a job is unnecessary.

Curiously in 1918 the Director of Quarantine (Australia) said of masks : 'they reassured nervous people and provided a tangible indication that precautions are being taken. "The Spanish Influenza Pandemic in Australia 1918-1919' - Humphrey McQueen (1976)

The article also says the Medical Journal accused the media of creating a siege of fear by fanning the flame of panic and that the use of ridicule is the best way to handle those with opposing views as by labelling the dissenters as insane, ludicrous and bizarre, you reassure your existing support base that they are completely sane and you gain their approval to be violent against the ridiculed who are beyond the reach of logic.

Questions :

How do methods such as ridiculing people and creating fear driven panic for month after month benefit the health of a community including those being mocked and derided for having another viewpoint ?

And how can the Minister believe an extension of mandates which foster this will reduce adverse impacts to the health system, economy and community?

4. Claim that the Bill's effect on Human Rights is an acceptable consequence of a pandemic

The question is :

a) Are our health personnel being conditioned to behave in a certain manner : In the article 'Public Health Ethics mapping the Terrain' J. Law Med Ethics 2002, pro mandatory flu vaxx for nurses, says that under the Principle of Autonomy nurses (and CHO and officers) cannot transgress the patient's right to self-determination yet under the principle of utilitarian reasoning personal autonomy can be negated so it is possible nurses compelled to take a flu vaccine are more willing to impose unwarranted and undesired interventions on patients.

Have all the politicians who will vote on this bill had the booster?

Have all members of the committee had the booster ?

Has the CHO had the booster?

Has the Health Minister and her staff had the booster ?

Are the decisions of politicians and committee influenced as suggested in the article to be more willing to impose interventions on others?

b) Good Health is the right of ALL. And if the vaccine enhanced the health of the vaccinated then it could be argued it is for the good of ALL . The fact that around 66% of those dying in 2022 are double vaccinated is evidence that the minister cannot support the claim the vaccine is for the good health of all. Therefore forced vaccination through inducement, coercion, job opportunity, freedom of movement, or peer pressure is an unacceptable breach of human right to choose what is put into your body in the name of good health.

It would be interesting to see the data from interstate if all CHO's were as forthcoming as was Dr Gerrard.

c) People have the right to be safe and know that treatment imposed on them is appropriate to the threat.

Unless Qld Health / Government can guarantee the safety and benefit of a treatment (vaccine) or course of action (mask mandates and lockdown) to a person, the economy and community it does not have the right to remove the right of the person to have full autonomy over their health choices.

d) This bill says it will control assembly, expressions of thoughts, beliefs, control of ideas, opinions in writing, art and oral messages.

This appears to be aimed at fewer than 8% of the adult population. Why this draconian law is required to control the 'ridiculed' few for another six months is a question the minister must answer ? Perhaps the booster hesitant are regarded as a threat to public safety requiring loss of their freedoms until they fall into line with the official line ?

e) The right to compensation for loss or damage is removed in this Bill. Why ? See page 27/ 38 of Bill.

What type of emergency results and actions by those who may have taken the Hippocratic Oath result in property damage where compensation is sought ?

Is it not a civil right to be able to seek compensation for damages ?

f) **The bill will permit the CHO and officers to 'interfere with a person's bodily autonomy ' and can restrict movement and enforce vaccine requirements.**

Therefore the Amended bill, if passed, because it is approved by the committee will exclude the right to be protected from (i) scientific experimentation and (ii) treatment without consent (circa page 27 Bill)

The Bill ignores the rights of the vaccine hesitant and booster hesitant. Yet if the measures undertaken under the expiring Bill were effective the Double vaxxed would be a low risk to others and be at low risk WHEREAS the unvaxxed would pose a risk only to themselves. Recall the unvaxxed are not unmasked in venues where spread may occur because **the Covid vaccine does not block transmission of the virus = key to describing a vaccine fit for purpose.**

Fact check : Qld Health said : the unvaxxed are more likely to die. The evidence provided by Dr Gerrard in daily reports suggests this is in fact, fake information.

g) Those in any corrective services facility , and not just prison will be vaccinated consenting or not.

Does this mean the CHO / officers could vaccinate arrested protesters in the watch house ?

Is this punitive action or is it acting in the best interests of the person/ patient ? See page 4 Bill .

5. Minister says the Bill is required to guarantee work force security.

This is incorrect. This Bill is superfluous to needs and redundant if this is a reason for it.

Reason :

a) No one can work in high risk areas under 'Covid 19 Vaccination Requirements for workers in a High Risk setting Direction (No, 2)' unless vaccinated. This is dated 4 Feb 2022 Dr Gerrard.

b) High risk work environments include : airports, places of education and child care, corrective services facility including watch house. **Will arrested protesters be vaccinated against their will while in the watch house ? Those serving a prison or remand sentence certainly will be under this Bill.**

c) Previous legislation required hospital, police , and aged care facilities staff to be vaccinated or be terminated. If staff levels are low its due to the failure of the Health Measures to effectively manage the virus over a two year period so staffing levels are not an issue.

Perhaps the issue with nursing levels is the ratio of staff to patient is based on a plan made 10 years ago at the RBH that was already out of date when implemented.

And perhaps people living longer increase demand for beds.

And perhaps masks mean staff spend longer time with each patient while shift periods remain the same and staffing levels remain the same.

Have our covid care wards been flat out ! Emergency has been with people fearing they may have Covid .

In summary:

Why duplicate legislation ?

Why extend legislation that has failed but resulted in negative consequences to the basic human right to earn a living through work so you can feed, clothe and shelter yourself and any dependents and then claim your legislation is there to protect this basic right ?

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03/03/2022