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Under the Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill 2022, Queensland's 'state of emergency' laws will be extended from 30 April 2022 to 31 October 2022.

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OUR POSITION ON THE MATTER: WE are AGAINST the extension of the 'State of Emergency' in Queensland.

The Bill seeking to extend the Public Health and Other Legislation, allowing the continuation to the Government operating with extraordinary emergency powers is now considered to be inconsistent with the contemporary information regarding the risk to the general public from COVID-19. This position has been formed based on the following:

- This legislation has been used (to enliven or enlarge powers in other legislation) to impose restrictions on citizens who have made a personal health choice, to not receive a COVID-19 vaccine. These include harsh mandates that have resulted in losses in livelihood and created serious physical and mental health issues for those directly and indirectly impacted. The social harm caused by the policies have been extensive and need to be explored more deeply and weighted by the Government rather than 2-dimensional decisions based on perceived COVID-19 health impacts.
- The legislation was introduced at a time pre-Omicron variant. Local and international health sources are consistently reporting that the latest scientific evidence shows that Omicron is 'intrinsically less severe' than previous variants. Any continuation of the use of emergency powers by the Government must be balanced with existing and predicted impacts of the current variant of COVID-19 and cannot speculate about the risk a future variant may present. Use of these powers must respond to evidenced known risk rather than seek over-reach in the power utilised for *'what if's'*. Government cannot continue to report that it *'follows the Health advice'* and not make amendments to their policies and procedures in kind. As of this week, Australia appears to be one of the only jurisdictions continuing to maintain broad reaching mandates and restrictions based on vaccination status, which further adds to the level of disproportionate control that is sought to be maintained.
- There have been broad interpretations in the determination of *'high risk'* settings, which appear to have been both for health and workforce reasons. There has not been explanation provided in how an employment sector has been determined to be *'high risk'*. Some areas are clearer based on vulnerability; such as, Aged Care. However, the Education sector has not been clearly explained as to how it has become considered *'high risk'* in any areas other than predicted high transmissibility (the Chief Health Officer has since school returned repeated daily that there has not been a notable increase in positive cases from this cohort)

and speculative impact to workforce. Schools were not considered a high risk setting throughout two years of the pandemic. It was only since Omicron was discovered that this was instated. It is acknowledged that the Government may have initially intended on being prudent in making this decision, not knowing the impact of Omicron at the time; however, now that this is well established, the current mandates and use of emergency powers is considered excessively intrusive and not justified. Further, no risk assessments have been provided/published to support how education settings have been determined to be *'high risk'*. It is proposed that the vaccination mandates of Teachers (and associated disciplinary processes) have in fact created the work-force shortage that the mandates were reportedly set up to prevent.

- The deaths associated with people *'from'* COVID-19 as opposed to *'with'* COVID-19 have been misrepresented and disproportionately framed the risk and impacts to the public. The Australian Bureau of Statistics has recently released real data on deaths 'from' COVID-19 infection. The rate of death is noted as being considerably lower that other forms of accident and illness, which do not have mandated treatment or draconian policies to prevent.
- The impacts of the emergency powers legislation to mandate use of COVID-19 vaccines that still only have provisional approval (and subject to clinical trial) limits human rights and is no longer able to be considered reasonable and justifiable to manage the risk associated with COVID-19. Persons are not able to provide *'free consent'* when they are at risk of losing their employment based on a spontaneous decision to mandate a vaccine, which has never been in place previously. The evidence to support why it is considered 'necessary' now, has not been published. In relation to prioritising *'right to life'* as the principal human right protected by the legislation, it is confusing why this is only in relation to COVID-19 measures as opposed to anything else that presents a credible risk to life.
- There is no opposition to people being able to access the vaccine if vulnerable or if they choose too willingly. However, now that more than 90% of the Queensland adult population have received a primary course of COVID-19 vaccine; the risk management must move from the Government with mandates and back to the individual. The requirements around COVID-19 vaccination are incongruent with how other vaccinations (for preventable diseases) or behaviours that place stress on public health systems are managed in society. It is increasingly apparent that the restrictions in place seek to be punitive to persons who have elected to not receive a COVID-19 vaccination, as opposed to demonstrating evidence of reduce of spread of COVID-19. It is widely accepted and reported that vaccination no longer prevents transmission of COVID-19. There has been no appetite to implement options for other risk management to mitigate risk associated with COVID-19 (such as self-funding PPE, social distancing and testing), as is required to justify any limiting of human rights.
- The impacts on children are particularly worrying and indicates that children may be vaccinated against the consent of parents or may be coerced into vaccination through the prevention of engaging in other events/activities that enhance their lives (page 10-11). The current risk presented by the virus does not justify this type of extreme action. At this point, a significant number of families, including our own, have experienced COVID-19 infection. While it is accepted that some children may experience acute illness, the overwhelming majority will experience mild symptoms. The 'grandparent argument' that children being vaccinated protects other more vulnerable people in the community also lacks sufficient evidence in the Omicron phase of the virus, with recent reports out of the US that the vaccines approved for children have little, if any, efficacy and it is reasonable to expect that those vulnerable family members have protected themselves with all measures available.

- If the COVID-19 vaccines were in fact, safe, effective and free, mandates would not be required. Any medications that seek to indemnify those that develop and administer, should be met with the highest level of transparency and scrutiny and should not be subject to any mandates. A number of people have experience adverse events as a result of vaccination, and their experiences should not be dismissed.
- The reliance on *Boffa v San Marino (1998)* in terms of precedent in relation to compulsory vaccination, should be noted that this case appears to focus on Hepatitis B as the vaccination highlighted. Hepatitis B vaccine was developed in the early 1980's, has a long-term history of safety (was in development 12 years to full approval) and has a 98-100% efficacy against the illness. To compare to the current mandates with COVID-19 vaccines who do not have the level of efficacy or safety data (as only provisionally approved) is not an equitable point of comparison. Similarly, the critical risk to life regarding to human life is accepted broadly with Hepatitis B; however, this is not congruent with current risk presented to most by COVID-19.
- We understand that the legislation regarding emergency powers has been in place for two years now and accept that it may have been appropriate at different points in time. The point in issue is whether it is appropriate to continue to have access to this extraordinary reach in Government powers, when the risk relating to the virus is no longer likely to present a critical risk to life to the majority of the population and overwhelm health systems. The issue of Public Health systems being under pressure is a long-term perennial issue that pre-dates COVID-19. It is noted that the Government has had in excess of two years to strengthen and prepare the health system for any increased need. To continue to maintain control over behaviours of citizens and mandate personal health choices to protect capacity in a Health service response is no longer a sufficient reason, as this should have been addressed through planning and resourcing over time.

Conclusion:

Governments throughout history have made policies to protect people, thinking they were doing the right thing, which ultimately resulted in causing more harm. How with the benefit of time will decisions arising from this legislation be reflected in the future? The development of tunnel vision regarding risk to health outcomes, while dismissing harm to social and emotional outcomes for citizens, is ignoring opportunities to do the least harm possible. This should be the primary objective of all Government policies. If the Government would like to maintain it's ability to make decisions that they believe necessary to govern effectively in a Pandemic, while minimizing their liability, give people back their self-determination.

This statement of position is not about the COVID-19 vaccines. A number in this group are fully vaccinated. It is hoped that this statement highlights those citizens of Queensland, who live in a free and democratic society, should be able to conduct their own risks assessments regarding their health, take advice from practitioners they see with expertise rather than the experts provided by the Government, and should not lose their livelihood by being mandated to receive medical treatment which does not have full approval.

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Evidence Informing Position:

BOFFA AND 13 OTHERS v. SAN MARINO (coe.int)

Transmissibility of SARS-CoV-2 among fully vaccinated individuals - The Lancet Infectious Diseases

2022-NZHC-291.pdf (courtsofnz.govt.nz)

If you're going to mandate COVID vaccination at your workplace, here's how to do it ethically | School of Population Health (unsw.edu.au)

COVID-19 Mortality in Australia | Australian Bureau of Statistics (abs.gov.au)

Revoking vaccination as a condition of deployment across all health and social care: consultation response - GOV.UK (www.gov.uk)