

Frieda Berry-Porter
**TO:**

Committee Secretary
Community Support and Services Committee
Parliament House
George Street
Brisbane Qld 4000
via email: cssc@parliament.qld.gov.au

RE: SUBMISSION TO PUBLIC HEALTH AND OTHER LEGISLATION (EXTENSION OF EXPIRING PROVISIONS) AMENDMENT BILL 2022 ('the Act')

I make the following submission as an individual resident, ratepayer and small business owner concerned at the prospect of continuing overreach of government into the lives of everyday Queenslanders.

I therefore oppose the Bill, the purpose of which is to:

- *further extend the operation of essential public health measures implemented to facilitate Queensland's response to the COVID-19 pandemic*
- *extend amendments to the Corrective Services Act 2006, Disaster Management Act 2003 and Mental Health Act 2016 to support the public health response.*

Preamble

Under the COVID-19 Emergency Response Act 2020, due to expire 30 April 2022, the main purposes of this Act are—

(a) to protect the health, safety and welfare of persons affected by the COVID-19 emergency

By the emergency powers granted under this Act to the Chief Health Officer, the various Public Health Directions state:

Public Health Act 2005 (Qld) Section 362B

On 29 January 2020, under the Public Health Act 2005, the Minister for Health and Ambulance Services made an order declaring a public health emergency in relation to coronavirus disease (COVID-19). The public health emergency area specified in the order is for 'all of Queensland'. Its duration has been extended by regulation to 26 March 2022 and may be further extended.

*Further to this declaration, I, Dr John Gerrard, Chief Health Officer, reasonably believe it is necessary to give the following direction pursuant to the powers under s 362B of the Public Health Act 2005 **to assist in containing, or to respond to, the spread of COVID-19 within the community.***

Current Situation

After more than two years of existing under this Public Health Emergency in Queensland, we know that:

- the 'health advice' has never been released to the public to provide medical or economic evidence to justify declaration of a Public Health Emergency, nor to evaluate the changing conditions of the pandemic over time, nor the need to extend the emergency powers. i.e. Does an 'emergency' still exist? Without evidence, the public has no means of satisfying itself that an extension of the emergency powers is necessary.
- COVID vaccination rates in Queensland are at almost 91% 'fully-vaccinated'
- COVID vaccines do NOT stop the spread of the SARS CoV-2 virus
- QLD Hospitals were not overwhelmed during the initial Omicron wave since mid-December, and are not currently overwhelmed
- COVID was not able to be *contained*, but a managed spread of the virus means it is now widespread within our communities across all regions
- Omicron cases are decreasing
- Herd immunity is increasing
- Omicron is a mild and rarely lethal illness for the clear majority of healthy people under 60 years of age (Australian COVID stats as at 03/03/22: **380 people died from/with COVID under age 60 - less than 8% of total deaths over two years**)

Source: <https://www.health.gov.au/health-alerts/covid-19/case-numbers-and-statistics>)

- All things necessary have been done to protect the health, safety and welfare of Queenslanders

...therefore what further criteria must be met to trigger an end to the COVID-19 'emergency'?

Extension of Emergency Powers NOT proportionate to the ACTUAL risk

I note that:

- Whilst transmissibility has increased with Omicron, disease severity is now greatly reduced, therefore the risk to the *majority* of the community no longer exists to such an extent that it warrants ongoing emergency powers
- Many western countries are easing all public health restrictions, with no evidence of emerging SARS CoV-2 variants of any concern or severity
- It is not the physical health impact of the Omicron disease itself that has caused disruption to the economy and our communities, but rather the *public health response* through isolation requirements, divisive and unethical vaccine mandates that are NOT supported by the science (chain of viral transmission remains unbroken) and severe and uncompromising restrictions on freedom of movement (border closures during the Delta period)
- 'Keeping Queenslanders safe' must also consider protection of our mental, emotional and financial health but these blanket public health responses imposed under the emergency powers failed to consider the **harms** inflicted by the actions.

i.e Do the public health benefits outweigh the risks and potential social harms?

- On OH&S COVID-safe policies...because contact tracing is no longer practical and the source of infection cannot be identified, **no liability** for COVID transmission can be established, therefore both discretionary and mandatory vaccine mandates imposed by public service agencies, corporate sectors, private businesses and community groups outside the identified high-risk healthcare settings are inconsistent with the health advice and the medical evidence. (chain of viral transmission remains unbroken so the workplace cannot be kept 'safe'.) So by rescinding the authority of the CHO to make Public Health Directions by revoking the Public Health Emergency powers, these unfair and unethical policies will rightly cease.

Public Support is Waning

- The CHO himself has stated on numerous occasions of the reality of COVID becoming 'endemic' in the community, so what specific health risk can be mitigated or which specific public health benefit will be gained from an extension of the public health emergency for a further six months based on perceived threats of unknown severity? Do we manage public health in this way for an influenza outbreak? During 2019, the marked increase in influenza deaths did not trigger the declaration of a public health emergency.
- History shows us how pandemics end - generally when the majority of people accept that risk of disease and death is part of living in a global community. With further international data informing us how sensible public health measures assist us to better manage risks and improvements in vaccine and early treatments are deployed, it is time for COVID to be treated as any other viral illness circulating within the community. Protect the vulnerable and allow society to function without further unnecessary social and economic burdens being imposed by government.

Conclusion

Queenslanders are a resilient bunch and have faced and overcome many natural disasters throughout our lives. As a society, we need to acknowledge that after 26 months we have reached the point where, as freedom-loving and generally compliant people, we need to begin to 'live with COVID', to restore personal responsibility and self-determination back to Queensland businesses, workers, families and communities, who so desperately need to re-connect and re-build their lives, free from government interference.

It is time for our elected representatives to acknowledge we can keep ourselves safe.

Thank you for considering my submission.

Frieda Berry-Porter

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