

Dear Committee Secretary,

I write in response to the Call for Submissions relating to the Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill 2022 (the Bill).

It is of great concern that that the Queensland Government, and Minister for Health and Ambulance Services are suggesting such an extension in the current climate.

I have set out the reasons for my concerns, and the lack of support for these powers in the following sections of this letter.

Additionally, I would like to protest the short period of time provided to the public to provide an appropriate response to such important proposed legislation. This is a complex matter with many facets which require appropriate scrutiny and careful consideration.

Current emergency powers

The current emergency powers in place, which are due to expire on 30 April 2022, include¹:

- amendments to the Public Health Act 2005 to increase powers for emergency officers and the Chief Health Officer to limit, or respond to, the spread of COVID-19 in Queensland, support testing and quarantine requirements and authorise other public health measures;
- amendments to the Corrective Services Act 2006, Disaster Management Act 2003 and Mental Health Act 2016 to support the public health response; and
- a head of power in the COVID-19 Emergency Response Act 2020 to make regulations to facilitate transitional arrangements for the temporary framework.

These emergency powers were set in place as a temporary and extraordinary measure to assist government in dealing with risks associated with an unknown pathogenic disease. This was the firm impression that the Queensland Government gave to the Queensland public in 2020.

¹ https://www.parliament.qld.gov.au/Work-of-Committees/Committees/Committees_ Details?cid=165&id=4144&fbclid=IwAR309MKJvfEKMVr0Wxmys4jzyS6LlFnmwhPfAi6FG8r-dR0BGU0hB5KhiCc



Powers Sought by this Bill

The Bill introduced on 22 February 2022 seeks to²:

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

This includes the extension of the existing powers, and the addition of extra powers to 'support the public health response' which have been suffered by the Queensland public <u>due to the initial emergency powers put in place by government</u>.

Purpose of Emergency Powers

It is paramount to understand the intensions of the current emergency powers in place when deciding whether it is appropriate to extend such powers.

To understand the purpose of emergency powers, it is important to set out what emergency powers are.

Britanica states that emergency powers (emphasis added) are³;

... extraordinary powers invoked <u>as a means of resolving a crisis</u> or protecting a political regime.

Merriam Webster defines emergency powers (emphasis added) as⁴;

power granted to or used or taken by a public authority <u>to meet the exigencies</u> <u>of a particular emergency</u> (as of war or disaster) whether within or outside a constitutional frame of reference.

Queensland declared a public health emergency on 29 January 2020 in response to the global outbreak of SARS-CoV-2.

https://www.parliament.qld.gov.au/Work-of-Committees/Committees

³ https://www.britannica.com/topic/emergency-powers

⁴ https://www.merriam-webster.com/dictionary/emergency%20power



On 26 March 2020, Queensland entered stage 1 of its lockdowns. Stages 2, 3 and 4 of the lockdowns were introduced by 11 April 2020. These lockdowns were brought about prior to any legislation providing emergency powers were in force and were made through directions under the existing Public Health Act 2005.

On 23 April 2020⁵, the COVID-19 Emergency Response Act 2020 (Qld) (COVID-19 ER Act) (the Act) received royal assent and came into force.

The purpose of the Act was to provide extraordinary powers to the Queensland Government and its public health officers to enable swift action to reduce the risks and exposure to a novel coronavirus (SARS-CoV-2), of which little was known at the time.

Further powers were required to support the healthcare and hospital systems, to prepare them for an increase of severe COVID-19 patients. Who can forget 'flatten the curve'?

At that time, it was necessary to afford such extraordinary powers to the government and its officials to reduce any inefficiencies in administering a quick and effective response. This was largely supported, in trust, by the Queensland public.

Definition of Pandemic

As stated above, these powers were principally to deal with the <u>unknown</u> effects of the COVID-19 pandemic due to the appearance of the then novel SARS-CoV02 coronavirus.

The pandemic was declared by the World Health Organisation (WHO) on 11 March 2020, approximately 2 years prior to the writing of this letter.

According to Health Direct⁶, a pandemic is described as,

- ... the worldwide spread of a new disease ... [and] is not the same as an epidemic.
- ... Few people, if any, will have immunity against a pandemic influenza virus even if they have had seasonal flu or a seasonal flu vaccination.

This definition shows that a pandemic requires a new disease that 'few people, if any' have immunity against the relevant disease.

⁵ https://www.legislation.qld.gov.au/view/html/asmade/act-2020-013#sec.2

⁶ https://www.healthdirect.gov.au/what-is-a-pandemic



Response

Existing Powers

As explained above, the existing emergency powers available to the government and its officers are intended to be used to:

- Limit, or respond to, the spread of COVID-19 in Queensland,
- Support testing and quarantine requirements, and
- Authorise other public health measures.

In relation to the emergency powers to limit and respond to the spread of COVID-19 in Queensland, the Queensland Government has attempted to achieve this through lockdowns, mask wearing, social distancing measures, and vaccinations.

Despite all these attempts by government and its officers to limit the spread, there has been a steady increase of COVID-19 cases in 2022. The public has been informed that these infections are most likely the Omicron variant of SARS-CoV-2.

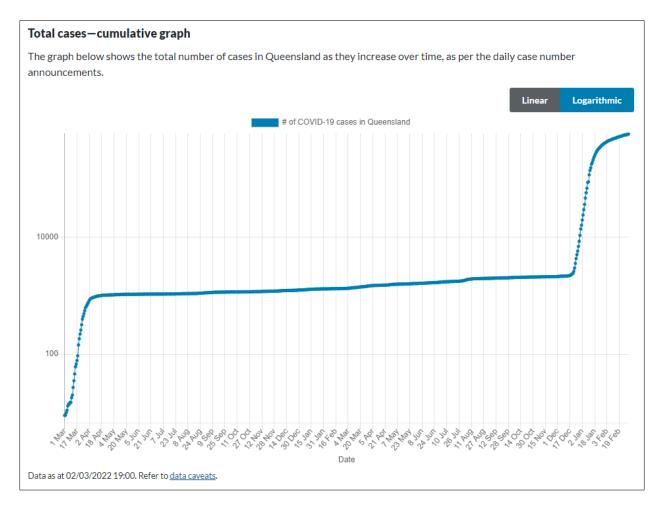
During this period of increased cases in 2022, Queensland has maintained social distancing restrictions, mandatory mask wearing, and exclusion of 9.1% of the Queensland population based on their unvaccinated status.

It is highly probable that the increase of cases in 2022 is due to the Queensland borders being reopened to interstate, and international travellers.

The following graphic⁷ shows the cumulative number of cases (logarithmic) identified in Queensland.

⁷ Taken from https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/current-status/statistics





This graphic shows that at the end of February 2022, the curve has flattened as the rate of detected infections has significantly decreased following a period of initial infection in the period from December 2021 through to February 2022.

This flattening of the curve represents a decline in the spread of the virus through the population. In December 2021, Queensland's Chief Health Officer stated that⁸,

In order for us to go from the pandemic phase to an endemic phase, the virus has to be widespread ... We all have to have immunity [and] there's two ways you can do that – by being vaccinated or getting infected.

⁸ https://www.abc.net.au/news/2021-12-24/qld-coronavirus-covid19-omicron-from-pandemic-to-endemic/100722924



... Once we've done that, once the virus is spreading, once we all have some degree of immunity, the virus becomes endemic and that is what is going to happen.

From the above it is apparent that:

- The spread of COVID-19 in Queensland is on a natural decline, and
- In order to exit the pandemic phase, and enter the endemic phase the virus 'has to be widespread'.

I note that Queensland's Chief Health Officer stated that there are two ways of achieving immunity; 'by being vaccinated <u>or</u> getting infected'.

One of the largest interventions by the Queensland government to the COVID-19 pandemic has been the vaccine roll-out programme.

However, many thought leaders, experts, and studies have recognised that natural immunity is providing a longer, and potentially better immune response than the response available from vaccination.

Bill Gates recently appeared on a panel at the 2022 Munich Security Conference⁹, stating,

... the virus itself – particularly the variant called Omicron – is a type of vaccine. That is, it creates both B-cell and T-cell immunity, and it's done a better job of getting out to the world population than we have with vaccines.

According to Reuters¹⁰,

People who had previously been infected with COVID-19 were better protected against the Delta variant than those who were vaccinated alone, suggesting that natural immunity was a more potent shield than vaccines against that variant, California and New York health officials reported on Wednesday.

⁹ https://www.rt.com/news/549937-bill-gates-omicron-vaccines/

¹⁰ https://www.reuters.com/business/healthcare-pharmaceuticals/prior-covid-infection-more-protective-than-vaccination-during-delta-surge-us-2022-01-19/



Finally, Dr Nick Coatsworth, the former Deputy Chief Medical Officer for Australia stated¹¹ that the Omicron variant of the vaccine is 'clearly not' more dangerous than influenza for fit, young and healthy.

This shows that 12:

- The Queensland government's largest intervention through the vaccination is less effective than natural immunity,
- Natural immunity provides B-cell and T-cell immunity, and
- Omicron is not more dangerous than influenza for the fit, young, and healthy people.

Therefore, it is evident there is little more that government intervention can achieve to reduce the spread of COVID-19, and reducing the spread of the virus is likely to be detrimental to achieving the endemic phase.

In relation to the emergency powers to support testing and quarantine requirements I note the following,

- As Queensland enters the endemic phase, as explained above, the requirements for these provisions are likely to fall away.
- Testing and quarantine facilities are now well established across the state, and have been in place for 2 years.
- Provision of testing and quarantine facilities do not require emergency powers at this stage. This is because these measures can be well predicted at this stage of the pandemic and do not require an emergency response.
- Testing facilities are available in most suburbs, with home RAT test kits being made available to every household that requires them.

Therefore, based on the above, the need for testing and quarantine facilities reduces significantly as the pandemic moves to the endemic stage. Emergency powers are no longer required for such facilities.

In relation to the emergency powers to authorise other public health measures, it seems that any such measures are too vague to be considered in the extension of the emergency powers, especially when considered in the context of the transitional phase out of the pandemic.

¹¹ https://www.news.com.au/national/omicron-clearly-not-more-dangerous-than-influenza-for-fit-young-and-healthy-dr-nick-coatsworth/video/43a97ca2f3ddacf8b690bd4b5107b06d

¹² Further evidence is available. However, for reasons of brevity and the time available only 3 examples have been shared in this letter.



From the above, the basis and conditions leading to the provision of the emergency powers to the Queensland Government and its officers in 2020 no longer exists. Therefore, there is no basis to extend these emergency powers beyond April 2022.

Additional Powers Sought

In relation to the amendments to the Corrective Services Act 2006, Disaster Management Act 2003 and Mental Health Act 2016 to support the public health response, it seems highly inappropriate to rely on a bill that also seeks to extend the emergency powers that have led to the need for such legislation.

The effect of the lockdowns on mental health is supported by a recent study conducted by the Research School of Psychology at the Australian National University, which states¹³,

Lockdown is estimated to have increased depressive symptoms by approximately 23% and feelings of loneliness by 4%. No effect on anxiety was detected. Levels of neighbourhood social relations were strongly negatively associated with mental health symptoms. A significant interaction between lockdown and neighbourhood social relations suggests that lockdown increased depressive symptoms by 21% for people with average perceived neighbourhood relations, compared with a 9.7% increase for people whose perceived relations is one standard deviation greater than average.

Determent to the Queensland Community

Other detrimental factors due to the emergency powers that have affected the Queensland community include:

A severe increase of stress and debt on small businesses, particularly in the hospitality industry. Hospitality has been adversely affected by the lockdowns, mask mandates (reduced foot traffic in hospitality venues was noted when new mask mandates were issued), check in requirements, social distancing requirements, and now restrictions relating to the unvaccinated. This industry is vital part of the Queensland economy which may take years to recover from the use of the existing emergency powers. However, this government has used the emergency powers to abuse and corral small business owners into becoming an extension of the executive. It is not the role of business owners to check

¹³ https://www.sciencedirect.com/science/article/pii/S0277953622001277#bib53



the medical status of citizens at the threat of excessive and crippling fines. Especially in the context of the current Omicron variant.

- Mass job losses with a likely increase of poverty and poorer living conditions to follow.
 This is due to the lockdowns and for those who have decided not to take the vaccine at this stage.
- Ever changing goal posts on the requirements. For example:
 - The recommendation not to wear face masks in 2020, which changed to a mandate to wear a mask in public and whilst driving alone in January 2021, which changed again later in 2021.
 - The agreement to the National Plan to reopen Australia once certain milestones were met. This was at a time when the Delta variant was new, booster vaccinations were not considered to be necessary, and a national target of 80% was considered appropriate to achieve herd immunity.
- A stressed healthcare system that recently reduced health services due to staff shortages, following the government's vaccine mandate using these powers to remove workers from the healthcare system during a pandemic. This is illogical and immoral.
- Draconian vaccination requirements, including:
 - o The use of the emergency powers to separate out those Queenslanders who have not taken the vaccine is doing more harm than good. Such people are being forced to become more isolated from society. This is a punishment without a crime and does not support the Chief Health Officer's statement that 'to go from the pandemic phase to an endemic phase, the virus has to be widespread'. Segregating members of the public reduces their chances of gaining natural immunity. This is illogical and is not supported by the CHO's own statements.
 - Supporting businesses in discriminating against employees who choose not to receive a COVID-19 vaccine. This has also led to large job losses in the private sector without severance pay. This appears to be an attempt to support businesses in restructuring without the financial liabilities. No thought has been given to this prospect by this government.

Conclusions

From the above it is clear that there is no basis to extend the emergency powers beyond April 2022 as SARS-CoV-2 and COVID-19 are no longer an unknown risk to public health that requires an urgent or immediate response.



The emergency phase and associated work of this pandemic has ended, and therefore the powers must also. The infrastructure to deal with the current pandemic is already in place, and significant changes or upgrades are not likely to be required.

It is difficult to imagine that the support for the measures to tackle the issues with mental health cannot gain support through the traditional methods of governance. Emergency powers are not required to provide adequate mental health support to those effected by the same emergency powers.

Further, it is of great concern that this government appears to believe that perpetual emergency powers will extend its ability to push through any policy it desires without adequate scrutiny that comes through normal channels of governance and due process.

For the sake of democracy and the future of Queensland It is vital to remember that emergency powers are for use during an emergency only.

COVID-19 and its variants are quickly becoming endemic. Every effort should be made to ensure that the use of emergency powers should not.

I trust that the contents of this letter will be considered and carefully weighed by the members of parliament prior to voting on this Bill.

Yours Sincerely,

Anthony Bull

State President Liberal Democrats QLD

