

Submission to the Parliamentary Committee considering the Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill 2020

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Whether one supports an extension of emergency powers for the Chief Health Officer basically depends on one's values and motives. If one has respect for the commonsense of the community, dislikes government and bureaucratic control seen as unnecessarily excessive being imposed on the community and, in general, deeply values individual freedom, then that person is unlikely to support any extension. If, on the other hand, one has little or no regard for individual freedoms, thinks the community needs to be guided and controlled by government and bureaucracy in many or most aspects of their lives, then that person would welcome an extension. That latter person is particularly in favour of extension if he or she is increasingly motivated as he or she is closer and closer to the centre of power.

Australia has been fortunate that it is an island and that effective action at national and state levels (Victoria excepted) brought the virus under reasonable control across the nation from about May, 2020 onwards. The goal of continuing to keep the virus under reasonable control or near-elimination can probably be achieved under leadership based on either set of values as per the previous paragraph. I'll expand on this judgment a little later.

My values are unambiguously in favour of maximising personal freedoms, consistent with what is required for an orderly, safe and democratic society. I have enormous respect for the commonsense of my fellow citizens and I deplore arbitrary, excessive, inconsistent, unnecessary political and bureaucratic domination. Hence, I strongly oppose any extension of the emergency powers provided to the Chief Health Officer almost a year ago. While there may have been justification for the initial emergency powers in March, 2020, I contend that there is no longer any reasonable justification for any extension.

Some Reasons for my View

1. There is no genuine emergency now. Of course, covid-19 is a serious virus and must be managed very carefully but governments, their advisers and much of the media need to put things in perspective. The virus threat in Queensland is nowhere near the flood threats of 2011 and 1974, some bushfire threats on several past occasions, the polio epidemic reality of around 1950, the enormous and increasing road tolls of the 1950's and 1960's or the threat of imminent invasion as in WW2. Emergency powers are relevant to issues where loss of life on a large scale occurs or is very likely to occur. The last Queensland covid death was on or about 18 April, 2020. It is ridiculous to suggest that large-scale loss of life in Queensland from covid 19 is likely to occur in 2021. There is ample evidence to support this. With good contact tracing and quarantining exercised by the authorities and with good hygiene and social distancing practised by a co-operative community, several minor outbreaks have been rapidly controlled. The community has shown many times its willingness to co-operate and that can readily be obtained in future without the need for a draconian big-brother carry-on. I have no doubt that an appearance by a Premier or a Health Minister requesting, in measured and calm tones, co-operation in specified ways across specified areas would successfully achieve the desired goals. Normal powers of governments have dealt with far worse problems in the past. There simply is no emergency in Queensland now – a challenge, yes – but nothing like overseas and certainly nothing like the beat-up from a Minister who, on 12 January evening news, was deliberately inciting fear by referring to UK death numbers or from the media who thrive on such fear-mongering.
2. The attitude of our government and most other state governments of varying political hues, reminds me of the unfortunate practice of a handful of poor teachers. Any good teacher knows the folly and unfairness (stupidity?) of penalising a whole class because of the wrongful actions of one or two miscreants. So it is with political and bureaucratic leadership.
3. The motivations for several actions have been questionable, to put it mildly. For instance, when the CHO went on TV back in March-April imposing school closures, her answer to a reporter's question was very illuminating. She said that, in order to get the desired messaging to the public, it was necessary to go beyond the health science so closing of schools (while obviously not supported by health science) would drive home the message she wanted to convey. That was blatantly political fear-

mongering by the CHO and that incident alone should tip the scales against any extension of emergency powers.

4. There have been many similar examples of the CHO straying beyond medical advice. When judgments were made to allow someone with lots of money (which was said to be good for the State) to enter the State at a time when a woman from Canberra was denied access to her father's funeral, there was the clearest evidence that politics was the basis for judgment, not health science.
5. The inconsistencies for residents within Queensland have been, and still are, ridiculous and stupid. Over the recent 3 day lockdown, people were required to wear masks while out walking when there was no one else within 100 metres or so. How stupid is that! Why is it that right now, one needs to record name, address, etc on entering a church with perhaps 30 very sensible, cautious and mature people in the congregation while hundreds may enter a supermarket store without signing in. Why is that people are not required to wear a mask at a restaurant with many patrons but a mask must be worn when entering a chemist shop with no other customers in the shop? Any reader of this submission will know that are many, many other examples of such stupidity – and that's what happens when attempts are made to make prescriptive rules to cover a multitude of situations instead of respecting the commonsense of people to act responsibly.
6. I wrote above that the normal powers of governments have successfully dealt with worse situations in the past. Although we still (rightly) want to see fewer road fatalities, consider how Australia dealt with the escalating number of road fatalities of the 1950s and 1960's. No, we did not invoke emergency legislation despite a virtual epidemic of road fatalities. In 1970, Australia had 3,798 road fatalities in a population of about 12 million. A carrot and (minor) stick approach was implemented. Seat belts were introduced and, after considerable community education, wearing of seat belts became mandatory. Many other safety factors occurred over time (safer cars, better roads, better driver education, etc.) By 2018, road fatalities numbered 1,145 in a population of about 24 million. Importantly, individual freedom to drive a car was not taken away from citizens. Are we not capable of learning that we can keep a virus under control without an unnecessary extension of emergency powers or is there another factor at work here in the desire to have such an extension?

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