



HEALTH AND ENVIRONMENT COMMITTEE

Members present:

Mr AD Harper MP (Chair)
Mr SSJ Andrew MP
Ms AB King MP
Mr R Molhoek MP
Ms JE Pease MP
Dr MA Robinson MP
Mr CG Whiting MP

Staff present:

Dr J Dewar (Committee Secretary)
Ms A Groth (Assistant Committee Secretary)

PUBLIC HEARING—INQUIRY INTO THE PUBLIC HEALTH AND OTHER LEGISLATION (EXTENSION OF EXPIRING PROVISIONS) AMENDMENT BILL 2020

TRANSCRIPT OF PROCEEDINGS

FRIDAY, 22 JANUARY 2021

Brisbane

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The committee met at 9.00 am.

CHAIR: I now declare this public hearing of the Health and Environment Committee open. I start by acknowledging the traditional owners of the land on which we are meeting today and pay my respects to elders past, present and emerging.

I would like to introduce the members of the committee. I am Aaron Harper, the member for Thuringowa and chair of the committee. Mr Rob Molhoek, the member for Southport, is the deputy chair. The other committee members are: Mr Stephen Andrew, the member for Mirani; Ms Ali King, the member for Pumicestone; Ms Joan Pease, the member for Lytton; and Dr Mark Robinson, the member for Oodgeroo. The purpose of today's hearing is to assist the committee with its inquiry into the Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill 2020. The committee would like to thank the 122 submitters who provided submissions to the inquiry. Those submissions will assist the committee with its consideration of the bill.

The hearing today is a formal proceeding of the parliament and is subject to the Legislative Assembly's standing rules and orders. I ask that mobile phones and other electronic devices are turned off or switched to silent. Hansard will record the proceedings and you will be provided with a copy of the transcript. The hearing is being recorded and broadcast live on the parliament's website.

COSTELLO, Mr Sean, Principal Lawyer, Queensland Human Rights Commission

FRKOVIC, Mr Ivan, Commissioner, Queensland Mental Health Commission

McDOUGALL, Mr Scott, Commissioner, Queensland Human Rights Commission.

CHAIR: I now welcome representatives from the Queensland Human Rights Commission. Would you like to start by making opening statements? We will go left to right and then move to questions.

Mr McDougall: First I would like to acknowledge the traditional custodians of the land on which we meet today and pay my respects to their elders past, present and emerging. The purpose of the Human Rights Act is to respect, protect and promote human rights in Queensland. In our submission to the health committee in the last parliament, the commission noted the need for accountability through the parliamentary process about limitations on human rights so I welcome the committee's inquiry into this bill.

The bill extends the duration of various temporary provisions introduced in response to the COVID pandemic. This includes powers of the Chief Health Officer—to whom, for ease of language, I will refer to as the CHO—and emergency officers in making directions restricting movement, requiring people to quarantine and other related powers. These have been used to control the spread of the pandemic and we commend the government on making tough decisions to protect lives. Clearly, the Queensland government has taken its obligation to take positive steps to protect the right to life very seriously and in this regard we acknowledge the work of the CHO in making directions that have prioritised the preservation of life. However, as many submissions to this inquiry have stated, this public health response has come at the cost of limiting other human rights, impacting greatly on the lives of many Queenslanders.

The Human Rights Act 2019 provides a valuable framework to assist us to balance competing rights and interests. The commission is monitoring the restrictions placed on human rights by government and hears from people who have been adversely affected, including through our complaints process. With that in mind, I would like to note that in October 2020 the commission published its first unresolved complaint report under the Human Rights Act which recommended that those in hotel quarantine should have daily access to fresh air. We recommended that if expert medical opinion determined that it was not safe to provide such access then the government should ensure that it only uses hotel rooms with opening windows and balconies. Since then, the government has indicated that it does not believe it is safe to provide daily fresh-air breaks. I also understand that, despite the efforts of the State Disaster Coordination Centre to source appropriate accommodation, many of those hotels still do not have windows that open or private balconies.

Therefore, I welcome the Premier starting a conversation about alternatives to hotels being used for quarantine, such as mining camps similar to the use of the Howard Springs facility in the Northern Territory. Remote facilities would have the space and access to fresh air to ensure more humane conditions and would reduce the risk of infections leaking into metropolitan areas. Given that the need for quarantining will continue well beyond 2021, the establishment of long-term facilities should be a priority for all levels of government.

In terms of our complaint handling function, the commission continues to manage complaints related to the pandemic and to date we have received around 440 inquiries regarding COVID-19. We have identified 158 complaints received to date as being COVID-19 related and 45 are still ongoing. The human rights complaint process has provided an additional layer of scrutiny as well as acting as an important safety valve for preventing potentially serious long-term harm to people with high needs. Many complaints required urgent attention because of the immediacy of the subject matter of the complaint, in particular the conditions of hotel quarantine. To date we have received around 54 complaints about hotel quarantine. While most complainants readily accept the need for quarantine, the lack of fresh air is having a negative impact, particularly on those with young children or those who are experiencing poor mental health. Eleven complaints about hotel quarantine have been resolved through conciliation so far, with several still in progress. This demonstrates the early success of Queensland's unique human rights complaint process, offering an avenue to individuals not available in other states while promoting transparency and increasing accountability.

As we have previously advocated, a further safeguard to ameliorate the impact of CHO directions would be to publish a statement of the purpose, need, data and other factors that were considered in making each public health direction. Such clarity of purpose would assist in implementation and interpretation of the direction as well as improving the community's understanding and acceptance of the direction in the context of serious limitations on the rights of individuals. We will endeavour to answer your questions as best we can.

CHAIR: Thank you very much, Commissioner. Can you confirm the number of hotel quarantine complaints? You said that 11 had been resolved recently.

Mr McDougall: Yes. In fact, I think another one was just resolved overnight.

CHAIR: There is a good case study in your first submission about the child. Are there common themes that you can dial down to in that quarantine space?

Mr McDougall: Clearly access to fresh air emerged right from the beginning. We found some hotels that were being used—the voco hotel on the Gold Coast and another one close to the Brisbane Airport—where the rooms were very small. In fact, as I understand it, initially there were rooms being used that do not even have a window, let alone a window that opens. It did emerge very early on. The significance of it at the time really was not apparent until we started seeing the numbers of people expressing concern about it. It is very clear when you look at the treatment of prisoners. It has been a longstanding standard that prisoners have access to at least one hour every day of fresh air and exercise. There are good reasons for that. It makes sense for people who are stuck in hotel rooms, many of whom are travelling not because they want to. They might be at the start of a grieving process and their needs really are quite acute. The risk to them of being locked in a room without adequate fresh air and exercise is quite acute.

CHAIR: It is timely today—and we might move on to Mr Frkovic—that we are talking about this and national cabinet is meeting to talk about the discussions around the remote facilities. I thought we would explore that a little more when we come to questions. Thank you very much for your opening statement.

Mr Frkovic: I start by thanking the committee for providing me with an opportunity to speak here today. I also acknowledge the traditional owners of the land on which we meet and pay my respects to elders past, present and emerging.

A pandemic of this nature requires special and sometimes urgent measures to ensure appropriate, quick and effective responses to ensure public health and safety. Such responses can have whole-of-life and whole-of-population mental health wellbeing impacts. As has been said by Scott, Queensland has managed the pandemic extremely well. The legislative extensions and amendments to the Public Health Act to support the government's health response appear to be measured and appropriate. We note the extension of amendments to the Mental Health Act 2016 to enable the Chief Psychiatrist to speed up the process to declare and authorise mental health services and approve leave for an authorised mental health service for a patient detained under the act. We appreciate the need for these measures and acknowledge they will be used as a last resort to reduce and contain the spread of COVID-19 and ensure patients receive appropriate treatment and care for their mental illness during the pandemic.

Public Hearing—Inquiry into the Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill 2020

While it is recognised that there are and there was an urgency in making these particular legislative changes, the commission promotes early and genuine involvement of and consultation with people with lived experience of mental health problems or drug and alcohol use, their family and carers on all matters that affect their treatment and their recovery. These legislative changes have undoubtedly helped to keep Queenslanders safe and physically healthy. However, the restrictions imposed and the pandemic itself have had significant effects on the mental health and wellbeing of Queenslanders. It is important that we consider the implications of any possible unintended consequences and also consider potential mitigation strategies.

The commission supports and promotes a human rights and patient's rights approach. The pandemic does not remove the imperative to ensure that human rights of people with mental health problems and of those experiencing problematic alcohol and other drug use are protected in line with the Queensland Human Rights Act, as outlined by my colleague Commissioner Scott McDougall. The pandemic has affected every Queenslanders in some way. Many people have faced a range of challenges including increased levels of anxiety and stress, including financial stress, business and job losses, pressures of home schooling, adjusting to work from home, hours of online meetings, quarantine and self-isolation and also separation due to border closures. People who were already experiencing vulnerabilities and stresses are now at greater risk of developing more serious mental health problems.

Demand for mental health services has increased since March 2020. Medicare subsidised mental health service provision increased by 15 per cent. There was a 5.9 per cent increase in mental health risks in mental health related prescriptions dispensed under the Pharmaceutical Benefits Scheme compared to the corresponding period in 2019. Non-government services and call centres have experienced increased demand. The Queensland Ambulance Service and the Queensland Police Service have reported heightened levels of psychological distress in their callouts with more people requiring mental health interventions. Between March and August, the Queensland Ambulance Service reported a 20 per cent increase in triple 0 mental health related incidents. There have been significant increases in demand for public mental health services as well. In the first six months of 2020, new referrals—so new people coming into the service—rose by about three per cent but provisional services overall increased by about seven per cent. Self-harm and suicidal ideation presentations to emergency departments increased by 11 per cent.

Young people have faced particular challenges throughout this period—for example, home schooling, remote learning, social isolation, the loss of rites of passage such as birthday parties, schoolies and graduation ceremonies, and general uncertainty about their future. The pressures on this cohort have been reflected in significant increases in demand for services through organisations such as Kids Helpline and pressures on child and youth mental health services. Kids Helpline has reported a national increase of 24 per cent in demand for counselling services alone while public mental health services saw an almost 21 per cent increase in referrals of 12- to 18-year-olds in the July to September quarter.

People with mental illness, including those in involuntary treatment, have faced service delivery disruptions such as moves to telehealth and restrictions to visitors and support services. These imposts can lead to increases in anxiety, depression and loneliness as well as possible noncompliance with agreed treatment. Other cohorts, including people living in residential aged care, prisons and detention centres, have faced similar challenges. The pandemic has also affected Queenslanders' use of alcohol and other drugs. There are indications of changing patterns of alcohol use and changes to the availability and use of some drugs as well as issues related to access to treatment and support services. For example, the Queensland Health funded alcohol and other drugs information service reported a 54 per cent increase in weekly calls during March to June last year.

Importantly—and I think this is important to also note—the pandemic has also led to a range of positive outcomes and initiatives. We should ensure that these are not lost—and I hope that the committee will ensure that these are not lost—in the recovery phase or beyond. Queensland has been on the front foot, acknowledging the effects of the pandemic and responding to the mental health and wellbeing needs of our population. As early as April 2020, the Queensland government invested an initial \$28 million of non-recurrent funding to support non-government service providers for people with mental illness and drug and alcohol problems. This was later increased to \$30 million. In August 2020—and I think this is really important—as part of the economic recovery plan for Queensland, an additional \$46.5 million over two years was announced to further support a range of mental health services across the state.

The government's response also included \$24.7 million for accommodation, funding for homeless providers and an enhancement to the Home Assist Secure program. While this approach has had many positives, the challenge is now how we sustain this effort and not return these people

back to the streets, recognising that housing is an important step on the path to resolving a range of issues, including mental health and physical health issues, experienced by people who are homeless. There has also been a major expansion of telehealth services which has eased access barriers for many people but also appears to be cost effective. The pandemic has led to an increased recognition of the importance of mental health overall, reflected in the public discourse that is helping to reduce stigma. This has been accompanied by significant increases in help-seeking behaviour. Whilst this help seeking indicates an increased need, it also marks a recognition of the need and a willingness of people to engage with supports and services. The positive responses and initiatives outlined above, particularly the enhancement of services, should be continued, enhanced wherever possible and extended throughout the recovery phase and beyond for the benefit of the entire community.

This hearing in relation to the extension and amendments to the Public Health Act and the Mental Health Act is necessary because the pandemic still has some way to go and we simply cannot be sure of its course or its after-effects. This applies to all elements of our society. However, we can confidently predict that the mental health and wellbeing consequences, not just in Queensland or Australia but internationally, will persist long after the physical risks abate. That means that evidence based efforts to improve responses to mental health and alcohol and other drugs issues are more important now than ever. Our people and our community depend on it. Thank you.

CHAIR: Thank you very much, Commissioner. That really puts a human side to the impacts of this pandemic on all Queenslanders. I note the increased calls for help for those people with mental health issues—and that is a broad area—but I do wonder if that is proportional to the work that has been done to reduce stigma for people to actually ask for help. Can you comment on that?

Mr Frkovic: To briefly comment on that, I think there are some elements of that; definitely. The work that we have done in Australia has certainly reduced stigma and continues to reduce stigma over time, but I think what has also impacted is obviously the pandemic and all those things that I spoke about in terms of those risks and I think the discourse. What I have tried to say very publicly working with government and the community et cetera is that you cannot have economic recovery without human and social recovery. They go hand in hand. Within the human and social recovery, mental health is a critical aspect whether you are a business, whether you are a farmer, whether you are working in the public sector or in the community sector. The recognition of mental health as part of the economic recovery has also helped to reduce some of the stigma and people are talking about it and people are accessing services.

CHAIR: Yes. I have often said—I do not know whether it was our interim report—that you cannot have an economy if you do not have your health, but of course health encompasses everything, and mental health is part of that.

Mr Frkovic: Correct.

CHAIR: It was very concerning to hear 54 per cent relating to alcohol and ATODS.

Mr Frkovic: Yes, and that is people asking for help and support during this period. Obviously there is probably a whole range of reasons for that and we are looking for the data around why that is, but do not forget that we have had lockdowns and there was alcohol being delivered to people's homes. There was a different approach in terms of consumption and other people did not have access to it, so that has been an interesting development in this period both in terms that that has been, again, more recognised but also that people are reaching out for help, which is phenomenal. How do we now respond in an appropriate way? People reaching out is one component. How do we then respond and support these people? I think the COVID environment has brought that to the surface and I think it is an opportunity for us now to make some impacts here.

CHAIR: Thank you very much. I will open up to questions, but if we have time I would like to—I will perhaps put this in your mind—see how we compare to other states with those numbers that you have just mentioned. Is it similar to Victoria and similar sized populations? I might come back to that but open it up to questions now.

Mr MOLHOEK: You raised a concern in respect of the additional support that has been provided for housing the homeless. This is a very real issue for us down on the Gold Coast because we still have significant numbers of long-term homeless people or visible long-term homeless people, and I notice even here in the city there are still a number of people. It seems to me that if you are of sound mind and you are not wrestling with an addiction or mental health issues the response has been fairly effective and we have found somewhere for people to go. Do you have any thoughts or insight into how we help those people who are struggling with significant addictions who do not want Brisbane

to be helped or people with mental health issues who are refusing assistance or are being sent off to the mental health unit and then released a few days later and then they are back on the street? This has been a significant area of concern in our community in that there are just some we cannot seem to help or cannot seem to move.

Mr Frkovic: There are probably lots of elements to what you have asked. In terms of my general tenure, I do not start with the premise that, for example, people want to be homeless. No-one really chooses to be homeless and I am not sure that—again, from my experience but also the evidence suggests—people do not want to be helped. It is about providing the right help at the right time in the right location to be able to provide people with the opportunities to think about changing some of the circumstances they are in. What I have to say about the homelessness approach is that, again, the government needs to be commended here because I think the response was quick and I think we were able to get these people off the streets into vacant accommodation, whether it was into hotels or student accommodation, and not only was the accommodation provided but also the wrap-around supports for those people while they were there. I have raised the issue that, as I put into my statement here, the biggest challenge now is that we do not just say that that is over and these people can move back on to the streets, which I do not think is happening. Certainly the indications that I have had are that these people are now being placed into long-term housing solutions. They are not being discharged back on to the streets.

I know you have seen people on the streets and I have just walked here and I saw a number of people, but we are dealing with a fairly large group which we have taken off the streets. There are always going to be some residual numbers and even some new numbers coming on to the streets, but I think the bulk of the people who were taken off the street at the moment are in accommodation with support and now are being transitioned as we speak into long-term accommodation options. That gives us some really good, useful insights into what we can do with homelessness and how we pivoted really quickly in that we can do some more of this more long term. That is why I said that we need to not just do this now; we need to sustain this over a longer period of time to address a lot of these social issues, including, for example, the mental health and drug and alcohol issues that you mentioned.

Mr MOLHOEK: I am still pretty concerned about, in your words, the ‘residual numbers’, because these seem to be people who either do not want to go into housing because it eats into their financial capacity to buy more substances or often one of the requirements or conditions of actually being housed is that you cannot consume alcohol and illicit drugs, which is not unreasonable. Has the commission looked into alternative ways to effectively reach these people or help these people?

Mr Frkovic: Specifically on that point, we are working with particularly the department of housing and Queensland Health to tackle this issue that you are talking about in a more systemic way. That is not to say that things are not happening. Things are happening already, but we have to think about it more, as I said, generally, and this is not just around this group. The system is built in such a way where you have to come to the system and you have to do this. We have to have a flexible system that reaches out to people in those contexts and in those situations. In Queensland—and I was involved with this some years ago—we have the homelessness outreach teams which are made up of clinicians who go and see people under bridges, in homelessness shelters, in parks et cetera, so we are trying to shift the system in a different way. As one consumer said to me, ‘You can sit in your ivory tower as much as you like in a hospital, but that person’s not going to come to you.’ Therefore, how do we change the system to respond to these people?

I have to say that I have had good traction and good engagement with both the department of housing and health and other agencies such as child safety and youth justice et cetera in trying to see how we provide a different response to these young people and also adults who are living on the street and who have had a history of being homeless or in and out of homelessness. A lot of people drop in and out of homelessness and we need to get people into treatment and into beds in the public system or the private system—probably not the private system with this group but into the public system—and then the whole notion, if you read the Productivity Commission report at the national level—and we are all grappling with this—of no discharge into homelessness. We have to try to work with these things as a human rights issue—that is, we cannot take someone in, stabilise their acuity and then say, ‘Now you’re ready to go,’ and they say, ‘But where do I go?’ This is the challenge, but I think we have done relatively well. In the current climate with COVID and the issues around how we have dealt with homelessness, I think we have done well, but I take your point. There is more that we need to do.

CHAIR: There is always more we need to do.

Mr ANDREW: You mentioned a lot of issues to do with funding. Was there any actual funding directly—we rang around many mental health services and community mental health services in a lot of areas—related to the COVID lockdown for charities and hospitals? Every time we tried to find funding to help people, they had packets of funding for certain things that already existed but none of it fell under the banner of the COVID-19 lockdown.

Mr Frkovic: My understanding of it was—and I had worked at that time to try to have negotiations with government and the various agencies around increasing funding—that the \$28 million that later increased to \$30 million was primarily to support non-government organisations, that is mental health, drug and alcohol, Indigenous primary healthcare organisations—a whole range of organisations—to be able to both pivot and continue to provide services during that period. That was COVID related, there was no doubt. The bulk of the \$46.5 million—and I will not go into the detail because I do not have the detail in front of me here—went to enhancing public mental health services during the COVID period. Within that, there were services specifically around clinicians going into quarantine hotels so that we are dealing with some of the mental health aspects of people in quarantine. There was also some funding that went into supporting particularly some of those crisis outreach services that were provided through co-responder models with the Queensland Ambulance Service and the Queensland Police Service to try to deal with people in situ rather than them needing to come into hospital. That whole package was really around COVID and responding to the COVID increased needs around mental health and drug and alcohol, but also for agencies to pivot to operate differently rather than waiting for people to come to hospital.

Mr ANDREW: So that reached the regional communities as well? We found that the regional communities were starved or lacked any understanding of being able to access that funding. That is the reason I have asked. When we called around to try to help people, it did not seem to be available, especially in my area of Mirani. We called around and we could not find much.

Mr Frkovic: Okay.

Ms PEASE: Thank you very much for coming in and for all the great work you have done. My question is to the Human Rights Commissioner. You spoke about the concept around rural and regional quarantining. Could you perhaps elaborate on that and what the benefits would be?

Mr McDougall: Hotel quarantine has been a problem from the start because hotel rooms are not purpose-built for quarantining. The Howard Springs facility, as far as I am aware, has been purpose-built for quarantining, so can deal with people in a far more humane way. When you look at the other alternatives to hotel quarantining and a dedicated quarantining facility, really it is home quarantining. I think the government's attempts to do that have really failed because people have not complied. It is my understanding that up to 25 per cent of people were noncompliant when they home quarantined so that has really taken that option off the table.

We know that in the future there will be more pandemics, so there clearly is a need for Australia as a whole to have a number of facilities that it can rely on when these circumstances arise. In Queensland we do not have such a facility, so understandably the Premier is looking for other options. I understand they are meeting at national cabinet today to discuss it. I have not seen anything beyond what you would have seen in the media, but, on the face of it, it would certainly seem to make a lot of sense to house people in conditions where their human rights can be safeguarded on the proviso that all of the safety mechanisms are in place to protect the local community.

It is my understanding that the Howard Springs facility has not generated any complaints from people who have gone through it or from the local community. I suspect that this is a very doable thing and really it should happen because, frankly, shutting down a major metropolitan area every time there is an outbreak is going to impact everyone, including the economy, and all the other social impacts that flow with it. It is a pretty compelling case for it to happen and really all levels of government should be prioritising it.

Ms PEASE: Thank you very much, Commissioner.

Dr ROBINSON: I have two quick questions. Firstly to Mr McDougall, from your perspective where should we draw the line for a reasonable infringement of human rights in order to maintain community health and safety? We are being asked to extend certain powers here in this piece of legislation. How do we find the balance in terms of what is a reasonable infringement of human rights?

Mr McDougall: That is a very good question and the act does provide the framework for making that assessment. When you are looking at a limitation on a human right, you need to look at the purpose of the limitation and whether there are less restrictive options available to the decision-maker that would have less impact on those affected and those rights that are impacted. In

this context, the right to life creates positive obligation on the government to protect lives. As I said, the Queensland government has taken that very seriously. In fact, they have gone, in my view, too far in saying that it automatically overrides all other rights. That is not the case. You still have to have an assessment of the impact on individual rights with each decision that is being made.

In my view, looking at the risks of a pandemic to Queensland as a whole, I think the measures that have been taken to date insofar as the directions of the CHO go have been proportionate and reasonable. I think some of the decisions around whether or not exemptions should be granted—as I understand it, it has been reported that one per cent of applications for exemptions have been approved. That is a very low figure that would suggest that some of those decisions may not have been proportionate and may have incompatibly impacted on human rights. So that would involve a case-by-case analysis. I am not privy to all of those decisions; I am just making that assumption.

Dr ROBINSON: Mr McDougall, do you support the publication of the reasons and full health advice for the CHO's directions so that there is more public awareness and scrutiny around that?

Mr McDougall: That was the second point I was making in my opening statement that I think at the time of making directions it would definitely benefit the community's understanding and acceptance of these very tough decisions if there was a comprehensive statement published, setting out the need, the available data and the medical opinion that is available. I think that would go a long way to addressing some of the noncompliance with directions if there was greater community understanding and acceptance by virtue of having a published statement.

CHAIR: I think you raised that last time, too, in that interim report.

Ms KING: My question is for the Human Rights Commissioner. Thinking to your comments on hotel quarantine, would you mind giving us some reflections on the role of medi-hotels and how they have impacted on protecting or otherwise people's human rights through the quarantine process since their introduction?

Mr McDougall: Sorry, did you say medical hotels?

Ms KING: Medi-hotels, yes.

Mr McDougall: My colleague might be in a better position to respond to that. We have not had a lot to do with medical hotels. Obviously whenever you move someone around who has tested positive, the risks go up exponentially, so using hotels as opposed to hospitals to house people who have tested positive again is inherently problematic.

Ms KING: Perhaps I should clarify: I am speaking of the medicalised quarantine facilities for people who have underlying health issues, so they are quarantining in a facility that more approaches hospitals; for people who have those underlying health issues, as in they might be a cancer sufferer, placing them in a more hospital like quarantine environment. A constituent of mine contacted me yesterday. Her deep fear of quarantine was largely around the fact that air conditioning sets off her asthma and so she was very, very anxious about that, but she has been offered an opportunity to complete her quarantine in a medi-hotel and therefore is much more comfortable with that concept.

Mr McDougall: I apologise, I now know what you are talking about. Yes, that was a development that we welcomed. We have had a number of complaints from people with children with special needs. Some of them are addressed. When you look at the number of complaints relative to the number of people going through quarantine, it is not a huge number of complaints, so clearly Queensland Health is doing a reasonable job at identifying those with needs.

I think there could be some better screening and triaging work done at the airports before people are being placed to better identify people who have particular needs. I also have to say that Queensland Health has worked very constructively with my office in very quickly resolving a number of these complaints—in a matter of hours, in some cases—and I have to commend them for that. When we have been able to identify people who have slipped through their net, they have responded quickly which is promising.

Mr ANDREW: Mr McDougall, have you received any reports from the Mental Health Commission on the rising statistics and have you applied that to the way you view the implementation of extending this health emergency period?

Mr McDougall: We have not received a specific report. Ivan and I were talking before; we have received a couple of referrals from Ivan's office of people who have approached—

Mr ANDREW: Would you consider that what Ivan said is alarming for us to make a fast approach on this, given the fact of the rising number of mental health issues?

Mr McDougall: I hope this answers your question: to the extent that the limitations are imposed on human rights in the course of a pandemic gives rise to significant mental health issues, I agree 100 per cent and that is the basis upon which the commission has taken a fairly strong position on the hotel quarantine conditions. It is not limited to hotel quarantine, of course. The impact of loss of employment on mental health is also huge.

Mr ANDREW: Exactly.

Mr McDougall: The impact on domestic violence in Queensland as a result of the lockdown is also very significant. They are huge issues. Weighing against that is the impact of tens of thousands of people potentially becoming infected and dying if the Queensland government does not take the strong action that it has taken.

Mr ANDREW: So we could safely say that if we left it to the end of April and the first extension of this period to find out if the continuation is needed or warranted, and find out over that time if we do have more lockdowns if this is an increasing trend, would you look at that in a different light again?

Mr McDougall: We would certainly look at it, yes.

Mr ANDREW: The government's inconsistency applying rules regarding sports stadiums as opposed to church services, do you believe it has acted in contravention of article 18 of the UN charter, or clause 20 of our own Human Rights Act in respect of Queenslanders' rights to religious freedoms?

Mr McDougall: That is not something that I have particularly turned my mind to at this point. I would be happy to take it on notice. I would say that I do think it is important when the government is trying to secure the community's confidence in a program that it acts as consistently as possible and treats all individuals in the same way so that they are equal before the law.

CHAIR: Thank you to both organisations for being here today. One last one for the Human Rights Commission and we have taken one on notice—we will get a date for you for when we need that back by. In the beginning of your opening statement you said there were around 440 inquiries. Are they all COVID related?

Mr McDougall: Yes, not necessarily about hotel quarantine.

CHAIR: I think around 118 were relevant to hotel quarantine. I would imagine that would come down with the capping of numbers of international arrivals proportionately to complaints perhaps from 1,200 to 500 per week. I think that was a decision made by national cabinet to reduce the number of international arrivals to Queensland. There is a lot more work to be done. National cabinet meets today. I do not want to seek opinions on that, but some things will impact the numbers, I would imagine.

Mr McDougall: I suspect the complaints will continue whilst people are being detained in rooms that do not have windows which open.

CHAIR: We have heard you very clearly. The Chief Health Officer also talks about that often.

Mr MOLHOEK: I have a very quick question to Mr McDougall. You mentioned fresh air and the fact that the government is now looking into mining camps and remote facilities. Has there been any consideration of vacant sections of the old Commonwealth Games village, which all have balconies and plenty of fresh air?

Mr McDougall: I am not privy to those discussions. That would be a good question for the Chief Health Officer or the State Disaster Coordination Centre director.

CHAIR: We thank you for your attendance today and for the outstanding work you do, both in the mental health area and the human rights area. It is important that we continue to look after everyone during this period and beyond. We certainly appreciate your contributions here today. It is 29 January for those questions on notice.

HOGAN, Mr Bernie, Chief Executive, Queensland Hotels Association

Mr Hogan: Good morning to all committee members. Thank you very much for the opportunity to provide input into the committee's consideration of this bill. The QHA is obviously the peak representative body for the hotel, hospitality and accommodation industry right across Queensland. Our members span the length and breadth of the state in almost every city, town and rural area. We provide entertainment and hospitality for tourists and locals, but most importantly we provide employment for thousands of Queenslanders. Our membership includes those traditional pubs you are all imagining in your heads right now and also bars, tourist accommodation, international hotels and resorts, racetracks, convention centres and many, many others. Many of these are family owned enterprises with long histories of being the heart of their communities.

I will put it simply: 2020 has been the year that brought our industry to its knees in many parts of Queensland. No matter how many times we ask locals to holiday at home, support their local or forego that interstate trip and do a road trip, Queenslanders simply cannot replace interstate and international tourism forever. Whilst QHA is well aware of the effects COVID has on international tourists, as our tourism members have been affected since January 2020, on 23 March 2020 many in my industry first heard that Queensland actually has a Chief Health Officer and came to understand the extent of the powers invested in that position.

23 March marked the start of 102 days that Queensland hotels were shut or it was uneconomical for them to open under the restrictions placed upon them. QHA has always supported the need for a health outcome during the pandemic that led the way to ensure we had a chance at economic recovery after the pandemic. The restrictions were often challenged to ensure they were specific to the needs of the pandemic and not the result of fear or prejudice against parts of the hospitality business. It is through this lens that the QHA makes the following comments about the intention to extend the expiring provisions that are in the Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill.

The QHA does not pretend to have public health expertise. We are, however, filled with experts in local areas and we are keen observers of the people around our state. The feedback we have received is that provisions restricting the movement and operation of businesses within Queensland must be fair, proportionate and final. QHA supports the need to extend the Chief Health Officer's ability to restrict the operation of businesses as long as it is fair to all Queenslanders. Asking businesses and the community to put their livelihoods at risk because an individual in another state broke their laws is hard to accept as you face financial ruin, particularly if you are in a part of Queensland that has never experienced a COVID outbreak. Border restrictions unfairly impact tourism communities, and blanket restrictions do not take into account that Queensland has a population much more dispersed than any other state. QHA would seek to have the effect of these restrictions minimised. Restrictions must only be for the use of COVID as stipulated in the bill and not used to change other behaviours and thoroughly legal activities such as the consumption of alcohol, smoking or gambling.

The response needs to be proportionate. Whilst we are repeatedly told that coronavirus is unknown or unpredictable, that is not entirely true anymore. After over a year of research and enacting COVID Safe plans that have been praised by the Chief Health Officer publicly, while hosting mass events and operating what has been largely a successful quarantine program, Queensland has amassed a vast amount of experience throughout the hospitality industry. Queenslanders as a whole should be immensely proud of this. The use of powers to restrict movement and operate businesses must be used sparingly. As vaccines become more available and the threat of outbreaks is hopefully reduced, we would expect a proportionate reduction of those restrictions. For example, recently we all experienced—except maybe the members for Thuringowa and Mirani—the most recent three-day lockdown in Brisbane, which had a dire effect on our industry. Within those three days over \$40 million worth of revenue was foregone, and that was just in the Greater Brisbane area. It does not take into account the Sunshine Coast or the Gold Coast, which suffered from a lack of confidence in travellers and resulted in ongoing cancellations.

The restrictions should be final. The authority to restrict the movement and operation of business must not be available one day more than is absolutely necessary. Queensland hoteliers long for the day they can get back to running their businesses, welcoming patrons and employing full staff. QHA would recommend that, while the minister does have the power to revoke the powers through declaring the health emergency concluded, there should be review points set down more frequently than on a monthly basis. The QHA would like to be very clear: we understand that adherence to the restrictions allowed under the expiring provisions covered in the bill allows us to be critical. Without a strong health response we realise that an economic response is difficult. As we are

approaching a point where we are hopefully seeing an improvement in the Australian experience with COVID, QHA recommends that the provisions of the act be extended as they have proved eminently useful and successful to date. However, as previously stated, the hotel and accommodation industry cannot afford to be restricted one day longer than is absolutely necessary and with confidence that these restrictions will be removed as quickly as they were imposed.

CHAIR: Thank you very much, Mr Hogan. My son works in hospitality in Townsville. We all know someone who is impacted. Obviously, in the darkest days of 2020 the tourism and hospitality industry was impacted. There was a national response with JobKeeper assistance, which we note runs out in March. I am sure you will be talking to our federal counterparts. You were here and you heard the contributions of the Mental Health Commissioner and the Human Rights Commissioner, who have done a remarkable job. We want to keep the hospitality industry ticking over, and we commend your members for their response during COVID in terms of keeping our restaurants, cafes, pubs and clubs—and many other venues—open. They have done it very well within the COVID Safe plans. What is the view of your association in terms of supporting remote camps? The Human Rights Commissioner put it nicely in context in terms of shutting down a whole metro area versus putting people in a place with fresh air, not unlike the Northern Territory's Howard Springs. What is the view of the association in terms of that?

Mr Hogan: Firstly, I am not going to comment on the human rights side of it. Having a look at it from the accommodation industry's perspective, we do have to realise that the accommodation industry in Queensland, regardless of what is reported in the media, is really at about 10 to 15 per cent occupancy. No business, no matter where you are, can run at 10 to 15 per cent occupancy. If I told any business in Queensland that they would have to reduce their revenue to 10 to 15 per cent, they would be out of business in a matter of weeks.

Our first thought as an association is that those accommodation members who have contracts right now are going to be incredibly impacted. They are the few accommodation hotels that continue to employ staff. If we do move them to remote mining areas it might be great for that specific area. I will not comment on the choice of where that may be, because as we know there are many across Queensland. But realistically from an economic standpoint are we not just moving it from one place to another? You are going to have an enormous hole in places like the Gold Coast, Sunshine Coast and Brisbane, where there is fierce competition for jobs and potentially more jobs available. Do not get me wrong: there is a balance in every one of these decisions. We are not against moving it to remote mining towns, but also it is a movement of the same issues we are going to have if we move it to just outside of Gladstone and Calliope. There will be definite pluses for Gladstone in that there will be more usage of that area, more supplies being brought through. There are just so many parts in it. Are we just moving it?

CHAIR: I do not know. In your opening statement you talked about the impact of that three-day lockdown for the new strain, and I will clarify that. Yes, we have learned a lot in the last year, but the new strain is very unpredictable. The Chief Health Officer will appear before us today and we will learn a little bit more about it.

Mr Hogan: I absolutely agree. I think every Queenslanders has become an expert on virology in the last year. Everybody wants to know more about it. I think that realistically Queensland has been exceptional about containing this virus. The UK virus came to Queensland, and it was in the hotel that it was but it did not escape. It was run well. Even a casual cleaner who came in did exactly the right thing. Our view as an association is that we have to stop pointing the finger going, 'Watch out! Watch out! Watch out!' We need a little bit more carrot and less stick, and that is why we do it. Otherwise, a year in you are going to lose the public commitment to it. It will happen, and we see it happening.

CHAIR: We certainly do not want to go back into any lockdowns either. I will open it up to questions.

Mr MOLHOEK: Thank you for coming in today, Bernie. You mentioned earlier the \$40 million impact of the three-day lockdown on Brisbane. Do you have any sense of what the economic cost of that has been across the state in terms of dollars and jobs?

Mr Hogan: We surveyed our members. We have not done it across Queensland because you will find there is a lag issue, particularly in tourism areas. You will find that people will cancel. There was a huge number of cancellations. When you look forward to Easter, normally you would expect that as school holidays end people go back to school, but as tourism drops off we have corporate travel pick up because everybody goes back to work and corporate travel starts. That part of the industry is just not there. That is impacted by people's confidence about borders and confidence Brisbane

about travel. That sector of the industry is not there. We are just coming to Easter, and that is always the valley of death for most industries. They want to get through to that next step. There are no forward bookings. We are talking single-digit occupancies, which is horrific when you are looking at these people who have come through the year they have.

Mr MOLHOEK: You touched on the issue of restrictions needing to be fair and proportionate. Has the industry had the benefit of, or been provided with, any sort of comprehensive overview or information from Queensland Health as to the basis of some of the restrictions and some of the reasons for those lockdowns? Has there been any consultation with your industry on those aspects of it?

Mr Hogan: There has been extensive consultation with the QHA and the CHO's office. Dr Young specifically and the health minister have been very good in working with us. As I said right from the very beginning, we do not profess to be health experts at all. We have always talked about what can be done practically. Often what would happen is that a restriction would come in and in the very early days—and this is what I mean when I talk about being fair—it was done instantly. The hospitality industry across Queensland had to react within a day. It is simply not possible. Then the regulators were out there regulating within a day. Yet most of the other changes were given a date, say, in 10 days time. They are changing hotel quarantine. They have been talking about this for three months. By the time it comes around plans will be put in place—but we had to act instantly. That is where it was very, very difficult. It had got better until January, of course, when we had a very quick lockdown.

We have worked very hard to make sure that there is more understanding of our industry within Queensland Health. In the very early days of the pandemic, things happened very, very quickly and things worked very, very directly between decision-makers and the industry. As people became more comfortable and the government got back into the swing of things and processes started coming in, that slowed everything down including the communication, to be brutally honest. Now we are in a situation where I think Queensland Health are more understanding of the practicalities of the hospitality industry. It is not a switch on, switch off industry. It is getting better.

Mr ANDREW: Have you seen insurances go up for your members? Are there any conditional requirements for insurance to do with risk assessments, such as wearing masks or vaccinations, that may disqualify you or hoteliers going forward?

Mr Hogan: Insurance in the hospitality industry has skyrocketed over the last two years, particularly in places—and I know Mirani well—such as Rockhampton and above the Tropic of Capricorn. There you are looking at 200 per cent to 300 per cent increases in premiums and also not being able to cover the entire amount of your loss. That is probably one of the biggest issues that we face in the tourism and hospitality industry.

With regard to preparation for COVID-19 mask wearing et cetera, no, that has not come through from anybody as a specific requirement. However, there would be a condition that you do comply with restrictions. At different times that would come through, but I have not had that as a specific issue raised with us.

CHAIR: I am not sure how the insurance side of it ties into the bill. The ACCC has just handed down a report into insurance in Queensland. I do not know whether your association made any submissions to that inquiry.

Mr Hogan: We are well and truly in on the insurance side of it. It is not to do with this bill. Not just our industry but every industry in Queensland is in dire straits over insurance.

CHAIR: I will open it up to any other questions.

Ms PEASE: Mr Hogan, thank you very much for coming in. I do not have a question, but I would particularly like to acknowledge all of your members and the great work they have done. It has been a difficult time. They have responded. I know in my own community, in the Wynnum-Manly area, our local pubs and clubs have all stepped up and done the right thing. Thank you and thank your members. I know how hard the QHA has been working with its members. Congratulations and thank you for your great work.

Mr Hogan: That is very, very kind of you, but I push it back to the fact that the staff at those places have been tremendous.

Ms PEASE: Exactly. They really have. They have done an exceptional job stepping up, learning and pivoting—the new catch phrase. It has been so impressive. Everyone in my community have done an outstanding job. I know that collectively in our area—I know you are from Wellington Point—we have all worked really well together, so congratulations.

Mr Hogan: I am a different Hogan. There are plenty of us.

Ms PEASE: Oh, are you? You are a different Hogan.

Mr Hogan: Yes, but I know them well. I wish I was part of them.

Dr ROBINSON: I do have the Hogans at Wellington Point in my electorate. It is a wonderful hotel and a great family. They have been there for a long time. In terms of access to advice and timely advice for your members, in what ways would it be helpful to see the full health advice and reasons before further lockdowns or any potential lockdowns are brought in? What would improve the process?

Mr Hogan: I will hark back to something that the previous speakers from the Human Rights Commission said. Access to that information may improve Queenslanders' general knowledge of what is required. The reason that would assist us immeasurably is that it takes the pressure off those hospitality workers who may not necessarily be as confident as somebody like me when being contested about a restriction.

The member for Thuringowa said his child is working in the hospitality industry. When contested by somebody in that setting it is very difficult. There is no ground level of understanding of why that restriction was put in place. I think for us as an industry it gives relief to our members, to our staff, so that they can say, 'No. You have seen the government information. The reason we have to do it is this. It is not forever. Let's keep moving.'

We need to have that information regularly updated. Like all of us, signs become like wallpaper and you start to walk past them. They are not new. They are not different. They are not interesting. That is why people will gloss over them. I do believe that we need to keep it going and to be able to release information, suitable information, to the broader community. It would assist our members.

Mr ANDREW: In terms of bankruptcies and closures, what have you seen after this recent period?

Mr Hogan: Throughout last year quite a few iconic hotels have either gone into bankruptcy or closed right across the state—that is, accommodation hotels and traditional pubs. That is probably been one of the most disheartening things we see, because once they go they do not come back. As you say, the effect from this last small lockdown we will notice in the next couple of months. Our biggest concern for bankruptcy and closures is leading into the Easter period this year. That is our largest concern. As I said, when those businesses close they stop employing people. You do not see them back. People leave those areas, and that sounds the death knell for those towns in regional and rural areas of Queensland.

CHAIR: Thank you, Mr Hogan, for your contribution today. We thank you for your contribution and for your attendance here today. We will move on to the next witnesses.

LEE, Ms Julie, Research and Policy Officer, Queensland Nurses and Midwives' Union

PRENTICE, Mr Daniel, Professional Research Officer, Queensland Nurses and Midwives' Union

PURTON, Ms Stephanie, Industrial Officer, Shop Distributive and Allied Employees Association—Queensland Branch

CHAIR: I welcome to the table Ms Stephanie Purton, Research and Policy Officer, Shop Distributive and Allied Employees Association—Queensland Branch; and Mr Daniel Prentice, Professional Research Officer, and Ms Julie Lee, Research and Policy Officer, Queensland Nurses and Midwives' Union. Thank you very much for your attendance here today. We will go to opening statements and then to questions.

Ms Purton: The SDA welcomes the ability to comment on the bill and thanks the Health and Environment Committee for the opportunity to do so. The retail and fast-food sector is undoubtedly a large contributor to the Queensland economy, with a majority of these workers in part-time and casual engagements. The sector is reliant on the ability to consistently trade and have access to customers. These have been significantly impacted by this pandemic.

In Queensland, the SDA represents some 35,000 members working in various retail and fast-food outlets from the corner store to the multinationals such as Coles, Woolworths and Bunnings. Our members also include the retail warehousing staff who support this infrastructure to ensure that the Queensland economy and the stores are stocked with the relevant products.

The SDA wishes to highlight that there should be some recognition of retail workers being at the coalface of the pandemic. Our members were required to attend work and serve customers when many industries were unable to. This was very challenging for our members. The increased traffic heightened the risk of being exposed to the virus, as well as increased customer abuse due to panic buying and shortage of products. Retail workers in the lockdown were definitely businesses that were allowed to function and remain open and should be regarded as essential workers and afforded this consideration when travel restrictions or border bubbles or isolation restrictions are put in place.

The SDA would welcome considerations where isolation of individuals is required due to exposure or where they have been and having no alternative but to use their own leave entitlements. Retailers are not required to pay these people to be off work and have often faced unpaid components in this regard and therefore request some recourse for government assistance for these lower paid workers in these sectors.

The SDA, having reviewed other submissions to the committee, would also concur with the Queensland Nurses and Midwives' Union in that throughout any period to extend this legislation an appropriate evaluation needs to be conducted of the current practices and the achievements that have occurred and, in particular, the impact of any vaccination programs introduced in this time frame, determining the measures that may need to be amended or extended, and that preference be given to these essential workers in retail and fast-food who are also at the forefront of exposure to the virus.

The SDA does, however, commend the Queensland government for its proactive response to the COVID pandemic and for its agility to review medical evidence to the best of its ability and to implement measures that have proven to be in the best interests and health of all Queensland residents and visitors to the state. Accordingly, the SDA supports the bill and, in particular, states its support for the Governor in Council to extend the declared public health emergency for up to 90 days; that there be increased powers for the emergency officers and for the Chief Health Officer to limit, or respond to, the spread in Queensland; and that the chief executive to delegate their powers to the Chief Health Officer or a person with expertise or experience in public health issues and improving the operation of the provisions appointed under chapter 8. Thank you for the time today to present.

CHAIR: Thank you very much, Ms Purton, for your attendance here today and for representing the SDA and those 35,000 workers. I go back some 40-plus years to think of my first job in Coles and how far we have come. It was quite amazing to see the scenes last year of the impact on retail workers in supermarkets and the abuse that was reported widely in the media, to the point that we even had stores opening an hour earlier for our most vulnerable—our elderly—just so they could shop. It is amazing to look back at how far we have come. I think it is also timely to recognise exactly what you have said about the enormous workload for retail staff during the pandemic, which continues. Thank you for being here and thank you to your members. We will move to the next opening statement and then come back to questions. Mr Dan Prentice, welcome back. You have grown a beard since our last meeting.

Mr Prentice: Yes. The elderly decline has set in. We would like to thank the committee for the opportunity to speak with you this morning regarding the Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill 2020. The QNMU has over 65,000 members across public and private disability and aged-care sectors. I think it would be fair to say that all of those members have been affected both personally and professionally by the COVID-19 pandemic in some way.

As we indicated in our submission to the committee, the QNMU commends the government and its officers on Queensland's pandemic response to date. The QNMU broadly supports the legislation, recognising that these are unusual times and there is a need to balance the public good with the freedoms that we would ordinarily enjoy.

As we indicated in our recent submission to the committee, issues we believe should be considered in the broad context of this legislation include movement of healthcare, aged-care and disability workers in both the public and private sectors to their place of work particularly in relation to hotspots, restricted areas and state border areas. We believe these workers should be given the same consideration as emergency workers given the impact any workforce disruption would have on these vital services.

Early evaluation of the COVID-19 pandemic response, we believe, is also essential. This pandemic has been very much an ongoing learning experience and we would urge that formal evaluation processes are essential both during and post pandemic. Worryingly, the next pandemic may be just one sneeze away, so it is essential that we are optimally prepared for future events.

Protection of rural, remote and vulnerable communities is essential as well. We would recommend that mechanisms to maximise protection of these communities are explored. Health quarantine processes have been problematic across jurisdictions as well. We emphasise that ensuring appropriate access to healthcare services and staff mental health services are important as well as culturally safe practices and effective training for those involved. Physical conditions, infrastructure and services such as meals and nutrition are all considerations in this regard.

In terms of the amendments to the Mental Health Act, our members report that, while pandemic measures such as social distancing and infection control present particular issues in the inpatient context, these have been implemented with minimal disruption. However, as the committee would be aware, community mental health has been a major issue during the pandemic and will likely remain so for a considerable time. Again, as we indicated in our submission, the QNMU suggests bolstering existing community mental health services as well as establishing specialised COVID-19 community mental health response teams for those who have tested positive or are in isolation as a hospital avoidance measure to reduce the risk of transmission in mental health wards and the wider community.

Finally, we also mention the role of nurse practitioners within this current situation. Legislation supporting nurse practitioners to complete advanced healthcare directives as per provisions under section 11 have been very innovative and proactive and implemented by the current government to improve patient access to this particular process of advanced care directives. This provision needs to continue, we believe, as part of the COVID-19 emergency response and the extension of nursing and midwifery scope of practice and be made a permanent feature after the pandemic emergency response is completed. Again, we thank the committee for the opportunity to speak today and look forward to any questions or clarification that members may have.

CHAIR: I refer to one of your final points about the bolstering of mental health work and to the statement in your submission, 'In response to documented and anticipated increases in demand for mental health...' This morning we heard from the Mental Health Commissioner a breakdown of the impacts of COVID-19 on Queenslanders. Certainly, there have been some alarming increases in ED presentations, but there has also been some good work. The commissioner complimented the Queensland government on what started at \$20-something million and moved to \$38 million—now to \$46 million—to bolster mental health support. In terms of health, I think he drew attention to the co-responder model of nurses attending with the Queensland Ambulance Service. I know that in Townsville that has had a significant impact. Do not quote me, but I thought there were something like 270 fewer admissions direct to the emergency department because of going out there and getting these people to the right place and the right support. There has been some positive work in that space, but I will start by also saying to those 65,000 members—very similar to the retail association—that we could not have done it without you. Last year, we said in our interim report on COVID that we could not have had the health response without your members. It has been an outstanding response

in terms of testing for all in the health arena that your area covers. We thank them for their ongoing work to help keep Queenslanders safe, whether it is the fever clinics or out there responding in rural and remote areas, which you touched on as well.

Mr MOLHOEK: I echo the sentiments of the chair in passing on our thanks to the 65,000 of your members who have been the first responders in many cases and have done an incredible job. Having some family members in that space, I know as well just how stressful it has been for some of them. The people of Queensland are very grateful for the work of your members. My question relates more to hotel quarantine, but there are healthcare staff engaged in that space. Are you confident that the healthcare staff, the cleaners and the hotel care workers in those quarantine hotels are able to do their job safely and to get the training they need to manage that environment?

Mr Prentice: I worked at the Royal Brisbane and Women's Hospital during the swine flu pandemic in the patient safety and quality space. I really think that a lot of the lessons that we learned back then have translated well into Queensland Health and the government's response this time. We have been very grateful to be involved in information sharing right from the start of this. I remember the first briefing that the Chief Health Officer gave way back early last year. This has been very much a learning experience across all jurisdictions. We now have got to a space and a time where there have been a lot of lessons learnt from Victoria, New South Wales and the other states about how quarantine processes should work. For example, I believe we have now moved to daily testing of workers in hotel quarantine whereas previously that was not the case. There has been a lot of lessons learned from what happened in Victoria.

Right throughout this, we have been very impressed both by the level of communication and the response of Queensland Health to these particular issues. That is why we have mentioned the need for ongoing evaluation and recording of that organisational memory to learn the lessons about what should be the optimal training, for example, so that if this were to happen again we can implement those things quickly with the evidence that we have gained through this particular event. We have moved to the place where the composition of teams, the training that they receive and the surveillance that is put in place for testing have matured quite well over the course of the pandemic. I expect that that will continue to be the case. I hope that answers the question.

Mr MOLHOEK: What about the use of PPE? We saw some fairly challenging issues in the earlier stages. Are you now confident that workers are receiving fit-for-purpose PPE and know how to use it properly?

Mr Prentice: I believe so. My portfolio area is aged care. Certainly that was an area where there were a few issues around things like PPE and supplies, but as far as we are concerned those issues are now well managed. I believe that the processes that the Queensland government and Queensland Health has put in place with other bodies such as the Commonwealth Department of Health, primary health networks and others has been very coordinated. I mention that assistant deputy director-general Bronwyn Nardi has been our contact. We have been very grateful for the level of information sharing and cooperation that she has provided us, particularly in relation to aged care which quite early on everyone released was a vulnerability within the Australian health system. We have certainly been very grateful for the work that she has done and the amount of communication and keeping us up to date that she has provided. I certainly would like to thank her for her work, particularly in that aged-care space. She now has moved, I believe, to the COVID vaccine program. Yes, that was an area where we worked with government, Queensland Health, our members and providers to hopefully solve those initial problems of PPE, particularly in the aged-care sector.

CHAIR: It is worthwhile clarifying, member for Southport, that we made several recommendations in the interim report in relation to PPE issues in the aged-care sector. In Queensland the sector has 459 providers, and 16 are state-run facilities. They are looked after by the Commonwealth. We there made certain recommendations around the primary healthcare networks to ensure that those aged-care facilities received their PPE. I believe some work has been done in that space. Certainly, Queenslanders now are making their own masks and PPE.

Mr Prentice: Yes, that is right. Those coordinating arrangements seem to be working quite well these days. In the aged-care space, there are regular meetings of stakeholders to which we contribute and those processes seem to work really well.

Mr MOLHOEK: My question was more regarding the hotel quarantine situation than the broader health system. Who provides the training? Is there a particular provider or a department within government? Who is actually responsible for the training in respect of how to use PPE?

Mr Prentice: The general answer is that that varies depending on the sector. Certainly four years ago if I were still working at the Royal Brisbane and Women's Hospital, that PPE training would have been provided by the hospital.

Mr MOLHOEK: In-house, or do they bring in specialist firms?

Mr Prentice: Generally speaking, when you are looking at, say, the sophisticated public healthcare system in Queensland, that is quite sophisticated and has its own resources to provide that training in-house. While I am not overly familiar with the private hospital sector, for example, I would imagine that again it would have those resources. Again, the lesson has been learnt from the Victorian experience in aged care in particular. We found that the level of training and the ability for that sector to respond quickly around those PPE issues did highlight that there is no substitute for direct training. Once that was identified, both the Commonwealth and the providers realised that that expertise needed to be brought in to essentially ensure that, in the aged-care sector in particular, the large, unregulated care worker component—over 70 per cent—needed that level of upskilling to meet the needs of that sector.

Mr MOLHOEK: My concern was more about those health workers engaged in hotel quarantine, because they are often quite remote from the broader system and have been deployed into the system. What sort of training and support are they getting?

Mr Prentice: If they were healthcare teams that were provided by the public sector, certainly their training would be from there. Potentially, what has been identified is that the weaknesses in the system were around non-health staff, the level of training that they had and the surveillance around their use of that equipment.

CHAIR: Before we go to the member for Mirani I have a question for the SDA. We can possibly get the views of the QNMU as well. We heard from the Human Rights Commission and the Hotels Association this morning. When a health directive is provided—and there have been numerous over the course of the last year—they feel that, particularly for the retail sector, perhaps a statement of advice as to why or what is underpinning it within a time period may be beneficial for people in that sector to understand why that directive has been put out. What would be the view of the SDA and QNMU if the committee considers that? That has been mentioned a couple of times already this morning.

Ms Purton: I think that is probably a good point. If we look at the snap lockdown two weekends ago, that was just insane. Our office was run off its feet. I am sure that employers were run off their feet. It was a very quick decision. A lot of changes had to be made very quickly, and there were a lot of gaps in the advice out there in terms of who is an essential retailer and who is not an essential retailer. We did not have that information to provide. You have brought up a very good point. There needs to be more extensive consultation before it is released to the media or put into the public domain so that the relevant organisations or companies can respond appropriately instead of having to say, 'We're waiting for information about whether you can or cannot open during the lockdown, whether you can or cannot go to work and what the requirements are,' I think is a very important aspect.

Mr Prentice: Recognising that often decisions have to be made and implemented quickly is always an issue in these unusual times, but certainly as a general rule the more communication and explanation about particular changes that you can provide, the better. Certainly we have taken that approach with our members. On our website, for example, we try to integrate as much information for our members as possible so they are informed. Hopefully it is like a one-stop shop for them to find the information they need that is helpful in their particular circumstances. It is always a balancing act, I suspect. As a general rule I am a great believer that the more communication and explanation you can provide the better, but that is always balanced against a need to act.

Ms KING: I suspect that what the chair was moving toward was the idea of workers themselves being provided with the reasons for decisions so that when they are questioned by members of the public they can provide those reasons. Having worked in hospitality and retail for many years, I am a little concerned. My interest was piqued by the evidence given by one of our earlier submitters about the idea of putting that responsibility onto workers at the front line and making those workers responsible for communicating reasons to the public. In many cases when people are being told to do something they do not want to do they are not necessarily seeking to understand, they are actually just annoyed at being told to do something they do not wish to do. I am uncertain about the fairness of doing that to workers. Of course, encouraging the provision of information to workers for their own understanding is always a positive thing. I would just like to hear your reflections on making workers responsible for communicating to members of the public the reasons for these decisions.

Ms Purton: Yes, I think that is an important aspect as well, especially with regard to wearing masks and things like that. Can someone refuse to serve someone who is not wearing a mask when they understand that is a requirement? Can management restrict someone's access to a store? How

does that interact when it is a government directive that has caused some abuse or customer interaction? Especially for us in the retail and fast-food sector, we have juniors working in these stores who are 13 or 14. It should not be their responsibility. I think that is probably another issue around communication. Companies can have different interpretations of the directive as well. Whilst one retail supermarket may say, 'Yes, we won't let them in,' the other one may say, 'We can't stop them from coming in.' I think it is around the question of who is responsible, and I do not think that should be the workers. There should be no ambiguity as to what their rights are in terms of enforcing whether someone can be served or not. Who restricts that? We often tell them that they need to speak to management to find out. It is a similar situation when someone is stealing from a store. What are their processes? I guess there is a gap in policy or training for these incidents.

Whilst most companies have aggressive customer policies, there may not necessarily be a restriction of entry or how to address that. Most supermarkets put up plastic screens. Further on from that, for example, hearing impaired people who are often still able to work on front-end registers can no longer lip-read, so what companies were doing with regard to those people and how that was facilitated is definitely an issue that continues to occur with the recent Queensland mask guidelines. We took guidance from how Victoria addressed it. It is something that I think has to come from the top down in terms of direction or who is in authority to address those concerns.

CHAIR: Good response; good question. Member for Mirani, do you have a question?

Mr ANDREW: Yes, I do. Thank you to all of your members who continue to put themselves at risk on the front line. One of your areas of responsibility is the aged-care sector. We have multipurpose facilities in our area, Sarina and Mount Morgan being two. Has there been any push back for workers who wear masks? They say there is a sunset of 2022. A lot of these people who are wearing masks are trying to shower people with masks and doing all of this sort of thing. What are you seeing and how are we addressing it? Are we addressing it in the right way?

Mr Prentice: From my perspective, as far as I am aware, I have not heard of any specific issues. It is well accepted right across the acute aged-care sector that the use of PPE and masks and other protective equipment is essential to keep whoever you are looking after safe. I think that is pretty much a given. The initial issues around supply have now been largely resolved. Having worked in aged care myself as well as the acute sector in direct patient care for many years, yes, it is more difficult to do that, particularly when you are garbed, but I think most people recognise that that is essential to keeping those particular groups safe, particularly elderly Australians. I have not heard of any specific experiences where that has been a particular issue at a facility. I think the aged care directives—I think we are up to 21 at the moment—have been very explicit about what is required for workers in particular situations, whether they are in restricted areas or not. No, I cannot comment on any particular issues. Largely speaking, I think that everyone who works in those sectors, particularly those looking after vulnerable populations, understands the need to do that. Particularly given that now the federal government has introduced a requirement for specific infection control expertise in aged-care facilities I think that a lot of those training, knowledge and communication issues will be much better managed.

Mr ANDREW: What is the union's policy on no job, no job for its members?

Mr Prentice: No job, no job is already in place in parts of the public sector. For example, if you apply for a job at a hospital. My comment at the moment would be that we are waiting to see what the approach will be. I believe the Commonwealth government has identified that state jurisdictions will decide that. I would probably say that I would like to see what eventually comes to be decided before I respond. Last year we had a situation with the mandatory influenza requirement. We have also seen that already as part of employment conditions in the acute sector. It is not as though mandating certain things is not already in place. It is. We would like to see what the final form of that would be in the Queensland context before commenting specifically.

Ms PEASE: Further on from the member for Pumicestone's question with respect to employees in supermarkets and the retail sector, can you provide some advice about employers and how they have been supportive of your members having to be the front face of their organisation and how they are supporting your members to make sure they are protected in the workplace.

Ms Purton: That is a bit difficult to answer. I think that in general, like everyone else, everyone is guided by the government's directions and interpreting how those apply to their businesses. In essence, most of them have been quite good. Obviously, we have two ends of the spectrum in terms of Coles' and Woolworths' extreme profits and the fashion end facing redundancies and store closures. Employers have experienced both the bad and the good with the pandemic and have had to navigate how that looks in terms of reducing hours or redundancies as opposed to putting on more

staff. Woolworths put on Qantas workers in response to assisting people who were out of jobs and utilising those skills in their sector. Overall, we have health and safety officers, industrial officers and our team who pretty much communicate weekly with these companies to ensure that we are aligned with workers' rights being upheld as well as what businesses can do.

It opens up untouched areas of what leave can be accessed or what provisions are put in place for high-risk people. Some companies did pay people to be off who were high risk or elderly, and others were allowed to apply for that sort of leave which they did not have to. We have seen generally that most of them are upheld. We had a few issues with PPE and hand sanitiser and things like that early on last year, but most of that was addressed once supply came in. I think Queenslanders potentially got a bit complacent and we saw door greeters come off the front doors, fewer cleaning procedures and things like that, but our members let us know that we need to take that up again. There can be isolated store issues. The greater number is generally doing the right thing and there are just isolated issues. When you do say 'Greater Brisbane' everyone wants to know whether they are in that area or the Sunshine Coast. I guess it is just that knee-jerk reaction that is addressed. It can be a day or two between the teams getting advice and getting back to us and us informing our members. Overall, I would say that they have handled it quite well. It is just navigating that completely massive workforce when there are not 10 or 15 people in a site. You have a lot of different people whose medical conditions came out of the woodwork, people who were high risk, and companies had to respond by putting them into back docks instead of at the front end, changing rosters and things like that, which they generally did very well.

Ms PEASE: Thank you for that. Just a comment, firstly to your members and the SDA: last year for my Queensland Day Awards, I awarded all of our supermarket and retail workers because I acknowledged the great work that they have all done during the pandemic and have been front facing. Whilst many others stepped back, you were all stepping forward, like the health heroes. Thank you very much to all of your members and also to the nurses union members for your great work.

Ms KING: Briefly, Mr Prentice, I have many constituents and represent very much an older electorate. I would like to reflect briefly on private aged care. This one particular constituent came to me during the restrictions on visitors to aged care and she told me that she was frightened that her husband who was in dementia care in a facility would starve to death because she could no longer visit him to assist him with his meals. I wanted to ask for your reflections on what this pandemic has shown us about staffing levels in private aged care?

Mr Prentice: I think you could probably say that the pandemic has been what you would call a stress test for aged care in particular. Certainly we need to learn the lessons of what happened when we had the spread in Victoria; that is a salient lesson.

Our general view is both skill mix and staffing in aged care are currently below what should be evidence based across in general terms. We do have ratios in the 16 aged-care public sector facilities in Queensland, but we would certainly like to see comparable staffing and skill mix ratios across the board in the private sector. I think the pandemic has certainly put a bit of a spotlight on the capacity of organisations which run pretty much close to the bone in terms of their staffing and skill mix, that it does not really take much to tip the capacity of that organisation to manage its care over the edge. We are certainly hopeful that there will be recommendations about that in the aged care royal commission report.

CHAIR: Just to touch on that, the former iteration of this committee made 77 recommendations in its aged-care report, recommending that the federal government do exactly that, as we have done in the state run aged-care facilities. COVID might have delayed the response, but we look forward to the response also from the royal commission.

Mr Prentice: Yes, hopefully. We are eagerly waiting to see what the outcome of that will be.

Mr ANDREW: Ms Purton, I will just handle this very gently. I know you and the SDA represent a lot of people on the front line, just like the nurses union. Has anyone been subjected to COVID or contracted COVID within your ranks?

Ms Purton: As in members?

Mr ANDREW: Yes.

Ms Purton: I believe so, yes. I could not say in Queensland, but—

Mr ANDREW: No, in Queensland was the question.

Ms Purton: I would not know, actually. I would have to look into it.

Mr ANDREW: It was just a question I wanted to ask because I know you are all out there. I delivered a lot of hand sanitiser at the start. I bought a whole slab of it to give to your people so they could stay open and give as much confidence to people to go to the stores and keep buying things because I was very concerned. I am a small business owner myself in my own life. Yourself, sir?

Mr Prentice: I do not have access to the exact numbers. Queensland's infection rate has been very, very low, and certainly any concerns have been responded to very rapidly. I do not have the exact numbers. I cannot even recall. We will certainly take that on notice.

Mr ANDREW: I appreciate that, if you could. That would be great.

CHAIR: We just need that back by the 29th.

Mr Prentice: There is narrative about because there was the Rockhampton issue and then the potential outbreak last year on the south side and the more recent one. Yes, so we could put something together for you.

Mr ANDREW: Thank you so much.

CHAIR: Thank you very much. I know we are eating into our time, but I did want to end with the clarification of your opening statement around recognising that healthcare workers are put in the same basket as emergency workers when it comes to moving them from place to place of work. Just to clarify, is that what you are asking for?

Mr Prentice: That would be the focus, yes, that they would be considered on that same basis, yes.

CHAIR: And that might be at the border?

Mr Prentice: Particularly at the border, yes.

CHAIR: Thank you very much. I thank representatives from the SDA and the QNMU for your extensive contributions and time this morning. We do appreciate it. The committee will now adjourn for a short break. We will be back at 11 am.

Proceedings suspended from 10.50 am to 11.03 am.

DALE, Dr Brett, Chief Executive Officer, Australian Medical Association Queensland

CHAIR: We recommence the hearing. We welcome to the table Dr Brett Dale, CEO, Australian Medical Association Queensland. Thank you very much for being here today and thank you for the AMA's submission. Would you like to make an opening statement before we move to questions?

Dr Dale: I would, thanks, Chair. Good morning, Chair and committee. Thank you for inviting the Australian Medical Association of Queensland to make a statement today. My name is Dr Brett Dale. I am the Chief Executive Officer of the AMA Queensland and have been for the past three months. I have hit the ground running. From the outset, I state that AMA Queensland is supportive of the extension of the provisions contained within the bill. Queensland has had very low numbers of community transmission due to the Queensland government acting quickly on the advice of the Chief Health Officer and enforcing appropriate lockdown restrictions and closing the borders to other states with higher community transmission rates. AMA Queensland believes that the pandemic is far from over and, as recent examples in other states indicate, the community remains at risk unless quarantine measures are enforceable.

The Queensland public cannot be complacent as the new strains of COVID-19 virus continue to pose significant risk to the Queensland community. AMA Queensland is optimistic about the planned rollout of the COVID-19 vaccine in 2021. We welcome the federal government's announcement that GPs will play a key role in COVID-19 vaccinations to ensure the safety of our community.

Australia's COVID-19 vaccination rollout will be critical to reducing transmission, severity of illness and hospitalisation caused by the virus and it is vital we have high participation rates in the community to achieve the best health outcomes for all. Until successful rollout of the vaccine, AMA Queensland is supportive of the bill to extend the Chief Health Officer's powers until 30 September 2021. Indeed, the virus has proven to be unpredictable and easily spread. Therefore, it is the opinion of AMA Queensland that it is in Queensland's best interests to extend the Chief Health Officer's powers until September 2021. Thank you.

CHAIR: Thank you very much, Dr Dale. I think you have hit the nail on the head with the complacency issue. Does the AMA have views on the new strain? We saw action in Greater Brisbane; 10 days ago we had a three-day lockdown. What is the impact of that new strain and what might the concerns be from AMA's point of view in terms of what is going on around the rest of the world?

Dr Dale: I think the uncertainty about the new strain is probably the biggest concern. When you talk about the action taken by the Queensland government with the three-day lockdown, we supported that due to the unknown potential of the spread capacity of that virus.

CHAIR: You talked about the importance of the vaccination program. I am sure we will hear more on that when that news becomes available. With Queensland being a very vast state, in order to deliver that program, as you said, high participation rates are needed. Across our very broad geographically challenging state, with issues sometimes in delivering health care, GPs will play an important role. Can we also take the time to commend our general practitioners and the work they are doing to work with the broader community in providing ongoing health care. Certainly telehealth has become something that has been widely used. It is commendable for the health practitioners to continue their work, but there is nothing quite like seeing a patient face to face, I guess. Do you see any other impediments in delivering vaccines when they become available to rural, remote and Indigenous communities?

Dr Dale: Thank you, Chair. The understanding and involvement we have had with the Queensland government to date is that there is a huge logistics planning team that is keeping us informed. The approach to date seems to make sense with the use of the vaccines and where they will be applied and the way in which parties in the health system will deliver the vaccine. In particular, the first stage where the Queensland government intends to have the hospital network look after that and the aged-care network. That is where the more complicated vaccine for logistics and the cold chain requirement will be deployed and utilised. When you look at getting other vaccines to more remote locations, you need to take into account the capacity to logistically get it from point A to point B. We are very satisfied with the level of work and consideration the Queensland government is putting into place on the basis of the expert health team that is advising them.

CHAIR: The TGA is yet to approve either the Pfizer or the AstraZeneca vaccine. There have been media reports that one has a higher yield and there are some issues with the logistics of keeping the Pfizer one cold for a period of time. Do you have any particular views there?

Dr Dale: That is the challenge. That is why we think the way in which you deploy the Pfizer vaccine, as is Queensland Health's intent, is through the hospital system, and they can manage that. When you talk about the effectiveness of the vaccination, our members believe that the TGA is taking a very safe approach to determining the effectiveness and the safety of the vaccination, and we support that. We think the fact that we are in a very good place and are not rushing to get vaccines out to the public before they are fully determined to be safe is a good space to be in for the Australian community and Queensland.

CHAIR: What is AMA's advice to people who are opposed to vaccines? In order for a broad herd immunity to occur, you need to cast the net broadly, if I can use that term.

Dr Dale: We support the use and uptake of vaccinations. We think the education program will be extremely important, both from the medical profession itself and the government. When it comes to the enticement for health consumers to participate, there will be incentive programs that may attract those that would not normally participate. Those enticements might be incentives that allow them to travel, for example. That is not our area to provide recommendations on, but certainly we would hope that the majority of Australians, where their health status is suitable for the vaccination, will participate in the program.

Mr MOLHOEK: Indulge me for a second, Dr Dale. Is the AMA representative of all doctors in Queensland, both in public and private practice?

Dr Dale: Yes.

Mr MOLHOEK: I was not completely clear on that. I have had feedback and concerns from many doctors in private practice. I wonder what the economic impact has been on many of those private practices during COVID and whether they have felt well enough informed around some of the background issues and some of the restrictions and some of the decision-making processes?

Dr Dale: It was definitely a challenge for any business in the Australian community and Queensland, and certainly our private practices were not exempt from that. We had health consumers staying at home, away from procuring the necessary health care. General practice was a big player in that space that felt the downturn of consumer access to them. The reality was there was disappointment and varied opinions, but there was a consensus that the health of Queensland should come first.

Mr MOLHOEK: In respect of where we have had the testing programs, should private GP practices be more involved in providing the tests and actually supplementing the system? One of the elderly submitters raised concerns about the fact that there are eight-hour waits and massive queues to have testing done. Is there some way that we could better engage the GP network of practitioners across the state to undertake more of that?

Dr Dale: A lot of the strategies that were put in place for testing centres were to reduce the risk of exposure to other vulnerable health consumers. If we use general practice as an example, you might have diabetic patients in there seeking treatment, and if you were to have suspected COVID-positive patients coming in for tests, it may put at risk the more vulnerable. There were legitimate reasons for shifting them outside of general practice, but there was no better place to seek the advice as to whether you needed to be screened. Telehealth played a big part in that. If there was a silver lining on COVID-19, it is the fact that as a community and as a profession we engaged technology that has been sitting there and could be better utilised, and we are making commentary now that that has a future beyond COVID-19.

Mr ANDREW: In your opening statement, you said that the Queensland case exact numbers were extraordinarily low and you went on to attribute the Queensland government's response to COVID with tough border restrictions, lockdown and strict social distancing measures as the reason. Can you please provide me with the source for this claim? Are there some peer reviewed reports that you can cite to show significantly that the state's slow numbers are a direct consequence of the government's measures?

Dr Dale: No, I cannot cite any such reports. I can state that our numbers are lower in comparison, and if we were to think about the action that was taken, we can only lead to conclude that it was on the basis of good health advice.

Mr ANDREW: That is fine. In making the AMA's submission, what bandwidth or how far did you cast the net as far as consultation goes with the wider membership of your organisation?

Dr Dale: We went out to the entire member based organisation, which is representative of all professions. We have a council of doctors which represents each sector of the profession, and its input is provided to us as an organisation. We are governed by a board separate to the council, but the council formulates—and they all are health experts—a policy position.

Ms PEASE: Again, thank you to all your members. I know it has been a really challenging year. In response to one of the questions from the member for Mirani about where did you base this information on the masks, social distancing and quarantining et cetera being successful, I assume that you were basing those comments on good scientific advice and evidence that you would have received, read and taken up?

Dr Dale: Absolutely. Our council that does all the policy formulation will seek that advice, look into the research and formulate an opinion for us to have a position.

Ms PEASE: I was going to talk about telehealth and its uptake. You have already spoken about that. So you imagine that that is one of the benefits that has come out of this? The Mental Health Commissioner spoke about some of the removal of stigma around mental health through COVID and that it is now on the daily agenda around health. Would you say the same would apply with telehealth, that it is going to be utilised much more, or technology in the health space?

Dr Dale: Absolutely. The way in which health care is procured will change. We are not unique. Look at the behaviours around the way we buy in retail and that has been changing for years. It is the same with health. You will do that with health. As a professional body, the challenge for us is to get our members ready for that. Telehealth is definitely one of those things that has a big space in the future.

Ms PEASE: My thanks to your membership. You have done a great job. I know it has been very challenging. Thank you to your members.

Dr Dale: Thank you very much.

Ms KING: I echo the member for Lytton's comments. As somebody in a medical family, I know the stress that this pandemic has had on many of your members. My husband is an anaesthetist and his comments were that he was getting ready to go to war. That was how he saw it early in the pandemic. That is what we were getting ready for as a family. I know many of your members will have felt the same, that they were getting ready to battle something enormous in their lives. I want to ask for your reflections as the representative of your members. We heard lots of evidence today about the mental health impacts of this pandemic. Has your council or membership had any reason to look overseas at the impacts on your fellow doctors internationally and what they are going through as they battle much higher incidents of the virus in other countries?

Dr Dale: I could not quote whether they had looked overseas. They were certainly cautious of the impact on mental health. It has been high on our agenda, and we have been negotiating with Queensland Health with regard to programs to tackle some of the challenges. The uncertainty very early caused a tremendous amount of stress for many health professionals, and it is still ongoing. We need to look at how we can better manage pandemics in the future and take mental health risk as a serious complication associated with health workers being exposed to the risk greater than any other Australian citizen.

Dr ROBINSON: In terms of feedback that you are receiving from your membership, is there any feedback with regard to whether the government should be releasing full health advice and reasons behind major decisions that impact on the public and on welfare—for example, lockdowns, border closures, when and where to wear masks, numbers at outdoor and indoor venues, things like that? Is your membership providing feedback to you? You may have a view, too, in terms of the government releasing full health advice for the public's benefit.

Dr Dale: We were very fortunate, being part of the health system, that we got access to the decision-making in writing from the Chief Health Officer's office with regard to what the decisions were. That said, there were two views. Certainly, the health consumer perspective and an abundance or oversupply of information appeared to create confusion, fear and noncompliance, because people did not understand the directions. We argued that it was most important to make directions clear. A good example of that was when we went into a three-day lockdown period and it was masks 100 per cent. There is science to say there were certainly times you would not have needed to wear a mask outside walking and exercising, but to alleviate the confusion for those at risk it was removed. We supported that decision. We would have taken a different view if it were for a more prolonged period, but it was important for our members that the communication was clear.

Mr MOLHOEK: I note through some of the submissions that some doctors have made submissions that perhaps have alternate views to the AMA. How have you addressed some of their concerns where some of them are saying that they think this has gone too far, it is too restrictive and they are not getting the information they should ordinarily expect?

Dr Dale: It depends on whether the submissions we are talking about were members of AMA Queensland. We tried to communicate and fill the gaps with regards to information. We certainly understood the pressures impacting livelihood with regards to the impact on their businesses, which is what we spoke about at the beginning, and we did have varying views about whether borders should be open or not; but our policy decisions are based on a consensus. There was never anything less than the majority and close to 100 per cent supporting the decisions being made. We certainly had members who had different views, and it was hard to balance that. We could see the challenges they were facing and we had to provide an understanding. The best we could do was try to get business support strategies to help them through the impact of COVID-19.

Mr MOLHOEK: One of the submitters said that the medical fraternity should be seeing all the data and all of the research and be given a lot more information?

Dr Dale: There is a call for the information. From my council's perspective, it had access to adequate information to make the decision to support or challenge decisions being made. Whenever we were in a predicament where we did not understand what policy decision was being made, we were able to access it. We are fortunate. We are in the medical profession and half our members are employed by Queensland Health. We have access to the decision-makers and we obtained the information that way. To be fair, it would be reasonable to communicate more broadly to the medical profession about the decisions. There will always be a varied opinion on the conclusion of that information being circulated. What proved to be important for our members was knowing what sort of protection was in place for them and how we best manage or provide that continuity of care for patients under restricted circumstances, and that information was being provided.

Mr MOLHOEK: In the early stages there was a lot of uncertainty around PPE, its availability, when to wear it and how to deal with it. For those people out in the regions and in private practice, do you believe that they now have adequate information and everything they need to make good decisions?

Dr Dale: They certainly have a lot more information and a lot more access to this. As a nation and a state, the lessons learned were that we should never have been that dependent on offshore manufacturing. We now are confronting that with supply of other medications outside of the necessary ones for COVID. It is a learning from difficult circumstances, but it is yet to be resolved. The Australian government and the Queensland government will need to better support local companies to produce our medications and PPE.

CHAIR: We have certainly seen good examples of that, deputy chair, with warehouses now being put out in regional areas as well as local manufacturing. I return to the point of the interim report to which the AMAQ submitted where we made recommendations for the PHNs to step up, because they not only look after the aged-care sector but our GP network as well. I am certainly not seeing the number of complaints from GPs that we had early on in March last year at the start of the pandemic in Queensland. Things have settled down but, again, a number of recommendations were made to tighten that PPE supply.

Dr Dale: Certainly concerns have lessened for us. They are not being presented. But the way in which they are managed still presents as a concern given that we are in 2021 and there should be better systems that say, 'This hospital has this amount of equipment.' Masks were something we took for granted and were readily available under the demand level of use prior to this. That completely changed and was blown out, but no-one thought about having a centralised record of what stocks were available. That was really challenging. Something that needs to be addressed moving forward is having stock levels controlled across states and jurisdictions so we can redistribute where required on the basis of need.

CHAIR: We thank you for being here today representing your members from the AMAQ. We certainly appreciate your attendance and contributions today.

DEL FABBRO, Ms Letitia, Queensland Branch President, Public Health Association of Australia

FOX, Ms Melissa, Chief Executive Officer, Health Consumers Queensland

CHAIR: It is good to have you back in front of us. We might start with opening statements before moving to any questions.

Ms Fox: Thank you so much for the invitation to speak today. For those I have met before and those I have not, I start by acknowledging the traditional owners of the lands on which we are gathered and pay my respects to elders past, present and emerging. Health Consumers Queensland is Queensland's peak health consumer body. We represent the interests of patients and carers and link them with health services so that they can be involved in the planning, design and delivery of health services to best meet their needs. Our role in the pandemic has been one of being at the centre to help amplify consumers' voices in the response to the pandemic and to provide strategic advice on how the department and other health services should partner with health consumers to have the best response possible. That has been a privilege and a responsibility over the past 12 months and something that we have been very grateful to have been able to do. You will hear about how that has been quite unique here in Queensland compared to other states and internationally.

Our main activities to amplify the consumer voice have been through our consumer conversations. Since I spoke to some of you back in July, over 600 consumers have taken part in those conversations. We held 24 since March. Based on what they told us was and was not working in the public health system's response to the pandemic, we put together 22 issues papers which are available on our website and which were circulated across the department and the HHSs to help inform their response. The hottest topics and most well-attended sessions included our update sessions early in the pandemic, managing chronic conditions during the pandemic, and the review of our COVID Safe app decision-making document.

In more recent months, the session on accessing COVID-19 testing was the most popular. The consumer conversations empowered consumers to talk directly to the department. We had attendees from different areas of the department at those. Compared to other states where consumers had shared their difficulty with having their voices heard, participants of our sessions said that they felt that their relationship with Queensland Health and their relationship with us seemed to have helped have a better result in containing COVID.

We also held bespoke focus groups and kitchen table conversations with a diverse range of consumers across the state on the online booking and triage system, cancer screening, telehealth and many more topics. As an organisation we provided training and strategic advice, sitting on many committees—us and consumers—around testing frameworks, messaging and comms, care during COVID and the vaccine, including messaging and rollout. We also helped coordinate several consumer NGOs and networking with clinician representatives so that we could share our common challenges and work together with the department to overcome them.

Speaking of challenges, as we have heard from many people giving evidence today, this time has not been without challenge. For Queenslanders there has been a continued need for clear communications—the what, the why and the when—and those messages nuanced for populations, and that continues to be very important around the vaccine rollout. People in quarantine have certainly given up a lot to ensure the safety of our community, and we continue to input into the ongoing challenges and try to improve that to make it as positive an experience as possible for those people. The mental health challenges from social isolation continue to be difficult for many Queenslanders. The accessibility of testing, particularly during surges, is one that we are also working with the department on making better and more accessible. Visitor restrictions have been very difficult for many Queenslanders, including into residential aged-care facilities and hospitals, and we have compassion for all of those families.

We recognise that Queenslanders have sacrificed a lot for the position that we are in today, but how fortunate are we? Because of the commitment by Queenslanders to the principles of public health, their concern for others, particularly the vulnerable, in our communities and a big-picture view of protecting the economy, as well as the deep engagement and responsive relationships that the department have demonstrated, Queensland was and is in a unique position compared to other states. Engagement was one of the important enablers to contribute to our internationally exemplary response and we are undertaking an evaluation to have some evidence to demonstrate the what, the why and the how of that. The situation of so many countries is heartbreaking, including the US and the UK. Health systems and economies have been brought to their knees by poor political decisions.

In the UK there are 1,800 deaths a day where we in Queensland have had six. The US has now lost more lives than the Second World War, Korea and Vietnam wars combined. How many people's loved ones could have been saved by an approach such as Queensland's and Australia's?

Countries have done much better where their responses have been led by medical expertise. This has been protective against the politicisation of the issue given the deep expertise that is needed to form a comprehensive response. In Australia we have been fortunate to have this response linked in with a national strategy informed by the expertise of the CHOs around the country. As such, Health Consumers Queensland agrees with the extension of the CHO's powers. The time line of the pandemic will be at least another 12 months. With democratic processes in place for a six-month extension with this inquiry now, consideration after another six months and with the powers still reliant on the minister to determine that there is still an ongoing public health emergency, we feel that this is a protective and transparent process. Combined with the openness and responsiveness by the department and key stakeholders that many have spoken of today focused on collaborating with consumers, clinicians, NGOs, unions and professional colleges and more and with that focus on continuously improving together, we will get through this. Thank you.

CHAIR: Thank you very much, Ms Fox, and thank you for the work HCQ does and continues to do in dealing with this pandemic. I think you articulated it very well when you compared what is going on around the rest of the world. That national leadership was absolutely required and Queensland is in an enviable position because of acting fast with the contact tracing, fever clinics and such, and Queenslanders have responded. I think that engagement that you are doing—and I will be really interested to see what that evaluation produces, so please keep the committee informed of that—is to be commended, so thank you for the work from your team. We will come to questions after we hear from Letitia Del Fabbro from the Public Health Association of Australia. I invite you to make an opening statement.

Ms Del Fabbro: Good morning. I want to start by acknowledging the traditional custodians of the land upon which we are meeting today and pay my respects to elders past, present and emerging. The PHAA is recognised as the principal non-government organisation for public health in Australia, working to promote health and wellbeing for all Australians. The mission of the PHAA as the leading national peak body for public health representation and advocacy is to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population practice in public health. The PHAA welcomes the opportunity to provide input to the Health and Environment Committee at this public hearing today and we congratulate the Queensland state government and Queensland Health specifically on the sound response to COVID-19.

Points that we highlighted in our written submission last July remain relevant, including the need to provide increased ongoing funding to support and train the public health workforce, the need to ensure Aboriginal and Torres Strait Islander representation in advisory bodies to the state government and to provide funding for evaluation of COVID responses within Aboriginal and Torres Strait Islander communities so that we can learn for future pandemics. As a result of COVID-19, many more Australians have a sense of what it is like to feel vulnerable. The ongoing support of vulnerable populations should be at the forefront of our minds—for example, culturally and linguistically diverse communities, people with disabilities and women in domestic violence situations. Groups likely to be further isolated or marginalised during these extended periods of lockdown should be supported by policies and practices that increase accessibility to services and inclusion.

We also want people to feel safe to come forward, so it is important how people are represented in the media. Naming and shaming drives people underground and further undermines marginalised people's access to services and as a result their willingness to participate in contact-tracing programs. Finally, it is worth noting that the work of economists indicates that countries with more stringent lockdowns have done better in their economies than those that did not implement policies of rapid containment. Once again, the PHAA commends and congratulates the Queensland government and Queensland Health and supports the ongoing health protection measures enshrined in this legislation.

CHAIR: Thank you very much, Ms Del Fabbro. Coming from regional Queensland and having engaged—the committee has certainly engaged—in other work up in the Torres Strait and the NPA up in Bamaga, you mentioned more consultation with those Aboriginal and Torres Strait Islander communities in the rural and remote settings. There are definitely challenges, right through to rolling out the vaccines when they become available. Do you see any other challenges or impediments in that space with COVID-19?

Ms Del Fabbro: Do you mean with regard to the vaccine rollout?

CHAIR: Yes, and/or protecting those communities from these new strains as well.

Ms Del Fabbro: I think there are a few different points that you have made there. I guess the new strain is a concern for everyone in Australia. We have seen what happened in Victoria with the second wave of the pandemic and currently overseas in the northern winter we are seeing high rates of COVID-19 that are associated with that seasonality. That is of course a risk for everyone in Australia—that is, that possible third wave of the pandemic. When it comes to the vulnerability of those populations in rural and remote areas, I think it is really important to have a strong health communication strategy that enables the information to be effectively communicated to those communities in a way that they can then pass it on to their community members so that they feel safe. Because we are in a really safe place, they should be feeling safe. With regard to the vaccine rollout, there are complexities in terms of the number of times the vaccine can stop on the way to its final delivery point, especially with the low-temperature needs of the Pfizer vaccine. I think that the strategies that the government is currently putting in place in terms of distributing the AstraZeneca vaccine in some of those other communities will accommodate those complexities.

CHAIR: There might be a role for our defence force in helping roll some of that out. Who knows? I would be interested in the views of both HCQ and the PHAA around something that is before national cabinet today—that is, there is some discussion around hotel quarantine and putting that cohort of people into different areas where they can access more fresh air and a number of other things. Do you have any particular views on that?

Ms Fox: With regard to hotel quarantine, we have seen the challenge particularly since we have had the removal of the fresh air breaks for people's mental health and wellbeing, even those without pre-existing conditions. We welcome the discussions around alternatives either by the reduction of numbers, which will hopefully mean that more people who are quarantined in existing hotels now will have access to balconies and fresh air, and/or the provision of other locations such as the larger hotel camps. That will make it a much more positive experience, especially for families and those with young children.

CHAIR: Yes.

Ms Del Fabbro: I would agree with Melissa's comments and also add that any changes to venues would need to undertake a rigorous risk assessment process in order to deal with the complex infection control considerations when moving to different quarantining locations.

CHAIR: Yes, that is interesting. Howard Springs has had no significant impacts to the broader community with the running of that, so it will be an interesting space going forward, and we look forward to seeing what comes out of national cabinet.

Mr MOLHOEK: Having been to Howard Spring, it is not a bad place to be quarantined, except for the odd croc. I would like to direct some questions to Ms Fox initially. You mentioned that you have released a number of issues papers and, as an aside, I would love to get a copy of some of those. The issue you touched on though was around COVID testing and the particular issue paper around testing. We have seen in some of the submissions concerns raised about eight-hour waits and long queues and the impact on people. What would you propose would be a better way of expediting that process?

Ms Fox: We have more recently seen some changes in introductions which are much more along the lines of what we have been hoping for. One is that the Commonwealth has removed the need for a referral to their Commonwealth funded clinics. That was a real barrier for people to have waits and delays to get into their GP, so that is fantastic. The other is the development by Queensland Health of an online booking system, so that has been rolled out in the first instance to a handful of locations and that gives consumers the ability to book a time. They do not have to wait in line. It is especially helpful for those who might have a disability or a health condition that means that they cannot wait physically in a line. We are really hoping that that will prove its worth and that we will start to see that rolled out more broadly across the state.

Mr MOLHOEK: So has that online system already been trialled or is it—

Ms Fox: It is in place now, yes.

Mr MOLHOEK: How good has it been in terms of if you turn up at 10.15 you get in at 10.30, or do you still wait another hour?

Ms Fox: I am not sure. You might have to ask the department for a report card.

CHAIR: Perhaps the member for Southport might volunteer and we will see.

Mr MOLHOEK: I was just thinking about that. I have been a little bit exercised about how to go and get a test myself, not that I have felt the need for it.

Ms Fox: I have had six, so I have quite a range of experiences.

Mr MOLHOEK: I note in your comments that your organisation supports the extension of powers, and there are many submitters who do, but you did touch on the need for greater communication. Do you have any suggestions or thoughts around how we could perhaps insist on that? Are there amendments to the proposed legislation that we should be considering that require perhaps greater timeliness around some of that information or greater transparency? Do you have any particular thoughts in that respect?

Ms Fox: Legislation appears to be quite a heavy requirement around something like communication, which really should just be done well. In the main the daily stand-ups have been great for providing that background information where people know that they can listen in and hear up to date what is going on and the why. I did hear earlier suggestions and questions around having some written information to that background. That would be useful, particularly out to specific populations that may benefit in having it targeted for them, so anything really. We would always say the more information the better. Especially if people understand why decisions are being made, they will do the right thing.

Mr MOLHOEK: With regard to the recent lockdown when we had nine hours notice—and I understand sometimes these calls have to be made—it was some time before some of the health directives made it online, so there was a significant amount of confusion. What would be an appropriate time frame to get health directives online and what sort of information should be out there and how do we get that out there better and quicker?

Ms Fox: While the language of the health directives has been simplified since they first came out—and we welcome that—the majority of Queenslanders are really not going to jump online and read a health directive from Queensland Health or the government. It is about getting those messages out to the community through social media, through the news, through trusted community leaders and organisations who can really push that information out.

We have seen the development of those networks in the area of residential aged care with the department and culturally and linguistically diverse groups. There are a range of opportunities in regular and emergency situations for those groups to hear what is going on and feed that information back but also to feed into how that messaging is being done.

Mr ANDREW: Ms Del Fabbro, I am new to the Health and Environment Committee and I do not know anything about your organisation. I looked at your website. Are you with the government?

Ms Del Fabbro: No. We are a non-government organisation.

Mr ANDREW: Are you privately funded?

Ms Del Fabbro: I think it is federal government funding, but I could find out where the funding comes from. We have a national office in Canberra. We employ a small staff in Canberra—a CEO and policy officers. Our members are paying members who come from all different professions who have an interest in the social determinants of health and equitable access to health care.

Mr ANDREW: So you are not involved in COVID testing or anything like that?

Ms Del Fabbro: Yes. Our members include epidemiologists, health economists and public health physicians. They are all members of the Public Health Association of Australia.

Mr ANDREW: Have some of your members been involved in Indigenous groups?

Ms Del Fabbro: Yes.

Mr ANDREW: Have they travelled up north?

Ms Del Fabbro: Yes.

Mr ANDREW: Have they had a look at the wastewater testing?

Ms Del Fabbro: In terms of wastewater testing, I am not aware. Environmental health officers are also members of the Public Health Association of Australia.

Mr ANDREW: So you will probably be involved in the vaccine rollout as well?

Ms Del Fabbro: Yes. There would certainly be members of the Public Health Association who are involved in all aspects of the COVID-19 pandemic management, but also there is a significant policy role that the organisation has in terms of giving advice.

Mr ANDREW: Thank you for helping me understand that. I appreciate it. I do not have any questions at this point.

Ms KING: I have a question for Ms Fox. You spoke briefly about the rollout of telehealth and its impact on consumers. Do you have any reflections on what barriers exist at present to the full optimal utilisation of telehealth by consumers?

Ms Fox: Members of our network who took part in our conversations in the main agree that the increased access to telehealth has been positive. Particularly at the height of the pandemic they did not want to travel for their health care, so being able to stay at home and receive the care that they needed was welcomed. In particular, they were concerned about the ongoing barriers for people in terms of access to technology, being able to know how to use that technology, and the instances—and we heard about this from clinicians and consumers—where a telephone consultation or even a video consultation is not appropriate for particularly sensitive matters. It really needs to be on a case-by-case basis. We saw a huge uptake in it. We hope that continues. We are glad that the Medicare rebate has continued and stays part of business as usual for the delivery of health care.

Mr ANDREW: Ms Del Fabbro, do you have any access to any of the DNA data from testing?

Ms Del Fabbro: No. I think that testing is conducted by Queensland Health.

Mr ANDREW: So you do not get to access any of that?

Ms Del Fabbro: Only through reports that would be available to others.

CHAIR: There being no further questions, thank you both for your ongoing contributions and the work that you do. I certainly look forward—and I know other committee members do—to seeing the evidence you are pulling together with the current evaluation, Ms Fox. Ms Del Fabbro, thank you for your attendance today.

TUCKER-EVANS, Mr Mark, Chief Executive, Council on the Ageing Queensland

CHAIR: Joining us now from Council on the Ageing Queensland is Mr Mark Tucker-Evans, Chief Executive. Welcome back. It is good to see you again.

Mr Tucker-Evans: It is nice to see you too. Thank you very much for the opportunity to come and talk to the committee today. I also acknowledge the traditional owners and custodians of the lands on which we are meeting and their elders past, present and emerging.

COTA, or Council on the Ageing, is our seniors' peak organisation in Queensland. It is part of a federation of councils on the ageing across Australia. We are committed to advancing the rights, needs, interests and futures of people as we age.

On behalf of older Queenslanders, I take this opportunity to thank the Queensland government for a well-managed and ongoing health response to the COVID pandemic. We would also like to further express our deepest gratitude to all those in the health, emergency and other sectors who continue to work tirelessly to safeguard, care and support fellow Queenslanders during this global pandemic. The Chief Health Officer, Jeannette Young, and her team have worked professionally to manage the health response to COVID and have worked tirelessly to prevent and contain the spread from occurring in this state.

We also note the way that the aged-care industry has worked cooperatively with both the Queensland and Australian governments in managing incidents in three Queensland residential aged-care homes. COTA has worked with the aged-care industry to develop an Industry Code for Visiting Residential Aged Care Homes during COVID-19. The objective of the code is to provide an agreed industry approach to ensure aged-care residents are provided the opportunity to receive visitors during the pandemic whilst minimising the risk of its introduction to, or spread within, a residential care home.

COTA Queensland provides advice through Queensland Health's COVID-19 residential aged-care working group, the COVID-19 inner RACF and analysis advisory committee, the COVID-19 RACF clinical advisory committee and the COVID-19 vaccination consumer engagement group. We appreciate these opportunities to participate on behalf of older Queenslanders. We acknowledge that just last Friday, following a concern raised by the COVID-19 residential aged-care working group, the Chief Health Officer updated the Aged Care Direction to enable people who have been in Greater Brisbane on or after 2 January to enter a residential aged-care facility, disability accommodation or hospital for an end-of-life visit without an exemption from the Chief Health Officer.

COTA Queensland supports the Public Health and Other Legislation (Extension of Expiry Provisions) Amendment Bill 2020 and, in particular, the extension of the expiry of the amendment to the Chief Health Officer and emergency officers powers to make directions to limit, and respond to, the spread of COVID-19 to 30 September 2021.

We have all seen and heard through the media numerous examples around the world where this pandemic is continuing to wreak havoc when community transmission has not been contained. The government should be fully supported to maintain existing containment measures to ensure the ongoing safety of all Queenslanders. The rollout of the vaccinations in coming months will be of substantial assistance in this fight. However, existing safeguards will need to be continued until there is strong certainty that the virus has been fully contained. We support Australia's COVID-19 vaccination national rollout strategy which includes aged-care and disability care residents in phase 1A and older adults aged 70 and over in phase 1B.

COTA Queensland, in its submission to the Queensland parliamentary inquiry into the Queensland government's health response to COVID-19, expressed its concern in regard to the health sector being overwhelmed by a high volume of COVID-19 cases resulting in the need to ration access to care. We raised the concern of potentially breaching an individual's human rights to access health care by denying access to emergency care. COTA Queensland accepts that situations may arise that necessitate the limitation of rights. However, at no time should such a limitation have an adverse health or safety impact on any individual or be based on the age of an individual. The extension of these expiry provisions will help ensure that the need to make such difficult life or death decisions will not occur within Queensland.

CHAIR: Thank you very much, Mr Tucker-Evans. It is worthwhile noting COTA's work in this space, and your continued contributions are certainly appreciated by the committee. We have an ageing population, a vulnerable population, that was heavily impacted over the last year with COVID-19. Without going into the 75-plus who live at home, do you have an idea of the number in residential aged-care facilities in Queensland, the 450-odd aged-care facilities? Do you have an idea of numbers?

Mr Tucker-Evans: I do not have definitive numbers but I can certainly provide those to the committee. The vast majority of older people do not live in aged care; they live in the community. One of the concerns that we have expressed through this is that, whilst we certainly appreciate the focus on people living in residential aged care, there are also people who are receiving care within their own home. It is really important that not only the people receiving care but also the providers of that care are going to get the vaccinations as soon as possible. We have certainly made that point at both the national and the state government level.

CHAIR: You are right. We reached out to a lot of people 65 and over during the Queensland government initiative of the Care Army, asking whether they were okay and having neighbours checking on the elderly.

Mr Tucker-Evans: We were part of that task force as well. We were very pleased to see that in fact the number of people who wanted to care—some 28,000 people—far outnumbered the number of people who were wanting care. Only some 5,000 people actually asked for care. Older people are actually connected to their communities. Unfortunately, some older people, because of the way the world is these days, have family members overseas. In the main, people found friends and family who could go out and get their pharmaceuticals or their groceries. It was pleasing to see that the Care Army was stood up but, in fact, in some cases it was not needed.

CHAIR: In context to why I was asking for the number of people who live in residential aged care or independent care, has COTA considered or looked at other Australian jurisdictions, such as Victoria or New South Wales, where there was a focus on increased death rates due to COVID and the risks associated with that? In contrast, how do you find Queensland is managing our aged-care sector during COVID?

Mr Tucker-Evans: As I mentioned, COTA is part of a committee that Bron Nardi, who was mentioned earlier—an assistant director-general of Queensland Health—stood up about the time that the incident happened in north Rockhampton. We met with Bron to give some advice around how that could be managed. Coming out of that and also other consultations, a working group was stood up. It now has about 30 members on it and it pretty much meets weekly. I think that has brought together unions, consumers, representatives of aged-care providers and people from the public health area. That has been a very valuable committee.

As Melissa Fox indicated in her presentation, I think Queensland has been managed better than other states in terms of its engagement with stakeholders within the community. We work closely with Health Consumers Queensland and other NGOs in this way as well. We are having weekly meetings with a group of NGOs including Health Consumers Queensland. We have weekly meetings with the working group that I just mentioned that has been chaired by Bron Nardi. I also speak with my colleagues in other COTAs across Australia. I think that we have not had the experience of, particularly, New South Wales or Victoria so we commend the Queensland government for its way of managing COVID.

CHAIR: Thank you Mr Tucker-Evans. I will open up to questions.

Mr MOLHOEK: There have been a few different processes and systems around applying for exemptions. Have you had any feedback from your constituency about the number of exemptions that may have been applied for and how many have been granted? I have certainly had contact through my office with people who have been frustrated about not being able to visit elderly parents or travel across the border to support family. Is that an issue on your radar?

Mr Tucker-Evans: There certainly has been some frustration, particularly around visits to people in residential aged-care facilities. We have seen in other states where people have not had access to family members who have actually died in such facilities. As I mentioned in my presentation, it is something that we raise quite regularly. We were very pleased last Friday when the Chief Health Officer responded so quickly around the exemptions from the three-day lockdown in Greater Brisbane. It was about making sure that people get that support and that connection to their family members when they are passing away in a residential aged-care facility. That has been the main area of concern and frustration. There is obviously frustration.

COTA represents over 800,000 older Queenslanders—that is, people over the age of 65. As you would expect, there are not totally consistent views across those 800,000 people. In the main, what we are certainly hearing back—including from the organisations that we work with that represent many of those people—is that people really appreciated the efforts of the Queensland government to keep older people safe in their community. Undoubtedly there are frustrations when individuals want to travel interstate. In my own case, my 100-year-old mother still lives in her own home but in New Brisbane

South Wales. She celebrated her 100th birthday in October and I was not able to celebrate with her. There is frustration, but again we are looking after the health of not only Queenslanders but also people who live interstate.

Mr MOLHOEK: I would suggest that perhaps some of the frustration has been around the timeliness of response. You have said that you support the extension of powers and I understand that. Do you think that the proposed legislation goes far enough in dealing with matters of timeliness of responses for exemptions and the process of that and the communication with applicants?

Mr Tucker-Evans: I do not think it needs to be included in the legislation, but I think that we do need to continue to work to improve the timeliness. We have certainly seen—and this has now become a cliché—that these are unprecedented times. I think what we need to do is continue to work to enhance our learnings and to implement those. In the main, we have been very pleased with the way that we have been engaged with the government and Queensland Health, and also with how they have learnt from lessons.

Mr ANDREW: Outside of PPE, have you received any health directives around stepping up natural immunity for old people in aged care, to ensure that the immunity of the elderly is looked at as well? Have there been any health directives from the government to reinforce that?

Mr Tucker-Evans: No health directives from the government. As you would all appreciate, there is also the Royal Commission into Aged Care Quality and Safety at the moment. The industry has been under enormous pressure over the past couple of years and in some cases rightly so. What we have certainly seen is that because of the royal commission and particularly because of COVID there is now a much better focus on the health care needs of people living in residential aged care.

Mr ANDREW: My uncle is in there and he is infirm. People are able to get out. We talked earlier about getting fresh air and sunshine, which is very important for human health. I know that you do a good job at promoting that and it is happening regularly. I know that we could not get in to some health organisations. I had to deliver some medications during the time. Are you seeing more mental health issues? I know that for a lot of people time is ticking and they love to have their family around. How can we get deeper into that and help families connect?

Mr Tucker-Evans: As previous speakers have mentioned, certainly one of the ongoing concerns that we see as well is the mental wellness of people living in residential aged care and also that of their family members who want to visit them. It is across the board. We are hearing from many older people who have prepared for that once-in-a-lifetime trip overseas as part of their retirement plans that they have had to put that off and off and off. As the Queensland Mental Health Commission said earlier today, we are certainly recognising that mental health is a growing concern. We need to continue to work with the commission and also the government to look after the mental health and wellbeing of our community. We are doing some work currently with the Brisbane North PHN around that, but we would like to see that across the state.

Ms PEASE: Thank you for coming in. It is great to see you again. It is good to hear that your membership is doing so well. Do you send out emails? How do you communicate with your membership given that you have a broad range of ages? What is your main way of communicating with your membership base?

Mr Tucker-Evans: We work with over 50 organisations throughout the state. Those are organisations that are funded by the department of communities to reduce social isolation in older people. We also broaden that to work with a range of membership based organisations such as the Pensioners & Superannuants League, the National Seniors et cetera. We also work with organisations like Age and Disability Advocacy Australia. We have a network of around 5,000 organisations. In addition, we get to individuals through our website. We also have a memorandum of understanding with the LGAQ. We find that local government is an excellent way to get messages across and to receive message as well.

Ms PEASE: There is an expectation and an assumption that everyone has access to a computer and the ability to use the technology, but certainly in that age group not everyone does. How has your membership base embraced telehealth?

Mr Tucker-Evans: Very much so in the sense that, as Melissa Fox indicated, older people were very reluctant to come out and visit their doctor, so in fact e-health has been a boon to many. There will always be some people—and not necessarily just because of their age—who will not embrace technology. For some it is because of purely financial reasons. We have been working with the Queensland government around that online booking system. We also want to maintain that there are other means that you have to get to older people as well. One of the concerns that we expressed

just recently was around people going to restaurants or bars and needing to use a QR code, because not everybody has a smart phone. It is not just older people who may not have smart phones. There always has to be that alternative. We are absolutely very supportive and we do work to build the capacity of older people to use technology, but we also advocate that people should not be left behind.

Ms PEASE: I agree completely.

Ms KING: Mr Tucker-Evans, do you consider that there have been positive impacts for your membership coming out of this pandemic in terms of a greater capacity to engage with technology?

Mr Tucker-Evans: Absolutely. There is a myth that older people do not use technology. What we have seen is that older people are in fact big users of Facebook. That is partly because, as I said earlier, family members, children and grandchildren are now scattered across the world and some are trying to get back to Australia. That has really enabled people to take up technology. COVID has also highlighted the benefits of technology, so we have seen an uptake of that. We have been working with the NBN Co around how to support older people to understand technology better. As I said earlier, there will be some who, for different reasons, will not take it up. Again using my mother as an example, she uses a computer to play solitaire rather than actually communicating.

Ms KING: And all power to her.

Ms PEASE: Further to that, I represent an older community. They have embraced technology and are engaging with family members all around the world by playing Trivial Pursuit online. In some ways it has been a really positive experience. I want to ask you about the booking system. You mentioned that you participated in the development of that booking system. I have been having a look at it online. Has it been successful with your membership?

Mr Tucker-Evans: As I said, it is being trialled at the moment. One of the hopes that we have is that it will reduce the time for people to be in queues if in fact they have not booked online. Because people are now able to book online with specific times, that should reduce the queues for those who cannot. From what we have gathered from the trial sites, it has been successful.

Ms PEASE: Has there been much discussion within your membership around the mental health of your membership, particularly because they would not have been able to do their normal things? You mentioned National Seniors, for example, and I know they have not met all year. Our computer club has not met all year because of their concerns about the spread of the disease. Has there been a bit of work done through your membership agencies spreading out and engaging with the members?

Mr Tucker-Evans: Yes. In fact, when some of those senior citizens clubs and senior organisations have come back, their members have been really grateful because they had missed that personal contact. There are others that are still being cautious.

Ms PEASE: An abundance of caution, yes.

Mr Tucker-Evans: That is understandable. One of the areas of focus that we have in 2021 is to connect more strongly to see how people are coming back. One of the concerns that we have is that—and you would have seen it in your own electorates—senior citizens clubs are on the wane. In many cases it has been very difficult to get people to stand up for elected positions because they are getting older.

How do we ensure that there are connections within the community? We understand that this year the government will undertake a study into social isolation and loneliness. We look forward to participating in that, because in the past there has been a breakdown in community. Another benefit of COVID is in fact that communities have come together more strongly. We are seeing not just through the Care Army but through other means that people have connected with their neighbours who they may not have previously known. There are some benefits to the pandemic.

Dr ROBINSON: I appreciate you taking the time to be with us today and commend the work of COTA. In the Redlands we have RDCOTA, an exceptional organisation that supports seniors in our community alongside of others such as the Donald Simpson Community Centre, U3A and National Seniors. You provide an important web or network of connection to seniors which is very important, particularly as we are in this situation with COVID. I want your feedback or input into issues around communication in the context of social isolation when we consider diverse cultural groups. In my electorate, the Quandamooka people as First Nation people and communicating with those seniors and elders and communicating throughout the community has particular dynamics around it. The Donald Simpson centre for example was looking at how it can do that in a more specific way. What are some of the tools we can use? My question is in terms of not only Indigenous seniors but also Brisbane

Indigenous seniors and other multicultural communities. What feedback and work are you doing in that space in communicating with those groups and getting messages out? How can the government do more? How can we do more?

Mr Tucker-Evans: You are very fortunate to live in the Redlands. It has a very strong seniors network supported by the council and is chaired by the president of RDCOTA, but it has representation of National Seniors and a whole range of other organisations. I was out at the Redlands late last year to provide some advice to the Redlands council around its corporate plan as part of a broader consultation which included Indigenous people from the community. We certainly understand that in the Redlands there are issues with people on the islands as well. That seniors network is doing some work in trying to enhance communication. It is a good model that could be used across the state, because whilst we work with a range of organisations not every local government area has that same strong network of organisations. COVID has really drawn attention to the situation where there is the need for local responses. We have seen that in some cases in areas which have had absolutely no cases of COVID or are in danger of it have been locked down. One thing we need to look at is a better response to protecting everybody but also looking at it from a local basis as well.

In terms of communication, as I said earlier, we have an MOU with the Local Government Association of Queensland. We see local government being a key part of communication. For those organisations working with older people, we need to make sure that we are using their mechanisms to get out there as well. As local MPs, you support newsletters. That is a really valuable way of getting to people within your electorate. We work with Indigenous organisations such as IUIH. With the Care Army there was a subcommittee that we were on with the Ethnic Communities Council of Queensland which specifically looked at the needs of culturally and linguistically diverse people. We do in fact need multilayers of communication and different mechanisms to get to the different people within the communities. Hopefully that has answered your question.

Mr MOLHOEK: You touched on some of the mental health issues and challenges that seniors are facing as a result of isolation. As the member for Lytton touched on, there is that fear of engaging with people in circumstances where they might end up contracting the virus. Have you done any work around how we can get people to reengage in a post-COVID world? I am concerned that some people are in the habit of staying disconnected. Has there been dialogue among your organisation and other departments of government or the Mental Health Commission about how to re-engage people?

Mr Tucker-Evans: Early in the week, I had the opportunity to meet with Minister Crawford, the new minister for seniors. It is one thing we certainly are looking at not only with that minister but also with Leeanne Enoch, the minister who also has the digital economy as part of her portfolio along with communities and housing. It is very much about working across government. Something we have been advocating for for over 10 years—and the government supports—is the Age-Friendly Communities Initiative. This is a WHO initiative that started in the mid-2000s with over 1,000 communities now across the world that have signed up to it. It is one of the things that we will be doing with local government. Social inclusion is one of the eight domains of age friendly. We absolutely will work at that local level to ensure that people continue to engage or are reconnected and take a place based approach to it, recognising that local government is a really important part of that.

Unfortunately, we had a plan with LGAQ to run a conference in June last year with all the newly elected mayors and deputy mayors of councils across Queensland to talk about age friendly. Of course, many conferences, including that one, were put on the backburner, but we want to reactivate that this year as part of that plan to better connect people.

Mr MOLHOEK: It is a significant challenge in getting people to re-engage and get out there. In the submissions that we have received there are however a large number of submitters who said, 'No, there should not be any extension of powers. This is a fundamental breach of our civil liberties and we resent being told we have to lock down. We will do whatever we want.' Have you had much feedback from your constituency with dissatisfaction around the lockdowns and measures, or have most people generally been grateful that they are going to be safe?

Mr Tucker-Evans: Overwhelmingly, people have been grateful for the way the pandemic has been managed in Queensland. As we said earlier, there were some frustrations but, in the main, people are very supportive of it. This is why we support an extension to 30 September—it is something that needs to be regularly reviewed. We are concerned about the mental wellbeing of people. If we continue always to do what we have done, that may not be the best situation in the long term. We only have to look at what happened in the US a couple of weeks ago around individual rights compared to community rights. I do not think anybody would like to go down that path.

Mr MOLHOEK: That is a fair call.

CHAIR: To put it in context, there are five million people in Queensland. Out of the 122 submissions, about 75 asked about whether we should go further. I think trust has been put in the Chief Health Officer. We have heard this time and again this morning from submitters in terms of providing those health directions and advice. Certainly in my electorate of Thuringowa we made some 1,200 calls to those 65 and over. The consistent feedback involved their thanking the Queensland government for what it was doing in keeping them safe in terms of having those initiatives such as the Care Army and others.

In wrapping up, I will not miss the opportunity to say that out of all those calls I was pleasantly surprised to learn that people dial into these hearings and watch. To the people of Thuringowa and Townsville, particularly the group Seniors Creating Change at Carlyle Gardens, Regis, thank you. They are great people. The former iteration of this committee travelled extensively through Queensland in considering the aged care—and I digress for a moment—palliative care and end-of-life care inquiry. They came in their hundreds to 40-odd public hearings. We need to be able to hear from them. We need to give them a voice and we need to continue to do that. We thank COTA for its work, for the 800,000 people it looks after in Queensland. It is a lot, it is a big responsibility; but we do it together by listening and working together, thank you.

Mr Tucker-Evans: Thank you, Chair. Your summation really shows how well connected many of those 800,000 people are. Often once older people retire they are thought to no longer be making a contribution to the community, but they are still very much engaged and want to be part of it and have a lot of experience that they can pass on. We are very privileged to work with older people.

CHAIR: Thank you very much. That concludes this morning's hearing.

Proceedings suspended from 12.27 pm to 1.00 pm.

MATTHIAS, Ms Tricia, Director, Legislative Policy Unit, Office of the Director-General and System Strategy Division, Queensland Health

WAKEFIELD, Dr John PSM, Director-General, Queensland Health

YOUNG, Dr Jeannette PSM, Chief Health Officer and Deputy Director-General, Prevention Division, Queensland Health

CHAIR: We now welcome from Queensland Health Dr John Wakefield, Director-General; Dr Jeannette Young, Chief Health Officer; and Ms Tricia Matthias, Director, Legislative Policy Unit. Would you like to make an opening statement? We appreciate that the department has provided a written response to the submissions that have been received, but we look forward to your time here this afternoon.

Dr Wakefield: I have a brief opening statement, as does the Chief Health Officer, Dr Young. May I start by respectfully acknowledging the traditional custodians of the land on which we meet today—the Jagera people and the Turrbal people—and pay my respects to their elders past, present and emerging. My name is John Wakefield, Director-General of Queensland Health. I am joined today by Dr Jeannette Young, Queensland's Chief Health Officer, and Ms Tricia Matthias, who is the director of the social policy and legislation branch of Queensland Health.

We would like to thank the committee for the opportunity to provide a brief statement to you today about the Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill 2020 and the powers it seeks to extend until the end of September 2021. For a bit of context, in considering the extension of these powers, we must consider the current global situation as it pertains to COVID-19 and the various strains as the virus continues to spread rapidly throughout the world.

Last week the director-general of the World Health Organization stated that one year has now passed since the first recorded death from COVID-19 and, sadly, over that year the number of recorded deaths has now climbed to over two million people worldwide. The number of reported cases internationally continues to climb from some of the highest levels during the pandemic to over 95 million positive cases currently recorded. This makes COVID-19 one of the most widespread pandemics in over a century. To date there have been 1,303 positive COVID-19 cases in Queensland, of which 23 are currently active. All of those COVID-19 positive cases are currently in hospital to isolate those people from the public and to allow them to receive the best medical care possible.

I am really pleased to report to the committee that we have had no deaths in Queensland related to COVID-19 since Dr Young and I last appeared before you to update you on the government's COVID-19 health response. Those six deaths that have occurred since the beginning of the pandemic in Queensland have occurred and they are indeed a tragedy, and I would like to extend my deepest sympathies to the loved ones of those who have been lost to COVID-19 in Queensland.

Our response has been swift and it has been proactive. We take steps to act early and set clear goals to find, isolate, test and contain this virus wherever it appears. Our public health units have excelled in their contact tracing, a cross-agency workforce has been mobilised to support quarantining and Queensland has an enviable testing capacity. This swift and rapid response has been achieved through the making of the various public health directions to mandate social distancing requirements and implement the public health measures that ensure that people in the community are acting in a way that mitigates the risk of COVID-19 spreading throughout Queensland.

Turning to the bill, the bill seeks to extend the amendments made to health legislation in Queensland to support the Queensland government's health response to COVID-19 including the amendments to provide emergency powers to our Chief Health Officer and emergency officers appointed under the Public Health Act 2005. These amendments are proposed to extend these emergency powers until the end of the day on 30 September 2021, unless of course a further extension is required.

All the measures that the bill will allow to continue depend on the minister's declaration of a public health emergency under the Public Health Act as that initial step. The act includes an important safeguard. It requires the minister to declare the public health emergency has ended if satisfied that there is no longer a risk to public health. If the minister declared the end of the public health emergency prior to 30 September 2021, the temporary emergency powers could no longer be exercised from the time of that minister's declaration. The amendments made by the bill are necessary to ensure that we do not end our response early and risk all of the potential success that

we have achieved to date. These emergency powers have allowed us to act rapidly in response to the various emerging threats that we faced over the last year and that we may continue to face in the future.

Without these emergency powers, parliament would have had to hold numerous emergency sittings to approve the wide range of public health measures needed to protect the health of Queenslanders whilst responding to rapidly changing conditions, new outbreaks or emerging evidence about the virus and its transmission such as these new strains. Given how critical time is in reducing the spread of the virus, there is a tangible risk that the time taken to recall parliament and pass a bill to achieve the same outcomes would have resulted in the opportunity to contain the virus being lost. As a result, these emergency response powers remain a critical and effective means to implement the public health measures necessary to limit and respond to the spread of COVID-19 in Queensland.

In conclusion, the response to COVID-19 has and continues to be challenging, and we have had to make many difficult decisions to ensure that we can protect Queenslanders and save lives. Protecting the health of Queenslanders has been the primary goal of the government's response to COVID-19 and is always the priority of Queensland Health. At the same time we have worked together with government, industry and the community to minimise the impacts to the economy and business and the social impacts that the response has had on Queenslanders. I can assure you that these are not matters that we take lightly.

I would like to take this opportunity to acknowledge and thank every Queenslander for making great sacrifices in supporting our health response to COVID-19. Their response and actions have made it possible for us to contain the spread of COVID-19 and together we have saved lives. I ask for your continued trust and for your patience as we now work to continue the job of responding to the pandemic and bringing this unprecedented public health emergency to an end.

CHAIR: Thank you, Dr Wakefield. Before we move to the Chief Health Officer, I think it would be remiss of us as a committee to not acknowledge the work that is being done by every single employee in Queensland Health, particularly those on the frontline, our contract tracers and those running the fever clinics. They have done an enormous job. I know it was some six months ago when we met and wrote our interim report. As you said, there have been no more deaths associated with COVID since we last met. We thank you for your time. We certainly commend every health worker out there for the job they do. I welcome, Dr Jeannette Young, our Chief Health Officer.

Dr Young: I would also like to acknowledge the traditional owners of the land upon which we are meeting here today—the Jagera and Turrbal people—and pay my respects to their elders past, present and emerging. I would like to note the tremendous work that they have done in that we have not had a single case in one of our discrete First Nation communities in Queensland which has been a fantastic outcome. I am Dr Jeannette Young, Queensland's Chief Health Officer. Thank you very much for this opportunity to brief you on the bill which seeks to extend the emergency powers under the Public Health Act 2005 for a further six months.

While we have continued to have minimal community transmission of COVID-19 here in Queensland, the risk of COVID-19 spreading throughout our state remains high, as demonstrated recently by COVID-19 positive cases unknowingly moving about our community here in Brisbane. We also continue to detect the virus in wastewater across Queensland, suggesting that there is or has been COVID-19 infection within those communities. Recently, important public health measures have been imposed to limit the transmission risk of COVID-19 including the new COVID-19 variant identified in the United Kingdom. This variant is 70 per cent more contagious than the original COVID-19 strain and continues to spread rapidly across the globe. The United Kingdom has been reporting approximately 50,000 new cases of COVID-19 per day, and there are estimates that six out of 10 positive cases there now have that new variant. We cannot let that occur in Queensland.

The international evidence and the recent outbreaks we have seen in Victoria, New South Wales and South Australia are stark reminders that we cannot become complacent or consider this pandemic over. While the rollout of the vaccine is a positive step in responding to the virus, at this stage it will not immediately eliminate the risk that COVID-19 could enter Queensland, spread rapidly and overwhelm the public health system as it has done in many other countries. This is particularly evident in the hotel quarantine environment where we continue to detect more positive cases from returned travellers. The virus is unpredictable, and we do not want to be on the back foot and risk overloading Queensland's health system as we begin to roll out the vaccine.

We will need to continue our current measures such as social distancing and hotel quarantine to ensure that COVID-19 does not have an opportunity to enter and spread rapidly throughout the community, putting the lives of all Queenslanders at risk. The new variants that have been identified Brisbane

have been shown to spread more rapidly and we must continue to have the powers available to allow us to respond quickly and effectively to reduce the public health risks posed by them. Delays in response to a potential outbreak can mean that it is too late. We must always act on the precautionary principle given the potential catastrophic consequences of uncontrolled and widespread transmission of COVID-19.

The recent cluster of positive cases in the Hotel Grand Chancellor shows that we are still not in the position to lift all restrictions or move away from our current rapid response measures. If the hotel quarantine scheme was not in effect, people returning from overseas with COVID-19 could have entered the community and unknowingly spread the virus to others. The experience in other countries tells us that the expected result would be a mass outbreak placing significant strain on our health system.

The bill contains important amendments to extend the current measures implemented by the Queensland government to support the health response to COVID-19. This includes extending the powers provided to me as the Chief Health Officer to make public health directions to limit, or respond to, the spread of the virus. These emergency powers are critical to the success of Queensland's response to the pandemic.

I recognise that the powers of the Chief Health Officer which would be extended by the bill are extraordinary in nature and must be exercised judiciously. I would like to assure both the committee and the Queensland public that I do not exercise these powers lightly. I am deeply committed to ensuring that any public health directions made are appropriate and are the least restrictive way to achieve the purpose of limiting the spread of COVID-19 in Queensland. These measures might—possibly do—infringe people's liberties, but only to the extent necessary to ensure we do not let this virus spread into the community and place lives at risk.

With some exceptions, the chief health officers in other states and territories have similar powers to make directions. New South Wales requires their Minister for Health to make them. A few of the other states require their police commissioner or a senior police officer to make them. This allows for the chief health officers to discuss matters at AHPPC, the Australian Health Protection Principal Committee, and deliberate about the effectiveness of a public health measure and then to immediately implement them in their jurisdiction. Quite a few of the directions—in fact, the majority we have made—are a direct result of the advice of the AHPPC and then the subsequent decisions of national cabinet. With over two million lives now lost to this virus across the world, the potential risk to our community is not merely hypothetical but a reality if we are unable to quickly, and within an appropriate legislative framework, take the steps necessary to protect our state. Given the current and emerging risks, it is crucial we remain vigilant and have the mechanisms in place to respond quickly and decisively to protect the Queensland community.

The powers provided to me and all emergency officers under the Public Health Act, along with other measures—including those provided to support the mental health sector—are essential to ensure Queensland can continue to provide a world-leading health response to limit the spread of COVID-19. I am confident that the current framework enables the rapid response Queensland needs to continue to succeed in limiting and containing the spread of the virus. These powers have been tested at multiple points in this pandemic where swift actions were required to manage and contain the spread of COVID-19 detected within our community, proving them essential to enabling us to stop the spread of infection before it gets out of control.

Our success has not been achieved without the ongoing support of the Queensland parliament through the various amendments made across relevant pieces of legislation to support the Queensland government's health response to COVID-19. The support of the public has been critical in ensuring we are doing all we can to create a COVID safe Queensland. The measures contained in this bill have been proven to result in the position we are here in today. By extending these measures parliament can ensure we have the tools necessary to press on with our economic recovery, allow businesses to re-open and continue to operate safely, and ensure that our health system continues to provide patients with world-class treatment during these very challenging times.

CHAIR: I recall that you appeared before us with an interim report into COVID and we thanked you very much for the burden of responsibility that you carry as the Chief Health Officer at our previous iteration of the committee. It has been over a year now. I do not know how you do it, but you do it and you do it well. Who supports you? Who provides you with advice? You mentioned the AHPPC. I ask this because some of the submissions suggest that we go to a panel of toxicologists and various other people to broaden consultation over a period of time. My observation is that we cannot afford to do that in Queensland. We need to make quick and swift decisions. Who does inform you?

Dr Young: The most important group is the AHPPC, the Australian Health Protection Principal Committee. As its core it has every chief health officer from every state, territory and the Commonwealth. Then there are a range of other people. In total there are about 60 people who sit on that committee. Most of the other people are there to give expert advice. At its core are the chief health officers, but then there are all these other people. We have multiple committees that sit under the AHPPC normally. They have a role, and it is an even more important role.

Probably the most important there is Communicable Diseases Network Australia, which has the senior communicable diseases person from every state and territory sitting on it. It is currently chaired by Dr Sonya Bennett, who works as my deputy and normally as my Director of Communicable Diseases for Queensland. She is the current chair. That is a rotating chair. Someone is appointed to that position every two years and then it rotates to another jurisdiction. That is probably the most important group. That group has all of those experts who then put advice to the AHPPC.

Then we also have the Infection Control Expert Group. That is chaired by Lyn Gilbert from New South Wales. She is an infection control specialist. She is a medical practitioner. Her group, which has a representation of experts from around the country, puts forward all the infection control advice. Then we also have NEMS, the National Emergency Medical Service, which puts together advice on how we should respond in terms of retrievals and managing within a disaster response framework. The other one that is critical is the Public Health Laboratory Network, PHLN, which is made up of all of the senior pathologists from around the country who manage all of the public health networks. Here in Queensland we have Forensic and Scientific Services and we have the central lab. There is a representative from each of those, plus one of the private firms in Queensland has a representative on that body. It gives advice about testing strategies and consumables for pathology equipment. We have all of those different groups, and they all sit on AHPPC and provide that advice.

Then there are another group of people who, in their own right, sit on AHPPC because they have particular skill sets in genomic sequencing, for instance, or other areas that are deemed important. That is where we get a lot of that advice. We have gone back now to only meeting two or three times a week, but all through December-January, until recently, we were meeting for two hours every day because we had the evolving situation that was happening in New South Wales and Victoria. We usually meet two to three times a week, and whenever there is a particular incident that is of concern we will meet every day, seven days a week. We did meet every day from the start of the year, but we withdrew a bit from that when things were starting to settle and then we increased again. That is extremely important in terms of working out what is going on across the country and getting information, and then we will decide certain initiatives about how things might be managed. In some cases then we will provide advice to national cabinet and decisions will be made there that we implement them. Other things are regarded as operational, and we just manage that at the AHPPC level. Their deliberations and advice are published on the Commonwealth's website, and there is a part there for the AHPPC so people can see all of those statements. That is a key piece of information.

We also meet—although it will be often a smaller group and not that large—with experts from overseas. For instance, at the moment there is a lot of work happening across the world about vaccination, which vaccines and how they are rolling out. The Chief Medical Officer from the Commonwealth will often do those meetings and then report back to us. Sometimes we get involved in those meetings. I have had meetings with leading public health people from the UK, the United States, Hong Kong and different parts of the world, particularly when there are certain issues happening. Sometimes it is because those countries want advice from Australia; other times it is because we want advice from those countries; often it is both. We will get a lot of that information.

There is also a lot of information in the literature. We will regularly go through that and we will get briefings on that, plus we look at it ourselves. A number of committees have been stood up that are groups of the National Health and Medical Research Council. There have been various pieces of work done by them and there has been other commissioned work done by other groups. We get a lot of information from the Doherty centre in Melbourne. They have been doing all the modelling for us, and we get the information from them. Most weeks we will get an update on the modelling. There is a lot of that sort of information.

Here in Queensland there are many groups that have been in place since the start of the pandemic back in January. Within Queensland Health there are all of the different senior executives from the hospital and health services and the department, plus there are a number of other groups that have been convened to look at different aspects of the response—for example, the PPE, the personal protective equipment, and what guidelines and what policies we should have in place. All of the consumer engagement groups have been very, very useful in terms of working out the best way to manage messaging and how to meet with different groups. As well as that I have had quite a bit of engagement with all of the different groups who are very, very important in terms of how we have

rolled out a lot of the response, including the Hotels Association, retail, schools—all of those. I could go through them, but there have been many, many groups I have engaged with. They have been extremely helpful working through what is the best way to put restrictions on, to remove them, time frames and what sort of restrictions. There is a lot of that work that is done as well. That was a bit of an overview.

CHAIR: That was excellent. That certainly informs the committee just how much information goes on behind the workings of the AHPPC to inform you. You do not make these decisions lightly. You are well informed by experts in those areas. It puts to bed for me particular submissions asking for an expansion of experts when we already have a well-informed group.

This morning cases of the new strain were raised, and you have just mentioned it. I imagine you would be incredibly concerned and worried if that got out into the community. We know that today at the national cabinet meeting there have been discussions, plans and proposals about hotel quarantine. As we heard this morning, the situation in Howard Springs has had no impact on the broader community in the Northern Territory. Those cases of people returning to Australia from other countries seem to be the ones that are putting Queenslanders at risk. Do you have any view about hotel quarantine going to a remote community in Queensland?

Dr Young: I think there are lots of issues with hotel quarantine that we need to work through, but the most important one to remember is that we have now had 63,000 people through our quarantine process and we have really only had one breach that has led to community transmission. It has been managed very effectively to date, and that is due to enormous cross-government collaboration. The work we have done with police, Health and the hotel sector has been astounding. It has worked very, very effectively.

It is not surprising to me that the first time we have an issue is with this new strain, this new variant. It is so much more infectious. At the moment the police are working with Health to do an investigation of what may have happened in the hotel where that incident happened. We will get more information once that investigation is complete. I understand it is not far off before that report will be available.

It is important to continually look at what we are doing, how we can manage it, improve it, is there anything different. One of the things that we have done is we looked fairly early on at whether there were other sites that would be suitable for quarantine, for a number of reasons. The hotels might decide that they would prefer to go back to their more traditional role rather than doing quarantine. Although they are very good at doing the quarantine, they do have a traditional role. We need to be prepared because we might need, for various reasons, other places to quarantine, because I suspect we will be looking at this for a while still to come. We know we are going to start rolling out the vaccine, which is fantastic, but that will take a little while to do. We know that not everywhere in the world will have the same access to vaccines. We have to keep on being prepared to be flexible and to change things as needed as we go forth.

We have seen that Howard Springs has been very successful. Part of that, I believe, is that you are able to separate people more. You are not in a building where you have corridors and tight rooms. It is an easier place, in some ways, to manage some of the risk. But there are other risks introduced because you are further away, you have to move people and it is harder to get the workforce. It is a balancing act, as with anything.

I think it is important that we look at alternatives and we assess them and we work out what at a point in time is the best way of achieving an effective and safe quarantine program. I think our program today is very effective and very safe, but we have to keep on looking at alternatives.

CHAIR: Thank you very much, Dr Young.

Mr MOLHOEK: Before I go to questions, I would like to pass on from our side of the benches in the parliament our thanks to you and Dr Wakefield for the incredibly long hours and hard work that you have no doubt done this past year. I am sure it has come at huge personal cost to your families and to the many support staff around you. We are certainly very grateful for the work that you have done. Please pass that feedback on to your colleagues. I am sure it has been a very taxing time for everyone.

On that point, and the chair touched on this, you have been on duty now for just over a year. Have you managed to take some time off over the Christmas break? When was your last day off?

Dr Young: I am very fortunate that I get an enormous amount of support and that makes all the difference. It is very important that I am one person in a team and it is a fantastic team. Yes, I have had plenty of time to recuperate and get my energy again, because I am just one person in a magnificent team. Thank you for asking.

Mr MOLHOEK: So you are taking good care of yourself?

Dr Young: I am doing my best to. Thank you very much for asking.

Mr MOLHOEK: Earlier you mentioned a figure of 63,000 being put through quarantine. Is that nationally or just in Queensland?

Dr Young: Just in Queensland.

Mr MOLHOEK: That is interesting. I want to turn to the issue of vaccinations. Dr Wakefield, are you able to guarantee that the vaccine will be made available to all Queenslanders regardless of where they live?

CHAIR: I think you are seeking an opinion. Perhaps you can rephrase the question.

Dr ROBINSON: Come on, Chair. It is a very open question.

Mr MOLHOEK: Dr Wakefield, could you explain to the committee what plans and processes you have in place? You would have started some planning at this juncture, I assume. How do you propose to get this out to every Queenslander from the top of Cape York to the Coolangatta border?

Dr Wakefield: If I can frame our planning and some of the critical decision points that are yet to be determined. I note the national cabinet has considered this today and the Prime Minister made some statements about this just prior to us arriving here. Through the chair, I think it is also important that our Chief Health Officer perhaps frame any specifics about any efficacy issues or specific questions about the vaccines themselves.

I can reassure you that we have appointed a team and a senior executive lead to command our own task force for preparation well before Christmas. They worked through Christmas to get into detailed planning. Cutting straight to the chase on your question, we will certainly be making sure that this vaccine is available to everyone in Queensland who is eligible for it. I will let the Chief Health Officer cover off on some of those eligibility issues because they pertain to safety and efficacy in clinical matters, not whether or not we can get there because of distance or geography.

As you would imagine with over five million Queenslanders, even excluding children and some of those groups that were not covered in the trials and will not be vaccinated, certainly with the evidence that we have at the moment, we have already established with the Commonwealth—first of all, this is a partnership with the Commonwealth. We cannot do this without the Commonwealth and we are working day and night with the Commonwealth to make sure that we can deliver this to our nation and in our case to Queenslanders.

The second thing I would say is that certainly the first step will be to deliver vaccines to the priority groups in the order of priority. The first priority group is 1A, which really comprises people at risk on international borders, so quarantine workers, flight crew, people in quarantine themselves and healthcare workers on the front line, residential aged-care and residential disability workers and their residents. That first step will be using the Pfizer vaccine as it is proposed. There are some logistics issues with that Pfizer vaccine that will require our careful planning and execution, because it requires a minus 70 degree cold chain, which is not a traditional thing.

We will be pursuing several hubs in the major centres, including obviously urban Brisbane, the Gold Coast, Sunshine Coast, Townsville and Cairns. Why not every regional centre? Because at this stage, in that first stage, we have to have an arrangement with the Commonwealth where that cold chain can be managed. Out of those so-called hubs the state will be managing the state components and the Commonwealth will be managing the Commonwealth components of that. For example, aged care is a Commonwealth responsibility.

The planning is well underway. Of the key factors that will determine when that first needle goes in the arm and how quickly in the first few weeks that happens, there are two things really. One is the Therapeutic Goods Administration approval, which has not yet occurred for any of the vaccines in Australia. Secondly, and importantly, is when that vaccine supply chain is established. We have to have vaccine in the country to be able to have it in Queensland to be able to put it in people's arms. There were announcements made by the Prime Minister this morning that there is no clear date yet for the arrival of that vaccine, but we are working on an end of February proposition at this stage. It will be a slow start, I am advised, in terms of just the volume of vaccine that will come.

In summary, I can reassure you that our planning is in line with the Commonwealth requirements. It will be staged. It will be prioritised. Every Queenslander who is eligible in those groups will be prioritised. I might ask Dr Young to provide a little extra detail about the difference between the two vaccines and how that might pertain to how we roll that out.

Dr Young: This is extremely important. We need to make sure that the vaccine is available for every single Queenslander who is able to have it. At the moment children cannot because the trials have not been done on children at this stage, but otherwise everyone else. The only other limit is probably pregnant women, because again the trials have not been done. There are some concerns about some issues maybe with very old frail people as we have seen recently in Norway, but they will probably be sorted through. Probably it will work out that it was just a numbers issue in terms of the large numbers of that cohort who were vaccinated and you would expect, unfortunately, a certain percentage of that cohort to normally die at that time. Putting all of those things to one side, if there is no issue with someone being vaccinated then they will be offered vaccine.

We are very, very good at doing that in Queensland. We do it all the time. We get vaccine out to every single part of our state and we will do that. The one concern is that with the Pfizer vaccine you do have to maintain that cold chain at minus 70 degrees Celsius. If you do not the vaccine is of no benefit. In Queensland we understand cold chain because we have all of issues with remoteness. People who live in remote rural and regional communities will be offered—once it is approved—the AstraZeneca vaccine, because it is a normal vaccine, if I can call it that, that is stored at two to eight degrees Celsius. That is in terms of the importance of managing the cold chain.

At this stage, as you have heard, neither of those vaccines have yet been approved by the TGA. But if those are the two vaccines that are approved, then they will be rolled out—after they are approved, of course. We will use the Pfizer vaccine in large centres and we will be using the AstraZeneca vaccine for smaller sites and for rural and remote sites. There will absolutely be a plan for every single Queenslander who can have the vaccine to make sure it is available to them.

Mr MOLHOEK: Turning to the bill, I note that the proposed extension of powers deals with the health emergency. Where do the powers actually sit? Are the proposed powers sufficient to actually manage the rollout of the vaccine? We have seen in the US today an almost warlike footing and all these announcements and presidential statements. Does this legislation cover the plan for the rollout or is it completely separate?

Dr Wakefield: The primary basis for the rollout will be an agreement with the Commonwealth, what we call a bilateral agreement. Essentially, the Commonwealth and the states through our first ministers will sign off on an agreement that will specify all of those things about how it will be funded, where it will go, how it will be managed, how the data will be collected, safety, governance requirements et cetera. As you would expect, that will define how that is to occur.

In an operational sense, that is all very much within the operational powers that I have from a departmental perspective and, through the department, the minister. If there are any requirements for any public health directions under the bill, that would be a power that would sit, as it does now, with Dr Young. Also, we have the Health (Drugs and Poisons) Regulation, so we already have a statutory framework for medicines and how they are approved. That will be part of the administration of this. In short, will the rollout of the vaccination program, which is so important, require specific directions of the Chief Health Officer? I do not believe at this stage that is going to be necessary.

Dr Young: I doubt there would. I have written directions about the influenza vaccine until now requiring aged-care staff, residents and visitors to be vaccinated, so that was put in place to protect aged care. AHPPC has considered whether or not that is necessary for COVID-19, and at the moment AHPPC believes that we would have to do more work before we would make that recommendation. I cannot exclude that directions may not be used, but I think it is unlikely.

Mr ANDREW: Thanks for coming in. Going forward, I appreciate what we have done here in Queensland to keep this down. Just quickly, you mentioned there is a 70 per cent more contagious strain. Would that not make the vaccine we are about to roll out redundant?

Dr Young: They are different issues. It is more contagious, which means that one person is more likely to spread it to another person, but the vaccine is against the virus itself. They have looked at the vaccine, and it is as effective for this new variant as it is for the previous variants.

Mr ANDREW: With the cases we have had in Queensland, what is the percentage of comorbidity within that realm? Is there a high percentage of comorbidity where people with COVID-19 have another underlying illness and disease that exacerbates the COVID-19 virus?

Dr Young: With those six individuals it is hard to know. One of them possibly had some comorbidities, but then that, as you have pointed out very correctly, means that their outcome can be worse because they have comorbidities. The risk of whether or not you get infected with the virus does not depend on whether or not you have comorbidities: it just affects the outcome when you get the disease.

Mr ANDREW: Another question I have been asked by a lot of people in my area is: has Queensland Health pushed something to make sure that we are boosting our immune systems? Vaccines are relatively new to the human race. Has Queensland Health pushed minerals, vitamins and general things to keep our health and wellbeing in check to all different age groups to give us a better immune system on top of the vaccine in the early stages of this crisis so we could get on top of where we stand with that?

Dr Young: That is extremely important for everyone. My normal role as the Chief Health Officer is to promote healthy living and to promote good, basic preventative health care. We definitely pushed not smoking early on. We knew that people who smoke potentially have worse outcomes. It is always important to have a healthy diet. We know that people who are obese have worse outcomes from COVID-19. The usual things: not smoking, a healthy diet, physical activity and decreasing your amount of alcohol will all help you—

Mr ANDREW: So we have put that out there?

Dr Young: Yes.

Mr ANDREW: The Queensland government and Queensland Health have a direct statement, 'This is the best way to combat COVID-19 as far as vitamins, minerals and your own immune system'? That is fine. I have a question here—

CHAIR: We have 10 minutes, member. I might just ask other members if they have questions. We will come back to you if you have a supplementary question.

Mr ANDREW: If there is a bit of room at the end, that is fine. Thank you, Doctor.

Ms KING: Dr Young, I read recently that there is a view emerging that, with the uncontrolled case numbers in the UK and then the proposal by the UK government to delay the second tranche of the vaccine rollout, there has been created an opportunity for the development of vaccine-resistant strains of COVID-19. What is your view of that?

Dr Young: I think that every single country needs to make their own decision about what is most important for their own country. Unfortunately, the UK now is seeing increasing numbers of deaths day after day. Yesterday there were 1,800; the day before 1,600; and over the last 10 days I believe it has been over 1,000 a day. The most important thing for them to do is to protect lives, and that is what they are doing.

They also do have evidence that if you have virus circulating in the community and you give one dose, then the virus that is circulating can potentially boost the response. It would not be the strategy we would use in Australia because we do not need to. We do not have thousands of people dying at this stage from COVID. We have not even reached 1,000 from the start of the pandemic, so it would not be something that our experts here in Australia would advise. In other countries I can fully understand why their experts would be advising to do what the UK has done.

Ms KING: To follow on, it does, does it not, bring in sharp relief the increasing importance of our hotel quarantine systems?

Dr Young: It does, absolutely. It is a more contagious strain, and we know that it would be harder to get it under control if it were to spread widely in our community.

Dr ROBINSON: I primarily had a question to do with exemptions, but I just wanted to clarify a comment regarding vaccine distribution. In terms of responsibilities of different levels of government, and to clarify, is it correct that Queensland Health is responsible for the distribution of the COVID vaccine, and who specifically is ultimately responsible for the rollout of the vaccine?

Dr Young: The Commonwealth has agreed that they would distribute to sites throughout Queensland, so they will do that initially. The aim of that is because it is probably going to be the Pfizer vaccine—which needs to be transported at minus 70 degrees Celsius and is quite a difficult process—so they have agreed that they will be moving it to the distribution sites throughout the state. After that, once we get the AstraZeneca vaccine that will be quite different. We are used to moving vaccine to thousands of sites across the state simultaneously. We do it very effectively every year for flu, so we will probably be managing that. This has all been worked out collaboratively between the state and the Commonwealth and it is working extremely well. There is a good collaborative process to sort out who can best do what component, given all of the restrictions and all of the requirements.

Dr ROBINSON: In terms of exemptions, can you clarify, Dr Young, how many exemptions have been granted to your directions? There was a figure of about one per cent mentioned today in the hearing by the Queensland Human Rights Commissioner, which in their view seemed to be very low as a figure of granting exemptions. Can you comment on that? Do you agree with the Human Rights Commissioner that it is a very low figure?

Dr Young: It is a very low figure. In most situations exemptions have not been given. Or, if they have been given, they have been given to quarantine in a different venue, so not necessarily in a government hotel but somewhere else. That has steadily changed as we have gone through the pandemic. There were a lot more exemptions earlier on. As the risk increased, the exemptions tightened up.

Dr ROBINSON: Do you have an approximate number of how many exemptions have been granted?

Dr Young: Probably around one per cent, yes.

Dr ROBINSON: You do not have a particular figure? Perhaps on notice could we get that as a figure, Dr Young?

CHAIR: Anything on notice would be appreciated by 29 January.

Mr MOLHOEK: How many applications in total?

Dr ROBINSON: Sorry, how many applications and then how many exemptions?

Mr ANDREW: What percentage were granted.

CHAIR: Just to clarify, member for Oodgeroo, the Human Rights Commissioner mentioned they received 440 complaints related to COVID. That drilled down to about 114 in hotel quarantine, I think. That was the note I took this morning. But there was some good work done in resolving very quickly some of those issues, and that was commented on by the commissioner this morning.

Ms PEASE: Today's hearing is about the extension of the Chief Health Officer's powers. I know, Dr Wakefield, that you did touch on the benefits of that in your opening statement. Can you elaborate on the benefits of the Chief Health Officer having that responsibility, what it would look like if we did not have that and how other jurisdictions operate.

Dr Wakefield: First, I would have to say that the decision to provide those powers to the Chief Health Officer is obviously a decision for government, so I ought not comment on that. I think in terms of a level of practicality, with that being the case there are many benefits but I think it is about speed. We know because of our experience and the evidence that there is no safe level of this virus circulating in the community. It rapidly gets out of control, as we saw in Victoria, and if you have community cases today you may well have 10 times that many already, it is just that you do not know about them. 'Go hard, go early' is really the mantra, I think, and that is what has managed to keep Queenslanders safe.

There is no perfect. It is inevitable that there will be outbreaks. The virus does not conform to our wishes for it not to spread. Of course we have very strong controls in place, but nothing is perfect. In response to your question, as director-general I would say that the ability for us to move swiftly to have directions in place that can prevent and mitigate the impact of spread, as we have recently seen with the Hotel Grand Chancellor outbreak, is critical to deliver the sort of outcome we want, which is to stop it in its tracks. Yes, we take very seriously the fact that—and that is what public health is—it compromises individual liberties, in a sense, for the public good, but that is critical.

We are incredibly grateful to the Queensland population, who have been fantastic in entrusting and responding to those directions. As director-general, seeing those powers in the hands of Dr Young and how they are managed, that is the benefit. Without that, there would have to be processes involving specific decisions of government and parliament. That would take time, and I think we have probably seen the outcome of that in some other nations. That is what I would say in response to that question. I think Dr Young is the one with the powers, the heavy burden and responsibility. It is probably only appropriate if I ask Dr Young to comment.

Dr Young: The only other state that does not confer these powers on a public servant is New South Wales. Their health minister makes the decisions, but in all other states it is a public servant. In South Australia and Western Australia it is the commissioner of police. In some states it is joint. In some states it is purely the chief health officer. That is the case for Victoria, the ACT and the Northern Territory. There are four states where the chief health officer has those powers to make directions. As I mentioned before, most of those discussions that are held at the AHPPC then go on to inform the directions.

Mr ANDREW: Dr Young, is Queensland Health solely responsible for the regional COVID clinics? Are we solely responsible for taking DNA and making sure that DNA does not get out to any other people? Are we solely responsible, or are there other people involved in rolling out the COVID clinics, the testing centres?

Dr Young: Those testing centres are run by a mixture of people. Queensland Health runs a multitude of centres throughout the state. Then the Commonwealth also has respiratory clinics that they run throughout the country, and a lot of those are in Queensland. Then the private pathology firms—less likely to be in some of the smaller places, but they will be in the regional centres and in the south-east corner—run testing sites as well.

Mr ANDREW: So we have Queensland Health pathology involved as well?

Dr Young: No, and private. Pathology might be at some of our testing clinics, but most of them are clinical staff who will be taking those tests; whereas in the private sector, they have pathology collectors doing that testing.

Mr MOLHOEK: Dr Young, in regard to the extension of powers, my question is around the transparency of the decision-making processes and the reasons and the thinking behind those day-to-day decisions that you made. In cabinet they have minutes: they have to record them and then they become a matter of public record after 10 years or whatever period it is. Are these decisions and assumptions recorded? Is it likely that in 10 years from now there will be an archive opened and we will be able to see what your musings were at the time or what the reasons were or is it information that could be made publicly available now?

Dr Young: A lot of information is made publicly available on the Commonwealth website, particularly in regard to AHPPC meetings and the subcommittees—a lot of that is already there in relation to statements that are made. The minutes are not—they will eventually be made public, I would expect—but the decisions and the statements are all there. Similarly, there is a lot of information on the Queensland Health website. There are a lot of Q&As which answer a lot of the questions and put forward a lot of the reasoning behind a lot of the decisions; that information is there as well.

Mr ANDREW: Just one quick policy question to Ms Matthias: under the COVID-19 extension act, the operation of COVID-19 related legislation was extended to 30 April. The extension act also contained a transitional regulation which gave the Governor regulatory power to extend all COVID emergency legislation for periods up to two years after the expiry date of 30 April. In other words, I am wondering why we are even having the bill because the Governor actually has the power to extend this anyway.

Ms Matthias: The Governor can only extend if the public health emergency has been declared by the minister, which has happened, and then the regulation extends it for 90 days. If we did not have this bill in place, it would revert to the situation we had last year where it was every seven days. This bill is extending it for 90 days at a time.

CHAIR: Thank you for the clarification.

Mr Wakefield: Through the chair, if I may, we have an answer to that question on notice if you would like to take that now through the Chief Health Officer, thank you.

Dr Young: We have had 36,286 exemption requests to 21 January and, of those, 5,159 were approved, 2,156 were not approved, and 28,767 were not required because the person asked for an exemption but they did not need one.

CHAIR: Thank you, Dr Young. We have gone over time, but just to summarise very quickly, there is no doubt in Queenslanders' minds—over five million people live in this state. Almost daily you get up and tell people why you are making the decisions that you make. We have 122 submissions in total. A third of those are very complimentary of the work that you and Queensland Health are doing in keeping Queenslanders safe. There were approximately 70 to 75 that said it goes too far, that it impinges upon human rights, but I think the Human Rights Commission answered this morning as to why it is necessary to have these powers.

One of the common themes that came through this morning—and I might just get a brief response—was that when you make a public health order and direction—and you can probably tell me the total you have done to date off the top of your head—people were asking could there be a statement of advice as to why. I know you get up daily and inform people. Can you give us your views on that?

Dr Young: I have made 173 directions and three notices to date. Of those, 19 are currently enforced. As soon as there is no longer a requirement, a direction is revoked. Some 164 have been revoked. In terms of what information is made available, ultimately that is a decision for government. I support however people would like that explanation made. As you said, after each direction I would do a press conference ready to answer any questions.

Public Hearing—Inquiry into the Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill 2020

CHAIR: You put it in context and articulated it well. The decisions you make are based upon all of the work at AHPPC and all the people who inform you. I think we might wrap it up. We have gone well over time. We thank you, Queensland Health, Dr Wakefield and particularly Dr Young for your outstanding work in keeping Queenslanders safe. We thank you for your contributions here today.

Dr Young: Thank you very much, Chair, and thank you to the committee.

CHAIR: We will suspend for one minute.

Proceedings suspended from 2.06 pm to 2.10 pm.

GOLLSCHEWSKI, Deputy Commissioner Stephan, State Disaster Coordinator, and Overall Commander, COVID-19 Response, Queensland Police Service

CHAIR: I welcome Deputy Commissioner Steve Gollschewski, Overall Commander, COVID-19 Response, Queensland Police Service. Steve, we see you almost every day with the Premier and the Chief Health Officer advising Queensland on the police response. We welcome your attendance here today. From the start, I want to put on record the committee's acknowledgement of the men and women of the Queensland Police Service who are out there doing what they are doing to help keep the community safe. I saw examples of that with the recent lockdown; you were updating quite regularly about masks and mask wearing. We will start with an opening statement from you and then move to any questions.

Deputy Commissioner Gollschewski: Good afternoon, chair and members of the committee. I should, for the information of the committee, also note that I am the State Disaster Coordinator for Queensland. I make that statement because that is a separate role as well. It brings into play some other things that we are using in the COVID response which is the use of a statewide disaster declaration. That role is ensuring that the whole of government is coordinated behind the health response. I have two roles—that one and then the Overall Commander for Queensland Police to make sure we are getting our work done.

In the interests of time, I will not go through the provisions of the act. I am sure you are very familiar with that and what is sought to be extended. Essentially it includes enforcing public health directions and being able to exercise a range of general powers by police in two particular areas: one is enforcement and the other our compliance activities. Essentially, those powers have been absolutely critical for both whole of government and the Queensland Police Service to be able to do those operational responses that we need to do to make sure that the health directions are met and therefore the public health outcomes are achieved. It has been a very collaborative approach with Queensland Health as the lead agency for the response in this emergency, both under the health emergency and the state disaster declaration, supported by whole of government and in particular the Queensland Police Service for making sure that the Chief Health Officer's directions are followed and we get that public health outcome.

I thought it might be of interest to the committee to run past with you some of the things that we have done and the quantum of that in terms of the outcomes that have been achieved. This goes back to when the directions started to come in, in March last year, and in fact the closure of the borders around 31 March 2019. In the time under the Chief Health Officer's public health directions, we have processed 32,553 international passengers. We have served 41,197 quarantine notices, which includes air crew, seafarers and seasonal workers, so it is a larger number than that previous number around passengers which are mostly returning Australians.

Under the various iterations of our state border restrictions, we have met 12,287 domestic flights, including 1,952 from COVID hotspots. That has involved the processing of 848,236 passengers subject to checks of entry requirements. We refused 1,348 passengers' entry into Queensland and directed 36,754 into quarantine. We have intercepted 1,182,498 vehicles at our road borders, turned around 14,417, which included 22,970 persons in those vehicles, and directed 19,432 into quarantine at the road borders. I should say that these figures are up to 17 January. We have done 13,161 business compliance visitations.

We currently have 19 active quarantine hotels. As you probably are aware, Queensland Police leads hotel quarantine management. Even though it is part of our infection control regime that Health has responsibility for, our role is the security and operation of those hotels. We currently have 2,763 persons, as of this morning, in hotel quarantine in Queensland. Some 60,449 have completed quarantine in hotels, and we have also done 10,827 compliance visitations of people in home quarantine during that period.

Moving on to enforcement: this is the part where, for whatever reason, the compliance has not worked and we have to take some action to make sure people do comply with the CHO's public health directions. We have issued for a variety of offences—I might aggregate them, but I do have it broken down into different areas because obviously there are offences for false declarations, trying to get over borders, the various ones around, for example, being out of home without proper exemption when we had lockdowns, that type of thing, so there are a variety. However, the totals are 2,666 penalty infringement notices of which 129 or 4.8 per cent were withdrawn.

We have taken an aggregate of 50 notices to appear or arrests for a variety of offences. Generally, we went more to the arrest phase when people were completely noncompliant with directions by police and we have ended up with a situation where police have had to give direction and go hands-on, as we say, because someone was not complying. Typically there have been other offences that people have been charged with in those.

That gives you a snapshot of the size of this operation. You know from the health stats that we have seen that there have been 1,300-odd infections in Queensland and only six deaths. Our contention is that, if you look internationally and in other jurisdictions, our outcome has been superior, and we believe it has been because of the Chief Health Officer's directions and our ability to operationalise that in a way that we can keep our community safe.

CHAIR: Again, thank you very much for giving us a snapshot of the enormous work undertaken by the Queensland Police Service. It would be remiss of me if I did not acknowledge the member for Bancroft, Chris Whiting, who is standing in for the member for Pumicestone. Thank you, fellow chair. I return to some work the previous iteration of this committee did just before the state election. We went to the Torres Strait Islands and to the furthest border I have been to on Saibai Island overlooking PNG. I met some staff of the Queensland Police Service, some of whom were from Townsville. One cannot go anywhere without seeing people from Townsville! It sheeted home to me the work and the enormity of responsibility that is keeping our borders secure. Everyone looks at the southern borders, but with Papua New Guinea there is plenty of risk with COVID in terms of people going over the water. Literally, one can see the villages over the water there. It is good to put in context just how broad our state is and how big a job it is controlling COVID through those powers.

Mr MOLHOEK: Thank you, Deputy Commissioner, for being with us today but also for the work that you and your colleagues are doing to keep Queenslanders safe. It is certainly appreciated. It would be remiss of me also to not echo the Chair's comments in making that expression of gratitude. In respect of hotel quarantine, I turn briefly to the recent issue at the Hotel Grand Chancellor. Can you provide an update of the status of the investigation?

Deputy Commissioner Gollschewski: The investigation remains ongoing and is progressing very well. The Police Commissioner and the director-general of health were briefed yesterday by myself and the teams from both Health and Queensland Police about the progress of where we are at. I understand that the commissioner and the DG will stand up publicly next week and talk about that. The bottom line is we are very focused on an improvement process and on trying to understand what actually could have occurred. There are still a number of things that are being sorted out. There are still people to be interviewed. To that end, this is an investigation that is not yet concluded, so we do not have a complete outcome. At this stage, we are satisfied that there was no wrongdoing by any individuals and that there are issues around—as I am sure Dr Young has mentioned—a new UK variant of COVID, which is highly contagious and provides a different challenge. We are working through that and obviously we need some more advice from the experts, particularly in the health and contagious disease areas, to finalise that. I expect that will be coming in the next couple of weeks. The investigation is progressing very well.

Mr MOLHOEK: In that regard, the whole issue of infection controls and management of infections is not really an area of expertise that the police would typically have. What is the process for you to investigate that and be sure that you are on the right track?

Deputy Commissioner Gollschewski: That is why we have had to do a joint investigation with Queensland Health. Obviously police expertise is in doing investigations, in particular investigations where people need to be interviewed. There were a variety of hotel guests, people working in the hotel and people in quarantine, including ones who caught COVID, that we had to work through, but obviously we are not experts on epidemiology or infection control. Health has been very engaged with that in providing advice and, indeed, getting advice from external experts as well.

Mr MOLHOEK: What impact has border control had on all the other issues? Obviously that has had a huge drain on resources. How many police have been taken off, say, the road policing unit and weapons licensing to support border control activities?

Deputy Commissioner Gollschewski: At its peak, there were between 1,200 and 1,300 officers per 28-day roster. Unlike other agencies, obviously we are a 24/7 agency, particularly when doing things like border control and quarantine containment. Across that whole 24/7 process, we would use up to that. That is down under 900 to 800 at the moment because of the easing of some of the restrictions. We are seeing a reduction in hotel quarantine since the reduction in the cap. It has gone down nearly 600 persons this week. That allows us to pull back. We have not left that to wherever the hotel is; that is the problem for that area. We have approached it from a whole-of-service

perspective. We have shared the pain, if you like, across the QPS and brought in people from a variety of areas, including areas like our academy, which was in a wind-down phase over Christmas for instance, and other typically non-operational areas to augment that. We have been able to absorb that. I will not deny that it has been a challenge for us as an organisation. We have set up a temporary COVID command under Assistant Commissioner Shane Chelepy, which reports to me, to ensure that we are doing all the logistical planning and appropriate work to optimise our workforce, because at the end of the day normal policing does not go away.

Mr MOLHOEK: With the extension of these powers for another six months—and now with essentially a year under your belt—can we expect to see police services across the state return to normal?

Deputy Commissioner Gollschewski: I think 'normal' is an interesting word. There is probably a new normal in all of this. We are a community safety agency. Above and beyond anything else, we want to keep our community safe. Under the act, even, that is what we have to do. One of the key things for us in the past 12 months was to ensure that Queenslanders were kept safe. It has had to be a priority for us. We have not had to do all the heavy lifting by ourselves. We have had great support from the ADF, from other agencies such as QFES and Transport and Main Roads and from a variety of other agencies. Health, of course, has been with us all the way through this. But we are living in a COVID world. It is such a threat to our community that we have to prioritise that way, but we do it in a way that does not compromise other aspects of community safety. We do it in a way that maybe there are some things that might be longer term projects or that we have to look at different ways of how we do our training or be more innovative in some of the things we do to ensure that we can keep doing that. Our COVID command very much has a planning approach that we expect will perhaps need some sort of response into next year. We hope that it is sooner than that, but we are being realists in planning that this is a long haul and that we are able to do it properly.

Mr ANDREW: Thank you to all in the Police Service, Deputy Commissioner. With the extension of the powers, will anything change the QPS situation dramatically? Are any new implementations envisaged?

Deputy Commissioner Gollschewski: No, they are an extension of the existing powers. Of course, it is what makes it easier rather than changing regularly. It gives certainty in terms of what we do. I will probably get this wrong, but the last time I looked at the number we were up to the 21st iteration of border directives. Every time there is a change in COVID, for instance the change with the UK variant, a hotspot emerges in Sydney or there is Melbourne's lockdown, we end up with different directions and have to pivot and change anyway. We have been doing that all the way through.

Ms PEASE: Thank you very much for coming in and thank you for all the great work you have done. I know that it has been very challenging. Perhaps you might have already elaborated on my question about extending the powers to the Chief Health Officer, but how has having those powers with the Chief Health Officer impacted on your work as the lead agency?

Deputy Commissioner Gollschewski: If we did not have those sorts of powers, we would not have had the authorities we need to do what we have done at the borders to keep people from coming out of those hotspots or into quarantine. It is really simple. The way the system has been set up, it is up to the states to manage the quarantine regime. We are seeing daily the positive cases that are emerging in our hotel quarantine. If we did not have that regime, those people would be walking around our community infecting others and we would be in a very different place. Without that, we could not operationalise what we need to do to be able to control the spread of the virus in Queensland.

Ms PEASE: Thank you, again, for your great work.

Dr ROBINSON: Thank you, Deputy Commissioner, for being part of the committee's proceedings today. A specific question—and you may want to take it on notice should you not have the data handy—how many infringements in total have now been issued to people not complying with the CHO's directions relating to COVID-19?

Deputy Commissioner Gollschewski: The total number of PINs—I think I might have given that figure before—is 2,666.

Mr MOLHOEK: And how many of those are as a result of the three-day lockdown?

Deputy Commissioner Gollschewski: In the three-day lockdown, we had 27 in the area that was impacted by the lockdown. That was for the two weeks—not just for the three days—so 27 across the two weeks.

CHAIR: Over the 10 days with the masks?

Deputy Commissioner Gollschewski: None were directly for masks. People were given the option. We handed out about 2,500 masks. Our approach was to hand out masks before fines and we gave people the option. In the end, if they did not they were given directions, and that was what they were given PINs for—failing to follow the directions.

Ms PEASE: I saw that. I thought that was a really great position.

CHAIR: Good initiative.

Mr WHITING: Thank you, Deputy Commissioner, for all you have done. I did see on Station Road at Burpengary on that first Saturday a family out without masks. The local policeman pulled them over, had a chat and pulled masks out of their back pocket. They put them on and continued on their merry way. I saw how this approach worked in that particular case. Over the past year, how has your approach to PPE changed? Obviously you needed to adopt new protocols and procedures. Can you outline how the adoption of a more stringent use of PPE has changed over the last year and how it obviously will change in the future?

Deputy Commissioner Gollschewski: We have adopted a continual improvement approach. Before the current investigation into the Hotel Grand Chancellor infections, we did five internal reviews of our border controls, investigations and hotel quarantine. Each time we have done that, we have seen how we can improve what we are doing. When we started the COVID response, unfortunately no-one gave me the handbook, 'This is how you police pandemics.' We have had to do this continual learning thing. PPE was a real issue initially. What are the supplies, what should we use and when should police put them on? We even had to give directions to our officers to shave off beards. That disappointed some of them. We now have very strong protocols around that about when it is appropriate to use P1 masks, about when they need to use P2s, about those situations where we believe they might have to go hands-on with someone who possibly could be infected and about how they deal with that.

We have a system where, every time there is a new direction given by the CHO, an aide memoire goes out to our officers to explain to them in detail the process they need to take with those new directives. That goes out before the directions are activated. We are very much on the front foot and have had a great partnership with the Queensland Police Union of Employees which has been with us on that journey to ensure that we are looking after our staff. Obviously we all now know a lot more about masks and PPE than we did at the start. When we locked down a couple of weeks ago, I was totally surprised at how many people took it up so quickly in that they put them on.

CHAIR: Thank you very much, Deputy Commissioner. We thank you for being here today, for informing the committee in our work, for your contribution and, again, for your work.

Deputy Commissioner Gollschewski: You are most welcome.

COPE, Mr Michael, President, Queensland Council of Civil Liberties

CHAIR: I now welcome the President of the Queensland Council of Civil Liberties, Mr Michael Cope. Thank you for coming before us. Would you like to start by making an opening statement before we go to questions?

Mr Cope: I have put something in writing which I am happy to tender.

CHAIR: Procedurally, we will have to table that. There being no objection, leave is granted.

Mr Cope: I have copies. There should be enough. Our basic position is that we do not oppose the extension of the powers, although we would say that the government needs to tell us now or shortly what criteria will be used to determine whether or not they need be to be extended further, because at the current point in time we would see that there would need to be some significant change to justify a further extension of the powers. Having said that, we wish to return to a number of issues that we have raised with these powers. The first is—and, Mr Chair, correct me if I am wrong—that as I read the website this committee no longer has its remit to oversight this legislation—the one it had before the election.

CHAIR: The previous body of work that we did was the COVID interim report, tabled in the parliament. We are now reviewing the extension of the powers.

Mr Cope: Will you have a continuing oversight role?

CHAIR: As the health committee I would imagine we will have some role.

Mr Cope: Last time there was a specific referral. That is all I am talking about.

CHAIR: I will take some advice. We have not actually met in parliament, so once it is referred back from the House.

Mr Cope: We want to see that referral back in place because, although we wanted a different type of committee oversight of this legislation, some committee is better than no committee.

We have expressed a number of concerns about detention. First of all, there is the continuing issue with the lack of access to fresh air. I see that Mr McDougall was before you earlier. I do not know what he has said about that, but the last time I had any communication with him he was saying that about 30 per cent of people in hotel quarantine cannot access fresh air. I do not know whether that has changed.

Second is the issue that was highlighted recently by the initial decision by the Chief Health Officer to extend the detention of everybody who was in the Hotel Grand Chancellor for another 14 days, which I know was subsequently rescinded. Our view has always been that people ought to have a right to go to a magistrate to contest their detention and certainly they ought to have that right if it is going to be extended beyond a 14-day period.

Finally, over a period we have raised concerns about the collection of data in pubs, clubs and that sort of thing. Whilst we accept there are rules around that, we do not know, if anything, what anybody is ever going to do at the end of this to make sure that all of this data is deleted.

Those are the four main points that we wanted to make. Those are points that we have made throughout the process. As we have said on a number of occasions, we accept that there is a health emergency but that is not carte blanche to anybody. The powers need to be time limited, they need to be monitored, the way they are used needs to be controlled and oversight needs to be exercised, which is why I started with the point about this committee's and the other committee's functions in that regard.

CHAIR: Thank you, Mr Cope. On the last point about the data, of course the COVIDSafe app was pushed from the Commonwealth. Whilst it might not have been taken up by the entire country, what happens at the end of the public health emergency with that data is probably a question for the Commonwealth. It is probably a very good question for the Chief Health Officer. I am sure there is a time limit for those pubs, clubs and hotels—

Mr Cope: There is the 56-day time limit. I know that people are going out there to make sure that the pubs and clubs are collecting the data, but is anybody out there actually enforcing the fact that the data gets deleted or is it ultimately deleted at the end of the process? That is the point that I was making. I accept what you are saying about the COVIDSafe app. It is a Commonwealth thing. Their legislation actually provides, because it is under the control of the Commonwealth of course, that it will be erased. We are concerned that a lot of data is being collected out there and something

should be done because, as I say in my written submission, a lot of those pubs and clubs and things will not be subject to the Commonwealth Privacy Act because they do not make more than \$3 million a year. The Queensland government has implemented this thing and we would say that somebody needs to make sure that it is actually carried out.

CHAIR: I will get a bit of advice on this. It is just past the close date on the acceptance of submissions but the committee will determine what we do with the tabled document

Mr Cope: I understand that but I thought I would come with something in writing rather than just reading it out to you for however long it might take.

CHAIR: Thank you. You are correct that the Human Rights Commission was here before us this morning and they talked about the fresh air issue with hotels. On the issue of taking people out of hotel quarantine and putting them into sites around Queensland, they were complementary of that process because it gives people more fresh air and a number of other things. That is a matter for the national cabinet and the government to decide. The commission certainly did raise issues of having people in quarantine but seemed to have come to a conclusion—and I will have to check *Hansard*—that in the earlier iterations of hotel quarantine some places did not even have windows and now they have balconies, so there has been some improvement.

Mr Cope: I accept that and I think Mr McDougall was saying that. I think he has said that—and as I said it is the last number that I heard—70 per cent of people now had a window or a balcony. Once again I accept this is not the state government's immediate issue; it is a national cabinet issue. We would think that from that point of view putting people in mining camps, assuming the living facilities are fine, is certainly an improvement over having people locked up in hotel rooms without any access to fresh air.

CHAIR: You said that people have a right to go to a magistrate and challenge orders and the like. Can you unpack that in the context of COVID?

Mr Cope: We do not think it makes any difference whether it is COVID or not. The law in the Public Health Act, outside the COVID provisions, enables you to challenge the decision before a magistrate. As far as we are concerned, just because it is a pandemic does not mean you lose your right to have your detention reviewed. You are being deprived of your liberty. You may be being deprived of your liberty for a perfectly good reason and it is not because you have done anything wrong, but you are being deprived of your liberty. It is a fundamental principle of the rule of law and human rights jurisprudence that you should have a right to review that detention. As I say, our position is and has been from the very beginning that if they wish to extend the detention beyond 14 days you should have a right to go to a magistrate to have that detention reviewed. As far as we are concerned, it is fundamental and the fact that it is a pandemic does not alter that.

Mr MOLHOEK: Mr Cope, can you give me a little more background about the Council of Civil Liberties? Is it membership based, government funded, how many members do you have?

Mr Cope: The Council of Civil Liberties is a voluntary organisation. It has been around since 1967. We do not accept government funding or even corporate funding for our daily operations. We are paid for by the membership. I cannot tell you what the membership is, but it is a few hundred people. We are just an organisation of volunteers who exist on the basis of donations, basically. We have some in-kind things like people who print our newsletter and things like that. We accept that sort of thing. However, for obvious reasons we do not accept government funds in relation to the day-to-day running of the council because otherwise we would not be independent.

Mr MOLHOEK: To be clear, I think you said at the start of your statement that you are not actually opposing the extension of powers.

Mr Cope: No, we are not opposing the extension of powers.

Mr MOLHOEK: You are just expressing concerns.

Mr Cope: Yes. Also I made the point that at this point in time—and things change, obviously—that is basically based on the proposition that there is a vaccine or vaccines; there is a proposal to roll it out within that period; and, if that happens, all of the vaccines that we know about—the ones that we are getting—say that you will not get seriously ill once you have taken it. That would obviate the main reason we have all of these things, which is to stop the hospitals being overwhelmed with people who are sick. That is why I say that the government really should be setting out what criteria is going to apply to determine whether it is going to be extended beyond September because by then it will have been 18 months.

From what I can tell, these are the most draconian rules ever implemented in the state. Those lockdowns are the most draconian things. It did not happen in the war. It did not happen in the Spanish influenza, so-called. Whilst we accept that there is a proper reason for them, like all emergencies they have to come to an end. We cannot just continue to extend these. This time some clear criteria needs to be laid down as to what would justify a further extension of them.

CHAIR: Can I interrupt there. Look at what is going on in the UK right now with this new strain and they have gone into further lockdowns. The Chief Health Officer was talking to us about 1,000 deaths a day, which is incredible. Is there a tipping point?

Mr Cope: As I said, things may change. I am not sitting here as an expert, but from what I can tell the evidence would appear to be that the vaccines that we have are effective against the new strain anyway. If that continues to be the case and with this mRNA component, it would appear that they can just tweak it as much as they like. All I am saying is that we cannot accept the continuing rolling over of these powers because otherwise they just become normal. Once they become normal people will not resist them anymore and they are incredibly draconian. What the government has done, and we understand the justification, is still extraordinary and you just cannot keep rolling these things over indefinitely. The government has to say what the criteria are. It is not for us to say what the criteria are. The government should set the criteria. The government has to justify the continued existence of these powers. It is not us. The justification for these powers has to come from the government. They want them.

Mr MOLHOEK: Where is the line that you would draw?

Mr Cope: At the moment, this should be the last. At the moment yes, because we still have to get a vaccine out in the community and, of course, there is the risk of the other variants that are floating around out there. On balance we do not take a position against this extension but, as I say, if you look at it from the current standpoint where it appears that there will be widespread vaccines that will stop people having to go to hospital, the justification for these powers falls away. If that is the point at 30 September this year and nothing else has changed—as I say, we have seen what has happened in the last 12 months. If the facts change we can change our mind, but at the moment that is as we see it. As a general point, and this has not happened on this occasion, we say it is important at this point, looking at what we can see now, that the government has to justify the continued existence of these extraordinary powers. I do not think anybody could deny that they are off the planet. They may be justified, but that does not mean that they can go on forever. In fact, we accept states of emergency because they are time limited.

Mr ANDREW: In relation to data, back on 24 April 2020 the Australian coronavirus tracing app data storage contract went offshore to Amazon. I just wanted to let you know about that situation. My second point is: yes, you are right. Why is something so important so rushed? We have up until April. Do you think we should use that time wisely to understand where we are going with the implementation of the next stage of this COVID emergency?

Mr Cope: The position that we have adopted is that, particularly given these more infectious variants, on balance we think there is justification for continuing the powers. Do not get me wrong: I hear what you are saying. This whole thing for us is a very difficult issue to try and work through, but at this point in time we are not opposing the extension of the powers. I suppose what we are doing is putting a marker in the sand and saying that, sitting here today, something big is going to have to change between now and September, and the government really should be saying what that might be.

Mr ANDREW: We spoke to Dr Young in a previous session. She mentioned there was more than one part of Queensland Health and non-government organisations involved in taking DNA tests and testing. Given the situation that the data that is being taken could be going anywhere, do you have any concerns about that going forward?

CHAIR: Member for Mirani, I might just pull it back into context.

Mr ANDREW: Are you worried about data storage going out and people having access to it?

CHAIR: Let's keep it relevant to the bill.

Mr ANDREW: It is relevant because—

CHAIR: Please do not—

Mr ANDREW: Anyway, Mr Cope, look at it how you will.

Mr Cope: I think one of the things you are talking about is the COVIDSafe app. That is a Commonwealth matter, and of course we opposed the COVIDSafe app for different reasons.

Mr ANDREW: Was that for COVID testing sites?

Mr Cope: If DNA is being collected in Queensland it is subject to the Information Privacy Act.

CHAIR: Queensland Health is doing that. The Chief Health Officer answered that in the previous session.

Ms PEASE: You talk about detention and I just want to get some clarity. Are you referring to quarantining when you talk about detention?

Mr Cope: Yes. It is detention. People are being detained against their will. It is still detention by any understanding of that term.

CHAIR: If there are no supplementary questions, thank you, Mr Cope. We appreciate your attendance and contribution here today.

Proceedings suspended from 2.48 pm to 3.15 pm.

HALL, Mr Martin, President, Gold Coast Central Chamber of Commerce

MANDIGORA, Mr Augustine, Senior Policy Adviser, Chamber of Commerce & Industry Queensland

ROHAN, Ms Amanda, Policy and Advocacy General Manager, Chamber of Commerce & Industry Queensland

CHAIR: I welcome to the table representatives from the Chamber of Commerce & Industry Queensland. Thank you for your time this afternoon. This bill is extremely important because it proposes to extend the powers of the Chief Health Officer to tackle the COVID-19 pandemic. I am sure you can all provide some information to the committee and we welcome you here this afternoon.

Ms Rohan: The Chamber of Commerce & Industry Queensland represents over 400,000 small businesses across the state, making up about 99 per cent of all businesses in the state. We also work with our chamber network. We have over 100 chambers within Queensland, and they have been instrumental in helping us, their members and the business community through the COVID crisis. We want to recognise the work of the Chief Health Officer with respect to managing the health crisis. We consider that the powers were necessary to get us to where we are now. We do support the ongoing extension of these powers as they stand, but we consider there are some strengthening amendments that could be considered as part of this bill. We have not tabled a submission to you, so I will just step those through and then I will ask Martin to introduce himself.

We consider there are some strengthening requirements. Whilst we understand that decisions need to be made in a really quick, timely manner—and that has served us well to date—we do consider that building some amendments into the CHO's powers to enable consultation on the impacts of managing the health crisis will also provide for better decision-making and directions that are subsequently provided to the community and business in how they can manage health directions. We have examples over the past year where directions have been issued and then subsequently amendments have been made because the practical implications of those directions have caused issues for businesses at a ground level, at a business level.

We do also consider that there should be some consideration of amendments with regard to providing some accountability framework around the transparency of the decisions that have been made and on what basis those decisions have been made. We are privy to a lot of information at the moment and I am aware there is some on the Queensland Health website as to where the directions sit, but we really consider that it is instrumental in business really understanding why certain businesses or certain sectors of the economy have certain provisions or restrictions placed on them over others. We consider that a year on, whilst we still have uncertainty moving forward, that really is an opportunity to at least acknowledge what we have learned and what framework we are working under.

Finally, we consider that there is an opportunity within these powers to also require a transparent framework for that decision-making. For example, if we are looking at three-day, seven-day, 28-day lockdowns or longer what does that mean, and is there an opportunity for the CHO through these powers to have a requirement to have a framework that is publishable that does outline what that looks like? We consider that we are at a point where we do need more understanding. There are some discrepancies still, as I mentioned, regarding certain business sectors that may be disproportionately impacted. They are the three areas we are really considering as part of the passage of this amendment bill.

Mr Hall: As you heard, I am the president of the Gold Coast Central Chamber of Commerce. I am reliably told that we are one of the largest in the state now. That is something we are particularly proud of not only in itself but also for the representation we give to our members. As you may know, the Gold Coast is the small business capital of Australia with over 66,000 businesses therein, so when the pandemic struck last year we were all aware of the gravity and future economic impacts of the necessary restrictions, lockdowns and border closures that were imposed. What we were not prepared for, however, was the uncertainty and moving targets set by the government which have directly affected and eroded our members' economic confidence. I am here today on behalf of our members and vicariously all of the businesses on the Gold Coast. I am here, as you can see, with colleagues from CCIQ. We do support the submission that I believe they are going to leave after today. Moreover, I want to add some context to the importance of inclusive consultation.

Throughout recent times and on many occasions SMEs, which are the backbone of the economy, have been excluded from such government decisions. SMEs, as a major stakeholder within our community, greatly contribute to our state's prosperity and need to be included in the

government's decision-making processes. I am advocating for small businesses being embedded within this government's processes so we can ensure that small- and medium-size business can succeed and weather the economic storm. Every Friday morning without fail from the start of the pandemic we have met as a chamber movement to share problems, opportunities and solutions. We have welcomed the small business minister, the shadow small business minister and Dr Young via our weekly Zoom meetings. Our chamber has facilitated over 30 webinars during the pandemic, and currently our membership and we have recommenced face-to-face COVID safe events. Whilst these engagements have been applauded by our membership, various successive surveys have revealed a steady decline in business confidence. These reports are all publicly available through the CCIQ Suncorp Pulse Survey of Business Conditions. Confidence and certainty are crucial now more than ever.

Christine, who is one of our members, runs Country Paradise Weddings & Special Events in Nerang. Christine not only saw cancellations immediately early last year but she continues to see a lack of forward bookings. Interestingly, when I spoke to her this morning she has seen a sudden rise in very quickly booked and executed weddings based purely on people's lack of certainty around when the next COVID episode may occur. What this means for our members is that they were prepared to shoulder and accept the scientific advice; however, the government's genuine lack of consultation within the SME community has been severely lacking. There has not been any serious consultation beyond discovering community lockdowns via the media. Our chamber believes that as a major stakeholder the SME community needs to be included in future decision-making processes which greatly affect our members.

As a small business community we are naturally resilient, innovative and adaptive—skills that are essential for survival. Thus, the chamber proposes a consultative horizon, if you will, so that our members can better plan with hope for their businesses and future successes along with their current employees. What we would like to see is genuine consultation not only within organisations such as CCIQ but an actual business advisory group established formally in the hope of being included in decision-making processes to verify the science and the data for which action may occur with regard to future decisions. The latest three-day lockdown had some serious consequences. Whilst the Gold Coast was not included directly within the Brisbane lockdown, the coast did feel the economic impact of an immediate cessation of normal holiday trade. In fact, since 23 December a large shopping centre at the southern end of our region has seen a double-digit decrease year to date in foot traffic.

The chamber advocates for genuine consultation processes requiring a standard operating procedure to be adopted outlining clearly what we can expect from a three-, five- or 10-day lockdown and the potential economic cost and economic losses. The last lockdown gave no capacity for businesses to plan day 4. For example, a local pie shop did not know how much stock to have delivered and a local bar did not know how many staff to roster. Whilst this may sound strange to some, these are genuine considerations that need to be taken into consideration as they have profound effects on that business's financial viability. Embedded changes to this bill and a genuine requirement to consult will lend further confidence and consistency to our business community, thus assisting us so we can continue to weather this pandemic in all its guises.

CHAIR: Thank you, Mr Hall. The chamber of commerce has 100 chambers under its umbrella. In Townsville we work with our chamber regularly. In fact, in 2019 as a result of the flooding we started a small business recovery group and the chamber was very much part of that. Before the last election we went to the then minister to expand the remit of that group to assist small businesses that were impacted by COVID. I think there is more to do there, no doubt. I do not live on the Gold Coast but I understand that your 66,000 businesses, particularly retail and hospitality, were severely impacted. This morning we have heard from representatives of those areas of interest with regard to this particular bill.

As we keep hearing time and time again, there is no doubt that you cannot have an economy if you do not have your health. We have to respond to the health crisis first. We certainly do not want to be like other countries like the UK, which is going into lockdown again. The impact of that would be astronomical. Of course, we are the state government. There was a federal response as well in terms of assisting small businesses with a range of initiatives such as JobKeeper. I am sure the chamber is talking with their federal representatives about that ceasing in March as well, because the impact is ongoing. We heard the Chief Health Officer earlier talk about the need to be speedy. I hear what you are saying in terms of the advisory group and what can be done under the small business framework. I wonder whether the learnings we have achieved in North Queensland could be considered going forward or put up for discussion. We certainly thank you for your idea. I do not know who would sit on that in terms of the chamber and other representatives.

Mr Hall: It is the notion of trying to get the right people together. As I say, the weekly group has been quite successful in trying to steer through the icebergs. The make-up of that could be almost exactly that perhaps, because we certainly do not always agree with every platform that the CCIQ comes up with at the Gold Coast level. The devil is in the detail, but it is just having that underwriting in this bill to ensure there is genuine consultation. Learning what is going to happen from day to day at nine o'clock in the morning until the next press conference really does affect small business, as I mentioned.

CHAIR: It is a moving feast, there is no doubt.

Ms Rohan: We absolutely recognise there has been a strong level of consultation within agencies and ministers throughout the COVID pandemic; however, it tends to be after decisions have been made from the health side. That then creates a lot of flow-on impacts where business does not know if they can operate, particularly in border communities out west. We have seen some issues regarding harvests and businesses trying to move goods and stock across spaces along the border. We brought that up after the directions were made. We consider there is a real opportunity to provide the CHO with information at a practical level which can inform the directions and therefore create a more efficient way of businesses complying with those directions. We consider there is a nice opportunity there.

CHAIR: With the weekly meetings that you have, which is similar to what we do in Townsville, did you say that the CHO and the minister already dial in?

Ms Rohan: Yes, the minister does regularly attend our Friday meetings; however, we have met with the CHO on a couple of occasions where directions have been issued and there has had to be a fix-up afterwards just to clarify or get certainty around what the interpretation of those directions were. We are talking about last year before the three-day lockdown when we were deep in longer term lockdowns and there was a lot more uncertainty.

CHAIR: We heard this afternoon from the Chief Health Officer about the science and the transparency around the decisions that are made. The advice given to the Chief Health Officer is through the AHPPC. While we look at the Queensland government website for why decisions are made and how they are to be implemented, I think it is worthwhile noting that there is a bigger body that informs the CHO as to why decisions are made. That information is on the Commonwealth website and it is publicly available. We do not tend to go there; we tend to look at the Queensland site. I think it would be beneficial to look at the Commonwealth website for why decisions are made.

Mr Hall: The set dance, if you like, or the standard operating procedure is for the business community to access information so that we can have an educated expectation of what we can expect if there is X number of community transmissions or what a three-day or five-day lockdown would like and the likely pattern. Businesses, as I said, are very resilient and we can adapt, as long as we have a visual horizon. That is the key.

CHAIR: I think that is a good point. The director-general said that the three-day snap lockdown recently in Brisbane was to go hard and go fast so there was not the long-term economic impact of closing down for an extended period of time. I will leave it there. There has been some good dialogue. We might open it up to questions.

Mr MOLHOEK: I would like to direct questions to both Amanda and Martin. Perhaps Amanda can comment from a state level and Martin can comment from a Gold Coast perspective. What do you believe the cost of the first lockdown was to members in terms of turnover, profits and staffing?

Ms Rohan: We run a pulse survey each quarter with our members. We received over 2,500 business responses in the March quarter of last year which coincided with the first initial long-term lockdowns. From that report we found that 50 per cent of businesses felt an immediate decline in their revenues obviously as many were not able to trade. Forty-three per cent reported that they had laid off staff—this was separate to standing down staff. Up to about 90 per cent of businesses in the preceding quarter, in the June quarter, said that they would have up to one year in the tank to be able to survive as a business under those current conditions. Of course that was under the hard lockdown conditions.

Taking that forward to where we are now, we do know that the three-day lockdown had significant impacts on the Greater Brisbane business community. We have heard from businesses that, although it was three days—which is short, sharp and required for the health response—it could take businesses up to six weeks to recover the lost trade in revenues, as well as the lost stock that they may have had because they either had to put in the bin or get rid of it. Whilst the lockdowns are Brisbane

immediate, short and sharp, the lagging impacts are starting to dig into businesses and their ability to be viable over the longer term. That is why we consider that having some further transparency and consultation can help the business community through these lagging impacts and potential future lockdowns or further restrictions.

Mr Hall: Equally, we had our own pulse survey on the Gold Coast and it was a fairly healthy sample size too. We saw exactly the same sliding scale of the 50 per cent drop in the September quarter in revenue for businesses. More recently with the lockdown we saw immediate cancellations for our members on the coast. There was some two per cent or thereabouts further cancellations into the future which have a knock-on effect to rostering. Having a very casualised workforce, it had that impact. In terms of exact numbers, I do not have them here.

Mr MOLHOEK: Do you have any actual job numbers in terms of people who have been laid off?

CHAIR: Sorry, member. I want to try to keep it within the context of the current bill. We did look a lot at the impacts on businesses in the previous inquiry and the interim report.

Mr MOLHOEK: I accept that. I will come back to your comments then. What sort of amendments do you propose around greater consultation or early warning or whatever the term is? How would you see that working and what sort of amendments would you be seeking?

Ms Rohan: That is a great question. While we have not considered how it would read in the legislation, we do consider that there could be a requirement for the CHO to consult as early as practically possible. Building that into the powers does put a requirement on that to happen as part of the process.

I want to reiterate that consultation has been occurring at different levels, absolutely. I am aware that that does get through to the right channels. However, we consider that, whilst the CHO's powers are to look at the health impacts predominantly, and that is the focus, it is the businesses that are bearing the brunt of COVID. They are required to implement COVID safe plans. They are required to keep the community safe. They are doing a fantastic job and the CHO recognises that. That is why this consultation element is very important. It is the community that we need to be communicating with on how they can apply the restrictions or the directions that impact on them so that they can help their staff and ensure that their customers are safe.

We consider that, with the knowledge base that we have built and the touch points we have with our business community, as do other industry groups from other areas, we can very quickly identify with the CHO in that decision-making process some of the nuances that might be required to ensure the effective application of the directions. Over the last year we have learnt a lot in that space. We see a real opportunity here with the ongoing powers to build that in as part of good practice and good decision-making for the government as well.

Mr ANDREW: I know that things have been tough for small businesses. I have seen it firsthand. It is sad to see that it may continue. You said something about not being given an opportunity to understand how it is going to affect you. I do not think we have seen a submission from the small business ombudsman. Have you been working together? Do they have a position that can help you at all? Have they worked with you so that you can be in a better position to work with government?

Ms Rohan: I have not interacted with the ombudsman. However, we do interact very closely with the Small Business Commissioner in Queensland. We are feeding that through to the chambers as well at a local level, and that is coming through to the agencies and to our minister as well. That process is working. Again, I want to stress that that is always after decisions are made. There was no visibility over the three-day lockdown. There was a nine-hour window. We all received the update at 9 am.

I recognise again that decisions need to be made in a really quick and efficient way, absolutely. We are just asking for there to be a requirement to consult—be it a phone call at nine o'clock at night—to double test, 'How are we positioned here? Can we get this out? What can we do to help you get information out to your membership base or to your communities or to your businesses?' We consider that there is an opportunity there to ensure that it is well tested, well framed and organised so that we can get information through. I know it is not a perfect world, but if it could happen as soon as practical that would go a long way.

Mr Hall: Throughout this whole period it has been the same story in many different media cycles. I think the point is that nothing has really changed. We had a cross-border chamber meeting—I cannot remember the month. Our colleagues from Goondiwindi and over the border were at their wits end because they could not feed their cattle or get the harvest in from one of the paddocks

because it was over the border. Through that meeting we found solutions, but again that was after the event. Again, what we are seeing is nothing new with the lockdowns or the incidents. We have enough water under the bridge to inform those decisions. I think there is capacity to build that in.

Mr Mandigora: I would add something mainly for emphasis. The main point is that it would be unfair to expect the Chief Health Officer to understand every nuance of every industry and every business in Queensland. Rather than trying to fix things in an ad hoc method whenever there is a direction issued or a rule issued, it is so much better to have a system where we know we are going to have a chance to either consult before the decision is made or, in the case of something that requires an immediate decision by the CHO, we have a set time line where we can rapidly consult and make this a formal process. It is more about saying let's move away from the ad hoc or consultation after howls of protest from businesses facing really practical problems and let's embed that into a system that businesses know and understand. That is really the key emphasis.

Ms PEASE: I think you have probably answered my question. During the hearing today many of the people presenting evidence have said that the beauty of the Chief Health Officer having those powers is so that we can respond quickly. In these days of the pandemic we need to respond quickly. Your suggestion of consulting with the business community and the broader community would slow that process down. Your comments about having the opportunity to have a telephone conversation or at least to be part of the conversation explains to me what you were thinking, so thank you for that.

Whilst you are here, I did want to say thank you to all of your members. The business community has responded extremely well. I know that it has not been easy. I was a small business owner myself. I know how hard it is to get up and go to work each day and that was without having to face the pandemic or face people who do not want to follow the rules. How do you deal with them? I pass on my very sincere thanks to all of your members.

Dr ROBINSON: In terms of how the state government has supported chambers of commerce throughout the south-east and the state, how have you been supported during the COVID period? Have you received direct funding as a chamber in your region or across the state? Have those funding levels been maintained?

Ms Rohan: During COVID last year when Minister Fentiman was our small business minister, the Chamber of Commerce & Industry received \$1.2 million in funding to employ people in each of the regions in Queensland to help the chambers connect their business to support in the region and/or at a state level. They have now been activated. I think we have six across Queensland who are working with chambers of commerce, other industry economic groups and tourism bodies, as well as local councils, to really connect businesses to support that is available to get them through COVID. That funding runs out in mid-September this year. That has been very helpful. As you are aware, many of the chambers are in fact volunteer led. We recognised that the amount of information coming out through COVID was overwhelming volunteers to connect their businesses and make sure they had the most relevant, up-to-date information and support. That has been very well welcomed.

Dr ROBINSON: No doubt that is helpful for those resources. Are there regions or areas where chambers of commerce could have used further support? For example, on North Stradbroke Island my understanding is that the chamber's funding was cut through this COVID period and they have been trying to get that funding back. Obviously that does not help them when it comes to tourism and small businesses now that Straddie is strongly reliant on tourism. Do you have any comment in terms of that?

Mr Hall: At a local level we received, and still receive, no funding in any guise. We are a completely voluntary board as well. The grants that were issued by the state were great for skilling up and working from home or remotely. What we needed on the coast, and probably still do, is money in the till—that direct economic stimulus. We have not seen the benefit yet of the regional stakeholder managers at the CCIQ level. In all fairness, they are only new. There is still a lot of work to do. They are overwhelmingly volunteer chambers across the state.

Dr ROBINSON: That is an area that could be looked at and considered, and it would be good if the Treasurer looked at that.

Mr WHITING: I want more money for my chamber too, please! Ms Rohan, what you have outlined here is a proposal or a request to be involved in the decision-making process in health directions. In doing that, you would essentially become part of the government structure and processes, and the dynamics for your organisation would then change. In that case, how do you become accountable to all of your constituents—all of your 100 chambers of commerce—if you are involved in that decision-making?

Ms Rohan: In regards to building in that consultation piece as part of the CHO's powers, have I taken that question correctly?

Mr WHITING: Yes, certainly in light of what you have proposed.

Ms Rohan: Our role is to advocate on behalf of businesses on what is impacting upon them, so I do not consider it would be a legislative role; it is merely a requirement for the CHO to consult as soon as practicable. That is quite standard in pieces of legislation. How that is operationalised could be just at a quasi regulation level or in some other form through the departments. We engage at many levels in that type of engagement for consultation. I do not consider it needs to be in the black letter, but I do consider that it should provide for that requirement where it can occur. Hopefully that answers your question.

Mr WHITING: Partially. That would change the dynamics for you. Then you have 100 chambers wanting to say, 'Hang on, we want to have a part in the decision-making that you are making as well.' How would you do that?

Ms Rohan: It would depend. From my experience over the past year, I would see this more as an information feeding-up consultation. Again, I am hypothetically speaking here potentially, but if the CHO was to make a decision to lock down Greater Brisbane again for another three days, it could be very much, 'This is what the considerations are. These are the directions we are seeking to implement.' We would generally know, due to the level of consultation we undertake weekly and daily, pretty well how well businesses could adapt to those types of directions, and what may be needed for at least providing government decision-makers with that visibility over what is needed to help businesses then come out the back of that as well. I consider that it is more of a consultation piece, like any good decision-making should include, as to what are the impacts to environment, health, business, community, and what does that look like. I consider it would be more of an information piece.

Mr Hall: To follow up on that, I have been working with chambers for 10 years—in fact, I used to look after the Redcliffe chamber many years ago—and I have never seen in all those years the chamber movement congeal so much as it has recently. The group is very active. On several occasions we mobilise within a day—I think it was Minister Fentiman at the time. So there is that capacity and it has proven to work.

CHAIR: Thank you very much. We have gone a little bit over time, but before we wrap up, I want to recognise fellow lefties at the table, Amanda and Gus—thank you for being here. I cannot say anything for Mr Hall; I have not seen a pen in your hand. There are not many of us. I thank the CCIQ and the chamber for being here and for the work that you are doing with your business communities. It is important. I am glad that the consultation, to a degree, is certainly happening with the minister and the Small Business Commissioner as well. I think it is fantastic. Thank you for your contributions today.

Ms Rohan: Thank you very much for having us.

GSCHWIND, Mr Daniel, Chief Executive, Queensland Tourism Industry Council

CHAIR: I welcome Mr Daniel Gschwind from the Queensland Tourism Industry Council. You have been involved with the council for some time now. I will let you elaborate as to the length of time. We certainly appreciate you being here in front of us this afternoon. Would you like to make an opening statement?

Mr Gschwind: Thank you, yes, I shall. My name is Daniel Gschwind. I represent the Queensland Tourism Industry Council here today. I thank the chair and committee members for the invitation to appear here today. The Queensland Tourism Industry Council, or QTIC, is the state's peak tourism representative organisation. We are a not-for-profit, member owned business. We have a very extensive membership across all sectors of the tourism and hospitality industry. We also include in our membership, importantly, 13 regional tourism organisations and more than a dozen sector associations. You heard from one of them this morning, the QHA. We do not control them, but they are in our membership.

I want to say upfront that as an organisation and under the current circumstances, we will not raise objections to the passing of this bill. Nevertheless, we do have an acute interest in the government finding the appropriate balance between public health imperatives and other policy priorities, including the economy, civil liberties and transparent government. Our industry and the tens of thousands of businesses that make up that large part of the Queensland economy is used to finding itself in the frontline of daunting challenges. Cyclones, floods, bushfires and global economic upheavals affect our operators directly and immediately, often, as I said, at the frontline. We have also had a few public health issues that have put our economic resilience to the test. If you have been around long enough in this business, SARS 2003 and the swine flu are perhaps the most memorable.

COVID-19 has taken our exposure to public health risks to an entirely new level. We are here to discuss the legislated instruments deployed by the Queensland government as part of its response to the COVID-19 crisis. The bill before parliament brings into focus the intersection between timely and effective health responses with the consequential impacts on individuals, the community and the economy. Balancing potentially competing interests is ultimately the role of elected governments, subject to all the public scrutiny that a functioning democracy requires. I note that a number of individual submissions to this inquiry raise concern that this bill would unnecessarily put in jeopardy that principle. As an industry body, we too value the contest of idea when it comes to policies and priorities for the government. The almost single-minded focus of the government on the health management of this current crisis, made possible under the provisions of this act, has certainly been the topic of discussion in our industry, there is no denying that. This is not surprising given the heavy price that our industry has paid over the last 12 months as a result of COVID-19.

In 2019, tourism contributed about \$25 billion in expenditure to the Queensland economy, not counting daytrips. To put this in perspective, that is almost \$70 million a day in 2019. We are still counting the cost of last year, but the annual figure for 2020 would be less than half of the previous year.

As we reported to a previous parliamentary inquiry into the government's response to COVID-19, the industry support from government was substantial and timely. However, it is hard to describe the business impact of COVID-19 without using words like 'catastrophic' and 'devastating' in our industry. Behind the eye-watering economic figures are tens of thousands of affected businesses, small and large—we have talked about small businesses, but small and large—and about 240,000 directly and indirectly employed people in our industry.

As an industry and as an organisation, we have been intensely engaged with the government on some aspects of the COVID restrictions imposed. We have actively sought to adjust or ease some of those restrictions during this time over the whole year and we have participated in countless meetings to seek workable outcomes, sometimes successfully so; other times less so from our perspective, at least. We were also invited early during the crisis to develop COVID safe industry plans for accommodation, transport, events and other sectors of the tourism industry. We developed those plans with our private health consultants from Mater Health and Griffith University, and those plans were subsequently approved by the Chief Health Officer. I want to note, as the previous party noted, the CHO's willingness to make herself available on numerous meetings with our industry, even during the most stressful times; that has to be said.

Some 12 months on from the start of this crisis, our industry is still under severe stress. The mental and financial toll it has taken is enormous. Some associate that cost directly with the restrictions imposed through the powers of the Chief Health Officer, and there is no denying that every limitation on movement and every restriction on operational capacity of our businesses has an

immediate and costly impact on our businesses. At the same time, we cannot ignore that without an effective and timely health response, the economic cost may indeed far exceed what we are experiencing currently. The situation in other jurisdictions, in Europe and the Americas in particular, are stark and frightening reminders of an alternative scenario.

On that basis, it is hard to deny that the benefits of allowing the delegated health official to respond promptly and effectively to the evolving health situation has been effective. Even the most recent lockdown for Greater Brisbane was a costly shock to many of our businesses, it may have prevented a worse economic and health outcome. Nevertheless, such provisions as proposed in this bill or the extension thereof should only be kept in place during a genuine emergency and, as much as possible, be tempered and balanced by other community interests.

As a pay-off for the outstanding achievements from the health perspective, we must as soon as possible fully restore policy decision-making processes that take into account economic, social, health and environmental considerations. The community and industry, notably tourism, has been exceptionally compliant and cooperative during this process. For the future, this tested partnership must be the basis of trust to allow for a clear understanding of the decision-makers and stakeholders of how future responses to health issues will be determined.

One of the greatest concerns for our industry is the climate of uncertainty that COVID-19 has created for consumers and businesses. The recovery will be severely hampered in these conditions. We appreciate that even health experts cannot predict how the spread of the virus will evolve, but we should raise the level of understanding of the factors that will prompt certain types of responses. There is no denying that the health outcomes achieved in Queensland with the work of the Chief Health Officer, have been outstanding. The state's collective response to the ongoing crisis and any future crisis will only be helped if we build up the community's and the industry's understanding and visibility of the decision-making process and the information supporting them.

I will end here, but I will add something very briefly in view of what the discussion sounded like before. I am not sure if it is about being consulted always before a decision is made, certainly not at the height of a crisis. If I indulge here for a moment: if my house is on fire, I do not want the chief fire officer to ring me to consult with me what should be done; I want him to go and do it. But if there is a fire risk that may affect repeatedly some houses in my neighbourhood, then I want to understand how the chief fire officer will structure a response. With that, I can then learn what can I do and how I can participate in this process. The rub is there, I think, not so much in even more meetings from our perspective. In our industry, we have had more meetings than I or any of us could cope with, and ministers, the CHO and other health officers have been involved constantly. However, it is the moving from an absolute crisis management that has to be done in some fairly categorical way to a more involved, inside-the-tent understanding of what is going to happen next. 'If this happens, then we will do this, and if that happens, we will do that'—that kind of understanding. That is where the rub is to rebuild certainty. Thank you.

CHAIR: Thank you, Mr Gschwind. That is well articulated. The house on fire is a great metaphor. We will open up to questions. Coming from regional Queensland, I never miss the opportunity to promote Townsville and Maggie Island. We know that Far North Queensland and Cairns are severely reliant on the tourism industry as well, as are the Whitsundays. This has impacted the entire state.

Mr Gschwind: Absolutely.

CHAIR: There is a little way to go, but we have seen with various stimulus packages there has been lots of support to try to keep those businesses going, but we rely on them so heavily. The number you just gave of some 240,000 direct or indirect employees is significant. In 2019, \$25 billion or \$70 million a day—wow!

Mr Gschwind: Yes. When you translate it into daily figures, \$25 billion does not mean anything to most of us—not to me anyhow—but when you start breaking it down into smaller chunks, you say, 'Oh my god, this is a big number every day.'

CHAIR: No doubt you can define that by region, too.

Mr Gschwind: Yes.

CHAIR: Thank you very much for unpacking that for us. We hear you in terms of that scenario playing out, what the industry does if this happens. We thank you for your input there. I will open up to questions with the understanding we are pretty short of time.

Mr MOLHOEK: Daniel, we have heard of the value of the industry. In dollar terms, what has been the financial cost?

Mr Gschwind: International tourism in 2020 was virtually non-existent. The numbers I am giving you are from 2019, but it was \$7 billion for international. We are still working this out, but optimistically at least half of interstate tourism was lost. Interstate tourism was nearly \$10 billion. We can add another \$5 billion to the \$7 billion for international. Intrastate, that is Queenslanders—let us assume for argument's sake we are not losing too much ground there—they stay at about the \$10 billion it was before. On that kind of back-of-the-envelope calculation, you will end up with half. Some \$12 billion will be lost in 2020 for our industry. That is not insignificant.

Mr MOLHOEK: It is not insignificant. In terms of the legislation, we earlier heard from the chambers that they hope there could be something incorporated in the legislation around consultation, early warning or whatever. Have you any thoughts on that?

Mr Gschwind: I am not a lawyer nor some sort of a legislative expert of any kind. I do not know. There may be somebody who can craft this in some way and put words together? I do not know. When I look around the world at the COVID response and I ask myself, 'Gee, I wonder where they had the best legislation?' I do not think that would be giving me any clue as to how effective COVID-19 was managed in terms of the economy and the health outcomes. I do not know whether it was the legislation that caused an absolute disaster in the US or whether it was the legislation that caused a similar disaster in the UK. Personally, I do not think so. I think it was the people living in the legislation and living within the parameters. If the people want to make this work, if we have a piece of legislation that creates a certain set of opportunities and if the right people implement or apply those opportunities, there will be a good outcome. Like I said, I do not know if there were some legislation that could be crafted to ensure that everything were done right at every step under every possible scenario. It would be very difficult. We will always rely on good people doing good things. That may be a bit naive, I do not know, but that is really what it comes down to.

CHAIR: Interesting comparative. The US's complete lack of national control is what put them in that situation compared to national leadership within the states of Australia. When you Google, 'Who did it well?' Queensland is in an enviable position just on the numbers compared to other international jurisdictions.

Mr ANDREW: If we continue moving forward with the bill, what confidence do tourism operators have and what is our exposure in the tourism industry in terms of those operators?

Mr Gschwind: The exposure is enormous. Our biggest challenge, apart from travel restrictions among not just Queensland but other states, is the sapping confidence of the travelling public. If you are anywhere in Australia at the moment, leaving aside the individual states' responses, as a family for instance you would be pretty brave to make a booking for your next holiday without worrying that you might not be able to get back into your own state, given what has happened over the last six months. I am not just referring to Queensland; I am referring to all states that seem at will to have closed borders. I think that lack of confidence will impact our industry for some considerable time. Unless and until there is a line of sight in the industry—and the public can see that if there is a case and that we have a hotspot maybe here but can still somehow get home and we kind of know what is going to happen—I think our industry will be in severe jeopardy.

Ms PEASE: I know that it has been a very difficult time for tourist operators. Tourism is a really big contributor to our economy and to our employment in Queensland. I am very mindful of the impact that the pandemic has had. Has there been a big uptake of Queenslanders travelling within Queensland to support our tourist industry?

Mr Gschwind: Without a doubt. If there is any silver lining to this crisis, it is the fact that Queenslanders and, to some extent, Australians suddenly rediscovered their own backyard—by force, I suppose. We cannot go overseas, we are somewhat restricted travelling within Australia, so everybody is having a look at what is near to them. It always amazes me how many Queenslanders on the coast or in the south-east corner of Queensland have not seen half of Queensland. They have not been to the outback, to the north, and so on. The fact that now so many more people are 'encouraged' through marketing of the state government but also through circumstance to go and have a look around has been a real plus and maybe a positive lasting legacy in that people say, 'Well, you do not actually have to go overseas to take an Instagram shot that you can brag to your friends about; you can do that in a beautiful coastal stretch or outback right here.'

Ms PEASE: That is for sure. We live in a beautiful part of the world here and certainly I am really fortunate that I live in a magnificent part of Queensland. Do you have any figures at all on the uptake?

Mr Gschwind: The figures are just coming through. It really takes a bit of time to get reliable figures, but we know that August and September were the first months where we turned the corner for intrastate travel. In other words, in those months we exceeded the previous year, whereas in the Brisbane

month prior to that in 2020 we were off a cliff. We now have practically forgotten, but there was a lockdown in that we could not travel more than 50 kilometres in Queensland. The tourism industry really fell off a cliff. We gradually found our way back. Certainly by August-September it was quite evident that Queenslanders had decided, 'We are getting out and we will go and have a look around Queensland.' For many operators it is difficult to maintain the narrative when smaller operators, particularly in the south-east corner, have never had it so good. Areas up to Bundaberg and the Fraser Coast area are very busy. If you run a small bed and breakfast or if you are in the Scenic Rim, Stradbroke or wherever, you are flat out; but if you are further afield or if you are a large CBD hotel you are struggling because the corporate travellers are not here, the international travellers are not here, students are not here and there are big gaps.

Ms PEASE: I know that with JobKeeper coming to an end there has been a lot of media recently around JobKeeper and the federal government potentially participating in providing some more funding for the tourism industry, because it has been so impacted. We are not likely to see international travel for some time. Have you been involved in those conversations?

Mr Gschwind: Yes, very much. We had a meeting with the federal trade and tourism minister Dan Tehan on Monday this week to make it very clear. It certainly was no surprise to him, given his previous career. He understands that we are still in a whole world of pain, notwithstanding that the overall economic data seems to suggest that we are sort of clawing our way back, but he was quite adamant—and I am sure I am not speaking out of school—that JobKeeper is finished. I hope to discuss this with the federal government, but he was cognisant and open, I hope, to the idea that some specific support measure for employers in the tourism and hospitality sector would be made available. It is obviously needed. We believe that a wage subsidy style arrangement is probably the most effective. It is not maybe the topic here, but we talked about the 250 staff number. We have sort of a crazy situation where we might very easily flip from losing jobs to not having enough staff. If people with the skills required to provide the services drift off and suddenly businesses kicks up, trying to find a chef or something is pretty much impossible at that moment. We have really to keep people employed and close so that they are there.

Ms PEASE: I am sorry to have taken up that time, it is just that it was an important question.

CHAIR: It certainly is. Mr Gschwind, thank you very much for your contribution today.

TUNNY, Mr Gene, Adept Economics

CHAIR: We might go straight to an opening statement.

Mr Tunny: Thank you, Chair, and thank you committee members and committee staff. I really appreciate the opportunity to speak to the committee today on this bill. I am a former public servant. I have worked in the Treasury, in state government departments here, and I have worked as an economist on different projects. I have been involved in decision-making processes. Based on that experience, I think there is scope to improve the decision-making around COVID measures in Queensland. That is the major message of my submission. I would not support the bill as it is currently drafted. We do need improvements there for several reasons, which I will go over. In the submission I structure it around five propositions.

Firstly, Queensland is relying heavily on one unelected official, the CHO, but none of us is infallible. None of us are perfect. I think we are relying too much on that official to get it right every time. I am not sure that we can do that. The second proposition is that the Premier and her cabinet should be the ultimate decision-makers and should seek outside advice and second opinions on controversial measures such as the Greater Brisbane lockdown. I note that this measure was entirely unexpected. At the time we had one case of this mutant strain. There was at least one noted public health expert, Professor Peter Collignon of ANU, who was critical of it and questioned the need for it. If you are imposing such a measure which is inconveniencing over two million people and potentially causing significant cost to businesses, it would be good to take the time and expand your consultative group to make sure that that decision is in the best interests of the community.

The third point is that public policy decision-making depends on value judgments that are best made by elected ministers accountable to the people via the parliament and at the ballot box. This is a similar point to what Daniel Gschwind said earlier in terms of the need to balance these competing considerations of public health, which is obviously important, civil liberties and the economy. The fourth point is that, while it is right for governments to protect public health, too little regard is being paid to civil liberties. We should be very wary of making ordinary behaviour illegal. The fifth point is that none of this is to say that the economy should come before public health but we need to recognise that some COVID-19 measures are highly costly and undesirable and need to be applied with caution. I note that the World Health Organization has expressed a view that lockdowns really need to be that last resort. If your public health system is at risk of being overwhelmed, we should rely more upon that contact tracing and testing. I would ask why it is that so many months after the start of this COVID emergency we do not have a contact tracing system that we can trust? Whatever happened to that COVIDSafe app? I know that is federal, but why has more not been done there? Why do we not have a better system? Why do we have to resort, really, to verging on a totalitarian system of lockdown measures? Why are we doing this?

I think we should have much more regard for civil liberties and the potential impact on households and the economy and not just rush to impose such drastic measures. In July when I spoke to the Economics and Governance Committee I generally thought to that date the government had done a good job. Objectively, Queensland has done very well. We have very few COVID cases, and that has meant we have been able to open up more than other states. I cannot deny that. I have to admit that the government seems to have done a good job. I would say that I am offering these thoughts to encourage you to think about how we can improve decision-making. I really want to make sure we have the best system so that we are not unduly costing the economy, we are protecting businesses and jobs, while at the same time making sure we do not have COVID outbreaks. We do not want that. Let's look to see if we can have a more rational approach to decision-making that is not solely reliant on the CHO's advice and one in which the Premier and her cabinet make the decisions.

CHAIR: Thank you very much, Mr Tunny. You raised some interesting points there. You mentioned that the World Health Organization said lockdowns should be a last resort. Early on when COVID started I remember there was significant media about the World Health Organization saying, 'Go hard, go early.' When you compare Australia to perhaps the UK, which tried a different version of herd immunity, it has put them in a terrible situation now. We went fast and early. I am just perplexed to hear you say that we should do it as a last resort, when all I have heard through their advice is to go hard, go early and make sure people are safe at the end of the day.

Mr Tunny: There was at least one World Health Organization expert who gave that advice. I can see the logic of it. I think the UK has done many things wrong. They did not have a proper hotel quarantine program. There are a whole range of things that they seem to have got wrong, as in the US. You would not want to rule them out, but I think what the World Health Organization is saying is

that you need to carefully consider them. I am not a public health expert: I am an economist. I would say that we should not rush to impose a lockdown because of the inconveniences and potential costs on business. I think we need to take the time to think about whether we can do things better. Professor Peter Collignon was critical of the Greater Brisbane lockdown. I was surprised by it. I was struggling to see the need for it, given we only had one case. Why can we not manage it as they seem to be managing it in New South Wales? We imposed a lockdown where you could only leave the house for four approved reasons over a three-day period, and I just cannot see why that was justified.

CHAIR: I will go to your first point about Queensland relying on one person. You are referring to the Chief Health Officer. The Chief Health Officer appeared before us today, and my first question to her was who advises her? She went to the trouble of unpacking the AHPPC. There are 60-odd people who inform the decision-making of when a state—be it Queensland or anyone else under a Chief Health Officer—makes a decision. That better informed us. They do not make these decisions lightly. There is quite a process they go through to decide that. Of course, the Premier takes the advice of the Chief Health Officer and the AHPPC informs decision-making at a national level as well. I think we need to unpack that. You write in your submission that it is one person. In fact, that one person told us here today there are 60-odd people who inform her through the AHPPC to arrive at these decisions. Albeit, as I said to her, that must be a significant burden of responsibility when you are at the very front trying to protect the health of Queenslanders so that we can have an economy.

There is no doubt, as we have heard through other submissions—and you have been here today and this afternoon—of the impact on our local businesses. The joint response we have seen from the federal government through JobKeeper and state initiatives and funding has certainly assisted, but there is no doubt that more work needs to be done. Coming from an economist's point of view, I would be interested to know if you have been talking to anyone in the federal space about JobKeeper ending in March and how that may affect businesses and the economy.

Mr Tunny: That is certainly something to definitely be concerned about. We have to see just how much damage has been done over the however many months it has been and how much damage has been done to the financial situation. We also have changes to the protections that companies had against being forced into bankruptcy. These next few months are precarious. We are not out of the woods yet, as they say. I am very concerned about that.

Mr MOLHOEK: With respect to the powers in the legislation, we did hear from the Chief Health Officer earlier today that those powers are divested slightly differently in New South Wales, where it is the minister who makes those calls. Have you had an opportunity to compare the economic impacts of how New South Wales has done things versus Queensland?

Mr Tunny: If you look at the data we seem to have coped with the COVID shock better than nearly every other state, depending on what vintage the data is. In terms of how much employment has recovered, we are doing slightly better than New South Wales. Our unemployment rate is higher for a variety of reasons, because it was higher going into the COVID recession, and we also had a pick-up in participation as well. There are a variety of reasons for that. It is not obvious to me that New South Wales's economic performance has been better than Queensland's. I think you could argue the other way. It is not just about the jobs: there is inconvenience, the fact that we could be doing damage to businesses on an ongoing basis. We just need to see how that all plays out. I am sorry, I have forgotten the question.

Mr MOLHOEK: Do you think that if the minister had those powers instead of the CHO we would get a better economic outcome?

Mr Tunny: We could. But it is not just about the economy: it is about people's lifestyles too. Yes, I think we could get a better economic outcome going forward, but up to now we seem to have done better through COVID. There are a few factors there. We still need to figure out exactly what has happened. We have mining and agriculture, which provided some stabilising support to the economy. There have also been a considerable number of state government jobs created during this period. There are a variety of things going on and I have not fully unpacked that. I think it is very possible we would get better economic outcomes. If we avoid having these snap lockdowns, which are very unexpected—I think Amanda from CCIQ said that it could take some businesses six weeks to make up their losses because they have had to throw out stock and they lost the profits they would have made on those days—it is possible going forward we would get better outcomes and we could have done better than we have to date. It is possible that if we did not have those restrictions on travel from New South Wales—although it was less restrictive the second time we imposed it, which I could not understand—then it is possible that could have helped our tourism business so we could have been in a much better position than we are now.

CHAIR: There are a lot of possibilities, but I think we are going to seek some opinions about this. I do not want to get into a debate on it.

Mr MOLHOEK: I am happy to move on, Mr Chair.

Mr ANDREW: After the shutdown of JobKeeper in March, obviously we should have a look back at the finances to regroup and see if it is worthwhile and how it was implemented. It is obviously going to have a big impact on Queensland. In your opinion as a professional economist, after JobKeeper ceased is there a way the government could have handled that better?

Mr Tunny: They have not ruled out possibly having some sort of targeted extension of JobKeeper to tourism or hospitality, if I remember correctly, so it is possible they could do something like that. They will be reluctant to do it given the high cost of JobKeeper. I think when we look back on this period we will realise that JobKeeper probably was not as well targeted as it should have been. You see the economic data on gross mixed income and you see how it has really boosted the income of self-employed people. You could argue the stimulus has been needed, but JobKeeper appears to have been too generous and not as well targeted as it should be.

CHAIR: Mr Tunny from Adapt Economics, thank you very much for your submission and your time today. There being no further questions that concludes today's hearing. If there were any questions taken on notice they must be back by 29 January. The transcript of today's hearing will be available on our website as soon as it is completed. Thank you members, secretariat and Hansard. That concludes our public hearing.

The committee adjourned at 4.27 pm.