




Speech By
Hon. Yvette D'Ath

MEMBER FOR REDCLIFFE

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PUBLIC HEALTH AND OTHER LEGISLATION (FURTHER EXTENSION OF EXPIRING PROVISIONS) AMENDMENT BILL

Second Reading

 **Hon. YM D'ATH** (Redcliffe—ALP) (Minister for Health and Ambulance Services) (12.10 pm), in reply: I thank all members for their contribution to the debate on the Public Health (Further Extension of Expiring Provisions) Amendment Bill 2021. As difficult as the past 18 months have been, we must remember that the situation could have been and still could be much worse. Queensland has had fewer COVID deaths per capita than any other jurisdiction in Australia, except the Northern Territory. We have not been subjected to the kinds of extreme and protracted lockdowns that we have witnessed in other states and countries and which are still occurring at this very moment. Our success in combatting COVID would not have been possible without the temporary legislative measures that would be extended by this bill. These measures have enabled the Queensland government to respond decisively and effectively to the unpredictable and rapidly changing risks of the pandemic.

I point out that the member for Glass House said that our success has not been because of the Premier and has not been because of bureaucrats; it has been because of Queenslanders. Absolutely. Queenslanders have shone in their response to COVID, but let us be clear: it has also been about leadership. You cannot ask people to follow these directions without the framework and the legislative powers to do so. There is no possible way that we could have done what we did without these powers. You cannot hold people in quarantine, require people to stay in their homes or implement arrangements such as one per two square metres or one per four square metres in businesses without those powers. These powers are extremely important in allowing the framework and assisting us in staying safe.

Our success was not predetermined or based on luck; it was the result of the leadership of the Premier, the expert advice of our Chief Health Officer and the hard work of every Queensland and every health worker and expert who sits behind the Chief Health Officer, giving her advice every single day but also providing her with advice from every jurisdiction across the country and international information from various different sources on a daily basis. We have been able to live our lives with a degree of normality that is almost without parallel anywhere else in the world.

That is why this bill is so important. It allows Queensland to continue the approach that has made us a world leader in pandemic control. The success of this approach speaks for itself. The emergency powers given to the Chief Health Officer have allowed restrictions to be imposed quickly and in a targeted way and to be lifted or eased as soon as it has been safe to do so. These powers have also enabled the temporary closure of Queensland's borders when, as is now occurring with the delta variant, other states and territories have been unable to control the spread of COVID-19.

The bill also extends the powers that enable Queensland's contact tracers, police and emergency officers to rapidly detect and trace new cases of COVID-19 and to require persons who may be infectious to quarantine or isolate before they transmit the virus to the broader community. The bill also extends and makes improvements to the Queensland mandatory hotel quarantine system. This system

has allowed persons travelling from overseas or from hotspots in other states or territories to travel to Queensland in a safe and orderly manner that does not put the community at risk or place an undue burden on travel.

I fully acknowledge that many of the measures that will be extended by the bill are extraordinary in nature, but so is the nature and severity of the risk that we are facing. We cannot let the delta variant run rampant in our community as it is doing in New South Wales and, sadly now, in Victoria and around the world. Decisions about how to respond to COVID must be made on the basis of public health, not political expediency. It is for exactly this reason that the power to make public health directions is delegated to Queensland's Chief Health Officer.

As I have already made clear, COVID is a continually evolving threat that requires a rapid and flexible response. The Palaszczuk government has absolute confidence in the Chief Health Officer to consider all the relevant circumstances and make decisions with the wellbeing of the entire community in mind. Indeed, Queensland's success in containing COVID-19 is testament to the dedication and excellence of Dr Young and her team.

The bill will make clear that more than one deputy chief health officer may be appointed. This will support the appointment of three deputy chief health officers to provide additional leadership and operational support to the Chief Health Officer over the coming months. Allowing the Chief Health Officer or other senior public servants to make public health directions has been adopted in other jurisdictions. Victoria, the ACT, Northern Territory and Queensland have given their chief health officers the power to make directions. Western Australia provides powers both to its Chief Health Officer and Commissioner of Police and State Emergency Coordinator. Similarly, Tasmania provides power to the Director of Public Health and the State Controller. South Australia provides powers to the Commissioner of Police as the state coordinator to make directions through their emergency management act. All directions made in South Australia are made under their emergency management act instead of under the public health act. New South Wales is the only state where the power to make directions rests with the minister rather than a senior public servant. Facilitating the Chief Health Officer's ability to issue public health directions provides a platform for public health response measures such as those recommended by the Australian Health Protection Principal Committee or agreed by national cabinet to be implemented as quickly as possible.

I want to address the amendments proposed by the opposition in relation to this bill. While they have tried to reposition themselves as supporting the Palaszczuk government and the Chief Health Officer's approach to managing the pandemic, these amendments strip that facade away. The proposed shortening of the emergency powers does nothing except tie up the Chief Health Officer and Queensland Health with more red tape. It stands in direct contrast to the far more sensible approach of the member for Mermaid Beach. On 19 July at a committee hearing on this bill, in reference to a stakeholder submission that we ought to bring forward the sunset of the CHO's powers to 31 December, the member for Mermaid Beach said on page 16 of the committee hearing transcript—

... it seems a very short-sighted answer as to where this pandemic is at. As I understand it, the Prime Minister's commitment was 80 per cent vaccination by the end of the year, which I think is a mountain to climb. As I understand it, even if you have been vaccinated you can still get COVID-19, which is still the issue, and it is still circulating and you can still pass it on to those who are not vaccinated. In terms of your December time line, is that not a little bit short-sighted and unrealistic?

I never thought I would say it, but I agree with the member for Mermaid Beach. I think 'short-sighted and unrealistic' is the perfect way to describe the approach of those opposite when it comes to COVID. The lack of realism is evident in the other substantive amendment demanding the release of the health advice. The member for Mermaid Beach was absolutely right in his questioning in the committee. If we are to have a December date, we have to look at when the last sitting week is and work back from there. We need to make sure it goes to a committee for six weeks. Basically, we would be reintroducing a bill in the next four weeks. Is there any modelling anywhere that says that in four weeks things will have improved so much that we are not likely to need these health powers at the end of the year?

In fact, now both New South Wales and Victoria have said that their way out of transmission and outbreaks is vaccination, and they do not expect to hit their targets until November. New South Wales Health is actually saying that October will be their worst month. The pressures on their health system have not peaked yet. If we know that that is happening in October and we know that they are not even going to start easing restrictions in any sort of substantive way until they get to those levels of vaccination—and they are talking November, best case scenario—why would we think we can actually introduce a bill, consider it in November and say, 'We need to extend these powers now'?

We know now that we need to extend these powers for six months. If the emergency declaration ceases, then the powers cease. Whether the act is there or not, those powers cease because they sit on top of that declaration and as soon as that declaration ceases then so do those powers. In relation

to the release of the health advice, I again take up the member for Glass House's comments that people want to know when we make decisions for lockdowns, for example, why we have made these decisions. The Chief Health Officer stands up almost every single day since the pandemic started and explains why she has made the decision to go into a lockdown or to put in place restrictions or to ease restrictions based on the cases, the transmission, whether they are linked, whether they are in the community, whether they are in quarantine. These are facts. I have seen some of the information that comes through to the Chief Health Officer throughout the night—really complex, detailed medical information—that the general public are not going to be able to make sense of as far as the CT values and where they are at, what day they are at and where they have been. This is complex stuff from so many different sources.

Mr Mander: They're too dumb! You treat people like they are children.

Madam DEPUTY SPEAKER (Mrs Gerber): The member for Everton will cease his interjections.

Mrs D'ATH: I will take that interjection. It is offensive—

Honourable members interjected.

Madam DEPUTY SPEAKER: Members will not interject while the chair is ruling. Member for Everton, cease your interjections.

Mr Harper interjected.

Madam DEPUTY SPEAKER: Pause the clock. Member for Thuringowa, you are warned under the standing orders. You interjected straightaway after I called the House to order.

Mrs D'ATH: There is not one jurisdiction in this country that has released complex, detailed medical information that sits behind every decision that is made. What they have tried to do is to provide clarity and simplicity to the messaging so that people understand, because this is a complex issue. Every day the Chief Health Officer is getting reports on sewage in every jurisdiction and where the cases are. It is not just about what is happening here; she is getting reports globally of what is happening. We are having a look at the cases coming into Queensland internationally, what is coming across our borders, what the risks are in other jurisdictions. Every case is different. Again, one case that has not been in the community is not an issue. One case that was in the community on 16 June in New South Wales has led to now over 23,000 cases and 107 deaths, so every situation is different. There is not a 'one size fits all'. You cannot put a manual out and say, 'This is how it works.' There was no manual on this.

The World Health Organization has put information out, but it is information that is digestible for the public because it understands the importance of the public knowing how this works and what it means, but it is not all of the complex science behind it and all of the clinical information that sits behind it. I do not want the Chief Health Officer having to get up every morning and collate all of that into a single report that can be uploaded online every day for everyone to have a look at to see, 'What's the reasoning for today's decision?' because we have to act quickly. Do members know what happens if we do not act quickly? You get 23,000 cases and 107 deaths. That is what happens.

Mr Hinchliffe: The gold standard of New South Wales.

Mrs D'ATH: The gold standard of New South Wales. The Chief Health Officer provides her advice to Queenslanders every day. She has provided it in parliamentary committees, she has made herself available in estimates and she stands up and answers questions to the public every single day through the media and the efficacy of that advice is on show for all to see. The opposition amendments cast doubt on the legitimacy of the CHO's decisions and you have to wonder how it is that after all of this time the LNP still doubts the Chief Health Officer. We know at the outset of the virus it called her a 'punch-drunk bureaucrat', or more specifically the member for Broadwater did. We know that it demanded that we open the border 64 times, contrary to her advice, but you would think that after Queensland has led the nation with our COVID response those opposite might change their approach and have some more humility. How can they look around our country and think that our health response is not up to scratch, that the decisions that the Chief Health Officer made are questionable, that they have led to bad outcomes?

Our response to the virus has now been adopted by the Prime Minister as the gold standard, to coin a phrase. I take no joy in the terrible situation other jurisdictions find themselves in, particularly in New South Wales. Our approach to instituting short, sharp lockdowns has always been the most effective approach to crushing the virus and keeping our economy open. The Palaszczuk government sees COVID for what it is: an existential threat to our way of life. The Leader of the Opposition spent some time in his very short contribution on this bill discussing the concept of hope. You cannot manage a pandemic with aspirational quotes, but you can create hope by showing that you have a plan to manage the pandemic. You create hope by ensuring that people can live as close to normality as we continue our vaccination rollout. I note that the member for Kawana also referred to the national plan

and said that when you get to 80 per cent that is it; no more lockdowns. That is not what the national plan says at all. It says that there may still need to be targeted lockdowns. When we are going to refer to these documents—and we are talking about misinformation and confusing the public—if you are going to cite these documents, cite them accurately.

I want to take this opportunity to again thank Dr Young and Dr Wakefield, the Director-General of Queensland Health, for their exceptional work in leading Queensland's public health response. I want to thank our healthcare professionals, our public health units, our exemption units, our support staff, our police and emergency services workers and our frontline employees who have worked tirelessly to keep us safe and provide essential goods and services. Finally, I want to express my gratitude to each and every Queenslanders who has made personal sacrifices during this difficult time in our history. From wearing a mask to getting vaccinated to staying home and getting tested when feeling unwell, each of us plays an important role in keeping our state safe and getting through this pandemic. The highest duty of any legislative body is to protect the health and lives of its citizens. Over the past 18 months this parliament has risen to that challenge, first by authorising and subsequently by extending the emergency powers and provisions in this bill. The legislative framework has underpinned the Queensland government's public health response from the beginning and it remains critical to the continued success of our efforts to respond to and contain the spread of COVID-19.

Now is not the time to let our guard down. We must remain vigilant about preventing the spread of delta until the vast majority of Queenslanders receive the vaccine, and I hope that I am not standing here in the very near future talking about something else as opposed to delta—a new strain—because we do not know what is around the corner. I call on all members to support this extension bill. We must do so for the continued safety and prosperity of all Queenslanders. I commend the bill to the House.