




Speech By  
**Amy MacMahon**

**MEMBER FOR SOUTH BRISBANE**

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**PUBLIC HEALTH AND OTHER LEGISLATION (COVID-19 MANAGEMENT)  
AMENDMENT BILL**

 **Dr MacMAHON** (South Brisbane—Grn) (7.52 pm): I rise to speak on the Public Health and Other Legislation (COVID-19 Management) Amendment Bill 2022. It is not even seven months since we debated the last iteration of this bill. While this bill is far from the democratic, transparent framework that the Greens pushed for in March, I am pleased to say that this bill is not as short-sighted as the previous iterations of COVID-19 legislation.

What we saw for the first two years of COVID, including in March this year, was the government continually kicking the can down the road to establishing a robust, democratic approach to public health. The member for Maiwar and I attempted to amend legislation to enact some accountability in the framework and legislate for a COVID-19 oversight committee. We have not seen that yet. While the Greens believe this bill is an improvement on existing public health law and will not be opposing it, I want to talk about what we need to see to ensure our public health legislation is up to the challenges of the next few decades.

The Greens welcome the fact that this bill requires a public health direction to be tabled in parliament. Once tabled, it will be referred to the appropriate committee for scrutiny. It will then be subject to disallowance like any other piece of subordinate legislation. We welcome this. Within five days of giving a health direction, the Chief Health Officer must publish a statement justifying the direction and why it has been given. This statement, explaining the reasons for giving a public health direction, must also be tabled in parliament within 21 days.

Submitters like the Queensland Human Rights Commission have pointed out that a 21-day gap between a public health direction being given and being tabled in parliament seems too long. They suggest that the direction, and the accompanying human rights certificate, should be tabled within five days of the direction being made. Aged and Disability Advocacy Australia note that 'it is also critical that there is an oversight mechanism to ensure that restrictions imposed at an institutional setting are reasonable and proportionate', noting long periods of lock down and restrictions upon movement and visitors imposed by some residential aged-care facilities were, at times, disproportionate with the level of risk.

Many stakeholders, including the Human Rights Commission, had reservations about the changes to the Corrective Services Act. People in prisons and children in youth detention have been hit incredibly hard by the government's management of the COVID-19 crisis. Even this year I have been contacted by families concerned that they are unable to give relatives in prison a hug when they visit them because restrictions on contact have been maintained even while rules dissolve around the rest of the state. The fact is that this government's record on places of detention and closed environments is very poor. While it competes with the LNP on moral panic around law and order, we have a justice system which does not even try to offer rehabilitation to those people who are incarcerated.

Just this week, we have seen the Queensland government refuse entry to the United Nations Subcommittee on Prevention of Torture to its mental health facilities. This is a government that crowed about its mental health credentials this year while giving the mental health system half of the funding that the sector was asking for. Just several months later, we have the government blocking the Subcommittee on Prevention of Torture from visiting its mental health facilities. This is shameful.

In the case of this bill, the Prisoners' Legal Service expressed major concerns about how it allows the commissioner of Queensland Corrective Services to make emergency declarations for up to 90 days, as opposed to the three-day limit which applied before the advent of COVID-19 legislation. Making such a declaration gives the commissioner broad powers to restrict activity in and access to a prison, order that prisoners' privileges be withheld and authorises police officers to do the functions and enjoy the powers of a corrective services officer under the supervision of a senior police officer. The Prisoners' Legal Service is concerned about this and the fact that emergency declarations can be made without any public health declaration being in place. This bill merely extends this power, with no new limitations or safeguards on these powers.

Since the advent of the COVID-19 pandemic, the extended emergency power has adversely affected prisoners' wellbeing, particularly via medical segregation periods. These are basically de facto solitary confinement. People in prisons have been locked down in their cells for at least 22 hours a day, with limited or no association with other imprisoned people, for anywhere between two and 11 weeks. Given the evidence of the impact of solitary confinement on people's wellbeing, even for short periods, this means we have put people in prison at risk of psychological harm which may be irreversible. Instead of rehabilitating people, it is clear that our prison system is harming people. The provisions in this bill will perpetuate this and need to be reconsidered.

In examining this bill, as with its predecessor in March, comparisons have been drawn with the Victorian government's pandemic legislation. As the Queensland Human Rights Commission has pointed out, the Victorian legislation is a good example of the human rights principles that such legislation should embody, including the Premier makes pandemic declarations, there are different safeguards for different powers depending on their breadth of coverage and if the Premier has made a pandemic declaration, the health minister can make pandemic orders to protect public health. These can be disallowed by parliament and must be accompanied by a statement of reasons why the order was reasonably necessary to protect public health, the Chief Health Officer's advice and any assessment of human rights that are limited by the pandemic orders. Clearly, there is no reason Queensland should not have long-term pandemic legislation as well. Let us see some vision and accountability next time we see a public health bill come through Queensland parliament.

I also want to note the incredible stress and strain that our hospitals and healthcare workers remain under—chronic understaffing, overworked and patients of increasing acuity. A recent survey by AMAQ found that 46 per cent of junior doctors at the PA Hospital were working up to, or more than, 24 hours of overtime per fortnight and 68 per cent were concerned about making clinical errors due to fatigue caused by hours of overwork. We have heard similar feedback from nurses and allied healthcare workers, many of whom are burnt out, exhausted and planning to leave the healthcare sector. This bill acknowledges that the COVID pandemic continues and our hospitals are buckling under years of underfunding, underpay for staff, and no efforts to improve conditions or draw in new staff to our hospitals. While other states have implemented COVID bonuses and are offering up free uni for new nurses, Queensland has no plan to bolster our healthcare workforce.