




Speech By  
**Charis Mullen**

**MEMBER FOR JORDAN**

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

 **Mrs MULLEN** (Jordan—ALP) (7.43 pm): The other day I saw a tweet that really spoke to me. It was by a man called John Green. I do not know John Green but he tweeted—

I have no opinion about that thing I don't know much about.

I sometimes wish that others would heed that advice more often.

I am really pleased to contribute to the debate on the Public Health and Other Legislation (COVID-19 Management) Amendment Bill 2022. I begin with a sobering number: 2,256. That is the number of Queenslanders who have lost their lives to COVID-19. In amongst the discussion, the debate, the disagreements and sometimes the delusion, we must never forget those whose deaths are an indelible reminder of the cruelty of this virus and we should never diminish its seriousness.

Over the past two years and nine months, the Palaszczuk government prioritised the health, safety and interests of the people of Queensland in responding to the most challenging and unknown health crisis many of us will ever see in our lifetime. We did this through our public health measures: quick and successful lockdowns, mask wearing, social distancing requirements and closing our borders at the appropriate times. I want to once again thank our communities who understood the need for those measures and what they meant for their health and safety and that of their families. I want to thank the amazing health workers who worked so hard to take care of our communities and who continue to feel the ongoing impacts of COVID-19 through the pressures on our health system.

Those public health measures have allowed our economy to recover more quickly. Indeed, this week we saw Queensland confirmed as the best performing economy of all the mainland states. This morning the Treasurer announced that our Labor government has delivered the biggest ever surplus for Queensland: a surplus of \$4.3 billion for the 2021-22 financial year.

The decisions made by our chief health officers cannot be underestimated. I wish to acknowledge the incredible work of Dr Jeannette Young AC PSM and Dr John Gerrard, who continues to serve in the role. We certainly saw some of that advice completely undermined by those opposite, including by calling for the Queensland border to reopen—64 times, from memory—some even helping people to cross the border illegally and calling the Chief Health Officer 'a punch-drunk bureaucrat'. Even the AMA Queensland had to come out and say—

We have a very, very straightforward policy. We believe in the science of the Chief Health Officer. We believe that Queensland should follow the advice of the Chief Health Officer and if she says the border should stay closed, we think they should stay closed.

We know that in the darkest moments, the trolls came out. Some would say they were incited to come out. We saw the despicable death threats that followed.

I also acknowledge the leadership of the Premier and our health ministers during this period, Minister Miles and Minister D'Ath, who followed the health advice and did not deviate from the science despite the foolish dog whistling from those opposite. In fact, in a statement of reservation made to a

previous COVID bill, the LNP said, 'Dr Young can offer the advice but the Premier must make the call.' Actually, no. The legislation was very clear that under the Public Health Act 2005 it is the Chief Health Officer who has the power to give public health directions, and the exemptions that are available under those directions, during the COVID-19 pandemic and not a politician. They did not even understand how the legislation worked. We should never forget those moments. We should always remind ourselves and our communities of the catastrophe that may have befallen Queensland if those opposite had been in power and allowed their anti-vax fake union to influence their decision-making.

I would like to reiterate the words of the World Health Organization's director-general. In March 2020 he said that several countries had demonstrated that the virus could be suppressed and controlled. However, he posed a challenge to those dealing with large clusters or community transmission: not whether they could do the same in suppressing and controlling the virus but whether they would. He recognised that some countries lacked the capacity, some countries struggled with a lack of resources and some countries struggled with a lack of resolve.

The Palaszczuk government had the capacity, the resources and certainly the resolve. We showed that when we were the first jurisdiction in Australia to declare a public health emergency on 29 January, months before the former Morrison government chose to act. We showed that resolve in the incredible drive and resources we put in to vaccinate our communities, with Queensland now almost 92 per cent vaccinated, which is an incredible result. That resolve has meant that we were able to suppress the virus as successfully as we could. Once we had suitable vaccinations developed, Queensland moved from a pre-vaccination suppression strategy to a post-vaccination strategy that is focused on the prevention of serious illness, hospitalisation and fatality.

We have now reached the next stage of our COVID-19 management, recognising that the full suite of emergency powers will not be needed after 31 October. In place of the current framework, it is proposed to insert temporary and more targeted powers to manage COVID-19 as a notifiable condition under the Public Health Act until 31 October 2023. This will provide a step-down approach to managing the pandemic response, enabling Queensland to continue to respond to serious risks to the community, protect the capacity of the health system and implement national decisions and advice about the ongoing management of COVID-19.

As the explanatory notes state—and this is important—the path from pandemic to endemic is not expected to be linear, with the risk of COVID-19 scaling up and down over time. While the emergence of new variants of concern would normally take years, what we have seen with COVID-19 is that it has taken only a few months. This rapid emergence of new variants is a distinguishing feature of COVID-19 compared to many other controlled notifiable conditions. It is this characteristic of COVID-19 which makes a future response challenging. Experience has shown that each new variant is better at evading treatments and vaccination, even though vaccination continues to provide strong protection against serious disease.

Other factors that remain unknown include whether more effective vaccines will be developed, and the interplay between COVID-19 and other illnesses leading to more moderate and severe outcomes such as influenza. Further, there are a range of post-infection impacts that, although not well understood, are likely to have considerable impact on the health system and workforce. I feel for those who are now struggling with long COVID and other cardiovascular, neurologic, hematologic and pulmonary outcomes.

It is generally believed that repeated waves of COVID-19 will decrease in severity over time. However, with high levels of ongoing infection with each new wave of infection, the pool of people living with long COVID and other long-term outcomes is growing. All of these factors could shift the COVID-19 landscape and place the community and public health system at risk.

The bill provides for the management of COVID-19 within the notifiable conditions framework of the Public Health Act, with additional targeted powers that will expire on 31 October 2023. While the Chief Health Officer will retain the power to give public health directions about isolation and quarantine, masks and vaccination of workers, the Chief Health Officer will no longer be able to give directions about other matters, including many directions that were integral to containing and suppressing COVID-19 during the initial emergency stages of the public health response. For example, the Chief Health Officer will no longer be able to give directions to: enable Queensland's borders to be closed to other states and territories; require quarantine for international and domestic arrivals; restrict the movement and gathering of people through widespread lockdowns and restrictions; require vaccinations for the general public—for example, when entering hospitality venues; or restrict access to vulnerable facilities such as aged-care facilities and hospitals unless necessary to support the effectiveness of a direction about isolation or quarantine, masks or vaccination.

The more limited scope of the new public health direction power reflects the evolution of Queensland's response to COVID-19, which is now focused on managing the impacts of COVID-19 on the health system and on vulnerable members of the community in a targeted manner that avoids imposing broad restrictions and places greater onus on individuals and organisations to manage ongoing risks.

I am also pleased to see a new threshold test for when the power to give a direction may be exercised. This new test is stricter than the current thresholds for giving a public health direction and, again, this amendment is consistent with the current public health focus on managing COVID-19 within the community, given its widespread nature, rather than seeking to contain or eliminate it.

We have come a long way since that first weekend in March when Scott Morrison told us to go to the football and then to lock down. Whilst I hope and pray that we do not go back to those uncertain and frightening days, I am confident that our government will continue to prioritise the health and safety of Queenslanders as we always have. I commend the bill to the House.