




Speech By
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MEMBER FOR GREENSLOPES

Record of Proceedings, 30 March 2022

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

 **Mr KELLY** (Greenslopes—ALP) (2.10 pm): I did not have a go at the member for Condamine, but I reserve my right to. I will start off by saying that I support the bill. I am going to respond to at least one of the things the member for Hill said specifically. I will probably respond to most of what he had to say during the course of my speech. He introduced the tired old bogeyman of the pharmaceutical industry to further his arguments about vaccines, trotting out all of the tired old lines about big pharma et cetera, et cetera. This would be the same member whose party frequently comes in here and demands more dialysis services in regional Queensland, and rightly they should be demanding those services, but the last time I checked, to deliver dialysis you need the pharmaceutical industry. Why is it okay when we are talking about dialysis but not okay when we are talking about vaccinations? That is of concern to me.

I will try to inject into this debate the view of what I consider to be an average health worker. I think they would be somewhat confused by the fact that we are even having this debate. Certainly aspects of this debate would confuse them. The first reason they would find this debate confusing can be found on the International Council of Nursing's website whereby the most up-to-date figures of nurses and other health workers who have died as a result of caring for people with COVID-19 is a shocking 180,000 people around the world. That is shocking for so many reasons. Name me one other profession or occupational group that has faced that level of death in a 2½ year period by showing up to do their job. After we got through that initial phase where it took us by surprise, from the research we know that many of the nurses who continue to die to this day do so because of a lack of protective equipment. Shame on our global community that continues to allow that to occur. Try telling the 180,000 families who have lost a love one due to COVID that this is over.

I was surprised when I was reading through the amendments to find that the Greens political party and the LNP are on a unity ticket. That probably should not surprise me. The Greens have come in with hard-hitting amendments which they have ripped off the LNP. I want to talk to those amendments because both parties talk about wanting more information. I want to give them the benefit of explaining what we know clinically about COVID-19. Here is what we know and here is what the public health decisions are being made on: it is highly contagious, it infects a lot of people and there is a really high death rate in the absence of vaccination. In this country the vaccination start was delayed by at least four months—another failure of the federal government. We know that measures such as handwashing, social distancing and wearing masks works, even in the absence of vaccination, to limit transmission and limit death.

We know that as a government some of the steps that we have had to take under public health measures have caused discomfort, distress and pain for people. I have felt the pain of those restrictions in my own personal life, having a mother entering an aged-care facility in January 2020. The last 2½ years have not exactly been fun. In the absence of vaccinations these measures were our only defence. The public health measures have been constantly refined, changed and updated as we have gone forward. That is what we are basing our decisions on.

Instead of this constant carping and requesting of information, I urge members opposite to look at the information readily available. There are a couple of doctors and nurses opposite. I am sure they can explain it. Even with vaccinations, we know that there is still a significant risk to certain parts of our population. Little kids under the age of five cannot be vaccinated at this point in time. The best protection that we can give to those little kids is to make sure that everybody else who can be vaccinated is vaccinated. We know that when you are vaccinated you have less chance of catching the disease yourself and you have a far less chance of spreading the disease. It is not just the little kids under the age of five at risk, people in vulnerable groups who are triple vaccinated are still at risk. The best thing we can do is push our vaccination rate up. I will tell members what else we know about this disease—and this information is publicly available—it mutates, and it has mutated several times.

I spoke about the failure of the global community in relation to protecting health workers in poorer countries. The failure of the globe in relation to vaccinating people in poorer countries is absolutely shameful. The vaccination rates in some of our near neighbours is appalling. That is not their own fault. There is much more we could be doing. What that means is that we have a perfect environment for further mutations of this disease. If this disease mutates again, and it is highly likely that it will, and we have new variants of this disease coming through that resist current vaccines or have new symptoms that are quite devastating, we are going to need to put in place and adjust the sorts of public health responses that this bill allows. Allowing another period of time for these measures to be in place is fair, reasonable and based on evidence.

I want to respond to some of the things that the member for Hill said about the Human Rights Commissioner. He talked about the commissioner raising issues relating to quarantine, and rightly so, but we should always remember—and the member for Condamine failed to take my interjection—that quarantine is a federal responsibility. It was because of the failure of the federal government that we had to step into the breach, as did every state, and pick up the slack. The Human Rights Commissioner also wanted to talk about vaccinations. I do not seem to recall the Human Rights Commissioner ever raising any concerns around several other policies that effectively lead to compulsory vaccination in this country. Not a word about the no job, no pay policy, not a word about the no job, no play policy. We have a long history in this country of using all sorts of measures to encourage people to get vaccinated.

Mr Power: Nothing about Q fever!

Mr KELLY: Nothing! You have to balance individual human rights against broader social implications. I would have thought the Human Rights Commissioner would do this. It has failed in this particular instance.

Let us explore what would happen if we allowed vaccination rates to fall. We do not need to go very far to explore it. We can look at data that is freely available on the John Hopkins University website to see what happens when vaccination rates fall. There are several countries where vaccination rates are extremely low and the death rates related to COVID-19 are extremely high. Therefore, taking these measures protects our society at large. While I have a deep respect for the Human Rights Commissioner, in this instance these measures, which have been taken on sound clinical advice, have been taken in a way that balances individual rights against the rights more broadly of our society to remain safe. I commend this bill to the House.