



Speech By  
**Hon. Yvette D'Ath**


**MEMBER FOR REDCLIFFE**

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Record of Proceedings, 29 March 2022

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

**Second Reading**

 **Hon. YM D'ATH** (Redcliffe—ALP) (Minister for Health and Ambulance Services) (4.35 pm): I move—

That the bill be now read a second time.

I would like to acknowledge the work of the Community Support and Services Committee in conducting its inquiry into the bill and finalising the report, which was tabled on 25 March 2022. I would also like to thank the many stakeholders who made submissions and appeared before the committee. The committee made one recommendation, that the bill be passed. While non-government members of the committee tabled a statement of reservation, the committee supported the passage of the bill in the interests of giving the government the necessary public health powers to deal with the ongoing COVID-19 public health emergency in Queensland. I will address issues raised in the statement of reservation in my speech.

COVID-19 is an unprecedented global health crisis that has changed the world as we know it. It is unpredictable, highly contagious and poses a serious risk to people's health. It has caused untold disruption to governments, economies and communities across the globe. It has been just over two years since COVID-19 was detected. In that time, over 450 million people have contracted COVID-19 globally and tragically more than six million people have died, according to the World Health Organization.

Throughout most of the pandemic, Queensland adopted a suppression strategy with a goal of no community transmission, guided by the advice of the Australian Health Protection Principal Committee and decisions of National Cabinet. Queensland's public health response to COVID-19 has evolved since March 2020 and has adjusted as our vaccination rate has continued to increase.

By comparison to other jurisdictions, Queensland has fared remarkably well in response to COVID-19. If Queensland was the United Kingdom, adjusted for population, we would have had 12,500 deaths to COVID-19. By enabling our Chief Health Officer to rapidly apply public health measures, we limited the loss of life to a fraction of that number: 700 deaths as at 22 March 2022. If it were not for short and targeted lockdowns, vaccine mandates, masks and physical distancing requirements that we instituted whilst awaiting the production and approval of a vaccination, we would be facing a very different situation with hospitals overrun and lives lost. I acknowledge the 700 lives lost because that number represents human beings—Queenslanders, loved ones—whose family members are grieving due to their loss.

I acknowledge that those necessary public health measures have been tough on businesses, communities and people. However, the health, social and economic outcomes for Queensland stand as evidence that this approach was worth the hard work. Let me be clear about just how important

Queensland's successful response to COVID-19 has been. It has minimised economic impacts compared to other jurisdictions, given us more freedoms than other states and territories, mitigated the impact on our health system and ultimately saved lives. It has ensured that Queensland has been positioned to lead the nation in terms of Australia's economic recovery.

Queensland's successful COVID-19 response is underpinned by the temporary enabling framework made to the Public Health Act 2005 at the start of the pandemic. This framework enables swift and effective responses that balance risks and the need to protect public health. For example, during the Indooroopilly cluster in July last year, the highly virulent Delta variant had the potential to become widespread in our community at a time when vaccines were still being rolled out. A short and targeted lockdown was essential to prevent widespread outbreak, loss of life and systemic impact.

We only have to look to our southern states to see what could have happened had government not acted decisively throughout the pandemic. Over 21 months, not including the initial period of national lockdown, New South Wales endured around 125 consecutive days of stay-at-home orders and Victoria spent over 260 days in lockdown. In comparison, Queenslanders spent a total of 21 days in lockdown, with 11 of those applied to South-East Queensland only.

As our vaccination coverage has increased, restrictions have gradually eased in Queensland. It is important to note that Australia is not an outlier in the restrictions that are currently in place. The Oxford COVID-19 Government Response Tracker measures the comparative stringency of government measures that have been implemented to combat COVID-19. Australia ranks as less stringent than Germany, the United States, Canada, Italy and India. As much as we might wish to have COVID-19 firmly in the rear-view mirror, it is very much with us right now. We must remind ourselves of that. Right now, we have passed the first wave of the Omicron variant. As such, we have only minimal restrictions in place in order to protect our most vulnerable. However, with the emergence of Omicron subvariants and with cases increasing over recent days, it is clear that we are on the cusp of a second Omicron wave and we will be closely monitoring the situation over the coming weeks.

This illustrates that Queensland's framework enables a range of things to be done but does not require the powers to be used at the current time. It enables us to dial up the response quickly in the event restrictions are needed and dial back down as soon as the measures are no longer needed. There may be a point in the future where restrictions are not required at all, but we are not there yet. Measures must be relaxed in a controlled manner. As the Chief Health Officer said in the committee hearing—

... it would be reckless to withdraw all of the measures on one occasion as soon as we ended this wave.

Queensland is now in a transition stage as we move towards living with COVID-19 where the virus is continually circulating in the population; however, the transition to living with COVID-19 is not linear. Even with high vaccination rates and protections in place, Queensland has recorded over 700 deaths with COVID-19 in the first three months of 2022. To put that into perspective, in 2017, one of our worst flu years on record, there were 226 deaths with influenza as the underlying cause.

We are likely to see new and different waves and variants in the future which may have unique characteristics and vary in severity. Already we are seeing the emergence of BA.2 and BA.3 sublineages of the Omicron variant. Australia will also be one of the first countries to head into winter with Omicron already circulating. Waves of COVID-19 will likely overlap with the flu season in the winter months. This is of particular concern as people are likely to have less immunity in the upcoming flu season due to reduced exposure to flu over the past two years. Flu cases generally rise between April and October, and it is over this period that we may see increased pressure on our hospital and health system.

In their statement of reservation, opposition committee members queried whether a six-month extension is based on expert medical advice. The advice is clear: the combination of influenza and COVID-19 over the next six months may put significant pressure on the health system. It is critical that the government is able to continue to respond quickly and effectively to the risks of COVID-19. We must continue to listen and respond to the expert health advice from experts like the Australian Health Protection Principal Committee and the Australian Technical Advisory Group on Immunisation and to implement National Cabinet decisions. This bill will allow us to do that.

Extending the temporary legislative framework will allow us to take a considered approach to removing restrictions while also balancing risks and safety measures over the next six months. It is important to note that what underpins this bill is the emergency health declaration. Irrespective of extending this bill, once that declaration is lifted, which we are obliged to do if we consider it is no longer an emergency, the provisions under this act will fall away, even before October if that were to occur. I also point out, however, that no state or territory has lifted their health declaration at this point in time.

As much as there is a lot of focus on mandatory vaccinations, particularly around venues in Queensland, it is important to note that there are other mandatory vaccination public health directions in place in Queensland. They include to the aged-care and disability sector. That mandatory vaccination direction is in place as part of a National Cabinet decision. Every single state and territory has been asked to put that direction in place. There has been no decision or recommendation from either AHPPC or National Cabinet to lift that mandatory declaration on aged care or disability. In fact, the most recent decision of National Cabinet is to apply the third dose, the booster, as a mandatory requirement in aged care and disability. They are strengthening that direction, not removing it. If these powers were not extended, that direction would fall away. After April, staff at aged-care facilities would not have to be vaccinated at all, let alone have a third booster or a fourth booster. It is important to remember that.

Also, this public health directive allows for, and in fact is the instrument through which we implement, the rule around seven days isolation for people who are positive with COVID-19 and quarantine of seven days for people who are close contacts. Again, this is a national standard that AHPPC has not recommended a reduction or removal of at this point in time. If these powers are not extended after April, there will be no instrument that enforces the requirement to isolate and quarantine.

These powers are not just about mandatory vaccinations in venues. This is about the requirement in those vulnerable settings to have staff and visitors vaccinated. It is also about our isolation and quarantine rules, which are still some of the most fundamental principles recommended by the World Health Organization.

I note that amendments have been circulated to reduce the time to May. That would mean we would need to come back in the next sitting week, introduce a bill, declare it urgent, not send it to a committee, debate it that week and pass it, simply to extend it for another month. To get it beyond May, we would have to do that. If we were to accept that amendment today, we would have to come back in the next sitting, start all over again, not allow a committee process and pass it if we needed to have these powers go beyond May.

If we are to respond to an unpredictable and evolving threat, we must have the flexibility to act quickly to respond to the circumstances. The temporary legislative framework introduced in response to COVID-19 gives us this flexibility. The power of the Chief Health Officer to issue public health directions has made it possible to take preventive measures such as requiring masks to be worn. It enables the Chief Health Officer to continually tailor measures so as to minimise adverse impacts on individuals, the health system, businesses and the Queensland economy.

This framework ensures that restrictions are only applied for the shortest period of time necessary to address that public health risk. Indeed, the measures in the bill require the Chief Health Officer to revoke a public health direction as soon as it is no longer necessary. The bill extends these public health measures until 31 October 2022 or until I, as the Minister for Health and Ambulance Services, declare the end of the public health emergency, whichever is earlier. The Public Health Act 2005 compels me to end the COVID-19 public health emergency as soon as I am satisfied it is no longer necessary to exercise the emergency powers to prevent or minimise serious adverse effects on human health. I take this obligation very seriously. I will end this public health emergency as soon as I consider the criteria to be met. If that declaration is made, the emergency powers will come to an end from the time the declaration is made. As I say, there is no state or territory that has lifted its declarations yet, either.

The bill also temporarily continues amendments made to the Corrective Services Act 2006, the Mental Health Act 2016 and the Disaster Management Act 2003 to support the COVID-19 public health response. Extending the measures for only six months, until October 2022, will ensure the emergency measures are available to protect Queenslanders but do not continue for longer than necessary.

The bill is of significant interest to the community, with over 1,700 submissions to the committee inquiry. Many submissions noted that the emergency powers to respond to COVID have been in place for two years now. A common theme in submissions was the impact the emergency powers have on people's day-to-day activities. Some submissions shared personal stories about how they, their families and community members have been affected by the restrictions. I know that Queenslanders are feeling tired and frustrated and are wondering when their lives will return to normal. Living through a pandemic, where everyday life can change in an instant, has taken its toll on us all. If there is one thing Queenslanders are good at, it is banding together during tough times. Queenslanders have been overwhelmingly cooperative with temporary restrictions to their everyday activities despite personal inconvenience. We know that some of these decisions have also been heartbreaking. This shows real community spirit and care for our neighbours.

Queenslanders have also stepped up to protect themselves, their family and friends by being vaccinated. Overwhelmingly, Queenslanders understand that vaccinations save lives, particularly in our vulnerable and elderly community. The unfortunate truth is that the pandemic is not yet over. I ask

Queenslanders to continue to show patience and to do their part by keeping their distance with people where possible and getting tested and staying home if they are sick. Critically, if they have not been vaccinated or are due for their booster, please do so immediately.

The statements of reservation called for more transparency and scrutiny of the COVID-19 legislation and more parliamentary oversight. The temporary nature of the COVID-19 legislative amendments has meant that the COVID-19 legislative framework has been scrutinised by parliament seven times since its introduction. The powers in the bill are also subject to legislative safeguards. The regulation that extends the public health emergency declaration is disallowable by parliament. The Chief Health Officer and emergency officers can only give directions that are reasonably necessary to assist in containing or to respond to the spread of COVID-19 within the community. The Chief Health Officer must revoke public health directions as soon as reasonably practicable once they are no longer required for this purpose.

The member for Maiwar suggested that the Chief Health Officer's decisions take into account political factors, going so far as to suggest the Chief Health Officer 'accepted this general point in the public briefing on the bill'. The member for Maiwar's comment misunderstands the nature of public health advice and misrepresents the evidence given by Queensland Health at the hearing. As the director-general clearly explained at the public hearing of 7 March 2022—

Public health decisions have to take into account the community behaviour, the group behaviour, of segments of the community or the community. As such, they do have to take into account those issues that influence the behaviour of the community. Clearly that is what public health is.

The non-government members in their statements of reservation on the bill want more data and more health advice published for each and every decision made by the Chief Health Officer. In making a direction, the Chief Health Officer has made clear that he draws both on his own expertise and on expert knowledge from groups such as the Communicable Diseases Network of Australia. The Chief Health Officer considers and gives relative weight to epidemiological information, the capacity of the hospital and health system, the latest evidence about the course of the virus, available treatments, community behaviour, human rights and more.

The Chief Health Officer provides clear advice to the public at press conferences whenever changes to public health measures are made. In addition, there is a wealth of information on the Queensland Health website, including daily updates to case numbers, deaths, hospitalisations and the number of people in ICU. The Australian Health Protection Principal Committee also publishes regular statements and the Communicable Diseases Network of Australia regularly update and publish national guidelines. There is no shortage of publicly available information from expert groups and no shortage of published, reputable and scientific literature, including from ATAGI and the TGA.

Many submissions expressed the view that the public health measures being extended by the bill impose limitations on human rights that are unjustified or need further safeguards. The state has a fundamental obligation to ensure the right to life of its citizens. While there have been instances where other human rights such as the right to freedom of movement have been limited, these limitations have been necessary to save lives and protect the health and safety of Queenslanders during the pandemic.

From the beginning of the pandemic we have put the health of Queenslanders first and we will continue to do so. The bill represents the Palaszczuk government's continued commitment to supporting the health and safety of all Queenslanders during an unprecedented time of uncertainty. I commend the bill to the House.