

## CORONAVIRUS — GOVERNMENT RESPONSE

### *Motion*

**HON DR STEVE THOMAS (South West — Leader of the Opposition)** [10.11 am] — without notice: I move —

That this house asks the McGowan government to explain how it will manage COVID-19 in the future, including —

- (a) what state legal requirements to provide a safe and COVID-19-free workplace are, or will be, imposed on Western Australian businesses;
- (b) what legal impacts there might be under state legislation for employers who mandate vaccination in workers and/or customers, or fail to provide a COVID-19-free workplace;
- (c) what the state target is for vaccination rates, and at what point those rates will the state government change its border and lockdown procedures;
- (d) what compensation packages will be provided for businesses locked down by the state government in the future; and
- (e) how prepared is the state health and hospital system for a serious COVID-19 or other outbreak?

This is a particularly important motion in the Legislative Council. The Legislative Council and the people of Western Australia deserve an explanation about how the government proposes that we go forward in managing COVID-19. I have no doubt that we will get the repeated history of this from the government. We have acknowledged, from an opposition perspective, that the government has done a good job numerous times at keeping COVID-19 out of the state of Western Australia. That has been its principal policy to date. I said 18 months ago during the first COVID debates in this place, you can protect the economy or you can protect the people, but is almost impossible to do both. I made those comments and I reiterate those comments. The opposition in the Legislative Council agreed with the government that protecting the community and the people was the prime role of government. Therefore, the government has had plenty of support from the opposition in the Legislative Council in relation to the protections that it has put in place to keep COVID out. However, as I am sure the Minister for Agriculture and Food would understand, most of the protocols around diseased states and animals as well as humans have to deal with the inevitability of outbreaks within the state. We have had a few of those already. I do not think that the government can be of the opinion that there will be no outbreaks of COVID-19 or the next equivalent respiratory-spread virus in the future. I do not think that government can take that position.

I know that probably no other members of the chamber, with the possible exception of Hon Dr Brian Walker, has had any training in epidemiology. But we work on a system of probability, and the probability of zero entry of diseased states in any species means that unless there is a zero probability, it will arrive at some point. It is only then a matter of how many potential exposures we will face, and at some point in the future, there will be an incursion. Most response mechanisms for border protection deal with the passing of a disease through that border that we do our best to protect. The opposition is saying, “Well done on protecting that border, but what is your plan in a two-fold sense?” In one sense, what is the government’s plan for the inevitable outbreak of COVID-19 in Western Australia, be it in only a small number, hopefully? Can the system cope? Can the economy manage in the meantime and how long do we have to go under the current set of circumstances before there is a change in that policy? These questions require answers, and I think the community deserves an answer to these questions.

In relation to this inevitable exposure, let us do a couple of things first. First, obviously, everybody in the world has accepted that vaccination is the ultimate goal in the process—getting as many people in their communities vaccinated as possible. The federal government has set a target, if you will, of an 80 per cent vaccination rate in eligible people. At this stage, everybody in Western Australia from the age of 16 upwards is eligible for a vaccine. The population of under-14s is about 20 per cent—let us take a nice round number. Under the current set of rules, we could vaccinate just under 80 per cent of the population. If we manage to get 80 per cent of the population vaccinated—it is simple maths—64 per cent of the community will be vaccinated.

Even at the target set by the federal government, of the total population, we have a 64 per cent vaccination rate, and then we start to put in the significant easing of restrictions. Therefore, what is the vaccination rate for the state government at which it accepts that the easing of restrictions will occur? What is the plan? We will not have 80 per cent of the population vaccinated; we will have 80 per cent of the eligible population vaccinated, and unless zero to 16-year-olds start getting vaccinated, the rate will not be 80 per cent. After that we will have the problem that a proportion of people will refuse to be vaccinated. In the general process of vaccinating children, we like to say that 95 per cent vaccination of eligible children is the standard. That is the gold-plate standard that we want to get to—95 per cent. Above 95 per cent, there is every expectation that when there is a disease outbreak in the community, enough of the community is vaccinated, so the risk and the potential of spread is small. Members will be aware that

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the spread of a disease is all about whether that pathogen can go from a carrier to a susceptible person and then to however many susceptible people that that person interacts with, and then each of those people interact with other people—that is how we get a massive spread. The more people who are vaccinated, the less a disease can spread. Therefore, obviously, there is a magic number at which vaccination starts to play a role in limiting the spread of a virus.

At what point do we reach that magic number? Is there a time frame by which it is expected to be reached? My feeling is that some of the activity of the government, particularly the state government, in purely adopting a closed border model, rather than a management model, is that we now have a reluctance amongst people to get vaccinated. There is a vaccine fear around reactions, which applies to both Pfizer and AstraZeneca vaccines, but particularly the AstraZeneca vaccine. People have become concerned. I know that the government likes to play on these concerns by saying that it is all about the borders; it is only about the border. But as I started this contribution, nobody with epidemiology training would suggest that we have an impervious border forever. At some point those borders will get breached, unless we stop any transfer of people across the borders. There is an inevitability to this.

What is the government's plan? How does the government expect to manage those cases? It will obviously try to isolate people and shut down areas. Shutdowns have been a good tool for the government to date. Are we facing a situation in which the shutdown—solid border model will be in place for years to come because there is no indication that coronavirus will disappear from the community? It has spread throughout the world. A lot of people out there have still not been infected. There will be a level of immunity. Even once people have been infected, it does not mean that they cannot become infected again. Being vaccinated does not mean that people cannot become infected and spread the virus because vaccination exposes our bodies to a particular antigen, the body forms an antibody response to that and the next time they get it, they have a more rapid antibody response. That does not mean that it just kills it off at the border when we breathe it in; we still have to mount a response. That still takes a period of time and all the virus particles are not always killed off. Being vaccinated does not necessarily prevent the virus particles in the body from replicating. Although vaccination reduces the symptoms significantly because we have a faster reaction and our antibodies are induced much more quickly, it is absolutely the case that we can still infect people as we move around.

Vaccination is critical in reducing the impact of COVID but it is not the panacea that prevents the virus from arriving. Closed borders cannot ultimately prevent the virus from arriving. The vaccination program cannot prevent the virus from either arriving or being replicated. None of those things are true. This means that it is inevitable that the government will have to manage either a number or a series of small outbreaks, which it currently does with lockdowns, or a wider outbreak. I am sure that other members will have more to say about the capacity of the health system to manage those wider outbreaks, so I might leave a lot of that to them. I simply say that in a state that is having a health crisis with no COVID, I can only imagine what a significant outbreak of COVID will do to the health system overseen by the McGowan government. If it cannot get nurses and doctors now, how will it manage to get them during an outbreak? I will leave most of that discussion to my colleagues.

I am particularly interested in some of the other sections of this motion. To date, the government's compensation packages have been, let us say, awkward, to the point of being ham-fisted. Some industries are in and some industries are out. We have to make the assumption that there will be an outbreak of COVID-19 at some point in the future. How business responds to that outbreak is critical, as will how the government supports business. I do not think the government has learnt the message that it needs to value small businesses and understand how they operate. That was certainly the case during the first lockdown back on Anzac Day when regional businesses were not even able to apply for compensation. The theory was that the lockdown occurred in the Perth and Peel regions and therefore there was no impact on regional businesses. Guess where most of the tourists who visit those regional businesses come from, particularly on an Anzac Day long weekend? This state government's lack of understanding of how businesses, small businesses in particular, operate is appalling. Tourism businesses in particular are affected.

There needs to be a better system in place. We need a standardised response. Because of the inevitability of future outbreaks and because of the McGowan government's agenda, which is purely to close the border and impose a heavy shutdown, which is not a bad thing—it has been effective to date—when those rules are applied, the impacts need to be managed and we need a standardised set of rules. Again, I am sure that other members, particularly regional members, will detail some of the issues that small businesses face.

In relation to small businesses, I wish to raise a critical issue that the government is absolutely refusing to acknowledge and address. I have asked a couple of questions this week. On Tuesday, I asked what the legal requirement for a small business is to ensure a safe workplace in Western Australia. If Hon Tjorn Sibma is operating a small business with two employees, does he have the right to say that they need to be vaccinated? If he is not able to enforce his two staff members to be vaccinated, what is his legal liability if those employees came to work one day, one with COVID and one without, and a transfer of the virus occurred within his business? Did he provide a safe workplace? Are there any legal implications for his business? I would have thought that these are important and weighty questions. I would be astounded if the government had not looked at this and said that it needed some answers to some of these questions.

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The commonwealth government has been addressing the issue of whether businesses can require their workers to be vaccinated. Some businesses have already announced that that is the path they will go down. That will probably be tested in the courts at some point. What work has the state government done? I was astounded by the answers I received to my questions. I was told —

It is not appropriate to seek legal advice on matters for individual businesses in the house.

I did not ask whether Hon Tjorn Sibma's cafe or any other person's cafe was under threat. I asked what the government is doing for small businesses across Western Australia. What message does the government give those small businesses about whether they can survive the next COVID shutdown that will be the policy of the government? What advice are they being given? Are they required to provide a safe work environment?

Given that the government has refused to provide any advice to privately owned small businesses—the small businesses that it seems to forget about during the reaction to COVID—yesterday I asked the same question about government workers. What is the government's responsibility if an unvaccinated teacher comes to school and infects their fellow staff members? Has that situation been addressed? What is the requirement of the government? If the government will not lift a finger for small businesses in Western Australia, perhaps it will lift a finger for its own employees. The answer I got back to that was —

These are matters that call for legal interpretation or opinion and under standing order ... are not permissible.

The government does not want to answer any of the questions. To the question I asked on Tuesday about whether the government had sought any advice, I was told that it had not sought any advice. To the same question I asked on Wednesday about whether the government had sought any advice, I was told that that matter calls for legal interpretation or opinion. I would have thought the mere fact of whether the government sought legal advice about whether it has responsibility for its own workers might be something it would like to tell the people of Western Australia, but that is not the case. Either that or this government, with its gold-plated standard of accountability, does not want to tell anybody what it is thinking about. The people of Western Australia need to know, not because we are frightened of the ramifications or because we are ultimately going to have fortress Western Australia but because there is an inevitability that we will deal with more outbreaks of COVID-19 unless we remove the virus from the population of the world or change fortress Western Australia so that nobody passes the border. We should bear in mind that thousands of people have crossed Western Australia's border. Obviously, it has been the case that outbreaks have occurred in the past because we have had lockdowns. I will be interested if the minister who responds to this motion stands up and says that the government expects no more lockdowns and no more breaches of the border. Surely that cannot be the case. Anybody with any epidemiological standing understands that that will not occur.

What is the plan? What percentage of the Western Australian population needs to be vaccinated to change the plan? What will the changed plan look like? The Premier has made great political and public mileage out of being, as the newspapers say, "Captain Lockdown". I keep trying to get the newspapers to call him "Scrooge McDuck" but I have not been successful yet; I am still working on that. "Captain Lockdown" is the response. We have all supported that response. I do not think a single member in this chamber—on the other side, on this side or on the crossbench—has said, "Don't have lockdowns; we do not support them." If it has happened, I stand to be corrected, but I do not think that has ever occurred. We said that we support the lockdowns —

**Hon Kyle McGinn:** There were a few in the other chamber, but they are no longer here!

**Hon Dr STEVE THOMAS:** I do not control the other chamber. I have very little interest in what occurs downstairs these days. Back in 2005, it was of immediate interest to me, but not anymore. In this chamber, my team have always taken the position that lockdowns have a value and are important.

**Hon Kyle McGinn:** Not your team in the other place.

**Hon Dr STEVE THOMAS:** I have already answered that.

There has to be a plan at the other end. Nobody here is saying that the plan includes taking the borders down now. The borders are not foolproof and they are not absolute, as has already been proven. There have been breaches under the government's border protection policy and there will be further breaches. If we were sitting on the government side of the chamber, even if I were the minister responsible, there would be breaches. I have had enough experience in this profession to know that there are no absolutes; there will be breaches. We will have to respond to this. Is the government prepared for that response? How will it manage hospital beds? Where will it find the staff to deal with it when it cannot find staff to deal with Western Australia without COVID-19? What are businesses supposed to do? The government will not tell them what their responsibilities are. The government is waiting for a test case, and that would require legal opinion. The McGowan government is waiting for a test case involving an employer being sued by somebody for not providing a safe workplace, or allowing an infection to occur because the McGowan

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government cannot offer any advice or refuses to address the issue of what needs to be done. The government is not supporting those small businesses that are impacted. It is not telling them how they need to respond. This is fortress Western Australia and it is a political response that it has milked beautifully. Well done. It certainly swung against us at the election. Congratulations. Whatever the swing was based on COVID—seven per cent, probably—well done. How will the government fix the problem that will inevitably arise? It has no idea.

**HON ALANNAH MacTIERNAN (South West — Minister for Regional Development)** [10.32 am]: What can I say to this highly predictable scrambled critique? Of course, we always acknowledge the importance of discussing issues like this. It is one of the most important issues confronting our community, so it is entirely reasonable that the opposition wants to debate this. I have to say that trying to find a pathway through the comments of the Leader of the Opposition to find some sense of what he thinks should be happening is very difficult, but I will give it my best.

The first proposition put was that it is impossible to protect the people at the same time as protecting the economy. I would have thought that what we have done here in Western Australia shows that, with the right leadership and the right care and attention to detail, both can be done. It is pretty extraordinary that in Western Australia, from where 80 per cent of what we produce is exported around the world, which requires us to keep linkages open with communities around the world, we have managed to contain this virus and keep our economy open. The period of lockdown that we have had in this state has been the smallest of any Australian state, and indeed probably in most places in the world. Western Australia has probably been exceeded only by somewhere like Vanuatu in the brevity of time that we have been in lockdown. We have done an extraordinary job in managing both the health of people and the economy. We have shown, more than any other state, that we can do it. We have done it in an environment in which we are exporting and have had to keep channels open to international communities. This idea that we have a fortress is really quite absurd. Thousands of vessels and flights are coming into this state from destinations around the world. Through careful and considered management, we have largely kept the virus out of the state.

Hon Dr Steve Thomas is right—it certainly is reflected in the position of the Premier and our government—that with so much of this virus around the world, our ability to keep it out has been very challenging. We can never ever presume that we will be able to keep this virus entirely at bay. Hon Dr Steve Thomas started off talking about things that were done in March last year. As new variants of this virus have emerged—the Alpha variant, the Beta variant and now the Delta variant—we have had to change our response. We have had to harden the protocols in place for managing people who have come from other jurisdictions. What worked pretty well in hotel quarantine in the first instance absolutely changed as we went from the Alpha variant to the Delta variant, in particular. This requires agility and a concept of where we are going. This cannot be locked in place because things are constantly changing.

Look at the issue of the vaccination of children. Certainly in the early days, children seemed largely resistant to the virus and, if they got it, were not spreading it. Evidence is now coming out that the Delta variant is quite different. We have to change all the numbers because we now have to start looking at what the vaccination rates will be of those people whom we will have to vaccinate. The idea that the opposition wants us to draw up a plan and that we just keep it moving forward is complete nonsense. We have to have a general approach, which is what we have. We have vaccination targets. To make this clear, our targets are based on a population of people aged 16-plus. In Western Australia, there are 2.1 million people in the age bracket of 18-plus. At this particular time, we are focusing on 1.7 million people, which is what we are taking at this point to be 80 per cent of the population. The figures we have calculated are based on people aged 16-plus, not 18-plus. I suspect this is something that we could see change quite readily.

The Therapeutic Goods Administration has approved vaccines for those aged 12 and over. As I understand it, the Australian Technical Advisory Group on Immunisation is yet to make a determination on whether vaccines should be available for the 12 to 16-year-old cohort; that indeed might be the case. I would say that is quite possible sometime in the near future, when we see what is going on in Sydney and the ACT. The median age of a person with COVID-19 in the ACT is 19. That is telling us that this is affecting younger people more seriously, and that means we will have to amend the path. But we do not have just one simple solution; we understand that we have been successfully employing a whole raft of strategies to deal with these issues. I have to say, we are seeing an enormous response from our young people. Since we opened up vaccinations to 16 to 29-year-olds, we have seen an extraordinary number of registrations by young people who want to come on board and be vaccinated. As we know, we have a blitz on at the moment. Over 25 per cent of our population aged 16 and above are now fully vaccinated. We are not yet hitting a problem of vaccine hesitancy. People are booking; people are queuing; people are wanting to do it. Our aim is to have 80 per cent of people aged 16 and above vaccinated by Christmas. We are pretty confident that we might even do that quite a bit earlier. We think that we are going to be hitting our target of 95 000 doses a week during the blitz. To some extent, after the blitz, it will depend on the availability of vaccine. As we know, the federal government, with the support of our government, has channelled the majority of the new vaccines coming into New South Wales. After our blitz, the numbers that we will be able to vaccinate will be very much dependent on

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the amount of vaccine available, but we certainly have the personnel out there to do it and we are certainly seeing a massive interest in our community in being vaccinated.

The member raised a concern about the legal requirements for the workplace. I think it is important for us to understand that the vast majority of workplaces are, in fact, governed by federal legislation, including most small businesses, because most small businesses are proprietary limited companies and operate under that legislation. Sole traders and unincorporated entities still come under state law. They do not employ a huge number of people; of course, there will be some, but most of those businesses, by their nature, tend to be sole traders or people who do not employ a significant number of people. These matters have been before the Fair Work Commission. The Fair Work Commission has made findings, and I think it is fair to say that the same sort of principles will govern those companies that come under state law. The Fair Work Commission found that —

Employers can direct their employees to be vaccinated if the direction is lawful and reasonable.

Although we have not had cases here in Western Australia in which this finding has been tested, I think that the “reasonable” principle would apply. We have made it clear that it is an issue of making judgements about the level of risk and whether it is reasonable to impose a requirement. We have imposed those requirements in places like aged-care facilities, because the risk to the customer base of an aged-care facility is such —

**Hon Martin Aldridge:** What about hospitals?

**Hon Dr Steve Thomas:** What about government employees?

**Hon ALANNAH MacTIERNAN:** Obviously, we are going to be looking at what is reasonable on a case-by-case basis. Quite clearly, the Fair Work Commission has set out the principle that what one needs to do is really a question of what is reasonable in the circumstances. The finding continues —

Regardless of the tier or tiers which may apply to work performed by employees, the question of whether a direction is reasonable will always be ... dependent and needs to be assessed on a case-by-case basis. This will require taking into account all relevant factors applicable to the workplace, the employees and the nature of the work that they perform. Employers should get their own legal advice if they’re considering making coronavirus vaccinations ...

This is the principle that we are adopting. We are looking at each situation on a case-by-case basis. For example, when people work in hotel quarantine or in other frontline areas, clearly, it is reasonable in those circumstances for vaccination to be mandatory. Whether it is reasonable in other circumstances will be dependent on a whole raft of factors, such as the risk of the worker contracting COVID and the risk posed to others if they were to transmit that virus. We cannot make a hard-and-fast rule now about any circumstances. We are looking at the situation in our ports, where people interact with people who are coming in from other jurisdictions where there is COVID. We are looking at that. We have imposed mandatory vaccination for hotel quarantine workers. It is going to be on a case-by-case basis.

**HON TJORN SIBMA (North Metropolitan) [10.47 am]:** I rise to speak in support of this motion. I thank the minister for her contribution. However, in fairness, I think her response actually supports why this motion needed to be put forward in the first place, because we have not had complete, sufficient or satisfactory answers to any one of the five limbs of this motion. My intention is, I suppose, to speak on a more thematic basis.

The reason this motion was put in these terms was to seek clarity on the government’s strategy for managing COVID-19 at what I think is a far more complicated phase of the management cycle. Without being pejorative or unnecessarily reductive, I frankly believe that the Western Australian government’s response to COVID from its initial inception and throughout 2020 was effectively managing the easiest stage of COVID. That is true. We are now at a far more complicated stage. We are not seeking a prescriptive, brittle, inflexible strategy—far from it. What we are seeking is clarity about what the strategy is. Why would we do so? I think we would do so primarily because the Premier, through public utterances, seems committed to a COVID-zero strategy, almost irrespective of what vaccination targets we achieve in Western Australia.

I might just reflect on that. The obvious mathematical point that Hon Dr Steve Thomas made is that when we talk about an 80 per cent vaccination rate, we are talking about an 80 per cent vaccination rate of the 80 per cent of the population who have vaccination available to them. If we achieve that, we will have vaccinated only 64 per cent of the population. How we manage the health outcomes of the residual 36 per cent of the population, the majority of whom are children—two-thirds of them are children, because 21 per cent of the state’s population is aged 16 or under, or 14 or under—I think should focus the mind of every single policymaker in Western Australia. It should focus the mind of every parent in the state, and I think it does. That is related to limb (e) of this motion, and I will get to that very quickly. We are managing a complicated situation, but we are doing so with a lack of strategic focus. We do not have a clear diagnosis of what problem we are trying to solve. Are we attempting to manage the health outcomes, the economic outcomes and the social outcomes as best we possibly can, adopting the technology that the vaccines provide, or are there trade-offs; and, if so, where are the trade-offs? There seems to be, quite obviously,

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an instrumentalist approach to managing COVID-19. That is basically to shut the border. That buys us a lot of time, and it has bought us time. This underscores the point. We have had more lead time to devise a comprehensive and clear strategy to manage COVID-19 and its variants, and we have been given more of a head start than anywhere else, globally, has been given. We are blessed in our isolation in both global and national terms. We have had more time than anyone else —

**Hon Alannah MacTiernan:** We've had vessels coming in, we've had planes coming in and we've had people coming in.

**Hon TJORN SIBMA:** No, no, no! Please note! This is a fundamental attribution error. The minister is making a logical mistake.

**Hon Alannah MacTiernan:** No, I'm not.

**The PRESIDENT:** Order!

**Hon TJORN SIBMA:** It is a fundamental logical error to blame —

**The PRESIDENT:** Order!

**Hon TJORN SIBMA:** President —

**The PRESIDENT:** I have not given you the call yet, honourable member. But I would invite members to make their contribution in such a way that Hansard is able to record their contribution, particularly if they think their contribution is worthwhile.

**Hon TJORN SIBMA:** Thank you very much, President.

**Hon Dr Steve Thomas:** You're touching a nerve!

**Hon TJORN SIBMA:** I am touching a nerve. This is absolutely immature as a conceptual basis upon which to move forward. That underscores the fact that there is no clear strategy.

I draw members' attention to parts (d) and (e) of the motion, because I do not think they were answered, with all due respect to the minister, who was compelled to provide the government's response.

**Hon Alannah MacTiernan:** No. I very proudly provided the government's response.

**Hon TJORN SIBMA:** Frankly, we have had three lockdowns this year, and there has been no uniformity in the compensation arrangements for small business. There is no standard package. There is an obligation to prove one's entitlement to that package. Small business operations, particularly in the allied health field—I am talking about physiotherapy—have been absolutely whacked, without compensation. Even the government's responses to the lockdowns seem to be ad hoc or made up as we go along. An indicator of that is the Premier's inability to keep time in presenting to the media. I understand that is because the rules are still being written. Although government members will never say so publicly, there are industry associations that will tell us how haphazard it is behind the scenes. There are industries that are locked down on a whim, and then reinstated after some noise has been made. That is indicative of the fact that there is no organisation and no strategic approach. Members opposite do not need to be brittle or templated about it. There should be a standard set of responses, but that never seems to be the case. It is always made up on the run. Why might that be? I am not being pejorative here, but the people who are writing the rules are largely our bureaucrats. It must be said—this is no reflection on them; it is a statement of fact—that these are people who are economically isolated from the decisions that they make. These are people who will bank a pay every fortnight consistently. These are people who are largely immune to the consequences of operational or business dysfunction. They are just not focused on these issues as practical issues. That is unfortunate.

**Hon Alannah MacTiernan:** No, we are.

**Hon TJORN SIBMA:** That is absolutely true.

Several members interjected.

**Hon TJORN SIBMA:** It is axiomatic —

Several members interjected.

**The PRESIDENT:** Order!

**Hon TJORN SIBMA:** If members opposite do not want me to come in here with a combative tone, just come in here and answer the question. The problem is that they have not answered the question. It is a very simple question. They have not answered it. It is not their fault. Their government is letting them down. That is absolutely true.

**Hon Alannah MacTiernan:** No. I'm very proud to be part of this government. I'm proud to be part of the team.

**The PRESIDENT:** Order!

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**Hon TJORN SIBMA:** I will move to limb (e) of the motion.

Several members interjected.

**The PRESIDENT:** Member, perhaps you might not invite interjections and you might get through the rest of your speech.

**Hon TJORN SIBMA:** I would hope so. I listened intently to the minister's contribution, because I was seeking an answer. All I am stating, quite factually, is that we did not get one.

**Hon Alannah MacTiernan:** Yes, you did. You got 15 minutes. Give us another 15 minutes and I'll give you more.

**Hon TJORN SIBMA:** I will ask the question again, at the risk of inviting an unruly interjection, which has been the theme throughout my contribution, so let us not break with the pattern that we have established. I ask very clearly: how prepared is the state health and hospital system for a serious COVID-19 or other outbreak? Crickets! We know why. It is an absolute disaster. The health system was degraded consistently over the three and a half years before COVID impacted.

Several members interjected.

**Hon TJORN SIBMA:** You are a disaster! You have run an absolutely disastrous health system in Western Australia and you all know it!

**The PRESIDENT:** Order! Thank you. You may continue.

**Hon TJORN SIBMA:** I think the answer is clear. This state is absolutely not prepared.

Several members interjected.

**The PRESIDENT:** Order! Other members, please allow Hon Tjorn Sibma, who is on his feet, to continue.

**Hon TJORN SIBMA:** One might then ask: how prepared is the state health system, including frontline health workers, for a COVID-19 outbreak in Western Australia? Does it have a sufficient quantity of N95 face masks and face shields? Is there a sufficient number of ventilators for patients? Does it have surge capacity? The system that the government is administering at the moment is broken. No-one wants to see this happen.

Several members interjected.

**Hon TJORN SIBMA:** Nobody is asking the government to open the border.

Several members interjected.

**The PRESIDENT:** Order! Perhaps if you make your remarks through the chair, honourable member, and including facing the chair, you may be able to continue.

**Hon TJORN SIBMA:** I will absolutely do so, President.

I think the interjections that have been elicited are indicative of the problem. It is a serious problem. If the government were to deal with this matter seriously, it would form a panel of people, at a bipartisan level, to look into these questions. At the moment, the extractive process—the process that we are adopting in trying to extract key information—is being thwarted. We have had evidence of this this week, with the government refusing to answer fundamental questions about legal liability. That is not good enough. That does not provide a sufficient basis for legal operations in this state. It is completely unsatisfactory. Of all the questions raised in this motion, it is the question in limb (e) that needs to be answered today. The government has fundamentally refused to answer that question. That is because it knows what the answer is. The government has disgracefully eroded the health system in this state.

**Hon Alannah MacTiernan:** We had 15 minutes. I was going through all the others.

**Hon TJORN SIBMA:** That will be the government's legacy.

Several members interjected.

**The PRESIDENT:** Order! Thank you for your assistance there.

**HON DR BRIAN WALKER (East Metropolitan) [10.58 am]:** I feel it only right and proper that a medical practitioner give some word to this motion, not as a trained epidemiologist, and possibly as a nutter, but I have to make a point. It does not really matter which side of the house is arguing. We have a problem, and everyone wants to find the best solution for it.

I want to make a quick point about vaccination, the right to have a vaccination and the right to refuse a vaccination, and what are my moral and ethical rights as a patient. I deal with this every day in the clinic. I note sections 161(4) and 185(2)(c) of the Public Health Act. We are already in possession of laws that allow a police officer to strip someone and have them forcibly injected—vaccinated—against their will. That is actually written in our law. I can see reasons why that would be a good idea. I can see reasons why people would be very upset with that. There are

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two main areas that we have to deal with here, though. One is the medical response and the other is the political response, which is also a social response. The medical response we have at the moment is needing the guidance—thank goodness we have some good medical guidance. The bottom line we are facing is that we do not actually really truly know. We are seeking information.

I call to mind that it was not too long ago—in fact, in my parent’s generation—when infectious diseases such as tuberculosis and childhood illnesses were the number one killer in society. A great-uncle of mine died at the age of two from an eminently treatable disease. It was normal; children died, adults died and life expectancy was lower. In the hospitals at that time hygiene was a priority. Once we discovered that hygiene was important, it became a priority because nothing else could be done. For example, the first case of penicillin being used involved a police officer who had a small infection on his finger. The infection rose up to the lymphatics. Once an infection goes into the blood system, septicaemia and death follows. Back in 1939, Alexander Fleming had just isolated a little bit of penicillin and that police officer was the first person to get it. It was reported that after administering the penicillin, the redness came down the arm and back into the hand and his life was almost saved, except they ran out of penicillin and the infection went back up again and the police officer died. It was not long after that that we had general access to antibiotics, which resulted in everybody using them for the common cold, which now means that we are almost at the stage that antibiotics are generally useless. People are worried about COVID-19. I am not worried about COVID at all; I am terrified about multidrug resistance TB coming back into the world—we have it in Australia already, but no-one talks about it. COVID is just one symptom. We need to have a robust medical response to any illness like COVID. This is just one example, but it is a current example.

I lived through previous viral epidemics—not pandemics: influenza A virus subtype H5N1 and severe acute respiratory syndrome, in Hong Kong. The death rate then, I think, was 2.5 per cent, as against the initially predicted death rate of 10 per cent with COVID. When first reports of COVID came out of China, the death rate was predicted to be 10 per cent. That was horrifying. The reaction to that kind of illness is to panic. I think the threshold was 2.5 per cent with SARS. The Americans—God bless them—ran for their lives. They abandoned Hong Kong and went back to safe America because they could not cope with the idea of a 2.5 per cent death rate in a society. Hong Kong society came to a halt. Banks were closed and people did not go to work because they might have caught SARS. It rapidly was brought under control, but the first reaction in an epidemic like that, of course, is fear, which leads to confusion and panic, and that is the last thing we want. What we are seeing now is FUD—fear, uncertainty and doubt—which is another way of expressing mass ignorance. At a societal level all kinds of untruths are being put out there as fact. It is scaring people off the need for vaccination.

We are fighting a battle on two fronts here: one, of course, is the virus, and the other is a societal response. We need two responses: a medical response—calm leadership with knowledge and certainty, reassuring leadership—and a sound political response. I have to say I greatly respect what the government has done. Could the government have done more? Possibly. I think it would be a stupid government that says, “We did everything possible.” There is always something better that can be done, but I think most of us would agree that the response has been quite good.

Are the hospitals prepared? The answer is no. Up to a certain point we have a very capable, resourceful, resilient health service, but were we to reach a certain tipping point, when staff are calling in sick and unable to care for each other, much less their patients, then we would have a problem. We are far from that, but is it possible? Yes. Actions need to be taken. We need to improve what we have in resources and reserves and also stop any potential for the service to be overwhelmed.

**Hon Dr Steve Thomas:** Member, do you agree that we are not ready at the moment?

**Hon Dr BRIAN WALKER:** To a point; we are as ready as anyone can be.

Several members interjected.

**Hon Dr BRIAN WALKER:** Members, I am speaking here as a doctor, not so much as a politician, but the points that we could make would actually fall into a shadow. We need to be aware that we need a response. When we have a response, we need to ask whether it can be improved—yes—and we need calm minds to look at how we might improve that further. That is what I would recommend.

One problem I want to bring up here, of course, is the new world reality of an infectious disease that we do not have under control. We will potentially get it under control, but I do not think—I am speaking here as a medical practitioner—that we are going to banish COVID from the world. It is going to be with us and it is going to mutate. It is going to change. It could possibly be a lot worse. The current 0.1 per cent death rate is fine for the other 99.9 per cent of us, but it will possibly increase.

I am also concerned about long COVID. What is going to happen to society when people who refuse to be vaccinated catch COVID and find themselves unable to perform and are absent from society, unable to commit, unable to work and are a burden on the taxpayer and need Centrelink support? It is a potential catastrophe for us.



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Every effort needs to be made to continue what we are doing based on the medical advice of vaccinating as much of the population as possible.

Here I make a comment that the government might want to respond to: that is, it is my firm belief that at some stage we are going to need to vaccinate children as young as six months. It is only a matter of time.

**Hon Alannah MacTiernan:** And it is a movable feast. As I said, the TGA has already agreed that the vaccines are currently safe for 12-year-olds, so hopefully ATAGI will start responding to that.

**Hon Dr BRIAN WALKER:** That is quite so.

What I would be looking at here is getting a sound medical response to the problems and listening to the cool advice of people who have been researching this—not the ones sitting on the toilet, checking Facebook on their phones. There are a few of those who are my patients, I might add.

Although I can support in general the tenor of this motion—I agree with it entirely—I cannot support the idea of making it one-sided, because everyone is in the same boat. I will water that down. Doubtless there are amendments coming on, but my opinion is that this is a well justified concern and it is good that we are talking about it.

I would like to expand, however, from our current COVID problem and take as an example—a sample—the problems we will face in the future from multidrug-resistant infections that will kill hundreds of thousands if not millions of us in this world. In the old days—in my parents’ and grandparents’ day—this was normal. You did what you had to do; you carried on; you buried your child or your father and you got on with life. That was life. We have had it so soft for so long now because we have been managing these things. We found that we did not have to wash our hands anymore because the doctor would give us penicillin or something similar. We need to return to a sensible approach to managing ourselves and managing our environment and looking reality in the face, rather than, as is common today, abrogating personal responsibilities and finding someone else to blame. It is up to me to look after myself.

**Hon Alannah MacTiernan:** Hear, hear! Can you come and join our party?

**Hon Dr BRIAN WALKER:** And with those words, I shall sit down.

**HON MARTIN ALDRIDGE (Agricultural)** [11.08 am]: I rise in support of the motion moved today by the Leader of the Opposition. It is a really timely motion and we need to consider its important limbs with respect to the COVID-19 response. I would like also to add my concern about the lack of response the minister on behalf of the government has articulated to each of the limbs, particularly the last limb with respect to the preparedness of our state health system. Members will be aware that at the start of the COVID-19 pandemic the initial approach was to slow the wave that we saw coming in order to prepare our health system to respond. That was priority number one. The government’s sole strategy at that time was to decrease the number of infections whilst we rapidly prepared our health system. We went on a massive workforce drive. We asked nurses, doctors and allied health workers who had perhaps retired and were no longer working in their profession to come back: “We need you more than ever.” I know that work was undertaken on how we could stand up hospital-like facilities and whether we could reactivate the old Swan District Hospital or turn the Perth Convention and Exhibition Centre car park into a hospital. It seems to me that the last limb of this motion, which goes to the preparedness of our state health system, has been completely lost in the last 18 months. We have requested on numerous occasions for the government to take some independent advice and evaluation on how prepared Western Australia is to deal with a New South Wales-style outbreak or with the type of outbreak happening in Indonesia at the moment. The government has refused. I have urged parliamentary committees in this place and the other place to take this up as their highest priority. We could have a standing committee of the Parliament in either place examine the preparedness of our health system. It is quite telling today that the most important limb of this motion was not even referenced in the minister’s reply.

The other aspect that I want to speak on is the vaccination program. I understand that we are now mid-blitz, as the minister reported, in reaching the target of 95 000 vaccinations per week. But I note that Western Australia has consistently lagged in a national context with its vaccination rate. There are a number of reasons for that, but I will not have time to elaborate on them today. There are some really important limbs in this motion on vaccinations, about which there is a great deal of uncertainty, particularly legal uncertainty. The mover of this motion sought some clarity on that from the government but I do not think that was achieved in any sense today. I know that businesses and employers in our community are struggling with this concept, particularly as other businesses act. Big businesses in particular, such as Qantas and Fortescue Metals Group, have acted on this, while other businesses are asking: What should we be doing? What are the risks of doing something? What are the risks of doing nothing? What are the risks of a worker bringing COVID into the workplace and infecting another worker? How liable will I or my business be if that happens? How liable will I or my business be if I require my employees to be vaccinated? These are all really serious questions.

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I will draw some comparisons with the public sector. We always like to talk about how we are a model employer and how we like to lead by example in terms of employment. Let us have a look at the public sector. There has been zero consistency in the approach taken. Members might be aware of a webpage on the disastrous [wa.gov.au](http://wa.gov.au) website, which I have spoken about previously. One cannot search and find it, but there is a link to this page—I am happy to share it with members who are interested—on the website where the Chief Health Officer publishes his advice to government. As I scrolled through this webpage this morning, I found that no advice to government on vaccinations had been published on this website. It would be interesting to note whether the government has sought or received advice on this matter, whether on the high-risk sections of our public sector, or, indeed, the community more broadly, and how it should act. We know that the government has used its powers already to direct certain workforces—namely, workers in our hotel quarantine system, and, more recently, workers in our aged-care system—to be vaccinated. It was interesting to listen to the minister today talk about how the government is taking a reasonable and risk-based approach. If that were the case, how can it then overlook our frontline workers in the public health system? Why is it that the government's approach in our public health system is to encourage the workforce to get vaccinated, yet, if a person works in aged care or in hotel quarantine, there is a legal direction? Under the direction issued by the Chief Health Officer, those workers face a \$20 000 penalty if they are not vaccinated. The contradictions that exist within the state government on this issue gives no confidence to anyone observing these decisions or contemplating how they should act responsibly and reasonably with a risk-based approach, as the minister said.

At one of the briefings I attended on hotel quarantine, one of the questions that I put to the Chief Health Officer was: "Given that all these people work for you through contracts, why don't you just make it a contractual obligation that if they want to engage with the state that the workforce has to be vaccinated?" The advice I was given was that if the state took that position, the workers would walk away from their contract and that they would get vaccinated only if they were required to under a legal direction. That gives us some insight into the vulnerability or concern that employers have in this space and the great deal of uncertainty that exists. There is definitely a need for a greater understanding and greater direction in this area.

I have not mentioned the approach that the Commissioner of Police has taken. The police commissioner has very specific powers available to him under the Police Act. Interestingly, I was listening to the Commissioner of Police talk on ABC radio—I think it was on the same day that he announced this direction. He said that from the beginning, police officers have had a choice of vaccines. This is something that the Leader of the Opposition, Mia Davies, has written to the state Minister for Health about, particularly in light of the legal direction that required aged-care workers to be vaccinated if they want to keep their employment and who do not have a choice of vaccines. Again, this is another area in which this government has not taken a consistent approach.

One of the most interesting things that I heard from the minister today was her admission that a zero COVID-19 strategy is possible. That is quite different to the crush-and-kill strategy of the Premier. All we want is for the government to answer five relatively straightforward questions put forward by the Leader of the Opposition in this place. It has wholly failed in its contribution today.

**Hon Alannah MacTiernan** interjected.

**The PRESIDENT:** Order!

**HON PETER COLLIER (North Metropolitan)** [11.20 am]: I stand to emphatically support this motion. It is a very good motion and one that we need to have.

**Hon Kyle McGinn** interjected.

**Hon PETER COLLIER:** Can I say at the outset that this is non-government business. Whilst the COVID-19 pandemic has brought out —

**Hon Kyle McGinn** interjected.

**Hon PETER COLLIER:** Do you mind? While it has brought out —

**Hon Kyle McGinn** interjected.

**The PRESIDENT:** Thanks, honourable member. I will do the chairing. Thank you.

**Hon PETER COLLIER:** Well, I am not taking—

**The PRESIDENT:** Thank you, honourable member. I will do the chairing and I have called to house to order.

**Hon PETER COLLIER:** Thanks, President. I will say at the outset that I am not taking interjections.

**The PRESIDENT:** The honourable member is not taking interjections and none will be tolerated.

**Hon PETER COLLIER:** COVID has brought the worst out of us, in so many facets. We have become almost tribal. A human element of tribalism has emerged, not the least being from our Premier in a number of instances,

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which is very disappointing. We had the Olympic Games about a month ago. We saw all those wonderful athletes out there wearing green and gold. They were not competing for Western Australia or New South Wales; they were competing for Australia—every single one of them. Have we seen that here? We started well with this pandemic, which has gripped the world. But national cabinet has now fallen into disrepair, quite frankly, and it does not help when we have one Premier pitted against another.

We saw that just the other day with our Premier, who, I have to say, has done a good job with COVID. I acknowledge that. Closing the borders and cutting off the air, sea and two land access routes has been very, very successful. The government has done that, and done that very effectively. Yes, we are living a pretty good life over here compared with elsewhere. But we see the Premier chest beating, like he was the other day, with regard to the fact that he is going to do it his way or the highway. He did so much chest beating I think he cracked a rib! He put a seed of doubt in the minds of a lot of people, which was: what will happen when we get to phase D? What will happen when 80 per cent of people have had the jab? What happens then? According to the Premier, we still might be in lockdown. That caused a little bit of ruction amongst the populace. However, he is obviously basing that decision on polling. Most people love it out there. They say, “Look at us; look at them.” It is a them-versus-us situation. Yet again, it is the end of cooperative Federalism; it does not exist anymore because of the emotive comments from the Premier. We now have a them-versus-us attitude. What happens then is people are going to, after we come out of —

Several members interjected.

*Point of Order*

**Hon Dr STEVE THOMAS:** Can I note that the President, who just left the chair on urgent parliamentary business, made the point that the member was not going to be taking interjections, yet I can barely hear him for the shouting on the other side. I would ask that the Deputy President might reinforce the President’s ruling.

**The DEPUTY PRESIDENT (Hon Martin Aldridge):** Leader of the Opposition, I, too, heard the President’s statement as she left the chair, and I will be ensuring that I can continue to hear Hon Peter Collier.

*Debate Resumed*

**Hon PETER COLLIER:** Thanks, Mr Deputy President.

We have a situation at the moment in which Western Australians feel very comfortable with that attitude. They see what is happening in the rest of the nation, what is happening in the rest of the world and what is happening in a lot of instances, and they say, “Oh, yeah; that’s good. We’ll agree with that.” This is obviously based on polling. All we are asking for with this motion is some sort of certainty and understanding about what will happen when we get to 80 per cent vaccination. When the rest of the world is out there sipping their lattes at the beach and travelling from state to state and internationally, we will be sitting over here like “Nigel and Nelly No Friends” saying, “Well, isn’t this great. We are very comfortable here in Western Australia, because the Premier said so!”

The Premier put on the most graphic impression of John Wayne the other day: “We’re not going to have those dastardly pilgrims from the east come over to our green prairies. No, we’re not! We’re not going to have any of them.” That will come back to bite him on the backside if he is not careful. One of the reasons we have an issue, and why we need to have this debate, is our health system. If we ever saw an instance of Nero fiddling, it is with the Premier and the Minister for Health on our health system at the moment. This is not the gospel according to Pete or the gospel according to anyone on this side. Listen to the nurses, doctors and interns. Go and have a look at the ramping. I have pages of examples here of ramping and hospital bed statistics that were presented to the Standing Committee on Estimates and Financial Operations, which, honestly, gobsmeaked me. If you think that we do not have an issue in our health system at the moment, quite frankly, you are not facing reality. I will have a look at a couple of the statistics that I asked all the hospitals for. In January 2017, for the Armadale Health Service, the ambulance ramping noncompliance minutes were 1 809. In January 2021, there were 15 056 noncompliance minutes. In January 2017, for St John of God Midland Public Hospital, there were 2 006 noncompliance minutes, and 17 302 noncompliance minutes in January 2021. As I said, I could go through pages of these statistics. These are not fabricated statistics.

I draw members’ attention to the dozens of pages that were tabled in the estimates hearings two weeks ago, and say that our health system is fine. It is not! That is what we are asking for—we want a solution. We are saying that we have a health system that cannot cope when there is no COVID; what will happen if there is an outbreak? We keep hearing, “Oh, it’s COVID”, but it has nothing to do with COVID. We cannot say that we do not have COVID when it suits us and we do have it when it does not suit us. Apparently, we do not have COVID in Western Australia because of the Premier’s policies, yet we have appalling ambulance ramping and our health system is in disrepair.

Because there is no solution, it reminds me that the last time the Labor Party was in power we had a terrible teacher shortage. We had 300 classrooms without teachers, and I was the shadow education minister. What was the Labor government’s solution? We heard yesterday that we should be trying to recruit and train people within the state. What

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was its solution back then? Its solution was to spend \$3 million on a marketing campaign in the United Kingdom and Ireland. We had the lowest paid teachers in the nation. Duh! There might be an issue here. Perhaps we need to pay our teachers more! We had the lowest paid teachers in the nation and mass teacher shortages, and the government said, “Let’s try to go and get some from Ireland.” Go figure!

Let me tell members about one couple that I dealt with who came over from Ireland. Members should have a look at the advertisement that came out about that. It said, “Come over to Western Australia and go fishing and go windsurfing.” Do members know where they got posted to? My home town, Kalgoorlie! I dealt with them for a couple of weeks. We had lots of publicity. It was great. I had a field day in those days. They thought that they were going to get in their kombi on one weekend and go to Esperance and do a bit of fishing and then do a round trip and go up to Geraldton and do some windsurfing. They got to Norseman and ran out of petrol. They hiked back to Kalgoorlie and got on the next plane back to Ireland!

**Hon Alannah MacTiernan** interjected.

**The DEPUTY PRESIDENT:** Order, members!

**Hon PETER COLLIER:** They took the government at its word. That was the Labor government’s solution back in those days. The government decided that that was what it was going to do for the teacher shortage. It said, “Okay, what we will do is we won’t respect our frontline workers by giving them the money they so desperately deserve. We will try to recruit some from Ireland and England. That is what we’ll do.” Do not blame the Irish teachers who came out here. They were acting on information provided by the Labor government. The government had another advertisement to try to get teachers to go out to the regions. There was a guy standing in front of a convertible Mercedes-Benz because the government was offering an incentive of \$1 000 to go and work in the regions. That worked well! We came in and we gave teachers what they richly deserved. We made them the highest paid teachers in the nation. We put a teacher in front of every classroom, every single year we were in power.

We now have the same issue with the nurses. Private hospitals are out there offering \$6 000 to try to recruit nurses, and the government says, “Okay, that’s a solution. That’s what we have to do”, as opposed to saying, “Let’s respect our frontline workers. Let’s respect our nurses, doctors, teachers and police and give them the respect they so richly deserve.” Do not give them the single-finger salute and say, “No, we are all in this together. We’ve got to make these sacrifices.”

As I keep saying, the Premier is out there beating his chest to say, “Look at us; look at us; look at us.” The rest of the nation will be looking at us in two or three years’ time when the dark cloud of COVID rises, the sun starts shining and people start moving between states and internationally, and we are still here in fortress Western Australia trying to crush and kill the virus. We are going to crush and kill the virus—right? That is what we going to do! We do not have a virus —

**Hon Alannah MacTiernan** interjected.

**Hon PETER COLLIER:** Will you be quiet!

**The DEPUTY PRESIDENT:** Order!

**Hon PETER COLLIER:** We are not the only ones who have a solution to the virus. Therefore, we have to work with the rest of the nation and give our frontline officers every ounce of respect that they deserve, and that is most notably in our health system, which is in an appalling state at the moment because of the policies of this government.

**HON KYLE MCGINN (Mining and Pastoral — Parliamentary Secretary)** [11.29 am]: Let me provide some facts to this debate this morning. We have had 12 days of lockdown in Western Australia this year, New South Wales has had 63 days, Victoria has had 45 days, and Queensland has had 21 days. Let us look at “Fortress WA”. We have kept WA safe and strong. That is where we are at. The economy has kept going. The Leader of the Opposition wants to talk about the balance between people and the economy. He should look at the resource sector. When the federal government wanted to shut it down, it wanted to shut down our economy. We managed to keep it operational. The opposition does not like it because we have managed to keep WA safe and strong. Let us look at the facts.

Several members interjected.

**The DEPUTY PRESIDENT:** Order! Members, there are interjections coming from both sides of the chamber. I am struggling to hear Hon Kyle McGinn, whom I normally do not have much trouble with.

**Hon KYLE MCGINN:** I can always take it up another level.

The WA health system has undertaken personal protective equipment outbreak modelling and determined a strategy to secure stock to ensure supply to manage 30 000 COVID-19-positive cases, supported overall clinical operations with 12 weeks of business-as-usual supply and secured additional contingency stock. Since the pandemic broke out,

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we have provided 382 new ventilators on top of the current stock we had before COVID hit. Over 10 million masks are currently available. Of the 10 million masks, millions of N95 surgical masks are also available.

The opposition talks about being prepared. We have been prepared and worked our way through this pandemic as best we can to keep WA safe and—you get it—strong. That is really important. The Premier has done a great job. I am sick of hearing the rubbish that comes from those members on the other side. We have been very prepared. We have kept the economy going. The economy is performing well, unlike in other states.

Several members interjected.

**Hon KYLE McGINN:** What is going on here? What rubbish is this coming from the opposition, as usual?

*Tabling of Paper*

**Hon Dr STEVE THOMAS:** The honourable member appears to be quoting from a document. Can we see whether it is an official document; and, if so, whether he might table it?

**The DEPUTY PRESIDENT (Hon Martin Aldridge):** Member, can I ask you to identify the document that you were speaking from.

**Hon KYLE McGINN:** They are my personal notes.

Several members interjected.

**The DEPUTY PRESIDENT:** Order! Members!

**Hon Alannah MacTiernan** interjected.

**The DEPUTY PRESIDENT:** Order! Minister! Guests to the chamber included.

I am taking advice from the clerks, and I ask that it be done in silence.

Members, the Leader of the Opposition has raised a point of order under standing order 59 with respect to quoting from a document during the debate. Hon Kyle McGinn has explained that he was referring to his personal notes. I ask the member if they are confidential in nature and, if they are, he may prevent them from being tabled.

**Hon KYLE McGINN:** They are.

**The DEPUTY PRESIDENT:** Members, there is no point of order.

Motion lapsed, pursuant to standing orders.