



26 September 2025

Committee Secretary
Senate Community Affairs Legislation Committee
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Parliament House
Canberra ACT 2600
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Subject: Submission - Australian Centre for Disease Control Bill 2025 & Australian Centre for Disease Control (Consequential Amendments and Transitional Provisions) Bill 2025

Dear Secretary,

On behalf of Environmental Health Australia (Queensland) Inc., we are pleased to provide our formal submission to the Senate Community Affairs Legislation Committee inquiry into:

- Australian Centre for Disease Control Bill 2025; and
- Australian Centre for Disease Control (Consequential Amendments and Transitional Provisions) Bill 2025.

We appreciate the Committee's referral of these Bills on 4 September 2025 and the opportunity to contribute ahead of the 26 September 2025 closing date for submissions, with the Committee scheduled to report by 24 October 2025.

This submission builds on our previous policy work, including EHA's national submission on the roles and functions of an Australian CDC (published 6 January 2023) and subsequent materials provided to governments, as well as our EHA Qld advocacy of 1 May 2024 regarding CDC design and the environmental health workforce.

Environmental Health: Australia's first-mile disease control, don't leave it out of the Australian CDC

Chair and Senators,

Environmental health is the science of keeping people well by controlling the environments where disease spreads, our water and food, air and housing, waste and vectors, public places and businesses. The authorised officers who do this work, Environmental Health Officers (EHOs), are health scientists and practitioners. Most of them serve in local government. That makes local government a core part of Australia's health system, even if it's too often invisible in Canberra. When an outbreak flares, when a town's water is compromised, when a heatwave hits, when mosquitoes surge, when a bakery's food safety slips, EHOs turn up, testing, tracing, isolating hazards, issuing directions, educating businesses, standing beside general practice and laboratories to break transmission. This is disease control in the real world, at street level, every day.

We protect people from hazards in their environment

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Because it is quiet work, we undervalue it. But make no mistake: these everyday interventions prevent illness and deaths at scale and avert health-care costs and productivity losses measured in billions of dollars over time. Every avoided gastro outbreak in a regional town, every cooling tower checked before *Legionella* multiplies, every safe-food program that keeps a small business compliant, that is health and economic security delivered.

The problem with the Bills as drafted

The CDC Bills take a significant step forward. They create an independent, transparent national centre and set out clear Director-General (DG) functions across public health matters, including using and sharing data, advising Ministers, and publishing guidelines and reports. But local government is not named in the DG's consultation duties, and environmental health, while recognised in scope, is not hard-wired into the Act's objects or governance. If we omit the first mile, the system fails where Australians live, work and learn.

Why this matters to every Senator, especially evidence-minded crossbenchers

- **Risk is shifting local.** Climate extremes, population growth and ageing infrastructure mean more hazards, closer to people. The fastest, fairest way to shrink that risk is to equip the practitioners already embedded in communities.
- **Time to impact.** Building new federal programs takes years. Partnering with councils and their EH teams delivers now, they already have community relationships, powers under the public health act and local-laws, inspection regimes and high public trust.
- **Value for money.** Prevention beats treatment every time. Strengthening the local EHO workforce, data flows and planning for a much-needed boost in capacity nationally (including surge in times of disaster) is low-cost, high-yield policy.

A week in the life, so you can picture it

- A **boil-water alert** is issued at 9am Monday for a Far North Queensland community; EHOs trace the fault, supervise disinfection and resampling, verify safe resupply and clear the alert by Friday.
- A **food-borne cluster** emerges in Perth; EHOs interview cases, audit the premises, remove suspect product and prevent dozens more cases.
- **Extreme heat** pushes a Melbourne suburb over safe thresholds; EHOs enforce cooling-tower maintenance, check aged-care kitchens and keep power/water advice coordinated with public messaging.
- **Mosquito numbers spike** in Northern NSW after flooding; EHOs map breeding sites, coordinate larvicide with public land managers and doorknock for education and source reduction.

That is the Australian CDC's natural operating picture, if the law recognises and empowers this first-mile system.

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What we're asking you to do, simple, surgical amendments

1. **Name the work.** In the CDC's Objects and key definitions, to say "public and environmental health." The words ("environmental health") closes the long-standing chasm between policy and practice. Also expand "public health matters" to include occupational exposures and injury prevention alongside the inclusion of environmental health. We note similar recommendations in submissions from other public health organisations.
2. **Seat the people who deliver it.** Reserve one Advisory Council seat for a credentialed Environmental Health leader and one seat for a senior Local Government executive with Environmental Health responsibilities. Make the Council independently chaired (not by the DG) so advice is contestable and trusted.
3. **Make consultation real.** Add Local Government public health authorities (including Environmental Health units) to the Director-General's consultation list for standards, guidance and incident management. The current list names Commonwealth, state/territory, international bodies and peak bodies, but not local government.
4. **Stand up capability from day one.** Establish a CDC Environmental Health Division. Add DG functions to:
 - build national workforce capability for environmental health (co-designed with EHA), including a CDC-endorsed credentialing standard (EHA membership + EHA-accredited degree or equivalent + recent practice);
 - create surge and deployment arrangements with local government; and
 - fund placements and scholarships to rebuild the pipeline.Also add a DG function to promote public-health research in environmental health, partnering with universities and practice-based networks so evidence moves quickly into the field.
5. **Build the backbone.** Mandate a National Environmental Health Index and public dashboards (water, food, air, vectors, housing, heat, waste) so Ministers, Mayors and communities can see risks and capacity at a glance. Require the CDC Annual Report to track environmental health system capacity (workforce, LG partnerships, data timeliness) alongside pandemic preparedness, chronic-disease drivers and climate-health impacts.
6. **Partner where the work happens.** Create a CDC-Local Government Partnership function (with grants authority) to co-fund workforce, data sharing and innovation with councils, metro and regional, with a particular focus on underserved communities.

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7. **Check it's working, soon.** Bring the first statutory review forward to Year 3 to confirm these EH/LG provisions are operating as intended (Council seats filled, DG consultations occurring, EH Division established, Index live, surge in place). We note similar recommendations in submissions from other public health organisations.

To Senators who prize practical, evidence-led reform

This is a chance to fix a design flaw that has held Australia back for decades. Don't build a CDC that stops at the hospital gate. Build one that reaches the kitchen, the childcare centre, the aged-care home, the water plant, the factory floor, the places where Australians either get sick or stay well.

Environmental health and authorised officers are the first mile of disease control and prevention, and too often the last mile to be funded. Put them in the Act. Give the Director-General a duty to engage them. Put their leaders on the Council. Fund the partnership that lets councils deliver more, faster.

If we do that, Australia will stand up a world-class centre for environmental health and an accredited, capable EHO workforce on day one. If we don't, we've built the tower but left out the firefighters.

Please make these amendments. The community you serve will feel the difference where it matters most: at home, at work, at school, every day.

We thank the Committee for considering these recommendations and would welcome the opportunity to provide any further information that may assist.

Yours sincerely,

James Williams MPH, FEHA
Treasurer
Environmental Health Australia Ltd

References

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- (2025). *Pre-Budget Submission 2025–26*. Treasury consultation portal (Submission ID 693). <https://consult.treasury.gov.au/pre-budget-submissions/2025-26/view/693>

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