

The Senate

Education and Employment
Legislation Committee

COVID-19 Vaccination Status (Prevention
of Discrimination) Bill 2022 and the Fair
Work Amendment (Prohibiting COVID-19
Vaccine Discrimination) Bill 2023

August 2023

© Commonwealth of Australia 2023

ISBN 978-1-76093-539-9 (Printed version)

ISBN 978-1-76093-539-9 (HTML version)

This work is licensed under the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License.



The details of this licence are available on the Creative Commons website:

<https://creativecommons.org/licenses/by-nc-nd/4.0/>.

Contents

Members	v
List of recommendations	ix
Chapter 1—Introduction	1
Background to the bills.....	1
Purpose of the bills	2
Prevention of Discrimination bill	2
FWA bill	3
Key provisions of the bills	4
Prevention of Discrimination bill	4
FWA bill	5
Consideration by other parliamentary committees	6
Conduct of the inquiry	7
Acknowledgement.....	7
Chapter 2—Matters raised in evidence	9
Support for the bills	9
Submissions and correspondence from individuals.....	9
Efficacy of vaccines and value of mandates.....	10
COVID-19 vaccines and adverse health outcomes	11
Human rights	13
Proposed amendments to the bills	14
More robust protections for health workers	14
Unintended consequences of focussing on COVID-19 vaccines only.....	15
Opposition to the bills	15
Relaxation or removal of vaccine requirements.....	16
Safety and effectiveness of COVID-19 vaccines.....	16
Existing Fair Work Act provisions	19
A potential ‘imbalance’ in human rights.....	20
Committee view	21
Dissenting Report	23
Appendix 1—Submissions and Additional Information	35

Appendix 2—Public Hearings and witnesses 41

Members

Chair

Senator Tony Sheldon ALP, NSW

Deputy Chair

Senator Matt O'Sullivan LP, WA

Members

Senator Slade Brockman LP, WA

(From 13 June 2023)

Senator Mehreen Faruqi AG, NSW

Senator Karen Grogan ALP, SA

Senator Fatima Payman ALP, WA

Senator Kerryne Liddle LP, SA

(From 1 August 2022 until 13 June 2023)

Substitute Members

Senator the Hon. Matt Canavan LNP, QLD

(For Senator Matt O'Sullivan on 2 May 2023)

Participating Senators

Senator Gerard Rennick LNP, QLD

Senator Alex Antic LP, SA

Senator Pauline Hanson PHON, QLD

Senator Malcolm Roberts PHON, QLD

Senator Ralph Babet UAP, VIC

Secretariat

Gerry McNally, Committee Secretary

Sarah Redden, Acting Committee Secretary

Aysha Osborne, Principal Research Officer

Nicholas Craft, Principal Research Officer

Sarah Batts, Senior Research Officer

Michael Perks, Senior Research Officer

Moira McLoughlin, Graduate

Aisha Bottrill, Research Officer

James Blair, Administrative Officer

Committee web page:

PO Box 6100

Parliament House

Canberra ACT 2600

www.aph.gov.au/senate_eec

E-mail: eec.sen@aph.gov.au

Ph: 02 6277 3521

List of recommendations

Recommendation 1

2.62 It is recommended that the Senate not pass the bills.

Chapter 1

Introduction

- 1.1 On 9 February 2023, the COVID-19 Vaccination Status (Prevention of Discrimination) Bill 2022 (Prevention of Discrimination bill) and the Fair Work Amendment (Prohibiting COVID-19 Vaccine Discrimination) Bill 2023 (FWA bill) were referred to the Education and Employment Legislation Committee (committee) for inquiry and report by 21 June 2023.¹
- 1.2 Although this reference to the committee was for the bills to be considered together, the bills were initially introduced into the Senate separately:
 - the Prevention of Discrimination bill by Senator Pauline Hanson on 29 November 2022; and
 - the FWA bill by Senators Matthew Canavan, Alex Antic, and Gerard Rennick on 8 February 2023.²
- 1.3 On 15 June 2023, the Senate agreed to extend the committee’s reporting date to 25 August 2023.³

Background to the bills

- 1.4 During the COVID-19 pandemic in Australia, the Commonwealth and state and territory governments sought to manage the spread of the virus through several measures, including social distancing, increased awareness of hygiene, wearing of face masks, lockdowns, and the provision of free vaccinations against COVID-19.⁴
- 1.5 The Department of Health and Aged Care (Department of Health) website sets out some general information on vaccines:

COVID-19 vaccines are free for everyone in Australia. This includes people without a Medicare card, overseas visitors, international students, migrant workers and asylum seekers.

Getting vaccinated will help protect you, your family and your community from COVID-19.

¹ *Journals of the Senate*, No. 32—9 February 2023, p. 962.

² For the referral to the committee, see: Senate Standing Committee for the Scrutiny of Bills, [Report No. 1 of 2023](#), 9 February 2023, p. 1. For the introduction of the Prevention of Discrimination bill by Senator Hanson, see *Journals of the Senate*, No. 25—29 November 2022, p. 750. For the introduction of the FWA bill by Senators Canavan, Antic and Rennick, see *Journals of the Senate*, No. 31—8 February 2023, p. 948.

³ *Journals of the Senate*, No. 51—15 June 2023, p. 1475.

⁴ For example, see the measures outlined at the Department of Health and Aged Care, [Protecting yourself and others from COVID-19 \(5 July 2023\)](#) (accessed 24 August 2023).

The Australian Government has not made vaccination mandatory and you can choose not to get vaccinated against COVID-19.⁵

1.6 This website also states that:

Some state and territory public health orders can mandate vaccination in certain circumstances. For example, for some types of employment and for some community activities.⁶

1.7 According to the submission made by the Department of Employment and Workplace Relations (the department), all Australian jurisdictions have had some form of vaccine mandate in place over the last few years for certain cohorts, such as workers in the health and aged care sectors. The department stated that the majority of these mandates have since been relaxed or removed:

- New South Wales, South Australia, Western Australia, the Northern Territory, and Tasmania have removed all public health orders mandating COVID-19 vaccination.
- The Australian Capital Territory, Victoria, and Queensland still require COVID-19 vaccination in some high-risk settings, such as for aged-care workers.⁷

1.8 More generally, the department noted that:

In the absence of public health orders setting COVID-19 vaccine mandates in the workplace, the way in which the risk of COVID-19 in the workplace is managed becomes a matter for each individual workplace to determine, accounting for relevant workplace relations, discrimination, work health and safety, and privacy laws.

This will result in COVID-19 vaccination requirements in the workplace being treated in the same way as other vaccination requirements, such as for the flu or other infectious diseases, which are common requirements for some roles in industries such as aged care, childcare, healthcare, and roles with close contact with animals or animal products.⁸

Purpose of the bills

Prevention of Discrimination bill

1.9 Senator Hanson stated in the Second Reading Speech introducing the Prevention of Discrimination bill that it would serve 'not only to prevent discrimination against people who choose not to receive vaccination against

⁵ Australian Government, Department of Health and Aged Care [COVID-19 vaccines translated information](#), (accessed 24 August 2023).

⁶ Australian Government, Department of Health and Aged Care, [COVID-19 vaccines translated information](#) (accessed 24 August 2023).

⁷ Department of Employment and Workplace Relations, *Submission 1*, p. 4.

⁸ Department of Employment and Workplace Relations, *Submission 1*, p. 4.

COVID-19, but in defence of basic principles which serve as essential foundations of Australian democracy'.⁹

- 1.10 The bill's Explanatory Memorandum (PoD bill EM) notes that it 'supports the inalienable rights and freedoms of all Australians, acts to minimise interference in our daily lives and aims to reduce the interference imposed by unnecessary, restrictive bureaucratic red tape'.¹⁰
- 1.11 The PoD bill EM states that the provisions of the bill would establish a new Act that prohibits the Commonwealth, states and territories, and other government and non-government entities from discriminating based on whether a person has had a COVID-19 vaccination, in the provision of goods, services and facilities and in employment, education, accommodation and sport. It also seeks to prevent any interference of free movement between and within the states and territories.¹¹
- 1.12 A previous version of the Prevention of Discrimination bill was introduced on 21 October 2021, but lapsed at the end of the 46th Parliament on 25 July 2022.¹² The Prevention of Discrimination bill currently being inquired into by the committee is substantially the same as the 2021 version of the bill.¹³

FWA bill

- 1.13 In his Second Reading Speech introducing the bill, Senator Canavan stated that the intention of the bill 'is to protect those employees who choose not to receive a COVID-19 vaccination and acknowledge those thousands of people who lost their jobs when this was made a condition of their ongoing employment'.¹⁴
- 1.14 The Explanatory Memorandum to the bill (FWA bill EM) states that:

This Bill seeks to reinforce workers' rights to refuse a workplace direction where it is not a reasonable and justified requirement of the job. It leaves no doubt for employees and employers that vaccine mandates must not be in

⁹ Senator Pauline Hanson, Second Reading Speech, *Senate Hansard*, 29 November 2022, p. 2465.

¹⁰ COVID-19 Vaccination Status (Prevention of Discrimination) Bill 2022, *Explanatory Memorandum* (PoD bill EM), p. 1.

¹¹ PoD bill EM, p. 1.

¹² The previous version of the bill was the [COVID-19 Vaccination Status \(Prevention of Discrimination\) Bill 2021](#) (accessed 24 August 2023).

¹³ The differences between the 2021 bill and the current Prevention of Discrimination bill are: the removal of subclauses 7(2) to 7(4), and removal of subclause 9(2), relating to Commonwealth funding to states and territories; the insertion of the requirement for a review of the operation of the legislation in 12 months; and insertion of a requirement that children under the age of 18 not be vaccinated without the permission of a parent or legal guardian.

¹⁴ Senator the Hon Matthew Canavan, Second Reading Speech, *Senate Hansard*, 8 February 2023, p. 218.

place unless it is an inherent requirement of the position they hold and the tasks they undertake in that position.¹⁵

- 1.15 The FWA bill would amend the *Fair Work Act 2009* (Fair Work Act) by adding ‘COVID-19 vaccination status’ as an attribute protected from discrimination. In doing this, the FWA bill seeks to provide that a person’s COVID-19 vaccination status cannot be used by an employer to take adverse action—such as not hiring, dismissing, or altering the position—against an employee.¹⁶

Key provisions of the bills

Prevention of Discrimination bill

- 1.16 As noted above, the Prevention of Discrimination bill seeks to establish a new Act that would prohibit the Commonwealth, states and territories and other government and non-government entities from discriminating based on whether a person has had a COVID-19 vaccination.
- 1.17 Clause 4 of the bill seeks to establish the meaning of ‘discriminates’ in the context of the proposed legislation. Clause 4 proposes that requesting or requiring a person to provide proof of having received a COVID-19 vaccination or unfavourable treatment based on whether a person has not received a COVID-19 vaccination is discrimination.
- 1.18 Clauses 7, 8, and 9 of the bill seek to prohibit the Commonwealth, states and territories from discriminating based on whether a person has received a COVID-19 vaccination, except in relation to frontline health or care workers employed by the Commonwealth.
- 1.19 Clause 10 seeks to prohibit COVID-19 vaccination discrimination by other entities and introduce financial penalties as follows:
- Employment—discrimination based on a person’s vaccination status—100 penalty units.
 - Businesses—must not refuse the provision of goods or services or refuse access to business premises on the basis of a person’s vaccination status—1000 penalty units.
 - Voluntary bodies—must not refuse membership, participation in the body’s activities, provision of goods or services, or refuse access to the premises based on a person’s vaccination status—100 penalty units.
- 1.20 Clause 11 of the bill seeks to establish that COVID-19 vaccination must not be administered to a child under the age of 18 without the consent of a parent or guardian and introduces a penalty of 1000 penalty units.

¹⁵ Fair Work Amendment (Prohibiting COVID-19 Vaccine Discrimination) Bill 2023, *Explanatory Memorandum* (FWA bill EM), p. 1.

¹⁶ FWA bill EM, p. 1.

- 1.21 Finally, clause 15 of the bill seeks to require that a review of the operation and consequences of this Act is to be undertaken as soon as possible after 12 months from the commencement of the Act, with a report to be presented and tabled in the Parliament within six months of the review commencing.

FWA bill

- 1.22 The FWA bill seeks to amend the Fair Work Act by adding ‘COVID-19 vaccination status’ as an attribute protected from discrimination. The bill defines COVID-19 vaccination status as:

...the status of a person relating to whether, and to what extent, the person has been vaccinated against the coronavirus known as COVID-19 (including any subsequent variants of that virus’.¹⁷

- 1.23 By including this definition, the bill seeks to provide that a person’s COVID-19 vaccination status cannot be used by an employer to take adverse action—such as not hiring, dismissing, or altering the position—against an employee. The bill specifies that modern awards and enterprise agreements should also not include terms that discriminate against employees due to their COVID-19 vaccination status.¹⁸
- 1.24 Further, the bill seeks to insert a new section 789HC into the Fair Work Act which would extend the anti-discrimination rules provision to cover state public sector employers and employees.¹⁹
- 1.25 More specifically, subsections 789HC(4) to (7) would extend the protection against discrimination on the basis of COVID-19 vaccination status under section 351 of the Fair Work Act to employers and employees that otherwise would not be covered, and in particular would extend the protection to state public sector employers and employees even where there is no referral by a state in relation to this.²⁰
- 1.26 The bill also specifies that it would not apply retrospectively; rather, it would only apply to actions taken after its commencement.²¹
- 1.27 The Explanatory Memorandum to the bill confirms that the amendments proposed do not change the effect of the Fair Work Act, which specifies that it is not considered discrimination against an employee ‘if the reason for the

¹⁷ Schedule 1, item 1, FWA bill.

¹⁸ Schedule 1, items 2 and 3, FWA bill.

¹⁹ Schedule 1, item 9, FWA bill.

²⁰ FWA bill EM, p. 4.

²¹ Schedule 1, item 10, FWA bill.

discrimination is the inherent requirements of the particular position held by the employee'.²²

Consideration by other parliamentary committees

- 1.28 When examining a bill, the committee considers any relevant comments published by the Senate Standing Committee for the Scrutiny of Bills (Scrutiny Committee) and the Parliamentary Joint Committee on Human Rights (Human Rights Committee).
- 1.29 In relation to the Prevention of Discrimination bill, the Scrutiny Committee raised concerns in relation to subclause 10(2), noting that the provision may raise scrutiny concerns under principle (i) in relation to the reversal of the evidential burden of proof. The Scrutiny Committee also noted that it may request further information from the bill proponent should it proceed to further stages of debate.²³
- 1.30 In relation to the FWA bill, the Scrutiny Committee stated that it had no comment.²⁴
- 1.31 The Human Rights Committee made the following statement in relation to each of the two bills:
- The committee notes that this private senators' bill appears to engage and may limit human rights. Should this bill proceed to further stages of debate, the committee may request further information from the senators as to the human rights compatibility of the bill.²⁵
- 1.32 The FWA bill EM states that the bill is compatible with human rights because:
- ...it seeks to reinforce, for employees and employers, on anti-discrimination grounds, that vaccine mandates must not be in place unless it is an inherent requirement of the position they hold and the tasks they undertake in that position. An employer will not be in breach of the anti-discrimination

²² FWA bill EM, p. 1.

²³ Senate Standing Committee for the Scrutiny of Bills, [Scrutiny Digest 1 of 2023](#), 8 February 2023, p. 72. The Scrutiny Committee did not make any comment in relation to the 2021 version of the bill, see, Senate Standing Committee for the Scrutiny of Bills, [Scrutiny Digest 17 of 2021](#), 24 November 2021, p. 42.

²⁴ Senate Standing Committee for the Scrutiny of Bills, [Scrutiny Digest 1 of 2023](#), 8 February 2023, p. 74.

²⁵ See, Parliamentary Joint Committee on Human Rights, [Report 1 of 2023](#), 8 February 2023, p. 3; and Parliamentary Joint Committee on Human Rights, [Report 2 of 2023](#), 8 March 2023, p. 2. The Human Rights Committee made the same comment in relation to the 2021 version of the Prevention of Discrimination bill, see, Parliamentary Joint Committee on Human Rights, [Report 13 of 2021](#), 10 November 2021, p. 34.

grounds where the employer can prove that COVID-19 vaccination is an inherent requirement of the position.²⁶

- 1.33 Similarly, the PoD bill EM states the bill is compatible with human rights as it ‘does not engage any of the applicable rights or freedoms in a negative manner. It has a positive impact with regard to human rights in that it ensures that discrimination cannot occur because a person has had, or not had, medical intervention to prevent COVID-19 infection’.²⁷

Conduct of the inquiry

- 1.34 The committee advertised the inquiry on its website, issued a media release and wrote to a number of stakeholders directly to invite submissions by 24 March 2023.²⁸
- 1.35 The committee received 132 public submissions, which are listed at Appendix 1 of this report and all available in full on the committee’s website. The committee accepted 281 confidential submissions, where there were concerns over the privacy of submitters.
- 1.36 The committee also considered two form letter campaigns (with 2 and 22 examples respectively), with examples of both published on the committee’s website.
- 1.37 The committee also held two public hearings in Canberra, on 2 May 2023 and 3 August 2023. A list of witnesses who gave evidence at the hearings is included at Appendix 2, and a full Hansard transcript of evidence is available on the committee’s website.

Acknowledgement

- 1.38 The committee thanks those individuals and organisations who contributed to this inquiry by making written submissions and giving evidence at the public hearings.

²⁶ FWA bill EM, p. 7.

²⁷ PoD bill EM, p. 5.

²⁸ The committee’s website is at aph.gov.au/Parliamentary_Business/Committees/Senate/Education_and_Employment

Chapter 2

Matters raised in evidence

- 2.1 This chapter discusses the evidence received by the committee relating to the COVID-19 Vaccination Status (Prevention of Discrimination) Bill 2022 (Prevention of Discrimination bill) and the Fair Work Amendment (Prohibiting COVID-19 Vaccine Discrimination) Bill 2023 (FWA bill).
- 2.2 The chapter first discusses the general support for the bills in the large number of submissions received from individuals. It then moves to discussing views provided to the committee by organisations and individuals, particularly noting where supporters of the bills proposed amendments that would strengthen their provisions.
- 2.3 In the same way, it then outlines the evidence received by the committee that opposed the bills. This evidence argued that:
- the relaxation or removal of most public health and workplace vaccine requirements has made the provisions of the bills unnecessary;
 - existing provisions of the *Fair Work Act 2009* (Fair Work Act) already provide sufficient protections to uphold employment rights, making these bills redundant; and
 - the provisions of the bills could create potential imbalances between the rights of individuals to refuse vaccines on one hand, against the broader community's right to good health protections on the other.
- 2.4 This chapter also sets out the committee's view and recommendation.

Support for the bills

- 2.5 The committee received a significant number of submissions from organisations and individuals in support of the bills, as well as a large volume of correspondence from individuals related to COVID-19 mandates, vaccines and government responses to the pandemic.
- 2.6 This section first outlines the contributions from individuals, which were almost unanimously critical of mandates and vaccine requirements put in place during the pandemic, before looking at more specific issues raised in submissions.

Submissions and correspondence from individuals

- 2.7 The overwhelming majority of material provided to the committee by individuals was highly critical of vaccine requirements in Commonwealth and state and territory health orders, as well as requirements put in place for certain sectors and workplaces. A significant number of individuals did not specifically express support for the bills, or address any of the proposed provisions directly, but some clear themes were apparent:

- accounts of the ways in which individuals felt they had been discriminated against or disadvantaged by their employers, businesses, service providers, and communities, including the temporary or permanent loss of employment, often accompanied by feelings of being ‘forced out’ of particular careers;
- criticisms of Commonwealth and state and territory governments in the handling of the pandemic, including regarding mandates for particular sectors including health and emergency services, border shutdowns and other measures;
- adverse health and mental health conditions, either as a side effect from vaccines, or as an effect of alleged discrimination and exclusion; and
- questions raised about the seriousness of the pandemic and/or the efficacy of vaccines to address it, which in turn were used to question the use of mandates for particular sectors and/or activities.¹

Efficacy of vaccines and value of mandates

2.8 The committee received submissions that argued that vaccines were ineffective protections against acquiring and/or transmitting the coronavirus, and therefore vaccine mandates aimed at stemming transmission were not fit-for-purpose.

2.9 For example, World of Wellness submitted that:

We now have robust, indisputable and overwhelming evidence that the COVID-19 vaccines are neither safe nor effective in preventing the spread of the SARS-Cov-2 virus and protecting public health. We do not support the government’s efforts to encourage experimental and unproven novel mRNA vaccination. In fact, the evidence proves that it has not protected the community from COVID-19. In fact there is a very large global body of evidence that the vaccines are causing unacceptable harm.²

2.10 Similarly, the Australian Medical Professionals’ Society (AMPS) suggested that there was no reasonable justification for instigating mandates, as there was insufficient evidence for the effectiveness of vaccines to stop transmission:

There was no evidence the vaccines stopped transmission at the time mandates were legislated. Government [Therapeutic Goods Administration Australian Public Assessment Reports (TGA AusPAR)] reports confirm that the vaccine had no data ‘to show efficacy against asymptomatic infection and viral transmission’. There was no evidence that coercively enforced provisional vaccines could achieve the indication for which they were approved, stopping or reducing the spread. Trial and real-world data show these provisionally approved vaccines do not prevent the spread of COVID-19. There are no reasonable exclusions from anti-discrimination or fair work legislation that justify coercing employees to inject and be injected

¹ This is a summary of issues raised by individuals in public submissions available on the inquiry webpage (submissions 10–126), as well as in many of the confidential submissions received by the committee.

² World of Wellness, *Submission 2*, p. 1. See also: Mr Jay Vidanage, *Submission 131*, p. 1.

with an investigational product, bearing known and unknown harms, that fails to fulfil its stated goal.³

- 2.11 Other submitters also questioned whether vaccines had been shown to effectively reduce the transmission of coronavirus. For example, Coverse submitted:

...it has emerged that clinical trials for the COVID-19 vaccines never assessed the products for their effect on curbing transmission, and public data since the rollouts indicates that such effect is minimal. Nevertheless, the entire basis for implementing mandates was that a highly vaccinated population would significantly reduce community transmission of the virus. This was clearly a misplaced ideology, unfounded in the science. Hence all justification for workplace vaccine mandates and vaccine passports were 'wishes' as opposed to robustly supported scientific facts. Put simply, Australians were misinformed by the Government, public health experts and commentators on the need for vaccine mandates in order to curb community transmission of the virus. Many of those whose health has been significantly impacted as a result of these measures have been placed in this situation through 'official misinformation'.⁴

COVID-19 vaccines and adverse health outcomes

- 2.12 Some argued that vaccine mandates should not have been imposed, due to the alleged scale and risks of adverse health outcomes from COVID-19 vaccines.

- 2.13 For example, Coverse submitted that the number of vaccine-related adverse reactions and injuries had been far greater than admitted by governments, drug regulators and manufacturers. In arguing against mandates, it said that:

Despite claims of COVID-19 vaccine products to be both safe and effective, a diverse list of life-changing adverse reactions emerged during the clinical trials and the global rollout that have not been acknowledged by drug regulators.

While some of these adverse reactions (such as thrombosis, myocarditis and pericarditis) have since been acknowledged by governments, there remain a large number of people suffering from a clear constellation of other adverse reaction illnesses that have not been recognised by drug regulators or governments, and who receive no assisted treatment or compensation.⁵

- 2.14 Some participants noted that COVID-19 vaccines have been linked to a number of deaths in Australia.⁶ Ms Deborah Hamilton, whose daughter, Natalie, died

³ Australian Medical Professionals' Society, *Submission 4*, p. 6.

⁴ Coverse, *Submission 3*, pp. 2–3. See also: Canberra Declaration, *Submission 9*, pp. 21, 31 and 44–45; Dr Irena Zdziarski, *Submission 127*, p. 3; Dr Monique O'Connor, *Submission 128*, pp. 35–37; and Professor Geoffrey Forbes, *Submission 129*, p. 4.

⁵ Coverse, *Submission 3*, p. 6.

⁶ For example, see Coverse, *Submission 3*, Attachment 1 ('Submission to the Australian Parliament Inquiry into Long Covid and Repeated Covid Infections'), p. 3; and Ms Deborah Hamilton,

after being vaccinated with the Moderna vaccine, gave evidence to the committee in a submission and at a public hearing. Her submission told the committee that:

I believe people have the right to make their own decisions on their medical rights and should not be discriminated against and forced to have any further Covid-19 vaccines if they do not wish to. There is no way any of my family members or friends will be having any further vaccines with what happened to Natalie. Why should we be mandated to have more vaccines and have to lose our jobs if we don't?

Does the government and Fair Work Australia have the right to force vaccines on people especially now knowing that the vaccine has caused deaths and also many injuries? No government should have the power to make decisions on an individual's health especially on a vaccine that is only provisionally approved.⁷

- 2.15 AMPS claimed that, alongside a number of adverse physical reactions to COVID-19 vaccinations, vaccine mandates had created a very large mental health burden for many Australians:

There is now a large body of peer-reviewed scientific evidence to support the psychological and physical adverse effects of COVID-19 vaccine mandates. The threat of loss of income, livelihood, career, reputation, social interaction and access to health care, all created through vaccine mandates, imposed a substantial psychological burden upon the population.⁸

- 2.16 The Australian Firefighters Alliance described how mandates had affected its members who had been stood down because of their stance on vaccines:

Financial and Psychological impacts have been immeasurable, long term and without end, affecting families, spouses, relationships, loss of homes and assets, incredible loss of livelihood and the ability to experience joy and the enrichment of their family's lives – their lives and those of their families have been on hold, and they've suffered adjustment disorders, severe depression anxiety and stress; all as a result of the imposed mandates and adverse actions.

The immoral and unethical mandate decisions from respective fire service Employers, as well as State, Territory and Commonwealth Governing bodies has resulted in an immeasurable toll on our members; this is in the forms of acute and chronic psychological injuries and extends into physiological damages and social impacts.

We have members, and are also aware of an extensive array of Firefighters, sustaining life-altering and life-altering injuries and illnesses from the

Submission 7, p. 1. See below for evidence from the Therapeutic Goods Administration on COVID-19 vaccine adverse effects, including cases of deaths linked to vaccines.

⁷ Ms Deborah Hamilton, *Submission 7*, p. 1. See also Ms Hamilton's evidence in *Committee Hansard*, 2 May 2023, pp. 18–27.

⁸ Australian Medical Professionals' Society, *Submission 4*, p. 14.

mandated vaccines, including Myocarditis and/or Pericarditis, Rheumatoid arthritis, Blood clots and more.⁹

2.17 Coverse noted that many individuals had sought exemptions from being vaccinated, as they considered it a risk to pre-existing health conditions, or were worried about potential adverse effects. It was suggested these individuals faced significant barriers to obtaining exemptions, including:

- a reluctance of doctors to link COVID-19 vaccinations to adverse health effects experienced by patients;
- doctors' fear of potential repercussions from going against the set position on vaccines held by 'health profession regulators';
- health authorities rejecting exemptions issued by medical professionals; and
- exemptions being temporary, even for individuals with permanent health conditions.¹⁰

2.18 Mr Jay Vidanage, a lawyer representing many individuals in vaccination-related cases, claimed that vaccine mandates had created staff shortages in crucial sectors, including allegedly the current 'dangerously understaffed public health system'.¹¹

Human rights

2.19 Some stakeholders considered that the bills represented a positive step in supporting and strengthening human rights in Australia, suggesting that mandates had curtailed the rights of many individuals to not be vaccinated.¹²

2.20 For example, the AMPS understood the bills to be 'prioritising the individual's human rights before the interests of the state with the goal of defending and protecting individuals' human and workers' rights'.¹³

2.21 World of Wellness commented that the bills were 'consistent with the principles of medical ethics and human rights', and so represented:

...important steps towards ensuring that individuals are not discriminated against based on their vaccination status. They recognise that vaccination is a personal choice and that individuals should not be penalised for choosing not to be vaccinated, especially if there is strong evidence of a lack of safety

⁹ Australian Firefighters Alliance, *Submission 130*, p. 2.

¹⁰ Coverse, *Submission 3*, Attachment 1 ('Submission to the Australian Parliament Inquiry into Long Covid and Repeated Covid Infections'), pp. 13 and 14–15.

¹¹ Mr Jay Vidanage, *Submission 131*, p. 4

¹² For example, see: World of Wellness, *Submission 2*, p. 2; Australian Medical Professionals' Society, *Submission 4*, p. 3; Children's Health Defence, *Submission 6*, pp. 28–30; Canberra Declaration, *Submission 9*, pp. 8–9 and 33–34; Dr Monique O'Connor, *Submission 128*, pp. 4 and 34; and Australian Firefighters Alliance, *Submission 130*, p. 4. See a contrary view on the bills' implications for human rights later in this chapter.

¹³ Australian Medical Professionals' Society, *Submission 4*, p. 3.

and efficacy. Where preventive and early treatments are available, as is the case with Covid but denied to Australians, common sense and the precautionary principle dictate that these should be promoted as a priority over an experimental vaccine.¹⁴

Proposed amendments to the bills

2.22 Some submissions in favour of the bills proposed amendments to broaden or strengthen their provisions, including extending protections to all medical and health professionals, and addressing some potential unintended consequences.

More robust protections for health workers

2.23 Some evidence argued that the bills did not make sufficient provisions to protect the rights of workers in the health sector. For example, the AMPS commented:

...the drafting of these bills appears to allow broad discrimination by vaccination status through the exclusion of all Commonwealth, State and Territory employees, all frontline health and care workers and anyone deemed by an employer to require vaccinations as inherent for their employment. It is difficult to understand how these bills would affect vaccine health mandates and directives for AMPS members now or in future.¹⁵

2.24 Coverse expressed concern that the Prevention of Discrimination bill makes exceptions 'for certain employment settings (i.e. frontline health or care work)'. It explained that:

...it has been common for workers in such settings, who have been injured by a mandated vaccination, to not receive adequate medical care or financial assistance (including worker's compensation). It is also almost impossible for these employees to receive exemptions. Understanding that the social and political environment surrounding vaccination harms is discriminatory towards those who have been impacted is an essential component of determining the validity of mandates.¹⁶

2.25 AFL Solicitors noted the bills would not provide specific protections for health workers. Moreover, it argued that the FWA bill did not protect individuals that chose not to be vaccinated, should an employer deem vaccination as an 'inherent requirement' of their job. Accordingly, AFL Solicitors proposed amendments to both bills, so that:

- the Prevention of Discrimination bill includes provisions 'to protect Commonwealth, State and Territory employees, including all frontline health and care workers from COVID-19 vaccination status discrimination'; and

¹⁴ World of Wellness, *Submission 2*, p. 2.

¹⁵ Australian Medical Professionals' Society, *Submission 4*, p. 3. See also World of Wellness, *Submission 2*, p. 1.

¹⁶ Coverse, *Submission 3*, p. 5.

- the FWA bill includes a clear definition of ‘the term “inherent requirements” [and that this is] noted as a high threshold requirement in the Act to ensure no ambiguity causes mischief in the Fair Work Commission’.¹⁷

Unintended consequences of focussing on COVID-19 vaccines only

2.26 Coverse noted that the FWA bill provisions would specifically add protection against discrimination based on COVID-19 vaccination status, suggesting that this may ‘be rendered wholly obsolete within a short period of time’. The bill should, it was argued, include a broader protection of ‘vaccination status’, to ensure protection for any similar discriminatory issues stemming from refusal of any mandated vaccine in the future, not just those for COVID-19.¹⁸

2.27 This position was also articulated by the Children’s Health Defence:

Broadening the scope would ‘future proof the legislation so as to encompass discrimination based on as yet unknown, yet probable, other medical treatments promoted to persons for some new and purported threat to their health... [by] the following wording to be inserted in Section 4 wherever ‘Covid-19 vaccination’ occurs... ‘a Covid-19 vaccination **or any other medical treatment**’.¹⁹

2.28 On this matter, the Department of Employment and Workplace Relations (the department) confirmed it would be hard to predict the consequences of the restricted protection of the bills as currently drafted. Ms Sharon Huender, the Assistant Secretary of the WR Strategy Branch, explained:

...if you were to put in a protection specifically around the COVID-19 vaccination it would result in an anomaly where an employer could dismiss an employee for refusing another vaccination—for example, a flu shot if an employee works in an aged-care environment where they may have those are mandated. It throws up some anomalous outcomes there.²⁰

Opposition to the bills

2.29 The committee considered evidence opposing the bills on several grounds, including that:

- the majority of public health orders and workplace requirements regarding vaccines have been relaxed or removed, rendering the protections proposed by the bills redundant;
- the Fair Work Act already includes sufficient protections for workers rights; and

¹⁷ AFL Solicitors, *Submission 8*, pp. 27–28.

¹⁸ Coverse, *Submission 3*, p. 5.

¹⁹ Emphasis in original. Children’s Health Defence, *Submission 6*, p. 27.

²⁰ Ms Sharon Huender, Assistant Secretary, WR Strategy Branch, Department of Employment and Workplace Relations, *Committee Hansard*, 2 May 2023, p. 11.

- changes proposed in the bills could entrench an imbalance between community and individual rights.
- 2.30 In discussing the relaxation and removal of vaccine requirements, this section also briefly sets out evidence for the safety and effectiveness of vaccines, given that so many stakeholders in favour of the bills raised questions on these matters.

Relaxation or removal of vaccine requirements

- 2.31 The department's submission noted that all Australian jurisdictions had instated some form of health orders in response to the pandemic, but that most of these have been subsequently 'relaxed or entirely removed'.²¹ Given this, the department suggested that the amendments proposed by the bills were 'unnecessary':

In the absence of public health orders setting COVID-19 vaccine mandates in the workplace, the way in which the risk of COVID-19 in the workplace is managed becomes a matter for each individual workplace to determine, accounting for relevant workplace relations, discrimination, work health and safety, and privacy laws.

This will result in COVID-19 vaccination requirements in the workplace being treated in the same way as other vaccination requirements, such as for the flu or other infectious diseases, which are common requirements for some roles in industries such as aged care, childcare, healthcare, and roles with close contact with animals or animal products.

The department's view is that COVID-19 vaccinations should be treated in the same way as other vaccinations and that the amendments proposed by this Bill are therefore unnecessary.²²

- 2.32 The department noted at the time it made its submission, that the Australian Capital Territory (ACT), Victoria and Queensland still required COVID-19 vaccination for workers in some high-risk settings, such as aged care.²³

Safety and effectiveness of COVID-19 vaccines

- 2.33 The committee was interested in considering evidence relating to the safety and health protections of COVID-19 vaccines. This was particularly because some stakeholders questioned the benefits of mandates and health orders based on vaccines, if those vaccines did not completely prevent transmission—as set out earlier in this chapter.

²¹ Department of Employment and Workplace Relations, *Submission 1*, p. 3.

²² Department of Employment and Workplace Relations, *Submission 1*, p. 4.

²³ See: chapter 1 of this report, and Department of Employment and Workplace Relations, *Submission 1*, p. 4.

- 2.34 On the safety of vaccines, Professor Anthony Lawler, the Deputy Secretary of the Health Products Regulation Group of the Therapeutic Goods Administration (TGA), told the committee:

The TGA undertakes a number of actions to ensure the safety, efficacy and quality of the medications that are entered on to the Australian register of therapeutic goods. These include, obviously, premarket assessment... [including] the provisional approval pathway undertaken for these vaccines. We also undertake significant pharmacovigilance activities in the post market surveillance. This includes being fully aware and apprised of literature of varying levels of scientific rigour and incorporating them into our post market surveillance, as we search for signals. It also includes our significantly well-developed and well-subscribed reporting of adverse event process in Australia.²⁴

- 2.35 The TGA regularly publishes a *Covid-19 vaccine safety report*. The most recent report notes 68.5 million doses of COVID-19 vaccines have been administered in Australia, with just under 140 000 adverse effects reported. Most adverse effects were mild and transient symptoms, such as headache, muscle pain, fatigue and nausea, or skin reactions of swelling, redness and/or rash. However, the report noted that some adverse effects could be more serious, including ‘14 reports where the cause of death was linked to vaccination from 996 reports received and reviewed [with] no new vaccine-related deaths identified since 2022’, and no deaths of children or adolescents linked to vaccines.²⁵

- 2.36 Reflecting on the adverse effects of COVID-19 vaccines, Professor Lawler told the committee:

To 23 July 2023, there have been 139,270 adverse event reports for COVID-19 vaccines, which gives us a rate of two per 100,000. I think it is important to note that a number of features do hamper our ability to take those numbers as overall evidence of serious adverse events that are vaccine related. These include such issues as reporting capture. Obviously, it goes to the inclination of individuals to report those events. I want it to be very clear, Senator, that at the TGA we very much encourage the reporting by consumers or health professionals of adverse events that they believe follow a vaccination whether there is evidence or not that they are actually caused by the vaccine.²⁶

²⁴ Professor Anthony Lawler, Deputy Secretary, Health Products Regulation Group, Therapeutic Goods Administration, *Committee Hansard*, 3 August 2023, pp. 22–23.

²⁵ Therapeutic Goods Administration, [COVID-19 vaccine safety report–10-08-2023](#) (accessed 16 August 2023). Note: this report was published after the appearance of Professor Lawler before the committee, and figures he provided at that time were based on the safety report from late July 2023.

²⁶ Professor Anthony Lawler, Deputy Secretary, Health Products Regulation Group, Therapeutic Goods Administration, *Committee Hansard*, 3 August 2023, pp. 22–23.

- 2.37 Dr Krishan Thiru, the Country Medical Director of Pfizer Australia, told the committee that the findings of the TGA were consistent with those of other regulators globally:

This benefit-risk ratio of vaccination in all age groups in all populations continues to be strongly positive. Vaccination continues to be encouraged by health authorities globally, including in Australia. The most common adverse events that are seen are local reactions—a painful arm, some redness or swelling, some muscle aches and pains, maybe a fever or some fatigue or tiredness. We take all reports of adverse events seriously. We collect that information. We analyse that information. We communicate it to regulatory agencies such as the TGA. They've pooled that data from the safety data that they receive from other sources, be it from health care professionals, patients directly or state departments of health. Their conclusion is very consistent with conclusions of other regulatory agencies around the world. That is, that the benefit-risk ratio for vaccination remains strongly positive in all indications and all age groups for which it has been approved.²⁷

- 2.38 On the benefits of vaccination in the reduction of transmission, Dr Andrew Pengilley, Medical Officer 5 of the Medicines Regulation Division of the TGA, told the committee that:

You can look at transmission broadly in two ways. You can look at it as the effectiveness of the vaccine in preventing somebody getting COVID; if you do that, then you've prevented transmission to that person. Both in the clinical studies that have been submitted for registration and moreover in the literature now, there is an abundance of evidence that vaccination has the ability to prevent people from acquiring an infection of COVID however that is defined, whether you define it with symptomatic infection, serious infection or [not getting the disease]...²⁸

- 2.39 Dr Thiru of Pfizer outlined the value of vaccines in fighting COVID-19 transmission and effects:

Let me just say that the primary purpose of vaccination, the approved product label and the regulatory approvals in Australia and around the world were to prevent infection, prevent severe disease and prevent hospitalisation. That is what our clinical trial program sought to demonstrate. That is what was demonstrated. That was the evidence that was evaluated by regulatory agencies and by health authorities. That was the strong, robust clinical evidence that led to the approvals that were received in Australia and in many other countries.²⁹

- 2.40 Dr Rachel Dawson, Moderna's Executive Director of Medical Affairs, Respiratory Vaccines, commented that:

²⁷ Dr Krishan Thiru, Country Medical Director, Pfizer Australia, *Committee Hansard*, 3 August 2023, p. 8.

²⁸ Dr Andrew Pengilley, Medical Officer 5, Medicines Regulation Division, Therapeutic Goods Administration, *Committee Hansard*, 3 August 2023, pp. 27–28.

²⁹ Dr Krishan Thiru, Country Medical Director, Pfizer Australia, *Committee Hansard*, 3 August 2023, p. 3.

...COVID-19 vaccines were primarily designed to protect individuals from COVID-19 infection, so the disease, hospitalisations and deaths. They have actually very effectively done so. However, I can add that the COVE study, which was our large phase 3 study used for licensure of Spikevax early in the pandemic, demonstrated that vaccination with the primary series not only helped to prevent severe infections and mortality but also prevented milder and even asymptomatic infection. The importance of that is that prevention of asymptomatic infections can make an important contribution to reducing viral transmission.³⁰

Existing Fair Work Act provisions

2.41 Some evidence drew the committee's attention to existing protections in the Fair Work Act, arguing that these were already fit-for-purpose.

2.42 This was most comprehensively set out by the department's submission, which observed that, although discrimination falls primarily under Commonwealth and jurisdictional anti-discrimination laws, the Fair Work Act already contains:

- protections against discriminatory conduct on the grounds of protected attributes, namely: race, colour, sex, sexual orientation, breastfeeding, gender identity, intersex status, age, physical or mental disability, marital status, family or carer's responsibilities, pregnancy, religion, political opinion, national extraction, or social origin; and
- a prohibition on discriminatory terms in modern awards and enterprise agreements, and on the termination of employment for discriminatory reasons.³¹

2.43 The New South Wales Council for Civil Liberties (NSWCCL) also considered that current protections are sufficient:

In our view, section 351 of the [Fair Work Act] in its current form adequately affords protection to unvaccinated people (when balancing the right to be unvaccinated against the rights of the broader community), making the proposed FW Amendment Bill redundant.³²

2.44 Mr Josh Pallas of the NSWCCL drew out this theme, telling the committee he considered the bills unnecessary. He explained:

The status quo of work health and safety laws and employment laws are sufficient as they are. Employees are already protected, to a proportionate extent, from discrimination based on vaccination status if it's due to disability or to religious or political views.³³

³⁰ Dr Rachel Dawson, Executive Director of Medical Affairs, Respiratory Vaccines, Moderna, *Committee Hansard*, 3 August 2023, p. 20.

³¹ Department of Employment and Workplace Relations, *Submission 1*, pp. 4–5.

³² New South Wales Council for Civil Liberties, *Submission 4*, p. 4.

³³ Mr Josh Pallas, President, New South Wales Council for Civil Liberties, *Committee Hansard*, 2 May 2023, p. 4.

2.45 The department provided evidence that the addition of further protected attributes would add complexity to anti-discrimination laws, and therefore make them more difficult to navigate for employers and employees:

...the addition of COVID-19 vaccination status as a protected attribute in the FW Act... would be likely to increase what is already a complex area of law.

In addition, the proposed amendments could cause confusion for employers as to whether they can use COVID-19 vaccination mandates as a control measure to manage the risk of COVID-19 in the workplace and meet their duty of care under work health and safety laws.³⁴

2.46 Additionally, it was noted that the bills may cause some discrepancies between Commonwealth and jurisdictional anti-discrimination frameworks.

2.47 For example, the NSWCCCL's submission expressed concern that the bills would 'override other laws' of the Commonwealth, and states and territories', and would be contradictory to the current anti-discrimination framework.³⁵

2.48 Mr Stephen Still, the Assistant Secretary of the Employment Standards Branch noted that the FWA bill's amendments would be 'unusual' and unpredictable in its potential effects:

...ordinarily, the prohibition against discrimination in section 351(1) is limited by circumstances that are not unlawful under a state or territory law. That exemption applies to all of the existing protected attributes. The proposal in this bill is that it not be included. The result of that is that the protected attribute for COVID-19 vaccination would have many fewer exemptions. One of the consequences of that is it's difficult to know whether the prohibition will always apply in appropriate circumstances. By the same token, the prohibition will have some of the features of the existing protection. For example, the prohibition would include the existing exemption for inherent requirements of the job. In the context of some of the disputes that have arisen about COVID-19 vaccination it has frequently been the case that the Fair Work Commission has found dismissals were justified because vaccination was an inherent requirement of the role. It's very difficult to say precisely what the impact of the provisions would be. To be honest, it's a little bit unpredictable. It would certainly be the first time we've put in place a protective attribute that is so narrow in scope.³⁶

A potential 'imbalance' in human rights

2.49 The NSWCCCL submitted that it supports the right of individuals to choose whether to receive a vaccine, and acknowledged there were valid reasons for vaccine refusal, including medical and religious reasons. However, it noted that

³⁴ Department of Employment and Workplace Relations, *Submission 1*, pp. 5–6.

³⁵ Noting particularly section 12 of the Prevention of Discrimination bill. See, New South Wales Council for Civil Liberties, *Submission 4*, p. 5.

³⁶ Mr Stephen Still, Assistant Secretary, Employment Standards Branch, Department of Employment and Workplace Relations, *Committee Hansard*, 2 May 2023, pp. 10–11.

the broader community is ‘deserving of the greatest level of health and wellbeing available’, including that:

- employers and businesses—being able to provide safe workplaces under federal and jurisdictional work health and safety laws;
- employees and other workers—having the right to safe workplaces under the same laws; and
- the vulnerable and at-risk (including immunocompromised)—being protected from infection and adverse health effects of COVID-19.³⁷

2.50 The bills would, the NSWCCCL argued:

...allow an imbalance between the important task of protecting the choice to be unvaccinated and protecting the wider community from infections of COVID-19. Where human rights may come into conflict or become restricted, consideration must be given to whether that restriction is reasonable, necessary and proportionate.

In our view, the importance of the rights of the broader community (ie right to life, right to health) outweigh the individual’s rights that the proposed Bills are seeking to protect.³⁸

2.51 The NSWCCCL concluded that:

...the Bills unreasonably and disproportionately protects the unvaccinated at the expense of the rights of other members of the community. Based on the generally accepted medical science, the Bills are incompatible with human rights.³⁹

Committee view

2.52 The committee recognises that the COVID-19 pandemic has been very difficult for many Australians, and expresses its appreciation to the individuals that shared their experiences in submissions, as well as the organisations and individuals that took the time to provide evidence at hearings.

2.53 However, the committee has serious reservations about these bills on several grounds, not only that they seem unnecessary, but also that they would not enhance existing Australian laws protecting workplace and human rights.

2.54 The committee notes that most of the health and workplace restrictions that were put in place over the pandemic have now been relaxed or removed by governments and workplaces. On this ground alone, it seems to the committee that the provisions of the bills are unnecessary.⁴⁰

³⁷ New South Wales Council for Civil Liberties, *Submission 5*, p. 3.

³⁸ New South Wales Council for Civil Liberties, *Submission 5*, p. 7.

³⁹ New South Wales Council for Civil Liberties, *Submission 5*, p. 3.

⁴⁰ Department of Employment and Workplace Relations, *Submission 1*, p. 4.

- 2.55 The committee also considered the safety and effectiveness of COVID-19 vaccines, in particular the evidence set out by the TGA on the benefit of vaccinations to both individuals and the community more broadly. This reassured the committee that vaccines were a necessary tool to reduce transmission of the disease, as well as the mitigation of its severity.
- 2.56 On the potential effects of the bills, the committee considers that the implementation of their provisions would not enhance the health and workplace protections currently available to all Australians, as they could weaken our current workplace anti-discrimination protections, and risk existing Commonwealth and jurisdictional human rights frameworks.
- 2.57 In particular, the committee noted the anti-discrimination provisions already included in the Fair Work Act, which provides protection from discrimination based on vaccination status resulting from a disability or religious views, among other protections.
- 2.58 The committee also notes that some evidence, including from the department, highlighted potential areas of uncertainty between Commonwealth and jurisdictional workplace frameworks that could be created by implementation of the bills, including the 'unusual' and 'unpredictable' provisions of the FWA bill.
- 2.59 Even supporters of the bills were concerned about the bills enshrining an imminently redundant protected attribute in the Fair Work Act for COVID-19 vaccine status.
- 2.60 Lastly, on the bills' potential effects on human rights, the committee concurs with the view of the NSWCCCL that the bills could cause an 'imbalance between the important task of protecting the choice to be unvaccinated and protecting the wider community from infections of COVID-19'.⁴¹
- 2.61 On these grounds, the committee recommends that the Senate not pass the bills.

Recommendation 1

- 2.62 It is recommended that the Senate not pass the bills.**

Senator Tony Sheldon
Chair

⁴¹ New South Wales Council for Civil Liberties, *Submission 5*, p. 7.

Dissenting Report

COVID-19 vaccination mandates continue to hurt Australian families

- 1.1 The COVID-19 pandemic saw unprecedented government powers used to try to protect Australians, these included lockdowns, travel restrictions and the cancellation of events. While all of these restrictions have ended, vaccine mandates remain. For those locked out of work due to vaccine mandates, the coronavirus pandemic is not over.
- 1.2 The Fair Work Amendment (Prohibiting COVID-19 Vaccine Discrimination) Bill 2023 (the bill) amends Australia's workplace laws to make it illegal for an employer to discriminate against someone because of their COVID-19 vaccination status. The Bill provides that a person's 'COVID-19 vaccination status' cannot be used by an employer to take 'adverse action' against an employee or prospective employee. Such 'adverse action' includes not hiring a prospective employee, dismissing an employee, and altering the position of the employee to the employee's prejudice.¹
- 1.3 In effect, this bill would ensure that someone could not be sacked, or denied employment, due to whether or not they have had a COVID-19 vaccine, similar to how someone cannot unreasonably discriminate against someone based on their sex, marital status, race and other reasons.
- 1.4 COVID-19 vaccine mandates did nothing to materially stop the spread of coronavirus in Australia. Their continuing imposition, however, causes massive heartache for the people who are denied the fundamental right to provide for their families. They also exacerbate the workforce shortages that are crippling the provision of health and other essential services for Australians.
- 1.5 Vaccine mandates were never a good idea but they are now well past their use by date and should be removed.

Response to the bill

- 1.6 Of the 132 public submissions and 281 confidential submissions received for this inquiry, opposition to these two bills came from a small number, some indicating that the bills did not go far enough in preventing vaccination discrimination.²

¹ Fair Work Amendment (Prohibiting COVID-19 Vaccine Discrimination) Bill 2023, *Explanatory Memorandum*, p. 1.

² Note: the Fair Work Amendment (Prohibiting COVID-19 Vaccine Discrimination) Bill 2023 was referred to the committee for inquiry alongside a private senator's bill introduced by Senator Pauline Hanson, the COVID-19 Vaccination Status (Prevention of Discrimination) Bill 2022.

- 1.7 Coverse, in its submission, argued for the inclusion of broader protection of ‘vaccination status’, to ensure protection for any similar discriminatory issues stemming from refusal of any mandated vaccine in the future, not just those for COVID-19.³
- 1.8 A contrary view was expressed by the New South Wales Council of Civil Liberties (NSWCCL) stating that:
- ...the Bills unreasonably and disproportionately protect the unvaccinated at the expense of the rights of other members of the community. Based on the generally accepted medical science, the Bills are incompatible with human rights.⁴
- 1.9 NSWCCL goes on further to state that the bills:
- ...could cause an ‘imbalance between the important task of protecting the choice to be unvaccinated and protecting the wider community from infections of COVID-19.’⁵
- 1.10 Public sector bureaucracies (most notably state health and education systems) continue to pursue sanctions and penalties against workers who did not obey vaccine mandates—in some cases despite the fact the mandates in question have been lifted.

Human right to work

- 1.11 There is a well-established human right to work. Australia has been a signatory to the *International Covenant on Economic, Social and Cultural Rights* (ICESCR) since 1972. Article 6 (1) of the ICESCR states that:
- The States Parties to the present Covenant recognize the right to work, which includes the right of everyone to the opportunity to gain his living by work which he freely chooses or accepts, and will take appropriate steps to safeguard this right.⁶
- 1.12 The imposition of vaccine mandates restricted the basic right of a person to work and provide for his or her living.
- 1.13 The Department of Employment and Workplace Relations (the department) stated in its submission that:
- ...the addition of COVID-19 vaccination status as a protected attribute in the FW Act ... would be likely to increase what is already a complex area of law.⁷

³ Coverse, *Submission 3*, p. 5.

⁴ New South Wales Council for Civil Liberties, *Submission 5*, p. 3.

⁵ New South Wales Council for Civil Liberties, *Submission 5*, p. 7.

⁶ United Nations, [International Covenant on Economic, Social and Cultural Rights](#), Part 3, Article 6(1).

⁷ Department of Employment and Workplace Relations, *Submission 1*, p. 5

- 1.14 However, avoiding complexity in law is not a legitimate reason to restrict someone's basic human rights. Australia has traditionally taken its human rights obligations seriously. Arguing that we cannot protect a human right because it would make our laws too complex is not consistent with our good human rights record.
- 1.15 A restriction of someone's right to work can only be justified if it is made to help protect some other human right. In this case, the only possible justification to restrict someone's right to work would be if it was necessary to protect someone's right to life.
- 1.16 Those who supported vaccine mandates argued in favour of them because they believed that they would help limit or stop the spread of coronavirus and therefore potentially save lives. For example, on 15 September 2021, the then-Premier of New South Wales, Gladys Berejiklian, said:
- Remember that people might say well if you're not vaccinated, that's on you and you might get sick—well, no. Unvaccinated people spread the disease more readily. So if you're in a venue or somewhere and there's unvaccinated people [you have] more chance of contracting the disease from them because they don't have that protection.⁸
- 1.17 In January 2022, the Premier of Victoria, Daniel Andrews, said:
- At the moment two doses are protecting the vast majority of people from serious illness, but it's only with three doses that you'll be prevented, not just from serious illness but from getting this virus, this Omicron variant, and therefore giving it to others.⁹
- 1.18 The key question then is whether the coronavirus vaccines do in fact stop or significantly restrict the transmission of the virus such that lives are saved. Without this test being met there is no justification for someone's right to work to be limited.

Do the vaccines stop or significantly reduce transmission?

- 1.19 It is patently clear that coronavirus vaccines have not stopped the transmission of the virus. In August 2021, Australian governments commissioned modelling that in part looked at how coronavirus would spread in Australia at different rates of vaccination. The modelling was conducted by the Doherty Institute.
- 1.20 The Doherty modelling predicted higher vaccination rates would lead to fewer coronavirus cases. At an 80 per cent vaccination rate the Doherty modellers predicted that there would be 280 000 coronavirus cases in Australia in the

⁸ Frank Chung, [Yes, they claimed the vaccines would prevent transmission](#), news.com.au (accessed 25 August 2023).

⁹ [Extract of press conference by Dan Andrews, Premier of Victoria](#), tweeted by @grantfisher, 11 January 2022 (accessed 25 August 2023).

six months after lockdowns and border restrictions were removed. The actual record showed that Australia recorded 5.9 million cases of coronavirus cases six months after restrictions were removed.

1.21 The science clearly demonstrated that the hypothesis of the Doherty modelling—that higher rates of vaccination would limit the spread of coronavirus—was wrong.

1.22 This should not have been a surprising conclusion given that there was never much evidence that the vaccines stopped transmission. Under questioning from this Committee Pfizer admitted that:

The BNT162b2 (Comirnaty) trials were not designed to evaluate the vaccine's effectiveness against transmission of SARS-CoV-2.¹⁰

1.23 If the vaccines were not tested in regards to transmission, how did authorities confidently say that a vaccine would help stop transmission?

1.24 As the Australian Medical Professions Society (AMPS) stated in its submission:

The vaccines were never tested for any alleged effectiveness in stopping transmission of Covid-19 from person to person. Any efficacy wanes quickly. Revelation of these facts demonstrates that the control measure fails to accomplish the goal of stopping the spread of Covid-19. Health Directives and orders were justified on the grounds of stopping or reducing community spread or transmission; there was no available evidence then or now that showed the vaccines could achieve such a goal. We consequently believe it is reasonable to demand health professionals have access to the health advice that forms the basis of what the government or an employer deems 'a reasonable and justified requirement of the job.' Government data indicate very few health care employees meet the current definition of fully vaccinated.¹¹

1.25 AMPS asserted there was ample evidence available at the time mandates were legislated to clearly indicate the risk of harm to employees from these unsafe and ineffective control measures.

Now, there is even more such evidence available. Health care workers should not be excluded from the anti-discrimination bill and any medical procedure deemed an inherent requirement for employment through the Fair Work Act must be fully approved and proven beyond reasonable doubt safe and effective.¹²

¹⁰ Response to Question on Notice taken by Pfizer at the Education and Employment Legislation Committee, *Committee Hansard*, 3 August 2023.

¹¹ Australian Medical Professions Society, *Submission 4*, p. 3.

¹² Australian Medical Professions Society, *Submission 4*, pp. 3–4.

- 1.26 Notwithstanding the lack of testing, on 1 April 2021, the Pfizer CEO tweeted:
- Excited to share that updated analysis from our Phase 3 study with BioNTech also showed that our COVID-19 vaccine was 100% effective in preventing #COVID19 cases in South Africa. 100%!¹³
- 1.27 In its response to the Committee, Pfizer claimed that:
- There are a number of independent real-world data studies which have reported some benefit of COVID-19 vaccination on reduction of disease transmission. This benefit has differed based on the variant that was dominant during the study periods.¹⁴
- 1.28 However, Pfizer did not reference any of these studies and, in any case, Pfizer admitted that:
- As per the World Health Organisation, there could be a modest impact on transmission for the mRNA vaccines.¹⁵
- 1.29 A claim that there ‘**could** be a **modest** impact on transmission’ is hardly a ringing endorsement of the effectiveness of vaccines. And, it is well short of the kind of evidence that should be required to violate the fundamental human right to work and provide for one’s family.
- 1.30 In addition, while the Pfizer CEO strongly promoted the earlier view that vaccines were ‘100% effective’, Pfizer could not point the committee to any other statement it had made which updated this conclusion as per the World Health Organisation (WHO) advice that vaccines could have only a modest impact on transmission.
- 1.31 Of all the restrictions imposed during the COVID-19 pandemic, the imposition of vaccine mandates is perhaps the one that has been imposed with the flimsiest of evidence and caused the greatest degree of harm.
- 1.32 Whatever the views people had at the time of the rollout of the vaccines, it is now abundantly clear that the vaccines do not significantly reduce the transmission of coronavirus. The only thing that seems to be keeping vaccine mandates around is a stubborn refusal to admit a mistake.
- 1.33 While we cannot correct the mistakes made during the pandemic we should be courageous enough to admit where things went wrong and correct our decisions as soon as possible. Those who continue to be out of work because of vaccine mandates deserve this at the very least.

¹³ [Tweet by @AlbertBoula](#), 2 April 2021 (accessed 25 August 2023).

¹⁴ Answer to questions taken on notice at a public hearing in Canberra on 3 August 2023, by Pfizer, answers received on 18 August 2023, p. 1.

¹⁵ Answer to questions taken on notice at a public hearing in Canberra on 3 August 2023, by Pfizer, answers received on 18 August 2023, p. 1.

The ongoing impact of vaccine mandates

1.34 While most vaccine mandates have been lifted, there remains mandates across some industries including in both the public and private sectors.

1.35 As the department stated in its submission to the committee:

The Australian Capital Territory, Victoria, and Queensland still require COVID-19 vaccination in some high-risk settings, such as for aged-care workers.¹⁶

1.36 In addition, a number of private employers continue to impose vaccine mandates and people continue to have their employment impacted by coronavirus vaccine mandates. The Fair Work Commission revealed to the committee that it has received 4250 applications related to vaccines.¹⁷ These applications were covered issues across six categories including unfair dismissal claims; unlawful termination claims; general protections disputes; applications for orders to stop bullying at work; stand down disputes, and dispute notifications under a modern award or enterprise agreement.

1.37 The committee received many submissions from people that continue to be impacted by vaccine mandates, although many of these were from people who wished to remain anonymous for obvious reasons:

There is now a process underway where my original employer is being taken over by a larger organisation. This larger organisation has taken on all employees, including remote employees, as it intends for the original business to continue in its same form so as to provide the same services to their larger client base.

My position was also to continue however my conditions have changed in that vaccine is now mandated for me as a remote worker.

As such, I have been told my employment will be terminated as of 30th April 2023 as I am now deemed a safety risk to the employees and members of the incoming organisation.¹⁸

1.38 The committee has heard heartbreaking stories of long-serving and highly qualified nurses, teachers, police, ambulance, emergency services officers (and volunteers), childcare workers, aged care workers, disability care workers, hospitality workers, pilots, and flight attendants—all being turned away, stood down, asked to show cause why they should keep their job and ultimately sacked.

¹⁶ Department of Employment and Workplace Relations, *Submission 1*, p. 4.

¹⁷ Ms Katherine Chaffner, Acting Executive Director, Communications, Legal and Organisations Branch, Fair Work Commission, *Committee Hansard*, 2 May 2023.

¹⁸ Name withheld, *Submission 69*, p. 1.

- 1.39 Many submissions contained personal stories from nurses and aged-care workers with varying levels of experience, about losing their jobs when mandates were instituted across the country.

I was working as an AIN (assistant in nursing) on Stroke/Neuroscience ward at one of the private hospitals in since February 2009. I loved my job, helping people, being there to support them when they are most vulnerable. I loved providing high quality of care to patients and making a difference in their hospital stay.

I remember to this day when the Covid-19 vaccines were made to be mandatory in the health care system.

I was given an ultimatum, to either take the vaccine or I lose my job. Initially I have requested to go on long service leave to think about it all, which was rejected. A request letter was written to HR, but my request has fallen on deaf ears.¹⁹

- 1.40 And in another submission:

As a health professional who has lost my job due to the vaccine mandate implemented in response to the COVID-19 pandemic, I am writing to express my concerns and share my experience.

First and foremost, I want to acknowledge the severity of the pandemic and the importance of taking measures to control its spread. However, the vaccine mandate has resulted in the loss of my livelihood and those of many of my colleagues who are also dedicated healthcare professionals.

As someone who has worked in the healthcare industry for 20+ years, I understand the importance of vaccines in protecting public health. I have administered countless vaccines throughout my career and encouraged others to get vaccinated. However, mandating vaccines as a condition of employment is a violation of my personal choice and bodily autonomy.²⁰

Worker shortages

- 1.41 In addition to the impact on peoples' livelihoods, vaccine mandates have exacerbated skills shortages in critical sectors like health, education, retail and hospitality, police and emergency services. These strains are being felt by the workers who still work in the industry, as outlined in an anonymous submission to the inquiry:

I am a healthcare worker with 16 years of experience in acute healthcare and healthcare management. Since December 2021 I have fought to continue to practice and continue to contribute during an unprecedented time of pressure and strain on the health service as a result of being unwilling to comply with mandatory vaccination to COVID-19 as exists in my jurisdiction.

¹⁹ Name withheld, *Submission 82*, p. 1.

²⁰ Ben Fealy, *Submission 22*, p. 1.

Unfortunately pressures on an already strained health workforce were and continue to be greatly exacerbated nationally by COVID-19 vaccine mandates and discrimination. I have personally seen the effects of the mandates across my state with significant numbers of healthcare workers who with great personal anguish have elected for early retirement, have reluctantly resigned, or have been forced into misconduct processes with their employers, often resulting in termination as a result of their unwillingness to take these experimental vaccines. Although some healthcare workers happily and voluntarily elected to take these vaccines, I am also personally aware of many healthcare workers who were vaccinated who would not have had these vaccinations and boosters unless they had been mandated as a condition of their ongoing employment. Their primary reasons for compliance being that they did not want to lose their well-established career with the prospect of never being able to work in health again, or be unable to sustain the financial hardship suffered from being unable to practice / work, resulting in having to sell their family homes.²¹

- 1.42 These are not the only industries that the committee received submissions about, but considering the critical shortages being faced in these sectors, ensuring that the COVID-19 vaccines do not continue to be mandated is essential to increase the pool of experienced, and new workers into these areas.

Safety concerns

- 1.43 Given the urgency presented by the pandemic, governments prioritised the need to find a way to reduce the risk and transmission of COVID-19. Multiple vaccines were developed in a condensed timeframe to combat the virus. This resulted in a more truncated timeframe for safety and effectiveness testing than would otherwise typically have been required for new drugs to receive approval.
- 1.44 With the benefit of hindsight, we are now aware that the vaccines are not as safe as initially thought when they were first 'approved' for widespread use.
- 1.45 This has resulted in some vaccines no longer being approved for use by the Therapeutic Goods Administration (TGA), like the AstraZeneca vaccine, widely used in 2020-21, being delisted on 21 March 2023.
- 1.46 Safety concerns were the predominant reason, outlined in many submissions to this inquiry, why people did not want to get vaccinated.
- 1.47 A lack of understanding of the difference in status and effectiveness of the COVID-19 vaccination was evident in several submissions.

The department's view is that COVID-19 vaccinations should be treated in the same way as other vaccinations and that the amendments proposed by this Bill are therefore unnecessary.²²

²¹ Name withheld, *Submission 62*, p. 1.

²² Department of Employment and Workplace Relations, *Submission 1*, p. 4.

- 1.48 There have been many reports of adverse reactions, some unfortunately causing death, directly attributed to the COVID-19 vaccine. The committee heard from Ms Deborah Hamilton about the tragic circumstance of the death of her daughter:

My name is Deborah Hamilton and my healthy 21 year old daughter Natalie Boyce died from the Moderna vaccine on the 27/03/22. She is recognised as the 14th death in Australia by the Therapeutic Goods Association from the vaccine.

My daughter's workplace was mandated to have all employees have the vaccine as per Daniel Andrews and the Victorian Government rules. Deakin University where she was studying also mandated vaccines to attend. Natalie only had this vaccine to follow these rules so she could continue to work and study.²³

- 1.49 The committee also heard from Ms Hamilton that when a death was determined to be as a result of the vaccine, the direct family was not notified about the cause of death, but rather learned this information from a public report available on the TGA website:

It was 23 September. If you go on the media release report—I think it is safety vaccine report—they say 'a female in her 20s'; they don't say '21-year-old'. It is just one little paragraph and it says they did an independent safety panel and that is how I discovered it online... I was not told. When I read it I was told. But when they had a meeting after the newspaper article with me, they then blamed the coroner's office—that they should have communicated it to me.²⁴

- 1.50 This tragedy was made worse by the lack of action from the government scheme set up to help compensate victims of adverse vaccine events.

The TGA told me to do it (seek compensation via the government scheme) when I did have that meeting and they gave me the dedicated director of complex claims... I have sent follow-up emails but he just ignores them...I sent him an email saying, 'Can you advise what is happening with this?' and he won't respond.²⁵

- 1.51 Serious concerns about safety and being unable to access any form of compensation if the vaccine results in the person being unable to continue to work means that people are less likely to get vaccinated, increasing the pool of people who will not want to be vaccinated.
- 1.52 The committee also received many submissions from people who had valid medical exemptions for not receiving the vaccine, including from those who had an adverse reaction to the first dose which prevented them from having a second dose.

²³ Ms Deborah Hamilton, *Submission 7*, p. 1.

²⁴ Ms Deborah Hamilton, Private capacity, *Committee Hansard*, 2 May 2023, p. 26.

²⁵ Ms Deborah Hamilton, Private capacity, *Committee Hansard*, 2 May 2023, p. 25.

I had my first dose of Pfizer on the 19th December 2021. The only reason I did this was because I am a teacher, and it was mandated by the Department of Education (under Public Health Order of NSW Government) that all staff were required to have 2 doses of the vaccine and show proof of being vaccinated to be permitted to return physically to school premises. About one week later I developed a severe blistering body rash. I also experienced heart palpitations, nausea, numbness and tingling on the left side of my body. On the 1st January 2022 I went to the emergency department of Concord Hospital. The doctor in the emergency ward did note after consultation with a dermatologist, that the vaccine was most likely the cause. From here I was referred to a cardiologist, dermatologist and immunologist... After several consultations with the immunologist, it was recommended that no further vaccination (from any of the 4 manufacturers) be conducted due to high risk of further reactions. The immunologist also commented that even if I were to get Covid, it would be very unlikely I would be hospitalised due to my good health condition and age. The immunologist then gave me a medical contraindication (IM011) and an accompanying letter to explain everything to my principal. He also noted that he would be happy to clarify any questions my principal may have. The principal never contacted the immunologist. I was very transparent with the school regarding my vaccine injury and gave the school all relevant paper as soon as I received it. I did everything needed to meet the Public Health Order for teachers in place at the time. Despite all of this I was not allowed to return to work... Not only was I required to show proof of receiving two doses of the vaccine, when I did present my medical contraindication, it was rejected, and I was terminated.²⁶

Conclusion

- 1.53 COVID-19 vaccination mandates were brought in under the justification that the vaccinations would reduce the spread of the virus, a claim which we now know was not based on evidence.
- 1.54 As the global population became vaccinated and growing evidence became available that the vaccine did not stop transmission, there should have been a rollback of the policy, especially as evidence of more serious safety concerns also became known.
- 1.55 People should have the right to be able to work and provide for themselves and their family without undue coercion, and without mandating a vaccine with growing evidence of safety issues.
- 1.56 Australian governments' reluctance to acknowledge their mistakes in this regard continues to cause unnecessary distress for Australian families, leaving many sectors without experienced staff.
- 1.57 These ongoing vaccine mandates have no scientific justification, a view now backed up by Australia's former Chief Health Officer, and Secretary of the Department of Health. On 1 June 2023, during Senate Estimates hearings,

²⁶ Name withheld, *Submission 68*, p. 1.

Professor Brendan Murphy, was asked about the need for ongoing COVID-19 vaccine mandates, responding that:

At this stage in the pandemic there is little justification for vaccine mandates. We have a highly vaccinated population... In some healthcare settings early on, particularly when the risk of transmission was high—and the vaccines, in the early phase, did prevent transmission—I think they were proportionate. Personally—I am not speaking for the government; I’m speaking as a clinician—I think the proportionality of vaccine mandates is no longer justified.²⁷

- 1.58 It is not over for the many thousands of Australians who remain locked out of their jobs by COVID-19 vaccine mandates. Public sector bureaucracies (including health, education, police and fire services) continue to pursue sanctions and penalties against workers who did not obey vaccine mandates—in some cases despite the fact the mandates in question have been lifted.
- 1.59 There is absolutely no evidence for the continuation of COVID-19 vaccine mandates. This vaccine mandate madness protects no-one’s health because it has been demonstrated beyond doubt the mandated COVID-19 vaccines are not preventing transmission or infection.
- 1.60 We must defend and protect individual’s human and workers’ rights. Public and private sector employers are ignoring the evidence against unjustified vaccine mandates.
- 1.61 A clear message needs to be sent that unreasonable directions that infringe on workers’ rights have no place in Australian workplaces. Any business that sacks someone for not getting a coronavirus vaccine now should be guilty of unfair dismissal.

Recommendation 2

- 1.62 That the Senate pass the Fair Work Amendment (Prohibiting COVID-19 Vaccination Discrimination) Bill 2023 to ensure that Australians are not discriminated against for choices about their own health.**

²⁷ Senate Community Affairs Legislation Committee, *Estimates Transcript*, 1 June 2023, p. 131

Senator Matt O'Sullivan
Deputy Chair
Liberal Senator for Western Australia

Senator the Hon Matthew Canavan
LNP Senator for Queensland

Senator Gerard Rennick
LNP Senator for Queensland

Senator Alex Antic
Liberal Senator for South Australia

Senator Ralph Babet
UAP Senator for Victoria

Appendix 1

Submissions and Additional Information

- 1 Department of Employment and Workplace Relations
- 2 World Of Wellness International Limited
- 3 COVERSE
 - Attachment 1
- 4 Australian Medical Professionals' Society
- 5 New South Wales Council for Civil Liberties
- 6 Children's Health Defense - Australia Chapter
- 7 Ms Deborah Hamilton
- 8 AFL Solicitors
 - Attachment 1
 - Attachment 2
 - Attachment 3
 - Attachment 4
- 9 Canberra Declaration
- 10 Mr John Angelico
- 11 Mrs Sarah Ryan
- 12 Ms Katherine Eagles
- 13 Mr Peter Ray
- 14 Jakin Smith
- 15 Ron Grant
 - Attachment 1
- 16 Lynda Mayers
- 17 Alex Malancioiu
- 18 Carole Hubbard
- 19 Theresa Goulson
- 20 Associate Professor Mike Sladden
- 21 Joyce Knights
- 22 Ben Fealy
- 23 Michael Kowalik
- 24 *Name Withheld*
- 25 *Name Withheld*
- 26 *Name Withheld*
- 27 *Name Withheld*
- 28 *Name Withheld*
- 29 *Name Withheld*
- 30 *Name Withheld*
- 31 *Name Withheld*

32 *Name Withheld*
33 *Name Withheld*
34 *Name Withheld*
35 *Name Withheld*
36 *Name Withheld*
37 *Name Withheld*
38 *Name Withheld*
39 *Name Withheld*
40 *Name Withheld*
41 *Name Withheld*
42 *Name Withheld*
43 *Name Withheld*
44 *Name Withheld*
45 *Name Withheld*
46 *Name Withheld*
47 *Name Withheld*
48 *Name Withheld*
49 *Name Withheld*
50 *Name Withheld*
51 *Name Withheld*
52 *Name Withheld*
53 *Name Withheld*
54 *Name Withheld*
55 *Name Withheld*
56 *Name Withheld*
57 *Name Withheld*
58 *Name Withheld*
59 *Name Withheld*
60 *Name Withheld*
61 *Name Withheld*
62 *Name Withheld*
63 *Name Withheld*
64 *Name Withheld*
65 *Name Withheld*
66 *Name Withheld*
67 *Name Withheld*
68 *Name Withheld*
69 *Name Withheld*
70 *Name Withheld*
71 *Name Withheld*
72 *Name Withheld*
73 *Name Withheld*
74 *Name Withheld*

75 *Name Withheld*
76 *Name Withheld*
77 *Name Withheld*
78 *Name Withheld*
79 *Name Withheld*
80 *Name Withheld*
81 *Name Withheld*
82 *Name Withheld*
83 *Name Withheld*
84 *Name Withheld*
85 *Name Withheld*
86 *Name Withheld*
87 *Name Withheld*
88 *Name Withheld*
89 *Name Withheld*
90 *Name Withheld*
91 *Name Withheld*
92 *Name Withheld*
93 *Name Withheld*
94 *Name Withheld*
95 *Name Withheld*
96 *Name Withheld*
97 *Name Withheld*
98 *Name Withheld*
99 *Name Withheld*
100 *Name Withheld*
101 *Name Withheld*
102 *Name Withheld*
103 *Name Withheld*
104 *Name Withheld*
105 *Name Withheld*
106 *Name Withheld*
107 *Name Withheld*
108 *Name Withheld*
109 *Name Withheld*
110 *Name Withheld*
111 *Name Withheld*
112 *Name Withheld*
113 *Name Withheld*
114 *Name Withheld*
115 *Name Withheld*
116 *Name Withheld*
117 *Name Withheld*

- 118 *Name Withheld*
- 119 *Name Withheld*
- 120 *Name Withheld*
- 121 *Name Withheld*
- 122 *Name Withheld*
- 123 *Name Withheld*
- 124 *Name Withheld*
- 125 *Name Withheld*
- 126 *Name Withheld*
- 127 Dr Irena Zdziarski
- 128 Dr Monique O'Connor
- 129 Prof Geoff Forbes
- 130 Australian Firefighters Alliance
- 131 Mr Jay Vidanage
- 132 Red Union Support Hub

Answer to Question on Notice

- 1 Answer to questions taken on notice at a public hearing in Canberra on 2 May 2023, by the NSW Council for Civil Liberties; answer received 16 May 2023.
- 2 Answers to questions taken on notice at a public hearing in Canberra on 2 May 2023, by the Department of Employment and Workplace Relations; answers received 24 May 2023
- 3 Answers to questions taken on notice at a public hearing in Canberra on 2 May 2023, by the Fair Work Commission; answers received 24 May 2023
- 4 Answers to questions taken on notice at a public hearing in Canberra on 2 May 2023, by the Fair Work Ombudsman; answers received 24 May 2023
- 5 Answers to questions taken on notice at a public hearing in Canberra on 3 August 2023, by the Therapeutic Goods Administration, answers received 17 August 2023
- 6 Answers to questions taken on notice at a public hearing in Canberra on 3 August 2023, by Moderna, answers received 17 August 2023

Form Letters

- 1 Example of letter (with variations) received from 22 individuals
- 2 Example of letter (with variations) received from 2 individuals

Tabled Documents

- 1 Elsevier Article on adverse events following COVID-19 Vaccination in adults. Tabled on 3 August 2023 by Senator Alex Antic
- 2 Pfizer web page article on Gene Therapy. Tabled on 3 August 2023 by Senator Gerard Rennick

- 3 Nonclinical evaluation report on the Comirnaty vaccine by the TGA. Tabled on 3 August 2023 by Senator Gerard Rennick.
- 4 WA Vaccine Safety Surveillance - Annual Report 2021. Tabled on 3 August 2023 by Senator Gerard Rennick.

Appendix 2

Public Hearings and witnesses

Tuesday, 2 May 2023

Committee Room 2S3

Parliament House

Canberra

NSW Civil Liberties Council (via videoconference)

- Mr Josh Pallas, President

Department of Employment and Workplace Relations

- Ms Sharon Huender, Assistant Secretary, Employment Conditions Division
- Mr Stephen Still, Assistant Secretary, Workplace Relations Legal
- Ms Elizabeth de Hoog, A/g Assistant Secretary, Safety and Industry Policy Division

Ms Deborah Hamilton, Private capacity

Fair Work Commission

- Mr Murray Furlong, General Manager
- Ms Katherine Scarlett, A/g Executive Director, Client Services Delivery Branch
- Ms Joelle Leggett, Executive Director, Tribunal Support Branch
- Ms Katherine Schaffner, A/g Executive Director, Communications, Legal and Organisations Branch

Fair Work Ombudsman (via videoconference)

- Ms Sandra Parker, Ombudsman
- Mrs Rachel Volzke, A/g Deputy Fair Work Ombudsman, Large Corporates and Industrial Compliance

Thursday, 3 August 2023

Committee Room 2S3

Parliament House

Canberra

Pfizer Australia

- Dr Krishan Thiru, Country Medical Director, Pfizer Australia
- Dr Brian Hewitt, Head of Regulatory Sciences, Pfizer Australia

Moderna

- Dr Jane Leong, Vice President, Medical Affairs
- Dr Chris Clarke, Director, Scientific Leadership
- Dr Rachel Dawson, Executive Director, Medical Affairs - Respiratory Vaccines

Therapeutic Goods Administration

- Professor Anthony Lawler, Deputy Secretary, Health Products Regulation Group
- Mr Nick Henderson, First Assistant Secretary (A/g), Medicines Regulation Division
- Dr Andrew Pengilly, Medical Officer 5, Medicines Regulation Division