

Dear panel,

Submission regarding adverse human and economic impacts of “no jab, no job” policies as reported and experienced by our members

Our response is provided with understanding that there will be many other submissions which provide competing evidence regarding particulars regarding safety and efficacy of the selected COVID-19 vaccinations for the National Immunisation Campaign throughout COVID-19 (including contamination, adverse events, and unreliable marketing slogans).

This submission hopes to provide a valuable perspective sourced through our efforts to have a not-insignificant portion of workers back into their careers and the workforce, who were prevented from doing so by COVID-19 vaccination requirements in order to work.

On this basis, we reduce the addition of advanced and detailed evidence and references, but assure your inquiry that the information enclosed is readily available and can be evidenced. We recognise the terms of reference seek to limited consideration of actions taken unilaterally by the States, however the National Cabinet is within the terms of reference, and was the source of “no jab, no job” policies - as it aligned with the Australian National Immunisation Campaign (for COVID-19) and no doubt falls within the remit of the inquiry.

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About NPAA (“Red Union Support Hub”) and our perspective

We provide services to industrial associations (often known as “red unions”) that seek to provide affordable industrial services to members in a professional, lawful, and efficient manner; particularly where members feel underrepresented by established registered organisations. These red unions have a cumulative membership of around 18,000. We aspire to have our members feel heard and resolve roadblocks so that they can continue as productive and contented workers to the best of their ability in the economy.

The associations we serve don’t discriminate on the basis of medical record or other attributes and we take each member with their unique political beliefs as worthy of work, participation in public life, freedom of association, representation, and their right to a fair hearing.

This work has given us a unique perspective for those who felt cast aside by unions, employers, and states; due to their COVID-19 vaccine hesitancy or refusal, resulting in highly significant demand on our services including involvement in over 4000 “no jab, no job” related matters and show causes, including involvement in around 1400 active human rights complaints of red unions’ membership.

Key takeaway - “no jab, no job” policies - harm clearly outweighs benefit

The primary take-away from this submission should be the unavoidably counter-productive and unconscionable nature of the COVID-19 “no jab, no job” policies, on account of only three possible outcomes from such policies:

1. **Coercion:** A worker ‘hesitant’ complies with a “no jab, no job” policy by submitting to coerced medical treatment;
2. **Delay:** A ‘hesitant’ worker avoids compliance with “no jab, no job” policies through a number of means, i.e. narrowly-approved exemption applications, leave, show cause, public service appeals, and unfair dismissal; or
3. **Termination:** A ‘hesitant’ worker becomes disciplined and terminated - thus withholding their skills, experience, and expertise from the economy and often resulting.

The benefit from “no jab, no job” policies is not easily measurable, we strongly submit that harms have been overlooked by Commonwealth authorities and intergovernmental COVID-19 responders.

The psychosocial and economic harms of each of the above possible outcomes are undeniable, enduring, particularly from our perspective and leave a moral and philosophical scar through medical ethics and bodily integrity.

These harms to be weighed heavily against the seemingly short-lived benefits of making mandatory COVID-19 vaccinations in workplaces, particularly where the released contracts with the manufacturers the Commonwealth chooses to keep commercial in confidence, don’t guarantee long-term safety or efficacy (where released or leaked from South Africa, Brazil, and the EU).

“No jab, no job” policies are inherently flawed because they relied on false marketing claims and overstated findings from mostly conflicted academic literature, and they only acted upon those who already had difficulty providing valid consent to medical treatment.

The result of this is extraordinary public expense in administrative costs, significant coercion of medical treatment, loss of experienced workers, diversion of executive attention away from effective health campaigns, and a decrease of mental health amongst those affected and prevented from serving their community.

These harms are enduring and may be remedied and mitigated in the following ways:

1. Permit/acknowledge alternatives to medical treatment which allow hesitant, exempted, or refusers to continue to participate in the economy in their relevant fields of expertise or experience;
2. Consider alternative mitigation measures for those unable to provide valid consent to the relevant medical treatments such as nutraceuticals, early treatments, testing, or acceptance of recovered (AKA 'natural') immunity;
3. Ensure risk assessments are undertaken on a sufficiently granular basis that account for the voices of those unable to provide valid consent to the proposed medical treatment during consultation by appropriate duty-holders;
4. Ensure the so called 'National Cabinet' is transparent when working with States so that motives, justifications, and reasons can be scrutinised and the true source of policies is appropriately targeted by actions from citizens;
5. Consider a unique and streamlined complaints process that adequately address alleged en masse human rights violations such as "no jab, no job" policies;
6. Consider a National scheme which apologises to those who suffered harm as a result of "no jab, no job" policies and provides reassurance of job security (to help with economic recovery), compensation (for lost wages or expense enforcing "no jab, no job" policies), and an apology to help emotional recovery of those affected;
7. Better protections for bodily autonomy in order to earn a livelihood and greater length of debate and diversity of perspective in decision making regarding mass "no jab, no job" policies;
8. The Commonwealth of Australia should legislate and adopt the www.alltrials.net model for medical research (which would likely best be done in partnership with USA partners);
9. The Commonwealth must stop indemnifying pharmaceutical products and require guarantees of sufficient safety and efficacy;
10. Campaigning on overall wellbeing and holistic health in conjunction with bio-pharmaceutical countermeasures; and
11. Ensure conflicts of interest (including potential perceived conflicts of interest) must be announced transparently by key opinion leaders and experts (such as TV doctors or experts presenting to government meetings).

— Further information below —

Human rights complaints

Following our advocacy in several hundred industrial matters and a Judicial Review at the Supreme Court of Queensland (which is withdrawn while concurrent judicial reviews are yet to be decided), from about August 2022, Red Union Support Hub has, on behalf of over 1468 members from affiliate industrial/professional associations lodged complaints:

- 513 lodged with the Queensland Human Rights Commission,
- 471 lodged with the Victorian Equal Opportunity and Human Rights Commission, and
- 484 lodged with the Australian Human Rights Commission.

Each of these complaints represents but only a fraction of lost human livelihoods, anxiety, for many depression and even suicidal ideation, breakdown of family relationships due to stress, despondency, loss of public trust, and inability to contribute to society; as a result from “no job, no job” policies. Advocacy follows.

A full, frank, and impartial inquiry into “no job, no job” policies is required

It is clear that the Prime Minister’s inquiry powers are designed to hear exactly these matters and the conditions mentioned in the example. For every complaint that raises their voice to human rights commissions; there are many many more that are despondent, defeated, and silent on this issue, despite being affected by the mandatory medical treatments policies, lawfully described as “no job, no job” policies by some proponents.

Should the Covid-19 response inquiry fail to properly consider and report on the matters herein, and the loss and suffering that truly persists from “no job, no job” policies, the calls for a Royal Commission that can adequately investigate all these issues are likely to increase. Our members, and many affected, will likely be severely disappointed should a report fail to recognise and remedy the loss suffered by those who simply could not consent to a novel and genetically manufactured medical treatment.

There are now hundreds of aggrieved Victorians struggling to heal, and the VEOHRC is uniquely

Unfortunately, but understandably, many believe that the Governments have failed them, and failed to protect their human rights.

“No job, no job” policies are inherently discriminatory

“No job, no job” policies are inherently discriminatory and a breach of human rights, because, while “medical record” was not expressly adopted from the *Australian Human Rights Commission Regulation 2019* (F2019L01188), Explanatory Memorandum, the “no job, no job” policies unavoidably discriminate against people unable to provide valid consent directly caused and inseparable from their religious, disability, or political belief. They are also a prima facie breach of human rights, where not demonstrably justified, which many members believe is the case, more on this below.

We remind the panel of the following principles and precedents recognised and either declared or agreed to by the Commonwealth of Australia:

- *The Universal Declaration of Human Rights 1948* (UN);

- *Universal Declaration on Bioethics and Human Rights 2005* (UN);
- *International Covenant on Civil and Political Rights 1966* (UN) (**'ICCPR'**);
- Australia's ratification via *Australian Human Rights Commission Act 1986* (Cth) which enshrines the ICCPR and associated Commonwealth of Australia law; and
- Victoria's human rights legislation is informed by the above, for example section article 10 of the *Charter of Human Rights and Responsibilities Act 2006* (Vic).

Further relevant rights impacted and limited by "no jab, no job" policies are summarised below.

International Convention

1. The following articles with descriptors from the *International Covenant on Civil and Political Rights 1976* (UN) with the Commonwealth of Australia as signatory:
 - a. Article 7 - Freedom from experimentation;
 - b. Article 17 - Right to privacy;
 - c. Article 18 - Freedom of thought, conscience / religion;
 - d. Article 19 - Freedom of expression;
 - e. Article 21 - Right to peaceful assembly; and
 - f. Article 22 - Freedom of association.
2. The following articles with descriptor from the *Universal Declaration on Bioethics and Human Rights 2005* (UN) with the Commonwealth of Australia as signatory:
 - a. Article 3 - Human dignity and human rights;
 - b. Article 5 - Autonomy and individual responsibility;
 - c. Articles 6 & 7 - Consent;
 - d. Article 8 - Respect for human vulnerability and personal integrity;
 - e. Article 11 - Non-discrimination and non-stigmatization;
 - f. Article 16 - Protecting future generations including their genetic constitution;
 - g. Article 18 - Decision-making and addressing bioethical issues including conflicts of interest; and
 - h. Article 28 - Denial of acts contrary to human rights, fundamental freedoms and human dignity.
3. The following articles with descriptors from the *International Covenant on Economic, Social and Cultural Rights 1976* (UN) with the Commonwealth of Australia as signatory:
 - a. Article 2.2 - Freedom from discrimination;
 - b. Article 5 - Rights should not be used to derogate other rights;
 - c. Article 6 & 7 - Right to, and just conditions of, work;
 - d. Article 9 - Right to social insurance; and

- e. Article 13 - Right to education.

State laws

- 4. *Charter of Human Rights and Responsibilities Act 2006* (Vic) (**'HRRA'**):
 - a. ss 8(2) HRRA - Right to enjoy human rights without discrimination;
 - b. s 9 HRRA - Right to not be arbitrarily deprived of life;
 - c. s 10 HRRA - Freedom from torture and cruel, inhumane or degrading treatment including being subject to involuntary medical treatment; and
 - d. s 18(2)(b) - Equal access to the public service.
- 5. *Human Rights Act 2016* (Qld) (**'HR Act'**):
 - a. s 17(b) & (c) HR Act - Protection from torture and cruel, inhuman or degrading treatment including not being subject to involuntary medical treatment;
 - b. s 20 HR Act - Freedom of thought, conscience, religion and belief by fear of regulatory action or ability to speak freely;
 - c. s 23 HR Act - Taking part in public life; and
 - d. s 36 HR Act - Right to education.

Implied rights

- 6. The following implied rights in Australia may have been limited also:
 - a. Implied freedom of political communication (regarding the National Immunisation Campaign for instance);
 - b. Implied rights for bodily integrity (including Common Law rights to body and Criminal Code for interfering with another's body); and
 - c. Other Common Law rights.

Therefore, the spirit of these international precedents should be reflected in the actions of the Commonwealth of Australia, including this panel, as the current authorised investigator for lessons to learn from COVID-19 responses Australia and because human rights are to be considered in decisions of Commonwealth authorities, such as an inquiry panel.

Our perspective of the birth of “no jab, no job” policies

It appears at first glance that the national immunisation campaign engaged human rights by coercing and requiring medical treatment to access fundamental inalienable freedoms; justified by the promise that it would prevent transmission and protect others.

However, upon a closer examination of the situation it becomes apparent just how damaging and the “no jab, no job” policies in furtherance of the National Immunisation Campaign have been, particularly to those unable to provide valid consent, and it has not yielded the benefits that were marketed to the public.

“No jab, no job” policies are undeniably political in nature

“No jab, no job” policies were pushed by the Morrison government in August 2021 via a National Cabinet; where the government effectively overruled the health recommendations of the Australian Health Principle Protection Committee (‘AHPPC’) which, in July, was advising that mandates were not recommended.

“No jab, no job” policies were in furtherance of the National Immunisations Campaign, which is transparently a marriage of industry and government via commercial in confidence contracts with the manufacturers, and quasi-international treaties with USA regulators and bio-security stakeholders.

No justification for “no jab, no job” policies withstands reasoned scrutiny

The “no jab, no job” policies are justified under the guise of “protecting life”; though no cogent evidentiary basis for this assertion is provided - where consistently those of the political or medical opinion that widespread “no jab, no job” is demonstrably justifiable in a free and democratic society appear to have conflicts of interest, or point to flawed modelling studies.

The evidence in favour of “no jab, no job” policies is highly conflicted (including sponsorships from industry) and is virtually created, where real-world data doesn’t evidence that the miniscule amount of people who received medical treatment under coercion would, or did, protect life in a way that made the policies demonstrably justified - in fact from our perspective, the opposite is true, knee-jerk “no jab, no job” policies promoted social isolation, poverty, anger, breakdowns of public trust, and economic and psychosocial harm.

There are significant concerning signals from scientific literature which no doubt your panel is now aware of from other informed submissions. You should be aware of evidence of counterproductive immune effects and adverse events of the relevant medical products. There are no reasonably identifiable conflicts of interest for their opposition to mandates here other than a deep understanding of virology, immunology and immunological products. For example emeritus professors in the appropriate field (see for example immunologists ██████████ or Australia’s ██████████ ██████████ comment that “no jab, no job” policies were never justified because they were misinformed.

Brendan Murphy, former Chief Medical Officer of Australia, said in Senate Estimates on 1 June 2023 that mandates were “no longer justified”, a return to his initial position in July 2021 prior to the imposition and overruling by Mr Scott Morrison and his National Cabinet to work towards mandatory vaccination.

Failure in reliability and integrity of evidence

As an exemplar, ██████████ a key expert that most employers and states relied upon, discloses to ██████████ that he receives significant remuneration from contracts with Moderna and NovaVax. He also disclosed in a recent hearing, under oath, that as ██████████ ██████████ he was aware that his companies funding came from Moderna and AstraZeneca, however appeared surprised that his company received donations from Pfizer.

Unannounced and unscrutinised conflicts of interest such as these put into question the integrity and evidence provided by the Government and industry proponents (known by the sales industry and in

academia as “Key Opinion Leaders”) of the National Immunisation Campaign, reflecting negatively and further isolating those affected by the “no jab, no job” policies, due to inability to provide valid consent and further distrust in official sources.

Further skewing the public debate and discussion; Medical Practitioners who speak up against “no jab, no job” policies are often at real and often immediate risk of reprisals by the government-industry campaign via notifications to regulators such as AHPRA, citing the Medical Boards’ policy position paper dated 9 March 2021, which implies that any “anti-vaccination statements” are likely interpreted as misconduct, in effect censoring medical practitioners that might question the National Immunisation Campaign, including resulting in prosecution.

Independent medical journals, particularly the British Medical Journal, have a heavy body of published evidence showing the corruption of health and medical regulators and government bodies, which grant a reasonable right to logical and healthy scepticism. There has been several decades of successful lobbying by pharmaceutical designers and manufacturers, which, particularly during COVID-19, boasted record profits and bonuses for their directors and dividends for shareholders, at the expense of taxpayers, the fruits of successful multi-decade lobbying efforts for expensive and proprietary products to become mandatory.

These above comments are examples of common considerations of the vaccine hesitant and refusers, to varying degrees of knowledge or truthfulness - and describe one a Government cannot simply censor contrary opinion and scrutiny, as it further reduces trust in official sources.

The onus has been unjustly reversed against the rights of humans

For the discriminated and affected complainants. The presumption that a COVID-19 vaccination is necessary to attend a workplace is an entirely tyrannical and misconceived notion. Australian authorities seemed to have reversed the burden and onus for limitations of human rights and the allowability to coerce medical treatments via economic means, particularly where discrimination occurs.

First of all, humans should not by default have to prove themselves exempt from COVID-19 vaccination according to the guidelines of the federal immunisation campaign in order to work, participate, or earn a livelihood, on a mass scale.

Vaccination is a medical treatment that requires informed valid consent. It is the onus of the person coercing or requiring a receipt of a medical treatment to prove it is demonstrably justifiable in the circumstances pursuant to the conventions and ratified law references above.

Each respondent appears to have failed to evidence this to any of their affected employees in a way in which they were able to provide consent, and likely if properly investigated by your commission, may be found unjustifiable on an objective basis. Particularly where individual medical circumstances are concerned (such as hypertension, heart concerns, cancer etc.).

Put simply, it is not on the aggrieved, who either lost their job or was forced to comply with a medical treatment, to prove their exemption to receive a medical product in order to work and maintain a livelihood, it is the duty is on the employer in circumstances to evidence why limitation of human rights is necessary and justified, according to the principles enshrined in the above conventions and ratified laws.

ATAGI should not be an authority that informs someone's requirement to receive medical treatment, this decision should remain with the human who is being considered for medical treatment (except in very limited circumstances such as incapacity). ATAGI's guidance was mostly uncertain as evidenced by its rapidly changing. It also appeared mostly led by publications in highly conflicted journals by highly conflicted authors and allies of manufacturers, particularly as evidenced by their choice of literature in formulating or justifying guidance. Australian businesses and authorities over relied on ATAGI, causing significant loss and hardship for a not-insignificant portion of workers unable to comply.

Sentiments regarding the judiciary and state of law in Australia

The constitutional affairs of the Commonwealth are concerning where it comes to inalienable human rights and freedoms for Australians being impacted.

It is overwhelmingly the sentiment of our members that the judiciary lacks either the power or impartiality, or both, to be protected from over-reactive COVID-19 countermeasures, even where the justifications for keeping them from work are clearly no longer existent, and "no job, no job" policies were treated as disciplinary matters, despite where valid consent could genuinely not be provided.

Overwhelmingly, commissions and tribunals have heard matters regarding vaccination in employment, despite the clear involvement of the Commonwealth of Australia in the "no job, no job" policies as imposed via the National Cabinet in each state around the same time (late 2021). This suggests that the toll "no job, no job" complaints and administrative burden and expense was perhaps heard by the wrong jurisdiction, given that these matters were fundamentally matters of human rights, or powers of the states to impose itself into the career, livelihood, and medical choice of workers Australia wide.

To explain, we advocate that only Judicial decisions form Common Law, see Chapter III, The Australian Constitution, judicial power may only be extended to Courts of Law; see also Part IIIAA - The judiciary of the *Constitution Act 1975* (Vic) particularly s 87AAA for definitions of who is a judicial officer. We also suggest that for instance the Fair Work Commission, and State Industrial Relations Commissions may be inappropriate authorities to begin an investigation into these matters of public importance in protection of human rights en masse - and such avenues for similar circumstances may help reduce administrative burden and appropriately hear these matters.

The decisions of Industrial Commissioner and Tribunal members should not be informing the Human Rights Commissioner as to whether the mandatory COVID-19 vaccinations are justifiable according to Human Rights, because these jurisdictions are not judicial and do not form Common Law jurisprudence. Further they are not the appropriate authorities, and have no express duty to uphold the principles of human rights in their decision making beyond a provision in a participating state.

Evidence shows that the mandates failed to serve their purpose (and is concerningly beginning to show the opposite due to immunological phenomena such as IgG4 class switching, prozone effect, and inferior immune imprinting), we allege leaving thousands of people were needlessly discriminated against, with their human rights and trust within society perceivably shattered. This could have been avoided with appropriate protections against over-reactive and misled COVID-19 countermeasure policies.

There are also those who received the vaccine without valid consent, in submission to the “no jab, no job” policies, because they didn’t have the means or will-power to decline and face loss-of-income and career. There was no doubt, from our perspective, coerced medical treatment en masse, resulting from the COVID-19 response.

Discussions of “risk-benefit”

We believe that it can be established that, with regards to the principles of good public governance, human rights, and even public health, that the “no jab, no job” policies caused more harm than good, and were not in the public interest.

Even if our member complainants are wrong in their individual health assessment of risk-benefit, they have been harmed because they were unable to comply. Keep in mind that each complainant who did not comply has also refused to defraud the system with a fake certificate, they are principled - and moral attitudes are an aspect of political belief, that resulted in clear loss and detriment. Those who stood by medical ethics and their own conscience have been prevented from the workforce, overwhelmingly in industries of which they are experienced and competent.

So even if, for thought experiments sake, everyone (but the extremely narrow exemptions according to ATAGI) should be vaccinated for health reasons; the “no jab, no job” policy itself caused significant harm to families; mental wellbeing; medical ethics; public trust; distraction away from alternatives; distraction from holistic good health; immunological effects; breakdown of relationships; significant administrative burden on commissions, tribunals, individualist advocacy firms, and courts; costs to taxpayers; injuries; and public liabilities.

These harms need to be given sufficient weight when responding, and widespread remedy and apology should be considered by the Commonwealth to repair the trust and co-operability of a sizable portion of its citizenry and workforce.

The justification for “no jab, no job” was, at the time of its first introduction, to protect others. Contemporary evidence shows clearly, and messaging has also shifted away from such a claim, to instead one of personal protection, according to Work Health and Safety grounds. However overwhelmingly employers or states have not provided risk assessments that take into account the voices of those who were hesitant. This failure is unexplainable in the absence of adverse external pressure, any entity should consider risks and harms from coercive policies, and the National Immunisation Campaign actually reduced compliance and effect of risk mitigation measures.

Cause for investigations

It is clear the “no jab, no job” policies should be heavily scrutinised for the above reasons, clearly set out as two below:

1. **Human rights limitations were unjustified:** “No jab, no job” policies, that failed their purpose, breached human rights, and discriminated against hundreds of thousands (if not millions) of Australian workers due to political imposition, without adequate justification or Common Law precedent, ought to be investigated.
2. **Mass discrimination:** The “vaccine hesitant” were compelled by their moral attitudes, belief or distrust in public policy, personal health concerns, or religious beliefs in a way that

disabled valid consent, resulting in mass detriment, due to the “no jab, no job” policies imposed by the respondents and State.

Evidence for above

This is a brief overview of reasons for an investigation. Factual assertions can be substantiated on request or via using a search engine.

Complainants report feeling voiceless

We believe that hearing from vaccine injured is important. Further hearing from those who were injured in other ways is also part of the healing process, and a Government that truly seeks to remedy these complaints early will regenerate voluntary trust in our Government and Commonwealth.

Industrial considerations

In addition, the economic fall-out from unmitigated “no jab, no job” policies, and a future repeat without lessons learned, is a real danger.

A majority of workers were voluntarily vaccinated with a COVID-19 vaccination prior to the imposition of “no jab, no job” policies. There were many however who, for whatever personal, clinical, ethical or professional reason, were unable to genuinely provide the Valid Consent required to comply.

Incomplete consultation / information resulted in hesitancy

“No jab, no job” policies were rarely, if ever, introduced as a policy that would result in serious misconduct and termination. In a majority of cases, findings of discipline and misconduct for hesitancy or requests for further consultation was a “slippery slope” that began a month following their imposition and into early 2022.

There is a large amount of detail about individual cases, including workers being surprised that they were to be considered for termination while on their own self-funded leave (which they were advised to take) and there was a culture of punishment for non-vaccination that is contrary to medical ethics.

This culture of hate, shame, and punish resulted in chaos, on all fronts, basically. Thousands of pieces of unique correspondence would confirm this. Very few of our several thousands of requests for a copy of a risk assessment for each members’ workgroup in all jurisdictions was answered with a copy of a risk assessment. And those few who did did not factor in the concerns or evidence provided by our members, including relevant considerations regarding adverse events or insurance for injury.

“No jab, no job” policies issued in such a way discourage duty-holders from undertaking their own risk assessments, as useless and unnecessary, and public confidence has decreased significantly owing to the fact that duty-holders were entirely excused from evidencing risk assessments for workers’ work groups upon which they relied for justification of limitation of Human Rights,

pointing instead to authorities that have no power to make medical treatment mandatory (i.e. DoH Commonwealth, TGA, ATAGI).

This resulted in an environment where many employees were not alleviated by the vague reference to Federal material from TGA and ATAGI, much of which did not answer their concerns, nor provide a risk assessment for their particular work group that showed compassionate or logical consideration of their personal circumstances.

In short; the Federal COVID-19 response resulted in reduced consultation and unreasonable withholding of risk assessments by duty-holders nationwide, which resulted in increased ‘hesitancy’ to COVID-19 vaccination amongst the workforce particularly as the Federal authorities were not the appropriate authorities for undertaking risk assessments of the respective workplaces or individuals requesting reasonable adjustments, or further consultation.

Valid Consent

It has become clear that there were no lawful or moral exemptions to the ethical and Human Rights principle of the necessity of valid consent to medical treatment during COVID-19, as is appropriate, but this appeared to be overlooked during the COVID-19 response.

Valid Consent is established Common Law and agreed ethical principle in academic literature. Such centrality has been consistently upheld by the National Immunisation Campaign and as included in the Immunisations Handbook, and further material as issued by the Federal COVID Task Force “Operation COVID Shield” and its announcements.

Inability to provide valid consent is therefore a natural reasonable excuse from compliance with a requirement for medical treatment, unless it can be demonstrably justified otherwise, but was treated as misconduct on the back of a culture that promulgated from National Cabinet and the messaging in furtherance of the National Immunisation Campaign, which the Commonwealth failed to counter.

Conclusion

Any investigation into State decisions that were unilateral will nonetheless be required should they be exempted from this inquiry. It is clear from our membership and other stakeholders that unilateral state countermeasures (particularly withholding employment) remain of public interest and were orchestrated by the National Cabinet.

We are mindful of the challenges of COVID-19; regardless the harms referred to in this submissions resulting from “no jab, no job” policies are real, sincere, severe, and genuine and comparable to the harms of the virus itself as far as psychosocial and economic harm is concerned, while the benefit remains unclear and reasonably arguable despite the best efforts of proponents such that the harm of “no jab, no job” policies outweighs their benefits.

Therefore we submit that your inquiry seriously considers and addresses the harms of “no jab, no job” policies and offers practical solutions such as those mentioned on page 3 above, and in submissions of similarly affected organisations.

We thank you for your attention to these matters.



Senior Case Manager & Advocate

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