

Commonwealth Government COVID-19 Response Inquiry Terms of Reference

Submission made by Janet Robinson to the Independent Panel

1. Background

I am a former Safety and Wellbeing Advisor who was employed by Queensland Health in the Safety and Wellbeing team. This team is responsible for maintaining the Safety Management System (SMS) for the whole of Queensland Health. The team is also responsible for providing advice to the Chief Human Resources Officer, the Director-General and if required, to the Health Minister, on the application of work, health and safety (WHS) related legislation as it relates to Queensland Health. It also provides advice and support to the WHS teams and others in each of the Hospital and Health Services throughout the state. I hold a Bachelor of Science (Environmental Health) and a Graduate Certificate in Emergency Management. I have worked as an Environmental Health Officer in both a regulatory and policy advisor capacity in state and local government.

My background, role and personal experience has given me a direct insight into how COVID response measures, particularly at a state level, has impacted individuals and communities.

2. Submission details

The inquiry terms of reference make it clear that actions taken by state and territory governments are outside of the scope of the inquiry. Ultimately, it was state and territory governments who laid down the rules for the management of the pandemic response, yet this inquiry will not investigate critical factor. It is both objectionable and grossly unjust and insulting to the people who were vaccine injured or lost jobs, their lives, loved ones, or businesses due to vaccine mandates and other pandemic response measures mandated by the architects of the state public health legislation.

If this inquiry makes but one recommendation, it must be that the Royal Commission which Prime Minister Albanese promised in 2022, must be held. Matters that must be investigated by this inquiry in order to give weight to such a recommendation must include, but not be limited to:

1. The lack of transparency in relation to how policy decisions related to COVID-19 and potentially future pandemics, were made.
2. How these decisions impacted governance, media messaging, implementation of existing pandemic management process and disregard for existing statutory frameworks, in particular human rights, WHS, and industrial relations laws. Among the issues that must be investigated and addressed are:
 - **Australia's membership with the United Nations, the World Health Organisation (WHO) and the COVAX AMC commitment**

As a member state of the UN and consequentially, the WHO, Australia has agreed to conform to the constitution of the WHO. This means following rules of procedure and any other policies or commitments set out by the Health Assembly and other UN bodies¹ including the COVID-19 Vaccines Advance Market Commitment (COVAX AMC)². While in all likelihood there are many matters that need close scrutiny, the requirement to indemnify manufacturers and others from serious adverse events resulting from the COVID vaccines is of particular interest³. Agreement to this indemnity has potentially had a ripple effect in the way people who claim to have been vaccine injured have been treated by health systems, health practitioners and the Australian government. Beyond this it potentially it also is at the centre of how Australian regulatory bodies have behaved and the lack of coverage by the media on the stories of the vaccine injured and other pandemic matters.

¹ [World Health Organisation – Basic Documents Forty-ninth edition](#)

² [GAVI COVAX AMC](#)

³ [COVAX Briefing Note: Additional Information on Indemnification for COVAX AMC Participants](#)

- **National Cabinet and the action of state and territory governments**

National Cabinet presumably made coordinated decisions in relation to management of the pandemic. However, ultimately management actions were, (and are), the remit of the states and territories through their public health legislation. This meant each state and territory adopted its own method for identifying and managing perceived pandemic risks and threats. Every state and territory's pandemic plan should detail various risk levels and subsequent management strategies and should have been actioned accordingly. Where necessary, public health legislation should align with these plans and set out relevant powers and other measures to support the actioning of pandemic plans. However, these systematic processes seemed to fall by the wayside in favour of advice from the WHO and other bodies, and policy on the hop. The messaging given at the Federal level and that given by the state and territories were often at odds. National Cabinet meetings were cloaked in secrecy and the populace were hostage to the whims of their Premiers and Chief Health Officers. The details of meetings held by the National Cabinet must be made public and steps taken to ensure that future meetings of this nature are transparent. Additionally, there should also be representation from the opposition in the National Cabinet. This will eliminate the shift of blame and ensure that all parties are accountable for the decisions made.

- **Deviation from existing pandemic plans**

Pandemic plans have been in place for many years. Yet, faced with a pandemic, Australia seemed to shelve these plans and take on the measures being implemented in other countries regardless of whether these were relevant for the Australian situation. The inquiry must investigate why existing plans were abandoned and why health systems seemed to be impotent to react at the start of the pandemic. It must also examine whether simulation or desktop exercises were held prior to the pandemic to identify gaps and ensure preparedness, such things as fit testing programs for PPE for health care workers and stocks of PPE and medical supplies.

- **The Australian Government's COVID-19 vaccine procurement and approval processes**

Unproven vaccines and vaccine technology were given provisional approval by the TGA. These approvals by-passed appropriate scrutiny including, in the case of the mRNA vaccines, approval by the Office of the Gene Technology Regulator. These 'emergency use' approvals paved the way for mandatory vaccination of particular groups within the population leading to job losses, injuries and death. Additionally, preference seemed to be given to large pharmaceutical companies while local researchers and vaccine developers were not supported⁴. At a time where UN member states blocked vaccine shipments to Australia and delivery of supplies generally were unpredictable, it seems inconceivable that the Government did not support local vaccine development⁵. Questions must also be asked about the lawfulness of Italy and the EU's actions.

- **The role of the TGA, AHPRA and ATAGI**

These bodies have collectively been instrumental in preventing health professionals from carrying out their duties to their patients to the best of their ability⁶. I personally sought a vaccine exemption because I have an auto-immune condition which is in remission, and I was fearful that the vaccine would trigger a relapse. My specialist advised that due to the limitations on exemptions established by ATAGI I was not eligible for an exemption⁷. Additionally, only certain health practitioners are able to provide vaccine exemptions⁸. This completely ignores the individual at the centre of the procedure and disregards the individual's health risks. These bodies have also given advice and made recommendations that created fear and misled the Australian public and led to restrictions on the

⁴ [ABC article](#): Coronavirus vaccine developer urges federal funding for promising candidate after UQ failure.

⁵ [Euro News](#): EU first as Italy block export of 250,00 COVID vaccines to Australia.

⁶ [AMPS](#): Phelps Breaks AHPRA's Culture of Fear

⁷ [Australian Government Department of Health and Aged Care COVID-19 Vaccine Exemptions](#).

⁸ [Australian Government Services Australia Immunisation medical exemptions](#)

off-label use of medications such as ivermectin to prevent and/or treat COVID-19 — a restriction that has now been removed^{9, 10}.

- **The appropriateness of management strategies**

As mentioned previously, each state and territory is responsible for assessing pandemic risks and implementing management strategies. Governments should demonstrate how risks were assessed and risk control measures justified. A fundamental tenet of risk management is to ensure that risk control measures adopted do not introduce new risks. In the case of pandemic management this should consider not only whether the control measures implemented control the spread of the disease, but whether they introduce other risks, threats or create other issues, the consequences of which, may have more lasting and damaging implications than the disease itself. The Australian public was expected to accept all risk management strategies, regardless of how inadequate or inappropriate they were. The inquiry must investigate the short and long-term impacts of risk management strategies implemented by the states and territories.

I personally resigned from my job in February 2022 due to the implementation of a HR policy mandating the COVID-19 vaccine and any subsequent boosters. The policy cited “workplace health and safety obligations” as the reason for its implementation. However, the team I was a part of, was not consulted during the development of this policy. In fact, the organisation’s SMS and indeed WHS laws, were completely ignored. Request for information to the very highest level of my department yielded an insultingly unsatisfactory response. To not comply with the policy, meant that disciplinary action would be taken in the form of dismissal. This, despite there not having been any requirement to be vaccinated at the height of the pandemic. My work history has been unblemished, so I resigned rather than be sacked because of an ill-conceived and, in my opinion, non-compliant, excessive and misleading policy. The policy has recently been repealed.

Consequences such as the loss of workers in front-line roles due to such policies and the ongoing impact to service delivery is one of the more critical issues that require thorough scrutiny. Others include vaccine injuries, personal privacy, mental health impacts and job and economic losses.

- **Discharge of duties by the Human Rights Commission, Fair Work Australia and other workplace health and safety and industrial relations regulators and tribunals**

The function of these bodies is to independently inquire into, investigate and/or hear matters within their jurisdiction. Complaints and issues brought before these entities seemed to be largely ignored or generally found in favour of the government narrative. There was disregard for the law, the reasonableness of risk management measures and most importantly, valid consent as described in the Australian Immunisation Handbook¹¹. There are many stories of people who got vaccinated under threat of losing their job, only to end up with debilitating health conditions that resulted in them not being able to work as a result¹². The separation of powers also needs to be investigated. The punitive measures meted out to FWC Deputy President Lyndall Dean in the matter of *Jennifer Kimber v Sapphire Coast Community Aged Care Ltd* (C2021/2676), for her dissenting judgement and criticism of the measures being taken in response to COVID-19 are a case in point.

Sincerely,

Janet Robinson.

15 December 2023.

⁹ [Australian Government Department of Health and Aged Care: New restrictions on prescribing ivermectin for COVID-19](#)

¹⁰ [Australian Government Department of Health and Aged Care: Removal of prescribing restriction on ivermectin](#)

¹¹ Australian Government Department of Health and Aged Care: Australian Immunisation Handbook: Preparing for vaccination - [Criteria for valid consent](#)

¹² [Jab Injuries Global: Australia](#)