

[REDACTED]  
[REDACTED]  
14/12/2023

**RE: Commonwealth Government Covid 19 Response Inquiry**

Dear Committee Members,

The following submission is based predominantly on my experiences as a [REDACTED] Pharmacist at a New South Wales Local Health District. As of 30 September 2021, I was stood down and then subsequently terminated from this position due to the NSW public health orders for mandatory vaccination for healthcare workers. Due to this job loss, relocation to another town eventuated, along with much hardship. It is negligent that unilateral state decisions are outside the scope of this inquiry, as much learning could be achieved by incorporating state decisions.

As a former [REDACTED] Pharmacist during the Covid period, my role included strategic planning and operational responsibilities across broad areas such as medication governance, clinical pharmacy services, workforce planning and development, procurement & distribution of medicines and meeting the accreditation standards for medication safety. Therefore, I would like to make the following submission to this inquiry.

**Failure to introduce legislation to prevent mandatory vaccination & consequential breach of informed consent and medical human rights.**

There was a failure by the Commonwealth Government to introduce legislation to prevent mandatory Covid vaccination. Whilst an effort was made to introduce legislation twice; COVID-19 Vaccination Status (Prevention of Discrimination) Bill 2022 and the Fair Work Amendment (Prohibiting COVID-19 Vaccine Discrimination) Bill 2023, neither of these Bills were passed. The Bills were not passed despite the unequivocal breach of informed consent and medical human rights, along with denying the right to work with mandatory vaccination. This is evidenced through a range of national and international codes, declarations, and principles:

- The **Australian Immunisation Handbook** states that “vaccines must be given voluntarily in the absence of undue pressure, coercion or manipulation.”
- The **Nuremberg Code** has as its first principle that the voluntary consent of the human subject is essential.
- The **Siracusa Principles on the Limitation and Derogation of Provisions in the International Covenant on Civil and Political Rights** states that no State Party shall derogate from the Covenant’s guarantees of freedom from medical or scientific experimentation without free consent.
- The **Australian Human Right Commission Act 1986 (Commonwealth)** provides in Article 7 that “no one shall be subjected without his free consent to medical or scientific experimentation.”
- Article 6 of the **Universal Declaration on Bioethics and Human Rights (2005)** states: “Any preventative, diagnostic and therapeutic medical intervention is only to be carried out with the proper, free and informed consent of the person concerned, based on adequate information.”
- Article 23 of the **Universal Declaration of Human Rights** stipulates that everyone has a right to work and free choice of employment; and the Australian Human Rights Commission

affirms the obligation of states to assure individuals their right to freely chosen or accepted work.

Legislation must be implemented in Australia immediately that prevents mandatory vaccination of citizens under any circumstance.

#### **Insufficient alternative treatment options provided by the Commonwealth Government**

The Commonwealth Government, particularly in 2020 and most of 2021, failed to provide sufficient alternative treatment options. The Australian Immunisation Handbook, states that informed consent to immunisation can only be given after alternative options have been explained to the person.

The Therapeutic Goods Administration (TGA) enforced unnecessary prescribing restrictions on certain medications such as ivermectin. This is despite contrasting evidence. One important paper on this is referenced here: *Bryant A, Lawrie TA, Dowswell T, Fordham EJ, Mitchell S, Hill SR, et al.*

*(2021). Ivermectin for prevention and treatment of COVID-19 infection: A systematic review, meta-analysis, and trial sequential analysis to inform clinical guidelines. American Journal of Therapeutics, 28(4), e434-e460*

Furthermore, certain senior health officials misled the public when they stated ivermectin is a horse medicine and not for human use. Ivermectin has been on the World Health Organisation Essential Medicines List for human use for many years. It is listed for use in parasitic infections and is also included in the Australian Therapeutic Guidelines for treatment resistant head lice in humans. During my time as a volunteer pharmacist in Malawi in 2007 and 2008, ivermectin was broadly used in humans. These health officials have never been made accountable for making misleading comments and implementing prescribing restrictions on alternative treatment options that led to poorer outcomes for patients. There must be limits put on the power of health officials and the TGA to determine what an authorised prescriber can prescribe for their own patient, when there is long term safety data already available on a medicine. This will help return the sanctity of the doctor-patient relationship that has been severely eroded by non-clinicians in recent years.

#### **No vaccine made available that is not associated with abortion**

There were Australians that decided not to have one of the Covid vaccines that were made accessible in Australia due to the connection of these vaccines to abortion (either in the development of the vaccine or testing of the vaccine). The Commonwealth Government has a responsibility to care for all Australians and this includes those that have a conscientious objection to a therapeutic intervention connected to abortion. Family Life Australia petitioned the Prime Minister and Chief Health Officer about this issue and the Catholic Archbishop of Sydney advocated for ethical vaccine options. However, there was never any goodwill, honest intent or action on this by senior politicians or health officials in Australia, despite such vaccines being available in other countries overseas. In future, Australia must make available vaccines and medications that are not associated with abortion, so all Australians have therapeutic options that do not oppose their conscience.

#### **Government refusal to release information about Covid vaccines**

The TGA has not been cooperative in providing relevant information to some reasonable Freedom of Information (FOI) requests related to the vaccine. For example, there was a request made to the TGA to provide the developmental and reproductive toxicity studies of [REDACTED] and [REDACTED] available but access to the full information was denied. It is imperative in future that FOI requests are answered sufficiently and transparently, especially when such requests relate to a vaccine or pharmaceutical intervention that has been made mandatory and when it is only provisionally approved.

#### **Process for clinicians and public to report adverse drug reactions.**

Healthcare professionals, especially doctors, nurses and pharmacists who were involved in administering vaccines and caring for those who had an adverse reaction, reported that the system to report adverse drug reactions to Covid 19 vaccines was unnecessarily long and discouraged reporting (especially when under resourced). Older persons also reported that they found it difficult to report adverse effects experienced to the vaccine. The vaccine adverse event reporting system needs to be simplified to improve pharmacovigilance of vaccines in future. If not, there will remain significant under reporting of adverse events and a risk of not identifying safety signals earlier.

#### **Conflicts of interest to TGA approval process due to funding from pharmaceutical companies**

The current funding of the TGA requires an urgent review. With approximately 95% of funding coming from pharmaceutical companies, there is a clear conflict of interest in the approval process for medicines, vaccines, and devices in Australia. This was evident with the hasty provisional approval provided to vaccines supplied by [REDACTED] and [REDACTED] when there was insufficient clinical trial data in a range of patient cohorts (e.g., those with auto-immune disease) and a lack of information on genotoxicity and carcinogenicity studies.

#### **Transparency of Covid Vaccine contracts with pharmaceutical companies**

There remains a lack of transparency as to what is included in the Government contracts with pharmaceutical companies who supplied Covid vaccines in Australia. Taxpayers who funded and continue to fund the vaccines, must be able to know what is contained within such contracts. By not doing so, reduces the trust Australians have in pharmaceutical interventions and there remains a suspicion of a conflict of interest between the government and pharmaceutical companies.

#### **Advertising of Covid Vaccines**

There must be a review as to why the regulation of advertising of vaccines by the TGA was updated specifically for vaccines in 2019 and then updated further for Covid Vaccines. The impact of this advertising change influenced Australians decisions on whether to proceed with vaccination despite the misleading information provided on the benefits of the vaccine (i.e., that it protects others). Furthermore, this information was allowed despite the TGA Permission stating that advertising is not to contain any statement regarding the therapeutic goods that is false or misleading! Additionally, there must be a review on why there was a change to allow rewards and gifts to be provided to patients to be vaccinated when Covid vaccines became accessible.

#### **Medicines shortages**

There were many medicine shortages exacerbated during the Covid 19 period. This included shortages in the community pharmacy setting but also in the hospital setting, where even medications needed in intensive care were in short supply. The medicines shortages were exacerbated by having no local manufacturers for these medicines. It has been well known for many years that as a nation we are almost entirely dependent on overseas manufacturers for pharmaceuticals. Avoiding financial partnerships between government and pharmaceutical companies to set up manufacturing sites is important (as in the case of the mRNA manufacturing facilities approved for Victoria and Queensland), so there is less conflict of interest between government and pharmaceutical companies. Rather, governments should support local pharmaceutical manufacturing through the development of alternative strategies which includes cheaper energy costs. There also needs to be consideration of the shortages of hand sanitiser and personal protective equipment that arose (again mostly due to these products being manufactured overseas).

#### **Wasteful spending**

There was excessive procurement of vaccines with some vaccines disposed of due to expiry. PCR testing was also undertaken with a blanket approach and not often necessary. The money wasted on

these decisions could have been better spent on other parts of the healthcare system in need of funding and support.

### **Breaches of Healthcare Privacy**

Employers breached healthcare privacy. For example, when I was issued with my show cause letter as to why I should not be terminated, this letter was initially not sent to me and sent to another hospital within the Local Health District. This means that personal medical information was provided to staff that should not have known my vaccination status. Despite a request, the Local Health District never confirmed who exactly the information was sent to, other than communicating it went to another hospital and why I didn't receive the letter initially. There must be limits put on what personal medication information can be accessed by workplaces and accountability and consequences for workplaces (including public hospitals) if there are breaches of privacy.

### **Vaccine Indemnity to Pharmaceutical Companies**

Pharmaceutical companies should not have indemnity from government for injuries caused by the Covid vaccine. Such a scheme promotes a culture of 'shortcuts' in getting a vaccine onto the market knowing that they will not be liable for any injuries or deaths caused by the vaccine.

### **Care for Vaccine Injured**

There must be improved support for persons who have been vaccine injured. A more streamlined process and recognition of specialists who have provided reports is essential. Have we not learnt from the thalidomide scandal?

### **International Border Closures**

International border closures and subsequent ongoing prevention of international travel if not vaccinated was a breach of human rights and not an evidenced based decision. Many Australians were born overseas and have family overseas. They were not able to travel to visit family members even at times of illness or to attend a funeral. All the prolonged international border closures did was extend the harsh Covid response on Australians, thereby causing other health issues as evidenced by the increasing mental health statistics.

### **Workforce resources during Covid**

In our Local Health District, pharmacists were pulled away from undertaking their clinical pharmacy responsibilities solely for the purpose of administering vaccines. This had a significant impact on the ability to deliver the minimum standard of care to patients on wards and increased their risk of medication errors. With less pharmacists on the wards, less medication reconciliation and medication management plans were able to be undertaken, along with other clinical pharmacy responsibilities. This increased the risk that hospitals in the Local Health District were not meeting the National Accreditation Standards for Medication Safety. In future, a more balanced approach to vaccination strategy is needed and less 'top down' decision making on workforce decisions is necessary to ensure other healthcare risks are not increased for patients.

### **Pandemic Preparedness Plan**

Many of the government's decisions were not evidenced based and went against the national pandemic plan that was already in place prior to Covid. Rather than implementing strategies that were evidence based and part of the national pandemic plan, the actions implemented were those of an authoritarian regime with complete disregard for other health impacts. Lockdowns and masks mandates were not evidenced based and the elderly and young were especially impacted by government decisions. Elderly patients such as my [REDACTED] were even told by his GP if he developed Covid type symptoms, not to attend to any GP but just call an ambulance and go to a hospital. This is

disproportionate advice. It does not help the patient understand what to do to prevent hospital admission and only adds to the burden on the hospital system.

Thank you for consideration of this submission. I trust it assists in providing a better understanding of issues and leads to a more comprehensive inquiry and Royal Commission, so such mismanagement of public health issues and abuse of human rights never occurs again in future.

Yours Sincerely,

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