



COVERSE Ltd
PO Box 4394
Hawker ACT 2614

22 March 2023

Senate Education and Employment Committees
Parliament House
Canberra

RE: COVID-19 Vaccination Status (Prevention of Discrimination) Bill 2022 and the Fair Work Amendment (Prohibiting COVID-19 Vaccine Discrimination) Bill 2023¹

Dear Senators,

We are the national peak body representing Australians who have been adversely impacted by the COVID-19 vaccines. We are 100% controlled and operated by COVID-19 vaccine-injured Australians.

Within the context of the Senate inquiry into the *COVID-19 Vaccination Status (Prevention of Discrimination) Bill 2022 and the Fair Work Amendment (Prohibiting COVID-19 Vaccine Discrimination) Bill 2023*, we draw your attention to the significant negative impacts that the nation's vaccination program has had (and continues to have) on Australian workers. Many of those injured as a result of their COVID-19 vaccination did so at the direction, or coercion, of their employer and/or their government and have since faced insurmountable barriers to maintaining fair and equitable employment conditions.

Public confidence in public health measures, in particular pharmaceutical interventions such as vaccines, can only be maintained when there is an honest assessment of the impacts of these measures, a transparent discussion of the adverse impacts, and meaningful support for those individuals and families who have suffered as a result.

In particular, there are several key areas that must be critically addressed for the harms they have caused:

- Vaccine mandates
- Lack of healthcare and support for the vaccine-injured
- Public health messaging that derides the unvaccinated and vaccine-injured

¹ www.aph.gov.au/Parliamentary_Business/Committees/Senate/Education_and_Employment/VaccineDiscrimination

We will briefly address each topic in this letter, and defer to our published submission (#516, attached)² to the Australian Parliament's *Inquiry into Long COVID and Repeated COVID Infections*³ for expanded detail and context surrounding vaccine injuries and the Australians who continue to suffer.

Vaccine mandates

All Australian governments were directly responsible for implementing various direct and indirect COVID-19 vaccination requirements, including mandates in specified employment categories (e.g. teaching, retail, healthcare, aged care) as well as broad social mandates (such as curtailing the ability of unvaccinated residents to participate in many aspects of society). These measures were supported by non-government employers who in turn placed their own mandatory vaccination requirements.

The implementation of such measures presents a subversion of the long-established principle of informed consent. Such consent *must* be obtained free of all forms of coercion and incentive, which is strongly emphasised in The Australian Immunisation Handbook.⁴ As such, there are many Australians who unwillingly got vaccinated, due to perverse social and economic pressures brought on by these coercions and incentives.

However, the issue most pressing for our organisation is that many Australians who have been injured by these vaccines have failed to be properly cared for by their governments, employers, and doctors. This represents discrimination against patients on the basis of their particular, vaccine-caused, medical conditions.

Problems include:

- Vaccine-injured patients, and those whose doctors identify significant underlying risk factors to vaccination, have largely been unable to obtain exemptions from further vaccination.
- Vaccination exemptions, if provided, are almost always only temporary in nature, thus placing a significant bureaucratic overhead on injured Australians and their employers.
- Vaccine-injured staff being required to receive further vaccinations in order to retain their employment have been put in the perilous position of choosing between aggravating their injury or retaining their source of income. For many injured they are the main source of income for their family. This choice comes at significant risk with our data showing that the rate of re-injury or worsening injury is very high — ~80% amongst those who get a subsequent COVID-19 vaccine.
- Vaccine-injured staff are being denied workers' compensation despite having had the vaccine as a workplace requirement. Our data suggests that more than half of all mandated workers who have been injured by the COVID-19 vaccines have had workers' compensation claims rejected or severely curtailed.

Moreover, 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

² coverse.org.au/long-covid-inquiry

³ www.aph.gov.au/Parliamentary_Business/Committees/House/Health_Aged_Care_and_Sport/LongandRepeatedCOVID

⁴ immunisationhandbook.health.gov.au/contents/vaccination-procedures/preparing-for-vaccination#valid-consent

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”.

Lack of healthcare and support for the vaccine-injured

Sadly, obtaining medical care for a vaccine injury is no simple or quick process.

Many who have experienced a significant adverse health impact due to their vaccinations report their doctors are often dismissive. With medical staff having been briefed on the “rare” occurrence of some serious conditions, and not being briefed at all on other conditions, often the first response to seeing a patient suffering a vaccine injury is to dismiss them, or label their conditions with an inappropriate mental health diagnosis.

Devastatingly, this discriminatory practice particularly impacts women who present with cardiac issues, only to be sent home with a diagnosis of anxiety. Only after many months of suffering and doggedly pursuing medical treatment do these women obtain diagnostic tests that confirm physical cardiac damage consistent with what is known to be caused by the COVID-19 vaccines.

However, this appalling lack of medical attention is not limited to one gender, or to cardiac issues. Neurological and other complications abound, with conditions that mirror Long Covid presenting quite commonly. We call this condition Long Vaccine Syndrome, and provide an expanded description in our attached submission.

Whilst this condition is being openly discussed in other countries, such as Germany,⁵ in Australia our governments and public health agencies continue to label discussion of this and other vaccine complications as misinformation. This only serves to create further distrust in vaccines, and provide enduring impediments to patients getting the healthcare they need and deserve.

A further corollary of this medical discrimination is that workers who seek to obtain compensation (either via workers’ compensation, income protection insurance, the Australian Government’s *Covid-19 Vaccine Claims Scheme*, etc.) often have great difficulty in convincing the respective body of their condition and that it was as a result of a mandated vaccination. Insurance companies, similarly, are poorly equipped to adequately assess these vaccine injuries and defer to Australian Government (i.e. TGA and ATAGI) information even though that information is itself fraught with misinformation due to the TGA abjectly failing to follow up or investigate the majority of serious adverse event reports (including reports of death).

Public health messaging that derides the unvaccinated and vaccine injured

Perhaps one of the most insidious aspects of experiencing an injury from a vaccine (that our governments told us was safe, and in many cases mandated that we take them) is when our politicians, officials and public health actors dismiss claims of vaccine injury and actively deride the people making these claims.

⁵ coverse.org.au/2023/03/germany-discusses-post-vaccine-syndrome

Such behaviour serves to provide social licence to many in the community — including doctors and other healthcare professionals — to also dismiss claims of vaccine injury and to enable the denial of healthcare for the injured. This blatant discriminatory behaviour irrevocably fractures the trust that the vaccine-injured placed in their government and the medical fraternity as a whole.

This perverse behaviour has similarly been deployed against residents who have chosen to not get vaccinated, and as such represents a kind of hate speech that offends every aspect of the Australian ethos.

Prime Ministers, Premiers, Health Ministers, Chief Health Officers, and others who have been spokespeople during this time owed it to the public to utilise neutral language that ensured that (a) residents always had a choice to get vaccinated, and (b) choosing not to get vaccinated was acceptable (socially, morally and practically). Sadly, many of these actors have chosen to use divisive and derisive language instead, which in the long run will only serve to erode trust in our public institutions and in our public vaccination programs in particular, and in the short term has left many residents with complicated medical ailments for which they are being further punished for by being labelled “antivaxxers” and “misinformation”.

In addition to such harmful and corrosive narratives, we have learnt that many public health agencies (including the Australian Government Department of Health) have been working closely with social media corporations to actively silence and outright cancel the voices of vaccine-injured Australians. Even though these individuals’ stories are true, they presented a threat to the public health narratives and thus have been unfairly targeted by social media (at the behest of governments all around the world). As far as we are aware, this situation does not exist (nor would it be acceptable) with regards to other medical conditions, and as such this represents a significant breach of the human rights of the vaccine-injured to be treated equally regardless of their medical disabilities.

Recommendations

In addition to our above comments, we make the following specific comments with regards to the two bills in question.

Despite the well-meaning nature of many vaccine mandates, it is unfortunate that imposing such mandates and workplace requirements has failed to adequately address the real risks and harm that they impose upon employees, particularly those who are injured by vaccine products. The Senate needs to understand that such discriminatory policies do not exist in a vacuum, and must be considered alongside the political and social circumstances being faced by employees.

In particular, the Senate needs to understand that those who have been harmed by COVID-19 vaccines rarely receive the medical or financial care they deserve. The situation is similar for employees who have been harmed by other vaccines. Whilst this situation continues it is wholly inappropriate and unethical to allow any form of vaccine mandates, whether they be in public or private settings.

- COVID-19 Vaccination Status (Prevention of Discrimination) Bill 2022
 - We are supportive of such a Bill. However, we are concerned that exceptions have been made for certain employment settings (i.e. frontline health or care work). As detailed above, 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. Even if the Government could create effective legislation or programs to address this lack of support, it is widely understood that the combined pressures of medical gaslighting and financial interests of workplace insurers will always present a barrier to care.

- Fair Work Amendment (Prohibiting COVID-19 Vaccine Discrimination) Bill 2023
 - We feel that the Fair Work Act 2009 is not the right place for the specific identification of “COVID-19 vaccination status” as a status which should not be used in determining employment conditions including eligibility, for two primary reasons. Firstly, the Act should endure well beyond the pandemic, and making specific reference to COVID-19 vaccines within the Act may be rendered wholly obsolete within a short period of time. We have seen the WA Government remove all COVID-19 vaccine mandates for public healthcare workers,⁶ and we expect further winding back of similar mandates in other settings over the coming year. And secondly, it fails to capture similar discriminatory issues being faced by workers who have been injured by other types of vaccines (including HPV, influenza, and DTP). If the Senate seeks to ensure workplace equity towards those workers who have been harmed by vaccines (including COVID-19 vaccines) then it may make more sense to replace “COVID-19 vaccination status” with simply “vaccination status”.

We urge the Senate to consider the very real, harmful and discriminatory circumstances being faced by Australians who have been injured by a COVID-19 vaccine.

Regards,

Rado Faletič, PhD
Co-founder / Director, COVERSE Ltd

Naomi Smith
Co-founder / Director, COVERSE Ltd

⁶ www.health.wa.gov.au/Articles/A_F/Coronavirus/COVID19-vaccination-program