The Senate

Legal and Constitutional Affairs References Committee

COVID-19 Royal Commission

April 2024

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Acronyms and Abbreviations

2019-nCoV	Novel Coronavirus
ABS	Australian Bureau of Statistics
ACBC	Australian Catholic Bishops Conference
ACNP	Australian College of Nurse Practitioners
AFL Solicitors	Ashley Francina Leonard and Associated
AGD	Attorney-General's Department
AHRC	Australian Human Rights Commission
AHPPC	the Australian Health Protection Principal Committee
Ai Group	Australian Industry Group
AIHW	Australian Institute for Health and Welfare
AIP	Australian Institute for Progress
AMN	Australian Medical Network
Anglicare	Anglicare Australia
ANMF	Australian Nursing and Midwifery Federation (Federal Office)
ATAGI	Australian Technical Advisory Group on Immunisation
Biosecurity Declaration 2020	Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) Declaration 2020
the committee	the Legal and Constitutional Affairs References Committee
CALD	Culturally and linguistically diverse
CHA	Catholic Health Australia
CHF	Consumer Health Forum of Australia

CLA	Civil Liberties Australia
CMO	Chief Medical Officer
COAG	Council of Australian Governments
COSBOA	Council of Small Business Organisations Australia
the COVID-19 committee	the Senate Select Committee on COVID-19
CSMC	Council of Single Mothers and Their Children
the EC	The Emergency Committee
ER	Emergency room
FECCA and the Collaborative	Federation of Ethnic Communities' Councils of Australia and the Australian Multicultural Health Collaborative
GDP	Gross domestic product
HED12/21	Health Employment Directive 12/21 Employee COVID-19 Vaccination Requirements
IEU	Independent Education Union
IHEA	Independent Higher Education Australia
IPA	Institute of Public Affairs
MCRI	Murdoch Children's Research Institute
NCM	National Coordination Mechanism
NPAQ	Nurses' Professional Association of Queensland
NZ	New Zealand
PFA	Police Federation of Australia
Pharmacy Guild	The Pharmacy Guild of Australia
PHEIC	Public Health Emergency of International Concern

PM&C	Department of the Prime Minister and Cabinet
PPE	Personal protective equipment
PWDA	People with Disability Australia
QLD Health	Queensland Health
QNMU	Queensland Nurses and Midwives' Union
RACGP	Royal Australian College of General Practitioners
RBA	Reserve Bank of Australia
Royal Commission Act	*Royal Commissions Act 1902*
SBS	Special Broadcasting Service
SPA	Suicide Prevention Australia
TGA	Therapeutic Goods Administration
UAP	United Australia Party
UK	United Kingdom
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
Vaxine	Vaxine Pty Ltd
WHO	World Health Organisation

List of recommendations

Recommendation 1

3.101 The committee recommends that the federal government establishes a royal commission to examine the Australian response to the COVID-19 pandemic and the consequential impacts on the Australian community.

Recommendation 2

3.102 The committee recommends that the federal government encourages the states and territories to pass complementary legislation that would enable them to participate in the royal commission. State and territory governments that do not initially join the royal commission should be able to join the royal commission at a later date if they agree to do so.

Recommendation 3

3.103 The committee recommends that the federal government adopt the terms of refence outlined in paragraphs 3.99 and 3.100 as the draft terms of reference.

Recommendation 4

3.104 The committee recommends that the draft terms of reference for a COVID-19 Royal Commission are made available for public comment to allow the people of Australia an opportunity to provide input on the terms of reference prior to adoption.

Chapter 1
Introduction and context

Introduction

1.1 On 19 October 2023, the Senate referred the following matter to the Legal and Constitutional Affairs References Committee (the committee) for inquiry and report by 31 March 2024:

> The appropriate terms of reference for a COVID-19 Royal Commission that would allow all affected stakeholders to be heard.[1]

1.2 On 26 March 2024, the Senate extended the reporting date to 19 April 2024.[2]

1.3 There was widespread support for the establishment of a COVID-19 royal commission. Of the 559 submissions received by the committee, only three did not support the establishment of a COVID-19 royal commission.[3]

1.4 There was significant interest in the committee's inquiry, which is indicative of the need for a royal commission into the Australian COVID-19 pandemic experience. The people of Australia deserve an opportunity to learn from the experiences of the COVID-19 pandemic and the response to it. A royal commission would have the powers and resources to properly allow the voices of those affected to be heard, and make recommendations to government in the interests of the Australian people.

Conduct of the inquiry and acknowledgement

1.5 In accordance with its usual practice, the committee advertised the inquiry on its website and wrote to numerous individuals and organisations, inviting submissions by 12 January 2024.

1.6 The committee received 559 submissions, which are listed at Appendix 1. The committee held public hearings in Canberra on 1 February 2024 and 13 March 2024. A list of witnesses who appeared before the committee at the hearings is at Appendix 2.

1.7 The committee thanks all those who made submissions and gave evidence at the public hearings.

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1 *Journals of the Senate*, No. 76, 19 October 2023, p. 2168.

2 *Journals of the Senate*, No. 107, 26 March 2024, p. 3208.

3 Catholic Health Australia (CHA), *Submission 6*, p. 1; Premier of Tasmania, *Submission 10*, p. 1; New South Wales Council for Civil Liberties, *Submission 29*, p. 3.

Structure of the report

1.8 There are three chapters in this report:

- Chapter 1 provides background information and context to the inquiry;
- Chapter 2 details the perspectives of stakeholders who engaged in the inquiry; and
- Chapter 3 articulates the suggested terms of reference for a COVID-19 royal commission and puts forward the committee's views.

Background and context

The Commonwealth government response to the COVID-19 pandemic

1.9 In December 2019, health authorities began investigating a viral pneumonia outbreak in Wuhan, China.[4]

1.10 On 9 January 2020, Chinese authorities reported that a novel coronavirus (2019-nCoV) was the cause of that outbreak.[5] The World Health Organization (WHO) advised that international travellers should be provided with public health information to reduce their risk of contracting acute respiratory infections.[6] It advised 'against the application of any travel or trade restrictions on China based on the information currently available on this event'.[7]

1.11 On 19 January 2020, the then Australian Government Chief Medical Officer (CMO), Professor Brendan Murphy, reported that the Department of Health and Aged Care was aware of 2019-nCoV cases in Wuhan and was 'watching developments very closely'.[8] As part of the monitoring regime, Australian legislation required airlines to 'report passengers on board showing signs of an

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4 Reuters, 'Chinese officials investigate cause of pneumonia outbreak in Wuhan', *Reuters*, 31 December 2019, www.reuters.com/article/us-china-health-pneumonia-idUSKBN1YZ0GP/ (accessed 20 November 2023).

5 World Health Organization (WHO), 'WHO advice for international travel and trade in relation to the outbreak of pneumonia caused by a new coronavirus in China', 10 January 2020, www.who.int/news-room/articles-detail/who-advice-for-international-travel-and-trade-in-relation-to-the-outbreak-of-pneumonia-caused-by-a-new-coronavirus-in-china/ (accessed 20 November 2023).

6 WHO, 'WHO advice for international travel and trade in relation to the outbreak of pneumonia caused by a new coronavirus in China', 10 January 2020, www.who.int/news-room/articles-detail/who-advice-for-international-travel-and-trade-in-relation-to-the-outbreak-of-pneumonia-caused-by-a-new-coronavirus-in-china/ (accessed 20 November 2023).

7 WHO, 'WHO advice for international travel and trade in relation to the outbreak of pneumonia caused by a new coronavirus in China', 10 January 2020.

8 Professor Brendan Murphy, Australian Government Chief Medical Officer (CMO), 'Chief Medical Officer's statement on novel coronavirus', *Media Release*, 19 January 2020.

infectious disease, including fever, sweats or chills'.[9] Biosecurity officers would assess ill travellers and 'take necessary actions, such as isolation and referral to hospital where required'.[10]

1.12 The CMO advised that the WHO did not 'recommend any travel advisory for China, or additional measures at airports beyond our established mechanisms'.[11]

1.13 On 21 January 2020, the CMO declared 2019-nCoV a disease of 'pandemic potential'.[12] That declaration listed 2019-nCoV as a Listed Human Disease under the *Biosecurity Act 2015* (Biosecurity Act) and led to:

> …the standing up of the national incident centre, the standing up of the National Medical Stockpile, the readiness and activation of the national trauma centre, daily meetings of the Australian Health Protection Principal Committee and meetings of state, territory and Commonwealth health ministers to discuss pandemic readiness.[13]

1.14 The CMO reported that following consultation with other Commonwealth agencies and the states and territories, additional border measures would be introduced, 'particularly in relation to the three weekly direct flights from Wuhan to Sydney'.[14]

1.15 The then Prime Minister, the Hon Scott Morrison MP, stated that the government was 'taking advice from the [WHO]' in relation to its response to 2019-nCoV.[15] The Prime Minister outlined the enhanced biosecurity measures that were implemented for the direct flights from Wuhan to Sydney and explained:

> The Department of Health does not currently recommend mass screening of passengers at airports, including thermal scanning, due to the limited evidence of effectiveness of those measures…There are over 10 million protective masks in the national medicine stockpile and there have been no confirmed cases, I'm advised, of the virus in Australia. So the Government has moved quickly. The Department of Health, the [CMO] working [sic]

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9 Professor Murphy, CMO, 'Chief Medical Officer's statement on novel coronavirus', *Media Release*, 19 January 2020.

10 Professor Murphy, CMO, 'Chief Medical Officer's statement on novel coronavirus', *Media Release*, 19 January 2020.

11 Professor Murphy, CMO, 'Chief Medical Officer's statement on novel coronavirus', *Media Release*, 19 January 2020.

12 Biosecurity (Listed Human Diseases) Amendment Determination 2020, 21 January 2020, Schedule 1.

13 Senator the Hon Michaelia Cash, Minister representing the Minster for Health, *Senate Hansard*, 26 February 2020, p. 1498.

14 Professor Murphy, CMO, 'Novel coronavirus update', *Media Release*, 21 January 2020.

15 The Hon Scott Morrison MP, Prime Minister, 'Press Conference—Parliament House', *Media Release*, 23 January 2020.

closely with states and territories to ensure the necessary precautions are being put in place.[16]

1.16 The CMO advised Australia was 'extremely well prepared' to respond to cases of 2019-nCoV.[17] There were isolation facilities available in every state and territory and 'clearly established protocols to get people to those facilities'.[18] The CMO reiterated health officers were meeting frequently and sharing information on how to respond to the health situation.[19] He emphasised health authorities 'are well-prepared and are keeping a very close eye on this'.[20]

1.17 On 22 and 23 January 2023, the Director-General of the WHO, Dr Tedros Adhanom Ghebreyesus, convened the Emergency Committee (the EC) regarding the outbreak of 2019-nCoV.[21] The primary role of the EC was to provide advice to the Director-General, who decides when a situation becomes a Public Health Emergency of International Concern (PHEIC).[22]

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16 The Hon Scott Morrison MP, Prime Minister, 'Press Conference—Parliament House', *Media Release*, 23 January 2020.

17 The Hon Scott Morrison MP, Prime Minister, 'Press Conference—Parliament House', *Media Release*, 23 January 2020.

18 The Hon Scott Morrison MP, Prime Minister, 'Press Conference—Parliament House', *Media Release*, 23 January 2020.

19 The Hon Scott Morrison MP, Prime Minister, 'Press Conference—Parliament House', *Media Release*, 23 January 2020.

20 The Hon Scott Morrison MP, Prime Minister, 'Press Conference—Parliament House', *Media Release*, 23 January 2020.

21 WHO, 'Statement on the first meeting of the international Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV)', 23 January 2020, www.who.int/news/item/23-01-2020-statement-on-the-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov) (accessed 20 November 2023).

22 WHO, 'Statement on the first meeting of the international Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV)', 23 January 2020, www.who.int/news/item/23-01-2020-statement-on-the-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov) (accessed 20 November 2023).

1.18 The EC considered three criteria in deciding whether to recommend that the Director-General declare a PHEIC. Those criteria related to whether 2019-nCoV constituted:

(1) an extraordinary event;
(2) a public health risk to other States through the international spread; and
(3) potentially requires a coordinated international response.[23]

1.19 At its first meeting, the EC advised that the outbreak of 2019-nCoV 'did not constitute a PHEIC'.[24] The committee decided to reconvene 'in a matter of days to examine the situation further'.[25]

1.20 At a further meeting on 23 January 2023, the EC received evidence that human-to-human transmission of 2019-nCoV was occurring.[26] The EC determined that as 2019-nCoV was expected to spread to other countries:

> …all countries should be prepared for containment, including active surveillance, early detection, isolation and case management, contact tracing and prevention of onward spread of 2019-nCoV infection, and to share full data with WHO.[27]

1.21 On 25 January 2020, Australia declared its first case of COVID-19.[28] On that day, the then Minister for Health, the Hon Greg Hunt MP, convened a meeting with his state and territory counterparts 'to coordinate the ongoing national action and response'.[29]

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[23] WHO, 'Statement on the fifteenth meeting of the IHR (2005) Emergency Committee on the COVID-19 pandemic', 5 May 2023, https://www.who.int/news/item/05-05-2023-statement-on-the-fifteenth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic (accessed 21 November 2023).

[24] WHO, 'Statement on the first meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV)', 23 January 2020, www.who.int/news/item/23-01-2020-statement-on-the-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov) (accessed 20 November 2023).

[25] WHO, 'Statement on the first meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV)', 23 January 2020.

[26] WHO, 'Statement on the first meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV)', 23 January 2020.

[27] WHO, 'Statement on the first meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV)', 23 January 2020.

[28] The Hon Greg Hunt MP, Minister for Health, and Professor Murphy, 'First confirmed case of novel coronavirus in Australia', *Media Release*, 25 January 2020.

[29] The Hon Greg Hunt MP, Minister for Health, and Professor Murphy, 'Update on novel coronavirus in Australia', *Media Release*, 26 January 2020.

1.22 On 29 January 2020, the Australian Government announced that it would assist Australian citizens in Wuhan and Hubei Province depart China.[30] A condition of that assisted departure included quarantining on Christmas Island for 14 days in accordance with medical advice.[31]

1.23 Minister Hunt stated that the quarantine requirement:

> …makes Australia one of the most forward leading and one of the most cautious countries in the world. We make no apology for that.
>
> Our job is to save lives and protect lives. Our job is to make sure that above all else we are protecting the lives of Australian citizens.
>
> And with these decisions we have become one of the world's most cautious and conservative countries with the decisions we've taken but it's been done on the basis of the medical advice.[32]

1.24 The Prime Minister stated that his:

> …first priority right now is the safety of Australians, the safety of Australians here in Australia to ensure that we are doing everything consistent with the advice and acting with an abundance of caution to protect their wellbeing, but also for those Australians who have found themselves isolated and vulnerable as a result of this crisis that we're also extending some support to them.[33]

1.25 On 30 January 2020, the EC 'agreed that the [2019-nCoV] outbreak now meets the criteria for a [PHEIC]'.[34] On the same day, the Director-General of the WHO declared the outbreak of 2019-nCoV constituted a PHEIC.[35]

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30 The Hon Scott Morrison MP, Prime Minister, Senator the Hon Marise Payne, Minister for Foreign Affairs, the Hon Greg Hunt MP, Minister for Health, and Professor Murphy, CMO, 'Assisted departure and strict quarantine for Australians from Wuhan/Hubei', *Joint Media Release*, 29 January 2020.

31 The Hon Scott Morrison MP, Prime Minister, Senator the Hon Marise Payne, Minister for Foreign Affairs, the Hon Greg Hunt MP, Minister for Health, and Professor Murphy, CMO, 'Assisted departure and strict quarantine for Australians from Wuhan/Hubei', *Joint Media Release*, 29 January 2020.

32 The Hon Greg Hunt MP, Minister for Health, the Hon Dan Tehan MP, Minister for Education, and Professor Murphy, CMO, Press conference at Parliament House about novel coronavirus, *Joint Press Conference*, 29 January 2020, p. 3.

33 The Hon Scott Morrison MP, Prime Minister, 'Press Conference, Australian Parliament House, ACT', *Transcript*, 29 January 2020, p. 3.

34 WHO, 'Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV)', 30 January 2020, www.who.int/news/item/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov) (accessed 20 November 2023).

35 WHO, 'WHO Director-General's statement on IHR Emergency Committee on Novel Coronavirus (2019-nCoV)', 30 January 2020, www.who.int/director-general/speeches/detail/who-director-

1.26 The WHO declared 2019-nCoV a PHEIC due to concerns for 'the potential for the virus to spread to countries with weaker health systems, and which are ill-prepared to deal with it'.[36]

1.27 The Director-General of the WHO summarised the recommendations of the EC:

> First, there is no reason for measures that unnecessarily interfere with international travel and trade. WHO doesn't recommend limiting trade and movement.
>
> We call on all countries to implement decisions that are evidence-based and consistent. WHO stands ready to provide advice to any country that is considering which measures to take.
>
> Second, we must support countries with weaker health systems.
>
> Third, accelerate the development of vaccines, therapeutics and diagnostics.
>
> Fourth, combat the spread of rumours and misinformation.
>
> Fifth, review preparedness plans, identify gaps and evaluate the resources needed to identify, isolate and care for cases, and prevent transmission.
>
> Sixth, share data, knowledge and experience with WHO and the world.
>
> And seventh, the only way we will defeat this outbreak is for all countries to work together in a spirit of solidarity and cooperation. We are all in this together, and we can only stop it together.[37]

1.28 On 31 January 2020, Minister Hunt provided an update on the situation and explained that Australia was taking action to address the health emergency:

> Australia is very well prepared and has already implemented measures recommended by the WHO to help stop the spread of the virus and protect Australians.
>
> We continue to take a highly precautionary approach based on the latest and best medical advice.[38]

1.29 On 18 February 2020, the Commonwealth government released the *Australian Health Sector Emergency Response Plan for Novel Coronavirus*.[39] That plan was 'considered a living document that will be periodically updated' as

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general-s-statement-on-ihr-emergency-committee-on-novel-coronavirus-(2019-ncov) (accessed 20 November 2023).

[36] WHO, 'WHO Director-General's statement on IHR Emergency Committee on Novel Coronavirus (2019-nCoV)', 30 January 2020.

[37] WHO, 'WHO Director-General's statement on IHR Emergency Committee on Novel Coronavirus (2019-nCoV)', 30 January 2020.

[38] The Hon Greg Hunt MP, Minister for Health and Aged Care, and Professor Murphy, CMO, 'Update on Novel Coronavirus', *Media Release*, 31 January 2020.

[39] Department of Health and Aged Care, *Australian Health Sector Emergency Response Plan for Novel Coronavirus*, 18 February 2020.

more became known about the virus.[40] The government planned to undertake 'activities to':

- monitor and investigate outbreaks as they occur;
- identify and characterise the nature of the virus and the clinical severity of the disease;
- research respiratory disease-specific management strategies;
- respond promptly and effectively to minimise the novel coronavirus outbreak impact;
- undertake strategies to minimise the risk of further disease transmission; and
- contribute to the rapid and confident recovery of individuals, communities and services.[41]

1.30 On 27 February 2020, the Prime Minister announced the implementation of the *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)*.[42]

1.31 In announcing the implementation of that plan, Mr Morrison explained that the government was acting with 'an abundance of caution' to ensure Australia got ahead of a potential emerging pandemic.[43] While the WHO had not declared the coronavirus a pandemic, there was a strong likelihood of it doing so and Australia needed to be prepared. The Prime Minister indicated:

> …the risk of a global pandemic is very much upon us and as a result, as a government, we need to take the steps necessary to prepare for such a pandemic.[44]

1.32 He argued Australia was in a better position than other countries and that it needed to take action to remain ahead of the situation:

> …because Australia has acted quickly, Australia has got ahead of this at this point in time. But to stay ahead of it, we need to now elevate our response

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40 Department of Health and Aged Care, *Australian Health Sector Emergency Response Plan for Novel Coronavirus*, 18 February 2020, p. 2.

41 Department of Health and Aged Care, *Australian Health Sector Emergency Response Plan for Novel Coronavirus*, 18 February 2020, p. 2.

42 The Hon Scott Morrison MP, Prime Minister, 'Press Conference—Australian Parliament House', *Transcript*, 27 February 2020. See: Department of Health, Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19), 2020.

43 The Hon Scott Morrison MP, Prime Minister, 'Press Conference—Australian Parliament House', *Transcript*, 27 February 2020.

44 The Hon Scott Morrison MP, Prime Minister, 'Press Conference—Australian Parliament House', *Transcript*, 27 February 2020.

> to this next phase. I said the other day, this is a health crisis, not a financial crisis. But it is a health crisis with very significant economic implications.[45]

1.33 On 2 March 2020, the Health Minister announced the first case of community transmission of COVID-19 in Australia.[46]

1.34 On 5 March 2020, the National Coordination Mechanism (NCM) was activated.[47] The NCM was designed to:

> …coordinate activities across the Commonwealth, state and territory governments as well as industry to ensure a consistent national approach is taken to provide essential services across a range of critical sectors and supply chains.[48]

1.35 On 11 March 2020, the WHO declared COVID-19 a pandemic.[49]

1.36 On 13 March 2020, the Council of Australian Governments (COAG) discussed the Commonwealth, state and territory responses to COVID-19.[50] The communiqué from that meeting reported:

> Australia is experiencing the impacts of coronavirus, but we are one of the best-prepared countries in the world, thanks to the early actions of all levels of government. Since January 2020, Australian governments have been working together to develop, implement and coordinate strategies to slow the spread of the virus, including through strengthening our world leading health system and implementing border measures. Today, leaders committed to leveraging their combined resources to slow the spread of the virus and ensure Australia stays ahead of the curve in minimising the impact of coronavirus on the Australian community and economy.[51]

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45 The Hon Scott Morrison MP, Prime Minister, 'Press Conference—Australian Parliament House', *Transcript*, 27 February 2020.

46 The Hon Greg Hunt MP, Minister for Health and Aged Care, and Professor Murphy, CMO, 'Update on COVID-19 in Australia – Community Transmission', *Statement*, 2 March 2020.

47 The Hon Scott Morrison MP, Prime Minister, Senator the Hon Marise Payne, Minister for Foreign Affairs and Minister for Women, and the Hon Greg Hunt MP, Minister for Health and Minister Assisting the Prime Minister for the Public Service and Cabinet, 'Update on Novel Coronavirus (COVID-19) in Australia', *Joint Media Release*, 5 March 2020.

48 The Hon Scott Morrison MP, Prime Minister, Senator the Hon Marise Payne, Minister for Foreign Affairs and Minister for Women, and the Hon Greg Hunt MP, Minister for Health and Minister Assisting the Prime Minister for the Public Service and Cabinet, 'Update on Novel Coronavirus (COVID-19) in Australia', *Joint Media Release*, 5 March 2020.

49 WHO, 'WHO Director-General's opening remarks at the media briefing on COVID-19', 11 March 2020, www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020 (accessed 20 November 2023).

50 Council of Australian Governments (COAG), Communiqué, 13 March 2020.

51 COAG, Communiqué, 13 March 2020.

1.37 At that meeting, COAG agreed to the National Partnership on COVID-19 Response.[52] That agreement sought to ensure that the Commonwealth, state, and territory governments cooperated to ensure the health system could 'respond effectively to the outbreak of [COVID-19]'.[53]

1.38 COAG also agreed to the establishment of a new National Cabinet comprising the Prime Minister, Premiers and Chief Ministers.[54] The 'National Cabinet is underpinned by a commitment to genuine partnership between the Commonwealth and States and Territories on issues of national significance'.[55]

1.39 The Australian Constitution does not grant the Commonwealth government 'a broad emergency power'.[56] Instead, the Commonwealth government relies 'upon specific powers under specific laws that could be invoked in response to specific emergency situations'.[57] The Biosecurity Act contains powers to declare a 'human biosecurity emergency'.[58]

1.40 On 15 March 2020, after the first meeting of National Cabinet, the Prime Minister stated:

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52 Federal Financial Relations, *National Partnership on COVID-19 Response*, 13 March 2020, www.federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2021-04/covid-19_response_vaccine_amendment_schedule.pdf (accessed 21 November 2023).

53 Federal Financial Relations, *National Partnership on COVID-19 Response*, 13 March 2020, www.federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2021-04/covid-19_response_vaccine_amendment_schedule.pdf (accessed 21 November 2023), p. 2.

54 Department of the Prime Minister and Cabinet (PM&C), *National Cabinet Terms of Reference*, 13 March 2020.

55 PM&C, *National Cabinet Terms of Reference*, 13 March 2020.

56 Australian Human Rights Commission (AHRC), answers to questions on notice, 1 February 2024 (received 1 March 2024). Also see: Lorraine Finlay and Rosalind Croucher, 'Limiting Rights and Freedoms in the Name of Public Health: Ensuring Accountability during the COVID-19 Pandemic Response', in Belinda Bennett and Ian Freckelton (eds), *Australian Public Health Law: Contemporary Issues and Challenges*, The Federation Press, Sydney, 2023, pp. 120–137, p. 126.

57 AHRC, answers to questions on notice, 1 February 2024 (received 1 March 2024). Also see: Lorraine Finlay and Rosalind Croucher, 'Limiting Rights and Freedoms in the Name of Public Health: Ensuring Accountability during the COVID-19 Pandemic Response', in Belinda Bennett and Ian Freckelton (eds), *Australian Public Health Law: Contemporary Issues and Challenges*, The Federation Press, Sydney, 2023, pp. 120–137, p. 126.

58 AHRC, answers to questions on notice, 1 February 2024 (received 1 March 2024). Also see: Lorraine Finlay and Rosalind Croucher, 'Limiting Rights and Freedoms in the Name of Public Health: Ensuring Accountability during the COVID-19 Pandemic Response', in Belinda Bennett and Ian Freckelton (eds), *Australian Public Health Law: Contemporary Issues and Challenges*, The Federation Press, Sydney, 2023, pp. 120–137, p. 126. Note: Division 2 of Part 2 of Chapter 8 of the *Biosecurity Act 2015* (Biosecurity Act) outlines the process of declaring a human biosecurity emergency and the powers available to the Health Minister during such an emergency, see: Biosecurity Act, Division 2 of Part 2 of Chapter 8.

> …while many people will contract this virus…just as people get the flu each year, it is a more severe condition than the flu, but for the vast majority…around 8 in 10 is our advice, it will be a mild illness and it will pass. However, for older Australians and those that are more vulnerable, particularly those in remote communities and those with pre-existing health conditions, it is a far more serious virus, and that is our concern. Our aim in all of this is to protect the most vulnerable. The most at risk.[59]

1.41 On 18 March 2020, following the advice of the Federal Executive Council, the Governor-General declared that COVID-19 was a human biosecurity emergency.[60] That declaration stated COVID-19:

> …is an infectious disease:
>
> (a) that has entered Australian territory;
> (b) that is fatal in some cases;
> (c) that there was no vaccine against, or antiviral treatment for, immediately before the commencement of this instrument; and
> (d) that is posing a severe and immediate threat to human health on a nationally significant scale.[61]

1.42 Throughout March 2020, all Australian state and territory governments except New South Wales declared states of emergency in response to the COVID-19 pandemic.[62] During that month, National Cabinet agreed to:

- impose quarantine restrictions on all international arrivals;[63]
- introduce social distancing measures;[64]
- put restrictions on social gatherings;[65]

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59 The Hon Scott Morrison MP, Prime Minister, and Dr Paul Kelly, Deputy CMO, 'Transcript—Press Conference', *Transcript*, 15 March 2020.

60 Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) Declaration 2020 (Biosecurity Declaration 2020), 18 March 2020.

61 Biosecurity Declaration 2020, 18 March 2020, s. 6.

62 The New South Wales Minister for Health issued public health orders under the non-emergency powers contained in the *Public Health Act 2010* (NSW). AHRC, answers to questions on notice, 1 February 2024 (received 1 March 2024). Also see: Lorraine Finlay and Rosalind Croucher, 'Limiting Rights and Freedoms in the Name of Public Health: Ensuring Accountability during the COVID-19 Pandemic Response', in Belinda Bennett and Ian Freckelton (eds), *Australian Public Health Law: Contemporary Issues and Challenges*, The Federation Press, Sydney, 2023, pp. 120–137, pp. 126–127.

63 The Hon Scott Morrison MP, Prime Minister, and Dr Paul Kelly, Deputy CMO, 'Transcript—Press Conference', *Transcript*, 15 March 2020.

64 The Hon Scott Morrison MP, Prime Minister, and Dr Paul Kelly, Deputy CMO, 'Transcript—Press Conference', *Transcript*, 15 March 2020.

65 The Hon Scott Morrison MP, Prime Minister, and Dr Paul Kelly, Deputy CMO, 'Transcript—Press Conference', *Transcript*, 15 March 2020.

- close the border to all non-citizens and non-residents;[66]
- ban Australians from travelling overseas;[67] and
- suspend non-urgent elective surgery.[68]

1.43 On 19 August 2020, the Commonwealth government announced it had entered an agreement with AstraZeneca for the procurement of COVID-19 vaccines.[69] The agreement ensured Australians would 'be among the first in the world to receive a COVID-19 vaccine' provided the vaccine passed clinical trials.[70]

1.44 On 5 November 2020, the Commonwealth government secured another 50 million doses of COVID-19 vaccines from Novavax and Pfizer/BioNTech.[71] The Prime Minister explained '[b]y securing multiple COVID-19 vaccines we are giving Australians the best shot at early access to a vaccine, should trials prove successful'.[72]

1.45 On 13 November 2020, the Commonwealth government published the Australian COVID-19 Vaccination Policy.[73] That policy contained the following 'key principles and assumptions for the vaccination program':

- Free of charge for all Australian citizens, permanent residents, and most visa-holders;
- Not mandatory, but strongly encouraged;
- To be rolled out on the basis of identified priority populations, linked to delivery schedules, with scope for redirections to outbreak response;

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66 The Hon Scott Morrison MP, Prime Minister, and Senator the Hon Marise Payne, Minister for Foreign Affairs, Minister for Women, and the Hon Peter Dutton MP, Minister for Home Affairs, 'Border Restrictions', *Joint Media Release*, 19 March 2020.

67 The Hon Scott Morrison MP, Prime Minister, 'Update on coronavirus measures', *Media Statement*, 24 March 2020.

68 The Hon Scott Morrison MP, Prime Minister, 'Elective Surgery', *Media Release*, 25 March 2020.

69 The Hon Scott Morrison MP, Prime Minister, the Hon Greg Hunt MP, Minister for Health, and the Hon Karen Andrews MP, Minister for Industry, Science and Technology, 'New deal secures potential COVID-19 vaccine for every Australian', *Joint Media Release*, 19 August 2020.

70 The Hon Scott Morrison MP, Prime Minister, the Hon Greg Hunt MP, Minister for Health, and the Hon Karen Andrews MP, Minister for Industry, Science and Technology, 'New deal secures potential COVID-19 vaccine for every Australian', *Joint Media Release*, 19 August 2020.

71 The Hon Scott Morrison MP, Prime Minister, and the Hon Greg Hunt MP, Minister for Health and Aged Care, 'Australia Secures a further 50 Million Doses of COVID-19 Vaccine', *Joint Media Release*, 5 November 2020.

72 The Hon Scott Morrison MP, Prime Minister, and the Hon Greg Hunt MP, Minister for Health and Aged Care, 'Australia Secures a further 50 Million Doses of COVID-19 Vaccine', *Joint Media Release*, 5 November 2020.

73 Department of Health and Aged Care, *Australian COVID-19 Vaccination Policy*, 13 November 2020, www.health.gov.au/resources/publications/covid-19-vaccination-australian-covid-19-vaccination-policy?language=en (accessed 21 November 2023).

- Centralised Commonwealth oversight, with defined responsibilities for the Australian and State and Territory governments.[74]

1.46 On 25 January 2021, the Pfizer/BioNTech COVID-19 vaccine was provisionally approved for use in Australia by the Therapeutic Goods Administration (TGA).[75] On 15 February 2021, the first doses of that vaccine arrived in Australia.[76] A day later, the AstraZeneca COVID-19 was provisionally approved for use in Australia by the TGA.[77]

1.47 On 21 February 2021, the COVID-19 vaccination program was launched with the first vaccines being administered in NSW.[78]

1.48 On 8 April 2021, the Australian Technical Advisory Group on Immunisation (ATAGI) advised there was a 'rare but serious side effect' related to the AstraZeneca vaccine.[79] ATAGI maintained 'that the AstraZeneca COVID-19 vaccine is highly effective in preventing severe disease caused by COVID-19'.[80] ATAGI advised 'that the risk of blood clotting side effects from the Astra Zeneca vaccine is four to six in one million people, in the first four to 20 days post the vaccine'.[81] Based on that advice, the Commonwealth government recommended that AstraZeneca be administered to people over the age of 50 and those under 50 should be given the Pfizer/BioNTech vaccine.[82]

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74 The Hon Scott Morrison MP, Prime Minister, 'National Cabinet', *Media Statement*, 13 November 2020.

75 The Hon Scott Morrison MP, Prime Minister, and the Hon Greg Hunt MP, Minister for Health and Aged Care, 'Pfizer vaccine approved', *Media Release*, 25 January 2021.

76 The Hon Scott Morrison MP, Prime Minister, and the Hon Greg Hunt MP, Minister for Health and Aged Care, 'First Pfizer Vaccine Doses Arrive in Australia', *Joint Media Release*, 15 February 2021.

77 The Hon Scott Morrison MP, Prime Minister, and the Hon Greg Hunt MP, Minister for Health and Aged Care, 'TGA approves AstraZeneca COVID-19 vaccine', *Media Release*, 16 February 2021.

78 The Hon Scott Morrison MP, Prime Minister, and the Hon Greg Hunt MP, Minister for Health and Aged Care, 'First COVID-19 vaccinations', *Media Release*, 21 February 2021.

79 The Hon Scott Morrison MP, Prime Minister, and the Hon Greg Hunt MP, Minister for Health and Aged Care, 'AstraZeneca COVID-19 Vaccine', *Media Statement*, 8 April 2021.

80 The Hon Scott Morrison MP, Prime Minister, and the Hon Greg Hunt MP, Minister for Health and Aged Care, 'AstraZeneca COVID-19 Vaccine', *Media Statement*, 8 April 2021.

81 The Hon Scott Morrison MP, Prime Minister, and the Hon Greg Hunt MP, Minister for Health and Aged Care, 'AstraZeneca COVID-19 Vaccine', *Media Statement*, 8 April 2021.

82 The Hon Scott Morrison MP, Prime Minister, and the Hon Greg Hunt MP, Minister for Health and Aged Care, 'AstraZeneca COVID-19 Vaccine', *Joint Media Statement*, 8 April 2021. Note: this recommendation was revised to recommend the administration of the Pfizer/BioNTech vaccine to people under the age of 60, see: the Hon Scott Morrison MP, Prime Minister, 'National Cabinet Statement', *Media Statement*, 21 June 2021.

1.49 On 28 June 2021, National Cabinet agreed 'to mandate that at least the first dose of COVID-19 vaccine be administered by mid-September 2021 for all residential aged care workforce'.[83] That decision was 'consistent with the approach taken for mandating influenza vaccinations for aged care workers'.[84]

1.50 On 6 August 2021, National Cabinet received advice from the Solicitor-General in relation to mandatory workplace vaccinations.[85] National Cabinet agreed employers 'have a legal obligation to keep their workplaces safe and to eliminate or minimise so far as 'reasonably practicable' the risk of exposure to COVID-19'.[86] That means:

> In general, in the absence of a State or Territory public health order or a requirement in an employment contract or industrial instrument, an employer can only mandate that an employee be vaccinated through a lawful and reasonable direction.
>
> Decisions to require COVID-19 vaccinations for employees will be a matter for individual business, taking into account their particular circumstances and their obligations under safety, anti-discrimination and privacy laws.[87]

1.51 On 9 August 2021, the Moderna COVID-19 vaccine was provisionally approved for use in Australia by the TGA.[88]

1.52 On 17 April 2022, the emergency measures made under the Biosecurity Act ended.[89]

1.53 On 4 May 2023, the WHO EC met for the fifteenth time. At that meeting it ' highlighted the decreasing trend in COVID-19 deaths, the decline in COVID-19

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83 The Hon Scott Morrison MP, Prime Minister, 'National Cabinet Statement', *Media Statement*, 28 June 2021.

84 The Hon Scott Morrison MP, Prime Minister, 'National Cabinet Statement', *Media Statement*, 9 July 2021.

85 The Hon Scott Morrison MP, Prime Minister, 'National Cabinet Statement', *Media Statement*, 6 August 2021.

86 The Hon Scott Morrison MP, Prime Minister, 'National Cabinet Statement', *Media Statement*, 6 August 2021.

87 The Hon Scott Morrison MP, Prime Minister, 'National Cabinet Statement', *Media Statement*, 6 August 2021. Note: Businesses were referred to guidance provided by the Fair Work Ombudsman and Safe Work Australia when considering 'what may be lawful and reasonable'.

88 The Hon Scott Morrison MP, Prime Minister, and the Hon Greg Hunt MP, Minister for Health and Aged Care, 'Moderna COVID-19 vaccine approved for use in Australia', *Media Release*, 9 August 2021.

89 Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) Declaration 2020 (Biosecurity Declaration 2020), 12 February 2022, ss. 7(b).

related hospitalizations and intensive care unit admissions, and the high levels of population immunity to SARS-CoV-2'.[90]

1.54 Members of the EC acknowledged that while there continued to be 'uncertainties…[about the] potential evolution of SARS-CoV-2, they advised that it is time to transition to long-term management of the COVID-19 pandemic'.[91]

1.55 On 5 May 2023, the Director-General of the WHO 'determine[d] that COVID-19 is now an established and ongoing health issue which no longer constitutes a [PHEIC]'.[92]

1.56 On 20 October 2023, the CMO, Professor Paul Kelly, declared 'COVID-19 is no longer a Communicable Disease Incident of National Significance'.[93] The Australian Health Protection Principal Committee (AHPPC) supported that declaration and stated:

> We can expect continuing waves of infection across the next few years, but at this stage current and emerging variants pose similar risks to other circulating Omicron strains. Continued uptake of protective behaviours such as vaccination and other mitigation strategies are now more appropriate than an emergency response.[94]

1.57 Reflecting upon the Commonwealth government's response to the COVID-19 pandemic, Mr Morrison stated:

> Australia would emerge with one of the lowest fatality rates from COVID in the developed world. When compared to the average fatality rates of OECD countries, Australia's response saved more than 30,000 lives.[95]

1.58 The response to the COVID-19 pandemic was designed to protect the health of Australians and support the national economy:

> This was achieved with Australia emerging with one of the strongest economies through COVID. Our historic economic response kept 700,000

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90 WHO, 'Statement on the fifteenth meeting of the IHR (2005) Emergency Committee on the COVID-19 pandemic', 5 May 2023, www.who.int/news/item/05-05-2023-statement-on-the-fifteenth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic (accessed 21 November 2023).

91 WHO, 'Statement on the fifteenth meeting of the IHR (2005) Emergency Committee on the COVID-19 pandemic', 5 May 2023.

92 WHO, 'Statement on the fifteenth meeting of the IHR (2005) Emergency Committee on the COVID-19 pandemic', 5 May 2023.

93 Department of Health and Aged Care, 'End of COVID-19 emergency response', 20 October 2023, www.health.gov.au/news/end-of-covid-19-emergency-response (accessed 8 March 2024).

94 Department of Health and Aged Care, 'AHPPC statement – End of COVID-19 emergency response', 20 October 2023, www.health.gov.au/news/ahppc-statement-end-of-covid-19-emergency-response (accessed 8 March 2024).

95 The Hon Scott Morrison, *House of Representatives Hansard*, 27 February 2024, p. 4.

> businesses in business, it kept more than a million Australians in work and, despite these unpredicted outlays, Australia was one of just nine countries to retain a AAA credit rating.[96]

1.59 The former Prime Minister argued the economic response was well designed and implemented:

> Our response was timely, it was targeted and it was temporary. We responsibly retired measures as soon as it was prudent to do so, leading to a historic reduction in the actual budget deficit, with the budget even moving into structural surplus during COVID.[97]

State and territory government responses to the COVID-19 pandemic

1.60 National Cabinet endorsed a range of measures in response to the COVID-19 pandemic.[98] Those measures included:

- quarantining all international arrivals for a period of 14 days;
- a ban on cruise ships arriving in Australia from foreign ports; and
- restrictions on non-essential gatherings of more than 500 people.[99]

1.61 It was stated that the restriction on gatherings of more than 500 people 'do[es] not include schools, universities and workplaces, or prevent the operation of public transport'.[100]

1.62 National Cabinet enabled 'governments to undertake targeted action to the COVID-19 outbreak'.[101] That action 'include[d] changes to intensive care unit configurations, social isolation, fever clinics and restrictions on mass gatherings'.[102]

1.63 State and territory governments introduced their own measures to respond to the COVID-19 pandemic.[103]

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96 The Hon Scott Morrison, *House of Representatives Hansard*, 27 February 2024, p. 4.

97 The Hon Scott Morrison, *House of Representatives Hansard*, 27 February 2024, p. 4.

98 The Hon Scott Morrison MP, Prime Minister, 'Coronavirus measures endorsed by National Cabinet', *Media Release*, 16 March 2020.

99 The Hon Scott Morrison MP, Prime Minister, 'Coronavirus measures endorsed by National Cabinet', *Media Release*, 16 March 2020.

100 The Hon Scott Morrison MP, Prime Minister, 'Coronavirus measures endorsed by National Cabinet', *Media Release*, 16 March 2020.

101 The Hon Scott Morrison MP, Prime Minister, 'Coronavirus measures endorsed by National Cabinet', *Media Release*, 16 March 2020.

102 The Hon Scott Morrison MP, Prime Minister, 'Coronavirus measures endorsed by National Cabinet', *Media Release*, 16 March 2020.

103 See, for example: New South Wales Government, 'COVID-19: Emergency laws introduced to parliament to boost community safety' *Media Release*, 24 March 2020; The Hon Mark McGowan

1.64 State and territory governments implemented 'lockdowns and curfews on an almost regular basis over the course of the pandemic'.[104]

1.65 Throughout the pandemic, some state and territory governments closed schools, contrary to the health advice provided by the Commonwealth:

> The Australian Government's health advice at the start of the pandemic was that attending school was safe if proper precautions were taken. But state governments took a different view. School closures were commonplace. This is likely to have significant adverse impacts on children's outcomes in education, social development, and mental and physical health.[105]

1.66 For example, during part of 2020 Queensland state schools only remained open for children of 'essential workers' with other children learning from home.[106] In South Australia, schools would be forced to close for a period of at least 24 hours following a confirmed case of COVID-19.[107]

1.67 Other states and territories took alternative approaches. For example, Tasmanian parents and carers were initially offered support if they chose to have their children learn from home.[108] Some schools were closed at various times due to the imposition of additional restrictions in response to COVID-19 outbreaks.[109]

MLA, Premier of Western Australia, 'Urgent legislation to support State's COVID-19 response', 31 March 2020; Mr Andrew Barr MLA, Chief Minister of the Australian Capital Territory, 'Temporary reforms to support ACT COVID-19 public health emergency', *Media Release*, 2 April 2020.

104 Independent Review into Australia's Response to COVID-19, *Fault Lines: An Independent Review into Australia's Response to COVID-19*, 20 October 2022, https://assets.website-files.com/62b998c0c9af9f65bba26051/6350438b7df8c77439846e97_FAULT-LINES-1.pdf (accessed 8 April 2024), p. 35.

105 Independent Review into Australia's Response to COVID-19, *Fault Lines: An Independent Review into Australia's Response to COVID-19*, 20 October 2022, https://assets.website-files.com/62b998c0c9af9f65bba26051/6350438b7df8c77439846e97_FAULT-LINES-1.pdf (accessed 8 April 2024), p. 36.

106 The Hon Annastacia Palaszczuk MP, Premier of Queensland and Minister for Trade, and the Hon Grace Grace, Queensland Minister for Education and Minister for Industrial Relations, 'Initial Term 2 school arrangements for Queensland announced', *Joint Statement*, 13 April 2020.

107 The Hon John Gardner MP, South Australian Minister for Education, 'Update on education protocols for coronavirus', *Media Release*, 13 March 2020.

108 The Hon Jeremy Rockliff MP, Tasmanian Minister for Education and Training, 'Education in Government Schools', *Media Release*, 25 March 2020.

109 For example, schools in the Tasmanian North-West were closed for a period of time in April and May 2020. See: The Hon Jeremy Rockliff, Tasmanian Minister for Education and Training, 'Term 2 in Tasmanian Government Schools', *Media Release*, 24 April 2020.

1.68 The Fault Lines report suggested '[l]ockdowns were a sensible course of action in the early stages of the pandemic'.[110] As the pandemic progressed, 'the use of lockdowns appeared to be driven by policy failures in other areas, such as in quarantine, COVID-19 testing, contact tracing and vaccine procurement and distribution'.[111] That review found that Australian governments:

> …became too reliant on lockdowns as our dominant public health response. The decision to impose them appeared to be decided on narrow health advice aimed at minimising COVID-19 case numbers. Too rarely did governments consider potential broader health and social impacts, particularly on the disadvantaged. Cost-benefit calculations were largely absent. Trade-offs were rarely discussed. Governments appeared to be overly focused on short-term benefits, with too little discussion of long-term consequences. The imposition of lockdowns regularly showed overreach, and their implementation lacked consistency, compassion and clarity.[112]

Impact of the COVID-19 pandemic

1.69 The COVID-19 pandemic had significant impacts on the Australian economy and the health and wellbeing of the Australian population.

Economic impact

1.70 The COVID-19 pandemic and the response to it impacted the trajectory of Australian economic growth and government spending.

Australian economic growth

1.71 As illustrated in Figure 1.1, the Australian Bureau of Statistics (ABS) estimated that Australian gross domestic product (GDP) 'suffered a cumulative loss of $158 billion compared to its pre-pandemic trajectory'.[113]

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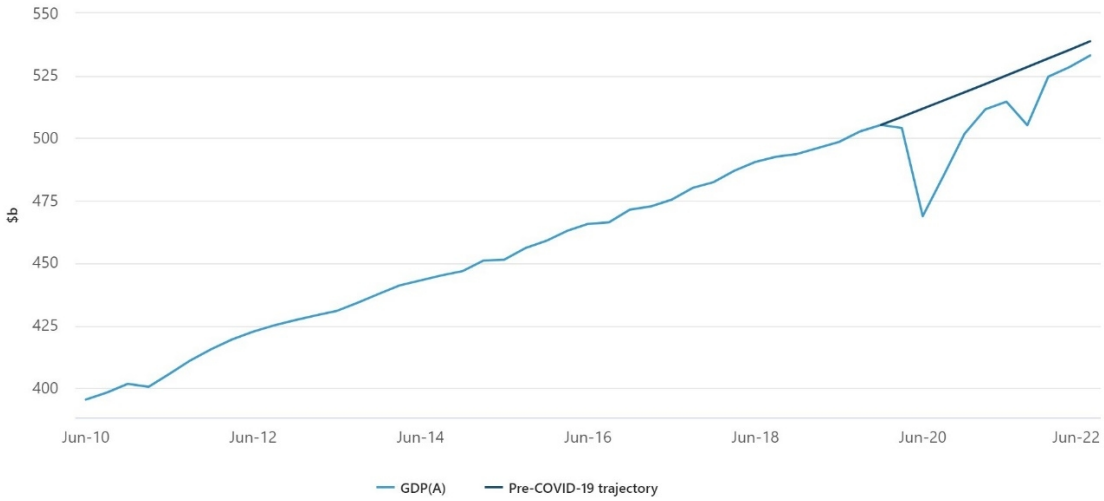
110 Independent Review into Australia's Response to COVID-19, *Fault Lines: An Independent Review into Australia's Response to COVID-19*, 20 October 2022, https://assets.website-files.com/62b998c0c9af9f65bba26051/6350438b7df8c77439846e97_FAULT-LINES-1.pdf (accessed 8 April 2024), p. 35.

111 Independent Review into Australia's Response to COVID-19, *Fault Lines: An Independent Review into Australia's Response to COVID-19*, 20 October 2022, https://assets.website-files.com/62b998c0c9af9f65bba26051/6350438b7df8c77439846e97_FAULT-LINES-1.pdf (accessed 8 April 2024), p. 35.

112 Independent Review into Australia's Response to COVID-19, *Fault Lines: An Independent Review into Australia's Response to COVID-19*, 20 October 2022, https://assets.website-files.com/62b998c0c9af9f65bba26051/6350438b7df8c77439846e97_FAULT-LINES-1.pdf (accessed 8 April 2024), p. 35.

113 ABS, 'Economic gains and losses over the COVID-19 pandemic', 7 September 2022, www.abs.gov.au/articles/economic-gains-and-losses-over-covid-19-pandemic (accessed 8 April 2024).

Figure 1.1 Australian gross domestic product, actual and pre-COVID-19 trajectory, chain volume measures, seasonally adjusted



Source: Australian Bureau of Statistics, 'Economic gains and losses over the COVID-19 pandemic', 7 September 2022, www.abs.gov.au/articles/economic-gains-and-losses-over-covid-19-pandemic (accessed 8 April 2024)

1.72 According to the ABS, '[r]ecord falls in household consumption were the main driver of the cumulative loss to GDP'.[114] After the pandemic was declared, there was 'a swift change in demand and consumption behaviour'. [115] Restrictions on business operations and lockdowns resulted in a decline in consumer activity in some parts of the economy and an increase in others.[116] According to ABS estimates in June 2022, 'since the pandemic began, households have spent $148 billion less than a continuation of their pre-pandemic spending trajectory would have implied'.[117]

1.73 Economic growth began 'to return to longer term patterns', once the COVID-19 response measures began to ease.[118]

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114 Australian Bureau of Statistics (ABS), 'Economic gains and losses over the COVID-19 pandemic', 7 September 2022, www.abs.gov.au/articles/economic-gains-and-losses-over-covid-19-pandemic (accessed 8 April 2024).

115 ABS, 'Economic gains and losses over the COVID-19 pandemic', 7 September 2022, www.abs.gov.au/articles/economic-gains-and-losses-over-covid-19-pandemic (accessed 8 April 2024).

116 ABS, 'Economic gains and losses over the COVID-19 pandemic', 7 September 2022.

117 ABS, 'Economic gains and losses over the COVID-19 pandemic', 7 September 2022.

118 ABS, 'Economic gains and losses over the COVID-19 pandemic', 7 September 2022.

Response by the Reserve Bank of Australia

1.74 The Reserve Bank of Australia (RBA) recognised that the COVID-19 pandemic had 'a major impact on the economy and the financial system'.[119]

1.75 To support the Australian economy and the financial system the RBA:

- lowered the cash rate to 0.1% and did not begin raising it until May 2022;
- purchased more than $200 billion in bonds issued by Commonwealth, state, and territory governments;
- provided a term funding facility to support banks in providing credit to households and businesses;
- increased liquidity into the financial system through its market operations;
- purchased Australian government bonds in the secondary market as required to support the functioning of that market;
- established a foreign exchange swap line with the US Federal Reserve to ensure access to up to US$60 billion; and
- monitored the supply of banknotes in the Australian financial system.[120]

Government spending

1.76 As illustrated in Figure 1.2, general government consumption increased above the pre-COVID-19 trajectory during the pandemic.[121] The increase in general government consumption was mainly driven by increased public health spending in response to the COVID-19 pandemic.[122]

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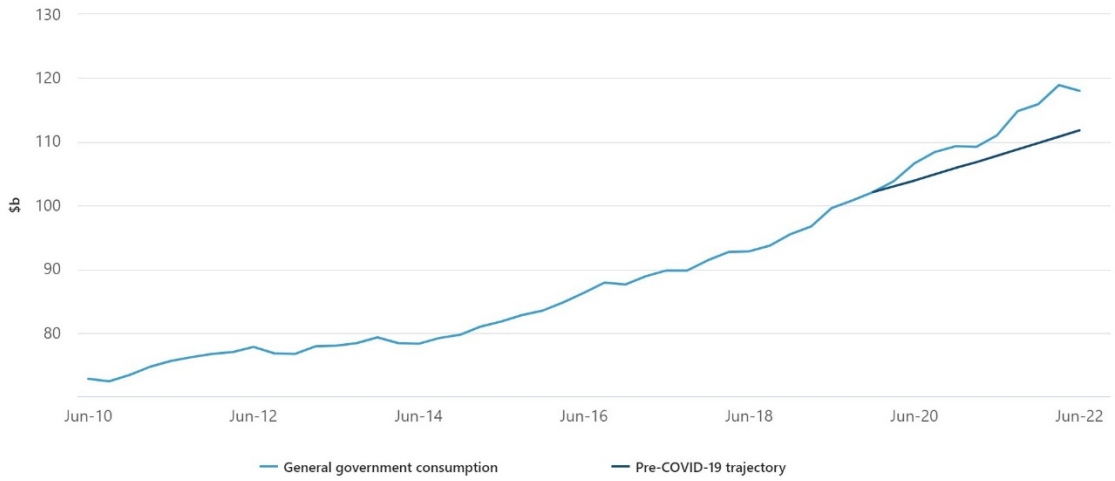
[119] Reserve Bank of Australia (RBA), 'Supporting the Economy and Financial System in Response to COVID-19', no date, www.rba.gov.au/covid-19/ (accessed 8 April 2024).

[120] RBA, 'Supporting the Economy and Financial System in Response to COVID-19', no date, www.rba.gov.au/covid-19/ (accessed 8 April 2024).

[121] ABS, 'Economic gains and losses over the COVID-19 pandemic', 7 September 2022, www.abs.gov.au/articles/economic-gains-and-losses-over-covid-19-pandemic (accessed 8 April 2024).

[122] ABS, 'Economic gains and losses over the COVID-19 pandemic', 7 September 2022, www.abs.gov.au/articles/economic-gains-and-losses-over-covid-19-pandemic (accessed 8 April 2024).

Figure 1.2 General government consumption, actual and pre-COVID-19 trajectory, chain volume measures, seasonally adjusted



Source: Australian Bureau of Statistics, 'Economic gains and losses over the COVID-19 pandemic', 7 September 2022, www.abs.gov.au/articles/economic-gains-and-losses-over-covid-19-pandemic (accessed 8 April 2024)

1.77 Compared to the pre-pandemic trajectory, the Commonwealth, state, and territory governments spent an additional $42 billion in 2019–20, 2020–21, and 2021–22.

1.78 The 2021–22 Budget stated that the Commonwealth government had spent $311 billion on 'direct economic and health support since the onset of the pandemic'.[123]

1.79 Most of that $311 billion was spent on economic support, including:

- The JobKeeper Payment, which at $89 billion is the largest economic support program in Australia's history, having supported over 3.8 million individuals;
- Boosting Cash Flow for Employers which provided more than $35 billion in cash flow support to more than 800,000 employers; and
- The Government's temporary Coronavirus Supplement which provided over $20 billion in additional financial assistance to over 3 million Australians affected by the economic impacts of COVID-19.[124]

1.80 According to estimates by the Australian Institute of Health and Welfare, during 2019–20 and 2020–21, the Commonwealth spent $35.1 billion on the health

[123] Commonwealth of Australia, *Securing Australia's Recovery: Supporting Australians through COVID-19*, 2021, https://archive.budget.gov.au/2021-22/download/glossy_covid19.pdf (accessed 8 April 2024), p. 5.

[124] Commonwealth of Australia, *Securing Australia's Recovery: Supporting Australians through COVID-19*, 2021, https://archive.budget.gov.au/2021-22/download/glossy_covid19.pdf (accessed 8 April 2024), p. 10.

response to the COVID-19 pandemic.[125] State and territory governments spent a further $11.9 billion on their health response to the pandemic.[126]

1.81 According to the Audit Office of NSW, that state alone spent $7.5 billion on health and economic stimulus from the start of the COVID-19 pandemic to 30 June 2021.[127]

1.82 An analysis by EY found that, as a result of lockdowns and increased government spending, state and territory expenses between financial year 2019 and financial year 2022 increased by an average of 29 per cent.[128] The increase in expenses was most notable in NSW and Victoria which recorded 'an expense growth rate of 50 per cent and 43 per cent respectively'.[129] That has led to an expectation that those two states will 'see much larger net operating deficits than previously expected'.[130]

Health impact of the COVID-19 pandemic

1.83 The COVID-19 pandemic had a significant impact on the health of Australians as indicated by infection and hospitalisation rates, and deaths caused by the disease.

Infection and hospitalisation rates

1.84 According to the Australian COVID-19 Serosurveillance Network, 'by December 2022, more than two-thirds of the Australian adult population had

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125 Australian Institute of Health and Welfare (AIHW), *Health system spending on the response to COVID-19 in Australia 2019–20 to 2021–22*, 29 November 2023, www.aihw.gov.au/getmedia/ce0a7601-db32-49ca-a7f9-f1fd6dae094d/health-system-spending-on-the-response-to-covid-19-in-australia-2019-20-to-2021-22.pdf (accessed 8 April 2024), p. 2.

126 AIHW, 'Health system spending on the response to COVID-19 in Australia 2019–20 to 2021–22', 29 November 2023, www.aihw.gov.au/getmedia/ce0a7601-db32-49ca-a7f9-f1fd6dae094d/health-system-spending-on-the-response-to-covid-19-in-australia-2019-20-to-2021-22.pdf (accessed 8 April 2024).

127 Audit Office of NSW, 'COVID-19: response, recovery and impact', 20 May 2022, www.audit.nsw.gov.au/our-work/reports/covid-19-response-recovery-and-impact (accessed 10 April 2024).

128 Cherelle Murphy and Paula Gadsby, 'State budget analysis: Focus switches from COVID-19 emergency to health, skills, infrastructure and climate', EY, 18 July 2022, www.ey.com/en_au/economics/state-budget-analysis-focus-switches-to-health-skills-infrastructure-climate (accessed 10 April 2024).

129 Cherelle Murphy and Paula Gadsby, 'State budget analysis: Focus switches from COVID-19 emergency to health, skills, infrastructure and climate', EY, 18 July 2022.

130 Cherelle Murphy and Paula Gadsby, 'State budget analysis: Focus switches from COVID-19 emergency to health, skills, infrastructure and climate', EY, 18 July 2022, www.ey.com/en_au/economics/state-budget-analysis-focus-switches-to-health-skills-infrastructure-climate (accessed 10 April 2024).

been infected with SARS CoV-2'.[131] It is likely that a further 15-20 per cent of that population has had the virus, as some infections 'may be missed by these seroprevalence estimates', which are drawn from tests on blood donated by donors.[132]

1.85 Over the 18 months from January 2020 to June 2021, 'there were over 270,700 hospitalisations involving a COVID-19 diagnosis'.[133] According to the AIHW, '[i]n 2021–22, there were 263,400 hospitalisations involving a COVID-19 diagnosis'.[134]

1.86 In 2021–22, 30.5% of hospitalisations involving a COVID-19 diagnosis were for people over the age of 65 and 26 per cent were for people under the age of 24.[135] In that year, three per cent of hospitalisations involving a COVID-19 diagnosis involved a stay in an intensive care unit.[136]

Deaths caused by COVID-19

1.87 According to the ABS, COVID-19 was the third-leading cause of death in Australia in 2022.[137]

1.88 The ABS maintains a provisional register of 'deaths where people died with or from COVID-19'.[138] The ABS received 687 639 death registrations between the

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131 Australian COVID-19 Serosurveillance Network, 'Seroprevalence of SARS-CoV-2-specific antibodies among Australian blood donors: Round 4 update', 8 February 2023, www.kirby.unsw.edu.au/sites/default/files/documents/COVID19-Blood-Donor-Report-Round4-Nov-Dec-2022%5B1%5D.pdf (accessed 8 April 2024).

132 Matt Woodley, 'Vast majority of Australian population has had COVID: Seroprevalence survey', *Royal Australian College of General Practitioners* (RACGP), 3 November 2022, www1.racgp.org.au/newsgp/clinical/vast-majority-of-australian-population-has-had-cov (accessed 8 April 2024).

133 AIHW, 'Australia's hospitals at a glance', 6 December 2023, www.aihw.gov.au/getmedia/71d19036-8c1e-485d-9d93-6618780346ae/australia-s-hospitals-at-a-glance.pdf (accessed 8 April 2024).

134 AIHW, 'Admitted patient activity', 11 August 2023, www.aihw.gov.au/reports-data/myhospitals/intersection/activity/apc (accessed 8 April 2024).

135 AIHW, 'Admitted patient activity', 11 August 2023.

136 AIHW, 'Admitted patient activity', 11 August 2023.

137 ABS, 'Causes of Death, Australia', 27 September 2023, www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release (accessed 8 April 2024).

138 The register is provisional as the ABS expects that it will receive additional death registrations from prior to 31 January 2024. ABS, 'COVID-19 Mortality in Australia: Deaths registered until 31 January 2024', 27 February 2024, www.abs.gov.au/articles/covid-19-mortality-australia-deaths-registered-until-31-january-2024 (accessed 8 April 2024).

start of the pandemic in March 2020 and January 2024.[139] Of those registrations, 21 827 recorded a death from or with COVID-19.[140]

1.89 Of the registered deaths from or with COVID-19, there were 17 276 deaths where the disease was the underlying cause.[141] The remaining 4 551 registered deaths had a different underlying cause with COVID-19 being a contributory factor.[142]

1.90 The proportion of registered deaths where COVID-19 is the only cause of death has declined since the start of the pandemic, as the ABS reported:

> The proportion of deaths where COVID-19 was the only condition recorded on the medical certificate has declined since the pandemic began to 3.3% of deaths in 2023, from 11.3% in 2020.[143]

Excess deaths

1.91 The ABS reported that an 'increase in the number and rate of deaths in 2022 led to Australia recording excess mortality (higher than expected mortality)'.[144] In 2022, Australia recorded almost 20,000 more deaths than in the prior year.[145]

1.92 In April 2023, the Actuaries Institute reported that 'there were over 20,000 more deaths in 2022 than would have been expected if the pandemic had not happened'.[146]

1.93 Of those deaths, the Actuaries Institute estimated that:

- 10,300 deaths (51%) were from COVID-19;
- 2,900 deaths (15%) were COVID-19 related, meaning that COVID-19 contributed to the death; and

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139 ABS, 'COVID-19 Mortality in Australia: Deaths registered until 31 January 2024', 27 February 2024, www.abs.gov.au/articles/covid-19-mortality-australia-deaths-registered-until-31-january-2024 (accessed 8 April 2024).

140 ABS, 'COVID-19 Mortality in Australia: Deaths registered until 31 January 2024', 27 February 2024.

141 ABS, 'COVID-19 Mortality in Australia: Deaths registered until 31 January 2024', 27 February 2024.

142 ABS, 'COVID-19 Mortality in Australia: Deaths registered until 31 January 2024', 27 February 2024.

143 ABS, 'COVID-19 Mortality in Australia: Deaths registered until 31 January 2024', 27 February 2024.

144 ABS, 'Causes of Death, Australia', 27 September 2023, www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release (accessed 8 April 2024).

145 ABS, 'Causes of Death, Australia', 27 September 2023.

146 Actuaries Institute, 'COVID-19 Mortality Working Group: Confirmation of 20,000 excess deaths for 2022 in Australia', *Actuaries Digital*, 6 April 2023, www.actuaries.digital/2023/04/06/covid-19-mortality-working-group-confirmation-of-20000-excess-deaths-for-2022-in-australia/ (accessed 8 April 2024).

- 7,000 deaths (34%) had no mention of COVID-19 on the death certificate.[147]

1.94 On 26 March 2024, the Senate referred an inquiry into the excess mortality recorded by the ABS in 2021, 2022, and 2023.[148] That inquiry will examine the factors that contributed to excess mortality in those years and recommend ways to address those drivers.[149]

Inquiries into the Australian response to the COVID-19 pandemic

1.95 According to the Hon Anthony Albanese MP, Prime Minister of Australia, there have been 20 inquiries into the Australian response to the COVID-19 pandemic.[150] Most of the Australian states and territories have conducted inquiries into their responses to the COVID-19 pandemic.[151] Some states have ongoing inquiries into their responses to COVID-19.[152]

1.96 On 8 April 2020, the Senate established the Senate Select Committee on COVID-19 (the COVID-19 committee) to scrutinise 'the Australian Government's response to the COVID-19 pandemic'.[153]

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147 Actuaries Institute, 'COVID-19 Mortality Working Group: Confirmation of 20,000 excess deaths for 2022 in Australia', *Actuaries Digital*, 6 April 2023.

148 *Journals of the Senate*, No. 107, 26 March 2024, pp. 3211–3212.

149 *Journals of the Senate*, No. 107, 26 March 2024, pp. 3211–3212.

150 The Hon Anthony Albanese MP, Prime Minister of Australia, 'Press conference – Adelaide', *Transcript*, 21 September 2023.

151 See, for example: Select Committee on the COVID-19 2021 pandemic response, Legislative Assembly for the Australian Capital Territory, *Inquiry into the COVID-19 2021 pandemic response*, December 2021; Public Accountability Committee, Legislative Council of New South Wales, *NSW Government's management of the COVID-19 pandemic*, March 2022; Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee, *Interim Report: Inquiry into the Queensland Government's health response to COVID-19*, September 2020; Parliamentary Standing Committee of Public Accounts, Parliament of Tasmania, *Inquiry into the Government's Economic Response to the COVID-19 Pandemic*, August 2021; Public Accounts and Estimates Committee, Parliament of Victoria, *Inquiry into the Victorian Government's response to the COVID-19 pandemic*, February 2021; Department of the Premier and Cabinet, Western Australia, *Review of Western Australia's COVID-19 Management and Response*, July 2023. Note: the Public Accounts Committee of the Northern Territory Legislative Assembly held four public hearings between April and July 2020 to examine the COVID-19 response and Territory finances, see: Public Accounts Committee, Legislative Assembly of the Northern Territory, 'Public Hearings on COVID-19 and Territory Finances', 31 July 2020, https://parliament.nt.gov.au/committees/previous/PAC/COVID (accessed 9 April 2024).

152 See, for example: Premier of Tasmania, *Submission 10*, pp. 1–2; Andrew Hough, 'Major inquiry launched into SA's Covid response', *Adelaide Advertiser*, 10 May 2023, p. 10.

153 *Journals of the Senate*, No. 48, 8 April 2020, p. 1580.

1.97 In April 2022, the COVID-19 committee recommended 'that a Royal Commission be established to examine Australia's response to the COVID-19 pandemic to inform preparedness for future COVID-19 waves and future pandemics'.[154]

1.98 On 20 October 2022, an independent review funded by several philanthropic organisations reported on Australia's response to the COVID-19 pandemic.[155]

1.99 In August 2022, the Prime Minister, the Hon Anthony Albanese MP, indicated the government 'will need to have an examination in some form of what we got right, what we got wrong, how we can do better'.[156] He stated that the government would conduct that examination 'in some form, but we will make that decision at some time in the future'.[157]

1.100 Senator the Hon Katy Gallagher indicated that the government had made it:

> …clear that there should be an inquiry into the pandemic. We believe it had such massive implications across the economy, across the community that an inquiry would need to be undertaken at the right time.[158]

1.101 Senator Gallagher elaborated that as the pandemic was ongoing it would not be appropriate to conduct an inquiry immediately:

> People are still becoming unwell and management plans are still in place, so that remains the government's focus to ensure that we are responding to that appropriately, but we also do believe there needs to be an inquiry. There have also been a number of inquiries conducted or that are in the process of being conducted across the states and territories. That should feed into information that we would use at the federal level.[159]

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154 Senate Select Committee on COVID-19, *Final report*, April 2022, p. 87.

155 Independent Review into Australia's Response to COVID-19, *Fault Lines: An Independent Review into Australia's Response to COVID-19*, 20 October 2022, https://assets.website-files.com/62b998c0c9af9f65bba26051/6350438b7df8c77439846e97_FAULT-LINES-1.pdf (accessed 20 November 2023).

156 The Hon Anthony Albanese MP, Prime Minister, 'Television Interview – Today show', *Media Release*, 19 August 2022.

157 The Hon Anthony Albanese MP, Prime Minister, 'Television Interview – Today show', *Media Release*, 19 August 2022.

158 Senator the Hon Katy Gallagher, Minister representing the Minister for Health and Aged Care, *Senate Hansard*, 10 August 2023, p. 59.

159 Senator the Hon Katy Gallagher, Minister representing the Minister for Health and Aged Care, *Senate Hansard*, 10 August 2023, p. 59.

1.102 On 21 September 2023, the Prime Minister announced an independent inquiry into Australia's response to the COVID-19 pandemic.[160] The Prime Minister highlighted the importance of the inquiry:

> We said before the election and I've said since, given the enormous dislocation, the stress, the, of course, loss of life, the economic impact of the pandemic, it is appropriate that when we reached a certain period, that we would have an inquiry. It's a commitment that I made before the election.
>
> …
>
> But of course, Australians will recall, will never forget, what the country went through in 2020 and 2021 in particular. It was a time when Australians joined together. They made sacrifices to help each other. They sacrificed some of the normal activity that would go on. And it was a very disruptive period in our lives. But we got through it. And we got through it in a way that was positive in most respects. But we need to examine what went right, what could be done better, with a focus on the future. Because the health experts and the science tells us that this pandemic may well be, indeed, is not likely to be the last one that occurs. So that's why better preparedness is very important.[161]

1.103 The Prime Minister explained that a Royal Commission may not be the most appropriate mechanism to inquire into the Commonwealth Government's response to the COVID-19 pandemic:

> I promised one Royal Commission as Leader of the Labor Party, that was into Robodebt. And that has reported and has been effective. One of the things we've learned about Royal Commissions is that they can roll on, and on, and on, for year, after year, after year…There have been 20 inquiries already. What we want to do is to bring together that information and to consolidate that. What are the findings of the inquiries that have been held? There's been a commission, for example, already in my state of NSW, into the Ruby Princess. There's been a range of inquiries. What we want to do is to get the information consolidated and get those recommendations about how we better prepare in the future.[162]

1.104 The Hon Mark Butler MP, the Minister for Health and Aged Care, similarly explained that the COVID-19 inquiry would deliver on the election promise 'that there would be a deep and thorough inquiry into the nation's pandemic response'.[163] He reiterated that the government had been clear that an inquiry

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160 The Hon Anthony Albanese MP, Prime Minister, and the Hon Mark Butler MP, Minister for Health and Aged Care, 'Improving Future Preparedness: Inquiry into the Response to the COVID-19 Pandemic', *Media Release*, 21 September 2023.

161 The Hon Anthony Albanese MP, Prime Minister, and the Hon Mark Butler MP, Minister for Health and Aged Care, 'Press Conference – Adelaide', *Transcript*, 21 September 2023.

162 The Hon Anthony Albanese MP, Prime Minister, and the Hon Mark Butler MP, Minister for Health and Aged Care, 'Press Conference – Adelaide', *Transcript*, 21 September 2023.

163 The Hon Anthony Albanese MP, Prime Minister, and the Hon Mark Butler MP, Minister for Health and Aged Care, 'Press Conference – Adelaide', *Transcript*, 21 September 2023.

'would take place after the worst period of the pandemic had receded. And we wouldn't start an inquiry while our health systems, our governments, were still focused on pandemic management'.[164]

1.105 The Department of the Prime Minister and Cabinet stated: '[t]he purpose of the Commonwealth Government COVID-19 Response Inquiry is to identify lessons learned to improve Australia's preparedness for future pandemics'.[165]

1.106 The purpose of the inquiry is similar to the commissions of inquiry established in the United Kingdom (UK) and New Zealand (NZ), as both of those commissions are intended examine the COVID-19 pandemic experience to better prepare for the next health emergency.[166] However, the UK Inquiry is 'established under the Inquiries Act (2005) [UK]. This means that the Chair will have the power to compel the production of documents and call witnesses to give evidence on oath'.[167] Similarly, the NZ Inquiry has been established as a Royal Commission of Inquiry under the *Inquiries Act 2013* of New Zealand with powers to require production of documents and to call witnesses.[168]

1.107 The terms of reference for the Commonwealth Government Covid-19 Response Inquiry stated:

> The Inquiry will review the Commonwealth Government's response to the COVID-19 pandemic and make recommendations to improve response measures in the event of future pandemics. It will consider opportunities for systems to more effectively anticipate, adapt and respond to pandemics in areas of Commonwealth Government responsibility.[169]

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164 The Hon Anthony Albanese MP, Prime Minister, and the Hon Mark Butler MP, Minister for Health and Aged Care, 'Press Conference – Adelaide', *Transcript*, 21 September 2023.

165 PM&C, 'Commonwealth Government Covid-19 Response Inquiry terms of reference', 21 September 2023, www.pmc.gov.au/resources/commonwealth-government-covid-19-response-inquiry-terms-reference (accessed 8 April 2024).

166 United Kingdom (UK) Covid-19 Inquiry, 'Covid-19 Inquiry Terms of Reference', 20 July 2022, https://covid19.public-inquiry.uk/documents/terms-of-reference/ (accessed 9 April 2024); New Zealand (NZ) Royal Commission COVID-19 Lessons Learned Te Tira Ārai Urutā, 'The Inquiry's terms of reference', 9 April 2024, www.covid19lessons.royalcommission.nz/the-inquiry/the-inquirys-terms-of-reference/ (accessed 12 April 2024).

167 UK Covid-19 Inquiry, 'About', no date, https://covid19.public-inquiry.uk/about/ (accessed 12 April 2024).

168 NZ Royal Commission COVID-19 Lessons Learned Te Tira Ārai Urutā, 'Welcome to the NZ Royal Commission COVID-19 Lessons Learned Te Tira Ārai Urutā', 9 April 2024, www.covid19lessons.royalcommission.nz/ (accessed 12 April 2024); *Inquiries Act 2013* (NZ) s. 20 and s. 23; Royal Commission of Inquiry (COVID-19 Lessons) Order 2022 (NZ).

169 PM&C, 'Commonwealth Government Covid-19 Response Inquiry terms of reference', 21 September 2023, www.pmc.gov.au/resources/commonwealth-government-covid-19-response-inquiry-terms-reference (accessed 8 April 2024).

1.108 The inquiry may examine the following, non-exhaustive list of areas of Commonwealth government responsibility:

- Governance including the role of the Commonwealth Government, responsibilities of state and territory governments, national governance mechanisms (such as National Cabinet, the National Coordination Mechanism and the Australian Health Protection Principal Committee) and advisory bodies supporting responses to COVID-19.
- Key health response measures (for example across COVID-19 vaccinations and treatments, key medical supplies such as personal protective equipment, quarantine facilities, and public health messaging).
- Broader health supports for people impacted by COVID-19 and/or lockdowns (for example mental health and suicide prevention supports, and access to screening and other preventive health measures).
- International policies to support Australians at home and abroad (including with regard to international border closures, and securing vaccine supply deals with international partners for domestic use in Australia).
- Support for industry and businesses (for example responding to supply chain and transport issues, addressing labour shortages, and support for specific industries).
- Financial support for individuals (including income support payments).
- Community supports (across early childhood education and care, higher education, housing and homelessness measures, family and domestic violence measures in areas of Commonwealth Government responsibility).
- Mechanisms to better target future responses to the needs of particular populations (including across genders, age groups, socio-economic status, geographic location, people with disability, First Nations peoples and communities and people from culturally and linguistically diverse communities).[170]

1.109 The terms of reference specifically stated that:

> The following areas are not in scope for the Inquiry:
>
> - Actions taken unilaterally by state and territory governments.
> - International programs and activities assisting foreign countries.[171]

1.110 By not examining the actions of state and territory governments, the Commonwealth Government COVID-19 Response Inquiry differs from the UK inquiry. The terms of reference for the UK Covid-19 Inquiry allow the inquiry to:

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[170] PM&C, 'Commonwealth Government Covid-19 Response Inquiry terms of reference', 21 September 2023.

[171] PM&C, 'Commonwealth Government Covid-19 Response Inquiry terms of reference', 21 September 2023.

> …consider reserved and devolved matters across the United Kingdom, as necessary, but will seek to minimise duplication of investigation, evidence gathering and reporting with any other public inquiry established by the devolved governments.[172]

1.111 The Commonwealth Government COVID-19 Response Inquiry is being conducted by 'an Independent Panel of three eminent people' appointed by the Prime Minister.[173] During the course of the inquiry, '[t]he Independent Panel will consult with relevant experts and people with a diverse range of backgrounds and lived experience'.[174] The inquiry is scheduled to deliver its final report by 30 September 2024.[175]

1.112 It is further noted that the Commonwealth Government COVID-19 Response Inquiry does not have the powers a Royal Commission would have under the *Royal Commissions Act 1902* (Royal Commissions Act) to summon witnesses and require the production of documents.[176] This is discussed further below. In addition, the inquiry cannot be viewed as independent from government because it actually sits within the Department of the Prime Minister and Cabinet and is being supported by a taskforce within that department. That is not to make a reflection on any of the members of that panel or those providing support. However, it is important that such an inquiry should not just be independent but also be seen to be independent.

1.113 As stated in paragraph 1.3, an overwhelming proportion of submissions were in favour of a royal commission. In relation to the opposing view, Catholic Health Australia suggested the Commonwealth Government COVID-19 Response Inquiry 'is the appropriate mechanism to review Australia's pandemic response'.[177] In its view, a royal commission is unnecessary as the inquiry 'will hold sufficient power and be more timely as well as less burdensome on the strained health and aged care sector'.[178]

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172 UK Covid-19 Inquiry, 'Covid-19 Inquiry Terms of Reference', 20 July 2022, https://covid19.public-inquiry.uk/documents/terms-of-reference/ (accessed 9 April 2024);

173 PM&C, 'Commonwealth Government Covid-19 Response Inquiry terms of reference', 21 September 2023.

174 PM&C, 'Commonwealth Government Covid-19 Response Inquiry terms of reference', 21 September 2023.

175 PM&C, 'Commonwealth Government Covid-19 Response Inquiry terms of reference', 21 September 2023.

176 *Royal Commissions Act 1902* (Royal Commissions Act), s. 2.

177 CHA, *Submission 6*, p. 1.

178 CHA, *Submission 6*, p. 1.

1.114 The Tasmanian government similarly argued a royal commission is not necessary 'as each state and territory has already undertaken numerous reviews or inquiries into their response to the pandemic'.[179] It recognised there is 'value in identifying lessons learned from the COVID-19 response to improve Australia's preparedness for future pandemics'.[180]

1.115 In contrast, the Australian Human Right Commission (AHRC) indicated that while it supported the inquiries into the Australian response to the COVID-19 pandemic, 'and engaged with many of them, they are not sufficient substitutes for a properly constituted Royal Commission'.[181]

Royal commissions

1.116 Dr Scott Prasser described royal commissions as 'a particular form of public inquiry' that investigate specific matters and provide advice on their findings.[182] They 'are seen as the apex of public inquiries…[and] attract extensive media and public attention and more resources than other permanent advisory-investigatory bodies'.[183]

1.117 According to the Attorney-General's Department, 'royal commissions are the highest form of inquiry on matters of public importance. They are only established in rare and exceptional circumstances'.[184]

1.118 Federal royal commissions are established under the Royal Commissions Act.[185] Under that Act, royal commissions have the power to:

- summon witnesses to give evidence, produce documents, or both;[186]
- take evidence under oath;[187]

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179 Premier of Tasmania, *Submission 10*, p. 1.

180 Premier of Tasmania, *Submission 10*, p. 2. Note: the Tasmanian government indicated that it would provide a submission to the Commonwealth Government COVID-19 Response Inquiry.

181 AHRC, *Submission 18*, p. 1.

182 Dr Scott Prasser, *Submission 43*, p. 2.

183 Dr Prasser, *Submission 43*, pp. 3–4.

184 Attorney-General's Department (AGD), About Royal Commissions, www.royalcommission.gov.au/about-royal-commissions (accessed 29 January 2024).

185 Dr Prasser, *Submission 43*, p. 2.

186 Royal Commissions Act, ss. 2(1). Royal commissions have the power to summon a 'person to produce a document that is subject to legal professional privilege', see: Royal Commissions Act, ss. 2(5). That power is subject to some restrictions outlined in section 6AA of the Royal Commissions Act.

187 Royal Commissions Act, ss. 2(3). Dr Prasser noted that the non-statutory inquiry conducted by the Department of the Prime Minister and Cabinet has not taken evidence under oath, which 'affects perceptions on the standard of that evidence'. See: Dr Prasser, Answers to written question on notice, 1 February 2024 (received 2 February 2024).

- penalise witnesses who fail to attend a hearing, produce documents, or give information;[188] and
- issue search warrants to assist in their investigation.[189]

1.119 Royal commissions 'are ad hoc, temporary bodies appointed by executive government with members from outside of government or parliament'.[190] Each royal commission is 'individually tailored to meet the issue being reviewed as well as executive government's requirements'.[191]

1.120 Commonwealth royal commissions are established by the Governor-General issuing Letters Patent.[192] The Letters Patent list the terms of reference for the royal commission and appoint a commissioner or commissioners to conduct it.[193]

1.121 Dr Prasser suggested the establishment of a royal commission can carry risks for the appointing government:

> Some have interpreted their terms of reference broadly, probed into unexpected areas and produced reports fatal to the appointing government. They can also have flaws like produce poor quality reports, take too long, cost too much and can be seen as being appointed for politically expedient purposes. Royal commissions into disasters and calamities like floods or bushfires have at different times been criticised for being too narrowly focussed on their specific event, and too bent on allocating blame. Consequently, they fail to develop recommendations that tackle the broader policy issues for the future.[194]

1.122 In Australia, there are no 'constitutional or legislative requirements' that automatically trigger a requirement for the executive government to establish a royal commission.[195] Similarly, the Parliament does not have the power to establish a royal commission and it is not required to approve the establishment

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188 Royal Commissions Act, s. 3.

189 Royal Commissions Act, s. 4.

190 Dr Prasser, *Submission 43*, p. 2.

191 Dr Prasser, *Submission 43*, p. 3.

192 AGD, About Royal Commissions, www.royalcommission.gov.au/about-royal-commissions (accessed 29 January 2024).

193 AGD, About Royal Commissions, www.royalcommission.gov.au/about-royal-commissions (accessed 29 January 2024). Dr Prasser noted the Letters Patent that establish royal commissions usually appoint eminent persons, such as 'current or former members of the judiciary', to be commissioners, see: Dr Prasser, *Submission 43*, p. 3.

194 Dr Prasser, *Submission 43*, p. 4.

195 Dr Prasser, *Submission 43*, p. 3.

of a royal commission.[196] Parliament's role is to provide 'the legislative base for their powers of investigation'.[197]

1.123 According to Dr Prasser, royal commissions may be appointed by the executive government for a range of reasons:

> Generally, royal commissions are appointed when the existing array of permanent advisory and investigatory agencies of government are not seen as being independent enough, or they are asked to review highly controversial issues, ones of widespread concern, and high political salience. Often executive government, or parts of it, needs to be reviewed because of some nefarious activity. Often royal commissions are appointed where there are contrary views that need to be resolved, including contestable data of a scientific kind. Lastly, royal commissions are appointed where there are blurred lines of accountability and responsibility and confusion about who is accountable for certain actions that need to be clarified.[198]

1.124 In Dr Prasser's view:

> These are situations when facts need to be clarified and verified, contrary views aired and resolved, responsibility identified and allocated and reforms for the future developed. In such situations royal commissions are the 'institution of last resort' to be deployed when nothing else in a government's advisory or investigatory tool-box will do.[199]

1.125 Royal commissions may collect information and evidence through open public processes.[200] Witnesses that provide evidence to royal commissions are provided with legal protection.[201]

1.126 Dr Prasser explained some of the main differences between royal commissions and other, non-statutory, public inquiries that have been appointed by federal governments. He pointed out there have been more than 500 other non-statutory public inquiries appointed by federal governments since the Second World War.[202] Those inquires did not have the power 'to call witnesses or to procure information…[or] provide any legal protection to witnesses'.[203]

1.127 Dr Prasser explained that the powers available to royal commissions make them 'more effective' than other bodies when investigating certain matters:

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196 Dr Prasser, *Submission 43*, p. 3.

197 Dr Prasser, *Submission 43*, p. 3.

198 Dr Prasser, *Submission 43*, p. 5.

199 Dr Prasser, *Submission 43*, p. 5.

200 Dr Prasser, *Submission 43*, p. 2.

201 Dr Prasser, *Submission 43*, p. 2.

202 Dr Prasser, *Submission 43*, pp. 2–3.

203 Dr Prasser, *Submission 43*, p. 2.

> Commissions can collect 'evidence' from a wider variety of sources, force witnesses to give evidence even if self-incriminating, and can accept hearsay or 'scuttlebutt and gossip'. This, combined with their extensive resources which allows them to employ large teams of researchers to develop new data and examine existing information forensically. This is what allows royal commissions to be more effective than many existing permanent bodies including anti-corruption agencies in relation to reporting on certain issues.[204]

1.128 The evidence collected by a royal commission informs the findings and recommendations contained in its report.[205] The final report is provided to the Governor-General and is usually tabled in Parliament and published on the royal commission's website.[206] A government response to the final report explains 'how it will act on the royal commission's findings and recommendations. The timing of the response will be determined by the government of the day'.[207]

1.129 Dr Prasser pointed out that calls for a COVID-19 royal commission often include demands for an investigation into the role of state and territory governments and that such a commission of inquiry 'should be a joint Commonwealth-State royal commission'.[208] He suggested that because 'Commonwealth royal commissions can only be conducted if the subject matter of the inquiry lies within the field of Commonwealth power any such joint commission requires State support'.[209] Dr Prasser indicated that there are examples of joint Commonwealth-state royal commissions, including into the Great Barrier Reef, drugs, hospitals, drug trafficking, Aboriginal deaths in custody, and child sexual abuse.[210]

1.130 There are also examples of joint Commonwealth-state royal commissions 'where not all the states have joined up to them'.[211] Dr Prasser suggested that the

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204 Dr Prasser, *Submission 43*, p. 3.

205 AGD, *About Royal Commissions*, www.royalcommission.gov.au/about-royal-commissions (accessed 29 January 2024). Dr Prasser noted as with all forms of public inquiry, royal commissions 'only make recommendations, not enforceable decisions like courts', see: Dr Prasser, *Submission 43*, p. 3.

206 AGD, About Royal Commissions, www.royalcommission.gov.au/about-royal-commissions (accessed 29 January 2024). Dr Prasser noted there is no requirement for the reports of federal royal commissions to be tabled in parliament, see: Dr Prasser, *Submission 43*, p. 3.

207 AGD, About Royal Commissions, www.royalcommission.gov.au/about-royal-commissions (accessed 29 January 2024).

208 Dr Prasser, *Submission 43*, p. 6.

209 Dr Prasser, *Submission 43*, p. 6. Note: that 'joint support' would require the passage of complementary state legislation and the issuance of identical letters patent by state governors.

210 Dr Prasser, *Submission 43*, p. 6.

211 Dr Prasser, Private capacity, *Committee Hansard*, 1 February 2024, p. 9.

federal government can 'put pressure on the states to join'.[212] In his view, '[i]t can be done and it requires effort and persuasion by the federal people putting it together'.[213]

1.131 In Dr Prasser's view, the Commonwealth Government COVID-19 Response Inquiry 'should be closed down and its evidence so far collected passed on to a new royal commission'.[214] Again, there are several precedents for an inquiry 'taking over and absorbing the evidence' of an earlier one.[215]

1.132 The AHRC noted that, given the magnitude of the COVID-19 pandemic and the response to it, a royal commission 'is the appropriate form of inquiry'.[216] Such a royal commission would review the response 'to improve Australia's future emergency preparedness'.[217] The powers available to royal commissions 'are essential to ensure that the pandemic response can be reviewed in a comprehensive way'.[218]

1.133 Mr Peter Fam, a human rights lawyer, indicated that a royal commission was necessary to restore trust amongst the Australian populace. He argued that as a result of the response to the COVID-19 pandemic:

> …Australian citizens no longer trust the medical system, not longer trust the legal system and no longer trust the political system to protect them when it counts, and this is because those systems did not protect them when it counted. A comprehensive and transparent royal commission is a minimum requirement to earning back that trust.[219]

1.134 The People's Terms of Reference supported a royal commission as Australia has:

> …a crippling hangover of devastation, including economic, social and psychological harm from the lockdown policies, border closures and other draconian measures taken, none of which were part of Australia's documented pandemic plan. A royal commission must be prepared to investigate the uncomfortable truths about Australia's COVID response, the

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212 Dr Prasser, Private capacity, *Committee Hansard*, 1 February 2024, p. 9.

213 Dr Prasser, Private capacity, *Committee Hansard*, 1 February 2024, p. 9.

214 Dr Prasser, Answers to spoken question on notice, 1 February 2024 (received 2 February 2024).

215 Dr Prasser, Answers to spoken question on notice, 1 February 2024 (received 2 February 2024). Note: the Commonwealth Government COVID-19 Response Inquiry has not taken evidence under oath, whereas a royal commission would.

216 AHRC, *Submission 18*, p. 1.

217 AHRC, *Submission 18*, p. 1.

218 AHRC, *Submission 18*, p. 1.

219 Mr Peter Fam, Co-Author, The People's Terms of Reference, *Committee Hansard*, 1 February 2024, p. 24.

> consequences of the actions taken and the state of democracy in this nation.[220]

1.135 Mr John Larter, a former paramedic, argued:

> There needs to be a royal commission because this is just too massive to ignore. In my view, we need to learn. The only way we can learn is to investigate what happened: what we did well, what we didn't do well, and make sure that this doesn't repeat itself.[221]

1.136 Mr Graham Hood, a former Qantas pilot, urged the government to appoint a royal commission to investigate the response to the COVID-19 pandemic:

> This country is in dire straits. The spirit of this country has been systematically destroyed. I have witnessed it firsthand. I've done what many of you don't have the time to do. I've been face-to-face with people who have lost loved ones where they know their death was from vaccine injury. I don't know whether these excess deaths have been caused by vaccines long COVID or whatever else it might be. It could be from an additive in food; I don't know. But nobody else seems to know, either, and that's why we must stop. We must investigate. We must do a proper debriefing. We must apply proper human factors and we must bring the people that I mentioned that have been locked away with censorship back out of the dark with their data so that we can start healing the people of this country. If we don't do that, we have neglected an opportunity that will go down in history as one of the greatest human factor failures in the world.[222]

1.137 The Australian Medical Network suggested that, with the benefit of hindsight, a royal commission could examine 'what worked and what didn't work'.[223] That commission could be informed by the 'rock-star doctors here in Australia that don't have big profiles but they have been doing on-the-ground work. They deserve a voice; they deserve that'.[224] That examination could assist in the development of a future pandemic strategy:

> …to put some protocols down, some strategies down, so that this is treated differently next time. There will be a next time, whether it is as large as what we went through or smaller. We need different voices and different opinions, expert opinions, coming through—not just experts that have that privilege, that work with government and work in academia. We need on-

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220 Dr Julie Sladden, Co-Author, The People's Terms of Reference, *Committee Hansard*, 1 February 2024, p. 23.

221 Mr John Edward Larter, Director, Ashley, Francina, Leonard & Associates (AFL Solicitors), *Committee Hansard*, 13 March 2024, p. 33.

222 Mr Graham Hood, Director, AFL Solicitors, *Committee Hansard*, 13 March 2024, p. 31.

223 Ms Dijana Dragomirovic, Chief Executive Officer, Australian Medical Network (AMN), *Committee Hansard*, 13 March 2024, p. 31.

224 Ms Dragomirovic, AMN, *Committee Hansard*, 13 March 2024, p. 31.

> the-ground people, too, who actually have access to people, who deal with the common man and woman, because they feel that they're not heard.[225]

1.138 There were a range of other stakeholders who similarly supported the need for a royal commission and proposed terms of reference for a royal commission including:

- the Royal Australian College of General Practitioners;[226]
- the Victorian Aboriginal Community Controlled Health Organisations;[227]
- Anglicare Australia;[228]
- COVERSE;[229]
- the Ai Group;[230] and
- People with Disability Australia.[231]

1.139 The committee also received submissions from The People's Terms of Reference and the Winston Smith Institute that called for the establishment of a royal commission. Those submissions were supported by 46 609 and more than 65 000 signatories respectively.[232]

1.140 The next section of this report provides reviews evidence received from those organisations and others. The call for a royal commission is overwhelming.

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225 Ms Dragomirovic, AMN, *Committee Hansard*, 13 March 2024, pp. 31–32.

226 Professor Mark Morgan, Chair of Expert Committee for Quality Care, RACGP, *Committee Hansard*, 1 February 2024, p. 39.

227 Victorian Aboriginal Community Controlled Health Organisations, *Submission 19*, p. 8.

228 Anglicare Australia, *Submission 16*, p. 2.

229 Dr Rado Faletic, Director and Board Member, COVERSE, *Committee Hansard*, 1 February 2024, p. 53.

230 Ms Louise McGrath, Head, Industry Development and Policy, Ai Group, *Committee Hansard*, 13 March 2024, pp. 5–6.

231 People with Disability Australia, *Submission 42*, p. 3.

232 The People's Terms of Reference, *Submission 45*, p. 3; Winston Smith Initiative, *Submission 49*, p. 1.

Chapter 2
Views of affected stakeholders

2.1 During its inquiry, the committee received evidence from a range of stakeholders affected by the response to the COVID-19 pandemic. Those stakeholders came from a wide range of backgrounds, industries, and community groups. They included people with disability, frontline workers, representatives of business, and individuals who had adverse reactions to COVID-19 vaccines.

2.2 The Australian Human Rights Commission (AHRC) indicated there is no universal experience of the COVID-19 pandemic and that a carefully designed royal commission would provide an opportunity for these experiences to be heard by the Australian public:

> …it was often already marginalised and disadvantaged communities who were required to bear a disproportionate burden. It has also been widely recognised that the COVID-19 pandemic created specific risks and concerns with respect to different sections of the Australian community, including (but not limited to) children, culturally and linguistically diverse (CALD) communities, older Australians, Indigenous Australians, people with disabilities, and people in detention. To ensure that these human impacts are fully understood, it will be critical for a Royal Commission to give all of these voices an opportunity to be heard.[1]

2.3 This chapter outlines the experiences of some of the stakeholders affected by the COVID-19 pandemic who shared their stories with the committee. This has informed the formulation of the committee's views with respect to the content of appropriate terms of reference.

Healthcare

2.4 The committee received evidence from a range of organisations engaged in public healthcare, mental health, and aged care. Except for Catholic Health Australia,[2] those organisations supported a COVID-19 royal commission and noted that it would be an opportunity to learn from the pandemic to better prepare for future health emergencies.[3]

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1 Australian Human Rights Commission (AHRC), *Submission 18*, p. 2.

2 Catholic Health Australia (CHA), *Submission 6*, p. 1. CHA's position is outlined elsewhere in this report.

3 See, for example: Australian Nursing and Midwifery Federation (Federal Office) (ANMF), *Submission 7*, p. 1; Wesfarmers Centre of Vaccines and Infectious Diseases, *Submission 8*, p. 1; Anglicare Australia (Anglicare), *Submission 16*, p. 1; Australian College of Nurse Practitioners (ACNP), *Submission 17*, p. 8.

2.5 The Australian Nursing and Midwifery Federation (Federal Office) (ANMF) saw a COVID-19 royal commission as:

> …an important step towards understanding and reflecting on the Australian experience of the pandemic and vital for ensuring that planning and preparations are put in place for improving the health, safety, and wellbeing of the Australian community now and into the future.[4]

2.6 In its view, that royal commission should not delve into laying blame or imposing consequences on the action or inaction of any person or body.[5] It should, instead, examine 'both successes and failures to underpin a clearer pathway forward to improving our country and community's ability to plan, prepare, respond, and recover from crises'.[6]

Health system

2.7 Inquiry participants raised concerns with the implications that the COVID-19 pandemic had, and continues to have, on the Australian health system.[7]

2.8 Catholic Health Australia (CHA) reported on the significant strain experienced by the health system broadly:

> Our hospital members were subject to various measures, including a ban on elective surgeries, visitation restrictions, mandatory mask-wearing, increased testing and mandatory vaccination for healthcare workers. Facing extraordinary inflation pressures, with the cost of Personal Protective Equipment (PPE), for example, rising 600 per cent, many of our hospitals were pushed to the brink financially and just made it through.[8]

2.9 The Consumer Health Forum of Australia (CHF) outlined some of the issues that are continuing to place strain on the health system.[9] It reminded the committee:

> SARS-CoV-2 is still a novel virus that has been circulating in human populations for a limited amount of time. As such, it must not be thought of

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4 CHA, *Submission 6*, p. 1.

5 ANMF, *Submission 7*, p. 1.

6 ANMF, *Submission 7*, p. 1.

7 See, for example: CHA, *Submission 6*, p. 3; ANMF, *Submission 7*, p. 1; Consumer Health Forum of Australia (CHF), *Submission 11*, pp. 6–7; Federation of Ethnic Communities' Councils of Australia and the Australian Multicultural Health Collaborative (FECCA and the Collaborative), *Submission 32*, p. 3; Professor Mark Morgan, Chair of Expert Committee for Quality Care, Royal Australian College of General Practitioners (RACGP), *Committee Hansard*, 1 February 2024, p. 39.

8 CHA, *Submission 6*, p. 3.

9 Those issues include: acute COVID-19 infection, long COVID, and the delays to health care interventions caused by the pandemic, see: CHF, *Submission 11*, p. 6.

> as a thing of the past. As of 2022, COVID-19 is Australia's third leading cause of death.[10]

2.10 The Nurses Professional Association of Queensland (NPAQ) informed the committee that:

> We are in the midst of a critical healthcare staffing crisis. We are seeing ambulances ramped up and patients dying in them, widespread short-staffing resulting in bed block, and increased surgery wait-times. Nurses are burning out and leaving in droves. We are facing an imminent retirement cliff, yet thousands of nurses and midwives are currently unemployed. Things have worsened in recent years and it is imperative that the government's response to COVID-19 be considered as an exacerbation of these serious problems.[11]

2.11 Mr John Larter, a former paramedic, reflected on the toll the pandemic took on staffing arrangements in part of regional New South Wales:

> Ambulances are not responding in a timely manner because the staff are not there. The night shift at Tumut ambulance station the other night were sent from Tumut to Cooma to transfer a patient from Cooma to Canberra. It's 2½ hours just to get to Cooma. There was no ambulance in Tumut, covering thousands of people.
>
> Tumut nightshift is being sent to Wagga to cover 70,000 people, because they haven't got enough staff there to man the ambulances. The day shift in Sydney take out the ambulance, but when the afternoon shift turns up there are not enough ambulances. We are in absolute crisis. It is a whole-of-health situation.[12]

2.12 The Queensland Nurses and Midwives' Union (QNMU) drew attention to the unknowns associated with long COVID:

> The full impact of long COVID on an individuals' health and mental health, their work capacity, and the healthcare system as a whole, are yet to be seen. To ensure an adequate response to long COVID, patients' experiences should be included in the Royal Commission hearings as well as the knowledge and experience from health practitioners and researchers.[13]

2.13 Long COVID also presents ongoing challenges for the Australian health system.[14] The CHF reported five to ten per cent of COVID-19 cases report long COVID symptoms and that the specialist care those cases require 'is currently

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10 CHF, *Submission 11*, p. 6.

11 Mrs Ella Leach, State Secretary, Nurses Professional Association of Queensland (NPAQ), *Committee Hansard*, 1 February 2024, p. 24.

12 Mr John Edward Larter, Director, Ashley, Francina, Leonard & Associates (AFL Solicitors), *Committee Hansard*, 13 March 2024, p. 33.

13 Queensland Nurses and Midwives' Union (QNMU), *Submission 27*, p. 8.

14 CHF, *Submission 11*, p. 6.

underfunded'.[15] Health consumers living with what were previously considered rare heart conditions have reported to the CHF that 'specialist clinics are now facing skyrocketing demand due to long COVID increasing the prevalence of rare heart conditions'.[16] That situation has resulted in 'strain and dangerous delays in care' for those with rare heart conditions.[17]

2.14 The CHF reported the pandemic delayed health consumers from receiving the care they required in 2020.[18]

2.15 The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) also drew attention to the continued effects of COVID-19 infection and 'long COVID'.[19] In its view, a royal commission should investigate the ongoing effects of delayed access to healthcare caused by the pandemic response measures.[20]

2.16 VACCHO suggested a royal commission would ideally provide an opportunity:

> …to look at how services can be provided support to do further work in prevention, screening and early intervention as quickly as possible while also acknowledging greater support is required for a higher burden of disease due to the missed opportunities during the pandemic years.[21]

2.17 The ANMF suggested there were deficiencies in the Australian healthcare system prior to the COVID-19 pandemic and that:

> …the experience of COVID-19 was an X-ray of our entire health and aged-care system. What it did was show all the fractures, reveal all the breaks and even the time cracks. We know those things were there, but it just brought them into sharp relief through COVID, most particularly in the aged-care system. We'd known about the failures there for years and years, more than two decades.[22]

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15 CHF, *Submission 11*, p. 6.

16 CHF, *Submission 11*, p. 6.

17 CHF, *Submission 11*, p. 6.

18 CHF, *Submission 11*, p. 6. CHF defined 'health consumers' as 'any Australian who is using healthcare services…it is a more expansive term than, say, 'patient' because it covers the patient themselves, their family and carers, those people funding the services—everyone, really', see: Dr Elizabeth Deveny, Chief Executive Officer, CHF, *Committee Hansard*, 13 March 2024, p. 19.

19 Victorian Aboriginal Community Controlled Health Organisation (VACCHO), *Submission 19*, p. 7.

20 VACCHO, *Submission 19*, p. 8.

21 VACCHO, *Submission 19*, p. 8.

22 Mrs Annie Butler, Federal Secretary, ANMF, *Committee Hansard*, 1 February 2024, p. 42.

2.18 According to the CHF, it is important to get an indication of how the Australian health system coped with the COVID-19 pandemic and how prepared it is for future pandemics:

> We do want to understand how the health of Australia has been impacted by the COVID pandemic…There are many reasons why it is very important that we understand the impact that COVID has had and continues to have on the health of our society, so that our health system can appropriately support Australians and keep them as well and healthy as possible.[23]

2.19 The Royal Australian College of General Practitioners similarly opined that a royal commission is necessary:

> …to see what the opportunities are to learn from what happened, but also apply that in the future. I think key to making any future response to health emergencies is the way that different levels of government respond and communicate together. We're very aware that hospital responses are often at a state level or a regional level, whereas primary care general practice is often managed at a federal level, and that discrepancy between the two levels of government creates problems but also opportunities.[24]

Aged care

2.20 In the view of the QNMU, the aged care sector was not appropriately prepared for a health emergency on the scale of the COVID-19 pandemic:

> The pandemic exposed deep-seated problems in the aged care sector as the industry was ill-prepared for a pandemic. Inadequate staffing levels and surge staff, a lack of access to PPE and a lack of infection control training, predated the pandemic. This neglect of the aged care sector was long standing before the pandemic however with the arrival of COVID-19 the insufficient preparedness left those who lived and worked in aged care facilities very vulnerable, and the outcomes were catastrophic and led to hundreds of deaths.[25]

2.21 Anglicare Australia (Anglicare) similarly agreed that the aged care sector is not adequately resourced to respond to a future health emergency:

> The aged care workforce was widely acknowledged to be in crisis throughout the pandemic, while other frontline service areas such as disability were on the precipice. Put simply, the current care workforce cannot withstand another crisis on the scale of the COVID-19 pandemic.[26]

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23 Dr Deveny, CHF, *Committee Hansard*, 13 March 2024, p. 21.

24 Professor Morgan, RACGP, *Committee Hansard*, 1 February 2024, p. 39.

25 QNMU, *Submission 27*, p. 7.

26 Anglicare, *Submission 16*, p. 3.

2.22 It also indicated there was a lack of clarity around the role of the Commonwealth government and the state and territory governments during the COVID-19 pandemic, not only in the aged care sector but in multiple areas.[27] In its view:

> There were many instances where the relationship between the Australian Government and the state and territories was unclear, mismanaged, or absent. This hindered effective planning and responsiveness and led to poorer outcomes for the community. It should be a priority for a Royal Commission to explore the impacts of this lack clarity [sic], and find ways to avoid it in future.[28]

2.23 Anglicare called for a COVID-19 royal commission to examine how the 'Government could have engaged more effectively with the sector in the early stages of its response, and how it could mobilise the sector quickly for any future crisis'.[29]

Mental health

2.24 There is a range of evidence outlining the increase in psychological distress during the pandemic period.[30]

2.25 The CHF observed that while rates of psychological distress peaked in 2020, they continued to be 'well above pre-COVID levels in 2022'.[31] According to the QNMU, the full effect of the COVID-19 pandemic on mental health 'is yet to be fully realised'.[32]

2.26 According to Dr Monique O'Connor, a consultant psychiatrist:

> …the deterioration in mental health of Australians is undeniable since the onset of the pandemic, and an issue of pressing national importance. A Royal Commission is required to examine in detail the mental health harms arising from the pandemic measures.[33]

2.27 Dr O'Connor referred to research conducted by the Australian Institute for Health and Welfare (AIHW) which, in her analysis, 'demonstrate[d] worsening mental health, evidenced by increased demand for mental health services, crisis and support organisation usage, psychological distress, loneliness, suicide, and

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27 Anglicare, *Submission 16*, p. 2.

28 Anglicare, *Submission 16*, p. 2.

29 Anglicare, *Submission 16*, p. 2.

30 See, for example: CHF, *Submission 11*, p. 7; Christian Voice Australia, *Submission 12*, p. 2; VACCHO, *Submission 19*, p. 6; QNMU, *Submission 27*, p. 8; FECCA and the Collaborative, *Submission 32*, p. 3.

31 CHF, *Submission 11*, p. 7.

32 QNMU, *Submission 27*, p. 8.

33 The People's Terms of Reference, Answers to questions on notice, 1 February 2024 (received 12 March 2024).

ambulance attendances for suicidal ideation'.[34] According to her analysis of the research:

> Rates of severe psychological distress (i.e., those with 'probably serious mental illness') peaked between August and October 2021, when an increase from 10.1% to 12.5% was observed. A change of 1 percentage point in this statistic represents approximately 200,000 people.[35]

2.28 Associate Professor Peter Parry reported the mental health implications of COVID-19 measures differed according to the financial security and family dynamics of those affected:

> Families with good income security and likely home garden spaces, for example in public servant jobs, and parents able to work from home, who also had good warm family dynamics – actually appeared to fare better than normal from a mental health perspective.
>
> This contrasted markedly with families of low income or uncertain income such as small businesses under lockdowns, and particularly if there were problematic family dynamics. Mental health problems led to new referrals, or children and young people we saw were more adversely affected by the school closures. There appears to have been an increase in school refusal (social anxiety leading to avoiding school attendance) which persisted post-school closures.[36]

2.29 VACCHO submitted that its members 'reported a significant increase in demand for social and emotional wellbeing support, alcohol and other drugs services, family counselling and acute mental health crisis support'.[37] It indicated that this increased demand for mental health services reflects the sentiment that it has heard from its members and communities, that they 'are struggling to regroup and heal in the wake of several fractious years'.[38]

2.30 The CHF suggested the terms of reference for a COVID-19 royal commission should prioritise mental health with a particular focus on the barriers preventing mental health services from 'appropriately meet[ing] demand].[39] Failing to address those shortcomings and returning to the pre-pandemic status

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34 The People's Terms of Reference, Answers to questions on notice, 1 February 2024 (received 12 March 2024).

35 The People's Terms of Reference, Answers to questions on notice, 1 February 2024 (received 12 March 2024).

36 The People's Terms of Reference, Answers to questions on notice, 1 February 2024 (received 12 March 2024).

37 VACCHO, *Submission 19*, p. 6.

38 VACCHO, *Submission 19*, p. 6.

39 CHF, *Submission 11*, p. 7.

quo would, in the view of QNMU, 'be a significant error and simply set up service provision to fail when a future pandemic event occurs'.[40]

Incidence of suicide and suicidal ideation

2.31 Suicide Prevention Australia (SPA) shared statistics which indicated that 'there was a significant rise in the use of mental health and crisis services during the COVID-19 pandemic'.[41] Compared to pre-pandemic levels, there was a marked increase in 'the average level of psychological distress...in Australia in 2020 and 2021'.[42] Over the course of the pandemic, suicide attempts also increased.[43]

2.32 VACCHO reminded the committee that Indigenous suicide rates 'have been significantly higher that [sic] non-Indigenous Australians for as long as these statistics have been reported on'.[44] The discrepancy between Indigenous and non-Indigenous suicide rates increased in 2020 and 'reached a devastating new peak' in 2022.[45]

2.33 While psychological distress and suicide attempts increased over the course of the pandemic, according to SPA the number of 'deaths by suicide did not rise during the COVID-19 pandemic'.[46] There is research to indicate that the increased provision of 'social supports to combat risk factors for suicide' during disasters protects against an increase in the suicide rate while those supports are provided.[47] An increase in the suicide rate in the years after the disaster could be attributable to the end of those social supports.[48]

2.34 SPA informed the committee that the pandemic affected the suicide rate in a complicated way:

> Suicide risk is heightened by factors like social isolation, employment uncertainty, financial distress and a range of other things that are increased by pandemics and the necessary health responses to them. The evidence is

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40 QNMU, *Submission 27*, p. 8.

41 Suicide Prevention Australia (SPA), Answers to spoken questions on notice, 1 February 2024 (received 1 March 2024).

42 SPA, Answers to spoken questions on notice, 1 February 2024 (received 1 March 2024).

43 SPA, Answers to spoken questions on notice, 1 February 2024 (received 1 March 2024).

44 VACCHO, *Submission 19*, p. 6.

45 VACCHO, *Submission 19*, p. 6.

46 SPA, Answers to questions on notice, 1 February 2024 (received 1 March 2024). Note: in his valedictory speech to Parliament, the former Prime Minister, the Hon Scott Morrison MP, observed the rate of suicide declined during the pandemic due to 'the extraordinary efforts of our mental health workers', see: The Hon Scott Morrison MP, *House of Representatives Hansard*, 27 February 2024, p. 4.

47 SPA, *Submission 21*, p. 2.

48 SPA, *Submission 21*, p. 2.

> that there's a time lag in those impacts of around two to three years, so we're really only now starting to see what the effects of the COVID pandemic are on suicide.[49]

2.35 SPA called for a royal commission to investigate the measures that made a difference and those that could have made a difference.[50] That investigation could 'inform actions in future pandemics and other large-scale disasters, but also inform government policy on suicide prevention more generally. The opportunity to better understand how we can prevent suicide should not be lost'.[51]

Frontline workers

2.36 The committee received evidence from frontline workers and organisations that represent them.[52]

2.37 The ANMF spoke about the kind of abuse its members experienced on the frontline of the COVID-19 pandemic:

> …our members got abused—they got spat on; they got physically abused; they got verbally abused—while they were in the middle of trying to do the best to protect everybody in the community. A lot of that was fuelled by social media, even though nurses and midwives are the holders of and understand the evidence behind what they're doing. How we deal with that…is a real factor for how we deal with these things in the future.[53]

2.38 The Police Federation of Australia raised similar concerns about the occupational health and safety of 'police, nurses and other first responders…during the pandemic'.[54] Its main concerns related to the provision of PPE, the testing of frontline workers for COVID-19, the issue of people deliberately spitting or coughing on frontline workers, and difficulties maintaining social distancing in certain workplaces.[55]

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49 Mr Chris Stone, Director, Policy and Government Relations, SPA, *Committee Hansard*, 1 February 2024, p. 47.

50 SPA, *Submission 21*, p. 3.

51 SPA, *Submission 21*, p. 3.

52 See, for example: Australasian College of Paramedicine, *Submission 4*, p. 1; ANMF, *Submission 7*, p. 1; Australian College of Health Practitioners, *Submission 17*, p. 1; Pharmaceutical Society of Australia, *Submission 20*, p. 1; Police Federation of Australia (PFA), *Submission 23*, p. 1; The Pharmacy Guild of Australia (Pharmacy Guild), *Submission 25*, p. 2; QNMU, *Submission 27*, p. 3; NPAQ, *Submission 46*, p. 1; Mr Graham Hood, Director, AFL Solicitors, *Committee Hansard*, 13 March 2024, p. 30.

53 Mrs Butler, ANMF, *Committee Hansard*, 1 February 2024, p. 44.

54 PFA, *Submission 23*, p. 6.

55 PFA, *Submission 23*, pp. 3–6.

2.39 The ANMF stated that the number of nurses who had their employment terminated for refusing to be vaccinated 'were in the hundreds'.[56] It acknowledged that some of its members 'for a range of reasons did not want to take the vaccine and did not want to adhere to the mandate'.[57] On the whole, most ANMF 'members were very strongly in favour of vaccination mandates at the time as necessary and needed, and as an effective measure in dealing with the consequences of COVID-19'.[58]

2.40 The ANMF remarked that vaccine mandates are not novel in the healthcare industry:

> Vaccination mandates across the health sector and for our members, nurses and midwives working in all sorts of areas are not new. They're not a new thing. We have dealt with them for decades, knowing that's the best protection against many of the communicable diseases we can offer to nurses and midwives themselves and obviously to the people they care for.

2.41 According to the Australian Medical Network (AMN), the mandates continue to prevent 'highly skilled and competent medical practitioners from practicing'.[59] It argued during the pandemic:

> …there was no opportunity given for health professionals to seek an alternative way of managing their career, maintaining their career, their credentials, their safety and patient care. There was no opportunity to explore any other options except for vaccinations…There could have been other ways. If you are proven to be ill, as a healthcare worker, you could do what you've always done, which is to stay home; isolate yourself from anyone who is vulnerable, your patients, and come back to work when you're feeling good.[60]

2.42 The committee received evidence from NPAQ, mainly in relation to the Queensland government's response to the COVID-19 pandemic. In its view, the measures implemented by the Queensland government 'seemed extreme

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56 Mrs Butler, ANMF, *Committee Hansard*, 1 February 2024, p. 40.

57 Mrs Butler, ANMF, *Committee Hansard*, 1 February 2024, p. 40. Note: Professor Katy Barnett suggested there may be a psychological reason behind some people refusing to comply with vaccine mandates and shared some literature with the committee on that topic. She suggested alternative approaches to pandemic management, that did not involve coercion, may have led to different results. See: Professor Katy Barnett, Private capacity, *Committee Hansard*, 1 February 2024, p. 17; Professor Barnett, *Journal article: Starr, Chauncey, 'Social Benefit versus Technological Risk' (1969)*, additional information received 1 February 2024; Professor Barnett, *Journal article: Bardosh et al, 'The Unintended Consequences of COVID-19 Vaccine Policy: Why Mandates, Passports, and Segregated Lockdowns May Cause more Harm than Good' (2022)*, additional information received 1 February 2024.

58 Mrs Butler, ANMF, *Committee Hansard*, 1 February 2024, p. 40.

59 Australian Medical Network (AMN), *Submission 36*, p. 5.

60 Dr Paloma Van Zyl, Private capacity, *Committee Hansard*, 13 March 2024, p. 32.

considering the huge, negative impacts that they were having on so many Queenslanders'.[61] It reported that during the pandemic:

> Many of our hospitals were almost empty with elective surgeries cancelled and many members of the public too frightened to present to hospital, yet we were hailed as heroes and offered huge amounts of support from the community. While this is not the case for all nurses as some worked very hard during this time, there were many who were sent home on annual leave or worked with manageable patient loads as there were hugely decreased numbers of patients in and accessing our hospitals.[62]

2.43 When there were large numbers of COVID-19 cases in Queensland it was difficult to adequately staff hospitals 'with so many nurses off due to COVID infections, being a close contact or taking sick leave due to burn out (among other things)'.[63] During that time nurses 'picked up extra shifts, we stayed back late and did whatever we could to support each other and our patients'.[64] It was at this point of significant strain that Queensland Health (QLD Health) 'gave very little notice and issued all of QLD Health with [*Health Employment Directive 12/21 Employee COVID-19 Vaccination Requirements*] (HED12/21) to receive the first dose of an approved COVID vaccine by September 30 and a second dose by October 31st'.[65]

2.44 While it was possible to apply for an exemption to that directive, it was very difficult to obtain one.[66] The NPAQ reported that some:

> …QLD health employees who had submitted medical exemptions from their specialists were subjected to independent medical examinations by their employer and many went on to receive show cause and termination letters despite matching the very limited criteria for exemption applications.[67]

2.45 The NPAQ submitted it was confused by the inconsistent approach QLD Health took to disciplining its employees.[68] While many of the employees who received termination letters grieved the 'loss of a career that was stripped from them through no fault of their own', others received more lenient treatment.[69]

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61 NPAQ, *Submission 46*, p. 1.

62 NPAQ, *Submission 46*, p. 1.

63 NPAQ, *Submission 46*, p. 2.

64 NPAQ, *Submission 46*, p. 2.

65 NPAQ, *Submission 46*, p. 2.

66 NPAQ, *Submission 46*, p. 2.

67 NPAQ, *Submission 46*, p. 2.

68 NPAQ, *Submission 46*, p. 3.

69 NPAQ, *Submission 46*, p. 3.

2.46 On 25 September 2023, HED12/21 was repealed.[70] According to the NPAQ, QLD Health continued to send termination letters to employees who refused to comply with the vaccination directive.[71] The most recent letter of which it was aware was dated 9 January 2024, more than two years after the first termination letters were issued.[72] The NPAQ raised concerns that QLD Health continued to terminate nurses, some of whom have decades of experience, during a period of significant staff shortages across the Queensland health system.[73]

People who experienced adverse vaccine reactions

2.47 The committee received evidence from COVERSE, which described itself as 'a national science-led charity set up for Australians who have been harmed by or lost a loved one to the COVID vaccines'.[74]

2.48 According to COVERSE, there were many reports of adverse reactions to the COVID-19 vaccines.[75] It claimed that 'adverse events reports for the COVID vaccines constitute almost a quarter of all drug reaction reports published by the TGA since 1971'.[76]

2.49 The People's Terms of Reference told the committee that the number of adverse event reports increased after the introduction of the COVID-19 vaccines:

> Adverse events reports in this country, including serious side effects and deaths, have significantly increased since the introduction of the vaccines. Currently, there have been over 139,000 adverse event reports made to the TGA's passive surveillance system, the database of adverse event notifications, including 1,010 deaths. Importantly, the TGA makes clear that report doesn't necessarily mean that there has been a causal link, but it is important for people to understand that all causality events start with correlation.[77]

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70 NPAQ, *Submission 46*, p. 4.

71 NPAQ, *Submission 46*, p. 3. Mrs Leach provided the committee with an account of her personal experience of having her employment terminated by QLD Health, see: Mrs Leach, NPAQ, *Committee Hansard*, 1 February 2024, pp. 33–37; NPAQ, Answers to spoken questions on notice, 1 February 2024 (received 26 February 2024).

72 NPAQ, *Submission 46*, p. 3.

73 NPAQ, *Submission 46*, p. 4.

74 Ms Rachel O'Reilly, Board Member, COVERSE, *Committee Hansard*, 1 February 2024, p. 52.

75 Ms O'Reilly, COVERSE, *Committee Hansard*, 1 February 2024, p. 52.

76 Ms O'Reilly, COVERSE, *Committee Hansard*, 1 February 2024, p. 52.

77 Dr Julie Sladden, Co-Author, The People's Terms of Reference, *Committee Hansard*, 1 February 2024, p. 26.

2.50 It further noted that adverse events have been underreported and that this is 'widely recognised in the medical literature'.[78]

2.51 COVERSE stated that a large number of people affected by adverse vaccination reactions have been 'burdened with long-term disabilities, acute grief, and a lack of financial means to support themselves and their families'.[79]

2.52 Dr Rado Faletic, Director of COVERSE, described his experience of being injured by the Pfizer COVID-19 vaccine:

> I got my first Pfizer shot in October 2021.
>
> My very first symptom, within hours, was intense pain in the lymph nodes on my left side.
>
> When I woke on the second day, my entire body went completely numb. That scared the heck out of me. From there my symptoms grew. Many waned over the following weeks, but a few persisted.
>
> I saw my doctor. Apparently, a lot of people had "extended" reactions. My doctor wasn't concerned about mine though, and said it was safe to get my second shot.[80]

2.53 Dr Faletic said the second shot of the Pfizer vaccine led to worse symptoms:

> Within hours of my second Pfizer shot in November '21, all of my existing symptoms got much worse. In particular, I started developing sharp pains in my chest. Like I was being poked by needles. From the inside.
>
> And…the brain fog became oppressive.
>
> …
>
> Over the following months I experienced many disabling and painful neurological, cardiac and systemic symptoms affecting my capacity to work and even just to get through the day.
>
> I could not walk for more than a few metres without feeling like my body was about to shut down. I was constantly bumping into things on my left-hand side.
>
> I couldn't recall words. I could not engage in conversations for longer than two minutes before my brain could no longer process what was being said to me.
>
> My emotions became unstable, fluctuating from the inability to feel any emotion, to extreme emotions like suicidal ideation and intense rage.[81]

2.54 COVERSE suggested that the compensation scheme for people who experienced adverse reactions to COVID-19 vaccines, which was introduced by the Australian government in 2021, 'was designed so narrowly that hardly any of

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78 Dr Sladden, The People's Terms of Reference, *Committee Hansard*, 1 February 2024, p. 26.

79 COVERSE, *Submission 34*, p. 1.

80 COVERSE, Answers to questions on notice, 1 February 2024 (received 26 February 2024).

81 COVERSE, Answers to questions on notice, 1 February 2024 (received 26 February 2024).

us qualify for it…This comes back to the royal commission and why questions need to be asked about that in particular'.[82]

2.55 According to COVERSE, the compensation scheme 'is only for some vaccines but not others'.[83] The list of conditions covered by scheme includes: 'myocarditis and pericarditis, various blood clot issues, GBS—Guillain-Barre syndrome—capillary leak syndrome, shoulder injury from the needle, anaphylaxis and a particular skin condition'.[84] COVERSE pointed out there are many 'conditions that are not covered in the compensation scheme, but feature heavily in our groups, and in medical literature, which is constantly emerging'.[85]

2.56 COVERSE called for a royal commission to investigate the rationale for the decisions made in relation to the design of the COVID-19 Vaccine Claims Scheme.[86]

2.57 The People's Terms of Reference similarly noted issues with the Australian vaccination program.[87] It argued that 'the very high levels of vaccination injuries and deaths, and in particular the vaccine induced deaths of Australian children—[are] all powerful reasons for a broad based royal commission'.[88]

Business

2.58 Representatives of business and industry highlighted how the response to the COVID-19 pandemic affected supply chains, business operations, employment, and the mental health of business owners.[89]

2.59 Ai Group contended that the approximately one million Australian businesses it represents 'were forced to contend with the most challenging operational environment in living memory, managing both the impacts of the pandemic and the public health measures put in place to contain it'.[90]

2.60 During the acute phase of the pandemic, which was:

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82 Dr Rado Faletic, Director and Board Member, COVERSE, *Committee Hansard*, 1 February 2024, p. 53.

83 Ms O'Reilly, COVERSE, *Committee Hansard*, 1 February 2024, p. 53.

84 Ms O'Reilly, COVERSE, *Committee Hansard*, 1 February 2024, p. 53.

85 Ms O'Reilly, COVERSE, *Committee Hansard*, 1 February 2024, p. 53.

86 Dr Faletic, COVERSE, *Committee Hansard*, 1 February 2024, p. 53.

87 Professor Ian Brighthope, Co-Author, The People's Terms of Reference, *Committee Hansard*, 1 February 2024, p. 24.

88 Professor Brighthope, The People's Terms of Reference, *Committee Hansard*, 1 February 2024, p. 24.

89 See, for example: Pharmacy Guild, *Submission 25*, p. 3; Council of Small Business Organisations Australia (COSBOA), *Submission 37*, p. 1; Ai Group, *Submission 40*, pp. 1–2 .

90 Ms Louise McGrath, Head, Industry Development and Policy, Ai Group, *Committee Hansard*, 13 March 2024, p. 1.

> …a time of extreme social and economic stress, business played a critical role in keeping Australian supply chains open, ensuring continuity of essential services and infrastructure and protecting the jobs of the 11 million Australians employed in the private sector.[91]

2.61 Ai Group reported 'the mixed messaging and the lack of consistent and clear communication made a challenging situation almost impossible to bear' for businesses.[92] It informed the committee that its role during the pandemic was to collate the disparate government responses into an accessible form for businesses that operate nationally to understand.[93]

2.62 Ai Group indicated there are five lessons that should be learned from the COVID-19 pandemic response:

- 'the importance of a nationally consistent approach to communication';
- consideration of 'business continuity and policy' during emergencies with opportunities for business to shape government responses;
- international and interstate border closures should be used as a last resort and should be imposed only for as long as necessary;
- the importance of providing financial support to businesses to maintain operations during periods of 'societal disruption'; and
- consideration should be given to diversifying international supply chains.[94]

2.63 The Council of Small Business Organisation Australia (COSBOA) reported that pandemic response measures including border closures, lockdowns, and other restrictions on business operations 'heavily affected' small businesses.[95] It cited evidence from the Reserve Bank of Australia to show that while 'sales at smaller retailers declined in early 2020 and picked up towards the end of the year as conditions improved, sales at larger retailers remained resilient throughout the pandemic'.[96]

2.64 COSBOA explained the response to the COVID-19 pandemic 'significantly impacted the mental health of small business owners across the country'.[97] It noted that while small businesses were provided with a 'series of financial

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91 Ms McGrath, Ai Group, *Committee Hansard*, 13 March 2024, p. 1.

92 Ms McGrath, Ai Group, *Committee Hansard*, 13 March 2024, p. 2.

93 Ms McGrath, Ai Group, *Committee Hansard*, 13 March 2024, pp. 2–3.

94 Ms McGrath, Ai Group, *Committee Hansard*, 13 March 2024, pp. 1–2.

95 COSBOA, *Submission 37*, p. 1.

96 COSBOA, *Submission 37*, p. 1. Also see: Reserve Bank of Australia, *Small Business Finance and COVID-19 Outbreaks*, 16 September 2021, www.rba.gov.au/publications/bulletin/2021/sep/small-business-finance-and-covid-19-outbreaks.html (accessed 18 March 2024).

97 COSBOA, *Submission 37*, p. 1.

support measures…financial distress remained a key concern during this period'.[98]

2.65 Ai Group agreed that a royal commission into the COVID-19 crisis 'should give health and the economy equal footing'.[99]

2.66 Some representatives raised concerns about the inconsistency of national, state, and territory responses particularly in relation to interstate border closures and inconsistent definitions of COVID-19 contacts in contact tracing regimes.[100]

2.67 The Institute of Public Affairs (IPA) reported that its research:

> …showed that from March to November 2020 jobs in the private sector dropped by 300,000 while jobs in the public sector rose by 25,000. Jobs for young Australians, over that same period, aged 15 to 34 dropped by 158,000 and rose for those aged over 34 by 20,000. From 20 August 2019 to 2020 over half a million jobs were lost for those in the bottom 20 per cent of income earners, while 195,000 jobs were added for those in the top 20 per cent of income earners.[101]

2.68 The Independent Education Union argued:

> The Covid-19 pandemic exposed clear divisions in Australia's labour market, welfare programs and health and safety systems. It disproportionately impacted the millions of workers in insecure circumstances. These included casuals such as relief teachers (many of whom were excluded from the JobKeeper program) as well as workers on minimum award wages, fixed term contracts or other forms of insecure work.[102]

2.69 From the perspective of the business community, it is important to learn the lessons from the COVID-19 pandemic.[103] The Ai Group suggested the most important lessons relate to the measures that 'governments can [implement to] support business to flexibly maintain operations and preserve employment relationships during a period of abnormal and unexpected societal disruptions'.[104]

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98 COSBOA, *Submission 37*, pp. 1–2.

99 Ai Group, *Submission 40*, p. 2.

100 Pharmacy Guild, *Submission 25*, p. 3.

101 Mr Daniel Wild, Deputy Executive Director, Institute of Public Affairs, *Committee Hansard*, 1 February 2024, pp. 1–2.

102 Independent Education Union (IEU), *Submission 26*, p. 3.

103 Ms McGrath, Ai Group, *Committee Hansard*, 13 March 2024, p. 1.

104 Ms McGrath, Ai Group, *Committee Hansard*, 13 March 2024, p. 1.

2.70 Ultimately, it 'hope[d] that a royal commission would provide a framework to give us confidence that there would be a nationally consistent approach for any future pandemic'.[105]

At-risk populations

2.71 The committee received evidence from organisations that represent populations at increased risk of COVID-19 or that experienced considerable disruption because of the response to the COVID-19 pandemic.[106]

2.72 Those populations included:

- children, young people, and women;
- people with disability; and
- culturally and linguistically diverse (CALD) people.

Children, young people, and women

2.73 The Murdoch Children's Research Institute (MCRI) submitted '[t]he direct and indirect impact of COVID-19 on infants, children and adolescents are inherently different to the adult population'.[107] One difference is in relation to the difference in severity of COVID-19 between younger people and adults:

> It became apparent early in the pandemic that COVID-19 was largely a mild or asymptomatic illness in most children. Some children did require hospitalisation, but these were relatively few, and in most cases could be treated using hospital-in-the-home. It is important to highlight that it is highly unusual for a respiratory viral pathogen to minimally affect children compared to adults; the opposite is almost always true.[108]

2.74 According to MCRI, the unique needs of children and adolescents were mostly ignored during the pandemic.[109] The views of paediatricians, other children's health professionals, and advocates 'were not prioritised by policy makers'.[110]

2.75 The Wesfarmers Centre of Vaccines and Infectious Diseases 'emphasise[d] that children need to be prioritised in decision making for their unique needs, risks and impacts during a pandemic'.[111] It 'recommend[ed] that the Terms of

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105 Ms McGrath, Ai Group, *Committee Hansard*, 13 March 2024, pp. 5–6.

106 See, for example: Independent Higher Education Australia (IHEA), *Submission 5*, p. 1; Wesfarmers Centre of Vaccines and Infectious Diseases, *Submission 8*, p. 1; QNMU, *Submission 27*, p. 9; Council of Single Mothers and their Children (CSMC), *Submission 38*, p. 1; People with Disability Australia (PWDA), *Submission 42*, p. 1.

107 Murdoch Children's Research Institute (MCRI), *Submission 31*, p. 2.

108 MCRI, *Submission 31*, p. 2.

109 MCRI, *Submission 31*, p. 3.

110 MCRI, *Submission 31*, p. 3.

111 Wesfarmers Centre of Vaccines and Infectious Diseases, *Submission 8*, p. 1.

Reference examine the extent to which the needs of children were prioritised and the extent to which the pandemic impacted children and families'.[112]

2.76 The MCRI argued children were affected most by 'the indirect impact related to the public health policies set in place to minimise the spread of the SARS-COV-19 virus'.[113] It acknowledged that '[w]hile these [measures] were thought necessary at the time…the closure of schools and disruption to educational systems led to immediate effects on academic, emotional, and physical development, and mental health'.[114] The effect of this disruption is not yet fully understood, 'however emerging evidence suggests there are longer term and inequitable impacts across mental and physical health, as well as academic outcomes'.[115]

2.77 The MCRI stated that a COVID-19 royal commission should:

> …examine the importance of schools beyond academic learning, where the social, emotional, and physical health of children and young people can also be supported, along with monitoring child and adolescent mental health and development within schools and health systems.[116]

2.78 Organisations representing the education sector noted that the COVID-19 pandemic presented severe challenges and significant disruption for early childhood education centres, schools, and higher education providers.[117]

2.79 While Independent Higher Education Australia (IHEA) saw social distancing and lockdowns as a necessary health and safety measure, they 'significantly impacted providers and students'.[118] The COVID-19 pandemic brought attention to:

> …shortfalls in planning and decisiveness, especially in the context of a plethora of changing directives. For higher education providers, some were able to transition to online learning smoothly, while others faced challenges in terms of technology, pedagogy, and student engagement.[119]

2.80 In relation to international students, IHEA argued that as international education is Australia's 'fourth largest export and largest non-resources export…it is critical that we maintain a welcoming place for international students and that the value of our educational experience is communicated

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112 Wesfarmers Centre of Vaccines and Infectious Diseases, *Submission 8*, p. 1.

113 MCRI, *Submission 31*, p. 2.

114 MCRI, *Submission 31*, p. 2.

115 MCRI, *Submission 31*, p. 2.

116 MCRI, *Submission 31*, p. 1.

117 IHEA, *Submission 5*, p. 1; IEU, *Submission 26*, p. 2.

118 IHEA, *Submission 5*, p. 1.

119 IHEA, *Submission 5*, p. 4.

globally'.[120] None of the support packages provided by the government 'contained provisions specific to international education and international students'.[121]

2.81 The committee heard about the financial costs borne by tertiary students due to the COVID-19 pandemic measures:

> I am in contact with students who are still unable to complete the degrees they started pre 2019–20 because mandates are preventing them. Their personal choice to take a medical treatment or not is essentially becoming a punishment. They have invested, in some cases, years. In my case, I had invested between five and six years…in my education, to get into the master's of physiotherapy program. Other students would be within that high time frame. We have invested thousands of dollars. I had invested $42,000 in only one year of my master's degree, let alone all of the undergraduate study I had done.[122]

2.82 The People's Terms of Reference argued lockdown policies 'inflicted profound damage on the psychosocial and neurological development of infants and children by overlooking the paramount importance of early-life social and emotional interactions'.[123]

2.83 It submitted that social distancing and mask mandates 'paved the way for enduring developmental impairments' in infants.[124] Those policies left mothers and young children 'without the customary support of the community, severely impeding the establishment of secure attachments between parent and child – attachments that are crucial for a child's future emotional regulation and social competencies'.[125] In its view, this situation has created 'an impending mental health crisis among the youngest members of our society'.[126]

2.84 MCRI linked the closure of schools and the move to online learning as a factor that exacerbated a deterioration in young people's mental health during the pandemic:

> The closure of schools during the pandemic disrupted the traditional learning environment, hindering children's ability to grow and reach

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120 IHEA, *Submission 5*, p. 3.

121 IHEA, *Submission 5*, p. 3.

122 Ms Elyssa Woods, Private capacity, *Committee Hansard*, 13 March 2024, p. 33.

123 The People's Terms of Reference, Answers to questions on notice, 1 February 2024 (received 12 March 2024).

124 The People's Terms of Reference, Answers to questions on notice, 1 February 2024 (received 12 March 2024).

125 The People's Terms of Reference, Answers to questions on notice, 1 February 2024 (received 12 March 2024)

126 The People's Terms of Reference, Answers to questions on notice, 1 February 2024 (received 12 March 2024).

> developmental milestones through crucial interactions with peers and educators. The impact is particularly pronounced in adolescents, whose brain development is highly sensitive to environmental stimuli and experiences.
>
> The closure of schools had substantial consequences on the mental health of Australian children. Isolation resulting from lockdowns and social distancing measures has led to an increase in mental health issues such as depression, anxiety, and social withdrawal. Paediatricians in Australia are reporting waiting lists of over 18 months for developmental and mental health assessments and many have closed their books to new patients.[127]

2.85 In addition to children and young people, the Council of Single Mothers and their Children (CSMC) and WESNET drew attention to the effect of the pandemic response on women.[128]

2.86 The CSMC indicated the pandemic response measures had greater adverse effects on single mothers 'more than any other family type of worker'.[129] Their children, who were 'already in many cases disadvantaged and more vulnerable than children in couple families, experienced many adverse effects'.[130]

2.87 WESNET reported that because of the pandemic, 'services supporting victim-survivors of gender-based violence [were] overwhelmed by demand'.[131]

2.88 The Independent Education Union also highlighted that women are 'more likely to be insecurely employed which, in combination with inequitable and dangerous conditions in the home, made women and their children among the groups worst impacted by the pandemic'.[132]

2.89 WESNET suggested the terms of reference for a royal commission into COVID-19 must allow for an 'examination of the particular impact of the pandemic on women'.[133] The royal commission should consider the effectiveness of the pandemic response in relation to 'gendered impacts' to inform strategies for future health emergencies.[134]

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127 MCRI, *Submission 31*, p. 3.

128 WESNET, *Submission 24*, p. 1; Council of Single Mothers and their Children, *Submission 38*, p. 1.

129 CSMC, *Submission 38*, p. 1.

130 CSMC, *Submission 38*, p. 1.

131 WESNET, *Submission 24*, p. 1.

132 IEU, *Submission 26*, p. 3.

133 WESNET, *Submission 24*, p. 2.

134 WESNET, *Submission 24*, p. 2.

People with disability

2.90 The broad experience of the pandemic for people with disability was one of anxiety, confusion, and abandonment:

> The experiences of people with disability during the COVID-19 pandemic include anxiety over constantly changing messages, feeling confused and abandoned by governments, increased levels of violence and abuse, and feeling unsafe and forgotten as COVID-19 infection control measures reduced.[135]

2.91 It was noted 'that people with disability…will experience much more complicated health implications if they contract COVID'.[136]

2.92 People with Disability Australia (PWDA) explained that while steps were taken to protect people with disability during the pandemic, there were still transgressions upon those people's rights:

> While Australia took many positive measures to keep us safe during the pandemic, people with disability experienced many infringements of their rights. For example, people with disability experienced challenges in accessing the supports they need and rely on for daily life. They experienced barriers in the managing of health services.[137]

2.93 Those barriers included the use of Auslan interpretation services in communicating changes to public health orders and the use of support workers throughout the pandemic.[138]

2.94 PWDA had raised issues with the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability in relation to the COVID-19 pandemic response.[139] It stated that people with disability had:

> …reduced or no access to vital health, mental health, rehabilitation services and medications including COVID-19 related screening, masks, personal protective equipment, hand sanitizer, vaccination and treatment, as well as lifesaving treatment due to unconscious bias.[140]

2.95 Due to a fear of contracting COVID-19, 'about 25 per cent of people with disability felt that they had to avoid health services'.[141] Those people also avoided socialising with family and friends for the same reason and felt 'a sense

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135 PWDA, *Submission 42*, p. 1.

136 Mx Giancarlo De Vera, Senior Manager of Policy, PWDA, *Committee Hansard*, 13 March 2024, p. 12.

137 Mx De Vera, PWDA, *Committee Hansard*, 13 March 2024, p. 10.

138 Mx De Vera, PWDA, *Committee Hansard*, 13 March 2024, pp. 11–12.

139 PWDA, *Submission 42*, p. 2.

140 PWDA, *Submission 42*, p. 2.

141 Mx De Vera, PWDA, *Committee Hansard*, 13 March 2024, p. 12.

of self-imposed isolation' during the pandemic.[142] An outcome of that social isolation was a loss of 'the natural safeguard of having people who could check in'.[143]

2.96 A member of PWDA recounted their experience of visiting a hospital emergency room (ER):

> I went home from the ER and took my chances when I had a near fatal case of cellulitis, as the alternative was waiting for an estimated six to 14 hours in a badly ventilated, crowded hospital ER with a group of anti-vaxxers, anti-maskers and no seating, except right beside them. Hospital staff and security were also ignoring the COVID-19 protocols and ignored me when I begged for somewhere else to sit.[144]

2.97 Another PWDA member shared their lived experience and making invidious decisions about accessing health care:

> Not even being able to access health care safely is outrageous. We should not have to decide if the risk of attending health care or a hospital is worth it. The real risk of infection that will make your health worse versus delayed care which can equally make your health worse. Safe health care is a health care right, but it's not really happening.[145]

2.98 Redfern Legal Centre shared accounts of some of its clients, who approached it to make sense of the rapidly evolving public health orders:

> Many of my clients were in tears trying to keep up with and understand rapidly changing public health orders…These clients ranged from a mother whose son with a diagnosed intellectual disability was issued with three separate COVID fines worth $1000 each, and an elderly couple, one partner with dementia, fined for being at the supermarket together because one partner could not stay at home by herself.[146]

2.99 The committee heard evidence from Professor Katy Barnett, a Melbourne-based law professor living with a disability.[147] As part of her treatment, Professor Barnett is encouraged 'to walk for at least one kilometre per day'.[148] During the stage 4 lockdown in Victoria, she was not permitted to travel further than five kilometres from her home or spend more than one hour away from her house.[149]

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142 Mx De Vera, PWDA, *Committee Hansard*, 13 March 2024, p. 15.

143 Mx De Vera, PWDA, *Committee Hansard*, 13 March 2024, p. 15.

144 Mx De Vera, PWDA, *Committee Hansard*, 13 March 2024, p. 12.

145 Mx De Vera, PWDA, *Committee Hansard*, 13 March 2024, p. 13.

146 Ms Samantha Lee, Senior Solicitor, Redfern Legal Centre, *Committee Hansard*, 1 February 2024, p. 11.

147 Professor Barnett, *Submission 44*, p. 1.

148 Professor Barnett, *Submission 44*, p. 1.

149 Professor Barnett, *Submission 44*, p. 1.

2.100 In September 2020, Professor Barnett decided to walk to a nearby coffee shop with her mother.[150] They purchased coffees and sat outside, remaining the appropriate distance apart from each other and other people.[151]

2.101 While drinking their coffees and complying with the public health orders, they were asked to move on by police officers.[152] Professor Barnett noticed one of the police officers 'seemed to be quite tense'.[153] Her 'mother was extremely anxious' during the interaction and very concerned about the threat of receiving a fine.[154]

2.102 Both women decided to comply with the police officers' direction and continue moving.[155] Professor Barnett remarked that while both she and her mother 'got home safely', the experience left them 'shaking'.[156]

2.103 In her evidence to the committee, Professor Barnett explained how she felt during this interaction with the Victorian police:

> During the Victorian lockdown I did come to the attention of police and I did have a very unpleasant interaction with them. However, I feel a bit like Clark Kent with a Superman suit underneath; they didn't know that the limping woman with the walking stick was actually a law professor. Had they decided to make an issue of my supposed contravention of the law, I would have been able to fight them legally…What I'm distinctly aware of is the fact that many other vulnerable people in our community do not have the same capacity as me.[157]

2.104 PWDA recommended that a COVID-19 royal commission examine the implications of the pandemic response measures for people with disability and put forward recommendations for how their needs could be better addressed during future health emergencies.[158]

Culturally and linguistically diverse communities and First Nations peoples

2.105 Representatives of CALD communities and First Nations peoples shared the unique experiences of their communities.[159] For the most part, those

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150 Professor Barnett, *Submission 44*, p. 1.

151 Professor Barnett, *Submission 44*, p. 2.

152 Professor Barnett, *Submission 44*, p. 2.

153 Professor Barnett, *Submission 44*, p. 2.

154 Professor Barnett, *Submission 44*, p. 2.

155 Professor Barnett, *Submission 44*, p. 2.

156 Professor Barnett, *Submission 44*, p. 2.

157 Professor Barnett, Private capacity, *Committee Hansard*, 1 February 2024, p. 13.

158 PWDA, *Submission 42*, p. 3.

159 See, for example: Redfern Legal Centre, *Submission 9*, p. 2; VACCHO, *Submission 19*, p. 3; FECCA and the Collaborative, *Submission 32*, p. 3.

organisations were concerned about the communication of health information to the people they represent.

2.106 According to the Federation of Ethnic Communities' Councils of Australia and the Australian Multicultural Health Collaborative (FECCA and the Collaborative), the negative effects of the pandemic were disproportionately felt by people from multicultural backgrounds.[160] They provided evidence from the Australian Bureau of Statistics which showed:

- 70% of people in Australia who died during the COVID-19 delta wave were overseas born.
- Overall, during the pandemic, overseas born people died at twice the rate than the Australia born.
- Middle East-born Australians died at seven times the rate of the Australia-born.[161]

2.107 These disparities can be explained by the kind of industries CALD people predominantly work in and their access to public information. As FECCA and the Collaborative suggested:

> …many [members] of those communities work in essential services, so they were more exposed to COVID-19, due to the type of work that they were doing, than others. Another point is that the communication strategy and the translated material, on the quality and quantitative side of it, lacked timing. They were not being timely enough, and this led to creating a vacuum of information. Individuals were seeking information in their own language. On Facebook, there was general information, which led to misinformation, which meant that there was lack of trust in the health system. The last part to it is the level of health literacy, and accessing and navigating the health system. These are the components that I believe contributed to this high mortality rate.[162]

2.108 The QNMU also referred to research from previous pandemics which 'showed that First Nations peoples are more likely to become infected with respiratory viruses and the subsequent morbidity and mortality that accompanies these diseases'.[163] First Nations peoples are more vulnerable than the general population for several reasons 'including a high burden of chronic conditions,

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160 FECCA and the Collaborative, *Submission 32*, p. 3; Mr Omar Al-Ani, Director, FECCA and the Collaborative, *Committee Hansard*, 13 March 2024, p. 10.

161 FECCA and the Collaborative, *Submission 32*, p. 3. Also see: Australian Bureau of Statistics, *COVID-19 Mortality by wave*, 16 November 2022, www.abs.gov.au/articles/covid-19-mortality-wave#deaths-from-covid-19-by-country-of-birth (accessed 18 March 2024).

162 Mr Al-Ani, FECCA and the Collaborative, *Committee Hansard*, 13 March 2024, p. 14.

163 QNMU, *Submission 27*, p. 9.

inequity issues related to health services provision and social and economic disadvantage in areas such as housing, education and employment'.[164]

2.109 The Redfern Legal Centre explained the New South Wales public health orders were often 'only published in English, which left many in the community vulnerable both in terms of their health and their ability to comply with the law'.[165]

2.110 Similarly, VACCHO raised concerns about the 'little specific information, action or supports provided to [Aboriginal Community Controlled Organisations] for the delivery of lifesaving service delivery throughout the lockdowns and the pandemic'.[166]

2.111 VACCHO shared feedback from its members about the effectiveness of communication from state and Commonwealth governments during the pandemic:

> While the daily press conferences aired across mainstream networks were well received by some, many Community members did not have access to a television or streaming device. For those who did, much of the information available on free news sites, television and hard copy papers oscillated between fact and fiction, with misinformation rife and very little accountability for news providers to ensure accuracy. This was even more voracious on social media sites, where there is very little to enforce accuracy in opinion pieces, headlines or comment sections.[167]

2.112 It submitted there 'seemed that there was an assumption that all Australian would be able to understand, seek out and interpret the complex and rapidly changing health information and lockdown orders'.[168] In its experience that assumption was incorrect:

> …for vulnerable and diverse communities, both Aboriginal and Torres Strait Islander and otherwise, leaving many to navigate confusing and muddied information by themselves.

2.113 Those people did not have 'clear understandings of lockdown orders and public health advice'.[169] That left them in a position where they 'were left with significantly increased stress and mental health concerns, fines for public health order breaches and higher likelihoods of COVID-19 infections'.[170]

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164 QNMU, *Submission 27*, p. 9.

165 Redfern Legal Centre, *Submission 9*, p. 2.

166 VACCHO, *Submission 19*, p. 4.

167 VACCHO, *Submission 19*, p. 4.

168 VACCHO, *Submission 19*, p. 4.

169 VACCHO, *Submission 19*, p. 4.

170 VACCHO, *Submission 19*, p. 4.

2.114 The Special Broadcasting Service (SBS) reported:

> During the COVID-19 crisis, SBS's cross-platform provision of vital public health information was essential to saving lives and ensuring all Australians had access to up-to-date information on measures to stay safe, restrictions, and vaccines.[171]

2.115 It outlined the role it played 'during the acute phases of the pandemic' and the rapidness of its actions:

> The response included SBS Multilingual coronavirus portal in 63 languages, built within only four days in March 2020, and live interpreting of the daily NSW and Victorian Government press conferences in a range of languages.[172]

2.116 A range of organisations supported the establishment of a COVID-19 royal commission that includes terms of reference in relation to engagement with:

- CALD communities;[173]
- First Nations peoples;[174] and
- people living in remote and regional areas.[175]

2.117 In the view of these organisations, a COVID-19 royal commission should refer to the lived experience and expertise of these communities to ensure that their views are considered in planning for future crises.[176]

Conclusion

2.118 The committee heard from a wide range of stakeholders who were either directly affected by the response to the COVID-19 pandemic or are acting on behalf of communities that were affected by it.

2.119 The stories and experiences shared by those affected stakeholders are indicative of the need for a royal commission into the Australian response to the COVID-19 pandemic.

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171 Special Broadcasting Service (SBS), *Submission 15*, p. 1.

172 SBS, *Submission 15*, p. 1.

173 Wesfarmers Centre of Vaccines and Infectious Diseases, *Submission 8*, p. 1; SBS, *Submission 15*, p. 1; MCRI, *Submission 31*, p. 1; FECCA and the Collaborative, *Submission 32*, p. 4.

174 SBS, *Submission 15*, p. 1; VACCHO, *Submission 19*, p. 4.

175 SBS, *Submission 15*, p. 1; VACCHO, *Submission 19*, p. 4.

176 SBS, *Submission 15*, p. 1; FECCA and the Collaborative, *Submission 32*, p. 4.

Chapter 3
Terms of reference and recommendations

3.1 As discussed in Chapter 2, the committee received evidence from a wide range of stakeholders affected by the Australian response to the COVID-19 pandemic. Many of those stakeholders proposed numerous and quite specific terms of reference for a COVID-19 royal commission.[1]

3.2 Evidence to the committee demonstrated popular support for a COVID-19 royal commission. For example, the People's Terms of Reference provided the committee with a large volume of suggested terms of reference and proposed witnesses for a royal commission.[2] Its proposed terms of reference were supported by '46,609 co-signatories'.[3] A petition that called for the establishment of a COVID-19 royal commission, circulated by the Winston Smith Initiative, similarly 'garnered more than 65,000 signatures at the time of writing'.[4] These two submissions alone demonstrate there is considerable appetite within the Australian community for a COVID-19 Royal Commission.

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1 See, for example: Vaxine Pty Ltd (Vaxine), *Submission 2*, pp. 1–5; Gold Coast Medical Association, *Submission 3*, p. 1; Australasian College of Paramedicine, *Submission 4*, pp. 1–3; Australian Nursing and Midwifery Federation (Federal Office) (ANMF), *Submission 7*, pp. 2–3; Wesfarmers Centre of Vaccines and Infectious Diseases, *Submission 8*, pp. 1–2; Civil Liberties Australia (CLA), *Submission 13*, pp. 1–2; Institute of Public Affairs (IPA), *Submission 14*, pp. 2–3; Special Broadcasting Service (SBS), *Submission 15*, p. 1; Anglicare Australia (Anglicare), *Submission 16*, pp. 1–4; Victorian Aboriginal Community Controlled Health Organisation (VACCHO), *Submission 19*, p. 3; Pharmaceutical Society of Australia (PSA), *Submission 20*, p. 2; Australians for Science and Freedom, *Submission 22*, pp. 3–8; Police Federation of Australia (PFA), *Submission 23*, pp. 3–11; WESNET, *Submission 24*, p. 2; The Pharmacy Guild of Australia (Pharmacy Guild), *Submission 25*, pp. 3–4; Independent Education Union (IEU), *Submission 26*, pp. 3–8; Queensland Nurses and Midwives' Union (QNMU), *Submission 27*, pp. 4–10; Professor Geoffrey Forbes, *Submission 28*, pp. 1–2; Murdoch Children's Research Institute (MCRI), *Submission 31*, p. 1; Federation of Ethnic Communities' Councils of Australia and the Australian Multicultural Health Collaborative (FECCA and the Collaborative), *Submission 32*, pp. 4–5; Ashley Francina Leonard and Associates (AFL Solicitors), *Submission 33*, pp. 4–15; COVERSE, *Submission 34*, p. 10; United Australia Party (UAP), *Submission 35*, pp. 1–4; Australian Medical Network (AMN), *Submission 36*, pp. 3–6; Council of Small Business Organisations Australia (COSBOA), *Submission 37*, p. 2; Council of Single Mothers and their Children, *Submission 38*, p. 2; Australian Institute for Progress (AIP), *Submission 39*, pp. 1–2; Ai Group, *Submission 40*, p. 2; Royal Australian College of General Practitioners (RACGP), *Submission 41*, pp. 1–2; People with Disability Australia (PWDA), *Submission 42*, pp. 3–4; Dr Scott Prasser, *Submission 43*, p. 9; The People's Terms of Reference, *Submission 45*, pp. 6–111; Red Union Support Hub, *Submission 48*, p. 1.

2 The People's Terms of Reference, *Submission 45*, pp. 6–111.

3 The People's Terms of Reference, *Submission 45*, p. 3.

4 Winston Smith Initiative, *Submission 49*, p. 1.

3.3 This chapter argues that a COVID-19 Royal Commission is required to enable Australia to prepare for the next pandemic and to assist in restoring civic trust in the political process. It explores some of the proposed terms of reference proposed by inquiry participants, develops broad terms of reference for a COVID-19 royal commission, and sets out the committee's views and recommendations.

The need for a royal commission: Restoring trust

3.4 Trust was an important issue raised during the course of the inquiry.[5] For example, Civil Liberties Australia (CLA) stated 'trust has been destroyed. Numerous surveys have shown that trust is disintegrating'.[6] CLA referred to the 2023 Edelman Trust Barometer which indicated that over 'the last two years since the major COVID crisis has passed, 61 per cent…of Australians now say the lack of civility and mutual respect is the worst they've ever seen'.[7] The growing level of distrust is a concern as it 'is essential in a democracy. It is the basis on which democracy functions'.[8]

3.5 COVERSE argued that the inquiries into the Australian response to the COVID-19 pandemic have thus far failed to restore trust in government. Those inquiries have not been perceived to have the appropriate level of political neutrality to restore public trust as:

> …standard Parliamentary processes and an almost totally divisive partisan approach have not enabled the required level of detail to address evidence and achieve justice for those Australians impacted, nor to resurrect civic trust in Australia's public health policies and measures.[9]

3.6 The Redfern Legal Centre indicated that many of its clients have a growing distrust of government and government agencies, including police forces, as a direct result of their pandemic experience.[10] In its view, trust can be restored:

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5 See, for example: Ms Samantha Lee, Senior Solicitor, Redfern Legal Centre, *Committee Hansard*, 1 February 2024, p. 13; Dr Kristine Klugman OAM, President, CLA, *Committee Hansard*, 1 February 2024, p. 13; Professor Katy Barnett, Personal capacity, *Committee Hansard*, 1 February 2024, p. 14; Mr Peter Fam, Co-Author, The People's Terms of Reference, *Committee Hansard*, 1 February 2024, p. 24; Dr Julie Sladden, Co-Author, The People's Terms of Reference, *Committee Hansard*, 1 February 2024, p. 29; Mr Julian Gillespie, Co-Author, The People's Terms of Reference, *Committee Hansard*, 1 February 2024, p. 29–30.

6 Dr Klugman, CLA, *Committee Hansard*, 1 February 2024, p. 13.

7 Mr Chris Stamford, National Human Rights Act Campaign Manager, CLA, *Committee Hansard*, 1 February 2024, p. 13. Also see: Edelman, *2023 Edelman Trust Barometer: Australia Report*, 18 January 2023, p. 25.

8 Dr Klugman, CLA, *Committee Hansard*, 1 February 2024, p. 13.

9 COVERSE, *Submission 34*, p. 2.

10 Ms Lee, Redfern Legal Centre, *Committee Hansard*, 1 February 2024, p. 13.

> …through transparency and accountability, and that is what a royal commission could obviously go into. It doesn't mean that the trust is destroyed, but if you don't bring these stories into the open and give them some light the distrust will fester.[11]

3.7 Other submitters argued that only a royal commission would have the power to properly investigate the successes and failures of the Australian response to the COVID-19 pandemic.[12] The Ai Group further suggested that only a royal commission would be able to provide 'proper insight into the complexities and inconsistencies of those responses that would provide us with a blueprint for how to deal with future pandemics'.[13]

3.8 The AHRC identified two potential benefits to establishing a COVID-19 royal commission.[14] Firstly, a royal commission would offer an opportunity to assess 'both the good and the bad in terms of what happened but also allow Australians to see that measures are being taken to improve our responses in the future'.[15] Secondly, it would provide 'a real opportunity for Australians to get a better understanding of how their neighbours and how people right around the country were impacted by the response measures'.[16] These outcomes would assist in healing the divisions that emerged in the Australian community as a result of the pandemic response.[17]

3.9 In assessing the COVID-19 pandemic response, the AHRC emphasised the importance of recognising the context in which decisions were made:

> …we need to recognise decision-making in emergencies is different. It is important that any review or any royal commission doesn't look back with the benefit of hindsight and forget the context in which those decisions were made. Emergency decision-making requires quick decision-making often with incomplete information.[18]

3.10 However, the AHRC highlighted that decisions made during emergencies should still be properly scrutinised:

> While the suspension of reflection and review mechanisms may be necessary in a time of emergency, it is important to ensure that emergency

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11 Ms Lee, Redfern Legal Centre, *Committee Hansard*, 1 February 2024, p. 13.

12 See, for example: Ai Group, *Submission 40*, p. 1.

13 Ai Group, *Submission 40*, p. 1.

14 Mrs Lorraine Finlay, Human Rights Commissioner, AHRC, *Committee Hansard*, 1 February 2024, p. 14.

15 Mrs Finlay, AHRC, *Committee Hansard*, 1 February 2024, p. 14.

16 Mrs Finlay, AHRC, *Committee Hansard*, 1 February 2024, p. 14.

17 Mrs Finlay, AHRC, *Committee Hansard*, 1 February 2024, p. 14.

18 Mrs Finlay, AHRC, *Committee Hansard*, 1 February 2024, p. 15.

> decision-making itself does not permanently undermine the rule of law and core democratic structures.
>
> International human rights law provides the core criteria for assessing restrictions on rights – all of which should guide the accountability of public health measures in the name of the pandemic. We need to embed a human rights scrutiny process better into all emergency responses, to ensure that any intrusion on our rights is always fully justified, and the debate is had at the time the restrictions are considered – not afterwards.[19]

3.11 In the view of the AHRC, the proper scrutiny of the human rights implications of emergency responses should occur 'at the time the restrictions are considered – not afterwards'.[20] The scrutiny of decisions made during emergencies:

> …would aid in maintaining public trust and ensuring compliance with restrictions. It would also provide a safeguard that when we plan for recovery from this crisis, no one gets left behind. Embedding human rights thinking more broadly in decision-making, and the accountability measures that express it – such as statements of compatibility and openness to providing the evidence on which decisions are based – will assist in ensuring the maintenance of trust in our governments and our parliaments, and those who are delegated to act on our behalf, especially in times of emergency, a trust that has been the foundation of our democratic structure for hundreds of years.

3.12 In the absence of that scrutiny, the AHRC considered that the 'question of whether Australians have been exposed to potentially unnecessary or disproportionate restrictions of their human rights…deserves to be given comprehensive consideration'.[21] That consideration is required 'to ensure that appropriate lessons are learned, and that future emergency responses embed a strong and more effective human rights scrutiny process'.[22]

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19 AHRC, Answers to questions on notice, 1 February 2024 (received 1 March 2024). Also see: Lorraine Finlay and Rosalind Croucher, 'Limiting Rights and Freedoms in the Name of Public Health', in Belinda Bennett and Ian Freckelton (eds), *Australian Public Health Law*, The Federation Press, Sydney, 2023, pp. 120–137, p. 137.

20 AHRC, Answers to questions on notice, 1 February 2024 (received 1 March 2024). Also see: Lorraine Finlay and Rosalind Croucher, 'Limiting Rights and Freedoms in the Name of Public Health', in Belinda Bennett and Ian Freckelton (eds), *Australian Public Health Law*, The Federation Press, Sydney, 2023, pp. 120–137, p. 137.

21 AHRC, Answers to questions on notice, 1 February 2024 (received 1 March 2024). Also see: Lorraine Finlay and Rosalind Croucher, 'Limiting Rights and Freedoms in the Name of Public Health', in Belinda Bennett and Ian Freckelton (eds), *Australian Public Health Law*, The Federation Press, Sydney, 2023, pp. 120–137, p. 137.

22 AHRC, Answers to questions on notice, 1 February 2024 (received 1 March 2024). Also see: Lorraine Finlay and Rosalind Croucher, 'Limiting Rights and Freedoms in the Name of Public Health', in Belinda Bennett and Ian Freckelton (eds), *Australian Public Health Law*, The Federation Press, Sydney, 2023, pp. 120–137, p. 137.

3.13 The AHRC referred to the 'range of inquiries…that have looked at different aspects of the pandemic response'.[23] In its view 'a royal commission is the best option to undertake a comprehensive examination of the overall pandemic response in Australia'.[24]

Design of the COVID-19 royal commission terms of reference

3.14 Dr Scott Prasser argued that crafting of the terms of reference for a royal commission is one of the most important factors in their establishment:

> Perhaps, the most important task for any government is deciding on a royal commission's terms of reference. That determines what a commission will do and sets the parameters for its investigations. If a government tries to limit an inquiry's terms of reference too much it will be seen as a 'whitewash' and the inquiry will be of limited value both in policy and political terms. If the terms of reference are too wide or loose the inquiry may not just go into unexpected areas but become distracted into minor side issues.[25]

Public consultation

3.15 There was strong support for a public consultation period on the terms of reference to give the Australian people an opportunity to assist in their design.[26] Some recent royal commissions have circulated proposed terms of reference for public consultation ahead of the commission being formally established.[27] That consultation period helps 'ensure key issues are not missed, the inquiry gains media attention, and there is greater public ownership and thus trust, in the appointed public inquiry'.[28]

3.16 A petition circulated by the Winston Smith Initiative called for a COVID-19 Royal Commission to 'be preceded by a period of public consultation that enables interested parties to have their say on the terms of reference'.[29]

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23 Mrs Finlay, AHRC, *Committee Hansard*, 1 February 2024, p. 12.

24 Mrs Finlay, AHRC, *Committee Hansard*, 1 February 2024, p. 12.

25 Dr Prasser, *Submission 43*, p. 8.

26 See, for example: People's Terms of Reference, *Submission 45*, p. 2; Dr Elizabeth Deveny, Chief Executive Officer, Consumers Health Forum of Australia (CHF), *Committee Hansard*, 13 March 2024, p. 18.

27 Dr Prasser, *Submission 43*, p. 8.

28 Dr Prasser, *Submission 43*, p. 8. Dr Prasser noted that the terms of reference for several post-pandemic inquiries in international jurisdictions were open to public consultation prior to the appointment of those inquiries.

29 Winston Smith Initiative, *Submission 49*, p. 2.

3.17 The Consumers Health Forum of Australia (CHF) also advocated for a public consultation process, to inform the scope of the royal commission.[30]

3.18 Dr Prasser observed that public consultation on the terms of reference for royal commissions is 'a recent development'.[31] In his view, inviting public consultation is appropriate for a COVID-19 royal commission as it 'means you catch everything and people can't complain afterwards that you missed a particular issue. It's really worth having'.[32]

Opportunity for people to tell their stories

3.19 It was argued that not only should the commissioners have a broad range of experiences, but the commission itself should hear from a diversity of people. The Australian Medical Network (AMN) suggested a royal commission should receive evidence:

> …from organisations such as AMN, personal stories from patients and health professionals, as well as insights from charities, small and medium businesses, and other reputable organisations. Embracing this inclusive methodology is not only critical but also pivotal in guaranteeing a more comprehensive, unbiased, and independent perspective, allowing all affected stakeholders to be fully heard.[33]

3.20 The sharing of personal accounts and experiences during the COVID-19 pandemic was highlighted as a particularly important component of a proposed royal commission.[34] For example, Professor Katy Barnett stated:

> I think it is actually very important that individuals get a chance to tell their stories, and just someone like me who is a law professor but that other people from vulnerable sections of society are assisted to tell their lived experience.[35]

3.21 The Redfern Legal Centre agreed that it is 'critical' that people have the opportunity to share their lived experience:

> People with mental illness, people with intellectual disabilities, people living in housing estates—there was a range of people impacted, and still

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30 Dr Deveny, CHF, *Committee Hansard*, 13 March 2024, p. 18.

31 Dr Prasser, Personal capacity, *Committee Hansard*, 1 February 2024, p. 9.

32 Dr Prasser, Personal capacity, *Committee Hansard*, 1 February 2024, p. 9.

33 AMN, *Submission 36*, p. 5.

34 See, for example: Professor Barnett, Private capacity, *Committee Hansard*, 1 February 2024, p. 18; Ms Lee, Redfern Legal Centre, *Committee Hansard*, 1 February 2024, p. 18; Mr Stamford, CLA, *Committee Hansard*, 1 February 2024, p. 19; Mrs Finlay, AHRC, *Committee Hansard*, 1 February 2024, p. 19.

35 Professor Barnett, Private capacity, *Committee Hansard*, 1 February 2024, p. 18.

> financially impacted, by policing and COVID fines, and it's so important to hear those stories on the ground.[36]

3.22 The CHF also highlighted the importance of hearing stories from ordinary Australians, as a way of increasing trust in the process:

> Hear from the people who experienced the lockdowns, who are experiencing long COVID, whose lives have been severely impacted as a consequence of the pandemic. We think that the community will be very trusting of any inquiry that is willing to hear from Australians about what COVID has meant to them and to their community.[37]

3.23 In the view of the AHRC, the ability to share the lived experience of the COVID-19 pandemic is one of the key reasons for establishing a royal commission:

> …it's important in and of itself to give individuals an opportunity to tell their stories about how such a significant event affected them over a number of years and also, again, so that we can learn the lessons we need to learn to ensure we're better prepared for next time…it's incredibly important that, despite the fact we all want to put it behind us and be able to move forward, we can't do that until we've reflected and fully understood the impacts the pandemic and pandemic response measures had and learn those lessons to ensure that it can never happen again.[38]

Commissioners

3.24 Several witnesses suggested that a COVID-19 royal commission should have three to five commissioners.[39]

3.25 Dr Prasser supported the establishment of a COVID-19 royal commission that has 'three to five members'.[40] If there are too many members, the commission 'will sink in its own complexity'.[41] He suggested that a number 'of different professions and disciplines [should be] involved' with such a commission.[42] To better ensure the commissioners are adequately supported 'a reference group of federal, state and other professional bodies' could be appointed.[43]

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36 Ms Lee, Redfern Legal Centre, *Committee Hansard*, 1 February 2024, p. 18.

37 Dr Deveny, CHF, *Committee Hansard*, 13 March 2024, p. 20.

38 Mrs Finlay, AHRC, *Committee Hansard*, 1 February 2024, p. 19.

39 Dr Prasser, Private capacity, *Committee Hansard*, 1 February 2024, p. 3; Mr Graham Young, Executive Director, AIP, *Committee Hansard*, 1 February 2024, p. 4; Mr Daniel Wild, Deputy Executive Director, IPA, *Committee Hansard*, 1 February 2024, p. 4.

40 Dr Prasser, Private capacity, *Committee Hansard*, 1 February 2024, p. 3.

41 Dr Prasser, Private capacity, *Committee Hansard*, 1 February 2024, p. 4.

42 Dr Prasser, Private capacity, *Committee Hansard*, 1 February 2024, p. 3.

43 Dr Prasser, Private capacity, *Committee Hansard*, 1 February 2024, p. 3.

3.26 The Australian Institute for Progress broadly agreed with Dr Prasser and suggested that representatives of particular professions be appointed.[44] It suggested 'the number of lawyers should be limited to one' and that the other commissioners include a health economist and a medical professional.[45]

3.27 The IPA indicated that, during the pandemic, many of the decisions were driven solely by a focus on public health and little consideration was given to other views.[46] Consideration of 'other views such as the social, humanitarian and economic consequences of those polices…would be absolutely critical to having a proper and fulsome inquiry'.[47]

3.28 On a similar theme, the Winston Smith Initiative highlighted the importance of the commissioners being seen as completely independent of the decisions and decision-makers involved in the pandemic response:

> The Australian public will only accept the recommendations of a COVID-19 Royal Commission if it's conducted in a way that is truly fair and transparent. This perception of fairness would be tarnished from the outset if the commissioners were found to have been in any way involved in the development or promotion of Australia's pandemic response, or otherwise linked to the individuals and organisations being investigated.[48]

3.29 Dr Prasser similarly raised the importance of appointing independent and neutral commissioners. He indicated one of the perceived weaknesses of the Commonwealth Government COVID-19 Response Inquiry is 'that its membership is too much of an in-house group'.[49] The IPA noted 'two of the three inquiry panellists appointed were well noted in the public sphere for being enthusiastic advocates of lockdown policies in Victoria'.[50] The Australian Institute for Progress suggested it might be appropriate to appoint commissioners from overseas to better ensure their impartiality.[51]

Proposed terms of reference for a COVID-19 royal commission

3.30 The following sections discuss in greater detail possible matters that a COVID-19 royal commission could consider.

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44 Mr Young, AIP, *Committee Hansard*, 1 February 2024, p. 4.

45 Mr Young, AIP, *Committee Hansard*, 1 February 2024, p. 4.

46 Mr Wild, IPA, *Committee Hansard*, 1 February 2024, p. 4.

47 Mr Wild, IPA, *Committee Hansard*, 1 February 2024, p. 4.

48 Winston Smith Initiative, *Submission 49*, p. 3.

49 Dr Prasser, Private capacity, *Committee Hansard*, 1 February 2024, p. 5.

50 Mr Morgan Begg, Director of Research, IPA, *Committee Hansard*, 1 February 2024, p. 6.

51 Mr Young, AIP, *Committee Hansard*, 1 February 2024, p. 6.

Matters related to the SARS-CoV-2 virus and COVID-19

3.31 Several inquiry participants called for a royal commission to investigate the origins of the SARS-CoV-2 virus.[52]

3.32 The CHF argued a COVID-19 'royal commission must investigate and provide recommendations on long COVID'.[53]

Pandemic planning

3.33 The Australian Institute for Progress suggested that Australia did not adhere to its pre-existing pandemic plan and that a royal commission should examine:

> …the adequacy of pre-existing pandemic plans and their relationship to policy that was actually implemented during the pandemic, including any data or information which might exist to support or otherwise those policies.[54]

3.34 The People's Terms of Reference similarly suggested that a royal commission should review and analyse 'the planning undertaken, the scientific studies relied upon, and the standing recommendations of Australian governments prior to 2020, for the management of pandemics'.[55] It further submitted that such a review and analysis should include a review of 'the recommendations contained in the Australian Health Management Plan for Pandemic Influenza…and the adequacy of those recommendations for dealing with SARS-CoV-2'.[56]

3.35 The ANMF suggested that a royal commission should examine the appropriateness of existing pandemic response plans.[57] It called for an updated pandemic plan, as the existing one is 'insufficient' and did not provide adequate measures to deal with the COVID-19 pandemic.[58] In its view, 'we have learnt so much over the last four years, and we know how much more robust our systems need to be now'.[59]

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52 See, for example: Vaxine, *Submission 2*, p. 3; IPA, *Submission 14*, p. 3; UAP, *Submission 35*, p. 2; The People's Terms of Reference, *Submission 45*, p. 61; Ms Karina Brook, *Submission 66*, p. 1.

53 Dr Deveny, CHF, *Committee Hansard*, 13 March 2024, p. 18.

54 AIP, *Submission 39*, p. 1.

55 The People's Terms of Reference, *Submission 45*, p. 7. Also see: Mr Gillespie, The People's Terms of Reference, *Committee Hansard*, 1 February 2024, p. 21.

56 The People's Terms of Reference, *Submission 45*, p. 8.

57 ANMF, *Submission 7*, p. 2.

58 Mrs Annie Butler, Federal Secretary, ANMF, *Committee Hansard*, 1 February 2024, p. 45.

59 Mrs Butler, ANMF, *Committee Hansard*, 1 February 2024, p. 46.

3.36 The AHRC suggested a royal commission could review the existing pandemic plans and come to an understanding as to why they were not followed in their entirety.[60]

Conduct of Commonwealth, state and territory governments and National Cabinet

3.37 Several inquiry participants called for a royal commission to examine the decision-making processes of Australian governments, National Cabinet, and government agencies in responding to the COVID-19 pandemic.[61]

3.38 It was noted that the Commonwealth Government COVID-19 Response Inquiry specifically excludes examination of the decisions and actions taken by state and territory governments, and that this is a failure of that inquiry.[62]

3.39 The Winston Smith Initiative argued that a royal commission is necessary as 'the sheer scale of the upheaval caused by the COVID-19 pandemic…[means] that genuine accountability can only be delivered by a truly uninhibited Royal Commission'. It opined:

> Our rights to medical privacy and informed consent were overridden by hastily imposed vaccine mandates, and our freedoms of speech, movement and association were quashed by harsh and enduring lockdowns. Never in the history of this country have so many people been subjected to such an extreme level of government intrusion into their lives.[63]

3.40 It concluded that:

> In the interest of absolute transparency, the inquiry must have unfiltered access to all documents relevant to the design and implementation of our pandemic response measures. Each of these measures must be scrutinised to ensure that they were formulated based on the best available evidence and with appropriate consideration given to the human rights of everyone who stood to be affected. This level of scrutiny will naturally entail the interrogation of key decision-makers.
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> …
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> In summary, the entire policymaking process must be laid bare from conception to execution, so that the Australian public can develop a complete understanding of who designed our pandemic response measures, what the measures were intended to achieve, and whether they were

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60 Mrs Finlay, AHRC, *Committee Hansard*, 1 February 2024, p. 17.

61 See, for example: Vaxine, *Submission 2*, p. 3; AHRC, *Submission 18*, p. 2; QNMU, *Submission 27*, pp. 4–5; Professor Forbes, *Submission 28*, pp. 1–2; MCRI, *Submission 31*, p. 1; AFL Solicitors, *Submission 33*, pp. 12–15; Ai Group, *Submission 40*, p. 2; RACGP, *Submission 41*, p. 1; Winston Smith Initiative, *Submission 49*, p. 2; Professor Mark Morgan, Chair of Expert Committee for Quality Care, RACGP, *Committee Hansard*, 1 February 2024, p. 38. Note: the MCRI argued the decision-making process of municipal government should also be investigated by a COVID-19 royal commission, see: MCRI, *Submission 31*, p. 1.

62 See, for example: Red Union Support Hub, *Submission 48*, p. 1.

63 Winston Smith Initiative, *Submission 49*, p. 3.

> ultimately successful. An investigation on this scale can be accomplished by nothing less than a fully empowered Royal Commission.[64]

3.41 As the AHRC pointed out, the response to COVID-19 involved 'complex interactions between Commonwealth, State and Territory governments, all of which had overlapping responsibilities.'[65] It suggested that '[t]he role played by National Cabinet also needs to be part of any review. Examining the actions of any one level of government in isolation can only ever reveal part of this picture'.[66]

3.42 In the view of the AHRC, the limited transparency around the emergency decision-making processes of all levels of government poses a challenge to Australian democracy:

> The checks and balances that ordinarily exist are integral to our democracy. Australians have been, and continue to be, exposed to potentially unnecessary restrictions of their rights and freedoms because of the lack of transparency and accountability that surround emergency measures.[67]

3.43 The AHRC argued it is essential:

> …that extraordinary powers exercised in times of emergency are still subject to an appropriate degree of scrutiny and accountability…for a variety of reasons, including to aid in encouraging compliance with restrictions, to prevent overreach and misuse of emergency powers, to ensure that the limits placed on our human rights are necessary and proportionate, to maintain the longer-term health of our democratic foundations, and to maintain broader public trust in our governments and institutions.[68]

3.44 The AHRC indicated there are three elements of the Australian COVID-19 pandemic response that require scrutiny, being the:

- 'transfer of power from the parliament to the executive';
- 'introduction of the National Cabinet'; and
- 'increased reliance on expert decision-makers'.[69]

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64 Winston Smith Initiative, *Submission 49*, p. 4–5.

65 AHRC, *Submission 18*, p. 2.

66 AHRC, *Submission 18*, p. 2.

67 AHRC, Answers to questions on notice, 1 February 2024 (received 1 March 2024). Also see: Lorraine Finlay and Rosalind Croucher, 'Limiting Rights and Freedoms in the Name of Public Health', in Belinda Bennett and Ian Freckelton (eds), *Australian Public Health Law*, The Federation Press, Sydney, 2023, pp. 120–137, p. 121.

68 AHRC, Answers to questions on notice, 1 February 2024 (received 1 March 2024). Also see: Lorraine Finlay and Rosalind Croucher, 'Limiting Rights and Freedoms in the Name of Public Health', in Belinda Bennett and Ian Freckelton (eds), *Australian Public Health Law*, The Federation Press, Sydney, 2023, pp. 120–137, p. 128.

69 AHRC, Answers to questions on notice, 1 February 2024 (received 1 March 2024). Also see: Lorraine Finlay and Rosalind Croucher, 'Limiting Rights and Freedoms in the Name of Public Health', in

3.45 Many of the pandemic response measures were enacted through the exercise of delegated legislation, which:

> …is not subject to the same level of parliamentary oversight, is less transparent, and does not have the same level of representative legitimacy. With respect to restrictions on human rights, the core questions of necessity and proportionality are less likely to be subject to the rigorous examination that is needed before the measures take effect when the restrictions are made by way of delegated legislation, and there is less opportunity for any unintended practical consequences to be identified and addressed.[70]

3.46 In December 2020, during the first year of the COVID-19 pandemic, the Senate Standing Committee for the Scrutiny of Delegated Legislation also commented on this matter:

> The significant volume of delegated legislation made by the executive, and the frequent exemption of this delegated legislation from parliamentary oversight, pose significant challenges to Parliament's constitutionally recognised law-making role.[71]

3.47 The AHRC suggested National Cabinet could take a 'leadership role' during crises and, as such, performs 'a different role from parliament'.[72] In its view, National Cabinet could 'evolve to allow for the reassertion of democratic checks and balances, and the strengthening of accountability linkages'.[73]

Belinda Bennett and Ian Freckelton (eds), *Australian Public Health Law*, The Federation Press, Sydney, 2023, pp. 120–137, p. 128.

70 AHRC, answers to questions on notice, 1 February 2024 (received 1 March 2024). Also see: Lorraine Finlay and Rosalind Croucher, 'Limiting Rights and Freedoms in the Name of Public Health', in Belinda Bennett and Ian Freckelton (eds), *Australian Public Health Law*, The Federation Press, Sydney, 2023, pp. 120–137, p. 131.

71 AHRC, answers to questions on notice, 1 February 2024 (received 1 March 2024). Also see: Lorraine Finlay and Rosalind Croucher, 'Limiting Rights and Freedoms in the Name of Public Health', in Belinda Bennett and Ian Freckelton (eds), *Australian Public Health Law*, The Federation Press, Sydney, 2023, pp. 120–137, p. 133. Also see: Senate Standing Committee for the Scrutiny of Delegated Legislation, *Inquiry into the exemption of delegated legislation from parliamentary oversight interim report*, 2 December 2020, p. xiii.

72 AHRC, answers to questions on notice, 1 February 2024 (received 1 March 2024). Also see: Lorraine Finlay and Rosalind Croucher, 'Limiting Rights and Freedoms in the Name of Public Health', in Belinda Bennett and Ian Freckelton (eds), *Australian Public Health Law*, The Federation Press, Sydney, 2023, pp. 120–137, p. 134.

73 AHRC, answers to questions on notice, 1 February 2024 (received 1 March 2024). Also see: Lorraine Finlay and Rosalind Croucher, 'Limiting Rights and Freedoms in the Name of Public Health', in Belinda Bennett and Ian Freckelton (eds), *Australian Public Health Law*, The Federation Press, Sydney, 2023, pp. 120–137, p. 134.

3.48 The AHRC argued a feature of the Australian response to the COVID-19 pandemic was 'the delegation of extensive decision-making power to medical-scientific experts'.[74] It noted:

> While public health expertise is critically important when making decisions during a pandemic, we must also acknowledge that experts are not infallible, may not always agree, and may (even subconsciously) be influenced by personal values or biases. Hence, even when placing reliance on experts it is important to expose expert advice to a range of different perspectives and viewpoints and to ensure that it is interrogated and challenged before a final decision is reached.
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> …
>
> Assessing the appropriateness of restrictions, at any given point of time, is a complex task, and one that can rapidly change as the impact of the virus also shifts – such is the nature of emergency responses. Public health experts can only ever provide an incomplete answer to the complex public policy questions that need to be addressed. While measures such as travel restrictions, school closures and mask mandates were all introduced as public health measures to reduce the impact of COVID-19, they all had impacts that extended beyond the effect on public health. The economic and social impacts of the pandemic restrictions are also significant, and need to be factored into the decision-making process.[75]

3.49 In the view of the AHRC:

> It is also critical to ensure that public consultations and open public hearings are a key element of a Royal Commission. The impacts of the pandemic response measures were not experienced uniformly across Australia. There were significant differences in the severity of restrictions and responses in different areas.[76]

3.50 Dr Prasser indicated it would be inappropriate for a royal commission to investigate parliamentary decisions.[77] In his view, it could choose to consider parliamentary decisions 'up to a point, but it wants to be very careful of an executive government body investigating parliament, which really is crossing the line'.[78]

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74 AHRC, answers to questions on notice, 1 February 2024 (received 1 March 2024). Also see: Lorraine Finlay and Rosalind Croucher, 'Limiting Rights and Freedoms in the Name of Public Health', in Belinda Bennett and Ian Freckelton (eds), *Australian Public Health Law*, The Federation Press, Sydney, 2023, pp. 120–137, p. 134.

75 AHRC, answers to questions on notice, 1 February 2024 (received 1 March 2024). Also see: Lorraine Finlay and Rosalind Croucher, 'Limiting Rights and Freedoms in the Name of Public Health' in Belinda Bennett and Ian Freckelton (eds), *Australian Public Health Law*, The Federation Press, Sydney, 2023, pp. 120–137, pp. 135–136.

76 AHRC, *Submission 18*, p. 2.

77 Dr Prasser, Personal capacity, *Committee Hansard*, 1 February 2024, p. 9.

78 Dr Prasser, Personal capacity, *Committee Hansard*, 1 February 2024, p. 9.

Public health orders and mandates

3.51 Some submitters called for a royal commission to examine the scientific basis of the decisions that informed:

- public health orders;[79]
- the understanding of the threat posed by COVID-19;[80] and
- the vaccination program.[81]

3.52 The People's Terms of Reference submitted that a royal commission should examine the 'statements, policies, or directives created by Australian governments or their agencies to be observed by health practitioners'.[82] That examination should consider the:

- reasonableness and proportionality of those statements, policies, or directives given the 'available scientific evidence';[83]
- level of consultation health practitioners had in the development of those statements, policies, or directives;[84]
- legality of those statements, policies, or directives;[85] and
- interaction of those statements, policies, or directives with '*valid* Informed Consent being provided by Australian citizens'.[86]

3.53 In relation to the pandemic response measures implemented by state and territory governments, The People's Terms of Reference argued:

> We were told to protect our public health system, to stay away from our hospitals, yet our hospitals are meant to be open to protect and aid us. This absurd denial of services resulted in serious health consequences with hundreds of thousands of missed appointments, delayed diagnosis of serious disease, delayed surgery and an array of mental health effects. Were these restrictions ever assessed or reviewed for the costs and benefits? The oft-repeated statements by the Prime Minister, premiers, health ministers, CMOs, CHOs and medical associations that the vaccines were safe and effective were blatantly false, and there was never evidence and data to support such claims. It was misleading and deceptive conduct that grossly undermined public trust.

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79 See, for example: Australians for Science and Freedom, *Submission 22*, pp. 1–2; The People's Terms of Reference, *Submission 45*, p. 66; Winston Smith Initiative, *Submission 49*, p. 2.

80 See, for example: Australians for Science and Freedom, *Submission 22*, p. 2; The People's Terms of Reference, *Submission 45*, p. 6;

81 Professor Forbes, *Submission 28*, pp. 1–2.

82 The People's Terms of Reference, *Submission 45*, p. 48.

83 The People's Terms of Reference, *Submission 45*, p. 48.

84 The People's Terms of Reference, *Submission 45*, p. 48.

85 The People's Terms of Reference, *Submission 45*, p. 48.

86 The People's Terms of Reference, *Submission 45*, p. 48.

> Another example was the oft-repeated statements that lockdowns would ensure we could return to normal after two weeks, to flatten the curve. Weeks tuned into months. State and territory governments acted arbitrarily and ad hoc. Lockdowns and mandates never occurred as a whole-of-government response. Again, this was misleading and deceptive conduct that has grossly undermined public trust.[87]

3.54 COVERSE argued that the public should be assured 'that various restrictive measures that were imposed (e.g. lockdowns, quarantine, vaccine mandates, etc.) were based on robust scientific evidence'.[88] It questioned the basis for those measures, and called for a royal commission to:

> …probe political and commercial influence on these decisions by actors who may have had significant conflicts of interest or ulterior motives beyond good public health outcomes. Put simply, examine who benefited from government decisions, and what tactics those actors deployed to ensure government decisions that lead to more favourable outcomes for themselves.[89]

3.55 The Australian Catholic Bishops Conference highlighted the inequity in some state government lockdown measures.[90] In New South Wales and Victoria, for instance, stricter operating conditions were imposed on places of worship than other indoor public places.[91] It argued 'churches should have received at least equal attention to other public spaces, like pubs and clubs. Unfortunately, governments often discounted the needs of people with a religious faith'.[92] Those needs should be considered by a royal commission.[93]

3.56 The People's Terms of Reference suggested that many of the public health orders enacted during the COVID-19 pandemic were not effective.[94] In making that argument, it referred to:

> …the Great Barrington Declaration, in which the top people from Oxford, Stanford University and Harvard University stated that the lockdowns, masking and closure of schools, or everything related to COVID that was negative, was not going to be very effective at all.[95]

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87 Mr Gillespie, The People's Terms of Reference, *Committee Hansard*, 1 February 2024, pp. 21–22.

88 COVERSE, *Submission 34*, p. 6.

89 COVERSE, *Submission 34*, p. 6.

90 Australian Catholic Bishops Conference (ACBC), *Submission 80*, pp. 5–7.

91 ACBC, *Submission 80*, pp. 6–7.

92 ACBC, *Submission 80*, p. 8.

93 ACBC, *Submission 80*, p. 8.

94 Professor Ian Brighthope, Co-Author, The People's Terms of Reference, *Committee Hansard*, 1 February 2024, p. 25.

95 Professor Brighthope, The People's Terms of Reference, *Committee Hansard*, 1 February 2024, p. 25.

3.57 Some submitters raised the issue of access to certain medications and therapies in the treatment of COVID-19.[96]

3.58 The AHRC submitted:

> The full human cost of the pandemic was substantial and cannot be measured by considering only the direct health and economic impacts. Australians lived with some of the most restrictive pandemic response measures in the world, and measures such as international and interstate border closures, hotel quarantine, extended periods of lockdown, school closures, curfews and other restrictions on movement and association, vaccine mandates, mask mandates, and playground closures all had significant impacts on individuals, families and communities.[97]

3.59 It stated:

> …governments are able to legitimately restrict many human rights in response to a public health emergency, 'these restrictions must meet the requirements of legality, necessity and proportionality, and be non-discriminatory'. An express requirement to consider human rights impacts contained within the terms of reference would ensure that a Royal Commission was able to fully examine these issues.[98]

Policing of COVID-19 public health orders and mandates

3.60 The Police Federation of Australia (PFA) stated that the role of police is to 'enforce the laws made by their respective local, state, territory, and the Australian Government'.[99] During the COVID-19 pandemic, frontline police officers occasionally felt:

> …the brunt of community backlashes against some laws, particularly those restricting movements both in and around local communities and especially at borders [sic] crossings where restrictions varied from state to state, often causing significant confusion and anxiety amongst the community.[100]

3.61 The PFA stated 'there were numerous issues and strategies throughout the pandemic period, agreed through National Cabinet, that police were responsible for enforcing, that became problematic both during and subsequent to the pandemic'.[101]

3.62 The Redfern Legal Centre reported that it 'was inundated with people contacting our service seeking legal advice about COVID fines and the public

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96 See, for example: AFL Solicitors, *Submission 33*, p. 5; UAP, *Submission 35*, p. 2; AMN, *Submission 36*, p. 3.

97 AHRC, *Submission 18*, pp. 1–2.

98 AHRC, *Submission 18*, p. 2.

99 PFA, *Submission 23*, p. 2.

100 PFA, *Submission 23*, p. 2.

101 PFA, *Submission 23*, p. 2.

health orders'.[102] Those people sought their advice as 'the rapid changes to the public health orders made it next to impossible for the public and police to maintain an understanding of the public health laws'.[103]

3.63 The ANMF explained that the changing public health directives were unavoidable as the understanding of COVID-19 evolved:

> …health knowledge changes all the time. We're always updating and evolving. It's one of the most rapidly evolving areas. It's very difficult for people to understand, in that situation. What we knew about COVID-19 in the first month changed within six months. It changed so fast because we just kept getting more and more information. So it seemed like people didn't know what they were doing, but we were constantly responding and evolving.[104]

3.64 The RACGP also acknowledged the understanding of COVID-19 was constantly evolving and, as a result, the public health 'recommendations kept changing'.[105]

3.65 The PFA:

> …note[d] that one of the Terms of Reference to the Royal Commission of Inquiry into Lessons Learned from New Zealand's Response to COVID-19 included a 'consideration of the impact on, and differential support for, essential workers'.
>
> Whilst such a Term of Reference appears very broad, in the Australian context, it would enable all the relevant stakeholders in Australia's essential services, to put forward the key issues that affected their sectors, in the lead up to, during and post the pandemic.[106]

Excess deaths

3.66 Some inquiry participants argued that a COVID-19 royal commission should examine the causes of 'excess deaths' in Australia since the beginning of the pandemic.[107]

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102 Redfern Legal Centre, *Submission 9*, p. 2.

103 Redfern Legal Centre, *Submission 9*, p. 2.

104 Mrs Butler, ANMF, *Committee Hansard*, 1 February 2024, p. 44.

105 Professor Morgan, RACGP, *Committee Hansard*, 1 February 2024, p. 39.

106 PFA, *Submission 23*, p. 3.

107 See, for example: Vaxine, *Submission 2*, p. 1; UAP, *Submission 35*, pp. 2–3; The People's Terms of Reference, *Submission 45*, pp. 93–94; Ms Christine Easdown, *Submission 56*, pp. 2–34 Dr Peter Johnston, *Submission 58*, p. 2; Gillian Manuel, *Submission 62*, p. 1; Dr Monique O'Connor, *Submission 69*, p. 16; Ms Brook, *Submission 66*, p. 2; Mr Paul Rowland, *Submission 70*, p. 2; Mr Rod Lewis, *Submission 72*, p. 2; Mrs Rowan Shann, *Submission 73*, p. 1; Dr Sally Price, *Submission 74*, p. 2. Note: 'excess deaths' refers to 'the difference between the number of deaths from all-causes compared to the number of 'expected' deaths' over a given period of time, see: Parliamentary Library, 'Excess Deaths in Australia: Frequently Asked Questions', 13 December 2023, p. 2.

3.67 According to the Parliamentary Library:

> In 2022 there were an estimates 18,600 to 20,200 more deaths ('excess deaths') than might have occurred in the absence of the COVID-19 pandemic. More than half of these deaths were from COVID-19, but the greater than expected number of deaths from cancer, dementia, diabetes, and heart disease highlight some of the pressures the pandemic placed on our health and care systems.[108]

3.68 Dr Andrew Madry noted:

> …that 2021 was when excess mortality stated trended [sic] upwards. I personally looked into the data in Queensland when there was no locally acquired COVID in the community, and it's clear…that in the second half of 2021 mortality trends started trending upwards, particularly in the older ages. If you went to 2022, yes, the results are more difficult to interpret because of COVID, but there is an excess of all-cause deaths, even in [sic] you subject COVID deaths.
>
> …
>
> What was the cause? It's very difficult to say the cause. However, there is definitely a correlation. The vaccines certainly went temporally before. As to the increase in mortality—it's coincidental that it goes up shortly after; we can correlate with the adverse event reporting system. One of the things the People's Terms of Reference group is asking for is more detail into the adverse event reporting over that time. If we could have more visibility of the AIMS system, the frontline reporting system, the temporal and causal relationships would be quite obvious.[109]

3.69 According to the RACGP, it is impossible to attribute excess deaths to a single cause:

> There are numerous causes of death that need to be analysed in a comprehensive way to identify what the causes of death are. It's not something you can attribute to one thing or another thing like a vaccine or not a vaccine.[110]

3.70 The COVID-19 Mortality Working Group suggested the excess deaths in 2022 were most likely caused by:

- The impact of [having had] COVID-19 on subsequent mortality risk, particularly heart disease, stroke, diabetes and dementia, which have all been identified in studies;
- Delays in emergency care, particularly at times of high prevalence of COVID-19 and/or influenza, and

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[108] Parliamentary Library, 'Excess Deaths in Australia: Frequently Asked Questions', 13 December 2023, p. 2.

[109] Dr Andrew Madry, Private capacity, *Committee Hansard*, 1 February 2024, p. 36.

[110] Professor Morgan, RACGP, *Committee Hansard*, 13 March 2024, p. 42.

- Delays in routine care, which refers to missed opportunities to diagnose or treat non-COVID-19 diseases and the likelihood of consequent higher mortality from those conditions in future.[111]

Decisions of the Reserve Bank of Australia

3.71 Some submissions suggested that a COVID-19 royal commission should investigate the actions of the Reserve Bank of Australia (RBA) during the pandemic.[112]

3.72 Senator Gerard Rennick, for example, argued that the RBA's policies during the pandemic contributed to inflation and 'inflated house prices'.[113] Senator Rennick proposed that a royal commission should examine the economic impacts of those policies.[114]

3.73 It was noted that inflation has increased since the implementation of financial support payments.[115] The Ai Group indicated that higher inflation is not unique to Australia and is occurring in many countries.[116]

Human rights

3.74 Numerous inquiry participants suggested a royal commission should investigate the balance between the protection of public health and that of civil liberties and human rights.[117]

3.75 The AHRC acknowledged the COVID-19 pandemic was an emergency that 'require[d] quick and decisive action by government'.[118] The pandemic response measures implemented by state, territory, and federal governments 'imposed

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111 Parliamentary Library, 'Excess Deaths in Australia: Frequently Asked Questions', 13 December 2023, p. 6.

112 See, for example: UAP, *Submission 35*, p. 2; Mr Rowland, *Submission 70*, p. 2; Senator Gerard Rennick, *Submission 81*, p. 1.

113 Senator Rennick, *Submission 81*, p. 1.

114 Senator Rennick, *Submission 81*, p. 1.

115 Ms Lousie McGrath, Head, Industry Development and Policy, Australian Industry Group (Ai Group), *Committee Hansard*, 13 March 2024, p. 3.

116 Ms McGrath, Ai Group, *Committee Hansard*, 13 March 2024, p. 3.

117 See, for example: QNMU, *Submission 27*, p. 6; AFL Solicitors, *Submission 33*, p. 9; Red Union Support Hub, *Submission 48*, p. 8; Dr O'Connor, *Submission 69*, pp. 3–2; Ms Sharon Jones, *Submission 76*, p. 1; Mr Wild, IPA, *Committee Hansard*, 1 February 2024, p. 5.

118 AHRC, answers to questions on notice, 1 February 2024 (received 1 March 2024). Also see: Lorraine Finlay and Rosalind Croucher, 'Limiting Rights and Freedoms in the Name of Public Health', in Belinda Bennett and Ian Freckelton (eds), *Australian Public Health Law*, The Federation Press, Sydney, 2023, pp. 120–137, p. 121.

substantial restrictions on individual human rights'.[119] It cited the Democracy Index 2020, which described 'the pandemic response as leading to 'the biggest rollback of individual freedoms ever undertaken by governments during peacetime''.[120]

3.76 The AHRC also explained that all countries have an obligation to 'take effective measures to protect the right to life and health of all individuals within their territory and all those subject to their jurisdiction'.[121] In its view, the pandemic response measures introduced by Australian governments gave 'effect to these obligations'.[122] During emergencies, it is permissible for some rights to be restricted and 'many rights contain express limitations within their terms'.[123] The power to determine when and how to limit rights 'rests upon the State seeking to impose the limitation'.[124]

3.77 The AHRC advised that, in limiting human rights during emergencies, governments are required to:

> …meet certain core criteria:
>
> - they must be prescribed by law;
> - they must be necessary and proportionate to the evaluated risk;
> - governments must be transparent about the reasons why they consider restricting human rights is necessary;

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[119] AHRC, answers to questions on notice, 1 February 2024 (received 1 March 2024). Also see: Lorraine Finlay and Rosalind Croucher, 'Limiting Rights and Freedoms in the Name of Public Health', in Belinda Bennett and Ian Freckelton (eds), *Australian Public Health Law*, The Federation Press, Sydney, 2023, pp. 120–137, p. 121.

[120] AHRC, answers to questions on notice, 1 February 2024 (received 1 March 2024). Also see: Lorraine Finlay and Rosalind Croucher, 'Limiting Rights and Freedoms in the Name of Public Health', in Belinda Bennett and Ian Freckelton (eds), *Australian Public Health Law*, The Federation Press, Sydney, 2023, pp. 120–137, pp. 121–122.

[121] AHRC, answers to questions on notice, 1 February 2024 (received 1 March 2024). Also see: Lorraine Finlay and Rosalind Croucher, 'Limiting Rights and Freedoms in the Name of Public Health', in Belinda Bennett and Ian Freckelton (eds), *Australian Public Health Law*, The Federation Press, Sydney, 2023, pp. 120–137, p. 122.

[122] AHRC, answers to questions on notice, 1 February 2024 (received 1 March 2024). Also see: Lorraine Finlay and Rosalind Croucher, 'Limiting Rights and Freedoms in the Name of Public Health', in Belinda Bennett and Ian Freckelton (eds), *Australian Public Health Law*, The Federation Press, Sydney, 2023, pp. 120–137, p. 122.

[123] AHRC, answers to questions on notice, 1 February 2024 (received 1 March 2024). Also see: Lorraine Finlay and Rosalind Croucher, 'Limiting Rights and Freedoms in the Name of Public Health', in Belinda Bennett and Ian Freckelton (eds), *Australian Public Health Law*, The Federation Press, Sydney, 2023, pp. 120–137, p. 124.

[124] AHRC, answers to questions on notice, 1 February 2024 (received 1 March 2024). Also see: Lorraine Finlay and Rosalind Croucher, 'Limiting Rights and Freedoms in the Name of Public Health', in Belinda Bennett and Ian Freckelton (eds), *Australian Public Health Law*, The Federation Press, Sydney, 2023, pp. 120–137, p. 124.

- any limitations on human rights must be consistent with international law and must not discriminate against people on the grounds of race, sex, age, disability or sexual preference; and
- the need for the restrictions must be regularly assessed, and the moment they are no longer necessary, they must cease.[125]

3.78 The QNMU suggested that the magnitude of the Australian response to the COVID-19 pandemic requires thorough investigation in terms of its impact on human rights:

> Extraordinary measures implemented during the pandemic must be examined through a human rights lens as many Australians were forced to live with some of the harshest and restrictive measures in the world. These restrictions included lockdowns, international and interstate border closures, curfews, quarantine, vaccine mandates and proof of vaccination status. For many, these measures limited their human rights.[126]

3.79 CLA called for the terms of reference to 'examine how complaints can be handled quickly and efficiently when rights are breached, preferably by access to state and federal human rights acts'.[127] The royal commission should be in a position to 'make recommendations about how civil rights and restrictions in pandemics can be balanced'.[128]

3.80 In the context of human rights, the notion of informed consent was raised by some inquiry participants, particularly in relation to the administration of vaccinations and vaccine mandates.[129]

3.81 COVERSE proposed that a royal commission 'explore the issues of valid informed consent, human medical rights, and coercion in the context of the COVID-19 vaccinations'.[130] In doing so, the royal commission should 'include the voices of the people who have suffered medical harms as a direct result, and who have received no recognition or compensation'.[131]

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125 AHRC, answers to questions on notice, 1 February 2024 (received 1 March 2024). Also see: Lorraine Finlay and Rosalind Croucher, 'Limiting Rights and Freedoms in the Name of Public Health', in Belinda Bennett and Ian Freckelton (eds), *Australian Public Health Law*, The Federation Press, Sydney, 2023, pp. 120–137, p. 125.

126 QNMU, *Submission 27*, p. 6.

127 Dr Klugman, CLA, *Committee Hansard*, 1 February 2024, p. 12.

128 Dr Klugman, CLA, *Committee Hansard*, 1 February 2024, p. 12.

129 See, for example: Vaxine, *Submission 2*, p. 4; AFL Solicitors, *Submission 33*, pp. 5–6; COVERSE, *Submission 34*, p. 3; The People's Terms of Reference, *Submission 45*, pp. 20–21; Red Union Support Hub, *Submission 48*, p. 10; Winston Smith Institute, *Submission 49*, p. 3.

130 COVERSE, *Submission 34*, p. 3.

131 COVERSE, *Submission 34*, p. 3.

3.82 The AHRC strongly supported the inclusion of human rights implications of the COVID-19 pandemic response in the terms of reference as the:

> Pandemic response measures in Australia had substantial impacts on individuals, families and communities. It's essential that Australia's pandemic response is fully and formally reviewed in terms of its impact on human rights, and that future emergency planning incorporates human rights considerations as a priority.[132]

Cost-benefit analysis of pandemic response measures

3.83 According to some submitters, a COVID-19 royal commission should provide an opportunity to appraise the cost of the pandemic response against its social benefits.[133]

3.84 To that end, some argued that a COVID-19 royal commission should consider the costs and benefits of the following aspects of the pandemic response:

- lockdowns;[134]
- vaccine mandates;[135]
- quarantine;[136]
- social distancing;[137] and
- mask mandates.[138]

3.85 The AHRC stated a COVID-19 royal commission should consider the affect the pandemic response had on 'poor and vulnerable sections of our community'.[139]

3.86 An analysis of the lockdown policies implemented by state and territory governments found that their cost was 'at least 68 times greater than the benefits they delivered'.[140] According to Professor Gigi Foster, Professor of Economics at the University of NSW Business School, 'there has been no government-issued cost-benefit analysis that transparently estimates and weighs all known or expected benefits and all known or expected harms of the major covid-era

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132 Mrs Finlay, AHRC, *Committee Hansard*, 1 February 2024, p. 12.

133 See, for example: AFL Solicitors, *Submission 33*, pp. 7–8; AMN, *Submission 36*, p. 3;

134 AMN, *Submission 36*, p. 4.

135 Red Union Support Hub, *Submission 48*, pp. 12–13.

136 QNMU, *Submission 27*, p. 6.

137 Australians for Science and Freedom, *Submission 22*, p. 3.

138 UAP, *Submission 35*, p. 2.

139 Mrs Finlay, AHRC, *Committee Hansard*, 1 February 2024, p. 14.

140 University of New South Wales (UNSW), 'Australia's COVID response cost 68 times more than benefits delivered', *Business Think*, 3 January 2023, www.businessthink.unsw.edu.au/articles/covid-lockdowns-government-policy-analysis (accessed 9 April 2024).

policies'.[141] In Professor Foster's view, the requirement for such an analysis is 'deeply embedded in the standard policy processes of Australia'.[142]

Committee view

3.87 The committee considers that there is an overwhelming case for the establishment of a COVID-19 royal commission.

3.88 The COVID-19 pandemic had a severe impact upon Australia. Details of this impact is provided in Chapters 1 and 2 of this report. The health and economic cost of the COVID-19 pandemic was extraordinary. This includes the impact upon individual Australians and their families. There are strong views with respect to a range of issues, including the response of federal and state governments. It is in this context that it is imperative that the Australian government (and state and territory governments) institute an appropriate process to maximise the opportunity for Australia to learn from its experience during the COVID-19 pandemic to assist in preparing for any future pandemic.

3.89 In the committee's view, the Commonwealth Government COVID-19 Response Inquiry is structurally flawed. There are a number of reasons for this view.

3.90 First, unlike the inquiries established in the United Kingdom and New Zealand, it does not have the powers of a royal commission to access evidence, including by requiring witnesses to appear and to produce documents. In this regard, any inquiry needs to have the ability to produce a factual narrative of what did occur. This can then form the basis for identifying the lessons to be learned which may then inform preparations for a future pandemic (and, to the extent relevant, to inform responses to a similar event triggering emergency powers). To generate such a factual narrative, there is a need to be able to compel cooperation from relevant witnesses. Given the scale of the impact of the COVID-19 pandemic and the complicated matrix of government responses (at both a federal and state level) that can only occur through an appropriately resourced royal commission. Any other process is sub-optimal.

3.91 Second, a major theme running through many submissions is the need to consider the interaction between the Commonwealth and state/territory governments and the inconsistency between approaches adopted by different jurisdictions in response to the pandemic. This cannot be achieved by an inquiry (whether constituted at a state or federal level) which simply looks at the response of a single jurisdiction. In the context of Australia's federal system,

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141 UNSW, 'Australia's COVID response cost 68 times more than benefits delivered', *Business Think*, 3 January 2023, www.businessthink.unsw.edu.au/articles/covid-lockdowns-government-policy-analysis (accessed 9 April 2024).

142 UNSW, 'Australia's COVID response cost 68 times more than benefits delivered', *Business Think*, 3 January 2023, www.businessthink.unsw.edu.au/articles/covid-lockdowns-government-policy-analysis (accessed 9 April 2024).

such an approach is not 'fit for purpose'. The committee heard evidence of examples of royal commissions which have dealt with issues at both a federal and state level through the cooperation of different levels of government. The committee is of the firm view that such an approach would produce the optimal opportunity to learn from Australia's response to the COVID-19 pandemic.

3.92 Third, any inquiry must be (and must be perceived to be) entirely independent of government (whether at a federal or state level). Again, in the Australian context, this can only be achieved through a royal commission. As discussed in this report, the Commonwealth Government COVID-19 Response Inquiry does not have the independence of a royal commission. Perceptions of independence are impacted by the fact that the inquiry is being supported by a taskforce our of the Department of the Prime Minister and Cabinet. Many of the issues raised in submissions to the committee indicate a break down in trust between many Australian and government (federal or state). That makes it even more important that an inquiry be undertaken through a process which is both objectively independent and which is perceived by the Australian people to be independent. In the committee's view, that necessarily means a royal commission.

3.93 Fourth, the Commonwealth Government COVID-19 Response Inquiry specifically excludes unilateral decisions made by state and territory governments. Consider the illogic of this approach in the context of state imposed lockdowns and Commonwealth funded mental health support. As was clear in the evidence received by the committee, there was an increase in mental health issues in the Australian community during the pandemic. Witnesses referred to the negative impact of lockdowns on the mental health of Australians. However, under the terms of reference of the Commonwealth Government COVID-19 Response Inquiry, whilst the issue of mental health support provided by the Commonwealth government is considered, state and territory government decisions to impose lockdowns is not. This does not make any sense.

3.94 Whilst the committee has the view that the Commonwealth Government COVID-19 Response Inquiry is structurally flawed, there are two observations which should be made. First, the committee's view is not intended to cast dispersions upon those who are working on or are supporting the work of the inquiry. No doubt, they will bring to bear all of their experience and skills to maximise the outcomes flowing from the inquiry. Second, the committee agrees that the matters included in the terms of reference of the inquiry should be considered by a royal commission. In this regard, the committee has endeavoured to incorporate each of those matters dealt with in the terms of reference of the Commonwealth Government COVID-19 Response Inquiry into the proposed terms of reference for a proposed royal commission.

3.95 In the committee's view, the institution of a royal commission would assist in restoring public trust in all levels of Australian government. The Australian people deserve to have a better understanding of why specific pandemic response measures were adopted and to convey their views on the costs and benefits of each of those response measures, especially given the level of disruption some of those measures had on their lives.

3.96 In addition to developing a deeper understanding of the costs and benefits of Australia's pandemic response measures so that governments at all levels (and the broader community) can learn in preparation for the next pandemic (or, to the extent relevant, another emergency event), it is important that Australians are afforded the opportunity to share their personal experiences to tell their stories. It is noted that this is an important component of the UK Covid-19 Inquiry.[143] The committee heard moving testimony during the course of this inquiry. Such testimony underlined both the need for a royal commission but also the importance of affording Australians the opportunity to tell their story (whether in public or in camera). The Australian people have every right to demand this opportunity of their governments—at both federal and state/territory level.

3.97 Prior to detailing the terms of reference proposed by the committee, one further matter warrants specific comment. Some parties who submitted to this inquiry called for a COVID-19 royal commission to consider the origins of the SARS-CoV-2 virus. Whilst the committee appreciates the perspective of those who made such submissions and notes that this is a matter which has generated much commentary, the committee does not consider that a royal commission constituted in Australia is the right forum for undertaking such a task. It is the committee's view that the focus of any royal commission (and the resources deployed in support of a royal commission) should be dedicated to learning from Australia's experience during the COVID-19 pandemic and maximising the prospects of applying the benefit of such learnings in preparation for the next pandemic or, to the extent relevant, to preparations for another emergency.

3.98 The committee proposes the following terms of reference for a COVID-19 royal commission. The terms of reference should be open to public consultation prior to the appointment of commissioners and the formal establishment of the royal commission.

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[143] UK Covid-19 Inquiry, 'What is the UK Covid-19 Inquiry', no date, https://covid19.public-inquiry.uk/ (accessed 12 April 2024).

Terms of reference for a COVID-19 royal commission

3.99 The objective of the Royal Commission is to:

(a) examine, consider, and report on preparations for and the response to the COVID-19 pandemic by the Commonwealth, State and Territory Governments; and
(b) make recommendations to inform preparations for a future pandemic.

3.100 In meeting its objective, the COVID-19 Royal Commission must examine, consider and report on the following matters (without limitation):

(a) the preparedness of the Commonwealth, State and Territory Governments for a pandemic, including: (i) the adequacy of pre-pandemic planning; (ii) whether such planning considered the health, social, economic and human rights implications of any proposed response; (iii) the consistency between pre-pandemic planning and actual responses; (iv) the reasons for any discrepancies; and (v) how planning and preparedness may be improved for a future pandemic;
(b) the governance structures and decision-making processes of the Commonwealth, State and Territory Governments relevant to the response to the pandemic, including: (i) coordination between the respective governments through the operation of the National Cabinet, the National Coordination Mechanism and the Australian Health Protection Principal Committee and otherwise; (ii)any inconsistency in approach between respective governments and the impacts of such inconsistency; (iii) the availability and use of data, research and expert evidence; (iv) the adequacy of checks and balances on the exercise of emergency powers; and (v) engagement with representatives of different sectors and cohorts of the Australian community, including non-government organisations representing vulnerable and at risk communities;
(c) the effectiveness and appropriateness of Commonwealth, State, and Territory Government responses to the pandemic, including (without limitation) in relation to:
    (i) public health measures (including testing, contact tracing, and quarantine protocols);
    (ii) broader health supports for people impacted by COVID-19 and/or lockdowns (for example, mental health and suicide prevention supports and access to screening and other preventative health measures);
    (iii) procurement of COVID-19 vaccinations, key medical supplies such as personal protective equipment, and the provision of quarantine facilities;
    (iv) the health sector (including hospitals, general practices, pharmacies and health advisory services);

(v) the aged care sector (including labour shortages, protecting the clinical vulnerable and restrictions on visitation rights);
(vi) the education sector (including early childhood education and care, school closures and higher education);
(vii) housing and homelessness;
(viii) family and domestic violence;
(ix) industry and business (including supply chain and transport issues, labour shortages, and support for specific industries, small business and the self-employed);
(x) health and care sector workers, police and other frontline and essential workers;
(xi) people from culturally and linguistically diverse backgrounds (including those located in particular geographic locations);
(xii) First Nations peoples;
(xiii) children and young people;
(xiv) women;
(xv) people with disability;
(xvi) elderly people; and
(xvii) the justice system (including the operation of the court system, prisons and other places of detention).

(d) the effectiveness and appropriateness of Commonwealth, State and Territory government support provided to different sectors, groups and cohorts of the Australian community, including (i) whether or not such supports should be modified for future pandemics; (ii) identification of any vulnerable or "at-risk" communities who received inadequate support; and (iii) any additional support required to address ongoing issues arising from the pandemic;

(e) the effectiveness and appropriateness (including from a human rights perspective) of public health orders and policies, including:

(i) lockdowns;
(ii) school closures;
(iii) social distancing;
(iv) remote working arrangements;
(v) mask mandates;
(vi) interstate border closures;
(vii) international border closures;
(viii) quarantine arrangements; and
(ix) vaccination, including vaccine mandates imposed by both government and non-government organisations;

(f) the effectiveness, appropriateness, and consistency of public communications strategies related to the public health orders and the

policies listed in paragraph (e) and government engagement with media, including social media platforms;

(g) the governance structures and decision-making processes relating to: (i) medical treatment protocols; (ii) the COVID-19 vaccines; and (iii) regulation of medical health practitioners;

(h) the design and operation of the COVID-19 Vaccine Claims Scheme, including: (i) the experience of Australians seeking to access the scheme; and (ii) any enhancements or modifications which should be made to the scheme;

(i) the costs and benefits associated with the pandemic response measures, including consideration of the impact of such measures upon: (i) public health outcomes (both during and after the pandemic); (ii) public finances; (iii) the economy; (iv) mental health and well-being; (v) human rights; and (vi) social cohesion; and

(j) the lessons which can be learned from the response to the pandemic and improvements which can be made in preparation for a future pandemic.

Recommendation 1

3.101 The committee recommends that the federal government establishes a royal commission to examine the Australian response to the COVID-19 pandemic and the consequential impacts on the Australian community.

Recommendation 2

3.102 The committee recommends that the federal government encourages the states and territories to pass complementary legislation that would enable them to participate in the royal commission. State and territory governments that do not initially join the royal commission should be able to join the royal commission at a later date if they agree to do so.

Recommendation 3

3.103 The committee recommends that the federal government adopt the terms of refence outlined in paragraphs 3.99 and 3.100 as the draft terms of reference.

Recommendation 4

3.104 The committee recommends that the draft terms of reference for a COVID-19 Royal Commission are made available for public comment to allow the people of Australia an opportunity to provide input on the terms of reference prior to adoption.

Senator Paul Scarr
Chair

Dissenting Report by Government Members

1.1 Labor Senators thank witnesses and submitters for their contributions to this inquiry.

1.2 As the report articulates, the COVID-19 pandemic changed the world – both domestically and internationally we saw significant loss of life, livelihoods, and a response from government which was unparalleled since World War II.

1.3 It is vital and appropriate that we take the time necessary to consider the response and learn the lessons from the pandemic. This process of learning from the pandemic must be constructive.

1.4 On 21 September 2023, the Prime Minister the Hon Anthony Albanese MP announced an independent inquiry into Australia's response to the COVID-19 pandemic (the Commonwealth Government COVID-19 Response Inquiry). The COVID-19 Response Inquiry is being conducted by an independent panel who have extensive experience across public health, social care, government and economics.

1.5 The COVID-19 Response Inquiry is considering both health and non-health responses to the pandemic, and the evidence of the approximately 200 previous relevant inquiries from within Australia. More than 2,000 people and organisations have taken the time to share their insights and experiences with the COVID-19 Response Inquiry, ensuring the Inquiry will be informed by a rich and diverse evidence base.

1.6 The Committee majority recommends the establishment and terms of reference for a Royal Commission. The bulk of the matters suggested for Royal Commission consideration are captured in the non-exhaustive terms of reference for the COVID-19 Response Inquiry.

1.7 The Committee also notes matters relating to post-acute sequelae of COVID-19 (long COVID) and 'excess deaths' have been directed to parliamentary inquiry.

1.8 Further, the COVID-19 Response Inquiry independent panel, led by Ms Robyn Kruk AO, will deliver its report to the Australian Government by 30 September 2024. This is significantly earlier than a Royal Commission would have reported, thereby allowing Australia to learn the lessons of the COVID-19 response and improve our preparedness for future pandemics earlier than a Royal Commission would have permitted. Labor Senators note that, in recent times, some Royal Commissions have taken many years – up to half a decade – to report.

1.9 Labor Senators express their confidence in the independent panel and broad scope of the COVID-19 Response Inquiry. Labor Senators believe this inquiry is the most appropriate forum for consideration of the COVID-19 response.

1.10 Given the unnecessary duplication between the terms of reference proposed by this report and those which have directed the numerous other inquiries into the COVID-19 pandemic, Labor Senators do not support the recommendations of this report.

Senator Nita Green
Deputy Chair

Senator Varun Ghosh
Member

Additional Comments by the Australian Greens

1.1 When an extraordinary event of the scale of the COVID-19 pandemic occurs it would be foolish not to reflect on how society responded to it, to learn valuable lessons that can be applied in the future.

1.2 In short, that is what this report says.

1.3 We do know that core elements of the response were essential to saving lives. These included critical public health measures such as vaccines, masks, isolation measures and public messaging. Even the most rudimentary review of the data shows that Australians were spared some of the worst ravages of the pandemic by a combination of these measures.

1.4 However, with every state and territory taking a different approach to each other and the Commonwealth, there are definitely lessons to be learned from this diversity of responses to inform future actions.

1.5 Many people are rightly critical of the slow vaccine rollout, and the all-eggs-in-one-basket vaccine procurement decision, of the former Morrison government. There are still large unused stocks of ineffective PPE that were purchased under ad hoc arrangements that defy any form of common sense. While some Australians were left marooned overseas by border closures that made them question the worth of their Australian passport. These are issues that should be independently investigated.

1.6 Across the country, policing responses were often seen as aggressive and inappropriately targeting multicultural communities and those with less resources or financial capacity to respond to measures like lockdowns. This was compounded by complex and novel public health orders that had far-reaching impacts which together made the task of policing incredibly difficult.

1.7 I saw much of this directly in my former role as a NSW MP chairing that State's COVID-19 oversight committee. I also saw firsthand how governments and Parliaments were responding to a public health crisis with imperfect information that was rapidly changing as we learned more about the virus and how our collective responses were working in practice. It's important to remember that, in an environment like this, mistakes are far more likely to be genuine than conspiratorial.

1.8 Yet somehow Australia, with its multiplicity of responses, muddled through with results that measure up well against those of other comparable nations. This speaks to an inherent strength in our Federal system, while also highlighting the challenges of responding coherently to a global pandemic.

1.9 As the draft terms of reference make clear, many other issues are also deserving of close scrutiny. This includes the impacts on mental health, education,

economic impacts and support offered, internal border closures and how the most vulnerable people were protected, or not, as the pandemic struck.

1.10 Of course, the pandemic has not just ended. COVID-19 continues to strike in waves of varying severity, too many Australians have ongoing health impacts and the existing support structures are both inflexible and inadequate.

1.11 A Royal Commission has the independence needed, including the power to compel answers from often unwilling governments, to give the public confidence that its final report and any recommendations will be credible and unbiased. With all the sacrifices we made Australians deserve at least this.

Senator David Shoebridge
Member

Appendix 1
Submissions and Additional Information

1 Prof Albert Reece
2 Vaxine Pty Ltd
3 Gold Coast Medical Association
4 Australasian College of Paramedicine
5 Independent Higher Education Australia
6 Catholic Health Australia
7 Australian Nursing and Midwifery Federation (Federal Office)
8 Wesfarmers Centre of Vaccines and Infectious Diseases
9 Redfern Legal Centre
10 Premier of Tasmania
11 Consumers Health Forum of Australia
12 Christian Voice Australia
13 Civil Liberties Australia
14 Institute of Public Affairs
15 Special Broadcasting Service
16 Anglicare Australia
17 Australian College of Nurse Practitioners
18 Australian Human Rights Commission
19 Victorian Aboriginal Community Controlled Health Organisation
20 Pharmaceutical Society of Australia
21 Suicide Prevention Australia
22 Australians for Science and Freedom
23 Police Federation of Australia
24 Wesnet (Women's Services Network) Inc
25 The Pharmacy Guild of Australia
26 Independent Education Union
27 Queensland Nurses and Midwives' Union
28 Professor Geoffrey Forbes
29 New South Wales Council for Civil Liberties
30 Australian Chiropractors Association
31 Murdoch Children's Research Institute
32 Federation of Ethnic Communities' Councils of Australia and the Australian Multicultural Health Collaborative
33 Ashley Francina Leonard and Associates
34 COVERSE
35 United Australia Party
36 Australian Medical Network
37 Council of Small Business Organisations Australia
38 Council of Single Mothers and their Children

39 Australian Institute for Progress
40 Ai Group
41 Royal Australian College of General Practitioners
42 People with Disability Australia
43 Dr Scott Prasser
44 Professor Katy Barnett
45 The People's Terms of Reference
46 Nurses Professional Association of Queensland
47 Confidential
48 Red Union Support Hub
49 Winston Smith Institute
50 Mr Alan Gray
51 Mr Colin Hornshaw
52 Mr David A W Miller
53 Andrew and Marion Chapman
54 Mr Calvin Farmer
55 Ms Cheryl Robertson
56 Ms Christine Easdown
57 Mr David Hallett
58 Dr Peter Johnston
59 Ms Elizabeth Hart
60 Miss Eve Currie
61 Mr Geoff Lapthorne
62 Gillian Manuel
63 Jeff and Lynne Knight
64 Mr John Greenbury
65 Ms Julie Shears
66 Ms Karina Brook
67 Mr Kevin Walters
68 Ms Margaret Kobier
69 Dr Monique O'Connor
70 Mr Paul Rowland
71 Ms Taryon McQuire
72 Mr Rod Lewis
73 Mrs Rowan Shann
74 Dr Sally Price
75 Name Withheld
76 Ms Sharon Jones
77 Miss Sherenne Foale
78 Mr Stephen Due
79 Mrs Fiona McGillivary
80 Australian Catholic Bishops Conference
81 Senator Gerard Rennick

82 Seniors ANd Disabilities Best Access Group
83 Geoffrey Combridge
84 Mark Davies
85 Matilda Bawden
86 Heather Lever
87 Faye Berryman
88 Kellie Cooke
89 Judi Sandercock
89 Sheldon Lovell
90 Tatiana Efremova
91 Grant Piper
92 David Vought
93 George Sianos
94 Sylvia Cooper
95 Carmel Gallaher
96 Lana Penrose
97 Lesley J. Roberts
98 Toni Reihana
99 Elizabeth Stephens
100 Alexandra Sumpton
101 Dorothy Johnstone
102 Garth S. Butterworth
103 Douglas W. McLaughlin
104 Anthony Hudson
105 Ian Lees
106 Helen Gillan
107 Captain Morris Murdock
108 Ian Cone
109 Adrian Siegfried
110 Roger Holden
111 Teeshan Johnson
112 Gay Hartley
113 Jennifer Mills
114 Anna Soh
115 Mary Carolan
116 Kevin Woods
117 Lynette Wicks
118 Stuart Millar
119 Judy Smith
120 Luigi Rosolin
121 Mark Varitimon
122 Joshua Miller
123 Steven Parker

124 Anne Jardine
125 James I. Cone
126 Byron Sadler
127 Bronwen Jackson
128 Jillian Stirling
129 Scott McKay
130 Stan Beattie
131 Rita Angeli
132 Jane Johnson
132 Geoff Savage
133 Imelda Gilmore
134 Trevor & Gaye Honeychurch
135 Aine McCarthy
136 Deborah Cadman
137 Robert J. Curro
138 Gavin Murray
139 Margaret Crittenden
140 Tania Anway
141 Judy Chan
142 Lawrence Deale
143 Nigel Habner
144 Alan Springett
145 Daniel & Jenni Avenell
146 Luis Fernandez-Maldonado
147 Elizabeth Khoe
148 Heather Grasso
149 Wilfrid Hall
150 Patricia McInnes
151 Jack Sonnemann
152 Dr Victor Matthews
153 Lesley J. Roberts
154 Elizabeth Horsburgh
155 Svetlana Williams
156 David & Nadia Ayers
157 Denis Auberson
158 Warwick Gummerson
159 Peter Siperki
160 Col Dunn
161 Dianne Douglass
162 Ian Pershouse
163 Wayne Karlen
164 David Storer
165 Richard Wilson

166 Marianne Agnello
167 Karl Cooke
168 Akiko Wood
169 Lois McErvale
170 Elizabeth Mansfield
171 Ray Harvey
172 Anthony Hayward-Ryan
173 Janet Cowden
174 Thomas J. Mahon
175 Stuart N. McDonald OAM
176 David Archibald
177 Peter Cunningham
178 Peter Schuback
179 Christine Cullen
180 Mary Bairstow
181 Peter van Lieshout
182 Rob McKilliam
183 Steven Potter
184 William Spaull
185 Grant M. Spork
186 Peter C. Murray
187 Kylie Tobler
188 Benjamin Fairhall
189 Doug Croker
190 Arnoldus Lapre
191 Patricia Fowler
192 Anthony Collins
193 Frederick J.M. Werps
194 Debbie Smith-Goudy
195 Michelle Stanvic
196 Jeanette Evans
197 Bruce Sedgwick
198 Robbie Bowden
199 Garth Gilbert
200 Mark & Fay Schwarzrock
201 Rachel Bonney
202 Glenn Wilson
203 Ray Klingler
204 Catherine Bond
205 Trevor Willsher
206 Lubka M. Novak
207 Deborah W. Casey
208 David Lawrence

209 Jodi Foyle
210 Leonard William
211 Joanne Hunnibell
212 Carolyn Gaschk
213 Marie Wood
214 Matthew Dean
215 Joe Walker
216 Maureen Park
217 Thor Suveran
218 Steven Roberts
219 Dr Rikki Andersen
220 Henny Ruizendaal
221 Thérèse Adolfsen
222 Steven Weathers
223 Isaac Shields
224 G.H. Schorel-Hlavka
225 Murray & Irene Valentine
226 Barbara M. Bluett
227 Marilyn Dray (Chantal)
228 Anthony Owen
229 Edward J. Steele
230 Bruce Vandepeer
231 Debbie Briese
232 Norman Latham
233 Scott Charity
234 Xin Yin Ooi
235 Valerie Bryce
236 Dr Yaacov Myers
237 Kelly Pope
238 Ralph L.H. Pain
239 Shelly Chalmers
240 Mark Cox
241 Sean Bennet
242 Dr Geoff Pain
243 Elizabeth McGrath
244 Lee Kendrick
245 Geoffrey H. Sherrington
246 Rick Kimura
247 Lynete Siecker
248 Marcel van Heijst
249 Michael Hill
250 Warren Ross
251 Graeme Taylor

252 Dorothy Johnstone
253 Peter Killin
254 Ross Wellington
255 Alessandria Pinna
256 Michael Yaxley
257 John Monaco
258 Danielle Somerfield
259 Peter Black
260 John Molony
261 Susan Carew-Holmes
262 Wayne Roberts
263 David Bernard
264 Gail Foster
265 Julie Mullinger
266 Alan Jackson
267 Bruce Mullinger
268 Stephen Skillitzi
269 Richard Caruana
270 Michael W. Jenkins
271 Robert Aitken
272 Sharon Bowman
273 Christopher H. Townsend
274 Rhonda K. Townsend
275 Louis Coetzee
276 Glynis Bloomfield
277 Greg Breckell
278 Veronica Anne
279 Laine Jolly
280 Gerrit H. Schorel-Hlavka
281 Geoff Gong
282 Lex Stewart
283 Neville Klintberg
284 Russell Partington
285 Marianne Little
286 Gavin Wright
287 Jeanine Bird
288 Kay Barker
289 Peter Gargan
290 John McRobert
291 Sherna Walters
292 Bernie Franke
293 Beverley Randle
294 Gregory J. Furlong

295 Susan E. Furlong
296 Brindley Buultjens
297 Andrew Donnelly
298 Kathy Beale
299 Helen Hill
300 Janet Latham
301 Fiorina N. McGillivray
302 Ann Ludlow
303 Peter C. Wilkinson
304 Lt. Col. Kevin Loughrey
305 Peter Latham
306 Geoff Kemp
307 Mark Treloar
308 William Sokolich
309 Rachel Harvey
310 Catherine Sies
311 Linda Summer
312 Rudy Van Drie
313 Rosemary Deadman
314 Jennifer Missenden
315 Jill Healy-Quintard
316 Melissa Costlin
317 Beverley Franks
318 Christopher McNicol
319 Cath Miller
320 Faye M. Toko
321 Polly Hamer
322 Phillip Stephenson
323 Dr Wilson Sy
324 Petra Liverani
325 Zoe Cotterill-Rogers
326 Felix Gunaratnam
327 Bernadette Ryan
328 Helen Englert
329 Claire Pain
330 Rodger Pilkington
331 Melissa Higgins
332 Maria Wong
333 Craig Kelly
334 Patricia Kahler
335 Eunice Embury
336 Graham Woolley
337 Josephine Musumeci

338 Elizabeth Jackson
339 Nicolette Davids
340 Captain Lassa C. Ware
341 Kathryn Gardiner
342 Kate Mason
343 Gary Christian
344 Jude Berry
345 Thomas Ryan
346 Annette Law
347 Dean Belle
348 Anthony Overheu
349 Joel Pryor
350 Bev Mustchin
351 Theresa Martin
352 Greg King
353 James McKellar
354 Ben Haack
355 Susan Heyst
356 Madeleine Love
357 Martin P. Stewart
358 Captain Graham Bates
359 Rose King
360 Warwick Allan
361 Kathy Langdon
362 Nathaniel Smith
363 Paul Groves
364 Sophie Kingston
365 Sharon Cousins
366 Glenn Condell
367 Antonio Derose
368 Emilio Garcia
369 Stephanie Eaton
370 Hayden Kennedy
371 Dianne Cowling
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374 Douglas Askin
375 John Kelly
376 Jason Murray
377 Jessica Williams
378 Kristy Cochrane
379 Michelle Masters
380 Stephen Sard

381 Mark Varitimos
382 Darren Holt
383 Mandy Nickas
384 Daryl Durrant
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Tabled Documents

1 Department of Health Therapeutic Goods Administration, Australian Public Assessment Report for BNT162b2 (mRNA) (January 2021), tabled by Senator Rennick at a public hearing on 1 February 2024

2 Department of Health Therapeutic Goods Administration, Nonclinical Evaluation Report (January 2021), tabled by Senator Rennick at a public hearing on 1 February 2024

3 Nurses Professional Association of Queensland, Australia's Future Health Workforce - Nurses Report (August 2014), tabled by the NPAQ at a public hearing on 1 February 2024

4 Nurses Professional Association of Queensland, Critical Workforce Shortages, tabled by the NPAQ at a public hearing on 1 February 2024

5 People's Terms of Reference opening statements, tabled at a public hearing on 1 February 2024

6 Nurses Professional Association of Queensland opening statement, tabled at a public hearing on 1 February 2024

7 Report: Brown et al 'International Handbook on Whistleblowing Research' (2014), tabled by Mr Tony Nikolic at a public hearing on 13 March 2024

Additional Information

1 Journal article: Starr, Chauncey, 'Social Benefit versus Technological Risk' (1969), provided at a public hearing on 1 February 2024

2 Journal article: Bardosh et al, 'The Unintended Consequences of COVID-19 Vaccine Policy: Why Mandates, Passports, and Segregated Lockdowns May Cause more Harm than Good' (2022), provided at a public hearing on 1 February 2024

3 Form letter Example A, received from 14 individuals

4 Form letter Example B, received from 12 individuals

5 Form letter Example C, received from 9 individuals

6 Form letter Example D, received from 12 individuals

7 Therapeutic Goods Administration - Response to adverse comment made by Senator Gerard Rennick at a public hearing on 13 February 2024 (received 17 April 2024)

8 Dr Raj Bhula - Response to adverse comment made by Mr Julian Gillespie at a public hearing on 1 February 2024 (received 17 April 2024)

9 Australian Health Practitioner Regulation Agency - Response to adverse comment made by Dr Van Zyl at a public hearing on 13 March 2024 (received 17 April 2024)

10 Civil Aviation Safety Authority - Response to adverse comments made by Senator Malcolm Roberts and Mr Graham Hood at a public hearing on 13 March 2024 (received 18 April 2024)

11 Professor Paul Griffin - Response to adverse comment made by in a submission by Red Union Support Hub (received 19 April 2024)

Answer to Question on Notice

1 Dr Scott Prasser, Answers to spoken question on notice, 1 February 2024 (received 2 February 2024)

2 Dr Scott Prasser, Answers to written question on notice, 2 February 2024 (received 11 February 2024)

3 The Australian Institute for Progress, Answers to spoken questions on notice, 1 February 2024 (received 19 February 2024)

4 The Nurses' Professional Association of Queensland, Answers to spoken question on notice, 1 February 2024 (received 26 February 2024)

5 The Royal Australian College of General Practitioners Ltd, Answers to written questions on notice, 9 February 2024 (received 29 February 2024)

6 Suicide Prevention Australia, Answers to spoken questions on notice, 1 February 2024 (received 1 March 2024)

7 The Australian Human Rights Commission, Answers to questions on notice, 1 February 2024 (received 1 March 2024)

8 People with Disability Australia, Answer to question on notice, 13 March 2024 (received 21 March 2024)

9 COVERSE, Answer to spoken question on notice, 1 February 2024 (received 26 February 2024)

10 COVERSE, Answers to spoken questions on notice, 1 February 2024 (received 26 February 2024)

11 COVERSE, Answer to spoken question on notice, 1 February 2024 (received 26 February 2024)

12 The People's Terms of Reference, Answers to questions on notice, 1 February 2024 (received 12 March 2024)

13 Response from Australian Health Practitioner Regulation Agency, to adverse comments from the People's Terms of Reference Answers to Questions on Notice 12

14 Response from EcoHealth Alliance, to adverse comments from the People's Terms of Reference Answers to Questions on Notice 12

15 Response from the High Court of Australia, to adverse comments made by the People's Terms of Reference Answers to Questions on Notice 12

16 Response from Professor Dominic Dwyer, to adverse comments made by the People's Terms of Reference Answers to Questions on Notice 12

17 Response from Professor Edward Holmes, to adverse comments made by the People's Terms of Reference Answers to Questions on Notice 12

18 Response from the Therapeutic Goods Administration, to adverse comments made by the People's Terms of Reference Answers to Questions on Notice 12

19 Nurses' Professional Association of Queensland, Answer to question on notice, 1 February 2024 (received 23 February 2024)

Appendix 2
Public hearings

Thursday, 1 February 2024
Committee Room 2S3
Parliament House
Canberra

Institute of Public Affairs
- Mr Morgan Begg
- Mr Daniel Wild

Australian Institute for Progress
- Mr Graham Young

Dr Scott Prasser, Private capacity

Redfern Legal Centre
- Ms Samantha Lee

Australian Human Rights Commission
- Mrs Lorraine Finlay

Civil Liberties Australia
- Mr Bill Rowlings
- Dr Kristine Klugman
- Mr Chris Stamford

Professor Katy Barnett, Private capacity

People's Terms of Reference
- Mr Julian Gillispie
- Professor Ian Brighthope
- Dr Julie Sladden
- Dr Andrew Madry
- Mr Peter Fam

Nurses Professional Association of Queensland
- Mrs Ella King

Australian Nursing and Midwifery Federation (Federal Office)
- Mrs Annie Butler

The Royal Australian College of General Practitioners Ltd

- Professor Mark Morgan

Suicide Prevention Australia

- Mr Christopher Stone
- Mrs Annie Leslie

COVERSE

- Dr Rado Faletic
- Ms Rachel O'Reilly

Wednesday, 13 March 2024

Committee Room 2S1, Parliament House
Canberra

Ai Group

- Ms Louise McGrath, Head of Industry Development and Policy

Federation of Ethnic Communities' Councils of Australia and the Australian Multicultural Health Collaborative (via videoconference)

- Ms Mary Ann Geronimo, Chief Executive Officer
- Mr Omar Al-Ani, Director of Australian Multicultural Health Collaborative

People with Disability Australia (via videoconference)

- Mx Giancarlo de Vera, Senior Manager of Policy

Consumers Health Forum of Australia

- Dr Elizabeth Deveny, Chief Executive Officer

Ashley Francina Leonard and Associates

- Mr Tony Nikolic, Director
- Mr Graham Hood, Director
- Mr John Edward Larter, Director

Australian Medical Network

- Ms Dijana Dragomirovic, Chief Executive Officer
- Ms Elyssa Woods, Independent witness
- Dr Paloma Van Zyl, Independent witness