

CORONAVIRUS — GOVERNMENT RESPONSE

Motion

HON BEN DAWKINS (South West) [1.16 pm]: I move —

That the Legislative Council acknowledges that some Western Australians were adversely affected by some state government COVID-19 policies.

This is not a controversial motion in any way. Regardless of whether members agree with what I say in the next few minutes, it is certainly not controversial. Premier Hon Roger Cook said in August, just a couple of months ago —

Of course we acknowledge that some of these decisions impacted on individuals negatively ...

Really in the way that this motion is framed, it is almost, we might say, a statement of fact. I know that Hon Roger Cook said that the policies that were introduced by the McGowan government during COVID were required to protect the wider community. This is where we run into big problems with individual rights and freedoms and things such as bodily autonomy. I would say individual rights and freedoms, such as bodily autonomy, are sacred and the importance of preserving them should override the whim of the government of the day. When I say “whim”, I mean there is enough evidence in the words that have been said over that period to suggest that the vaccine mandate, for example, was to a degree—we can argue about how large a degree—related to political popularity.

Getting back to the tension between individual rights and freedoms and government influence, maybe that is something that is obvious to me and has become more obvious to me as my time here and speaking to individuals in the community has progressed. I do not necessarily wish to agitate this issue again, but maybe someone who is a Fabian Socialist does not understand the importance of individual freedoms. Maybe there is something in the article by Paul Murray that I previously referred to in the house, even though he did not actually mention COVID in it.

During COVID, the government said that vaccines were safe and effective and demonised anyone who questioned that. Anti-vaxxers, cookers and science-deniers were not to be tolerated in our society. These people dared to question how it could be known that vaccines were completely safe and effective if they had only just been developed. These people were aware of the usual practices of long-term clinical trials before a medication could be declared safe. They pointed out that the vaccine manufacturers had been given legal immunity from individual claims, with the federal government assuming liability for side effects. This indicated that the manufacturers knew that the vaccines were not completely safe. These were reasonable points to make, but the viciousness with which people were attacked for pointing out the obvious was very disappointing to see. It turns out as we know now—this is not controversial—that the vaccines were not completely safe. Of course they were not. Many people who got the vaccine died of COVID. They were not necessarily effective to the degree that they said they would be. Surely mandating a medical intervention in a one-size-fits-all approach is not acceptable if you are not very sure of the outcome.

It is also another medical principle to do no harm. We were told that vaccines would stop the spread. We now know that they did not stop the spread at all. Almost everyone got the virus, and Pfizer, for instance, never investigated whether its vaccines would stop transmission. Maybe better scientific phrasing would have been that the vaccines could hypothetically limit the spread to less than it would have been without the vaccines, although we have no baseline to compare it to. But it would be hard to get onto a poster for a 15-second advert. The government chose to mandate vaccines based in part on the rationale that it would stop the spread.

When I say some people were harmed by the vaccine, I note that there has been a report done into the Western Australian government’s COVID response. I have the report here. Even this report touches on adverse events from the vaccine. Page 77 of the *Review of Western Australia’s COVID-19 management and response* released in July 2023 states —

Rare side effects were observed after AstraZeneca was administered to Australians, including severe allergic reaction, blood clots, myocarditis and pericarditis ...

That quote is from the Department of Health and Aged Care. It continues —

Whilst small in number, these rare side effects contributed to some anxiety surrounding vaccination.

Well, hello! Of course somebody is going to be anxious. I intend to spend some of my time today looking at the mandates and the employment outcomes. I have a background as an employment lawyer, and I take a particular interest in how side effects, adverse events and mandates affected my constituents. As soon as this stuff became known, the vaccine mandates should have been dropped because the government knew it was doing harm. I do not really care how infrequent the government says these things were. When something unsafe, to any degree, has been mandated, does that not become rather evil?

In terms of the lack of controversy in this motion, the Australian government also talks about COVID-19 vaccines and cardiac inflammation through the Department of Health and Aged Care website. It has particularly been reported

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in males under 40 years of age. It actually says that there is a link between COVID-19 vaccines and the rare side effects of myocarditis and pericarditis. I seek leave to table this information.

[Leave granted. See paper [2825](#).]

Hon BEN DAWKINS: I return to the existing government report from July. I note that recommendation 29 states —

The WA Government should advocate for an expansion of the existing Australian Government COVID 19 no-fault vaccination injury compensation scheme ...

It refers to compensating people for injuries from vaccines. That is actually in the report here. I probably will not get an answer today because the Minister for Health is not here, but I would like to know for my constituents how the government is lobbying the federal government to expand the vaccine injury compensation scheme. That will probably be a question put forward later.

This material is from the website that refers to the government's COVID claim scheme. I seek leave to table the material, President.

[Leave granted. See paper [2826](#).]

Hon BEN DAWKINS: These things were also acknowledged in the vaccine safety report. I know Hon Peter Collier, Hon Nick Goiran and I are waiting for the next one. For some reason, the 2023 one has not arrived yet. However, even if we look at the *Western Australian Vaccine Safety Surveillance: Annual report 2021*—there are quite a few s's—we can see that there were 10 000 vaccine injuries in 2021 as compared with the previous year. It is not controversial to say that we have an issue to deal with here in our community.

I have spoken about pericarditis before. It is suffered by my nephew. His doctors linked it directly with the vaccine. Let us stop this culture of fear or of demonising anyone who wants to talk about the safety of the vaccine and, by extension, of the mandates. We have been told that these cases of damage that I have referred to are rare and that most people recover quickly and only have mild symptoms. Based on that statement, it would be reasonable to assume that some people did not recover quickly and that their symptoms were not mild. Indeed, some recorded symptoms were of death.

I put out a call on various channels asking people to contact my office if they wanted to share their COVID vaccine injury story with me as well as job losses associated with the mandates. The most common complaints from Western Australians who have contacted me over the last few days were heart complaints. They used to be fit and active, but the COVID vaccine weakened their heart tissue and their doctors advised them not to do too much exercise. That is what my nephew has been advised as well. He was a 35-year-old man at the time and a father of four. The vaccine was mandated and he was effectively coerced into taking it in order to continue his job in the mining sector.

There have also been a couple of reports of ongoing immune disease following the vaccination, including ongoing injection site pain, brain fog and general aches and pains. People are saying that their doctors are having trouble diagnosing what is affecting them, but they are sure that it was because of the vaccine because their symptoms started shortly after. Another very common report is that some people genuinely fear the vaccine for a range of understandable personal individual reasons. Being forced to take the vaccine caused potential mental health harm for them.

I am now going to read an email from Julie who contacted me in the last few days. This is getting on to the issue of the way that the state government dealt with its essential workforce, particularly police and nurses. Julie wrote to me saying that she was a hospital-based healthcare worker for 23 years and studied at university for five years as the basis of her healthcare career. Julie is not her real name by the way. She worked at Royal Perth Hospital for the last 17 years of her career before moving with her department to Fiona Stanley Hospital. She stated —

When the covid vaccine mandates arrived I refused the vaccines for 2 reasons;

... firstly ... I was reading evidence that the covid vaccines available could be harmful for me given my own health history.

We need to appreciate that individuals might have a health history that makes it unsuitable for them to get vaccinated. Her email continues —

The early evidence was showing that they did not stop you catching or transmitting covid, and that they were not safe. This ... has ... become stronger as time has gone on. I kept waiting for the vaccines to be withdrawn from the Australian market given the growing evidence of adverse events, but this did not happen.

Julie continues in her email —

The second reason was that mandating a medical procedure was completely against medical ethics.

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This nurse has 23 years' experience in the health sector and this is her take on the matter. She goes on to write that the mandates have been lifted, but for 17 years she worked in a very specialised role and her position has been given to somebody else. She states —

It is ... quite difficult for me to return to healthcare because the positions available in my area of expertise are so limited.

... I spent many months in 2022 and early 2023 cleaning houses but I now have a casual job driving trucks on the mines —

That is good. She writes that there are so many stories like hers. I could go on.

During the pandemic, the public sector workforce—nurses and doctors in particular—were totally mismanaged. A public health directive does not override the non-delegable duty that an employer has to an employee. I think 47 police officers and several thousand nurses did not want to be vaccinated. As we know, they have been sacked or are in ongoing legal battles with their employers. An action group of police officers, led by one very brave and commendable young man—an experienced police officer of 15 years—has spent \$800 000 fighting to keep their jobs or obtain compensation, one might say, for having been sacked or disciplined over the vaccine mandate.

It is an absolute disgrace when people who want to maintain their existing rights and freedoms have to spend that amount of money in the legal system to get any recognition from the government. It is also disgraceful that the previous Premier of this state, the previous Minister for Health and the previous Commissioner of Police treated their employees in that way. The idea of terminating experienced, trained and valued critical workers for choosing bodily autonomy over mandatory vaccination is evil, completely dumb and commercially irresponsible, given the workforce issues with those people at the time, Hon Peter Collier, particularly in the Western Australia Police Force, for example, and with the nurses. Yes, we are now struggling for numbers in those professions, yet we treated these important workers with such contempt at the time. Many have now been lost from those professions forever.

Our courts and our industrial tribunal laws around employment are totally insufficient to deal with those circumstances. What I would say about this is that we should use the standdown principle if people cannot be usefully deployed in the workplace through no fault of their own. That principle exists in our employment laws and that is what should have been applied in that case. Employees who refused to be vaccinated should have been allowed to stay at home, either paid or unpaid, because it was not their fault. We get back to that word “fault”. A standdown applies when the individual is not at fault. It is not the individual's fault that they chose to maintain their personal freedoms and not have medical treatment forced upon them. Why in God's name did we sack people who found themselves in that circumstance? It is insane. It was not their fault. They should have been redeployed at home, paid or unpaid, working or not working. It does not really matter. I know that JobKeeper does not apply to the public service, but the whole idea of JobKeeper is for it to be used when an unforeseen event like a pandemic comes along. The Chief Health Officer can say what they want, but it should not have overridden the employer's duty to deal fairly with their employee.

During the pandemic, it might have meant that the people who were hesitant about getting vaccinated could work from home. I am sure that police officers could have reviewed some cold cases from home, or the nurses could have developed training modules for nursing students. I am sure there is plenty that they could have done at home. In that sense, it could have been a form of public service JobKeeper with employees working from home, either paid or not paid, and either doing other duties or not doing duties, but the problem was not theirs. All they are doing is choosing not to have medical treatment forced upon them, and they should not have been made into pandemic scapegoats. It is like a director's duty. It is a non-delegable duty that Mr McGowan, Roger Cook, the Department of Health and the Commissioner of Police had, and they failed those employees terribly. Those people cannot delegate responsibility for the fair treatment of employees to the Chief Health Officer and then say, “Look, he made us do it. He made us sack valued, frontline critical workers.” That is not how it works. The responsibility for treating those people fairly rests with the employer. It cannot be delegated.

We need to conduct a proper review. I have highlighted some of the recommendations from the existing July 2023 report that need to be further looked at, including the federal government's compensation scheme for vaccination injuries. We also need to look at fairer ways of dealing with people so that we do not destroy people's lives when all they want is to simply maintain their right to bodily autonomy.

The first step to honestly evaluating the true impacts of the government's COVID policy is to acknowledge that some Western Australians did, indeed, suffer. I commend the motion to the house.

HON WILSON TUCKER (Mining and Pastoral) [1.37 pm]: I rise in support of this motion. The wording of the motion itself is fairly innocuous and common sense when we talk about the fact that members of the Western Australian public suffered adverse outcomes during the pandemic. That statement alone is quite difficult to argue against. I will say from the outset that the McGowan government did a good job for the most part in

managing the pandemic, but we have seen some recent examples in which the government has not been perfect, and the Aboriginal Cultural Heritage Bill is certainly an example of that. I feel that better outcomes are achieved for the Western Australian public when the government, rather than obfuscating or trying to cover up poor decision-making, takes ownership of those decisions and potentially pivots to a new direction. That is what we have seen happen with the Aboriginal Cultural Heritage Bill. Hopefully, the amended legislation will be a good thing. When we talk about the previous iteration of the bill, it cannot be any worse.

We know that the government is not infallible and that certainly applies to its handling of the COVID pandemic as well. The recent *Review of Western Australia's COVID-19 management and response* is a free kick or an own goal for the government. One of the adages I have learnt in this place is that it takes a member three years to learn what they are doing and then they are up for re-election. The other one is that a member should not form a committee unless they know the outcome of that committee. That is what we have seen with the COVID report. It is a free kick for the government. It really gives the government a glowing endorsement for its COVID management and handling. I have said that I agree with a large part of the report, but it sidesteps a lot of the more auxiliary decisions and actions that the government took during the pandemic. I think that was a missed opportunity. The government could learn by its actions, hopefully rectify those mistakes and put a plan in place moving forward if, heaven forbid, we encounter another pandemic and a situation of that complexity in the future. They were certainly unprecedented times and very difficult to navigate. When we talk about getting the entire Western Australian public on board and trying to encompass the needs, wants and desires of everyone in the community in decisions on how to handle the pandemic, we realise that it is a very difficult and complex beast to navigate.

I will briefly share my experience of the pandemic. I was living in the United States under President Trump. Members can imagine some of the misinformation and certainly disinformation that was being floated in the US at the time. There were a lot more liberties under the conservative government in the US around individual freedoms and the ability to travel within the US. For better or worse—I am not endorsing the US government's response during the pandemic—as an individual, I was allowed to travel within the United States. After spending about eight months glued to my desk, working remotely in my apartment, staring at a screen for over 10 hours a day, I think I went a little crazy so I exercised that option and travelled around the US a little. I tried to take some appropriate precautions. I got COVID during that time. I had an unvaccinated dose of the Delta strain. I would not suggest that other members follow in those footsteps. From memory, I was probably the sickest I have been. For two weeks, I had what felt like a very serious case of flu. I consider myself fairly fit and healthy. I had a lot of respiratory issues. I can imagine that for the elderly or those with other health concerns, those symptoms would certainly exacerbate their situation. It was certainly not an easy time, but there were certainly more freedoms in what we could do at the time.

Hon Martin Pritchard: How many people died in America?

Hon WILSON TUCKER: I am not sure. I am not condoning the response in the US. The member can have a stab at it. I cannot remember the number. It was huge and it was devastating for the community.

Coming back to Australia, my first port of call was the New South Wales border. I was in hotel quarantine for two weeks. I am sure some members have done the same. It is obviously a very isolating experience. During that isolation period, I think I was PCR tested on a daily basis. Given that I had COVID antibodies, I tested positive. There were not that many active cases of COVID in the community at the time so it was kind of a big deal. I was staying in the Hyatt, which I think is a five-star hotel. Very quickly, I was transferred to a health hospice, going from five stars down to probably one star. The only interaction I had with people at the time was with nurses wearing HAZMAT suits arriving in the morning and at night to test me. A panel of doctors needed to assess my case. They could not determine whether it was a passive case and the antibodies were fighting off the infection or an active case of the coronavirus, which meant I could not be released into the community. It was quite stressful to go through these hoops to hopefully get to WA before the border shut, which would have meant quarantining in NSW and then quarantining again when I arrived in WA. Basically, that would be four weeks of isolation. In my opinion, two weeks was enough; four weeks would certainly have been very difficult.

On coming back to WA, it felt like I was in a bubble of freedom. For the most part, for someone in their formative years who is retired, whose world view is one in which everything they know and everyone they love is in WA, they would certainly be happy with that situation. They have their caravan, their dog, their husband or wife and their four-wheel drive and the rest is history. They can stay in this state in relative freedom for as long as necessary but if they have a different world view, they like travelling and they have friends and family in other jurisdictions, it is certainly a different experience. These are the competing interests that the government needed to weigh up at the time. It was an unprecedented situation and certainly one that was difficult to navigate. There will be adverse outcomes regardless of the decisions taken by government. It is a lose-lose situation for government.

In the time remaining, I will not speak about the vaccine mandates or the border closures, other than to say that the last border closure in January 2022 was a mistake. We have not yet seen the modelling, so I do not think the gold

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standard of transparency was there. It was claimed that hundreds of lives had been saved. That was potentially the case, but it would be nice to see that modelling.

Mandates and border closures aside, I would like to take this opportunity to talk about the ancillary decisions and actions that the government took. First, I will refer to G2G permits. The police had an unprecedented level of discretion for granting and denying G2G applications. There was not really any oversight and there has been no inquiry into the system and the authorisation by police officers, ministers and members of Parliament on who basically got the tick and who was denied entry at the border. I spoke about the case of Hannah John during the pandemic. Hannah is a nurse who was coming to WA to work in a Kalgoorlie health service. In response to an ABC article, I reached out and had a couple of conversations with Hannah. Her application had been denied multiple times, despite the fact that she provided all the necessary paperwork. She had a house lined up, her partner was in Kalgoorlie and she had a job offer from the health service, which desperately needed workers. For over four weeks, Hannah was basically stuck in a queue without much information on why her application had not progressed.

It took an ABC article being published and a response from the Minister for Health at the time, Hon Roger Cook, before Hannah's application was approved. The only response by a health official into that incident and why Hannah's application had taken so long to be approved was that a glitch in the G2G system had been fixed, which the Western Australia Police Force was made aware of only the day before, and Hannah's G2G application had been approved. Hannah's case was not an isolated one. She was adversely affected by government decisions and by a system without any oversight or accountability baked into it. A number of people were fighting the complexity and the black box of the G2G system. No more information has been forthcoming around the number of people who were adversely affected by the G2G system, which is obviously an issue in its own right.

The other point I would like to make about the G2G system relates to the promises by the health minister and the Premier that the health and private information collected as part of a G2G application would be used only for health-related purposes. We know that was not the case. The police accessed that information on several occasions during inquiries. Some legislation came in after the fact to try to close that loophole, which is a massive erosion of trust. That information is still being stored under the State Records Act 2000. I believe that under that act, information can be stored for 25 years, which is obviously longer than it needs to be stored or used. That is another issue. There was a misplaced trust element there, which certainly caused anxiety and eroded trust in public institutions and in the Premier who made that promise to the Western Australian people at that time. We are still waiting for overarching data privacy legislation to ensure that future actions with applications by the government or similar will not occur in the future.

Given the time, I will probably leave it there and let other members speak on the mandates and borders. When we talk about the G2G application, I think it is a clear case of people who have been adversely affected. The really troubling part is that we do not know how many people were adversely affected, but the actions of the government caused a lot of anxiety within the community. As I said previously, the government, for the most part, did a good job in this space, but I think we missed an opportunity in our COVID-19 response to take a proper deep and meaningful look at the actions of the government, learn the lessons and try to not repeat the sins of the past.

It was a missed opportunity, and that is why I support this motion. The first part is to acknowledge that there were adverse actions and that people in the community were adversely affected; that is a no-brainer. I think the first step is acknowledgement and the second step is to try to rectify the problem and learn from those mistakes.

HON STEPHEN DAWSON (Mining and Pastoral — Minister for Emergency Services) [1.51 pm]: I rise to make a contribution to debate on the motion that is before us today. I was a member in this place at that time, in early 2020, when it seemed the world had gone crazy. I vividly remember at the time seeing pictures of people in HAZMAT suits in New York burying bodies in mass graves; it was quite extraordinary. This was something the like of which we had never seen before—certainly not in our lifetime—and I hope we will never see it again. Those of us who were in this place at that time, both in government and in opposition, had some extraordinary decisions to make very, very quickly—overnight. Those of us who were here will recall sitting late, waiting for legislation to be drafted to deal with straightaway, to keep people alive.

I have seen a couple of figures in relation to how many deaths have occurred around the world since February or March 2020, and they vary between seven million up to about 14.9 million; that is the figure that the World Health Organization uses, which relates to excess mortality—both people who died directly from COVID-19 and people who died from complicating factors linked to COVID-19. Those are extraordinary, mind-blowing numbers. The fact is that people around the world lost loved ones and, in some cases, their whole families to COVID-19; that is quite extraordinary.

We had some tough decisions to make in Western Australia, undeniably. Did we have a book on the shelf, "How to Deal with Coronavirus Pandemic"? No, we did not. We had pandemic plans, but to be honest the last pandemic

the state had seen was 100 years earlier, so no-one, anywhere around the world, was ready for this. Of course, people shifted gear straightaway and state and territory governments around the country, and the commonwealth government, really did work in lockstep. We took advice from those who know best; we took advice from medical professionals, and decisions were made. Yes, rights and liberties were taken away from people. That was quite extraordinary, but those decisions were made in the interests of keeping people alive.

As I said, we worked in lockstep with the commonwealth government. There were only a couple of issues, with regard to borders and Clive Palmer, but aside from that, we really did work together. Regardless of whether the colour of the party was blue or red, all around the country people worked together to keep people alive at that time.

Did everything go right? Well, there were certainly learnings to be had, and that is why we instigated the *Review of WA's COVID-19 management and response*, which was undertaken by Hon John Day, a former Liberal member of Parliament in the other place; Emeritus Professor Margaret Sears, AO, a distinguished public servant and former Deputy Vice-Chancellor of the University of Western Australia; and Dr Michael Schaper, who was a former deputy chair of the Australian Competition and Consumer Commission.

Hon Peter Collier: He used to be a student of mine.

Hon STEPHEN DAWSON: Did he? Well. The member must have been in his early years, because I would have thought he was close to the member's age.

Hon Peter Collier: When I started, with Michelle Roberts.

Hon STEPHEN DAWSON: Yes, right.

These are three eminent people, and they went about their work, talking to various stakeholders. I have the report here, and in the appendix there is reference to the stakeholders that they spoke to to get feedback. They did not look at things through rose-coloured glasses; there are parts of the report where they talk about what they heard from people. I will quote from a part of the report where they talk about vaccine mandates and what the inquiry heard. It states —

Vaccine mandates, their efficacy and concerns regarding adverse reactions, were significant themes raised throughout the Review, with more than 70 per cent of public submissions focused on these topics.

The vaccine mandate received substantial criticism in some public submissions as an imposition on individual freedoms, while other submissions raised concerns about the safety of COVID-19 vaccines and the incidence of adverse events following immunisation.

The Review has noted the strength of the opinions voiced against vaccine mandates, both within Australia and abroad, while also noting the view of senior Government officials that imposing a mandate was a tough decision, but nonetheless warranted in terms of prioritising the safety of Western Australians.

The Review heard from many stakeholder groups who praised the WA Government for introducing the vaccination mandate. Medically vulnerable people, residents of aged care and their families, and the disability sector all voiced their support for the mandate and the role it played in protecting vulnerable cohorts. There was also strong support for the vaccination program being free.

I spent my first four years as a minister as Minister for Disability Services in the McGowan government, and in 2020 there was certainly a heightened sense of anxiety amongst the disability community, because we all saw people dying around the world from COVID-19. People with disability need to access community services; sometimes they need to have people in their homes, delivering services; sometimes they need to go to not-for-profit service providers to access those services. They, being immunocompromised, did not want to access those services. They did not want strangers in their homes. They did not want the people that they worked with a few times a week coming into their homes to deliver their services; nor did they want to leave their homes and risk catching COVID-19 from someone.

It was an extraordinary time and, as I said, I hope we never have to face a time like that again. Difficult decisions were made at the time, but those decisions were made in the best interests of the people of Western Australia. Of course, we did not make those decisions in isolation; as I said, we worked with the commonwealth government and with other states and territories, but we also, in the main, followed decisions that were being made by other countries around the world.

We did not do everything the same; we did things differently in Western Australia. Early on, we took the decision to put up the border. I heard that Hon Wilson Tucker was not happy with the fact that we had a hard border, but for those of us who were here at the time, aside from the fact that we could not fly overseas to Ireland or wherever to visit our families and friends, our lives were pretty normal in this state. We did not see the death and devastation that countries like the US saw. We did not see people being buried in mass graves on Hart Island, New York; that

did not happen here. Whilst most of us probably have had COVID-19 since that time, we did not see the numbers of deaths that other places did, so that is something we can be proud of.

As I said, a review was undertaken and it examined what parts of the state's COVID-19 response worked well and what could be improved on. As I said, although there was no blueprint or book on the shelf for dealing with COVID-19 back then, we want to make sure that, moving forward, there will be advice and a manual so that people in the future can say, "You know what? In 2020 to 2022, the world went crazy, mad. People died, but if this is going to happen again, at least there is a body of evidence that suggests what should and should not be done in the future to deal with it." As I said, we wanted to leave a guidebook or blueprint for future governments on how to manage a pandemic and what tools are most effective. Of course, pandemics all have their own characteristics. This pandemic was not the same as the one 100 years ago, and I daresay a pandemic in 100 years' time will be different again, just as COVID had different variants resulting in different responses and different public health and social or societal measures.

I am pleased to report that, overall, the review reaffirms the approach that was taken in Australia to managing COVID-19. That includes the quick action taken to mobilise emergency management structures, leveraging our geographic isolation through border controls to restrict COVID-19 case numbers and maintain a strong and vibrant community. I recall that, post-the lockdowns, I talked to colleagues interstate and they said, "Oh my God! You people in Western Australia; I feel so sorry for you!" But, actually, you know what? For the most part, our lives were virtually unchanged. Yes—some people might have had reactions to the measures taken, and that is terrible, but for most of us, our lives were unchanged. We did not have our kids at home for months at a time because they could not go to school or hang out with their friends. In Western Australia, they could. They could not go and see grandparents on the Gold Coast, which again was terrible and caused grief for families, but, for the most part, our lives were unchanged here, unlike in Melbourne or other places around the world. At that stage, we were the first state to complete an independent whole-of-government review into COVID-19 and how we managed it in this state. I hope that the report's findings benefit future generations to come; I think that they will.

What did the report find? It found that we performed exceptionally well during COVID-19 from a not only health but also social and economic perspective. The independent review goes into detail on each of those elements and makes a number of recommendations for future governments to continue the approach that was taken during the COVID-19 pandemic. The review also identifies several opportunities to enhance our ability to respond to future pandemics and made 35 recommendations, which the state government has indicated it supports. Notably, the report recommends that current and future governments should continue to consider the trade-offs between health, economic and social outcomes when making future decisions on public health and social measures such as border restrictions. I think that this is an important recommendation. Governments really cannot make emergency decisions through the prism of single issues, or, indeed, individual circumstances. We have to take all factors on board, consider them, and then do what is right for the collective community. That is a tough —

Hon Ben Dawkins interjected.

Hon STEPHEN DAWSON: The member can sit there and smile and laugh; he was not here! He was not here in this place when we were making these decisions.

Hon Ben Dawkins: Have some empathy for the people!

Hon STEPHEN DAWSON: You were not here!

The DEPUTY PRESIDENT: Order, members!

Hon Ben Dawkins interjected.

The DEPUTY PRESIDENT: Order!

Hon STEPHEN DAWSON: I certainly have empathy! How dare you!

The DEPUTY PRESIDENT: Order, members!

Hon Ben Dawkins: Have some empathy!

The DEPUTY PRESIDENT: Order!

Hon STEPHEN DAWSON: Honourable members can sit and smirk and smile or laugh in this place, but the fact is we made tough decisions to keep people alive in Western Australia. As I said, 15 million people around the world died. That did not happen in Western Australia. Although we lost people, and every life lost is tragic, we did not see the death and devastation in this state that other places saw, and that is a result of people in this place on all sides of the chamber taking the issue seriously and voting, sometimes late at night, on laws that we thought could keep people alive and safe and we thought could keep the economy going. All those things were under consideration.

There are always hard decisions to be made in government or, indeed, in Parliament, but I do not think I or any of us had ever before countenanced the severity of the decisions we were making at that time. In my time earlier in the pandemic as the Minister for Disability Services, and later as the Minister for Emergency Services, no decision was made lightly. Of course, we acknowledge that some of those decisions had an impact on people's lives and impacted some people negatively, but, as the report shows, governments have to balance these decisions. They have to balance what is right for the community and protect the wider community. I think that is one of the key defining roles of government—that is, that it governs in the interests of all Western Australians.

The review suggests that all government agencies should schedule regular reviews of crisis management and business continuity plans. This has to be a key part of our planning and hazard response for the future.

The report recommends that, should we face another pandemic, the government of the day should again establish an emergency management team when a state of emergency is called. This is in addition to the emergency management structures that are already in place through legislation that we have in Western Australia. Again, this was an important feature of our management of the pandemic. The then Minister for Health and the Premier, together with the Chief Health Officer, the Commissioner of Police and other advisers, met daily, sometimes on multiple occasions in one day, allowing clear, precise, and, indeed, what I think was timely decision-making to enable them to respond appropriately, and I think that is exactly what is needed in an emergency. That gave us the ability to communicate and action those decisions across government and through to the wider community. The review also recommends that government reviews the pandemic elements of our emergency legislation so that we have a fit-for-purpose framework for future pandemics. That is something we are keen to do.

Of course, another decision that we made that we have been condemned for was to provide rapid antigen tests to the community. Through the WA free RAT program, we distributed millions of rapid antigen tests directly to households, schools and community groups. That had an impact on our community and on the numbers of lives lost. I think it was essential to provide those tests to households. If people were feeling unwell, the tests gave them confidence about whether they had COVID. They made us all be safer and, because they were free, we could make decisions and not have to think about whether we would buy a RAT or food to eat. It has undeniably been a tough few years for everybody. This is a good motion to have in this place, because there is no problem with talking about COVID-19, and there is no problem acknowledging that there was not a manual on the shelf for every decision we needed to make. Sometimes it was the first time that decision had been made in the history of the state. Decisions had to be made at the time, but every decision was made in the best interests of the state and of Western Australians.

I think the *Review of Western Australia's COVID-19 management and response* is a good one. I thank Hon John Day, Emeritus Professor Margaret Seares, AO, and Dr Michael Schaper for the effort they put into the report; equally, for the breadth of their work and the fact that they spoke to people from all sides. Those people had different and sometimes diametrically opposed views, but the authors spoke to and acknowledged them and recognised their views in the report. It is a good report and I think it will serve us well for future generations.

Amendment to Motion

Hon STEPHEN DAWSON: Having said that, I want to move an amendment to the motion before us. I move —

To insert after “COVID-19 policies” —

and notes the findings of the *Review of Western Australia's COVID-19 management and response* found that Western Australia's successful management of the pandemic led to excellent health, economic and social outcomes for the population as a whole

HON BEN DAWKINS (South West) [2.09 pm]: I am very happy with the amendment proposed by my friend. I appreciate the hard work that Hon Stephen Dawson and others put in during the crisis. I have never said that there is anything inherently wrong with encouraging vaccination. I have never spoken about borders, isolation or lockdowns. I have spoken about none of those things. It is absolutely the case that Hon Stephen Dawson should congratulate his government for those aspects of what occurred.

Hon Stephen Dawson: I didn't mention Labor or anything; I just mentioned the government collectively.

Hon BEN DAWKINS: There is no need to cross-examine what I am saying; I am just saying that I do not have any problem with the state congratulating itself for the things it did correctly. I am happy to support the amendment to my motion. I note that it refers to social outcomes as a whole. Members will interpret it as they will, but I take that as an endorsement of my submissions today about individuals—everybody is an individual. I was hoping for a little more empathy from Hon Stephen Dawson. It happened to my nephew, so that is a personal circumstance. It happens to individuals. It happens to all our constituents. We should all have empathy for those individuals who have reported vaccine injuries and job losses.

Extract from Hansard

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Hon Ben Dawkins; Hon Wilson Tucker; Hon Stephen Dawson; Hon Dr Steve Thomas; Hon Dr Brian Walker;
Hon Kate Doust

The report from July 2023 refers to all the submissions about the harm caused to individuals that Hon Stephen Dawson referred to. I do not accept the premise that the so-called good of the population should override individual freedoms. There are other ways that it could have been managed. I have talked about standdowns and JobKeeper. There were other ways in an employment context to deal with this, rather than sacking good people and/or forcing them to have a vaccine that then created an injury. That is a legal liability issue. There were other ways of managing it. I said that people could be sent home, paid or unpaid, just as we did with JobKeeper. Nobody cared, but those people should have been allowed to make their own choices about the medical treatment they received. That is what Hon Stephen Dawson did not acknowledge. The report from July 2023 does not acknowledge it either. All those submissions were not published; they were just glossed over. They were covered in one paragraph: “By the way, people’s lives, health and careers were ruined because of the draconian overreach by the vaccine mandates in certain professions.”

I am happy to sing *Kumbaya* and agree to the amendment by Hon Stephen Dawson. In fact, one iteration of this motion contained something along the lines of “and let us do an even better job next time”. Since I have taken carriage of this issue for the constituents in my electorate, I have found that the fundamental thing, which Hon Stephen Dawson did not acknowledge, is that there were other options to deal with these people, rather than overriding their individual right to choose their own medical treatment. There were other options.

The DEPUTY PRESIDENT: Member, I am reluctant to interrupt, but, as you know, at the end of motions on notice, you get five minutes to reply to the debate generally. The question before the chair at the moment is whether the words moved by the minister should be inserted, and your contribution should be confined to the insertion of those words, not replying to every other argument.

Hon BEN DAWKINS: I will sit down. All I am saying is that, next time, we do it better and we find employment laws that enable people to make their own choices and not be sacked.

[Interruption from the gallery.]

The DEPUTY PRESIDENT: Order! There should be no interruption from the public gallery. I just give a general warning to those in the public gallery that the debate should be heard in silence. The question is that the words to be inserted be inserted.

HON DR STEVE THOMAS (South West — Leader of the Opposition) [2.14 pm]: The opposition is happy to support the amendment before the house. I was under some misapprehension that it was a replacement motion, but obviously I got that wrong. It is not; it is an addition to the motion. The substantive motion before the house is innocuous and unarguable; it is the debate that followed it that is problematic, and I will deal with that when we get to the substantive debate. In my view, the motion did not require an addition, but I have no objection if the government wants to make an addition. The member who moved the motion has also accepted it. I am happy to get on to the substantive debate.

Amendment put and passed.

Motion, as Amended

HON DR BRIAN WALKER (East Metropolitan) [2.14 pm]: I listened with great interest to both parts of the debate and my contribution is going to be a little bit technical. I was not in the house at the time that all these difficult decisions were taken; I was, in fact, practising at the sharp end of medicine, facing life-and-death decisions at the time. As the Deputy Leader of the House stated, at the time, the death rate in China was allegedly 10 per cent from the Alpha variant and we were seeing body bags. That would have been a terrible number of bodies to bury if this had gone on, and, if it had worsened, it would have been catastrophic. Therein we have the actual problem—that is, the fear that arises. I was in Hong Kong when we had the first SARS epidemic and there was a 2.5 per cent death rate. Bodies were, metaphorically, piling up in the streets because we could not bury them all in time. That is not a good sign for the public. The Americans left in droves. There was fear and panic. People closed down. Banks were shut. Panic is very easily obtained when these uncontrollable situations arise. I will ascribe to every member of this house the good intent to serve the people of this great state of ours—that every decision that was taken was taken with the best intentions. However, as we have also discovered, decisions were made that, with hindsight, might have been better.

As a seasoned medical practitioner, I have witnessed a spectrum of vaccine reactions, such as a sore arm and mild discomfort, but I have also experienced severe life-threatening injuries and emergencies, such as anaphylactic shock, which is a lot of fun for a medical practitioner to deal with if they know what they are doing and they manage to save a life; it feels really, really good. However, that points out that vaccines are not without risk. My clinical experience ranges from administering vaccines to treating cases in which a vaccine has not been administered or has failed. I have seen one case of tetanus and one case of diphtheria, which basically means that the childhood vaccinations work. I have treated lots of people who have survived polio. That was in an age when the vaccine

was not as widespread as it is now. Vaccines have saved lives, but what about vaccine safety and efficacy? I want to draw members' attention to that critical issue of vaccine safety and efficacy, particularly of the COVID-19 vaccines. The gravity of this situation deserves our utmost scrutiny, just as we recently rigorously reviewed the Electoral Amendment (Finance and Other Matters) Bill 2023 to eliminate potential corruption. We spent a lot of time considering that.

First of all, let me mention one vaccine that I have personally administered but never taken, and that is the Japanese B encephalitis vaccine. One-third of people who catch Japanese B encephalitis die, one-third have irreversible brain damage and one-third recover completely. We might expect that a vaccine should be given to all people at risk, but at the time I was giving this vaccine, there was a one in 400 chance of a severe adverse reaction. Adverse reactions could be severe allergic reactions and nervous system and cardiovascular side effects, but death was certainly one of the potential side effects of giving the vaccine. A vaccine is given to save a life, but when there is a one-third chance of dying—a significant, but not zero, chance of dying—as a result of the vaccine, that is a little bit of a problem. This dichotomy is not unique to this vaccine; it is a recurring theme in immunisation, which is one reason we need to have full medical disclosure and consent from the parties involved—the doctor and the patient.

The thalidomide tragedy taught us the importance of long-term safety studies, a lesson seemingly overlooked in the rapid approval of the COVID-19 vaccines. We can all agree to this. Despite my personal attempts to report adverse effects, there has been a troubling reluctance to acknowledge these concerns. Reporting these concerns to the agency has been actively discouraged. This discrepancy raises serious questions about the integrity of our health regulatory system. This is one area in which we, as a Parliament, ought to be looking. Are we really having security in our health regulatory systems? This is one area in which we have to have a close look at the pandemic because it is important to have a thoroughly tried and tested vaccine, and that usually requires 10 or 15 years of post-research study and testing. The thalidomide adverse effects were really brought home only after the drug had been brought into general use. Doctors then reported an accumulating increase in fetal abnormalities since the drug had been introduced. Such abnormalities were certainly also known before in very small numbers, but the rapid increase caused people to ask: I wonder why this happened? Doctors were actively involved in recognising and reporting the problem. That eventually led to thalidomide being identified and taken out of service for pregnant women, although it is still in use today.

I had problems reporting COVID-19 vaccine reactions. It was actually quite difficult, and it was made very clear to me that I was an unpopular doctor. If that is the case for me and I am sure for others, it is probably true to say that the actual relative risk of COVID vaccination in our country now is probably incorrect because the level of reporting of adverse reactions is not 100 per cent. I think that this is of immense concern. Am I alone in this?

We were told that COVID-19 vaccines would stop the transmission of disease and prevent death. Neither of these statements is true. I questioned the Chief Medical Officer about this, and he refused to give me details in this very house, claiming his advice was cabinet-in-confidence. We are told to trust a doctor, but the government's response was based on information that was not correct. The vaccine mandates we then got were predicated on the truth of these claims, which have been proven to be false. People have lost not just their confidence in the system, because of this manifestly incorrect statement, but also their livelihoods and homes because of their refusal to abide by what we now know were false assumptions.

Let us go on. It might be very hard to believe, but three senior editors of the *British Medical Journal* indicated that the studies that extolled the COVID-19 vaccines as safe and effective could not be trusted. Why? Because there is evidence of adverse event data having been hidden in similar situations. In our just completed rigorous review of the Electoral Amendment (Finance and Other Matters) Bill 2023, we discussed a major component, which was, of course, the shady donations to political entities that might reduce the potential for corruption if we managed to control them. We considered that of the highest importance, did we not? Let us compare and contrast that with the Department of Health now. The *British Medical Journal* has published that—I will say this quite slowly—all the drug regulators, like the Therapeutic Goods Administration, the Food and Drug Administration and counterparts in other major Western countries and in the European Union, receive the majority of their funding from the industry they are meant to regulate. A question was asked and answered in the European Parliament. The World Health Organization is now 80 per cent funded by industry and non-government organisations such as the Gates Foundation. I understand that our TGA appears to be 96 per cent controlled by big pharma. I could name names, but I will not do so here today. I am just pointing out that we have a systemic problem within our system, not just for the pandemic but also for general health in our great nation.

We need to look very carefully at how we are being regulated. As a person who works within the system, I can tell members that I do not trust them, and that is a sad state of affairs. I should be able to because they are designed to help us and keep us safe. The big revolving door for lucrative big-pharma jobs is not an uncommon career move for FDA commissioners and others who hold health regulatory positions. This exposes our agencies. They are commanded to protect our public safety, but they manifest conflicts of interest and downplay the risk of adverse

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events. I first came across this when I was looking at the Vioxx and Purdue Pharma scandals; both were in the United States, and both resulted in over 100 000 deaths from drugs erroneously approved by the FDA.

I will go into some molecular biology—so I will bore members for a little bit—about why the COVID-19 vaccines are unsafe. It is because a pseudouridine-modified mRNA, or modRNA, is long lasting and produces far more spike proteins over vastly longer time periods of up to six months, according to one study. That is much more than the few hours that Pfizer, Moderna and the TGA informed us at the start of the vaccine rollout. It is six months, against a few hours. The lipid nanoparticle carrier envelope for the modRNA carries the gene code to every organ in our bodies; that is millions of cells that can be transfected and produce spike proteins. The TGA knew this as early as January 2021, and that was only discovered in a freedom of information release of the TGA's report on the Pfizer vaccine. An FOI was required to identify the problem that it was hiding from us. This is why we have adverse reactions that range from myocarditis to blood clots, neurological, autoimmune, skin, cancer and quite numerous other reactions. In the case of the AstraZeneca vaccine, it has an adenovirus shell encapsulated DNA code. The adenovector shell carries it through the bloodstream and into a wide variety of our body organs, which is why a wide array of adverse reactions were reported, including the cerebral venous thromboses that have killed quite a few people.

A few months ago, a gentleman came to my clinic with excruciatingly painful neuropathy. Despite every single symptom corresponding to the diagnosis of neuropathy, the neurologist refused to make that diagnosis. He could find no other cause, but he refused to ascribe this to neuropathy. This perfectly healthy gentleman, from one day to the other, developed sudden, excruciating neuropathic pain, but the neurologist refused to acknowledge neuropathy and refused to acknowledge that it could be a potential COVID-19 side effect. Yes, I did try cannabinoids; no, it did not work. Yes, he is considering suicide because he cannot live with his terrible situation.

In the US, teacher Brienne Dressen suffered the same neuropathies in the AstraZeneca phase 3 clinical trial. Her case was deliberately excluded from a paper in the *New England Journal of Medicine* that AstraZeneca used to say it was safe and effective and that was what the message was based on. She emailed the chief editor of the *New England Journal of Medicine*, who replied, telling her to go away. Go tell the FDA. He continued to allow the paper that stated that the AstraZeneca vaccine was safe to be printed in his very esteemed journal. He and the health authorities continued to base their decision to call it a safe vaccine on a paper that had excluded evidence of a serious side effect.

Something similar happened to an Argentinian lawyer, Augusto Roux, who suffered pericarditis in the Pfizer trial. His adverse reaction was also not reported in the *New England Journal of Medicine*, and the TGA based its report on evidence that was excluded. They were taking the data, excluding the unfavourable data, publishing that and saying it was safe. Both of these cases are described in the *International Journal of Risk and Safety in Medicine*, which, unlike the *New England Journal of Medicine*, does not receive industry advertising money. I think there may be a clue in that.

In the meantime, Ms Dressen, along with other unnamed scientists and clinicians, has set up a website. A few months ago, the website had compiled over 3 500 published studies of these gene-based vaccines' adverse reactions. It is simply not science for health authorities around the world to still call these modRNA and adenovector DNA vaccines safe. It is simply not possible.

Moreover, a comprehensive literature review by Australian and Swiss–German authors highlighted the synthetic, virus-like effects of gene-based vaccines, which cause illnesses similar to severe COVID-19. This raises concern about the long-term impact of these vaccines on public health. We ought to look at these things seriously because this scientific observation has so far not hit the public consciousness.

Myocarditis and pericarditis are officially accepted as adverse events of mRNA vaccines. However, officially, it is said that they are rare. I must be one of those rare cases because I have had myocarditis. When I attended my cardiologist, the staff confided in me they had seen a surge in the number of such cases but they had not been able to report them. They dare not report them. Prospective studies are few, but they suggest that silent cases are common. There was prospective study of 301 teenagers in Thailand who received Pfizer and 777 hospital workers in Switzerland who received the Moderna booster. Both studies involved careful questioning and investigations for myocarditis and pericarditis. They found the rate of myocarditis or pericarditis was 2.3 per cent in the Thai teenagers and 2.8 per cent among the Swiss hospital workers.

A majority of the cases were symptomatically mild or silent and would have been missed; the patient would have been sent home from hospital had they not had specialised scans. But in these cases—my case too—people possibly have long-term scarring of the heart muscle, and that is a plausible hypothesis for the apparent increase in sudden deaths. The scarring causes foci for later cardiac arrhythmias, particularly when someone is exercising or in the small hours before dawn when the adrenaline surge happens. That is something we ought to look at. We have an

unprecedented rate of excess deaths, many of them sudden cardiac deaths, and also cancers in heavily vaccinated populations and that correlates time-wise with lockdowns and the use of vaccines. The people who will look at this most closely are not governments or doctors; it is the insurers because they are the ones putting up the money to pay for the deaths. I have been speaking to insurance companies, and they have said that they have had to revise what they are doing because, based on the pure finances, there is a problem in our society, and it is one that we have not fully recognised.

I am not really going to address just now the mandated vaccines. I have not time to deal with that, but there is untold physical, mental and financial damage to our society. The government had to deal with these issues at a time of great stress and panic, and was given information that was faulty, through no fault of the people in this chamber or other chambers around the world. The information that was fed to the specialists to feed in to the government was not of the appropriate standard. We can see why there may well be concerns that it has not been fed in to the appropriate bodies because of a desire for financial gain on the part of those seeking to profit from a situation of panic in society. I can think of no other reason why someone would want to put out a vaccine and hide the potential effects, as Pfizer has sought to do, depriving us, the doctors, of the ability to give solid advice to our patients, which leads me on to a problem I have.

We doctors have difficulty in reporting to the bodies about the adverse effects. Also, if I happen to have a paper that suggests there is a problem with a vaccine and I mention it to my patient, I will, like many of my colleagues before me, be suspended from my work as a doctor because I failed to give the government line. This is a danger to the entire society. Doctors are no longer allowed to give the science, or one version of the science, as it appears in the peer-reviewed published press because it might conflict with what the government has said. The Australian Health Practitioner Regulation Agency, the government body, is now removing doctors from public service because they have dared to stand up for truth on the science. I beg the government to look at this most closely because if there is one group of people, apart from nurses, who need the trust of the public, it is doctors. If we are not trusted to tell the truth, the whole underpinning of the trust in doctors for the health of the society is going to be attacked. I cannot allow that to happen.

The necessity for a comprehensive, unbiased and uncensored inquiry into the vaccines is vital. We must uphold the ethics principles of transparency and public safety. It is our duty as representatives of the people. Having said that, I commend Parliament here assembled for the work it has done and thank all my colleagues who were here at that difficult time. That was a very difficult time. I will give every support to the members here who have been through that very difficult time. Let us look behind that in more detail to see how we have been misled on these other interests about which, at present, we know very little.

HON DR STEVE THOMAS (South West — Leader of the Opposition) [2.34 pm]: I was going to respond in order to some of the comments today, but I might start with my good friend and the second-most qualified person to speak on vaccination in this chamber, Hon Dr Brian Walker, whom I have to professionally disagree with on some of his commentary. It is very easy to say that there is dispute amongst the medical profession and, therefore, make the judgement that a single dispute in the medical profession delivers a particular outcome. The medical profession and the scientific community have always worked on the majority view of the majority of scientists, and I think it is very dangerous for the member to suggest that an individual doctor is perfect. I could make a joke about doctors having a God complex, but I am trying to get straight to the point here.

The member raises a very difficult problem. The first thing I would say to the member is that many people go to a doctor and get a second opinion; that does not mean the first opinion is correct. Many doctors get it wrong. What we use, for the most part, are the most widely agreed methods and theorems, as we do across the body of science in total. I am not going to buy in to the conspiracy theories of pharmaceutical companies et cetera. I think that was something of a disservice.

The simple reality is that if we take the science of this, as I have said in this chamber before, no vaccine is perfect. No vaccine offers 100 per cent protection from a particular disease. That includes all the diseases that we have vaccines for, be they human or other or animal, no vaccine is 100 per cent effective. No vaccine will deliver 100 per cent protection from spread of a disease. Anybody who claims any different is wrong. No vaccine will prevent the spread. Any vaccine can be overwhelmed by a large enough infective dose. This argument that comes around that, “Look, people who are vaccinated still caught COVID”, is a nonsense argument. The argument that the vaccine did not stop the spread is a nonsense argument. The arguments put forward by the mover of the motion, Hon Ben Dawkins, I thought were somewhat specious. The member should have moved his motion—a motion that is, in my view, inarguable and accurate—and at that point sat down, because it was kind of downhill from there.

The reality is that whilst the member seems to be highly focused on the rights of those people who suffered a vaccine injury or refused to be vaccinated, he missed the entire other side of the argument in his debate. That is the rights of the people who caught COVID and the rights of the people who were protected by vaccination—not 100 per cent

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protected because no vaccine is 100 per cent effective. Those people were able to walk down the street—particularly vulnerable people, people who are immunocompromised—because of a vaccine program that was rolled out across Australia, not only this state. I am sure that the state government wants to take credit for most of it, but it was a national response. It always has to be a national response. I will give the government credit for implementing the health advice it received. As I have said before, I do not deify the government for that. I do not think they were the champions. I think it implemented the health advice adequately and I am happy to give it kudos for that. But the reality is that the vast majority of the population of Western Australia was protected.

The problem with Hon Dr Brian Walker and the medical profession is that they are not very good at population health or demographic health, because they cannot quite see past the person who walks in the door. They are not ideal at looking at a wider population and saying: what is the impact? I have a few numbers to throw out in the debate.

Across the world, the best estimate—all of these are estimates, as all things are—is that there were approximately 772 million cases of COVID-19 with seven million deaths. That is a death rate of 0.9 per cent. In Australia, there were an estimated 11 million cases with 23 000 deaths at a 0.2 per cent death rate. Just based on those broad numbers, we would have to say that Australia did significantly better than most of the rest of the world. I am reminded of a debate we had previously in which Hon Dr Brian Walker was extolling the response in Germany saying that it was not mandating the vaccine. I got up and said that it had in fact started mandating vaccination because it had a COVID rate of 40 000 cases a day and its death rate had skyrocketed. I will just remind members of that particular debate.

In Western Australia, we recorded 1 241 deaths during the COVID period. I think the number of vaccines in Western Australia was five point something million—someone might have the exact number there. There are about 2.6 million of us and the majority had two or three vaccinations. Some people did not. Some people were unable to be vaccinated and there was an opportunity for people who were immunosuppressed to go to their doctor and seek an exemption. Not many doctors handed an exemption out just quietly because most doctors took the view that the impacts of COVID-19 would be worse than the impacts of the vaccination.

The number of deaths attributed by both the World Health Organization and the commonwealth Department of Health to the vaccination program in Australia—not Western Australia—is 14. There is obviously a significantly higher number of adverse reactions. In Australia, the Therapeutic Goods Administration put that number at something like 140 000 adverse reactions. They cover an enormous range, like every vaccine we take. Every vaccine has a proportion of adverse reactions from localised swelling or irritation, skin irritation, muscle pain and aches all the way through to some more systemic reactions such as fever et cetera. Unfortunately, some people have reasonably severe reactions to them. That is the group of people who should be identified by their general practitioner and provided with an exemption. That was available. Those exemptions needed to be small in number otherwise they would have impacted on the spread of the disease and put vulnerable people at risk, but they were available to the community.

I just gave some basic numbers there, Deputy President. Of the 14 deaths attributed in Australia, eight were attributed to the AstraZeneca vaccine through issues around clotting. Interestingly, they seemed to have a genetic predisposition to that. There are another three out there. The issue of cardiomyopathy is a real one. It is absolutely the case that there is a very low incidence of cardiomyopathy that comes about through the mRNA vaccines. Most of those cases are temporary, short-term and not severe, but it does exist.

I have forgotten how many times I have said this in the chamber: the small tiny risk from vaccination that we all take is our gift to the people who surround us. It is our gift to the population of Australia, particularly vulnerable people. We take on that small risk to protect people for whom the risk is much greater. I agree with Hon Dr Brian Walker that we should do it knowingly. We should be aware of the risks and say “I accept this risk because that is the best thing for my family and the people around me, particularly those who are immunosuppressed and vulnerable.” That is the small risk that we take. There was an opportunity for people not to take that risk going forward and people could refuse.

There was a jobs mandate. I was interested in some of the comments of Hon Ben Dawkins. At one point, he talked about the vaccine as “causing injury”. It does not cause injury; it has the potential to cause injury. It causes injury in a number of cases. Hon Ben Dawkins also talked very much about the individual rights of autonomy. I thought that was really interesting because what became blatantly apparent in his contribution is that the individual rights of those members of the community who did not want to be vaccinated, in his argument, obviously far outweighed the individual rights of the people who could catch COVID, die from COVID or get seriously sick from COVID. I think that is the issue. This is a simple case. If the individual rights of a person to not vaccinate themselves are important, so are the individual rights of everybody else—otherwise, it is a very selfish argument and that group puts themselves and what they want well in front of everybody else in the community. That is the problem with the argument that Hon Ben Dawkins presented.

His motion actually makes sense. It is absolutely the case that people were negatively impacted by the COVID-19 vaccination program and the restrictions. It is absolutely true. Businesses struggled. The government was dreadful and absolutely failed at rolling out business support. That is the debate that we might have had, but the contribution of Hon Ben Dawkins was entirely about the arguments around the efficiency and effectiveness of the vaccines. It is of no benefit to the state, the Parliament or the people for that debate to be paramount amongst all the other debates that occurred.

Let us take a couple of looks back through history. When was forced vaccination first used, that we are aware of? Funnily enough, it was used in the American War of Independence. This guy George Washington went out and said “Smallpox is decimating our soldiery. We are going to infect people with smallpox and then those who survive, we will put in the army.” Not only were people forcibly vaccinated, if they survived it, they were drafted and the English got to fire shots at them!

Hon Darren West: With a blunderbuss!

Hon Dr STEVE THOMAS: I think we were past blunderbusses at that point, but it was probably initially muskets before self-loaders came in. Let us not have the gun debate today.

That was the first mass vaccination program. For all those who say “America is the land of the free”, it happened first in America. Let us have a look at disease outbreaks and pandemics. Putting aside plagues, and the Black Death, which was different—it was a flea on a rat that spread a bacterium—when we start to look at respiratory viruses, the most obvious one to use is what we perhaps somewhat unfairly call the Spanish flu. Depending on the estimate that we use, the Spanish flu killed somewhere between 30 million and 50 million people worldwide. Bear in mind, we said before that the COVID-19 pandemic outbreak has caused, at this point, seven million deaths, the Spanish flu caused five times the level of deaths in a population that was a fraction of what it is today. I can see that we just ticked over to eight billion people. At that point, I think we were closer to a billion. The proportion of deaths was significantly higher.

Interestingly, most countries, including Australia, put restrictions on travel in place and impinged upon people’s personal freedoms. Why did they do that? Because great swathes of the population were dying. Worldwide, 30 million to 50 million people worldwide died. I think there are estimates of 15 000 to 20 000 in Australia, but it might be hard to tell. Again, this was at a time when the Australian population was relatively small. The difference in those numbers and the difference in control is about vaccination. Vaccination protected the vast majority of the community from the COVID pandemic. From 1919 to 1922 when the Spanish flu was running rampant around the world, there was no vaccine. There was no opportunity to be vaccinated. A person’s only chance to attain immunity was to become infected.

The difference is the vaccine, but it is absolutely the case that governments then, state and federal, implemented restrictions and controls for the protection of the community. Governments recently implemented restrictions and controls for the protection of the community. I will happily have a debate with Hon Dr Brian Walker about the effectiveness and efficiency of those, which ones I thought were reasonable and which ones probably were not as successful as others.

Like I say, I think there were business impacts. Some of the federal rollouts were not bad. Some of the state rollouts for health were reasonable, but I think business support was average. Which ones worked and which did not is the debate we could be having, and probably should have naturally fallen out of the motion before the house. However, the concept proposed in Hon Ben Dawkins’ contribution was not that. It undermined the entire process of implementing restrictions, and cast doubt upon the effectiveness of the vaccination process and isolation itself. He trumpeted this issue that he referred to as “the rights of the individual”, but only for a very tiny section of the community. Perhaps it is the section of the community he thinks will save his political career. I suspect it will require a lot more than that group of people to save him.

In the 2021 election, the Liberal Party raised a few gentle doubts about the efficiency of the vaccine rollout, but it was never opposed to it. We had significant debates in this house. We were never opposed to the vaccine rollout or the restrictions applied. We always accepted the health advice and the science of immunology. I conducted numerous debates along those lines in this house. We still got smashed at the 2021 election, in part because the people of Western Australia actually liked the actions of government—I think unfairly. I think the government took credit for a lot of the work of the Chief Health Officer. It implemented the advice of the Chief Health Officer adequately. I give them a pass mark—not a conceded pass—but in the old one to seven university category, I would give the government a four. I think it did okay. However, the people of Western Australia made very plain what they thought—about the vast majority of them.

The motion itself is fine. Like I say, Hon Ben Dawkins should have moved this motion and sat down. Everything after he moved the motion was the problem. If, at that point, we were simply debating that effect, that would have

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Hon Ben Dawkins; Hon Wilson Tucker; Hon Stephen Dawson; Hon Dr Steve Thomas; Hon Dr Brian Walker;
Hon Kate Doust

been fine. However, his contribution picked this one small group—some of whom are friends of mine—who refused to get vaccinated and are still very angry, some who lost their jobs and are still very angry. He is right; that small group is angry. He can plug into them all he likes, but that will not continue his political career, despite his best efforts. He is better off putting an application back in for membership with the Labor Party, in my view. He might stand a better chance.

Point of Order

Hon BEN DAWKINS: Hon Dr Steve Thomas is just banging on about political stuff in the background. It is not relevant.

THE DEPUTY PRESIDENT (Hon Martin Aldridge): Member, the first thing I would say is that raising a point of order is an opportunity to continue the debate, but there is no point of order of relevance. It is quite a wideranging motion, as he would appreciate, but I will continue to monitor the remarks of the Leader of the Opposition.

Debate Resumed

Hon Dr STEVE THOMAS: There is one for the end-of-year speech.

To sum up, I did not intend to speak for this long, but some of the debate this afternoon could not go unchallenged and uncommented on by somebody who actually understands immunology and science. I think that was important. The motion initially put before the house was very reasonable, which was then corrupted in this effort as it was. May I say, supporting the motion—which we may well do—should not be interpreted in any way, shape or form as supporting the comments of Hon Ben Dawkins in his contribution after he moved the motion. Large swathes of that was just nonsense. Whether it was amended by the government to commend the report or not probably is also immaterial. I think the chamber needs to move on from the debates that we had two or three years ago to the debates that we probably should have today. This is because, as I have said in this chamber before, at some point another pandemic will come along. There will be another pandemic, because when the population increases, simple science says there will be an increase in exposure to viruses, and viruses will jump species. Perhaps the debate should be about how we handle the next one. What have we learnt from this pandemic and how can we do it better? I can tell members, as we go through it next time, we will probably have the same old arguments all over again. That would be a really sensible debate to put before the house because it will arrive; it is inevitable. That is the debate we potentially should be having. The debate before the house today goes nowhere, achieves very little and the honourable member might think it assists his re-election campaign, but if that is the case, all I can say is good luck to him.

HON KATE DOUST (South Metropolitan) [2.55 pm]: I rise to make some comments on the amended motion before us today. I find myself agreeing with Hon Dr Steve Thomas on a whole number of fronts.

Hon Dr Steve Thomas: That's dangerous.

Hon KATE DOUST: Yes, I know! The one thing I would say is that he is correct. This motion is innocuous in its language, but the commentary behind it is not. Quite frankly, it could have been much more targeted. If it was indeed going to talk about the physical and employment impacts of vaccinations, perhaps it could have been a lot clearer. We saw COVID-19 dance around Europe and the world change almost overnight. I was travelling with my husband at the beginning of January 2020. As it turned out, we went to all the COVID hotspots and by the time we arrived home on 1 February, within a couple of weeks, the place was empty. The world had changed.

Hon Stephen Dawson already referred to that visual of hospitals overflowing, the lack of facilities, the high rate of death, and the burials on Ellis Island in New York City. These were visuals that we had not anticipated seeing. The world changed dramatically almost at the flick of a switch. We were dealing with a disease that kept morphing into something different. It was an absolute challenge for scientists and medical operators to keep up with those changes, and come up with the appropriate formula. I think it is a blessing that the researchers were able to come up with an appropriate vaccine in a relatively short space of time.

I say to Hon Dr Brian Walker, in his reference to thalidomide, that it is a different world. That drug had a different purpose. It was not a widespread mandated drug. My mother used thalidomide when she had me, so I am just very fortunate—some of my friends were not. It is a different world, so I think we should be grateful to those drug companies and pharmaceuticals that were able to provide us with a range of vaccines in such a short space of time.

We saw a range of other changes that led to how we managed to deal with this situation at a localised level. We saw democracy change and a shift in the manner in which decisions were taken. We saw the executive of government step up and take a much stronger role in decision-making. We saw Parliaments accede to that because they acknowledged the necessity for quick decisions. We saw that happen here in our own state. At that point in time, we had seven political parties and an Independent and we saw those people working together. Those seven parties came to the table with the Independent, reached decisions, and agreed to change the way we did business in this

house, restrictions on debate, and who could speak. It was a different beast. We got through 15 specific COVID pieces of legislation over that period in 2020. In fact, I stand to be corrected. I think 10 or 11 COVID-specific bills were read in and dealt with over a period of two weeks. I remember we sat an additional period of time. I think we sat through a school holiday, which we have never done before. The discipline of the members in this chamber was incredible. They all knew that they had to act in the best interests and for the common good of everybody in this state to try to resolve the issues that arose as a result of COVID entering our state. I think the report that was handed down validates the decisions that were made. Hon Dr Steve Thomas is right; the government's response was not perfect. I do not think anyone anywhere in the world could say that they ticked all the boxes when dealing with COVID. This report identified a range of areas for improvement—how to communicate and how to reduce the misinformation that was used by certain parties in some places to scare people and to drive them away from the idea of vaccination. I think about how that was managed in some of the Indigenous communities in the north west.

Hon Dr Steve Thomas: That was horrendous.

Hon KATE DOUST: Absolutely. We need to consider the use of data sharing across departments and identify gaps in our legislation and not have the quick-fix bandaid approach that we had during the pandemic, when everything was changing. I felt for the leadership of our state during that period because things were different almost on a daily basis. There was no continuity and no certainty about what would happen the next day. That was an extremely difficult period. I say to Hon Dr Brian Walker that hindsight is indeed a wonderful thing. The decisions that were made in this place were made in the best interests of the community at that point in time based on the information at that point in time. Honourable decisions were made by people in this place.

I want to deviate and thank all the members who are still here for the work they put in and the collaboration that we saw. We probably will not see that again. I also want to acknowledge the role that our staff in this building played. It was also a particularly tough time for them. Some staff members were vulnerable given their health issues. We had to accommodate them.

That leads me to the issue of mandatory vaccinations. I acknowledge that a number of people in our community had great difficulties during the pandemic. I reacted extremely badly after my first vaccination; it knocked me out for a few days. I must say that getting COVID was so much worse. I am happily vaccinated now—five times. I would very eagerly stick out an arm and say, “Give me the needle that I need”, because I do not want to get ill.

The issues around vaccination are challenging. The idea of mandating vaccination would have been a significant decision for this government to make—not a light decision. We were dealing with different types of ethical decisions. It is an ethical decision when we consider how we weigh up the interests of the individual that Hon Ben Dawkins spoke about. I do not agree with him; I do not think the rights of the individual should supersede the common good for everybody. I think it should be the other way around. In times of a pandemic, we have to act in the best interests of everyone. Individual rights will be superseded because we have to ensure that we look after the most vulnerable people in our community.

Hon Dr Steve Thomas: Who have their own set of rights.

Hon KATE DOUST: Yes, indeed, they have their own set of rights. I think that is where the government came to. In a 2022 report, the World Health Organization said that all the alternatives need to be taken into account when making decisions about whether vaccination is mandated. We have to question whether the alternatives are working. If they are not, we have to make that hard decision in the best interests of all individuals in our community. At that point our government put in place all the alternatives. Unfortunately, vaccinations were rolled out nationally later than they could have been. That is a whole other debate. Perhaps the take-up was not as rapid as hoped. It would have been essential to ensure that frontline workers were protected so they would not get COVID. I think those decisions were significant; they were made in the best interests of people.

We could look at the work of some bioethicists. I read an article written by Julian Savulescu from the University of Oxford headed “Good reasons to vaccinate: Mandatory or payment for risk?” He likes the idea of paying people. Maybe that is too challenging. He said —

Mandatory vaccination, including for COVID-19, can be ethically justified if the threat to public health is grave ...

Let us face it, colleagues; it was indeed grave. The article continues —

... the confidence in safety and effectiveness is high, the expected utility of mandatory vaccination is greater than the alternatives, and the penalties or costs for non-compliance are proportionate.

Margaret Somerville, a bioethicist at the University of Notre Dame, also spoke about the complexity of dealing with a grave situation in which we have to find the balance between the rights of the individual and the rights of the broader community. She said that when the risk of serious harm to health outweighs the individual's right, as the

member referred to when talking about physical autonomy, she said that it is a situation in ethics called “a world of competing sorrows”. It is a really tough decision to make. If there is no alternative, we have to err on the side of greatest protection of the vulnerable in our community, and that is what the Western Australian government did at that time. That is reflected in the report that was handed down recently, which identified 35 recommendations, acknowledging what happened. It identified opportunities for change. I note that the government has accepted all 35 recommendations. There is a piece of work to be done.

Hon Dr Steve Thomas is right; we are already seeing a range of literature in which people talk about the next pandemic. We have recently seen a spike in COVID cases erupting around our country; perhaps it is a new variant. I do not know whether it has been given a name yet, as were all the others. I will pull up some statistics because I think they pick up on what Hon Dr Steve Thomas was saying earlier. These are not from the ABS but from another organisation. As at 22 August 2022, 81.2 per cent of people in Western Australia had three vaccinations; 98.1 per cent of people had two doses; and 99.6 per cent of people had one dose. Quite frankly, that difficult decision to go down the pathway of mandatory vaccination worked. That is an outrageously high level of vaccination compared with anywhere in the world. If we check the comparison of deaths across Australia, Western Australia had the lowest rate of death. Once we opened the doors and our borders went down, our numbers went up, but that was natural once we started circulating again. The only time I have had COVID was the first time I left Western Australia—in July of that year. I went to a family event. It was one of those cluster occasions when we all came away with a gift that we did not expect. That was well and truly after the borders were opened.

It is really good to have discussions about how these things were managed because they should be seen as a learning tool. The review that the government received will possibly be one of many. We can break these things down into chunks and go away and do an enormous amount of research on every aspect. I note an article in *The Sunday Times* on the weekend referred to the physical impact of COVID on a number of people who live in Perth. I refer to Jeremy Nicholson, who heads the Australian National Phenome Centre based in my electorate. He is an amazing scientist and researcher. Unfortunately, Jeremy contracted COVID in the very early stages—I think in 2019 or 2020. He said that the impact on him physically was such that he now has diabetes and liver damage, things that he never had before. COVID presents differently in every person. If someone has an underlying issue, it could exacerbate it. The challenge for the government was that if it allowed people to voluntarily vaccinate, the numbers would be lower and there would be a higher propensity of a significant death rate and a significant number of people would possibly have other health issues if they were not vaccinated, or should it have compelled people to be vaccinated and look after themselves and reduce both of those capacities? I think the government made the right decisions with its legislation in each of those situations, and it made them in the best interests of all Western Australians—the collective good, rather than the individual rights.

Hon Ben Dawkins interjected.

Hon KATE DOUST: I think those are issues that we can deal with in a different situation. I agree with Hon Dr Steve Thomas: the member needs to be very, very careful about trying to get his 2.8 per cent to stay in this chamber. He needs to target his motions. He actually needs to do his homework. I will give him a big tip: if he is running something like this, he should stay in the chamber and actually listen to what people have to say and be respectful of his colleagues in here. These are significant issues. Our constituents had to bear the brunt of these issues. They had to deal with the lockdown, changes to employment and changes to their lifestyle. There were impacts on people’s health and the health of their families; this was, indeed, a dark period for all of us in Western Australia and my view is that the government managed it in the best possible way it could during an extremely difficult time in the best interests of the whole state and the common good. That is really how governments should make decisions in situations as dire as the COVID-19 pandemic in 2020 through to 2022.

I still have another minute; oh, joy! I thought I had to finish.

A plethora of research has been done. It will spark up a whole new industry about every particular element of COVID-19. There will be legal cases and points of law around how things are managed. There will be challenges. Every country will have managed this differently. It was managed differently even within Australia. I remember attending a conference in Italy last year; we were talking about the impact of COVID-19 on a number of countries. There was an ethicist from Stanford University talking about Australia in general and about how we had these outrageously high death rates and the impacts upon us; he was an anti-vaxxer. I took the opportunity to stand up at this conference and talk to him about how the government had made these tough decisions that ultimately afforded every citizen in Western Australia full protection of their health and wellbeing. The government acted in their best interests; they were not popular decisions, but they were successful.

HON BEN DAWKINS (South West) [3.12 pm] — in reply: I accept everything Hon Kate Doust and Hon Dr Steve Thomas have said about this issue insofar as, yes, it is about individual rights versus the collective good. I think Hon Dr Sally Talbot is a philosopher, and she would say that it is about utilitarianism versus deontology, perhaps.

Extract from Hansard

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Hon Kate Doust

When are blanket rules and harm to individuals justified by the greater good? Honourable members have been talking about this issue, and that is where this debate needs to be.

However, I differ from them in the sense that I do not think the harm was justified by the greater good, and I will tell members why: the outcomes for people whose employment was terminated because apparently they did not follow a lawful direction to be vaccinated. These are police and nurses, and these issues are ongoing in the courts. Failing to have a vaccine should not be a failure to comply with a lawful order, or whatever the words are under employment law. Those people could have been relocated or redeployed at home on some form of JobKeeper-type thing.

Hon Kate Doust: Not everyone has that capacity.

Hon BEN DAWKINS: Yes, they do. I spoke about Julie from my electorate whose employment was terminated for not being vaccinated. She worked for 23 years in the WA public health system and had a lot of expertise.

Hon Dr Steve Thomas: Some people were relocated.

Hon BEN DAWKINS: If the member will just let me finish. Julie could have been redeployed writing up training manuals at home. Even if she had not been, why terminate her employment and destroy her career and life, when the honourable member's argument that it was to protect other people was also untrue? It did not actually stop transmission; it may have prevented deaths.

Several members interjected.

Hon BEN DAWKINS: We are talking about transmission; it has to be transmitted for —

Several members interjected.

The DEPUTY PRESIDENT: Order! Hon Ben Dawkins, when I call order, all members come to order. Hon Ben Dawkins has very limited time in which to respond, so I ask that he be heard in silence.

Hon BEN DAWKINS: The flaw in Hon Kate Doust's argument that forcing people to get the vaccine was justified by the greater good is that it did not actually stop the transmission. That is the only way that someone can protect someone else—by not transmitting it, and that did not actually happen.

Several members interjected.

Hon BEN DAWKINS: No, I have heard about not stopping transmission from other members, including Hon Dr Brian Walker, and from some of the reports. AstraZeneca did not even look at whether it affected transmission, so that was not a valid reason. Those people were not being protected by that.

The motion is fine as it is because it refers to some individuals being harmed. It acknowledges that the overall outcomes were good, but that is the precise reason for having these debates. I am advocating for the people who were harmed, who lost their jobs and who were forced into getting the vaccine and experienced adverse events as a result. It is fine for me to highlight those things, because those are people in my electorate. The future of the Liberal Party is really dire if its members do not understand individual freedoms and how they could have been maintained.

Several members interjected.

The DEPUTY PRESIDENT: Order, members!

Hon BEN DAWKINS: I think my friends in the Libertarian Party—I am not a member—should nominate for election to Parliament right now, because Liberal members do not understand individual freedoms and bodily autonomy in the way they should. In any case, we did not even need to go there, because people should not have been sacked. That was my point. My point is that under employment law, people should not be sacked just for wanting to maintain their bodily autonomy. That is my point. There were alternatives to that. The ends did not justify the means; there were alternatives to that.

Question put and passed.