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FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING
Mr Johnathan Davis MLA (Chair), Mr James Milligan MLA (Deputy Chair),
Mr Michael Pettersson MLA

Submission Cover Sheet

Inquiry into Public Health Amendment Bill 2021 (No 2)

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Animal Defenders Office

Using the law to protect animals

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Standing Committee on Health and Community Wellbeing
ACT Legislative Assembly
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Dear Sir/Madam

Submission to the inquiry into the Public Health Amendment Bill 2021 (No 2)

Thank you for the opportunity to provide comments to the inquiry into the Public Health Amendment Bill 2021 (No 2) (**the Bill**). Our comments on the Bill are set out below.

About the Animal Defenders Office

The Animal Defenders Office (**ADO**) is a community legal centre that specialises in animal law. The ADO is incorporated in the Australian Capital Territory (**ACT**). The ADO is a registered charity¹ and a member of Community Legal Centres Australia Inc. The ADO's office is located in the ACT.

The ADO's mission is to use the law to protect the interests of animals and to enable compassionate choices for humans.

COMMENTS ON THE BILL

Background

The Bill proposes various measures in response to the disease known as COVID-19, caused by a 'novel coronavirus'.² The disease first came to international attention in December 2019.³ In March 2020 the World Health Organization (**WHO**) declared the ensuing worldwide outbreak of COVID-19 to be a global pandemic.⁴

The zoonotic basis of the coronavirus was identified soon after it emerged on the global scene.⁵ The coronavirus was quickly recognised as one of many diseases to spread to humans as a result of our

¹ The ADO is registered with the Australian Charities and Not-for-profits Commission: <https://www.acnc.gov.au/charity/charities/62914a9b-3aaf-e811-a962-000d3ad24a0d/profile>.

² The Bill's Explanatory Statement (**ES**) p 3.

³ World Health Organization (**WHO**), 'Origin of SARS-CoV-2', 26 March 2020, https://apps.who.int/iris/bitstream/handle/10665/332197/WHO-2019-nCoV-FAQ-Virus_origin-2020.1-eng.pdf. ES p 3.

⁴ WHO, 'WHO Director-General's opening remarks at the media briefing on COVID-19 – 11 March 2020', <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>. ES p 3.

⁵ See for example John S Mackenzie and David W Smith, 'COVID-19: a novel zoonotic disease caused by a coronavirus from China: what we know and what we don't', *Microbiology Australia*, 2020 Mar 17,

use of animals. By April 2020 mainstream media such as the New York Times was describing how: '[t]he coronavirus arose in animals and jumped the species barrier to humans and then spread with human-to-human transmission. This is a common phenomenon.'⁶ This theory of the origins of the coronavirus is still accepted today.⁷

Public health responses to the pandemic by governments have not focussed on the zoonotic origins of the disease. Instead, governments have introduced various public health and social measures, including test, trace, isolate and quarantine measures, to deal with the consequences of the disease. In particular, governments have relied heavily on vaccines as part of their response to the pandemic. The first COVID-19 vaccine became available for use in Australia in October 2020.⁸ Affluent countries are now promoting a fourth round of vaccines to deal with new and persistent variants of the virus and the waning efficacy of the previous vaccines.⁹

The vaccines approved for use in Australia have been granted provisional registration by Australia's Therapeutic Goods Administration (TGA).¹⁰ This means the approval process is based on 'preliminary clinical data' to enable speedy approval, rather than 'a complete and comprehensive package of data' followed by a 'formal evaluation... carried out in multiple stages by technical experts' before a decision to approve (or not approve) is made.¹¹

The ADO notes that little information is readily available about the use of non-human animals for research and testing purposes in the development of the vaccines, or the use of animal products in the production of the vaccines.¹² This is of serious concern to humans who wish to minimise human-inflicted harm on other animals and who make compassionate life choices on that basis.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7086482/>. See also WHO, 'Origin of SARS-CoV-2', 26 March 2020, FN 3 above.

⁶ David Benatar, 'Our Cruel Treatment of Animals Led to the Coronavirus', *New York Times*, 13 April 2020: <https://www.nytimes.com/2020/04/13/opinion/animal-cruelty-coronavirus.html>.

⁷ 'Pandemic Mystery: Scientists Focus on COVID's Animal Origins', *US News*, 10 December 2021, <https://www.usnews.com/news/health-news/articles/2021-12-10/pandemic-mystery-scientists-focus-on-covids-animal-origins>.

⁸ Therapeutic Goods Administration (TGA), 'COVID-19 vaccine provisional determinations', 20 December 2021, <https://www.tga.gov.au/covid-19-vaccine-provisional-determinations>.

⁹ 'Israel offers fourth dose of COVID-19 vaccine to people aged over 60 years, medical workers, to fight Omicron', *ABC News*, 3 January 2022, <https://www.abc.net.au/news/2022-01-03/israel-offers-fourth-dose-of-covid-vaccine/100735462>; 'Spain to offer fourth dose to vulnerable' *The Guardian*, 14 January 2022, <https://www.theguardian.com/world/live/2022/jan/14/covid-live-news-poorer-nations-forced-to-reject-100m-near-expired-coronavirus-vaccines-spain-to-offer-fourth-dose-to-vulnerable>.

¹⁰ See the TGA: 'Normally for a vaccine to be registered in Australia, a sponsor (usually a pharmaceutical company) is required to submit a complete and comprehensive package of data to the TGA. A formal evaluation is then carried out in multiple stages by technical experts, prior to a decision being made. The provisional pathway provides a formal and transparent mechanism for speeding up the registration of promising new medicines with preliminary clinical data.' <https://www.tga.gov.au/covid-19-vaccine-provisional-determinations>.

¹¹ Ibid.

¹² There is limited government information about these issues. See for example: 'Is it true? Does the Vaxzevria (AstraZeneca) vaccine contain animal DNA?', TGA, 4 September 2021, <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/is-it-true/is-it-true-does-the-vaxzevria-astrazeneca-vaccine-contain-animal-dna>. The article confirms that '[t]he AstraZeneca vaccine uses a chimpanzee adenovirus vaccine vector.' There are also general reports about the use of the blood of horseshoe crabs in the production of vaccines:

The current regulatory framework in the ACT

Shortly after the WHO declared COVID-19 to be a global pandemic in March 2020, the ACT Minister for Health declared that a public health emergency existed in the ACT due to the ‘public health risk to the ACT community posed by coronavirus disease 2019 (COVID-19)’.¹³ The declaration was made under Part 7 of the *Public Health Act 1997* (ACT) (**the Act**). Part 7 deals with ‘public health emergencies’. Under Part 7, the chief health officer:

may take any action, or give any direction, the chief health officer considers to be necessary or desirable to alleviate the emergency specified in the declaration.¹⁴

The Act stipulates that the chief health officer must be ‘a public servant and a doctor’.¹⁵ These prerequisites indicate that, professionally, the person filling the role is both a medical expert and politically neutral.

Since the emergency declaration, the chief health officer has made several ‘emergency directions’. At the time of writing this submission several emergency directions relating to COVID-19 are in effect including the following:

Public Health (Check In Requirements) Emergency Direction 2021 (No 4)

Public Health (Mandatory Face Masks) Emergency Direction 2021 (No 7)

Public Health (Disability and Other Care Workers COVID-19 Vaccination) Emergency Direction 2021

Public Health (Aged Care Workers COVID-19 Vaccination) Emergency Direction 2021 (No 2)

Public Health (ACT School or Early Childhood Education and Care Workers COVID-19 Vaccination) Emergency Direction 2021 (No 2)

Public Health (Diagnosed People and Household Contacts) Emergency Direction 2022 (No 2)

The Bill

In essence, the Bill proposes to move responsibility for COVID-19 public health and social measures from the chief health officer to political entities such as the Minister and the Executive. It proposes to do this by treating COVID-19 as a public health *management* issue, rather than a public health *emergency*.¹⁶ According to the Bill’s Explanatory Statement (**ES**), the rationale for this change in approach is that the public health risks presented by the pandemic fall short of a public health emergency and the ACT is on its way to ‘COVID-19 normal’.¹⁷

<https://www.nhm.ac.uk/discover/horseshoe-crab-blood-miracle-vaccine-ingredient.html>, and shark liver oil or ‘squalene’: <https://www.pharmaceutical-technology.com/features/covid-19-vaccines-animal-free-alternatives-shark-squalene/>.

¹³ *Public Health (Emergency) Declaration 2020 (No 1)*, 16 March 2020.

¹⁴ Section 120(1) of the *Public Health Act 1997* (ACT) (**the Act**).

¹⁵ The Act, s 7(2).

¹⁶ The Bill, clause 6; ES p 59.

¹⁷ ES p 27.

According to the ES this change in approach to the pandemic is justified because of the following factors:

- by November 2021, the ACT had achieved vaccination of a high proportion of the ACT population;¹⁸
- public health restrictions have been progressively eased;¹⁹
- the epidemiological situation is currently stable and there has not been a surge in cases despite eased restrictions;²⁰ and
- public health measures in place at the time the Bill was drafted (such as contact tracing, and testing by polymerase chain reaction (PCR) tests) were ‘valuable and effective’ in ‘limiting the potential spread of COVID-19’.²¹

The Bill proposes that in the new ‘COVID-19 normal’, political entities should be able to decide to implement the following so-called ‘baseline’ public health management measures:²²

- preventing or limiting entry to an area or into the ACT;
- regulating gatherings, whether public or private;
- requiring the use of personal protective equipment;
- regulating the carrying on of activities, businesses or undertakings;
- requiring the provision of information, including information about the identity of a person, or the production or keeping of documents; and
- requiring individuals to be vaccinated to:
 - engage in particular work;
 - work at a particular workplace;
 - engage in a particular activity; and
 - gain access a particular place.

The ADO has concerns about the rationale underpinning the measures proposed in the Bill, and about some of the measures themselves.

Concerns

False premise of the Bill—stable epidemiological situation

The ADO submits that the proposed changes in the Bill are based on a false premise. Far from scaling down, the pandemic appears to be increasing in scope and severity in the ACT and Australia.²³ As

¹⁸ ES p 4.

¹⁹ Ibid.

²⁰ ES p 26.

²¹ ES pp 22, 26.

²² The Bill, proposed new Part 6C ‘Public health measures—COVID-19’; ES pp 4-6.

²³ An example from the headlines on the date of this submission: ‘COVID adds strain to ACT Ambulance Service claims Transport Workers’ Union’, *The Canberra Times*, 14 January 2022, <https://www.canberratimes.com.au/story/7579755/act-paramedics-stretched-as-covid-19-increases-demand-union/>; in general see ‘COVID-19 statistics’, ACT Government, <https://www.covid19.act.gov.au/home>. See also ‘Australia COVID-19 infections hit record amid runaway Omicron outbreak’, *Reuters*, 13 January 2022, <https://www.reuters.com/business/healthcare-pharmaceuticals/australia-covid-19-infections-hit-record-amid-runaway-omicron-outbreak-2022-01-13/>; ‘Coronavirus (COVID-19) case numbers and statistics’, Australian

with the previous variant 'Delta', the current variant 'Omicron' is changing the nature of the public health emergency. As recognised in the Bill's explanatory material, this variant had been identified only 'shortly before the preparation of this explanatory statement.'²⁴ Since the Bill and its explanatory material were released, numbers of infections have skyrocketed. Just a fortnight ago, NSW was reported as having one of the world's highest infection rates.²⁵ This has had a devastating impact on supply chains and workforces in general.²⁶ Previous health measures regarded as critical in the fight against COVID, such as universal PCR testing and contact tracing,²⁷ and strict isolation requirements,²⁸ have been discarded. Masks that were previously relied upon are now regarded as ineffective in preventing the transmission of the COVID-19 Omicron variant.²⁹ Existing vaccines and dosages are also emerging as ineffective against the new variant,³⁰ as more daily deaths of vaccinated as opposed to unvaccinated persons are reported.³¹

Given the ongoing uncertainty and changing nature of the Coronavirus, and the unprecedented public health risks and challenges it presents, the ADO submits that dealing with these public health challenges should be left in the hands of medical and scientific experts, rather than given to politicians. The proposal to allow politicians to make decisions that hitherto, and for good reason, have been the domain of medical experts, should not be introduced in the middle of what is still regarded as an unprecedented global public health emergency. Recent developments with the

Government Department of Health, <https://www.health.gov.au/health-alerts/covid-19/case-numbers-and-statistics>.

²⁴ ES p 14.

²⁵ 'Australia's Covid surge in four charts: NSW now has one of world's highest infection rates', *The Guardian*, 31 December 2021, <https://www.theguardian.com/australia-news/datablog/2021/dec/31/australias-covid-surge-in-four-charts-nsw-now-has-one-of-worlds-highest-infection-rates>.

²⁶ 'How Omicron is shutting down huge swathes of Australia's economy' *ABC News*, 13 January 2022, <https://www.abc.net.au/news/2022-01-13/covid19-omicron-economy-supply-chains-workers-rats/100753740>.

²⁷ ES p 22: 'Testing for COVID-19 is predominantly done using a polymerase chain reaction (PCR) test of saliva samples or nasal swab' and 'contact tracing... is a valuable and effective method of identifying and thereby limiting the potential spread of COVID-19'; whereas: 'Positive rapid antigen test results now accepted to confirm COVID-19 cases', ACT Government, 8 January 2022, <https://www.covid19.act.gov.au/news-articles/positive-rapid-antigen-test-results-now-accepted-to-confirm-covid-19-cases>, and people who test positive 'should tell people they live with that they have tested positive': <https://www.covid19.act.gov.au/stay-safe-and-healthy/exposed-to-covid19>; see also 'ACT contact tracing changes to focus on those at highest risk', *The Canberra Times*, 24 December 2021, <https://www.canberratimes.com.au/story/7562845/act-contact-tracing-efforts-to-focus-on-those-at-highest-risk/>.

²⁸ 'National cabinet agrees to include more workers in COVID isolation exemptions', *ABC News*, 13 January 2022, <https://www.abc.net.au/news/2022-01-13/national-cabinet-workers-covid-isolation-exemption-expanded/100753788>.

²⁹ 'Expert says ditch cloth masks, replace with N95s', Isobel Roe, *The World Today* (ABC), 12 January 2022, <https://www.abc.net.au/radio/programs/worldtoday/expert-says-ditch-cloth-masks-replace-with-n95s/13703156>; 'Epidemiologist Mary-Louise McLaws explains masks' effectiveness against COVID's Omicron variant', *The Canberra Times*, 14 January 2022, <https://www.canberratimes.com.au/story/7579535/are-our-face-masks-up-to-scratch-against-omicrons-rapid-spread/>.

³⁰ This is acknowledged in the ES p 14: 'There also remains a possibility that the degree of protection afforded by current vaccines may prove to be less effective against COVID-19 variants of concern.'

³¹ *COVID-19 (Coronavirus) statistics*, 12 January 2022, NSW Health (NSW Government): 'Of the 21 people who died ... eight were not vaccinated'; see also *ABC TV News*, 11 January 2022, (11 deaths in NSW, 9 fully vaccinated, 2 unvaccinated), <https://iview.abc.net.au/video/NU2204C009S00>; and 'Double-vaccinated Canberra man dies of COVID-19 in Sydney', *The Canberra Times*, 6 January 2022, <https://www.canberratimes.com.au/story/7571947/young-double-vaccinated-canberra-man-dies-of-covid-19-in-sydney/>.

Omicron variant that post-date the Bill have shown that the ACT is far from knowing what a 'COVID-19 normal' would look like. With this in mind, it could be said that the Bill manages to be both premature and out-of-date at the same time. It cannot be said to reflect the present situation accurately. As such, the Bill should not be passed. It is not the time to change fundamentally the legal framework in which government responses to the 'significant risk to public health and safety'³² that we are still facing are made.

The Bill is unnecessary—the desired measures are already in place

The ADO also submits that the Bill is unnecessary. The Bill's explanatory statement acknowledges that 'COVID-19 remains a global pandemic' and 'is likely to continue to constitute a serious risk to public health.'³³ Yet two years into the declared public health emergency, the existing regulatory framework continues to meet the challenges presented by the evolving situation.³⁴ There is no evidence that the existing framework is incapable of dealing with the concerns that motivate the passage of the Bill. The explanatory material does not claim this. It does not state that the current framework is 'broken'. And as the adage goes, what is not broken does not need to be fixed.

The ADO submits that the Bill should not be passed on the grounds that its proposed changes are unnecessary.

The Bill contains insufficient safeguards to ensure the 'significant' limitations on human rights are proportionate

The ES states that the Bill is a 'Significant Bill'. It explains that 'Significant Bills are bills that have been assessed as likely to have significant engagement of human rights...'³⁵

The ES acknowledges that the Bill's greatest impact on human rights is creating the power to require vaccinations against COVID-19 and to impose restrictions on persons who are not vaccinated.³⁶ It states that there is 'the potential for a large portion of the population to be directly affected by the exercise of powers under part 6C',³⁷ and that the decisions the new Part would allow 'may have broad impacts and may significantly engage and limit human rights across society'³⁸. It acknowledges that:

Clearly any requirement that mandates vaccination engages the right to protection from medical treatment without free consent contained in section 10(2) of the [*Human Rights Act 2004* (ACT) (HR Act)] HR ACT, just as an exclusion from a place, activity, or form of employment on the basis of being unvaccinated engages the right to equality (s 8 HR ACT).

³² ES p 30.

³³ ES p 14. See also ES p27: 'a significant public health risk is still presented by COVID-19 such as to warrant strong and decisive public health measures.' ES p 30: '...the scale of the risk remains substantial, the morbidity rate for those who develop serious illness is substantial, and the incident of cases despite high vaccination rates retains the potential to place a dramatic burden on the ACT's health system.'

³⁴ This is acknowledged in the ES p 27: 'The measures implemented under public health emergency directions since the beginning of the pandemic have proven to be largely successful...'

³⁵ ES p 3.

³⁶ ES p 28.

³⁷ ES p 59. Part C of the Bill contains the proposed new COVID-19 measures.

³⁸ ES p 7.

It is also recognised that requiring vaccination in order to access a place will engage the right to freedom of movement, just as being unable to engage in particular types of work or work in certain locations unless vaccinated engages the right to work in section 27B of the HR ACT.³⁹

The ES claims that the Bill introduces ‘sufficient and comprehensive’ safeguards against the exercise of these significant powers.⁴⁰ The ADO disagrees. The protections contained in the Bill are weak, and in other important areas, non-existent. In particular:

- There is little evidence that ‘any less restrictive means reasonably available to achieve the purpose the limitation seeks to achieve’ have been considered, especially in relation to vaccination directions such as frequent RAT testing and/or deployment (s28(2)(e) HR Act)
- While a vaccination direction would be a disallowable instrument,⁴¹ providing for a slow and inherently political process *after* the declaration has been given legal effect is an extremely limited safeguard. It has no impact on the power to make the declaration in the first place and is merely the minimum expected of all government action—that is, to be transparent after the fact.
- The ES states that the Division allowing vaccination directions to be made (proposed Division 6C.5) ‘is intended to ensure that only certain high-risk work, activity or places be targeted by a vaccination direction’.⁴² Yet there is nothing in the Bill itself that limits the power to make vaccination directions in such a way.

This lack of adequate safeguards relating to the exercise of vaccination direction powers under Part 6C.5 of the Bill is also concerning because general vaccination *directions* (ie mandates) are arguably unnecessary in the ACT. The ES notes that the ACT already has ‘very high rates of vaccination’ and an ‘excellent vaccination coverage’.⁴³ The Government has not explained why vaccination directions would be necessary when statistically almost 100% of people in the ACT have already been vaccinated.⁴⁴ Furthermore, the ES acknowledges the ‘possibility that the degree of protection afforded by current vaccines may prove to be less effective against COVID-19 variants of concern’ such as the Omicron variant that is currently wreaking havoc across Australia.⁴⁵

The ADO also notes that in over two years of a declared public health emergency, vaccination mandates have been ordered by the chief health officer in very limited situations.⁴⁶ The power and ability to implement targeted vaccination mandates clearly already exists. The ADO submits that it is illogical to allow politicians to introduce them in a wide range of contexts supposedly when COVID-19 and the Coronavirus no longer constitute a public health emergency. These significant powers with acknowledged serious human rights infringements can in no sense be regarded as ‘baseline measures’ as claimed in the ES.⁴⁷ The ADO submits that it is difficult to fathom how a measure that is more draconian than anything used during a declared public health emergency can

³⁹ ES p 25.

⁴⁰ ES 59.

⁴¹ The Bill s 118Z(7).

⁴² ES p 50.

⁴³ ES pp 4, 26.

⁴⁴ At the time of writing 98.6% of the ACT population aged 12+ had received two doses of a COVID-19 vaccination: <https://www.covid19.act.gov.au/updates/act-covid-19-statistics>.

⁴⁵ ES p 14.

⁴⁶ *Public Health (Disability and Other Care Workers COVID-19 Vaccination) Emergency Direction 2021*, *Public Health (Aged Care Workers COVID-19 Vaccination) Emergency Direction 2021 (No 2)*, *Public Health (ACT School or Early Childhood Education and Care Workers COVID-19 Vaccination) Emergency Direction 2021 (No 2)*.

⁴⁷ ES p 4.

be allowed in a downgraded public health situation and authorised by politicians rather than medical science experts. This is especially concerning where a proposed COVID-19 Management Direction may be made even where there are no cases of the disease in the ACT, ‘either at all or for a period of time’⁴⁸.

Inadequate information and measures about exemptions

Another cause for concern is the lack of information about exemptions from a requirement to comply with a vaccination direction. Unlike for Ministerial and chief health officer directions⁴⁹, there is no detail in the Bill or its explanatory material about the grounds on which an application for a vaccination direction exemption may be made, requirements relating to a decision about an application, or administrative review of the decision. The Bill merely proposes that guidelines about applying for a person to be exempt, and exempting a person, from a requirement to comply with a vaccination direction be made.⁵⁰ Yet exemptions are a critical aspect of the proposed (potentially draconian) measure of vaccination directions. It is impossible to assess the proposed measure as a whole when crucial aspects of the measure are not available for consideration. This is particularly concerning given that exemptions are proposed as ‘an important safeguard’.⁵¹ Further undermining the claim to be a safeguard is the proposal that a vaccination exemption guideline will be only a ‘notifiable instrument’,⁵² meaning it will be subject to minimal scrutiny and accountability as it is not presented to the Legislative Assembly for disallowance and explanatory material is effectively optional⁵³.

No administrative review for vaccination direction exemptions—denial of natural justice

As mentioned earlier, the Bill does not allow internal or external review or administrative review in relation to an application for exemption from a requirement to comply with a vaccination direction.⁵⁴ The ADO submits that this failure to provide for administrative review amounts to a denial of natural justice and as such is unconscionable. It further emphasises the lack of safeguards for the proposed measure of politician-ordered vaccination directions and their significant infringements on human rights. It goes against everything a progressive government in a modern democracy should stand for. The ADO notes that other administrative decisions involving expert opinions, including medical, are subject to administrative review, such as visa decisions.

Need for exemption on grounds of recognised ethical principles

The ES suggests in passing that exemptions from vaccination directions would be allowed only on medical grounds.⁵⁵ There is nothing in the Bill itself to support this claim. If the Bill is passed and the Executive (made up of politicians) is given the power to make vaccination directions, the ADO strongly recommends that an exemption on compassionate grounds be allowed, and that this include where a person chooses not to be vaccinated because the only vaccines available contain animal products and/or have been researched using, or tested on, animals. Given the uniquely invasive nature of a vaccine, and the high likelihood that COVID-19 vaccines have been tested on animals and/or contain animal products, the ADO submits that an exemption based on a

⁴⁸ The Bill, proposed s 118O(3).

⁴⁹ The Bill, proposed Division 6C.6 (‘Exemptions’), Subdivision 6C.6.2-4.

⁵⁰ The Bill, proposed s 118ZM.

⁵¹ ES p 42.

⁵² The Bill, proposed s 118ZM(6).

⁵³ The Bill, proposed s 118ZM(4).

⁵⁴ ES p 57.

⁵⁵ ES p 50.

conscientious objection or a recognised ethical or philosophical principle is justified, especially if there are alternative measures available such as rapid testing and/or redeployment.

Lack of information about imposition of enforcement responsibilities on members of the public

Finally, the ADO notes that enforcement of vaccination directions is not dealt with in the Bill or discussed in the ES. Proposed section 118Z(1)(b) places the responsibility for enforcing vaccination directions on ordinary citizens, yet this onerous responsibility is not explained or justified. The ES moves from a discussion of par. (a) straight to par. (c) in section 118Z(1).⁵⁶ It provides no assistance in assessing this new and onerous requirement. This is important, as a vaccination direction effectively gives rise to an apartheid in its original meaning of 'separateness'.⁵⁷ This is unconscionable not only in and of itself, but also because it compels ordinary citizens to enforce a system of segregation imposed on the community by a small group of politicians.

Conclusion

For the reasons outlined in this submission, the ADO does not support the Bill in its current form. The ADO submits that the Bill should not be passed as it is based on a false premise and is unnecessary and disproportionate. If, however, the Bill is passed, the ADO recommends that an exemption to a vaccination direction be allowed on compassionate grounds, including due to recognised ethical principles opposed to the use of research animals or animal products in the testing and production of vaccines.

Thank you for taking these submissions into consideration.

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⁵⁶ ES p 50.

⁵⁷ The word comes 'from Afrikaans *apartheid* (1929 in a South African socio-political context), literally "separateness," from Dutch *apart* "separate" (from French *à part*...) + suffix *-heid*, which is cognate with English **-hood**. The official English synonym was *separate development* (1955)', *Online Etymology Dictionary*, <https://www.etymonline.com/word/apartheid>.