

**PARLIAMENT OF VICTORIA**

**PARLIAMENTARY DEBATES  
(HANSARD)**

**LEGISLATIVE ASSEMBLY  
FIFTY-NINTH PARLIAMENT  
FIRST SESSION**

**THURSDAY, 5 MARCH 2020**

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## **The Lieutenant-Governor**

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FIFTY-NINTH PARLIAMENT—FIRST SESSION**

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**Deputy Speaker**

Ms JM EDWARDS

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**Deputy Leader of the Parliamentary Labor Party and Deputy Premier**

The Hon. JA MERLINO

**Leader of the Parliamentary Liberal Party and Leader of the Opposition**

The Hon. MA O'BRIEN

**Deputy Leader of the Parliamentary Liberal Party**

The Hon. LG McLEISH

**Leader of The Nationals and Deputy Leader of the Opposition**

The Hon. PL WALSH

**Deputy Leader of The Nationals**

Ms SM RYAN

**Leader of the House**

Ms JM ALLAN

**Manager of Opposition Business**

Mr KA WELLS

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*Assembly:* Clerk of the Legislative Assembly: Ms B Noonan

*Council:* Clerk of the Parliaments and Clerk of the Legislative Council: Mr A Young

*Parliamentary Services:* Secretary: Mr P Lochert

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**FIFTY-NINTH PARLIAMENT—FIRST SESSION**

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Kilkenny, Ms Sonya	Carrum	ALP	Wynne, Mr Richard William	Richmond	ALP

**PARTY ABBREVIATIONS**

ALP—Labor Party; Greens—The Greens;  
Ind—Independent; LP—Liberal Party; Nats—The Nationals.

## Legislative Assembly committees

### **Economy and Infrastructure Standing Committee**

Ms Addison, Mr Blackwood, Ms Connolly, Mr Eren, Mr Rowswell, Ms Ryan and Ms Theophanous.

### **Environment and Planning Standing Committee**

Mr Cheeseman, Mr Fowles, Ms Green, Mr Hamer, Mr McCurdy, Mr Morris and Mr T Smith.

### **Legal and Social Issues Standing Committee**

Ms Couzens, Ms Kealy, Mr Newbury, Ms Settle, Mr Southwick, Ms Suleyman and Mr Tak.

### **Privileges Committee**

Ms Allan, Mr Guy, Ms Hennessy, Mr McGuire, Mr Morris, Ms Neville, Mr Pakula, Ms Ryan and Mr Wells.

### **Standing Orders Committee**

The Speaker, Ms Allan, Ms Edwards, Ms Halfpenny, Ms McLeish, Ms Sheed, Mr Staikos, Ms Staley and Mr Walsh.

## Joint committees

### **Dispute Resolution Committee**

*Assembly:* Ms Allan, Ms Hennessy, Mr Merlino, Mr Pakula, Mr R Smith, Mr Walsh and Mr Wells.

*Council:* Mr Bourman, Mr Davis, Mr Jennings, Ms Symes and Ms Wooldridge.

### **Electoral Matters Committee**

*Assembly:* Ms Blandthorn, Ms Hall, Dr Read and Ms Spence.

*Council:* Mr Atkinson, Mrs McArthur, Mr Meddick, Mr Melhem, Ms Lovell and Mr Quilty.

### **House Committee**

*Assembly:* The Speaker (*ex officio*), Mr T Bull, Ms Crugnale, Ms Edwards, Mr Fregon, Ms Sandell and Ms Staley.

*Council:* The President (*ex officio*), Mr Bourman, Mr Davis, Ms Lovell, Ms Pulford and Ms Stitt.

### **Integrity and Oversight Committee**

*Assembly:* Mr Halse, Mr McGhie, Mr Rowswell, Mr Taylor and Mr Wells.

*Council:* Mr Grimley and Ms Shing.

### **Public Accounts and Estimates Committee**

*Assembly:* Ms Blandthorn, Mr Hibbins, Mr Maas, Mr D O'Brien, Ms Richards, Mr Richardson, Mr Riordan and Ms Vallenge.

*Council:* Ms Stitt.

### **Scrutiny of Acts and Regulations Committee**

*Assembly:* Mr Burgess, Ms Connolly and Ms Kilkenny.

*Council:* Mr Gepp, Mrs McArthur, Ms Patten and Ms Taylor.

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**Thursday, 5 March 2020**

**The SPEAKER (Hon. Colin Brooks) took the chair at 9.33 am and read the prayer.**

**Announcements**

**ACKNOWLEDGEMENT OF COUNTRY**

**The SPEAKER (09:34):** We acknowledge the traditional Aboriginal owners of the land on which we are meeting. We pay our respects to them, their culture, their elders past, present and future, and elders from other communities who may be here today.

**Petitions**

**Following petition presented to house by Clerk:**

**WEST GATE TUNNEL**

To the Legislative Assembly of Victoria,

The Petition of residents of the greater Bacchus Marsh region draws to the attention of the House the community concerns relating to the proposal to dump contaminated spoil from the Westgate Tunnel Project at the Maddingley Brown Coal site in Maddingley, Victoria.

An estimated 1.5 million cubic metres of spoil will be generated, with confirmation by the tunnel authority that it is contaminated with PFAS, and reports of asbestos.

Parwan Creek flows through the site which then flows into the Werribee River, providing irrigation to farmland from Bacchus Marsh to Werribee. Any contamination of these waterways poses a significant contamination risk to the food bowl of Victoria.

The site sits atop a windy hill, within 500m of Bacchus Marsh Grammar, 1km of Bacchus Marsh College, and 2km of the heart of Bacchus Marsh.

Fit-for-purpose facilities already exist which are ideal for and immediately ready to store and manage these types of contaminated spoil. Transurban's poor due diligence during the initial stages of the project has put our communities at unacceptable risk.

We request the Minister for Planning does not make ministerial change to the Moorabool Planning Scheme.

Considering the aforementioned risks to the surrounding communities and ecosystems, the petitions therefore request that the Legislative Assembly of Victoria reject all proposals by Transurban and Maddingley Brown Coal to dump any contaminated spoil within the Bacchus Marsh community, and instead work with Transurban to have the spoil sent to existing fit-for purpose facilities away from farmland, schools, waterways and vibrant, growing communities.

**By Ms SETTLE (Buninyong) (4254 signatures).**

**Tabled.**

**Documents**

**DOCUMENTS**

**Incorporated list as follows:**

**DOCUMENT TABLED UNDER AN ACT OF PARLIAMENT**—The Clerk tabled the following document under an Act of Parliament:

*Planning and Environment Act 1987*—Infrastructure and Development Contribution Levies—Report 2018–19.

**Motions****LEGISLATIVE ASSEMBLY REGIONAL SITTING**

**Mr M O'BRIEN** (Malvern—Leader of the Opposition) (09:35): I seek to move, by leave:

That this house:

- (1) acknowledges the serious impact of the recent Victorian bushfires;
- (2) meets and sits in East Gippsland for one day in October or November 2020;
- (3) requires the Speaker to consult with East Gippsland Shire Council and other parliamentary staff in relation to choosing an appropriate date and specific location for the regional sitting to occur; and
- (4) authorises the Speaker to do all things necessary to facilitate the Assembly sitting in East Gippsland in October or November 2020.

**Leave refused.**

**Committees****ELECTORAL MATTERS COMMITTEE***Reference*

**Ms ALLAN** (Bendigo East—Leader of the House, Minister for Transport Infrastructure) (09:36): I desire to move, by leave:

That this house refers an inquiry into the impact of social media on Victorian elections and Victoria's electoral administration to the Electoral Matters Committee for consideration and report no later than 30 June 2021 and the committee should consider:

- (1) the impact of social media technologies on the Victorian electoral process, focusing on how social media platforms are used for political communication and whether current regulations regarding the authorisation of political content on social media are appropriate;
- (2) whether online electoral advertising is appropriately regulated in Victoria; and
- (3) how social media and new communications technologies are used by the Victorian Electoral Commission and the Parliament to engage Victorians and improve knowledge of electoral processes.

**Leave refused.**

**Ms ALLAN gave notice of motion.**

**Business of the house****ADJOURNMENT**

**Ms ALLAN** (Bendigo East—Leader of the House, Minister for Transport Infrastructure) (09:37): I move:

That the house, at its rising, adjourns until Tuesday, 17 March 2020.

**Motion agreed to.**

**Members statements****SWAN HILL HOSPITAL**

**Mr WALSH** (Murray Plains) (09:37): I want to raise the issue again of the Swan Hill Needs a New Hospital committee and their desire to have the feasibility study for the new Swan Hill hospital released by the Minister for Health. I asked the Minister for Health on 12 November last year in a constituency question to release this report. The Minister for Health has chosen not to respond to that constituency question. The Minister for Health may think she is being cute by not answering the member of Parliament who asked that question, but she is actually putting a slight on the community of Swan Hill by not answering that question. It is not about the MP; it is about the community that I asked a question on, and she is slighting the community by not answering that question.

I think that goes to the heart of the arrogance of the Andrews Labor government, that they do not believe they have to be accountable to the people of Victoria or they actually have to govern for the people of Victoria. It is all about the government, not about the people. As we know, when it becomes all about the government and not about the people the government has actually lost sight of what it has been elected for.

The emergency department at the hospital is going to need some funding to upgrade it because it is not satisfactory. It would be a very disappointing situation if there was money spent upgrading the emergency department and then when the new hospital was built that money was effectively wasted because that work would have to be torn down and rebuilt. We desperately want the Minister for Health to release the feasibility study so that the Swan Hill Needs a New Hospital committee knows what is going on.

### WERRIBEE ELECTORATE LEVEL CROSSING REMOVALS

**Mr PALLAS** (Werribee—Treasurer, Minister for Economic Development, Minister for Industrial Relations) (09:39): I rise today to update the house on some fantastic news regarding significant infrastructure upgrades in my electorate of Werribee. The Andrews Labor government is getting on with the job of removing 75 dangerous and congested level crossings right across Melbourne, and works to remove the Cherry Street level crossing are now well underway in Werribee. The Cherry Street level crossing removal project will involve the construction of a new bridge to connect Tarneit Road and the Princes Highway, as well as 130 new and upgraded car parking spaces built near Werribee station, thanks to the government's Car Parks for Commuters Fund.

I am also pleased to say that the designs for the removal of the Old Geelong Road and Werribee Street crossings have also been announced. When completed these removals will provide for less congestion, improved safety and reduced travel times without the dreaded boom gate delays.

I am also delighted to see that major works are progressing at the Duncans Road interchange in Werribee as part of the Andrews Labor government's \$1.8 billion investment in western roads upgrades for Wyndham.

And in the spirit of the upcoming International Women's Day, I want to take the opportunity to acknowledge that these road upgrades have seen more than 300 women working on the project, from communications managers to engineers and labourers.

So level crossing removals, upgraded parking and better roads: these are some of the important investments made by our government to accommodate the growing electorate in Werribee.

### CLEAN UP AUSTRALIA DAY

**Mr ANGUS** (Forest Hill) (09:40): Last Sunday was the 30th annual Clean Up Australia Day, the 11th consecutive CUAD I have organised at the Lookout Trail in Vermont South. It was a lovely morning for this event, and I thank the many local residents who generously came along to volunteer and help out. As a result of everyone's hard work, the area was once again left in a pristine condition, ready for all locals and visitors to enjoy.

### EAST-WEST LINK

**Mr ANGUS**: I note that Infrastructure Australia's current infrastructure priority list, released last week, once again nominated the east-west link as a high priority project for Victoria. Most Victorians agree with this report, and those living in the east certainly know that this is an absolute priority in order to address the dreadful traffic congestion at the city end of the Eastern Freeway. Having already wasted more than \$1 billion not to build this essential road, I call on the Premier to now swallow his pride and get on with this vital piece of road infrastructure for Victoria.

**BUDGET**

**Mr ANGUS:** The recent confession by the state Treasurer that he will be cutting May's state budget by \$4 billion has sent shockwaves throughout the Victorian community. Having spent so recklessly for the last five years, the day of reckoning has now come and the Premier and the Treasurer are scrambling around to see what areas they can cut. However, not content to just cut the budget, the Treasurer has announced another massive tax hike that will hit the hip pockets of all Victorians. Labor's increased bin tax will cost Victorians more than \$200 million a year, with a staggering 91 per cent increase in the current bin tax rate, from \$65.90 to \$125.90 per tonne.

**CARDINIA GUJARATI ASSOCIATION**

**Mr ANGUS:** Last weekend I was pleased to attend the inaugural multicultural cricket tournament organised by the Victorian Multicultural Sports Association in collaboration with the Cardinia Gujarati Association Incorporated. I congratulate all those involved in organising this event, which was led by Brijal, Uday and Vernon.

**FOREST HILL ELECTORATE INFRASTRUCTURE FUNDING**

**Mr ANGUS:** With the state budget soon to be finalised, I call on the government to ensure there is much-needed funding to enable urgent infrastructure work to be done in the Forest Hill district, including Vermont Primary School, Orchard Grove Primary School, Livingstone Primary School, Vermont Secondary College, Forest Hill Football Club and East Burwood Football Club.

**PORTARLINGTON NEIGHBOURHOOD HOUSE**

**Ms NEVILLE** (Bellarine—Minister for Water, Minister for Police and Emergency Services) (09:42): Last Friday I had the pleasure of joining president Marg Jucker in cutting the cake to celebrate the 10th anniversary of the Portarlington Neighbourhood House. The event was marked also with the official opening of their new home at Parks Hall, which we renovated and updated about a decade ago as well.

We had local community members there, having lunch, dancing—great music; I may have done a little dance myself to celebrate. It really is a fantastic neighbourhood house and has become a really important part of the community life in Portarlington. And it is an organisation that I have been proud to work very closely with from before it started. We provided funding to the community for the community building initiative. Out of that they identified two key priorities: the establishment of the neighbourhood house and the establishment of a ferry—and both of those we have been able to deliver.

At the time I was quoted in the local *Port Report*. I was there with Lorraine Stokes and I said it was going to make a real difference to the lives of local people. Lorraine and I looked a little bit younger then, but that message still stands today. The house is now offering courses and classes. It has 660 members—it originally had 40 members. What a great achievement over 10 years. I really want to acknowledge Sue Wilson, who did a massive amount of work; Lyn Harriot; Jenny Macaulay; Lorraine Stokes; and Julie Hyslop, the first coordinator, who did an extraordinary job over those 10 years.

The new coordinator, Kerry Wise, we welcome on board. And we say happy birthday, Portarlington Neighbourhood House.

**DROMANA QUARRY**

**Mr MORRIS** (Mornington) (09:43): This morning I rise to acquaint the house with a proposal for an enormous new quarry at Boundary Road, Dromana. An environment effects statement for the proposal is currently underway.

Now, most members will not appreciate the significance of that address, but I am sure when I say that it is on the slopes of Arthurs Seat and adjacent to the Arthurs Seat state park alarm bells will ring—and rightly so. It is proposed that 70 million tonnes of granite be extracted from the site—70 million tonnes. If this quarry is permitted to proceed, not only will there be an enormous impact on the

landscape, but there is also a risk of significant impact on threatened species and communities. The *Mornington Peninsula Localised Planning Statement*, which is Victorian government policy, recognises the Mornington Peninsula as an area:

... critical to the future liveability, sustainability ... of the wider metropolitan region.

It specifically states:

The natural systems of the Mornington Peninsula, on both public and privately owned land, will be conserved and managed for their habitat and biodiversity values and to maintain and enhance the experience of natural environment.

A quarry which will extract 70 million tonnes of granite will not maintain and enhance the experience of the natural environment. It will not conserve habitat. It will not conserve biodiversity values. It will threaten the future livability and sustainability of the Mornington Peninsula. It is time for the Andrews government to stop hiding behind process, to stand up for the acknowledged state policy and to shut down this process now.

### BUSHFIRES

**Mr TAK** (Clarinda) (09:45): This afternoon I am delighted to be hosting representatives from the Cambodian Victorian community and Red Cross Victoria emergency services manager, Kate Siebert, here at Parliament House. I was honoured to join the Minister for Local Government, the mayor and councillors from the City of Greater Dandenong at the Clarke Road temple on 25 January for the Cambodian Victorian community bushfire appeal. The appeal raised an amazing \$52 671.64.

I would like to commend the following organisations and individuals: the Cambodian Australian Federation, the Cambodian Association of Victoria, the Cambodian Australian Network of Students, Wat Buddharangsi Melbourne, Wat Khmer Melbourne, Moni Raingsi, Temple, venerable Sam Ol, venerable Bora Khoun, venerable Sovannara Ken, venerable Then Shen, venerable San Sochea and all the other venerable monks, venerable Thompor also, the former member for Clarinda and Cambodian Australian Federation president, Mr Hong Lim, Cr Youhorn Chea, Cr Sophie Tan, Kong Meng, Meng Bunlay, Vanna Men, Nara Mao, Kimheng Tao, Phalla Nhem, Kimsan Hong, Kiry Uth, Malab Tep and all the Cambodian community members that donated. Again, thanks to all of you with your kind hearts, generosity and community spirit.

### FERNTREE GULLY ELECTORATE INFRASTRUCTURE PROJECTS

**Mr WAKELING** (Ferntree Gully) (09:46): A number of residents across the Ferntree Gully electorate have raised with me the future development of the Dorset Road extension as well as the construction of new railway station parking at Ferntree Gully and Boronia. These three promises were made by the federal government and have been funded by the federal government but have to be delivered by the state government. On behalf of the community I am calling on the state government to explain when will the works commence and when will the works be complete. I am aware that the state and federal governments are working collaboratively, but my community would like to know when that important work will commence.

### BUDGET

**Mr WAKELING:** We are coming up shortly to the state budget. It is imperative that the government delivers important upgrades to the Ferntree Gully electorate. We need to see commitments from this government to install traffic lights at the corner of McMahons Road and the Burwood Highway in Ferntree Gully. It is imperative that schools receive funding upgrades, such as Fairhills High School, which has previously called for \$9 million of upgrades, and Scoresby Secondary College, which is looking for a \$5 million upgrade, as well as schools like Wantirna South Primary School, which is looking for a gymnasium upgrade. We also want to see further upgrades done at Ferntree Gully railway station as well as upgrades for the Scoresby CFA. It is imperative that the state government invests in the Knox community.

**INTERNATIONAL WOMEN'S DAY**

**Ms KILKENNY** (Carrum) (09:48): This Sunday, 8 March, is International Women's Day, so today I want to take the opportunity to acknowledge all of the women in my electorate: all of the women in Bonbeach, Carrum and Patterson Lakes; all of the women in Seaford, Carrum Downs, Skye and Sandhurst; all of the women who contribute every day to making a difference in the lives of others, big and small. I can see you. I acknowledge all of the women who go about their days without fanfare and all of the women who so deserve recognition and acknowledgement and visibility.

I acknowledge all of the women who have self-doubt, who are scared, who are anxious, who sometimes or more than sometimes feel that they are not a good mum or a good friend or a good wife or partner or daughter or sister or grandmother or aunt; all of the women who feel that they are letting people down, that they are not smart enough, that they are not good enough; all of the women who feel that they are not worthy, they are not pretty enough, they are too ugly, they are too old, they are too fat, they are too thin, they are too emotional, they are too bossy, they are too loud, they are not loud enough, they are too whiny and too whingey, they are too unsocial, they are too sporty, they are too nerdy, they are too slutty, they are arrogant, they are too weak, they are too strong, they are too controlling, they are too annoying, they are too naggy, they are too bossy, they are too uptight, they are too career driven, they are too serious, they are too pathetic or they are too cold. To each and every woman in my electorate, thank you for being you—wonderful, amazing, incredibly and ordinarily beautiful you. We would be nothing without you. Our communities would be nothing without you. It is time to celebrate you, accept you and be proud of you. I could not be prouder.

**MERCURY EMISSIONS**

**Dr READ** (Brunswick) (09:49): Over the past year the three coal power stations in the Latrobe Valley have between them put about a tonne of mercury into the atmosphere. Mercury accumulates in the environment; it does not go away and is not broken down. It gets into smaller animals that are eaten by bigger animals and it accumulates in what are called apex predators—the animals at the top of the food chain. And that is probably why dead dolphins in the Gippsland Lakes have three times the mercury level in their blubber of live dolphins. The other apex predators in Gippsland are humans, and mercury can affect the developing brain, particularly in the foetus and in small children. Mercury is associated with mental retardation. There is no limit at all on the amount of mercury that power stations are allowed to emit in Victoria, but there are very tight limits in the United States, Europe and China.

The Environment Protection Authority Victoria has been reviewing the emission limits for power stations for over two years now. I do not believe that they are still spending every minute of the day working on this review. I reckon they have probably come to some conclusions, and I think it is time that the MPs representing the people of Gippsland and government MPs started to demand action from the government to set emission limits for these power stations.

**ROSSBOURNE SCHOOL**

**Mr KENNEDY** (Hawthorn) (09:51): Last week it was a delight to meet parents, staff and students of Hawthorn's Rossbourne School and present student representative badges to Amy, Jake, Ariel, Bella, Elliott, Chris, Sam, Nikita, Ella, Jack and Jake.

Rossbourne is a non-government school for students aged 11 to 17. Principal Shane Kamsner took over from Linden Hearn, who retired last year after 30 years of sterling service. Rossbourne specifically assists students with identifiable learning issues to achieve their full potential, both educationally and socially. Regretfully, it is a fact that not all students can be adequately supported and provided for in mainstream schools. Rossbourne caters for individual learning needs through broad-based education programs specifically designed to promote each student's development. Students achieve a sense belonging, cooperation and success.

I really compliment Rossbourne on their successes. When you meet Rossbourne students in the street they always greet you by name, which is probably more than any other student would. I am always

delighted to meet them as I get on the train and they get off the train. I send congratulations to Rossbourne on the beginning no doubt of another successful year.

### COVID-19

**Ms VALLENCE** (Evelyn) (09:52): I wish to bring to the attention of the house concerns around the significant impact on my community and local economy of the COVID-19 coronavirus situation. This has resulted in a significant hit to Yarra Valley tourism operators, with a slump in tourist visitors, particularly Chinese tourists. Also Yarra Valley growers and winemakers have suffered vastly lower sales demand from China, typically our largest export market for wine and fruit, and the effect is being felt by the industry.

Certainly growers and tourism operators and the locals that are employed in these businesses have experienced an extremely challenging start to the year. Cancellations of tours into our region have impacted restaurants, accommodation venues, U-Pick and farm gate sales, lavender farms, the Yarra Valley Dairy, wineries and so on. These small and family businesses are feeling the pinch, and I have met with a number of them who have told me that business is down by around 50 to 70 per cent. I will keep working hard to ensure local businesses have access to information and will offer them support as they progress through these uncertain and challenging times.

### MELBOURNE GUN CLUB

**Ms VALLENCE**: Congratulations to the Melbourne Gun Club (MGC) in Yering for celebrating the 10th anniversary of the Yarra Valley Down the Line Championship in February. It was a pleasure to open the shoot, and I am happy to say I clean hit the target. The MGC has been operating for over 55 years, providing a safe, challenging environment for participants to hone their craft and compete at the highest level. Indeed last weekend they hosted the trials for the upcoming Olympic Games, where shooting has been a sport for hundreds of years.

### ELTHAM MEN'S SHED

**Ms WARD** (Eltham) (09:54): The Eltham Men's Shed is officially open. This has been a long journey for the hardworking Eltham Men's Shed members. Thanks to a \$60 000 grant from the Andrews government, a lease of the former kinder at Wattletree Road from Nillumbik council and the dogged fundraising efforts of the men, they now have a fantastic complex. A sincere thank you to the Rotary Club of Eltham, who have been stalwart supporters from the start, providing initial establishment funding. Thanks to NHP Electrical for donating an entire electrical switch and the Judge Book Residents Association for their support. Many individuals worked tirelessly on this project, including Allan Field, AO, who was an excellent mentor; Michael Englefield from Eltham Rotary; staff at Nillumbik—Jake Harts from building and engineering; Carl Apted, who provided engineering design services; Peter Thompson, a key person who is part of the shed; and Jock McNiesh, who did the concept drawings for the facilities. Our local shed is doing important work in our community, and its members offer vital support to themselves, and we are lucky to have them in our community.

### DIAMOND VALLEY RELAY FOR LIFE

**Ms WARD**: This year Diamond Valley Relay for Life raised \$123 366.46 by their closing ceremony, with more to be processed. This terrific event fundraising for cancer research and the Cancer Council has been running for 12 years and has raised nearly \$1.4 million. I want to give a special acknowledgement to the contributions from Montmorency Secondary College, who have participated in this event for the last 10 years, raising over \$120 000 in addition to the more than \$20 000 raised this year thanks to the efforts of around 2000 Monty students over this time—an outstanding effort. Thanks to leading teacher Kim Faulkner, who has been the school's main organiser for the last 10 years. Thank you also to the three senior students who worked with Kim so passionately this year: Madi Downing, Bree Rushton and Emily Drysdale.

Well done Connie D'Amore and her committee for organising such an amazing event. Thanks to the sponsors, including Bendigo Community Bank and the amazing Eddie Raphael. I also want to acknowledge the phenomenal contribution of Di's Darlings and Team Kaybelle—and a special mention to Dumbledore's Army and their team member who walked for 22 hours in a wedding dress.

#### MALCOLM LYNCH

**Ms CUPPER** (Mildura) (09:55): Each year Mallee Sustainable Farming presents the prestigious David Roget Award for Excellence to a local farmer who exemplifies the benefits of sustainable farming practices. The award is named after David Roget, a CSIRO scientist who was instrumental in connecting scientific research directly with farmers, helping them to convert scientific findings into meaningful practice and taking science out of the lab and into the paddock.

This year's David Roget Award for Excellence was awarded to Malcolm Lynch. Malcolm has combined grazing management with strong conservation farming principles to help his business face the challenging years which inevitably occur in dryland farming. Congratulations to Malcolm on this very well deserved award.

#### LEADING AGE SERVICES AWARDS

**Ms CUPPER**: It is also my pleasure to congratulate four of our residential aged-care facilities for their recent recognition as part of the Leading Age Services Awards. Princes Court Homes took out the Organisation Award for their outstanding contribution to our community over many decades. They also joined Jacaranda Village, Chaffey Aged Care and Murray House in being recognised with the Team Award for their collaboration with SuniTAFE and for their innovative approach to regional training. I congratulate them for this wonderful achievement.

#### COUNTRY FIRE AUTHORITY WATCHEM BRIGADE

**Ms CUPPER**: Finally, a very happy 100th birthday to the Watchem fire brigade, which is having its birthday bash this Sunday. I am sorry I will not be able to be there to celebrate with you all, but I wish you a fantastic day and another 100 years of success.

#### BURWOOD ELECTORATE STUDENT LEADERS

**Mr FOWLES** (Burwood) (09:57): It is my pleasure to rise today to acknowledge some outstanding young leaders in my electorate. Selected by their peers and their teachers, these students represent the best and brightest of Burwood. Ashburton Primary School has selected Stephanie G and Benjamin B as the school captains for 2020, with Milie S and Julian D taking up the role of SRC captains. I had the pleasure recently of attending Ashwood School's badge presentation assembly. It was my honour to install 2020 school captains Cameron Marshall, Louisa Orlando, Patrick Hammond and Molly Thatcher. Those students were elected after a hard-fought campaign, including some outstanding candidate speeches.

Parkhill Primary is a great local primary school, and this year their school captains are Ava Morrin and Tom Houghton. The deputy school captains are Minh Tran and Sam Bryan.

I recently attended Wattle Park Primary's leadership badge presentation assembly and formally inducted this year's school ambassadors Naomi Chin, James LeGet, Ava Lily Beatie and Minjun Kim.

Finally, our fabulous secondary school Ashwood High School has selected Zander Morgan and Nicole Dryer as this year's school captains. They are supported by vice-captains Amy Peters and Huon Diggins as well as international student captain Wendy Pan.

I congratulate all the 2020 school leaders in my electorate on their appointments and wish them every success for their year in office.



**PARTY ON POWER**

**Mr FOWLES:** I recently attended the Party on Power, an event tailored to residents of public housing in the Ashwood part of my electorate. It was a great opportunity to meet with all the volunteers and workers, who do so much to support these residents. I want to thank in particular Natalie Rabey for her passionate advocacy for public housing tenants over many years.

**BETTER BUDS CAMPAIGN**

**Ms BRITNELL** (South-West Coast) (09:58): I rise today to inform the house about a community movement that is underway in my electorate. The Better Buds campaign has been launched by Beach Patrol 3280, and I recently had the pleasure of meeting with Colleen Hughson, Mandy Shute and Melissa Tuliranta to discuss the campaign and what it aims to achieve. It is quite simple and something that I think could easily be achieved here in Victoria and indeed Australia. The aim is to remove plastic-stemmed cotton buds from the shelves, replacing them with paper-stemmed buds, products which are already available in shops but that are often hidden on lower shelves. The reason is to stop them ending up in our oceans via sewage outfall.

Since 2017 this group of people have collected more than 21 000 plastic stems from beaches around Warrnambool. Plastic-stemmed buds have been banned in the United Kingdom, the European Union and New Zealand, and it is a ban I believe we should have here in Victoria. We have banned single-use plastic bags, but it is only one small step. There is a huge over-reliance on plastics in everyday life, and they often end up in our oceans and rivers. There are simple things we can do to change this. Banning plastic-stemmed cotton buds is an important step, and I thank and congratulate the team behind Better Buds on the work they have done to raise this important issue.

**INTERNATIONAL WOMEN'S DAY**

**Ms BRITNELL:** I also take this opportunity to acknowledge the women of my community this week, which finishes with International Women's Day on Sunday.

**NORTHERN HOSPITAL**

**Mr McGUIRE** (Broadmeadows) (10:00): I was delighted to join the Minister for Health, Jenny Mikakos, this week in celebrating the landmark \$162.7 million expansion of the Northern Hospital. The seven-storey tower has reached a new milestone with major structural work now complete, and this means that next year 10 000 patients will have access to world-class care close to home in Melbourne's growing north. I am delighted that this is in addition to the Andrews Labor government's investment in the Broadmeadows Hospital. These investments really matter because our hardworking doctors and nurses at Northern Health do an amazing job caring for people who need their help, and we are completing this redevelopment so they can change lives and save lives in our communities.

The seven-storey tower is part of the second stage of the redevelopment, which includes 96 new inpatient beds, three operating theatres and more treatment rooms, adding to the existing 360 multiday and same-day beds and a world-class intensive care unit.

I also want to acknowledge the spirit of the community. Minister Mikakos presented a certificate of appreciation to Epping resident Josie Minniti, a local legend who has raised more than \$700 000 for Northern Hospital's oncology unit. It is a wonderful achievement by a wonderful woman whose family is tragically touched by cancer. It just shows the fighting spirit that she has.

**SHERPA ASSOCIATION OF VICTORIA**

**Ms HALFPENNY** (Thomastown) (10:01): I had the great pleasure on Saturday, 29 February, of attending the new year celebration organised by the Sherpa Association of Victoria. The Sherpa Association is a relatively new organisation formed in 2018 with the purpose of preserving, promoting and carrying out rich Sherpa culture and tradition as well as bringing community together. The Sherpa Association falls within the Nepalese community.

I would like to thank Lhakpa Sherpa, the president of the organisation, and Pemba Sherpa for sharing this cultural event with me. It was a great lot of fun. There were some incredible dancing singers. The talent within the community is immense, and I was very pleased to attend this celebration with councillors from Moreland, members of the Department of Foreign Affairs and Trade and Viv Nguyen from the Victorian Multicultural Commission. I think the official presence of many people demonstrated how well the Sherpa Association is placed and seen within the Victorian community. I look forward to attending further events. I wish everyone within the association a happy new year and Gyalpo Losar.

#### CLEAN UP AUSTRALIA DAY

**Mr TAYLOR** (Bayswater) (10:03): It was fantastic that over the weekend I hosted my first Clean Up Australia Day event in the suburb of Heathmont. I hosted it with the First Friends of Dandenong Creek, a fantastic local environmental group that has done some great work over the course of their journey. We had over 60 people turn up to the event. It was a cracking event with people from across the community, including Labor Party members. We also had the 3rd Heathmont Scouts—thank you to Fidel Smolenaers, Ruben Smolenaers, Bailey Johnston, Scarlett Howden, Talisin Howden and Marten Pearce—and from the 1st Bayswater Scouts we had Lily G H, Ryan McCurtin, Jack Hodgkinson, Kerrie Hodgkinson, Kirra Carrol, James Cardine, Mateo, James Kennedy, Sean Kennedy, Beth Schaap and Jordan Kidson.

Over 20 years the First Friends of Dandenong Creek have set a record of 45 bags collected. It is a great reminder that we all have a role to play in the local environment.

#### BAYSWATER ELECTORATE SCHOOLS

**Mr TAYLOR:** It was also great to get out to some of my local schools and celebrate the new school captains: from The Basin Primary School, Ruby Jeans and Jo Murrell; from Heathmont East Primary School, Zoe Hislop and Aiden Kruger; from Bayswater North Primary School, Mikayla Lewis and Cody Jordan; and from Boronia Heights Primary School, Siobhan Bell and Ethan Wagner.

It was also wonderful to pop into St Joseph's Primary School recently, where they learnt a little bit about Parliament and a little bit about my life in politics. They also saw an old photo of me with a bowl cut from when I was five years of age—a little embarrassing.

#### BAKERY HILL DISTILLERY

**Mr TAYLOR:** To finish up I want to talk about a local business doing great things, one of over 4800 businesses that we have in the Bayswater business precinct—and this is a public service announcement. We have a fantastic distillery, Bakery Hill Distillery. They won the award for the best single malt cask strength whisky in the Southern Hemisphere. It is a fantastic drop. Of course, I recommend you drink responsibly. Get down there and support local business, and I tell you what: it is great being the member for Bayswater when you have got places like that there.

#### CRANBOURNE ELECTORATE SCHOOLS

**Ms RICHARDS** (Cranbourne) (10:04): Cranbourne has the best schools in Victoria. I know I am biased and a little bit parochial. Today I take the opportunity to acknowledge the terrific work being done at schools across my electorate. At Lyndhurst Primary School principal Greg Lacey and his teachers and staff have taken great strides in building student voice. I was pleased to attend their assembly and provide badges to the school leaders. Congratulations go to Jade, Christian and SRC chairs Guvani and Lachlan. Students, you are a credit to your school and the school is a credit to our community.

I visited Marnebek School in Cranbourne to help distribute prep bags to their littlest new arrivals. Congratulations go to principal Jenny Hamilton and her team of prep teaching superstars. Any visit to this inclusive school is good for the soul, and my heart sang giving out those prep bags.

Thanks to Cranbourne South Primary School teachers and staff, and congratulations to their newly installed school leaders.

It has been a busy start to the year, and I was grateful for the hospitality from principal Tina Clydesdale at Wilandra Rise Primary School. I congratulate her and her staff on a great start to the year. I also congratulate Jackson, Caleb, Kayleen and Karen as school captains and Dragon house leaders Sahar and Grace; brilliant work, Phoenix house leaders Mia and Alana; great work, Pegasus house captains Zohal and Sebastian; kudos to Unicorn house captains Archer and Jaida; felicitations to art leaders Asa, Dahamsa and Lakshath; and my heartiest congratulations to music leaders Ria and Anishka—you are all terrific.

### BACCHUS MARSH AMBULANCE STATION

**Mr McGHIE** (Melton) (10:06): I rise to inform the house that in February last year I joined the Honourable Jenny Mikakos, Minister for Health and Minister for Ambulance Services, to turn the sod for the new Bacchus Marsh ambulance station. The new \$3 million branch includes construction of five dedicated ambulance response bays, four rest and recline rooms, medication management, improved security and staff car parking. Upgrading and renewing high-priority ambulance stations supports achievement of the commitment from the Victorian government to improve response times and ensure paramedics are supported to care for their communities now and in the future. Three weeks ago Minister Mikakos and I opened the new branch. It was a great event, and the paramedics were thrilled with their new facility. Response times in Bacchus Marsh and the Moorabool shire have improved significantly in recent times. The advanced life support paramedic teams operate from the existing branch, providing 24-hour operations. It includes two 24-hour ambulances and the Darley peak period unit. It also includes a four-wheel drive response unit located at Bacchus Marsh.

The government has committed \$181.8 million for Ambulance Victoria capital projects since 2015–16, reflecting a strong commitment to providing modern, fit-for-purpose accommodation for paramedics. As a former paramedic I know how important high-quality facilities are to those we count on to save local lives. I would like to extend my thanks to the hardworking paramedics in Bacchus Marsh.

### PICK MY PROJECT

**Mr McGHIE**: On the same day Minister Symes also visited Bacchus Marsh to officially launch Pick My Project at Masons Lane, a new \$120 000 playground which provides the community with recreational space for the young and the young at heart.

### Bills

#### NORTH EAST LINK BILL 2020

##### *Statement of compatibility*

**Mr PALLAS** (Werribee—Treasurer, Minister for Economic Development, Minister for Industrial Relations) (10:09): In accordance with the Charter of Human Rights and Responsibilities Act 2006 I table a statement of compatibility in relation to the North East Link Bill 2020.

##### Opening paragraphs

In accordance with section 28 of the *Charter of Human Rights and Responsibilities Act 2006*, (the Charter), I make this Statement of Compatibility with respect to the North East Link Bill 2020.

In my opinion, the North East Link Bill 2020, as introduced to the Legislative Assembly, is compatible with human rights as set out in the Charter. I base my opinion on the reasons outlined in this statement.

##### Overview

The main purposes of the Bill are to:

- establish a new statutory corporation, the North East Link State Tolling Corporation;
- provide for the imposition, collection and enforcement of tolls in relation to the use of the North East Link tollway;

- provide for the tabling and amendment of North East Link tolling agreements;
- amend the *Road Management Act 2004* to modify the operation of that Act in relation to the North East Link road; and
- make related and consequential amendments to other Acts.

### **Human Rights Issues**

#### **Human rights protected by the Charter that are relevant to the Bill**

##### *Section 8—Recognition and equality before the law*

Section 8 of the Charter provides that every person is equal before the law and is entitled to the equal protection of the law without discrimination.

Clause 59(2) of the Bill permits different tolls and toll administration fees to be specified for different cases or classes of cases, including in respect of different zones or groups of zones, different classes of vehicle and the use of different vehicles at different times or any combination of those matters.

Clause 62 provides that a toll administration fee is not payable in respect of either a vehicle that is registered with the relevant North East Link Tolling Corporation, or that is otherwise exempt from the payment of tolls, toll administration fees, or both, under the regulations (the power to make those regulations being in clause 113(1)(e)).

Clauses 59(2), 62 and 113(1)(e) differentiate between, or permit differentiation between, zones of travel and classes of vehicle only. They do not treat individuals differently in relation to their legal rights and therefore do not interfere with, and do not limit, the right to recognition and equality before the law.

##### *Section 12—Freedom of Movement*

Section 12 of the Charter provides that every person lawfully within Victoria has the right to move freely within Victoria and to enter and to leave it and has the freedom to choose where to live.

The rights in section 12 may be engaged by a number of clauses of the Bill:

#### *(a) Tolling provisions*

The rights in section 12 may be engaged by Part 4 of the Bill, that deals generally with the specification of toll zones and the power to fix and collect tolls. In particular, clauses 58 and 59 of the Bill confer certain powers on the relevant North East Link Tolling Corporation with respect to tolls; clauses 60 and 61 establish liability for payment of tolls and toll administration fees; and clause 113 confers power on the Governor in Council to make regulations for or with respect to tolling.

Those clauses may limit the right to freedom of movement under section 12 of the Charter, however, any such limitation is reasonable and justified because:

- the power to specify toll zones is not unlimited. In particular, the relevant North East Link Tolling Corporation may only specify toll zones over a road within the North East Link Project area and those toll zones and any applicable tolls and toll administration fees must in accordance with an agreement between the State and that Corporation;
- it is intended that there will continue to be alternative un-tolled routes available to all vehicles, and individuals will have a range of other transport options, including walking, cycling and public transport, available to use on these alternative routes; and
- driving in a toll zone is discretionary and it is reasonable that drivers are required to pay for a discretionary activity from which they intend to derive a benefit.

Accordingly, the clauses of the Bill that allow the imposition of tolls may interfere with, and limit, the right to move freely within Victoria under section 12 of the Charter, however, any such limitation is reasonable and demonstrably justified.

#### *(b) Access to the North East Link road*

The rights in section 12 may be engaged by clause 151 of the Bill, which amends the *Road Management Act 2004* to, among other things, confer on the North East Link State Tolling Corporation certain functions and powers of a road authority under that Act. This includes the power to:

- cause to be removed, destroyed or blocked a means of access to the North East Link road that was laid out without the consent of the North East Link State Tolling Corporation; and
- cause to be erected and maintained, fences or other obstructions along the North East Link road for the purpose of preventing access to the North East Link road.

The amendments made by clause 151 of the Bill may limit the right to freedom of movement under section 12 of the Charter, however, any such limitation is reasonable and justified because:

- it is appropriate that access to the North East Link road is regulated to ensure safe and efficient operation of the road;
- there will continue to be alternative routes available to individuals; and
- the effect of these provisions is to confer the existing powers of the Head, Transport for Victoria in relation to any freeway under the *Road Management Act 2004* on the North East Link State Tolling Corporation in relation to the North East Link road.

I also note that the clauses reflect provisions to similar effect in the *Melbourne City Link Act 1995*, the *EastLink Project Act 2004* and the *West Gate Tunnel (Truck Bans and Traffic Management) Act 2019* with respect to the operators of the tollways under those Acts.

Accordingly, clause 151 of the Bill may interfere with, and limit, the right to move freely within Victoria under section 12 of the Charter, however, any such limitation is reasonable and demonstrably justified.

#### *Section 13—Privacy and reputation*

Section 13 of the Charter provides that a person has the right not to have their privacy unlawfully or arbitrarily interfered with.

The rights in section 13 may be engaged by a number of clauses of the Bill:

##### *(a) Tolling provisions*

Clauses 61, 63, 66, 79, 80, 83 and 88 which deal with tolling, also provide for the identification of the driver or operator of a vehicle, or operator of a trailer, for the purpose of establishing liability for tolls and fines.

Under the “operator onus” scheme established by clause 63 of the Bill (that is consistent with the present schemes in place for EastLink, City Link and the West Gate Tunnel), the operator of a vehicle or trailer may avoid liability for tolls and fines arising out of the use of a vehicle in a toll zone in the North East Link tollway by nominating the actual driver or another person who may have been responsible for the vehicle. This clause authorises vehicle operators to provide personal information (e.g. full name, address and date of birth) about a person believed to be responsible for the vehicle at the relevant time to an “authorised person”. This enables the relevant North East Link Tolling Corporation to use that personal information to seek payment from the responsible person.

Those provisions engage, but do not limit, the right to privacy under section 13 of the Charter. Any interference with privacy authorised by these provisions is lawful and not arbitrary because it is authorised by the legislation as enacted by these clauses. Further, the Bill contains the following procedural and substantive safeguards that prevent the interference from being arbitrary in nature and protect individual’s privacy:

- the information may only be used by the relevant North East Link Tolling Corporation for limited purposes;
- the operator of the vehicle is required to provide reasons for the belief that the person they are nominating had control and/or possession of the vehicle at the relevant time;
- the authorised person must accept the nomination as effective in order for it to have any consequence; and
- the making of false and misleading statements in a statement is an offence under clause 65 of the Bill.

Accordingly, I am satisfied that these clauses do not limit the right to privacy under section 13 of the Charter.

##### *(b) Use and disclosure of information obtained by the Secretary*

Clause 97(1) of the Bill provides for the Secretary to the Department of Transport (or a relevant person as defined in section 90I of the *Road Safety Act 1986*) to disclose information about registered vehicles and trailers to an enforcement agency (including the Chief Commissioner of Police) or an employee or contractor of an enforcement agency for the purposes of Part 4 of the Bill. This part of the Bill relates to the fixing and collection of tolls and toll administration fees and enforcement.

Clause 97(2) of the Bill provides for the Secretary (or a relevant person as defined in section 90I of the *Road Safety Act 1986*) to disclose information about registered vehicles and trailers to the relevant North East Link Tolling Corporation (or persons employed or engaged to provide services for that Corporation) for the purposes of sending a request to a responsible person for payment of a toll or toll administration fee.

Clause 97(3) of the Bill provides for the Secretary (or a relevant person as defined in section 90I of the *Road Safety Act 1986*) to disclose “driver licence information” to the relevant North East Link Tolling Corporation

(or persons employed or engaged to provide services for that corporation) for the purpose of taking action for recovery of a toll or toll administration fee.

“Driver licence information” is defined in clause 97(6) to mean specified information held by the Secretary for the purpose of the Secretary’s driver licensing functions under the *Road Safety Act 1986*, namely: a person’s name, a driver licence number, a date of birth, a telephone number, an email address and a residential address.

Clause 98(1) of the Bill requires the Secretary to disclose information about a vehicle or trailer registered in an Australian State or Territory other than Victoria to the relevant North East Link Tolling Corporation (or persons employed or engaged to provide services for that corporation) on request. The information may only be disclosed for the purpose of issuing requests for payment of tolls and toll administration fees to operators of vehicles or trailers registered in another State or Territory.

Clause 98(2) of the Bill requires the Secretary to disclose “interstate driver licence information” of a responsible person to the relevant North East Link Tolling Corporation (or persons employed or engaged to provide services for that corporation) on request. The information may only be disclosed for the purpose of taking recovery action for tolls or toll administration fees, in accordance with the minimum debt recovery requirements under the Bill.

“Interstate driver licence information” is defined in clause 98(4) of the Bill, as information about a person’s name, driver licence number, date of birth, telephone number, email address or residential address to which the Secretary has access for the purpose of a law of a State or a Territory other than Victoria that corresponds with Part 3 of the *Road Safety Act 1986* (that deals with licensing requirements).

Similar provisions are inserted into the *Melbourne City Link Act 1995*, the *EastLink Project Act 2004* and the *West Gate Tunnel (Truck Bans and Traffic Management) Act 2019* in relation to disclosures of interstate vehicle and trailer registration and interstate driver licence information to the respective toll road operators (see clauses 127, 139 and 162 of the Bill).

By authorising or requiring the Secretary to disclose registration and driver licence information, these clauses of the Bill engage the right to privacy in section 13 of the Charter. However, any interference with privacy authorised by these provisions is lawful and not arbitrary because it is authorised by the legislation as enacted by these clauses. Further, the Bill contains or, enables the making of, a number of safeguards, which protect the rights of individuals to their privacy:

- Clauses 97 and 98 of the Bill enable the relevant North East Link Tolling Corporation (or persons employed or engaged to provide services for that Corporation) to use vehicle and trailer registration and driver licence information disclosed to them by the Secretary for the purpose of sending written requests for payment of tolls and toll administration fees and taking action to recover tolling debts. However, the relevant North East Link Tolling Corporation will only have access to driver licence information for debt recovery purposes that comply with the minimum debt recovery requirements specified by the Minister and published in the Government Gazette (see clause 68 and 97(3)). It is intended that the relevant North East Link Tolling Corporation will be required to engage in appropriate debt collection practices, have adequate measures in place to deal with hardship and dispute resolution, and make effective use of that information to minimise the number of tolling offences referred to the enforcement agency.
- The Bill will apply various provisions of Part 7B of the *Road Safety Act 1986* to the North East Link tollway, including provisions requiring the relevant North East Link Tolling Corporation to have an Information Protection Agreement with the Secretary to the Department of Transport. An Information Protection Agreement is required to, among other things, set out how the information will be protected and procedures for managing breaches of privacy.

Accordingly, I am satisfied that clauses 97, 98, 127, 139 and 162 do not limit the right to privacy under section 13 of the Charter.

#### *Section 20—Property rights*

Section 20 of the Charter provides that a person must not be deprived of his or her property other than in accordance with law. The right requires that powers which authorise the deprivation of property are conferred by legislation or common law, are confined and structured rather than unclear, are accessible to the public and are formulated precisely.

Clause 151 of the Bill amends the *Road Management Act 2004* to, among other things, confer on the North East Link State Tolling Corporation certain functions and powers of a road authority under that Act. This includes the power to cause to be removed, destroyed or blocked a means of access to the North East Link road that was laid out without the consent of the North East Link State Tolling Corporation (see

section 134H(13) to be inserted into the *Road Management Act 2004* by clause 151). This is relevant to section 20 of the Charter as a means of access may constitute a person's property.

Clause 151 of the Bill engages but does not limit the right under section 20 of the Charter because:

- the North East Link State Tolling Corporation's power to remove or destroy a means of access is:
  - o authorised by the legislation as enacted by the Bill; and
  - o confined to circumstances where such property was formed or laid out without the consent of the North East Link State Tolling Corporation; and
- the effect of these provisions is to confer the existing powers of the Head, Transport for Victoria in relation to any freeway under the *Road Management Act 2004* on the North East Link State Tolling Corporation in relation to the North East Link road.

I also note that the clause reflects provisions to similar effect in the *Melbourne City Link Act 1995*, the *EastLink Project Act 2004* and the *West Gate Tunnel (Truck Bans and Traffic Management) Act 2019* with respect to the operators of the tollways under those Acts.

Accordingly, I am satisfied that the provisions conferring the power to remove or destroy a means of access does not limit the right to property under section 20 of the Charter.

#### *Section 21—Freedom from imprisonment for inability to perform contractual obligations*

Section 21(8) of the Charter provides that a person must not be imprisoned only because of his or her inability to perform a contractual obligation.

Division 4 and parts of Division 5 of Part 4 of the Bill engage but do not limit the right under section 21(8) of the Charter.

Division 4 of Part 4 reflects provisions of the *Melbourne City Link Act 1995*, the *EastLink Project Act 2004* and the *West Gate Tunnel (Truck Bans and Traffic Management) Act 2019* with respect to the liability to pay tolls and administration fees. Clause 69(1) provides that a person who drives a vehicle in a toll zone on the North East Link tollway without the vehicle being registered for that purpose commits an offence for which the person may be liable for a fine or infringement penalty. This provision does not apply to vehicles that are either exempted by the regulations from the requirement to be registered or pay tolls, or that are covered by a tollway billing arrangement that was not suspended at the time of the offence being allegedly committed (see clause 69(2)).

To register a vehicle for use on a toll zone on the North East Link Road, a person may make an application to the relevant North East Link Tolling Corporation in writing, orally, or partly orally and partly in writing (see clause 71(2)). The relevant North East Link Tolling Corporation is not required to accept an application and may cancel or suspend the registration of a vehicle, in accordance with Part 4 of the Bill (see clause 71(3)). It is expected that the terms of a tollway billing arrangement or registration agreement would provide for the cancellation or suspension of the arrangement or agreement if the person fails to comply with their obligations under it (for example, the obligation to keep their account in balance).

A person is guilty of an offence against clause 69(1) if the registration of the vehicle, or a tollway billing arrangement that covers the vehicle, has been cancelled or suspended at the time the offence is alleged to have been committed. It is a defence to an offence against clause 69(1) if the driver believed on reasonable grounds that at the time of the offence the vehicle was registered or that the tollway billing arrangement was not suspended (see clause 69(4)). It is also a defence if the driver received an invoice in respect of the trip in question and the invoice was paid in full by the driver (see clause 69(6)).

The consequences of a failure to pay an infringement penalty or fine in respect of the offence under section 69(1) include that a person may be imprisoned. In circumstances where a vehicle is driven on the North East Link tollway when registration of the vehicle is suspended or cancelled because the customer is unable to comply with their obligations under a tollway billing arrangement or registration agreement, the provisions of the Bill have the potential to lead to imprisonment for an offence committed in circumstances where there was a failure to comply with a contractual obligation.

However, the relevant provisions will only impose a criminal liability on a person who commits the offence of driving on the tollway without having entered into a tollway billing arrangement or registration agreement, or where such an arrangement or agreement was suspended or cancelled. The suspension or cancellation itself does not give rise to the offence. Further, the effect of the defence to the tolling offence is that criminal liability can only arise where there is both a failure or inability to perform the contractual obligation and the driving of a vehicle or trailer on the tollway with no reasonable ground for believing that the tollway billing arrangement was not suspended.

Further, if the right is limited any limitation on the right is reasonable having regard to the fact that the Bill provides for the following additional safeguards:

- Clause 70(1) provides that only one criminal offence may be commenced, and only one infringement notice issued, in respect of a tolling offence constituted by the driving of any one vehicle in a toll zone in any prescribed period. This imposes a 'cap' of one offence per vehicle per prescribed period, on the number of tolling offences that the relevant North East Link Tolling Corporation may refer to the enforcement agency. This is consistent with the position under the *Melbourne City Link Act 1995*, the *EastLink Project Act 2004* and the *West Gate Tunnel (Truck Bans and Traffic Management) Act 2019*.
- Clauses 97, 98 and 68 of the Bill will require the relevant North East Link Tolling Corporation, as a condition of being able to receive and use information from the Secretary for debt recovery activities other than requesting payment of a toll or toll administration fee, to comply with any requirements for debt recovery published by the Minister in the Government Gazette. It is intended that these requirements will ensure that the relevant North East Link Tolling Corporation has appropriate arrangements in place for dealing with tollway users who suffer financial hardship, and that they will prevent the relevant North East Link Tolling Corporation from requesting the issue of an infringement notice or the commencement of proceedings for an offence where the toll and toll administration fee to which the tolling offence relates is the subject of a hardship application or a complaint or dispute.

Those safeguards are expected to minimise the number of infringement notices issued and court proceedings commenced for tolling offences in relation to the North East Link tollway, in line with the tolling offences on City Link, EastLink and the West Gate Tunnel. These safeguards also significantly mitigate the risk of a person being imprisoned for tolling offences, particularly those suffering from financial hardship preventing them from meeting contractual obligations under a tollway billing arrangement or registration agreement.

Accordingly, I am satisfied that, to the extent that the provisions in Divisions 4 and 5 of Part 4 of the Bill may limit the right to protection from imprisonment for an inability to perform contractual obligations under section 21(8) of the Charter, any such limitation is reasonable and demonstratively justifiable having regard to the matters set out in section 7(2) of the Charter.

#### *Section 25(1)—Presumption of innocence*

Section 25(1) of the Charter provides that a person charged with a criminal offence has the right to be presumed innocent until proved guilty according to law.

A number of provisions of the Bill engage the presumption of innocence under section 25(1) of the Charter because they have the effect of:

- imposing a legal onus on the defendant in relation to certain defences to tolling offences under the Bill; and
- placing an evidentiary onus on the defendant with respect to certain matters relating to such offences.

However, the presumption of innocence is in any case not an absolute right and may be made subject to limitations which are reasonable and demonstrably justifiable.

#### *(a) Defences to tolling offence*

Clause 69(1) of the Bill provides that it is an offence to drive a vehicle in a toll zone unless the vehicle is registered in respect of that toll zone by the relevant North East Link Tolling Corporation at the relevant time.

Clause 69(4) and (6) set out defences to that offence where the driver proves that:

- he or she believed on reasonable grounds at the time the offence was allegedly committed that the vehicle was registered with the relevant North East Link Tolling Corporation or was otherwise covered by a tollway billing arrangement that was not suspended at the time of committing of the offence; or
- the driver was issued an invoice in respect of the trip in question and that that invoice was paid in full in the manner and in the time permitted by the invoice.

Clauses 69(4) and (6) impose a legal onus of proof on the defendant as the defendant is required to prove the matters identified in the relevant defence and, therefore, may limit the rights under section 25(1) of the Charter.

If the right is limited, the limitation is reasonable and justifiable for the following reasons:

- The matters in relation to which the defendant bears the legal burden are matters within the knowledge and/or control of the defendant, including that:



- o the defendant had reasonable grounds to believe that the vehicle was registered or covered by a tollway billing arrangement; or
- o the defendant received, and paid in full, an invoice in respect of the relevant trip (which may have been paid to another toll road operator under a tollway billing arrangement).
- Conversely, it would be difficult for the prosecution to prove these matters to the standard required.
- The offence relates to the participation by an individual in a regulated activity (driving on a toll road) from which they intend to derive benefit and therefore it is appropriate that the individual also accept some risk that they may have to account for apparent wrongdoing in connection with that activity.

I note that clause 69 reflects equivalent tolling offence provisions in the *Melbourne City Link Act 1995*, the *EastLink Project Act 2004* and the *West Gate Tunnel (Truck Bans and Traffic Management) Act 2019*.

*(b) Operator onus offence*

Clause 89 of the Bill provides that the offence of driving unregistered in a toll zone is an “operator onus” offence for the purposes of Part 6AA of the *Road Safety Act 1986*. Part 6AA establishes the operator onus system, which is based on the principle that the registered operator of a vehicle or trailer at the time of an offence should be responsible and liable for the offence. However, the registered operator can avoid liability if he or she establishes that at the time of the offence, he or she was not responsible and either:

- provides information sufficient to identify and locate the person driving or in charge of the vehicle; or
- explains why he or she cannot with reasonable diligence ascertain the identity of the person who was driving or in charge of the vehicle.

The effect of this is that any person named by the registered operator of a vehicle may be found guilty of the offence as if he or she were the driver of the vehicle.

Clause 89 (and Part 6AA of the *Road Safety Act 1986*) may limit the presumption of innocence, however the right to be presumed innocent is not an absolute right and may be made subject to limitations which are reasonable and demonstrably justifiable. Any limitation is reasonable and justifiable for the following reasons:

- To the extent that clause 89 may be said to extend the operation of Part 6AA of the *Road Safety Act 1986*, any such extension is of the geographical application of that Part 6AA to a new road. Part 6AA of the *Road Safety Act 1986* is routinely extended in this way. The operator onus provisions apply generally to speeding and certain other traffic offences. Such offences apply on all declared roads, and most are created by erecting signs or other traffic control devices. The geographical operation of Part 6AA is therefore extended every time a new road is declared, traffic sign erected or speed limit imposed.
- There are appropriate safeguards in the nomination process, including that:
  - o the operator of the vehicle is required to provide reasons for the belief that the person they are nominating had control and/or possession of the vehicle at the relevant time;
  - o the authorised tolling person or enforcement official must accept the nomination as effective in order for it to have any consequence; and
  - o the making of false and misleading statements in a statement is an offence under clause 65 of the Bill.
- The defendant has an opportunity to prove otherwise, as it is a defence to the charge to prove that the defendant made a statement and that an enforcement official ought to have accepted that statement, or that the acceptance ought not to have been cancelled, or that the enforcement official ought to have been satisfied that a nomination was incorrect (s 84BH of the *Road Safety Act 1986*).

I note that identical operator onus offences already apply to the driving of an unregistered vehicle on City Link and EastLink and the West Gate Tunnel so the effect of the Bill is that the legal consequences for driving an unregistered vehicle on each toll road is the same.

*(c) Certificate evidence*

Clauses 69(5), 94, 95 and 96 of the Bill are evidentiary provisions which set out how a certificate may be used to provide evidence:

- that a tollway billing arrangement was suspended at a particular time;
- that a vehicle (or trailer) was registered under a particular name at a particular time;
- that a registration number was assigned to a particular vehicle (or trailer) at a particular time;

- as to tolls based on the records of the enforcement agency; and
- as to details of vehicles (or trailers) and billing arrangements based on the records of the relevant North East Link Tolling Corporation.

Evidence produced by certificate in accordance with these clauses is presumed to be proof of a matter stated unless evidence to the contrary is raised.

To challenge certificate evidence, a defendant must present or point to evidence to displace the presumption. While these clauses impose an evidential burden on a defendant, the right to be presumed innocent is arguably not limited, because the onus remains on the prosecution to prove the relevant facts for the offence to be established, disprove the defendant's evidence, and to do so beyond reasonable doubt. If the right is limited, the limitation is reasonable and justifiable because:

- the evidentiary certificate relates to matters recorded in the business records of the relevant North East Link Tolling Corporation, the enforcement agency or the Secretary, that are generally non-contentious;
- if the matter is contentious in the context of a particular proceeding or an offence, the evidence is not conclusive and the defence can lead evidence that is contrary to the certificate; and
- the use of evidentiary certificates streamlines the administration of justice and provides costs savings through not having to call a witness for issues that are not in dispute.

I note these clauses reflect provisions to similar effect in the *Melbourne City Link Act 1995*, the *EastLink Project Act 2004*, and the *West Gate Tunnel (Truck Bans and Traffic Management) Act 2019*, with respect to the tolling offences under those Acts.

*(d) Evidence from tolling devices*

Clause 93 of the Bill specifies that if the fact that a vehicle was driven or a trailer towed in a toll zone is relevant to an offence or for the recovery of a debt, evidence of that fact indicated or determined by:

- a tolling device that was used in a prescribed manner; or
- an image or message produced by a prescribed process

is admissible as evidence and is proof of the fact, absent evidence to the contrary.

Clause 93 therefore imposes an evidential burden on a defendant to present or point to evidence to disprove the fact sought to be proven by the use of the evidence from tolling devices. While clause 93 imposes an evidential burden on a defendant, the right to be presumed innocent is arguably not limited because the onus remains on the prosecution to prove the relevant facts, disprove evidence presented or pointed to by the defendant, and to do so beyond reasonable doubt.

If the right is limited, the limitation is reasonable and justifiable because:

- the evidence relates to mechanical or technical processes that are generally reliable and non-contentious;
- if the matter is contentious in the context of a particular proceeding or offence, the evidence is not conclusive and the defence can lead evidence that is contrary to the tolling device evidence; and
- the use of detection technology significantly streamlines the administration of justice and reduces costs of detecting and prosecuting offences involving moving vehicles.

I note this clause reflects provisions to similar effect in the *EastLink Project Act 2004* and the *West Gate Tunnel (Truck Bans and Traffic Management) Act 2019* with respect to the tolling offences under those Acts.

For those reasons, I consider that while the Bill may limit the right to be presumed innocent by section 25(1) of the Charter, any such limitation is reasonable and demonstratively justifiable having regard to the matters set out in section 7(2) of the Charter.

Are the relevant Charter rights actually limited by the Bill?

Provisions of the Bill engage but do not limit rights conferred by sections 8, 13 and 20 of the Charter.

Is any limit on relevant rights by the Bill reasonable and justified under section 7(2)?

Provisions of the Bill engage and may limit the rights conferred by sections 12, 21 and 25(1) of the Charter, but none of those rights is an absolute right and the limitations are reasonable and demonstrably justifiable having regard to the matters set out in section 7(2) of the Charter.

**Tim Pallas, MP**  
Treasurer

*Second reading*

**Mr PALLAS** (Werribee—Treasurer, Minister for Economic Development, Minister for Industrial Relations) (10:09): I move:

That this bill be now read a second time.

I ask that my second-reading speech be incorporated into *Hansard*.

**Incorporated speech as follows:**The Project

Mr Speaker, the Government's North East Link business case was released to the public ahead of the 2018 State Election in which the Andrews Labor Government was roundly endorsed by the people of Victoria for a second term.

The first act of Government after the election was to commence procurement of the project with the release of an Expression of Interest for the primary package, to be delivered as a Public Private Partnership.

The project provides Melbourne with the long-awaited missing freeway link connecting the M80 Ring Road with an upgraded Eastern Freeway to connect Melbourne's north and east areas.

It is expected to cut travel times by up to 35 minutes and provide for a safe and efficient freeway connection for up to 135,000 vehicles a day.

The project will create more than 10,000 Victorian jobs.

The North East Link is the biggest road transport project in Victoria's history and forms part of the Government's unprecedented transport pipeline to assist people to travel around Victoria.

Local Benefits

The North East Link will take 15,000 trucks off local roads every day and reduce congestion in the northern and eastern areas of Melbourne.

Local residents will access more than 25 kilometres of new and upgraded walking and cycling paths as well as upgraded bridges and signalised crossings for walkers and bike riders.

We are spending millions of dollars upgrading sports grounds in Melbourne's northern and eastern suburbs, to keep local clubs playing and thriving during construction and beyond.

We have listened to the community's concerns during the Environmental Effects Statement process and have adopted carefully considered measures to ensure minimal disruptions to the local area.

We are constructing five land bridges over the North East Link between Wittman Reserve and Winsor Reserve, creating approximately 8,500 square metres of 'green' public open space and we will plant more than 30 000 trees as part of the project.

Contents of the Bill

The Bill establishes the framework for the operation of the North East Link, with the road to open to the public in 2027.

*State Tolling Corporation*

Firstly, the Bill provides for the designation of the North East Link Road and establishment of the North East Link State Tolling Corporation.

The Bill provides the State Tolling Corporation with various functions and powers including but not limited to the ability to fix and collect tolls and toll administration fees on the North East Link and the operation and management of the North East Link.

Establishing the State Tolling Corporation as a Government entity will build the State's capability and capacity in relation to the operation and management of toll roads. The State Tolling Corporation will also be the direct recipient of toll revenues.

*Tolling Agreement*

Secondly, the Bill provides for the tabling and amendment of North East Link tolling agreements between the State and the State Tolling Corporation, which authorise and regulate tolling on the North East Link. Parliament will continue to have oversight of these agreements, which are subject to revocation by resolution to both Houses of Parliament (including any amendments).

*Tolling*

Thirdly, the Bill provides for collecting and enforcing tolls and toll administration fees on the North East Link.

The Bill enables the State Tolling Corporation to fix and collect tolls in accordance with an agreement with the State and request the enforcement agency to commence enforcement measures for a tolling offence if tolls remain unpaid.

The Bill mirrors the enforcement provisions and reforms to toll enforcement adopted in the West Gate Tunnel Bill (Truck Bans and Traffic Management) Act 2019.

*Other changes*

Finally, the Bill introduces a number of changes to other Acts, the most notable being conferring on the State Tolling Corporation various functions and powers of a road authority under the *Road Management Act 2004* consistent with other toll road operators.

Parts of the Bill

Part 1 deals with preliminary matters, including the purposes, objects and commencement of the Bill, designation of the North East Link road and interaction with the *Transport Integration Act 2010*.

Part 2 establishes the North East Link State Tolling Corporation and sets out its functions, powers and governance structure.

Part 3 provides for publication, tabling and revocation of North East Link tolling agreements and any amendments.

Part 4 deals with tolling, including the fixing and collecting of tolls and toll administration fees and tolling enforcement.

Part 5 deals with administration, legal proceedings and enforcement.

Part 6 provides for the making of regulations.

Part 7 sets out amendments to other Acts.

The Bill provides the framework for the operation of the North East Link by the State Tolling Corporation, a project that will deliver significant benefits to the State of Victoria.

I commend the Bill to the house.

**Ms KEALY (Lowan) (10:09):** I move:

That the debate be now adjourned.

**Motion agreed to and debate adjourned.**

**Ordered that debate be adjourned for two weeks. Debate adjourned until Thursday, 19 March.**

**HEALTH SERVICES AMENDMENT (MANDATORY VACCINATION OF  
HEALTHCARE WORKERS) BILL 2020**

*Second reading*

**Debate resumed on motion of Mr FOLEY:**

That this bill be now read a second time.

**Ms KEALY (Lowan) (10:10):** It is a great pleasure to rise today to contribute to the Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Bill 2020. This is of course a topical bill when we are talking about vaccinations, and particularly when we are talking about exposure to viruses and various other illnesses, when we look at our supermarket shelves and are not able to buy a roll of toilet paper because of concerns around the spread and impact of coronavirus.

I have heard from back in my fabulous electorate of Lowan—the biggest and best electorate in the state—around what will happen in terms of not just people who are at risk of coronavirus, not just the supplies if we do need to bunker down for a fortnight or more if we are going into quarantine, but also the impact for small business, which I think is a very fascinating area to look at. I know of a local small business that has been told that 25 per cent of its supply lines have been held up because they are sourced from China and it will not be until around June or July before we see flow of those supplies

again. So we know the retail sector is hurting. We know that certainly there is a lot of pressure from big businesses coming in. Our locally owned smaller businesses are really struggling, and I do fear for the future of a number of small businesses, whether they are retail or whether they are in the restaurant scene. When you look down Chinatown—I had dinner down in Chinatown on Monday night—there is barely anybody down there.

We are going to have a lot of Victorians who are really going to struggle over this period. It is not just about the health impacts but certainly about how we can support the valuable people who run our small businesses and keep our state running. I do hope this government does prioritise support for these groups, because without them Victoria will certainly be floundering and will go backwards, which is not something that anybody wants to see.

The purpose of the mandatory vaccination of healthcare workers bill is, as it states in its long title, to amend the Health Services Act 1988 and the Ambulance Services Act 1986 to allow the secretary to direct public health providers—which includes hospitals, ambulance workers and community health services—to require vaccinations for all staff, subject to some exclusions. Those exclusions, from my reading of the bill, are specifically medical exclusions.

We have heard from many people over the past few weeks since this bill was tabled who have raised concerns around vaccinations and particularly mandatory vaccinations. Some of those have been on conscientious grounds, and I do note that is specifically excluded from this bill as a reason not to get vaccinated. But there is also concern from people who have legitimate medical reasons to not be vaccinated. In addition to that we have people who object to vaccination on religious grounds. Again, that is specifically excluded from this bill.

But I would like to speak to the issue of people who cannot have a vaccination for medical reasons. I have seen this firsthand in the medical sector. There are some individuals who, for example, have an egg allergy. Many vaccines are based on albumin as the carrier for the vaccine, and so obviously there would be significant complications and reactions within that individual and they simply cannot have that vaccine; it is not compatible with their own health and safety.

There is not a lot of detail around what is acceptable as a reason for a medical exemption under this legislation, and I would seek further information from the minister and her office around the specifics of that because I think when we are talking about medical exemptions we can be quite specific in terms of the conditions that would be compatible with an exemption from the mandatory vaccination requirement.

In regard to other elements of the bill or concerns that have been raised with me, they are around what the impacts will be for employees or those engaged by health services should they refuse vaccination, but they have built a career and are important contributors to Victoria's healthcare sector. We know now that even though there have been different rates put in place—minimum rates and expectations upon health services and other health providers that they reach a certain level of vaccination rates—we have not been able to improve upon about an 84 per cent coverage of relevant employees, which leaves 16 per cent of the medical workforce impacted by this bill in a way that they will have to change what they have been doing. It may be that they have to now get vaccinated. It may be that they are now directed by the secretary that their employment will be terminated and their career will be over.

This is something that I completely understand as somebody who studied immunology and as a biomedical scientist. We do need to do all we can to achieve herd immunity, for healthcare workers in particular because they are more exposed to people who have otherwise preventable diseases—vaccine-preventable diseases. They also because of the nature of their work go from patient to patient providing amazing care and support for individuals who are unwell. Because of that and because they work with people who are immunocompromised, often there is a situation where they could act as the vector. So even though they are young, healthy, fantastic individuals who may just have a sniffle, they may carry that inadvertently from one patient to another, putting others at risk. So it is important that

where we can we do achieve herd immunity within our healthcare worker population and across our entire population, not just in Australia but across the world.

It is difficult to achieve herd immunity, and I think we have experienced that when we look at polio. The aim a number of decades ago now was that we would be able to eliminate polio in the community, but it has remained at that stubborn level where we have not been able to provide herd immunity which has sufficiently halted the disease and allowed it to die out. Unfortunately, and to great shock in some countries that simply cannot afford vaccinations or cannot access those vaccines, we have situations where now people are refusing to vaccinate even though they can afford to do so. I think that for some people, particularly those who cannot afford it and those who are in areas where they cannot access it, they find that quite a contradiction—that their people are dying while others are choosing not to be vaccinated.

But it is a question when it comes to employment, and I hark back to my time when I was at university and I studied an elective of morals and ethics of today. There was a similar question posed to us: what happens if the rules change when you are in the midst of employment? Specifically for nurses, what happens if the rules change where you are against vaccination for yourself, particularly if it is on religious grounds; however, part of your employment requires you to do so? So for future nurses and all healthcare workers I think there certainly will be an expectation that you are vaccinated, and some religious groups will choose therefore not to enter the sector. For others who already work in the sector, this will be a very, very confronting time for them.

The consequence may be inadvertent and perhaps it does not have the overall weight of carriage rather than providing herd immunity and protecting other healthcare workers and their patients from vaccine-preventable diseases, but it certainly does raise that question over whether somebody should have their employment terminated when they entered into an employment agreement where it was not a requirement to have a vaccination—they could do so and live through their religious beliefs in doing that—and then there is a change in legislation which means that they could be sacked.

There is not a lot of information around what the consequences will be for employees or those engaged by health services if they choose not to get vaccinated or if they have a medical exemption for vaccination. In terms of that there is conflicting information between the statement of compatibility and the minister's second-reading speech and the legislation in terms of whether that requirement is a directive straight from the secretary to the employee or whether it is the health service employer's requirement to provide those directives. I think there is some conflict in there, and it would be good to seek some clarification from the minister's office around that.

I do note that there is the opportunity for the secretary to revoke or suspend the registration of a health service if they fail to achieve the mandatory vaccination targets, which will be rolled out in 2021—next year. For some areas I think this needs to be balanced in terms of the provision of health services themselves. While there are plenty of alternatives and different options for health service providers in metropolitan areas, in some of the more rural and remote areas of Victoria there are significant shortages of particularly nursing staff, doctors and also allied health providers. If a significant number of these workers are told in a very short time frame that they cannot have any patient contact, I do fear that those positions will be unable to be filled. We find them very, very difficult to fill currently. It may mean that there will be a significant reduction in health services because the employees or engaged staff are not available.

Secondary to that, if the hospital are working hard to recruit to those positions but they cannot, they therefore will have a choice: do they run the risk of deregistration or suspension or revocation of their registration to provide any services at all or do they just close a specific service to the community? Where there is not an option—the option may be 100 kilometres away—there will be significant impacts from that.

Now, there is limited detail on how those directives from the secretary in terms of suspension or revocation of the registration of a health service would be implemented. There is very limited information in terms of the time frames that would be involved in that or the consideration of how that may impact on the general population being able to access the health services that they deserve. I do believe that a great amount of security needs to be given to particularly our smaller communities, who have no other option but to go to their local hospital, their bush nursing centre or their community health centre when there are no other options around. I do seek that reassurance and clear information to be provided to not just the health services in those regions but the people who rely on those very, very important health services, where people are doing an amazing job. It is more than just a job, it is more than just a shift that people go to work; it is part of their community. It means a lot to them, and that is why they live in those communities.

We have seen many, many times that rural communities do slow down and shut down because they start to lose their access to key services, whether it be their local school, whether it be healthcare services or whether it be a police station that has closed down. We do need to make sure that we do not inadvertently progress the demise of some of our smaller rural communities by creating an expectation which is unachievable when we have got such a significant staffing shortage around our health workers in rural and remote Victoria.

There are also other elements. We know that vaccinations do cost a lot of money to deliver for health services. While I believe that generally health services would be supportive of achieving 100 per cent vaccination rates if they possibly could, their only barrier would be that they may not have the funds available to do that without cutting other services within the hospital.

Always—I think we see this through many pieces of legislation, and it is something I have spoken about on a number of occasions—if we are going to make legislative changes that mandate a requirement on a health service or any public body, we need to ensure that there is a similar amount of funding that is provided to these organisations to achieve that goal. We also need to ensure that there is adequate support from the department to implement these types of policies and also for the provision and monitoring of staff.

Again, we need a little bit more information when it comes to vaccinations in terms of the schedule of vaccinations or the specified diseases that staff will need to show immunity to. We need to understand how this will be measured across the year. Putting a sort of audit date at the end of the financial year, which I could see could be the concept, may not be compatible with certain viral illnesses, such as the flu, as the flu season covers that June–July period and crosses over between two financial years.

There are other concerns around the supply of vaccines, and we have certainly seen that over past years. It happens with most vaccines that at some point in time there is a shortage and it becomes very, very difficult for one reason or another to access those vaccines. If you cannot access the flu vaccination before flu season and it only becomes available right at the very end of flu season, when the risk is extremely low, will the mandated vaccine schedule still apply? Will it mean that hospitals may be at risk of having their registration revoked or suspended because they simply could not vaccinate their staff because the vaccine was not available?

Then we have the other complex issue, which is around new diseases such as coronavirus. We know that there are many, many research scientists who are working exceptionally hard to create and develop a vaccine against coronavirus. We need to understand from the government where the priority will lie. When we have the mandated vaccination legislation, will the priority lie with the healthcare workers or will it lie with the most vulnerable people in Victoria who are most at risk of mortality as a result of having coronavirus?

I think that is an interesting question as we know there will be a very, very high demand for the coronavirus vaccine when it becomes available on the market. There is no doubt there will have to be priorities given, whether they are given to those that are immunocompromised or to elderly residents,

who seem to be more at risk of mortality in relation to coronavirus, or whether the priority will be to vaccinate healthcare workers who will be mandated, in accordance with the legislation that is before us today, to receive the vaccine. We just need to make sure that there is good planning around that and that all care is taken to make sure at the end of the day we are providing the best supports for our greater population to achieve herd immunity and also protect our population from otherwise preventable or vaccine-preventable diseases.

I raised earlier the issue around bush nursing centres, and they do a fabulous job. They deliver healthcare services in areas of Victoria that do not have access to any other public health services. It is extremely concerning that their funding future is on the line. I have received a number of concerns from my local constituents who rely on bush nursing centres but also may be employees of bush nursing centres as to what the future might look like. These are fantastic little organisations, and they are the frontline healthcare workers for many of our communities. They do make me smile because they do such a great amount of work. Sometimes they are the ambulance officers; sometimes they are the only nursing staff who are available to help someone who has been in a car accident, who has had a heart attack, who has broken their arm. They are sometimes the people who are pushing the exercise programs and pleading that people start to do a bit more exercise and eat healthier foods. They do fantastic fundraisers for the community to ensure that they have got the best possible equipment and infrastructure available.

They rely on a pittance of funding from the state. Without that funding though these organisations will close. For many of our towns—I think of Harrow, Balmoral, Lake Bolac and Dartmoor in my electorate—without bush nursing centres these communities would have to travel 100 kilometres to get to their nearest hospital or GP. We simply cannot have that scenario where because you live a long way from a major centre you do not have access to health services, so I do plead with this government: budget time is coming up—please secure the future of bush nursing centres because they are so important to our rural communities. As I said earlier, if bush nursing centres and access to health services do not exist in some of these towns, these towns do not exist—people will not live there. Please support our bush nursing centres.

Again, thank you so much to our fantastic bush nursing centres, whether you are an employee or whether you are a volunteer. They run on the smell of an oily rag, and the volunteers really do prop them up. Thank you for all your work and for making a difference in your community. That is what we are all here for. It is what drives each and every one of us. Whether you are a parliamentarian, a business owner or anybody in the community—a volunteer—all you ever want to do is to make a difference, and I know that bush nursing centres are certainly achieving that.

I had the great privilege to attend the Wimmera Machinery Field Days yesterday, and I was speaking to the local primary care partnership (PCP) manager, Geoff Witnitz, who is an absolute superstar, is extraordinarily humble and has done so much great work around filling the gaps in our healthcare system or pulling together all those little dribbles of money to deliver amazing health services in our region. One of those is the rural outreach worker. We have extraordinarily low access to mental health supports in my local area, and the results speak to that. We have certainly issues around whether you see a social worker. We do not have a lot of visiting psychiatrists; I do not think there is any visiting psychiatrist at all at the moment. When it comes to youth mental health there is nothing available, so this is the first port of call and the only support available for many people in our rural regions. Without the PCPs I do not think the rural outreach workers would be there, and I know firsthand that there would be many residents in our community who simply would not be with us today. These people save lives. They do a fantastic job.

PCP funding is on the line. It is really, really sad to see that the work of so many fantastic individuals could just disappear at the end of June because of a small amount of government funding. PCPs will be celebrating their 20th anniversary later in this month. It is next sitting week. I do invite all MPs to come along and hear about the great work they do. I think sometimes there is a lack of understanding or a misunderstanding that they are not delivering front-of-line healthcare services and therefore they



are not important. But that is simply not the case. Having been on the board of the local PCP in the past, having seen firsthand the difference these organisations make, I know they cannot be replaced by primary health networks; they cannot be replaced by any other existing organisation. We need them. So, please, again I urge this government to provide that funding and make sure that PCPs can celebrate their 21st next year and their 50th in future years, because they are amazing and without them our people would not be nearly as well as they are now.

Going through the concerns that I have, it is really about the information that has been provided by the government—or the lack of information. Whether it is around what diseases and the vaccine schedule, when that will be audited and how it will be reported, whether it is around the funding available to hospitals and health services to achieve the goals of this legislation or whether it is around support for hospitals and other health services to implement this legislation and to monitor the processes, I think this information should be forthcoming before we go ahead.

Most importantly, there needs to be better information provided to those 16 per cent of healthcare workers who are currently unvaccinated in terms of what their options are. Will their medical exemption fit the secretary's directives and therefore be acceptable? If it is for other reasons, what options will be available to them in terms of redeployment or moving outside of those frontline services? We know that for some that will not be possible. Lastly, if an employee is terminated on the basis of not being vaccinated, what supports will they get to seek and be trained up for alternative employment? We simply cannot turn our back on people because they have been terminated under legislation that they did not see coming in the future.

We do need to support all Victorians, and certainly the priority should be herd immunity and stopping the passage of viruses and viral diseases, particularly those that are preventable by a vaccination. But we do need to make sure that we look after those employees and do not leave them high and dry if they are unable to be vaccinated or, for other reasons such as religious reasons, do not wish to be vaccinated. So with that, we wish a good passage of the bill through this house and the other house, but we do seek that additional information, which I hope will be forthcoming from the minister in the other place.

**Mr McGuire** (Broadmeadows) (10:34): This bill is timely and pertinent, especially as the coronavirus becomes a pandemic. The Andrews Labor government is stepping up the fight against the flu and making vaccinations compulsory for frontline doctors and nurses in our hospitals and for paramedics caring for Victoria's most vulnerable patients.

Last year's unprecedented flu season put enormous strain on our hospitals, with more than 69 000 laboratory-confirmed flu cases. Victoria's dedicated health workforce rose to the challenge and continued to deliver world-class care, and that needs to be underlined. The Labor government already makes the flu shot free for healthcare workers. These new laws will mean that healthcare workers must be fully immunised to protect themselves and patients against the flu each year, as well as whooping cough, measles, chickenpox and hepatitis B. All healthcare workers in public and private hospitals and ambulance services with direct patient contact will be required to be vaccinated, including doctors, nurses, paramedics, dentists, orderlies, cleaners and staff working in public sector residential aged-care services. Workers who refuse to be vaccinated may face restrictions or be redeployed to other parts of the health service.

The intent of these laws is to protect healthcare workers from preventable diseases while also reducing the risk of transmission to the most vulnerable in our communities, such as children, the elderly, pregnant women and people with chronic diseases. This is why this is important. I want to emphasise that last year the Labor government set a target of an 84 per cent flu vaccination rate among healthcare workers, which was well exceeded. It reached 88 per cent across the state; that is an incredible take-up rate and should be applauded.

Victoria's landmark no jab, no play laws are also making a real difference in protecting children against preventable diseases, with Victoria's immunisation rates still the best in Australia. Again, that was landmark legislation. That was important and that has proven its success. The Labor government is also making it easier for busy families to get the flu jab by reducing the age at which Victorians can receive it at a pharmacy to 10. This is another part of a raft of legislation and reform on prevention and how we actually address these critical matters. I think that is the important context to know and understand.

The member for Lowan has raised the issue of people who refuse vaccines on religious grounds. I have been informed and advised that the only exemption will be for medical contraindications. As the government has said publicly, workers who refuse to be vaccinated may face work restrictions or be redeployed to other parts of the health service. That is how that issue is going to be addressed. There will be exemptions for people with medical contraindications as defined in the *Australian Immunisation Handbook*. Healthcare workers who are unable to be vaccinated due to temporary or permanent medical contraindications should provide documented evidence of this to their employer. I hope that that addresses that issue.

I think that we really need to look at Victoria's international leadership. We are world leading in medical research. We keep building on our incredible institutional clout that has been built up over decades. I had the privilege, as the Parliamentary Secretary for Medical Research, to join the Premier and the Minister for Health, Jenny Mikakos, earlier this week when the Victorian government provided another \$6 million to the consortium led by the Peter Doherty Institute for Infection and Immunity. As people would know and understand, this is built around Nobel Prize winner Peter Doherty, and the elegance of the science that comes out of Victoria is world leading. Just to underscore that, the Doherty Institute was the first laboratory outside of China to grow and share the coronavirus. It is now working with other laboratories to increase Victoria's capacity to rapidly diagnose infected people and to also develop better diagnostic tests to understand who has been exposed and how we can clear the virus without symptoms.

This is world-leading research. This is getting the collaboration that counts and having the institutional clout. And it is bringing together the Doherty Institute with Professor Sharon Lewin, one of our most eminent leaders. She said that it is a tremendous contribution from Victorian state government, and it will support Victoria's frontline diagnostic laboratories and also bring together leading expertise in Victoria to tackle this global health issue.

COVID-19 is spreading fast around the world and it demands a global response ...

is the way that she put it, and:

This funding will go a long way towards Australia's ability to build capacity to prevent, detect and control this new virus.

And this is a collaboration also with the Burnet Institute, and Professor Brendan Crabb said:

... an urgent and highly collaborative research component is essential to an effective COVID-19 response.

With this support from the Victorian Government, Burnet Institute will extend its already close partnership with the Doherty Institute and other key partners to accelerate the generation of knowledge and new tools that will help minimise the impact of this new infection to our community. Research goes hand in hand with front line responses, one cannot be effective without the other, and Victoria is an international powerhouse when it comes to health and medical research.

That is another important proposition with the University of Melbourne. I just want to use this opportunity to call on the Australian government to actually look at establishing a centre for disease control based in Melbourne and anchored on this collaboration that has already been formed and well established with the Doherty Institute, the Burnet Institute and the University of Melbourne.

The other critical proposition to know and understand is that what is happening is these viruses are transferring from animals to humans. What we need then to have is the connection with the CSIRO down at Geelong, with the Australian Animal Health Laboratory. That is a facility worth hundreds of

millions of dollars that has already been established, so Victoria has the institutional clout and it has the internationally regarded expertise, and this should be the critical centre. When you are in a pandemic you do not go parochial, you go for the world's leaders and you go for the best.

I would argue that this should be one of the missions out of the Medical Research Future Fund rising to \$20 billion. It looks like it was tailor-made to actually bring these institutions together—and I know that from Nobel laureate Professor Sharon Lewin to Professor Brendan Crabb and the dean of health at the University of Melbourne, they are all concerned to actually make this happen so that we have a critical mass of expertise to inform government responses. Of course we would obviously reach out and maximise our resources, so never forget Monash University and CSIRO; that they have connected in what I would call the great southern hub there, connected by Innovation Walk. I think that this is the time to bring these resources to the fore; for the Australian government to step up on the leadership. We have got the mechanism with the Medical Research Future Fund to establish a centre for disease control right here in Melbourne and to make sure that this becomes the centralised centre of excellence for emergency response to these issues as well.

Now is the time to act. This is an issue that is of international significance. It has already become a pandemic. In Victoria, by virtue of what it has already achieved—its leadership and excellence—now is the time to recognise this. Do not go parochial; be big picture, deliver on the vision and this will be the area that is the stand-out nationally. In the past this has become a bit of an issue between Melbourne and Sydney. Put that to one side, go with the world's leaders, deliver the best result and help improve and save lives.

**Ms BRITNELL** (South-West Coast) (10:44): I rise today to speak on the Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Bill 2020. This is an interesting bill, because when you think about the duty of care that a health worker has you would instantly imagine that people would actually understand the importance of being immunised. As a nurse for many, many years I would never have dreamt of not being vaccinated if I was looking after neonates or infants. On a children's ward of course you would make sure you had your pertussis up to date or every year the flu vaccinations. That was just part and parcel of the role.

I am pleased to see this bill, but I do have some concerns about how the bill will play out. I see that this was introduced in other parliaments—some four years ago I think is the time line on that—and I am disappointed to see that there is a lack of detail in this bill of how it will actually be implemented. Some of the questions I have got are: what vaccines are going to be included as mandatory? There are a number of vaccines—I think 192 vaccines are actually available—so what vaccines does this cover? You would hope it would be measles, mumps and rubella, your standard ones—but there is probably no need for some of the more exotic ones, and that is not explained in detail.

How will this be audited? It is often hard to get enough vaccines. In particular, out in the country we find it quite difficult to have the vaccines available when the season starts, and there is really no point if you are just ticking a box and you cannot get vaccinated until, say, August because the vaccine was not available for the amount of people requiring it—and that we have seen happen many times. What happens in this situation where the health professionals and the support staff are actually not vaccinated? Are they stood down until that vaccination takes place? Of course with the coronavirus in play at the moment and everyone most concerned about this disease, what will we see happen when that comes out? Will we have people that are vulnerable being prioritised, as you would hope to see, or would we be prioritising the health professionals?

There is no doubt that we need to have an improved herd immunity to actually get the results we are after. It is quite disappointing to see that we are only at 84 per cent of health professionals vaccinated. I think it will be a good thing, because we know that vaccinations work. In fact I am quite horrified to be receiving some emails from health professionals who are saying the science is not there to say that vaccinations work. It is absolutely ridiculous to say that when we see diseases like polio, which has been almost eradicated from the planet because of the great work that the Rotary clubs do—and a big

shout-out to my Rotary clubs in Warrnambool, Portland and Port Fairy. They do a lot of work, and I recently attended the breakfast they had for raising money for polio around the world. We are so close to being able to get there like we have done with smallpox, so there is absolutely no reason why as a community we cannot do better. As someone who was a nurse, I am actually horrified that we would have health professionals that do not have that sense of duty of care that I think should be mandatory.

I want to take the time also to talk about the hardworking health workers around my electorate. We have got the hospital at Portland which is doing an extraordinary job for a hospital that is very isolated in terms of closeness to capital cities. It has a large amount of people coming through its doors and has to provide services when it is so far away from the Melbourne hospitals. There needs to be an understanding of those challenges. There is the Heywood hospital, which is doing a fantastic job and which I love to visit. It is always great to visit—I like the old folks section of the hospitals because you can talk about who is related to whom, and we like to know who is who in the country. I love to go and have lunch with the community at Heywood and must do that again soon. The Port Fairy hospital has currently got its issues with the urgent care centre and trying to meet the demands of the community, and of course there is Macarthur with its small health facility there, but no less very important to the community of Macarthur. And that leads me of course to the Warrnambool base hospital, which is the hospital that services the region and has an enormous need for an upgrade at the moment.

I am desperately hoping that the government understand the many, many times I have put to them the importance of funding this hospital. As I keep saying, it is not a want, it is an absolute need. The accident and emergency and theatre areas particularly are desperate for an upgrade. There is no way I would believe that we will not get funding in this budget in May. I would just be horrified if that is not the case. But these people are all going to work every day worried about their own health, obviously, and looking after others before themselves. So a big shout-out to all the health workers—the doctors and nurses—particularly in places like Warrnambool, where they are under enormous pressure in the accident and emergency department and theatres.

The concern I have got is: how will this be run out? When you talk about the smaller health services, like Heywood and Port Fairy, how will this be funded? There also needs to be funding for this. If the government keep saying to hospitals, ‘You’ve just got to fund it out of your global budget’, then the pressure at some point will be unbearable. Their electricity costs have gone up enormously, and they are just being told they have to cater for that out of the budget. The reality is that something else has to go. We have seen the elective surgery wait blow out by 46 per cent at the Warrnambool Base Hospital. Extra pressures that are not having the extra funding allocated to deal with them are much harder in small hospitals. When you have got a larger facility you actually have people who are delegated to certain administrative roles that can deal with that. In small hospitals you do not. It is often the administration staff and the CEO and the director of nursing who are the front line trying to do the extra administrative roles that will accommodate the new changes. So we hope that we actually see some funding around this as well.

It is really just a matter of saying that this is a bill that will, I think, improve the situation but there are some challenges around conscientious grounds being excluded. I think that is absolutely fair—as I said, there is a lot of science around immunisation and we need herd immunity to make this effective—and I am pleased to see that is actually excluded. However, some of the more challenging areas are religious grounds. That has been excluded, and I think that is absolutely right as well. But when you have got people who are allergic to eggs, for example—because the vaccines are sometimes carried in an albumin base and that can result in allergies or anaphylaxis—how are we going to deal with those sorts of situations? Will it just be a doctor’s certificate that will certify that somebody does not need to be vaccinated? If a pregnant woman, for example, says, ‘I’m not comfortable with being vaccinated while I’m pregnant’, will she get an exemption, or is this going to be much more clearly itemised somewhere where the doctors can have some guidelines around that? At this point in time I am not sure there is clarification around things like what medical exemptions there are.

I recently had a new granddaughter, born on 27 December, little Fleur.

**Mr Pakula** interjected.

**Ms BRITNELL:** This is grandchild number two. Archie is four. We make sure we all get immunised. We do not want to put any risks around our children and our grandchildren. I would be horrified to think that anybody would go onto a ward—as a nurse I certainly would not have—if they did not have their immunisations up to speed. Let us just remember that we want to make sure that parents, families and patients are protected. I absolutely endorse the fact that there will be a big improvement in healthcare workers to get it up from 84 per cent so we have better herd immunity in our community.

**Mr J BULL** (Sunbury) (10:54): I am really pleased this morning to have the opportunity to contribute to debate on this important bill, the Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Bill 2020. As you know, a good government's number one priority should always be the safety, security and wellbeing of the citizens that it represents. We know that safety, security and wellbeing within our respective communities come in many shapes and in many forms. Communities that we all represent are of course entitled to be free from harm and to be free from violence in its many dark and varied forms. The communities that we all represent are entitled to a safe and clean environment, clean air, clean water and a climate that does not threaten their very existence and that of their families. We know that the communities we all represent are entitled to safe and reliable systems of transport, whether it is road, rail, bike, foot or air. But importantly, and at the heart of this bill, the communities that we all represent are entitled to the very best health care and the very best health system that we can provide—world-class health care, supporting you, supporting your family when they are sick and providing an opportunity to get that care where and when you need it. That is primarily important for all communities right across the state.

You only need to look at the current situation that has played out over the last couple of months in relation to the coronavirus to see the importance of public health. Like other members have done, I put on record my thanks to and appreciation of our incredible healthcare workers and agencies that are doing everything they can to provide factual, clear and concise advice to the Victorian community. And can I also put on record my thanks to those at the Doherty and Burnet institutes, alongside many others, that are working very hard together to develop treatments and to develop vaccines in the face of a significant challenge.

This government and indeed all members of the house should support that critical investment in science, in research and in development in this area at a challenging time not just for our community but right across the world. What is of course most important is that we focus on facts and we focus on listening to those agencies that are experts in the field, heeding their message and following their advice calmly and accordingly. We all know of course that this bill goes to the health and wellbeing of our respective communities.

Like many other members of the house, I have received a number of emails in relation to this bill. Those emails have contained a number of statements around why this bill should not be supported. The emails relate to fundamental rights around bodily integrity and autonomy. They express figures from searches of the Australian Database of Adverse Event Notifications, and concerns have been raised regarding the little or no evidence they suggest has been provided to show that healthy, unvaccinated healthcare workers are any more risk than their fully vaccinated peers.

Like other members I have received a range of emails. I respect and appreciate these views and I thank these members of our community for writing to me, but I certainly do not agree with the points that have been put forward. I do not agree that the science should be in question and I do not agree along the lines of many of the assertions that are made within these emails. This is an important bill because we of course know that vaccinations are safe and they save lives, and they are one of the most effective ways of preventing diseases worldwide.

A number of years ago when we in this place looked at the no job, no pay legislation there were some statistics in the contribution that I made around the rates of death through centuries that have gone by. When you look at some of those statistics compared to some of the statistics that are currently in play, what is clear is that we know that vaccinations save lives. Without the very sound, very rigorous, well-funded, well-supported series of vaccines that are available today we would certainly not be anywhere near as healthy a community as we are. That does not mean to say that there are not challenges, and there are challenges right now, as I have mentioned, but this is a fundamentally important bill, a bill that goes to ensuring that our healthcare workers are protected to the best of our ability, that our healthcare workers are supported, that our healthcare workers have the best protections against many of these harmful diseases that they can. I know that this government will continue to support our healthcare workers in all the important work that they do. I commend the bill to the house.

**Business interrupted under sessional orders.**

**Questions without notice and ministers statements**

**AFL CHINA MATCH**

**Mr M O'BRIEN** (Malvern—Leader of the Opposition) (11:01): My question is to the Premier. Given the Treasurer has announced \$4 billion in budget cuts which will see jobs lost and services reduced, Premier, why is the government now paying the AFL for St Kilda Football Club to play a home game at their own home ground?

*Members interjecting.*

**The SPEAKER:** Order! I warn the Minister for Mental Health and the member for Eltham. The Leader of the Opposition has the call.

**Mr M O'BRIEN:** I will repeat the question, which is to the Premier: given the Treasurer has announced \$4 billion in budget cuts which will see jobs lost and services reduced, Premier, why is the government now paying the AFL for St Kilda Football Club to play a home game at their own home ground?

**Mr ANDREWS** (Mulgrave—Premier) (11:02): I thank the Leader of the Opposition for his question. His characterisation of the forthcoming budget and the Treasurer's comments is completely wrong—that is the first point to make.

*Members interjecting.*

**The SPEAKER:** Order! I warn the member for Forest Hill.

**Mr ANDREWS:** Completely and utterly wrong. Shall I say it for a third time? Completely and utterly wrong. You can laugh and shout all you like.

**Mr M O'Brien** interjected.

**The SPEAKER:** Order! The Leader of the Opposition!

**Mr ANDREWS:** There are some who hope that if they say it often enough, it will suddenly come true. They did that for four years and look where they are now.

If the Leader of the Opposition seriously expects any member of this government to apologise for bringing visitors from other parts of our country—South Australia, for instance—to make sure that we have got a strong crowd—

*Members interjecting*

**The SPEAKER:** Order! The Premier will resume his seat. On a point of order, the Leader of the Opposition.

**Mr M O'Brien:** On a point of order, Speaker, the Premier is debating the question. The question is: why is he paying the AFL for St Kilda to play a home game at their own home ground? Where else was it going to go? It is their own home game at their own home ground.

**The SPEAKER:** Order! The Leader of the Opposition has made his point of order. I do not uphold it. The Premier is being relevant to the question asked.

*Members interjecting.*

**Mr ANDREWS:** Well, Speaker, the Leader of the Opposition might want to listen up. It may be news to the Leader of the Opposition, but of course the game was going to China—that is the first issue. Not the best question you have asked—well, where else could it go? It was supposed to go to China, my friend. Then it may well—

*Members interjecting.*

**Mr ANDREWS:** Well, this is the thing. Those who have put forward that they are all-knowing—at the end of the day it could have gone to Queensland, it could have gone to any number of different places. I just go back to the point I was making: if the Leader of the Opposition wants any member of the government to apologise for attracting visitors from South Australia to come to Melbourne, if he wants any member of the government to apologise for the Chinese community festival that will be run as part of this—I am pretty sure that the member for Box Hill is very pleased to see us taking real action to support the Chinese community when they are under incredible pressure at the moment, as is the member for Burwood, as is the member for Mount Waverley, as is, I hope, every member of this government—we will not apologise for supporting the Chinese community.

**Mr M O'Brien:** On a point of order, Speaker, the question is: why is this Premier becoming an ATM for the AFL? That is what Victorian taxpayers want to know.

**The SPEAKER:** Order! The Leader of the Opposition did not raise a valid point of order.

**Mr ANDREWS:** We saw in the lead-up to the 2018 election that this sort of line was run. It was run by someone else, who is not sitting up at the table anymore, and yet this line has continued. Keep going. Keep bagging footy fans. Keep bagging hospitality workers. Keep on expecting me to apologise for supporting the Chinese community. It is working so well for you!

**Mr M O'BRIEN** (Malvern—Leader of the Opposition) (11:06): Premier, you said you would be delivering the budget priorities of this government, yet you are giving more taxpayer money to the AFL, an organisation which is tax exempt and had a gross revenue of nearly \$800 million last year. Premier, why is giving yet more taxpayer money to the AFL a higher priority to your government than fixing ballooning hospital waiting lists?

**The SPEAKER:** Order! Before calling the Premier to answer this question, the level of noise is excessive, so members are warned: if they shout across the chamber, they will be removed from the chamber without further warning.

**Mr ANDREWS** (Mulgrave—Premier) (11:06): I would advise the Leader of the Opposition: do not hold your breath waiting for me to take lectures on hospital services from you. It will not do your health any good. You will need medical care if you hold your breath waiting for me to be lectured by the likes of you on dealing with patients in public hospitals.

*Members interjecting.*

**The SPEAKER:** Order! The Leader of the Opposition!

**Mr ANDREWS:** You would have privatised the lot if you could.

*Members interjecting.*

**The SPEAKER:** Order! The member for Warrandyte! Was there a point of order?

**Mr R Smith:** That was it.

**Mr ANDREWS:** That is symptomatic—he turns up with much promise and then fails to deliver. It is the story of Warrandyte: such a close preselection but—oh!—a terrible outcome. He cannot deliver.

We make no apology for supporting jobs in our visitor economy. We make no apology for supporting the Chinese community at a very difficult time for the Chinese community—unfairly. We should not have to do that, but of course we rise to that occasion. And we certainly make no apology for making sure the game was not played in Brisbane.

#### MINISTERS STATEMENTS: FAMILY VIOLENCE

**Mr ANDREWS** (Mulgrave—Premier) (11:08): I rise to update the house on the progress that the government is making in implementing the recommendations of Australia's first and only Royal Commission into Family Violence. This month of course marks four years since Justice Neave handed down her findings, and we have made very substantial progress—very significant progress. One hundred and forty-three of the 227 recommendations made by the royal commission have been acted on, and we have invested around \$2.9 billion—that is more than every other government combined across our nation. It ought to be a source of pride for every Victorian that we are taking this issue seriously. We are taking action and we are changing lives, and through all of our dedicated partners—those who provide services, those in law enforcement, and the list goes on and on—we are saving lives.

Tragically it is still the case that a woman a week loses her life to a current or former partner across our country, and all of us as members of this place and indeed as parents and partners—all of us, I think—have been terribly affected and impacted by shocking events in other parts of the country. The deaths of Hannah Clarke and her three children, Aaliyah, Laianah and Trey, are a tragic reminder that despite the progress that we have made there is so much more that we must do. Each and every member of the government and, I would hope, each and every member of our Parliament and the community more broadly would know and understand and sign up to the fact that we have to change attitudes towards women if we are going to change outcomes for women. The Gender Equality Bill 2019 that passed this Parliament is a big step in the right direction. Funding services properly so that literally tens of thousands of women and their children can get the support they need—that is the most important work we can be doing and we are doing and we will continue to do.

#### SEYMOUR RAIL LINE

**Ms RYAN** (Euroa) (11:10): My question is to the Minister for Public Transport. V/Line trains between Seymour and Craigieburn have been operating on a double line block system since the 1890s. So that travellers on this line can be assured that the minister has a personal understanding of how antiquated this signalling system is, will the minister explain right now how this system works?

**Ms HORNE** (Williamstown—Minister for Ports and Freight, Minister for Public Transport) (11:11): I thank the member for her question. Let me just say from the outset we take safety very seriously. That is why all the trains that run on our system actually do so under the safety regulator. The way that the signalling works on that is with phone calls instead of bell codes.

**Ms Ryan:** On a point of order, Speaker, the phone system, the permission system, is what is currently operating. What I actually asked the minister was whether she could explain the double line block system.

**The SPEAKER:** Order! I am unable to rule on the point of order because I do not know how those systems work either, so you are asking the wrong person to have that debate.

**Ms RYAN** (Euroa) (11:12): Minister, this signalling system has not been working for two and a half years, and the manual for this system says that when broken, block instruments must be repaired



as soon as possible. Why hasn't this system been fixed and on what date will this signalling system be fixed?

**Ms HORNE** (Williamstown—Minister for Ports and Freight, Minister for Public Transport) (11:12): Let us be clear: the system that the member is referring to relied on Morse code. What we are doing on the Seymour line is now relying on a system that uses phone calls, which is the double block system that she is referring to. However, safety is a matter for the safety regulator. What we are doing is investing in a \$27 million upgrade on the Seymour line, because that provides services.

#### MINISTERS STATEMENTS: FAMILY VIOLENCE

**Ms WILLIAMS** (Dandenong—Minister for Prevention of Family Violence, Minister for Women, Minister for Youth) (11:13): I rise today to update the house on the Andrews Labor government's ongoing commitment to keeping Victorian women and children safe from family violence. Over 81 000 Victorians have now received support through our support and safety hubs, which are more commonly known as the Orange Door, and this includes some 31 000 children. We currently have five primary sites of the Orange Door with another 12 on the way. However, the model is not just about the bricks and mortar. It is about the network of services and support that the Orange Door represents and that it coordinates. It is about ensuring that help is available to victim survivors when they need it, and it is about ensuring that victim survivors do not have to continually repeat their stories and also of course that perpetrators of violence are held to account.

Last week I joined with the member for Shepparton in Shepparton to meet with partner organisations for the Goulburn Orange Door—Primary Care Connect, Nexus Primary Health, FamilyCare and Rumbalara Aboriginal Co-operative. These organisations do amazing work in their own right, and they are now working hard with us to better join up the service delivery system in the Goulburn region. We have invested \$448 million in the Orange Door services as part of our record \$2.9 billion investment into addressing the recommendations of the royal commission.

But it is not about money; it is about lives. Every week in Australia a woman dies at the hands of her partner or former partner, and we are reminded all too regularly of the tragic outcomes if we do not address this issue properly. Sadly we recently had another harsh reminder of this, with the murder of Hannah Clarke and her three children at the hands of the person who should have loved them the most. We know reform like this is complex, and we know we need to be in it for the long haul. We do not shy away from that; we never have, because we know what is at stake if we do not make the changes that the royal commission told us that we need to make. This work continues, it is crucial and it is saving lives.

**The SPEAKER:** Just before calling the Deputy Leader of the Liberal Party I want to acknowledge in the gallery the presence of George Cox, who was a member of the other place.

#### WEST GATE TUNNEL

**Ms McLEISH** (Eildon) (11:15): My question is to the Minister for Education. The principal of Bacchus Marsh Grammar, Andrew Neal, told the *Moorabool News* last September that if Maddingley Brown Coal began storing household waste at its Tilleys Road site, located just over 1 kilometre from the school, the school would have no choice but to relocate. Will the minister guarantee to parents, students and staff of Bacchus Marsh Grammar that the Maddingley Brown Coal site will not become a toxic waste dump for Labor's botched West Gate Tunnel Project?

**Mr MERLINO** (Monbulk—Minister for Education) (11:16): I thank the Deputy Leader of the Liberal Party for her question, and I would simply say that discussions with the community are ongoing. No decisions are being made. I am not going to pontificate on a hypothetical that the deputy leader is putting to this chamber. Decisions have not been made. Communication and consultation with community is ongoing.

**Ms McLEISH** (Eildon) (11:16): In the February 2020 newsletter of Bacchus Marsh Grammar principal Andrew Neal wrote:

I have had a significant number of members of the school community and broader community telephoning me with concerns about reports that contaminated soil is to be relocated to Bacchus Marsh ... The reports, if true, are part of a worrying trend for Governments ... to see this town, and the west in general, through a lens of waste disposal ...

What will the minister put first? The health of students at Bacchus Marsh or the financial interests of Transurban?

**Mr MERLINO** (Monbulk—Minister for Education) (11:17): I thank the deputy leader for her supplementary question. I have just a couple of points to make to add to my substantive answer and to her supplementary question: the excellent member for Melton has been meeting with the school as early as yesterday. The Minister for Transport Infrastructure met with the council a couple of weeks ago. I am more than happy to meet with the principal of Bacchus Marsh Grammar to discuss these matters. I just reiterate that no decisions have been made. Consultation clearly is ongoing, and in the meantime we are building schools in the west and we are supporting schools—government, Catholic and independent schools such as Bacchus Marsh Grammar.

#### MINISTERS STATEMENTS: MENTAL HEALTH REFORM

**Mr FOLEY** (Albert Park—Minister for Mental Health, Minister for Equality, Minister for Creative Industries) (11:18): I rise to update the house on the action this government is taking not just around the much-needed reform of Victoria's mental health system but around increasing the leadership we are taking on reforming Australia's mental health system. It is certainly the case that when it comes to the crisis of our mental health system across the nation one of the many areas of focus that Victoria's royal commission into our mental health system has shone a light on is the link between family violence and its impact on women's mental health.

Material made available to the royal commission by the Women's Mental Health Alliance points to—and this is indeed material backed up by the Department of Health and Human Services submissions—the higher rates of anxiety, depression and affective disorders that are endured by women, including the higher rates of eating disorders. Twice the rate of post-traumatic stress conditions are suffered by women and, in some circumstances, there are higher rates of both self-harm and suicidal behaviour. That is reflected particularly in survivors of family violence who are women, with 70 per cent of those women having treatable mental health conditions and up to 35 per cent of family violence survivors having attempted suicide or self-harm.

But beyond these, in the stories of the damaged lives, the families torn apart and the communities and lives broken lies the real tragedy. That is why this government is taking real action in implementing all of the recommendations from the royal commission's interim report and, as was our election commitment, has promised that we will implement all of those recommendations of the final royal commission report. I am pleased that this issue has been put on the agenda for the upcoming COAG. I am pleased that the Prime Minister is partnering with Victoria in this important area. *(Time expired)*

#### SHEPPARTON RAIL LINE

**Ms SHEED** (Shepparton) (11:20): My question is for the Minister for Transport Infrastructure. Minister, what is the current state of the stage 2 upgrade to the Seymour–Shepparton line, and when can we expect that work to be completed? There is some concern in the community that these much-needed rail upgrades are falling behind schedule and that some elements of stage 2 have shifted into the yet-to-be-funded stage 3. With an investment of \$313 million in the 2018–19 Victorian state budget for this project, people are keen to see that investment translated into reality.

**Ms ALLAN** (Bendigo East—Leader of the House, Minister for Transport Infrastructure) (11:20): I thank the Independent member for Shepparton for her question and her ongoing and consistent advocacy for improved rail services for the Shepparton community. Shepparton is a fantastic regional

centre, so important to our state's economy, and it is only right that it have a modern train service. That is what the community of Shepparton have long been seeking.

Certainly since 2014 we have been pleased to work with the member for Shepparton on progressively improving and upgrading services along the Shepparton line because there is a lot of work to be done. There is quite a backlog of work along this corridor because it has been badly neglected in the past. Now, it has been great to work with a local member who is prepared to advocate and push for improvements to the corridor. As the member knows, as the community knows—

**Ms Ryan** interjected.

**Ms ALLAN:** Hang on, I am coming to you lot in a minute. You guys, honestly. They are brave, I will give them that. When it comes to standing up and talking about regional rail, gee, they are a brave lot, because they know I will remind them that they closed country train lines, they cut funding to V/Line—

**Mr Walsh:** On a point of order, Speaker, I might ask you to draw the member back to answering the question. And while she is doing that she might explain how she botched the Murray Basin rail project.

*Members interjecting.*

**The SPEAKER:** Order! I am going to have to run a session on points of order. I have warned members about interjecting. And I ask the minister to come back to answering the question.

**Ms ALLAN:** And I am, Speaker, because unlike those opposite, who neglected regional rail even when there were two ministers at the cabinet table representing Shepparton, we have been determined to work with the Shepparton community on improving the rail line. That is why a total of \$356 million has been invested in the first two stages of the Shepparton line upgrade. Stage 1 has been fast-tracked, Speaker, and I will tell you what happened at the end of stage 1. We got to add a fifth daily return service to the Shepparton community in April 2019.

The member for Shepparton asked about stage 2. I can understand why her community is concerned, because they have been betrayed so often by those who used to hold the seat. They were betrayed so often by Liberal and National party representatives of the seat. I can advise the member that we are well advanced on stage 2 works. Geotechnical investigations have been occurring along the corridor. As I said, we have got a big job to do on this line—a big job to do. A contractor is expected to be appointed in coming months and construction is due to start later this year and be completed in 2022.

We are determined to deliver on what we have committed to the Shepparton community: an improvement to the track. A massive investment in the infrastructure—the track—means we can run more services. That is exactly what the Shepparton community deserve and what we intend to deliver.

**Ms SHEED** (Shepparton) (11:24): I will not stop being vigilant on this because one of the main reasons that my community elected me to this place was the poor state of rail services. We now know that we have a business case that is to be completed for stage 3. Minister, I am just wondering where that business case is now up to, because that is part of the story that will ultimately deliver nine VLocity trains a day into the Shepparton railway station, something our community has been waiting for for such a very long time.

**Ms Ryan** interjected.

**The SPEAKER:** Order! The member for Euroa!

*Members interjecting.*

**Ms ALLAN** (Bendigo East—Leader of the House, Minister for Transport Infrastructure) (11:25): Speaker, I will tell you where stage 3 came from. The need to do more works on stage 2 was identified, and we said this at the time. The works in stage 2 involve the development of a business case for

stage 3 works because this a big job. Because of the decades of neglect of previous Liberal-National party members of Parliament we have got a big job to do.

*Members interjecting.*

**The SPEAKER:** Order! The member for Warrandyte has the call.

**Mr R Smith:** On a point of order, Speaker, as just an example of how good the government is doing, the Seymour line is now closed because of rain. So you are doing a great job.

*Members interjecting.*

**The SPEAKER:** Order! When the house comes to order. The member for Shepparton has asked a question that her community is interested in. The minister is giving an answer. I ask members to stop shouting across the chamber. I have warned members that they will be removed from the chamber without warning.

**Ms ALLAN:** The work on the business case for stage 3 is progressing well, and we will be taking advice from our expert engineers in Rail Projects Victoria on how to best deliver the works on stage 3. Unlike those opposite, who overpromised and underdelivered to the Shepparton community with a false and deceitful commitment to the Shepparton community about additional services before the last election, we are going to get on and deliver improvements to the Shepparton line. Work on stage 2 is underway, work on the business case for stage 3 is underway, and I look forward to continuing to work with the member for Shepparton on this.

#### MINISTERS STATEMENTS: FAMILY VIOLENCE

**Ms KAIROUZ** (Kororoit—Minister for Consumer Affairs, Gaming and Liquor Regulation, Minister for Suburban Development) (11:27): I rise to update the house on my portfolio's work to combat the scourge of family violence. In 2018 we passed a package of more than 130 reforms to improve the rights of the one in four Victorians who rent. The reform package delivered on recommendations of the Andrews Labor government's landmark Royal Commission into Family Violence, which addressed the lack of support for victims of family violence living in rental properties.

From 1 July 2020 VCAT will be able to make orders to terminate an existing rental agreement and enable the landlord to enter into a new agreement with the survivor. In these circumstances VCAT will be able to make further orders to exempt the survivor from paying outstanding rent, repairing damage caused to the property and paying for any utility charges that have arisen as a result of family violence. Survivors will also be able to make changes to the property to improve its safety and security, with the landlord unable to unreasonably refuse.

We will also ban the blacklisting of survivors of family violence on residential tenancy databases if they breach their rental agreement due to family violence. And any survivors making an application to VCAT cannot be cross-examined by their perpetrators. Importantly, we brought forward a key reform suppressing rooming house addresses from the public register to protect residents threatened by family violence. This came into effect in April last year.

I am proud of our government's commitment to improving renters' rights. For many of us pets make a house a home, and from Monday this week we have opened the door to pets in rental properties, with landlords unable to unreasonably refuse a renter's request to keep a pet.

There is more to come. We will implement minimum standards in rental properties. We will crack down on rental bidding, and renters will get their bond back quicker than ever before. We said that we would make renting fairer, and that is exactly what we are doing, and I look forward to continuing to update the house as we roll out these very important reforms.

**BUSHFIRE RECOVERY INITIATIVES**

**Mr WALSH** (Murray Plains) (11:29): My question is to the Premier. At the same time as the Treasurer announced \$4 billion of budget cuts your government owes the Heyfield Lions Club \$140 000 in fodder transport subsidies. Despite promises from your government that those who carted donated hay to bushfire-affected farmers would not be out of pocket, the Lions Club has not been paid. Why has the government failed to allocate sufficient funding to ensure everyone who transported donated fodder to the Gippsland and Upper Murray bushfire regions receives the transport subsidy that you promised?

**Mr ANDREWS** (Mulgrave—Premier) (11:30): I thank the member for his question. As I understand it the Minister for Agriculture and Minister for Regional Development had a meeting with the Victorian Farmers Federation (VFF) yesterday in relation to these matters. I am more than happy to give the member an undertaking that I will follow up with her and any relevant officials as to the payment of that subsidy. We are very grateful to so many people who at our worst moment came together—

*Members interjecting.*

**Mr ANDREWS:** Well, if some want to interrupt—

*Members interjecting.*

**Mr ANDREWS:** No, no.

**The SPEAKER:** Order!

**Mr ANDREWS:** Regardless of the interjections coming from those opposite, I will take the opportunity on behalf of the government and all Victorians to thank every single community member, some in fire-affected communities, some a long way from fire-affected communities who, recognising that at the worst of times we are all in this together, pitched in to provide support. Some of that support was donating time, some of it was donating labour, some of it was donating goods and services. We are incredibly grateful to every single one of those Victorians, of large and small contributions in communities that are demonstrably better off because of this.

I was very pleased just yesterday to be able to speak to the mayors of the three most directly affected shires and to have a lengthy conversation with each of them about how things are going. Pleasingly, significant progress is being made in lots of those most important areas. But in the course of those discussions there were things that can be improved, there were things that can be done better, and since those conversations, and indeed every day since the fires started, we have been working across the political divide—or so we thought—to provide the best possible support for those communities. And that will not change. Whether it is working with the member for East Gippsland or working with the member for Benambra or any other affected member, we are grateful to everyone who has pitched in.

As I said at the outset—the Leader of the Opposition may not have been listening—the Minister for Agriculture met with the VFF yesterday, who understand that they are central to the delivery of this program. I am happy to undertake to follow up and make sure that anyone who is owed any amount of money receives that payment. But at this stage I want to make it really clear that not only will people receive payment but they will receive the gratitude of the government, the Parliament and the broader Victorian community. We will not use these fires as an opportunity to potentially obtain political advantage. We will instead just get on and do what needs to be done—something that sadly is lost on many.

**Mr WALSH** (Murray Plains) (11:33): The government also owes the Timboon Lions Club almost \$300 000 for carting 83 truckloads of hay to Corryong. They have now been told the money has run out and they are unlikely to have these costs met. At the same time as the Treasurer has announced

\$4 billion of budget cuts, why has the Premier turned his back on these very generous Victorians who sprang into action to help bushfire-affected farmers and to ensure that animals did not starve?

**Mr ANDREWS** (Mulgrave—Premier) (11:33): Well, I am surprised that the member would seek to link issues. Well, firstly I will challenge the assertions about what the Treasurer said and what the forthcoming budget will look like; that is point one. Point two: I would have thought that a senior office-holder of the VFF—former—would have had some idea that the VFF administer this program, and the Minister for Agriculture—

**Ms McLeish:** There's no money.

**Mr ANDREWS:** It is Victorians' money. It is not yours, it is not mine.

*Members interjecting.*

**Mr ANDREWS:** It is administered by the VFF, and I do not know that people playing political games on this will help the VFF administer it any better. In fact I think this sort of tactic is more about those opposite than anyone affected by fire.

**Mr Walsh:** On a point of order, Speaker, the question was very clearly about why these Lions clubs have not been paid and the fact that they have been told there is no money left. Do I take it that the Premier is saying he is going to meet all the commitments that are necessary? That is what we need for these service clubs and these people who donated the hay and the people that carted it to get to these desperate bushfire-affected farmers. Bring the Premier back to answering the question and get a commitment that they will actually be paid.

**The SPEAKER:** I understand the question that was asked. The Premier was being relevant to it.

**Mr ANDREWS:** As I was saying, the Minister for Agriculture met with the Victorian Farmers Federation yesterday. I have given the member an undertaking that I will follow up with her and anybody else that I need to speak to about this matter—

*Members interjecting.*

**Mr ANDREWS:** You keep playing politics. Shame on you.

*Members interjecting.*

**The SPEAKER:** Order! The Attorney-General is waiting to make a ministers statement.

#### MINISTERS STATEMENTS: FAMILY VIOLENCE

**Ms HENNESSY** (Altona—Attorney-General, Minister for Workplace Safety) (11:36): I rise today to update the house on the progress of the government's rollout of specialist family violence courts. Of course specialist family violence courts were a key recommendation from the Royal Commission into Family Violence. They are a critical part of keeping victim survivors safe—

*Members interjecting.*

**The SPEAKER:** Order! The Leader of the Opposition!

**Ms HENNESSY:** They are a key part of holding perpetrators to account. This specialised model, what it does is it combines not just the jurisdiction of the Magistrates Court, but it brings the Children's Court to be able to deal with child protection matters, it brings the VCAT jurisdiction to deal with housing and rental matters, it brings the safety and it brings the needed support services all into a one-stop shop to make sure that not only are we focused on keeping families safe but we are very focused on making sure that we hold perpetrators to account and we start to break the circuit that builds in place generations of family violence that has gone on for way too long in this country.

Not everyone, however, matches their rhetoric with their investment in these matters. We are very disappointed with the actions of the commonwealth government in cutting funding to the Court Network of Victoria when it comes to the Family Court on this front.

We will continue to survive. We will continue to support all of our services, but what we will not do is rely on thoughts and prayers as our response alone. We will keep our focus and our commitment on investment, on policy and on making sure that we keep women and children safe in our justice system. We will make sure that our attention span and our focus on these issues are sustained and continue to ensure that we are supporting the drive for change and that we are focused on making sure that we keep women and children safe in the state of Victoria.

**Mr Blackwood:** On a point of order, Speaker, tomorrow it will be 365 days since I put two questions on notice to the Minister for Health. It is one thing for her to block me from Twitter because she is sick of hearing about the need for a new hospital in Warragul, but she needs to answer the questions I have put to her.

**The SPEAKER:** Does the member have the question numbers?

**Mr Blackwood:** Questions 0248 and 0249. Thank you, Speaker.

**Mr R Smith:** On a point of order, Speaker, I want to draw your attention to a growing practice of ministers during question time. It is an issue that I have raised before which you seemed to get under control for a short while but it seems to be rearing its head again, and that is ministers talking over you when you ask them to take their seats when points of order are being made by members of this side of the house.

Ministers will routinely talk over you, mostly in an effort to get to the end of their answers so they do not have to respond to the points of order. That has happened on numerous occasions during the course of this question time. Not only do they do it to get to the end of their answer to avoid having to face a point of order ruling that you may make, but it is also just flagrant disregard for you. I see it over and over again, ministers speaking over you, and it is particularly the Premier who does it. I think ministers and the Premier need to be pulled into line to make sure that they are responding to you at the first possible moment so that points of order can be made in a timely manner, in a relevant manner and in a way that keeps the process of question time going as it should.

**The SPEAKER:** I thank the member for raising that point of order. With the flow of question time I like to see it move forward and questions being answered in an appropriate way. It is a forum where there is not always strict adherence to the standing orders of this place. The member has highlighted one of those areas, but there are many others. Points of order are not always taken in the correct form; and members interject from both sides of the chamber inappropriately.

I will take the member's suggestion up. I will go away and have a think about how we might improve the application of the standing orders to question time, and I will report back to the house in the next sitting week.

### Constituency questions

#### BULLEEN ELECTORATE

**Mr GUY (Bulleen) (11:40):** (2012) My constituency question is for the Minister for Roads. The Applewood retirement community is one of the largest in Manningham. It is home to hundreds of residents. Located on Tram Road, Doncaster, it borders the Koonung Creek Reserve and the Eastern Freeway. Applewood needs a safer entry point into the community. It needs a signalised entry and exit approach. The federal government has put a million dollars on the table to achieve this. The only party missing from the funding discussion appears to be the state government. I ask the minister: when will matching state funding be committed for the signalisation of this intersection to make the entry and exit points for Applewood retirement community safer for every resident?

**ST ALBANS ELECTORATE**

**Ms SULEYMAN** (St Albans) (11:41): (2013) My constituency question is for the Minister for Energy, Environment and Climate Change, and the question is: how will the minister ensure that the health concerns of my residents are addressed with guarantees that there are appropriate safeguards in place to force councils to fully disclose contaminated areas so the situation in St Albans is never repeated?

Recently I was informed by Brimbank City Council of their intent to change the planning scheme. I was shocked by recent media coverage of a 2013 Brimbank council report. I am disappointed that Brimbank council did not advise my community earlier. This has caused great anxiety and stress for local residents, with some residents being informed and others not. This is unacceptable. My residents deserve much better than this. There must be full disclosure of the contamination issues for my local residents. My residents need to be reassured that their homes are safe. They must be supported and respected during this process. Again I ask the minister to ensure that the health concerns of my residents are addressed— *(Time expired)*

**GIPPSLAND SOUTH ELECTORATE**

**Mr D O'BRIEN** (Gippsland South) (11:42): (2014) My question is to the Minister for Tourism, Sport and Major Events. My question is: how much money is the government giving to the AFL for a Victorian club to play a Victorian home game here in Victoria? The decision to provide the nation's richest sporting organisation with these funds, reported to be \$250 000, will be met with bewilderment by many sporting clubs in my electorate of Gippsland South—clubs such as Nyora Football Netball Club, which is seeking money for new club and change rooms; Foster Basketball Association, which needs to expand its stadium; or the cricket, hockey and baseball clubs and other users at Stevenson Park, which are faced with a shortfall of funds for their planned upgrade to their rooms. Can the minister explain how much less money will be available for these Gippsland sporting clubs as a result of a taxpayer subsidy to the nation's richest sporting organisation to play a home game in Victoria?

**CARRUM ELECTORATE**

**Ms KILKENNY** (Carrum) (11:43): (2015) My question is for the Minister for Transport Infrastructure, and it concerns our promise to remove the dreaded roundabout at Thompsons Road and Frankston-Dandenong Road in Carrum Downs. Work has already started with the relocation of underground services and a reduction in lanes on the approach. I know many of my constituents are now very keen to hear about the next steps, including Dean Sharp from Sandhurst and Gemma Holmes from Skye, who have both been in touch with my office recently. I want to thank them and others for taking the time to contact me about this significant project. Minister, what are the next steps in delivering this important infrastructure upgrade for my local community?

**EVELYN ELECTORATE**

**Ms VALLENCE** (Evelyn) (11:43): (2016) My constituency question is to the Minister for Transport Infrastructure on behalf of Lilydale residents who want to know why the Labor government is refusing to increase car parking at Lilydale train station as part of the sky rail project. What modelling has been done to assess current and future demand for car parks at Lilydale? Does the minister believe there are sufficient car parks to meet current and future demand, or will the government concede more car parking is needed and commit funds to sufficiently increase car parking at Lilydale station? The government will spend almost half a billion dollars to remove both Mooroolbark and Lilydale level crossings, yet not one cent is being spent to increase car parking at Lilydale train station. The Level Crossing Removal Project, sadly, has acknowledged more car parks are not in the project scope and there is no net increase to car parks at Lilydale; in fact there is going to be a net loss of 120 car parks at William Street alongside the train station. With the existing unsealed car park full by 7.00 am, locals deserve better.



**HAWTHORN ELECTORATE**

**Mr KENNEDY** (Hawthorn) (11:44): (2017) My question is for the Minister for Education. What will the minister do to support the hardworking kindergartens in my electorate of Hawthorn as they are faced with growing demand for four-year-old kindergarten and braced with excitement for the rollout of three-year-old kindergarten? Early childhood education gives our children and grandchildren the best possible start in life, and continued support from the Andrews Labor government shows we are the Education State. I know, locally, West Hawthorn kindergarten have applied for funding towards an extra classroom to increase their capacity in terms of students and hours, to provide a meeting room for parents and to refurbish their toilets. I support this application, and I look forward to the minister's response.

**MILDURA ELECTORATE**

**Ms CUPPER** (Mildura) (11:45): (2018) My constituency question is for the Minister for Roads. The information I seek is an outline of time frames for improvement works to Robinvale-Sea Lake Road. This road has been the focus of sustained campaigning from the community of Manangatang for many years and quickly became one of my priority projects as the member for Mildura. The road is too narrow in parts for two cars to pass without moving onto the hard shoulder, and in some parts the shoulder is so degraded that the drop between the road surface and the dirt is 10 to 15 centimetres. On 1 October the government announced that Robinvale-Sea Lake Road would be getting urgent upgrades as part of a \$600 million road blitz, but the communities of Manangatang and Robinvale are yet to see the commencement of any works along the road other than at the intersection with Hattah-Robinvale Road, which is part of a separate project. Understandably, they are growing concerned that the longer the road stays in its current dilapidated state, the higher the chance is that a serious accident will occur. I therefore seek information from the minister on the time frame for these repairs.

**SUNBURY ELECTORATE**

**Mr J BULL** (Sunbury) (11:46): (2019) My question is to the Deputy Premier and Minister for Education. Minister, what is the latest information on design and construction of the \$3.1 million upgrade of Gladstone Views Primary School in my electorate? I was delighted to join the Premier in 2018 to make this announcement, an election commitment, to deliver this incredible news to this fabulous school. This money was confirmed in last year's budget, and I understand that the school has been working closely with the Victorian School Building Authority to look at the best opportunities, the best options, to upgrade this terrific local school. We certainly know that students, parents, friends of the school and the school in its wider community do some terrific work in the Gladstone Park area. I am very much looking forward to seeing the upgrade delivered, and I again ask the minister for the latest information on design and construction of this important project.

**POLWARTH ELECTORATE**

**Mr RIORDAN** (Polwarth) (11:47): (2020) My question is for the Minister for Energy, Environment and Climate Change. Can the minister inform the ratepayers across Surf Coast, Colac Otway, Corangamite and Moyne shires that the government's almost doubling of the landfill levy will not lead to significant increases in next year's council rates or large increases in waste disposal levies as these four shires struggle with increased waste costs for the nearly 6 million visitors that visit their region? The Great Ocean Road region has been grappling for years with a sustainable income stream to help pay the ongoing costs of the one-day tourism industry across the region. Despite a lot of consultation and debate across the region on the new Great Ocean Road Coast and Parks Authority, this Andrews government has failed and refused to detail any plans or to allocate any funding to help with the rising costs of tourism. The doubling of the landfill levy will directly impact ratepayers, as councils will be forced to pass this cost on to already stressed families and businesses across these shires.

**PASCOE VALE ELECTORATE**

**Ms BLANDTHORN** (Pascoe Vale) (11:48): (2021) My constituency question is for the Minister for Health in the other place, and the question I ask is how the This Girl Can campaign, which was successfully launched again here yesterday, will support women in my community to get active. My community has a large number of sporting associations, as I am sure many do in this house, and just this week I have spoken about Athena Babo from the Pascoe Vale soccer club, who received this year's Vicsport award for volunteers, and Peita Price from the West Coburg Football Club, who I have nominated for your award, Speaker, who does an amazing job getting women of all ages and abilities involved in AFL football. On the weekend I attended the Coburg Giants' season launch and presented to the junior girls their equipment and jumpers for the season. There are amazing groups in my electorate doing fabulous things to get women involved in sport. I think This Girl Can is an exciting campaign, and I ask how it will assist the groups in my community to further engage women in sport.

**Bills****HEALTH SERVICES AMENDMENT (MANDATORY VACCINATION OF  
HEALTHCARE WORKERS) BILL 2020***Second reading***Debate resumed.**

**Mr J BULL** (Sunbury) (11:49): I am delighted to resume my contribution on this very important bill, the Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Bill 2020. Just before we broke for question time I was discussing the importance of making sure that we as a government are doing everything we can to ensure the health of Victorians and, in this bill's context, the health of healthcare workers who each and every day do such a terrific job in local communities to support the health and wellbeing of individuals, their families and their communities.

Speaker, as you will know, last year was an unprecedented flu season which put enormous strain on our hospitals, with more than 69 000 laboratory-confirmed flu cases. It started earlier than usual. It hit a lot of people hard. There was significant coverage in the media about the flu season, and what we know is this has devastating impact right through the community. We saw more than double the number of measles cases in 2019 compared to 2018, and we know this also was a significant issue within our community.

My point just before question time was around making sure that any decisions made about community health—any decisions made about the health care of individuals and their families—are based on the latest and most up-to-date science. Of course the government and, I imagine, all members of the house will agree on the importance of making sure that we are continually advancing our technology, continuing to invest money in all of the medical research areas right across the state, working with our interstate counterparts and collaborating right across the board to make sure that we are doing everything we can to ensure the best health for our local communities.

This bill is such an important one because it goes to the care of those people that work in our healthcare system but also to the care of patients. I certainly know within my community that each and every agency, whether it is Sunbury Community Health, whether it is those at the Sunbury Day Hospital or whether it is those within local clinics, is working very hard to support the local community and ensure that people have the best vaccination program possible.

What we also recognise as part of this bill—and I mentioned no jab, no play earlier in my contribution—is that we need to continually rely on that science to deliver the very best outcomes. This is about protecting those people who do such terrific work within their particular community, but it is also about making sure that the people they treat are given the best possible protection.

This is a very important bill. There are a whole range of statistics that I mentioned earlier, as well as statistics that you can track back through decades; those vaccination rates have improved over time. If

you particularly look at the 17th century, the 18th century, some of the data there around the lives that were lost because people did not have access to vaccinations is absolutely staggering. So whether you are just looking into this space for the first time or you are absolutely wedded to your views around vaccinations not working, what I encourage you to do is go and have a look at those statistics and make sure that you are right across this important science, because this government will always make decisions on the basis of the very best available research, member for Oakleigh—

**Mr Dimopoulos:** Hear, hear!

**Mr J BULL:** and the very best available data. I commended the bill to the house earlier in my contribution, and I am delighted to be able to commend the bill to the house for a second time.

**Ms STALEY (Ripon) (11:53):** I rise to speak on the Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Bill 2020. As the lead speaker on the Liberal-Nationals side, the member for Lowan, has already said, we do not oppose this bill. We do think there are some issues around some of the lack of clarity in the bill, and it fails to explain some of the consequences of not being vaccinated. But the thrust of the contribution I want to make today is to address the underlying philosophy of this bill, which I strongly support, and that is that herd immunity is vital. I am a strong supporter of vaccination, because it works. The science is clear, and we should be doing everything we can to increase vaccination rates because it protects those who cannot be vaccinated.

Now, I will be referring a bit in my contribution today to a paper that was published in the *Journal of Medical Ethics* in 2018. It is a paper by Jason Brennan and it is entitled 'A libertarian case for mandatory vaccination'. The author, Jason Brennan, said:

Anti-vaxxers are not in general people who have *failed* to put in epistemic effort in determining that vaccines are safe. A person who simply does not pay much attention to medicine would normally just following the vaccination schedule her physician suggests. Rather, anti-vaxxers nearly always put in active epistemic effort to reason about vaccines in an irrational way ... individual anti-vaxxers are in general people who actively chose to behave in certain reckless ways, rather than, say, people who simply failed to choose to behave in certain publicly beneficial ways.

I am not going to read into *Hansard* the names of those behind the correspondence that we have all received on this bill, but I do think that the comments in that paper, in the *Journal of Medical Ethics*, are borne out in some of the letters that we have received in relation to opposing this bill. For example, I had someone who said:

I am vehemently opposed to the bill based on the extensive research regarding human physiology, immune systems and vaccinations that I have undertaken ... Obviously this does not make me an immunologist however, it does make me well informed ...

Well, no, it does not. It does not make you well informed. Similarly:

I have completed both undergraduate and postgraduate studies and obtained my nursing registration ... I started researching about vaccines ... what I found was ...

Well, no, you did not research. You went looking to redo your preconceived notions that we see in this movement. And finally:

I have read widely on the subject of vaccines due to ongoing health issues in myself and my family.

Well, if that person had read widely, they would know that vaccines are overwhelmingly safe and overwhelmingly deliver benefits to the community.

I do want to take up some arguments that are seen a little bit in the libertarian or classical liberal positions, that somehow mandating vaccines violates the classical liberal or libertarian goals of enhancing freedom. I would push back very, very strongly against that as a justification not to mandate vaccination, because the key point in a libertarian philosophy is that you cannot force on someone else. Well, it is forcing on children and on the immunosuppressed for them to get a disease that they did not ask for because you did not get vaccinated. That is a force far greater than your getting vaccinated. The non-aggression principle found within libertarian thought fails entirely when you are

talking about getting life-threatening and very serious diseases just because someone chooses not to get vaccinated. I am now quoting an article by Tiana Lowe that appeared in the *Washington Examiner* on 5 March 2019, a year ago:

... libertarianism absolutely does not condone involuntary association, which is exactly what sending your unvaccinated child—

in this case, unvaccinated health service worker—

out in public constitutes.

There is simply no classical liberal, libertarian basis for saying that this is in some way violating a freedom principle, because—and I go back to the whole point about vaccination—vaccination relies on a herd immunity. It just is not about you or me as an individual. It is about us as a community standing together, vaccinated for those who cannot be vaccinated.

Going unvaccinated constitutes a contribution to collective risk imposition. You are imposing, so it does violate the non-aggression principle of libertarianism because you are imposing something on others by your lack of action. I was very, very interested to read the arguments put forward by Jason Brennan in the paper ‘A libertarian case for mandatory vaccination’, and I commend this paper to the house and to anyone who is interested in various philosophies and how they may play out in different policy areas. This is someone who has gone through a whole lot of arguments, this time within libertarianism, and applied them to mandatory vaccination. The clear conclusion that Jason Brennan comes to is that no matter which way you cut this, no matter which libertarian principle you attempt to apply to this problem, you come out with a situation where you cannot argue against herd immunity. You cannot argue against the principle of violating non-aggression when your actions can give life-threatening diseases to others.

So I say on the fallacious arguments put forward both by the anti-vaxxers, which of course we have all received in spades, and by any of those who would regard themselves as libertarians or classical liberals who somehow think that this is an infringement on freedom that this is neither. This bill seeks to increase herd immunity and, I would argue, in a place we perhaps we should have thought to start with. When people are in hospital they are often immune suppressed. It is the last place that you want to see people around them who have not been vaccinated.

I am strongly of the view that health professionals should be vaccinated. They should be leading society’s vaccination rates, not lagging them. I understand that in certain regions of Victoria this bill if implemented by stepping off a cliff with a straight date may cause labour force shortages, but I think we as a Parliament should be exposing people who will not get vaccinated but think it is okay to work in a hospital or a health service where there are people who are immune suppressed. That is just not okay. I have no time at all for these people, even those who say they have some sort of conscientious objection. I have got to say herd immunity. At the moment we are talking about the flu, but the flu kills millions of people every year worldwide, and now we have coronavirus coming.

I do not want to be in hospital when we have got coronavirus out there, and we do not quite know what to do with it, with people who could be vaccinated but are not vaccinated. I also do not want a very nasty flu outbreak to come across our health services when they are trying to deal with coronavirus because people did not go and get immunised against the flu epidemic that could come. So I have got to say I strongly support the underlying philosophy of this bill. I do think that there are some mechanical parts of it that are not quite right, but fundamentally people who work in hospitals and health services, whether they be medical professionals, whether they be cleaners or whether they be in administration, should be vaccinated, and I urge them all to embrace the principle behind this bill and get themselves vaccinated.

**Mr TAK** (Clarinda) (12:03): I am delighted to rise today to speak in support of the Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Bill 2020. In summary, this is an important bill. Its major objective is to introduce mandatory vaccination for healthcare workers.

Vaccinations for healthcare workers are important to reduce the risks of vaccine-preventable diseases for frontline healthcare workers, mitigate the risk of transmission of vaccine-preventable diseases to patients and, most importantly, maximise compliance with recommended vaccination policy.

Currently in Victoria, as we know, the department has guidelines for healthcare worker vaccination; however, there is no legislative mandate to enforce these guidelines. It is important to note that Victoria is one of the few Australian jurisdictions that does not have a mandatory vaccination requirement for healthcare workers. This new law will see healthcare workers fully immunised to protect themselves and patients against the flu as well as whooping cough, measles, chickenpox and hepatitis B.

As context, it was in 2016 that the Duckett review into hospital safety and quality assurance in Victoria found that the department should have stronger oversight of the health system and provide greater support to hospitals to discharge their quality and safety improvement responsibilities. The review recommended ensuring that legislative powers of oversight or intervention can be exercised to identify and respond to quality and safety risk. Mandatory vaccination of healthcare workers has clear quality and occupational health and safety implications that are consistent with that review.

The government is also undertaking comprehensive consultations on this amendment. Stakeholder engagement has commenced and an extensive stakeholder engagement plan has been developed. A round table with chief health officers was held in December 2019 as part of the stakeholder engagement process. Key stakeholders attended the round table including health services, professional bodies, clinical experts and union and healthcare representatives. Further stakeholder engagement will continue through the policy development phase after the passing of the bill, so there is broad consultation that has gone into these amendments. I would like to take this opportunity to commend the healthcare workforce on their commitment to this issue.

In 2019 the government set a target of an 84 per cent flu vaccination rate amongst healthcare workers, which was well exceeded, reaching 88 per cent across the state. I would like to commend the honourable Minister for Health for this bill. I have had the pleasure of joining the minister for lunch on several occasions over the past weeks in the wake of the novel coronavirus, COVID-19. She has shown fantastic leadership during this difficult time for the Chinese Victorian community in our state. During those lunches with my parliamentary colleagues I was shocked to hear some of the false assumptions being made about people of Asian appearance and assumptions that for some reason Chinese people and Chinese restaurants are unsafe. Again, we should be embracing and supporting our Chinese and broader Asian community members and showing solidarity with our Chinese community during this difficult time. Thank you, again, to the honourable Minister for Health. I would also like to take this opportunity to thank the Premier and the Minister for Multicultural Affairs as well as the Minister for Jobs, Innovation and Trade for the community briefing with the Chinese community leaders and the media in this difficult time.

The bill makes amendments to the Victorian Health Services Act 1988 and the Ambulance Services Act 1986 which will allow the Secretary of the Department of Health and Human Services to direct employers of healthcare workers in public health services and ambulance services in Victoria to require healthcare workers to be vaccinated against specified vaccine-preventable diseases. The bill makes amendments to the Health Services Act 1988 to permit the secretary to give directions also to private health service establishments, requiring them to ensure that specified persons are vaccinated against specified vaccine-preventable diseases. The bill provides that the secretary may suspend, in part or in full, or revoke the registration of a healthcare service establishment that does not comply with the secretarial direction. So this is relevant to all healthcare workers in public and private hospitals and ambulance services with direct patient contact. They will be required to be vaccinated, including doctors, nurses, paramedics, dentists, orderlies, cleaners and staff working in public sector residential aged-care services, which are also very important.

In my electorate of Clarinda we are extremely lucky to have Monash Medical Centre and Monash Children's Hospital. I am so proud of the amazing job that all of the healthcare workers do at these

facilities and across our state. Monash Health is a premier metropolitan health service in Melbourne with more than 18 000 employees. They provide care to south-eastern metropolitan and rural Victoria from over 40 locations via telehealth and in people's communities and homes. Eighteen thousand employees is a huge number, and that between 80 and 90 per cent of these workers are vaccinated already is a fantastic achievement which shows the commitment and dedication of these workers and professionals.

I am also extremely proud that in partnership with Monash Health soon we will have MonashHeart, Victoria's first standalone heart hospital. The Andrews Labor government is extremely proud to support the \$564 million Victorian Heart Hospital at Monash University's Clayton campus, and extensive works are already in full swing at the site. The state-of-the-art hospital will provide the latest in cutting-edge cardiac treatment, world-leading education, training and groundbreaking research. When it opens the hospital will have capacity for up to 206 beds. It will also have the capacity to provide 2150 cardiac surgeries, up to 13 500 cardiac laboratory procedures and thousands of consultations. That is extremely important given that heart disease is the leading cause of death in Australia, with recent statistics showing one Australian dies every 12 minutes from heart disease.

The hospital is being delivered in partnership with Monash Health and Monash University and is expected to be completed in 2022. It is just one of the projects the Labor government has delivered or will deliver as part of its unprecedented \$7 billion health infrastructure build program. Other investments in the Clarinda electorate include the \$76.3 million project to create a new emergency department with a devoted area for the treatment of children and a new mental health and drug and alcohol hub at Monash Medical Centre. That project is going to make a huge difference to my constituents, especially those struggling with mental health conditions. The emergency department will now also include a separate 24-hour short-stay unit to treat more people with mental health or drug and alcohol problems in times of urgent need.

This government is committed to improving the health of our state. We can see that through the investment in our healthcare system and the investment in our healthcare workforce. We can see that commitment again in this bill here today. It will make a huge difference and improvement in our lives and the lives of our citizens. I commend this bill to the house.

**Dr READ** (Brunswick) (12:13): The Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Bill 2020 empowers the Secretary of the Department of Health and Human Services to direct public hospitals and other health services to require staff be vaccinated or demonstrate immunity to specified infections. This will likely apply to several infections, including hepatitis B, measles and pertussis, but the subject of most debate and concern is influenza. Influenza outbreaks in hospitals make everything in hospitals a whole lot more difficult. They increase mortality, particularly in the elderly—and this applies to all healthcare institutions, particularly nursing homes—but also for people with specified illnesses that make them more vulnerable to influenza, in particular bone marrow transplant patients, people with emphysema, people with chronic obstructive lung disease or very low birth weight babies. For those who survive, their hospital stay is often prolonged. In one paediatric hospital where they studied this, patients with influenza stayed an average of eight days longer, which is a big cost to the hospital—not just financially. It means that the hospital is blocked up and people needing a hospital bed cannot get it.

It causes diagnostic confusion when people come into hospital for one reason and then acquire influenza and have all the symptoms and signs. I can remember one very distressing case personally where someone's headache was misattributed to influenza and they died of something that was missed. It causes staff absenteeism. People become ill and cannot get work. It can be so bad that wards and even entire hospitals—or more commonly nursing homes—can be closed as a result of influenza outbreaks in healthcare institutions. So much so that purely on managing staff time, providing influenza vaccinations to all staff has been demonstrated to be cost saving.

If we look at peer-reviewed studies of the impact of influenza vaccination on healthcare institutions, there is very strong observational evidence. There is weaker trial evidence, but in both cases vaccination protects healthcare institution patients. But experience is often more persuasive than data, so I will just tell you about one outbreak in the Greek city of Thessaloniki in 2009 in the haematology/oncology unit that does bone marrow transplants. Eight leukaemia patients were infected by the H1N1 pandemic flu and three of the eight died. In order to prevent things like this the healthcare professions have come generally to the position now that everybody needs to be vaccinated. The problem with the influenza vaccine is that it is not that good. The efficacy is around 70 per cent and the real-world effectiveness is often lower than that. So to get the best protection you need the highest proportion of the population vaccinated. A lot of the observational trials I mentioned earlier compared staff in institutions with high vaccination uptake of around 50 per cent to other institutions where uptake was around 5 per cent. Compare that to what we have achieved here in Victoria with a lot of hard work by public hospitals in recent years trying to get as many staff vaccinated as possible. They have got it up to 88 per cent—that is very good. In fact in going from 88 per cent to perhaps 98 per cent as a result of this legislation we may not see much additional benefit. Nevertheless it seems worth doing to protect our patients.

There are two concerns I want to raise. First of all, this 88 per cent refers to the percentage of staff for whom there is a record of vaccination. I know from personal experience that many health workers work part time at more than one institution, and it is often very difficult to convince institution B that you were vaccinated at institution A, so much so in fact that staff have told me that it is often just easier to roll up your sleeve and get the jab twice. That is not necessarily a good idea, so I urge public hospitals instituting this policy to pay attention to that concern.

The other one is more serious. Many current health workers have emailed me—I think they have emailed all the MPs here—to voice their opposition to this bill partly for spurious reasons about vaccine safety but also for the very valid reason that all medical treatment, including the vaccination of a staff member, has to be carried out with valid consent. It is hard to argue that consent is valid if it is being obtained with the spectre of potentially losing your job hanging over you, so it is a legitimate concern. But population health often brings the public good into conflict with individual rights and freedoms. This particularly applies in infectious diseases, and nowhere more so than when there is an outbreak.

We are seeing echoes of this now in our preparation for a likely epidemic of the SARS-CoV-2 virus, or the COVID-19 disease. We are reading about mass screening, restrictions of movement and closure of businesses, all of which is essentially a trade-off of public good versus private liberty. Vaccination is a case where the interests of the population require nearly everyone to agree to subject themselves to the inconvenience, the discomfort, the small risk of side effects and sometimes the expense of vaccination. It is interesting to reflect that the first successful vaccine, smallpox, was made compulsory in England in the 1850s, punishable by a fine for non-compliance. This was also adopted in the early 20th century in the United States, and I believe there were fines applied in Australia 100 years ago during the Spanish flu pandemic. Ironically some people believe that it was the over-zealous implementation of these public health policies that led to the emergence of the anti-vaccine movement that continues to this day.

For us in deciding whether to support the bill we have to weigh the concerns about a group of people who do not want to be vaccinated against a community desire for high levels of population immunity, particularly in healthcare institutions. The Greens will certainly support this bill because it may help to protect the health of the population and because of the limited risks, the very low risks, of vaccination.

However, I note from the bill's explanatory memorandum that the Secretary of the Department of Health and Human Services may be able to give directions that may include consequences for non-compliance such as the worker is redeployed to a different area of the hospital or even that the health worker's employment is terminated. While I understand that such powers may be necessary to create the compulsory aspect of this regime, I am concerned that the bill does not actually define and limit the mechanism for this. It could result in serious consequences for non-compliant health workers, and

I am particularly concerned about the very small number with a genuine medical contraindication. The bill's statement of compatibility assures us that when making such a direction the secretary must give 'proper consideration' to relevant human rights, and we are further told that:

Undertaking proper consideration involves a reasoning process that includes the Secretary seriously turning his or her mind to the possible impact of the direction on a person's human rights and balancing competing private and public interests ...

The description of this process is, I believe, far too vague to guarantee that all non-compliant workers are always going to be treated fairly and consistently. I think that the process needs to be a little more prescriptive. Anaphylaxis in response to a previous dose of a vaccine or a vaccine component is an absolute contraindication to vaccination. Pregnancy is a contraindication to measles vaccination. We are told in the statement of compatibility that where such a contraindication exists the secretary will be required under section 38 of the charter to:

... consider the implications of any direction for such an affected person and balance it against the public interest, including considering whether any less restrictive means are available such as granting the affected person an exemption from a direction if to do so would not compromise the overall efficacy of the direction.

That seems very sensible, but there is a practical issue here. As a doctor I would not vaccinate anyone with an absolute contraindication to a vaccine, or I certainly would not do it knowingly, nor I think would any other health worker. So in practice no-one with an absolute contraindication is going to be knowingly vaccinated, or it would put potentially junior nursing staff who are administering vaccines in a very difficult professional situation. I think that these processes and protections should be more explicitly defined in the bill, and I think the government should be open to scrutiny of potential amendments in the other place to improve on this. But to conclude, the Greens do support the bill.

**Mr PEARSON** (Essendon) (12:23): I have been in the chamber listening to contributions for the last 45 minutes, and I listened to both the member for Ripon's contribution and the member for Brunswick's contribution. Both were quite thought-provoking and somewhat quizzical.

I think the member for Brunswick probably drew the short straw. Obviously given his medical training I think that the determination from the Greens political party would be that he would be the only person speaking on this bill. While he did indicate that the Greens would be voting for the bill—I think, as Sir Humphrey Appleby would say, member for Brunswick, that it is indeed courageous when you go and front your Greens branches, particularly the Darebin branch—he also made sure that he had enough carve-out at the back end of his speech to be able to point to these concerns with the bill, so I think he was having a bet each way, to be honest with you.

The member for Ripon's contribution I did find quite interesting. I thought that as a devotee of Ayn Rand and as the poster child of the Institute of Public Affairs she would have been arguing a very strong libertarian view in relation to this bill.

**Ms Staley**: I was.

**Mr PEARSON**: Well, I would have thought a libertarian would be more likely to object to the imposition of a state law on the rights of an individual. But nonetheless the member weaved around that and talked about a higher good in terms of the benefit of herd immunity. Nonetheless, it was a thoughtful and interesting contribution from the member for Ripon. It is always interesting to see a very different view being put by members in this place in the spirit of debate in this great chamber and then to listen to that and to see how that argument unfolds.

I also want to acknowledge the great contribution from my good friend the member for Clarinda, who has made a fantastic contribution in this place in the brief time that he has been here, particularly in times of crisis. There are real challenges confronting the Chinese diaspora in our community at the moment. He has made a really strong contribution in supporting Chinese Australians in what is a very challenging and difficult time.



This bill is a fairly straightforward bill, but I think it also recognises some of the challenges that we are confronting as a society at the moment. Who would have heard of coronavirus three months ago or six months ago? It is something that we have had to try and respond to fairly quickly. I do want to acknowledge the great work of Professor Sharon Lewin of the Doherty Institute as well as the workers and the researchers at the Burnet Institute.

This is a new disease. The impact of this disease is going to be quite profound, and I guess we are fortunate as a state and as a nation that we have got world-class medical researchers here in our community and that we have got some degree of separation from some of the more challenging aspects of the disease in the sense that we are at least going to have a little bit more time to try and combat and respond to this disease. When you look at it, I think we have been fortunate in the way in which China has dealt with it and the way in which this disease has played out in terms of having these interventions to try and prevent the spread of the disease. Yes, the disease has spread, but imagine if those measures had not been put in place in a city like Wuhan and you had a population of 5 million people just going about their business without that sort of rapid state intervention and the imposition of martial law—which I appreciate for the people in the communities involved would be very challenging. But imagine if you had 5 million people who were in Wuhan for Chinese New Year and those 5 million people spread—they went to Beijing, they went to Shanghai, they came to Melbourne or they came to Sydney—and China had not responded in the way in which it has. How much worse would it be? What China has done has given us time to be able to invest money in the Doherty Institute, and I am really pleased that the Premier and the Minister for Health were able to provide significant funding to the Doherty to help us try and find a way through this.

Over the passage of time these sorts of diseases appear from out of nowhere. I think the earliest discovery of whooping cough was by Giovanni Filippo in the 16th century. Filippo was quite interesting actually. He wrote extensively on these matters, and he was the first medical person to start to introduce appropriate public health controls. He recognised the correlation between the rise of malaria and mosquitoes and swamps—I think it might have been in Naples. He ordered that the swamps be drained to try and remove the mosquitoes, and when plague struck Sicily in 1575–76 he started to introduce public health controls in terms of segregating and separating people with the disease. Again, if you are looking at whooping cough, it is a relatively recent phenomenon. If you look at chickenpox and you compare chickenpox to smallpox, that was not really separated as a disease from a research perspective until the late 19th century, so that is also relatively recent. These diseases come along periodically, and from time to time there is a need to try and respond appropriately to address them.

Previous speakers have talked about the benefits of having an appropriate level of herd immunity and the fact that you have to have something like 95 or 96 per cent immunised in order to achieve that outcome. With our health workers we do want to make sure our health workers are protected, are safe and are able to have the protections they need to do their work. I think if you look at what has happened with coronavirus in China, when medical workers start to fall ill themselves it has a huge impact on the system's ability to cope with and respond to some of those challenges. So finding ways in which we can ensure that healthcare workers have the support that they need and are protected I think is really important.

As others have mentioned, I have received a number of emails from health workers who have expressed some concerns about this. I respect the rights of those individuals to hold a view that is contrary and counter to my own, but I think at the end of the day we have to follow the science. We have to follow the evidence, and the evidence is that if you have a strong herd immunity to protect the broader community from measles and chickenpox and pertussis then that indeed is a higher social purpose and a greater benefit, and it should be something that we do look at ensuring that we foster and facilitate.

These are very challenging times we are experiencing. We had a really bad flu season last year; I think something like half a million people presented to accident and emergency in one quarter alone last

year. I think where we stand now with the emergence of a new flu season, if we are not fortunate enough to stop the arrival of coronavirus in a large way—we have had isolated instances of the coronavirus, but if we are not fortunate enough to be able to prevent the wide spread of that disease—then these will be really challenging times. We really need to try and find ways in which our health workers have the ability to be able to do the things they need to do as best they can, so they can operate at their highest level of efficiency, and a bill like this I think is really important.

It has been an interesting debate. When I was starting to prepare for this bill I thought that it would be in one respect a fairly straightforward bill, but it is nonetheless interesting to sit here for a while and listen to the different views and opinions that people put forward who have a different lived experience than I and who come at this from a different angle than I do but who nonetheless at least come in here and are prepared to argue their position. We will get to the right outcome at the end. We will probably find different ways of getting there, particularly in relation to this bill, but nonetheless it is illuminating. I commend the bill to the house.

**Mr McGHIE** (Melton) (12:33): I rise today to speak on the Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Bill 2020. I am pleased to follow the member for Essendon and the contributions of other members in this chamber, and I am pleased that there is no opposition to this bill.

The introduction of this bill comes at a time when the community has a great awareness of the need for vaccinations and the benefits that vaccinations provide to keep our population safe. The last few flu seasons here in Victoria have seen an increased severity in the symptoms of the flu and a devastating effect on particularly vulnerable members of our society. Aged-care facilities, where the transmission of the flu can easily occur, saw a particularly concerning amount of cases in the 2019 flu season. There were 268 outbreaks, 3611 resident cases, 357 hospitalisations and 138 deaths as a result of influenza hitting our aged-care facilities in 2019.

In 2017 there was another horrific flu season that saw increased deaths in the community. Children and young infants in particular are another demographic that are vulnerable to a severe flu outbreak. Once upon a time the flu was seen as not much worse than a cold and something that you could just shake off. The last few flu seasons and recent events have shown us that the severity of symptoms can be a real concern for Victorians. Often at the peak of the community being exposed to an outbreak it coincides with naturally an increased rate of people seeking medical help.

Victoria is served by amazing healthcare workers. I had the privilege to lead many of them heading up the Victorian Ambulance Union and serving as a paramedic. Victorians should be proud of the many healthcare professionals and frontline staff that work hard each and every day to provide Victorians with high-quality health care. I want to thank all our healthcare workers for the jobs that they do. These hard workers constantly put the needs of others ahead of themselves. They care for those who seek their help at a time in their lives when they feel very vulnerable. In the height of an outbreak when people are seeking help it is important that our healthcare system is protecting people and the community as a whole by not inadvertently passing on vaccine-preventable diseases. Of course with vaccines we know that a herd immunity is an effective way of helping protect that community, especially those who are unable to receive vaccines due to allergies or a weakened immune system. We all have a part to play in protecting the community. The Andrews Labor government has a solid track record in promoting and encouraging vaccines. The no jab, no play policy that has seen more Victorian families immunising their loved ones and protecting children whilst learning has been a success.

Victorian immunisation rates are still the highest of Australian states. The Andrews Labor government stands up for healthcare workers in Victoria. Protecting frontline staff from preventable diseases is a priority for this government. Currently the influenza vaccination is funded for staff working in health services, and healthcare worker influenza vaccination rates have risen in the last few years, peaking at 84 per cent last year. One of the reasons healthcare workers choose to work in the sector is that they care for the people that they come into contact with doing their day-to-day tasks. Vaccinating to ensure

that they are not passing on an infection to the people that they care for is an important measure to protect Victorians. Currently Victoria is one of the few jurisdictions in Australia that does not yet have a mandatory vaccination requirement for healthcare workers. The overwhelming majority of healthcare workers in Victoria do the right thing to protect the people around them by vaccinating themselves from preventable disease. However, not having a mandated policy leaves open the potential for risk to those who cannot be vaccinated for a particular reason. It is essential that the healthcare system in Victoria not only protects its staff but of course all Victorians by ensuring that healthcare staff are not inadvertently passing on preventable diseases. The science is undeniable: vaccines save lives.

It is unfortunate that saving lives is hijacked by misinformation and deceit by some claiming to provide accurate information but spreading dangerous misunderstandings of the science and the facts. This is no mere misdemeanour. The consequences of this deceit and misinformation can have devastating consequences. There can be no greater example of this than recent events with the devastating measles outbreak to inflict Samoa last year. Misinformation around vaccines in Samoa had led to a drop in vaccination rates to around 31 per cent. When measles broke out the catastrophe that followed ended with at least 20 per cent of babies aged six to 11 months contracting the preventable disease. One in every 150 babies in Samoa died. Out of a population of just over 200 000 there were 79 deaths. Every single person in the tight-knit community was affected in some way. Everyone knew a family member that had lost someone. No doubt that in the rush to vaccinate and protect their families during the outbreak many may have been exposed to measles whilst trying to access medical treatment. Those seeking medical assistance unrelated to the outbreak could have been exposed at that time, and there is no doubt that during an outbreak an important protection to the vulnerable is a healthcare workforce that is immune. A workforce that is able to turn up to work during an emergency, a workforce that is protected from harm and a workforce that protects the people that they are caring for is essential.

It is important to note that mandated vaccination would not occur unless the Secretary of the Department of Health and Human Services makes a declaration to health services under this bill. It is intended that that declaration to do this will not occur until early 2021. This time will allow appropriate consultation and implementation with those who this bill affects.

I would like to acknowledge that in the lead-up to this legislation being discussed here in this place my office has been contacted by a number of individuals concerned with this legislation. Some of these have been from genuine healthcare workers. Some, I suspect, are part of the usual suspects that tend to get involved with any announcement that this government makes when it sets to protect vulnerable Victorians from easily preventable diseases. In much the same way that we have protections in other areas, it is essential that protections in our health sector are in place too. Working with children checks are now mandated in Victorian schools, child care centres and sporting clubs to protect children. This is similar in that it sets out a requirement to protect patients. In my experience as a paramedic and an ambulance union official representing paramedics, the overwhelming amount of healthcare sector workers do the right thing by protecting their patients and themselves by using scientifically proven vaccines. The entire reason for the healthcare system to exist is to provide care to those who need it. Patient safety and care is the reason people make the decision to seek a career in health care. Putting others at unnecessary risk is not acceptable.

Protecting Victorians is something that this Andrews Labor government makes no apology for. A recommendation of the 2016 Duckett review of hospital safety and quality assurance in Victoria found that the Department of Health and Human Services should have stronger oversight of the health system and provide greater support to hospitals. The report recommended that legislative powers of oversight or intervention can be exercised to identify and respond to quality and safety risk. This legislation is clearly in line with this review. This protects workers and this protects patients.

Last year's flu season was like no other. There was an enormous strain on our hospitals and ambulances, with more than 69 000 laboratory-confirmed flu cases. Many more cases of course would have gone unreported. We also saw more than double the number of measles cases in 2019 than what

we did in 2018. As I mentioned earlier, this had devastating and tragic consequences in Samoa and our Pacific neighbours, and many families in my electorate of Melton with Samoan heritage know the hurt and pain from losing family members in Samoa last year due to the measles outbreak.

We had a large year for whooping cough. There were 2210 notifications compared to 1700 in 2018. Some good news we have seen recently is that our healthcare workers protecting themselves and the people they care for in 2019 resulted in an 88 per cent flu vaccination rate in our public health services.

The government is committed to making sure our healthcare workers are among the first to be immunised each year by making the flu and other vaccines mandatory for healthcare workers. This health minister and the minister before her have a strong track record when it comes to immunisations and vaccines, advocating with the federal government to ensure supplies in Victoria are available and putting in policies to protect our children and the vulnerable in society. I congratulate them on their strong track record and their continued commitment to vaccinations and immunisations in Victoria.

There is no question about it, vaccination is one of the most effective ways of preventing disease worldwide. Reducing morbidity and mortality from many infectious diseases by means of vaccination has been described as one of the most significant public health achievements of the past century. It is clear that vaccinations are safe and save lives. I commend this bill to the house.

**Ms BLANDTHORN** (Pascoe Vale) (12:43): It is with great pleasure that I also stand to commend this bill, the Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Bill 2020, to the house. I am very pleased that this bill is receiving endorsement from all quarters of this chamber and commend each of those who have spoken on their contributions. Indeed the member for Brunswick certainly made a very valid contribution from his perspective as a doctor in our community, as the member for Melton just did as a paramedic in our community.

Hearing from our frontline health workers on this issue is of course important. It continues to amaze me that vaccination is at all a controversial issue in our community. Perhaps it is from the luxury of the privileged position that we are in that we are able to protect ourselves from these diseases. Indeed, as has been said in a number of forums, including [theconversation.com](http://theconversation.com):

The fact we can protect individuals and communities against some of the deadliest diseases by a simple and safe injection is one of the miracles of modern medicine.

But it does continue to amaze me that we continue to find that whilst we might be in agreement here in this chamber, in our community this is an issue that does attract its fair share of opposition. As the member for Brunswick said, some of the claims are spurious, some come with potentially a valid argument about the nature of informed consent and the like, but at the end of the day we have an opportunity in this place to protect the health of our entire population, and for some that might mean there is a cost or an imposition that they are not entirely happy to wear, but certainly from a whole community perspective this is a very important bill.

This bill is about ensuring the best standard of health and safety for our valued health professionals and it is about supporting and protecting our vulnerable patients across healthcare settings. As the mum of a toddler, protecting vulnerable patients against infectious diseases is something that I am acutely aware of.

Our Victorian health professionals deliver world-class health care in our community. From our paramedics on the front line to our nurses and doctors inside our hospitals, Victorians benefit day in and day out from the dedication, the compassion and the expertise that these workers bring to our public and our private health systems—often at some of the toughest times of a patient's life. Healthcare workers perform an integral role in treating illness and disease, and they also perform an equally important role in the prevention of disease.

We are to be so thankful to medical science, which has been at the forefront of developing vaccines which can prevent and at times completely wipe out the existence of harmful and at times fatal diseases

amongst our population. There is no doubt that vaccination prevents disease and saves lives. This is why we are mandating vaccination for health workers, protecting both workplace occupational health and the safety of patients from the harms associated with preventable disease.

This bill will make amendments to the Health Services Act 1988 and to the Ambulance Services Act 1986. These amendments will mean the Department of Health and Human Services secretary is allowed to direct employers of healthcare workers in public health and ambulance services to require those workers to be vaccinated against specified vaccine-preventable diseases.

The bill also makes amendments to the Health Services Act 1988 that will mean that the Department of Health and Human Services secretary is permitted to give directions to private health service establishments, including private hospitals, to require them to ensure specified persons are vaccinated against specified vaccine-preventable diseases

The bill puts Victoria into line with other Australian jurisdictions that already have mandatory vaccination for healthcare workers. Healthcare workers applicable to mandatory vaccination include all healthcare workers in public and private hospitals and ambulance services that have direct contact with patients. This includes doctors, nurses, paramedics, dentists, orderlies, cleaners and staff working in public sector residential aged care.

Through this bill we will boost the occupational safety of workers in these areas. We will protect them from vaccine-preventable diseases. Workers will be vaccinated against these diseases, preventing the possibility of them contracting such illnesses and their associated harms. By mandating vaccinations for the health workers, this bill has a dual effect whereby it works to protect patients as well who are at a particularly vulnerable stage in their lives.

The 2019 flu season was unprecedented. There were 69 000 laboratory-confirmed cases of flu. The season started earlier than usual, and we expect that again this year. Many Victorians and their families were hit hard by the impact of the illness. We had Victorians who lost their lives from the flu and many who lost their loved ones in Victoria, across the country and indeed beyond.

We know of the strain that the flu places on our healthcare workers. However, we are to be incredibly thankful for the way that our dedicated health professionals rose to the challenges of last year's outbreak. Amongst the stress and the strain of many more patients arriving at healthcare settings, our paramedics, nurses, doctors, orderlies and cleaners continued to deliver world-class care, support and guidance to thousands of Victorians who fell foul of this illness.

It is so important in these times of outbreak that our health workers are well and fit to work. We need to ensure these workers are protected as much as possible from illness and disease. Our hospitals need to be places where people come to get better and places where our dedicated healthcare workforce is safe. If these workers are unwell at work, the occupational risks for their colleagues and for their patients are increased and the transmission of disease is more likely.

This is why our Andrews Labor government already makes the flu vaccine free for our healthcare workers. And now, through this bill, we are mandating vaccination for healthcare workers. To quote the Minister for Health in the other place when speaking about these laws last year:

There's no doubt about it—vaccinations are safe, effective and save lives. That's why we're taking action to make sure health workers and patients are protected against dangerous diseases.

Unfortunately last year was also a difficult year for the number of cases of other preventable diseases. We had 2210 notifications of pertussis—whooping cough—in 2019 in comparison to 1700 in 2018. In addition, in 2019 we saw more than double the number of measles cases than in 2018. And certainly across parts of the inner north those numbers were high.

These preventable diseases, like the flu, can be fatal. These diseases are preventable with vaccination. We as a community have the responsibility to get vaccinated against these diseases to protect vulnerable Victorians who need the immunity of the herd in order for them also to be protected. We

know that babies under six weeks cannot be vaccinated against a disease like whooping cough. Their protection from these harmful and sometimes fatal diseases comes from the community around them. If they are exposed to an infected person, they are at huge risk of contracting the disease.

The community rightfully expects that those who cannot be vaccinated will be protected by the mass prevention that immunisation provides our society. Likewise when people with young babies, the parents of children that cannot be immunised or people who cannot be immunised enter our healthcare settings they are again relying on this protection. These groups of people rely on our health workers being vaccinated.

When individuals get vaccinated against preventable diseases, not only are they protecting themselves, they are contributing to the health of the wider community through herd immunity. To quote authors Nic Geard, James Wood and Jodie McVernon in their article titled ‘Explainer: what is herd immunity?’ for *The Conversation*:

When a high proportion of a community is immune it becomes hard for diseases to spread from person to person. This phenomenon is known as herd immunity ...

By decreasing the number of people who are susceptible to infection, vaccination can starve an infectious disease outbreak in the same way that firebreaks can starve a bushfire: by reducing the fuel it needs to keep spreading. If the immune proportion is high enough, outbreaks can be prevented and a disease can even be eliminated locally.

Herd immunity is defined as ‘vaccine efficacy among unvaccinated contacts’. Importantly, herd immunity is crucial for protecting those who for various reasons, whether that be illness or age, cannot be vaccinated. If more people who can be immunised do get vaccinated against preventable diseases, it is ultimately a win for herd immunity and it is therefore a win for the health of our community.

We know that herd immunity will protect those people who are most vulnerable. The Andrews Labor government has worked hard to boost levels of vaccination in our community for the benefit of all Victorians. Our achievements in vaccination initiatives form an important part of our overall commitment to the highest standard of health care for all Victorians and include building a hospital system that our community can rely on and ensuring that our dedicated health workers—from the paramedics to the doctors, the nurses, the orderlies and the people who volunteer in our hospitals—have herd immunity and that there are supports and resources for those who deliver the best health care across our great state. Nothing matters more than the health of the vulnerable people in our community. Thanks to the great developments and innovation that medical science engages in day in, day out we can consider certain illnesses and diseases preventable, some of which are preventable through vaccines.

We have seen this sort of innovation in our own state recently at the Doherty Institute, where Melbourne scientists were responsible for growing the first coronavirus cell culture. On the back of this significant achievement by the Doherty Institute our government has acted swiftly, announcing yesterday that there will be over \$6 million for the Peter Doherty Institute for Infection and Immunity. The institute will be working with the Burnet Institute and other experts in an effort to fast-track the development of new treatments and vaccines for the coronavirus outbreak that people anticipate. This is a very important bill, and I am very pleased to commend it to the house.

**Mr FOWLES** (Burwood) (12:53): I rise today to make a contribution around this very important matter, this very important initiative to improve the health of Victorians, to take seriously the challenges we face within the health system and to shine a light, I guess, in my contribution today on the fallacy of the logic sometimes put by opponents of measures like this, because opponents of measures like these tend to rely on arguments that centre on those of personal freedoms.

It calls to mind the debates going back to the 1950s or 60s—and unlike the minister at the table, the Minister for Disability, Ageing and Carers, I was not alive then—around seatbelts. Among the opponents of the compulsory wearing of seatbelts there was some feeling at the time that the wearing of seatbelts was a self-regarding matter—that is, it was a behaviour that affected only themselves and

ought be considered through that personal freedom matrix. Quite obviously we as a society—and I think I can safely say there is bipartisanship on this matter—have arrived at a position where we say, ‘Well, no. The wearing of seatbelts is not just a matter of personal choice. By failing to wear a seatbelt you ultimately put yourself at risk of serious injury, and there is a public good in not having that serious injury. There is a public good in terms of the impact on the health system, there is a public good in terms of the impact on the economy and there is a public good in terms of your contribution to society more broadly’. So we say that these public health matters ought be taken into consideration and that in the balancing of the personal freedoms versus the public good we ought to take on board and be prepared to constrain personal freedoms for the public good.

There are some schools of thought that have a different view about those alleged personal freedoms. I refer to Mr Tim Quilty and Mr David Limbrick in the other place, both of whom I think frankly hold their seats by dint of their party name, not because of any particular genuine public support. Just like the Democratic Labor Party on our side of politics, they really owe their political existence to nothing more than coat-tailing on the brand of the Liberal Party. It is the same piece of neat deception that resulted in David Leyonhjelm entering the federal Senate so he could just tee off and launch disgraceful campaigns of harassment against people like Greens senator Sarah Hanson-Young.

I say that they are not even proper libertarians, because proper libertarians would run a reasoned argument against compulsory vaccinations. They would say that they are a violation of personal and bodily freedoms. Proper libertarians would oppose with every fibre of their being the state mandating a medicine being injected into their bodies as a condition of employment or as a condition of accessing early childhood education or anything else. But not these libertarians. No. Despite the fact that they would transfer ownership of public hospitals to non-government organisations, despite the fact that they would abolish government involvement in the delivery of health services, despite the fact that they want to abolish government funding of health research and despite the fact that they would even privatise blood and organ donation and supply—despite all of that—they argue that we should maintain government involvement in the management of infectious diseases, including through vaccination.

Well, that is a sensible position, unlike the positions that preceded it, and it is perhaps because it is not a truly libertarian position that it is the only one with which I might agree, because on this side of the chamber we say that the public interest in a healthy population far outweighs those private freedoms, not least because that private behaviour does in fact have a very clear public consequence. By refusing vaccinations, particularly where the refusal is by a parent, the welfare of the child and of the community is put at risk. It is, we say, a profoundly selfish act—a profoundly selfish act to put not just yourself at risk but your child at risk.

These days when teenagers sneak out to get some shots, it is not of alcohol; it is to defy the anti-vaccine wishes of their parents. It is to sensibly defy the anti-vaccine wishes of the parents. Even the ANMF—the Australian Nursing & Midwifery Federation—believe that nurses and midwives have a professional responsibility to lead by example and maintain their own immunisation status through routine vaccination and boosters. That is a sensible position—a position I will expand on a little further when we return from lunch.

**Sitting suspended 12.59 pm until 2.04 pm.**

**Mr FOWLES:** Acting Speaker Fregon, tempted as I am to raise a highly complicated point of order, I will continue with my submission on the Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Bill 2020. Just before the luncheon break I was talking of the ANMF’s view about the compulsory vaccination of their members. Their view is that nurses and midwives have a professional responsibility to lead by example, maintain their own immunisation status through routine vaccination and boosters and not to engage in ill-informed fearmongering on social media. I agree. A tiny fraction of the Victorian nursing workforce, however, disagree, and they have corresponded in willing terms sometimes with me on the topic. Their arguments have ranged from the reasoned to the irrational to the ludicrous. At their core, though, is a refusal to accept by that

very tiny group of people the premise that those working with the medically vulnerable ought to be subject to a higher standard of care in relation to their own infectiousness.

In my view the anti-vaxxers belong in the same camp as the climate change deniers and the flat-earthers. These are people who would rather install antivirus software on their computers than give antivirus medicine to their children. I know, Acting Speaker Fregon, with your particular experience that sentiment will make enormous sense, but it is madness. By denying the science in favour of alarmist rhetoric they threaten not just their own health but the health of others.

So I say to the anti-vaxxers: if you are really longing for the good old days of polio, mumps and measles, then I urge you to take some other retro medical strategies and bring them into your life. So I say to the anti-vaxxers: when you go to the dentist, do not use anaesthetic. In fact do not go to the dentist at all; just go to the blacksmith and get your teeth pulled there. And you will be doing a lot of teeth pulling, because you will not be drinking fluoridated water, you anti-vaxxers—you will not. And always make sure that your cough syrup comes with a goodly amount of heroin in it—that is another one. Stock up on the leeches. Stocking up on leeches is important. If you are going to put the science to one side, surgery to remove gangrenous flesh will not cut it—you have got to get the leeches going. And if you are feeling a bit down, things are not quite running your way—frontal lobotomy. That is the way to go. It will do the trick for sure. Or just drill a hole in your head to release some evil spirits; that is another tried and true strategy. If you are going to set the science to one side, do not ever wash your hands; washing hands is unnecessary. Do not, frankly, exercise any personal hygiene. If you are suffering from syphilis as an anti-vaxxer, God help you, but go and get some malaria. That is apparently the way to knock syphilis on the head—if you contract malaria. If you feel a headache coming on, arsenic is the way to go; arsenic is the tried and true measure for the headache.

These points might be jocular but the serious point behind them is anything but. Evidence matters. Superstition and hysteria have no place in modern health policy. Science and evidence are the way we on the government side of the chamber will always legislate, by referring to the science and by offering due respect to the scientists, to the practitioners who live with these matters every single day and to the research that is peer reviewed, academically rigorous, and tested and understood by the broader scientific community to have the appropriate level of rigour in it. These are the things we ought rely upon when making public policy. These are the things we ought pay heed to when determining the future direction of health policy in this state. This is a very strong bill, and I commend the minister for bringing it forward to the house. I wish it a speedy passage.

**Mr STAIKOS** (Bentleigh) (14:08): I rise to speak on the Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Bill 2020. At the outset I congratulate you, Acting Speaker Fregon, on being appointed to the speakers panel, and I feel a great sense of honour that I am one of the first members of Parliament to be contributing to a bill under your acting speakership. I want to also say that it has been a good week for science in this Parliament, because of course yesterday we were debating a bill that would unlock renewable energy in this state by making it easier for our Minister for Energy, Environment and Climate Change to ensure that transmission lines are upgraded and that we can get renewable energy across the state where it needs to go and make it more reliable, and today we are debating this important bill on ensuring that health workers are vaccinated.

It is, as I said, a good week for science. Yesterday I did say the opposition were anti-science in opposing the bill on renewable energy. Today I am pleased to see that the opposition are nearly wholeheartedly supporting this bill. I did enjoy listening to the contribution by the member for Ripon, particularly because I know that she is a moderate in the Liberal Party. She is probably a small-l liberal as opposed to a hard-right conservative, and she did give a libertarian's perspective to vaccinations. I thought that was particularly thought-provoking, and perhaps if I have time, I will come back to that in a moment.

When I was first briefed on this bill—we attend as members of the government regular bills briefings, and I believe you were there as well, Acting Speaker—I did think it was an important step, absolutely.



I actually in fact thought it perhaps did not go far enough, and I might come to that later as well. That is why I was a little bit surprised when we received that avalanche of emails from members of the public—not necessarily members of my electorate but members of the public—opposing this bill. If I can just go through a few without naming those members of the public, one here has said that:

... no evidence has been provided to show that healthy, unvaccinated healthcare workers are any more of a risk than their fully-vaccinated peers.

It is a bit of a redundant statement because of course a healthy, unvaccinated healthcare worker is one thing, but such a person of course has the potential, particularly without vaccination, to become unhealthy and to put their patients at risk.

Of course another one that I received is one of the old conspiracy theories linking vaccinations with autism and Alzheimer's, and I think that is pretty offensive to families of people who live with autism and Alzheimer's. Then this is one of my personal favourites. This person says that:

... we do know that every puncture into the body compromises the immune system ...

and it is signed after the name: 'Bachelor of Arts'. Now, I have a bachelor of arts, like many, many members of this house. When I studied arts at Monash University, it broadened my mind, it gave me a qualification to put on a CV but it did not give me the requisite credentials to then give out medical advice to other people.

And then this one caught my eye for some personal reasons, but I will first quote from it. It says:

We have a right to make informed choices over our own bodies to enable us to live our lives without unnecessary risks imposed on us by others.

And we have heard from people about freedom of choice. We all have freedom of choice. We do not have a bill of rights in our constitution, but we still enjoy freedom of choice. But with the greater freedom we have comes greater responsibility, and we all in exercising our freedom of choice also have a responsibility to our fellow citizens to keep them safe as well. That is herd immunity. There are some people who cannot be immunised for all sorts of reasons, and we owe it to them to make sure that we are getting our vaccinations, like we get our flu shots every year, to keep them safe. That is what it means to be in a society.

I was alarmed by how many people got in touch with us who are nurses and also midwives, and I was particularly alarmed because I have a close family member at the moment who is in her second trimester of pregnancy. It was a long road getting pregnant. She had to undergo some treatments in order to get pregnant that I would imagine most women would not have to undertake. That has meant that her immune system has been somewhat compromised, and I get a shiver down my spine when I think that a nurse or midwife treating her in hospital might be unvaccinated. I think we owe it to our fellow citizens to ensure that we are not putting them at risk, as I said earlier. That is what it means to be part of a society.

Earlier this week of course the Premier and the Minister for Health announced important funding of \$6 million for the Peter Doherty Institute for Infection and Immunity in an effort to combat coronavirus. It was \$6 million to work with the Burnet Institute and other experts to fast-track new treatments and a vaccine. I would imagine a lot of these anti-vaxxers, who are very active—very few in number but very active in the community—no doubt will be thinking very carefully while they are stockpiling toilet paper about whether they actually need this new vaccine, which is still some months away—that is the latest advice. Vaccinations keep people healthy, keep people safe. As I said earlier, we owe it to the broader community that we keep ourselves healthy in order to keep the rest of the community healthy.

In terms of how this particular bill will actually work, it makes amendments to the Health Services Act 1988 and the Ambulance Services Act 1986 to allow the Secretary of the Department of Health and Human Services to direct employers of healthcare workers in public health services and ambulance services in Victoria to require healthcare workers to be vaccinated against specified

vaccine-preventable disease. In addition, the bill makes amendments to the Health Services Act 1988 to permit the secretary to give directions to the private health services establishments, including private hospitals, requiring them to ensure that specified persons are vaccinated against specified vaccine-preventable diseases. This will include ambulance staff, private hospitals, public aged-care staff and others. It will include cleaners, orderlies and administrative staff who have day-to-day contact with patients, and currently Victoria is one of few jurisdictions that do not have a law like this in place. The amendments proposed by this bill will ensure that Victoria is in line with other jurisdictions. We are taking the fight against the flu. Last year of course we had the worst record of flu in Victoria on record.

We need to take this ever more seriously. It is in line with other changes that we have made—no jab, no play, for instance. I chair a community house which runs a childcare centre and a kindergarten. We have enthusiastically enforced no jab, no play where issues have come up from time to time with people seeking enrolments for children who have not been vaccinated.

In the 1½ minutes that I have left to me, I do want to point out a bit of a regret that this bill, I believe, does not cover local government. While it is not so common anymore, a very small number of residential aged-care facilities in fact are still owned by local councils. Most of them have divested, but the City of Glen Eira in my electorate still has three, Warrawee, Rosstown and Spurway, which are of course high-care facilities. I think that it would be worth at some point revisiting this legislation and looking at how we can broaden the scope of it, because it is not just residential aged-care facilities that are owned and run by local councils. Local councils are still involved in the delivery of home and community care services. Many who receive those services are older, are unwell or are vulnerable, and I think it would be a good idea to look at how we can broaden the scope of this bill, which is very well intentioned.

With those few words I commend this bill because it is in line with this government's agenda of keeping Victorians safe and healthy, and I wish it a speedy passage.

**Mr EDBROOKE** (Frankston) (14:18): I rise today to speak on the Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Bill 2020. Of course we have heard some very good contributions from other speakers this morning and this afternoon. I would have to say that in many of those contributions there have been people citing some great foundations of evidence for this bill but also some emails have that have been sent to their offices. People have said some absolutely ridiculous things. And we all know that group of people as anti-vaxxers.

I would like to share some of those messages today as well, because I think when you see a bill like this and you choose to believe someone whose blog you read on social media or while you are sitting on the toilet reading their Facebook page or something like that over millions of GPs and millions of scientists involved in the immune area and you refuse to take their information on board or cannot even understand it, I think we have got a huge problem. I used to have a bit of fun arguing with those people, to be honest, but it does get tiresome, because when you argue with stupid people you run the risk of looking stupid yourself. This is a great bill, and this will save lives.

As we have heard previous speakers say, the mandatory vaccination bill for healthcare workers will reduce the risks of vaccine-preventable diseases for frontline healthcare workers, mitigate the risk of transmission of vaccine-preventable disease to patients and maximise compliance with recommended vaccination policy. And why are we doing this? It is pretty simple: because the facts and figures add up, the evidence is there and vaccinations save lives.

I have heard, throughout five years in this role, from many, many people from all over the state, all over the nation and also in my electorate who have come to tell me absolute furphies about vaccinations, and we have had some about this bill as well. These days I do not even bother to pay them attention. The evidence is there. It is like trying to convince people that day is night and night is day; they just stand there and they will not have it.

I, like the member for Bentleigh, anticipate there will be a rapid change of heart when an inoculation or immunisation comes out eventually for coronavirus. We have seen some pretty bizarre reactions to news stories. People are stocking up on things—toilet paper et cetera. I think there will be a huge change of heart when it is not just your child that you are making a decision for but it is yourself. I think we will see many, many people who might have been on these Facebook pages, who might have been propagating this absolute rubbish, go to the GP and say, ‘How can I be healthy? How can I avoid contracting coronavirus?’. And when the GP says, ‘Take this shot’, I reckon they will do it.

To go through and put this proposal in place, the bill makes amendments to the Health Services Act 1988 and the Ambulance Services Act 1986, which allow the Secretary of the Department of Health and Human Services to direct employers of healthcare workers in public health services and ambulance services to require healthcare workers to be vaccinated against specified vaccine-preventable diseases. The bill makes amendments to the Health Services Act 1988 to permit the secretary to give directions to private health service establishments, including private hospitals, requiring them to ensure that specific persons are vaccinated against specified vaccine-preventable diseases.

The context of this of course is that our healthcare workers meet and greet and treat many thousands of people every week. They do not know where these people are coming from or going to, and we need to first protect our healthcare workers—but our healthcare workers could be putting patients at risk, especially elderly patients when we are talking in the frame of coronavirus and some other preventable diseases that have been around for a long time, if they are not actually vaccinated themselves. We have heard people talk about the herd as well, which is a fairly well-known theory. It is a theory to some people, and they would think it is actually false; I think the facts prove that that theory is correct.

You only need to take the example of Samoa. The member for Melton, who is well learned in this space, was talking about the outbreak of measles. We have got a community where immunisation is at one of the lowest levels internationally—31 per cent, I believe. Fifty kids died in Samoa as measles ravaged the country—sadly, totally preventable. That is one in every 150 babies as well. What we saw was a low rate of vaccinations at about 31 per cent but a really high rate of anti-vaxxer advocacy. There was one well-known advocate in that country that was telling people to take a vitamin A instead of going to get a vaccination. The Samoan PM even recently suggested that maybe we should jail anti-vaxxers because of the uneducated advice they are giving to people. I would say this to the people that are calling me and giving letters to MPs: get off social media, stop buying toilet paper and actually read some peer-reviewed literature by experts in this field. I have, in Frankston, even had someone talk to me about the link between phrenology and immunisations.

For those who do not know what phrenology is, it is the ancient art of grabbing someone’s head and having a bit of a feel and checking out the lumps and bumps, and you can tell if they are of good character or if they are going to have genetic diseases or something like that—absolute rubbish. We have had people that have had children infected with measles on social media pages sharing infected lollipops with other people in the community to perhaps successfully or unsuccessfully immunise their kids. But they will not believe the data.

We have had Kat Von D, who is a well-known tattooist, who works with needles, but we have had people in my office telling me, ‘But Kat Von D is not going to immunise her kids’ and ‘So-and-so is not going to immunise her kids’. Well, it is not exactly the evidence I think you should be bringing to the table. Just because she works with needles does not mean that she knows anything about immunisation.

We have even heard one person in my office who was a well-educated person come out with the phrase, ‘We don’t need vaccinations, because the plague went away by itself’. I was very quick to remind this person that the plague also killed millions upon millions of people—and yes, it is still around today. So we have an argument in the background, but many of us no longer choose this argument. We choose to introduce legislation and pass that legislation that will certainly save lives.

We saw in the last year an unprecedented flu season that put enormous strain on our hospitals, and kudos to the health minister at the time and the leadership of the Andrews Labor government for handling that, but there were more than 69 900 scientifically proven, laboratory-confirmed flu cases. It started a lot earlier; it hit a lot of people very, very hard. Last year we saw almost double the number of measles cases in 2018. We also had a very large year for whooping cough, with 2210 notifications compared to 1700 in 2018.

I was brought up in a household with two nurses, and I remember when this conversation first started happening when I was a young teenager. I remember one of my parents saying to a young mum, 'You're welcome to come to the local hospital with me, and we will go to the emergency section and you can make your mind up then and there once you see a kid struggling for breath, struggling to survive with whooping cough'. I am not sure whether that person took up the offer or just decided to be smart and actually immunise their child, but I have actually heard that cough. If you are ever in doubt about the successfulness of immunisations and if they work, type that into your Google search bar, have a look at whooping cough and consider that levels are so low, polio levels are low, these diseases are still in the background but they are at low levels and they are manageable because we actually vaccinate in this country. We are not Samoa, and we do actually take up that fight against people who are disseminating false truth based on nothing but Facebook and whatnot.

This bill will save lives. It will protect our healthcare and emergency service workers. It is reasonable, and the people that disagree with it would want to come up with a better argument than they have been for the past 10 years, because they have been absolutely ridiculous.

Also just in the few seconds that I have got left I would ask those people too: should not healthcare workers be safe in their workplace? I would say yes, and this bill goes a long way to ensuring that as well. With that, Acting Speaker Fregon, I think you have done a good job listening to me this afternoon—off to a good start, I think. I commend this bill to the house.

**Mr CARBINES** (Ivanhoe) (14:28): Thanks very much, Acting Speaker Fregon, and welcome to the big chair. Can I say at the outset that the Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Bill 2020 is really important legislation that seeks to protect health service workers. That is what in part—a very significant part—this is about. It goes back to, really, a record our government has of workplace safety, a record our government has of investing in and protecting and advancing the interests of working Victorians, particularly those in our service industries, our healthcare workers—particularly across ambulance services, disability, ageing, carers and health. Can I say that from the outset what we understand we are seeking to do here with this bill is to introduce mandatory vaccination for healthcare workers in order to reduce the risk of vaccine-preventable disease for frontline healthcare workers, to mitigate the risk of transmission of vaccine-preventable diseases to patients and to maximise the compliance with recommended vaccination policy.

Most Victorians know and know well the value and the critical importance of vaccination policies and programs across the state. It is something that we have all become very familiar with both as parents as we work our way through those early years with our registration books to make sure that our kids have got the protection that they need and deserve and through the responsibility we take as members of society to ensure that we are playing our part to advance and protect the interests of those in the community in which we live. It is a societal responsibility. We have seen great success with that work across our state. Certainly across Australia we are recognised as having very significant vaccination rates.

For someone of my era who had to endure chickenpox and had to endure the mumps—illnesses these days for which young people can be vaccinated and which they do not have to endure—I can say that I have had firsthand experience when perhaps those vaccinations were not available en masse for young people. But the lasting memories of those illnesses are a stark reminder of the effect it has on you even in later years to recall just how unpleasant some diseases can be—such as the mumps, let me tell you.

So again, I suppose this is just drawing attention to the fact that nobody wants people who cannot look after themselves—our children—to have that responsibility. We make sure that is a parental responsibility, a responsibility we take in our society—and we have seen the great gains in that vaccination work to eradicate a range of diseases in our community.

Who are those frontline workers though? Not only just today have we seen across the world in relation to the coronavirus people like our healthcare workers and our doctors and our nurses who have found themselves fatally ill. And of course while we do not have vaccination arrangements in place yet, what is really important, as we have heard from many of the speakers on the government side, is the significant research at the Doherty Institute and others to work towards those vaccination measures.

Can I say that what is also important is an understanding that where we can take advantage of safeguards put in place to protect our healthcare workers, the Andrews government is one that has demonstrated time and again that whether you are a healthcare worker, whether you are working as a paramedic, whether you are a teacher in our schools or whether you are working on construction sites, our government seeks to advance and protect your interests in the workplace and make sure that you are safe and make sure that you return home at the end of a day's or a night's work. This legislation, again, is about drawing on the fact that currently in Victoria, while the department has guidelines for healthcare worker vaccination, there is no legislative mandate to enforce these guidelines. We are one of the few Australian jurisdictions that does not have mandatory vaccination requirements for healthcare workers. This legislation seeks to lay the groundwork very clearly not only to protect individual health workers but also, across our Fair Work legislation and laws, to make sure we are meeting our obligations to the state as to how we seek to legislate and put in place the right framework to support healthcare workers, who of course are on the front line protecting and looking after the vulnerable people in our community.

Vaccinations, we know, are safe and save lives. The influenza vaccination was funded for staff working in health services, and the introduction of targets has seen a rise in healthcare worker influenza vaccination rates in recent years, peaking at 84 per cent in 2019. Certainly that is collegial, the way in which we have seen across the Department of Health and Human Services that when the call goes out you can get your vaccination done. There are arrangements in place to provide those services, and people take them up. It is a further opportunity, I think, for people to walk the walk—whether they are people who are healthcare workers or people who are working in policy or working in practice or whether they are clinicians. If you are prepared to be out there advocating for what is best for the patient, it is also about walking that walk yourself and making sure that you are able to be vaccinated and that there are some clear regulations and authority in government to be able to deliver those outcomes.

Mandatory vaccination will not be implemented until early 2021 to allow time to consult appropriately with other stakeholders on the implementation process and to enable the development of appropriate supporting resources, including methods to monitor vaccination updates, as outlined in the minister's second-reading speech. Again can I say that what is particularly important here is that there were some comments made by those opposite in relation to rural communities. If you look at the healthcare outcomes in rural communities, we know and understand that for rural and remote communities across the country healthcare outcomes related to things like age are not as high as of course in metropolitan centres. What that also means is that the risks too are also significant. So what we want to make sure of in rural and remote communities as well is that there are opportunities to provide them with every support. Part of that is about making sure that the vaccination programs that we are able to offer reach deep across the breadth of Victoria to communities where health outcomes are not as high as they should be, despite all of our investment, our hard work and our continued commitment to that. Those opposite also need to understand the significance of this program. Many of the electorates that are represented in this place include those rural and remote communities where people's health outcomes are not as good as they should be and where the effects of not having a significant and high uptake of vaccination programs can have a very deleterious effect on people.

Last year of course, as further evidence of that, was an unprecedented flu season that put an enormous strain on our hospitals—some 69 000 laboratory-confirmed flu cases. We saw more than double the number of measles cases in 2019 than in 2018. If you take these sorts of figures and you overlay them in vulnerable communities where health outcomes are not as high, you can see where the risk really lies in our community for those who do not have the protection of vaccinations themselves or that herd immunity that results from making sure that there are sufficient vaccination rates and uptake. We also know that 2017 was a particularly bad flu season, with hundreds of Victorians unfortunately passing away with comorbidity issues. Particularly targeted were people who were elderly or who were vulnerable in their own health.

We know this legislation is particularly about not only protecting and advancing the interests of our healthcare workers but providing some very significant advances in what we need to be doing across the community to keep people safe and to send a very clear message, picking up again on the desire to lift our vaccination rates wherever we can. There is a broad acceptance and understanding of that in the community. I would not spend very much time on some of the comments and views that have been put to me and other members of Parliament from keyboard warriors out there, but can I say that in past roles, where I have been involved in health policy and prevention, particularly in relation to the fluoridation of water supplies in rural and regional Victoria where we have expanded and broadened out those prevention and public health matters, we have seen significant improvements in people's health and wellbeing, giving young people in particular—new generations of Victorians—every chance to lead long, successful, healthy and prosperous lives. Some of those silly arguments that we hear and see out there should be ignored, really, and discounted and held to account on occasion. Again, we hear those on the vaccination front. But what we know is that there is strong support for this bill and strong support for vaccination policy in our state, and I commend the bill.

**Mr CHEESEMAN** (South Barwon) (14:38): Thank you, Acting Speaker Fregon, and congratulations on accessing such a high office. I would like to speak on the Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Bill 2020. I find it interesting that today as we debate this bill the likelihood we are hearing, certainly from the global health authorities, including of course our commonwealth government and indeed senior health officers within the Victorian government, is that we are right now as a community potentially experiencing a global pandemic with respect to the coronavirus. In reflecting on the elements of this bill and indeed in looking at some of the historic pandemics that humanity has experienced over the last several hundred years, we are now as a global community fortunate in comparison to past generations that our medical science has these days advanced to an extent that we are able to develop vaccinations that help us as a global community, us as a country and us as a state over time to overcome these global pandemics.

Historically if you look at the spread of these viruses, not only often is it healthcare workers that help in our recovery but it is often those healthcare workers who, because they are dealing with those that are unwell and that are experiencing various diseases, ultimately put their own occupational health and safety at risk. Clearly perhaps for a period of time after they have been exposed but before they become unwell they may be passing the virus from their hospitals and the places in which they are treating people back into their own communities. As a consequence of that I think this legislation has been thoughtfully developed to ensure that the healthcare workers in our public health system in the first instance are protected from an occupational health and safety perspective—that they can go to their workplaces, care for those that are sick or injured and protect their own health but then ultimately protect the health of their loved ones, making sure that they do not take a disease or illness that they have contracted from their workplace back into their own homes and back into their own communities.

As I say, we are fortunate in comparison to previous generations that we have made massive advances in medical science and we have been able to develop vaccinations which enable us to protect those workers and to ultimately protect their families and the communities in which they reside. Over the last 20 or 30 years throughout Australia we have had a very active immunisation program, and many

diseases that people experienced prior to that are no longer found in this country to the extent that they used to be.

It is with some pleasure that I identify the CSIRO Australian Animal Health Laboratory in Geelong, who are world leaders in terms of identifying viruses, particularly those that are transmitted from animals to humans. They are global leaders, and they have partnered with many of our other research entities in this state to be at the forefront of developing these vaccinations which go to keeping us and our communities profoundly safe.

The importance of this initiative really does need to be considered not necessarily in terms of global pandemics, which I have spoken about, but really more from the perspective of more common diseases, more common viruses that our communities are subjected to—things such as the common flu virus. My limited understanding of the way viruses transmit is that people can become unwell but before they actually start experiencing those symptoms they can spend anywhere up to several weeks in their communities passing on that contagion, passing on that virus in their communities. If we look at the flu season, particularly over the last couple of years—we of course know that not every flu season is the same; I think in the 2017 flu season that particular strain of that virus was more contagious—we certainly know that in any one particular year we can have somewhere between 700 and 1000 Victorians who will succumb to that virus and pass it on. Often those people are the more vulnerable in our communities, whether that be young people or whether that be our elderly and the like.

This legislation, I think, is a very well considered piece of legislation that will, if you like, almost create a bit of a barrier around our public health system to ensure that our healthcare workers in the first instance do not get sick themselves but, importantly, do not carry those diseases that they may come into contact with back into their families and back into their communities. I think the legislation is very well informed by the science. I think it is very well thought through public policy that will ultimately lead to a much greater level of protection for all of our communities. Ultimately we want to see with these diseases wherever possible that we eliminate them. We want to see that instead of getting perhaps 95 per cent herd protection that we take it to as close to 100 per cent as we can.

Like most others in this chamber I have received quite a number of emails, particularly from people claiming to be nurses. Certainly all of the nurses that I have ever spoken to very much want to see their own occupational health and safety protected. They want to see protections for their families and the like. All of the nurses that I have ever interacted with as far as I know very much would be supportive of these measures being put in place because it is good for their health, it is good for the health of those that live in their homes and of course it is good for their communities. The more we vaccinate against these particular viruses, these particular contagions, I think the better we will be and the more healthy we will be as a society. I commend the bill.

**Mr HAMER** (Box Hill) (14:48): Thank you, Acting Speaker Fregon, and it is a real pleasure to see you in your elevated position today. May I just say, you are doing a fabulous job and you have controlled this session absolutely wonderfully. I also want to thank the member for South Barwon. I always do learn a lot from his contributions, so it is a pleasure to follow him.

I also really want to thank the Minister for Health for bringing this important public policy to the house and all her staff, not just in terms of the legislation that is before us today but particularly all the work that they have been doing in the last six weeks as the coronavirus has been developing. I know that the minister and her staff have been working very long hours over this entire time to get information out certainly to my community and to your community as well, Acting Speaker Fregon.

As has been discussed, the purpose of this bill is to provide the secretary with the power to direct health services to vaccinate certain members of staff with particular vaccines. To me it really comes down to a simple proposition—that is, if you are a frontline healthcare worker, you are more at risk than many other members of the community. This policy is in line with how the Andrews government thinks in terms of health and safety, particularly the health and safety of workers. We were on the steps of

Parliament earlier in the week celebrating the passage late last year of the amendment to the WorkSafe legislation and realising how important it is to be safe in your workplace, particularly in the construction industry. You would not be allowed to turn up to a construction job and say, 'Oh, well, if I don't want to wear a hard hat, I don't have to wear a hard hat, because I just oppose philosophically wearing something on my head'. That is the standard. All those standards have been introduced over a number of years because of the deaths that have been caused.

In the health sector we have seen that in a number of other areas of government policy, particularly in the no jab, no play initiative that we have for kindergarten children in terms of going into kinder and making sure that their immunisations are up to speed. I was listening to the lead speaker for the opposition, the member for Lowan, in her contribution, and I appreciate her long employment history in this area. I think she did refer to the concept of herd immunity, and I think it is really important that we are able to increase the vaccination rate and immunisation rate as greatly as possible.

I do want to go specifically into a bit more detail about the coronavirus and particularly how that relates to this bill and cite a number of cases. One of the more publicised, high-profile cases concerns a doctor from Wuhan, Dr Li Wenliang, who was one of the first to identify the existence of an unknown virus in the area. The reports are that he was detained and censured at the time but he continued to see patients and treat patients. Sadly, he contracted the coronavirus and has since died—a man in his 30s, a doctor, well qualified, who would have had many, many more years to give to his profession.

Just this week we have seen in New South Wales two health service workers have contracted the coronavirus. I wish them both a very speedy recovery. I understand that they are the first two cases of human-to-human transition that have occurred in Australia. It really just illustrates the point and I guess the risks that healthcare workers face every day dealing with, in many cases, the sickest people and the people who present with the most symptoms. For their own health, for the health of their families and for the health of other patients who they will go on to treat it is really critical that healthcare workers are vaccinated when a vaccine is available.

I was really pleased to see the Premier and the Minister for Health out at the Doherty Institute this week announcing \$6 million for further research towards the development of vaccines and protections in relation to the coronavirus. We do have world-class medical research facilities here in Melbourne, and it really was great kudos to the Doherty Institute that I think in January or maybe early February they were the first institute in the world to actually recreate the virus and then be able to send that to research labs across the world. The experts suggest that the vaccine is some months away, possibly even next year, but based on not only the particular health scares that have been documented and the individuals that have died but the community angst that exists I am sure that a vaccination will be very much sought after, particularly by those in the most at-risk groups but also for those healthcare workers.

Can I make my last point on the coronavirus. I have not had many opportunities in this chamber to talk about the coronavirus, but can I pay tribute to the local Chinese community in the electorate of Box Hill, who have had an anxious time over the last few weeks. There have been some reports of racist attitudes that have been directed towards members of the Chinese community, and we saw an episode, I think last week, in the children's hospital where a patient refused to be treated by a Chinese doctor. I just want to call that out—that has no place in our society—and I want to use this opportunity to again show solidarity with our local community.

In my final couple of minutes I want to go back to the vaccines that are actually available. I know a number of other members in this place have talked about the terrible flu season that we had last year. Last year was the worst flu season for many years. I think in total across Australia there were more than 300 000 people who presented to health services with symptoms of influenza and approximately 900 flu-related deaths across the country. Obviously there is a vaccination available, but it is not compulsory and it needs to be updated every year and changed. There are various reasons why there was a longer season and a more impactful season, but clearly this is a big health issue and anything



that we can do to help try and prevent the spread of viruses and of diseases is something that as a community and as a society we should be adopting.

In closing I would just like to touch on some of the emails. Unlike the member for Bentleigh, I did not read most of my emails. When a couple of them started talking about the Nuremberg laws and drawing parallels to the Nazis and the medical procedures that went on, I just tuned out. In any language that is not acceptable—you cannot compare the vaccination that occurs in Australia in terms of health and safety with Nazis. It is just not on.

**Ms EDWARDS** (Bendigo West) (14:58): It is a pleasure to speak on this bill because I think once again by introducing legislation such as this the Andrews Labor government is showing how much it is prepared for and wants to place an emphasis on ensuring that our community is protected from any number of diseases and illnesses that could permeate our society. From the outset can I say how much I appreciate, thank and show some gratitude to our healthcare workers who are on the front line constantly in our hospitals, our aged-care facilities and our ambulance services and of course who are on the front line in protecting our communities every single day. We should never undervalue the work that they do because without them who knows where we would be.

However, it is really important that our hospitals, health services, ambulance services and indeed all of the other services that protect us do not have frontline staff who are off ill, particularly at times of peak demand. With the current climate that we are in, we may see that peak demand double in the coming months as the flu season approaches once again but also because of the potential spread of COVID-19. As we know, health facilities are a place people go to get better, not to get sick.

It is important also that our healthcare workers are safe—very safe—in their workplaces. In 2017 the Andrews Labor government announced a staged target of reaching 90 per cent flu vaccination rates for our health services staff by 2022, and it is well on track to reach that target. Just last year we reached an 88 per cent flu vaccination rate in our public health services. Of course this bill will enable us to mandate the flu vaccine and indeed other vaccines for our frontline health workers. This will include our ambulance staff, our private hospitals and our public aged-care staff. It will include cleaners, orderlies and administrative staff who have day-to-day contact with patients and who also do amazing work in our healthcare system.

I was reading an article by the Immunisation Coalition in support of mandatory vaccination for healthcare workers, and I would just like to refer to an article that they produced, where they have said that currently about 83 per cent of hospital staff across Victoria have been vaccinated against the flu, while at the Royal Children's Hospital the number was believed to be hovering at around 88 per cent. The Immunisation Coalition calls for healthcare workers and allied health and ancillary staff members and their employers to recognise their duty and responsibility to protect themselves, their contacts and their patients from influenza and indeed from other illnesses.

As has been mentioned by other speakers, seasonal influenza remains the leading cause of the annual vaccine-preventable diseases associated with hospitalisation and death in Australia, and the immunisation of healthcare workers plays a significant role in preventing transmission within the health system and healthcare settings, so it is really important. Some voluntary healthcare worker vaccination programs have been effective when combined with strong institutional leadership and robust educational campaigns. The rates of influenza vaccination amongst healthcare workers in Australia remain suboptimal.

I just wanted to refer to that article because I think it is important to note that there are health professionals right across Australia who are already doing this, particularly in other states, and that the call is that every single healthcare worker have this kind of protection. While I was looking at this legislation, and in light of the COVID-19 virus, it occurred to me, 'What would our world be like if we had no vaccines, if the vaccine stocks disappeared overnight?'. Can I say, as a parent and a grandparent it terrified me, because I think the consequences would be millions of women and millions

of children and adults suffering needlessly from preventable diseases. As we know, one of the things that vaccines make possible is of course the eradication of disease. Smallpox has been eradicated, and polio is close to being eradicated. They are just two. But it requires everybody in the world to use them, and unfortunately there are people in the world who do not have access to these particular vaccines. In fact most people in developed countries like Australia have never really seen the impact of infectious diseases like measles, diphtheria, meningitis and whooping cough. We have vaccinations now that prevent the majority of our population from getting those diseases, and so we do not fear them, because we really have not seen them firsthand. And it is because of vaccines. Illnesses have disappeared as a consequence of the Hib vaccine that young children get—the bacterial meningitis vaccine. We do not see children presenting with swollen windpipes and the inability to breathe because of that vaccine, and some of those classic diseases are gone now because we vaccinate people.

We know that a disease that appears to be under control can suddenly return, because we have seen it happen. In Japan in 1974 about 80 per cent of Japanese children were getting the whooping cough vaccine. That year there were only 393 cases of whooping cough in the entire country and not a single death. Then immunisation rates began to drop until only about 10 per cent of children were being vaccinated, and in 1979 more than 13 000 people got whooping cough and 41 died. So when routine vaccination was resumed the disease numbers dropped again. That is just one example of how failure to immunise can actually create significant, ongoing problems in the community, where more and more people get sick and more and more people die. Of course since vaccines were first developed in the late-18th century they have been used to combat and even, as I said, eradicate many deadly illnesses.

Sadly there are some sceptics out there—people that we know as anti-vaxxers. Like many members of Parliament I have received a number of emails that I really have not read. Some of them appeared to me to be not quite genuine and potentially a campaign by an anti-vax movement to send on standard emails from people claiming to be healthcare workers. I clearly was curious and sceptical about the genuineness of those particular emails, particularly when I looked at some of the names on those emails. One of the things we need to remember is that anti-vaxxers are conspiracy theorists, for want of a better word, and they like to spread fear around vaccines. I was looking at a Forbes online article back in February of this year titled ‘How anti-vax activists use conspiracy theories to spread fear of vaccines’.

Indeed the World Health Organization recently declared that vaccine hesitancy, anti-vaxxers—that is what the World Health Organization refers to as vaccine hesitancy—was one of the top 10 threats to global health. That is right, it was up there with air pollution, climate change, influenza, Ebola and other threats. For the WHO vaccine hesitancy is a polite phrase designed to engage the public and highlight how serious the problem is without angering those who indeed are guilty of peddling the anti-vax message.

I look at my grandchildren. I had the whooping cough vaccine myself just before the first one was born, with no hesitancy at all. My children were saying, ‘You have to have the whooping cough vaccination. No-one can see my babies until they have been immunised if you have not been immunised’. That is the kind of message that we want people to have. We do not want people saying, ‘Your child is going to get sick if they have a whooping cough vaccination’. It is just ridiculous. We would be reprehensible as individuals if we allowed children to get sick when there is no reason for them to get sick. It is simply going and getting a vaccination. It just makes me so angry that there are people out there peddling this kind of nonsense. As we know, it is the conspiracy theories that are the background to many of these arguments. It is important for everyone to be vaccinated and more important for our healthcare workers.

**Ms ADDISON** (Wendouree) (15:08): I rise today to speak in support of the Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Bill 2020 because I firmly believe that we need strive to provide excellent healthcare that is of the highest quality and that is as safe as possible to all Victorians. This is what Victorians deserve.

Further, I strongly believe that this bill is in the best interests of all Victorians. As a responsible government, we have an obligation and a duty of care to all workers in our public hospitals, denominational hospitals, private hospitals and ambulance services to provide them with a safe workplace, which includes being protected from specific vaccine-preventable diseases. For the Victorian government to deliver quality and safe health care to the communities we serve it is essential that we minimise risk to patient safety, which will result in positive outcomes and better health.

At the heart of this bill is this government's commitment to the occupational health and safety for Victoria's frontline healthcare workers. I wish to thank the Minister for Health in the other place for the work she has put into this bill since she announced the policy for the introduction of a mandatory vaccination program for health workers in acute settings on 1 August 2019. I would also like to acknowledge the work of her office and the department in the preparation of this bill.

I welcome the widespread consultation about the bill that has occurred with key stakeholders. I would particularly like to thank the chief health officer, who has considered best practice in other jurisdictions and relied on evidence to inform his decision-making before making the determination that maximising the coverage of health workers is the optimal option. I would also like to thank all of those who contributed to the round table and provided their expert insights and recommendations, including health services, unions, professional bodies, clinical experts and healthcare representatives, to ensure that we get this right.

This is another example of the Andrews Labor government showing its commitment to the people of Victoria by reducing the risk of vaccine-preventable diseases for frontline healthcare workers and mitigating the risk of transmission of vaccine-preventable diseases to patients by amending two of our important acts, the Health Services Act 1988 and the Ambulance Services Act 1986.

I would like to take this opportunity to congratulate the Minister for Ambulance Services in the other place, Ambulance Victoria and the Victorian Ambulance Union, ably led by general secretary Danny Hill, on reaching an enterprise bargaining agreement for paramedics which will provide better pay and conditions and additional paramedics to better care for all Victorians. I want to thank all paramedics and show my respect for the work they do day in, day out.

I am proud that this new agreement will not only provide ongoing professional development but will make our paramedics amongst the best paid in the country. I would like to put on record that this was achieved without any industrial action. Compare this outcome to that of the Baillieu-Napthine governments that disrespected our paramedics: the difference could not be starker.

The changes that will be introduced by this amendment bill will allow the Secretary of the Department of Health and Human Services to direct employers of healthcare workers in public health services and ambulance services to be vaccinated against specific vaccine-preventable diseases. All healthcare workers in public and private hospitals and ambulance services with direct patient contact will be required to be vaccinated, including doctors, nurses, paramedics, dentists, orderlies, cleaners and staff working in public sector residential aged-care services. The proposed new laws will mean our healthcare workforce must be fully immunised to protect themselves and patients against not only the flu each year but other diseases such as whooping cough, measles, chickenpox and hepatitis B. This bill will maximise compliance with recommended vaccination policy. It is important that our community is aware that Victoria is one of only a few jurisdictions in Australia that does not have this mandatory vaccination for healthcare workers. This amendment bill will address this.

Let me be very clear: I disagree with members of our community who are anti-vaxxers, those who oppose the science of vaccinations. The evidence is in and the benefits to our society are great. Vaccinations are safe and save lives. That is why the Andrews Labor government already makes the flu shot free for healthcare workers. By mandating vaccinations for healthcare workers, thousands of patients have not had their healthcare and treatment compromised and our hospitals have minimised their absenteeism rates.

Locally, in Ballarat the number of flu cases put pressure on our emergency departments and health services, but our dedicated health workforce rose to the challenge and continued to deliver world-class care for my community. In my electorate we are so fortunate to have two world-class hospitals in Ballarat: the base hospital and St John of God. I care about the health and wellbeing of all of our healthcare workers. Healthcare frontline workers and paramedics across Ballarat do an outstanding job in caring for our community.

Recently my dad has required the services of paramedics and healthcare workers at St John of God, and I would like to thank the dedicated staff who provided exceptional care for him. Ballarat Health Services is the largest employer in the region with over 4500 staff, including thousands of dedicated nurses and health professionals, orderlies, cleaners and catering staff. Ballarat Health Services is the main public referral hospital for Ballarat and the Grampians region, and it has been providing quality care for over 160 years. It is Victoria's second largest regional health service and provides a comprehensive range of general and specialist care.

I support this bill not only as the member for Wendouree because it is important public health policy but also as the former chair of the Ballarat Health Services quality and safety committee and the Ballarat Health Services consumer advisory committee. From my experience from my three-year term on the board of directors of Ballarat Health Services I know firsthand that this bill will deliver positive outcomes for the workforce, patients and the broader Ballarat community.

Ballarat Health Services has been very busy, with nearly 61 000 emergency department presentations, 47 000 inpatient treatments, 10 000 surgeries, 2265 people treated in the mental health services and over 1400 babies born. I am very pleased that these numbers will continue to grow as my community does. And with the Andrews Labor government's investment of \$461.8 million to redevelop Ballarat Health Services, the future of health in Ballarat is looking very good.

Whether patients are receiving care at the base hospital or at St John of God or from Ambulance Victoria, we need to reduce the risk of exposure. This bill will help them achieve this. If health carers are not immune, they pose increased risks of disease transmission to other staff and patients, particularly those who are vulnerable.

My dad is commencing cancer treatment at the Ballarat Regional Integrated Cancer Centre this week, and I do not want his health and wellbeing threatened by contracting a vaccine-preventable disease. I believe that we have a duty to the workforce, patients and their families, as well as the community, to do what we can to protect people like my dad and other people's family members and friends from disease transmission when they are attending hospital.

In 2010 our eldest child experienced a severe health episode that resulted in her spending an extended period in intensive care at Monash hospital. It was a terrifying time for Mike and me, living in Ballarat and having our child transferred to Monash, and we were unsure what the outcome would be for our daughter, who was only 18 months old at the time.

While she was in an induced coma our very sick little girl received 24-hour-a-day care in a world-class hospital. She was incredibly vulnerable and immunocompromised as her tiny body fought off the numerous health challenges. I would not wish this experience on anyone. It was the most difficult time in our lives. Fortunately our daughter pulled through and is a very active and happy 11-year-old. For my daughter and every other sick child, and other families who have lived through having a sick child in hospital, I am supporting this amendment.

I am committed to ensuring a safe and healthy working environment for our doctors, nurses, dentists, paramedics and orderlies, which will also reduce the risks for patients, residents, visitors, volunteers, and contractors at all health services and hospitals.

To conclude, I thank the minister, I thank this government, and I am very, very proud to support the Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Bill 2020, because it is

another example of the Andrews Labor government living its values and improving the lives of all Victorians. I am confident that by introducing this bill we will enhance the occupational health and safety and working environment of our health services, our hospital employees and our paramedics, whilst very importantly strengthening and embedding patient safety, because it is patient safety that we should all be fighting for every day in our hospitals. I cannot commend this bill to the house more strongly.

**Ms GREEN (Yan Yean)** (15:18): I take great pleasure in joining the debate on the Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Bill 2020. I say at the outset that one of the reasons that I got off Twitter was the anti-vaxxers. That might have meant that I wanted to hang back from speaking on this bill, but I am not going to. From hearing the member for Melton before, I know that we are so fortunate to have him speak so knowledgeably from his experience of being a frontline paramedic. When he spoke in particular about the horrific measles outbreak in the Pacific last year I found quite shocking the rate of infection of babies there, and indeed the rate of death—one in 150 babies in that country.

It is things like that that really underscore why we need vaccination, particularly for our workforce. A number of us have received emails from people claiming to be health workers who are very concerned. I wish that when people email you about matters of concern they would identify where they live so you can hone your response to them. I say to people who send emails constantly—the keyboard warriors—that you are more likely to get our attention if you say where you live and give greater detail about yourself. It probably helps us to understand a bit more.

We see a lot of hysteria around this. I think some in the house might have been concerned about whether I was going to miss my call for this bill, but I was actually with the whip and my northern colleagues having a meeting with Northern Health, as we do periodically. They are a fabulous health service that really perform above expectations. They are not a very large hospital and they have a huge catchment. In particular their emergency department is outstanding in its performance and in overachieving its targets.

They of course in their briefing were talking about their preparations for the coronavirus. In this pandemic many of us really want to thank the Minister for Health for organising an all-Parliament briefing early this week, the second one that she has done, with the chief health officer. We heard about things in great detail. One of the things that Northern Health were saying to us was that they are really concerned about the impact that this virus could have on their workforce if this thing takes off in Melbourne's north. It will not be about just managing the sick that come through the building, but having large numbers of the health workforce in quarantine—hopefully not too sick in home quarantine—could mean that there will be great difficulty in being able to offer their service. I think it really has focused the mind.

As yet the virus does not have a vaccine for it. I get a flu vaccination every year. A number of years ago I said, 'Do I need to have it?'. My GP said, 'Look, for your health and your age you probably don't need to, but the flu is a really, really serious disease for vulnerable categories—for older people, for babies, for people with compromised immune systems'. He said, 'It's actually your contribution to other people's health by ensuring that you get the flu shot each year'. I think it does not have as good a coverage as some other vaccines, but I was pretty rapt last year. I did not have a cold or flu. Touch wood, I will not get extra ones this year.

We had quite a diabolical flu season last year. That, combined with coronavirus, is going to be an amazing challenge for our workforce. I think one of the best things we can do is to contribute to that herd immunity and reduce the risks of vaccine-preventable disease for our frontline healthcare workers. It mitigates the risk of transmission of vaccine-preventable diseases to patients and it maximises compliance with recommended vaccination policy. I think in terms of being a responsible employer it is the best thing that we can do. I want to thank the Parliament, because each year the Parliament reimburses our staff, all the parliamentary officers and MPs so that we get our flu shots.

The bill makes amendments to the Health Services Act 1988 and the Ambulance Services Act 1986, which will allow the Secretary to the Department of Health and Human Services to direct employers of healthcare workers in public health services and ambulance services in Victoria to require healthcare workers to be vaccinated against specified vaccine-preventable diseases.

From the briefing we just had with Northern Health we know that our healthcare workers are at increased risk of vaccine-preventable diseases if they are not vaccinated. They come into contact with sick people, and if they are not protected they may pose risks to their colleagues but also to patients. With the planning that is going on for coronavirus there is a concern that if you do not have enough coverage of people who have been vaccinated you have got a higher risk of staff absences. We see that in the flu season. Our public hospital system was under enormous pressure last year. The flu season lasted for about nine months—it was a particularly difficult winter—and our hospitals performed very well, but they are going to be able to do even better when they have got a workforce that is protected.

I spoke about the member for Melton and his contribution earlier and about the measles cases in the South Pacific, but even here in Victoria we saw more than double the number of measles cases in 2019 than in 2018, and we had a large year for pertussis, or whooping cough. My children have had whooping cough, and that is such a scary, scary disease. One of them was already at school. It is not something that you think about, but he had it, and it is very scary. Last year there were 2210 notifications compared to 1700 in 2018. These diseases are not just a bad cough or an itch; they are potentially deadly diseases, and they do kill people every year, including in Victoria.

We owe a debt of gratitude to our healthcare workforce. I have had the pleasure, when I have been out doorknocking, at street stalls and things like that, to meet a number of nurses and particularly paramedics; there is a really high number of paramedics and other first responders that live in the Yan Yean electorate. I really want to express my thanks to them during the debate on this bill.

I also want to commend the minister and her department. I cannot imagine what their workload is like at the moment. I want to commend her advisers and the staff of the Department of Health and Human Services. They have also got a workload to deliver the capital projects that we have promised as election commitments. They are doing a very good job in a difficult environment, and I wish them well in the coming months. I commend this bill to the house.

**Ms RICHARDS** (Cranbourne) (15:28): I rise today to contribute to the debate on the Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Bill 2020 with great pleasure and pride. It is a bill which makes amendments to the Health Services Act 1988 and the Ambulance Services Act 1986 and which will provide the Secretary of the Department of Health and Human Services with powers to give directions to public hospitals—including public health services, denominational hospitals, health service establishments and ambulance services—and to be able to specify requirements for employees and workers to be vaccinated or prove immunity to specified diseases.

I would like to reflect on the contributions to the debate that I have just heard. I think it has been very important for people who have done the journey with other vaccination bills to be able to provide those insights, and I am very grateful to have heard that wisdom and also the passion that comes from having a parent who is unwell or having had a child who was unwell, and to have heard of the effect that the stress of a sick child or a sick parent has on somebody without worrying about additional burdens of disease. I would also like to pay credit to the member for Melton. As always with health-related bills, to be able to hear firsthand from somebody who had a long and very important career servicing our community as an emergency services worker in the health sector—to have somebody of the calibre of the member for Melton—is something that is a great credit to Labor. I am very proud to be able to share this side of the house with people who have that sort of background.

Like the speaker before me, I am a very enthusiastic supporter of the science of vaccination. I see this as fundamental to our collective responsibility to live in a society where the well have themselves

vaccinated so that those who are too young or for other reasons unable to be vaccinated are protected. I see this as part of the collective, because of course herd or community immunity is essential if you believe that a society must function well and put the needs of those who are not able to be vaccinated ahead of the needs of those who are unsure and have not taken the time to read the credible scientific literature.

Herd immunity happens when enough people are immunised against an infectious disease and there is less of the disease in the community, making it harder for the disease to spread. Victoria is one of only a few Australian jurisdictions that do not have a mandatory immunisation requirement for frontline health workers. We know that healthcare workers are at increased risk of vaccine-preventable diseases if they are not vaccinated. Importantly we know that healthcare workers may pose increased risk of disease transmission to other staff and patients, especially those who are vulnerable.

This government is once again taking action and bringing this state into line with other jurisdictions on the mandatory vaccination of healthcare workers. Our dedicated frontline workforce is under ever-growing demand to provide world-class care, continually rising to the challenges of the horror flu season we have seen and disease outbreaks that we are looking to face potentially in the future. To ensure that our healthcare workers are safe in their work environment and that the risk of illness being spread to them and vulnerable patients is minimised—and the risk to their families is also reduced—we are making sure that our healthcare workers are among the first to be immunised each year by making the flu vaccine and other vaccines mandatory. This will include ambulance staff, private hospital staff, public aged-care staff, cleaners, orderlies and administrative staff who have day-to-day contact with patients.

We know that those people who have day-to-day contact with patients are vital to the care of those in our community who are unwell and those in our community who are perhaps well but are going to have babies in hospitals. The people who often serve our food or make sure that the environment is clean and healthy are also those who take the time to stop and talk to patients, and the role that they have is recognised in this legislation. Not only will this ensure our front line is protected and there when we need them the most, it will also ensure that those being cared for, including those vulnerable, as the member for Wendouree talked about, because of age or illness; those who are pregnant; those who have chronic diseases; and those who are immunodeficient have significantly reduced risks of disease transmission.

Modern vaccines provide high levels of protection against vaccine-preventable diseases. Make no mistake, these diseases can be fatal. Vaccinations are one of the most effective ways of preventing disease worldwide. Reducing morbidity and mortality from many infectious diseases by means of vaccination has been described as one of the most significant public health achievements of the past century. Last year we had an unprecedented flu season, and that put enormous strain on our hospitals, but our dedicated health workforce—again I pay credit to them at every opportunity, as we all do on this side—rose to the challenge and continued to deliver the world-class care that Victoria is known for. The Labor government has made the flu shot free for healthcare workers, and the new law will ensure healthcare workers are fully immunised to protect themselves and patients against the flu, whooping cough, measles, chickenpox and hepatitis B.

In 2019 the Labor government set a target of 84 per cent flu vaccination rates amongst healthcare workers, and we exceeded that. We reached 88 per cent across the state. With the Attorney-General now in this place, it is a credit to her that we introduced the no jab, no play legislation that made a huge difference in protecting children against preventable diseases, with Victorian immunisation rates still the best in Australia.

We have the latest hospital performance data, and it shows our paramedics and our hospitals are rising to the challenge of record demand caused by a busy flu season. Despite this flu spike elective surgery patients are receiving their operations quicker than ever before and patients are being treated within a record median of 28 days compared to up to 42-day blowouts under the Liberals.

Ambulance Victoria recorded the best ever code 1 response times for the quarter despite more than 8500 additional code 1 emergency patients in the same quarter a year prior. This latest data shows that hospitals have driven down elective surgery waiting lists to 40 210, 2845 patients fewer than the last quarter and below the 50 000 barrier broken by the Liberals before they lost office.

Like many, I have been receiving emails from people who oppose vaccinations, and I was interested to note, and relieved at, how few of those people who contacted me actually lived in the area I represent—incredibly reassuring. I actually agreed with the member for South-West Coast when she said earlier today that she was horrified to see the number of healthcare workers who emailed in opposition to vaccinations, and of course the member for Yan Yean has articulated very clearly and strongly the outrageous hypocrisy of people who are opposed to vaccinations.

So I would like to take the opportunity to respond to the antics of the anti-vaccination movement and embed some science into our discussion about vaccinations, because we know there are people who are peddling misinformation and mistrust, and this makes me so angry. Of course we must use credible sources in this debate. In Australia the source of credibility is the CSIRO, because it is our premier science agency, and in Victoria I always send people to the Better Health Channel. If you spend some time in the CSIRO, you will see they use humour and clear language. I feel angry, but I am delighted to see the way that they are busting myths, and of course the most contentious of those myths is the one that vaccines cause autism.

Twenty years ago a former British doctor had an article published that falsely linked the measles, mumps and rubella vaccine to autism. Since then a high number of quality studies have compared the health of a large number of vaccinated and unvaccinated children, and the largest of these included thousands of children born in Denmark. There are some really terrific insights on the CSIRO website, and I implore people to use credible sources.

I am going to take a moment to reflect on those who are anti-vaxxers and reflect that I have some friends who are hesitant. I reminded them that they are in the company of Donald Trump, Pauline Hanson and a group of celebrities whose health expertise is non-existent. So I will take the opportunity to thank Minister Mikakos for bringing this and the minister's staff and also take a moment to thank those who are working very hard to keep us safe. I thank our nurses, our paramedics, our doctors, our ancillary workers, our personal care attendants and all who bring us this care.

**Ms HENNESSY** (Altona—Attorney-General, Minister for Workplace Safety) (15:38): What a delight it is to come after the member for Cranbourne, a well-known public health advocate. I would also enthusiastically join her expression of appreciation and admiration to the Minister for Health for bringing this very important bill before the Parliament—and a very important bill it is indeed.

We have seen the world of public health change over the last 50 years, and it is beyond contest that the innovation of vaccinations and immunisations has fundamentally changed the public health outlook for the world, not only in developed countries but particularly in developing countries. We no longer live predominantly in a world where polio exists and where we see things like babies dying from whooping cough and pertussis. We have great opportunities to protect pregnant women—things like blindness and deafness because of an exposure to measles, mumps and rubella occur. We know that, now, we can better protect particularly women but also men from the scourge of things like cervical cancer with wonderful innovations such as immunisations. They are without doubt one of the greatest public health innovations that we have seen occur over the last 50 years. That has really been led by the people that have done the fabulous scientific research to that end, but it has also been by relying on those who have served at the front line around public health to ensure that we have been able to roll out immunisations and vaccination programs.

Why is this bill important? We have seen really significant movement in how we build what is called herd immunity, and I heard the member for Cranbourne give a very accessible explanation of what



herd immunity is. What it is scientifically of course is the threshold we have to get to, of about 95 per cent, to ensure that we are all protected against vaccine-preventable illnesses.

There is also what it means socially and, I would certainly argue, morally—herd immunity is our responsibility to each other. It is our responsibility to reflect upon how our decisions, particularly our decisions to get vaccinated or not, impact upon other people in the community. And in ensuring that we are able to do things like protect those who are immunocompromised—whether that is because they have got a chronic illness or disease, whether that is because they are having chemotherapy or whether that is because they are a baby in utero or a baby just born—it is our responsibility to make sure that we are doing our best to protect them from vaccine-preventable illnesses, because we can. And that means that we have got to use every front we possibly can, every lever we possibly can, to make that occur.

This government has made such significant strides in ensuring that occurs. We have introduced no jab, no play. For the first time we have got children under five to 95 per cent herd immunity; that will save lives. We have got significant investment around access to meningococcal vaccines, particularly targeting those 15- to 16-year-olds where again a simple intervention can save lives. We have got vaccination occurring in schools to ensure that we are doing our best to protect young women and young men in the future against certain cancers that we know are potentially vaccine preventable. But where we still continue to have work to do is of course in our health system. Our frontline health workers do an extraordinary job. Many of them are vaccinated, but certainly what we know is that for those that are working around the very ill and the very vulnerable—whether they be visitors or healthcare workers—we have got more opportunities to try and strengthen the level of vaccination and the penetration of vaccination in the health system.

This is a fantastic bill that seeks to make sure that we are using the levers to achieve good public health outcomes and good public policy. In doing so we will be protecting those that are vulnerable. We have seen in winters gone by horrific influenza seasons that have genuinely resulted in the death of people where perhaps if we had higher rates of vaccination we could have avoided that outcome. So this is a bill that is fundamentally motivated by making sure that we are exercising our public responsibility to ensure that the vulnerable are protected and that we are finding and utilising every lever. I commend the Minister for Health for her absolute passion and commitment to that end.

I, too, would like to make a couple of brief comments in respect of the vaccine hesitant as well. We know that the anti-vaccination movement is a very, very well organised movement and that there are those that have jumped on the bandwagon that are anti-science and that have utilised one misconceived article that was published decades ago that falsely claimed a link between the measles, mumps and rubella vaccine and autism—a connection that has been comprehensively debunked, a myth that is dangerous and a myth that essentially puts the life and wellbeing of vulnerable people at risk. It is absolutely rejected by every scientist. This is a platform where we should be calling out these people who are effectively flat-earthers for what they are: people that peddle dangerous myths. That is one cohort, and we should not underestimate their resolve. They get very organised. They are very organised internationally. I have got good firsthand experience of the tactics that they use in respect of their advocacy.

But there is another group of people that perhaps are what we might call vaccine hesitant, that are not necessarily starting from the position that they think that there is a worldwide conspiracy against the world in the form of vaccinations. What happens, however, is the myths and misinformation get out there and when the vaccine hesitant do things like google information about whether it is safe or not safe to vaccinate their children some of the claptrap from the anti-vaccination movement appears on their computer screens. We have to continue to make sure we engage with the vaccine hesitant. We have got to make sure that we are encouraging people to get their advice from their maternal and child health nurses, to get their advice from their general practitioners and to take their advice from those that are clinically trained, not the nutters on the internet who try and perpetuate ongoing myths about the safety or lack thereof of vaccination.

We have also got to recognise that we have got to make vaccination available for people. Being a parent, and being a young parent, is really tough work, and it can be one of those things where parents say, ‘Oh, I’ve just got to get around to it’. We have got to make sure access is as porous as possible. We do that by making sure people can get access to affordable public health services, whether that is nurses or whether that is pharmacists, who in some circumstances are legally able to vaccinate people, and by making sure that our private and our primary healthcare system is not so unaffordable to parents that they cannot afford it or do not have the time to get there.

We have got to make sure that we keep putting out the pro-science, the pro-public health message that vaccination works, that it has changed the face of our earth when it comes to preventable illnesses and diseases, that we will not stand back in our health facilities and refuse to use every tool in our arsenal when it comes to making sure that vulnerable patients are protected from things like influenza—again, potentially preventable through vaccination—and that we are actually going to put in place proper plans and processes to make sure that people are protected from avoidable, preventable illnesses.

I know that the vast majority of those that work in the health system are great advocates of vaccination. I know that they will feel enthusiastic about a culture that says everyone has got to do their bit, and I know that families and friends will absolutely take very, very seriously our mutual obligation to each other to ensure that we are all kept very, very safe.

Congratulations to the minister, as I said. I wish all of those that work in the health sector the very best in making sure that they are able to efficiently and effectively roll out this program. Long live the great scientists who have saved lives through their innovations and interventions when it comes to vaccinations. And may the anti-vax movement curl up into the anti-science ball that they deserve to be in.

**Ms WILLIAMS** (Dandenong—Minister for Prevention of Family Violence, Minister for Women, Minister for Youth) (15:49): It is always difficult to follow on from the Attorney-General in any contribution in this place, but it is particularly difficult to follow her in a contribution that pertains to anything in the health portfolio given she formerly occupied that portfolio and did so with a forensic attention to detail. I think she demonstrated that in her contribution just then.

But as other speakers have done, I stand here in support of the Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Bill 2020. I understand why it has attracted so much commentary around the anti-vaccination movement, which we have seen over recent years gain some prominence, particularly at different points in time of government reform and in particular around that no jab, no play policy which we have heard others speak of.

It is hard to think about that period of time without also thinking of some of the vitriol that sadly came as a part of the debate, and I know the Attorney-General, as the then Minister for Health, was a target of a lot of that vitriol. Who could forget her confronting that and reading out some of the nastier messages that she received during that time, which apart from putting on show and highlighting some exceptionally bad behaviour I think also went to highlighting how misguided some of the assumptions that underpinned those comments were and just how dangerous is some of the misinformation that has been circulated around vaccinations.

Most of us need only look at our own extended families to understand how significant and positive an impact vaccinations have made to our own health and wellbeing and the health and wellbeing of those that we love. I know in my extended family we have people who experienced polio and TB—tuberculosis—things now that would be virtually unheard of. In older generations of my family people still live with the impact of diseases like polio. The very fact that we now have generations who would only read about such things in historical accounts goes to show the value of vaccination and just what a significant role it has played not only in keeping us more healthy but in changing our community and society as a result.

To that end the bill that is being introduced today is another step forward in a suite of reforms that has gone towards making our community more healthy and safer in that frame of increasing vaccination rates across our community. Vaccinations, as we know, are safe, despite some of the misinformation that is circulated, and without doubt they save lives. We know that vaccinations are one of the most effective ways of preventing disease, not just here in Victoria or Australia but worldwide. We know that they provide very high levels of protection against vaccine-preventable diseases. Many of these diseases we must understand can be fatal, and reducing morbidity and mortality from many infectious diseases by means of vaccination has been described rightly as one of the most significant public health achievements of the past century—and I think I demonstrated that by pointing to the fact that many of us can see that impact within our own family lineage.

I referenced before that Victoria had already embarked upon its no jab, no play laws, which we know are also making a significant difference in protecting children against preventable diseases, with Victorian immunisation rates still the highest of all Australian states. We should be very proud of that here in Victoria.

But what of our healthcare workforce—those people that keep us safe when we most need it and those people who put themselves in sometimes extraordinary danger in the process of doing that? The beauty of this bill for me in the scheme that it introduces—which is a mandatory vaccination scheme for our frontline healthcare workers—is that not only does it seek to keep our most vulnerable patients healthy and well and safe but it also obviously delivers significant benefits for those healthcare workers who themselves are coming into contact with a range of different diseases and illnesses which make them obviously more predisposed to getting ill themselves. We need these people healthy and well, because they are there when we need them most. So I think this bill has a range of benefits that we should all in this place be very firmly on board with.

The government is committed to making sure our healthcare workers are among the first to be immunised each year by making the flu vaccine and other vaccines mandatory. This bill makes amendments to a couple of acts—to the Health Services Act 1988 and also to the Ambulance Services Act 1986—which effectively allows the Secretary of the Department of Health and Human Services to direct employers of healthcare workers in public health services and also ambulance services across Victoria to require their workforce to be vaccinated against specified vaccine-preventable disease.

In addition, though, the bill makes amendments to the Health Services Act to permit the secretary to give directions to private health service establishments, which may include, for example, private hospitals, requiring them to ensure that specified persons are vaccinated against specified vaccine-preventable diseases. This will include ambulance staff, private hospitals, public aged-care staff and more. It will also include cleaners, orderlies and administrative staff who have day-to-day contact with patients. So it covers that part of the workforce that we would logically expect it to—those who most frequently come into contact with some of the most vulnerable patients in our health system and those who themselves are vulnerable by virtue of their contact with or exposure to certain illnesses and diseases.

Victoria, interestingly, is one of the few Australian jurisdictions that does not have a mandatory immunisation requirement for healthcare workers, and the amendments proposed by this bill will ensure that Victoria is in line with other jurisdictions on the mandatory vaccination of healthcare workers. We are taking the fight against the flu and other preventable diseases further by making this vaccination regime compulsory for this part of the workforce, and this is, as I have said, ultimately about ensuring that our front line is protected and there and available to us when we need them the most and that our healthcare workers who are in positions of caring for our most vulnerable—and the cause of that vulnerability may be on many grounds, whether it be age, pregnancy, chronic disease or some level of immunodeficiency—are in a position to be, through their own safety and security, also keeping those patients safe as well.

We have heard others speak about the toll that the flu takes on us each and every year, and we know that last year in particular was a particularly bad flu season. Sometimes we can be a little bit flippant about the flu, particularly because we have become so accustomed to it being regarded as not a particularly severe kind of illness. But what we do know is that if you are in that vulnerable cohort, whether by age or by immunodeficiency, influenza can have very catastrophic consequences, and sadly when we see a spike in flu rates or strains that have crept in, we can see that the consequences of that are dire in some cases. I know last year's unprecedented flu season saw more than 69 000 laboratory-confirmed flu cases. We know it also started earlier and hit a lot of people very hard. Last year we also saw more than double the number of measles cases than the year prior, and we had a large year for whooping cough as well, with 2210 notifications compared to just 1700 in 2018.

These diseases are very serious and are very significant, and we cannot afford to be too flippant about them or about the impact that they can have on our community, and particularly on the most vulnerable in our community. We know that in 2017 hundreds of Victorians unfortunately passed away as a consequence of flu, and we also know—and in closing I want to draw attention to this—that our healthcare workforce has done an incredible job in rising to the occasion in these difficult times and has done an incredible job in treating patients and in being there when people have needed them the most and when people have been in some of the worst health conditions of their lives. So I want to end this by thanking our health workforce, and I commend this bill to the house.

**Ms WARD** (Eltham) (15:59): I also rise in support of this bill. It has been quite interesting actually to, along with other MPs in this place, talk about the kinds of emails that we have received from some in the community who are concerned about this legislation and what it means for what they refer to as their personal freedoms. When I was younger I spent some time in the Royal Children's Hospital. I had blood poisoning and osteomyelitis, and I was pretty unwell. You can only imagine how concerned my parents were. As you would expect at the Royal Children's, I had exceptional care; I had great care. But when you look at statistics like there having been 69 000 laboratory-confirmed flu cases last year, you think about the vulnerability of children and you think about children like me who were incredibly ill, you think about the vulnerability of older people and you think about people who do need to have caregivers who are healthy. I do respect and pay credit to all of the healthcare workers that we have in our community. I know that they take health care very, very seriously, but sometimes you do not always know when you are sick and you do not always know when you are carrying something. This idea that some who have emailed us have put forward that there is a lack of respect from the Minister for Health, from the Department of Health and Human Services and from people in this place for healthcare workers because of this legislation is, I think, wrong.

I think we do have an obligation to ensure that we have a healthy healthcare workforce, not just for patients but also for other healthcare workers. I think this is especially pertinent when we are in an environment where we know that there is a virus heading our way. We know that there is a virus that has already started to seep into our shores and we know that there will be more and more people who will be on the receiving end of this virus and will become ill in a variety of ways, some, sadly, worse than others. So when we are going to have so much pressure put on our healthcare system and we are going to need our healthcare workers more than ever before, it is very important that they are actually vaccinated and protected as much as possible against any other viruses that could infect them. We need them to be in perfect health but we also need them to not by mistake infect anybody else who is vulnerable, and that includes people who may contract coronavirus.

I do find it quite—I am not sure what the word for it is—hurtful in a way to think that there are people in our community who would rather not vaccinate their child, who would rather have their child contract something like polio or like whooping cough—

**Mr Wynne:** Measles.

**Ms WARD:** That is right, member for Richmond, like measles. They would rather that than their child, in this bizarre conspiracy theory, have autism. As an aunt of someone with autism who is the

most beautiful person, who is someone I love dearly, to think that there are people in our community who think that autism is such a terrible thing that they would rather their child contract one of these contagious viruses or diseases just astonishes me. We know that there is no scientific evidence—in fact we know that the study was falsified—around any connection between autism and immunisation. But to think that people would put their own children at risk because they are afraid that their kids by some amazing transformation would become autistic I find unconscionable, I find it incredible and I do find it quite hurtful.

I think this is something where again the science must prevail, and just as we talk about climate change, just as we talk about anything to do with science, the facts need to be the ones that are discussed. This is not an emotive discussion. This is not a discussion around belief, this is a discussion around the facts, and the facts are that having immunisation—having our herds—actually does save lives. This is an undisputed fact. When herd immunity is decreased, when we do not have enough of us around us who are immunised, people get sicker and, sadly, more people die. We do not want that. We want people to be as healthy as possible, and we do need to encourage the immunisation herd. Whether that is in your school communities, whether that is in your sporting communities and indeed whether that it is in your health practitioner communities, we need to have those herds. We need to have people who are immunised and who will not contract these diseases and viruses so that they can protect those people who are unable to be immunised. And there are people in our community who would love to be immunised, who would love to be protected, but who, through their own health needs, are unable to be. In fact there are people who are immunised but who have had their immunisation reduced because they are receiving medical treatment, such as cancer treatment. I have a young boy in my community whose parents were incredibly worried for him because he was having cancer treatment and yet there were parents at his school who were not immunising their kids, so they were actually risking the life of this child, who was doing everything he could to preserve his life. They were risking his life through their fear around immunisation.

Immunisation is not something to be fearful of. It is not about a belief system, it is about respecting and understanding the science. And the science is if you allow yourself to be immunised, the likelihood of you contracting, falling ill due to or even dying from a whole variety of illnesses is substantially reduced, if not removed. We have seen this with the craziness around whooping cough where we had a whooping cough epidemic a couple of years ago because people were not immunising their kids. Whooping cough had all but disappeared and suddenly came back, scaring people senseless. These images of little babies coughing their poor hearts out—why would you do that? Babies are our most vulnerable. When they are so small they cannot be immunised and they cannot be protected, so it is up to us to recognise our social responsibility to protect the most vulnerable in our community. We all need to do that and we all have a role to play in that.

Our health practitioners have the same responsibility, and I know that many of them understand that. While I acknowledge that everybody has got the right to put forward their view, everybody has got the right to express their fears and everybody has got the right to express those fears with respect—and I am sure that everybody in this place who has received those emails has done exactly that, responding to them with respect—the thing is that we have actually got to legislate for the greater good. The science tells us that what we are doing is the right thing to do, and the science tells us that your fears around immunisation are wrong. They are wrong. You need to listen to the science. So I would encourage those to open up their minds. I would encourage those who are afraid of immunisation, those who think that being immunised is going to harm them in some way to look at the science. This is not a conspiracy by big pharma. This is something that scientists, that doctors, that medical practitioners have devoted decades of their lives to perfecting. There is so much investment by good people that goes into research to help preserve life, not damage life.

So this is good legislation and I commend the Minister for Health, who, might I say, is doing an exceptional job, including the work she is doing around coronavirus, on the way she is calmly keeping this community abreast of what is going on, with regular updates delivered to us in a calm way. She

is doing fantastic work, as are her staff and as is the department, not just with coronavirus but also with legislation such as this. While I do hope that everybody's demand for toilet paper slows down, I do encourage this legislation and I support the bill.

**Ms HORNE** (Williamstown—Minister for Ports and Freight, Minister for Public Transport) (16:09): I rise today to make a contribution to the Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Bill 2020. I join my colleagues in congratulating the Minister for Health in the other place on proposing amendments that will improve the occupational health and safety of Victoria's frontline healthcare workers, who provide such vital services in hospitals and also to protect vulnerable Victorians who are in hospital from the risk of transmission of vaccine-preventable diseases.

This bill amends the Health Services Act 1988 and the Ambulance Services Act 1986, enabling the Secretary of the Department of Health and Human Services to direct a range of healthcare settings, including public, denominational and private hospitals, and ambulance services to require employees to be vaccinated against specified diseases. This bill will mean that all healthcare workers in public and private hospitals and ambulance services with direct patient contact must be fully immunised to protect themselves and patients against the flu each year as well as whooping cough, measles, chickenpox and hepatitis B.

Victoria is currently one of the few Australian jurisdictions that does not have a mandatory immunisation requirement for its healthcare workers. These amendments will ensure that Victoria is now in line with other jurisdictions on such important occupational health and safety and patient safety risks. Last year's unprecedented flu season put enormous strain on our hospitals, with more than 69 000 laboratory-confirmed cases. It also started earlier than usual and hit people with greater severity. We also saw more than double the number of measles cases in 2019 than in 2018, while whooping cough notifications rose to more than 2200 last year compared to 1700 in the previous year. These are potentially deadly diseases. They do kill people every year, including in Victoria. The figures highlight why it is so important that our dedicated healthcare workers, who continually rise to the challenges of horror flu seasons and outbreaks of disease and continue to deliver world-class care, are protected against preventable infectious diseases. Through this bill the Andrews Labor government is taking up the fight against flu and other preventable diseases while ensuring that our dedicated healthcare workers have a greater level of personal protection, while also reducing the spread of diseases to vulnerable patients. I want to express my thanks to our hardworking doctors, nurses and other healthcare workers here and across Victoria who do an amazing job every single day caring for patients when they need it most.

This bill is about good public health policy. We know that the use of vaccinations has reduced morbidity and mortality from many infectious diseases and is considered to be the most significant public health achievement of the past century. Vaccinations are safe and effective and provide a wideranging public health benefit, and the mandatory vaccination of healthcare workers will improve the protection of both healthcare workers and their vulnerable patients from vaccine-preventable diseases, leading to clear public health benefits.

Those who work in public health are highly aware of the importance of promoting herd immunity in acute healthcare settings to protect those who cannot receive vaccines or for whom vaccinations do not work. A poorly vaccinated workforce presents a risk to occupational health and safety, patient safety and health services operations. However, despite the huge gains made in tackling infectious diseases they remain a significant cause of death worldwide, threatening public health and contributing significantly to the escalating costs of health care. This has been highlighted in the worldwide outbreak of the coronavirus. Healthcare workers are at an increased risk of vaccine-preventable diseases and may pose a risk of transmission to other staff and patients, particularly those who are at risk because of age, chronic disease, immunosuppression or pregnancy. Mandatory vaccination has, through irrefutable medical and scientific evidence, been demonstrated to be the least restrictive option for achieving the public health benefit made possible by widespread immunisation and that herd immunity.

These laws will protect healthcare workers from preventable diseases and also the risk of transmission to the most vulnerable, including children, the elderly, pregnant women and people with chronic diseases. We have all had someone close to us or someone we know who falls within those groups, and we all want the best for our loved ones and friends when they are receiving medical care for whatever reason. This bill gives me an opportunity too to give a special shout-out to part of my family who were healthcare workers. My late uncle who was an anaesthetist, my aunt who was a nurse and my cousin who was an emergency nurse registrar, all were healthcare workers and know the importance of providing that frontline service and being able to not only put yourself on the front line but also, too, keep yourself safe. That is at the heart of what this bill is about.

The Andrews Labor government already makes the flu shot free for healthcare workers, and in 2019 it set a target for an 84 per cent flu vaccination rate amongst healthcare workers, which was well exceeded, reaching 88 per cent. Our landmark no jab, no play laws are making a real difference in protecting children against preventable diseases, with Victorian immunisation rates still the best in Australia. I am really proud to be a member of a government that is committed not only to the wellbeing and safety of Victorians but also to that of its healthcare workers.

This bill has a strong quality and occupational health and safety impetus that is consistent with the 2016 Duckett review of hospital safety and quality assurance in Victoria, which defined quality in its report as ‘care that is safe, effective and patient centred’. It defined safety as ‘freedom from harm when receiving medical care’ and stated that safety ‘is the most critical aspect of quality, and is the main focus of this review’.

The amendments proposed in the bill will build on the reforms and significant work that flowed from the review already undertaken by the Andrews Labor government to strengthen quality and safety across the health system. They will ensure the better use of existing resources by way of legislative and organisational change. Mandatory vaccination of healthcare workers will provide greater support to hospitals to discharge their quality and safety improvement responsibilities and improve the protection of both healthcare workers and their vulnerable patients from vaccine-preventable diseases, leading to clear public health benefits.

The amendments will mean that all healthcare workers in public and private hospitals and ambulance services with direct patient contact will be required to be vaccinated, including doctors, nurses, paramedics, dentists, orderlies, cleaners and staff working in public sector residential aged-care services. Those who refuse to be vaccinated may face work restrictions or be deployed to other parts of the health services. I appreciate this may raise concerns for some people, but these laws have been designed to protect healthcare workers from preventable diseases while also reducing the risk of transmission to the most vulnerable, such as children, the elderly, pregnant women and people with chronic diseases. The statement of compatibility with the Charter of Human Rights and Responsibilities Act 2006 addresses any limits imposed on human rights by these amendments in careful detail.

In developing the policies to support the amendments the chief health officer has consulted with many stakeholders, and further consultation with all stakeholders on the implementation process and development of appropriate supporting resources, including methods to monitor vaccination uptake, will be undertaken prior to implementation, which is not expected to be until early 2021. This will allow the time needed to thoroughly examine the most effective way to achieve success.

In conclusion, as we face new health challenges such as the coronavirus it is imperative that our healthcare workers are protected from contracting and transmitting preventable infectious diseases. I commend this bill to the house.

**Mr RICHARDSON** (Mordialloc) (16:19): It is a pleasure to rise and speak on the Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Bill 2020 and follow some of my colleagues, who have given a good account of the importance of this bill. I want to talk in a few contexts

on the importance of this, including the prevention of infectious diseases; the demonisation that we see across various areas in our community of science, with science somehow being the prism of belief rather than fact and evidence; and also the great contribution of our health workers more broadly.

We have seen in recent times fear and concern around infectious diseases, particularly with what we have seen from communities with coronavirus. As we see with the funding that has been provided this week to the Doherty Institute and the work that has been done, we have been on the front foot on this, not to create panic in our community but really, as Victorians do well and our medical research community does so well, to lead by example. We are at the forefront of international research and development, and that investment of \$6 million by the Andrews Labor government will further fast-track that work as well. As the Premier, the Minister for Health and others have said, this is a very concerning disease, and we are on the edge of where we might find ourselves facing more infections and how we manage that and support our community.

The notion that people would not support vaccinations based on the overwhelming evidence that we find in our communities about the impacts of infectious diseases is something that sits really uncomfortably with me for two reasons. One is as a parent of a three-and-a-half-year-old, Paisley. You go through that first eight weeks when they cannot be vaccinated, and they cannot have some of those vaccinations at critical junctures at year two and year four, and you have got to wait for those to happen as well. The notion that we would as a herd, as a community and no less as humanity itself put others at risk really troubles me. There is not a perfect number you can get to, of course, with immunisation. As the former health minister and now Attorney-General outlined eloquently, there are people that will not be able to be immunised through circumstances that they cannot control, and we would expose them to horrific risk if we were to drop that herd immunity down below those critical junctures. That is what has underpinned our no jab, no play policy as well, the landmark policy that was taken up by the commonwealth, and we have seen that really lift the immunisation rate substantially and save lives. That is the critical thing—we do not want the return of diseases from previous centuries that we have eradicated through medical advancements in the treatment of those infectious diseases. Tens of thousands of lives would have been lost had we not had those innovations and those research developments. The notion that we would move away from that with all the information that we have in our communities is unconscionable—we would be putting communities and putting children's lives at risk.

It is a very vexed position we find ourselves in as a community when across a number of different sectors and a number of different examples science, evidence-based theory, critical analysis, the testing of critical hypothesis, getting to conclusions and outcomes that then underpin our actions as government, as policymakers and indeed as people, particularly in the medical space and in how we treat those that are at risk, are things to be debated or up for conjecture. It is dangerous when we demonise those institutions, and it is dangerous when we undermine empirical evidence and scientific advancement, and sometimes it is hard to determine where the agenda or where the theory might be coming from.

One of the really deeply troubling things about the fear campaign and misinformation that the member for Eltham eloquently touched on is around falsehoods about the impacts of vaccinations and choosing various subcategories and neurological conditions like autism to then demonise vaccinations and also demonise those communities living with autism. That is a horrific mistruth that has proliferated over a number of years. It has damaging consequences and has been debunked time and time and time again, yet we see that that continues to permeate some of that debate and some of that culture as well. It is a dangerous position that we find ourselves in when propaganda overruns sound empirical evidence and scientific rigour. We cannot let our community and our societies get anywhere near that prism, and we need to call it out for what it is: it is false, it is mistruth, it is absolutely wrong and it does not stack up to evidence.

I was in the chair as acting speaker at the time of the member for Melton's incredible speech in this place. It was amazing. He is someone who for decades has been front and centre, supporting



communities as a paramedic and then representing a workforce of paramedics as well. That was the summation of everything we need to be working on: one, to protect frontline health workers with this policy to make sure their health, safety and wellbeing is maintained into the future; but then also to protect those that are vulnerable that we are supporting and caring for into the future, which is critical.

The stats are troubling. Last flu season did not get the coverage that we are now seeing with coronavirus, but the casualties from that were extraordinary. When we see more than 69 000 laboratory-confirmed flu cases and when we see the disproportionate impact on those with health conditions—our older Victorians and the impacts that it has on them and our younger Victorians as well—we need to do all we can to make sure that we are supporting our communities and protecting them into the future. We have seen time and time again the horrific impact of whooping cough on little ones. When I was a new parent with Lozzie, that was a thing we absolutely were worried about with the warnings you get about that. Last year there were 2210 notifications, compared to 1700 in 2018. That is a worrying trend when you think of the growth of population in Victoria and that exponential growth in whooping cough cases beyond that. That is a really worrying trend in terms of what we need to do to better inform the community, challenge the rhetoric of people who are undermining the science in this space and support people into the future as well.

This is yet another example of the Andrews Labor government being bold in their agenda and working towards the protection and support of our community as well. There were many, many criticisms of the no job, no play policy from certain sections of the community. We heard that in email form and in rhetoric as well. But we all have a collective obligation as Victorians and indeed in the humanity that we show each other. So much of society these days we see as individualised, with people putting themselves first before community in so many elements—in terms of media, in terms of shock jocks—‘What’s in it for me? What’s it about for me?’. We need to get back to talking about community. Our media has a role to play as well in promoting the interests of the community and promoting the obligation that we all have to our fellow Victorians to care for and support one another and the obligation that we have to make sure that we support these policies and support science in the future. Those that undermine those critical institutions should be vigorously and in a bipartisan manner challenged and prosecuted at every available junction. What do we see in the no job, no play policy? We see better outcomes for kids. We see safer outcomes for kids, and we make sure that the diseases of the past—through humanity’s development and advancement year on year, decade on decade—that we eradicated are not returned based on fear and misinformation.

I also want to knowledge that I have had correspondence from people, and I know others have referred to that as well. But we have an obligation as Victorians to each other to make sure that we support and protect our broader communities as well. This is what this bill is about: frontline health workers and making sure they are safe and making sure that those with critical illnesses who cannot be vaccinated—not through choice or anything else but who are just at great risk—are safe. I think it is unconscionable to put those people at an even greater risk when they are already going through so much with their health and wellbeing challenges. To then go and exponentially increase the risk to them by refusing to have those vaccinations undertaken is a huge risk that Victorians just cannot allow.

This bill going through the Parliament is a critical element in our support for health workers but also in our support for the health of our communities and Victorians more generally. In the final moments I would like to commend the bill to the house and thank the minister for her work in this space. I wish it a speedy passage through to the upper house.

**Ms THOMAS** (Macedon) (16:29): I am very pleased to rise this afternoon to speak on this important bill, the Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Bill 2020. In doing so I would like to take this opportunity to commend many of the speakers this afternoon. I have had a good opportunity to listen to many contributions from Labor MPs who were in the house this afternoon. There has been a common thread through what I have heard, and that is that public health relies on us having a strong vision for community health, thinking outside ourselves and thinking about the best interests of the community in which we live. In times when it feels that we

are becoming an increasingly selfish society in some ways or that people are putting their own interests ahead of the best interests of the common good, I think it is timely to remind ourselves that when it comes to public health challenges we have to stick together as a community.

I did want to talk briefly about the challenges that we are facing now with the coronavirus and to commend the Minister for Health on the work that she is doing in ensuring that as a community we have clear advice from health professionals. I really want to use this opportunity. We have talked about the anti-vaxxers and the way they infiltrate the internet and spread mistruths with abandon, not concerned about the impact that their lies will have on vulnerable people in our community—not concerned about that at all. I am a little bit concerned also about people relying on advice from Facebook when it comes to coronavirus. I really want to encourage people in my community to ensure that they are listening to the experts. Here in Victoria we are very well served by our chief medical officer, Dr Brett Sutton, who has been very clear in his communication about what we need to do in order to keep ourselves safe while we see how this virus unfolds around the world. We need to be sensible.

When thinking about the common good, I also want to use this opportunity to put out a plea to people to stop stockpiling, stop ransacking our supermarkets. I was very happy to listen to one of my former colleagues and good friend Emma King, who is now the CEO of the Victorian Council of Social Service. She was on the radio this morning talking about the real experiences of some of the most disadvantaged members of our community, who can only do their grocery shopping either on payday or when they receive their pension, heading along to the supermarket and the shelves are empty because people who have got lots more money and resources than them have come in and bought the place out. I mean, this panicking is irresponsible. As I have said, it is a little bit about people thinking only of themselves and not of the wider community in which we live. Here on the Labor side of the house we believe in the power of community, we believe in the power of society and we fight every day for the common good. That is what we will keep doing. That is why this bill is so important.

As the Attorney-General, the former Minister for Health, said—now I will talk a little bit about vaccinations—there is a moral imperative to get vaccinated, because of herd immunity. We need to all take the opportunity that science presents to us to vaccinate or inoculate ourselves against diseases that have killed many millions of people over generations. We have available to us vaccines that can prevent disease. We need, if we are able to, to get vaccinated in order to protect those who cannot.

I have a personal experience of this, like my good friend the member for Eltham, in that when my fully vaccinated daughter was 16 she was infected with whooping cough and as a consequence of that was unwell. We have just had a little text exchange because I had forgotten exactly how unwell she was and for how long, and she informed me that it was for four months. It impacted her capacity to play sport. It impacted her ability to do her schoolwork. It was a wholly preventable disease, but because we no longer had the herd immunity in the community in which we were living at the time she was exposed to this terrible virus.

This bill expands on the many great things that this government has done when it comes to encouraging vaccination across our state. I am so proud of the work that was done on the no jab, no play legislation that we introduced, because when we look at the outcome of that now we see that 95.68 per cent of five-year-olds are fully vaccinated. Now, that is something worth celebrating. That means that we have the highest vaccination rates of any of the states.

There are many, many children and older adults who for various health reasons cannot receive vaccinations or maintain their vaccination regime, so it is important, as I said before, that those of us who can do. That is what this bill is about. This is about ensuring that our healthcare workers, who of course are exposed to the sick and the vulnerable, are vaccinated because they can be and because they work each day with people whose health is vulnerable.

I fully support this bill because I support the common good—it is as simple as that for me. We all need to act in the best interests of the communities in which we live and that we are members of and do all

that we can in our own power and within our own ability to ensure that we do not put others at risk. That is what this bill is about. It is saying to healthcare workers, 'We need you to do all you can to ensure that the people you care for are kept as safe as they possibly can be'. To me it is very timely that this bill is being introduced at a time when we are waiting to see the full impact of coronavirus.

Can I take this opportunity to congratulate medical researchers in Victoria at the Doherty Institute for the work that they have done and to congratulate the Minister for Health and the Premier on the announcement of \$6 million for the Peter Doherty Institute for Infection and Immunity, which is working with the Burnet Institute and other experts to fast-track new treatments and vaccines for COVID-19. We have some of the best medical research facilities in the world. We have some of the best medical scientists in the world. They all deserve our appreciation and support. These are the people who work hard every day on these pandemic diseases to ensure that we do all that we can to create vaccines to prevent them.

It is coming up to that time—we are a way off it really—of the year when I would encourage everyone to get their flu vaccination. The fact that it is raining outside at the moment and quite cool in here makes me think it is almost flu season, but in fact it is still a way off. But it is an important reminder to my constituents and to everyone in this place to get their flu vaccination, check their own vaccinations and make sure their children's vaccinations are up to date. Of course we created a really nice little app back in 2015 to remind parents when their children's vaccines are due. We are doing all we can to ensure the population health of our state, and this bill is a very important part of that.

**Ms CONNOLLY** (Tarnait) (16:39): I rise with great pleasure to follow my colleague the member for Macedon to speak on the Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Bill 2020. Before I begin I do want to give a really big shout-out to our incredibly hardworking Minister for Health in the other place. She has been working extremely hard over the past couple of weeks and months dealing with the health and wellbeing of Victorians in relation to the outbreak of coronavirus.

This is a commonsense bill that has been brought to the floor of Parliament with very practical measures to help protect our healthcare workers, staff and patients at a time when so many people within our community are seriously concerned about the outbreak of coronavirus. And let us remember, as the member for Macedon has just pointed out, we are also coming towards the beginning of flu season, so I thank the Minister for Health for her actions to protect the health and wellbeing of all Victorians, including me and my family.

Getting to this bill, this is a significant and important bill that makes amendments to our Health Services Act 1988 and the Ambulance Services Act 1986, amendments that are going to allow the Secretary of the Department of Health and Human Services to direct employers of healthcare workers in public health services and ambulance services across Victoria to require healthcare workers to be vaccinated against very specific vaccine-preventable diseases. These include settings such as public hospitals, denominational hospitals, private hospitals and ambulance services. It is a bill that makes amendments to the Health Services Act to permit the secretary to also give directions to private health service establishments, including private hospitals, requiring them to ensure that specified persons—their workers—are vaccinated against these diseases. The bill also provides that the secretary can suspend in full or part the registration of a health service establishment if it is not complying with his or her direction.

Upon reading this bill and really thinking about what is at the heart of it, the heart of it is our healthcare workers, who are very, very special people, across Victoria. They are at the very heart of our communities, and what we know is that they are at increased risk of vaccine-preventable diseases if they are not vaccinated. With our dedicated healthcare workers being protected through vaccination, we ourselves, our families and our loved ones are also protected because some of us are also the staff that work within the sector and some of us will be that sector's patients, and many of us are likely to be more vulnerable than others.

A poorly vaccinated workforce creates both an occupational health and safety risk and a patient safety risk. Our health services are also at increased risk of disruption due to staff absences either from illness or exclusion as a quarantine measure. Vaccinations are safe and vaccinations save lives. As we start to approach flu season it is no surprise that the influenza vaccination is currently funded for staff working in health services and that the introduction of targets has seen a rise in healthcare worker influenza vaccination rates in recent years, peaking at 84 per cent in 2019. By mandating influenza vaccination for healthcare workers, along with vaccination for other important diseases such as whooping cough, measles and chickenpox, healthcare workers and their patients can be protected from these preventable diseases.

My mum works in the aged-care industry and she is currently looking after very elderly, vulnerable patients in local nursing homes. Every flu season she is a woman that rolls up her sleeve, grits her teeth and welcomes that little jab of goodness that will protect not only her from the flu but also the vulnerable locals she looks after. Year after year she tells me stories about how bad things can get inside those nursing homes when you have got elderly vulnerable people in close proximity to each other and someone there catches the flu. For those people it is a matter of life and it is a matter of death.

Having talked about my mum, I will say my dad is the local milkman back home. I do not get to talk about him a lot besides him being a big Labor man that delivers milk to all the local coffee shops, so he is basically what you would call an essential service. The milk run is a small business. And like many small business owners, Dad cannot afford to get sick because there is no-one else who can deliver the milk. Now this will not be footage that I will be putting up on Facebook, so I can say that Dad completely freaks out when it comes to needles. I am pretty sure that back in his younger days he was even known to get a bit woozy at the doctor's surgery after being jabbed with a tetanus shot, usually after being bitten by other people's household pets—most likely the dog—which you could say was always a hazard for any milkman that did the house run back in those days. So Dad is a man who basically baulks at any needles coming his way, but before every single flu season, every year, he gets his flu shot, and he does this because he knows the risk to the milk run—his small business and his livelihood—and he knows what happens if he does not look after his health.

In talking about this bill down in my office this afternoon one of my staff—and I am sure he is watching right now—told me about his mum. His mum became extremely ill with a lung disease and ended up needing a double lung transplant. He told me that every year he gets a flu shot, because with having a mother who was so sick and who has had that double lung transplant the risk of him catching the flu and passing it on to her would be absolutely deadly.

As a parent I am absolutely resolute on the need to immunise our kids. I come from an area in northern New South Wales where there have been so many outbreaks or re-emergences of preventable, almost dormant or non-existent diseases that have suddenly caught the community off guard. There have been years of anti-vaccination campaign messages, disgusting messages, and parents—and I hate saying this—had stopped immunising their kids. Next thing we know, low and behold, newborn babies and the vulnerable are suddenly at risk of having terrible, terrible diseases and illnesses. As the member for Macedon pointed out, it really is about protecting the herd, and unless the herd is fully vaccinated there is no protection. I can only hope that the anti-vax movement, that still seems to absurdly and strangely exist within the very fringes of our community, does hear the contributions made to this bill here in Parliament today, particularly the one made by the member for Eltham. It is a reality and a fact-checking exercise indeed.

I was certainly shocked to learn that currently in Victoria the department has guidelines for healthcare worker vaccinations, but there is no legislative mandate to enforce these guidelines. So when I think of vulnerable patients I think of newborn babies. From memory—and it has been a while—the first round of immunisations come at around six weeks of age. I will never forget watching a video of a newborn baby struggling to breathe because that child had contracted whooping cough. That image has stayed with me for the past nine and a half years, since my Emily was born. I remember that the

video affected me so much that I stayed very close to home with my newborn bub for the first six weeks of her life.

Victoria is one of the few Australian jurisdictions that does not have a mandatory vaccination requirement for healthcare workers, so essentially the amendments in this bill will maximise compliance with already existing recommended vaccination policy, and it will improve the effectiveness of the program in protecting Victorian healthcare workers and patients. As I have said, healthcare workers are at the very heart of our communities. They are very special people. We know that they are at increased risk of vaccine-preventable diseases if they are not vaccinated. This is not a bill about us versus them. We are all better protected if all of us are vaccinated and immunised against terrible diseases and illnesses. We all have a role to play in our community in protecting those who are most at risk and most vulnerable, because we can never be sure if that person whose life is put at risk will be us, our child, a family member or a friend. I commend the bill to the house.

**Mr WYNNE** (Richmond—Minister for Housing, Minister for Multicultural Affairs, Minister for Planning) (16:49): I rise to make a contribution on the Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Bill 2020. We debate this very important bill against the backdrop of what we are confronting internationally in terms of the pandemic of the coronavirus.

We commend of course the work that has been undertaken on a bipartisan basis by both the federal government and indeed our state government. I particularly want to call out my colleague in the other house the Honourable Jenny Mikakos, who has done a magnificent job representing the interests of Victorians at this very, very challenging time. I can indicate that the cabinet has been briefed by the chief medical officer in relation to all of the strategies that have been put in place to address this pandemic, and I know that the minister continues, not on a daily basis but three, four, five times a day, to have hook-ups with her federal colleagues to make sure that we have a coordinated response right across the country as we seek to address this particularly challenging environment that we find ourselves in now. Obviously we are aware of the potential for this virus to spread rapidly, and I think many of the measures that are recommended to us by the chief medical officer and others are very sensible matters, but I do note that it is quite a dynamic and changing environment. I notice that just in the last short while the federal government, I think today, is seeking to consider further travel bans on some countries.

**Mr Angus** interjected.

**Mr WYNNE**: I will not respond to that interjection.

It was in 2017 that our government announced a staged target of reaching 90 per cent flu vaccinations of health services staff by 2022, and indeed we are well on track. In 2019 we reached 88 per cent of flu vaccination rates in our public health system, and the bill will enable us to mandate the flu vaccine and other vaccines for frontline health workers.

Obviously people are working furiously to find a vaccine to address the pandemic that we are confronting at the moment. The Premier announced the very important initiative at the Peter Doherty Institute for Infection and Immunity; I think it was \$6 million to support the magnificent work of the Doherty Institute to work in collaboration, as I understand it, with researchers at one of the Queensland universities who have been able to now grow the culture itself. That has been a really significant breakthrough. It is not absolutely clear at this stage when a vaccine may be available, but the work that has gone on to date I think is extraordinarily promising and, can I say, world leading.

It just speaks yet again to the investment that our government has made in that incredible Parkville precinct, when you think about the Doherty, you think about the extraordinary Peter MacCallum Cancer Centre, you think about the Walter and Eliza Hall Institute, you think about Melbourne University, the Royal Melbourne Hospital—which for other reasons I know intimately—and all the others. These are world-leading institutions. We are thrilled with the work that our medical researchers have done, and we hope that we get to a vaccine as soon as is possible.

This bill is important because it introduces a mandatory vaccination scheme for frontline health workers. We are committed to make sure that our health workers are among the first to be immunised every year by making the flu and other vaccines mandatory for healthcare workers. It is self-evident at one level. You say, ‘Well, of course this should be the case’, but the truth of the matter is that this has not been the case, and we are one of the states that has not made this mandatory to date. It is important that we fix up this anomaly because when people go to hospital they expect that they will be in a healthy and safe environment and of course on the road to recovery. That is why this bill is so important.

The bill makes amendments to the Health Services Act 1988 and the Ambulance Services Act 1986 which will allow the Secretary of the Department of Health and Human Services to direct employers of healthcare workers in public health services and ambulance services in Victoria to require healthcare workers to be vaccinated against specific vaccine-preventable diseases. In addition, the bill makes amendments to the Health Services Act to permit the secretary to give directions to private health service establishments, including obviously private hospitals, requiring them to ensure that specific persons are vaccinated against specific vaccine-preventable diseases. This will include obviously ambulance staff, private hospitals, public aged-care staff and more. It will also include cleaners, orderlies and administrative staff who have day-to-day contact with patients. As I indicated, Victoria is one of the few Australian jurisdictions that does not have a mandatory immunisation requirement for healthcare workers, and we are making that right here today. This will ensure that our frontline services are protected when we need them most.

I have to say, there is no greater time for us to implement this program, as I indicated in my earlier contribution, than now given that coronavirus is part of our environment here in Victoria and indeed Australia more generally. I am very conscious of just how important this particular initiative is from a personal point of view as someone who has had to interact with the health services at a very critical time and was provided with absolutely expert care at the Royal Melbourne Hospital. Again I take every opportunity to call them out for the magnificent work they did for me as a punter coming in off the street with an acute health crisis, and here I am today. I will be eternally grateful to them for what they have done for me, and I will do anything I can to support them, to pay back to them and acknowledge them.

I am also conscious of that because my wife is an employee at the Peter MacCallum Cancer Centre and she, as much as anybody else, would say to me that when people are going to the Peter MacCallum Cancer Centre—again, an absolutely world-leading facility both for treatment and research—they are going there with very serious and confronting illnesses that need to be addressed. In that context, particularly for people who are suffering from acute illnesses such as some of the cancers they so successfully have treated over such a long time, it is important that people who are employed in those organisations are immunised to ensure that there is no infection or indeed cross-infection. I know just how important this is, as she has reinforced to me the critical importance of these sorts of initiatives that will in the long term obviously protect people in what is often their most vulnerable time.

In that context this is an important bill. I think this is a bill that does enjoy bipartisan support. I want to acknowledge obviously the wonderful contributions from many of my colleagues who have spoken here today on this bill—

*Members interjecting.*

**Mr WYNNE:** particularly the member for Mordialloc—a beautiful piece of work there.

In commending this bill to the house we do wish that our researchers find a vaccine to this virus as soon as possible.

**Ms HALFPENNY** (Thomastown) (16:59): I am also rising to speak on the Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Bill 2020. I know that we have received some correspondence from various health workers about this, expressing their concern at the mandatory nature of the vaccinations. However, I think this legislation is very balanced and fair. We need to protect the public, so I support the bill.

**The DEPUTY SPEAKER:** The time set down for consideration of items on the government business program has arrived, and I am required to interrupt business.

**Motion agreed to.**

**Read second time.**

*Third reading*

**Motion agreed to.**

**Read third time.**

**The DEPUTY SPEAKER:** The bill will now be sent to the Legislative Council and their agreement requested.

**CRIMES AMENDMENT (MANSLAUGHTER AND RELATED OFFENCES) BILL 2020**

*Second reading*

**Debate resumed on motion of Ms HENNESSY:**

That this bill be now read a second time.

**Motion agreed to.**

**Read second time.**

*Third reading*

**Motion agreed to.**

**Read third time.**

**The DEPUTY SPEAKER:** The bill will now be sent to the Legislative Council and their agreement requested.

**NATIONAL ELECTRICITY (VICTORIA) AMENDMENT BILL 2020**

*Second reading*

**Debate resumed on motion of Ms D'AMBROSIO:**

That this bill be now read a second time.

**The DEPUTY SPEAKER:** The question is:

That this bill be now read a second time and a third time.

**House divided on question:**

*Ayes, 56*

Addison, Ms  
Allan, Ms  
Andrews, Mr  
Blandthorn, Ms  
Brayne, Mr  
Bull, Mr J  
Carbines, Mr  
Carroll, Mr

Fowles, Mr  
Fregon, Mr  
Green, Ms  
Halfpenny, Ms  
Hall, Ms  
Hamer, Mr  
Hennessy, Ms  
Hibbins, Mr

Pearson, Mr  
Read, Dr  
Richards, Ms  
Richardson, Mr  
Sandell, Ms  
Scott, Mr  
Settle, Ms  
Sheed, Ms

**BILLS**

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Legislative Assembly

Thursday, 5 March 2020

Cheeseman, Mr  
Connolly, Ms  
Crugnale, Ms  
Cupper, Ms  
D'Ambrosio, Ms  
Dimopoulos, Mr  
Donnellan, Mr  
Edbrooke, Mr  
Edwards, Ms  
Eren, Mr  
Foley, Mr

Horne, Ms  
Kairouz, Ms  
Kennedy, Mr  
Kilkenny, Ms  
Maas, Mr  
McGhie, Mr  
McGuire, Mr  
Merlino, Mr  
Neville, Ms  
Pakula, Mr  
Pallas, Mr

Spence, Ms  
Staikos, Mr  
Suleyman, Ms  
Tak, Mr  
Taylor, Mr  
Theophanous, Ms  
Thomas, Ms  
Ward, Ms  
Williams, Ms  
Wynne, Mr

*Noes, 24*

Angus, Mr  
Blackwood, Mr  
Britnell, Ms  
Bull, Mr T  
Burgess, Mr  
Guy, Mr  
Kealy, Ms  
McCurdy, Mr

McLeish, Ms  
Morris, Mr  
Newbury, Mr  
O'Brien, Mr D  
O'Brien, Mr M  
Riordan, Mr  
Rowswell, Mr  
Ryan, Ms

Smith, Mr R  
Smith, Mr T  
Southwick, Mr  
Staley, Ms  
Vallence, Ms  
Wakeling, Mr  
Walsh, Mr  
Wells, Mr

**Question agreed to.**

**Read second time.**

*Third reading*

**Motion agreed to.**

**Read third time.**

**The SPEAKER:** The bill will now be sent to the Legislative Council and their agreement requested.

**PROJECT DEVELOPMENT AND CONSTRUCTION MANAGEMENT AMENDMENT  
BILL 2020**

*Second reading*

**Debate resumed on motion of Mr WYNNE:**

That this bill be now read a second time.

**Motion agreed to.**

**Read second time.**

*Third reading*

**Motion agreed to.**

**Read third time.**

**The SPEAKER:** The bill will now be sent to the Legislative Council and their agreement requested.

**Business interrupted under sessional orders.**



**Adjournment**

**The SPEAKER:** The question is:

That the house now adjourns.

**UBER EATS**

**Mr SOUTHWICK** (Caulfield) (17:07): (2022) I rise to raise a matter for the Minister for Police and Emergency Services, and the action that I seek is for the minister to provide Victoria Police with all of the powers and all of the resources necessary to ensure they can pursue all offenders, regardless of who their employer is or where they are located. On 20 September 2019 some of my constituents, the Hoffmans, had their phone stolen by an Uber Eats driver. The Uber Eats driver was dropping off some food, and after they dropped off the food—this was all captured on the Hoffmans' CCTV—the Uber Eats driver noticed there was a mobile phone outside. This Uber driver looked around, picked up the phone, put it in his pocket and took off. The Hoffmans then made a report to Victoria Police in September. It took Victoria Police four months to finally get back to the Hoffmans with an answer that they basically could not do anything unless they issued a subpoena to the United States, where Uber is ultimately located. The Hoffmans effectively had to wait four months to be told, 'There is nothing that could be done in this particular case'.

This raises a whole lot of issues in, obviously, a number of different companies that effectively have their head office located in another jurisdiction separate to ours here in Victoria. Nobody should be above the law, and we need to ensure that police have all the powers and all the resources necessary to pursue these offenders. This may to some only be a mobile phone, but at the end of the day it is a theft and it should be pursued properly. I ask the minister therefore to raise this with Victoria Police to see what powers need to be changed to ensure that the resources are provided, that ultimately families like the Hoffmans are able to ensure that they get their property back, that these things are pursued properly and that we do not have this kind of thing happening here in Victoria.

**PASCOE VALE ELECTORATE ROAD SAFETY**

**Ms BLANDTHORN** (Pascoe Vale) (17:10): (2023) My adjournment matter is for the attention of the Minister for Roads in the other place, and the action I seek is that the minister accompany me on a visit to Pascoe Vale to inspect and discuss local road safety matters. In particular I would like the minister to visit Sydney Road in Coburg alongside the Mercy College. This is a particularly nasty bend of the road, which the tram also follows, in front of the school, and there have been a number of accidents, including one quite serious accident, in recent times as cars take this bend way too quickly. Students at the school have written to me to express their concern about road safety in this area, as have parents and teachers at the school, and I would like the minister to come and meet with them and discuss their issues as well as coming and looking at Gaffney Street between Cumberland Road and the Pascoe Vale station.

This is a fairly long stretch of road that includes a very significant hill. Anyone local who walks up that hill will tell you exactly how significant that hill is; it is very steep. But there are a number of bus stops along that route and a primary school as well, and yet there is no point for crossing safely between Cumberland Road and the Pascoe Vale station over such a long stretch. As such, people are darting across busy Gaffney Street on a daily basis, several times a day. I live just near there myself and constantly see people ducking across the road because they cannot get a break in the traffic and it is too far to walk down to the Pascoe Vale station or up to Cumberland Road to cross. There have also been some near misses in terms of schoolchildren crossing the road there. I would very much appreciate it if the minister could accompany me to discuss road safety issues in Pascoe Vale.

**WESTERN VICTORIA PASSENGER RAIL SERVICES**

**Ms KEALY** (Lowan) (17:12): (2024) My adjournment matter is for the Minister for Public Transport, regarding the Overland and passenger rail services to western Victoria.

In just 26 days Labor are going to cut funding to the Overland rail service. It is the only passenger rail service which services western Victoria, and the action I seek is for the minister to continue to fund the Overland, as Labor have done solely for the past 15 months—and as the Victorian government has contributed to for decades—and that they also match the fully funded and costed Nationals commitment to deliver a regular three-times-daily passenger rail service to Horsham and to Hamilton.

It is of course the dying days of the Overland, and there are many, many people in my community who are deeply distressed around the demise of passenger rail services in our part of the state and particularly their connection to the Overland. If you look at the communities west of Horsham, this is a very, very important public transport service for those people, and it has been lovely to see, really, the work and the advocacy of people within particularly the Nhill and Kaniva communities to try and retain funding for the Overland. I would particularly like to mention Margaret Millington. Marg Millington is a wonderful human being, and she and her husband, John, have contributed so much to the Victorian community—

**The SPEAKER:** I might just get the member to pause for a moment. This is an opportunity for members to leave the chamber and head to the evacuation assembly point in the car park. The house is suspended.

**Sitting suspended 5.14 pm until 5.26 pm.**

**Ms KEALY:** A fire alarm had us leaving the building. I do not think I have ever been stopped because there was a fire alarm before, but I will continue speaking of the great work of Marg Millington and John Millington, who have done a fabulous amount of work locally in advocating and lobbying to retain the Overland. Certainly as users of passenger rail services in our part of the state they are strong advocates and understand not only that being without passenger rail to our region impacts on our ability to attract and retain staff but also that this is an important service to make sure people can get to their medical appointments and connect with other areas of the community, whether that is travelling through to Horsham or further on to Ballarat and to Melbourne.

In Nhill, which is where Marg and John are from, there has been a fantastic turnout of local residents. I know that Helen from Nhill, Wendy Bywaters and other community members have been regularly turning up when the Overland comes through town to show their support to all of the employees that are involved in that service.

Also I would like to make mention of Stuart Hicks from Kaniva. Stuart has put together a lot of work to create the Overland Museum. He wants to make sure that that history around the Overland is retained and has put an enormous amount of work into that. These are just a few examples of people who are really looking to make sure that we see the Overland continue—but it is not just that; it is the importance of regular passenger rail services to western Victoria.

I know it has been a long time since we have had a regular passenger rail service to our part of the state. I was not old enough to vote and was a traveller going to boarding school when the last trains went through in the mid-1990s, and it is something that I certainly feel quite passionate about. That is why we made an election commitment about it—that we would bring back passenger rail. The time is now to look at that, and I certainly urge the minister to look favourably upon continuing the funding that Labor has provided to the Overland in recent times but also to make sure that we get that commitment to improve passenger rail services to western Victoria.

**WHITTLESEA SPORTS FACILITIES**

**Ms GREEN (Yan Yean) (17:29):** (2025) We were all rudely interrupted, but my adjournment matter is to the Minister for Tourism, Sport and Major Events, and I ask what action he is taking to turn around the shocking rate of heart disease in the City of Whittlesea. I know that in Victoria across all sports we strive to be the top of the table, but being the top of the heart disease table is not something to be proud of. Community sport is a crucial part of the equation in addressing ill health.

As a government we offer grants through Sport and Recreation Victoria and the Growing Suburbs Fund. Our school builds all include sporting facilities—and in our case around the Mernda area we have seen stadia, square pitches, football ovals and netball courts—and we have funded statewide strategies across a range of codes, especially the state netball facilities plan. I really want to commend the work of Netball Victoria for what they did in that plan. They have concluded that two of the areas with the highest deficit of courts are the western metro and the northern metro, and one of their top two projects in the state is for a regional centre in Whittlesea.

I want to thank Whittlesea's Northern Pride Netball Association, their member clubs and especially their players for lobbying for this facility in such a measured and polite way. They attended a council meeting a few months ago, and they were able to secure unanimous support. The council do not agree on much, but they actually said that they would support a regional facility. Now we have seen that with the applications closing for sport and rec in the current round, that unanimity of support is not reflected, and I think it is just a tragedy when we have got such a horrible rate of heart disease and we would like to have better participation. But this is a council, Speaker—and I know you know this—that has had five CEOs in four years. We have just had another councillor, Cr Kirkham, resign rather than face a councillor conduct panel, which is an extremely serious matter. And then we have got Cr Monteleone. It is not good enough for him to live near and represent Thomastown, Lalor, Epping and Wollert; he has moved to a mansion in Nillumbik. So when will this council actually start putting the health and sport and recreation needs of their community first?

I really hope that we can have some support from the minister, because I know he gives a damn. The councillors might not give a damn about improvement of facilities in the City of Whittlesea—and particularly for girls sport. It is good that they have applied for some small facilities, but we need that regional facility, and I hope that the minister can help us.

#### PORT PHILLIP CITY COUNCILLOR

**Mr NEWBURY** (Brighton) (17:32): (2026) My adjournment this evening is for the Minister for Local Government, and the action I seek is for the minister to ensure the investigation of alleged entitlement misuse at the City of Port Phillip council. The council's 2018–19 annual report shows that sitting Greens councillor Ogy Simic claimed a whopping \$17 582 on childcare expenses. For context, the other eight councillors claimed a total of \$6655. When the enormous babysitting costs were first reported my community was rightly up in arms. Disappointingly, attempts by Liberal councillors Andrew Bond and Marcus Pearl to clean up the uncapped babysitting free-for-all were blocked by Simic and his fellow Greens councillors.

Recently a number of detailed documents itemising Cr Simic's babysitting expenses were provided through freedom of information. These documents were initially blocked for release by the council. It smells a lot like council knows there is something seriously wrong here. A superficial read of the documents is so concerning that it warrants investigation. I intend to circulate a number of the documents to make them available to the chamber, including homemade, consecutively numbered invoices produced by an unnamed private babysitter that reportedly make up 94 per cent of Simic's claims.

Invoice 1, produced on 3 April 2018, includes 22 claims, 15 of which are dated after the invoice was produced. Invoice 8 shows that Cr Simic was reimbursed for private babysitting on two dates in March 2019. I have also been provided with the sign-in reports from Port Phillip council's Bubup Nairn Children's Centre. These sign-ins show that on the same two dates he was paid private babysitting fees. Cr Simic's child was actually signed into the council's childcare centre. These claims look rotten. And it is not the first time Cr Simic has been caught out for his dodgy dealings.

Last year Simic and his partner, Greens federal election candidate Steph Hodgins-May, were caught hiding material promoting their private business inside Greens election material. That is right—Simic was caught using his wife's election candidacy to gain personal financial advantage. This is also the same bloke that allowed one of his campaign team to put 30 pieces of silver on a Jewish councillor's desk after a fellow Greens councillor was passed over for mayor—a disturbingly anti-Semitic act.

Something is very crooked here and it warrants investigation. Our community has no tolerance for dodgy councillors. I look forward to the minister's response.

### **GLEN IRIS JUNIOR FOOTBALL CLUB**

**Mr KENNEDY** (Hawthorn) (17:34): (2027) My adjournment matter is for the Minister for Transport Infrastructure, who just happens to be here at the moment. The action I seek is that she ensure that the Glen Iris Junior Football Club, the Gladiators, continue to have access to their playing facilities at Sir Zelman Cowen Park. The Glen Iris Gladiators are a junior football club with over 700 young players, boys and girls, playing in the Yarra Junior Football League. They field a remarkable 31 junior football teams, and many of these young footballers live in my electorate of Hawthorn. The only way to get to their ground is via Talbot Crescent. Currently one end of Talbot Crescent, the Toorak Road end, is closed due to the removal of the Toorak Road level crossing. The road was to be reopened when the works are complete. Stonnington City Council then decided that they would permanently close the road, which would make access, particularly for many players from my electorate, much harder. The president of the Glen Iris Gladiators has advised that this sporting club, one of the biggest in Stonnington, was not even consulted. Many Gladiator families have written to Stonnington council seeking that they keep the road open, but to no avail. Additionally, the Gladiators are asking if Stonnington would consider undertaking some additional works at the oval when the removal of the crossings is complete. What action is the minister taking to ensure that hundreds of young footballers are not cut off from their football club?

### **WINDSOR TRAIN STATION**

**Mr HIBBINS** (Pahran) (17:36): (2028) My adjournment matter is to the Minister for Public Transport, and the action I seek is that the minister upgrade Windsor station. A good local train station is so critical to the livability of any community, and Windsor station is right in the heart of the Windsor community. In response to my local survey hundreds of commuters suggested several important but relatively low cost and achievable upgrades to the station, all whilst maintaining the station's important heritage status. The top most popular upgrades were increasing the frequency on the Sandringham line, a second entrance at the western end of the station and a tenant in the empty station building.

In terms of increasing the frequency on the Sandringham line, currently there are about eight trains an hour running during peak hour, and we know there is capacity for more because they put on an extra train when other lines are being shut down due to works. During the off-peak hours there are waits of 15 minutes during the day and 20 minutes during the weekend. This is a train line that is servicing one of our major destinations in Chapel Street, and it is running only every 20 minutes on the weekend. This needs to be improved to run every 10 minutes on the weekend and during the week.

In terms of a second entrance at the west end of the station, this would be a very low cost and easy to implement upgrade just requiring a gate, some Myki readers and possibly some steps or a ramp, and this would greatly benefit residents in the western half of Windsor having travelled through Windsor Siding. Windsor Siding has recently been upgraded with better paths and lighting by the council, and I think this upgrade would be a welcome contribution by the state government to that upgrade.

Finally, there is strong support for having a tenant in the empty station building. The station building has been out of use for many years. It was half renovated following a proposal that did not go ahead and many residents would now like to see it put to community use, so I would urge the government to get the internal building up to shape and proactively seek a tenant. That would be very much welcomed by the local community.

As I said, all these upgrades are cost-effective, they are achievable and they would make a real improvement to Windsor station and for local residents. I urge the minister to upgrade Windsor station.

**MELBOURNE AIRPORT RAIL LINK**

**Mr McGUIRE** (Broadmeadows) (17:39): (2029) My adjournment request is for the Minister for Transport Infrastructure. The action I seek is an update on the landmark Melbourne Airport rail project. I want to acknowledge the minister for the work that she is doing right across the system, redesigning it—this is a big-picture vision—and attempting to deliver the greatest good for the greatest number. Within that what has been raised with me is a proposition to look at how we can deliver on the Melbourne Airport rail link and the Suburban Rail Loop and what that can actually do to connect up with the super-hubs that are proposed for Sunshine and Broadmeadows—obviously the closest to my heart—and Clayton, and how that will directly connect the growing employment precincts outside the central business district and deliver better access to jobs and services for Victorians.

I want to look as part of this update at a proposal that has been raised with me about the electrification of platform 3 at Broadmeadows station. This could actually increase capacity, because what is happening at the moment is that the Broadmeadows railway station acts as a de facto gateway to Melbourne Airport. People come from the city and from the country to the Broadmeadows railway station and then they get on a SmartBus service, the 901 route, and go to the airport. They are doing this for the cost of a Myki ticket, and what has been suggested is if we could have a look—and this is what would need to be explored with the minister and with her department and other officials—to see if there is a way we can leverage this proposition to get perhaps express trains from the CBD to Broadmeadows that then connect up with this bus option as a short- to medium-term option.

I think that this is part of what the Andrews government is doing. I want to thank the minister for the \$14.3 million investment into the Broadmeadows railway station after we had the reverse Robin Hood of the one-term coalition government taking the money out and transferring that down the train line to Frankston, so that is deeply appreciated by the people I represent and me as the local MP. This is part of how we can deliver better infrastructure, connect people up and give them the strategy to also address increased population growth and place Broadmeadows as a key hub in Melbourne's north.

**KNOX GARDENS PRIMARY SCHOOL**

**Mr WAKELING** (Ferntree Gully) (17:42): (2030) I would like to raise a matter of importance with the Minister for Education, and the action I am seeking is for the minister to provide Knox Gardens Primary School with an additional portable classroom. School council president Mr James Washfold has again contacted me advising of the school's urgent need for a portable classroom to house 42 of the school's enthusiastic and energetic grade 2 students. Knox Gardens Primary School is committed to providing a high-quality learning environment for its students and is proud of their academic results, mostly achieved by the school's current small class model. The small class model has yielded outstanding academic results, as featured in the 2018–19 education parliamentary review, and its more recent NAPLAN results being within the 95th percentile.

The school council requested an additional portable classroom back in December but were denied. It was denied by the Victorian School Building Authority (VSBA) on the grounds of being a limited program and that buildings must be prioritised to schools with greatest need. Instead the school was told to abandon its proven small class model or sacrifice its library space to house its grade 2 students. I am not sure what formula the VSBA uses to determine a school's greatest need, but I can tell you it should not be at the cost of academic achievement or sacrificing a school library. Faced with a no-win situation I commend the school for reaffirming its commitment to education by keeping its small class strategy; however, this means it is now operating without a school library, with the school books currently being locked in a room.

For all the government's hype about Victoria becoming the Education State, how can a school be told to choose between abandoning a proven academic strategy or operating without a school library? It is ironic this has all occurred, given the fact that only in recent years the school had two portables removed from the school at significant cost. The two portables in fact had to be craned out of the school after the school was told by the education department that they were surplus to the school's

needs, despite the school identifying that there was a need for both of those portables. One has been returned but the school is wanting the additional portable to be brought back into the school.

So on behalf of the families of Knox Gardens Primary School I ask the Minister for Education to take action and ensure that the needs of the school community are met by the provision of an additional portable for the school.

#### BUS ROUTES 302 AND 304

**Mr HAMER** (Box Hill) (17:44): (2031) In the interests of time I will be very brief tonight. My adjournment matter is for the Minister for Public Transport, and the action that I seek is that the minister implement the recommendations of the business case into additional service options for bus routes 302 and 304. Many residents along this route have complained to me about overcrowding, and formalising the changes made in November 2019 and delivering additional services on this route will help alleviate current issues.

#### RESPONSES

**Ms ALLAN** (Bendigo East—Leader of the House, Minister for Transport Infrastructure) (17:45): The member for Broadmeadows raised a matter regarding an update on the progress of delivering both an airport rail link and the Suburban Rail Loop. As the member for Broadmeadows well knows, Broadmeadows is identified as a critically important part of our delivery of the Suburban Rail Loop, being identified as one of the sites for our regional super-stations, which will be the interface between the suburban network and the regional network. Of course we are continuing to work very closely with our colleagues in the federal government on the delivery of an airport rail link, and we are very much focused on ensuring that any airport rail link that is delivered for Victoria meets the criteria of providing a connection through Sunshine to ensure that there are more services provided to the west, opening up opportunities for regional connections and primarily also delivering an airport rail connection. I welcome the ongoing advocacy of the member for Broadmeadows on this matter.

Speaker, you indicated the members that I should respond to, but can I also on behalf of the Minister for Public Transport respond to the matter raised by the member for Lowan regarding the Overland train service, because unfortunately the member for Lowan did not accurately represent the situation that confronts potential passengers of the Overland service. The situation is that some time ago the South Australian government decided to withdraw their funding for this service, and given that the South Australian government were the primary funder of this service and that the majority of users of this service were South Australians, we were obviously very disappointed to see the South Australian government make this decision.

In order to assess the impact of that decision by the South Australian Liberal government we did decide to take the opportunity to extend the support from the Victorian government for a period of time. However, if my memory serves me correctly, given the South Australian government funded this service—I think it was somewhere between two-thirds and three-quarters of the funding for the Overland train service that came from the South Australian government—you can understand why the Victorian government would like to focus its funds on going towards Victorian services, which is why the Minister for Public Transport is considering this. I should also say that the Minister for Public Transport recently wrote to the South Australian government urging them to reinstate their funding. They have since refused. Let me be clear so the member for Lowan does not misrepresent the position of the Victorian government: the South Australian government, who were the majority funder of the Overland service, of which the majority of passengers were South Australians, have decided to withdraw funding.

I think it is only fair, and I think Victorian taxpayers and Victorian passengers would think it is only fair, that the Victorian government should put the interests of the Victorian community first. I understand that the Liberal and National parties may want to prioritise the South Australian community—that is a matter for them to explain to their communities, why they choose to prioritise South Australians over Victorians.

I honestly cannot understand that position, but that is a matter for them to explain. We will put Victorians first, which is why we are considering our position on this. I am confident that the member for Lowan and other Liberal-National party members will accurately represent this matter to their rep communities. It would be a great shame if they continued to deceive their communities. I live in hope that members of the Liberal and National parties provide an accurate representation to their communities rather than deception, but from the group of people that closed country train lines and cut funding to V/Line, can I say to you, Speaker, what can you expect from a group of people who cut services to country communities? That is a matter for them to explain. I am here to speak on behalf of the Victorian government, and I have put the position of the Victorian government.

The member for Hawthorn—the fantastic member for Hawthorn—has raised a very important matter.

**Mr M O'Brien** interjected.

**Ms ALLAN:** I am grateful for the interjection from the Leader of the Opposition, because you know why the member for Hawthorn was motivated to raise this matter tonight—he was deeply concerned that the local member, the member for Malvern, was failing to represent his community. He was deeply concerned on behalf of his community. I think there is a touch of arrogance from the member for Malvern, who seems to think that the impact of the Toorak Road level crossing only exists around the constellation of the electorate of Malvern. Well, he is wrong. The Toorak Road level crossing and the congestion that that level crossing generates impacts on the neighbouring electorate of the member for Hawthorn, and as we know, for so many people who use the Monash Freeway day in, day out, when those boom gates are down on the Toorak Road level crossing the knock-on effects go through the Monash Freeway and have an impact right across the road network. Now, the member for Malvern might want to ignore that. Again, it is up to him to explain to his local community—

**Mr M O'Brien:** On a point of order, Speaker, the minister has spent her time responding to the adjournment debate attacking me, but she should be factual in her comments. If she is to be factual, she should note the fact that I raised the very matter of the closure of Talbot Crescent, which was originally supposed to be done temporarily, then permanently and now temporarily again—

**The SPEAKER:** Order! There is no point of order.

**Ms ALLAN:** As so often is the case with the poor old Leader of the Opposition, he has been a bit premature in getting to his feet and highlighting his deficiencies as a local member of Parliament, because the member for Hawthorn has quite rightfully raised the issues, not only about the congestion that is caused by the Toorak Road level crossing but also how there is further work that needs to be done. Like so much of the work we do on removing level crossings, we do not just focus on removing that level crossing. We look at what other works need to happen in that local area to improve transport connections. That is why, yes, as part of the removal of the level crossing at Toorak Road we have had to temporarily close Talbot Crescent at the Toorak Road end. There is still access for the community at the Glenferrie Road end, but can I also point out that the detailed plans that have been available for quite some time on the Level Crossing Removal Project website clearly outline how we will permanently reopen Talbot Crescent at Toorak Road.

Now, I am also aware that Stonnington council have decided that they would like to see Talbot Crescent permanently closed. As the member for Hawthorn has pointed out quite clearly in his contribution this evening, they did this without consulting the Glen Iris Gladiators football club. The motion that was put forward in the Stonnington council chambers to consider a permanent closure of Talbot Crescent was put forward by a councillor who is a previous member of the Liberal Party. But I appreciate that the member for Hawthorn is a very fair minded fellow and he is prepared to stand up and support the football club—a big club with 700 junior players, and many of them use the Talbot Crescent intersection at Toorak Road to get to and from games for training. They understand, and the member for Hawthorn is prepared to give them a voice. The local member may not; the member for

Malvern is choosing not to give them a voice, but the member for Hawthorn is. He understands the impact that this would have on the football club.

What then happened, I am pleased to advise, is that the Glen Iris Gladiators contacted my office, and we were very pleased to assist the club. We wrote to the Glen Iris Gladiators indicating that we will rebuild the Talbot Crescent-Toorak Road intersection. We also had the opportunity to point out that this was always the intent as part of this program. Indeed the plans for this have been available on the website and in community newsletters that have been circulating for over a year. We have not changed our position on this for some time. Look, it is up to the member for Malvern to explain to the club and its 700 players and other members in the community why he chooses to take the side of the Liberal councillors on Stonnington council. That is up to him to explain. I do think it is extraordinary that he is choosing that rather than the local club, but it is great to see the member for Hawthorn standing up for the local community and supporting the football club.

I would suggest that we do need to get in and understand and take the advice of our expert engineers on what is the right outcome in each of these locations. It is good to see the member for Hawthorn is an evidence-driven politician and an evidence-driven advocate for his community, clearly unlike the member for Malvern. The member for Malvern is choosing to play politics on a level crossing that is going to be removed six months ahead of schedule—and that will relieve congestion in a great way in that local area. I thank the member for Hawthorn for raising that matter this evening.

**Mr M O'Brien:** On a point of order, Speaker, to aid the member for Hawthorn, he also raised a question about the sporting facilities at Sir Zelman Cowen Park and whether the government would support that. The minister has refused to answer that part of the member for Hawthorn's adjournment debate matter. I invite her to do so, because I have been advocating for that for the Gladiators. So has the member for Hawthorn. It would be great to get a positive answer from you right now, Minister. Right now.

**The SPEAKER:** Order! The Leader of the Opposition can resume his seat. There is no point of order. The minister to continue responding to the issues raised.

**Ms ALLAN:** Thank you, Speaker. The remaining seven members—

*Members interjecting.*

**The SPEAKER:** Order! The minister has the call.

**Ms ALLAN:** Mission accomplished. How many of your numbers have you got here tonight?

The remaining seven members raised matters for various ministers, and they will be referred for their action and response.

**The SPEAKER:** The house now stands adjourned.

**House adjourned 5.57 pm until Tuesday, 17 March.**