

I am a Victorian woman who has worked extensively in community engagement and development. At the time of the pandemic I was managing a neighbourhood house community centre.

I would like to respond to several of the areas from the Inquiry's terms of reference: Key health response measures (and public health messaging), community support and broader health supports for people impacted by COVID-19 and/or lockdowns). I am also concerned that actions taken unilaterally by state and territory governments are not in scope for the Inquiry. A further full enquiry is required to examine all governmental responses.

In regard to community support, one of the key tenets of neighbourhood houses is inclusiveness and that is what I advocated for when it became known that the Covid-19 vaccination would not stop transmission. There is no logical or moral basis for vaccine mandates or excluding participation from employment or community activities for a vaccine that doesn't stop transmission and where vaccinated individuals can transmit the disease. I believe that mandatory vaccination and exclusion of unvaccinated people also contradicted a number of the rights contained in the Victorian Charter of Human Rights and Responsibilities, including the right to freedom of thought, the right to equality, the right not to be subjected to medical or scientific treatment without full, free and informed consent and sadly, I believe, based on the fact that Covid vaccine deaths have occurred in Australia, for some it was the right to life.

In regard to public health messaging, as pandemics are evolving situations, it is important that observational data is closely examined. The medical profession must have freedom of speech to publicly report their observations, even when it contradicts what is expected or public health messaging.

In regard to public health messaging, I don't believe the message 'safe and effective' was appropriate to the Covid-19 vaccine as even the vaccine information sheet for AstraZeneca says:

The Therapeutic Goods Administration states that 'the benefits and the risks of a medicine to an individual need to be considered, along with the risks involved if no treatment occurs. The decision to use a particular medicine should be made between the patient and the patient's health professional, and should entail informed consent.' (<https://www.tga.gov.au/tga-safety-monitoring-medicines#steps>) The vaccine mandates and the non-publishing of any information that ran counter to 'safe and effective' public health messaging, clearly contradicted this principle.

I am also concerned that messaging changed from 'those vulnerable need to take precautions' to mandating the 'safe and effective' vaccine for a broad cross section of the community. This is not logical if the vaccine does not prevent transmission.

What I personally observed was more vaccine injury than I should have statistically. One family member had a carotid artery dissection and another had leg paralysis. There were also numerous personal accounts from people I knew about arterial bleeding, decline in general health in an aged care facility and hospitalisations after vaccination.

In regard to community support, the mental health impacts of lockdowns need to be considered. There are serious health risks, both physical and mental from lockdowns. My partner was suicidal during that time and I know he was not alone in that. A thorough assessment of all mental and physical health impacts that occurred due to the lockdowns should be conducted and that data used in any future consideration of appropriate health responses.