

14/12/2023

To Whom It May Concern,

I am a working mother in regional Australia who has been injured by the COVID vaccination I was mandated to have by the state government to continue my employment. I am currently on medical leave as work aggravates the chronic pericarditis and long Vax that I suffer from post vaccination. My immediate family has also suffered and continues to also suffer as a consequence of my adverse reaction. I am employed by [REDACTED] that has subsequently been negatively affected by this as well. There are several concerns with regard to government policy, legislation, behaviour, censorship, reporting, responsibility and follow up regarding COVID-19 that have not been adequately addressed. This has led to subsequent mistrust in the government, but also the health system and health professionals.

I woke 10 hours following my vaccination with crushing chest pain and a severe headache, 6 hours later my menstrual cycle started 12 days early lasting 9 days. This dysregulated cycle continues 23 months later and has lasted for up to 21 days. Testing has revealed I've been pushed into [REDACTED]. 7 days following the vaccination I had exquisite eye pain that was so extreme I was dry reaching on my hands and knees, it felt like a blood clot passed through my eye. This sharp eye pain instantly relieved the horrendous headache for about 24 hours. At this point I had constant chest pain radiating up into the left side of my neck, jaw, face, into my left shoulder and arm. This then progressed to include shortness of breath, fluid retention with pressure pain in my lower legs, ankles and feet, as well as sharp pain in my calves.

At my first presentation to Emergency, I was advised that blood clots don't cause pain and they'd had 'lots of people present with chest pain post COVID vaccination'. After my second presentation I was referred to a Cardiologist. It took some time to get in to see the Cardiologist. I was still in constant pain, and I made lifestyle changes and subconsciously started breathing shallowly to avoid the spikes of very sharp pain that occurred if I took a normal or deep breath, even in appointments when asked to take a deep breath I subconsciously didn't to avoid the additional pain. I didn't figure out I was shallow breathing until I [REDACTED] when we were instructed to take a neurologic sigh. It was only after this when I started breathing normally that the pericardial rub could be heard on auscultation.

I have felt organs and joints being 'attacked'. There has not been an organ which has not been affected. These episodes can last for a couple of days, months; or it has been constant from the vaccination 23 months ago. Symptoms in one area may subside only to return with equal vigour. My immune system no longer functions properly, nor does my brain. Unfortunately, I have a shopping list of symptoms, some of which include symptoms of ADD, and early symptoms consistent with [REDACTED]. It was normal prior to stopping work to be in tears driving home at the end of the day due to extreme pain. Coming home from anywhere, I might sit in the car for an hour because I simply could not get out. My oxygen stats on a pulse oximeter which normally sat at 100% dropped to 94 and below. Sitting at rest at times my pulse could be close to 100 when it previously sat at 56-62. I had to lie down after showering, rolling over in bed would produce tachycardia, I would be lucky to be capable of washing my hair once a fortnight. Post vaccination, my normal was lying in bed (propped up as otherwise I could not breathe) for 12-15 hours per day. It is only in the last couple of months that I have started sleeping flat again for 6 hours. I do not think I cooked a meal for my family for the first few months where I'd normally made 3 meals a day 4-5 days a week and 2 meals a day

on the other days. I previously milled my own flour from nuts and seeds and all baking and meals was done from scratch. I stopped work [REDACTED] and I'm doing well now if I manage to make a meal a day and I've now had to start using 'convenience foods'. We had to employ people to take over the things I did around the house as I could no longer perform all the activities of daily living and [REDACTED] had to [REDACTED] so he could pick up the pieces at home. The burden (emotional, physical and financial) has at times been almost unbearable. For a family who firstly values loved ones, then most values health and education; and for a person that loves engaging with and looking after my family, my sharp mind, my vocation/occupation, socialising/exercising with friends, and intensely dislikes ineptitude, this experience has been torturous.

I stopped playing [REDACTED]. I could no longer even play a game of pool or table tennis. The concentration it takes to play a boardgame, write anything (including this) has even been too much. Even holding a conversation or being around other people, including my nuclear family is too much daily, which means even though I might physically be in the house I am not present for them. I have had to stop doing all the things that bring me joy, even the small things like participating in the mundane parts of family life. It is very isolating not being able to participate and be present, but at the same time not wanting to hold the people that you love back.

This experience has enabled me to see the flaws in our system which is meant to provide education and healthcare. It has saddened me that our governments have failed to properly advise healthcare providers and patients about the actual side effects and numeric frequency of side effects of vaccination. I have just reviewed the Australian Government Department of Health and Aged Care, Therapeutic Goods Administration, COVID-19 vaccine safety reports. While they talk about myocarditis, pericarditis and thrombosis, they do not discuss Long Vax, Dysautonomia, Multisystem Inflammatory Syndrome, Micro clotting, Dysregulation of Immune Function, changes to Menstrual Cycle etc. This has then meant that care provided has at times been significantly less than optimal, advice from medical providers has varied from excellent and research/clinically based to unhelpful, distressing and contradictory to evidence. When you seek GP or Specialist Medical Care it is not unreasonable to expect that they should have a greater evidence-based knowledge about your symptoms, condition and care than you do. Seeking Specialist Medical Care has not always been timely, which can mean they don't always get an accurate clinical picture and therefore diagnosis. Referrals has sometimes been rejected and given the 'rarity' of serious adverse reactions practitioners (especially regionally) have not seen a significant number, or even any other similar patients. This has necessitated travelling to [REDACTED] to attend appointments for treatment and testing. Fatigue, finances and proximity to care then become issues.

Although there was meant to be mandatory reporting of adverse side effects of the COVID vaccination, that did not always occur. And if it did occur, then there was no follow up from the TGA or Department of Health. I have not been contacted by the either at any point. You cannot expect patients to self-report when they themselves are unwell.

The governments have not identified Specialists in diagnosing and treating vaccination reactions for other healthcare providers to refer to. Without early diagnosis and treatment, clinical outcomes will always be worse.

I understand that Clinicians are not Scientists, but they should be trained to take a thorough history and without bias critically evaluate a patient's presentation. They should have the autonomy to question/report what they are seeing clinically and question government directives and mandates openly without fear of government reprisal, risk to registration or being labelled as something they are not. Without educated people asking educated questions and continually re-evaluating results,

outcomes will never improve, and the same mistakes and suboptimal outcomes will continue to be repeated. They should be able to practice according to the World Medical Association Declaration of Geneva (Modern Hippocratic Oath), Nuremberg Code and follow manufacturers advice for the timing of the delivery of medication autonomous to the evolving political situation and desires.

Coercive control should not be used by any level of government to gain 'voluntary consent' for medical interventions. How can consent be considered voluntary when someone's livelihood is on the line?

Government advice regardless of where that advice is sought (online, over the phone, in person), should be consistent, clear, factual, and evidence/scientifically based. When new research or clinical evidence is available communication should be updated. I recently rang a Childrens Hospital and the on-hold health advise is wrong and data regarding the information has been available for well over 12 months.

Government should be held to the same standard, if not a higher standard than the rest of the population. [REDACTED] articles and interview of Liberal Senator [REDACTED] shower the Government had censored over 4000 social media posts regarding COVID 19, many of which were actually accurate. There should be no fear of censorship in this country when the truth is being told. When I was seeking support from my profession, and I stated that I had had a medically diagnosed vaccination reaction. I was asked to take it down, so the site organiser did not get into trouble. While I understood where they were coming from, there cannot be censorship or fear of censorship for those in need.

There is no formal easy to use support system for patients who have had adverse vaccination reactions that treating practitioners know about or can refer to, especially regionally. If vaccinations are going to be mandated there needs to be appropriate support (financial, emotional and physical) that is genuine, easy to access and use for those people.