

Commonwealth Government COVID-19 Response Inquiry

To whom it may concern,

My name is Fiona Marlow and I am a midwife and Occupational Therapist. I have lost my job as a midwife. I resigned because I could not follow AHPRA's mandated compliance with the narrative that the Covid vaccine is necessary, safe and effective. If I discuss the Covid vaccine with a woman I must tell her, it is safe and effective, despite there being no evidence to support this statement. Every health professional under AHPRA is silenced on threat of being deregistered if they do not comply with this. This goes against every fibre in my being, to do no harm, to practice only using the best available evidence. A novel technology, novel injectable that has no long term safety data should never be given to a pregnant woman. AHPRA needs to be brought under a federal law so it cannot force health professionals to practice unsafely. Health practitioners should never be silenced nor coerced to perform any procedure by a governing regulatory body. This must be addressed for the safety of all people in Australia and the restoration of faith in the medical profession.

Governance including the role of the Commonwealth Government, responsibilities of state and territory governments, national governance mechanisms (such as National Cabinet, the National Coordination Mechanism and the Australian Health Protection Principal Committee) and advisory bodies supporting responses to COVID-19.

As a federal government, changes must be made to legislation that allowed the states to act independent of federal law and advice. The National Cabinet should be the final policy makers when a situation is occurring in all states of the country. Having varied policies and procedures for all states created confusion and separated families at critical times. This allowed the states to implement policies that would be illegal under Federal law such as mandating vaccination for everyone, implementing border restrictions, curfews, and excessive use of force to control people's movement and freedom to protest.

Advisors working from models that were untested in the real world should not be allowed to determine the restrictive policies that were put forward by them.

- Key health response measures (for example across COVID-19 vaccinations and treatments, key medical supplies such as personal protective equipment, quarantine facilities, and public health messaging).

The Covid vaccines have genetically modified material in them and as such should have gone through the appropriate government policies and not have been allowed into the country and widespread distribution.

Vaccination storage and use was ad hoc, facilities were not capable of storing it the extreme temperature it was required to be stored at.

Health personnel were not trained to safely inject, they did not aspirate. This is fundamental when giving any injectable.

Covid 19 vaccinations became available many months after they were first used in the US and UK, Europe. There was already evidence of concerns about effectiveness and safety. Despite this they were and continue to be authorised for use in Australia by the TGA. The evidence of proper safety testing and evaluation must be investigated.

No medication that has not had long term safety data is ever given to pregnant women. There are strict rules around this following the thalidomide disaster of the 1960's. This policy was ignored. As a midwife I have significant anecdotal evidence of harm these vaccinations are causing to pregnant women and neonates. This must be fully investigated and funding for treatment and research into the harm must be made available.

Early treatment was not available. I have worked in health care for 30 years and never heard of a policy that stated do not seek treatment until you are so unwell you cannot breathe. This was dangerous and lacked all evidence. Early treatment solutions were available but were not made available to the people of Australia. This is not evidence based medical practice and should never happen again.

But a women with a mild nasal congestion coming in to birth was placed in isolation and forced to birth in full PPE until the PCR test result was available- sometimes taking up to 48 hours.

Public health messaging did not reflect evidence based practice. Public health messaging should be evidence based. Sunlight, vitamin D, exercise and a healthy diet are fundamental for maintaining the health of all people. The elderly, whom were most at risk were denied this, being locked inside for weeks at a time.

The forced wearing of masks within the hospital caused skin infections and inflammation in many staff. There was constant supply issues of the masks staff were required to wear causing them to have to wear unsuitable masks.

Wearing plastic PPE for hours at a time on shift caused heat stress, and due to supply issues staff were forced to stay within a room for 4 hours at a time in the PPE, suffering heat, breathing issues.

Quarantine facilities were inadequate as many did not provide areas outside for people to exercise. Locking healthy people in quarantine does not prevent transmission of disease. It caused mental health stress and ongoing mental health problems for many locked in quarantine. If unwell, people did not have access to medical support nor medications needed.

- Broader health supports for people impacted by COVID-19 and/or lockdowns (for example mental health and suicide prevention supports, and access to screening and other preventive health measures).

The funding provided to increase support for mental health was inadequate. Suicide rates have not been updated but anecdotally have increased significantly due to isolation, financial stress caused by lockdowns, lack of support from friends and family to protect the vulnerable.

- International policies to support Australians at home and abroad (including with regard to international border closures, and securing vaccine supply deals with international partners for domestic use in Australia).
- Support for industry and businesses (for example responding to supply chain and transport issues, addressing labour shortages, and support for specific industries).
- Financial support for individuals (including income support payments).
- Community supports (across early childhood education and care, higher education, housing and homelessness measures, family and domestic violence measures in areas of Commonwealth Government responsibility).

As a midwife we are at the frontline of domestic abuse as it often occurs for the first time, or escalates during pregnancy. Whilst we could screen we could not provide support for women in this situation as there were limited resources, staff, or funding to help them.

Children in less than ideal family situations need access to school or childcare. This is where they receive support, can be monitored for their wellbeing, often is the only place they receive adequate diet. The restrictions placed on access to these vital safety support for vulnerable children were unjustified and unnecessary.

- Mechanisms to better target future responses to the needs of particular populations (including across genders, age groups, socio-economic status, geographic location, people with disability, First Nations peoples and communities and people from culturally and linguistically diverse communities).

Inevitably there will be future viruses that are of concern. Any future responses must target the sick, not the well. They must ensure access to early treatment that is evidence based ie ivermectin was banned when it is safe, cheap and effective against many viruses.

Children should not be locked in their home without access to their friends, nor to playgrounds, sporting activities that keep them mentally and physically well.

The impact of school closures has resulted in children falling over 12 months behind in their early learning as evidenced by outcomes in primary schools. The increase in children needing intervention for speech and language delays has been caused by

lack of access to interacting with others, and to not being able to see the faces , mouths, expressions of people due to mask wearing.

The fear created by the mechanisms imposed far outweighed the risk to the majority of the population. Any future mechanisms must take the emotional response of fear into account, are be in line with the actual risk.