

My name is [REDACTED] I am a registered nurse who retired early due to the COVID vaccine mandates. I was highly esteemed and recognised and acknowledged in the workplace as an exceptional nurse.

Early Research into COVID-19 Vaccine Raised Concerns

In my early research regarding COVID-19 vaccination I determined from the Swiss government health site that there was at least a short-term negative impact of the COVID-19 vaccine on one's immune system. For those with underlying immune related conditions (either past or present) this was concerning, especially when there are some well-known ways of supporting the immune system. These concerns were ignored and not addressed in the Australian response. Anecdotally these concerns are now being confirmed, with some suggestion as to the way the vaccine may be associated with the immune response.

N¹ -methylpseudouridylation of mRNA causes +1 ribosomal frameshifting

<https://www.nature.com/articles/s41586-023-06800-3>

Royql Commission

I request that the government move beyond a COVID-19 Response Inquiry to a full Royql Commission for a proper investigation into; vaccine procurement and confidential contracts; financial incentives for those promoting the vaccines, PCR testing and accuracy, testing and approval of vaccines, mask and vaccine mandates, lock downs, media censorship, regulators roles in eroding the doctor-patient relationship and professionals ability to practise according to the Hippocratic oath, informed consent, correct approval of gene-based treatments, reporting of injuries, compensation, policing, excess deaths, financial impact on businesses and the erosion of human rights and freedom of choice for medical treatments.

Only Vaccination; No Attention to Risk Reduction

The COVID-19 response focused only on vaccination. Preventive health measures were not implemented, supported nor included in public messaging. There was a lack of education regarding simple, easy cost-effective early interventions. There was no focus on or prioritisation of any preventive measures that could reduce morbidity of COVID-19, nor was there any attention to early intervention measures. In fact, there was censorship and suppression of discussion around these items. It is imperative in future that the public health messaging should include informing the public of ways to protect their health as well as lifestyle modifications that can be implemented to reduce morbidity should someone become infected with the disease of concern. For example:

1. **Vitamin D supplementation** is known to assist immune response to many illnesses and COVID-19 is no exception.

COVID-19 Mortality Risk Correlates Inversely with Vitamin D3 Status, and a Mortality Rate Close to Zero Could Theoretically Be Achieved at 50 ng/mL 25(OH)D3: Results of a Systematic Review and Meta-Analysis. Nutrients 2021, 13 (10), 3596.

<https://www.mdpi.com/2072-6643/13/10/3596>

2. **Dietary intake and nutritional status** affects one's health and immune status.
Diet quality and risk and severity of COVID-19: a prospective cohort study.

<https://nutrition.bmj.com/content/early/2023/10/04/bmjnph-2023-000688#:~:text=According%20to%20a%20recent%20population,to%2Dsevere%20COVID%2D19.>

3. **The benefit of sunlight and fresh air in reducing transmissibility of diseases is well know** but there was no encouragement for people to avail themselves of this natural resource, in fact in some areas people's ability to access the outdoors was limited.

COVID-19 and sunlight: Impact on SARS-CoV-2 transmissibility, morbidity, and mortality.

<https://www.sciencedirect.com/science/article/pii/S2049080121003691>

"Fresh Air and Sunshine" Going Back to the Old Ways in the Face of Influenza Pandemic.

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwj32-Czp4yDAxUG62EKHULSAzUQFnoECCEQAQ&url=https%3A%2F%2Fwww.acjol.org%2Findex.php%2Fvjstm%2Farticle%2Fdownload%2F1787%2F1733&usg=AOvVaw204foMAQVlh1Bv50IGq4yP&opi=89978449>

4. **The use of hydrotherapy in activating the immune system** and decreasing the severity of COVID-19 infections early in the course of disease with the potential to reduce hospitalisations.

Hydrothermotherapy in prevention and treatment of mild to moderate cases of COVID-19

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7668174/>

Ineffective Response (Masking)

An early mainstay of the health response involved utilisation of personal protective equipment in workplaces and utilisation of masking throughout society. Masking is ineffective for any aerosol transmissible disease. Aerosols stay suspended for days to weeks (vs minutes for droplets), readily pass through gaps around the masks, and can reach deep into the lungs.

Particle sizes of infectious aerosols: implications for infection control

<https://pubmed.ncbi.nlm.nih.gov/32717211/>

Future health responses should only be effective evidence-based practices.

Australian Research of New Products About to be Implemented is Required

It is imperative that Australia **critically and thoroughly** examine any company data and supporting studies for any new product rather than relying on other countries to do this. This is usually the situation so why was the vaccine treated differently to any other product being introduced into Australia? An examination of Pfizer documents would have revealed that good clinical practice was not followed in their research; the study was unblinded, the study duration was too short to reveal long-term adverse effects, there was no benefit in the absolute risk reduction (the criteria for determining benefit from a drug) and amongst other issues there were groups excluded from the study resulting in unknown impacts on these groups (e.g. elderly, pregnant women and children).

Workforce Issues, treatment of employees and equity

We are still hearing reports of workforce shortages in medical areas. Yet despite the dropping of mandates employees who did not receive the vaccine are not being re-employed. Instead, up until the day prior to mandates being relinquished these employees

were subject to disciplinary action and dismissal from the workplace – all for refusing a vaccine that has been shown to be ineffective, unsafe and that currently negatively impacts the immune system and is associated with more adverse events than all other vaccines combined.

‘Spikeopathy’: COVID-19 Spike Protein Is Pathogenic, from Both Virus and Vaccine mRNA

<https://pubmed.ncbi.nlm.nih.gov/37626783/>

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It is inequitable for those making the laws to be exempt from following them i.e. politicians not required to be vaccinated.

Informed Consent and Mandates

Informed consent requires explanation of the risks and benefits of a procedure, risks and benefits of alternative options, risks and benefits of not having the procedure, and must be voluntary, (i.e. free from manipulation by or undue influence from family, medical staff or other social coercive influences). With vaccine mandates this process was ignored; alternative treatments were not considered and anyone whose employment was threatened with subsequent inability to provide for their family was unable to give voluntary consent – they were effectively threatened by the mandates.

https://www.health.qld.gov.au/_data/assets/pdf_file/0023/151088/informedconsent.pdf

<https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-statement-on-mandatory-vaccination-of-all-workers-in-health-care-settings>

Some workers who were mandated to receive the vaccine had concerns regarding the impact the vaccine would have on their health, concerns regarding components of the vaccine, concerns surrounding the safety of the vaccine and other concerns. These workers were expected to communicate with their employer within given timeframes but despite submitting their concerns and requesting a response from their employer their requests were ignored. The voiced concerns of any professional or public person should be thoroughly investigated and they should receive timely responses to their query/concern.

Finally it is imperative

- a) that all citizens and employees are free to refuse consent to a medical procedure without redress or penalty,
- b) that health professionals who have concerns are free to express their concerns and raise alarms – if those who saw birth defects due to thalidomide were unable to raise the alarm how much longer would it have taken to identify and prevent this issue from continuing,
- c) medicine is able to practice freely – we are all different individuals, and one treatment does not suit everyone; without the ability to try different ways of managing a condition the best treatment is not found, and
- d) the doctor patient relationship needs to be restored – medicine should be a dialogue between doctor and patient with the freedom to express all benefits AND disadvantages of a treatment otherwise trust in medicine will never return.