

To the Australian COVID-19 Response Inquiry January 2024

Terms of reference: Key health response measures (vaccinations, public health messaging and other)

Short introduction about myself and my own experience

Most of my earlier professional life was in nursing, for which I had all the compulsory vaccinations. I am currently not working.

When COVID-19 vaccinations became available I decided to not rush in to having one as:

- (i) it seemed to me odd that the vaccinations were available so quickly
- (ii) even before the COVID-19 vaccinations were available, the media was touting them as the major solution to the illness and death then associated with the spread of COVID-19
- (iii) as time went on the media messages were being echoed in everyday life; simplistic calls such as 'the vaccination is how we can go back to normal', 'keep grandma safe' 'it is the only responsible thing to do' and 'safe and effective'

Even though further information became available such as;

- there is a risk of long term injury from COVID vaccination in different age groups
 - Pfizer had not released their trial results when the Australian Government ordered their first batches
 - the vaccine used in the trials was manufactured by a different method than the vaccine offered to the public
 - that some COVID vaccines neither offered protection from spreading or catching COVID-19
- much of the media messaging remained unchanged and the derogatory terms in the next point (iv) also continued

(iv) there was no discussion encouraged and any questioning of the official narrative was often met with derogatory terms such as 'anti - vaxxer' or 'conspiracy theorist' which seemed to close down further discourse

(v) there is debate about whether people are dying from COVID-19 or the impact of COVID-19 vaccination.

This could be clarified on death by a specific autopsy as demonstrated by [REDACTED] details of which are available on <https://doctors4covidethics>.

Suggestions for future health pandemics:

(i) that doctors and others who have published success with use of off label drugs to treat COVID-19 infection or whatever the next pandemic is, be taken seriously. If there was recognition and further research into alternative treatments, vaccine development would not need to have been rushed. Also, vaccine distribution under emergency use authorization would not have been necessary.

(ii) that public messaging emphasize how to improve natural immunity by simple measures such as eating more healthily, getting outdoor exposure to sun, exercise, ways to keep in touch with friends, meaningful hobbies etc. Focusing on things people can do themselves.

That resources be put into enabling people to get access to better natural food especially in areas where there is less access to it because of availability or cost. That fresh food be available from food banks and more growing of food encouraged within communities.

(iii) that media broadcast new information that would help the public make more informed decisions about their health.

(iv) that media refrain from villifying one sector of the community, which ends up making the whole community weaker by dividing it; some of these divisions in families and groups have endured up to the present time.

that we have coverage from and access to a diverse range of media sources and that the mainstream media also encourages tolerance of and respect for a range of views.

(v) that relevant autopsy information is included with reports of deaths from actuaries and insurance numbers as well as hospital deaths.