

Dear COVID-19 Response Inquiry Taskforce,

RE: Submission and evidence to the COVID-19 Response Inquiry

I have been employed by the NSW Department of Education since 2009 and consider myself to be a highly dedicated and passionate [REDACTED] teacher. I was investigated by the Professional and Ethical Standards (PES), who I believe was extremely unprofessional and unethical, making false accusations about me not completing the VACS attest. As a result of the PES investigation, I was sacked from my fulltime position, in November 2021, for refusing the jab. The year prior, I was considered a 'Hero', working tirelessly to provide students with Home Learning opportunities and caring for students of other Essential workers. I was considered a threat to students and staff for being unvaccinated and threatened to be removed by Police from the school grounds if I attended work. This news was immensely heartbreaking and stressful for me and the other Teachers who refused the jab.

At the time of writing this response, I have still not had COVID-19. I have relied on my natural immunity, eaten healthy foods, taken supplements including Zinc, spent time in the sunshine, maintained my fitness, socialised and not worn a mask.

Below are some key points, as to why I believe the mandates were not necessary or justified, summarised from the *Journal of Clinical & Experimental Immunology* ISSN: 2475-6296

COVID-19 vaccines – An Australian Review

Submitted: 10 Sep 2022; Accepted: 12 Sep 2022; Published: 21 Sep 2022

(please refer to the full article for the References).

- The mRNA vaccines were supposed to remain at the injection site and be taken up by the lymphatic system. This assumption proved to be wrong. During an autopsy of a vaccinated person that had died after mRNA vaccination it was found that the vaccine disperses rapidly from the injection site and can be found in nearly all parts of the body [1]. The mRNA is enveloped in liquid nano particles (LNP) containing a mixture of phospholipids, cholesterol, PEGylated lipids and cationic or ionizable lipids [2]. Research has shown that such nanoparticles can cross the blood-brain barrier [3] and the blood-placenta barrier [4]. In summary, it is unknown where exactly the vaccine travels once it is injected, and how much spike protein is produced in which (and how many) cells.
- Normally, mRNA breaks down within a few minutes to hours, however, the mRNA in these vaccines is nucleoside-modified to reduce potential innate immune recognition [6, 7] and it has been shown that production of the spike protein in some vaccines is kept up for an extraordinarily long time. A study by [REDACTED] [8] found that the vaccine mRNA persists in the body up to 60 days, with 60 days being the end point of their study.
- The spike protein in itself can produce COVID- 19 symptoms as shown in animal experiments.
- mRNA vaccines seem to suppress interferon responses [25]. A literature review by Cardozo and Veazev [26] concluded that COVID-19 vaccines could potentially worsen COVID-19 disease through antibody-dependent enhancement when natural infection occurs after vaccination.
- There have been discussions about risk and value of vaccination in the previously infected part of the population. Study results have shown that the second dose in people already exposed to the virus leads to a reduction of cellular immunity, inferring those individuals previously infected with COVID-19 should not get a second injection [30].
- [REDACTED] (2021) and [REDACTED] et al. (2021) both showed that the vaccinated have very high viral loads similar to the unvaccinated and are therefore as infectious [35, 36].
- Countries with higher vaccination rates have also higher caseloads. It was shown that the median of new COVID-19 cases per 100,000 people was largely similar to the percent of the fully vaccinated population [39].
- Multiple recent studies have indicated that the vaccinated are more likely to be infected with Omicron than the unvaccinated. A study by [REDACTED] (2021) from Denmark suggests that people who received the mRNA vaccines are up to eight times more likely to develop Omicron than those who did not [40].

- A recent peer-reviewed review paper by one of the world's most cited and respected scientist, Professor ██████ of Stanford University notes, the chances of someone under 50 years old with symptoms dying from COVID-19 is 0.05%.
- An abundance of studies has shown that the mRNA vaccines are neither safe nor effective, but outright dangerous. Never in vaccine history have we seen 1011 case studies showing side effects of a vaccine (<https://www.saveusnow.org.uk/covid-vaccine-scientific-proof-lethal>).
- The vaccine is in trial phase and has been linked to not only instant side effects but also short to medium-term side effects [44]. ██████ et al. (2022) highlighted just a few of these side effects, such as miscarriage, foetal death and malformation, chronic autoimmune disease, permanent immune deficiency syndrome, chronic permanent CNS diseases and chronic cognitive disorders, seizure disorders. Not enough time has passed since administration of the first injections to know what the long-term effects might be. (Unlike traditional vaccines e.g. Childhood Schedule)
- From US life insurance reports we know that the all-cause death rates were up 40% in ages 18-64 years by the end of Q3 2021, and according to life insurance companies there are 100,000 excess deaths per month in the US in all age groups, which cannot be attributed to COVID-19 alone [46]. In 2022 in Australia, there were approximately 12% (20,000) more deaths than the projections estimated.
- Emergency use authorization was granted by the FDA and the TGA (in Australia). Therefore, these treatments are still in trial phase and all patients treated with them are trial participants.
- A request for full transparency of the Covid-19 vaccine clinical trial data has been made to the Pharmaceutical companies, which to this day are inaccessible.
- Adults from 30 to 39 are 7 times more likely to die from vaccination. The authors concluded that the protection from COVID-19 death falls far short of the risk of dying from the vaccine for people below 50 years old [51].
- In a letter to the editor ██████ (2022) sums up the literature pointing to the fact that 8 months after being vaccinated twice the immune functions are less than those of an unvaccinated person according to a study by ██████ et al (2022) [61]. Booster shots can impair immunity due to a variety of factors leading to the recommendation to discontinue further booster shots.
- It is an amazing fact that natural immunity is completely disregarded by health authorities around the world. We know from SARSCoV-1 that natural immunity is durable and persists for at least 12-17 years [17]. Immunologists have suggested that immunity to SARS-Cov-2 is no different. The four human coronaviruses that cause common colds are also endemic, without there ever having been a vaccine for any of them.
- ██████ pointed out this troubling situation in an article published by the ██████ by citing three studies where we see this emerging situation of the vaccinated increasingly being infected and transmitting the virus. The study by ██████ et al. reported a seminal nosocomial outbreak occurring in fully vaccinated Hospital Care workers (HCW) in Vietnam in 2021 [32].
- Multiple recent studies have indicated that the vaccinated are more likely to be infected with Omicron than the unvaccinated. A study by ██████ (2021) from Denmark suggests that people who received the mRNA vaccines are up to eight times more likely to develop Omicron than those who did not [40].
- A worldwide Bayesian causal Impact analysis suggests that COVID-19 gene therapy (mRNA vaccine) causes more COVID-19 cases per million and more non-Covid deaths per million than are associated with COVID-19 [43]. An abundance of studies has shown that the mRNA vaccines are neither safe nor effective, but outright dangerous.
- Adults from 30 to 39 are 7 times more likely to die from vaccination and those aged 40 to 49 are 5 times more likely to die after vaccination. (51)
- It is truly disturbing that treatments recommended by doctors in America, some of them having successfully treated COVID-19 patients, including very sick patients, have not been investigated in Australia. These treatments are mainly based on vitamins, zinc and zinc ionophores, such as ivermectin or hydroxychloroquine. The recommendation is to treat as early as possible. Scientific papers support the use of ivermectin according to ██████ et al. [62]. They found moderate to strong evidence that ivermectin can reduce COVID-19 deaths while being safe and inexpensive.
- The Australian government strongly advises not to use the following treatment for COVID-19 off label: Ivermectin, doxycycline, zinc and hydroxychloroquine (<https://www.health.gov.au/health-alerts/covid-19/treatments>).
- Just to name a few short-term side effects: Death, Cardiac disorders such as Myocarditis, Blood and lymphatic system disorders, such as blood clots, thrombocytopenia, low platelet count, cerebral venous sinus thrombosis, capillary leakage syndrome, Congenital and genetic

disorders, Eye disorders, Immune disorders, Muscular, skeletal and connective tissue disorders, Cancerous tumours,

Nervous system disorders, Pregnancy and perinatal conditions, Guillain-Barre syndrome and the list goes on.

- The Australian Bureau of statistics has just released the national death rate for March 20, 2021 up until 31 March 2022 (registered by 31 May 2022) as 44,331, which according to their own statement lies 6,609 (17.5%) above the historical average. These extra deaths cannot be explained by COVID alone (Fig 2) which is responsible for less than half of the excess deaths in the first 4 months of 2022 in Australia. Cancer, diabetes and neurodegenerative diseases are all above the baseline in this time frame ([https://www.abs.gov.au/statistics/health/causes-death/provisional-mortality-statistics/latest-release?fbclid=IwAR3fpywSvxWCXTRUaZx99M6s\\_w\\_kBRdMa3b\\_13msQ3bNPRanFjGHI-wWTZQ](https://www.abs.gov.au/statistics/health/causes-death/provisional-mortality-statistics/latest-release?fbclid=IwAR3fpywSvxWCXTRUaZx99M6s_w_kBRdMa3b_13msQ3bNPRanFjGHI-wWTZQ)).
- The overall death rate for the unvaccinated was 17% while for the vaccinated it was 83%.
- In January 2022 the "Save us now" organisation put together a list of 1011 case studies reporting side effects after vaccination (Table 1) (<https://www.saveusnow.org.uk/covid-vaccine-scientific-prooflethal/>). Most of these side effects have not been listed in any of the vaccine brochures or on the Australian Government websites.
- COVID-19 vaccines cause more side effects than any other vaccine, a fact that is attributed to its interactions with the immune system. Not only does spike protein produces unwanted side effects, but mRNA and nanoparticles do as well [15].
- Long-term risks of vaccination as predicted by scientists, many already validated by scientists and doctors: Vaccine-induced autoimmunity, pathogenic priming, multisystem inflammatory disease and autoimmunity, antibody dependent enhancement (ADE), activation of latent viral infections, neurodegeneration and prion disease, increased thrombosis, cardiomyopathy and other vascular events following vaccination, babies suffering enduring adverse consequences, mRNA reverse transcribing intracellularly into the DNA and death due to autoimmune disease long after vaccination [78-84].
- According to an interview in February 2022 with [REDACTED], who is currently fighting in court against the vaccine mandates, an evaluation of the TGA reports revealed that Australia's average of adverse events after vaccination since 1971 up to 2020 is recorded as 2.4 death per year and up to 3,500 adverse events per annum. Since the rollout of the COVID vaccines there have been 755 deaths and 105,000 adverse events in a year with these figures likely to be underreported. [https://rumble.com/vtv5pe-juliangillespie-update-on-avn-judicial-review-to-stop-vaccines-inaustrali.html?fbclid=IwAR34RTAAYX\\_nf9eTe1LOJSxuZ0-TbUFasXPQ37qhPEqrQI9wNe8Yig4ZwQ8](https://rumble.com/vtv5pe-juliangillespie-update-on-avn-judicial-review-to-stop-vaccines-inaustrali.html?fbclid=IwAR34RTAAYX_nf9eTe1LOJSxuZ0-TbUFasXPQ37qhPEqrQI9wNe8Yig4ZwQ8)

In addition, The Database of Adverse Event Notifications (DAEN) produced by the Australian Government's Therapeutic Goods Administration has Reported Deaths: 1006 Reported Cases: 139,596. I was not prepared to be one of these statistics. I also believe these statistics are severely underreported and misleading.

I was also sacked from my role as Secretary on the Board of [REDACTED] [REDACTED] I had volunteered my time for 17 years. Another disgraceful decision, that impacts the youth of today.

I hope the abovementioned points support my Covid-19 Inquiry submission, in seeking compensation for losing my permanent Teaching position of over a decade with the NSW Department of Education and bringing justice to the Politicians who made these poor decisions, that were not in the best interest of Australian's health. I look forward to hearing your response.

Kind Regards, Jesse (Jessica) Jeanes

[REDACTED]