

Submission to the COVID-19 Response

My submission comes from my own personal experience personally and professionally as a result of the COVID-19 Response in NSW.

ISSUE

- Issue 1: Treatment of [REDACTED] by the NSW Health system who suffered a severe reaction to his second Pfizer vaccine.
- Issue 2: Career of a 30+ year Public Servant dedicated in the role of [REDACTED] protecting the community ended abruptly.

BACKGROUND

Issue 1:

My [REDACTED] works in the fitness industry, he suffered a [REDACTED] post his second Pfizer 'vaccine' Dec 2021 ([REDACTED]). He has since been admitted again to hospital experiencing [REDACTED]. The Cardiologist released my [REDACTED] without a conclusive diagnosis stating "Myocarditis" to "STEMII – ST elevation myocardial infarction" (Attachment A – note "Document Has Been Revised" and note all medical staff were "Interns" within his care). His release forms were changed when we inquired about an adverse reaction to the vaccine. The discharge notes were changed from "acute myocarditis".

He was then discharged from the hospital within hours of an [REDACTED]. Anecdotal evidence: attending Nurse told my [REDACTED] not to ask about adverse reactions to the vaccine as he would be discharged immediately.

The Cardiologist, Dr [REDACTED] then made any follow up appointments difficult. Would not commit to any diagnosis and when pressed said we would have to "go to [REDACTED] and pay for an [REDACTED] and it would be very expensive". [REDACTED] said there were no [REDACTED] within [REDACTED].

On the [REDACTED] my [REDACTED] underwent [REDACTED] at [REDACTED] at our own expense [REDACTED].

The rest is history with [REDACTED] he has been unhelpful, and his duty of care was appalling, no follow up appointments could be made with his practice.

Department of Health announced Medicare Benefit Scheme (MBS) item 63399, "MRI to assist in the diagnosing of myocarditis that may occur after vaccination with the mRNA COVID-19 vaccines" (Australian Government Department of health MBS Fact Sheet 16 December 2021) could be claimed between periods 1 January 2022 – 30 June 2022).

We made a submission (Claim reference: [REDACTED]). To this date we have not been reimbursed. Medicare tell us we need to have myocarditis confirmed by a medical

practitioner (Cardiologist) confirming the claimable condition (Attachment B – Medicare Response Letter).

The MBS item 63399 is:

“.. to assist in diagnosing myocarditis that may occur...”

Yet we can't be paid out because we can't provide what Medicare state is holding up the claim, that being:

“Provide a report from a cardiologist confirming the diagnosis of the vaccine related harm you suffered.”

This would require [REDACTED] to a) speak with us and b) state that my [REDACTED] was harmed by the vaccine when the cardiologist can't even confirm, nor his INTERNS, that it was myocarditis.

Medicare have written and called asking why we haven't completed the submission. The reasons we state is because [REDACTED] won't confirm the “vaccine related harm”. I ask – how many Doctors have gone out on a limb and confirmed such statements.

My [REDACTED] had a second episode recently, while in the Emergency Department we requested **not** to see [REDACTED] unfortunately he was attending. Two Doctors on night duties when checking [REDACTED] while reading the notes history, read out loud previous episode in 2021 was “myocarditis”.

The last conversation with Medicare was a very nice person, she offered help and asked us to report [REDACTED] obviously this is not an isolated incident. That we should visit another cardiologist who is more ‘sympathetic’ (I say ‘braver’) to tell the truth and get the letter. Medicare stated all we need is that one letter and we will be reimbursed. We were also told that there was a list of doctors being reported for holding back on such letters, that Medicare was ‘investigating’.

I don't need to show you the stats around adverse reactions or provide reports and references. It is in plain sight and readily available.

Issue 2:

I have been 30+ years public servant with the NSW Government in the [REDACTED]. Reached [REDACTED] managing multiple District offices and volunteers that respond to [REDACTED]. I hold the [REDACTED] and the [REDACTED] and have commendations from State Ministers.

Terminated January 2022 for “misconduct” as a result of not following orders to vaccinate. Terminated within eight weeks of notification. As a result, joined the [REDACTED] following complaints process (Industrial Relations Commissions, Fair Work Commission).

I did not get vaccinated due to my [REDACTED] experience listed in Issue 1; after all, we had to have one parent fit and alive to protect and provide for our [REDACTED]

CURRENT POSITION

Issue 1: My [REDACTED] suffered some mental trauma because of [REDACTED] actions (lack of action) and the financial strain the medical bills has created.

Issue 2: Currently waiting on the Human Rights Commission response to submission.

RECOMMENDATIONS

- Those with Medicare claims against item 63399 are re-opened and reassessed by a neutral doctor.
- That cardiologists such as [REDACTED] are reported/investigated by Australian Health Practitioner Regulation Agency (Aphra).
- Clear Personal Files with "Misconduct" listed as reason for exiting the Department.
- Reinstate those Public Servants terminated for refusal to vaccinate.

CONCLUSION

All I want is fair justice and to be able to finish my career on a high note. To continue the good work I have carried out for the past 30+ years. I have consistently put my life in danger to protect the community working for the NSW Government. This will in turn reduce the stress, anxiety and pressure my [REDACTED] to this day, still experiences as a consequence of lack of duty of care, poor mechanics of government and financial strain.

REFERENCES

- Australian Government Department of Health. (2021) MBS Fact Sheet 16 December 2021.

ATTACHMENTS

- Attachment A: Discharge Referral Note
- Attachment B: Medicare Response Letter Dated 5 September 2023