Thank you for the opportunity to make a personal submission. I cover Inquiry *Terms of Reference:* 'Governance issues', 'Key health response measures', and 'Broader health supports'. I am a Consultant Psychiatrist with 30 years' medical experience. I contend Australian government policy **thwarted good medical practice** and created a 'health environment' that caused the systematic errors of **manufactured**, **false confidence in 'COVID-19 vaccine' safety/efficacy and obfuscation of adverse event recognition**.

The Covid-19 pandemic was dangerous to a minority of Australians, more so with earlier variants, but infection fatality risk was low. The pandemic response was disproportionate and consequent harms significant. Australians were denied choice of robust natural immunity following infection[1], 'patient-centred' care and medical-decision rights. I provide a timeline to show how policy adversely influenced medical practice resulting in harmful systematic errors.

1. 29 April 2020: Multiple experts[2], convened by Group of Eight Universities (Go8), compiled ***"COVID-19 Roadmap to Recovery"*** [3,4] for Government. Experts included Deputy Chief Medical Officer (who became Chief Medical Officer in June 2020), members of ATAGI, pro-vaccination lobbyists from the 'Immunisation Coalition', and a member of TGA 'Advisory Committee on Vaccines'. In the media release[5], Health Minister Hunt stated, "*Your work will both help inform, guide …. our ongoing work, and for that I am deeply thankful."* The experts **recommended compulsory vaccination**[6] as the only exit from the pandemic: ***"Q: A vaccine is a long way away – when the time comes will it be compulsory? A: That would be our advice – yes. Just in the same way that vaccinations for conditions such as measles are required to maintain community safety."*** [redacted] Firstly, measles vaccine has never been mandated population-wide for employment or to access society. Secondly, it is a traditional 'attenuated virus' vaccine with decades of safety data available. There is no equivalence with novel gene-based therapies. The authors knew genetic vaccines would likely be used when writing the Roadmap as 'The Chief Scientist' (who reviewed the 'Roadmap') had simultaneously commissioned one of the authors to be 'lead author' of ***'Rapid Research Information Forum' (RRIF) - The most promising vaccines for COVID-19'***[7] (see below). The Roadmap anticipated resistance to CV but recommended, ***"Enlist the support and assistance of independent, credible and trustworthy advocates (e.g. healthcare workers, educators, community leaders) to convey key messages"***, to aid public confidence, and ***"… help to convey that such policies are underpinned by 'apolitical' evidence"***. One of the experts advanced this proposal for mass CV in the COSSI working paper published in November 2020[8] (see below).

2. 11 May 2020: The Chief Scientist (see above) convened scientists to report on, '***The most promising vaccines for COVID-19'***. This cautioned the Minister for Health and Chief Medical Officer that genetic mRNA vaccines in development had **never been licenced for human use previously**[9]. mRNA COVID-19 vaccines (CVs) are 'gene therapy', as 'transfection' of synthetic mRNA into human cells with the intention of **altering** cells to manufacture 'spike protein' occurs. Further, mRNA vaccines are contaminated by the DNA[10,11] of genetic templates used in the manufacturing process; this risks reactogenicity, genome alteration and oncogenesis[12]. This report [redacted] stated, *'The host cell machinery at **the physical site of injection** then synthesises the spike protein and an immune response may ensue.'* [redacted] Molecules injected into muscle are distributed throughout the body because of diffusion, vascular and lymphatic spread. CVs are distributed throughout the body and have been found in human breastmilk[15]. The false narrative that CVs are akin to 'traditional vaccines' and 'stay at injection site' enabled avoidance of safety evaluations of genotoxicity, distribution and degradation[16].

3. August 2020: Department of Health & Aged Care published, ***'Australia's covid-19 vaccine and treatment strategy'***[17], which, *"supports … **safe and effective** COVID-19 vaccines and treatments, as soon as they become available…"*

4. November 2020:

4.1: ***Australian covid-19 vaccination policy'*** detailed roll-out of CVs, including mRNA-based vaccines. I contend the strategy anchoring vaccination to 'exit the pandemic' and 'get back to normal' was injudicious and harmful. It was known intramuscular vaccination against respiratory viruses was unlikely to prevent transmission[18]. The policy was underpinned by **a false assumption** new gene-based vaccines **would be** safe, based on false equivalence with traditional vaccines. This document[19] stated mRNA CVs required approval and licencing by the Office of the Gene Technology Regulator, under the Gene Technology Act 2001. However, **the OGTR never assessed Pfizer or Moderna mRNA vaccines.**

4.2: Australian Government[20] and AMA[21] stated CV **would not be mandatory**. However, **experts with prominent government advisory roles** referenced the '*necessity*' and '*salience*' of enforcing restrictive exemptions and the value of 'vaccine mandates'[22]. Conspicuously, Government and AMA later reversed their stance on mandatory vaccination.

4.3: Collaboration on Social Science and Immunisation (COSSI), part of National Centre for Immunisation Research and Surveillance (NCIRS) provided detailed directions to Government in, ***A COVID-19 vaccination strategy to support uptake amongst Australians: Working paper'***[23]. The paper does not disclose funding or conflicts of interest. Further, [redacted] ***"peak medical bodies and Colleges"*** to, ***"Bolster provider confidence in vaccine safety and effectiveness for themselves and patients through sources above. Incentives."***[24]. COSSI authors recognised that for CV to become mandatory, *"Establishing community trust and confidence is essential."*[25] Coercion as a 'lever' was planned by policy makers[26,27,28,29,30,31]. COSSI recommended framing messaging to, ***".. draw on the emotional consequences of vaccination, anticipated regret, and the salience of consequences."*** One author briefed intelligence agents on alleged *'psychological and moral characteristics'*[32] of those declining vaccination, which likely contributed to ASIO warning 'anti-vaxxers' posed a potential national security threat[33]. [redacted] Government, urged by [redacted] adopted deployment of harmful 'consequences' for those who lawfully declined CV. This contravenes professional medical conduct[34], Human Rights and the law[35]. The unethical use of psychological and behavioural science ('nudges') to persuade ill-informed Australians to CV egregiously undermines voluntary informed consent. The 'perceived threat risk' of COVID-19 was deliberately employed to cause fear in health professionals and the public to promote compliance with government policy.

5. 17 January 2021: 30 elderiy people reported to have died following Pfizer vaccination side-effects in Norway[36]. Given this tragedy, it is ironic that the rationale for pandemic response and mandatory vaccination in Australia was 'to protect the vulnerable'.

6. 19 January 2021: TGA 'Advisory Committee on Vaccines' provisionally approved Pfizer Comirnaty for, *"immunisation to **prevent** coronavirus disease 2019 (COVID-19) caused by SARS-CoV-2"* [37] **despite** the above deaths. The approval noted the following: -the first mRNA vaccine to be used in humans in Australia; -safety follow up was limited to two months post Dose 2, with unknown long term safety data; -efficacy against asymptomatic infection and viral transmission not known; -the duration of immune response and vaccine protection not known; -the risk of vaccine-associated enhanced disease (VAED) unknown; -lack of data in elderly, pregnant women, breastfeeding, immunocompromise, autoimmune, patients with co-morbidities; -concern regarding presence of truncated mRNA and residual DNA. Provisional approval of mRNA vaccine occurred despite no evaluation by OGTR.

7. 22 February 2021: CV roll-out began on the advice of ATAGI; [redacted]
The 'vaccine' roll-out could only succeed, as recognised in the 'Roadmap' and 'COSSI' papers, by enlisting the 'trusted' medical profession, required to build CV public confidence. This is exemplified by the Australian Health Practitioner Regulatory Agency (AHPRA) role ensuring the pandemic strategy succeeded.

8. 9 March 2021:

8.1: Politicisation and dictation of medical practice by government occurred when the regulatory body, AHPRA, notified health practitioners[39] of the ***'expectation'*** all receive CV. The 'code of conduct' requirement, *"to be immunised against communicable diseases"* was used to threaten 'professional misconduct' sanctions for non-compliance. AHPRA breached its legal authority, as it is not accredited to provide medical advice. It wrongfully coerced practitioners into delivering an experimental therapy for which clinical experience and safety data was essentially absent in typical clinical populations in Australia. CV of doctors was a 'declarative norm', boosting confidence and uptake of CV by the general population.

8.2: The AHPRA joint position statement[40] obliged practitioners under threat of disciplinary sanction, to adopt **an active position of promoting CV to all patients.** It stated practitioners had a *"vital role in COVID-19 vaccination programs and in educating the public about the importance and safety of COVID-19 vaccines to ensure high participation rates",* and *"Any promotion of anti-vaccination statements or health advice which contradicts the best available scientific evidence or seeks to actively undermine the national immunisation campaign (including via social media) is not supported by National Boards and may be in breach of the codes of conduct and subject to investigation and possible regulatory action".* I contend that rather than championing best medical practice to protect the public, AHPRA obliged unprofessional medical practice. This has brought professional disrepute, contributed to health harms and loss of trust in the medical profession. Professional norms that conventionally benchmark good medical practice can only develop with mainstream medical experience. On 9 March 2021, essentially **no medical practitioner in Australia had experience with a gene-based vaccine, nor had received CV.** AHPRA preferenced government policy over good medical practice. AHPRA prevented unencumbered evolution of medical knowledge and norms around **CVs safety, efficacy, necessity and adverse event profile.** Doctors had to choose between their careers or patients' best interest; many were 1) silenced; or 2) forced out of practice due to AHPRA's deployment of disciplinary action and indefinite suspensions, itself exerting a powerful impact and ensured practitioner compliance; or 3) made unemployed by vaccine mandates; or 4) left the profession. Further, AHPRA coerced doctors into breaking their 'code of conduct' regarding informed consent– thereby exposing doctors to legal sanction. AHPRA misled the public about 'conscientious objection' to CV as this was not available.

9. June 2021: Operation COVID Shield launched; and **03 August 2021** it launched the ***'National COVID Vaccine Campaign Plan'***[41]**.** This military operation was tasked to ensure maximal CV uptake. The mission's *'Centre of Gravity'* or *'key principle governing decision-making'* was to ensure **maintenance of 'positive sentiment' towards CV.** This included 1) influencing the public and 2) rapidly suppressing adverse vaccine sentiment, such as vaccine adverse event reports.

10. July 2021: TGA released, *"Statement for healthcare professionals: How COVID-19 vaccines are **regulated for safety** and effectiveness'*, a disingenuous document that implied prevention of infection and transmission; a narrative used to justify vaccine mandates: *"Apart from information on the types of immune responses induced by the vaccine, companies must submit data … to demonstrate that the vaccine prevents COVID-19".*[42,43]

11. 30 August 2021: ***'AMA calls for mandatory vaccination across entire health care system'***, stated: *"With billions of doses administered worldwide, we now have extensive data on the vaccines in use in Australia. They **are incredibly safe and very effective at preventing infection**, severe illness and hospitalisation. People have nothing to fear from vaccination and everything to fear from COVID-19,"* [redacted] This was despite multiple, and increasing, reports of breakthrough COVID-19 infections in fully vaccinated patients from early 2021[45].

12. September 2021: Royal Australian College of General Practitioners position statement, *Mandatory COVID-19 vaccination for healthcare workers, including GPs*[46], *"considers that vaccination of healthcare workers supports the **medical profession's duty of care and builds vaccine confidence in the community."* This, and above, support the thesis that the [redacted] eventuated - politicised medicine influenced practice via [redacted]

COVID-19 Vaccine Exemptions & Mandates:
Authorities evidently planned CV using false narrative, unethical coercion of practitioners and the broader population, and clinically inappropriate tightly restrictive exemption processes. Government tracked doctors providing exemptions, and manipulated medical practice by threats, e.g.: *"The issuing of a false or inappropriate medical exemption in contradiction to the current ATAGI advice could have serious ramifications for your health care provider. Your provider could face medical sanctions, civil penalties or even criminal prosecution. … those found issuing or using such items may face civil or criminal legal proceedings. The Australian Government, in collaboration with states and territories, is actively monitoring the data for COVID-19 medical exemptions."* [47]
The Chief Medical Officer chairs the AHPCC which was influential in driving CV mandates. Vaccine mandates caused unmeasured harm, discrimination and suffering, and is beyond the scope of this submission, which provides focus on the untoward influence of authorities on good medical practice.

COVID-19 Vaccine Adverse Events & Deaths:
Unprecedented numbers of adverse events and deaths were reported compared to traditional vaccines. Government pressured social media to remove adverse events reports and 'vaccine hesitancy' content. Sentinel 'red-flags' were not acted on to pause or cease the roll-out. Menstrual adverse events, reported from early 2021, were refuted by TGA [48], only admitting this risk in February 2023[49]. The TGA determined only 14 of 1004 reported deaths were caused by CV[50]. Given determining cause of death is complex, time consuming, highly skilled and costly (and the TGA is a regulator, not tasked with determining cause of death), I hold that urgent, independent review of the risk of death and injury following CV requires urgent attention. TGA adjudication of serious adverse events and deaths is inappropriate, as it is majority funded by the pharmaceutical industry.

Conflicts of interest:
Many advocates of CV as the 'pandemic solution' had conflicts of interest. [redacted] The AMA, [redacted] (now removed from internet), and thus able to influence their memberships and government. The Hon. Greg Hunt MP, Minister for Health wrote to [redacted] stating, *"I am pleased that the Immunisation Coalition works collaboratively with like-minded organisations, including Primary Health Networks and other groups that fight vaccine hesitancy. Ensuring everyone in Australia have access to safe and effective COVID-19 vaccinations has been a top priority for the Australian Government this year and I hope that the Immunisation Coalition will continue to provide support including immunisation education to the Australian community."*[54] Professional medical practice abhors conflicts of interest, which influence clinical recommendations and decision-making counter to patient interest.[55]

Summary

A plan to end the pandemic by **compulsory vaccination** (devised in early 2020; crystalized in 2021), achieved largely by intimidation of doctors, transpired. The goal of achieving positive sentiment towards CV was successful, as failure was countered by coercion, restrictive exemptions, and mandatory vaccination; or harsh punishment for non-compliance. The safety of a new biological medicine can only be known with use, unfettered medical practice, adequate time and independent analysis. An illusion of the magnitude of CV safety and efficacy, combined with suppression of free medical practice (in which normal checks and balances were prohibited) created a toxic 'health climate'; this in turn suppressed adverse event disclosure such that true CV safety / injury / death data was not collected. It is disturbing that authorities planned and adopted a mandatory vaccination policy **prior to vaccine coming to market,** and with full knowledge a gene-based vaccine had not previously been licensed. It is impossible to predict or expect safety for **an unknown medication**. Genetic medications are unchartered human territory at societal level. It is egregious that doctors now face moral injury and medico-legal repercussions from their coerced role in politicised medicine. That CV was coerced and planned to be mandated on society prior to vaccine availability, on false narrative, with inadequate monitoring of adverse events is nigh incomprehensible, and a scar that may never heal.

I request the Inquiry consider the following questions:

1) Why did the government allow mandatory vaccination given evolution of the pandemic into late 2021 revealed a) delta and omicron variants less pathogenic, b) vaccination did not prevent virus transmission, and c) serious adverse events and deaths following vaccination?
2) Why were vaccine adverse event 'red flags' permitted without warning, pause or cessation of COVID-19 vaccination?
3) Who recommended and authorised the AHPRA position statement? How will the role of AHPRA in adversely influencing good medical practice be investigated and acted upon?
4) How will Government evaluate and remedy harms caused by vaccine injury, vaccine bereavement and mandated vaccination?
5) How will Government evaluate harms caused by discrimination against the unvaccinated, including mental health harm?
6) Why were psychiatrists prohibited from issuing exemptions and why was 'mental illness' specifically prohibited as an exemption?
7) How will Government evaluate conflicts of interest influencing the pandemic response and vaccine roll-out?
8) How will trust in the medical profession be restored?

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