

My name is [REDACTED] and I am a [REDACTED] with a [REDACTED] private practice. I was mandated by the WA state government to be triple vaccinated. After my third booster, I was hospitalised and diagnosed with Transverse Myelitis, a single lesion at C5/6 which has caused numbness and pain from my neck down. I was [REDACTED] years old at the time. I have not recovered, and I am ineligible for any compensation as my booster was Spikevax/Moderna. Only AstraZeneca injuries causing transverse Myelitis are recognised by the Government Compensation Scheme. I have not been able to work since my injury and I am living off savings. I was my family's main income earner.

I welcome the opportunity to make a submission to the Department of Prime Minister and Cabinet regarding the Commonwealth Government's COVID-19 Response Inquiry. Since my injury, I have read widely the current literature regarding the COVID-19 vaccines and their safety and effectiveness.

My submission will focus on the following areas:

- The number of COVID-19 vaccine injuries and deaths in Australia
- The safety warnings of the COVID-19 vaccines were ignored
- The lack of assistance for the legitimately vaccine injured

The number of COVID-19 vaccine injuries and deaths in Australia

Between Dec 2020 and Nov 28, 2023, there were 139,589 adverse reactions listed on the TGA DAEN from the COVID-19 vaccinations. This includes 5,863 children injured and 1,005 vaccine injury deaths. Refer to the TGA DAEN website as evidence [1].

Whilst many of these reported are temporary, there are a lot of serious injuries that result in permanent disability and ongoing pain and suffering. Transverse Myelitis (TM) is one of these. As of Nov 28, 2023, it has been reported 44 times, with 9 further reports of 'Myelitis'. That is 53 Australians with a brain or spinal lesion following the COVID-19 vaccines. 26 cases are reported by AstraZeneca, 4 from Spikevax/Moderna and, 26 Comirnaty/Pfizer. The discrepancy in cases per vaccine type is due to the listing of multiple vaccines taken. 24 Australians are therefore eligible for compensation. This leaves, at least, 29 Australians with no means of compensation for a life changing injury [1]. The underreporting of serious adverse events is well documented.

TM is one of the most common CNS demyelination injury following COVID-19 vaccination by mRNA [2]. Despite this, it remains unrecognised by the COVID-19 vaccine claims scheme [3].

The safety warnings of the COVID-19 vaccines were ignored

The European Medicines Agency (EMA) had reports of adverse events in the beginning of 2021 which is before the TGA gave 'provisional approval' of the vaccine rollout in Australia. There is a public assessment report for AstraZeneca, Comirnaty and Spikevax that show serious safety concerns. This includes interactions with other vaccines and long-term safety concerns. There is missing information and concerns with immunocompromised patients including those with autoimmune or inflammatory disorders [4,5,6].

The ongoing narrative that the COVID-19 vaccines are safe and effective is unjustified by the medical evidence. The experimental mRNA COVID-19 vaccine does not stay at the injection site and the lipid concentration was only recorded for 48 hours. The lipid nanoparticles (LNP) are able to cross all biological barriers including the blood brain barrier [7]. Studies have shown that spike protein can remain in circulation at least 2 months [8] and 4 months after injection [9].

The mRNA COVID-19 vaccines were not designed to stop transmission, nor infection and their effectiveness in reducing severity of the COVID-19 virus has not been proven.

A study showed more than a third of SARS-CoV-2 proteins having the potential to cause 'rare' immune conditions such as thrombocytopenia and Guillain-Barre Syndrome [10]. Transverse Myelitis is considered an autoimmune response affecting the central nervous system. Moderna mRNA COVID-19 vaccines were associated with a 15.1 per 10,000 or 1 in 662 vaccinated which far exceeds that harm-benefit ratio [11].

The alteration of the process of manufacturing the mRNA vaccines from reverse transcription PCR (polymerase chain reaction) in order to manufacture the mRNA strand encoding spike protein to plasmid DNA (utilising fragments of the E.coli bacteria) which also produces potentially harmful endotoxins. The initial Clinical trials for both Pfizer and Moderna utilised the first process of manufacturing and therefore no clinical trials have been published for the later process. Endotoxins as a cause of autoimmune diseases after vaccination is continued to be reviewed. The differential rates of adverse events and the lack of specific testing by the TGA for the later process is concerning [12].

The lack of assistance for the legitimately vaccine injured

The boasting by the Federal Health Department of the low number of claims made to the Government Compensation Vaccine Injury Scheme is a slap in the face to those you have suffered a serious adverse injury but are ineligible due to the very narrow list of 'recognised' injuries. The advice from multiple lawyers to myself is to not claim as the claim will be immediately rejected. It may also limit any future claims if the criteria of 'recognised' injuries is expanded.

The current \$6-7,000 cap on 'pain and suffering' for a lifetime of severe pain is an embarrassment. The 'lost earnings' payouts are also reportedly being ignored in the current compensation amounts being offered. Currently, the injured are needing to utilise lawyers to receive a better offer and this goes directly against the Department of Health's claim that the scheme is simple "We have done this to provide a simple, streamlined process to compensate eligible people, without the need for complex legal proceedings." [13]

The censorship of the vaccine injured being able to discuss their injuries is obvious. We are being silenced and ignored.

Suggestions for helping the Vaccine injured now and in the future

- Acknowledge the international and emerging research on COVID-19 vaccine injuries

- Urgent overhaul of the COVID-19 vaccine claims scheme to:
 1. Allow for claims against **all injuries** caused by the COVID-19 vaccines.
 2. Readjust the lost income test to adequately account for financial losses suffered by non-salaried workers (e.g. business owners who may not be able to demonstrate lost income). This needs to also include loss of future earnings for those unable to return to full time work.
- Instruct doctors to fully comply with the reporting of all Adverse Events Following Immunisation (AEFI), regardless of whether they are 100% certain the conditions are connected to the vaccine.
- Conduct an independent inquiry into vaccine approvals and pharmacovigilance processes of the responsible government agencies, regarding the minimisation of, and disinterest in, serious adverse reactions.
- Conduct an independent inquiry into potential collusion between government officials and media actors (including social media companies). Issues to assess include suppression of reasonable, scientific medical opinions and censorship of now-proven scientific facts about possible adverse vaccine outcomes that ran counter to the prevailing public health messaging strategies.
- Conduct an independent inquiry into health profession regulators, who bullied and censored doctors who were attempting to raise concerns about vaccine safety and patient risk.

Regards

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[1] <https://daen.tga.gov.au/medicines-search/>

[2] Ismail, Ismail Ibrahim et al. A systematic review of cases of CNS demyelination following COVID-19 vaccination Journal of Neuroimmunology, ISSN: 0165-5728, Vol: 362, Page: 577765
<https://doi.org/10.1016/j.jneuroim.2021.577765>

[3] <https://www.servicesaustralia.gov.au/who-can-get-support-under-covid-19-vaccine-claims-scheme?context=55953#whichconditions>

[4] https://www.ema.europa.eu/en/documents/assessment-report/comirnaty-epar-public-assessment-report_en.pdf
 Pages 103-110.

[5] https://www.ema.europa.eu/en/documents/assessment-report/spikevax-previously-covid-19-vaccine-moderna-epar-public-assessment-report_en.pdf

Pages 112-119.

[6] https://www.ema.europa.eu/en/documents/assessment-report/vaxzevria-previously-covid-19-vaccine-astrazeneca-epar-public-assessment-report_en.pdf

Pages 142-154.

[7] Turni, C., Lefringhausen, A. (2022) COVID-19 vaccines – An Australian Review. *Journal of Clinical & Experimental Immunology*. 7(3):491-508.

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[10] Lyons-Weiler, J. (2020) Pathogenic priming likely contributes to serious and critical illness and mortality in COVID-19 via autoimmunity. *Journal of Translational Autoimmunity*, 3, 100051.

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[12] Geoff N. Pain. The role and dangers of endotoxin in mRNA injections. *Too Many Dead – An Inquiry into Australia’s Excess Mortality*. Red Union publishing (2023). ISBN 978-0-646-88551-3

[13] <https://www.health.gov.au/our-work/covid-19-vaccine-claims-scheme#about-the-scheme>