

Submission and evidence to the COVID-19 response inquiry

Being a clinical nurse/midwife/educator and having worked in the health sector since 1988, I worked for a community health organisation in WA as a staff development nurse from 4/1/2021. A Workforce Vaccination Program – Let's get protected, was implemented in March 2021. In April 2021, as news of the serious side effects of the m-RNA and DNA COVID-19 injections erupted, a memo sent 13/4/2021 states 'Silver Chain Group has no involvement in the rollout of COVID-19 vaccinations for our staff and clients', stating 'The rollout of the COVID-19 vaccination program is managed by the Commonwealth government, along with the governments of all states and territories.'

We received regular memos to encourage staff to get 'vaccinated', which felt like coercion. Then came the day the organisation made it mandatory for staff to be 'vaccinated' against COVID-19 by 1st November 2021. As I was not, ██████████ asked me to work from home until the state of emergency and the need to be 'vaccinated' would end, as we facilitated many education sessions for new, rural and remote staff online. Many online education resources and PowerPoint Presentations needed reviewing and updating; hence I was not short of work by any means and worked to the full satisfaction of ██████████

8th December 2021 all staff received a memo stating that 88% of staff was 'vaccinated'. This was 5.5 weeks after the mandates commenced and staff had not been able to access the premises nor visit clients unless they were 'vaccinated'. In January, the 12% 'unvaccinated' staff (approximately 540) was terminated, including me. In February, another 267 staff are said to have their contracts terminated for declining the booster. This community health organisation therefor terminated 18% of their workforce with many staff having left prior (and since due to excess work pressure).

One week later, people 'unvaccinated' against Covid-19 were excluded from society. They were treated as if they had an infectious/contagious disease and were prohibited from:

- entering (public-funded!) venues such as museums and zoos, sport events (both inside and outside)
- going to the cinema or the gym, attending a festival
- studying at university, TAFE (both receiving public funding!) or other tertiary education
- traveling interstate and overseas to visit family/friends,
- work in a paid or unpaid job (volunteer)
- entering hospitals and nursing homes to visit loved ones, their own children or be present at the birth or their partner
- being seen by their GP's (certain GP's refused to see clients, even those needing emergency care)
- giving birth at certain (private) hospitals
- entering school premises or play centres
- visiting pubs, cafes, restaurants
- buying alcohol, even drive through or at supermarkets who sell liquor (eg Aldi)

A number of questions I have:

1. How can a medicine, which is still in the trial phase, be made mandatory? Surely we have a right to bodily autonomy, even during a state of emergency, without being penalised by losing our job and being excluded from society?
2. Why was the only exemption anaphylaxis, whereas many people, including myself, have other medical risk-factors which place them at high risk of a serious adverse event?
3. Why was a 'vaccine', which did not prevent transmission nor disease, approved for use? And why was it allowed to be called a vaccine, which sole purpose is to prevent transmission and disease?
4. Why was discrimination against people's personal faith and medical status allowed?

5. Why was freedom of speech discouraged when expressing concerns about the 'vaccine'? And why was social and main stream media heavily censored?
6. Why were health professionals prevented by AHPRA to provide clients with honest and transparent information about the vaccines, resulting in the client not being able to give informed consent?
7. Why was independent research and even Pfizer's own test results not included in the decision to approve the new, novel mRNA/DNA COVID-19 'vaccines'? Or reviewed as it became known there were so many serious adverse events, including 9 children's deaths confirmed by the TGA as a direct result of the COVID-19 'vaccine'? Any other drug would have immediately been taken off the market.
8. Why did a professor and internationally renowned and awarded vaccine specialist [REDACTED] [REDACTED] not receive approval to use his vaccine, which was successfully used overseas and whose technique had been tried and tested for many years, by the TGA?
9. Why is the TGA fully funded by the pharmaceutical industry? It is clearly a massive conflict of interest and prone to corruption.
10. Why was it recommended to pregnant women, when Pfizer's own test results showed that of the 270 pregnant women, 238 (>88%) outcomes were unknown(?!), 1 birth was normal, 5 still pending and the rest had a miscarriage, stillbirth or neonatal death².
11. Why were surgical masks mandated, when the research clearly indicated that they are ineffective for an airborne disease and unsafe as it causes hypoxia due to inhaling expired air and fibres?
12. How come the Commonwealth (Federal) Government has ceased the mandates, but the AEC still mandated the COVID-19 'vaccines'?
13. How is it possible that, when the State Government has ceased the mandates, many public and private organisations are still mandating COVID-19 'vaccines'?
14. Why has Australia not followed other countries in banning m-RNA/DNA based vaccines due to the excessive deaths side effects, such as Switzerland?
15. Why are the excess deaths in Australia not investigated?

The mandates and exclusion of society have resulted in:

- Skills shortage, as many experienced and skilled staff declined
- Shortage of volunteers, including ambulance, fire and emergency services
- Segregation in society, due to the 'unvaccinated' being treated as having a contagious disease
- Fear amongst the 'vaccinated'
- Loss of relationships
- Loss of physical, mental, social and spiritual health
- Financial hardship
- Loss of trust in the government and government-funded organisations, including mainstream media
- Increased pressure on hospitals and health centres due to excessive increase in health issues
- Excessive long-term damage to the social structure

How to address the problems:

- Learn from the DES (diethylstilboestrol)¹, Thalidomide and COVID-19 'vaccines' sagas, where the serious side effects were known before they were approved by authorities (with DES the increased risk of miscarriage and cancer was known and the Pfizer test results (on

which emergency approval was based) showed a 50% increase in deaths in the vaccinated test subjects as opposed to the control/placebo group. The list of serious side effects in their post-marketing test results report released 30/4/2021 is endless²). To not rely on pharmaceutical industry funded and provided test results and information, but on independent research.

- Immediately take the m-RNA and DNA vaccines off the market before more people and children die or are seriously affected.
- TGA needs to be an independent and impartial authority and clearly needs to be overhauled. It cannot be funded (directly or indirectly) by the pharmaceutical industry (conflict of interest).
- AHPRA needs an overhaul and should not be allowed to dictate health professionals to not disclose (serious) side effects of any treatment, thereby depriving the client of being able to give informed consent.
- AHPRA should not have the power to penalise health professionals who gave honest and evidence-based information to their clients. Whoever gave this order, needs to be criminally charged.
- Any executive/MP/person in authority involved in this needs to be held personally responsible and charged (civil court) with the crimes they have committed.
- Cease medical discrimination against 'unvaccinated'.
- Cease suppression of freedom of speech, including ceasing censorship.
- Next pandemic, just let it happen without restrictions. Our natural immune system is beautifully made to deal with infections, until you start interfering. Like introducing the cane toad or foxes to fight the rabbits in Australia. Both have had enormous negative side effects.
- Encourage instead good hand hygiene measures, staying at home when unwell, etc.
- Give information and support for people to boost their own immune system, as other countries successfully have done.

References/Evidence

1. Pilar Zamore-León (2021) Are the Effects of DES Over? A Tragic Lesson from the Past, National Library of Medicine, accessed 4/12/2023
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8507770/>
2. Pfizer (2021) 5.3.6 Cumulative analysis of post-authorisation adverse event reports of PF-07302048 (BNT168B2) received through 28-FEB-2021, Worldwide Safety
3. Covid vaccine injuries (2022) Compilation: Peer reviewed medical papers of Covid vaccine injuries. More than 1,000 peer-reviewed articles on Covid vaccine injuries. Accessed 6/12/2023 <https://community.covidvaccineinjuries.com/compilation-peer-reviewed-medical-papers-of-covid-vaccine-injuries/#comments>
4. Conny Turni and Astrid Lefringhausen ((2022) COVID-19 vaccines – An Australian Review, Journal of Clinical & Experimental Immunology, accessed 6/12/2023
<https://www.opastpublishers.com/open-access-articles/covid19-vaccinesan-australian-review.pdf>
5. Many more, but I would go over the page limit. Please contact us if you would more information/evidence-based research.