

To whom it may concern,

I am requesting a royal commission following the handling of the government's response to the Covid-19 outbreak.

There was so much secrecy and unknown about Covid 19 and how it originated, and the people of Australia were kept in the dark.

*To date, only a few vaccine contracts have been published. Of those that are publicly available, many are heavily redacted. A report by Transparencia Mexicana analysing 39 contracts from 15 countries and the European Union (EU) with different pharmaceutical companies in December 2021 showed that more than half (59 per cent) of the obtained contracts did not even contain basic information on the entire contract value or the unitary price paid for the vaccine. A further 15 per cent only gave partial information with which calculations could be done manually. Almost three in four (74 per cent) gave no information on delivery schedules. In most cases, redactions were justified with blanket explanations, such as protecting national security interests, or commercial and intellectual property interests of the manufacturers. They did not explicitly indicate the reason for each redaction.*

*Obtaining information on contract details has been dependent on investigative journalism and whistleblowers. With FOIRs often not succeeding, a lot of the contract terms and conditions that have become public were either leaked or published by investigative journalists. This avenue is dependent on whistleblower protection in a country and cannot be seen as a functioning strategy to surface government information, which should be publicly available.*

When a medical intervention needed for fighting a health emergency is in higher demand than supply, regionally or globally, there is an increased and critical need for transparent and open procurement. The vaccine inequity experienced in the COVID-19 pandemic has revealed the need for contract transparency when it comes to urgently needed public goods in health emergencies. To ensure that access to medical interventions is more equitable in future health emergencies, the Global Accord on Pandemic Preparedness and Response which is currently being drafted by World Health Assembly member states should stipulate the following:

- a. Contracts of purchases of medical interventions should be released in full and at maximum 90 days after conclusion of the contract. Emergency procurement legislation should incorporate this guideline and be accordingly reviewed where necessary.
- b. The released contracts should be transparent on key contractual terms and conditions, including the total price paid and the price per unit or dose of the product, clauses on liability and indemnification, procured quantity, delivery agreements and provisions on what happens in case of cancellation of the agreement of either party.
- c. Redactions should only occur if they can be justified on the grounds of public interest. Should this be the case, the decision-making process that led to the redaction needs to be clarified for each redacted part of the contract respectively. No blanket explanations, such as the protection of national security interests or commercial interests, should be given.
- d. Contractual information needs to be published in an open data format so that it is easily accessible to the public. This means publication on a public server and without restrictions such as a password or firewall. Open data is essential to reduce the risk of market distortions in medicines pricing and ensure that the public can scrutinise the contracts.

Make disclosure of purchasing contracts conditional upon the provision of large volumes of 'push-funding' for research and development of medical interventions. APAs and 'push'-funding were vital to the R&D process of the COVID-19 vaccine. However, governments have been scrutinised for not having mandated greater transparency already in this early stage of the vaccine cycle, despite the use of public money and agreeing to take on the developmental risks. During health emergencies, I suggest that full publication of contracts is mandated by government in their push-funding agreements.

**Strengthen whistleblower protection as part of pandemic preparedness. Whistleblowing has played a large part in the COVID-19 pandemic in making contract information publicly available. This would have not been possible without strong whistleblower protection and whistle-blowing mechanisms, which should be included in pandemic preparedness and response planning.**

[https://ti-health.org/wp-content/uploads/2022/12/TI-UK Vaccine Procurement Policy Brief v0.5.pdf](https://ti-health.org/wp-content/uploads/2022/12/TI-UK_Vaccine_Procurement_Policy_Brief_v0.5.pdf)

Mandating the vaccines cost thousands of hard-working Australians their jobs. I have a family history of severe reactions to different vaccines. My sister developed Guillain-Barrel syndrome after receiving the swine-flu vaccine in 2009, Guillain-Barrel syndrome is a known side effect of the Covid-19 vaccine and even with this information I was still denied a vaccine exemption. I was also 6 months pregnant when the vaccine was mandated for school staff. There was no data whatsoever to prove that the vaccine was 'safe and effective' for pregnant women, and I was still denied an exemption. My midwife and my doctor agreed that I should be granted an exemption, but it was still denied? Mandating a vaccine that people knew very little about goes against people's rights. Mandating the experimental vaccine went completely against the Nuremberg code and **people were forced into it.**

*The voluntary consent of the human subject is essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision.*

[https://en.wikipedia.org/wiki/Nuremberg\\_Code](https://en.wikipedia.org/wiki/Nuremberg_Code)

Due to my state of distress over the possibility of losing my job and my maternity leave at the time of been forced into my vaccine appointment, my doctor refused to provide me with the vaccine. At another appointment, I was so distressed my doctor sent me straight to the emergency department as my unborn child's health was at risk. I could not consent to the vaccine and therefore I was stood down from my job. Luckily for me I got Covid-19 and even though I didn't have the 'life-saving' vaccine I was completely fine. In fact, my symptoms were slighter than anyone I know who had the vaccine. My midwife and her husband had both just had their boosters and she was amazed how I with no immunisation shot only suffered a thundering headache for a couple of hours and she and her husband had to take weeks off work due to their illness after their booster shots.

Testing positive to the virus allowed me to gain a 3-month exemption which got me back to work. At the school where I worked, I was treated like a leper. I had to take an antigen test every second day and even though I tested negative on every occasion, I was not allowed into the staff room. Every day I had to eat my lunch by myself in a room that never gets used. Not only that but I was assigned my own toilet cubicle! It disgusts me when I look back on how people treated me just because I didn't get a vaccination that for me and my unborn child was extremely risky.

The working people of Australia were forced into getting a vaccine that they knew nothing about. There has been an increased rate of excess deaths that has us all wondering about the vaccine and its long-term effects.

Guillain Barré Syndrome (GBS), Myocarditis and Pericarditis Thrombosis with Thrombocytopenia Syndrome (TTS) are just some of the serious side effects of the vaccine. There has been a number of vaccine injuries but pharmaceutical companies were exempt from responsibility.

Lockdowns caused more harm than good. People suffered from domestic violence, alcoholism, drug abuse, depression and anxiety. The loss of small business was catastrophic.

*In the four years between June 2019 and June 2023, 35 per cent of all Australian businesses closed their doors for good.*

[https://www.abc.net.au/news/2023-08-30/business-failure-rate-worsens-calls-for-government-action/102788742?utm\\_campaign=abc\\_news\\_web&utm\\_content=link&utm\\_medium=content\\_shared&utm\\_source=abc\\_news\\_web](https://www.abc.net.au/news/2023-08-30/business-failure-rate-worsens-calls-for-government-action/102788742?utm_campaign=abc_news_web&utm_content=link&utm_medium=content_shared&utm_source=abc_news_web)

The transport, postal and warehousing industry was the most vulnerable, with 64.4 per cent of businesses that opened in 2019 no longer in existence by June 2023.

*Australia's lockdown measures led to widespread job and income loss. Between March and July 2020, Australian unemployment increased from 5.2% to 7.5% (a 20-year high) and underemployment from 8.8% to 11.7%. Research examining the impacts of the COVID-19 pandemic and public health restrictions suggests mental health difficulties amongst parents and children have increased. For example, a national survey of Australian households (the National Child Health Poll) in June 2020 found almost half of parents (48%) reported that the pandemic had negatively impacted their mental health, and this was more likely amongst those who had experienced financial impacts.*

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8437268/#:~:text=Australia's%20lockdown%20measures%20led%20to,to%2011.7%25%20%5B14%5D>.

Health ministers and premiers need to be held accountable for border closures, lockdowns and mandates. There needs to be a royal commission into the handling of the Covid-19 pandemic.

Regards,

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