

INTRODUCTION

Thank you for the opportunity to make a submission to the **COVID-19 Response Inquiry**. My name is [REDACTED] and I reside on the [REDACTED] of NSW.

I appreciate the opportunity to make a submission to our federal government, although the 'pandemic' response was effectively given over to the states and territories. It was they who controlled state borders, and issued vaccine and mask mandates, travel restrictions, aged care visiting restrictions, and lockdowns. There are so many Australians whose lives will be forever impacted by our 'pandemic' response. From those who were not allowed to see beloved relatives in aged care due to 'lockdowns' (myself included), to those who missed schooling, could not say goodbye to loved ones, lost friends, and jobs due to 'vaccine' mandates. Not to forget those who were injured or died after the 'vaccine', to those who continue to have health issues, and many who still suffer severe and ongoing mental health issues due to lockdowns and restrictions. This was a HUGE event that impacted the well-being, freedom, and confidence of the entire nation. I trust your inquiry will place a microscope on our response so we can critically examine our actions and be better equipped and prepared for the future.

DISCUSSION

Governance including the role of the Commonwealth Government, responsibilities of state and territory governments, national governance mechanisms (such as National Cabinet, the National Coordination Mechanism and the Australian Health Protection Principal Committee) and advisory bodies supporting responses to COVID-19.

My first point refers to the **vaccine mandates** placed on many industries, organisations, and institutions, including [REDACTED] to be 'double vaccinated' to remain employed. I have worked as a [REDACTED] teacher since [REDACTED] and work in online education. I had no contact with students or fellow staff at the time of the 'pandemic' but was still required to be 'vaccinated' as per [REDACTED] policy, which was informed by the NSW's government response. I would have lost my job and my income if it was not for my (clearly terrified but sympathetic) GP who was able to grant me an exemption following the immunisation exemption guidelines. Not until the mandate was lifted was I able to shop at Kmart or sit down in a café, (let alone feel 'safe' about my job again), but I was still able to visit the liquor shop or gamble on lotto at the newsagency.

I have lost friends who listened to the 'government speak' and decided I was not a kind and thoughtful community member. I took umbrage at this, I feel deeply connected to my local community and although I could get by without going to Kmart, I was extremely hurt that I was not allowed to visit my local library, (where I had donated many items over the years), because I was not 'double vaccinated'. Whilst the vaccinated could eventually gather again in homes or cafes and enjoy coffee by the sea I was exiled to the side of the road to sip my takeaway coffee (ever watchful for passing police patrols) like an outcast. I was terrified that [REDACTED] would not lift their 'vaccine policy' mandate and I would lose my job or be coerced into a vaccination I did not want to preserve my livelihood. I remain today, somehow 'ostracised', 'different' and 'separate' from the crowd, because I made a choice that was against the overwhelming public view at the time. Vaccines, especially ones that have not been adequately assessed as being safe and effective should never be mandated. It should remain the individual's choice to undertake any kind of medical treatment or intervention.

Key health response measures (for example across COVID-19 vaccinations and treatments, key medical supplies such as personal protective equipment, quarantine facilities, and public health messaging).

My [REDACTED] turned [REDACTED] in [REDACTED] of 2021. She was well, fit, and happy. She had [REDACTED] but this had only impacted on her [REDACTED], not her physical health. She had [REDACTED] and [REDACTED]. She had been diagnosed with [REDACTED] six years prior to her death but had no further incidents. The only medication she took was [REDACTED]. [REDACTED] was cared for exceptionally well in a lovely residential Aged Care facility. As her [REDACTED] (and nominated authorised person) I agreed to her having the COVID-19 vaccine, trusting it would keep her safe. I wanted [REDACTED] to have the very best life possible and not be limited or restricted in any way because she had not been vaccinated. I understand her death may not be linked at all to the vaccine, but it greatly concerns me that it might be, (especially given the recent rise in coronary and cerebral related excess deaths). [REDACTED] was very well and had shown no signs of anything adverse leading up to her [REDACTED]. She died of a [REDACTED] [REDACTED] after her first Pfizer COVID-19 injection. Please note this information was also submitted to the [Therapeutic Goods Administration \(TGA\) | Australian Government Department of Health](#) 4/6/2021. They could not establish a direct link to my [REDACTED] death and the 'vaccination' but did note her death as occurring after vaccination in their records.

Please see the article from the British Medical Journal below that cites a 12% increase in the risk of stroke after the 'vaccine'.

[Risk of thrombocytopenia and thromboembolism after covid-19 vaccination and SARS-CoV-2 positive testing: self-controlled case series study | The BMJ](#)

Conclusion Increased risks of haematological and vascular events that led to hospital admission or death were observed for short time intervals after first doses of the ChAdOx1 nCoV-19 and BNT162b2 mRNA vaccines
retrieved on 7/1/2024

Broader health supports for people impacted by COVID-19 and/or lockdowns (for example mental health and suicide prevention supports, and access to screening and other preventive health measures

All over the world there are reports of excess deaths, especially those that are heart or vascular related. I am not a statistician or a medical professional, and I am sure your inquiry will be equipped with the latest research, including Australian based studies. Again, I quote the British Medical Journal below.

From the start of the pandemic through to 29 September this year around 204 700 more deaths from all causes were registered than expected the analysis shows. Of these deaths, 75 600 were in 2020, 56 500 in 2021, 39 400 in 2022, and 33 200 in the first three quarters of 2023, shows the analysis by the Institute and Faculty of Actuaries' continuous mortality investigation (CMI).¹ The latest update covers week 39 of 2023 (the week to 29 September) and the third quarter of 2023, a period that had excess deaths but at a lower level than in the previous five quarters.

[Covid-19: UK death rate is still higher than before pandemic | The BMJ](#) by Adrian O'Dowd. Retrieved 7/1/2023.

This is particularly high in the 50–65-year-old age group. As echoed in a recent study by the Lancet, published on December 1st, 2024.

For middle-aged adults (50–64) in this 13-month period, the relative excess for almost all causes of death examined was higher than that seen for all ages. Deaths involving cardiovascular diseases were 33% higher than expected, while for specific cardiovascular diseases, deaths involving ischaemic heart diseases were 44% higher, cerebrovascular diseases 40% higher and heart failure 39% higher [Excess mortality in England post COVID-19 pandemic: implications for secondary prevention - The Lancet Regional Health – Europe](#) retrieved 7/1/2024

Your own website states:

'In 2022 there were an estimated 18,600 to 20,200 more deaths ('excess deaths') than might have occurred in the absence of the COVID-19 pandemic. More than half of these deaths were from COVID-19, but the greater than expected number of deaths from cancer, dementia, diabetes, and heart disease highlight some of the pressures the pandemic placed on our health and care systems.' [Excess Deaths in Australia: Frequently Asked Questions – Parliament of Australia \(aph.gov.au\)](#) retrieved 7/1/2024

These statistics are alarming and whether they be a direct cause of 'lockdowns', Covid-19 'complications', or the direct impact of a Covid-19 'vaccinations' investigation is needed. Anecdotally, I do not go a week without hearing about someone within my circle who has suffered an unexplained

I am sure the inquiry will receive submissions from those who can provide further direct evidence of 'excess deaths', as well as 'vaccine' injury. These need to be investigated, discussed, and appropriately tabled by your inquiry.

CONCLUSION

I am a concerned and proud Australian citizen who values freedom, peace, and self-expression. My chosen profession and my own personal values are based upon the principles of respect, inclusion, diversity, and equity. I saw precious few of these being exercised during the 'pandemic' or within the government's response. What I witnessed and experienced was a totalitarian administration, where anyone who dared question the 'status quo' or suggested other ways to manage the situation was ostracised, belittled, often publicly humiliated and barred from 'everyday life'. I respect the right of all to have an opinion and to make their own medical choices, these should never be forced upon people. Our choices and decisions should not harm ourselves or others, but this is what has happened during the 'pandemic'. The impact of which continues to be felt today, physiologically, socially, and physically. The inquiry needs to establish how we can better respond to any future challenges or pandemics using a rational, value-based and compassionate approach as cited [1281 - Australian values statement \(homeaffairs.gov.au\)](#) retrieved 7/1/2024 'a 'fair go' for all that embraces: – mutual respect; – tolerance; – compassion for those in need; and – equality of opportunity for all.' I wish you all the very best with your investigation.

Bibliography

British Medical Journal

[Covid-19: UK death rate is still higher than before pandemic | The BMJ](#)

BMJ 2023; 383 doi: <https://doi.org/10.1136/bmj.p2371> (Published 12 October 2023): BMJ 2023;383: p2371, Adrian O'Dowd.

[Risk of thrombocytopenia and thromboembolism after covid-19 vaccination and SARS-CoV-2 positive testing: self-controlled case series study | The BMJ](#)

BMJ 2021; 374 doi: <https://doi.org/10.1136/bmj.n1931> (Published 27 August 2021) BMJ 2021;374: n1931

Julia Hippisley-Cox, Martina Patone, Xue W Mei, Defne Saatci, Sharon Dixon, Kamlesh Khunti, Francesco Zaccardi, Peter Watkinson, Manu Shankar-Hari, James Doidge, David A Harrison, Simon J Griffin, 7,8 Aziz Sheikh, Carol A C Coupland.

Home Affairs Australia

[Immigration and citizenship \(homeaffairs.gov.au\)](#)

The Lancet

[Excess mortality in England post COVID-19 pandemic: implications for secondary prevention - The Lancet Regional Health – Europe](#)

Published December 1st, 2023 <https://doi.org/10.1016/j.lanepe.2023.100802>

Jonathan Pearson-Stuttard, Sarah Caul, Stewart McDonald, Emily Whamond, John N. Newtown.

Parliament of Australia

[Excess Deaths in Australia: Frequently Asked Questions – Parliament of Australia \(aph.gov.au\)](#)