

To:

Committee Secretariat

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https://www.aph.gov.au/Parliamentary_Business/Committees/House/Health_Aged_Care_and_Sport/LongandpeatedCOVID

23rd November 2022.

To The Committee Secretariat of the Inquiry into Long COVID and Repeated COVID Infections.

I make this submission to the Inquiry into Long COVID and Repeated COVID Infections as an unwell individual suffering Post Viral Syndrome (Long Covid) from suffering both the Covid virus and reactions to the Covid vaccines and boosters. I write about my personal Covid situation born out of frustration. I provide anecdotal observations and opinions not expert opinion based on formal data, and I write in good faith to the best of my knowledge. I appreciate the urgency of the roll out of Covid Vaccines and am fundamentally pro-vaccines, and wish to act in a manner to support our health system and wider society.

I was informed of this Inquiry at the end of last week by my Federal MP Zali Steggall, and I phoned the number provided and asked and was given an extension to submit. No one I have spoken to has heard of this Inquiry, suggesting findings may be corrupted.

My current situation is that I remain significantly ill since June 2021, five days post my first AstraZeneca vaccine, with each subsequent vaccine making me sicker, followed by my contracting Covid (whereby I went to hospital) and my now suffering Long Covid.

I contacted my Federal MP Zali Steggall out of utter frustration as I have been unable to find an expert medical virologist who can assist me with the causes of the symptoms I suffer from the vaccines now compounded by Long Covid, how to get expert immunology advice on possible exemptions for future covid vaccines, how to receive antivirals under the age of 70 and advice if these may also cause reactions, and how to manage my medical situation including other non-Covid vaccines going forward.

I feel I cannot risk getting Covid again right now so lead a fairly socially isolated life masking - up everywhere. Unlike so many I do not have financial stress from unemployment, and have support from my wonderful husband. I am focused on regaining my health and believe I am on the road to recovery.

I recently read articles suggesting those who have previously suffered limited types of illnesses such as Post Viral Syndrome (known as Royal Free Disease / Tapanui Flu / Myalgic Encephalomyelitis / Chronic Fatigue Syndrome), plus some other illnesses, even if well at the time of Covid vaccinations, these vaccines, especially the AstraZeneca due its higher level of impurities, can re-trigger those illnesses and in a severe manner.

This appears to be the answer to my situation, as I suffered severe debilitating Post Viral Syndrome in my twenties to forties, and although I was well at the time of my first AstraZeneca Covid vaccine my former Post Viral Symptoms with severe gastrointestinal symptoms returned five days post first vaccine, becoming more severe with each vaccine.

My grievance is it appears knowledge the vaccine may make those who had or have suffered Post Viral Syndrome seriously ill was available prior to my having my first vaccine in June 2021. This information should have been disseminated to GPs to be included in the decision for me to take vaccines, especially the AstraZeneca vaccine, with possibility to be taken in the manner of neonatal sized doses over set intervals.

I place some links below which I stumbled across;

<https://www.healthrising.org/blog/2021/07/14/coronavirus-vaccine-chronic-fatigue-syndrome-better-way/>

<https://meassociation.org.uk/2021/03/should-people-with-me-cfs-have-a-covid-19-vaccination/>

<https://www.odt.co.nz/star-news/star-national/covid-19-could-lead-explosion-tapanui-flu-cases>

<https://www.stuff.co.nz/national/health/coronavirus/127291645/i-feel-absolutely-worthless-chronic-fatigue-sufferers-cant-get-covid19-vaccine-exemption-despite-expert-support>

<https://www.stuff.co.nz/national/health/coronavirus/127200718/covid19-chronic-fatigue-syndrome-sufferer-wants-illness-added-to-vaccine-exemption-list?rm=a>

My personal story of Post Viral Syndrome started nearly 40 years ago when I was a 27-year-old fit and healthy Registered Nurse plus an International Flight Attendant with Qantas Airways, who along with other Flight Attendants became unwell in Indonesia which morphed into long-term severely debilitating Post Viral Syndrome. We become patients of _____, who wrote papers on our small cluster.

I became severely disabled, struggling to walk and function for up to a year, and never regained full health but over time grew able to function, work, and enjoy life.

I had no support and experienced dismissive even demonizing attitudes from friends, family, and the Western medical professionals by and large. I wish people, especially the medical fraternity, understood how desperate and fragile sufferers of this lonely long-term debilitating mysterious Post Viral Syndrome can become as they fear they may not recover.

Luck is a huge contributor to life's outcome, and when I contracted Post Viral Syndrome I desperately needed a helping hand up. Had I been in America my outcome would have been horrid. I am aware severely disabled long-term sufferers are unable to get the NDIS or welfare; I urge assessors to inform themselves of the depth of debilitation post viral syndrome can cause, and irrespective it be permanent or not some sufferers need assistance for basic tasks.

Medical experts recommend a person with Post Viral Syndrome rest in the immediate phase for optimal outcome. I question if I received support so I could have rested for the first year I may have been ill for years, not decades, and lived a happier more optimal higher achieving and contributory life.

I relied on what I term were my four pillars of support, which enabled me to regain function and contribute back into society;

- 1) Housing - my mortgage was with a Building Society whose ethos was to keep people in their homes. Current day banking is less supportive of at-risk homeowners down on their luck, and I would likely have been homeless. (House prices/mortgage reflected housing was purchased predominately as homes, not government fiscally induced investments, [especially inside SMSF], or basis of immigration visa schemes)
- 2) Employment - I was an employee and belonged to a Union who fought my empowered employer from dismissing me on health grounds, and I received nominal insurance sick pay for 6 months enabling me to afford food. Nowadays I would be on contract with no sick leave or insurance and sacked fighting for delayed welfare - again likely homeless.
- 3) Education - TAFE later provided me free career guidance and almost free education so I could gain qualifications to move to a less physical occupation. Such education would be cost prohibitive nowadays.
- 4) Medical - I received high quality medical support with no or manageable out of pocket expenses. I feel this has deteriorated over the decades and my fear from the unfettered commercialisation of RATs undermining our PBS system (let alone economic sense) represented a political ideology to moved towards a USA style dysfunctional medical system designed to serve big-corporations not the people.

I lived in a time of cheap energy, negligible parking or toll charges, and a better public transport system.

These four pillars enabled me to regain functional health and remain in the workforce until (early) retirement, paying PAYG tax plus salary sacrificing into super, buy a home, and retire self-funded paying private health. The monetary and fiscal support invested in me has been returned in multiples.

<https://www.smh.com.au/national/we-failed-australians-with-chronic-fatigue-will-we-do-the-same-with-long-covid-20221101-p5bulg.html>

My step-son has allowed me to share his covid medical situation. A healthy lean professional fit man in his 40s, he suffered Long Covid severely and at 3 months post covid could hardly walk his home steps and work 2 hours a day. His GP applied for him to attend the Long Covid clinic but there was a minimum of 3 month wait-list following the 3-month post Covid wait time totalling 6 months of illness and off work before seeing a Long Covid specialist- by then he was well having returned to work. He stated his GP was excellent and implemental in assisting his recovery. Unemployment and illness has a huge multiplier effect, and the disruption to the care of his children and his wife's employment was significant. At 9 months post covid he is well except lingering intermittent severe gastrointestinal issues, and he is now vegan to help manage-I wonder if suffering Covid has in some way re-triggered his suffering Dengue Fever as I read it may for Ross River Fever. Another friend tells of her friend who in MS remission for 7 years was paralysed from the waist down within 24 hours after AstraZenec vaccine, with subsequent vaccines changed to Pfizer taken as neonatal doses over intervals.

Most know anecdotal stories where vaccines or/and covid brought despair to the lives of the sick, interrupting multiple connected lives especially extended family and employers.

Australia now has possibly hundreds of thousands of my stepson and me. I read that there could be 500,000 Long Covid patients by early next year – these peoples' capacity to study, career build, work, parent, care for others, volunteer, and whose mental and physical wellbeing, are impaired, jeopardising both their current and future circumstances. Australia must act now so sufferers can regain their education/skills, health and employment, and

contribute into our nation and economy, or Australia may sleepwalk into an impending socioeconomic and health disaster. A sick population delivers a sick economy.
https://www.abc.net.au/news/2022-11-23/long-covid-cases-mount-amid-omicron-wave/101650436?utm_campaign=abc_news_web&utm_content=link&utm_medium=content_shared&utm_source=abc_news_web

By April 2020 experts sounded the warning alarm of the dire holistic consequences of Long Covid, but it appears few apart from Dr Monique Ryan are taking Long Covid seriously. Most western countries have huge budgets for Long Covid – USA budget is \$1.5B and UK has 89 Covid Clinics starting mid 2020 and establishing more.

Sydney has 1 undermanned part-time clinic with a greater than 12 months wait list with Melbourne 11 months, and I read there was no allocation to Long Covid in the budget with many Clinics soon to close. It appears many GPs are overwhelmed and inadequately remunerated for the additional duties Covid placed on them (e.g. admin), and although my GP is competent and supportive she is not an expert in this narrow specialty and many such specialists have closed books so I, as many, lack a confirmed diagnosis.

I have an appointment to be assessed by _____ of the _____ Fatigue Clinic March 2023, some 20 months after my vaccine reaction. _____ is an expert in infectious diseases, epidemiology, virology and an immunology researcher, and an expert on Post Viral Syndrome, and I understand is publishing a paper about the consequences of these vaccines in relation to those who are or once suffered Post Viral Syndrome now commonly referred to as Chronic Fatigue Syndrome.

A series of Guardian Articles have been published;

<https://www.theguardian.com/society/2022/oct/17/long-covid-research-unlock-medical-mysteries>

<https://www.theguardian.com/society/series/living-with-long-covid>

<https://www.theguardian.com/society/2022/oct/18/long-covid-women-symptoms-medical-misogyny>

<https://www.theguardian.com/society/2022/oct/14/long-covid-recovery-how>

A series of SMH articles by Liam Mannix which includes many links;

<https://www.smh.com.au/national/long-covid-clinics-inundated-with-patients-and-doctors-can-t-cope-20221109-p5bwqp.html>

My view is data needs to be collated and examined but there is ample evidence of the huge numbers and severity of Long Covid to act now.

Worldometer <https://www.worldometers.info/coronavirus/>

ANU Evidence from the COVID-19 Impact Monitoring Survey Series, August 2022

https://csrcm.cass.anu.edu.au/sites/default/files/docs/2022/10/The_experience_of_COVID-19_in_Australia_-_For_web.pdf

My suggestion is to provide much increased medical support to a greater number of Long Covid sufferers by utilising Registered Nurses as there are inadequate experts. Many RNs and doctors left the industry burnt out or suffering Long Covid, taking their invaluable intellectual knowledge with them. Many cannot work full time. RNs and allied health professionals could be upskilled on Post Viral Syndrome to function under expert physicians. I suggest numerous Long Covid clinics, say 50, around NSW using telehealth where needed, with abundant staff and waitlists within a week, not up to a year as now. Covid patients to be followed up at set intervals up to 2 years (if have symptoms) and provided practical

support with aim to remain or return to be a functional contributor in our society. This would also facilitate data collection.

I refer you to this article I found ; <https://pubmed.ncbi.nlm.nih.gov/33877759/>

My political view is a nation's strength includes the collective health, abilities, wellbeing and culture of its peoples, not solely GDP, share market value and current account balance. Nobel Prize Economists Professors Reich and Stiglitz plus eminent academics highlight the importance of strong public health and education systems within an egalitarian society for thriving economies, and Ray Dalio's book *The Changing World Order* discusses how health and education are 2 of the *essential 8 strengths to measure the strength of an Empire* (I refer you to the youtube of *The Changing World Order*

<https://www.youtube.com/watch?v=xguam0TKMw8>)

Australia is following the USA style neoliberal unfettered capitalistic trickle-down 40-year experiment whereby much of our essential services and resources have been 'sold' and we have rising inequality accompanied by declining public services producing declining educational, work skilling/manufacturing, and health and caring standards. History shows extreme inequality can undermine nations and foster the consequential rise of populist Trump-style autocracy threatening democracy.

Australia must address not just Long Covid but obesity, diabetes, and mental health epidemics. Australia is in structural deficit with huge demands on its public systems. Business is suffering in part due to governmental orchestrated corporate exploitation of the finite energy we own of which 85% of profits go offshore.

Australia needs brave political leadership to raise the big taxes from those who should but escape paying, and effectively direct funds to where most needed and productive for the nation. I believe we encourage workforce participation and decrease the cash economy with decreased tax burdens on individuals. Governments have not appropriately taxed large corporates especially big fossil fuel, big sugar, religion, etc, and to subsidies fossil fuels and cut Long Covid budgets and fund private school second pools and cut public education is economic madness, and wrong. Australia should look to Scandinavia, where Norway's 78% tax on big fossil fuel built a \$1.9T Sovereign Wealth Fund delivering high standards of public services, health, and education.

I vote Independent as feel our two big parties are influenced by vested interests which has corporatized our democracy away from the nation's best interests.

I urge State and Federal Health Departments to work together focusing on holistic long-term prevention and mitigation of Long Covid. My husband suggested we lock state and federal Health Ministers in a room with Drs. Ryan and Scamps (and other sensible medically trained politicians) until they have reasonable actionable plans to implement in the near term.

The magnitude of Long Covid brings validation and research to the often dismissed Post Viral Syndrome, and my hope is there will soon be answers and treatment for this illness.

I hope my input encourages governments to take timely practical action to help sufferers of the vaccine or/and Long Covid, study impacts of covid vaccines and interaction with other viruses, and mitigate longer term health and economic impacts.

Thank you for reading.