



COVERSE Ltd  
PO Box 4394  
Hawker ACT 2614  
Australia

12<sup>th</sup> March 2026

TO:  
Advisory Committee on Immunization Practices (ACIP)  
Centre for Disease Control (CDC), USA

**RE: The Australian experience of COVID-19 vaccine reactions, systemic barriers to scientific care and compensation, global regulatory failures**

Dear Advisory Committee,

COVERSE is the national organization representing Australians who have been adversely impacted by COVID-19 vaccines. Our science-led organisation is 100% controlled and operated by COVID-19 vaccine-injured Australians, and registered with the Australian Charities and Not-for-profits Commission. We are supported in our advocacy by Dr Kerryn Phelps AM, former Head of the Australian Medical Association. Full details of our activities can be found at [coverse.org.au](http://coverse.org.au).

Importantly, we have **no conflicts of interests**: we have not accepted any funds from governments, political parties or candidates, medical groups, or pharmaceutical corporations. Over four years of advocacy we have insisted upon urgent bipartisan approaches to the issue of COVID-19 vaccine injuries.

Despite official Australian public health narratives that serious adverse reactions to COVID-19 vaccines are 'mild and short-lived' and affect predominantly 'young males' or senior citizens with comorbidities, our collected data shows that two thirds of the people we represent are women whose median age is 51. The majority of affected citizens have not recovered from their new medical conditions. Most are unable to access any government support, disability care, or subsidized medical treatments.

## The Australian context of COVID-19 vaccine injuries

### *'Commercial-in-confidence' and conflict of interest in public administration*

COVID-19 vaccines in Australia were approved by the Australia's Therapeutic Goods Administration (TGA), drawing on decisions of the USA Food and Drug Administration, since all of the vaccine manufacturers are either US domiciled corporations and/or conducted significant portions of their clinical trials in the USA.

The TGA is not an independent statutory agency; it operates wholly within the Department of Health, while being 92-96% funded by industry.<sup>1</sup> This is the highest level example of industry funding among regulatory bodies in the Western world.<sup>2</sup> In Australia, the membership of the TGA's Advisory Committee on Vaccines are public, however, past and current financial and non-financial interests are not made public. A Freedom of Information (FoI) request for members' financial disclosures in August 2020 redacted key information under the guise of privacy. The TGA was later willing to reveal 5 of 10 committee members disclosed conflicts of interests (not specified), but that "these interests usually do not give rise to a conflict".<sup>3</sup> The agency's policy allows for excluding members from certain meetings because of a conflict of interest (CoI), but details of the CoIs and reasons for exclusion are not public.

The TGA has made clear it conducted its COVID-19 vaccine assessments based on "the information provided by the vaccine's sponsor". According to a FoI request from May 2021, the TGA never accessed source data from the COVID-19 vaccine trials. Instead, it evaluated US-domiciled vaccine manufacturers' "aggregate or pooled data".<sup>4</sup>

The idea that the TGA is an independent agency conducting rigorous oversight of new therapeutic products is encouraged by Australian government officials and ministers. In structural terms however, conflicts of interest can only dominate the TGA's function, in so far as it explicitly runs on a 'cost-recovery' model from industry. Compare the near-absence of independent public funding for the TGA's pharmaceutical industry oversight to the \$121 million currently marked for the development of an independent Environment Protection Authority in Australia, and the relative risk of state capture is straightforward.

On the specific regulation of the COVID-19 vaccine products and rollout, the Department has been responsible for:

1. Regulatory approvals of the COVID-19 vaccines
2. Receiving payment from manufactures of the COVID-19 vaccine for those approvals
3. Purchasing the COVID-19 vaccines
4. Indemnifying the manufacturers of the COVID-19 vaccines
5. Promoting and marketing the COVID-19 vaccines
6. Recommendations of who should get COVID-19 vaccination
7. Safety monitoring of the COVID-19 vaccines
8. Developing compensation policies for the COVID-19 vaccines
9. Deciding who should be compensated for harms experienced from COVID-19 vaccines

---

<sup>1</sup> <https://www.bmj.com/content/377/bmj.o1538>

<sup>2</sup> *ibid.*

<sup>3</sup> *ibid.*

<sup>4</sup> *ibid.*

All of these tasks conflict with one another.

There are no rules against revolving door arrangements between industry and government representatives surrounding approvals and industry expansion. The former head of the TGA, charged with the regulation and approval of the COVID-19 vaccines during the pandemic, has since moved to a created role on the board of industry lobby group Medicines Australia,<sup>5</sup> and has also published a paper that pushed for significantly reduced regulatory burdens for Moderna's mRNA products they were in charge of regulating just a few months prior.<sup>6</sup>

The Australian state of Victoria, with the strictest COVID-19 lockdown policies, is now building a hub for mRNA technology, with government agreements that these products will not be subject to usual governmental processes.<sup>7</sup> People severely impacted by mRNA vaccines are not imagined to have any stake in discussions around Australia's new accelerated RNA industry.<sup>8</sup> Significantly, key representatives of the Australian life sciences and biotech industries wrote to the Australian government in 2023 to request urgent reform of the current cost-recovery structure of the TGA. Their letter emphasised the dire insufficiency of a cost-recovery model for enabling regulatory leadership to keep up with "the increasing pace of innovation" in this space, a situation which "has the potential to diminish the Government's otherwise ambitious life sciences initiatives, weaken the life sciences ecosystem, *and most concerningly, undermine the health of all Australians.*"<sup>9</sup>

**Timing of evidence / injuries**

Australian data is significant because COVID-19 vaccines rolled out in zero or near-zero COVID-19 conditions in 2021, meaning, both mild and severe, ongoing reactions could not be initially confused with infections or Long Covid, as they could in other national jurisdictions. Our first public submission to the Australian Parliament 'Vaccines, Long Vaccine Syndrome, and Long Covid, explained important continuities and distinctions between Long Covid and Long Vaccine conditions, via patient surveys and a science appendix.<sup>10</sup>

As elsewhere, Australian public health authorities prioritized the vaccination of higher risk populations first, despite the initial absence of robust scientific data relevant for any higher risk groups. (Notably, the COVID19-vaccine clinical trials fully excluded older and pregnant people, and only partially included immunocompromised people in some studies.<sup>11</sup> The only identifiable post-marketing study on safety for Aboriginal and Torres Strait Islander populations was conducted over just 3 days by Pfizer for Ausvaxsafety.<sup>12</sup>) Australian citizens were informed the vaccines were not only safe, effective and urgent for all higher risk groups, but would stop

---

<sup>5</sup> <https://www.medicinesaustralia.com.au/media-release/professor-john-skerritt-appointed-to-medicines-australia-board/>

<sup>6</sup> <https://doi.org/10.3390/vaccines12050528>

<sup>7</sup> <https://www.theguardian.com/australia-news/2024/dec/10/moderna-mrna-vaccine-exempt-advisory-com-mittee-pbac-scott-morrison>

<sup>8</sup> [https://media.coverse.org.au/documents/submissions/RNA\\_industry\\_consultation\\_2023-10.pdf](https://media.coverse.org.au/documents/submissions/RNA_industry_consultation_2023-10.pdf)

<sup>9</sup> [https://www.medicinesaustralia.com.au/wp-content/uploads/sites/65/2023/01/Budget\\_Life\\_sciences\\_industry\\_TGA\\_funding\\_27Jan23.pdf](https://www.medicinesaustralia.com.au/wp-content/uploads/sites/65/2023/01/Budget_Life_sciences_industry_TGA_funding_27Jan23.pdf)

<sup>10</sup> <https://media.coverse.org.au/documents/long-covid-inquiry/516 - COVERSE.pdf>

<sup>11</sup> <https://link.springer.com/article/10.1007/s40520-023-02380-4>

<sup>12</sup> <https://ausvaxsafety.org.au/pfizer-covid-19-vaccine-adult-formulation/pfizer-covid-19-vaccine-safety-data-aboriginal-and-torres>

transmission to those vulnerable groups. This unscientific public health advice powering Australia's mandates was quickly debunked by the actual performance of COVID-19 vaccines.

***US-led global media censorship affected Australian's access to information, peer-reviewed science and medical treatment***

Particularly relevant in the context of the ACIP meeting, are the global impacts of the information policies of the US Centre for Disease Control that affected Australian patient outcomes. It is well documented that agreements made between US government bodies and Silicon Valley impacted Australian Government information policies, and contributed to the extreme deficit of scientific information, medical information and media coverage available for COVID-19 vaccine injured patients to navigate. While scientific debate on safety and efficacy of COVID-19 vaccines in the medical community, among researchers, and in top scientific journals was censored in a wholly unprecedented way, the social media accounts of the injured were cancelled when people desperately used whatever tools they had to reach out for crowd-sourced advice and support, during a time in which doctors were actively discouraged from helping them.

The human right to health care did not, and could not, exist under these conditions in Australia. The after-effects of these policies of censorship, partially lifted only since 2023, continue to today. The appropriate institutional, media, and democratic responses to people harmed by their very clear communal commitment to public health policy, has never occurred. Care for the COVID-19 vaccine injured has not just been slow or hampered, but actively misinformed, negligent, and prejudiced, in ways that went wholly against an emerging and now accumulated body of evidence. People most affected, who have been suffering for 4-5 years, are still frequently accused of trafficking in 'misinformation'.<sup>13</sup>

***Repressed reporting of AEFIs in Australia***

In March 2021, Ahpra (Australian Health Practitioner Regulation Agency) issued a threat to all Australian medical practitioners that:

“Any promotion of anti-vaccination statements or health advice which contradicts the best available scientific evidence or seeks to actively undermine the national immunisation campaign (including via social media) is not supported by National Boards and may be in breach of the codes of conduct and subject to investigation and possible regulatory action.”

- Ahpra position statement, 9 March 2021<sup>14</sup>

Public health actors defined “best available scientific evidence” as only equivalent to scientific positions communicated by government agencies. The phrase “seeks to actively undermine the national immunisation campaign” was a clear signal to all Australian doctors to not only refrain from expressing any valid concerns or hesitations about the COVID-19 vaccines, but also to not actively investigate or report suspected patient harms nor to engage in a balanced and informed discussion with patients on the potential risks of the products.

<sup>13</sup> [https://media.coverse.org.au/documents/submissions/misinformation\\_bill\\_2024-09.pdf](https://media.coverse.org.au/documents/submissions/misinformation_bill_2024-09.pdf)

<sup>14</sup> <https://www.ahpra.gov.au/documents/default.aspx?record=WD21/30751&dbid=AP&checksum=zrOQ56xJaaLbasNxLDyqMA==>

Despite this, the Therapeutic Goods Administration (TGA) has collected a record number of adverse event reports for the COVID-19 vaccines that constitute almost ¼ of all drug reaction reports since 1971. AEFI reports of a serious nature for the COVID-19 vaccines surpasses the combined AEFI reports (mild + serious) for all other vaccines in the past 50 years.<sup>15</sup>

A significant number of patients had to make their own, amateur, AEFI reports to the TGA due to doctors' unwillingness, combined with time pressure in pandemic conditions. The TGA does not mount investigations into reports of serious vaccine harms. Autopsies for deaths registered for AEFI with the TGA were not compulsory.<sup>16</sup> Our publicly funded broadcaster took four years to mount its first investigation into these 'inconvenient patients'.<sup>17</sup>

### ***The poverty of research and diagnostic pathways in Australia***

No equivalent organisations to the CDC or NIH ever studied COVID-19 vaccine harms in Australia. The only globally significant study here was a \$20 million project called QoVax set up to compare the immune response of 10,000 vaccinated, unvaccinated and vaccine injured adults over 5 years. It was cancelled suddenly after just 8 months, and the samples threatened with destruction, before legal action blocked this outcome.<sup>18</sup>

There is no work being undertaken to build national treatment protocols for doctors in Australia, because no publicly funded organisations (universities, medical research institutes, etc.) undertake scientific investigations of serious vaccine harms, whether in individual cases or as a population. All remain silent on the concerning volume of adverse reactions being reported to the TGA. They do not respond to requests for formal patient-led research collaborations. The atmosphere of censorship directly affected our respected science community, stifling their ability to objectively investigate and examine adverse outcomes from COVID-19 vaccines.

In the absence of clinical guidelines, our organisation does what it can to assist with the education of doctors and patients on emerging international diagnostic pathways, and archives more than 4,500 peer reviewed studies on adverse events relating to COVID-19 vaccines.<sup>19,20</sup> Our organisation carefully communicates (only) reputable papers as they are published, that may inform doctors and their patients, through social media channels. This is essentially public health work that government health agencies and public health researchers should be doing, but are not.

### ***The dire compensation situation***

Australia has no universal compensation scheme for vaccine injuries. In 2021, the Australian Government established a temporary compensation scheme solely for adverse reactions to COVID-19 vaccines, promising "a single front door to a quick and administrative compensation process".

---

<sup>15</sup> <https://aems.tga.gov.au/daen-medicines-search/>

<sup>16</sup> <https://canberradaily.com.au/documents-reveal-gaps-in-covid-vaccine-death-reviews/>

<sup>17</sup> <https://www.abc.net.au/news/2024-11-16/covid-vaccine-inconvenient-patients-astrazeneca-pfizer-lawsuit/104568434>

<sup>18</sup> <https://www.parliament.qld.gov.au/Work-of-the-Assembly/Petitions/petition-details/4234-25>

<sup>19</sup> <https://coverse.org.au/health-professionals/>

<sup>20</sup> <https://coverse.org.au/science/>

The total number of compensatable adverse COVID-19 vaccine events in Australia remains unclear, however the TGA's Database of Adverse Events in Australia (DAEN) lists over 140,000 adverse events for Pfizer, Moderna and AstraZeneca, over 22,000 serious cases, and over 1,000 deaths.

The compensation scheme closed in September 2024, leaving no options for people who react to boosters after that date. Individuals could apply only if their reaction was among those on a very narrow short-list of post-vaccine diagnoses, and if they were admitted overnight to a hospital. COVERSE joint research with UNSW academics shows a **stark misalignment of evidence between the scheme's permitted official reactions, and a much broader range of devastating medical conditions in the peer reviewed case study literature** connected to COVID-19 vaccine AEFIs.<sup>21,22</sup> The vast majority of applicants to the scheme have had their claims rejected, with many applicants waiting 1½ years for an outcome. The vast majority of COVID-19 vaccine injured Australians receive zero social support, have not recovered, and receive no subsidized medical treatments whatsoever.

### *Independent audit of Australian safety monitoring*

An independent documentation audit has been undertaken of Australia's COVID-19 vaccine safety monitoring during 2021-2024, based on freedom of information (FOI) and other public disclosures.<sup>23</sup> The audit assessed whether Australia's Therapeutic Goods Administration (TGA) systematically implemented the COVID-19 Vaccine Safety Monitoring Plan it published in February 2021. This Plan operationalized a National Cabinet-endorsed policy commitment requiring "active and comprehensive" post-market safety monitoring for COVID-19 vaccines administered under expedited approval. It found only 15% of the Plan's 20 specified outputs are fully documented after four years. The Australian Information Commissioner confirmed after extensive searches covering 2,218+ pages that TGA implementation records for the Plan do not exist.

Why does this matter? 68.4 million doses were administered under expedited approvals, where enhanced safety monitoring beyond routine surveillance was a regulatory condition and expectation of approval, reflected in TGA's provisional registration conditions and enhanced post-market monitoring framework. If this enhanced monitoring cannot be verified, the gap between a formal Cabinet-endorsed commitment and demonstrable delivery raises fundamental questions about regulatory accountability during Australia's largest medical intervention.

### *The struggle for justice and medical care continues*

Australian constituents contacting their democratic representatives about their AEFIs received responses in a tiny minority of cases. Where representatives did respond, concerns were usually forwarded to the Federal Health Minister. **It has taken nearly five years of letter writing for the Minister of Health to meet with and address a single COVID-19 vaccine injured citizen.** This occurred in December 2025, not as part of the appropriate procedural

---

<sup>21</sup> <https://coverse.org.au/2024/08/compensation-scheme-misalignment/>

<sup>22</sup> <https://ssrn.com/abstract=4930889>

<sup>23</sup> <https://github.com/paulrekaris/TGA-COVID19-Vaccine-Safety-Monitoring-Audit>

democratic process, but as a result of a television report by the ABC (our national publicly funded broadcaster), on the failed compensation scheme.<sup>24</sup>

In the absence of any Australian government initiatives, amid rising suicides and deaths in our vaccine-injured community, our organisation has piloted a mental health camp for the injured, is pursuing online support services, and is currently exploring the feasibility of setting up infrastructure similar to React19 to get medical care funds directly to victims. We continue to push for an inquiry into the Australian compensation scheme, its punitive conditions of eligibility and compensation.

### ***A global alliance addressing an uncomputable success / failure ratio***

The modelling used to laminate public confidence about lives saved by COVID-19 vaccines has never made appropriate scientific use of any pharmacovigilance databases or other research to account for the number of people whose lives were ended, bereaved, or disabled by them. Without active, long-term scientific studies of adverse events, these ratios are wholly uncomputable. Upon the election of Donald Trump, in January 2025 the global Covid Vaccine Injury Alliance (CVIA) released a 'Public statement regarding the global situation of public health abandonments of those injured and bereaved by COVID-19 vaccination'.<sup>25</sup> This statement, by and on behalf of national COVID-19 vaccine-injured organisations around the world (who have been working together for 4 years), insists upon our persistent, non-partisan positioning in a moment of heightened attention to injuries in the US context, and aims to make very clear the evidence that public health agencies and ministries around the world have:

- Failed to adequately and transparently assess the safety profiles of the Covid vaccines,
- Failed to undertake scientific studies of those individuals harmed by the Covid vaccines,
- Failed to provide adequate support and compensation for people injured or bereaved by the Covid vaccines, and
- Engaged in significant campaigns that censored the voices of the vaccine-injured and bereaved and minimized discussion of Covid vaccine harms.

The highly US-centric nature of global political reporting, and the fact that so many of the vaccine manufacturing companies and political players are US-domiciled, has obscured the culturally complex, nationally variegated, global nature of this problem. The treatment and recognition of the injured varies massively across countries - and that is why we help each other.

See the entire statement here: [www.covidvaccineinjuryalliance.org](http://www.covidvaccineinjuryalliance.org)

### ***Moving forward in Australia***

The Australian Government has begun implementing a new national Centre for Disease Control, promised as a more independent and agile apparatus for governing the next pandemic. We have ongoing concerns about its current design, given the limits of appropriately broad scientific input, but especially the absence of the COVID-19 vaccine injured and their lived experiences from the consultation phase.<sup>26</sup> The current design only raises ongoing concerns about

---

<sup>24</sup> <https://www.youtube.com/watch?v=k4NAcCL1mHU>

<sup>25</sup> [https://www.covidvaccineinjuryalliance.org/documents/CVIA\\_2025-01\\_public\\_statement.pdf](https://www.covidvaccineinjuryalliance.org/documents/CVIA_2025-01_public_statement.pdf)

<sup>26</sup> [https://media.coverse.org.au/documents/submissions/CDC\\_Bills\\_2025-09.pdf](https://media.coverse.org.au/documents/submissions/CDC_Bills_2025-09.pdf)

continuities of risk and safety issues, and unprecedented corporate state capture around disease control.

There has also been no parliamentary discussion or consultation on a future universal vaccine injury compensation scheme for Australia, mentioned as a government priority each time we raise concerns about the closure of the COVID-19 vaccine compensation scheme.

### ***Moving forward globally***

Political mistrust in, and massive bipolarity around, public health governance is only growing. The unprecedented pharmaceutical company profits of the COVID-19 pandemic, connected not only to US-domiciled vaccine manufacturers and investors, but to broader issues of under-regulated novel biotech, making extractive use of public funding, continues to be excavated by legal trials, whistleblowers and FOIs, inside of and well outside of the domestic US context. In the meantime, the COVID-19 vaccine-injured still need help around the world, including in the USA. Specifically:

- Research
- Medical education and collaboration across specialties
- Basic and advanced diagnostic pathways and subsidized treatment implementation
- Ongoing financial support

We encourage the ACIP to address these issues with bipartisan rigor, and with the appropriate defense of reformed and improved safety, efficacy and access standards in public health, given also the above-detailed connection of the US context and industries to health governance matters in Australia.

We will continue to support sincere bipartisan international collaboration on this issue, and similar overdue scientific attention and regulatory reform by other nations.

Yours sincerely,

Rado Faletič, PhD (co-founder, director)

Julianne Rogers, MA (director)

Rachel O'Reilly, MA (co-founder)

Naomi Smith (co-founder, director)