



A submission by **COVERSE** to the *Commonwealth Government COVID-19 Response Inquiry*¹

1. Term of reference addressed

- Key health response measures
- Financial support for individuals
- International policies to support Australians at home and abroad

2. About **COVERSE**

We are the national peak body representing Australians who have been adversely impacted by the Covid vaccines. We are 100% controlled and operated by Covid vaccine-injured Australians and are a charity registered with the Australian Charities and Not-for-profits Commission.² We collect information and data directly from impacted patients, and as patients ourselves we are embedded in the Covid vaccine-injured community. Full details of our organisation and activities, including our submissions to other public inquiries, can be found on our website: coverse.org.au

3. Introduction

Vaccination was, and still is, a key public health measure intended to lessen the impact of the Covid pandemic on the Australian, and global, population. However, it is not without risk. Our submission summarises the experiences of Australians who have been harmed by these vaccines, and we highlight the public health shortfalls in recognising, treating and compensating these victims.

We conservatively estimate that the number of Australians who have had, or continue to suffer, severe impacts (including death) from the Covid vaccines to be between 10,000-100,000 citizens.

4. Public confidence & vaccine hesitancy

An essential element for a successful national vaccination campaign is public confidence that the vaccines in question are indeed safe. This can only be achieved through open, honest discussion of the real risks, and demonstration of meaningful support for those who are harmed.

Unfortunately, with many Australians having suffered significant harms from the Covid vaccines, and largely been left without any recognition, medical treatments, or compensation, the broader community has become acutely aware of the government's hyperbolic promise of vaccine safety and its gross minimisation of very real vaccine-caused harms.

Many public health experts are finding it difficult to come to terms with the lacklustre take-up of additional Covid booster doses, and indeed the broader hesitancy arising for all vaccines (including childhood immunisations). We, however, are not surprised at all. When such a significant number of Australians have suffered serious harms from the Covid vaccines, and have largely been abandoned by the public health apparatus (including government), the Australian population has become justifiably concerned about vaccine safety and government motives in minimising the risk of harm, enforcing coercive measures (e.g. workplace mandates and vaccine passports), as well as generally failing in its duty of care to impacted citizens.

¹ www.pmc.gov.au/domestic-policy/commonwealth-government-covid-19-response-inquiry

² www.acnc.gov.au/charity/charities/ef2b7613-c6d1-ed11-a7c7-00224893b304

5. Recognition of harms & censorship of medical realities

Most vaccine-injured Australians have faced obstacles getting medical recognition and help, with many reporting that their doctors have simply refused to entertain any notion that the vaccines could be implicated in their health issues. Sadly, many medical professionals begin and end their investigations with the premise that the vaccines cannot be responsible, based wholly on ideology, not evidence. This inevitably leads to bad conclusions, inappropriate treatments, and a shortfall in the global recognition of vaccine-caused harms. In fact, many patients find that if they do not mention the vaccine at all that they receive better healthcare.

Women, in particular, have fallen victim to this insidious and epidemic levels of medical gaslighting. Of those who presented to ED with chest pains following their Covid vaccinations, a significant portion were told they merely had anxiety, and that these vaccines did not cause heart issues in women. Only after many months of battling with medical professionals have these women managed to get cardiac MRIs which showed clear evidence of harms consistent with vaccine-caused myocarditis. These cases are not isolated.

However, this type of outright gaslighting is only part of the story. On 9 March 2021, Ahpra issued the following statement to all Australian medical professionals:

“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.”

For a significant portion of the medical community this statement has been interpreted as a threat along the lines of “you must not discuss risks of the vaccines, you must not acknowledge or document vaccine-caused harms, and you must not report AEFI”. These sentiments have been relayed to almost every vaccine-injured Australian by one or more of their doctors.

Even where doctors have expressed their medical opinion that the patient’s health condition was caused by their vaccinations, their written medical reports often do not reflect this, and do not even mention the word “vaccine”. Nor do they submit AEFI reports to appropriate pharmacovigilance authorities. The reason? Fear of retribution from medical regulators for drawing attention to vaccine harms.

6. Pharmacovigilance failures

Compounding this significant underreporting by doctors is a lacklustre response from pharmacovigilance authorities. The TGA, in particular, has failed to mount any meaningful investigations of individual cases, no matter how serious. COVERSE is not aware of any case where the TGA has followed-up, requested further information, or undertaken meaningful clinical or scientific investigations with affected patients.

A major implication of this is that claims that serious adverse reactions are “rare, mild, and short-lived” are based on a public health wish rather than robust longitudinal evidence. With many reports of “expected” symptoms in the TGA’s public Database of Adverse Event Notifications (DAEN), the agency’s lack of follow-up means that it remains unaware of the seriousness of these symptoms or length of time these symptoms persist. We know, from our patient community, that many of these expected symptoms are in fact highly debilitating and in too many cases have continued to persist for months, and even years.

Additionally, there are a number of very serious health conditions that are reported in our community of Covid vaccine-injured people, at numbers that suggest genuine safety signals, yet the TGA has failed to alert the public. Such conditions include Small Fibre Neuropathy (SFN), Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS), Chronic Inflammatory Demyelinating Polyneuropathy (CIDP), Mast Cell Activation Syndrome (MCAS), visual and hearing disturbances, as well as Long Covid caused by vaccination (which we depict as Long Vaccine Syndrome).

An independent reanalysis of clinical trial data³ suggests that the true rate of very serious adverse reactions may be approaching 1-in-800 — yet no pharmacovigilance authority has undertaken a similar analysis to

³ “Serious adverse events of special interest following mRNA COVID-19 vaccination in randomized trials in adults”, *Vaccine*, 40(40) 2022, doi:10.1016/j.vaccine.2022.08.036

either confirm or correct this figure. Our interaction with vaccine-injured Australians leaves us to suspect that this figure is closer to the true rate of harms than the proclamations of “very rare” from government and pharmaceutical company sources. Results from more recent studies^{4,5} provide further evidence that the rate of serious harms may be orders of magnitude greater than officially acknowledged by governments.

7. Science

We expected there to be independent scientific investigations of our conditions, especially given the newness of the Covid vaccines. Sadly, the response from the scientific community in Australia has been as dismissive and ignorant as from the public health system. Individual vaccine-injured Australians have reached out to our universities and medical research institutes, as well as key national players such as the Doherty Institute and the Australian Academy of Science, only to be rebuffed and told that these vaccines are “safe & effective” and that our vaccine-caused injuries are merely coincidental. However, they have not asked for any of our medical records, not interviewed us regarding our symptoms or experiences, and certainly not made any effort to ascertain the medical and scientific facts of our situation. Without studying a single patient, how can their proclamations be anything other than parroting the propaganda of foreign pharmaceutical corporations?

8. Compensation & justice

In order to try and allay fears around the safety of these new, and rapidly developed, vaccines, the Government developed a no-fault compensation scheme — the Covid-19 Vaccine Claims Scheme.⁶ Upon announcement of the scheme some 10,000 Australians signed up to be notified of the scheme’s criteria. However, since the scheme began operation only 3,500 Australians have made an application, with the overwhelming majority of those having their claims rejected or still awaiting decision. Of the rejected claims, the vast majority were due to not fulfilling the eligibility criteria, despite clear evidence of causality in their medical evidence. This demonstrates the obscene narrowness and callousness of the scheme’s design — the Government uses the existence of the scheme to assure the public that they will be looked after if things go wrong, and perversely uses the low number of approved claims as evidence of the rarity of serious adverse reactions.

Knowing that many in our community are not eligible to apply to the scheme nor did they sign up for the initial expression of interest, we are confident in stating that fewer than 1% of Australians harmed by these vaccines have been compensated — i.e. more than 99% have been abandoned by their government.

Furthermore, of those Australians who were forced to receive a vaccine due to a workplace mandate and were injured by them, our community data suggests that approximately $\frac{2}{3}$ have had significant issues with obtaining workers’ compensation, with the majority of those having their claims outright rejected.

To further rub salt into our wounds, it is now publicly known that the Government provided foreign manufacturers with broad indemnities for harms caused by their Covid vaccine products, yet allowed them to walk away with obscene levels of risk-free profits.

9. Further reading & recommendations

Attached are several of our other public submissions for your consideration, which go into greater detail of the harms, injustices and indignities imposed on citizens who have suffered harms from the Covid vaccines. In particular, our submission to the House of Representatives *Inquiry into Long COVID and Repeated COVID Infections* contains our recommendations.

⁴ “Chronic Fatigue and Dysautonomia following COVID-19 Vaccination Is Distinguished from Normal Vaccination Response by Altered Blood Markers”, *Vaccines*, 11(11) 2023, doi:10.3390/vaccines11111642

⁵ “Sex-specific differences in myocardial injury incidence after COVID-19 mRNA-1273 booster vaccination”, *European Journal of Heart Failure*, 25, 2023, doi:10.1002/ejhf.2978

⁶ www.servicesaustralia.gov.au/covid-19-vaccine-claims-scheme