A submission by **CO**VERSE to the Australian Senate inquiry into terms of reference for a *COVID-19 Royal Commission*[1]

About **CO**VERSE

We are the national peak body representing Australians who have been adversely impacted by the COVID-19 vaccines. We are 100% controlled and operated by COVID-19 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-19 vaccine-injured community. Full details of our organisation and activities can be found on our website: coverse.org.au.

Summary

COVERSE supports a COVID-19 Royal Commission that has broad scope to investigate all issues related to the COVID-19 vaccines and includes terms that encapsulate the range of issues we describe in this submission, particularly:

- Regulatory approvals of the COVID-19 vaccines
- Vaccination recommendations and mandates
- Pharmacovigilance
- Lack of support infrastructure for vaccine adverse reactions
- Political interference
- Political censorship and other messaging tactics
- Medical gaslighting and censorship
- Justice for victims and bereaved of vaccine harms

Background

Vaccination was one of Australia's primary public health interventions aimed at protecting the community from COVID-19 disease. Vaccination, however, like all drugs is never without risk, and unfortunately the COVID-19 vaccines have resulted in significantly higher rates or reported side-effects than prior routine vaccines.[3] Sadly, those Australians who have experienced very serious adverse health outcomes and bereavement caused by these vaccines have on the whole been treated appallingly by government and public health authorities, resulting in many thousands of Australians now being burdened with long-term disabilities, acute grief, and a lack of financial means to support themselves and their families.

In this context, **CO**VERSE has made submissions to numerous other public inquiries. These can all be found on the organisation's website at coverse.org.au/submissions, and we encourage the Senate to download and read each of these documents in order to gain a full appreciation of the hostile and damaging environment of abandonment that COVID-19 vaccine-injured and bereaved Australians find themselves in.

[1] www.aph.gov.au/Parliamentary_Business/Committees/Senate/Legal_and_Constitutional_Affairs/COVID19RC47
[2] www.acnc.gov.au/charity/charities/ef2b7613-c6d1-ed11-a7c7-00224893b304
[3] Western Australian Vaccine Safety Surveillance – Annual Report 2021, www.health.wa.gov.au/~/media/Corp/Documents/Health-for/Immunisation/Western-Australia-Vaccine-Safety-Surveillance-Annual-Report-2021.pdf

The need for a COVID-19 Royal Commission

The harms caused by the COVID-19 vaccines require us to give precise attention to the scientific, medical, regulatory and policy issues that have enabled these harms. There also needs to be a space of evidence-led inquiry to appraise the enormous social and political consequences of these harms that impact current and future pandemic policies and public health initiatives of Australian governments. Whilst there have been some attempts by individual members and senators in Parliament to probe some of these issues, standard Parliamentary processes and an almost totally divisive partisan approach have not enabled the required level of detail to address evidence and achieve justice for those Australians impacted, nor to resurrect civic trust in Australia's public health policies and measures.

For this reason, a Royal Commission is needed in order to both ensure full transparency with regards to the scientific, legal, regulatory and medical contexts of Australia's COVID-19 vaccination program, and to investigate areas of concern that have thus far been largely dismissed or minimised. We fully endorse the establishment of a Royal Commission that has scope to include all aspects encompassing the COVID-19 vaccines. Below we detail a number of specific areas that we feel need to be probed using Royal Commission powers, and would like to see incorporated into any terms of reference to be developed.

Specific areas to be investigated

Regulatory approvals of the COVID-19 vaccines

The use of COVID-19 vaccines in Australia relied upon regulatory approval by Australia's Therapeutic Goods Administration (TGA), which itself drew on overseas approvals (particularly the Food and Drug Administration in the USA, as all of the vaccine manufacturers are either US domiciled corporations and/or conducted significant portions of their clinical trials in the USA, hence the role of the FDA was particularly critical for clinical trial matters).

There have been very many concerns raised about these approval processes and outcomes, yet to date most of these concerns have been met with carefully crafted opaque responses by these regulatory agencies rather than independent inquiry and assessment. Despite this, there have been some attempts to examine these approval processes and the data they relied upon, and these have raised very serious concerns that remain unanswered by regulators.[4,5]

It is critically important, not only for public safety but also for public transparency and trust, that these approval processes, and the formulation of risk-benefit profiles, be fully investigated. Independent experts should be called to provide evidence of their concerns about the approvals, and regulators should be held to account for any oversights, negligence, malfeasance or corruption of the processes.

It is also evident that political pressure has been applied to regulatory agencies to expedite approval of the COVID-19 vaccines, which has played out perhaps most publicly in the USA.[6] It would be unreasonable to assume that such political pressure was not at play in Australia, and we expect there to be public officials involved with the approvals process who had significant concerns with the processes yet have not been able to speak out due to strict public sector secrecy laws and a lack of genuine support for whistleblowers.

Since the provisional approvals were made, a number of scientific studies have brought into question the underlying safety of some of the COVID-19 vaccines, which appear to have gone unexamined by regulators. This includes fatalities, concerns over DNA contamination during the manufacturing process which could

[4] "Serious adverse events of special interest following mRNA COVID-19 vaccination in randomized trials in adults", doi:10.1016/j.vaccine.2022.08.036
[5] Anthony Leith Rose & ORS v The Secretary of the Department of Health Aged Care, Brendan Murphy & ORS, www.comcourts.gov.au/file/Federal/P/NSD349/2023/actions
[6] "Biden's top-down booster plan sparks anger at FDA", www.politico.com/news/2021/08/31/biden-booster-plan-fda-508149

lead to increased cancer risks,[7] and the production of random unknown proteins in the body which could lead to toxicity and immune system diseases.[8]

Additionally, clinical trial whistleblowers, both patients[9] and staff[10], have raised very serious concerns about the integrity of the clinical trials, yet there has to date been no evidence of regulators taking these concerns seriously or mounting independent investigations.

During 2021, approvals for AstraZeneca's COVID-19 vaccine were suspended and then permanently withdrawn by regulators in a number of countries over concerns that the product did not have a favourable risk-benefit profile.[11] Australia, however, continued to market it to all adult demographics, as well as indemnify the manufacturer, whilst having access to the same concerning data as other countries. A number of preventable deaths occurred as a result of this decision, including individuals whose risk from COVID-19 was extremely small.

Vaccination recommendations and mandates

Further to the approvals process, a closely intertwined issue is that of official recommendations and advice from the Australian Technical Advisory Group on Immunisation (ATAGI).[12] Advice from this group gave national recommendations for which groups of people should be given which of the COVID-19 vaccines, how many doses, and any contraindications.

On the surface, the advice from ATAGI appears to be uncontroversial, however it has been used as the basis for workplace vaccine mandates, vaccine passports, and travel advice. That is, unless ATAGI provided clear advice as to contraindications (such advice only occurred in extremely limited and narrow circumstances), citizens who were required to get vaccinated had no recourse for opting out.

This has been a particular issue for Australians who have been harmed by these vaccines, or who have had serious reactions to prior vaccinations. ATAGI's advice did not provide the scope for most of these people to be exempt from further vaccinations. We believe that ATAGI must be publicly required to account for this situation, as its members must surely have been aware that its advice left these patients in a situation where they had to choose between their livelihoods or run the increased risk of further vaccine-caused harms.[13]

Furthermore, The Australian Immunisation Handbook[14] (which is developed and maintained by ATAGI) clearly states that in order for valid consent to be obtained "[i]t must be given voluntarily in the absence of undue pressure, coercion or manipulation". By placing citizens in a situation where they had to choose between financial security (and hence food, shelter, and social participation) and taking a vaccine they might not have otherwise decided to take, a Royal Commission must explore the issues of valid informed consent, human medical rights, and coercion in the context of the COVID-19 vaccinations — and must include the voices of the people who have suffered medical harms as a direct result, and who have received no recognition or compensation. How we ended up with one of the highest uptakes of COVID-19 vaccines in the world, but some of the worst conditions for experiencing an adverse reaction, should be of utmost interest to politicians promoting these products to their constituents. Courage and sensitivity will be required to address the potential for moral injury among public servants in coming to terms with the losses and abandonment experienced by Australian citizens.

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[7] "Sequencing of bivalent Moderna and Pfizer mRNA vaccines reveals nanogram to microgram quantities of expression vector dsDNA per dose", doi:10.31219/osf.io/b9t7m
[8] "*N*1-methylpseudouridylation of mRNA causes +1 ribosomal frameshifting", doi:10.1038/s41586-023-06800-3
[9] "Four Clinical Trial Participants", react19.org/videos-and-podcasts/four-clinical-trial-participants-dearly-discarded-13
[10] "Researcher blows the whistle on data integrity issues in Pfizer's vaccine trial", doi:10.1136/bmj.n2635
[11] www.nrk.no/norge/regjeringen-vaksinerer-de-yngste-tidligere-1.15494522
[12] www.health.gov.au/committees-and-groups/australian-technical-advisory-group-on-immunisation-atagi
[13] **CO**VERSE's initial community data suggests that people who have had one serious vaccine reaction to the COVID-19 vaccines may be at an extremely high risk (~80%) of an additional or worsening reaction with a subsequent dose.
[14] immunisationhandbook.health.gov.au

Pharmacovigilance

One of the key rebuttals that pharmacovigilance actors make against people who claim that certain reactions can be caused by vaccination is that the issue of "causality" normally requires that there be an established scientific mechanism via which the reaction can occur. In the absence of such mechanisms (or "plausibility"), agencies will often refuse to identify such reactions as being caused by the vaccine. However, with patients themselves being unable to undertake the necessary scientific studies, and most doctors also being ill-equipped to do so, it must surely rest with those responsible for drug safety assurance to formulate possible mechanisms of causality if they are to be *proactive* when it comes to public safety, rather than wait many years until independent scientists propose such mechanisms during which time very many citizens may have suffered serious and life-changing vaccine-caused harms.

While the whole world was closely monitoring the rollout-out of the COVID-19 vaccines, real-time data on the number of vaccines administered was widely available,[15] and was included in daily updates by public health officials. These updates, however, never included real-time information about the reporting of serious adverse events. Such information would have been valuable for informing practitioners about evolving issues (discussed further below) and to provide the public with greater transparency to help them with their personal medical choices. A Royal Commission should probe why the public was never afforded this level of pharmacovigilance transparency, yet public health actors made it a point to bombard the community with information about the number of vaccine doses given and the number of COVID-19 infections registered.

According to both Federal and State Governments' own accumulated pharmacovigilance data, the COVID-19 vaccines turned out to have the highest rates of reported adverse reaction in comparison to all other medical products since centralised modern reporting systems began.[16] Australian data matches the data of some of the best pharmacovigilance systems in the world,[17] so should be uncontroversial, and should encourage genuine, if belated, bipartisan scientific curiosity and a rational investigation into the fullest scope of consequences, in order that we are medically, socially and politically prepared for the next pandemic.

Further to this, due to the early success of lockdowns in containing the virus, our country offered up the very best conditions and pharmacovigilance data in the world to advance the science on COVID-19 vaccine harms for the sake of *safer future vaccine innovations*. In Queensland and Western Australia especially, we were vaccinating populations where the SARS-CoV-2 virus was not circulating, while in many other countries mass infection had eliminated the possibility of studying COVID-related versus vaccine-related illnesses with great distinction. Unfortunately, the only study here comparing long-term pathologies of COVIF-19 against vaccine adverse reaction populations was in Queensland as part of the QoVAX research project.[18] This study was disbanded less than 1 year into what would have been a globally significant and unique 5-year study. A Royal Commission should be interested in why this happened.

In the absence of Australian research, **CO**VERSE is strongly networked with international public and private research projects and collaborations happening in this space, for example in the USA, Canada, and Germany. While we are across this emerging research landscape (a continuing focus of our organisation and of our USA sister organisation React19 for 2024),[19] for the past three years many in our Australian community have proactively and persistently contacted ATAGI and the TGA, as well as a number of Australia's major medical research organisations, to ascertain why scientific investigations of adverse reactions are not happening in this country. It continues to perplex us why the TGA has experts who were able to approve these products in a matter of months, but are unable to undertake scientific investigations of the harms these products are causing more than three years after they were provisionally approved.

In the meantime, Australia's pharmacovigilance agencies continue to tell us that it is up to our treating doctors to investigate our reactions. As vaccine-injured patients slowly discover, the perplexity of our

[15] covid19.who.int/vaccines
[16] x.com/radofaletic/status/1721812818423582745
[17] For example, see Paul-Ehrlich-Institut in Germany, www.pei.de/EN/newsroom/dossier/coronavirus/coronavirus-content.html?cms_pos=5
[18] www.health.qld.gov.au/research-reports/research-projects-archived/qovax-set-covid-19-vaccine-research-program
[19] REACT19 Scientific Publications & Case Reports, covid.crosstx.com

reactions and their complex sequelae are very often beyond the scientific capacity and capability of any individual GPs and specialists to investigate. The lack of any concerted scientific investigations by Australian experts, whether that be the national drug regulator or our best universities, ensures that the true rates and mechanisms of harm being caused by these vaccines is significantly downplayed. This reinforces the repression of data on harms, delays domestic scientific knowledge advances in repair and recovery, and makes future vaccine safety, efficacy and administration appear more like a deeply unscientific pipe dream to the majority of COVID-19 vaccine-injured Australians as well as to the people in the community supporting them in the absence of any government assistance whatsoever.

As long as this situation is maintained, only a minority of severe medical conditions will be recognised — despite the emerging complexity and breadth of scientifically and medically recognised reaction typologies in the peer reviewed literature on COVID-19 vaccines.[20] This minimal recognition, based on no ongoing domestic research, is a marked feature of government policy, including the COVID-19 vaccine compensation policies (discussed further below). As long as the majority of documented side effects of COVID-19 vaccines are not officially recognised by the Australian Government, the majority of severely impacted citizens will continue to live their lives inside of this economy of extreme loss, objective mistrust and abandonment.

COVERSE's submission to Parliament's *Inquiry into Long COVID and Repeated COVID Infections*[21] has already addressed the emerging state of peer-reviewed COVID-19 vaccine injury science and the proximity of many of our injuries to Long Covid.[22] It has a full peer reviewed bibliography of scientific authorities that we encourage familiarity with. We have argued that the study of COVID-19 vaccine adverse reactions is essential not just for our own recovery and the ongoing science of vaccine safety, and for the fine-grained treatment of disablements by Long Covid in the community.

State/territory and federal pharmacovigilance groups as well as medical research bodies charged with advanced immunisation research should be called as witnesses to explain why no necessary scientific investigations exist to address the harms that have continued to be inflicted upon unsuspecting Australians as a result of such a lacklustre and clearly pharmaceutical industry-friendly approach to vaccine innovation and vaccine safety.

Lack of support infrastructure for vaccine adverse reactions

It cannot be overemphasised that despite being so socially committed as a nation to COVID-19 vaccine uptake, Australian was one of the worst places in the Western world which to experience an adverse reaction to a COVID-19 vaccine — there was zero infrastructure set up to help Australians if anything went wrong (despite no long term data on provisionally approved products).

Contrary to the situation in Germany, South Korea, USA and others, Australia negatively stands out in the international pandemic management landscape for having (still today) extremely limited university research and or medical infrastructure, public or private, committed to investigating or treating adverse reactions to COVID-19 vaccines, whether short term or long term.[23] Some states do have "vaccine safety clinics" where (already identified) 'at-risk' patients can get vaccinated more "safely" under observation. These clinics are theoretically tasked to give support to vaccine-injured populations (despite many vaccine-injured Australians not being categorised as higher risk of reaction to vaccines prior to their COVID-19 vaccinations). However, in reality, the COVID-19 vaccine-injured population experience these sites as places where they are pressured to continue to get vaccinated by the product that harmed them, and no meaningful investigations, treatments or other support are offered.

Australia still has no national medical guidelines or diagnostic work-up guides for GPs to understand patients' mechanisms of injury, established routes of investigation, common and less common post COVID-19 vaccine diagnoses, and comorbidities resulting from our vaccine injuries, despite these guidelines

[20] REACT19 Scientific Publications & Case Reports, covid.crosstx.com
[21] www.aph.gov.au/Parliamentary_Business/Committees/House/Health_Aged_Care_and_Sport/LongandrepeatedCOVID
[22] coverse.org.au/long-covid-inquiry
[23] Australia's AusVaxSafety initiative (a university collaboration funded via the Australian Government's NCRIS program) does not support or study individual patents, ausvaxsafety.org.au

and diagnostic guides existing in some other countries and in transnational private and non-profit patient-doctor research collaborations.[24] There are political and infrastructural reasons why Australia has none. This should be another direction of inquiry.

Senators and Members of Parliament that **CO**VERSE have already spoken with are genuinely alarmed to be informed of this infrastructural abandonment situation, since the government itself communicates to the public that: 1) adverse reactions are 'rare'; 2) serious reactions are 'short-lived' and most people recover, and; 3) that the Australian Government actively 'monitors' patients who react to the vaccine. All three assurances are platitudes without any basis in science, policy or the infrastructural offerings of the Australian Government.

A Royal Commission should ask why Australians continue to be in this situation while our governments are promoting boosters as safe and effective, when thousands of adverse reaction patients are afforded no treatments, no ongoing public health surveillance, no research, no support and no medical monitoring of any kind. It should call in a generous scope of witnesses suffering all range of policy-unrecognised (uncompensated), but medically recognised serious adverse reaction patients to finally access the full scope of infrastructural abandonment and deprivations of informed scientific care they continue to experience.

Political interference

Throughout the COVID-19 pandemic, we were continually reminded by politicians and public health actors that they were "following the science". This provided assurance to the public that various restrictive measures that were imposed (e.g. lockdowns, quarantine, vaccine mandates, etc.) were based on robust scientific evidence.

While this general statement must be probed by a Royal Commission (i.e., the question of whether there was actually any sound scientific basis for some of these decisions, what that evidence was, and how robust it was), we suggest that a Royal Commission should also probe political and commercial influence on these decisions by actors who may have had significant conflicts of interest or ulterior motives beyond good public health outcomes. Put simply, examine who benefited from government decisions, and what tactics those actors deployed to ensure government decisions that lead to more favourable commercial outcomes for themselves.

For example: the nature of the relationship between vaccine manufacturers and public health actors (including government health departments, agencies and ministers), the frequency of meetings, the nature of these meetings, and the role they had on influencing public health decisions that served to significantly advance the commercial interests of those manufacturers.

An additional aspect of this is to examine the pressure applied by COVID-19 vaccine manufacturers during contract negotiations with the Australian Government. It is a fact that the Australian Government has given broad indemnities to these manufacturers (though the terms remain commercial in confidence, despite these liabilities being transferred to Australian taxpayers). It is also evident that these manufacturers may have employed coercive tactics to achieve these indemnities (as appears to be the case in some overseas instances)[25]. A Royal Commission should probe the tactics used by these manufacturers to absolve themselves of responsibility for harms caused by their products, as well as the Government's role in granting these indemnities. In its submission to the Senate inquiry into the *Public Governance, Performance and Accountability Amendment (Vaccine Indemnity) Bill 2023*, the Department of Health and Aged Care[26] claimed that had it not agreed to indemnify vaccine manufacturers, Australia would have been at risk of not reaching supply agreements until well after other countries had done so, yet they provide no evidence for this

[24] For example, at a number of universities in Germany, and the FLCCC Alliance in the USA.
[25] "Pfizer accused of holding Brazil 'to ransom' over vaccine contract demands", www.theguardian.com/global-development/2021/sep/10/pfizer-accused-of-holding-brazil-to-ransom-over-vaccine-contract-demands
[26] Submission #59, www.aph.gov.au/Parliamentary_Business/Committees/Senate/Finance_and_Public_Administration/VaccineIndemnity47/Submissions

assertion. Their written submission suggests to us that the Australian Government may have simply acquiesced to manufacturer demands. A Royal Commission should seek to uncover evidence for the Department's statements on this matter, and if warranted, relevant officials should be held to account for gifting enormous financial windfalls to these foreign corporations.

Political censorship and other messaging tactics

Unfortunately for those of us who have been badly impacted by the COVID-19 vaccines, government messaging gave us very little factual information on which to help us base our decisions to get vaccinated. All public health actors repeated the phrase "safe and effective" *ad nauseam*. Many actors, even when questioned about potential side effects, merely continued to repeat this phrase.

This tactic served two purposes. It denied the public the opportunity to hear from their medical and political leadership about any genuine risk-benefit balance for themselves, and it also served to drown out any genuine discussion of potential vaccine harms.

In Australia, there are tightly regulated rules around being able to advertise vaccine products directly to health consumers.[27] However, government health actors and politicians seem to have been allowed to advertise these products as widely and aggressively as they wanted, often during press conferences presented as urgent and important updates for everyone. The rules around advertising exist for a reason: to ensure that the public at large is not dazzled by overpromises of pharmaceutical benefit and the downplaying of very real risks. Yet this is precisely what public health actors have been allowed to engage in.[28]

At daily press conferences public health officials and politicians updated us on the number of people in hospital or having died from COVID-19, however no mention was ever given to Australians being seriously harmed or killed by the vaccines. A Royal Commission should examine the role of officials and politicians in delivering and censoring medical advice, and consider the picture of liability for harms resulting from that advice.

Additional language was deployed to ostracise those people who had concerns about the safety or efficacy of the vaccines by calling them "anti vaxxers" and "cookers" (terms that even State/Territory leaders used)[29], despite knowing that the COVID-19 vaccines could, and did, cause a range of very serious health conditions (including death)[30].

However, our governments went further. They actively sought to censor discussion of genuine vaccine harms and concerns, as has been made evident through revelations that governments (in Australia and overseas) communicated with social media companies to encourage the take-down of content that was not in line with government vaccine messaging, even when that content was factually correct.[31]

We also strongly suspect that law enforcement and security agencies have also been deployed to monitor and investigate individuals (including those harmed by these vaccines) and groups who have expressed dissenting views and conveyed facts that contradict official government messaging.

A Royal Commission should probe the entirety of these operations including the individuals who made the decisions to censor and/or investigate citizens in these types of situations.

Social media deserves a special mention. Major social media companies very quickly fell into line with government messaging around all aspects of COVID-19, but in particular the vaccines. Devastatingly, the

[27] www.tga.gov.au/resources/resource/guidance/communicating-about-covid-19-vaccines
[28] "How Big Pharma harnesses our tax money and news media to market their drugs", news.rebekahbarnett.com.au/p/how-big-pharma-harnesses-our-tax
[29] "NT Chief Minister Michael Gunner labels vaccinated people opposed to COVID-19 mandates as 'anti-vaxxers'", www.abc.net.au/news/2021-11-22/nt-covid-vaccine-mandate-opponents-anti-vaxxers-michael-gunner/100640656
[30] "Understanding thrombosis with thrombocytopenia syndrome after COVID-19 vaccination", doi:10.1038/s41541-022-00569-8
[31] "Banned COVID-19 posts 'totally factual'", www.theaustralian.com.au/nation/many-censored-social-media-posts-did-not-contain-covid19-misinformation/news-story/c47a8217ffada2cf576475aef3c12c63

consequences of this is that vaccine-injured Australians who sought to use social media to communicate their experiences often found their content removed or their accounts deleted by social media companies.[32] Support groups established for vaccine injured people to come together and support each other, share experiences, and assist each other in finding medical solutions, were similarly targeted by social media companies. When these groups were shut down in some instances the severing of this important support connection likely contributed to patient suicides (according to anecdotal information shared in vaccine-injury groups).

Therefore, a Royal Commission should look into the conduct of social media companies in these matters, including potential collusion between these corporations, with other corporations (particularly vaccine manufacturers), as well as with governments.

Medical gaslighting and censorship

A sad reality for many of the Australians who have experienced harms from the COVID-19 vaccines is that the medical profession in Australia has too often been unwilling to acknowledge vaccine-caused harms.

This is a complex multi-faceted issue, and does not imply that the medical community in Australia makes a habit of gaslighting patients. However, on the issue of COVID-19 vaccines there were very specific issues at play that have led to a heightened degree of patient gaslighting.

The first issue is the extraordinary public pressure placed on all Australians through carefully crafted public messaging campaigns, as described above. It would be wrong to assume that doctors were not immune to this messaging machine, including messaging from their own professional networks, particularly given their very real concerns over patient health in the face of a major pandemic. But this only compounded problems that were created elsewhere.

As discussed above, we hold significant concerns over the regulatory approvals process, and the pharmacovigilance processes, in this country as well as overseas. One of the reasons for this is that for many of us it became very quickly apparent that our doctors were not being given full and frank information about the extent of harms being caused by these vaccines, and were in the dark as to what was happening to us or how to help us.

In best cases, doctors would pursue broad and extensive tests with patients (for those patients who had the private resources to undertake this) in an attempt to reach a clear diagnosis. Even then, results have often been inconclusive, and time and resources limited the types of tests which could be undertaken. However, in the worst of cases patients were simply outright gaslit and sent home. In some sad instances, this led to catastrophic and avoidable loss of life.[33]

Women, in particular, have fallen victim to this type of medical gaslighting. Australian authorities acknowledged that inflammation of the heart was possible due to certain COVID-19 vaccines, however they also stressed that this was only an issue in young males, was a mild condition, and resolved quickly. However, our patient data suggests quite the opposite, and in the case of women many were dismissed upon initial medical presentation with chest pains as merely experiencing anxiety. Some of these women battled with their doctors for many months, before MRI scans finally proved they had suffered cardiac injury consistent with that caused by the COVID-19 vaccines. These cases are not isolated, and only much later was it officially acknowledged that women were also at risk of these conditions.[34]

This situation entrenched a circular problem. Pharmacovigilance authorities did not adequately inform doctors of all of the harms being experienced by patients, which led many doctors to assume that patients

[32] “We’re being censored, claim victims of AstraZeneca COVID-19 vaccine”, www.telegraph.co.uk/news/2024/01/06/were-being-censored-victims-of-astra-zeneca-covid-vaccine
[33] “Mum of Melbourne student who died after ‘lethal Moderna booster shot’ testifies in parliament”, www.news.com.au/lifestyle/health/health-problems/mum-of-melbourne-student-who-died-after-lethal-moderna-booster-shot-testifies-in-parliament/news-story/8da760e457f9e316f6d21280764e9a50
[34] “COVID-19 vaccines and cardiac inflammation”, ATAGI, www.health.gov.au/our-work/covid-19-vaccines/advice-for-providers/clinical-guidance/myocarditis-pericarditis

with a condition not acknowledged by authorities must hence be unlikely to be related to the vaccine, and hence they do not report those issues to the authorities as potentially vaccine related. Further compounding this problem was attitudes from medical authorities that operated as though the administration of COVID-19 vaccines in Australia was occurring on a blank slate with no available data, whereas in reality, because Australia's vaccine rollout lagged behind many other countries (and labelled a 'strollout'), there was adverse event data from many countries already available yet was not communicated to the Australian medical community.[35]

Further compounding this problem, on 9 March 2021 Ahpra issued the following statement to all Australian medical professionals:[36]

> "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 many in the medical community this has been interpreted as an overt threat along the lines of "you must not discuss risks of the vaccines, you must not acknowledge or document vaccine-caused harms, you must not report adverse events following immunisation (AEFI)".

It needs to be asked: when patients presented to doctors with questions and doubts, and/or facts, particularly regarding serious reactions and fatalities caused by the COVID-19 vaccines, did those doctors simply dismiss them and encourage these patients to receive the vaccine? Furthermore, the degree to which this breached requirements for doctors to obtain informed consent must be examined, and where appropriate referred to the medical boards for investigation.

For those patients who have experienced an adverse reaction, even if a doctor acknowledges that the patient has experienced a potential vaccine related harm, and conveyed this to the patient, their written medical reports often do not reflect this and often they do not submit AEFI reports to pharmacovigilance authorities, out of fear of retribution from medical regulators for drawing attention to vaccine harms.

A Royal Commission should examine attitudes, guidelines and coercions at play within the medical profession, particularly those that have left Australians harmed by COVID-19 vaccines without adequate medical acknowledgement, support or treatment.

Justice for victims and bereaved of vaccine harms

Generally in international consumer law, any individual injured by a product is entitled to compensation from the manufacturer for harms (present and future) caused by that injury, including medical costs, loss of earning and livelihood, pain and suffering, etc.

While the same technically applies for the COVID-19 vaccines, the Government's indemnification of the manufacturers ensures that those manufacturers will not be held accountable for their product harms. Numerous submissions to the Senate inquiry into the *Public Governance, Performance and Accountability Amendment (Vaccine Indemnity) Bill 2023*,[37] including from our organisation, delve into the unfortunate consequences of this move for current and future patients, and for public trust in vaccinations overall. Loss of trust as a result of this issue should concern all Australians.

In the event that an Australian pursues a COVID-19 vaccine manufacturer for compensation, the nature of the indemnity arrangements give the Australian Government a financial interest in the matter, and hence the litigant will be facing up against not only a large multinational corporation but the Australian Government as well. This does not bode well for any meaningful prospects of justice for these patients, particularly given the prohibitive cost of such legal recourse for most Australians.

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[35] For example, see Pfizer's Cumulative Analysis of Post-Authorization Adverse Event Reports of PF-07302048 (BNT162B2) Received Through 28-Feb-2021, phmpt.org/document/reissue_5-3-6-postmarketing-experience-pdf

[36] www.ahpra.gov.au/Resources/COVID-19/Vaccination-immunisation-information.aspx

[37] www.aph.gov.au/Parliamentary_Business/Committees/Senate/Finance_and_Public_Administration/VaccineIndemnity47

In order to try and allay fears around the safety of these new vaccines, the Government developed a "streamlined" no-fault compensation scheme — the COVID-19 Vaccine Claims Scheme.[38] However, since the scheme began operation the overwhelming majority of applicants have had their claims rejected or are still awaiting decision. Of the rejected claims, the vast majority were due to not fulfilling the eligibility criteria, despite clear evidence of vaccine causality in their medical documentation. This demonstrates the deliberately designed narrowness and callousness of the scheme — the Government uses the scheme to assure the public that they will be compensated if they are injured, and perversely points to the low number of approved claims as evidence of the rarity of serious adverse reactions.

COVERSE estimates that fewer than 1% of Australians harmed by these vaccines have been compensated via this scheme.

When it comes to compensating Australians harmed by the COVID-19 vaccines — Australians who heeded their governments' calls to get vaccinated for the benefit of the whole community, and the bereaved of those who tragically died as a result of being vaccinated — surely the Government should be on their side, financially supporting them irrespective of whether they fulfil arbitrary bureaucratic criteria, providing grief counselling, and in particular supporting their claims against manufacturers, given that it was the Government that convinced the public of the safety of these products.

A Royal Commission should examine all government discussions, analysis and evidence surrounding compensation for victims of harms caused by the COVID-19 vaccines, including the rationale for limiting eligibility and discussions around the political messaging value of designing the compensation scheme in the manner in which it has been designed. Furthermore, a Royal Commission should seek to find meaningful ways in consultation with bereaved families to memorialise those members of our community who lost their lives in service of following government health advice and mandates.

Witnesses

A COVID-19 Royal Commission, like prior Royal Commissions — such as the ones into Institutional Responses to Child Sexual Abuse; Aged Care Quality and Safety; Violence, Abuse, Neglect and Exploitation of People with Disability; and into the Robodebt Scheme — must give ample scope and opportunity for Australians who have been negatively impacted by the COVID-19 vaccines to present their testimony and evidence in a supported process where they feel protected. There are far more Australians who have suffered very severe (sometimes terminal) effects from these vaccines than the Government cares to admit, and the scale and breadth of this harm on our community must be fully explored and presented to the Australian public.

Conclusion and recommendations

We fully support a COVID-19 Royal Commission that includes broad scope to investigate all issues related to the COVID-19 vaccines.

In particular, we would like to see the following topics included in the terms of reference, that encapsulate the range of issues we have described in this submission:

- Regulatory approvals of the COVID-19 vaccines
- Vaccination recommendations and mandates
- Pharmacovigilance
- Lack of support infrastructure for vaccine adverse reactions
- Political interference
- Political censorship and other messaging tactics
- Medical gaslighting and censorship
- Justice for victims and bereaved of vaccine harms

[38] www.servicesaustralia.gov.au/covid-19-vaccine-claims-scheme