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16 March 2023

Hon. John Day  
Dr Michael Schaper  
Emeritus Professor Margaret Seares AO

**RE: Review of WA's COVID-19 management and response<sup>1</sup>**

Dear Mr Day, Dr Schaper, and Emeritus Professor Seares,

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.

Within the context of the *Review of WA's COVID-19 management and response* (particularly Terms of Reference B, D and E) we draw your attention to the significant negative impacts that the State vaccination program has had (and continues to have) on Western Australian residents, and the government failures that have led to this situation and that continue to perpetuate the harms.

Public confidence in public health measures, in particular pharmaceutical interventions such as vaccines, can only be maintained when there is an honest assessment of the impacts of these measures, a transparent discussion of the adverse impacts, and meaningful support for those individuals and families who have suffered as a result.

In particular, there are several key areas of State responsibility that must be critically addressed for the harms they have caused:

- Vaccine mandates
- Lack of healthcare and support for the vaccine-injured
- Public health messaging that derides the unvaccinated and vaccine-injured

We will briefly address each topic in this letter, and defer to our published submission (#516, attached)<sup>2</sup> to the Australian Government's *Inquiry into Long COVID and Repeated COVID Infections*<sup>3</sup> for expanded detail and context surrounding vaccine injuries and the Australians who continue to suffer.

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<sup>1</sup> [wa.gov.au/organisation/department-of-the-premier-and-cabinet/review-of-was-covid-19-management-and-response](https://www.wa.gov.au/organisation/department-of-the-premier-and-cabinet/review-of-was-covid-19-management-and-response)

<sup>2</sup> [coverse.org.au/long-covid-inquiry](https://coverse.org.au/long-covid-inquiry)

<sup>3</sup> [www.apph.gov.au/Parliamentary\\_Business/Committees/House/Health\\_Aged\\_Care\\_and\\_Sport/LongandRepeatedCOVID](https://www.apph.gov.au/Parliamentary_Business/Committees/House/Health_Aged_Care_and_Sport/LongandRepeatedCOVID)

# Vaccine mandates

The WA Government is responsible for implementing various direct and indirect COVID-19 vaccination requirements, including mandates in specified employment categories (e.g. teaching, retail, healthcare) as well as broad social mandates (such as curtailing the ability of unvaccinated residents to participate in many aspects of society).

The implementation of such measures presents a subversion of the long-established principle of informed consent. Such consent *must* be obtained free of all forms of coercion and incentive, which is strongly emphasised in The Australian Immunisation Handbook.<sup>4</sup> As such, there are many Western Australians who unwillingly got vaccinated, due to perverse social and economic pressures brought on by these coercions and incentives.

However, the issue most pressing for our organisation is that many WA residents who have been injured by these vaccines have failed to be properly cared for by their government, employers, and doctors.

Problems include:

- Vaccine-injured patients, and those whose doctors identify significant underlying risk factors to vaccination, have largely been unable to obtain exemptions from further vaccination.
- Vaccine-injured staff being required to receive further vaccinations in order to retain their employment (data of WA patients in our database suggests that the rate of re-injury or worsening injury is very high - over 85% - amongst those who get a subsequent COVID-19 vaccine).
- Vaccine-injured staff being denied workers' compensation despite having had the vaccine as required by their workplace (our data suggests that more than half of all mandated workers who have been injured by the COVID-19 vaccines have had workers' compensation claims rejected or severely curtailed).

Moreover, it has emerged through many public notifications that clinical trials for the COVID-19 vaccines never assessed the products for their effect on curbing transmission, and public data since the rollouts indicates that such effect is minimal. Nevertheless, the entire basis for implementing mandates was that a highly vaccinated population would significantly curb community transmission of the virus. This was clearly a misplaced ideology, unfounded in the science. Hence all justification for workplace vaccine mandates and vaccine passports were "wishes" as opposed to robustly supported scientific facts.

Put simply, WA residents were misinformed by the Government and public health experts and commentators on the need for vaccine mandates in order to curb community transmission of the virus. Many of those whose health has been significantly impacted as a result of these measures have been placed in this situation through "official misinformation".

## Lack of healthcare and support for the vaccine-injured

Sadly, obtaining medical care for a vaccine injury is no simple or quick process.

Many who have experienced a significant adverse health impact due to their vaccinations report their doctors are often dismissive. With medical staff having been briefed on the "rare" occurrence of some serious conditions, and not being briefed at all on other conditions, often the first response

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<sup>4</sup> [immunisationhandbook.health.gov.au/contents/vaccination-procedures/preparing-for-vaccination#valid-consent](https://immunisationhandbook.health.gov.au/contents/vaccination-procedures/preparing-for-vaccination#valid-consent)

to seeing a patient suffering a vaccine injury is to dismiss them, or label their conditions with an inappropriate mental health diagnosis.

Devastatingly, this particularly impacts women who present with cardiac issues, only to be sent home with a diagnosis of anxiety. Only after many months of suffering and doggedly pursuing medical treatment do these women obtain diagnostic tests that confirm physical cardiac damage consistent with what is known to be caused by the COVID-19 vaccines.

However, this appalling lack of medical attention is not limited to one gender, or to cardiac issues. Neurological and other complications abound, with conditions that mirror Long Covid presenting quite commonly. We call this condition Long Vaccine Syndrome, and provide an expanded description in our attached submission.

Whilst this condition is being openly discussed in other countries, such as Germany,<sup>5</sup> in Australia our governments and public health agencies continue to label discussion of this and other vaccine complications as misinformation. This only serves to create further distrust in vaccines, and provide enduring impediments to patients getting the healthcare they need and deserve.

A further corollary of this medical failure is that workers who seek to obtain compensation (either via workers' compensation, income protection insurance, the Australian Government's *Covid-19 Vaccine Claims Scheme*, etc.) often have great difficulty in convincing their insurer of their condition and that it was as a result of a mandated vaccination. Insurance companies, similarly, are poorly equipped to adequately assess these vaccine injuries and defer to federal government (i.e. TGA and ATAGI) information even though that information is itself fraught with misinformation due to the TGA abjectly failing to follow up or investigate the majority of serious AEFI reports (including reports of death).

## Public health messaging that derides the unvaccinated and vaccine injured

Perhaps one of the most insidious aspects of experiencing an injury from a vaccine (that our governments told us was safe, and in many cases mandated that we take them) is when our politicians, officials and public health actors dismiss claims of vaccine injury and actively deride the people making these claims.

Such behaviour serves to provide social licence to many in the community - including doctors and other healthcare professionals - to also dismiss claims of vaccine injury and to enable the denial of healthcare for the injured. This irrevocably fractures the trust that the vaccine-injured placed in their government and the medical fraternity as a whole.

This perverse behaviour has similarly been deployed against residents who have chosen to not get vaccinated, and as such represents a kind of hate speech that offends every aspect of the Australian ethos.

Premiers, Health Ministers, Chief Health Officers, and others who have been spokespeople during this time owed it to the public to utilise neutral language that ensured that (a) residents always had a choice to get vaccinated, and (b) choosing not to get vaccinated was acceptable (socially, morally and practically). Sadly, many of these actors have chosen to use divisive and derisive language instead, which in the long run will only serve to erode trust in our public institutions and in our

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<sup>5</sup> [coverse.org.au/2023/03/germany-discusses-post-vaccine-syndrome](https://coverse.org.au/2023/03/germany-discusses-post-vaccine-syndrome)

public vaccination programs in particular, and in the short term has left many residents with complicated medical ailments for which they are being further punished for by being labelled “antivaxxers” and “misinformation”.

We urge the Government of Western Australia to immediately undertake all necessary measures to ensure these victims obtain meaningful health and financial support.

Regards,

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