

13 April 2023

Dear Senator / MP

I am one of the many thousands of Australians that has had a severe adverse reaction to the Covid vaccinations. I am writing to plead for action regarding these vaccinations. As my letter will make clear, these vaccinations were never safe or effective, something that was known by the TGA and Federal Government prior to authorisation. Research that has continued since the roll out of these vaccinations has only further confirmed the extreme risks posed by continued exposure to these vaccinations. Despite this growing body of evidence, and the opportunity to conduct thorough and ongoing checks of those vaccine injured in Australia, the TGA and other vaccine regulatory authorities are failing to undertake appropriate checks. The flow on effect of this means that public health campaigns continue to promote that it is safe for people to be vaccinated, without disclosing the actual risks associated; and those of us who did the right thing, and were vaccinated, continue to be side-lined, refused even adequate medical treatment, and refused appropriate help or compensation for our injuries.

I wrote to the Member for Monash, Russell Broadbent MP, on 11 January 2023 in response to his request to hear from vaccine injured Australians. He then sent my story, along with that of many other vaccine injured, to the Minister for Health, Mark Butler MP, on 18 January 2023, making a ministerial representation for action in regards to the continued authorisation of Covid vaccines in Australia. This request was repeated with a speech in Parliament on 7 February 2023. On 7 February 2023 I wrote to my local member, the Member for Eden-Monaro, Kristy McBain MP, and again shared my story. Minister McBain again shared my story with the Minister for Health.

I received a response from the Minister for Health on 21 February 2023. This response was extremely disappointing. There was a refusal to acknowledge my vaccine injury, a standardised list of public health messaging regarding the safety of the covid vaccines and the rigour of the regulatory and monitoring processes, along with a suggestion that I should apply for compensation through the Covid-19 Vaccination Claims Scheme. The contents of this letter are in large part the response I made to this letter on 11 April 2023, including my list of demands.

[An overview of my story](#)

I am a 50 year woman who has received a severe adverse reaction to the Pfizer Covid-19 Vaccine. Prior to receiving my booster vaccination, I was extremely fit and healthy. In fact, the last thing I did before receiving my booster was to go for a run. That was the last run I have done.

I received my first two Pfizer vaccinations in 2021. I had minor side effects to these vaccinations, in line with what I had been warned about through government sponsored advertising, media and news coverage, as well as government sponsored information sheets and nurse read consent information given at the time of my vaccinations. My third

(booster) Pfizer vaccination was given to me on 8 January 2022 at an ACT Government vaccination hub.

The adverse reaction I had to this vaccination was unlike anything that I had been prewarned about. My initial diagnosis was vaccine-induced pericarditis and lung hyperinflammation; after a continued cascading of symptoms, and multiple hospital presentations and admissions, another medical specialist advocated for me in April 2022 as a vaccine-injured patient suffering from multi-system inflammation resembling Guillain Barre Syndrome which had caused Functional Neurological Disorder (FND). My hospital records give my diagnosis as post-covid vaccine syndrome. In the nearly 15 months since this vaccination, I have been diagnosed with Pericarditis, Lung Hyperinflammation, Functional Neurological Disorder, Expressive Aphasia, Dysautonomia (including POTS, paraesthesia, and ataxia), Chronic Migraine. All of these diagnosis have been recorded on my medical file as being caused by the Pfizer vaccine. I do not have a 'suspected' adverse reaction, I have a medically demonstrated adverse reaction.

Functionally I am unable to undertake most tasks I could prior to my adverse reaction. My speech is severely affected, and I need a communication partner to assist me communicating with others; I have difficulty walking and need to use a wheelie walker or wheelchair when leaving my home; my driver's license has been medically suspended; my diminished cognitive ability, severe levels of fatigue and chronic migraines mean that I am unable to work or care for my family. This has meant me having to close my own business, stop working in the business that my husband and I have run together for 20 years, and receive significantly increased NDIS funding for my two adult children as I am no longer able to undertake the caring responsibilities for them that I used to undertake. Whereas I was previously extremely fit and active, exercising for extended periods every day, I am now restricted to very low impact and minimal exercise due to the dysautomation of my heart and lungs, causing dangerous blood pressure, heart rate and oxygen saturation fluctuations which puts me at risk of heart attack or stroke. I also experience significant post-exercise malaise. You can get a small picture of this from the following video. I am the woman in the video with the significant speech impairment and wearing glasses.
<https://coverse.org.au/believeus/>

My GP reported my adverse reaction to the TGA on 18 January 2022. I received no response from the TGA or NSW Health. On the prompting of a rehabilitation doctor that I saw on my 3rd of 4 hospital admissions, I updated the initial report to TGA on 1 June 2022. I received a phone call from NSW Health within one month. The person I spoke to had received a significantly redacted version of my report from the TGA. The TGA had only given her information about my pericarditis diagnosis. When I told her of my many other diagnoses, she was shocked, told me she would contact my GP for further details (as it is difficult to understand me on the telephone) and then get back to me so I could confirm details before her final report was submitted. I never heard from her again.

With this level of evidence, why has the Australian Government been unwilling to acknowledge that my ongoing debilitating health issues, like those of thousands of other Australians, are a result of government vaccine policy and 'public health' campaigns?

On 12 March 2023, the German Health Minister acknowledged existence of post covid vaccine syndrome

(https://www.youtube.com/watch?v=653x0SpYd48&start=234&cc_load_policy=1&cc_lang

pref=en). I find it extremely disappointing that the Australian Health Minister has not had the courage to acknowledge my own vaccine injury, let alone that of all vaccine-injured people in our country.

Not Safe or Effective

Without providing any references or data, in his response to me, the Minister for Health stated that “evidence supports that being vaccinated is one of the best ways to protect people from Covid” and that “enormous amounts of real world data demonstrate the benefits of Covid vaccinations outweigh the risks”.

In fact, data and studies that are now available in Australia and worldwide are proving the exact opposite. Covid vaccines were never “safe or effective”.

The previous Australian Government Health Minister Greg Hunt admitted that the Covid vaccines had not been properly tested through clinical trials to prove their efficacy or safety before they were rolled out on the world’s population when he stated the following on the ABC in February 2021:

The world is engaged in the largest clinical trial, the largest global vaccination trial ever, and we will have enormous amounts of data.

Well we now have that data and it is not a positive story.

Not Effective

Data now suggests that the more Covid vaccines people receive, the greater their chance of being hospitalised, of being in ICU or of dying.

For example, NSW Health data published on their website - NSW Covid 19 Weekly Data Overview for Epidemiological weeks 51 and 52, ending 31 December 2022, included *Table 1. People with a COVID-19 diagnosis in the previous 14 days who were admitted to hospital, admitted to ICU or reported as having died in the two weeks ending 31 December 2022 (Attachment A)* which included the following section.

Vaccination status	Admitted to hospital but not ICU	Admitted to ICU	Deaths
Four or more doses	810	58	53
Three doses	377	29	19
Two doses	218	17	9
One dose	10	1	1
No dose	0	0	6
Unknown	364	35	7
Total	1779	140	95

NSW Health stopped including vaccination status in their weekly data overview after this December 2022 report and the information above which identified vaccination status at the

time was also removed from the NSW Health website. Likewise, other State government health departments do not include vaccination status in their public reporting.

The Australian Government Department of Health and Aged Care (DOHAC) National Data published online in March 2023 states that 96.2% of Australians aged 16 and over have received at least two doses of Covid vaccinations. DOHAC also states that national Covid cases increased in the week to 28th March 2023 by 13.5% to a total of 26,300 cases for the week. With the majority of people having two doses, vaccinated people would have to make up a large proportion of those weekly cases.

However, no official data is provided in the DOHAC reports on the percentage of these people who had been vaccinated or not, and how many doses people had received. Why is this information on vaccination status being withheld from the public?

More and more people are getting Covid multiple times despite the fact of being vaccinated. We all know many vaccinated people including our own families, friends and colleagues who have now had Covid at least once, if not multiple times.

The vaccinations never prevented us from getting or spreading the disease. But the statistics are too damning for governments to allow the public to see the truth.

If the data provided evidence that un-vaccinated people are more likely to be getting Covid, to be hospitalised or to die than the vaccinated, then governments would be publishing it everywhere. One can only assume that it is being withheld because it contradicts the government narrative that the Covid vaccinations are safe and effective.

It is blatantly obvious now that the Covid vaccinations are not effective in stopping people from transmitting or getting Covid. Even the WHO has conceded that it did not know if the mRNA vaccinations would prevent transmission of Covid 19 before they were released worldwide. On 11 October 2022 during a European Union Parliamentary Inquiry, a senior Pfizer executive admitted the company did not know before the vaccinations were rolled out if they would prevent transmission of the virus.

Reference: <https://www.news.com.au/technology/science/human-body/yes-they-claimed-the-vaccines-would-prevent-transmission/news-story/a176eb002c29e603fc29ef9fe0b33b18>

Not Safe

It is now being proven through Australian and international studies that the Covid vaccinations are not safe. In fact they are very “unsafe”.

References (as examples): Conny Turni and Astrid Lefringhausen (2022) “Covid-19 vaccines – An Australian Review. *Journal of Clinical & Experimental Immunology*. 7(3):491-508

Alonso-Canovas A, Kurtis MM, Gomez-Mayordomo V, et al (8 March 2023) “Functional neurological disorders after COVID-19 and SARS-CoV-2 vaccines: a national multicentre observational study.” *Journal of Neurology, Neurosurgery & Psychiatry* doi: 10.1136/jnnp-2022-330885

In the background there seems to be some acknowledgement of these risks, with the changes in the ATAGI recommendations for boosters and the removal of AstraZeneca as an approved vaccine in Australia (<https://www.health.gov.au/our-work/covid-19-vaccines/advice-for-providers/clinical-guidance/clinical-recommendations>). In other countries there also appears to be a recognition of the safety issues surrounding vaccines. The Swiss government has just removed recommendations for all people to receive vaccines during Spring/Summer (<https://www.bag.admin.ch/bag/en/home/krankheiten/ausbrueche-epidemien-pandemien/aktuelle-ausbrueche-epidemien/novel-cov/impfen.html>).

Despite this, government public health messaging continues to parrot the “safe and effective” fallacy and encourage Australians to get boosters. *The Government Response to the Review of Covid-19 Vaccine and Treatment Purchasing and Procurement, 28 February 2023*, Recommendation 1 states that the “government will invest \$4.1 million for communication activity in 2022-23” (<https://www.health.gov.au/resources/publications/government-response-to-the-review-of-covid-19-vaccine-and-treatment-purchasing-and-procurement?language=en>).

All the while there is a failure to investigate, research or make freely and publicly available the growing body of evidence about serious vaccine-induced adverse events and deaths.

I am one of many thousands of Australians who are living proof that these vaccinations are NOT SAFE. Yet our voices and health concerns are still being ignored and side-lined.

TGA and Government Culpability

The Minister for Health also stated in his letter that there is a “rigorous assessment process” by the TGA “to ensure safety and efficacy” of the Covid vaccines. Well that is another lie.

The TGA tried to hide the fact that they approved an experimental drug that had already been shown to be unsafe by the pharmaceutical company’s own nonclinical trials data.

The TGA refused to make their January 2021 *Nonclinical Evaluation Report* of the Pfizer vaccine trials publicly available.

Reference: Australian Government. Department of Health Therapeutic Goods Administration (January 2021) *Nonclinical Evaluation Report BNT162b2 [mRNA] COVID-19 vaccine (COMIRNATY)*. Submission No: PM-2020-05461-1-2 Sponsor: Pfizer Australia Pty Ltd (**Attachment B**)

It was only through persistent Freedom of Information (FOI) applications by committed medical professionals that this report was finally released in 2022, if still in redacted form.

Page 4 of the TGA *Nonclinical Evaluation Report* states “There are no distribution and degradation data on S-antigen-encoding mRNA”. This means Pfizer and the TGA did not know where the mRNA goes to in the human body or how long it persists in the body. Pfizer did not test to determine where the spike protein produced by the mRNA moves to in the body or how long it lasts in the body.

This report was published in January 2021 which proves that the TGA knew there was no distribution or degradation data on the mRNA vaccines, and that there was no data on long-term adverse health effects of the Pfizer injection, BEFORE they approved it for use.

The TGA decisions to approve a totally new technology and claim that it was “safe” were based on no data.

This is clear evidence of culpability of the Australian Government for all Covid 19 vaccine-induced health issues and deaths.

My own vaccine-induced injuries are therefore all because the government chose to NOT investigate these outstanding questions of the vaccine’s safety.

Medical research conducted since the rollout of the vaccines has shown that the spike proteins from the vaccine are self-replicating in the body and thus are able to persist long term.

Reference: Castruita JAS et al (17 January 2023) SARS-CoV-2 spike mRNA vaccine sequences circulate in blood up to 28 days after COVID-19 vaccination
<https://onlinelibrary.wiley.com/doi/10.1111/apm.13294>

Research is still ongoing to determine how long the spike protein continues to remain persistent in the body, but there is preprint research that demonstrates it is still active for many months.

Reference: Patterson B, Edgar F et al (12 July 2022) SARS-CoV-2 S1 Protein persistence in SARS-CoV-2 negative post-vaccination individuals with Long Covid/PASC-like symptoms. Research Square [SARS-CoV-2 S1 Protein Persistence in SARS-CoV-2 Negative Post-Vaccination Individuals with Long COVID/ PASC-Like Symptoms](https://doi.org/10.21203/rs.3.rs-1844677/v1)
<https://doi.org/10.21203/rs.3.rs-1844677/v1>

No one can still be certain how long the spike proteins last as there is no long-term data available because it has only been two years since the global human trials began.

On page 45 of the *Nonclinical Evaluation Report - Table 4-2. Mean concentration of radioactivity (sexes combined) in tissue and blood following a single IM dose of 50 µg*

mRNA/rat provides a detailed list of the Total Lipid Concentration within organs, tissues, bones and blood in the rats. (**Attachment B**)

Lipid Nano Particles (LNPs) were found in every part of the rats' bodies.

Pfizer and the TGA knew that the LNPs go everywhere in the body yet did not test to determine where the mRNA or the spike proteins produced by the mRNA go in the body. However, given that the LNPs go everywhere, it is reasonable to assume that the mRNA and spike proteins also went everywhere.

Page 14 of the report states that "No dedicated immunotoxicity study was conducted".

Page 16 states "Neither genotoxicity/ carcinogenicity studies were performed. Components (lipids and mRNA) are not expected to have genotoxic risk".

The TGA approved this potentially dangerous new technology knowing that the LNPs spread throughout the whole body and without any data on genotoxicity or immunotoxicity of the components on organs, blood, etc. And now we are seeing an epidemic of serious adverse events.

[Epidemic of Vaccine-induced Adverse Events and Deaths](#)

Australia and many other countries in the world that have pushed the mass rollout of the mRNA vaccinations are now experiencing an epidemic of vaccine-induced adverse health events and deaths. The TGA received more adverse event reports from 2021 to June 2022 for the Covid 19 vaccinations than for all other vaccines combined in the preceding 50-year period.

Number of adverse event reports - all non Covid vaccines in 50 years - 19,330

Number of adverse event reports of Covid vaccine in first 18 months - 132, 668

Reference: Phillip M Altman (August 2022) *The Time of COVID*

And this increase was before the roll out of boosters, when the excess deaths and severe adverse events really accelerated. My own adverse reactions only happened after my first booster injection in January 2022.

These numbers are also most likely a large underestimation as many people do not report adverse events. One US study found the under-reporting factor to be x31, meaning only one in 31 people experiencing adverse events reported them.

Reference: Rose J (October 2021) "Critical Appraisal of VAERS Pharmacovigilance: Is the U.S. Vaccine Adverse Events Reporting System (VAERS) a Functioning Pharmacovigilance System?" *The Institute for Pure and Applied Knowledge* Vol 3:100-129.

Even at a conservative under-reporting factor of x10 these first 18 month figures for Australia are massive eg $10 \times 132,668 = 1,326,680$ possible adverse events.

This sharp increase in adverse events, as a result of the Covid vaccinations, was also reflected in State government data. For example, Western Australian Department of Health data showed a 24 times greater risk of adverse events following the COVID shots than of all other vaccines administered in 2021. These figures were also for 2021 before the boosters when adverse events likely increased.

Table 14: Numbers of vaccines administered, and adverse events reported, with rate of adverse events, for non COVID-19 vaccines and COVID-19 vaccines, 2021.

Vaccine type	Number of vaccines administered in 2021	Number of adverse events reported to WAVSS	Rate of adverse events per 100,000 doses
Non COVID-19	1,808,050	200	11.1
COVID-19	3,948,673	10,428	264.1

Reference: Daniel Horowitz (March 2023) *Australia bears witness to vaccine deaths*. <https://www.conservativereview.com/horowitz-australia-bears-witness-to-vaccine-deaths-2659660313.html>

Using publicly available data from Pfizer and Moderna studies, a 2022 international study found 12.5 serious adverse events per 10,000 recipients.

This translates to 1 in 800 people having serious adverse health effects from the mRNA vaccinations.

Reference: Joseph Fraiman et al. (September 2022) "Serious adverse events of special interest following mRNA Covid 19 vaccination in randomised trials in adults". *Vaccine* Vol. 40 Issue 40.

This paper also noted that the original trial data adverse events were not minor or temporary. A serious adverse event (SAE) as defined by Pfizer and Moderna for their trials was - an adverse event that results in any of the following conditions: death; life-threatening at the time of the event; inpatient hospitalisation or prolongation of existing hospitalisation; persistent or significant disability/incapacity; a congenital anomaly/birth defect; medically important event, based on medical judgment.

To put these figures of 1 in 800 in context, the 1976 swine flu vaccine was withdrawn after it was associated with Guillain Barre Syndrome at a rate of approximately 1 in 10,000 people. In 1999, the rotavirus vaccine Rotashield was withdrawn following adverse event reports in about 1 or 2 in 10,000.

Why have the Covid 19 mRNA vaccines not been withdrawn when they are causing adverse events in 1 in 800 people?

The letter from the Minister for Health stated that the TGA has “robust procedures to enable quick detection, investigation, and response to safety issues” including the Adverse Event Management System and a plethora of other health authorities and initiatives including the National Centre for Immunisation and Research and Surveillance (NCIRS), AusVaxSafety and the Australian Technical Advisory Group on Immunisation (ATAGI).

Why then, based on these unprecedented rates of serious adverse events being experienced in Australia and globally, and all these government authorities supposedly monitoring serious adverse events, have the Covid 19 vaccines not been withdrawn from use?

My own experience of not being followed up by the TGA to monitor or even accurately assess my case of serious adverse events, along with recent media coverage of the case of Amy Sedwick a 24-year-old woman who is reported by her neurologist to have died from adverse events following the Covid vaccination but whose case is still denied as casual by the TGA, suggests that these ‘robust procedures’ are anything but.

Reference: Middap C (24 March 2023) “Amy Sedgwick followed the rules on Covid jabs – was that a fatal mistake?” *The Australian*

It suggests that the reason why these vaccinations are being allowed to continue being used, continuing to expose Australians to unacceptable risk, is because the government authorities are choosing to ignore and not record the data that is being made available to them. This is shameful.

[Adverse Events in Pfizer’s Clinical Trials Safety Data](#)

The extensive Pfizer Covid 19 mRNA clinical trial safety data documents that were only publicly released in 2022, more than a year after the authorisation of the vaccine by the US Food and Drug Administration (FDA) give further evidence of the known adverse events prior to vaccine approval.

Initially the FDA tried to delay the release of this safety data for 75 years. That is, they actively sought to withhold from the public the evidence of the very serious adverse events experienced by human participants during the human clinical trials. This was despite approving the new mRNA technology injection in December 2020 based on only 108 days of a safety review.

After FOI requests for release of the safety data failed, court action was taken by concerned US citizens. In January 2022 a US Federal Judge ordered the FDA and Pfizer to publicly release the tens of thousands of pages of documentation used to assess the safety and efficacy of the mRNA injectable.

Ongoing professional analysis of the many papers within these files is revealing the horrifying extent of adverse events documented during the trials, which were totally ignored in the FDA authorisation of the Covid 19 mRNA vaccinations.

One of the documents titled CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021 (**Attachment C**) contains a graph that shows adverse events by organs and seriousness.

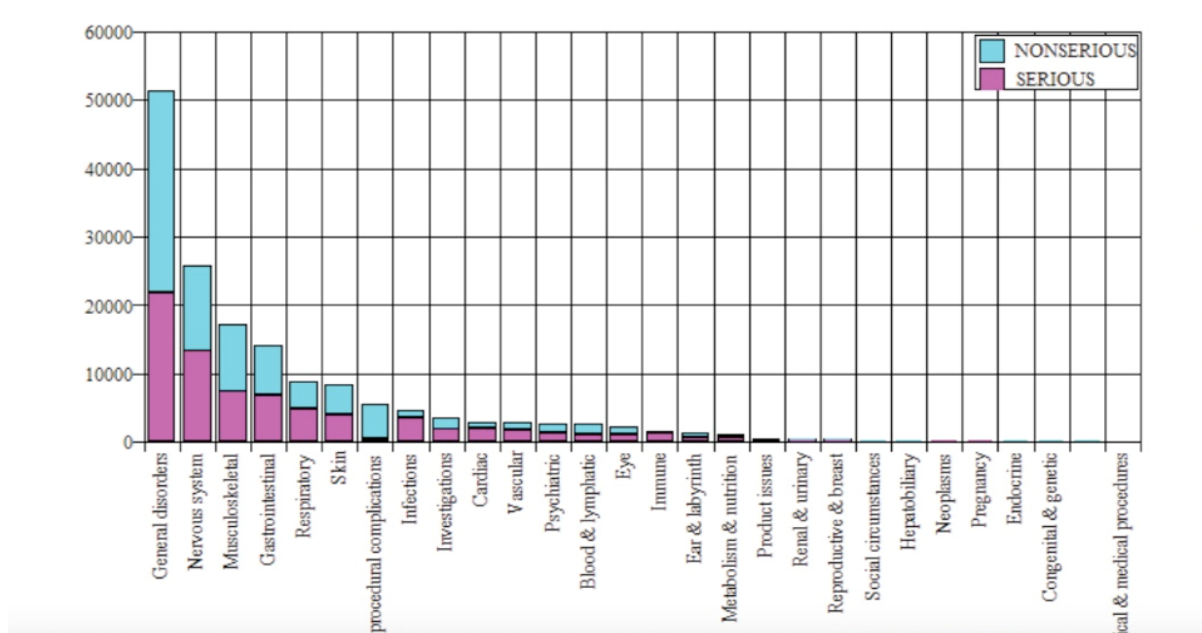


Figure 1. Total Number of BNT162b2 AEs. By System Organ Classes and Event Seriousness

Reference: <https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf>.

This graph shows that the mRNA vaccines caused a great range of serious adverse events in human trial participants including nervous system, musculoskeletal, gastrointestinal, respiratory, skin, cardiac, vascular, psychiatric, lymphatic, blood, immune and metabolic disorders.

All of the vaccine-induced injuries that I have experienced since my booster shot are listed in this graph or in studies that have since been conducted on long-haul vaccine patients.

Yet the FDA still authorised the Covid 19 mRNA vaccinations. The Australian TGA takes its lead from the FDA and is equally culpable in knowingly authorising an experimental gene technology with a huge range of already identified serious adverse events.

The Pfizer Cumulative Analysis Report was provided to the Head of the TGA John Skerritt and the then Minister for Health Greg Hunt and Prime Minister Scott Morrison in February 2022 by the World Freedom Alliance, but they obviously chose to ignore it.

Government authorities were informed of the risks of these serious adverse events but chose to hide this information from the public and continued to push Australians to get boosters.

Excess Deaths

Perhaps the greatest issue of concern as a result of global rollout of these dangerous vaccines is the massive increase in all cause mortality over the last two years in Australia and other countries that have implemented the Covid 19 vaccination strategy; the associated epidemic of “unexplainable sudden deaths” across the world; and the **20,000 excess deaths in Australia in 2022**.

Reference: Provisional Mortality Statistics, Jan - Dec 2022 | Australian Bureau of Statistics (abs.gov.au)

Some of these excess deaths are being recorded as “died from covid” and others as “died with covid” but at least half of them are not recorded as related to covid infection. Surely an obvious question that needs to be investigated is how many of these “unexplainable” deaths are from people dying from adverse effects of the Covid vaccines? Covid; the flow-on effect of people losing access to health care because of lock downs and changes to the health system; and the implementation of the Covid vaccinations, are the three main changes that occurred during this timeframe.

Are authorities checking and monitoring to determine what these causes of death are? If there was a genuine effort to understand this dramatic increase in excess deaths, then autopsies should be looking for Covid vaccine causality as a standard practice.

The vaccination status of people who died “with or from Covid” is not revealed in this death reporting, so it is also possible that serious adverse events from the vaccinations killed people, but they happened to be diagnosed with Covid at the same time.

A recent statistical analysis of significant excess mortality in Australia was strongly correlated (+74%) with Covid 19 mass vaccinations five months earlier. Strength of correlation, consistency, specificity, temporality, and dose-response relationship are foremost Bradford Hill criteria which are satisfied by the data to suggest the iatrogenesis of the Australian pandemic, where excess deaths were largely caused by Covid 19 vaccines.

Reference - Wilson Sy (2023) Australian COVID-19 pandemic: A Bradford Hill analysis of iatrogenic excess mortality.

https://www.researchgate.net/publication/368426122_Australian_COVID-19_pandemic_A_Bradford_Hill_analysis_of_iatrogenic_excess_mortality

The refusal of the government to allow proper investigation into these unexplained deaths, including the recent voting down in the Senate of the motion to hold an inquiry into excess deaths, is only leading to further disquiet and skepticism within the Australian public. Even the AMA President, Prof Steve Robson, has called for research into why this is happening.

Reference: David Southwell (5 April 2023) Australians are dying in record numbers and its not all Covid. Daily Mail Australia

Covid 19 Vaccine Claims Scheme

The Covid 19 Vaccine Claims Scheme is not fit for purpose. The eligibility criteria is extremely limited, it is time limited and the paperwork required is overly onerous. Of the 3395 claims made to the scheme to date, only 126 have been approved. As has been well documented in the media, many sufferers of serious adverse vaccine-induced health issues are not eligible or have been ruled not eligible for this scheme – despite clear medical evidence of vaccine-induced severe adverse event.

Reference (for example): Evans J (20 November 2022) 'It's killing us': Family's horror arm-wrestle with vax scheme. <https://www.news.com.au/lifestyle/health/health-problems/its-killing-us-family-horror-armwrestle-with-vax-scheme/news-story/ec80e2b805a56197e33d17a5c2c572da>

I personally am eligible for this scheme as I meet the criteria through my pericarditis diagnosis and hospitalisation. Despite this, the scheme is completely unable to fairly compensate me. Even though I am still being monitored by my cardiologist for ongoing heart issues relating to my pericarditis, this ongoing cardiac damage is not guaranteed to be acknowledged within the scheme as I no longer have pericarditis. My neurological symptoms and FND, which now form the primary basis of my ongoing disability, are not listed as eligible diagnosis within the scheme and I would be unable to seek compensation for these. Caps on the amount of money claimable under the scheme also mean that I am unable to be fairly compensated for the injury, lifelong disability, and pain and suffering I have incurred.

Perhaps the most pertinent reason why I will not be pursuing a claim under the compensation scheme is because I would have to sign a 'no fault' waiver for the Government in relation to the damage that has been done to me. Although I understand that the Government establishes this to lessen the burden of proof in determining culpability for potential claimants, supposedly making it easier for them to make successful applications, I refuse to sign anything that says that the Australian Government is not at fault for my injury. As I have clearly demonstrated in this letter, the Government, that I trusted when I went to receive my vaccination, knew that the vaccination that I was receiving carried with it a risk of injury for me that they chose not to disclose to me.

Other Issues

There are many other issues that could be addressed. These include but are not limited to the:

- failure to encourage or fund Australian research projects into vaccine adverse reactions.
- silencing and de-registration of medical professionals who questioned the government narrative, attempted to treat people with available and effective drugs, or tried to report vaccine-induced adverse events and deaths.
- failure to provide education to medical professionals regarding the emerging medical research relating to vaccine risks, adverse reactions, and frontline treatment protocols for adverse reactions.
- withholding of simple, safe, cheap early anti-viral treatments such as Ivermectin that were used very effectively against Covid and vaccine injury in some countries despite efforts to discredit and undermine these live-saving measures.
- failure to provide funding for rehabilitation or treatment for vaccine injured Australians.
- relentless disinformation campaigns run by politicians, bureaucrats and the mainstream media including the ABC.
- government endorsed censorship and “fact checking” of alternative media and social media platforms leading to a loss of our rights to free speech.
- billions \$\$ profit made by the pharmaceutical industry and funding of this profit by governments with Australian tax payers money, and
- conflict of interest in our regulatory authorities who are funded by the pharmaceutical companies that they are meant to be regulating.

Even mainstream media outlets are starting to report the truth, for example, Adam Creighton’s article in *The Australian* newspaper on 4 April 2023 titled *Media to blame for covid vaccines’ wall of infallibility* shares many of the truths I have covered in this letter. It is surely time that our Australian Government also stood up to the truth and started to act in the best interests of the people they represent.

Demands

As a result of the evidence I have provided I demand that the Australian Government:

1. Immediately withdraw all Covid 19 vaccines from use in Australia
2. Revise the Vaccine Claims Scheme to properly cover all serious adverse events and provide meaningful and relevant financial compensation to all victims.
3. Prevent the use of mRNA technologies in all drugs developed and/or authorised in Australia.
4. Remove the ban on the use of Ivermectin and allow doctors to prescribe its use with Covid and Covid vaccine injured patients.
5. Direct DOHAC and other government authorities to include vaccination status in all Covid health reporting.
6. Allow autopsies to be done in order to ascertain definite death causality.
7. Reinstate all medical professionals who have lost their jobs and livelihoods for speaking the truth about Covid vaccine technologies, or for refusing to be vaccinated.
8. Remove senior bureaucrats, other officials and appointed members of the TGA, ATAGI, NCIRS, AHPRA, DOHAC and other departments who have been complicit in enabling this cover up.
9. Direct National, State and Territory Governments and private sector employers to remove all Covid 19 vaccine mandates required for employment, including but not limited to nurses, doctors, other health care workers, aged care workers, paramedics, teachers and pilots.
10. Demand the ceasing of all “fact checking” and censorship on social media in Australia, as well as mainstream media disinformation and withholding of available evidence about Covid matters.
11. Initiate a Royal Commission of Inquiry into the Covid 19 vaccine approvals and rollout.

I ask you, like I have asked the Australian Health Minister, to take action in following up and responding to these demands. The lives of so many Australians, so many of your constituents, are being put at unnecessary risk because of the inaction of our elected representatives. How many more lives need to be ruined or lost?

Your sincerely

A handwritten signature in black ink, consisting of a stylized 'K' followed by a horizontal line and a period.

Kara Potter

ATTACHMENTS

Attachment A: *Table 1. People with a COVID-19 diagnosis in the previous 14 days who were admitted to hospital, admitted to ICU or reported as having died in the two weeks ending 31 December 2022* from NSW Covid 19 Weekly Data Overview for Epidemiological weeks 51 and 52, ending 31 December 2022

Attachment B: Australian Government. Department of Health Therapeutic Goods Administration (January 2021) *Nonclinical Evaluation Report BNT162b2 [mRNA] COVID-19 vaccine (COMIRNATY)*. Submission No: PM-2020-05461-1-2 Sponsor: Pfizer Australia Pty Ltd

Attachment C: Pfizer Worldwide Safety (2021). *CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021*