

To the Parliamentary Committee,

Inquiry into Long COVID and Repeated COVID Infections

I make the following recommendations regarding the research into the potential and known effects, causes, risk factors, prevalence, management, and treatment of long COVID and/or repeated COVID infections in Australia;

The symptoms described in 'Long Covid' often include:-

- Brain Fog/Cognitive decline
- Fatigue / exhaustion
- Dizziness / vertigo
- Breathlessness / cardiac issues / chest pain
- Nausea / stomach issues

Given that these symptoms are described by many people reporting to the DAEN as adverse events and vaccine injuries, any inquiry must consider that the provisionally approved Covid-19 vaccines are a causative agent. The Inquiry would be remiss and fundamentally flawed otherwise.

The risk factors must consider the number of vaccines received and establish whether the risk of developing 'Long Covid' or repeatedly suffering from coronaviruses is higher the more vaccines are received. Does the vaccine weaken the immune system rendering people more susceptible to common coronaviruses, and lead to worsened symptoms?

Any study on the prevalence of 'Long Covid' must include a comparative study between vaccinated and the unvaccinated. Failure to do so would constitute a grave failing of the Inquiry and would be counter to all standard accepted study protocols.

In regards to the health, social, educational and economic impacts in Australia on individuals who develop long COVID and/or have repeated COVID infections, their families, and the broader community, including for groups that face a greater risk of serious illness due to factors such as age, existing health conditions, disability and background;

I manage approx. 60 consultants as part of my professional job role. I am measured on their billable productivity. Since the jab rollout I am losing anywhere between 60-80 hours per week due to repeated 'sick leave'. This was not the case before the rollout of the Covid-19 vaccinations. The staff are vaccinated as per company policy. This is having an economic impact on the company and on my ability to fulfil the obligations of my job role.

In regards to best practice responses regarding the prevention, diagnosis and treatment of long COVID and/or repeated COVID infections, both in Australia and internationally.

Diagnosis must be based on symptoms and not on any PCR or RAT tests which have been admitted as flawed. We must return to symptomatic diagnosis.

Best practice response would be to cease the vaccination rollout until long term studies for safety are completed, as per previous vaccination development best practice.