

Submission to PARLIAMENTARY INQUIRY INTO LONG COVID, Nov 22

In the USA long COVID is reported to affect about 7.5% of people post-COVID infection. Some Long COVID symptoms overlap with those of chronic fatigue. The evidence so far indicates a combination of virus and host factors may be involved (e.g, obesity, other morbidities, immune competency).

In the absence of definitive studies, it is unscientific to assume that a past COVID infection is the sole common factor in 'long COVID'. COVID vaccines were approved for use without any long-term safety data whatsoever, and could theoretically cause immune and reproductive dysfunction. I personally know of two healthy men who nearly died after receiving COVID vaccines (one spent 2 weeks in hospital), and a woman whose hands swelled up and who developed ongoing rheumatoid arthritis after a COVID vaccination. Some studies also are showing that the partial, transient benefits of COVID vaccination turn negative after several months. Data published by Professor Ramesh Thakur of the ANU showed that from 1st May to 6th August 2022, compared on a per capita basis, in NSW vaccinated patients were 20 times more likely to be hospitalised for COVID-related conditions than unvaccinated patients (unvaccinated patients being about 4% of the eligible population but comprised only 0.2% of patients hospitalised for COVID-related conditions). These are startling figures. Unless otherwise discounted by independent studies, it should be considered that COVID vaccines, especially mRNA vaccines, could play a role in long COVID symptoms, either as a direct cause of long COVID, or exacerbating symptoms following COVID infection(s).

Recommendation 1: A study should be conducted (or review of studies already conducted) to tease out any connection between long COVID and COVID vaccines. Since only about 4% of Australian adults are unvaccinated it may be difficult to obtain meaningful data in Australia, but data may possibly be obtainable from countries with significantly lower vaccination rates, e.g USA, where about 20% of adults are unvaccinated.

Treatments Effective low-cost COVID treatments have been ignored or actively suppressed by the medical bureaucracy in favour of briefly-tested hugely expensive medications. For instance, a 2020 study showed that treatment of COVID patients with the calcifediol form of Vitamin D could reduce the need for hospitalisation by up to 97%. Yet the vital importance of Vitamin D status in relation to COVID has been ignored. Ivermectin is a long-established low-cost human medication proving effective overseas for treating COVID, yet Victoria's Chief Health Officer is on record as saying those who espouse Ivermectin treatment for COVID are 'absolutely wacky'.

In April 2022 I was visiting a hospital in Thailand and saw people coming in and out collecting packages for in-home treatment of COVID patients. This should be done in Australia, and may have an effect on reducing subsequent development of Long COVID symptoms.

Recommendation 2: The potential for repurposing low-cost medications for treating clinical COVID, inhibiting subsequent development of Long COVID, and the effects of different treatments for Long COVID itself, should be investigated.

(Dr) Colin McQueen

