

## **Submission to the House Standing Committee on Health, Aged Care, and Sport inquiry into covid and other post-viral illness.**

In August 2021, our then 20 year old son received his first dose of Pfizer vaccine. As an avidly pro-vaccination family, we were relieved that our son was able to access a vaccine that would protect him from a severe course of illness or death from covid. We were only mildly concerned about the widely publicized 1 in 100,000 chance of developing myocarditis, primarily because the myocarditis reported by the media was reassuringly described as acute, non-fatal, and easily treated. Sadly, this was not accurate. Later estimates indicated that for young males the incidence of vaccine-induced myocarditis was 10 times higher, and could be recurrent, difficult to treat, and fatal.

For the first week my son experienced some chest pain and breathing difficulty which gradually subsided and disappeared. As a fit, competitive cyclist he attributed this discomfort to overtraining or seat posture and thought nothing more of it. Following his second Pfizer vaccination his chest pain and breathing difficulty returned and did not subside. Fearful of driving through heavily policed and locked down suburbs to get to a hospital, or catching covid in the emergency room, he chose to see a GP instead. The GP reassured him that he was probably experiencing anxiety and advised he could continue exercise, but he was referred for some blood tests just in case. Our son returned for the blood test results the next day but the clinic was unable to locate them, and his multiple attempts to follow these up over the next few weeks were unsuccessful.

Our son's 'non-essential' business had been forced to close when his Sydney suburb entered mandatory lock downs. Feeling unwell and being unable to live independently without working, he moved back home. His symptoms worsened over time and he saw a new GP, who eventually ordered further blood tests. These blood tests showed heart inflammation/damage and he was told to attend the emergency room immediately, where he was diagnosed with myocarditis. By this time, months had passed since his initial symptoms and attempts to seek medical help.

Since that time our son has had multiple presentations at emergency due to severe chest pain, heart rhythm disturbance, and breathing difficulties. On each occasion his blood tests have shown raised troponin levels. He has been given multiple diagnoses and been treated for myocarditis, myopericarditis, and blood clots in his lungs. Our son is now 22 years of age, and over 1 and a half years have passed since his Pfizer vaccinations. He is currently being treated for pericarditis, which appears to be recurrent and chronic.

Our once fit and healthy son who dreamed of being a professional cyclist is now unable to work or exercise. He lives with ongoing chest pain and has to pause when eating to gasp for breath. He is ineligible for compensation as he was not working at the time his health was affected (due to the closure of his business during lock-down), and the costs incurred by emergency room visits were covered by Medicare. The out-of-pocket medication, specialist, and testing costs have been borne by us - his parents. Even if he was eligible, the burden of proof required is so disproportionately high to the amount of compensation available, that it is not worth the time and effort to apply.

This burden of proof is similarly required by the Therapeutic Goods Administration when attempting to report adverse reactions. The TGA requires copies of all test results, discharge summaries, and other documents to determine the legitimacy of a report. Our son has not provided this information to the TGA due to the difficulty of chasing this up while unwell from the many clinics, hospitals and specialists he has seen. I am concerned that there may be many people who are unable to provide this amount of evidence, and will therefore not be counted. This then raises questions about the accuracy of the data held by the TGA about the incidence of adverse vaccine reactions within the population, and skews the data towards a lower incidence.

Our family understands that the government prioritised the roll-out of the covid vaccine to save lives. However, when vaccination became politicised and the government sought to police misinformation and distance itself from conspiracy ideologies, legitimate scientific discourse about the safety and efficacy of mRNA vaccines was also stifled. During covid, health practitioners worked under the threat of registration sanctions from AHPRA when linking poor health outcomes to vaccination, which may have influenced clinicians to minimize and dismiss these links, leading to missed opportunities for thorough investigation and treatment. There is no widespread official recognition of vaccine-induced harm, and therefore no clinical investigation, no multi-disciplinary collaboration, no social or financial support, and no treatment guidelines available. Treating clinicians act in isolation with little understanding or guidance about how to identify and treat vaccine related presentations. People like our son appear to be collateral damage, and have been quietly swept under the rug.

Timely treatment is essential to reduce the risk of chronic and recurrent heart issues and our son's delay in diagnosis and treatment has likely impacted his recovery and long-term outcomes. Our son's poor health does not just come at our own family's cost, but also at a cost to society. Our son's lost productivity and taxes, and his burden to the health system should also be considered. Our once strongly pro-vaccination family has now lost trust in government decision-making about the safety of new technologies, the ability to adapt recommendations promptly as new information comes to light, and provide health support when things go wrong. We will be far more cautious in the future.

#### Recommendations;

- An official body should be created offering a central point of contact and co-ordination of services to investigate and treat ongoing health conditions resulting from covid vaccines, as well as providing a portal to support services, funding, clinical trials, and a register of health practitioners with expertise in this client group.
- Funding should be provided immediately for clinical trials to treat individuals who have sustained chronic and ongoing health problems as a result of adverse vaccine reactions. There may be similarities between adverse vaccine reactions and long-covid illnesses, and this should be investigated further.
- mRNA technology is currently being investigated for use in a wide range of vaccines and health applications, and it is vitally important that medical practitioners are able to identify

individuals who are at higher risk of adverse outcomes from these new technologies. Funding should be provided to universities and other scientific bodies to identify the mechanisms by which harm is caused, the factors which indicate individuals are at risk of harm, and appropriate diagnostic guidance and treatment protocols for those who are affected.

- Funding should be made available to train GP's, emergency room physicians, nursing staff, and specialists to identify and treat significant vaccine-related reactions in a timely manner.
- Meaningful compensation should be available to individuals who have experienced vaccine-related adverse health outcomes, and this compensation should recognize the years of life lost to poor health, the physical and mental health impacts, and the loss of potential future rather than just financial losses and costs. In the event that an individual dies as a result of a vaccine reaction, their family should be eligible for compensation instead.

**The Australian government has a moral duty to care for its citizens who have sustained harm while acting for the greater good of society.**