The Mindful Nurse Australia - Lucinda van Buuren RN

One Mindful Nurse's Pandemic Preparedness Review

9th January 2024

Commonwealth Government COVID-19 Response Inquiry

I am a Registered Nurse of 26 years, 25 of those as a perioperative nurse. I have served on many committees in my career including an executive member of the NSW Operating Theatre Association and a member of the Ethics and Values Committee at my former place of employment.

I will be writing this submission as an Australian Registered Nurse with my concerns, questions and suggestions on behalf of nurses practicing in Australia throughout the COVID-19 Response and beyond.

By way of submission to this inquiry; *the Committee tasked to review the Commonwealth Government's response to the COVID-19 pandemic and make recommendations to improve response measures in the event of future pandemics*; I have outlined and highlighted some of my concerns and recommendations as an Australian registered nurse who in our code of conduct, has declared through registration, to embody the values of honesty, integrity, compassion and respect.

In response to specific areas of review-

1) *Governance including the role of the Commonwealth Government, responsibilities of state and territory governments, national governance mechanisms (such as National Cabinet, the National Coordination Mechanism and the Australian Health Protection Principal Committee) and advisory bodies supporting responses to COVID-19.*

My first concern, questions and suggestions regarding governance is regarding to Gain of Function Research and its significant risks and impact on the public when either intentionally or unintentionally released and how many times in history has Gain of Function research been implied in the potential causation of pandemics?

It is noted that Australia was participating in coronavirus GOF research in 2010 in Geelong Victoria Angiotensin-converting enzyme 2 (ACE2) proteins of different bat species confer variable susceptibility to SARS-CoV entry | Archives of Virology (springer.com)

In 2020, when the lab leak theory from Wuhan was questioned early on in the pandemic, this possibility was dismissed and shut down by governance rather than transparent, and openly encouraging of investigation?

Unbiased, unconflicted, open transparent Investigation of the potential risk and realisation of a leak from this GOF facility or any others then and in the future, was then and must always be an essential prevention activity RESPONSE as this research does pose serious risk and harm to the public that governance is formed to protect, if intentionally or unintentionally released.

This was always an essential component of risk management in pandemic preparedness RESPONSE. The question that remains to be answered and investigated now, is why was it not treated as such?

Halting any future GOF Research in Australia immediately should be addressed as a priority.

Conflicts of interest at the highest levels of governance must be independently investigated to ensure public safety is at the heart of all Australian governance decisions at all levels and any conflicts uncovered must be dealt with urgency in a responsible, accountable, just and fair way.

Transparency of governance must be ensured, and open disclosure and transparency of National Cabinet Documents would be a responsible place to start as we REVIEW our pandemic response.

Where did the governance advice ultimately come from? Was it from non-government organisations that have commercial interests in our Australian governance response?

How many of our government agencies and departments are significantly funded by non-government organisations with commercial interests and how are these relationships expected with transparency, to be without conflict and bias to the funder organisations?

How much non-government funding does the TGA have? It has been suggested that it is 96% industry funded? This is essential information and requires urgent address.

Why was prescribing, Dispensing or Supply of Hydroxychloroquine changed for Queensland Health on the 7th of April 2020. The link is no longer available. The WHO declared the pandemic on the 11th March 2020. It was a "Novel" disease with so many unknowns.

[redacted] who was involved with the GOF research in USA with corona viruses, also was an author on a paper regarding Zinc and its ability against corona viruses in 2010. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2973827/?fbclid=IwAR1tkLKgjzw3ywcJbD254u696MNHqSHLpTYhcrPD1DWpt-zjafBck7W40HM

This is 2005 Chloroquine is a potent inhibitor of SARS coronavirus infection and spread - PMC (nih.gov)

Then we have this flowchart as governance https://clinicalevidence.net.au/wp-content/uploads/FLOWCHART-DT-FOR-ADULTS.pdf?=230522-34117

These medications and vitamins as well as antibiotics, listed from previous pandemics as beneficial, all fully registered and have decades of safety data, are actually still to this day, discouraged unless used as part of a clinical trial on the flow charts. https://clinicalevidence.net.au/wp-content/uploads/FLOWCHART-DT-FOR-ADULTS.pdf?=230522-34117

Newly patented provisionally registered medications like Remdesivir, Plaxlovid, tocilizumab are suggested treatments with limited safety data. https://clinicalevidence.net.au/wp-content/uploads/FLOWCHART-DT-FOR-ADULTS.pdf?=230522-34117

COVID-19 treatments: Provisional registrations | Therapeutic Goods Administration (TGA)

Was voluntary informed consent ensured with the prescribing of these medications meaning the recipients were told regarding the provisional status based on short term data and continued approval depends on ongoing clinical trials? COVID-19 treatments: Provisional registrations | Therapeutic Goods Administration (TGA)

Conflicts of interest in all sectors of Clinical governance related to this COVID-19 Response remains the highest priority. Addressing this issue will ensure integrity, transparency, responsibility and accountability in a just and fair way as per National Law and Public Safety and the National Safety Quality Health Standards, specifically, partnering with consumers, for all working in service as clinical governance for the people.

2) Key Health Response Measures (for example across COVID-19 vaccinations and treatments, key medical supplies such as personal protective equipment, quarantine facilities, and public health messaging.

Continuing on with clinical governance and their key health response focussed measure- the "vaccine rollout" or specifically the provisionally approved based on short term data – vaccine rollout. Why haven't the vaccine contracts been transparent? Why were pharmaceutical companies given indemnity yet our people, the public, that clinical governance public servants are to serve, where mandated provisionally approved vaccines? Are these NGO placed above the public by clinical governance?

As a nurse I felt very undervalued when AHPRA and the 15 National Boards wrote the joint statement on 21st March 2021, encouraging all health care workers to get these provisionally approved vaccinations unless medically contraindicated. Australian Health Practitioner Regulation Agency - Registered health practitioners and students: What you need to know about the COVID-19 vaccine rollout (ahpra.gov.au) This document has been recently superseded.

On the 24th January 2021, the TGA gave Provisional Registration to Sponsor: Pfizer Australia Pty Ltd, for Product Comirnaty BNT162b2 (mRNA). https://www.tga.gov.au/covid-19-vaccine-provisional-registrations I will focus my writings on Pfizer as this was the vaccine offered and encouraged through my employment. When I reviewed the Australian Public Assessment Report for BNT162b2 (mRNA) https://www.tga.gov.au/sites/default/files/auspar-bnt162b2-mrna-210125.pdf page 7 of 42 states *"Approved therapeutic use: Comirnaty (BNT162b2 (mRNA)) COVID-19 vaccine has provisional approval for the indication below: Active immunisation to prevent coronavirus disease 2019 (COVID-19) caused by SARS-CoV-2, in individuals 16 years of age and older. The use of this vaccine should be in accordance with official recommendations. The decision has been made on the basis of short term efficacy and safety data. Continued approval depends on the evidence of longer term efficacy and safety from ongoing clinical trials and post-market assessment".*

Comirnaty was placed on the Black Triangle Scheme. *"As a provisionally registered product, this medicine will remain in the Black Triangle Scheme for the duration of its provisional registration". Footnote 2 "The Black Triangle Scheme provides a simple means for practitioners and patients to identify certain types of new prescription medicines, including those being used in new ways and to encourage the reporting of adverse events associated with their use. The Black Triangle does not denote that there are known safety problems, just that the TGA is encouraging adverse event reporting to help us build up the full picture of a medicine's safety profile".*
https://www.tga.gov.au/black-triangle-scheme-information-sponsors

Ahpra and the 15 National Boards did not disclose in their messaging that these vaccines were only provisionally approved and were new technology with limited use in humans. For Pfizer at the time of the joint statement, the decision had been made on 8 weeks data of a new technology with limited use in humans. https://www.tga.gov.au/sites/default/files/auspar-bnt162b2-mrna-210125.pdf page 37"*As the safety follow up is currently limited to a median of 2 months post dose 2, can the ACV comment on the likelihood of vaccine-related adverse events occurring after more than 2 months post vaccination, particularly with the new mRNA vaccine? The ACV advised that it is unlikely for the vaccine-related adverse events to occur more than 2 months after vaccination based on available data. However, there is limited information on the use of mRNA vaccine in humans, which underpins the need for post market vaccine safety surveillance".*

These vaccines also had potential for worsening disease VAED and VAERD? Was that relayed in informed consent? How potentially dangerous for our healthcare workforce was it, to encourage total vaccination with a new technology vaccine with 8 weeks data that could potentially worsen disease?

This submission comes to you all without judgement, with the ultimate desire for optimum gold standard healthcare for all including our healthcare workers now and in the future.

Clinical governance must always partner with consumers and empower the public, not dominate and disempower the public.

I hope open disclosure is urgently addressed by this committee however I ultimately believe that the only transparent, responsible, accountable and just National Law for public safety, can only truly be assessed and accomplished with a full Royal Commission.

Thank you so much for listening to my concerns and views as one Mindful Australian Nurse.

In Integrity, Honesty, Compassion and Respect,

Yours Sincerely,

Lucinda van Buuren

The Mindful Nurse Australia

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