24th March 2023

Adjunct Professor Robyn Langham AM

Chief Medical Advisor

Health Products Regulation group

Department of Health and Aged Care

Dear Adjunct Professor Robyn Langham AM,

Thank you for your letter dated 23rd March outlining your serious concerns regarding my presentation at the 'COVID-19 Vaccine Conferences'. I am very grateful that you have taken the time to consider and respond to these matters, as I consider them to be of the most urgent nature related to public health and safety.

As you know, I have copied you into previous correspondences regarding these matters to Adj Prof John Skerritt and former Minster Hunt. I would be very grateful if you could consider making time for me to discuss these issues with you in greater detail, perhaps by phone or Zoom, in order that I might provide you further details and information that may assist in your role as Chief Medical Advisor, and to provide perhaps some additional clarity regarding the reasons I considered this presentation necessary and to be in the urgent public interest?

I have attached for your ease of reference several of the letters I have written to the relevant officials detailing my concerns as a health care professional.

Your letter does provide the reassurance that 'The TGA has not linked the death of any child with a COVID-19 vaccination', and this statement is consistent with the statement on the TGA weekly safety reports.

I have a very serious concern that the TGA not 'linking' a death, may not necessarily mean that a death was not caused by the COVID-19 vaccines, and I have considerable basis upon which this concern is grounded.

Firstly, as detailed in previous letters, my firsthand observations of adverse events in persons far exceed the rates of expected events based on the information provided in the product safety information and the regular safety reports. Specifically, serious events reported as being 'extremely rarely' associated with the vaccines do not appear to be at all rare based on my observations and on the numbers of events reported to the DAEN.

Secondly, I have been contacted by hundreds of people who have experienced severe adverse events or have their loved one's die shortly after vaccination. I have firsthand knowledge, from the medical information they have provided for me to review, including letters from their treating health professionals and in a number of cases autopsy and coroner findings. I have observed an alarming pattern in these reports; in summary, that these patients are not receiving the careful follow up and investigation of their adverse event reports by the TGA; and secondly that if their reported adverse event has not been 'accepted' as a known adverse event or safety signal, then these events are being dismissed as not being related to their vaccination.

By way of examples- 23 year old Amy Segdwick, who's parents Sophie and Bruce made their emotional submission to the Long Covid Inquiry, which information is now on the public record. Despite having a well-controlled non palliative chronic medical condition and dying unexpectedly soon after vaccination, Amy's parents were advised that since her neurological adverse event is not known to be related to the vaccination, that her death is also considered unrelated.

Another is a healthy man in his 50's who developed malignant hypertension soon after vaccination and within weeks died of an intracranial haemorrhage. The medical expert provided the opinion to the coroner that since he did not die of TTS, and TTS being at that time the only accepted cause for death after vaccination, that this man did not die from the vaccine; despite no alternative explanation for his unexpected death.

Another mother who's 21 year old daughter was found dead at home 3 weeks after her vaccine, and after waiting over 12 months for the coroner report was advised a cause of death of sedation due to her long term medication for depression leading to coma and death. Her mother asked the coroner why detail was provided about her appointment with her GP three weeks prior to death where she discussed her anxiety, but there was no mention of the fact that she received her mRNA vaccine at that appointment also. The mother was advised this was due to the coroner deciding the vaccine had nothing to do with her death.

Another father who's 17 year old healthy son died one month after vaccination received the report that the cause of death was 'unascertainable', and despite an enlarged heart on autopsy that there was no evidence of myocarditis; and therefore the vaccine was not the cause. Again, there was no more likely explanation and no cause of death provided.

Another mother arrived to find her daughters dead body on the pavement at her workplace following an unsuccessful resuscitation attempt after she was found deceased in her car at work. She was diagnosed as dying from asthma, despite the fact that she had not ever had a serious asthma attack and had been diagnosed with only viral induced reactive airways previously. This was also despite the fact that she had her mRNA vaccine just weeks before she died, and had allergy symptoms and dyspnoea following vaccination. She presenting to hospital with dyspnoea just days before she died. She had no wheeze on examination according to the hospital records. She did not undergo an ECG or troponin blood test. She was discharged and died suddenly days later. On autopsy focal myocardial necrosis and myocardial inflammatory cell infiltrate on histology was found as well as cardiomegaly on autopsy, and only mild lung hyperinflation as might be anticipated following CPR efforts; which would make a diagnosis of myocarditis, not status asthmaticus, more likely. However, as asthma was provided as the cause of death, the mother has been assured her daughter's death was not due to the vaccine, as the vaccine 'does not cause asthma'.

I could go on for many more pages regarding horrific stories of the deaths and serious events after vaccination. Spouses and parents needing to perform CPR on their loved one whilst waiting for an ambulance. The incomprehensible grief of finding a teenager dead in their bed. The financial, occupational and relationship devastation that has attended these horrific and life-changing events where patients have been wheelchair bound, unable to speak and unable to care for themselves.

What these stories have in common is often a reluctance to diagnose or denial of their symptoms being related to vaccination by both the TGA and many health care professionals. The result of this is that these patients now suffer the significant psychological trauma of being treated in this manner and being denied compensation claims.

I am extremely concerned and alarmed by the number of adverse events reported to the DAEN. Your letter attempts to reassure that these events are likely to be coincidental with a population wide vaccination campaign. I would respectfully ask you to have a look at the DAEN reports compared to the reports for all other vaccines for the past more than 50 years. Every year we vaccinate the entire population of newborns, 2,4- and 6-month-olds, one year olds, 4 year olds and teenagers with multiple vaccines. A large percentage of the population also have an annual influenza vaccine, including the frail elderly and young children. Precisely how many 'coincidental' reports of deaths, cardiac arrests, strokes, clotting disorders and other serious events might be required for you to consider that this represents a safety signal? Could you please also explain why these coincidental events do not occur with all the other vaccines that we use across the entire population every year?

I would assume in writing to me that you have watched my talk, but if you have not could I respectfully request that you do so; this is the link to the recording; https://rumble.com/v2bk5mw-dr-melissa-mccann-speech-covid-vaccines-and-effects-tour-sydney-australia-2.html I have included references for all statements made, and as you suggest I did indeed consider that I was promoting public health practice based on the best available evidence.

I am not naïve to the implied meaning of your reminder regarding the AHPRA statements to health practitioners. I certainly expect to be required to defend my statements to AHPRA and have already received notification of a complaint.

I have previously written to the Medical Board regarding my concerns and have attached this correspondence for your information also. I acted initially to in fact promote the national immunisation campaign, not undermine it in any way; including making lengthy submissions to join as vaccination provider, completing the quite onerous vaccination education program and providing vaccines to my own patients as part of the 1B rollout. However, when an unexpected pattern of events was observed after vaccination, I adhered to my Code of Good Medical Conduct by ensuring that 'the care of patients is my primary concern'. Frankly this requirement trumps any fear regarding regulatory action, and I will be pleased to defend this in the hope that further awareness of these issue might be a consequence.

Prof Langdon, whilst you refer to the misuse of a position of influence to promote misinformation, I would argue that I am just a rural GP of very limited influence, and will no doubt quickly disappear back to my small-town obscurity. I will not however, cease in making any and all efforts to assist these suffering patients to whatever extent I am able, and I personally consider that the statement made by AHPRA has had extremely negative consequences in dissuading doctors from considering vaccination related causes for symptoms or offering good medical care following adverse events.

You are however in a position of great influence. I would implore you to give these serious matters your most urgent and open-minded attention.

I would ask you to sit for one moment with the possibility of the unthinkable scenario; that these vaccines using novel platform, synthetic nucleotides with biodistribution to the gonads and other organs and using novel lipid nanoparticle technology; had red flags for safety issues in the non-clinical and clinical data for evaluation that were justified by the sponsor and accepted by the TGA. That an extraordinary pattern of adverse event reporting followed the provisional market authorisation approval. That the TGA has not followed up these individual reports in the majority of cases. That there are reported deaths in multiple children, and regardless of how one describes the redacted causality assessment documents, the fact that these deaths occurred soon after vaccination and do not appear to have a more likely explanation provided as a cause for such rare and serious events in young children is extremely alarming. That the excess death figures in Australia of some 20

000 people is currently unexplained; and the Actuaries state that it is not the vaccines because the TGA has reported only 14 deaths, and the TGA reports it is not the vaccines and use the statement of the Actuaries to justify their conclusion- in a sort of circular logic checkmate which leaves these grieving families with no answers at all.

I would implore you to recognise that even the possibility that such a scenario has led to the immeasurable harm, grief and suffering of the Australian public, requires that you use your influence to do what you are able to in order to restore trust in public health and the regulatory process.

I repeat my call for the immediate suspension of the COVID-19 vaccination program and an urgent review of the safety issues. As advised in my presentation hundreds of injured and deceased parties have come together to take proposed action against the TGA for compensation in respect of their losses.

This is not a publicity stunt or political campaign; the sole purpose of this action is to obtain fair compensation for these severely injured parties to access the care they need.

I would ask you to consider discussing with the TGA legal team a meeting with my legal team to discuss further this proposed action and associated claims of injuries. I do not consider it in the interests of public trust to have these very serious matters aired in further detail before the courts. The evidence in support of this proposed action is extremely alarming and potentially very damaging to public trust in authority, and that would be an unfortunate and unintended consequence. The risk of this loss of trust is a concerning issue that I have raised previously with both the TGA and the medical board.

Please let me know if you would be prepared to discuss further a mediation regarding this proposed legal action with my legal team? An outcome that avoids a lengthy legal action would ensure these patients receive more timely access to the care they need, whilst mitigating the significant loss of public trust that would attend the hearing of these matters in a court room.

Yours Faithfull,,

[redacted]

Dr Melissa McCann