

Submission to the COVID-19 Response Inquiry

Relevant terms of reference:

- Key health response measures
- Mechanisms to better target future responses to the needs of particular populations

Response

I am a 66-year-old male who is a leader in his chosen profession. I am director of a company but speak in my own name. I had both Pfizer shots but then chose not to pursue boosters.

Like most people of my age, I have always had a positive attitude to vaccinations. The benefits are obvious, including the benefits of so-called 'herd immunity'.

I did not disapprove of strictures placed upon parents wanting to place their children in childcare that they be vaccinated, for three reasons:

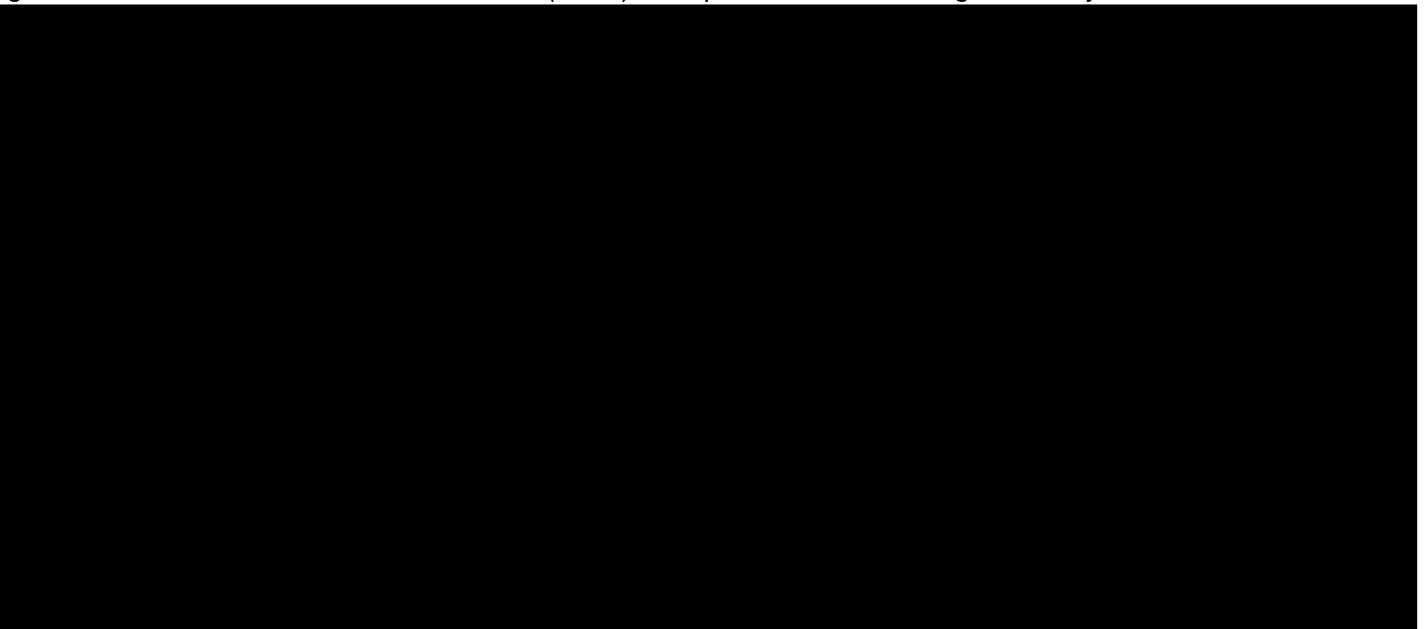
1. It did not affect me
2. It related to a service that was optional
3. Most importantly, the vaccines involved were based on long-proven technology and had been rigorously tested for years before being used, and then had, in most cases, decades of use, with associated statistical data

I have a major issue with the way in which vaccines were administered during COVID-19. Whilst it has not made me an 'anti-vaxxer', it has certainly blunted my overwhelming support for vaccines, and I suspect that this is likely a much wider phenomenon, based on anecdotal evidence that will not be of use to you.

My major issue is with the inappropriate haste with which novel vaccines were approved for use. Anyone with an understanding of the normal process will understand that major short-cuts were taken. I do not think it hyperbole to say that these vaccines were experimental. That approach contradicts many decades of established practice.

My second and related issue is with the use of unproven mRNA technology. Before having the Pfizer jab, I undertook research to assure myself that there were no DNA-related risks, and I am sure there are not. But I did not at that time understand the crucial role of mRNA as link between DNA and proteins. I have increasing concerns about the implications of mRNA vaccines and their effects on the human body, especially with regards to risk of cancer. I refer you to:

Lee, SH., Singh, I., Tisdale, S. *et al.* Widespread intronic polyadenylation inactivates tumour suppressor genes in leukemia. *Nature* **561**, 127-131 (2018), and provide the following summary:



Whilst not directly related to the vaccine, this highlights risks in the area of mRNA and suggests that much greater research is required before mRNA vaccines are further implemented.

I strongly urge you to promote the development of alternative non-mRNA vaccines using conventional processes for future requirements.

Another major issue I have is with the punitive approach to vaccine enforcement. This, I fear, will have widely negative consequences. For two reasons. Firstly, based on personal experience, many people were reacting with irrational fear, and having seen the results, will be slower to act that way in future. Secondly, people innately resist being forced into compliance, and many who willingly complied during COVID-19 may be more willing to resist next time round. Yes, herd immunity is important, but alienating the community will not achieve that. My personal sample will not be representative, and I have no way of documenting it (I have not completed a formal survey), but approximately 50% of the many people I have spoken to are more likely to reject attempts to force them to be vaccinated next time. I consider that an **alarmingly negative outcome** of the sub-optimal manner in which COV-19 was addressed. Fostering resistance will only hurt the community as a whole.

I consider it wiser to dial back the vaccine enforcement in future. You are likely to have better results that way. The public is still hearing stories of firefighters who still cannot return to work because they were not vaccinated. This ongoing reporting is having major negative effects, as my experience is that over time, people are increasingly questioning the heavy-handed approach that was taken.

There are widespread reports of outcomes in Sweden that are comparable or better than our own with negligible enforcement of vaccines, masks or separation. I am sure you can obtain those so won't append them. I ask that you consider these and have them assessed scientifically. If there are lessons to be learned there, we should gain what benefits we can from them. If not, then dismiss them. But it appears to me, as someone with 25 years of investigative experience, that there is much we can learn from the Swedish experience.

My personal preference is to limit enforcement to targeted populations, most specifically aged care homes and hospitals, and dial back enforcement, of any type, in other areas. I consider this a balanced approach most likely to achieve the best outcomes next time round. Obviously, the parameters around the limits of enforcement need to be studied and researched. But what was done during COVID-19 smacked too much to me of knee-jerk reaction and political expediency, not a science-based approach aimed at maximising the reward/risk ratio.

Yours sincerely,

John Loiterton

