To: The Commonwealth Government COVID-19 response inquiry

I am writing to the enquiry to assist in their consideration of the key health response measures, in this case the vaccine rollout across Australia in 2021 and 2022. My position is that any rational observer should have known from mid 2021 that mass vaccinations across the Australian people was a very poor and dysfunctional policy choice. We have now seen, by mid 2023, many governments around the world restrict mRNA COVID vaccines to those at high risk only, and some have withdrawn all such vaccinations. This is at sharp odds with the federal government's mass vaccination of all Australians, and I would hope the inquiry will focus on why that poor decision was taken.

I have over 30 years of experience working in the area of financial crime, fraud, and other high-risk issues. I have worked all around the world at a senior level, in public and private sector organisations. My skillset is identifying risk factors and failures in governance and risk controls which lead to criminal acts or harm, as well as identifying where individuals and organisations have failed to act in a rational way due to a lack of information, lack of ability, or deliberate malfeasance. The federal government response to COVID included actions which, to me, are unexplainable from a risk management point of view. Whilst some decisions were positive, others, especially around mass vaccination, broke every rule in the book on risk and harm mitigation. I am unsure as to whether this was due to lack of information, lack of ability, or deliberate malfeasance. I am hoping the inquiry panel seek the answer.

All my decisions noted below were personal and should not be taken as applicable to any other individuals; each individual has a personal medical history and will have varying risk profiles from both COVID and the mRNA vaccines (one of the failures in Australia which the inquiry should examine is that the federal vaccine project removed doctors abilities to consider the personal medical history of each patient and recommend vaccination or non-vaccination accordingly. That is at odds with the past one hundred years of our medical system).

Step by Step Analysis:

1. [redacted]
2. COVID was identified in late 2019/early 2020 by governments around the world as a potential pandemic event
3. I monitored the initial reported outbreaks in China closely from January 2020 onwards to ensure that I understood the risks arising
4. Initial reports of the first wave of COVID in China were for mortality rates in excess of influenza (Infection fatality rate as high as 2.5 was discussed)
5. [redacted]
6. Vaccines were announced as under development in 2020. Normal development timelines for vaccines are 10-15 years; development was rapidly accelerated under direction from the administration in the United States
7. Emergency authorisation was given for rollout in 2021 by a number of governments around the world. I was concerned at the speed, as the last emergency approved vaccine (for swine flu[i]) generated a number of unforeseen side effect issues in some patients, many long-lasting

8. Reviewing trial data which was publicly available, I was also concerned to note that the effectiveness of the vaccines was evaluated only by whether visible symptoms were prevented. The trials did not test every participant to see whether the injections were sterilising (as is the case for almost all traditional vaccines). This raised the likelihood that the vaccines would not stop the spread of the virus in the real world, as indeed turned out to be the case. Taking the mRNA vaccines does not protect the wider community or prevent transmission in workplaces. I identified this issue in early 2021, and was confused why the federal government was stating that if everyone was vaccinated, they would be 'protecting the vulnerable'
9. Risk of death or severe impact from COVID was demonstrated by late 2020 as strongly linked to age, weight, and underlying co-morbidities. I have none of the high-risk factors identified as elevating COVID risk materially (such as diabetes, extreme obesity, or extreme old age)
10. In 2021, mortality rates rapidly declined as variants emerged (over 40,000 variants identified by end 2021, the majority not successful in spreading widely). This was in line with normal coronavirus predictions of evolutionary selection pressures, where less deadly versions can infect more people and thus become dominant
11. As at July 2021, the United Kingdom government confirmed in response to a Parliamentary question[ii] that the Infection Fatality Rate from Alpha/Delta was 0.096 (so overall, if infected by COVID *average* risk of death was less than 0.1%). Alpha/Delta were much more dangerous than later variants
12. Vaccines were rolled out in Australia from early 2021, but main offering to population from the federal government was from mid 2021 onwards
13. I decided not to get vaccinated until the risk/reward data showed a benefit, especially around the issue of side effects [redacted] As an example, NOVAVAX contained a protein obtained from moth cells. [redacted]
14. Australian GPs were not issuing exemptions except in very limited circumstances; even individuals with strong adverse reactions to earlier injections were being refused formal exemptions
15. By mid 2021, a number of cases reporting serious side effects linked to the immune system had been identified in Australia and around the world, including auto-immune related injuries. My personal risk evaluation therefore became even more important
16. The Oxford University risk calculator[iii] was useful at the time in assessing personal risk; In early 2021, my personal risk of death was indicated as around 1 in 15,000. As of 24th March 2022, it was 1 in 30-40,000. Risk was decreasing over time
17. Long term side effects of the vaccines will only be understood over many years, especially for specific groups such as myself where unique auto-immune issues exist which could not be fully tested for in the initial accelerated trials
18. The risk of death from COVID is pretty well established now as minimal for someone in my age and health status; if this changes, the personal risk evaluation will change
19. In a situation where one risk is quantifiable as minimal, and one risk is not quantifiable, it is logical to choose the quantifiable risk (in this case, the risk from COVID)
20. I almost certainly have had, and recovered without issues from, COVID in December 2021 when [redacted] **had** COVID and [redacted] also fell ill with COVID symptoms. RAT tests did not work – but this seemed to be common with Omicron
21. I had COVID again in early 2023; this time the RAT tests did show a positive – again, after a few days I was fine (although [redacted], which was a bonus)

22. By time of writing, December 2023, I know of six direct contacts who now have severe vaccine damage in Australia and around the world from the MRNA vaccines. Four of them were healthy individuals before the injections. Two had underlying health or age issues which elevated their risk from COVID, so the vaccinations were probably rational to take at the time.

In summary, my decision to remain unvaccinated was based on a rational evaluation of personal risk, but I expected my appetite to change over time as data changed. As the data continues to emerge, I have not had one day where I regret remaining unvaccinated. I know a lot of fellow Australians who deeply regret taking the mRNA injections, and feel the federal government failed utterly in their duty to inform Australians honestly of individual risks from COVID and/or vaccines.

I would suggest that the issues for the inquiry to consider examining are:

- That mass vaccination using an accelerated approval was unprecedented for Australia and the specific risk/reward advice given to Ministers on approval of the vaccine rollout should be carefully examined
- That the long-term effects of the mRNA injections on individuals cannot be known, due to the limited testing period and parameters of trials. Most Australians had no way of knowing the personal risk – no messaging was forthcoming from the federal government which would have led to informed choice.
- Mass vaccination **during** a pandemic was, until COVID, unheard of in medical circles, as it is agreed that this may drive evolution of escape variants in a virus, creating a negative effect. Why was this risk ignored?
- That the federal government and health advisors would have known the Alpha/Delta case fatality rate by mid 2021 at the latest, and the difference risk profiles for different categories of Australians by age and health. Was this clearly communicated to ministers? On what basis was it decided to continue injecting, for example, young males?
- That individual health conditions should have been allowed to determine whether vaccination was or was not a good risk decision for that individual
- That doctors should have had the ability to issue exemptions on the basis of individual circumstances; it is clear that the pressure on doctors not to issue any exemptions was severe at a federal level

I would be happy to appear at the inquiry if requested, to explain further why the Federal Government appears to have made very questionable policy decisions in the COVID vaccination program from a risk perspective.

Gavin Coles, [redacted], December 2023

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[i] https://www.buzzfeed.com/shaunljntern/these-nhs-staff-were-told-the-swine-flu-vaccine-was-safe

[ii] https://questions-statements.parliament.uk/written-questions/detail/2021-07-12/31381

[iii] https://qcovid.org/Calculation