

Hi,

My name is [REDACTED] I live in Melbourne. I have a keen interest in covid and how it has affected the community. My partner and I have been impacted in more ways than one. Our business and family have been through a great deal trying to navigate the ongoing pandemic safely.

Firstly, Australia did so well early on with regard to stopping the spread. Providing financial support was a god send, state and federal sources. Vaccine procurement was frustrating, often very late and the use of AZ was less than desirable. The Morrison govt should have procured and negotiated with the US far sooner. I believe they were approached. Covid protections which were being utilised at the time, were effective overall thankfully. However, I have to say covid protections have eroded so much in the last two years that I can't believe the community have been left so abandoned. All governments state and federal no longer are taking steps to protect the community as they once were, early on in the pandemic.

Covid mitigations such as mask mandates in health, aged care and public settings have been largely withdrawn. Pandemic leave abandoned, resources for PCR testing, the surveillance and reporting of covid effectively diminished. We are reliant on twitter volunteers who spend hours navigating govt. websites so the public can be informed of the prevalence of covid. The information they can access is now dwindling. We currently have a sole vaccine strategy without sufficient supply of the latest vaccines. This is unfathomable.

The USA have been dispensing the latest COVID XBB vaccine since Sept 2023, our first shipment began this week on December 11th. Why so late? We have been using the outdated supply of the bivalent vaccine, which is no longer effective against current strains. And have continued to administer it even after it has been shelved overseas. Just 3 million doses ordered thus far of the covid XBB vaccine and the eligibility criteria is unfortunately SEVERELY restricted. Why? All adults in the USA can access it, that is, those over 6 months old. And Americans can have their updated XBB covid vaccine 2 months post their previous vaccine. This is a new vaccine, not a booster, so why is Atagi and the Aust. Govt not granting access to ALL of their constituents in a timely manner? So many other countries are following the USA's lead, why not us? In Sept this year Atagi amended vaccine access eligibility criteria ie. receiving a vaccine dose changed from every six months for under 65's, to once a year. Vaccines wane after 3 or 4 months and covid is not seasonal, we continue to have multiple waves throughout the year. Why is this happening?

It is my understanding that Atagi are not using the important findings of the CDC. Why are we not providing the bare minimum of protection. (Under 5's still without any vaccine.)

According to Prof Brendan Crabb of the Burnett Institute, we are following a strategy which promotes the concept of 'hybrid immunity.' The Professor describes this as 'dangerous' course of action to take. This strategy was clearly referenced in Oct 2022 in the press conference with Prof Kelly and PM Albanese in attendance. They labelled covid as being 'unexceptional' and classed it as a 'respiratory' virus. This has shown itself to be untrue. It is a vascular disease and has been known to affect multiple organs well after a person's so called mild infection. The third largest cause of death last year, covid has significantly reduced life expectancy and the ongoing crisis of long covid has proven that covid is not simply 'respiratory' in nature. Covid is not the flu.

Prof Brendan Crabb speaks of this and many other covid related issues in his 3RRR podcast broadcast in December last year. It's well worth listening to. Here is the link to the whole podcast: <https://www.rrr.org.au/explore/podcasts/uncommon-sense/episodes/6333-professor-brendan-crabb-on-the-scientific-reality-of-covid-19-for-all-australians>

And here is a most recent quote by Prof Brendan Crabb article published in the West Australian in Nov 2023. "We still have a strategy that is pro-infection despite years of experience to say it's not working well enough, and that it's dangerous," Professor Crabb told [The West Australian](#). Full article here: <https://www.burnet.edu.au/knowledge-and-media/news-plus-updates/living-with-covid-remains-exceptional/>

Prof Brendan Crabb also importantly noted that the virus was continually mutating. Repeatedly getting infected meant one risked acquiring longer term health issues such as 'long covid.' With each infection the risk is heightened. Long covid has no cure. The health issues are broad ranging and quite often can never be reversed. There are growing numbers of long covid sufferers and very few avenues to seek treatment, some clinics have been wound down already. At least 10 percent of infections will lead to long covid and become a contributing factor in disabling our workforce long term. How long can we continue this without re-introducing mitigations. The best prevention of long covid is not getting infected in the first place.

Latest information from a recent seminar at the Klrby Institute with Prof Raina Mactyre & Ziyad Al Aly – **"Long Covid: the lasting legacy of the Covid-19 pandemic"**: Link here:

<https://www.youtube.com/watch?v=YXq6d3Vqk48&t=17s>

And another link to a podcast here: **" Illuminating Long Covid: Ground Truths Podcast with Ziyad Al-Aly and Eric Topol"** <https://www.youtube.com/watch?v=Nn4itH6IKaQ&t=2s>

Prof Brendan Crabb therefore concluded that keeping up to date with the latest vaccines and utilizing a number of other covid protections was the path to follow. The ultimate aim is to prevent infection not encourage it. Ventilation and regulating clean air indoors through the use of air purifiers, wearing N95 masks, rat and PCR testing and the constant surveillance of covid strains in the community, remain important. Pandemic leave should be reinstated (at the very least for health care workers). Anti-viral use such as paxlovid another important element and expanding it's eligibility criteria, would be welcomed.

Ultimately a focus on vaccines is far safer than a reliance on infection.

'YOU DO YOU'

The concept of 'you do do' does not work when we are dependent on others for assistance in health for example. Covid is airborne so masking (with N95 NOT surgical masks) and regulating indoor clean air is imperative. It's unfathomable that health and aged care settings do not have mandatory rules in place to accommodate for either of these things. These measures are preventative and should always remain in place.

My husband had [REDACTED] last year. I brought my own air purifier in the hospital for his safety. When visiting specialist appointments we attended masked up in N95 masks but unfortunately specialists and their staff weren't wearing anything, no masks whatsoever. The two hospital stays (private) for my husband, the staff were either wearing nothing, or a combination of surgicals and N95's. How are we honestly protecting our most vulnerable patients, we are not. 10% of hospital acquired covid infections result in death in Victoria. How is that not culpable on the part of the hospital? How? I had to look hard, while my husband was recovering, for a covid safe physio, hydrotherapy pool and gym that had adequate air quality. I

spent hours searching for places you have no idea how hard it is to find. If we can't access safe services in the community then we are no longer one. It's a disgrace having to constantly navigate safety when govts can legislate for clean air and mandate masking in public or at the very least, in health settings. It's interesting that parliamentarians have been afforded clean air in their work place buildings, but the public are not given the same care are they?

Just trying to navigate a covid safe dentist, periodontist, gp is difficult enough, but when you are doing it while under the stress of already trying to recover from surgery, it's doubly hard.

One of the most painful and stressful periods we experienced, was also dealing with a relative in aged care. My [REDACTED] had two covid infections when the home contracted it, this past year. After both bouts of covid, protections such as N95 masks and purifiers were removed from the aged care home. I complained twice to no avail. The staff were also not adequately trained in how to use PPE. And although they used rat tests and were still able to provide antivirals, they were slow to act. A positive rat wasn't sufficient, they then had to wait for a PCR then a referral for my [REDACTED] to access paxlovid. By the way, I had to request paxlovid otherwise they would have given her molnupiravir (which is said to be not as effective and has been shown to cause viral mutations, link here: <https://www.cnn.com/2023/09/25/merck-covid-drug-linked-to-virus-mutations-study-says-.html>.)

My [REDACTED] died four months post her second infection. While the staff were lovely, their covid safe measure were sub par. This has to be regulated for it to be effective. I had an air purifier installed in her room permanently, but she used shared public areas in the facility, so she was at risk. Also those caring for her personal showering needs, did not wear properly fitted n95 masks. She died of [REDACTED] and [REDACTED] Covid was not stipulated on her death certificate but I have no doubt it was the cause of her death. Yes she was immuno-compromised but her death was entirely preventable.

Public transport, schools and all public facing buildings should be properly fitted with air purifying systems. Analysing the quality of air with CO2 monitors is an efficient way to know if it's working or not. Properly ventilated buildings with the addition of mask wearing in particular settings such as health and aged care should be mandatory. I understand some facilities are doing this but everyone should be doing it, it should not be optional. I shouldn't have to constantly request a health professional or health facility to mask up for me or provide clean air. I actually bring in my own purifier when I attend my oral hygienist, why should I have to do this to be safe? The onus and responsibility should lie with the owner of the facility or the govt to legislate. It's incredible to me that after four years in, we have learnt nothing. The pressure this places on the individual who knows the long term risks of getting covid repeatedly, is incredible. Constantly trying to avoid infection in a community that has ceased to care, is incredibly isolating and upsetting. We should care about the repercussions of letting it rip, unfettered.

Lastly, research into nasal vaccines by the US is being developed with some promising results. We should be investing in these technologies as well, because we are allowing the virus to mutate, we are forever playing catch up. The development of such technologies has the capacity of preventing the spread of covid and stopping it in it's tracks. Why aren't we doing the same? We need the funding to research this as well. Link below:

<https://www.healthcentral.com/condition/coronavirus/are-covid-nasal-vaccines-on-the-way>