

I am a [REDACTED], and was previously a [REDACTED] until my medical condition made continuing in paid work impossible. In the course of working toward my own diagnosis [REDACTED] [REDACTED] I learnt enough about post-viral illness to be extremely wary when SARS-COV-2 began circulating, and have done my best to keep on top of the huge amounts of research which have since been published, detailing the very significant and often incurable damage it can cause to the human body.

While I have been extremely fortunate thus far during the pandemic compared to many others, it has been at considerable cost. [REDACTED]

[REDACTED] In order to keep them safe, I have been [REDACTED] them for the previous year, which has left me unable to spend any time or effort pursuing my own healthcare in the hope of finding an effective treatment.

I have put together this submission with the help of a few prompts, and I apologise if it ends up being a little disjointed – I have very little time and energy with which to finesse it. Whilst I would prefer to provide more specific references and examples, it's simply not possible for me to do so with the limitations I have on my time and energy usage.

I have found some actions of **Australian government and advisory bodies** hard to understand, detailed below:

\* **ATAGI's** decision that 5-17 year olds are not able to access any boosters after their initial primary course of covid vaccinations is perplexing. It seems to be based on a frankly horrendous assumption that all children of that age will be regularly catching covid, and given what we know about the vascular, autonomic, neurological, and autoimmune problems caused by the virus, this is not a scenario any Australian government should tolerate, let alone encourage.

While it is understandable that people should dearly wish exposure to covid to reliably induce immunity, we have never, at any stage of the pandemic, had evidence to suggest that this was true, or that benefit which could potentially be gained would outweigh the incredible risk inherent in each covid infection. Indeed, we have significant evidence now that SARS-COV-2 can lead to immune dysfunction, leaving people vulnerable not only to repeat infection with covid, but also increasing their vulnerability to other common pathogens.

Many parents have diligently protected their children from infection throughout the pandemic, and these children are now approaching two years since their primary vaccination course was administered, with no booster availability in sight.

Why can GPs not be trusted to use their judgement in these cases, or to test for antibodies to determine whether a booster vaccine should be administered, as is done with other types of vaccines?

\* I do not feel that the **National Cabinet** have been at all transparent in their decision making, in refusing to release the advice based on which decisions were made to remove vital public health protections.

\* It has been very strange and puzzling to see an antiviral nasal spray (Viraleze) developed here in Australia be made available overseas, but not here. Why on earth have Australians not been able to benefit from this scientific innovation? The delay in getting it approved by the **TGA** is becoming ludicrous.

I thought the initial **public health response** across the country was wise and well thought out, considering how little was known about SARS-COV-2 was known at the time – the precautionary principle should always be followed in such circumstances where the potential threat to human life and society is significant.

However, as more and more became known about the viruses, the public health response seemed to make less and less sense. I believe a lot of trust in public health measures was lost as a result of the relevant governments completely failing to look back on the measures which had been taken, and publicly acknowledge which measures turned out to be justified, and which – once more was known – turned out to be unhelpful. For

instance, the closure of all outside playgrounds, limiting outdoor leisure times, and not allowing people to sit outdoors turned out to be measures which did not significantly reduce the spread of the virus, and this should have been publically acknowledged. This would have increased trust and goodwill, and reduced the likelihood of people from taking an “all or nothing” approach to precautions. Measures which are very effective at reducing spread, such as using high quality respirators and improving ventilation, have now been disregarded along with those which in retrospect were never necessary.

This failure to publically take stock and acknowledge what has been learnt also puts us in a very dangerous position when it comes to addressing future pandemics.

While I did not personally need to access **government financial support for individuals** during the pandemic, as a member of the [REDACTED] I was able to witness how important the temporary raise to welfare levels was for so many families. It was heartbreaking to see people have to go back to living below the poverty level, after that brief period where the reduced financial strain in their lives meant they had better access to healthcare, nutrition, education, and better access to employment.

Providing all members of society with an income sufficient to comfortably live on is a critical aspect of public health, and during a highly contagious pandemic one of the most effective measures that can be taken is to ensure paid sick leave is available to all. Since isolation payments were discontinued we have all heard many stories of employers forcing covid-positive workers back into the workplace, in spite of their workplace health and safety obligations. Unfortunately, they seem unable to grasp the concept that forcing contagious workers back in to workplaces merely results in a lot more ill, and potentially disabled, workers – but in this instance employers seem to need closer regulation by governments in order to act in their own best interests, let alone in the interests of their employers or wider society.

This is also an accessibility and inclusion issue – removing supports which allowed people to isolate at home has led to workplaces, hospitals, schools, and all manner of public places becoming inaccessible to high risk families. This is utterly unacceptable.

Of course, the financial burden of the pandemic should not be placed on the shoulders of business, and particularly small business, as this is likely to result in employee layoffs in order to reduce wage costs. It is the government's role, in this situation, to ensure that **businesses are supported financially** to continue operating safely.

If governments had been proactive about introducing indoor air quality regulations as soon as it became apparent (years ago!) that covid transmission is airborne, not only would lives and livelihoods have been saved, but the interruptions to supply lines and services caused by labour shortages would have been reduced.

The pandemic could have been looked at as a job creation opportunity, with a strong indoor air quality accreditation industry created to monitor and verify air quality in schools, workplaces, hospitals, and all public buildings.

Instead, many schools and workplaces have abrogated their responsibility to provide a safe environment, knowing that the wider spread of covid throughout the community means that it would be hard for anyone to prove exactly where they acquired an infection. It is hard not to believe that this was not the reason that state governments removed so many of other public health protections – so that covid would become so widespread that nobody would be able to prove that their employer or their children's school principal had been negligent in failing to provide a safe environment.

While there has been some lip service to the idea of “**protecting the vulnerable**” throughout the pandemic, the reality is that once public health measures were abandoned, the vulnerable were abandoned. “Herd immunity” can only exist as a protective concept in a situation where vaccination is able to prevent viral spread – in that instance, by having most community members vaccinated, viral spread is massively reduced and so vulnerable people are protected by “herd immunity”.

In contrast, where vaccinations do not prevent spread – as is the case with covid – there is no herd immunity. The virus mutates rapidly and spreads widely, so the only way to prevent vulnerable people from being infected is to actually prevent spread, with measures such as ventilation and air purification, and respirator use.

By removing measures which were previously successfully in reducing the spread of covid, governments have left disabled and vulnerable people with no safe access to employment, healthcare, education, and so on. Additionally, more and more vulnerable people are being created, as the cumulative effects of multiple covid infections begin to take their toll on people.

It makes no sense to continue with this “let it rip” approach, continually eroding the health of the Australian population, on which our economy relies. We know more than enough now about the significant damage caused by covid infection to know that reducing its spread is not only the right decision for the sake of people’s health and happiness, but also for the sake of economic strength.

The primary actions which I believe should be taken in order to minimise the impact of covid and prepare Australia for future pandemics are:

- Creation of a permanent pandemic-preparedness government body, with a commitment to examining measures taken in different countries in order to determine “best practice” measures. This should also include acknowledgement of lessons learnt, to rebuild trust in public institutions.
- Creation of stringent air quality regulations for all workplaces and public buildings, including a live display of CO2 readings as a proxy for “rebreathed air”. This should include certification and regular monitoring.
- Introducing masks mandates in all healthcare settings until covid-19 is no longer widespread in the community.
- Reintroduction of some form of either isolation payments, or guaranteed paid sick leave, to prevent employers from being able to force sick or infectious employees in to workplaces.
- Expansion of States’ existing remote schooling options to include families at risk of severe outcomes from covid infection.
- Massive investment in new vaccine and antiviral technologies.
- Massive investment in improved treatment of post-viral and chronic illness generally, which is shockingly neglected by the current heavily siloed medical specialist system.