

SUBMISSION TO COVID-19 INQUIRY

This submission, made in my personal capacity as a private citizen, is responsive to the *Key health response measures* outlined in the Inquiry's terms of reference, and focuses on the Australian public health response to COVID-19 from around late 2021.

From late 2021 Australia embarked on a *laissez-faire* COVID-19 management policy characterised by minimal government intervention or a deliberate 'let it rip' approach. This submission argues that this approach is a negligent and reckless abrogation of government responsibility, in which the needs of the economy are prioritised over individual health.

'Consent' for this approach has been maintained by a flimsy architecture of myth and misinformation, propagated not only by government itself but also the media. In this regulation vacuum, responsibility for health has been pushed onto the individual ('personal responsibility'), creating an intolerable situation for many individuals who by choice or necessity seek to avoid infection.

Dismantling of public health measures

At the end of 2021, Australia progressively dismantled almost every public health measure that had previously made it one of the safest countries in the world in which to live during the early stages of the pandemic.

Although the opening up of the country was done after crucial vaccination thresholds had been approximately reached, this was supposed to be a controlled process, based on expert modelling from the Doherty Institute which predicted modest rates of death and infection.¹ The subsequent opening of Australian international and state borders concurrent with the emergence of the Omicron variant ('Omicron') resulted in a nation-wide explosion of cases, with COVID-positive people unable to access tests, or even report their infection.

Following this chaotic sequence, the relaxation of protection measures such as masking and density limits, etc., culminated in late 2022 when isolation requirements for COVID-positive persons were dispensed with. This decision was indefensible from a clinical perspective, and clearly the result of overwhelming political pressure to 'return to normal.' It was openly justified pursuant to a policy of ending 'covid-exceptionalism.'

Unfortunately, for reasons that should be apparent, COVID-19 *is* exceptional. It was a novel virus that turned the world upside down. In 2022, COVID-19 was the third-leading cause of death in Australia² and a contributory cause to the two other leading causes of death. Under COVID-19 we have experienced a drop in life expectancy³ and excess mortality rates have been recorded in every Australian jurisdiction.⁴ These metrics are obviously extraordinary and exceptional.

Myth: COVID-19 is mild

Throughout the course of the pandemic and especially in the last two years, leading health professionals in publicly-funded positions have consistently minimised the risk of COVID-19. By way of example, former Deputy Chief Health Officer Dr Nicholas Coatsworth said that infection from Omicron is not any more dangerous to young adults and children than influenza.⁵

¹ 'Doherty Modelling Report for National Cabinet 30 July 2021', *Doherty Institute*, 2021

<https://www.doherty.edu.au/uploads/content_doc/DohertyModelling_NationalPlan_including_adendum.pdf>
Modelling for the report was based on the delta variant, and on a regime of test, trace, quarantine and isolate.

² 'Causes of Death Australia' *ABS*, 2022 <<https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release>>

³ 'Life Expectancy' *ABS*, 2022 <<https://www.abs.gov.au/statistics/people/population/life-expectancy/latest-release>>

⁴ 'Measuring Australia's Excess Mortality during Covid-19 Pandemic until the First Quarter of 2023', *ABS*, 2023, <<https://www.abs.gov.au/articles/measuring-australias-excess-mortality-during-covid-19-pandemic-until-first-quarter-2023>>

⁵ (NB - Influenza is serious in any event) 'Former deputy chief medical officer Dr Nick Coatsworth says Omicron variant is clearly not as threatening as influenza', *Sky News*, February 2022 <<https://www.skynews.com.au/australia-news/coronavirus/former-deputy-chief-medical-officer-dr-nick-coatsworth-says-omicron-variant-is-clearly-not-as-threatening-as-influenza/news-story/9f7684fc26256cccbddf2bf7ec3a142>>

Unfortunately, this belief is as commonplace as it is incorrect. Leading long COVID researcher and clinical epidemiologist at the Washington University School of Medicine and Veterans Affairs at the St. Louis Health Care System, Dr Ziyad Al-Aly, has shown that the risks of COVID-19 are higher than influenza because of the extensive damage it can cause to nearly every organ system of the body.⁶

His studies reflect what Professor Raina MacIntyre has described an 'enormous amount of evidence around chronic long-term conditions caused by COVID.'⁷ To name a few, these conditions are: diabetes, cardiac problems, kidney injury, liver damage, erectile dysfunction, hearing loss, immune dysfunction, brain and memory dysfunction, ocular damage.⁸

Dr Al-Aly's studies have also shown that even two years following mild infection, any person is at elevated risk of many long COVID-related conditions⁹ and that the chance of these complications increases with each infection.¹⁰ A recent *Statistics Canada* report showed that 1 in 9 Canadian adults experienced long-term COVID-19 symptoms, and that the percentage of those experiencing long-term symptoms increases with the number of infections.¹¹

Given that a recent Parliamentary Inquiry into long COVID accepted that the condition affects between 5-10 per cent of persons per infection,¹² and people are now accruing repeat infections, at what point will the government intervene with more pro-active protection measures? A cynical answer might be: when the economy suffers due to labour shortages, but we are already arguably at that point.¹³

The panel should recommend that the government provide **responsible and accurate public health messaging in relation to COVID-19 and reasonable protective measures in addition to vaccination**. The expert recommendations in relation to indoor air quality and ventilation of the long COVID inquiry provide a good starting point for action, however, there is no discernible progress.

The myth of immunity

The abandonment of protection measures in Australia was also premised on the assertion that infection with COVID-19 would confer some sort of immunity to the virus. This idea was so pervasive that many individuals misapprehended that they would only be infected with the virus once, and agreed with opening up on that basis.

Public messaging about immunity was most salient in Queensland where during the first Omicron wave, Chief Health Officer Dr John Gerrard advised his constituents that COVID-19 infection was not only 'inevitable' but

⁶ 'Burnet Oration: Dr Ziyad Al-Aly urges action for long COVID treatment', *Burnet Institute*, December 2023 <<https://www.burnet.edu.au/knowledge-and-media/news-plus-updates/burnet-oration-dr-ziyad-al-aly-urges-action-for-long-covid-treatment/>>

⁷ 'Epidemiologist warns of Aussies of long Covid risks after repeat infections', *news.com.au*, November 2023, <<https://www.news.com.au/world/coronavirus/australia/epidemiologist-warns-aussies-of-long-covid-risks-after-repeat-infections/news-story/b499373120ea8e3d50583192940dc608>>

⁸ 'The Reality Gap' *John Snow Project*, March 2023, <<https://johnsnowproject.org/insights/the-reality-gap/>>

⁹ *Long Covid still worrisome after 2 years after infection*, Washington University School of Medicine in St Louis, August 2023, <<https://medicine.wustl.edu/news/long-covid-still-worrisome-2-years-after-infection/>>

¹⁰ Bowe, B, Xie Y and Al-Aly, Z, 'Acute and post-acute sequelae associated with SARS-CoV-2 reinfection', *Nature Medicine*, November 2022 <<https://pubmed.ncbi.nlm.nih.gov/36357676/>>

¹¹ Kuang, S, Earl, s, Clarke, J, Zakaria, D, Demers, A, Aziz, S, 'Experiences of Canadians with long-term symptoms following COVID-19' *Statistics Canada*, December 2023 < <https://www150.statcan.gc.ca/n1/pub/75-006-x/2023001/article/00015-eng.htm>>

¹² 'Sick and Tired: Casting a Long Shadow', *Parliament of Australia*, April 2023

<https://www.aph.gov.au/Parliamentary_Business/Committees/House/Health_Aged_Care_and_Sport/LongandRepeatedCOVID/Report>

¹³ see Abenschein, M et al, 'The post-COVID-19 rise in labour shortages', *OECD*, 7 July 2022, < <https://www.oecd-ilibrary.org/docserver/e60c2d1c-en.pdf?expires=1702452024&id=id&accname=guest&checksum=C4D967D0B9DE11CF9D04CEFB62A4AF8A>>

also ‘necessary’¹⁴ and that Queensland was developing a ‘wall of immunity’.¹⁵ This messaging underscored the reality of Australia’s COVID-19 governance: control infection by allowing infection. A high-risk strategy such as this might be acceptable if it was guaranteed to work.

As Australia works through its eighth or ninth wave of COVID-19, the experts who were warning that there is no such thing as lasting immunity from a SARS virus look more and more credible. There is now a noticeable change of tone in relation to COVID-19 media reporting as many people grapple with their second or third infection and realise that they are in fact engaging in a dangerous gamble with their health each day. Many media organisations seem to be realising that the concept of ‘immunity debt’ is also false as other disease outbreaks cannot credibly be blamed on lockdowns that occurred more than two years ago.

It should not be controversial to suggest that there is no lasting immunity for currently circulating strains of COVID-19¹⁶ and that a policy of mass infection is therefore misguided. There is alarming recent research that an Omicron infection may actually *increase* a person’s susceptibility to subsequent infection.¹⁷ And further research that COVID may *damage* our immune system¹⁸, which would explain global outbreaks and prevalence of RSV and other common illnesses.

Conclusion

Australia has adopted a dangerous path in relation to COVID-19 management, made possible through a deliberate minimisation of the risks of repeated infection, and a climate of misinformation surrounding the disease. It is not an exaggeration to say that state agencies, institutions and workplaces are in danger of eventually being found to be negligent for failing to protect people from the known risks of this disease,¹⁹ to say nothing of the reasonable adjustments that should have been made for aged, disabled, and immunocompromised individuals who are at increased of severe outcomes from COVID-19.

This submission would also further add that commuting responsibility for health onto individuals (‘personal responsibility’) is not a fair or sustainable approach to health management during a pandemic. This is particularly so when the government at federal and state level has disappeared COVID-19 data that people were using to assess risk. Due to Australia’s *laissez-faire* COVID-19 management policy of the last two years, many disabled, immunocompromised and healthy individuals who simply do not wish to contract COVID-19 have been forced to shield to varying degrees from family, friends and wider society. Misinformation and ignorance about the virus is so profound that many people who do protect themselves with respirators for example are often treated with hostility or pathologised as having an anxiety disorder, which is very wrong and also damaging to relationships. This situation is incredibly unfair and is testament to a colossal failure of public health in this country.

The Australian government urgently needs to protect its citizens from COVID-19. It needs to provide accurate and responsible information in relation to how it is spread and the true risks of the disease, and re-introduce sensible protection measures in addition to vaccination efforts.

¹⁴ ‘Queenslanders told spread of COVID strain if Omicron is ‘necessary’ – What does this mean?’ *ABC*, December 2021<<https://www.abc.net.au/news/2021-12-24/qld-coronavirus-covid19-omicron-from-pandemic-to-endemic/100722924>>

¹⁵ ‘Chief Health Officer says he wants a ‘wall of immunity,’ *The Daily Telegraph*, February 2022, <<https://www.dailytelegraph.com.au/news/queensland/chief-health-officer-says-he-wants-a-wall-of-immunity/video/19e11d37774ea7e560fdf476e0eb3ed2>>

¹⁶ ‘Past SARS-CoV-2 infection protection against re-infection: a systematic review and meta-analysis’, *The Lancet*, February 2023, <[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)02465-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)02465-5/fulltext)>

¹⁷ ‘Omicron infection may leave seniors more susceptible to future COVID infections, say McMaster researchers’ *McMaster University*, August 2023, <<https://brighterworld.mcmaster.ca/articles/omicron-infection-may-leave-seniors-more-susceptible-to-future-covid-infections-say-mcmaster-researchers/>>

¹⁸ Ryan, F et al. ‘Long-term perturbation of the peripheral immune system months after SARS-CoV-2 infection’ *BMC Medicine* (2022) 20:26 < <https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-021-02228-6>>

¹⁹ Negligence has already been found in *Carnival plc v Karpic* (the Ruby Princess case’) [2002] FCAFC 149.