

COVID Inquiry Response from [REDACTED]

I am a single woman living on [REDACTED] land in [REDACTED] and I write in response to the COVID-19 Inquiry as a regular citizen. I am not affiliated with any organisation, nor do I have specialist expertise in pandemic management. Since the start of the COVID-19 pandemic I have been engaged with the news and have kept abreast of the scientific literature. My actions throughout the pandemic have been informed by the understanding that any infection by SARS-CoV-2 can cause lasting damage, and any infection provides an opportunity for onward transmission including to a person who it may kill. I have acted consistently in response to this knowledge and whilst I am now in the minority of Australians doing so, my voice remains important.

Australia's early response to the COVID-19 pandemic was world-leading. Some mistakes were made, and with the benefit of hindsight these could be improved in future, but the response prioritised the health and wellbeing of the Australian people, as it should. There is much talk about 'lockdowns' in the media but rarely is it mentioned that the protections put in place dramatically reduced COVID deaths in the first 2 years of the pandemic and without these mitigations in place, a much higher number of Australians would have died. I recognise this achievement by public health, political leaders and everyday Australians.

Financial support was provided in the early part of the pandemic which supported vulnerable members of the community and enabled sick workers to stay home and not spread COVID. This financial assistance was necessary and very welcome, and it is my opinion that it should have stayed in place much longer than it did, in parallel with governmental reforms to require employers to pay sick leave to casual staff members and increase sick leave entitlements for other workers. It is all well and good for the Government advice to be 'stay at home when you're sick', but if people have to make the choice between staying home and keeping their job, they're often forced to go to work sick. I don't think all financial support was good – the JobKeeper paid to large corporations who didn't need it, as well as the HomeBuilder funding which further inflated property prices, were unnecessary.

Since early 2022, Australia's response has dropped back to the pack, and in many ways fallen behind other western countries. There is little acknowledgement of the airborne nature of COVID transmission, no action on indoor air quality, limited access to PCR testing, long COVID clinics are being shuttered, antiviral treatments are significantly limited and the majority of Australians don't have access to vaccines matched to currently circulating strains of the virus.

We have very little information about how this change happened, who made the decisions, and what data those decisions were based on. Much of this is the result of the formation of National Cabinet which enables decisions to be made in secret, unchallenged. These decisions affect the health and wellbeing of Australians and in a functioning democracy, there should be transparency around this.

I have been concerned by statements made by Australia's Chief Medical Officer which have emphasised that it is mainly older people or those with underlying conditions who are dying of COVID. This is not acceptable to me – a society can be measured by how it treats its most vulnerable. I do not accept that older people, immunocompromised and disabled people are an

acceptable sacrifice for the sake of the economy, or the ability of other Australians who don't deem themselves at risk to do whatever they like.

In my view, Australia's public health messaging has not been very good throughout the pandemic. Primarily this comes back to the fundamental understanding of the main route of transmission – airborne. The messaging has overwhelmingly focused on handwashing, surface cleaning and social distancing when it is well established that transmission is airborne. Advice such as 'wear a mask when you can't physically distance' is not the best advice. I think the federal and state health departments could improve their public health messaging significantly by informing the public how COVID transmits, as well as the benefit of ventilation and filtration, and the wearing of N95 masks for both near field transmission, and far field transmission in poorly ventilated spaces.

There should also be much improved messaging about the risks of COVID infection for younger people. I have seen 'young, healthy' colleagues struggling with the after effects of a COVID infection including neurological impacts which impact their ability to do their jobs. They too on board the message that COVID would be mild for them, and they have no idea that these health impacts, which are very well documented in the scientific literature, may be related to their COVID infection/s. As a result, they continue to take no precautions and in the current landscape they will go on to get 2nd, 3rd, 4th, 5th, etc infections. It is unclear how healthy they will be by the end of this.

I have taken airborne precautions throughout the pandemic and, to my knowledge, have not contracted COVID. For me, this is a decision firmly grounded in science and in ethics. This has, however, come at quite a personal cost. I have advocated for clean air and sensible precautions wherever I can, but in a society that has been conditioned that 'COVID is mild', 'it doesn't affect healthy people' and where the wearing of masks has been stigmatised, this is not a team game. I am one of few people who are swimming against the tide and I am not supported at all by the messaging that is put out by federal and state health bodies. For example, advising people to 'be kind to those who choose to wear a mask' is patronising as well as being completely ineffectual public health advice. Advise people to wear a mask. They can choose not to, but it is irresponsible to not at least give them the best advice. Victoria is starting to do a good job on this and I would like to see federal and other states follow their lead.

In my personal experience, Australia has been too slow on rolling out COVID-19 vaccinations, they are too narrowly restricted and treatments have also been too narrowly applied. There has been little accountability in relation to the decisions made by ATAGI around vaccination (e.g. no vaccines for under 5s, only annual boosters available for most adults despite protection waning quickly). We were slow to get access to the BA4/5 vaccines and again this year we are months behind the US in making XBB-specific vaccines available. Additionally, communication regarding the future availability of vaccines is poor. I even contacted my MP (Sept 2023) to find out if we would get access to XBB vaccines to try and advise my parents on their next vaccination. I received no response, could not get the information from the Department of Health and so my parents went and got the old vaccine, only to have the better matched vaccine become available. We are in another surge, and I remain unable to receive a booster even though my last one was 8 months ago and protection wanes. Research indicates that vaccines provide a modest reduction in long COVID risk. As a [REDACTED] year old and otherwise healthy woman, long COVID is a bigger concern for me than hospitalisation or death. Yet, I am unable to make the personal decision to get vaccinated, and it instead appears to be assumed that I will just catch the virus instead to get my temporary 'immunity boost'.

Australia needs to be prepared for future pandemics. In order to do this, it must first deal appropriately with the current pandemic. It is my view that we remain in a very difficult position and this will continue while we broadly ignore the long term health impacts of this virus. This impacts young 'healthy' people too. It impacts people who had 'mild' acute disease. We know COVID can damage every organ system and the immune system, and the risk of developing long COVID is cumulative. Unless the Australian Government comes to terms with the fact that adoption of 'hybrid immunity' has been a failed strategy, we will face an increase in chronic illness. I believe one of the biggest barriers to moving forward is a reluctance to accept airborne transmission. The 'respiratory droplet' dogma that has informed Australia's response to the current pandemic will see us fail in the future when faced with another airborne pathogen. It is vital that we shift course, which involves a huge paradigm shift in the field of medicine.

To be prepared we should:

- Recognise current scientific understanding of transmission of pathogens and be willing to adapt quickly to new knowledge even if it differs from 'accepted wisdom'.
- Develop robust test, trace, isolate and quarantine capabilities.
- Introduce minimum indoor air quality monitoring and standards, provide funding for upgrades particularly focused on schools, workplaces and public transport.
- Introduce masks in healthcare as a standard infection control procedure. Without this, if another airborne pathogen arrives on our shores, healthcare workers will be exposed before we are aware of it.
- Maintain a stockpile of respiratory PPE.
- Develop public health education campaigns on fitting and wearing respiratory PPE (N95 or elastomeric) for healthcare professionals and the general public.
- Communicate clearly with the public regarding the risk and appropriate actions to take.
- Repair the damage done to public trust. In my opinion, this must be accompanied by a review into and regulation of the media in Australia which has sowed disinformation and manufactured consent for a 'let it rip' response to COVID.

In summary, I have seen much written about the 'impact of lockdowns'. A large amount of negative impacts attributed to lockdowns is not backed up by science. I will state very clearly that my experience of 'lockdown' was not one of restriction. In fact, it was one of freedom. I was free, as were most Australians, of most of the threat of a novel and dangerous virus, because the public health system and the community more broadly were all working together to protect everyone. We know a lot more now, and in retrospect it is quite possible we could have avoided lockdowns altogether, or at least kept them very targeted around clusters, had we instead focused on providing respiratory PPE and educating everyone on how to wear it. This could have done the same job as lockdowns in keeping COVID contained while we implemented passive measures to keep COVID under control long term. Encouraging widespread transmission of a highly mutating and dangerous virus is a fool's errand, and the sooner we take steps to reduce its impact on us, the better.

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15 December 2023