

SUBMISSION TO COMMONWEALTH GOVERNMENT COVID-19 RESPONSE INQUIRY

Thank you to the panel for this opportunity to contribute to the COVID-19 Response Inquiry. I note you are encouraging a wide range of stakeholder views and I make my submission as a university-employed academic, parent, COVID-literate citizen, and member of advocacy group Cleaner Air Collective. My submission meets the scope of the inquiry in addressing governance/governance mechanisms and health response measures.

Before proceeding I make the important point that although COVID-19 is no longer considered a Public Health Emergency of International Concern, WHO recognises that the COVID-19 pandemic [has not ended](#) and that it is [unlikely to be declared over in the near term](#). Indeed, currently Australia is experiencing yet another [significant COVID wave](#), its third in 2023, and the JN.1 variant is causing exponential growth in cases [worldwide](#). Therefore, my submission refers to timeframes comprising both the past *and* the present, and it extends to preparedness for future outbreaks.¹

Governance and governance mechanisms

Transparency and accountability

The UK COVID-19 Inquiry's revelations that key government measures (such as [Eat Out to Help Out](#)) were not science-informed but, rather, based on economic motives highlight the potential for secret government decisions taken during a health emergency to erode political trust. (This scheme [drove the UK's second COVID wave](#).) Political trust, based on the understanding that a government is both competent and honest, is achieved in large part through transparency. A transparent government makes available information on matters of public concern, so the government can be held [accountable](#).

During this ongoing pandemic, Australians' lives have been impacted (even harmed) by countless decisions taken by governance bodies such as National Cabinet, AHPPC and ATAGI.² For example, interconnected decisions made by AHPPC and National Cabinet have led to the steady removal of mitigations that curb COVID transmission (such as isolation requirements), and a push towards business as usual (involving the removal of testing and reporting requirements, and mask mandates being dropped in healthcare). Similarly, ATAGI's decisions with regard to vaccination eligibility continue to restrict access to vaccines, even though there is good evidence that vaccination offers some protection against both [severe disease](#) and [Long COVID](#), and is safe and effective for [very young children](#).

To enhance transparency and accountability, I call upon the panel to recommend that the minutes of meetings involving National Cabinet, AHPPC and ATAGI be made public, both retrospectively (to the beginning of 2020) and thereafter. Being able to scrutinise these minutes will enable Australians to verify that decisions made by these bodies were/are evidence-based and fully justified.

Representation within governance bodies

A complex public health challenge such as a pandemic demands agile and interdisciplinary leadership. When COVID-19 erupted in early 2020 health agencies including the WHO maintained that the virus was spread mostly through [droplets](#) produced during coughing, sneezing or speaking, and that distancing (> 1m), hand washing and surface cleaning would stop transmission. By April 2021 WHO had admitted that COVID is [airborne](#), but AHPPC's [statement](#) acknowledging aerosol transmission did not appear until October that year. Even today, many Australians remain focussed on handwashing, which is not surprising when state Chief Health Officers still [prioritise this](#) in their messaging, and when [REDACTED] continues to [say](#) that COVID-19 is primarily spread through droplets.

¹ I note that during the launch of this inquiry, [Dr. Angela Jackson said](#): "We have the benefit that we're not in the middle of a pandemic"; it is disappointing and puzzling that this inquiry panel member did not acknowledge that the pandemic is still active.

² AHPPC (Australian Health Protection Principal Committee) includes all state and territory Chief Health Officers and is chaired by the Chief Medical Officer (CMO); ATAGI (Australian Technical Advisory Group on Immunisation) advise the Health Minister on the medical administration of vaccines available in Australia.

³ ICEG (The Infection Control Expert Group) provides expert advice/information on infection prevention and control to the AHPPC.

This misdirected focus may not have occurred if government had taken early advice from world leading [REDACTED] that COVID is airborne. [REDACTED] led an interdisciplinary effort (with representatives from aerosol physics, virology, public health, clinical medicine, infection prevention and control, building engineering and facility management) to petition WHO and alert the world to airborne transmission. But while [REDACTED] she was never given a seat at the table to inform Australia's pandemic response. Even as airborne transmission became evident through hotel quarantine leaks, aerosol scientists, engineers, occupational hygienists and multidisciplinary environmental health experts were not added to fixed government advisory bodies.

Instead, successive federal governments have deferred to "health advice" from the AHPPC (informed by ICEG) and the Chief Medical Officer. Members of ICEG have backgrounds in clinical medicine, infection control, clinical microbiology and infectious diseases – disciplines without a strong history of understanding aerosol science. This has not given, and will not give, Australia the best chance to respond to an airborne pandemic. Concerningly, too, the government has closed itself off from independent advice, such as from multidisciplinary expert body OzSAGE. Indeed, world-renowned epidemiologist [REDACTED] has revealed that the government perceived OzSAGE's 2021 formation with hostility and she was forced to choose between being on a government COVID research committee and being on OzSAGE (she chose the latter).⁴ OzSAGE has gone on to release advice documents that are highly valuable for Australians wishing to protect themselves from COVID's dangers, yet successive governments have failed to make use of this group or their resources.

To meet the challenges of this ongoing pandemic and prepare for new threats the panel should recommend that the government takes evidence-based advice from independent experts with a broad range of capabilities; OzSAGE is fit for this purpose. Over-reliance on advice from the largely homogeneous, ICEG-informed AHPPC is unsound practice. Furthermore, dependence on one individual – as occurred when CMO Paul Kelly handed down the National COVID-19 Health Management Plan (the "National Plan"), which directed Australia's COVID approach for 2023 – pins policy to an irresponsibly narrow frame of thought.

Health response measures

Public health messaging

CMO Kelly's 2022 reassurance that "hybrid immunity" – built up via widespread infection and vaccination – would result in lower COVID risks for the Australian public has not been borne out. The pandemic continues to impact us, causing deaths, acute disease and hospitalisations, and also long COVID and post-COVID conditions. In keeping with the CMO's optimistic spin, the federal government officially refers to the pandemic in the past tense, has reduced data collection/publication, and government ministers (including the Health Minister) very rarely address the issue publicly – all of which reinforce the narrative that the pandemic is over and/or COVID is an infection not to be concerned about. Yet, COVID-19 continues to evolve, and prior immunity (through infection or vaccination) does not protect against new variants. COVID reinfection in particular has been linked to adverse health conditions in multiple organ systems, and there is mounting evidence that it causes immune dysfunction, leaving people vulnerable to a range of other infections (including Group A Streptococcus and tuberculosis). COVID has also been shown to be more damaging than influenza, with COVID patients more likely to develop long-term complications. Concerningly, there is considerable evidence that children are at significant risk of multi-system Long COVID, and SARS-CoV-2 exposure in utero (during maternal infection) has been associated with neurodevelopmental impairment in babies.

Overall, our present pandemic situation is an endless infection environment, and it behoves the government to act decisively in communicating to Australians the actual hazards of this disease. Whether initial symptoms are mild is of limited importance, as evidence shows that cumulative effects are becoming more germane. As well as strong public health campaigns, Australians need clear and direct statements from the Health Minister. Examples from other countries include German Health Minister Karl Lauterbach's recent update on COVID, in which he declared that COVID "is not a cold," and that the dangers of infection are "being underestimated." Similarly, [REDACTED] this week advised that even mild cases of SARS-CoV-2 can lead to Long COVID, that the threat increases with multiple infections, and that it is best to avoid infection. (This statement

⁴ Raina MacIntyre, *Dark Winter* (Sydney: New South, 2022), 132-33.

followed [StatCan](#)'s report that people with 3+ infections were 2.6 times more likely to report prolonged symptoms than those with one infection.) Messaging such as this is needed to correct the misinformation (tied to CMO Kelly's call for Australia to move away from COVID [exceptionalism](#)) that COVID is of little consequence.

Prevention: Safe air

Airborne risks to health such as COVID-19 need to be mitigated through appropriate mechanisms. To act upon the certainty that Australia's COVID illness burden will increase (causing further labour shortages, especially in high transmission contexts such as [schools](#)), the government must shift towards a prevention strategy based on safe air. The importance of breathing clean air needs to be clearly communicated, and national indoor air quality standards must be developed. Indeed, the latter was recommended in the April 2023 [Report](#) from the Long COVID and Repeated COVID Infections Inquiry; I note that some eight months later Health Minister Butler is yet to respond. That inquiry's committee also recommended that government "establish and fund a multidisciplinary advisory body including ventilation experts, architects, aerosol scientists, industry, building code regulators and public health experts" to oversee/assess "the impact of poor indoor air quality" especially in high-risk areas such as hospitals, aged care, childcare and educational settings. Again, this has not been acted upon, and should be as a matter of urgency. But even as we wait for these steps, safe air measures such as improved ventilation and air filtration can and should be widely promoted and officially endorsed. The Victorian government's "[Guidelines for Optimising Ventilation to Reduce the Risk of Transmission of COVID-19 in Healthcare Settings](#)" can be used as model and promoted broadly as applicable to all indoor settings. Such measures will provide a level of protection for at-risk people (who number many) so that they can safely participate in society. Contrary to general belief, these people do not and cannot exist in a separated bubble; they have jobs, children in schools, and, like all citizens, need to regularly enter public spaces for all manner of reasons.

Special attention, however, must be paid to health and aged care, due to the particular vulnerabilities associated with these settings. Given that [hospital acquired COVID infections](#) are a major issue across Australia, with a 10% mortality rate according to Victorian data, patients' rights to safe healthcare, as guaranteed by the [Australian Charter of Healthcare Rights](#), are routinely being violated. Recognition of the primacy of airborne infection controls and attention to indoor air quality would reduce the risk of COVID infection in healthcare, as would a strict requirement that high-quality masks be worn in all areas. Similarly, along with improvements in indoor air quality, mandated high-quality masks in aged care (with compliance supervised) would be a step towards addressing the dire COVID situation therein. Despite the Department of Health claiming to support aged care providers to prevent and manage COVID-19, between January and November 2023 there were over [6,000 outbreaks](#) of COVID in aged care facilities, resulting in around five deaths per day. This represents abject government failure in this space.

Vaccines

It is fair to say that although the National Plan for 2023 focussed heavily on "ensuring adequate supply of, and access to, safe and effective [vaccines](#)," this government has let Australians down in the area of COVID vaccinations. As well as the lack of transparency around ATAGI's decision-making rationale with regard to eligibility (across age ranges and time frames), access is strangely restricted for groups allowed vaccination in other [countries](#), and there is a too-slow approval/access process for updated vaccines. Bivalent vaccines continue to be recommended when they are [no longer authorised](#) in countries such as USA, there is poor provision of options (such as Novavax) for those who cannot tolerate mRNA technologies, and clear messaging (both to promote uptake and around eligibility) has not been forthcoming.

In 2022 the Albanese government commissioned Professor Jane Halton to conduct an independent review into Australia's vaccine procurement systems and, although the government committed to "[carefully consider](#)" her recommendations, many (if not most) have not been implemented. These recommendations [included](#): "the need for public health campaigns around vaccine uptake, ... the streamlining of advisory structures, a review of vaccine distribution arrangements, and the need to ensure adequate supplies of ... vaccines across 2023 and 2024." These failures have serious health repercussions for Australians and need to be urgently redressed. To enable Australians to become optimally vaccinated, Professor Halton should be reappointed to lead an urgent overhaul of Australia's COVID vaccine systems, and this overhaul should not exclude the possible replacement of ATAGI with a refreshed body whose members are without political or commercial conflicts of interest.