

I am both a provider and consumer of health care services attempting to navigate daily life while avoiding and managing the various impacts of Covid-19.

On a personal level I have several mild but life-impacting chronic conditions that are exacerbated by physical stressors, such as severe viruses. I have now added [REDACTED] and [REDACTED] to my list on conditions, and am also being investigated for [REDACTED] [REDACTED] – all conditions my doctors tell me have been triggered by my February 2022 Covid-19 infection. Due to these complications, I will have to resign from my [REDACTED] as I have been unable to work enough hours to maintain my registration. I know of many other health (and education) professionals resigning due to ill health or because they do not have a safe environment in which to work – and these are areas already experiencing staff shortages.

I have taken personal responsibility and mask, however find it difficult to access health care services safely when assessment or treatment requires mask removal, e.g., dentist, dermatologist, ENT. Professionally, I have had several clients say they feel they are unable to access safe health care. This is particularly relevant to children who are too young or too unwell to mask, or people with disabilities that are unable to mask. Although some health care services proudly display signs encouraging patients to ask if they've sanitised their hands to ensure safety, these same providers can become rude and dismissive when asked if they are willing to mask. Many do not seem to understand airborne transmission and rely on mitigations related to droplets only. Some providers will indicate attempting to avoid further Covid-19 infections is a sign of anxiety, and that Long Covid is not real – this makes finding care very difficult. Some even incorrectly say masks don't work. The general community as a whole seem to have similar false beliefs around fomite vs airborne transmission, alongside the belief that nothing can really be done and the only way to 'live with Covid' is to accept repeated infection and associated long term damage. Those of us who mask experience are even belittled and intimidated by members of the public who shout at and cough at us.

The general apathy toward mitigations seems due to a failure in public health and education of health providers and the general population. Examples include:

- The late acknowledgement that Covid-19 transmission is primarily airborne, and lack of clarification and attention paid to this information as the pandemic progressed, and still in the present time, for both health care providers specifically and the population in general.
- The focus on hand hygiene campaigns, but no adequate campaigns educating the population (and many health providers) on how masks work and the importance of well-fitted N95s; as well as no clarification when media talk about publications claiming they did not work were inaccurate and retracted.
- The public messages that seeing smiles was more important than physical health and consideration of the precautionary principle – despite many Asian countries having a history of mask wearing, especially in healthcare, without any social detriments.
- Lack of education on indoor air quality in general, and how effective opening windows and using HEPA's can be.

- Lack of education to health care providers and the general population on what Covid-19 looks like, what it can do to the body, and what follow-up care should look like.
- Lack of encouragement to care for each other, e.g., RAT before catching up, stay home when unwell (not just for Covid-19, but for all illnesses)
- Lack of support to schools in reducing transmission
- Lack of honesty and transparency – trust in public health has fallen dramatically

The advice provided by ATAGI has also inhibited the personal responsibility that we can take. Despite the evidence supporting boosters every 6 months, access has been limited. Despite the evidence supporting vaccination of children, access has been denied with statements that it would not benefit the public health system – and no consideration of individual health. The process to procure, approve and recommend updated vaccinations has also left us with outdated vaccinations that do not offer as much protection against new strains – we are consistently behind the variants that circulate much more than other countries are.

The lack of education to health care providers is also impacting the treatment those with Long Covid can receive.

Australia needs to improve the current response to the ongoing Covid-19 issues, including Long Covid, and we need to be prepared for the long-term consequences for the public health system.

We need:

- Education of health professionals on Covid-19 outcomes and management, and reducing transmission.
- Public Education on Covid-19 and mitigating risks – airborne transmission, wearing well fitted N95 and how masks work, Indoor Air Quality, how Covid-19 can present and how long it is contagious, follow up care, the risks and prevalence of Long Covid and how it impacts the body (not just a respiratory illness).
- Mask mandates in health care – it works well in other countries.
- Testing and isolation mandates in health care, aged care and disability care.
- Support for immunocompromised patients to access healthcare in a safe manner.
- Indoor Air Quality mandates – for health services, schools, daycares, aged care, disability care, general workplaces, public buildings, shopping centers. This would also reduce other airborne viruses, and thus the pressure on hospitals, and in some instances where indoor air quality is poor, would even improve productivity. It would also be beneficial for future pandemics.
- Access to up-to-date vaccinations, including for children.
- Better access to anti-virals.
- Ongoing research into the long-term impacts of multiple infections and how these repercussions can be treated.
- Positive advertising around masks and risk mitigation to support a cultural shift of actually taking personal responsibility and caring for others, with hopes to reduce

bullying towards those immunocompromised or disabled people who are more cautious
– identification and reduction in ableism is important.