

Submission to the Commonwealth Government COVID-19 Response Inquiry

By: COVID Statistics and Information WA

Preamble

We are a community of COVID-cautious health consumers and service providers with a wealth of experience navigating the COVID pandemic in Western Australia. We believe that the management of the pandemic after the first shock of the 2020/2021 waves fell well below public health standards which otherwise apply to many a viral epidemic or intervention, and certainly should apply to one as significant as the COVID pandemic.

Since 2021, our group in WA has compiled statistical data on local COVID trends, using government reports, and circulated emergent scientific research on all aspects of COVID. Our group includes over 1,200 individuals who live in WA. Many of us have lived experience of severe infections, Long COVID, and general post-infection complications. Some of us care for people with disability or work in the health sector and with vulnerable people. But we all speak with knowledge and informed authority on these matters.

The SARS-CoV-2019 virus arrived in 2020 to find Australia grossly unprepared for a major pandemic, despite many years of warnings at the global and national levels. The vast majority of the community approved of most measures introduced by governments in the first year of the pandemic, as we accepted that public health measures were needed to limit the transmission of the virus, save many lives, and prevent long-term structural damage to the health system. While there were errors of judgement and deficits in competence, such as in delaying the lockdowns and border closures, vaccination delays, and the lack of an adequate national PPE stockpile, for example, most of the community agreed with the response of the National Cabinet to support workers, income support recipients, and otherwise vulnerable groups, to limit people movement, and institute emergency periods at jurisdictional level.

In late 2021 (early 2022 in WA) we witnessed the overeager promotion of 'living with COVID' and ill-considered (and somewhat contradictory) pronouncements that the COVID pandemic was 'over'. While Western Australia had one of the highest vaccination rates in the world, we also know that - as is clear from scientific research into the transmission of the virus, its never-ending mutations and the emergence of ever more immune-evasive variants - this resulted in untold damage and death in this state. Increasingly, scientific researchers became concerned about the effect of unimpeded transmission on the rate of evolution of COVID, lack of measures to clean air in public spaces and wearing of appropriate respirators, and long-term health impacts manifesting, for example, in rising numbers of people with Long COVID.

Since early 2022, governments have abandoned all protections - not just for vulnerable groups but indeed everyone including the elderly in aged care and the ill in hospitals. We have seen our loved ones die and fall gravely ill. Many of us have been forced into involuntary lockdown as we are

clinically too vulnerable to risk 'living with COVID' when we know it may mean 'death from COVID' or 'living with Long COVID'. Despite increasing media coverage of all the significant consequences of 'living with COVID', we have been disappointed by an indifferent, if not outright hostile response to our concerns from a government administration that had been promising a different path only 18 months earlier in the federal state election.

Rationale for this submission

Scientific evidence is reaching a consensus on a range of issues that should have been met with a very different response from public health and political leaders. At the moment, we know, for example:

- That COVID is mainly [airborne](#) and transmission prevention requires protective measures such as: clean air, wearing of adequate respirators such as N95 or above, and mandatory testing and isolation of cases (with relevant supports provided for the workforce) and education facilities.
- That these protections work well to prevent transmission and should be mandated in health, clinical, disability, education and aged care settings.
- That [children](#) are just as vulnerable to COVID as adults and that there is no scientific rationale not to vaccinate them as much as adults, as is the case in the US for instance.
- That at least a third of the Australian adult population has a 'vulnerability' such as a chronic illness that makes this group more at risk of further complications and Long COVID.
- That COVID, far from being just a respiratory illness, potentially may impact on every single [organ in the body](#), including heart, brain, liver, kidneys, and lungs due to causing [vasculitis](#), which can result in serious consequences and make people more prone to strokes, heart disease, and a range of autoimmune disorders. The virus kills [T cells](#) which are the mainstay block of immune resistance to viral and bacterial infections, including COVID itself.
- That prevalence of reinfection by ever increasing numbers of new strains means '[hybrid immunity](#)' is a [scientific myth](#).
- That COVID infections can have disastrous impacts on people with disability or clinical vulnerability: this is a diverse group with different needs which has so far been severely sidelined in public discourse around COVID. See for example, the position statement by [People with Disability Australia](#).
- That health systems are struggling to meet the demand for health services and this is likely to worsen in view of health effects of potentially unlimited infection cycles with no protections.
- That prevalence of Long Covid may be higher than estimated: a recent [WA Department of Health](#) study, which is awaiting peer-review and publication, identified prevalence of Long COVID in highly vaccinated albeit indiscriminately Omicron-infected WA population at 18.2%.

Recommendations

- 1. That the Federal Government adopts a guiding principle recognising airborne nature of COVID-19, as confirmed by the World Health Organisation.**
- 2. That the National Cabinet develop a national plan for clean air, applicable across all jurisdictions. This plan should contain evidence-based policies and strategies to limit COVID transmission, fund research into treatments and further preventive measures, and provide guidance for structural change equal to that of anti-smoking campaigns.**
- 3. That the Department of Health and Aged Care develop a national health promotion strategy, in collaboration with academic researchers, consumer groups, business groups, unions, and other relevant stakeholders. This strategy should provide evidence-based information and education on prevention of COVID transmission, potential treatments, and updates on future research.**
- 4. That the federal and state governments, where applicable, mandate basic protections for workers and residents in childcare, education, health, clinical, disability and aged care settings and fund appropriate air quality control and PPE distributed by employers.**
- 5. That the National Cabinet immediately implements a strategy for more timely access to updated vaccines for all age groups.**
- 6. That the Federal Government fund distribution of adequate protection equipment to people who are on income support, seniors etc distributed through the community service sector.**
- 7. That the National Cabinet re-instates access to accurate PCR testing and reporting, and reintroduces isolation requirements.**
- 8. That the National Cabinet commit to data and information transparency, to enable individuals and organisations to better evaluate and respond to COVID-related risks.**
- 9. That the federal and jurisdictional governments adopt a consistent and pro-active approach to the pandemic, and use evidence and predictive modelling to manage risk and COVID 'waves' before case numbers accelerate uncontrollably.**

Prepared by: COVID Statistics and Information WA group