

Personal profile

I am a male, over [REDACTED] years in age, and live in a state capital. Prior to the arrival of the Covid-19 pandemic I worked as a [REDACTED] at an independent school not far from where I live. While I have reasonable health, I experience allergies and asthma, both of which I treat with preventer medication. My adult daughter lives with me; she had pre-existing [REDACTED] and [REDACTED]. I assess that the pandemic brought about a major change in both our lifestyles, partly due to decisions by governments of the time. Much of the following discussion is based upon my lived experience.

1. The spread of Covid in enclosed spaces and the role of clean air and HERA filters

During the pandemic the spread of Covid-19 in indoor areas where the same air is constantly re-breathed proved problematic, especially so in sites where essential workers and vulnerable people were concentrated. The increased viral spread added to suffering amongst many of those at greatest risk. I believe that sufficient responses were not made by Commonwealth and State governments, along with businesses, to ensure clean air and reduced viral transmission in such settings, particularly in health and aged care facilities.

See article: <https://www.nytimes.com/2023/11/20/health/indoor-air-covid-pollution.html>

See article: <https://www.nytimes.com/2023/08/27/health/schools-indoor-air-covid.html#:~:text=The%20pandemic%20led%20to%20repeated,conservatives%2C%20that%20has%20not%20subsided.>

Suggested actions While the past situation cannot be changed, acknowledgement of the benefits of clean air (both during a pandemic, and at other times) is beneficial, an objective well worth achieving. The aim of air filtration needs to be seriously considered. While there is a role for ventilation using air from outside, that has limitation depending upon outdoor air quality at the time, as outside air may contain dust, smoke, allergens and other pollutants. The consumer advocacy group Choice could be encouraged by the Commonwealth Government to test and provide advice to groups, workplaces and individuals regarding the effectiveness of various large, medium, and small-sized air purifier models, helping purchasers to avoid poor value products. This also applies to the sourcing of replacement filters, as people need advice on when and how to best source and replace them. As well as health care and aged care facilities, air filtering in public spaces, and certain workplaces (especially schools), is essential to encourage ongoing good health amongst those involved. While there has been much discussion on keeping schools open, it is necessary to consider the students and staff who may have medical vulnerabilities, and in the case of staff, some fall into the category of senior citizen who will need to be supported while based at home during lockdowns (or possibly extended non-lockdown periods of high risk). Clean air provision should be an ongoing process at such sites, to help reduce employee stress and unease, and to allow for any future pandemic to be less disruptive. There should be policies and standards for educational institutions, and that such installations should be inspected and their claims verified. This should also apply to other enclosed public spaces, such as halls, theatres, restaurants, and so on.

2. Role of masks during the pandemic

In the early months after Covid-19 arrived there appeared to be confusion over the transmission method of the disease, and a distinct lack of preparedness regarding accurate and appropriate safety information. Messaging from government health officials and politicians was confused and mixed, as also was messaging from health academics and the media. Did we need to wear masks or not? Did it

transmit by surface contact or respiratory processes? Small or large droplets? Did we as a nation, have a suitable stockpile of protective gear for health and essential workers? Did we even have sufficient oxygen for patients? Messages were conflicting and stress-inducing; I remember the nation's Chief Medical Officer stating at one point that masks were not required, and later on, that they could be worn on a voluntary basis – while many others strongly suspected that the disease was airborne, and that masking was vitally important. Others supported a mask mandate in certain circumstances, which made perfect sense when carefully and fully explained.

See article: <https://www.smh.com.au/politics/federal/chief-medical-officer-backs-voluntary-use-of-face-masks-on-public-transport-20200529-p54xrd.html>

Suggested actions Maintaining a permanent supply of safety gear for health and emergency workers would make sense. Having a strategic reserve of masks widely available to the community would also be wise. Messaging on any pandemic needs to be clear and to the point. An example of suitable communication is that by Dr Norman Swan, ABC broadcaster, to whom many looked to for trusted advice, myself included.

I believe that there should be a research institute (ie a central hub) set up to constantly monitor current reports and research past pandemics - and to study outbreaks in detail as they occur in Australia. This organisation must be trusted by the public and by politicians, offering sound, accurate and transparent advice – and carefully explaining the reasons for pandemic control measures. Part of this institute's work should be concerned with the matter of long Covid, which is hard to recover from, and can be severely debilitating to many of those who develop it.

I believe that mask use during a pandemic should be mandated in certain contexts eg food preparation, health settings, transport, schools, emergency services.

Such actions led by the Commonwealth Government can form part of Australia's future response.

I would also like to suggest that recyclable and/or biodegradable masks be made available.

3. Jobkeeper scheme

While the Federal Government's Jobkeeper program may have worked well for some people, it did not work for me. As a casual employee (ie [REDACTED]) preferring to maintain some amount of income, I found that there was no help during the various lockdowns implemented in Queensland. With no students at school there was no need for a casual teacher to regularly replace those permanent teachers who were away. Students were learning remotely at that time, and thus the various departments were able to cover for any permanent staff who were not able to perform their duties for a time. No doubt other casual workers also experienced difficulty at this time. Part of the problem was that employers administered the scheme subject to Commonwealth conditions, and the income of my school had not dipped sufficiently for top-up government payments to be received. I believe that even if my employer had received payments, it would have been unlikely to go to casual employees. Given the uncertain and ongoing nature of Covid-19, the [REDACTED] faced by my daughter over that time, and my own risk factors (age and respiratory sensitivity) I felt it was too problematic to return to work. Thus, I retired unexpectedly, and as a result, am in a much less satisfactory financial situation than wished for – and also unable to contribute productively to the workforce. This situation was particularly galling as various business entities were reported as making windfall profits during the pandemic while also receiving huge government benefits, and then not being required by the Federal Treasurer to return overpayments back to the government.

See article: <https://www.theguardian.com/australia-news/2021/feb/26/harvey-norman-to-keep-22m-in-jobkeeper-despite-profits-doubling-to-462m-in-pandemic>

Suggested actions I suggest a formula for assistance to casual workers, should any similar future occasion arise. For example, someone working casually at a 40% workload could access some level of

relief during lockdown (or during a related situation that prevents a worker from attending work due to risk), perhaps up to 40% level of their full-time colleagues. Or rather, a simple-to-administer situation may be that all who need job income support for the duration of time that they can't work then receive a Universal Basic Income. Such a scheme might even be cheaper to operate than Jobkeeper and easier to administer - and importantly, it would be more equitable.

4. End of lockdowns and cancelling of restrictions

The pandemic was "declared" to be over, when in reality, it wasn't. We were told by governments (Commonwealth and State) to spend the festive season of Dec 2021 and Jan 2022 with our loved ones, even to visit grandma in aged care, when clearly there were still great risks associated with Covid-19, and especially as the Omicron strain was known to be arriving. While many people were anxious to get on with life as they knew it, by taking such actions, they were forcing a serious situation onto others, those who were not convinced that the pandemic was over. Case numbers, hospitalisations, deaths, and instances of long Covid rose sharply as a result. Such a decision to fully open up and essentially move away from restrictions and precautions, appeared to my daughter and me to be callous and unfeeling, and placing vulnerable people at risk. We both felt left behind and betrayed; me as a vulnerable person (age and respiratory sensitivity), and my daughter as someone with [REDACTED], which since became heightened, along with her developing [REDACTED] and [REDACTED]. The so-called "push through and ride the wave" approach has not worked for all groups – a matter that had a serious impact upon our lives, especially as further fatalities were seen as merely statistics. This was especially so when constant messaging was made around the needs of the economy, as if it was an entity to which we must be subservient. My understanding is that the economy is a human construct that should serve society, not dictate its own terms to us.

Suggested action There is a need to determine which groups in society have been most highly impacted – I expect those with certain disabilities may well be included in that list, along with people suffering from long Covid - and to compare them with those affected the least. A nuanced set of responses is required to avoid certain groups feeling neglected, isolated and marginalised (and who are still enduring difficult situations). Please note that those who need to be heard the most have the softest voices, and they are rarely asked for their views on how they can best be helped.

See article: <https://www.nytimes.com/2023/12/11/opinion/long-covid-reporting-lessons.html>

5. Preparedness for the next pandemic

There is every possibility that future pandemics will occur. Advanced preparation makes sense.

Suggested actions Advanced preparation for the next and subsequent pandemics should be an ongoing task – including clear messaging on what one can do when the situation arises. This includes individuals masking, distancing, using sanitiser, meeting outdoors, breathing clean air, isolating when necessary, getting vaccinated and boosted, and seeking help as required. Governments should instigate an accessible and user-friendly Jobkeeper program (or UBI), and regularly model how it can best work for all, not only for favoured sectors. Maintain stockpiles of necessary equipment and materials. Plus ensure public trust in medical science and expertise - with consistent, accurate and empathetic health messaging, especially about the potential risk levels for vulnerable people. Speak the truth and point out when things are not fully known. Develop support mechanisms for vulnerable people and those who are unable to readily follow the "back to business as usual" model. Governments must learn to be brave, proactive, far-sighted – and above all, fair.