

Covid-19 Response Inquiry Submission by [REDACTED]

Introduction

I am an over-[REDACTED] who works from home and my [REDACTED] is an [REDACTED]. We live in NSW and have [REDACTED] at public schools.

I make this submission based on the following experiences:

While visiting France in March 2012 (unvaccinated for flu because vax unavailable before we left) we caught the [REDACTED] and crashed, spending [REDACTED]. [REDACTED] saved from hospital by a doctor friend of our host. After being very fit and active we then had about five years of [REDACTED] – [REDACTED].

Catching SARS-CoV-2 would be very dangerous for us and to date we are 'Novids' (ie control group) because: Since April 2020 we have isolated on a remote rural property, avoided public places like restaurants, bought groceries etc online, used telehealth and had medications delivered, stayed in contact with others via Zoom. After initially disinfecting groceries and wearing surgical masks against 'droplets', we discovered for ourselves (eg from [hotel quarantine outbreaks](#)) that the virus is airborne (contrary to public health messaging). Since then we've worn N95 respirator masks when away from home, and carried personal HEPA filters in high-risk settings, such as medical centres (that have dropped masking and now 'follow health guidelines' by allowing unwell patients to sit in crowded waiting rooms breathing each other's infected air). With the early variants of the virus, we were able to visit with family after they isolated for several days and tested, but the evolution of the virus with longer isolation needed and RAT tests less reliable has made this unsafe. We have each had all vaccine doses available since 2020. Due to the ongoing pandemic and the removal of all public health mitigations, we will continue with these personal protocols.

Our [REDACTED] is a [REDACTED] who received job-keeper in 2020. As an ex-teacher, I gave support to the home-schooling of our [REDACTED] via Zoom when schools were closed. My [REDACTED] was living in aged care interstate (2020-21). I couldn't visit her but I heard about the careful visitor protocols, now abandoned in favour of ongoing infection.

In 2020-21, I followed the daily press conferences (state and national) regarding the pandemic and followed the published data until it 'dried up' (as if the pandemic was over). From 2020 to the present, I've kept up with medical studies about SARS-CoV-2 published in reputable journals. I'm very aware:

- that the virus is vascular, infecting and damaging many organs in the body including [immune system](#), [heart](#), [brain](#), digestive tract, [vagus nerve](#), bones, [liver & kidneys](#), [causing auto-immune disorders](#)...
- of the ongoing evolution of new variants, due in large part to the misguided 'let it rip' policies worldwide
- of the dangers of initial infections ([death](#), [insurance issues](#)) & [the risk of multiple infections causing long covid](#).

I have written to the Labor government requesting they take SARS-CoV-2 seriously and introduce fresh air standards in all public places and mask mandates in health settings, plus reintroduce isolation payments for infected workers.

Through my [REDACTED] I notified my [REDACTED] schools about the Labor government's 2022-23 [School Upgrade Fund](#) which included the choice of installing air-filters in classrooms – to protect students from multiple infections. The public school had already installed air-filters and I've heard that the high school did use the grant to install them.

Within our broader family and colleagues: we've had two deaths from Covid; in formerly healthy people aged [REDACTED]

Feedback on Terms of Reference

*The COVID-19 Response Inquiry provides us with the opportunity to examine what worked well, **what have been the longer-term repercussions of some of the policies put in place**, and identify **where we can make improvements to enhance our preparedness so that we have resilient and effective national systems, workforce and institutions to manage a future pandemic event.*** (Statement from Panel)

My feedback is based on the fact that the Sars-CoV-2 pandemic is still ongoing (eg [Townsville hospital emergency](#) Dec 2023), with:

- an unchecked evolution of variants eg JN.1 with its [excessively high viral-load in the gut](#)
- continuing [excess deaths](#) and [the third cause of death in 2022](#)
- Long Covid [costing the Australian economy billions of dollars](#) and [disability a crucial factor in labour shortages](#).

The two stages of the pandemic so far are (1) we first tried to do something about it, with some successes and learnings, and (2) we gave up completely and pretended it was over, allowing ongoing infection forever.

Feedback about the role of the Federal Government, National Cabinet, ATAGI and TGA

Slow roll-out of measures: In 2020 the Federal Government was slow to close the borders and order vaccines. They also wasted money on pandemic materials from [companies without appropriate expertise](#) or [without a proper tender process](#). This shows there was an insufficient stockpile of PPE in readiness for a pandemic.

Secrecy of National Cabinet decisions: Regarding National Cabinet, the advice being relied upon behind crucial decisions such as 'let the virus rip' – with its huge implications for the death toll, [people with disabilities](#), the economy and public health – has been kept secret, even after a change of government. This secrecy is totally unacceptable in a democracy. The government needs to take the public with them. Secrecy also undermines trust in government and will greatly impede public compliance for any measures needed to manage future pandemics

ATAGI & TGA: Both bodies lag behind decision-making overseas (eg XBB monovalent arriving 3 months after USA September 2023 roll-out). We have a vaccine-only strategy with limited or late vaccines. ATAGI has often been out of step with medical studies. Viraleze nasal spray, made in Australia and sold in 45 countries, has still not been approved by the TGA. The processes of both bodies need to be expedited to better curb the ongoing SARS-Cov-2 pandemic.

Feedback about support for individuals

My [REDACTED] received job keeper, an excellent support that allowed him to stay home and home-school his [REDACTED]. Payments to cover sick leave from Covid infections should still be maintained to limit community transmission.

Feedback about Support for Industry and Businesses.

The financial support model for businesses was flawed and politically targeted, eg [private schools received funds they didn't need](#) and [the university sector received nothing](#). Payments should also have been refundable if businesses didn't suffer losses (a huge oversight) and [details will remain secret](#) from the public! Issues caused by labour shortages must be addressed by mitigations to limit [infection that causes long-term disability and takes people out of the workforce](#), eg money spent on air-quality systems for businesses (see below).

Feedback on Public Health Messaging

After the 'let it rip' decision, and the steady removal of mitigations that would reduce the spread of infection, the public can be forgiven for believing the pandemic is over. [A lie supported by woeful messaging from Health Departments.](#)

An example of good clear truthful messaging is [this video](#) from Victorian CHO [REDACTED].

Feedback about "improving Australia's preparedness for (current and) future pandemics".

Lessons from where we are now in December 2023. We are still in a Pandemic!

An [enormous number of studies](#) reveal the dangers of SARS-CoV-2 and its debilitating sequelae. But the denial by governments in favour of [a fake 'normal'](#) amounts to ['dropping the ball and creating a future chronic illness burden'](#).

Why is Covid Still Winning?

Lesson: Admit the pandemic is not over and implement ways to reduce widespread transmission (below).

Covid is Not Mild. Long Covid is Real and the Economy is Already Suffering

[The lie that Covid is mild](#) allowed the decision to 'let it rip'. [Evidence from SARS 1 showed long-term sequelae from the virus](#) so there's no excuse for abandoning the Precautionary Principle and allowing [long-term disability](#).

It's been shown that ["An estimated 1 in 10 infections results in post #COVID19 condition, suggesting that hundreds of millions of people will need longer-term care"](#) Dr [REDACTED] WHO. [Statistics Canada](#) has found that 1 in 9 Canadian adults have long term symptoms from Covid infection, 'often impacting their ability to work and their quality of life overall'. Our [parliamentary inquiry into long COVID](#) estimated that between 200,000 and 2 million Australians have some form of long COVID, which can include more than 200 symptoms.

To ensure an adequate response to the long COVID crisis, we need research that builds on existing knowledge and is inclusive of the patient experience, training and education for the health-care and research workforce, a public communication campaign, and robust policies and funding to support research and care in long COVID. From: [Long COVID: major findings, mechanisms and recommendations](#)

And yet, there are no policies to prevent Long Covid and [the promised Long Covid strategy](#) hasn't materialised. In fact, in December 2023: [Long Covid clinics are closing due to funding cuts!](#)

No Clean Air to Curb Infection

Unless an individual business creates a Covid-safe environment for staff and customers, (eg [The Leaf Bookshop](#)) we have no infrastructure or standards for clean air in public spaces, perpetuating ongoing infection. We'll be totally exposed by a future pandemic. (See ["What Companies Can Do against Long Covid."](#) translation attached.)

People who work face-to-face with the public, without clean-air infrastructure, are exposed to the virus every day. With no sickness payment if they catch it, they have to take 'personal responsibility' to either forgo wages and stay home or go to work and infect others. If they get Long Covid there is no safety net and no treatment. This is policy madness.

Clean air was offered as a choice in the [School Upgrade Fund](#), but left to the discretion of a busy principal unlikely to know how clean air, like that in [Parliament House Canberra](#) and [Melbourne University](#), would [keep teachers and students safer from getting endlessly sick](#). Instead, air-filters should have been rolled out in all schools. I know from social media that lack of a safe workplace is affecting the [teacher shortage](#). The drop in school attendance is also due to sickness (unacknowledged immune damage from multiple Covid infections). But the toll of Covid on [falling school attendance numbers](#) is ignored as governments play ABC (Anything But Covid), and continue the lie that the pandemic is over. It's a shock that governments [don't want to protect citizens and the economy from long-term harm](#).

Lesson: [Fund air-quality infrastructure for schools and provide grants for businesses to comply](#)

No Mask Requirements in Medical Facilities and High-risk Settings

Without mask requirements, hospitals and aged-care facilities are places [where the virus spreads to the vulnerable](#), not to mention [the burden on healthcare workers and the health system](#). [Mask-wearing is optional at the blood bank](#): 'we're following the general government guidelines', even though an hour in an unfiltered space full of unmasked people will probably send a donor away with Covid. If the current government guidelines promote rampant infection in the community of a virus with [emerging long-term sequelae](#), how are they going to manage the next pandemic?

The public has not been taught how proper respirator masks curb infection and keep the vulnerable safe. Instead:

- [CMO Paul Kelly explains the term 'reaping' to foster public tolerance of excess deaths](#).
- [Prime Minister Albanese models visiting a children's cancer ward, maskless](#). Even if Covid was 'just a cold' (it's not) he *should not* be risking infecting sick children with this virus.
- [NSW Premier tests positive for Covid after mixing with people while sniffing and clearing his throat](#).

[Where's the leadership?](#)

Lesson: [Educate the public about respirator masks](#) and set health guidelines that curb infection.

Loss of Essential Data

How can a government manage a pandemic (and prepare for future pandemics) [without collecting enough data for analysis](#)? The decisions to (1) collect less data and (2) gradually reduce the disclosure of data, now almost totally hidden, about the ongoing SARS-CoV-2 pandemic means that the government, health authorities and the public are working blind. ([This graph](#) shows reporting of hospital data stopped on 25 October 2023 just as the new wave caused hospitalisations to jump.) This can only be due to misguided economic priorities. But health and the economy go hand in hand. How will we see warning signs of a new pandemic or a new wave that's more likely to disable without data?

The [personal responsibility minus the facts](#) promoted by the government means that my intelligent, educated friends believe the pandemic is 'over' or 'just a cold'. They simply can't imagine Public Health would abandon protections and let an airborne and incredibly disabling virus spread unchecked. They are unaware that Covid-19 is like other viruses (eg HIV) that start with a flu-like infection and then lie dormant in the body for years. They take no actions to protect themselves from [multiple infections that studies show greatly increase the risk of Long Covid](#). This lack of accurate information also leads to a lower vaccination rate as the community is left in the dark about the risk.

Lockdowns Blamed for Everything

With lockdowns and the concocted 'immunity debt' blamed for everything from new illness outbreaks to [reduced school performance](#), lockdowns will be 'unacceptable' to manage a future pandemic. But there's a lot of space between lockdowns and doing nothing. Doing nothing in a crisis is as extreme as a lockdown. "[It appears clear from evidence to date that government interventions ... are unlikely to be causing harms more extreme than the pandemic itself](#)."

A Pandemic of Attrition

["... we have tools for control. We can test and vaccinate; we can reduce transmission by wearing respirator-style masks and improving indoor air quality; and we have better treatments. But our leaders surrendered to the virus."](#)