

## SUBMISSION TO COMMONWEALTH GOVERNMENT COVID-19 RESPONSE INQUIRY

### Context:

I am a social worker, parent, carer of clinically vulnerable family members and am myself immunocompromised. I consider myself a 'Covid informed' Australian. For more than [REDACTED] years, I have worked as a social worker in [REDACTED] and [REDACTED] roles in the [REDACTED]

### Experience of Governance and Key health response measures:

During the pandemic, my health and the health of all Australians has been in the hands of governance bodies such as National Cabinet, AHPPC and ATAGI. The lack of transparency and accountability in these bodies and their processes has therefore been very concerning and means that Australians remain unable to assess their evidence base and whether decisions made are justifiable.

From my personal experience of ATAGI's decisions, it appears that their advice is often tardy and this has added to much additional stress and no doubt also lead to many preventable infections, deaths and adverse impacts.

The Morrison government's approach to vaccine procurement impacted me and millions of Australians by initially having to wait far too long for safer and more effective MRNA vaccines, leading to preventable loss of life and a burden of adverse vaccination impacts particularly from the Astra Zeneca vaccine. These decisions and delays lead to vaccine hesitancy.

The Albanese government's vaccine procurement policy has also been too slow, restrictive and not keeping up with viral mutations. As a parent and professional supporting families, many have expressed huge concern at not being able to access vaccinations for children under 5, despite an evidence base and when many countries across the world provide this. Many other countries like US, in Europe etc have binned the bivalent vaccines we are currently using and we have only just seen a small number (3 million) of XBB vaccines become available, with most Australians including many health workers, ineligible. As XBB vaccines have become available, the latest and more immune evasive variants are becoming dominant and again our vaccines won't be effective against new and emerging variants.

Advice given to government from Australia's Chief Medical Officer refers frequently to 'hybrid immunity' which appears to be problematic concept as immunity from COVID-19 has been proven to be of a short duration due to the evolution of constant variants and there is also a large weight of evidence of showing cumulative harm and increased risk of Long Covid from repeat COVID-19 infections.

The government advice to take 'Personal responsibility' now that we have moved from the 'Emergency Response' stage of the pandemic for managing the risk of COVID-19 infection, alongside the government's removal of key metrics like testing, tracing, isolation, quarantine, regular reporting of infection numbers and deaths etc has been tantamount to gaslighting. How can we take responsibility if we cannot assess risk? Continued widespread and ongoing infection levels in the community, means that many clinically vulnerable individuals and families, myself included, are facing ongoing isolation and the consequent mental health impacts in trying to stay safe and healthy.

The TGA appears to take a long time to approve products, for example Viraleze and others which are readily available in many other countries, making access to products to prevent and manage Covid-19 difficult and more expensive for myself and Australians.

As someone who has never had COVID-19 and therefore has no 'hybrid immunity' or capacity to get a current vaccine, it appears that I (and millions of other Australians) have been left behind by our current response. Although immunocompromised, I am currently denied up to date XBB MRNA vaccines, as well as Novavax which is my preferred vaccine due to experiencing significant health side effects from previous MRNA vaccines.

The public health messaging, procurement and distribution of PPE in Australian has also been very poor. Presently in NSW the current public health advice in a COVID-19 wave, is to 'Be kind to those who wear a mask'. How is this advice protective against COVID-19 infection?

As someone who is clinically vulnerable to COVID-19, it makes no sense to me that masks are no longer mandated in many healthcare settings, especially with the numbers of Australians dying from nosocomial infection and many precious health care workers acquiring Long Covid. For me and millions of Australians, we are in a Catch 22 situation where both avoiding healthcare and seeking healthcare, is dangerous.

### **Impact of removing financial and community supports:**

Anecdotally, in my [REDACTED] plus years of professional experience working in mental health and from my experience providing Tele-Mental health support to some hundreds of families over the last 4 years, I have never worked with so many families under as extreme levels of mental distress. The government's provision of financial and community support to families throughout the early years of the Australian response to COVID-19, was clearly protective. Thus the removal of these policies in the context of ongoing high levels of acute and chronic ill health in the community would no doubt result in higher, ongoing levels of distress.

In my daily counselling work with Australian families it's apparent that most do not understand or appreciate the risks and health impacts of cumulative COVID-19 infections, the neuroinvasive nature of COVID-19 and its neuropsychological impacts on adults and children or indeed the relationship between physical ill health and poor mental health. Many families continue to report finding access to timely and affordable healthcare and mental health care, difficult if not impossible.

Talking daily with families there also appears to be declining rates of trust in government and in public health, with many Australians currently expressing feeling unsupported by government policies, but also helpless and resigned to the inevitability of catching COVID-19 multiple times. There also appears to be a growing cohort becoming increasingly concerned about cumulative health impacts and immune dysregulation from COVID-19, as well as a many remaining unaware of the risk and harms of cumulative infections.

I believe that the government's removal of financial support during the pandemic has had a significant impact, adding further to the stress and impacts of illness experienced by families. Multiple families have disclosed to me that they can no longer afford to isolate when sick, that they regularly attend work, and have children attend school, when sick.

Many families are at further risk of chronic illness due to an inability to take the time to rest and recover properly from illness. I speak with many grandparents raising grandchildren who are concerned about their capacity to care for and raise grandchildren to adulthood and also about children's anxiety about passing on illness/harm to their carers. Research into the psychological impacts of our response to the pandemic on children is lacking and mainly focussed on our initial responses. I have regular contact with families who are debilitated by Long Covid in parents and children and are therefore under inordinate stress, particularly financial, due to the impacts on parenting capacity and caring responsibilities.

Widespread COVID-19 transmission in the community from a lack of public health mitigations and policies has costly and detrimental impacts on education, housing and homelessness, and also on rates of domestic violence. Without addressing COVID-19 holistically, with preventative measures, impacts and costs will continue to grow exponentially as tertiary measures will always cost more and be far less effective than preventative ones.

COVID-19 affects different groups disproportionately including across genders, age groups, socio-economic status, geographic location, people with disability, First Nations peoples and communities and people from culturally and linguistically diverse communities. These groups have additional needs and greater vulnerabilities including higher risk of long COVID-19 and reduced life expectancy. Australian

women carry a higher burden of unpaid caring responsibilities and also appear to be at greater risk from Long Covid. We urgently require additional, tailored public health information campaigns and policies for these groups as well as additional social welfare programs.

### **Reset our COVID-19 Response**

Our lack of a public health response from government right now means that we are squandering the gains we made during the early years of COVID-19. We have fallen from having one of the best pandemic responses in the world to one worse than many less affluent countries. Our health minister Mark Butler appears only to pay lip service to learning from the more recent failures in our COVID-19 response.

Financial support provisions should be urgently reviewed with the reintroduction of pandemic leave for those individuals who have exhausted sick leave allowances or don't have these entitlements and the provision of adequate financial support for individuals impacted by Long Covid or caring for those impacted by Long Covid.

Labour shortages from acute and chronic illness should be addressed by making both workplaces and schools safer from airborne illness and therefore inclusive places for all, particularly the clinically vulnerable. Most workplaces, whilst they claim to follow OH&S legislation and policies are failing in practice to make workplaces safe from airborne illness.

Clean Air in schools is a long overdue as schools appear to be key in transmission rates and the cumulative health impacts on children of multiple COVID-19 (and other infections) a grave concern. Ongoing absenteeism in students and staff as well as increasing school refusal rates is a huge issue. Addressing ongoing poor attendance rates in schools without also addressing COVID-19 and airborne illness transmission rates, is futile. A sustainable approach to support businesses, childcare and schools in pandemics would have positive impacts leading to a healthier population.

The Federal Health department should urgently review and reset our response by investing in COVID-19 public health information campaigns like we saw for HIV/AIDS and as we currently invest in for Road Safety, alcohol and drugs, especially when the former also has additional adverse impacts on road safety, and AOD use/misuse. There needs to be an Australia wide, consistent COVID-19 public health response not the inconsistent one which varies across states. Public health in Australia should be evidence-based, not politicised and dependant on which state you reside in and/or how much privilege you have.

### **Future preparedness:**

Australia would be better prepared for current and future pandemics if the government genuinely reflected upon and learnt from both the mistakes and the successes of our pandemic response and followed the scientific evidence, which is that COVID-19 remains a serious and ongoing health crisis.

In only 4 years, COVID-19 has become the 3rd leading cause of Australian deaths and will likely continue to reduce life expectancy rates for the foreseeable future. Why then are we still awaiting a response from government to the Long Covid Inquiry and not urgently investing in more research and treatment programs, as well as resetting our public health response?