

# Submission to COVID-19 Response Inquiry

Colin Kinner, 8 December 2023

## CONTEXT

I am an experienced science communicator and public health advocate. I am a member of the independent pandemic advisory group [OzSAGE](#), a member of [COVID Safe Schools](#), a Director of The Safer Air Project, founder of the [Clean Air Accelerator](#) and a member of the organising committee for the World Health Network [Clean Air Expo](#). I have [written extensively about COVID](#), in particular the need for improved public health responses at a national and state level.

My submission addresses four key areas in which I believe the government needs to improve its pandemic response.

## FOCUS ON REDUCING TRANSMISSION

Although it has not been stated explicitly, since late 2021 the government has pursued a *de facto* policy of facilitating widespread COVID infection – often referred to as the “let it rip” policy. Over the last two years the government has systematically dismantled almost all efforts to limit transmission of SARS-CoV-2, including removing all substantive mitigations such as isolation requirements, contact tracing, testing and reporting of case numbers.

In parallel, the government has failed to implement the most basic of infection control measures such as improving ventilation, making use of HEPA air filters and requiring high-quality masks to be worn in healthcare and aged care settings, despite [compelling evidence](#) that these measures would be effective in reducing transmission.

This change of course appears to be based on two heroic assumptions, namely that (a) the Omicron variant would be “mild” and cause [less harm than previous variants](#), and (b) it would be [beneficial](#) to have large numbers of people infected in order to create lasting population-level “hybrid” immunity.

Both of these assumptions are grossly incorrect, and at odds with research findings that have accumulated over the last four years.

The push for hybrid immunity has been shown to cause substantial net harm, places people at unacceptable risk, and is based on dubious public health messaging designed to convince people to act against their interests.

We have frequently heard the Chief Medical Officer and state Chief Health Officers talking about “[very high levels of hybrid immunity](#)”, “[rich hybrid immunity](#)” and even “[building a wall of immunity](#)”. While COVID infections do provide some degree of immunity, this immunity is [short-lived](#) and gives limited protection against re-infection as more immune-evasive variants continue to emerge.

Even a mild acute infection can lead to substantial long-term harm – including [Long COVID](#) and increased risk of [heart attack, stroke](#), blood clots, [neurological disorders](#) and [diabetes](#). It can also cause [immune system dysregulation](#) which in turn increases susceptibility to other infections.

Research has also shown that the [harm from COVID is cumulative](#) — that is, the risk of a person having adverse health outcomes increases with each infection.

As independent experts have been [pointing out for some time](#), the benefits of “hybrid immunity” achieved through widespread infection are significantly outweighed by the harm done by infecting millions of people with this dangerous virus.

There was clear evidence that it was a mistake to adopt the “let-it-rip” strategy in late 2021. The fact that it is still at the core of Australia’s pandemic response in 2023 is of grave concern. The government must change tack and replace its current *laissez-faire* approach with one focused on significantly reducing transmission.

## PROVIDE HONEST PUBLIC HEALTH COMMUNICATION

The observable evidence is that most Australians are poorly informed about COVID – including how it spreads, what can be done to prevent transmission, or why they should even care about it.

At the same time, research over the last four years has shown that SARS-CoV-2 is a virus that should be taken very seriously. Acute COVID is now a leading cause of death, and COVID infection can lead to a wide range of long-term health impacts.

The disconnect between perceptions about COVID and reality is stark. It has arisen in part because of failures by public health officials and politicians to provide accurate and candid information to the Australian people.

The government has consistently pushed a narrative that COVID is largely in the rear-view mirror, that now that we've had an opportunity to be vaccinated we are successfully "[living with COVID](#)", and that COVID is "[not exceptional](#)" and can be treated "[like any other respiratory illness](#)".

The government has focused its communications almost exclusively on the [acute phase of infection](#), and remained conspicuously silent about the long-term health risks that can follow a COVID infection, including the fact that risk increases with each reinfection.

Government communications about COVID have also failed to emphasise the fact that COVID is spread primarily via exhaled aerosols. As a result, much of the public health messaging has emphasised respiratory droplets, social distancing and hand-washing. Telling people that social distancing or hand-washing will protect them from a highly contagious airborne virus is totally wrong, and [dangerous](#).

By downplaying the seriousness of the virus, and failing to explain the mode of transmission, the government has led many Australians to not take simple precautions that would protect themselves and others – such as getting vaccinated / boosted, wearing P2 / N95 masks, improving ventilation, using HEPA air filters, testing and isolating.

Similarly, many organisations have been influenced by government misinformation and are failing to provide safe workplaces – including in key settings such as schools, healthcare and aged care, in which individuals have no choice but to be there, are highly dependent on others to take steps to ensure a safe environment, and have limited ability to advocate for themselves.

It is vital that the government launch a candid and honest information campaign to educate the public about the realities of COVID and address widespread misconceptions. Providing accurate and honest information will empower individuals and organisations to make better choices. It will also make it easier for the government to implement public health decisions that may be unpopular, such as mask mandates in high-risk settings.

## URGENTLY REDUCE COVID TRANSMISSION IN SCHOOLS

The overwhelming majority of Australian children have been [infected with COVID at least once](#), with a growing number having been infected two, three, four or more times.

Although the acute phase of most infections has been mild, some children get very sick with COVID, thousands have been [hospitalised](#), and while rare, there have been a small number of deaths.

The biggest concern for children is the risk of long-term harm in the form of increased risk of blood clots, heart problems, kidney failure and [diabetes](#), [Long COVID](#) and potential damage to their immune systems, particularly with [repeat infections](#).

Having children bring COVID home to their families is also a major concern. The household secondary attack rate (ie. the likelihood that one infected family member will infect at least one other family member) was around [50% for Omicron BA.5](#), and likely higher for the most recent sub-variants. [Studies have shown](#) that 70% of household infections started with a school-aged index case.

Infection of children at school is therefore leading to infection of parents and siblings, more vulnerable family members such as grandparents, and the wider community.

The government has failed to provide adequate guidance to schools, and in conjunction with the states and territories, has failed to support schools to implement [proven infection control measures](#) such as ventilation, CO2 monitoring and HEPA filtration.<sup>1</sup>

It is clear that many teachers and principals do not understand the long-term risks of COVID, the airborne nature of transmission, the importance of ventilation, or the steps needed to reduce the risk of transmission. As a result many schools are not taking the necessary actions to prevent COVID transmission, and school staff are not modelling positive behaviours such as wearing P2 / N95 masks during times of high transmission.

In many cases parents, teachers and principals have been influenced by government misinformation suggesting that COVID is nothing more than a [mild illness in children](#), that COVID [doesn't spread in schools](#), or even that it is good for children to get COVID as a means of [building up their immunity](#).

Children have their whole lives ahead of them. It is profoundly wrong to allow children to be repeatedly infected with a virus that could cause them long-term harm.

The government should be doing everything possible to prevent children getting infected and re-infected with SARS-CoV-2. The actions needed to reduce transmission in schools are straightforward, [proven to be effective](#), and not disruptive to children's learning. They include:

- Educating schools and families about how and why to prevent COVID infection
- [Improving ventilation](#)
- Using [HEPA filters](#) to remove virus particles from the air
- Avoiding large indoor gatherings and other high-risk settings; and
- Actively encouraging staff and students wear P2 / N95 masks at times of high transmission.

## RESET GOVERNMENT HEALTH ADVICE

It is clear that the government has received and acted on health advice that is disconnected from the emerging facts about COVID, and that this has led to substantial and avoidable harm to the Australian people.

The government should reset its advice by immediately removing the current Chief Medical Officer and winding down the AHPPC, and replacing them with a fit-for-purpose group of multidisciplinary experts who are well informed and can advise the government appropriately.

Importantly, such an expert advisory group must be independent and empowered to provide evidence-based advice without political interference, and without the shroud of secrecy that has been used to obscure decision-making via national cabinet. This expert advisory group could ultimately be embedded in the proposed Australian Centre for Disease Prevention and Control.

Any continuation of the absurd "let it rip" approach that has been taken by the government will amount to knowingly and deliberately infecting millions more Australians with a virus that causes death and chronic illness.

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<sup>1</sup> Arguably Victoria has made significant progress in providing clear communication and supporting public schools to implement ventilation and HEPA filtration.