



I would like to address the poor quality of public health messaging from Governments and Health Departments around Australia. Public health messaging is a key health response measure per the Inquiry's terms of reference.

I was reading Mr Nonsense by [REDACTED] to my children the other night when it occurred to me that the character was the perfect emblem for the illogical, inconsistent, and inept public health messaging that Australians have endured during the pandemic. If you are not familiar with the story, when he is asked a question, Mr Nonsense will inevitably respond with something non-sensical, much like the official public health messaging put out by Australian governments.

It is now accepted that COVID is primarily transmitted through the air. [Respirable-sized infective aerosols have been found to remain in the air for up to 16 hours](#). Conversely, [particle infectivity on surfaces was found to expire after 1-3 hours](#). The World Health Organisation (WHO) have acknowledged that the virus [can spread in poorly ventilated and/or crowded indoor settings, where people tend to spend longer periods of time. This is because aerosols can remain suspended in the air or travel farther than conversational distance \(this is often called long-range aerosol or long-range airborne transmission\)](#).

Given that the airborne nature of COVID is not in dispute, why doesn't Australia's public health messaging encourage Australians to take precautions that would protect them from the spread of an airborne pathogen?

I trust that the committee can interpret the message intended by the above storyboard, but I do have to wonder why our highly-qualified and apparently intelligent public health officials are still producing public health messaging telling us (and the hospitals and health facilities that they control) that masks are not necessary, all while they continue to encourage us to [use hand sanitiser](#) and wash our hands to protect ourselves from an airborne threat. I'm all for clean hands, but I'd prefer that Australians were informed that the primary risk was in the air that they breathe.

Public health messaging in Australia frequently overlooks that COVID can be spread by asymptomatic and pre-symptomatic individuals. [The latest from the Australian Department of Health and Aged Care](#) encourages people to stay away from loved ones if they feel sick. This messaging completely ignores the fact that a person could feel completely fine and still transmit an infection that could kill or seriously injure their vulnerable family member. The messaging, therefore, is incorrect and instils a false sense of security that people aren't infectious so long as they don't 'feel unwell'.

It is my genuine belief that if Australians understood that the risk was primarily airborne, and that layered protections including respiratory masks (N95+) that tightly seal around the mouth and nose, and HEPA filters that draw virus particles out of the air, can greatly reduce the level of transmission, they would adopt those safeguards. While no measure is 100% effective, implementing layered protections across the community could break innumerable chains of transmission and reduce the disease burden for all Australians.

Australians have proven that they are community-minded and will take steps to protect the vulnerable among them. During the first two years of the pandemic, we saw citizens band together, supporting and encouraging each other through what was an incredibly difficult time. I am confident that they would do so again if they were properly informed about the risks and the available mitigations.

Informed Australians have continued to wear respirators to protect the vulnerable people in our community as well as ourselves. If more people were doing it, the level of virus circulating in the community would reduce. No, we wouldn't eliminate COVID completely, but infectious exposures would decrease. If there were financial supports available to assist people to isolate when they were ill, there would be fewer infectious people at workplaces and schools. If there were indoor air quality standards (especially in schools and hospitals), and the air that we breathe had been freshly filtered, then the need for masking would reduce further. COVID would not disappear, but individuals would have a better chance of avoiding repeated infection.

This is simple logic that Australians would adopt if educated and informed of the options available.

One cannot escape the conclusion that the government wants Australians to be infected regularly to maintain a high level of infection-induced immunity. The goal appears to be to infect as many people as possible, as quickly as possible, so that enough people have just enough immunity to the circulating variant to diminish the wave – that is, until the next variant takes over. Repeat ad infinitum.

This *appears* to ease pressure on the health system so that we don't all get sick at one time and overload hospitals, but the calculation is a false economy that fails to take into account the cumulative burden of burnout, Long Covid and other post-acute sequelae in the health workforce and in the population as a whole. The approach 'kicks the can down the road' but can in no way be said to be in the best interests of Australians. Most Australians don't understand that their constant infection is actually the plan, and they don't know that there is an alternative. It is submitted that:

- Australians believe that if COVID was truly dangerous, that their government would tell them so. They did not provide informed consent to a mass-infection, herd-immunity experiment. They don't realise that they're cannon fodder.

- They think that because the press conferences have stopped, and it's hardly mentioned in the news, that COVID has gone away. When our political leaders and media refer to COVID in the past tense, why wouldn't they think it's over?
- They believe apparently qualified commentators when they say that the virus is 'mild' or 'like a cold/flu', even though it is the [third leading cause of death for all Australians](#) (and that's not even including deaths likely attributable to covid but occurring outside of the acute phase as evidenced by the [increased rates of excess deaths](#)). The sheer number of infections means that COVID remains a mortal risk for many Australians (not to mention that the focus only on COVID-related deaths minimises the many long-term health consequences for those who survive COVID).
- They haven't been told that [the risks of acute and post-acute death and sequelae](#) increase with each infection, and that [their risk of suffering Long Covid increases with each reinfection](#). Many will never even have heard of Long Covid, nor realise that the lingering symptoms they are suffering from have a name and a cause. If they live in Queensland, their government effectively [denies Long Covid is a real problem](#).
- They think that masks don't work, because nobody has explained to them that the surgical and cloth masks that we promoted early in the pandemic are not effective against an airborne virus. If they understood that COVID was airborne, surely they would realise that the gaps around their ill-fitting surgical masks (often worn under the nose) make them inadequate against COVID – but do they even know that alternatives exist, or how to access them? The government could provide high quality masks to all Australians and educate the public on how to use them.
- They haven't been told, or don't seem to appreciate, that we cannot know the long-term effects of a disease that has only existed for 4 years. Caution is warranted – the precautionary principle should be applied.

If Australians were fully informed of the risks, would they give their consent to unfettered transmission, or would they instead choose mitigations? We may never know; nobody gave us that option.

One group of people who would not choose infection-mediated pandemic control are vulnerable people for whom a single infection may worsen their existing health problems or end their lives. To the vulnerable, it is particularly egregious when our Governments tell us that they are ['protecting those most at risk'](#) when they are, in fact, doing little more than nothing.

- They don't require or encourage masks in hospitals and health settings. People can't always mask whilst undergoing medical or dental procedures, leaving them completely unprotected in situations in which they should be safe.
- Vaccinations and boosters are restricted only to those the government deem to be most at risk. Humans are complex creatures who may have many interrelated health factors that do not neatly within fixed definitions or guidelines. Most people aren't eligible. Many people who are, don't know that they are.
- Successive governments have failed to order an adequate supply of up-to-date vaccines so that those who want them can obtain a vaccine suitable for the currently circulating variants.
- Access to testing has been curtailed, and people aren't encouraged or financially assisted to purchase and use rapid antigen tests – consequently many Australians don't bother (or can't afford) to discover whether or not they have COVID. If they don't know, they can't take steps to protect vulnerable members of their communities. They are essentially encouraged to spread their infection because 'COVID is over' and 'we don't have to isolate anymore'.
- People aren't financially supported to isolate when infectious (and standard sick leave entitlements – for those who have them at all – are insufficient when people become infected with COVID or other illnesses multiple times in each year).
- Incorrect public health messaging means that people don't understand how COVID is transmitted, and what they can do to help protect themselves and those around them. They also don't understand that everyone is vulnerable.
- Access to timely data that would allow vulnerable people to assess relative levels of risk has been removed.

We are in no sense being protected, save that **some** are able to access **out of date** vaccines/boosters, and antivirals **after being infected** and incurring all the associated risks that come with infection.

It is also significant that residents of different states are exposed to vastly different health messaging. For example, Victorians are encouraged to ["wear a well-fitted and high-quality mask like an N95"](#) whereas Queenslanders are told that masks are ["disproportionate to the level of risk"](#). The virus is just as airborne in Queensland as it is in Victoria. I am familiar with the reason why we have state-based health departments, but we shouldn't have state-based facts. The science is the same across state lines.

This begs the question – is it sensible that individual state Chief Health Officers are given power to interpret the science so that some Australians are more at risk depending upon which state they happen to live in? What checks and balances are in place to ensure that public health decisions are fully justified, evidence-based and apolitical? How can two similarly qualified professionals come to divergent conclusions about basic facts about how COVID is transmitted, and the risks it poses to their respective communities. At a minimum, CHOs should be appointed by an interdisciplinary appointment committee, not by politicians.

Finally, this pandemic has highlighted the need for standardised health-data collection across Australia. That data needs to be made available in a timely manner to all Australians in an open, easy to access way. This is particularly true of this pandemic, where Australians are being encouraged to 'protect themselves', but not being given access to the information that would allow them to make informed decisions.