

Attn: Commonwealth Government COVID-19 Response Inquiry

Thank you for the opportunity to share some insight into my family's experience of the SARS-CoV-2 pandemic which is still ongoing. It is my hope that the findings from this inquiry will bolster the implementation of greater scientific, not politically-driven public health measures and messaging. I have elected to use the term 'SARS-CoV-2' as opposed to COVID-19 as I believe it is exactly this type of risk-communication narrative that sought to minimise the very real threat to public health from the outset.

In the year following our single covid infection from the school system my immediate family of [REDACTED] have new diagnoses of [REDACTED], [REDACTED] [REDACTED]

Why am I passionate about this submission?

I am a [REDACTED] parent home-educating a [REDACTED] [REDACTED] and [REDACTED] with a [REDACTED]. My [REDACTED] (my carer) has not had an income stream since March 2020 - the risk of infection from SARS-CoV-2 would almost certainly guarantee greater disability or worse for our family. Not being able to safely participate in society has drastically affected my family's sense of self-worth and value.

April 2023 saw us remove our [REDACTED] from a Victorian public school due to the inadequacy of infection control. On what would be his last day of school I asked the CRT (one of many due to a constant stream of illness among staff) whether she was aware of our [REDACTED] needs (including putting his N95 mask on after meals opening windows and being situated next to the purifier). She responded curtly "he'll tell us what he needs". It was then that I realised the "you-do-you" approach to public health and risk mitigation also extended to my [REDACTED] who was expected to advocate for his own health. Removing him from mainstream schooling has deprived him of much-needed opportunities for authentic engagement with peers - furthering his social development and participation in community. Downplaying the seriousness of this disease among the general public has seen us isolated from our family - previously our only remaining safety net of support.

As I do not drive due to [REDACTED]. We purchased a home within walking distance to services that we can no longer safely access. Our area is well serviced by public transport that we can no longer safely access. We are paying council rates with savings we don't have to service the needs of a community we cannot participate in safely. *I do not expect the general public to bend to the whims of a disabled minority and mask in non-essential spaces. "Learning to live with the virus" should have always meant the implementation of appropriate PPE in places previously deemed essential.*

I am passionate about the return and permanent implementation of N95 respirators in healthcare settings and surgical masks (at a minimum) in public spaces previously deemed essential (pharmacists, supermarkets, public transport). Only this morning did we have to use a pre-printed A4 sign from the confines of our vehicle asking a Police Officer to wear an N95 mask (*that I provided*) so that a random breath-test could be performed safely.

'We have the tools to live with COVID-19'

This catch-cry is highly questionable in the presence of unreliable Rapid Antigen tests for current strains, inaccessible PCR, a lack of affordable PPE and a lack of transparency of true cases of community transmission where reporting tools have been removed. There is a tremendous gap in Australia's response to the pandemic in terms of the tools available to its citizens. As a medically vulnerable family it is incredibly frustrating to see New Zealand families with access to Molecular POCT, NAAT and RT-LAMP testing outside of a POC setting. These tools would be **life-changing** for my family - allowing us to socialise with others **safe** in the knowledge we wouldn't expose ourselves or others to asymptomatic infection. My [REDACTED] would be able to return to NDIS-appointed therapies. Opportunities for LTT pathology (lymphocyte transformation tests - available

internationally) would also be desirable to examine the possibility of PASC in the Australian population. Rapid Antigen Tests rating anything less than 'Very High Sensitivity' should never have been put to market. Would the TGA approve a pregnancy test on the shelves that works "sometimes"? Until a clearer picture is ascertained of the longer-term impacts of SARS-CoV-2, Precautionary Principle should apply - meaning implementation of Clean Air technology and PPE where appropriate. Australia is a nation of innovation - there is no reason why we could not be providing Australian-made-and-owned N95 respirators in public spaces as was done with hand sanitiser.

Public Health Messaging

The Federal Health department could improve future public health messaging by offering consistent, reliable and accurate information driven by science, not politics. The recommendation of PPE being 'advised' is weak and undermines public health efforts. The promotion of "Washing Your Hands to Prevent the Spread" of an aerosolised virus is inexcusable. We have known for many years that surgical masks are inadequate to stop the transmission of an aerosolised virus and those political mouthpieces seeking to undermine this messaging should be held to account. Public health messaging should have always focused on the need for 'respirators' not a loose interpretation of 'masks'.

Nosocomial and Healthcare-Acquired Infection in Victorian hospitals result in over 10% of patient death. This is appalling - healthcare workers are literally killing their patients with the backing of public health messaging that disease severity is 'mild' in most cases, with death and disability 'only' affecting the vulnerable populations of immunosuppressed and elderly. This messaging tells my [REDACTED] that his health and wellbeing are not a priority for this government. Upon requesting masking in healthcare spaces I have often been met with "We don't have to do that anymore" - a guideline driven by politics, not **best health practice**. My experience indicates most **allied** healthcare providers are keen to do the right thing for their patients - reassuring that I 'need not worry' as they've 'taken all steps to disinfect and wipe down surfaces'. Whilst I appreciate the sentiment, this is appropriate infection-control for a disease spread via fomites and does little for transmission of an aerosolised virus. I believe health providers will do the right thing for their patients - they don't have the accurate up-to-date information on infection control.

It is a true failure of public health that so many of the Covid-Informed community have flocked to social media to find reliable, updated peer-reviewed scientific data and the absurdity of guidelines such as requiring wearing masks standing up but not when seated in hospitality venues did little to instil faith in the legitimacy of public health messaging and further fuelled anti-establishment sentiment.

Financial Supports

I have little feedback in the way of Jobseeker and financial support however we were most grateful for the assistance that we did receive. As an NDIS participant I'm also grateful for the ability to use funding to provide for much-needed PPE. Our family continues to bear the financial burden of seeking out *private* healthcare providers who are "prepared" to wear an N95 respirator to keep our family safe. A most recent example of this was this week opting to pay a [REDACTED] facility fee to have [REDACTED] in a private practice where the attending nurse would wear an N95 on request as opposed to the no-cost service provided in the public system. It is absurd that our chances of compliance with best-practice infection control is drastically reduced in public-healthcare settings. Our family has also been impacted financially in losing the ability to safely generate an income. Where I used to be able to support my [REDACTED] in his small business, my days are now spent reluctantly home-educating my [REDACTED]. I would like to see some form of financial safety-net for casual or part-time workers or caregivers to encourage symptomatic individuals to stay home throughout their period of infection so as to minimise the spread to coworkers and their families.

Vaccines and accessibility

I see little difference between the Morrison Government's delay in procuring SARSCoV-2 vaccines and that of the XBB.1.5 vaccine rollout led by the present Albanese government. The paediatric vaccine has been available to the Under-5 cohort in the United States since June 2022 yet Australian Children are ineligible. Those wishing to access to these vaccines have faced

unnecessary delays and are struggling to navigate conflicting information from the federal health department and that of ATAGI. Having access to the current XBB.1.5 NUVAVAXOID would have given me a better degree of immune protection in the wake of current strains making their way through our community. I've not received an updated booster since April 2022 due to a [REDACTED] making me ineligible for mRNA. That the updated XBB Novavax vaccines are available internationally is a source of much frustration for both the medically vulnerable and for the 'mRNA-hesitant' alike. Further to this - the lack of transparency surrounding well-established risks of the Astra-Zeneca vaccine served to fuel anti-vaccine sentiment and I would strongly urge against the marketing of vaccines by manufacturer in future. I don't know of anyone who knows the manufacturer of their flu vaccine.

A *non-sterilising* vaccine should never been mandated when we know that respirators do an incredibly effective job of reducing transmission and served only to fuel further anti-establishment sentiment. I believe that mandating vaccines did away with the opportunity to encourage the use of PPE in spaces within crucial healthcare spaces. This created a 'Vaxed-and-relaxed' culture whereby people no longer saw fit to protect their fellow Australians as they had done 'their part to stop the spread'. Vaccines served the community a great deal by reducing the number of deaths from acute infection, however has done little in the way of protecting Australian from Post-Acute Sequelae of Covid-19.

The Future?

Australia was in a unique position globally to show the world advanced leadership in healthcare and science-driven policy. Lockdowns, whilst challenging were incredibly successful in protecting Australians from the first waves of illness, disability and deaths seen overseas in 2020/2021.

Australia would be better prepared for future pandemics if the Australian Government saw fit to not minimise the one we are still in at present. The end of the PHEIC saw the Australian Government do little to correct the inaccurate messaging that the 'Pandemic was over'.

To improve Australia's preparedness for future pandemics I believe it is imperative that we implement Clean Air in schools, workplaces, aged care facilities and all relevant public spaces. The initial financial investment in Clean Air would be quickly offset by reduced workplace absences due to staff illness, a reduction in supply chain and transport issues and labour shortage. There is *not one* particular population of Australia that does not benefit from an investment in clean-air technology.

There is a disproportionate focus on death from the acute phase of SARS-CoV-2. By allowing the indiscriminate spread of this aerosolised, *vascular* disease with a respiratory pathway we are committing to the ongoing disablement and poorer health outcomes for all Australians. We know the evidence demonstrates that marginalised and minority groups face disproportionately higher risks of contagion and are more significantly impacted by the disruptive social and economic consequences of infection. I consider myself incredibly fortunate that we can afford to still implement SARS-CoV-2 mitigations - it's not lost on me that this is a privilege not available to many. The ability to participate safely in 'the lucky country' and all it has to offer should not be limited to the those with financial and health-privilege.

I thank you again for your time and consideration of the immediate and broader impacts of SARS-CoV-2 for the Australian population - the repercussions of which have never been 'mild' for the medically vulnerable and the long-term sequelae remain to be seen for the Australian population at large.