

I am a volunteer community organizer with long covid and other health issues. Since July this year, I have run a mutual aid group, Mask Bloc West, providing free N95/ KN95/ P2 respirator masks to the local community. We also provide up to date information and education on the acute and long-term health impacts of SARS-CoV-2.

With the help of a small number of volunteers, we redistribute free respirators from Melbourne's west, on unceded Wurundjeri and Boonwurrung country. This started as a self funded project but we have since gained community support and a small number of donations to continue this work. This project was implemented out of grief and state abandonment. Experience with this mask bloc has shown there is still a demand for the provision of free masks in the community, notably from those who are disabled, have elderly or immunocompromised family members, are poor and low income (thereby cannot afford to lose work were they to get sick), or from those who have taken the time to do their own research on the serious cumulative health impacts of this virus. We receive mask requests not only from within the western suburbs, but across Melbourne and Geelong, and have sent masks as far as north Queensland. Respirators are not affordable or available to many in the community, and it is in this sense we have sought to fill in a small gap. Much more needs to be done by those who wield much more power.

It is our position that the pandemic is not over, and that there needs to be a massive shift towards layered, multi pronged mitigation efforts by the government. For example, upgraded infrastructure in all public spaces, namely schools, universities, public toilets, medical facilities and community spaces (such as local libraries) as a basic first step. This would look like the funding of widespread HVAC upgrades and the provision of HEPA filters to clean the air, alongside widespread masking modeled by those working in governments and the public sector. This would underscore the fact that we are all at risk of death and disability following a covid infection. At present, there is no cure for long covid and very limited support in place for those that acquire it. Those that have fallen prey to this disease, alongside people with ME/CFS or those with lived experience of medical mistreatment upon facing chronic illness, seem to be the primary cohort continuing to push for basic mitigations to prevent others from facing a similar fate.

I am aware local governments are already providing free RAT tests from libraries, but this is not common knowledge, nor enough, when we know RAT tests are not always reliable. We should also be pushing for wide scale free PCR testing and PPE to all community members to encourage prevention and harm reduction. There should also be an emphasis on the use of N95 respirators over surgical masks, education on the fact that the virus itself is airborne and can linger in the air for hours, and that the highly infectious nature of the virus means outdoor transmission is highly likely when unmasked and in close proximity. Further, that asymptomatic infection is common, and only encouraging people to mask when they are ill will not slow the spread.

The winding down of other state funded services such as free, accessible PCR testing and masks, welfare payments for people who test positive or are too unwell to work, access to disability supports, contact tracing, publicly available data on current positivity rates in the

community, and up to date public health education should be seen as a national disgrace. Every week more people are being disabled or killed by the lack of mitigation efforts by the government. Children are attending school and being infected over and over with little help or relief were they to acquire lingering symptoms. Even seeking medical care is now high risk for those with compromised immune systems since mask requirements have been scaled back in all healthcare facilities. Many hospitals will mask when there is a 'wave' but leaving covid unchecked in the community has meant seeking any type of health and allied health care will remain a high risk activity. The risk of infection has thus only increased for vulnerable community members as all state funding and support have quickly fallen away.

Information on the updated vaccines has also been sorely lacking. Even the United States had access to XXB vaccines months ago, with our rollout only happening now during one of the biggest waves we are yet to see. There has been very little advice on the current vaccine availability and conflicting information provided to those that do seek it out. We also don't have access to Novavax, and it is not acceptable that there has been such a delay in approval for this vaccine as new variants circulate among the community. Each infection weakens our immune systems, contributing to widespread health issues, opportunistic bacterial and fungal infections, heart disease, cardiovascular disease and brain inflammation just to name a few. Not to mention the complete degradation of mental health by those suffering any or all of these long term effects.

Governments are still providing, if at all, out of date information on how to protect ourselves and community members from a level 3 biohazard. Hand washing and cleaning surfaces is not an appropriate chain of action when the disease is, and has always been, airborne. Those who succumb to long covid have lost employment, friends, community, housing and oftentimes complete sense of self. The abandonment is now systemic, with nowhere to turn. There are a small number of individuals trying to take up the slack by keeping others informed. But those taking on that role, like myself, are oftentimes disabled, unemployed and housing insecure, with very limited resources. We are exhausted, shouting into the void and not taken seriously by our peers, friends or family as the government has continued to minimize and normalize the serious effects of this virus. We deserve better.