Trickle-Down Apathy: A Submission to the COVID-19 Response Inquiry

I am an Australian[redacted] who suffers from [redacted] As far as I know, I have not had a COVID infection. Like many Australians, I do not have to look far to find the vulnerable people in my life: my father-in-law is a [redacted] who suffers from [redacted] my brother is disabled, and his primary carer is our widowed mother in [redacted] I have friends who have noted that, since their COVID infections, the duration of their illnesses (and time taken off work) has increased, and that they are more sensitive to allergens than they were previously. I have friends with children who are too young to qualify for vaccines and boosters. My nephew has had two infections since 2022 – he is only [redacted]

SARS-CoV-2 is an airborne virus. COVID transmission occurs not just through respiratory droplets, as predominantly reported in the pandemic's early years, but through aerosols that can linger in the air for hours. The virus can be transmitted by presymptomatic and asymptomatic individuals. COVID has the potential to cause long-term health problems; it is capable of harming multiple organs and provoking cognitive and immune dysfunction. Well-fitting respirators, clean air, frequent and accessible testing, up-to-date vaccinations, and antiviral medication are all important tools in reducing transmission and long-term illness.

Everybody is at risk of poor health outcomes from COVID, and everybody stands to benefit from COVID education and mitigations – yet the effort to limit the spread of COVID is disproportionately shouldered by only a few in the community. I was grateful for the Federal Government's reasonably strong initial response to the pandemic, but I have been disappointed with the erosion of public health measures over 2022 and 2023. Orders to isolate while COVID-positive were withdrawn; wearing a mask in healthcare settings and public transport became optional; PCR testing sites closed down; updates on COVID case numbers (and the requirement to report them) faded away; and the cost of Paxlovid remains prohibitive (upwards of $1,000). Furthermore, the failure to supress the widespread transmission of COVID means that its constant mutations outpace the development of effective sterilising vaccines, locking Australians in a never-ending cycle of sickness and clinically vulnerable Australians in a never-ending cycle of loneliness and isolation.

The government's weakened approach to eradicating COVID has enabled a broader apathy in the Australian community. The burden of reminding friends and family to self-check on RATs before social gatherings typically falls to my husband and me. Enquiries that I and others have made about COVID mitigations to healthcare providers, blood donation centres,

conference committees, and festival coordinators – organisations for whom safeguarding the health and wellbeing of attendees would be in their financial, legal, and ethical interest – are too frequently shrugged off with empty responses: *we are complying with all government guidelines*. In November this year, I was very often the only person at the supermarket wearing a mask, despite the growing prevalence of COVID in my city (as indicated by wastewater surveillance). I have heard distressing stories – through friends and through my COVID awareness groups – of mask-wearers facing harassment and hostility from employers, spouses, and complete strangers. Advocating for my health has always been a daunting and effortful task: losing the support of strong messaging from the Federal Government has made this task even more difficult.

Crucially, this apathy towards COVID inculcated by the government paves the way for a deficient response to future pandemics. I therefore believe that the Federal Government's preparedness for future pandemics rests on strengthening its efforts to address the pandemic occurring right now. The Federal Government might achieve this by:

- Developing a communication strategy to candidly inform the public about COVID – specifically that it is an airborne disease that can cause long-term health issues, and that a multi-layered approach (more than vaccines – masks, testing, clean air, broader access to antivirals) is necessary to reduce transmission.
- Mandating well-fitting respirators in healthcare settings, in airports, on commercial flights and on public transport. In my experience, these are places where the benefits of universal mask-wearing are very easily apparent, and mandates in these settings may increase the social acceptability of encouraging mask-wearing in other settings.
- Supporting the improvement of ventilation and air quality control in shared indoor spaces, particularly spaces where it may be onerous to expect continuous universal masking (e.g. primary schools, aged care homes, disability care homes, childcare centres).
- Encouraging the participation of organisations in creating a safer environment for vulnerable people – for example, a designated 'mask day' in major supermarkets and/or shopping centres, when it is the social expectation for staff and customers to wear a mask during operating hours on that day of the week. This might help normalise and de-stigmatise mask-wearing.
- Incentivising staying home from work while sick by providing financial support.
- Improving affordability of and access to PCR tests, RATs, and antiviral medication.

References

Dennis, A., Cuthbertson, D.J., Wootton, D., Crooks, M., Gabbay, M., Eichert, N., Mouchti, S., Pansini, M., Roca-Fernandez, A., Thomaides-Brears, H., Kelly, M., Robson, M., Hishmeh, L., Attree, E., Heightman, M., Banerjee, R., Banerjee, A. (2023). Multi-organ impairment and long COVID: a 1-year prospective, longitudinal cohort study. *Journal of the Royal Society of Medicine 116*(3). https://journals.sagepub.com/doi/full/10.1177/01410768231154703

Government of Western Australia Department of Health. *COVID-19 wastewater surveillance.* [redacted] https://www.health.wa.gov.au/Articles/A_E/Coronavirus/COVID19-wastewater-surveillance

Greenhalgh, T., Jimenez J. L., Prather K. A., Tufekci Z., Fisman D., Schooley R. (2021). Ten scientific reasons in support of airborne transmission of SARS-CoV-2. *The Lancet, 397*(10285), 1603–1605. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00869-2/fulltext

Henderson, J. (2022, May 10). Most COVID transmission is still asymptomatic. *MedPage Today*. https://www.medpagetoday.com/special-reports/exclusives/98632

House of Representatives Standing Committee on Health, Aged Care and Sport. (2023). *Sick and tired: Casting a long shadow.* Parliament of Australia. https://www.aph.gov.au/Parliamentary_Business/Committees/House/Health_Aged_Care_and_Sport/LongandrcpcatcdCOVID/Rcport

John Snow Project Editorial. (2023, November 6). 'Endemic' SARS-CoV-2 and the death of public health. *The John Snow Project*. https://johnsnowproject.org/insights/endemic-sars-cov-2-and-the-death-of-public-health/