

I am a recently completed PhD graduate who works [REDACTED]. I am in my [REDACTED], have a chronic health condition, [REDACTED], and am only able to work part time.

People with my condition have been largely forgotten when it comes to assessment of our risk of severe COVID-19, and long COVID. For example, we were left out of priority vaccination groups; are not eligible for anti-virals; and it is not considered a risk factor enabling more frequent access to vaccination (for people under 65). This is despite research showing the elevated risk of covid for people with [REDACTED] due to immune dysregulation and ACE2 receptors (<https://pubmed.ncbi.nlm.nih.gov/34341773/>, [https://www.nih.gov/news-events/nih-research-matters/immune-cell-metabolism-altered-\[REDACTED\]](https://www.nih.gov/news-events/nih-research-matters/immune-cell-metabolism-altered-[REDACTED])); and a survey showing the high probability of a negative impact of covid on [REDACTED] patients (<https://www.meaction.net/2021/04/29/covid-19-has-worsened-our-me-report-survey-respondent-s/>). This was not considered by ATAGI, the AHPPC and other related committees.

Also, the personal impact of the decisions made by National Cabinet, to not mandate any protections for vulnerable people (including ventilation, education about wearing respirators, support to allow sick people to stay home) has been significant. I am unable to safely engage in many parts of society, including work. This has been very detrimental for my career and my mental health. My suggestion going forward is to require clean air standards (such as what Belgium has done), and provide better support for sick people to stay at home. And to include people most affected by the decisions in the decision-making: vulnerable people have been left behind by the response. Even people acknowledged to be at high risk (transplant recipients, older people) have been left without any protection or consideration. In future, National Cabinet could make decisions that are nuanced: 'we will resume more activity, but we recognise the vulnerability of many Australians, so the following protections are recommended so they can also live safely and happily.'

ATAGI's advice on using updated vaccines and when to get boosters is usually late, resulting in people facing large covid waves without updated protection. As updated boosters become available in the northern hemisphere's autumn, ATAGI should be watching them and rapidly provide updated advice for Australia so that new vaccines can be secured and rolled out the moment the TGA provides approval. It will also give Australians clarity around who can get the new vaccines and when. Also, ATAGI's advice should be based on the latest evidence. For example, the BA1 and 4/5 bivalents have been shown to be significantly outdated versus the new variants; updated monovalent vaccines are essential to overcome immune imprinting. ATAGI's advice doesn't seem consistent with this. This has reduced my trust of the group, and therefore the federal government's decisions (as they do not seem based on evidence).

In my personal experience, COVID-19 vaccinations have been very important but their limited access (only once a year for under 65s, with few exceptions), and the delays to buying adequate supply of updated vaccines, means I remain at elevated risk to my peers. The process was naturally a bit chaotic at the start and it can be difficult sometimes to know who is eligible and where to get vaccines, but overall I have had a positive experience. I have had to find information for elderly relatives, though, to ensure they could get updated vaccines and knew

which ones to get. Vaccination could be better facilitated through leveraging GP's lists of vulnerable people (which is what the UK did, for example).

Regarding PPE, in the future the federal government needs to normalise its use, including through modeling how and when to use it. The politicisation of PPE has been very detrimental, and I have seen many people not want to use PPE for fear of being bullied by others. Providing free lessons on different masks and respirators, and when to use which ones (e.g. N95 for covid and handling dusty garden materials like perlite and soil, surgical mask for splashes), could be facilitated through community centres, libraries, schools etc. PPE is important not just for covid but smoke (bushfires!), pollen, etc. Widespread education and free provision of PPE would be beneficial for the general health of our population.

The Federal Health department could improve Public Health messaging by educating people about how covid and other viruses spread (through the air, in these cases); why they should care about reducing the spread (being sick is costly and not nice); and the importance of clean air in reducing these risks (ventilation, wearing high-quality masks, using air purifiers) - and the wider benefits of clean air, like reducing allergens and pollution.

The Morrison and Albanese government's approaches to vaccine procurement impacted me and my family as we have been largely left without updated protection, where our relatives and friends overseas received these vaccinations months earlier. Communication has been lacking so we were and are unsure when we will be able to receive the vaccination. The uncertainty makes planning high-risk activities like dental care, medical procedures, travel, very difficult.

The impact of the removal of isolation income support resulted in decreased safety for me and my family, as people returned to work sick placing everyone else at risk. It has also increased our workloads, compensating for the lost productivity of colleagues who are sick.

I found JobKeeper was overall good, but unfair. I work in the tertiary sector and universities were not provided with support. The result was a lot of jobs lost and we are still feeling the loss of these staff, and associated morale, today. I and many colleagues have lost trust in the government's support for universities. In the future, universities should be considered in support packages.

Private sector support should also be reviewed in the light of future profits. For example, some businesses reported record profits in the years following JobKeeper, yet they had laid off staff and never repaid JobKeeper. JobKeeper could have been better used to support smaller businesses who did not have large financial assets to rely on, unlike the large businesses.

Issues caused by labour shortages could be addressed by providing better support for sick workers to stay home so they don't infect their colleagues (presenteeism is more costly than sick leave). And by educating people about PPE, and enforcing clean air standards, so that illnesses aren't spread so easily in workplaces and schools.

My personal experience of the pandemic inequities faced by Australians due to disability has been that my vulnerability to covid infection and long covid is not taken seriously and I am not afforded protections, and I call on the government to respond by enforcing clean air standards (ventilation, air cleaning) so that I can safely live and work in society.

Australia would be better prepared for current and future pandemics if the government enforced clean air standards like in Belgium; educated the population about PPE (particularly N95 respirators) and their many uses (such as to protect against bushfire smoke as well as airborne viruses like covid); and kept stocks of PPE and boosted sovereign capability in PPE and vaccine manufacture. The government could also maintain a working group of diverse people with different lived experience, such as disability, linguistic diversity, Indigenous, healthcare workers, people in remote and rural areas, etc. so that policies can be informed by the people they most impact (by commission or omission).