Submission to the Covid-19 Response Inquiry

This submission is informed by two perspectives: that of an Australian adult woman with disability, who is concerned about the health and safety of myself and my fellow citizens; and that of a published author in the academic discipline of history which examines the discursive production of social ideas.

There are three sections that cover topics related to the Commonwealth government's pandemic response. The first two sections on health measures and public memorialisation are followed by a more substantive section on the public health messaging by the Government during the first Omicron variant wave around December 2021 to March 2022.

As an important part of the Government's response to the pandemic, this third section discusses official narratives about covid. Narratives provide the imaginative limits that help shape perceptions of self, others, and society, and can direct action and behaviour. Public statements made by the country's political and health leadership during these months significantly underplayed the impact of Omicron on Australia's people. I have focused on the first Omicron wave in particular, which was a distinctly different public health emergency; for the first time, an extremely contagious virus spread, largely uncontrolled, throughout Australia. Rather than respond to this unique and challenging circumstance with empathy and respect, the Commonwealth and many state governments instead diminished the experiences of those who were suffering with illness.

These three sections together highlight some of the ways in which the Government did not respond adequately or appropriately to the pandemic. This response appears to have been informed by the overarching belief that the pandemic was not a social problem, and that there was little that society could or should do to prevent, mitigate or manage its challenges. Instead of robust Government leadership and a sense of a shared national experience, it seems as though the overwhelming burden of the pandemic has fallen on individuals to navigate many of its challenges on their own.

Section 1: Health measures

Government (both Commonwealth and state) health measures focused overwhelmingly on individual actions, rather than regarding the pandemic as a social issue. Measures such as individual mask wearing, and especially vaccinations were among the major planks of health policy. Such measures are both reasonable and essential for any future pandemic. However, an overemphasis on the pandemic as an individual problem allowed for the unhelpful politicisation of these measures, and sometimes the elevation of "personal liberties" above public health and the common good. The Commonwealth Government repeatedly disparaged health measures taken by some states, particularly those of mandates and border closures, and talked of a vague notion of "common sense" as the best way to manage the pandemic.[1] The expression of such views from the nation's leadership gives license to the belief that the right of an individual to not wear a mask (for example) has precedence over and above the right of another individual to personal safety, as well as over and above the short- and long-term social burden of disease.

While viruses transmit from individual to individual, a pandemic as a whole is a social challenge. Also, the reduced efficacy of vaccines since the arrival of the Omicron variant has demonstrated that vaccine-only policies still result in large numbers of fatalities. The over-reliance on vaccines and individual action has ignored other mechanisms that could help reduce virus transmission, specifically measures and policies aimed at public *spaces*, rather than individuals. Of particular importance is the quality of air in indoor public spaces where most covid transmission has occurred. Whereas Australia has robust smoking laws to reduce the health burden of inhaling second-hand cigarette smoke, there are few mechanisms or legislation to reduce the more immediate and potentially more deadly burden of inhaling virus aerosols. The use of technology (e.g. HEPA filters) and spatial design could assist with the task of making public spaces safer.[2]

Possible solutions to help preparedness in future

- **New national standards for indoor public air quality** that utilise systems of ventilation, filtration and treatment, to be applied as soon as possible, and independent of a pandemic. This would bring air quality standards in line with those of water quality. It should be applied to *all* indoor public spaces (including but not limited to, hospitals, schools, shops, public toilets, public transport).
    - Such standards would also have the added benefit of reducing all respiratory disease (caused by dust, smoke, pollution, pollen) that is an ongoing and significant health burden in Australia.

[1] Prime Minister at the time, Scott Morrison, often used the term "common sense". For just some examples, see Canbera press conferences dated 22/12/21 and 30/12/21.

[2] There are many studies that discuss the utility of filtration and ventilation in reducing virus transmission. Just some references include: Stephen Duckett, 'Keeping workers COVID-safe requires more than just following public health orders,' *The Conversation*, 12/10/21; Donna Green and Ben Harris–Roxas, 'We should install air purifiers with HEPA filters in every classroom…' *The Conversation*, 19/8/21; Geoff Hanmer, 'Poorly ventilated buildings are allowed under Australia [sic] rules - it's time to fix it,' *The Conversation*, 7/9/22; Peter Martin, 'An investment in clean indoor air would do more than help us fight COVID…' *The Conversation*, 8/2/22.

    - This measure is particularly important in a pandemic for any public indoor site that is used for mass vaccinations (e.g. hubs, centres, pharmacies). These sites should be subject to rigorous air quality standards, due to the likelihood of disease spread from the large number of people congregating together during times of high rates of transmission.
- Update standards for workplace health and safety, especially in "essential services" that must continue to function during a pandemic (groceries, healthcare, etc). This would include robust air quality measures, but also incorporate broader strategies such as disease monitoring, and better support for employees to remain at home while sick.
- Cultivate a universal set of expectations for safe and hygienic public behaviour, not limited to pandemic situations. This would be supported by developing a stronger sense of community responsibility and respect for the rights of others to personal health and safety.

Section 2: Public memorialisation and grieving

There has been almost no public discussion of grief as an important part of the pandemic experience, nor any significant memorialisation of the large number of Australians lost to covid. The Commonwealth government is among the public institutions that have ignored the scale of loss brought about by the pandemic. Grief, however, is an essential part of human existence. During the pandemic, the Government's focus remained on returning to "normality," even during the height of covid deaths in the first Omicron wave in early 2022. Rather than expressing empathy and encouraging a public forum for the healthy expression of sorrow, national leaders instead talked of Australia's pandemic experience being "good" and enviable (see supplementary document, "minimisation" section). Like the health measures discussed above, loss was (and continues to be seen) in Australia (and elsewhere) as a private matter.[3] Within the context of covid, research has demonstrated that the denial of grief reduces physical and mental health outcomes; and accepting and expressing these more challenging emotions is essential to mental wellbeing and resilience.[4]

Possible solutions to help preparedness in future

- Institute an annual National Day of Remembering/Mourning. This would be a designated moment in which people can share the experience of grief and practice accepting the loss of loved ones. This would not have to be covid/pandemic specific, but it could provide a helpful coping mechanism for mourning during a pandemic.
- Develop more thorough and accessible support systems for those with short- or long-term psychological distress from the experience of living through a pandemic, especially for those who are grieving the loss of family or friends.
- Construct a public memorial (or memorials) for those lost to pandemics/transmissible disease (including influenza, AIDs).
- Cultivate mechanisms of grieving and memorialisation that do not require individuals to congregate publically, which is essential in times of highly contagious disease (e.g. digital platforms, postal communication, televised public events of mourning, candle lighting, tree planting, etc)
- Sponsor collaborative public projects relevant to the experience of living in a pandemic, to which individuals can contribute. This would provide an outlet for expression of difficult emotions, and cultivate a sense of solidarity with fellow citizens (e.g. art, exhibitions, digital or analogue collections of people's personal stories, archival collections of important paraphernalia).
- Develop a National Resilience Program to be activated during emergencies (e.g. pandemic, weather disasters), that could include a variety of measures, such as short online courses, information and activity packages, extra staff on mental health hotlines (e.g. Lifeline), meaningful and public acts of symbolism (just some of many possibilities being e.g. letter writing campaigns, making artworks for a public display)

Section 3: Public messaging during the first Omicron wave

I believe that the Government's messaging around the time of the first Omicron wave was neither an appropriate nor helpful response to the public health emergency. Figures such as the Prime Minister, the Health Minister, and the Chief and Deputy Chief Medical Officers helped to set the tone of public debate, and shaped narratives about how Australia as a nation understood and experienced the pandemic. Both the Commonwealth and state governments' discursive strategy was to minimise the emergency and the burden that covid had on society.

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[3] See e.g. The New York Times Editorial Board, 'Why New York Needs a Covid Memorial,' *New York Times*, 10/3/22; Saachi Arora and Sangeeta Bhatia, 'Addressing grief and bereavement in Covid-19 Pandemic,' *Illnesses, Crises, and Loss*, Jan. 2023.

[4] See e.g. Lauren Breen, 'COVID has changed how we live, how we die, and how we grieve,' *The Conversation*, 18/3/22; Susan Cadell, 'Coping with loss: We need a national strategy to address grief beyond the coronavirus pandemic,' *The Conversation*, 17/2/22; Liz Lobb, 'The "silent epidemic" of grief during the COVID-19 pandemic,' Palliative Care Australia website, 3/5/22; Kirsten Weir, 'Grief and COVID-19: Mourning our bygone lives,' *American Psychological Association News*, 1/4/20.

I have identified several key themes that were utilised in press conferences, interviews, and were reported second-hand in news and media outlets. A short selection of examples to support this analysis are provided in the accompanying document.

- **Dehumanisation**: individuals and their experience of suffering and illness were absent from government discourse. Economic disruption in particular was regarded as the most significant impact of covid, and leaders frequently made statements that strongly implied that the economy (a social construct) was of equal or greater importance as the lives of human beings.
- **Minimisation**: the severity of the first Omicron variant was frequently regarded as "mild." This diminishes the significance of Australia's large number of Omicron fatalities, and is a misleading characterisation of the risks and health burdens, especially for vulnerable people. Particularly concerning messaging includes:
    - Omicron's 1% fatality rate was seen to be positive;
    - Omicron was not regarded as especially deadly because it could not be definitively determined whether a person died from disease caused by the virus, or from some other condition that they may already have had.
- **Normalisation**: There were two common normalisation narratives:
    - The idea of "covid normal" and "living with covid" cements transmissible disease as an acceptable aspect of Australian society.
    - Excess death is also acceptable because it was "expected." Such a view and language incorrectly imply that most, or some, covid deaths are not preventable.
- **Fatalism**: The language of inevitability was often used in government messaging, in relation to both transmission and death. This implies that no special health measures are necessary because of the incorrect belief that being infected with covid is unavoidable. The logic of inevitability appears to have informed the Government's strategy for reducing covid transmission, which was to simply wait until the peak had passed and case numbers declined due to widespread immunity from infection.
- **Ageism and ableism**: Government's messaging often diminished the inherent worth, value and dignity of Australia's vulnerable people, most notably the elderly. Constantly emphasising the "mild" nature of Omicron ignores the people for whom it would likely not be mild, and discussing their deaths as "expected" demeans their lives as insignificant. Furthermore, measuring the pandemic solely through the metrics of hospitalisation numbers and deaths ignores the disability that can be caused by long covid.

Possible solutions to help preparedness in future

Short of cultivating new, universal cultural values that are more socially inclusive, and reinforce the inherent worth of all groups of society, some other suggestions include:

- Media training, especially for ministers and officials who regularly front the media.
- Empathy and compassion training for cabinet members and health leaders.
- Encourage dialogue between national leaders and individuals who are directly affected with illness.
- Better management of messaging across the Commonwealth and states, introducing empathy standards for all state Premiers and cabinet members, as well as Chief and Deputy Medical Officers.

Conclusions

Although covid is no longer regarded as a public emergency, the risks associated with being infected with covid have not abated. The continuing impact of covid is especially seen in the country's persistent high rate of excess deaths. Since the arrival of the Omicron variant, I no longer feel safe in public spaces, which has had a profound impact on my participation in society. I have emerged from the pandemic with little hope for my personal future, as well as a diminished respect for Government (both Commonwealth and state), medical experts, as well as my fellow citizens. The narrative of "living with covid" ignores the reality that "normal" life with covid is unhealthy and unsafe, and leaves the most vulnerable of Australian society behind. Since the arrival of Omicron, it sometimes feels, as an individual with disability, as though Australia operates under a tyranny of the healthy.

I believe that one of the most fundamental and important means to improve Australia's future pandemic preparedness lies in the value set of the nation's leadership. Political and bureaucratic leaders must regard transmissible disease as preventable, the suffering it causes as unnecessary, and they must take reasonable subsequent action to prevent transmission. **The Government must enact a duty of care towards the citizens of the country that they govern**. This comes with the task of leading public opinion, and to bring the country and its people along with the shared national goal of reducing suffering and death.