

Commonwealth government COVID-19 Response Inquiry

I make this quick submission in case I do not receive an extension of time for me to make a better submission. My comments derive from personal experience and observations with my training, knowledge and experience as a biological scientist and former Commonwealth policy adviser and project manager, with keen interests in communications and integrity and politics.

Key points I wish to make to the Inquiry are:

- Humans are herd animals. They can sense danger and know when change is needed yet they look to the leader(s) to lead and guide them to safety. If the leaders do not do this then the herd members may stay in danger (even to the point of death), despite any cognitive dissonance they may have.
- Apart from about three months from mid March to June in 2020, the Commonwealth Government's response has not reflected the seriousness of COVID-19 being a very dangerous, airborne virus to which humans never have been, and still are not, adapted.
- The initial response to COVID-19 needed to be focused on leading people to safety: fast, clear, based on the precautionary principle as well as evidence, caring and ensuring no-one (especially the most vulnerable) was left behind.
 - Once news of COVID-19 emerged, ordinary people knew tacitly and intuitively that COVID-19 was dangerous and airborne, and that we needed to care for everyone.
 - The Commonwealth was the slowest Australian jurisdiction to this, following the leads of Victoria and NSW.
 - The Commonwealth's early response then started off well. People had such high hopes that the big changes indicated a shift to effective care (in all senses). However, the Commonwealth fell short of completing the task of ensuring that no-one was left behind, e.g.:
 - Lifting income support was particularly good for a lot of people (including homeless people) yet omitted some key sectors and sections of society (eg foreign students, university staff, workers in the arts).
 - Following the advice and requests of Aboriginal and Torres Strait communities to let them lead and protect their communities
- After that, the responses needed to still be clear, based the precautionary principle as well as evidence, caring and ensuring no-one (especially the most vulnerable) was left behind.
 - Some jurisdictions applied best practice and learned well along the way. They communicated clearly, openly, carefully and thoughtfully and set up systems to ensure best care and that no-one was left behind. ACT was the best example. Victoria also had excellent communication in its open-ended media conferences.
 - Others (notably the Commonwealth and NSW) did not take this approach nor were they led by medicine. Communications and advice were (and still are) often vague, confusing and contradictory'. NSW was the opposite of ACT; their back-to-back media conferences were often stark a contrast between the worst and best approaches.
- Within 3 months (i.e. by June 2020), the Commonwealth led the charge to reverse the initial response. It helped stoke a 'snap back' to pre-COVID life, as if that was so good for everyone. NSW followed soon after. The other jurisdictions all rolled over and joined in just before Christmas 2020. Political ideology and goals had trumped medicine and evidence.
- Communication about the ongoing pandemic and what protective measures and practices are still needed has now all but ceased. The Commonwealth has played an active part in this, including with the most recent restriction on publishing data about COVID-19 in Australia.
- We are now seeing the results of this lack of care, following the evidence, and managing real risks, and the politicisation of the care and protective measures: increasing numbers of people disabled and killed, healthcare systems and practitioners that are not providing health *care* (even to the extent of going against the first tenet of health care: first do no harm. We no longer have health and other systems that are based on evidence, care and managing real risks. Instead, they are based on ideology and short-term political needs. This has had and is having

huge impacts on health, economic and social systems and on the ability for increasing numbers of people to feel valued and enjoy safe and productive lives and good healthcare.

- The National Cabinet model worked well in the early days.
- Early in the pandemic, the Commonwealth and other Australian jurisdictions also learned some lessons from the 'Spanish Flu' pandemic and from other countries. Nevertheless, that learning was patchy and quickly diminished, mostly due to political influence.
- However, the Commonwealth (and much of the rest of Australia) has wasted a lot of time, opportunities and world-leading expertise (particularly between waves of COVID-19 and again more recently) to facilitate national improvements that would set Australia and Australians up for a safer and healthier future with more efficient and effective systems. In particular:
 - The Commonwealth did not facilitate harmonisation of State and Territory disease monitoring data into a single system that could inform what was happening with the virus and its effects, in order to forecast and manage protective, treatment and support measures and resources. Recently it has hastened moves in the other direction, by only reporting a bare minimum of data monthly, just as the current wave of infections and the Festive Season was taking off – and when good intelligence about the virus and its effects would be most valuable.
 - The Commonwealth has failed to heed evidence about the virus being airborne (not droplet-driven) and so adjust its communications and facilitate development and implementation of indoor air quality standards to minimise transmission of airborne diseases (of which COVID-19 is only one that wreaks havoc on people and workplaces).
- Most people do not like change or discomfort, even though it is essential to improvement and especially if they think they will lose some advantage. The previous Commonwealth Government (at political level at least) clearly thought the latter and harnessed the former.
- The result of all this is that Australia is likely to be worse off (due to more sickness, disability and deaths and lower life expectancy) and to be less prepared for the next pandemic than it was for the e COVID-19 pandemic. In large part, this has been due to poor messaging and communication, so that most people (even highly trained doctors) are ignorant and likely to be non-compliant with advice and measures to protect themselves, their loved ones, their places of gathering, employment and education, and their future.
 - A series of tweets (from the UK) yesterday neatly sums up the lessons that the Commonwealth Government (amongst other governments) seems to have learned and practised. They do not bode well for the future health, wellbeing and prosperity of Australians and Australia.
 - Countering and working around lessons such as these are key to Australia maximising its health and prosperity (and that of its people) into the future and being prepared for future pandemics. The Commonwealth needs to lead this work. Here is the text of some of the most salient the thread:
 - 1 Most people would rather be ignorant than afraid
 - 2 "Most people won't die from it" is enough to satisfy most people
 - 4 If you don't test, it's not there
 - 5 Most people don't understand numbers
 - 6 Most people are very easily manipulated
 - 7 Most people are only interested in convenience and pleasure
 - 8 People will put up with massive steady numbers of deaths spread out over a long period much more readily than a large number of deaths in a short period
 - 9 Most people cannot see the link between causes and effects
 - 14 Governments can completely ignore science and established scientists to prefer opinion and wishful thinkers [and ideology] and most people will not know the difference
 - 15 The next government will be along soon enough. Let them deal with the repercussions.
 - 16 Most people don't actually care about their grandparents', or their parents', or their kids' health
 - 18 Get a scientist to stand next to you when you're at the podium, but don't let them talk
 - 19 Everyone is expendable
 - 20 Have an inquiry. You'll be able to pad it with lobbyists and soft questions and exclude the most essential groups and fudge the whole thing

21 Confusion is your friend
 22 Say you're doing it for the kids.
 22a Seriously, just say you're doing it for the kids. Whatever it is. Even if it's actually harming the kids. People will do anything if you say you're doing it for the kids
 24 Say you're doing it for mental health.
 24a You can get people to infect themselves with a virus *that harms their mental health* if you tell them that it's for their mental health.
 25 Don't let people think [or encourage or help them to do so].
 27 Don't counter disinformation. It will help keep people confused and besides you might want to use those ideas yourself later
 29 Words can mean whatever you want them to mean. See: "herd immunity"
 32 You can always blame something else [or create a distraction]
 34 If you want to allow spread, just be vague about how it spreads, and misdirect people to use precautions that don't stop it spreading
 35 Gradually stop talking about the pandemic
 36 Do things slowly, and no one will notice
 37 Don't talk about long term repercussions
 41 Say you're following the science and then pretend you haven't seen the emails [or other communications] from the scientists
 46 You can normalise anything, except kindness and common sense
 47 Peer pressure is your friend
 49 People don't understand transmission
 52 People don't want to think for themselves. They want you to tell them that everything is fine.
 53 People want to think of themselves as good
 53a So give people a legitimate and vaguely plausible reason to think that they're doing the right thing and that they're still a good person
 56 As always, people would rather believe a comforting lie than an uncomfortable truth
 60 A lot of people are astoundingly afraid of being afraid [even if it's normal and protective]
 63 You're fine either way, because what people want to hear is that there are no cases. And the best way to do that is to stop testing.
 66 People don't understand physics
 69 You will never run out of things that you can use to distract or confuse people
 77 People will let other people die for anything
 79 Talk lots about [personal] freedom [but not about care, protection, community]
 80 Comparing a pathogen to other pathogens can be used like an accelerator or a brake
 93 Always talk about the pandemic in the past, even if you're in the middle of it [which we still are]
 94 Use phrases like 'over', 'during the pandemic', 'endemic', 'emergency phase' to make people think that it's done with
 101 No one will notice a few more disabled people [or a few less old people, or that those who are disabled or old are no longer protected]
 104 Invisible people are invisible, you don't need to worry about them
 108 People are desperate to believe that everything is normal [even when it isn't and the past 'normal' wasn't that good]
 110 Invisible things confuse people
 116 The pandemic is over when you say it's over [even if it isn't]
 122b, 123b And we've already established that many people don't care about other people, and they want to think they're invulnerable, so most of your work here is already done for you
 131 Hide the data
 133 Tell people that it's all about their personal choice
 135 People are like mushrooms, they flourish when you keep them in the dark and feed them
 138 Don't worry, almost no one will connect the high levels of disability caused by the pandemic
 143 People may be less likely to do things that reduce risk if they think they can't eliminate the risk altogether, because people can't understand the difference between low and very low risk