

Submission to the Department of Prime Minister and Cabinet Commonwealth Government COVID19 Response



I am writing as a social scientist with a career-long engagement in research into social and cultural processes. Among other work I have written extensively on social dimensions of human rights. I am arguing here for a much-needed input of social science into understandings of the Covid pandemic and possible planning for the future.

Social science inputs needed:

I have felt throughout the pandemic that there has been a clear need for a much greater social science input into the management of the pandemic. Very little social science seems to have made it into public discourse, however, and, apparently, into public health policy, at least that on view. (See for example discussions in Bazzi et al.; Lohse and Canali, 2021). The sphere of policy making seems to have been very narrowly ‘medical’, with medically qualified people with little experience even of public health research often involved in public policy platforming. Only select figures within the field of epidemiology seem to have been platformed.

Many observers feel concerned that the usual role of public health seems have been greatly diminished over the course of the epidemic. Social scientists in recent years have pointed to the processes of individualisation within society at large: there is an extensive literature on individualisation processes within public health itself here and overseas, but this has not made it to the public sphere of politicians’ speeches or the media in Australia. The role of the mainstream media within the pandemic would be a whole study in itself and I am sure there are many research studies under way, but there is again little public reflection by the media on its own role. The government itself seems to have totally lacked any reflection on the public health literature on the individualisation of health care, and the ways which these already existent social trends have been compounded within the management of Covid-19. (see for example, inter alia Huang et al., 2022). There have been a series of highly problematic outcomes, mirroring those overseas, notably the withdrawal of effective community-based mitigations – a highly individualistic ‘you- do-you’ attitude to Covid-19 mitigation dominating the field after 2021.

This has been compounded by other complex social processes already present, notably ageism. While the need for the care of the elderly has been a prominent narrative there has also been a concurrent lack of public concern about and action on the numbers of elderly deaths, betraying deep ageist structures. Some commentators even detect an underlying cavalier and sometimes callous disregard of the elderly in some of the leading political and medical utterances both in Australia and beyond. (Witness Professor Kelly’s notorious comments about ‘reaping’ [the elderly] and other parallel politicians’ comments globally, e.g in Sweden).

There have been similar problems with the approach to children, with vaccination being withheld from under 5s, in contrast to the US for example. There were early claims that children do not get Covid-19, or it is always mild (Hyde2020) governing policy, yet this

failed like much policy to consider how much more there is to know about this virus and its possible long-term effects.¹ The separate parliamentary enquiry into Long Covid-19 amply demonstrated the challenges with dealing with these effects.

I would point to a particularly notable feature, the almost complete absence in Australia of any public mourning for Covid-19 deaths. This stands as a graphic contrast to the very public and regular mourning for comparatively speaking far fewer - but equally tragic deaths - like the road toll or domestic killings. The almost complete absence of public commentary about Covid-19 by leaders, especially the present Prime Minister, is also notable. This has not aided the development of socially- and community-minded narratives about Covid-19 and its mitigation.

One area where social dimensions have been highly prominent is, of course lockdowns, which have raised huge questions around the level of state social control and human rights. These cry out for good law and political science analysis. Would a better track and trace regime have obviated the need for some of these, as has been argued? There is much room for further good analyses of these complex questions which will pose significant issues for the management of future pandemics.

The concentration on vaccines has been an example of a narrowly technocratic fix, a (failed) vaccines-only policy in the face of many good medical calls for a vaccines-plus policy (vaccines plus masks plus track and trace plus good ventilation plus social distancing etc. See the interventions by Prof Raina Macintyre calling for vaccines-plus measures.) Many critics of course point to the failures of this vaccines only policy in terms of even ordering enough vaccines etc. of course. The failure of the policy that might have been mitigated by better social messaging about ways to avoid infection apart from exhortations to 'hand washing', valuable as such exhortations might be in their own limited way. (The well-known history of medical attempts to institute handwashing is an object lesson in the problems of social power within medical hierarchies and the control of knowledge.)

A complex mix of social forces like denialism and conspiracy theories overlaying a push to individualisation have not been alleviated by the national (and some international) level political narratives in many areas of the media and government: these argued for opening up 'to help the economy' and subsequently declaring Covid-19 over. Critiques point not only to the higher levels of infection thus produced but also to the possible development of levels of disability from Long Covid that may well pose significant problems for any economy. (See the parliamentary Inquiry into Long and Repeated COVID-19 Infections.) Such narratives were arguably furthered by the anxiety of politicians about facing an electoral backlash about lockdowns and by an international anti- mask movement (see Tsang and Prost, 2021). It has been suggested that those attempting to alert the public to the ongoing pandemic have found it difficult to gain a voice and that messaging has been incoherent and unorganised, to say the least. For example, in July 2023² it was reported that Victoria's outgoing chief health officer

¹ 9 News, 'At least two-thirds of Australian children have had coronavirus, study suggests'
<https://www.9news.com.au/national/covid19-update-at-least-twothirds-of-australian-children-have-had-coronavirus-study-suggests/f647c4ad-96a0-49de-beb5-a8dc850d01ee>. Nov 3, 2022.

² The curious case of a silent Brett Sutton, Aisha Dow, The Age, July 12, 2023,
<https://www.theage.com.au/national/victoria/brett-sutton-didn-t-do-a-public-health-press-conference-for-10-months-20230706-p5dm4h.html>, accessed August 25 2023.

Brett Sutton would 'leave the job this month and two of his deputies have also quit, as experts argue the state's messaging has been inadequate, leaving Victorians to their own devices while people continue to die from the virus'. The State government denied blocking him. Subsequent advice from the current Victorian CHO advising masking indoors and other measures, however, has received much less publicity in the media or elsewhere than one would hope during a new wave.

Such narratives, the decline of mask wearing and the resistance to other mitigations are all complex socially driven processes: they require good analyses by suitably qualified social science experts working with grounded research projects that fully engage with the lived experiences of the population.

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