C Miller MAIES
Australian Government COVID Inquiry Submission

I am Christine (Chris) Miller, the current National President, Australasian Institute of Emergency Services (AIES). Our nearly 400 members represent all facets of emergency management in Australia, New Zealand and beyond including a recent member joining from Hong Kong. Over the AIES's 47-year history, our membership has been drawn from State Emergency Services, Police, Fire (volunteers and paid), Ambulance (also paid and volunteers like St John Ambulance in Australia), Aviation Fire and Rescue, Marine Rescue and so on. The AIES has partnership agreements with the International Association of Emergency Managers (IAEM), Oceania Division; Australasian Women in Emergencies (AWE); and other related services.

Given the short timeline for submissions, I have been unable to consult my members, so this is my personal submission.

My personal experience includes:
- volunteer mountain rescue
- nearly 17 years Queensland Police service as a sworn officer including responding to the 1974 Brisbane Floods as a Police Cadet
- counter terrorism exercises as a participant and planner for the Queensland Police, ACT, and the Commonwealth Attorney-General's Department.
- disaster planning and recovery work for the Australian Government Department of Social Services following the Bali bombings, London bombings, Indian Ocean Tsunami, Eyre Peninsula Fire and more.
- planning for the next pandemic by contributing to Australian Health Management Plan for Pandemic Influenza (AHMPPI) and National Action Plan for Human Influenza Pandemic (NAPHIP) as well as participating in two national exercises, Cumpston (2006) and SUSTAIN08. Those of us, who worked on various iterations of the AHMPPI, noticed it was lightly edited and released as the Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) on 18 February 2020.
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Now to my responses to some of the items this Inquiry is reviewing:

Governance, future planning, and simulation exercises
- Infrequent National Public Health simulation exercises such as Cumpston 2006 and SUSTAIN08 resulted in Australian Governments and their partners being less prepared and ready for the recent COVID-19 pandemic. A regular cycle of national field simulation exercises needs to be funded and re-established to ensure Australia is in a better state of preparedness and readiness than we were in November 2019.
- Plans, such as AHMPPI and NAPHIP, or their successors, need to be subjected to biannual reviews – followed by at least tabletop simulation exercises to challenge assumptions, test future preparedness and increase familiarity with these plans for those, who may be using them in future pandemics.

My recommendation matches the Senate Committee COVID Report delivered in April 2022 with Recommendation 3 reading: *1.32 The committee recommends that the Australian Government report to the Parliament at least once every two years, commencing in 2024, on the state of Australian pandemic preparedness, including all relevant planning, policy, and simulation activities undertaken by government agencies during the reporting period.*[1]

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[1] Source: https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/COVID-19/COVID19/Report/section?id=committees%2Freportsen%2F024920%2F79432#:~:text=The%20committee%20recommends%20that%20the%20Australian%20Government%20report%20to%20the,agencies%20during%20the%20reporting%20period.

Delivery of COVID vaccinations in remote locations

During the COVID pandemic, I worked with low- and middle-income countries' vaccine distributors in Indonesia, India, and the Middle East (although not for the World Bank) to quickly deliver COVID vaccines with low-cost solutions to turn vaccines into vaccinations as well as ensuring ultra-cold chain (UCC) systems (as low as −90°C) required for mRNA vaccines were reliably maintained.

I referred my Indonesian colleagues, with more than 4,000 islands to supply with COVID vaccinations, to the coastal shipping and Unmanned Aerial Vehicles (UAV), Remotely Piloted Aerial Systems (RPAS), commonly referred to as "drones". During this pilot, measles, mumps and rubella (MMR) vaccines were delivered by drones throughout Vanuatu. The WHO, UNICEF and the Australian Department of Foreign Affairs and Trade's innovationXchange contracted an Australian company Swoop Aero to manage the drone vaccine deliveries to remote communities for this island nation.[2]

Given this successful MMR vaccination pilot in Vanuatu in 2018, I was disappointed to learn that Australian Governments funded expensive helicopter delivery of COVID vaccines to remote communities in the Torres Strait and elsewhere in the top end of Australia, when using drones to distribute COVID vaccines would have generated significant savings for taxpayers. Perhaps future vaccination programs, including 6 monthly COVID boosters, could be delivered through a drone program.

Lessons identified, but not learned.

I noticed in the privacy notice for those lodging online submissions under the Privacy heading: "The goal of the inquiry is to identify lessons learned to improve Australia's preparedness for future pandemics." The Australian and other governments identified lessons from this pilot but did not apply these lessons during the COVID pandemic.

NATO, British Army, Australian Army, and many Australian emergency managers use OILL methodology to capture learnings following incidents, near misses and simulation exercises. OILL stands for observations, insights, lessons identified, and lessons learned. OILL methodology is part of a Lessons Management Framework (LMF). Without an LMF, the Inquiry report will join many reports 'growing dust on bookshelves'. To move beyond that fate, this inquiry needs to ensure necessary governance and monitoring work follows up and ensures implementation of the Inquiry's recommendations and action items; noting that lessons are not learned until changes are made. The leading Australian practitioner in OILL and LMF is ▮▮▮▮▮▮▮▮▮▮▮.[3] If ▮▮▮ has not already provided a submission or given evidence before this Inquiry, you might like to consider inviting him to do so as well as familiarising yourselves with the Australian Institute for Disaster Resilience (AIDR).[4] These good practices continue to develop in the Australian military and emergency management thanks to AIDR's annual lessons management forums.

Quarantine facilities

For managing quarantine facilities during future pandemic: Are governments best placed to build expensive permanent facilities like Pinkenba, Brisbane; Mickleham, north of Melbourne; and Bullsbrook, Western Australia?[5] Or would taking up offers such as the Wagner Corporation sooner have presented better value for money solutions for Australian taxpayers? "As ▮▮▮▮▮▮▮▮, Chairman of the Toowoomba-based ▮▮▮▮▮ Corporation, says 'While hotel quarantine had worked for returning overseas travellers to date, a better option was needed long-term.'"[6] Of course, the ▮▮▮▮▮ Corporation is not the only Australian based company with experience in building "5 star" mining camps quickly. Eventually, the Wellcamp facility was built in Toowoomba with Queensland Government funding support, and only 700 unvaccinated travellers were housed there rather than in inner city hotels.

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[2] Sources: https://www.technet-21.org/en/community/discussions/vanuatu-launches-pacific-s-first-drone-trial-delivering-lifesaving-vaccines-and-health-supplies-to-remote-communities and http://website.swoop.aero.s3-website-ap-southeast-2.amazonaws.com/solutions/vanuatu/

[3] https://www.linkedin.com/in/markcuthbert2/

[4] https://knowledge.aidr.org.au/resources/lessons-management-handbook/.

[5] Source: https://www.dailymail.co.uk/news/article-11011881/Australias-2BILLION-Covid-quarantine-facility-white-elephants-unlikely-used.html

[6] Reported in the AFR on 5 February 2021 Source: https://www.afr.com/politics/federal/wagners-pitch-1300-bed-quarantine-facility-in-toowoomba-20210205-p5701k

Managing international and domestic border closures

The <u>NSW Health Influenza Pandemic Plan</u> published 27 May 2016 referred to:

13.3 International border surveillance

The Australian Government is responsible for developing and implementing policies relating to international border control activities. Roles and responsibilities relating to airports are outlined in the <u>National Pandemic Influenza Airport Border Operations Plan</u> (FLUBORDERPLAN).[7]

The FLUBORDERPLAN of 2009 is also mentioned in a House of Representatives Committee Report (April 2021). Specifically:

> *The AHMPPI and NAPHIP are discussed in more detail in Chapter 2. Other Commonwealth plans in place include, but are not limited to, the following:*
>
> * *National Pandemic Influenza Airport Border Operations Plan (FLUBORDERPLAN 2009) – prepared by DoHA [Australian Government Department of Health and Ageing]*[8]

On 8 December 2021, The Australian National Audit Office (ANAO) published its Report numbered 12 of 2021–22 on the <u>Management of International Travel Restrictions during COVID-19</u> with these conclusions:

> *9. Management of Australia's international travel restrictions during the COVID-19 pandemic has been largely effective.*
>
> *10. ==Australia did not have a plan to implement international travel restrictions and mass quarantine== in response to a pandemic as health experts had concluded that such measures were not effective.*[9]

Despite repeated unsuccessful searches for the FLUBORDERPLAN of 2009 or subsequent years, many SES members were deployed to assist with domestic and international border restrictions during COVID without access to a plan, Standard Operating Procedures (SOPs), training, or simulation exercises prior to COVID to familiarize themselves with airport locations and other potential deployment sites.

I personally worked at Brisbane International Airport during the 1988 Commonwealth Games. Prior to deployment, we were given detailed briefings on airport operations, such peak times for flights as well as taken on orientation tours of the inning workings of the airport to ensure our smooth deployment during the Games. I am told similar pre-deployment briefings and tours were not provided in advance or during COVID deployments for the SES, especially at major international hub airports like Sydney. They "had to learn on the job". This is despite plans made many years before anticipating their deployment:

The NSW Health Influenza Pandemic Plan published 27 May 2016 reads at:

10.3 NSW Ambulance and patient transport

The State [State Health Services Functional Area Coordinator] HSFAC may request support from the ==State Emergency Operations Controller== for moving large numbers of people to alternate accommodation (e.g. relocating people from the airport that have been exposed to the virus during a flight). NSW Ambulance personnel may be best placed to assist with moving smaller groups of people.[10]

When other agencies, departments, governments, or partners, such as not for profit organizations like the Red Cross, Salvation Army and more, are included in future health plans, which may require their rapid and extended deployment, preparedness is the key and needs to include familiarity with the plans, locations, and regular simulation exercises to maintain response readiness. Learning on the job does happen, from time to time in emergency management. However, we do try to reduce such haphazard approaches, which were managed through domestic and international border closures during the COVID pandemic. The emergency services may do less well in future pandemics as SES and other volunteer emergency services have dwindling recruitment and an aging membership.

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[7] Source: https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2016_016.pdf

[8] Source: https://www.aph.gov.au/parliamentary_business/committees/house_of_representatives_committees?url=haa/internationalhealthissues/report/chapter5.htm

[9] Source: https://www.anao.gov.au/work/performance-audit/management-international-travel-restrictions-during-covid-19

[10] Source: https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2016_016.pdf