Controlling Covid: Why we need vaccines plus TTIQ and other public health measures

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Ebony Bennett [00:00:18] Thank you so much for joining us today. I'm really excited about today's webinar. I'd like to begin by acknowledging that I live and work on Ngunnawal & Ngambri country here in Canberra and pay my respects to elders past and present and acknowledge that sovereignty was devastated and this always was and always will be Aboriginal land. These webinars, we do do them at least weekly. For example, this week we've got three on site to find all the details. For those you can head on over to our website at Australia Institute DOT AU, and you can find the details there to sign up for all of those. Just a few tips before we begin today to help things run smoothly. If you hover over the bottom of your screen, you should be able to see a Q&A function where you can type in questions for our panellists and also upvote other people's questions and comment on them as well. And please keep things simple and on topic in the chat or will put you out. And we don't have to do it often, but we will if we have to. And finally, a reminder that this discussion is being recorded. If you've got to duck out for any reason or you've missed any of it or want to revisit it, that will go up on our YouTube channel within hopefully the next 12 to 24 hours. Thanks so much for joining us today. This webinar really couldn't be timely. And there is me modelling out today from the Burnet Institute on how hospitals will cope when cases in New South Wales hit two thousand a day. And we couldn't be more delighted to have. Professor Brendan Crabb from the Burnett Institute here with us today. Welcome, Brendan. Thanks so much for joining us.

Brendan Crabb [00:02:20] Great to be here.

Ebony Bennett [00:02:21] And joining him in conversation will be Richard Denniss, our chief economist. Hi, Richard. I am announcing today we are going to be talking about the national covid plan and why we need not just vaccines, but also our test, trace, isolate and quarantine system operating on all cylinders, as well as other public health measures to really properly managed covid as we start vaccinating more of the population and start looking at loosening restrictions. So some of what we're hearing in the news, I think has been rather simplistic comments from the prime minister about we've got to get out of the cave, so to speak, that springs to mind about today. We wanted to really get into some of the assumptions that's in the modelling on which the national plan is based and really unpack some of the I think the complexities and assumptions that

are in it that aren't really getting a lot of airtime in the media to this point. So, yeah. Welcome, Professor Crabb. Welcome. Richard, let's kick off. I wonder if I could start with you, Brendan, and just, I guess, commenting on where we find ourselves at this point in time. Are you a little bit concerned with kind of how simplistic the debate has has gotten compared to I guess what you must know is the complexity of the situation.

Brendan Crabb [00:03:49] Thanks so much, Ebony Bennett, Richard, for having me today. It is very timely and and thank you, everybody for attending. And I should start by explaining sort of before I answer your question about just who I am and who I'm not, because one of my favourite movies was a movie called Pyper Mask. And it was it's where this is orderly. Someone mistook this orderly for a doctor and he spent the rest of the rest of the movie pretending to be a doctor and actually turned out to be to be OK. And I'm often mistaken for I've been called an epidemiologist so many times in the last year and a half and I've stopped correcting people, even though I'm so far from an epidemiologist, I'm a virologist by background, a molecular biologist, really. And my my interest is what pathogens are pathogens as opposed to microorganisms that don't cause disease at a molecular level. That's my personal interest. And and as time has gone on and the reason I joined the Burnet 13 years ago, I became interested in what and how pathogens are linked to human development, really to infectious diseases and poverty are so inextricably linked. And and I became very interested in the issue of pandemics, both from malaria, the one that started fifty thousand years ago. And when the malaria parasite came across from from a non-human primate into into humans and still causes so much will probably kill 10 percent of all the. Ever lived through to three to HIV, the last big pandemic, and now and now to this one. So it's a great interest to me, but I don't come as an epidemiologist and modeller, an economist and so on. So what you hear from me is interpreting a lot of what I hear my own team's knowledge, because they have many of those skills at the Bernet. But I just didn't want to pretend hypermasculine. I was more than than than I'm I'm not look, the Australia was going incredibly well in the in a circumstance that is the biggest disruption since World War two, human disruption, challenge to our life and well-being and challenge economically. Now we're talking about five to ten trillion dollar impact and so on. Australia is going remarkably well because of this strategy of of aggressive suppression to no community transmission. And of course, half of Australia still is in this in this boat. But all of a sudden, very quickly, the New South Wales outbreak got out of control and and that's led to at least Victoria and New South Wales and who knows others as they continually get assaulted effectively from incursions from from those two states as to how long the last we now have covered circulating was effectively given up in New South Wales and Victoria on that covid zero status. And of course, let's be blunt. The only way to live freely. When before you've got very high vaccination rates is being covered. There's no other model covid zero is the freedom model, not the lockdown model that it's often portrayed as some for whatever reason. So we are in trouble now because 31 per cent of Australians are vaccinated. We're going to talk about countries that are well up around 80 percent of the total population vaccinated. So we have a long way to go in. In New South Wales, the rate of vaccination is truly impressive. It's it's incredible. And so and let's hope that that happens here in Victoria and then ultimately in the other states. But the bottom line is we've now got full lockdowns going on in two states plus full vaccine rollouts, and we still have threats to our hospital system. And of course, I hate that phrase in a way, because what we're really talking about is, is threats to lives and to to health, remembering that every death is associated with five or so near deaths and people who will take a long time, if ever, to recover fully from having been on a ventilator and 10 times more of those that have been very, very sick in hospital and many more have been in hospital. Less than that. It's a it's a huge problem for Australia. As we said a moment, this there's no obvious way out before Christmas of lockdown

except to vaccinate like crazy. And as the premise of this, this webinar is to do other things as well and. The bottom line is that before I throw back to you, Richard, is that of all the models, our stories, many others and of all the real world experiences, they say two things. Vaccines are unexpectedly, in my view, who's worked on vaccines my whole life unexpectedly good, where there's an embarrassment of riches, they are incredibly good. Pretty much doesn't matter which of the high profile vaccines at preventing you from getting seriously sick. Not perfect, but incredibly high rates and including of the new variants that have emerged, including a Delta variant so that they are spectacular vaccines can be better than these and they can certainly be worse. And for many of the pandemics that I'm interested in is that no vaccine or hopeless vaccine, malaria, HIV, such a case in point. And there was every chance we would never get a coronavirus vaccine. So by April, May last year, twenty twenty. That's what we were planning for the potential that we might never get vaccinated with a spectacular vaccine. But the other thing the models say is that, you know, below extremely high levels and we can talk about what those might be. They are not enough so that the United Kingdom, for example, that has sort of sixty four percent or so of its whole population vaccinated, it's got a lot more than that, immune to some extent, immunity, because they've been infected by the up towards 95 percent of the population about have been vaccinated and or infected. And they still have towards a thousand hospitalisations a day, a seven day average of one hundred and ten hundred and fifteen deaths a day, which is a lot less than I would have. But it does indicate to all the real world examples indicate that vaccines are both brilliant and not enough to stop a serious threat to health in our community and to our health system more widely. And of course, as soon as you threaten a health system, you threaten all the non covid effects of that. Very long answer to your question, but it gets to the nub of the issue.

Ebony Bennett [00:10:52] It sure does. And I really take your point there about how amazing the vaccines that we've got actually are. I do remember Norman Swan talking about, you know, if we got one at all last year at the beginning of the year, even 60 percent effectiveness would be better than nothing, and they're much better than that. And, Richard, I wanted to come to you next. As I said, I feel like the debate that we're in at the moment, certainly from a lot of politicians, seem to be just much more simplistic than the problem that we're grappling with. I know you've taken a look at the Doherty Institute modelling and in some of the assumptions behind it, what is it that people need to know about what's actually in that modelling compared to what we're hearing from politicians things?

Richard Denniss [00:11:40] Well, I guess it's no surprise that the same prime minister that gave us technology, not taxes, is kind of determined to say there's just one thing, is one thing we need to do to get on top of this covid. And it's for you to go and get yourself vaccinated. Right. So let's talk about climate for a second. The main thing that drives technology change is the tax. Like it's not a choice. You need both. And when it comes to suppressing a virus is as virulent and as deadly as this one. As Brendan said, we need we need the full court press. We need to do everything we can, because even with countries that have got much higher rates of vaccination than us, they are still seeing a lot of people getting very sick and a lot of people dying. So when you read the modelling and I encourage people to have a look like really it's not a fun read, but I assure you, if you sit down and read it, you'll get the gist of most of it. And what the modelling makes crystal clear is that the number one, the number one thing that is controlled, the virus to date is our testing, tracing isolation and quarantine system. And if we cast your mind back to the Ruby Princess landing in Sydney and putting hundreds of people with covid into Australia, no one was vaccinated at that point in time. Not a single Australian because there was no vaccine. The only reason that the Ruby Princess didn't basically spread across the entire country and effectively

infect nearly all of us by now is because our testing and tracing system was so good. And it's worked here. It's worked in New Zealand. It works. And what the Dunwoodie Institute really modelled was the assumption that we keep everything under control and then we vaccinate and vaccinate and vaccinate, and then we gently start to open up from with a very small number of cases with a highly effective testing and tracing system in place and a whole. Other measures, like wearing masks and still not having large venues open, all of this is quite explicit in the remodelling. And if we do all of those things, we might have to avoid some lockdowns, maybe a bit if we're lucky. So we've got this full suite of measures in the Dow remodelling, one of the most important of which is our testing and tracing system. And if we add vaccination on top of that, we get to potentially a happy place. But what we've done in the last three weeks is the amazing feat of politics is say, well, forget about the quarantine failures. Forget about the fact that we've already let a small outbreak become a very large outbreak. If we just keep vaccinating, everything will be all right. And I'm choosing my words carefully. That's not what the Doherty modelling says. And we have to vaccinate, as Brendan say, they're incredibly effective. We are lucky this effective. We're so lucky. We've got some like we have been slow off the mark. Other countries are way ahead of us. Good that we're catching up. But for all of the talk about 70 percent, 90 percent vaccination, let's just look at the fact that we're below 40 percent today, 40 percent nationwide. It's only 40 percent. Forty one percent in New South Wales. But we're already starting to open up. So we can't say, oh, but he says things are fine at 70 or 80. Doesn't actually say that to justify that. It's okay that we're beginning to open up now at 40. We have not modelled the scenario. We're not even close.

Ebony Bennett [00:15:22] Yeah, Brendan, there's also a lot of talk, I guess, not just about opening up, but kind of lifting the state border restrictions, for example, and those types of things. Is that in the Dunwoodie modelling as well?

Brendan Crabb [00:15:42] Not well, dirty models essentially doesn't assume any borders, so, you know, that's a level of granularity that that isn't there. One of the reasons why Australia has been so successful is that we understood the value of border control and and our federation, a quirk of our federation, allowed that to happen at a at a state level as well. I would argue it needs to happen at a city level. So in Sydney, for example, had a decent outbreak. They needed to protect the region by blocking themselves off. That's what a ring of steel is. So border controls are very powerful when you don't yet have high vaccination. Of course, you want to desperately get to a position where you don't need them, but but they are protecting a very large portion of the Australian population at the moment. In Melbourne, for example, where I am, the most important thing at the moment is to get the regions back to zero and then protect those regions. Obviously, we want to keep the numbers low in Melbourne, but we do need to protect the regions so that the more vulnerable populations out there, especially with less effective health systems, can can function in a covid zero environment. So now the dhoti model assumes even less. And this important principles there are these these figures of 70 and 80 per cent. And and, you know, there's two sides to that and a good side and a worrying side. The good side is you do need targets. I'm all for targets. But I mean, of course, 70 and 80 per cent are nice round figures. They the the actual precise number that something is likely to be effective. It, of course, is not 70 and 80. But but it's useful to have targets, population populations. Got something to go for. But I like that with that. But with the serious caveats as to what that actually means that Richard's outlined. But what isn't talked about is, is who's high and who's low. You know, can we open if regional communities are at a much lower rate or if disadvantaged community is at a much lower rate or, you know, or a cold community or whatever it might be is a much I would say most definitely not.

We've got to get the the rates of vaccination even. But look, it's been a it's been a big lesson. One of the big lessons of the pandemic. The science, I think, is one of them, the value and power of science. But the other is how inequity drives pandemics is driven in this country. It's driven around the world. And and, you know, so so borders, subcommunities and so on need to be taken into account. That level of granularity. Look at what's going to happen in New South Wales. If things turn out well, we have a heavily vaccinated state, I hope, with a really good vaccine plus plan. So that's got let's say that turns out really well. But the rest of the country, I think in Victoria, we're six weeks behind or something like that in vaccination. What are we going to do? How's it going? No, you can't just open new stores, which you obviously still have covered where the other places. It's a really serious issue that I'm not sure we're fully grappled with. But you can't just say to Queensland, let the virus in, even though you're miles behind on your vaccine rollout. And that's not an accusation of them. This is a bunch of reasons why why that's the case. So some real challenges there around uniformity, everything which should sit around test nice public health measures. The need for plus is a is is absolutely set in stone. You've got to have those things, but you can't leave some people behind while others are advancing. That doesn't work either.

Ebony Bennett [00:19:37] Yeah. And it's quite clear that, for example, Aboriginal and Torres Strait Islander communities have been left behind despite supposedly being a priority for the vaccine rollout. And I've certainly noticed at least the New South Wales chief health officer really bringing attention to that issue of equity. Is 80 percent across the population good enough? Well, yeah, not if if it's leaving out those vulnerable populations to begin with. And Richard, I know we've done a lot of work at the Australia Institute about how neoliberalism helps drive the pandemic because people with casual and part time jobs that have no sick leave, that must go to work, that can't work from home. There's a lot of forces driving, driving that inequality and making things worse. But I did want to come back to the test to isolate and quarantine because you've talked about the importance of it, but essentially in New South Wales with the case numbers as big as they are. Am I correct? It seems like the. Already overwhelming that IQ system, and that's one of the key assumptions in there, that it's operating at a at a high level. How concerning is that?

Richard Denniss [00:20:50] That's very concerned because, again, we're completely in uncharted territory. We talk about the duality modelling all day long, but we don't talk about the fact that it model the scenario that is unrelated to the world we currently live in. Now, that's not a criticism of the modellers who did their job back in June based on what they thought was reasonable back in June. But when we're using the assumptions made back in June to justify policy decisions that are being made in New South Wales and indeed Australia today, and that's just, I would suggest, unhelpful and even inappropriate. So in the modelling, they as I said, one of the main drivers of the whole model is the effectiveness of our testing and pricing because it's so effective. And they had they have kind of two scenarios in their model, one where they have what they call optimal testing and pricing based on New South Wales performance last year, which was very, very good. And then they have something which they call partial t IQ test sites, isolate quarantine, partially effective, which they calibrated towards what happened in Melbourne during the second wave when they had seven hundred cases a day. And that was a lot of pressure for the tracing system to come under. So according to the modelling, they say, alright, well, we know that it might come under some pressure. It won't be optimal all the time. So it might get so bad. Australia wide that it gets as bad as it was in Melbourne during the peak of the second wave was far worse than that already. And we're nowhere near 80 percent vaccination. So so if the model was calibrated for the ability of the contact prices to keep up with all of the contacts of seven hundred new cases a day in New South Wales, they've had fifteen hundred cases a day. I think today they've had 12 or 13.

They had 80 per cent of their cases unlinked, 80 per cent unlinked. Now, the thing with Delta is it moves really quickly. So if it takes you three or four days to get in touch with people and say you were in proximity of someone that had it three or four days ago, it's too late. You have to by definition, you have to stay ahead of it. You've got to be getting to people before they become infectious disease. Stay home, stay home, stay home. So, unfortunately, New South Wales is already way past that point. And that's why it's so important. I think a lot of people have misunderstood and be interested in Brendan's thoughts on this. But in Victoria, while Daniel Andrews has said, look, maybe we can't get it back down to zero, he's adamant that there's still going to try as hard as they can to to contain it, because presumably he knows that if he lets it blow out the way it blew out in New South Wales, then you blow out that testing and tracing capacity. And once you blow that, you're the the vaccines alone are just not enough to suppress the growth of it. So we have to be careful to not think that just because Victoria isn't aiming for zero cases, that it's going to let it rip. Nothing the premier said suggests that. And there's lots of good reasons for that, including that if you let it get to be, you can basically give up on testing and tracing. And what the Doherty modelling says is testing and tracing is as important as vaccinating around 60 percent of the population. That's how powerful the traces are.

Ebony Bennett [00:24:14] Yeah. Did you want to respond to that, Brendan?

Brendan Crabb [00:24:17] Yeah. Just to say there is a this such is so much great detail in the report, but there's one figure that you recommend everyone look at. It's figure one. There's one point one and one point two. And it illustrates the point Richard's made effectively has three different coloured blocks of controls that that are going to get the transmission potential of the virus below one. That means it's an epidemic in decline as opposed to an epidemic increasing in New South Wales and Victoria. At the moment, the transmission potential is above one. And if we were doing nothing with Delta, it would be six, so every person would transmit to six other people. So what's happening in New South Wales and in Victoria is suppressing that enormously down. And this figure says there's three things that are doing that. And we're only two things prior to vaccines, but there's three things. And one is the test results like quarantine. They have a colour that that matches that with very baseline density limit measures that will probably continue to mix up with those those two those two things. Then it has a colourful vaccine and then it has green colour for Lockdown's light, medium and heavy lockdown's. And what is amazing there on these three different colours of this of this light colourful. Cue the blues for vaccination and the green for lockdown's is how small the vaccine boxes. It isn't this dominant box that that makes all the impact on your transmission potential at 50 per cent coverage, it's it's less than a third of the impact compared to IQ and and Lockdown's, which is why we're in lockdown at the moment, of course, in both in both states. And of course, there are lots of sort of lockdown. But and so the idea is that you grow vaccine coverage. To drop the green, which is locked down and not needed again, they need it less and less and less and eventually not needed at all. But the the rest of it, the the test tries to isolate and quarantine this massive kind of third of the of the effort in dropping transmission potential remains that and basic public health measures. So so the end game here is a high enough sex to to do away with the need to lock down, to be able to largely open our borders internally and externally and to have non disruptive measures like kiss, trist, nice, like, like mask wearing, you like better ventilated buildings and so on. That's that's the end game. Getting there is still an enormously hard path. We haven't talked about the 70 and 80 per cent figures yet, but the real world example say that those figures as a percentage of adult population, so that means 70 is more like 55, 80 more like 65 per cent of the whole population aren't enough to do away with the need for lockdowns when you get up to 80 per cent of the whole population.

Different ball game. So so it's it's an incredibly descriptive figure. One point one and one point two in the dhoti, if you only read one thing, it tells you the importance of more than just vaccination.

Ebony Bennett [00:27:48] Yeah, I wanted to ask because I'm not sure that people are necessarily familiar with what class is. So we've talked about testing. Everyone's familiar with the big testing clinics, the contact traces, like we all know what's going there and isolate and quarantine. Know if you've had a swab or test. People are familiar with that. But what else is in the plastic? You talked about ventilation there. I know social distancing mask wearing that type of thing. What other things? I know Victoria, for example, is talked about looking at the ventilation in schools, for example. What are some of those other things that are plus.

Brendan Crabb [00:28:22] Well, the biggest plus when we are talking plus, just to be clear, we're trying to do away with lockdown. So and there's a whole discussion you can have about the different forms of lockdown and some of it. But let's say we're really trying to do away with and we want people to be able to go to school, go to work, socialise and and so we're talking about a plus that allows all of that to to continue my view. And I think many on this at this webinar, and perhaps you too, as well might not agree with me, but my view is that Australia's biggest failing in the pandemic is not getting the vaccine programme. There's clearly problems with it. But but the Australian government has been passionate about vaccines as a solution right from day one and and bet on five horses, not on one horse. I got a bit unlucky with a few victims of their own success to actually the thing that makes a vaccine roll that hard is to know that there's problems with. I'm not saying we couldn't have done better with a vaccine roll that clearly we could have, but it's not the big problem. The big problem is recognising and acting on the fact that this is an infection transmitted by the ER, you know, so we're still who is still into handwashing and and disinfecting and cleaning places that are contaminated and so on. I'm not saying you shouldn't do that, but we've we've way moved on to say that that the biggest risk is sharing a room with somebody who's infected or who's gone and was infected, transmission through the air. That's what we banged on about hotel quarantine all that time apply for and everything that related to our border protection. We were having outbreaks all the time from hotel quarantine because we weren't taking airborne transmission seriously. So the absolute core of the plus is to recognise that it's a virus transmitted by the air and to mitigate that in every way, shape or form. So let's let's start with masks, because there's masks proven to be very effective at a community level, including in Australia, which should be leading to saying, well, that's our baseline. We know masks work. How can we make them work much better? How can we be much smarter and much more effective with with our masks, with the sort of masks people have, with the compliance of mask uptake? I don't see much work on that at all. And yet it's the same to me is trying to improve our vaccine coverage. Vaccines, we know work masks, we know work. Why aren't we trying to improve them? So it masks the first thing. But the the revolution is in air quality indoor spaces, so it sends a throwaway line ventilation open the windows. I mean, a revolution that treats the air like we treat water. So, you know, the the the two big health revolutions in the world, the reason why life expectancy is increasing in every population in the world is the firstly because we recognise that pathogens with transmitted through water. So hygiene, sanitation, when they kicked in, we had massive improvements in childhood mortality and therefore life expectancy. The second was vaccines for the last 40 years been so successful under five mortalities increased so, so much. But the missing link has been recognising as a globe from China through to Australia that the air and air quality, not just for pathogens, is so, so important. So I'm looking to low hanging fruit, but also to formal regulatory regulation as to how air quality can be improved. And schools, as you said, kicking off in Victoria, they'll have CO2 metres in classrooms. Which ones are good,

which ones are bad? What can we do to mitigate? It can use HEPA filtration and so on to improve air quality where you can't open the doors so that the core elements of plus apart from test twice isolette. And we can get really clever about that with rapid antigen testing and so on that we might talk about. But they in addition to to that is mitigating transmission through the air and that needs a lot more discussion. And I hope we're just the beginning point of of a revolution in America.

Ebony Bennett [00:32:47] I'm supposed to go to questions from the audience, but actually two more things I want to ask you about. First one is to come back to that point that you were making about other states opening up when there's such high levels of infection in, for example, in Sydney, like Richard and I are here in Canberra completely surrounded by New South Wales. And only a couple of hours down the highway, Queensland still got its borders shot. But that was one thing that really struck me about your comments there. Like, it just seems nuts to me that people would considering opening up when there is such huge outbreaks happening. And I know that the act the chief minister he's talked about well, if New South Wales is at 80 percent and opening up, we're going to be at 90 percent. Like he's much more ambitious for the act. But the thing that really strikes me most is at the moment, parents worrying about children because they can't access the vaccinations at the moment and what a vulnerable population they are. Could you tell me a little bit about that and. If there's anything that I guess parents should know.

Brendan Crabb [00:34:01] Yeah, it's a it's a it's a good and very vexed issue, of course, in Australia at the moment. I mean, we are going to see at the moment a vaccine programme is 16 and above. It's going to be 12 and above. Very, very likely. There's some some regulatory hurdles to go through and then practical ones of availability and so on. But but I think we will we're very likely to see that kick in and that will help both protect those kids. And I'll come to risk for those kids in a moment. But but also as a secondary issue helps reduce transmission in the community more generally, which is good not just for the kids, but for the more vulnerable adults who couldn't or didn't get vaccinated for for whatever reason. So that's going to happen. And then then the issue is when will we get kids younger than that vaccinated? There's various trials going on at the moment. Don't just give the same dose of the same vaccine. So that work has to has to go on with Moderna and Biotech and and AstraZeneca and so on and is happening now. And then our TGA will consider it and then we'll have that debate in Australia. The fact of the matter is, kids are far less susceptible to severe disease and really young ones, a different to to to older older ones. But as a general rule, they are far less susceptible to severe disease. So that's the good side. And that's where you see the argument in the UK happening that we don't need to vaccinate them and and so on. My view is that what you'll end up seeing, though, is that it is very low disease in kids, but not no disease in kids. And and when the numbers are really high, you will have lots of kids in hospital and you will have deaths and very seriously unwell kids at quite some numbers, not because it's frequent, it's incredibly infrequent. But if the virus is allowed to go through them and checked, then you will find that this is a huge issue, no question at all. And I think we're getting an understanding that we have a lot of really sensible people in this country, in this space who who wrestle with it, say, look, we want kids to go to school. And as I do, we want kids to go to school and kids are going to want to have an open society. We certainly don't want them to get covered. So that's what's driving in Victoria. That tension is what's driving this effort to mitigate schools to say, OK, is there any way we can have schools open and and make them the safest possible environment by vaccinating the teachers, vaccinating the older kids, instigating mask, wearing, instigating ventilation strategies, instigating rapid testing approaches for themselves. But my own view is that we need to head toward kids, even quite young kids being vaccinated, not as first

priority by any means. And we can maybe get to 80 per cent of the total population vexed without it. That's kind of what the data is saying. We're going to need to to really have less of the plus not no plus. And that experiment's playing out in a few places in the world. So Singapore, for example, is up at 80 per cent. Singapore is looking at an 80 per cent future with test trist, nice isolate, very active and low numbers. That's their strategy in a in a tentative in a tentative way. And I think every place is different. But that's the strategy that we need to adopt as well. And it's much easier to get to your 80 per cent plus if kids are vaccinated. But it's not the reason to vaccinate the kids. The reason to vaccinate kids is for the kids.

Ebony Bennett [00:37:55] Yeah, Richard, you're a parent and you understand numbers. There will be your concerns.

Richard Denniss [00:38:02] Yeah, same. And look, to be honest. Yeah. You know, parents worry about their kids. Of course they do. And, you know, one in a thousand kids winding up in hospital. Well, if I had a thousand kids, one of them would go to hospital. So I can take a lot of comfort from that. But there's more than a thousand kids at my son's high school. So let's be clear, as Brendan said, well, the probabilities are very low for kids because we're talking about a virus that's going to move through pretty much the whole unvaccinated population in time. A large number of kids are going to wind up in ICU. A large number of kids are going to get quite sick. And tragically, a not insignificant number are going to die. So we have to confront that. And to put it into perspective, again, we talk about 70 and 80 percent all the time. We're only at 40 per cent in New South Wales. So we're a long way from this fantasy football. All of 70 or 80 per cent of the adult population, when you do the people are not you Ebony Bennett everyone else struggles with percentages. Let's just talk about people, not percentages. The target that we've said is when we hit our target, they'll be nine point two million unvaccinated Australians, nine point two million, five point one million kids under 16, four point one million adults over 16. That's a lot of unvaccinated people. And if only a small percentage of those people get very sick, it's a very small percentage of a very large number. That's why other countries have set more ambitious targets. That's why in the ACTU, the chief minister is saying, I want a lot more than that because we're not having a debate here about so that we're having a debate about Democratic decision making. How much risk should we collectively take in order for us to collectively give up some freedoms? And there's no right answer here in the Dunwoody modelling or anything else. And different people are going to make different decisions. But we need to understand that what the Doherty modelling assumes is there'll be nine point two million unvaccinated people. And perhaps surprisingly, people don't realise that. According to Doherty, if we open up with 80 percent, we wind up with 40 thousand cases a day, six months later. So when the prime minister says, Doherty says it's safe to open up the word safe is not mentioned in the modelling. But what the modelling does say is if we open up an 80 percent of adults, we wind up with 40 thousand cases a day in some pretty optimistic scenarios. And they're the kind of risk return questions that it's okay, that it's important for us to have a Democratic debate about not putting that once we hit 70 percent or 80 percent, everything's fine. And I think what Brendan's just said about trading quality of air, the way we treat quality water is fascinating. What a great national goal to set for ourselves, not just for covid. Imagine if we traded away that will, when it comes to particulate pollution, whether it comes the dust in the workplace, what a what a great twenty first century public health goal to have. It might just also help us not kill a lot of people from television in the short term.

Ebony Bennett [00:41:25] Yeah, I'll go to questions from the audience now. And I know we've got about seven hundred people on the line with us today. Thanks so much for joining us. There's a

couple of people in here either living in the ACTU or Victoria with an intense feeling of frustration that all their efforts have been undermined by New South Wales failure to control their outbreak. Feelings aside, James Bannon asks, is this fair? Does Delta's variance in infectiousness mean that we would have been in this situation regardless of New South Wales? Brendan, do you want to take that one?

Brendan Crabb [00:42:02] Look, um, well, on the record many times as saying there was more we could have done to reduce the risk. You couldn't you couldn't. I couldn't stand here and say there's no chance we would have ever had a day like this. But but we had a casual attitude, not just New South Wales national and state by state basis. This improved over time casual attitude to our borders. People will hate me for saying that. But if you don't mitigate airborne transmission, you don't admit that the virus transmits that way in a really full-frontal way because that was myth busting, if needed, full-frontal admission and therefore had hotels with the right pressurisation and so on and masks and and drivers wearing in ninety five. So if you don't have that, you're going to have more frequent outbreaks. We had frequent outbreaks and then on top of that we had a state that didn't want to go had early that would do the opposite to what I consider a standard pandemic. Practise shut down really early at a very high, very low numbers with very high containment and then ease off as you get to control instead of ten days to do any lockdown. And it was lockdown lot and it was lockdown med. Then it was lockdown heavy, then it was regional lockdown as well. And so, yes, there's definitely more that they could have done. Then we've got incursions in in three different states and in New Zealand that have had to that have come from from the larger numbers in New South Wales. So I share the frustration. But we just where we are, I do feel that New South Wales is really committed to zero. I do feel that that was genuine. They they proved that by getting back to kind of a zero a number of times in the past. And and he's got a confident aspect of their ability to do it in a different way. And so came unstuck. I don't subscribe to the fact that. Deliberately gave up covid zero that came unstuck, and so we we are now where we are and and there's just no alternative but to do what they're doing, which is relatively heavy lockdown, vaccinate like crazy. Let's have the curve turn. Then we can have lots of discussion as the curve turns. Bernet modelling released yesterday in the 12 Algis says it might happen as soon as a week or two time. We've got other modelling to say done in a different way. It might take a bit longer than that. Whatever the case, it will eventually curve will turn. New South Wales has to stay in lockdown until that time. And then as the as we come down off the slope, you know, steadily things as vaccine rates continue to go up, you can experiment with, well, can we open X or can we open WI and test whether that works? And look, you can have all of the commentary from the prime minister and the premiers and so on. In the end, what's going to determine whether we're in lockdown or not is threats to our health system. That is what's going to drive it. So you can tell that we're going to be open by Christmas or we might or might not depends on whether our health system is still overwhelmed at that stage or not. I like chances in New South Wales, but as I said earlier, I would find it really hard to see how the rest of Australia is going to be in that position in Victoria. It is a yes I see in Victoria. It's frustrating from my point of view is being done about these issues for a long period of time. But I've got to give that up. We are where we are now. We have to deal with the circumstance we've got. What I will say for places that I covered is that the onus should be on places that are not to protect them. It's not just up to West Australia, South Australia and Queensland to protect themselves. The onus is on those of us with covid to do what we can to protect them while they get vaccinated. They way behind the other states and vaccines got to get them vaccinated as quickly as possible. It serves no one to have virus get to those states it serves. No one certainly doesn't serve the nation until we're high enough vaccinated. That's not a conversation that's often had. But the onus is on us in Victoria and

those in New South Wales to protect those who have other covid zero or chance of being picked up in regional Victoria, hopefully regional New South Wales as cases in point.

Richard Denniss [00:46:33] Ebonie, can I can I just add something to that? I mean, unfortunately, Gladys Berejiklian would rather have a conversation about why the other premiers should open up to her in a month's time, then why she hasn't put a ring of steel around Sydney to protect regional New South Wales. So there's a lot of there's a lot of blame shifting going on. You know, there's there's victim blaming of the people who run vaccinated. Like think about how we describe the people that get covered. They're unvaccinated, although I only had one.

Brendan Crabb [00:47:04] Does pre-existing condition,

Richard Denniss [00:47:07] had a pre-existing condition. Who cares? People are dying who were unvaccinated. They should have been vaccinated before they were exposed to this kind of risk. So at a micro level, we're blaming individuals. And at a federation level, we've got a state premier that did not lock down Harden early, blaming other states for ignoring a national plan when the national plan required to look them hard and early to prevent this situation arising. So I think it's very kind of Brendon and Victorians to to admit that they are where they are. That's good. We should look forward, but we can't forget how we got here. There was a driver who wasn't wearing a mask, who got infected in a quarantine breach. And then we didn't lock down had in a population that wasn't vaccinated in anything like the rates that occurred in other countries. Yes. We have to kind of grin and bear where we are and think about the future. But it's not individuals being vaccine hesitant with underlying conditions that caused this problem. And fantasy football about whether we get to fly to Perth at Christmas is irrelevant in a setting where this New South Wales premier won't protect regional New South Wales from Sydney.

Ebony Bennett [00:48:30] Yeah, and as someone with family members, with a lot of underlying conditions, I'm certainly not wild. And I'm I'm sure there's a lot of people out there who really kind of resent that language every day when it's rolled out. And, Richard, this next month might be for you as well. It's from David Bennett. And he says no relation. I don't think, David, the words I'm following, the health advice is being used increasingly by politicians to really mean choosing which health professional aligns with what they want. But his question is, what's the best? Way to shine a spotlight on the modelling or advice assumptions and reveal the experts agree that pollies are going shopping until they find one that suits them, maybe more commenting on the assumptions than they shopping around how to be what the assumptions are.

Richard Denniss [00:49:17] Look, I've actually got a piece coming out, hopefully in the next couple of days that looks at the reality of Democratic decision making and whether it's whether it's whether we provide free childcare to parents in Australia, reduce greenhouse gas emissions or lock down hard early. It's entirely up to politicians, our elected representatives, to make decisions that they think are in their best interests. And and who they draw advice from is a decision they get to make, when to draw advice and when to go with the gut is a decision they get to make. And and unfortunately, modelling on my expertise is economic modelling that I'm generalising here. Modelling has become such a kind of we've put it on such a pedestal that we pretend that the modelling tells an elected representative what they should do. And it can and it never does. And all the modelling does is spell out likely consequences for a small set of scenarios. So we always rely on our elected representatives to make decisions. Hopefully they take good scientific advice and broader advice as well, and then they have to make hard decisions. But when you hear people

leaning as hard on a particular bit of modelling as the prime minister is, sure, read the short paper I wrote recently on top on our website, Eight Things You Need to Know About Dunwoodie. But the thing you need to know about is that no model tells the prime minister what they should do. The word should isn't really mentioned in the modelling. The word safe isn't mentioned. It's just a bunch of scenarios with possible consequences. And if there's heroic assumptions in there, like IQ always holds up pretty well, then the modelling is not going to give us much insight into how the how the virus will spread. That's not a fault of the model. It doesn't mean that we're corrupted or bought off or cherry cherrypicked. It's just that modelling already three months old and the world's changed a lot more.

Brendan Crabb [00:51:32] The next question, I guess I not just add just to to get that off to say I mean, I as an academic could debate the dowry model till the cows come home. But basically a top class group delivered a pretty sensible report. That's not the issue here. That is not the issue. It's how that's been translated into public policy. That is that is the discussion, in my view.

Ebony Bennett [00:51:57] Absolutely. Um, and as Richard has pointed out, we did a podcast on this last week. Goudey was asked to model a couple of different scenarios as well. And Richard pointed out they weren't necessarily asked, what's the best way out of this? It was. Yeah. And so the next question might be for you, Brendan. It's from Linda Page. She says, Has the whole debate really come down to quite how many dead people will the Australian public be okay with provided they can have family get togethers and go to the footy again? I wonder if just knowing that the Burnet Institute does have some modelling at, I guess, about deaths and overwhelming the health system like you are talking about today, is that really where we're at?

Brendan Crabb [00:52:45] Perhaps not so much on on on death, but definitely overwhelming the health system? Look, it could be we've always had a challenge to to you know, if you don't live and breathe I'm not a doctor, but my partner is. And and I am in an institute full of clinicians and on a hospital campus. And in all the different countries we work, I'm involved in the health system. So it's really tangible to me how important health systems are, how how, you know, our whole society is based on the high quality of service that there is. Right. From the prevention through to through to treatment. But if you don't live and breathe out every day, it does seem pretty abstract. You know, the stress that er I hope this is a number on this call, but the, the stress that our current health care workers in Victoria and New South Wales are under is unbelievable and it hasn't just reached hasn't reached anything like its peak. But it is unbelievable. It is. It is. I don't know what it's like being a soldier, but I liken it to because I see the trauma, the anxiety with which they go to work. And it's absolutely palpable, not to mention those who are who. Waiting for an ambulance much longer than they would otherwise have waited and getting tense because because they worried about whether they're having a heart attack or not, this is going to become more and more the norm. So making a connexion between these abstract numbers, not the numbers of deaths that are going to motivate people in the UK. I had one hundred and thirty to 150000 deaths. That hasn't made Boris Johnson hugely unpopular from my point of view. Numbers don't seem to work. I don't know why. It's it's something to do with deeply understanding that, you know, for those who do suffer, for those who are on the front line fighting this war, for us, it's such a big deal. And to put them under the strain that we're putting them under is preventable, which is completely unfair. So to have a conversation about I'd really like to have my Christmas so the price I'm willing to pay is for those other people to go through. That is a conversation we have to have because that is a society that's not functioning properly.

Ebony Bennett [00:55:08] Yeah, and can I just ask you about that modelling that is out today from Bernet and from what I can say or what The Guardian's reporting? I haven't read it myself yet. It kind of looks at the different levels as New South Wales goes through the peak and hopefully goes through to the other side and the stresses on intensive care units in particular. And in a worst case scenario, it's kind of talking about resource based decision making may have to be activated. So you're talking about ambulances having to wait, but in the ICU themselves, what is what worst case scenario if it does get overwhelmed? What is resource based decision making? Is that triage? Is that what you're talking about there, deciding who gets care?

Brendan Crabb [00:55:57] I mean, the modelling that they get released related to the 12 year old guys in Sydney, where most of the cases at the moment are not for the whole of New South Wales, but it's not a bad proxy for the moment because it's got a large proportion and modelled a couple of scenarios, both when the cases might peak, as I mentioned earlier, and how high hospitalisations might get. And there were some assumptions in there that this is very much interim modelling. The modelling team tells me their assumptions could could change in a few weeks. But it effectively says that hospital demand between two and four thousand people in those 12 villages is a little bit higher than that for for all of all of greater. Sydney is likely to be the peak now. Now they're pretty big numbers. I see demand of of six hundred to a thousand or so people in those 12 degrees of concern that what that means. You'd have to ask New South Wales Health to have exceptionally good ICU system. And they're the ones who have released this. This is modelling is modelling we did for them. You know what else happens when your Aussie is running at capacity, when the AC is running before you have covered. So they're running already, running for all sorts of things. We don't have it. Absolutely. They're running all the time. And of course, they're going to have to continue to run for that. So, you know, you need good explanations from government as to how they're going to cope with it. Now, they they are pretty good at saying we'll have surge capacity. We will increase the number of beds, we increase the number of ventilators. And I I don't doubt that that will happen. What the less good at saying is how are they're going to staff that and what are they going to give up for that to happen? What's not going to happen so well, because the surge capacity, emergency doctors are going over to manage ICU patients or ventilation or or nurses or other health care workers. What gives? And and so given the the numbers which say at least in those 12 days, it's a very worrying outlook, to say the least. And so that the discussion is not so much with those numbers, but how they're going to how they're going to cope with with this extra demand. More than just covered, more than just supplying extra beds and extra ventilators. I'm not close enough to the health system to be able to answer that. One thing I know is that New South Wales and Sydney City is probably one of the best, if not the best place in Australia to do this. So, you know, it's going to get even harder when it's in this town. I mean, in Melbourne or in other places. I'm happy to stand corrected. But that is that is my understanding. So huge challenge ahead and whether that will translate to the community. As I've said, you know, you look at what's happened in. Six hundred thousand people dead, obviously. Hospital systems overwhelmed, depending what state you're in and so on. And and yet still so much, I wouldn't say that's led to the whole community being on board with this whole pandemic thing and can controlling it by getting vaccinated, by wearing masks and so on. So I don't know what that mental break is. I don't think our modelling is going to affect it. There has to be a real human connexion made, starting with our leaders, between that suffering and between our front line soldiers and and themselves who are one step removed from that. And we are nowhere near making that connexion that's going to make a difference to, as a society, try to stamp this out.

Ebony Bennett [00:59:45] Yeah, Richard, we hear a lot about thanks every day for them doing it, but not much in the way of pay bumps or massive recruitment drives and other things

Richard Denniss [00:59:56] or taking the pressure off them. And that's, I think, really the point Brendan's making. So imagine we're talking about firefighters, not soldiers. And imagine we had bushfires raging across New South Wales and someone said, well, why don't you have a total fire ban across the whole state to give the firefighters a bit of a chance? And then we said, all but Christmas is coming up and people like to have a barbecue. Well, just what is the shoom the firefighters who just fought and fought and fought because it's time to have a barbecue? The the load that we're pushing, putting on the staff, I think it's incomprehensible. And look, on a personal note, someone to me had a heart attack this week and went to hospital and by all accounts was ten minutes away from dying. Now, if the ambulance had been ten minutes slower and all the intensive care ward had been 10 percent full, they would have died. So, again, it's not just about Tony, but if we're going to put our health system under this much pressure, a whole bunch of other things are going to crack. And I just don't think talking about freedom and caves and Christmas is is is is the way to support these health workers. The way to support them is to continue to do everything we can to not put them through that ordeal, that marathon that is not still running up the Hill. We don't even know how far away the public is.

Ebony Bennett [01:01:31] Yeah, well, we might have to end it there. You can find the Burnet Institute's modelling that Brendan described there. As I said, he made the point that's only for the 12 Elgar's in New South Wales. I hadn't quite clocked that. So I go and check it out yourself. That'll be on the Burnet Institute's website. You can find Richard's look at the assumptions under the Doherty Institute modelling on the Australia Institute's website. That's Australian Institute dot org IU. Thank you so much, Brendan and Richard, for joining us today. I, for one, found that a really just a much nicer discussion than what I hear on the television every day with all those press conferences. So I appreciate all the nuance and the detail you've gone into there. Thanks, everyone, for your fantastic questions. As always, I'm sorry we couldn't get to them all. And just a reminder, we've got two more webinars this week. Tomorrow at 11:00 a.m., we'll be talking to four different people from legal health and community activists, justice reinvestment backgrounds about raising the age of criminal responsibility and getting children out of prisons. Kids as young as 10 are being locked up. That's not the case in other countries. And we can do better. We'll be talking about that national campaign tomorrow. That's at 11:00 and on Friday at 1pm. Our Centre for Responsible Technology is doing its fortnightly tech talk this week, then looking at the regulation of explicit content on online platforms like only fans. So that should be an interesting discussion. You can find that at Centre for Responsible Technology. Doug, don't. And make sure you subscribe to our podcast. Follow the Money, where we take big economic issues and explain them in plain English. You can find that on iTunes or Vinolas and podcasts. And again, the last episode, I think was Rich and I are talking about the Doherty Institute modelling and the national plan. So check it out. Thanks so much for coming along today. We really appreciate it. And thanks for your time. Brendon and

Brendan Crabb [01:03:32] Richard. Thanks so much for having me. Thanks, everybody.

Richard Denniss [01:03:35] Thanks, Brendan. Thanks, everybody.

Brendan Crabb [01:03:37] Sarah.