

The Inequality of Australia's Pandemic Response

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Ebony Bennett [00:00:02] G'day, everyone, I'm Ebony Bennett, deputy director at the Australia Institute, and welcome to our webinar series. Thanks so much for joining us today. I'm very excited because I'm back here in the office restrictions have lifted in Canberra. I think we're closing in on 95 percent double vaccinated here, so I'm just excited to be around people again. It's very great. I want to begin by acknowledging that I live and work on Ngunnawal and Ngambri country. That sovereignty was never ceded and this always was, and always will be, Aboriginal land. And I pay my respects to the traditional owners and to elders past and present. I also want to remind you all that the Australia Institute does these webinars at least weekly, but days and times obviously do vary. So please make sure that you register at Australia Institute dot org dot a few. You'll find all the details about upcoming webinars on the website and just a few tips before we begin to help things run smoothly today. If you hover over the bottom of your Zoom screen, you should be able to see a little box called Q and A where you can ask questions of our panellists, and you should also be able to upvote questions and make comments on other people's questions as well. And just a reminder that this is being recorded and it will go up on our YouTube page and our website afterwards. And just a reminder to keep things simple and on topic in the chat or will beat you out. We don't have to do it often, but we will if we have to. All right. So all eyes are on Glasgow at the moment, but it's worth remembering that all around the world and here in Australia, the pandemic isn't over. States are lifting restrictions at various rates, but it's taking some states quite some time to reach the high vaccination rates that we're enjoying here in Canberra specifically. So those kind of results are staggered when it comes to lifting restrictions. Australia's vaccine rollout was supposed to prioritise vulnerable communities, including older Australians, Aboriginal communities, people with disabilities, people in aged care. But a lot of that promise turned out to be false. So we're just going back today to have a look at the pandemic response at the vaccine rollout and quarantine because our chief economist, Richard Denniss written the cover essay for this episode episode. This issue of the monthly should be in all good bookstores and newsagents at the moment about some of the failures of the pandemic response in Australia and along those lines, I'm delighted to introduce our three guests today. Dr Richard Denniss is, of course, our chief economist at the Australia Institute. He's a prominent economist, author and public policy commentator, author of several books,

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including A Corner Bible and Dead Right, How Neo Liberalism Itself and What Comes Next. And obviously, author of the cover issue of this month's issue of the monthly. Elle Gibbs is a disability advocate and writer. She's an award winning writer, a disabled person and disability advocate. She was awarded the Leslie Hall Award for Lifetime Achievement in the National Disability Leadership Awards in 2020, specifically for her work on COVID support for disabled people and continues to work for access to vaccines. El writes regularly about the NDIS, social issues and disability for a variety of outlets. I've recently been reading a lot of her work in Croaky, so you can check that out there. And Brendan Adams is manager at Wilcannia River Radio. He's been involved in First Nations media, film and tourism for over 30 years. He's a proud Kikuyu, lengthy Walcha barman from Far North Queensland, and he worked up in Townsville before moving to the small outback town on Barkindji country that might be known as Wilcannia in New South Wales to some of you, where he obviously works at Wilcannia River Radio. He and his team in 2019 won the Tony Staley Award for Excellence in Community Broadcasting for their coverage of issues relating to the Murray-Darling Basin, and his work also includes facilitating numerous projects that address the challenges and barriers faced by First Nations people. And obviously, we're going to talk to Brendan a lot about his work in the community today. So welcome, Richard L. and Brendan. Thanks so much for joining us today. Richard, I wanted to start with you first. Why did you think it was important to write this essay? And what are some of the things that you think? It's really important for people to know about how Australia's pandemic response rolled out?

Richard Denniss [00:04:27] Well, thanks and thanks, everyone for joining us today. Was it all right? Yes, because, well, COVID has disrupted our society, health outcomes, our economy in a way like nothing else. And while we grew kind of familiar with and at times tired of daily accounts of how many people had got the virus and what the reproduction rate was, we got daily updates of all the little stuff. But it occurred to me that we weren't really stepping back and say what happened? And while we started to have a conversation about vaccination and again we got the daily, how many people got the jab? We weren't really talking about who got the jab. So I guess my instinct was that as with everything in Australia, inequality would be at the heart of the vaccination rollout. So I guess my hypothesis was that that rich, well-educated people probably got vaccinated first. And then, you know, if that was the case, why? Especially because the prime minister had made it clear that the opposite would be the case. We were going to target frontline workers. We were going to target border workers. We were going to target the most vulnerable groups, including Indigenous can be so. So we kind of heard all the right words. But even from a sort of just a casual glance suggests that the opposite had happened. So yeah, well, you know what? What other role could there be for an economist to dive into the bottom? See what we find.

Ebony Bennett [00:06:08] Yeah, and just to stay with that, I mean, today, obviously, we're going to go a lot into the failures you've called it probably one of the worst public policy failures. What are some of the key things that you think the government got wrong?

Richard Denniss [00:06:22] Oh, I think basically the Commonwealth government in particular really got it all wrong. The early stages of COVID in Australia? Well, I'll go back and state. We've had the tyranny of distance in Australia since since colonialism ization, we've always told our self it was a

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disadvantage to be so far from the countries that we care the most about. But actually, in this case, we had a huge headstart because of that, and our state governments and our federal government handled the early stages well. There's no doubt about that. And that saved tens, probably hundreds of thousands of lives in Australia. It's the first wave of COVID went through Australia the way it went through the US and the UK. Terrible things would have happened here, and we actually dealt well with the hottest be a brand new virus that we didn't know much about. We actually did a good job of that. But then, even though so from the end, from the very early stages, people were working on vaccines and it's sort of based. It was going to take a year to get a vaccine. So we had a year to think about what will we do when the vaccines show up? We had a year to think, how will we prioritise access? How will we roll it out? And actually what we did was quite disastrous. So in descending order, the big mistakes we made were we never built the dedicated quarantine centres. And let's never forget that an unvaccinated frontline limo driver was the person that brought Delta into Sydney and then Canberra and Melbourne. Not only was he unvaccinated, he wasn't wearing a mask wasn't required to. And of course, he was driving some an crew from an airport to a private hotel when, of course, if we built dedicated quarantine centres, no such trip would be necessary. So if we had to do dealt with quarantine effectively, there wouldn't have been a limo driver. If the limo driver in June had been vaccinated in the way Scott Morrison said they would be because in March we were rolling it out to frontline border workers first. If they had been vaccinated, they probably wouldn't have got it. And of course, if he was wearing a mask, it would have been even less likely. So the whole delta outbreak really comes from those three failures. They should have been going straight to a quarantine centre, not a private hotel with bad air conditioning. They should have been vaccinated first or not been allowed in that very dangerous job, and he should have been wearing a mask, probably driving a vehicle specifically designed for the purpose. Now, at the time that outbreak set out, we were already millions of doses behind the schedule, the prime minister spelled out in March that year. So really, if we had of rolled it out as fast as Scott Morrison had planned. If we had eroded it out as targeted as Scott Morrison had said it would be, we probably wouldn't have had the outbreaks that shut down Sydney and Melbourne and Canberra this year.

Ebony Bennett [00:09:37] Well, Brendan, I want to come to you next. Richard, in his essay talks about Wilcannia being a very disadvantaged community that it was well known that communities like that would have trouble if the virus ever got in there. Last year, the Australia Institute talked to Aboriginal community controlled health organisations who had done just a simply amazing and world leading job at protecting those communities themselves and making sure the virus didn't enter. We heard from the prime minister that communities like Wilcannia was supposed to be priorities. Yet we saw that situation where an outbreak happened there. You were there in the community at the time. What was what was that like for you? What was the community experiencing?

Brandon Adams [00:10:25] Well, you know, our community, we were always more or less afraid, and we will all say, you know, really, you know what impact the government could do? What if it ever came to me speaking in our places of Kenya, we sit on a major highway. We know how much traffic travels through on a daily basis are averaging around about a hundred and fifty vehicles per day, so the risk was very high. So we we wanted to make sure that we had the government come to listen to us so that we can have local solutions. And I think this is kind of where it really kind of fired

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in area. But going back to your question, you know, once the enquiry did come into it, which I describe it as a cyclone, and if you've ever been in a cyclone, you can you could be fully aware that you know it will. It's coming, but you know how much damage it could do and when it actually hit. And that's what it did to our community. The moment it hit it, we were so unprepared for it. The government did not have any appropriate strategies or planning to prevent or protect our people at that time. And when I not even told about such nations as well as our local community people, because, you know, we're a very small community in the whole county is our family. So, you know, we, you know, the community, to its credit, had to be the one to improvise. It had to be the good to stand. We've got to deal with this emergency at the time, you know, we had a lot of issues that we knew would impact with the Caribbean. And the prime example was our overcrowding crisis. We have been in a community centre housing, not enough. When people were positive, there was no alternative accommodation that we could provide for them and everything. So for our community, we had to try to find what can we do right now to address it during that time? You know, the the the role that vaccination roll out while I projects like Community, but it was never it was never discussed on a local level, you know, they said it is a priority in our community. You know, we had local solutions we had we knew how our community could be, you know, had their rollout effectively right now. Fortunately, nothing which playing through our local community and our leaders, their wives, health organisations by the advice 200km outside. So the engagement was very minimal. So we had all of that. The that was very light, I think at the time, when the impact came, we only had about five five of our First Nation people taking their vaccination, so there was a lot of confusion. Social media was a large part of presenting the negative about the vaccination and a lot of our community and including myself, you know where you and yet at the time, you day as gennych, you know? Yeah, I've got sorry, everyone. It's really hard for me at times. But that day we had a lot of negative press about people with the blood clot. But there wasn't enough information saying, you know, there was 170000 vaccinations with that and only five passed away. We go said people with passion and for our First Nations people. This was a really big concern because, as you know, we deal with chronic illness on on a daily basis. We have higher rates with diabetic heart values, cholesterol amongst a lot of athletes. So not knowing exactly what these vaccinations can do quantitatively, but also what side effects they could do, this created a lot of hesitations and everything. So during that time, you know, and this is where our radio station became a very trade part. We had to get the right people in to give us, gave our community the right information. We had health professionals. We had the local place lab coming in, giving us the right information. But unfortunately, when you're on radio, even though we've got 85 to 90 percent of people listening to us. That doesn't mean they're listening to us the whole period, which I might be on. These might. We actually had to go. What we need all of our community, so with the royal flying doctors and where my health, I had to come in and we had to have a community consultation. Sydney with that with our elders, especially young people asking the very important questions, you know, especially about their own health and you know, and and our vulnerable people. So when we got the right information in this community consultation daily, then we saw the changing of the attitude. And what many, including myself and then we started having a knee. We started senior people get me the fish dogs happening. It was steadily rising and everything. But during that time, we went from having one little family of three going into being quantity to a fifteen. People agree the extent of they too much,

Ebony Bennett [00:16:25] and that might come back to you in just a tick to talk about that in more detail. But L, I want to come to you next, because what Brendan's describing how the community

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really had to step up is that the same experience that people, people with disability have had during this pandemic?

El Gibbs [00:16:44] Absolutely, thanks for having me. Ebony and Richard, and thank you so much, Brendan said, telling that story about what's been happening in Kenya. So I'm coming to you from Wiradjuri country in central western south Wales. And yes, a lot of the story of both the pandemic and vaccine response has been about how our community has had to do it for ourselves because we've been not only ignored but actively excluded from the pandemic response, both initially last year, but then very specifically this year during the vaccine. So disabled people who live in group homes and in aged care, so that's people under 65. We need to be part of Phase 1A of the vaccine rollout. So the very, very first lot of people who will get to get the vaccine. But by May, it was a total of 127 people who were fully vaccinated. I mean, that's mind boggling. Yep. So that group is twenty seven thousand people. So it's not an enormously large group of people. But as we found out during the royal commission that the health department had got that completely wrong. I didn't know how many people that were in that group. They didn't know where they lived. I assumed everybody lived in large residential institutions and not in group homes. So decisions were made to prioritise us, but that wasn't told to anyone. But it was really clear earlier this year that that's exactly what had happened because we kept getting reports from people on the ground saying, I can't get access to the vaccine, I can't get an appointment. None of the places where the vaccine is available are accessible for me. And similarly, when that decision was made about AstraZeneca, that had a huge impact because the misinformation was right. It was very little information provided in accessible formats and there was no information specifically directed to people with disability and people with disability in that particular group of twenty seven thousand people. So look, I'm in phase 1b because I'm immunocompromised. And so but even I had and I have lots of advantages, but I had a huge amount of barriers to actually getting access to the vaccine, as did many of my peers. And so there was a whole lot of crowd sourcing of information that went on because trying to find out where the vaccines were available, what kind of accessibility there was about vaccine centres, what the eligibility criteria were and none of that was available from the government.

Ebony Bennett [00:19:09] Yeah, I'm Brendan Annelie. I'm going to come back to you about that community response a little bit more about Richard in the essay. You kind of talk about that. It was clear that at some point without telling anyone, the Morrison government simply gave up on 1A and 1B and prioritising certain, you know, communities for the vaccine. But that didn't happen for everyone. You talk about how Qantas had access to the vaccine private school boys from, I think it was St George's apologies. If I've got the name wrong of that school, what happened there?

Richard Denniss [00:19:43] Yeah, well, exactly what happened there, and we don't know. But let's let's go back. A step to prioritise means to put one group ahead of the other. That's what it means. And we were told that we were going to prioritise certain groups, indigenous groups, people with disabilities, frontline workers. Now it's very easy to tell if a group was prioritised because if a group was prioritised, it would have higher vaccination rates than the general population. But this is not complicated. But what do we know sitting here in November today? We know that today indigenous groups are still have lower vaccination rates than the general population. We know that people with

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disabilities have lower vaccination rates and the general community. So what happened was, you know, and I really do hope people read the ACA because what Scott Morrison did for a year was just radically change, not just his mind, but he tried to change our memories of what had happened. So in January, he said, there's no rush. Not it didn't. He didn't say it's not a race yet, but in January, he said, Let's do this carefully. Let's do this slowly. Let's do this the right way. I'll come back to you with a plan soon. But he literally said on January one this year. Don't rush this. Let's do it safe. Let's do it good. And then he said it. It is, you know, it's not the right stuff. That was months later, it wasn't an accident was a whole strategy. We're going to do it slowly. We're going to do it right. But then at some point the politics shifted and rather than doing it slow and doing it right, Morrison just wanted to get people vaccinated fast. So imagine you're the captain of a ship and there's 100 people on the ship and some of them babies. And some of them are kids, and some of them have disabilities, and some of them can't swim. And you're in charge of handing out the lifejackets before you put people into the boat and you don't have enough life. So you have to prioritise. So Scott Morrison started by saying, Oh, it's going to be, you know, children and metaphorically children and people who can't swim birds. But once he decided that getting the 80 percent was the KPI, he did the opposite. He literally said whoever can run fastest to the vaccination centre, we're open for business. So it wasn't an accident that the groups that allegedly prioritised wound up with lower vaccination rates than average because metaphorically, they couldn't run fast enough. So. So yes, it was never announced. We never abandoned Phase 1A and 1B, and my ridiculous middle class healthy mile story is that I was slow to get vaccinated because I knew people who were in Phase 1A and 1B who hadn't been vaccinated, so I thought, I must be eligible yet. So I missed the memo stuff at its catch and kill your own, get out there and get a vaccine. And you know, I nearly missed out on getting my vaccine because by one day, because my son was an exposure site at Lyneham and I nearly didn't get out in time, so I could have been exposed to the virus because I postponed. I wasn't hesitant. I just knew that one eye in one bay hadn't been finished yet, so I hadn't actually tried to get myself for being. So there was no plan. There was just a rush. And just quickly with Qantas. Yeah, Qantas somehow. But 20000 of their staff and their families vaccinated with Pfizer in May and June this year in Sydney, they basically set up shop at Sydney Airport and got twenty thousand of their people vaccinated. We didn't vaccinate the transport worker, the limo driver. We didn't vaccinate people with disabilities. But Alan Joyce, good on it, not complaining about this heat. Somehow, he got all the Pfizer Qantas needed and when we accidentally, which wasn't an accident, if it was revealed when we accidentally vaccinated. One hundred and sixty three boys from Joey's College, one of the most expensive private schools in Australia. When that blew up, the Department of Health said, Oh, it's because some of them were indigenous. Now, a few of them were indigenous kids were eligible for early vaccination, but the U.S. allies revealed later and had nothing to do with that. It was it a senior bureaucrat had said, Can I get all the boys always vaccinated with Pfizer, please? Yeah, sure. No problem. And when it blew up the group that we were allegedly prioritising, we used as the excuse for why we accidentally vaccinate one hundred and sixty of the most privileged kids in the country.

Ebony Bennett [00:24:35] Hmm. Brennan talking there about Qantas getting that access and private school boys getting access. I mean, looking at Wilcannia, you said you're a small, tight knit community like that just must be so disappointing to hear how easy it was for other elements of the population to get it when Wilcannia was supposed to be a priority and just ended up on your own effectively.

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Brandon Adams [00:25:02] Yeah, look, it's actually it's actually once again a common element that we do here as a First Nations people, you know that you know, it's it's not what you know or who you know. And and and yeah, what Richard said, you know, it's a very common thing. You know, it's sad to hear that our First Nations people can be used as an excuse for, yeah, people that have shot have more like a parallel anything to get, you know, an influence in. And yet a small community is left out in the cold and know something that Richard said. I kind of agree. You know, it was that first come, first served and Typekit can register and and our committee wasn't bad. How fast we could run to is that we were so isolated that we've got a distance to beat to the crisis. Vaccination that could have been was minimal 200 kilometres. So we, you know, and our county county's majority of low income people, so we actually had every kid get shot. Yeah. And and it's is so like that continuous issue that we were trying to let the government know and and we actually had a meeting, a community meeting without getting you in in March to catch, you know, twenty two to my kids away. And it's happening. I know that to the government. And in fact, my my house actually sent a letter out about everything, including health and the actual trial of a crisis. So there was there was no excuse for government to hang on, you know? You know, we need to prod towards and get it into Wilcannia and get it out to other communities such as Ray Romano, Walgett, who also got infected, as well as much as Wilcannia. And you know, from most, you know, is this is when or when the economy did come, the attention all kind of Wilcannia was then it wasn't prior and it wasn't when we needed it the most. It was when the effect happened because I knew the government knew at that time they did not do their job. I, which concentrated on the cities, on the regional areas, but remote communities especially were what I believe, and I feel very strong in my in my spirit that we were forgotten because we were not the high priority. But, you know, they would say, excuse me, and

Ebony Bennett [00:27:32] Brendan are going to ask, sorry, because, you know, it's very clear that you weren't a priority. And the whole strategy of Aboriginal community controlled health organisations was to keep the virus out until you could vaccinate the population the same way that we've been trying to do with the states. But that didn't happen. I just want you to tell us a little bit about, you know, you talked about the overcrowding, that the fact that when the virus hit the community and ended up having to be the community that responded, there wasn't anywhere for people to isolate if they had the virus so that they didn't infect other people in their household. Like what were some of the real problems, you know, it could people go to the shops to do their grocery shopping? What was the community having to deal with when the outbreak hit in Wilcannia?

Brandon Adams [00:28:20] Well, the biggest issue was when a one person could have been identified positive in the Caribbean because we had nowhere that they made an assumption that if one person had the kidney, then that whole family could be affected. So that means just what that their excuse or their reasoning, you know? Well, that can all isolate together. Well, we actually had evidence that not everyone in that one house was all positive, but they they help provide or increased a decade of it, and everything points in putting that positive into the same household. And we would join a band house, we're talking about averaging 12 people per hour. We're talking about young babies and children, men and women, our elders and our vulnerable people. So then from there that none of them will have to go shopping. And as a physician, actually people, we have always looked after the elders where young people would see they see their grandfather and say,

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What do you need food in? We cannot do that. We had to stay away. So that means that with one sure thing, we had energy we couldn't date, a people could not get access. So what? What didn't happen was the emergency committee. The local emergency came into play and then we got donations and everything had to be local people that stepped up. And once again, our radio station, even a guy with the voice, we all became the frontline workers with other volunteers to help provide food to our people, and we taught about large families. We had to provide medical assistance even though we had we had health organisation there, but it was like a people that knew what else to go to because we had police coming in the Australian Defence Force that did not know the community. So they we were depended on. And it was up to us to provide every kind of assistance. What are you going to? And always doing the frontline raids and it really damaged me any pet because treating this is what I'm looking at. My families and friends, you know, that I've been with for 20 years. I saw I saw a father who was so depressed because he woke up every morning wanting, not scared that his child could die, you know, and we had to go through, Oh, I'm sorry. We had to go through so much of the trauma, a real fascination people and a community that I had to sit there and talk to them. But I had to be at a distance, could not hug, had a hug. And and this is what not just myself, but all the volunteers or the young kids I could not get to their families or the or the elders could not even see the grandkids. And and we never had the services that you would see in other communities, such as even having Facebook tours because Jean Jeannette was so large that you couldn't even connect to the internet if that's your face, time or whatever social media outlet. So it made our our community of people so alone in this time of need. But I think I will always give Will Kenya and why I love this community was the resilience that we went through. Because doing that, doing that too much, we went from one person to a hundred and fifty three and then we went back to zero. So the resilience of the local community, people to our and people that did not have the vaccines who were affected did the right thing. It took a bit of time because being First Nation and social cohesion, we had to learn how to stay away. It's not easy. But during that time, you got to also recognise that we were blind. You know, we actually had helped organisation compare and comparing our funeral that first brought the Cold War. It was a local people that had because it was someone coming out of out of another community that was infected, that body, any our town, the very same fee that we had. But then they held the organisation said, Well, Kenya, you know, I had I had a funeral, which was 500 people. That was nice. Yeah, it was a young person and we we kept outside the decision, but a I group came in from out of town thinking, it's the other thing that was highlighted, which was wrong was the guy at the funeral was that guy before lockdown happened in our community. But that was not that was not shot. It was actually, you know, blind again. Yeah. So during that tournament, the beginning and then when we finally got the full support by the Australian Defence Force, that can't prevent that. I mean, it was a little too late for us as frontline workers. We were happy that they did that because at that time we had to work with them to do my time and and trying to contain the pandemic from spreading even worse. So having that CAPA badge did come anyway, but the social housing issue started, and now that the pandemic is finish, we now go to say we have to worry about Second Life now. Yeah, we still got a housing issue and we still have the health of not having. We've got a lot more that people have got their first and second vaccination thanks to the Royal Flying Doctor Smile and a local team. But we're not in a state. We are protected. And no strategy has been came back to the local people for local solutions to find a prevention or some kind of protection. And if that pandemic comes gain, we are feeling that we could lose some. We have really like we have not no one at this point at time.

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Ebony Bennett [00:35:02] That's an amazing feat, isn't it, Brendan, considering the size of the outbreak and obviously it's really difficult for you to talk about it. So we really again, I just want to say how much we appreciate you sharing that experience with us today. I'll come back to you again in a second and we'll go to questions from the audience just shortly. But coming back to you, that experience that Brendan is talking about just within Wilcannia. You know, we've been talking about how the disability community really had to support itself as well. What kinds of barriers were people with disabilities facing in terms of access to vaccinations or countering disinformation where outbreaks did happen? Was it that community that swung in to support itself as well, similar to what happened in Wilcannia?

El Gibbs [00:35:54] Absolutely. So during the pandemic last year, there were a lot of calls for more accessible information, so by the time we got to, the vaccine rollout wasn't like we hadn't been banging on about this for a year already. There was still wasn't information provided in a format called Easy Raid, which is really helpful for people with intellectual disability. There was often not Auslan interpreters available or Auslan videos provided. A lot of the information was provided in really difficult to access ways. It were plain English. A lot of the vaccine booking things were accessible either, so there was some really basic barriers to accessing just, you know, how do we book a vaccine and where do we go? So. And that was a huge challenge and one that wasn't, you know, wasn't a new challenge either. That's one of the most frustrating parts of this vaccine rollout. You know, during COVID, we raised all of these issues time and time again. And you know, there was we did a lot of work in Facebook groups, on Twitter, in social media, in translating government announcements. So what the public health orders meant for people with disability, what we could and couldn't do. So for many of us, we use disability support, so we have people coming into our homes all the time. And so that's a particular issue that really wasn't addressed again during the pandemic or this time for the vaccine. Could we ask our support workers to be vaccinated? Could we see what happens if they say no, just let them get no support school of that kind of stuff? And so for people with disability also living, you know, group settings or working group settings like, you know, children workshops or go to G'day programmes, all of that kind of stuff. As Brendan has said, with lots of people live together, it is a huge risk of spreading the virus and many people with disability living what we call congregate care. You know, every single day. And you know, that's what I mean. This has been my frustration about it. In the Disability Royal Commission released their report and we had some Senate enquiries into COVID. That's how we found out that the government had made, you know, Department of Health had made a deliberate decision to prioritise people with disability and then not to tell us not to tell people with disability. Are organisations families not to let anybody know. And so people were floundering around going, What is going on and why aren't we in the priority list? What is the problem? So and it's been extremely frustrating. It's been one of those things where the other part of it is that we don't know the impact of these fully for people with disability. So the data in the U.K. showed that 60 percent of people who died from COVID were people with disability 60 per cent. But we don't know what the results are in Australia because we don't take that kind of data, and the data that we do have is about people who use NDIS support. But we we do have data. We do have shows that there are still 22 per cent of people who live in group homes who are still not fully vaccinated, and there's only 77 per cent of India's series. The air support to over 16, which is only half of the NDIS who are actually vaccinated people like me, you get my supports in different ways who are immunocompromised. There's no data like there's no data being reported. We don't know, apart from those incredibly awful announcements that we

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hear all the time, that people who died with underlying health conditions, which we presume is disabled people, you know, and we just hear that every day on the news and just go, well, then another one, another one of us has died, and yet we're not counted as a whole. So our has done a whole lot of work around advocating. We've done petitions, we've done direct lobbying of politicians, we've done protests and media, and there's been a whole lot of us speaking out and raising awareness. People use the royal commission as well. People wrote about their experiences of being able to not being able to get a vaccine, not having access to accessible information and not being included and how that has felt during the pandemic and the vaccine rollout. So we've used kind of lots of different mechanisms to raise these issues, but we about to repeat the whole thing again with the third vaccine dose, you know, because again, there is no plan to get disabled people vaccinated with the third dose. There is no plans for people who are living in congregate environments like group homes or aged care, and there's no data being kept on people who are immunocompromised and how are they getting access to it? So it just feels like we're about to repeat for the third time all of the same.

Ebony Bennett [00:40:36] Yeah, look, and I'm obviously not the prime minister, but I'm so sorry. Well, and Brendan, that that happened to your communities, it's really just appalling to hear. And as you say, those distressing comments, you know, we all were watching these press conferences every day and that underlying conditions is obviously. Just trotted out like, what else could you expect someone had underlying conditions, but those are the people that we were presumably supposed to protect in the priority rollout. I'm going to go to questions from the audience now. We've got more than 500 people on the line with us. Thank you so much for joining us today. The first question that I've got is from Richard Joseph, and it's probably for you, Richard. Do you think that the cascade of issues and failures on the vaccination rollout stemmed from the initial reluctant reluctance by our leaders to secure Pfizer at the start? Richard, do you want to take that one?

Richard Denniss [00:41:28] Oh, absolutely. I mean, add that to the. I mean, you know, sorry, the plug in the essay, but I really like we need to go back and look at the totality of what happened. So I talked about the fact that we didn't build the vax the quarantine centres. We didn't prioritise the border workers. We didn't even make them wear masks. And yes, it was an explicit. So there's three specific values that led to the Sydney lockdowns. But yeah, in addition to that, we we crippled we crippled with Pfizer over the upfront cost of being first in the queue. So while the prime minister told us we are the head of the queue, his department, his government was actually quibbling with Pfizer, who said Look in the downpayments 100 million box. And if you guys don't end up approving the vaccine, you know that's that's on you. But if you want to be first in the queue, you can be there. And we quibbled now we kind of bit on AstraZeneca, and that's that's fine. But you know, usually what we do when, when, when the stakes are this high is you spread your risks are and then AstraZeneca was a good vaccine and it was the safe vaccine. But if we hadn't spread our risk more. And similarly, even with Moderna, we don't talk much about Moderna in Australia, but we were very slow to get on that train as well. So these are all concrete, identifiable choices made by Scott Morrison, and the cost in human lives are enormous and the cost to the economy are enormous. And, you know, for less than the price of the car park rort scheme, we could have been first in the queue with Pfizer, you know, and at the beginning again, you know, I go through it all the chronology. But at the beginning of the year, we had announcement after announcement of 10

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million doses, 20 million doses, 50 million doses. So how come we had a supply problem in the end series? It was all nonsense. We weren't securing the supply front. We were a bit like climate action. It was all going to happen in the future. Well, what we needed was vaccines in the present. Pfizer offered that and we crippled with them while wasting enormous amounts of money on far less important things.

Ebony Bennett [00:43:44] Yeah, thanks, Richard. The next question is from Kate Crawford and Brendan. I might direct this one to you. It says what responsibility and change is needed from health and from the Health Minister Greg Hunt to prevent this from happening again with a third wave. How does the community in Wilcannia feel now? Do you think you're prepared for another wave or are you still just kind of hanging out there waiting for it to come back?

Brandon Adams [00:44:11] Earlier on, I explained that the impact, the kind of gridlock to sideline. And to me, I feel like right now we're in the eye of the cyclone. You know, we've kind of got through one dramatic, I'm sure, like storm. And right now we're here and we know that it will be a second wife. We know it because it's just to have for this at the moment. I don't know. The pathway is the right word for it. We know that Kobe is going to be here for quite a while and we actually had a meeting at the game site. Where do we go from here now? You know, and social housing is, you know, is one of the biggest issues we are doing. So we want we would say, you know, we need to prepare our community to be ready for a second wife to have a private accommodation. It's done with houses are going to. It's not going to be done in the next few days. Well, what I saw, which I kind of felt was wrong by the government, was, say, quick response when I bought at that camp event that, you know, for me, the camp advantage was a quick solution, but it was it would be it was only a short term solution when something they could have done is bought containers that could be fitted. Now that could change could end up staying in our community and provide a much needed accommodation for young families and and help us through the overcrowding in everything. And it should have been a strategy that the government should have put in place. I should say to these the bench because it can't prevent chilet camp to act at First Nation people, we see that they've left them. They're now gone and that could be an option and it provided for people who got money. That's why we saw because I do not think about the nations people for a second wait for community factors. What can you once again be worried and all that and and also then the health organisations, the government cannot take its time. We're kind of feeling happy that we got positive outcomes, but we are now living again, waiting for that feeling. And we do not know which community people how to deal with it again. We were very lucky that we got through it without a loss of life in Kenya. We did lose family and my heart goes out to every single physician and community people within Australia that did lose lives and especially our vulnerable people right now. There was nothing set in case there was nothing, you know, we had missed out. Has it come here to Kenya? He addressed the social housing issue that was that was highlighted, but there's been no conversation since. Yeah, we are. We now. And where do we go from here? And our community, not not just the leaders, but the community people that have already started answers. But we do need we do need reach out and we do need solutions and we need to be immediately.

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Ebony Bennett [00:47:34] I am I. I'll come to you in just a tick. But Richard, that strikes me that you talk about in the essay, and I think Brendan's spoken about before the fact that New South Wales Health looked at that issue of overcrowding and basically said that was a pre-existing problem. So we're not going to do anything to fix it. But during the pandemic, we've seen governments drop hundreds of billions of dollars, if not at the very least tens of billions already said, you know, compared to the cap port scheme. Some of these programmes were kind of chump change, like that's a problem. We can fix that in Wilcannia. The overcrowding problem that's well within the remit of government to do. Why is it that some of those things that we did initially like housing homeless people, you know, have already seem to fallen by the wayside? Does that make sense to an economist economically?

Richard Denniss [00:48:25] Oh, it's got nothing to do with economics. It's got to do with our actual priorities, not the stated priorities, the revealed priorities, the what we do priorities, not the what we say priorities. So let's be clear, we accidentally gave 40 billion, 40000 million dollars in JobKeeper. We accidentally gave \$40 billion to companies whose revenues were rising and we thought, no biggie. Look, we'll just let them hang on to that. Okay, because it's a crisis and we're shovelling money out the door. Hurry. So all good. No hard feelings. You hang on to the \$40 billion. Gerry, Harvey, etc. Imagine if we accidentally spent two. Much might be on housing in Wilcannia accidentally spent some money solve the problem and then went, Oh Cove, it's biased, but hey, look, you've still got much better housing than you used to. That's something we could be proud of. But no, no, no, no, that wouldn't that wouldn't be fiscally responsible. And money doesn't grow on trees, you know, so. So let's be crystal clear, Australia is one of the richest countries in the world, and we can afford to do anything we want and we can afford to spend \$40 billion supporting growing companies. We can afford to trade up from \$90 billion submarines to whatever it submarines. We can afford to give \$100 billion worth of tax cuts and we tell ourselves we can't afford, you know, to to invest in better housing in the middle of a crisis that when the crisis passes, would leave people with better housing. It has nothing to do with economics. Again, what we need to stop paying attention to what people like Scott Morrison say and focus exclusively on what they do, and they shovelled money on the people they like. They vaccinated people they cared about, and they accidentally didn't back tonight and didn't house vulnerable groups. That tells you about the priorities.

Ebony Bennett [00:50:29] Well, the next question I've got here is for you. It's from Kirsten Anchor. And she asks, was the vaccine rollout to people with disability managed by the department itself? Or was it outsourced? Is there anything else that you can tell us about that? Do we actually know?

El Gibbs [00:50:44] We do. Yes, both. So yes, there was a whole lot done decisions made by the Department of Health, but there was a whole lot of outsourcing as well. So ask that health care and sonic were the two companies contracted to do the key rollouts for people who live in group homes and kind of congregate care? But then they weren't particular contracts actually given for one I want and one be at all. So it's been very interesting. We've made a number of organisations have had made a number of extremely, as Richard said, modest requests for money to actually resource the work that disabled people have families and our organisations have been doing for what? Getting

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close to two years now with no extra resources at all. And there hasn't been one single cent coming to us to actually, you know, how to communicate with that community, but also disability advocacy organisations who know how to reach people with disability in really marginalised situations such as boarding houses and such as leaving jail, you know, such as living on the streets. So who are, you know, still not getting access to the vaccine? So we have been very clear around. We are the experts on disabled people who need disabled people are the experts on disabled people. And so instead of giving multi-million dollar contracts to companies to roll out vaccines, you know, why don't you give it to us actually let us run the rollout?

Ebony Bennett [00:52:15] Mm-Hmm. Richard, I want to come back to you. There's a couple of different people in the questions and in the chat asking about accountability. Obviously, the FAA is one way to go back over and kind of account for some of those decisions and who made them. But how important is accountability going to be to avoid making similar mistakes in future? Or do you think that's just a calculation that the government has made?

Richard Denniss [00:52:42] Look, obviously, I think accountability is important. But let's be clear, a lot of these things weren't mistakes. They were choices. Right now, I happen to think they're a mistake. I think that not building stand alone quarantine centres for a couple of hundred million bucks was a mistake. I happen to think that not vaccinating limo drivers and frontline border first workers with a mistake, but maybe the kids that got vaccinated to the joeys. Maybe all the Qantas staff may be the recipients of \$40 billion in JobKeeper. I don't think that's a mistake. So, you know, we have to be very careful. We live in a democracy. It's not ideal, but the most of the accountability comes from who we elect and re-elect. And Scott Morrison actually thinks he can go to the next election when the techniques to his name saying, You know, right there, son, you know, now, if a majority of Australians agree with him, then that's the main accountability. And if a majority of Australians think, wow, how was it that the priority groups have lower vaccination rates than the non priority groups? You were just making words and flapping your mouth. You weren't actually turning the resources of the nation state into the problem that you'd identified. So yes, accountability is really important. But we don't just need a parliamentary enquiry that says, Tisk, Tisk, we need to look. Ourselves, our country, our neighbours in the mirror and understand that it's actually up to us as voters to say, was that a job well done or wasn't it? And yes, certainly. To hear Scott Morrison talk about the vaccine rollout is not a man exhibiting contrition. It's a man blaming victims, blaming victims for their underlying conditions or for being a bit slow to get vaccinated. You know, so we sympathise with them. But let's be clear underlying conditions. Unvaccinated. Let's not look at what I said in January and what I said in March, and look how a catastrophically failed to get everyone vaccinated by October like I promised I would. Let's not talk about that. Let's talk about the underlying conditions. It's it's it's neoliberalism 101. It's victim blaming. And the guy who made the big decisions is actually giving himself a little pat on the back and trying to move on to the next thing the Bullet Club.

Ebony Bennett [00:55:10] I'm Brendan. I want to come to you before we finish. We're only got a couple of minutes to go, but you know, it still strikes me as extraordinary. You know, you're the manager of the local radio station and you became a frontline worker here. Obviously, that

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experience is really deeply affected you. You've already talked about kind of the fear that the community has that nothing has changed and obviously New South Wales lifting restrictions because the whole of the state as vaccination rates are looking okay. How is Wilcannia looking and what are your hopes for the future? There.

Brandon Adams [00:55:49] Well, the one thing well, Kenya has well, Kenya has always been centralised, but a lot of issues that have been based on government decisions prior to prior to the pandemic, we actually had an eye watering out in our baka, which people now went to darling. And so the one thing our community does, though, is that it during crises such as what we've experienced in that is we find that we come together a lot better. You know, as we said, we are families. So in the times of this, we we become more resilient and we become more united with the way we came together. I think that the only big issue was during the pandemic. We had to find a way to stay connected by not being connected. So the radio station doing its job, the health organisations that were on the on the ground helped by assisting us in it. And I think, you know, our town is now going, OK. We know we have the strength to move forward. But what we do need is we do need etiquette and ability age to be action. The government did wrong to a community such is will Kenya that did wrong to our vulnerable people, our disability people and the and they and the comments they made, you know, you know that we are. And yet it has done it now. They have said of being a yoga brand yoga plank. Come to the table with us right now and let's get a local selection listed to us. Let us look for what you've made a mistake. Someone said earlier that you get sick of white Richard. Similar What if a sick a white comes? It's not a similar one. It's worse for not learning from what has happened now. And the other thing is is that we actually are a community that can show they show all the other communities of prevention. So not only what they need to talk, that they need to talk to every single other community listed to the local church, but act on it. And that's going to make a difference for our people to feel safe, that our people feel like they are part of an Australian society that people care well because the true Australians are the people that donated that gave up their times and every day the ones that made us feel valued. But right now we are in a place where are we going to be valued? Because if we are come to the table, listen act and then spread it so that every other community can learn for what is happening with us? And I think that's the issue.

Ebony Bennett [00:58:42] Yeah, I'm really sorry. We've got to wrap it up there, but I want to thank all of you so much for your time today. Brendan Adams, El Gibb's and Richard Dennis. This is the front page of Richard's essay. You can find that in the November issue of the monthly. It should be in own newsagents and good bookstores near you. I really want to thank you everyone for tuning in today. I feel like this was a really important webinar. We seem to be pushing full steam ahead, but we're still leaving a lot of people behind. So thanks again, everyone for joining us. We've got more exciting webinars coming up over the next few weeks. Next week will be our regular pole position webinar with Guardian Australia and Essential Media that will be focussing on Glasgow, Glasgow and climate change. The week after that, we're delighted to announce it's not up on the website yet, but we're going to be talking to the Act Chief Minister Andrew Barr about pandemic leadership. Obviously, the ICJ has taken quite a different approach to, for example, the New South Wales government really looking forward to that one that be up on our website hopefully later today. Make sure you subscribe to our podcast, follow the money where we explain big economic issues in

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plain English. This week's episode I talk to Ben Oquist, who is live from Glasgow at the time about Scott Morrison's disastrous trip to the G20 and to Glasgow. I want to thank you all for your time today. Don't forget to check out Wilcannia River Radio. L Gibbs Riding is on Crikey and elsewhere, thanks again to all of our panellists. Don't forget to pick up a week's issue of the monthly, and hopefully we'll see you all next week. Take care out there, everyone. Take care of one another and we'll see you soon. Bye.

Richard Denniss [01:00:20] Thanks. Thanks, everyone. Everyone.