

# PUBLIC

## THE PARLIAMENTARY STANDING COMMITTEE OF PUBLIC ACCOUNTS INQUIRY INTO THE TASMANIAN GOVERNMENT'S CONTINUING RESPONSE TO THE COVID-19 PANDEMIC MET IN COMMITTEE ROOM 2, PARLIAMENT HOUSE ON FRIDAY 21 OCTOBER 2022

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**CHAIR** - Welcome to our Public Accounts Inquiry into the Government's COVID-19 response, particularly focusing on since the border reopening in December last year. Thank you for appearing. We will ask you to introduce yourself and take the statutory declaration, but before you do that, I assume you have read the information for witnesses? Everything you say is covered by parliamentary privilege while you are before the committee, that may not extend beyond the committee. If you have confidential matters you wish to discuss you could inform the committee you would like to do that and the committee will consider your request, otherwise it is all public information being recorded on *Hansard* and broadcast. Do you have any questions before we start?

**Ms BRUMBY** - No.

**CHAIR** - Okay, thank you, over to you.

**Ms AMY BRUMBY**, LEADER/ORGANISER, UNITED WORKERS UNION WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED

**CHAIR** - Thank you. We received this submission, and members have all read that. Did you wish to give some opening comments and speak further to that submission?

**Ms BRUMBY** - No, I think it is pretty comprehensive.

**CHAIR** - You would rather just to go straight to questions?

**Ms BRUMBY** - Yes.

**Mr WILLIE** - You make a number of recommendations in the submission. I am interested in the benefits of a centralised system you effectively operated through COVID-19 with the department. What sort of benefits did you see in that system?

**Ms BRUMBY** - I think it was the way that we did streamlined processes. It took away a lot of complexities around making sure that schools had the resources they needed. At the moment, things are done normally on an individual school basis, but having that stepped process outlined where we all followed the same process we got to the end point and made sure that schools had the resources they needed. It took away a lot of issues we ordinarily, under the current structures, would have faced.

**Mr WILLIE** - Did you have positive feedback from schools, in terms of not being able to find relief staff were available because of this new system?

**Ms BRUMBY** - No, to be honest, we did not receive any feedback from schools.

**Mr WILLIE** - Or the department?

## PUBLIC

**Ms BRUMBY** - To be honest the department was extremely grateful that I was willing to be the end point in that process, where if they had exhausted all other avenues they could come to me and I would ring people to find people to fill in the shifts at school, so they could open the next day. The department has made a number of comments on a number of occasions thanking the union for the role we played in that.

**Mr WILLIE** - Would a centralised system, as per your recommendations, require additional resourcing, or could it be down within the existing resource of the department?

**Ms BRUMBY** - I think it could be done within the existing resources of the department, absolutely. There are numerous HR, regional HR people within learning services. What we are seeking as a result of this submission is that not only do we centrally coordinate relief, COVID-19 has shown us there are better ways of doing things within the department. Adding a number of other things that can be centrally coordinated would be of great benefit.

**Mr WILLIE** - Anecdotally I have heard of some schools not providing the additional resources for cleaning and things like that through this period, which is a bit concerning given the environment. Is there a reason for that?

**Ms BRUMBY** - I have been very clear with the Department of Education that the way the COVID-19 funds were rolled-out could have and should have been done better. They should have been a central recruitment of cleaners, central training around COVID-19 cleaning, what the expectations were, what was their job, and what was not their job. The way it was done resulted in a large number of schools not engaging COVID-19 cleaners. Whilst the Government in everything they said clearly said there is additional cleaning, it simply was not the case. As we have pointed out in there, there was one primary school with five COVID-19 cleaners and the high school over the back never had a COVID-19 cleaner over the last three and a half years.

**Mr WILLIE** - You would have preferred to have seen this central system you are using develop a pool of resource to then be allocated to schools, rather than schools having to apply for it?

**Ms BRUMBY** - What actually happened was that it was done on an individual school basis. Each 195 different business managers were all scrambling to find their own relief and their own COVID-19 cleaners. What we say is it should have been a bulk recruitment of cleaners done centrally and then dispersed out to the schools and done that way.

**CHAIR** - Training done centrally too?

**Ms BRUMBY** - Training done centrally: this is how you COVID-19 clean; this is your job, this is not your job; these are the hours you will work. We had COVID-19 cleaners cleaning at 4 o'clock in the afternoon and all different times of the day. There was a lot of confusion over what does actually need to be cleaned, and what does not need to be cleaned; what is our job, and what is not our job? That sort of thing. I have always maintained it could have been done a lot better.

**CHAIR** - That is focusing on the very important aspect of cleaning during this. If ever, we should have appreciated the role of cleaners more than during this period. Are you able to comment more about the issues you raised around air purification and the assessment of the

## PUBLIC

schools undertaken in regard to that? There are comments in your submission. This was a key factor around the reopening of the borders and the preparation for the children and staff to return to schools?

**Ms BRUMBY** - That was something that was centrally co-ordinated through Facility Services. However, communication didn't make it down to the school that 'next week you are receiving 60 air-purifiers that need to be put together, that need to be put in specific places in the classroom. Not too close to this, not too close to that, all the windows open,' all of that kind of stuff.

Whilst that was centrally coordinated, there were copious amounts of resources: purifiers, fans, sanitisers, and masks, turning up at schools. Schools didn't know that was coming. That then created a workload for EFAs in particular.

**CHAIR** - So, there was adequate supply of equipment but the gap was the manpower to implement it.

**Ms BRUMBY** - Yes.

**CHAIR** - How could that have been done better?

**Ms BRUMBY** - I think there should have been more communication with schools. Again, that work should have been done by someone who was employed under the COVID-19 banner.

**CHAIR** - The Education COVID-19 banner or?

**Ms BRUMBY** - So, someone put on, paid for out of the COVID-19 bucket of money, as we call it, and all of that work - cleaning, purifiers, fans, filters - all should have been done by that COVID-19 cleaner. For the majority of the time, it was left to existing EFAs to do on top of their normal workload, because the majority of the schools simply just did not have COVID-19 cleaners.

**CHAIR** - What I'm hearing, Amy, is that part of the issue is communication, and the other is perhaps a lack of a fully end-to-end coordinated response. Those are things that you think that in the future, or now - we are not finished with this yet - and in the future should focus on. Am I right with that?

**Ms BRUMBY** - Yes, the problem we had with communication was that everything would go out in a communication called *Principal Matters*, as in principals of the school. That is where everything to do with cleaning, student learning, teachers preparing to work from home, it was all buried in there. Nothing was going direct. We had to rely on that information filtering down to the cleaners. For the vast majority of the time, because the workload increased significantly for school business managers and principals, that information didn't flow down to the people who needed that component of the communication around everything to do with -

**CHAIR** - I am trying to look at how the Government can do better, so you could argue that the department put in place mechanisms through the *Principal Matters* communication platform. It was all there, but the difficulty was getting it down to the relevant levels of classroom teachers, cleaners and other ancillary staff. How do you fix that problem?

## PUBLIC

**Ms BRUMBY** - I had conversations with the Department of Education and said, 'You need to be sending anything relevant to the cleaning component to business managers and every single EFA across the state'.

**CHAIR** - And they had that information available? They could have done that - put an email group together?

**Ms BRUMBY** - Yes, they could have done that.

**CHAIR** - Meg, is there anything else you want to say or any questions on that aspect?

**Ms WEBB** - From what you describe, and from what is in the submission, it sounds like things like pieces of equipment arrived at schools, people on the ground who would then be responsible for assembling them or placing them appropriately, maintaining them in an ongoing way, weren't aware that they were coming beforehand, and then had to absorb that into their existing role. Is that correct?

**Ms BRUMBY** - Yes.

**Ms WEBB** - How did that work in practice? What had to give, given that that was the scenario people were faced with?

**Ms BRUMBY** - Other work. In a college where you have allocated three grounds maintenance people, they had to stop the grounds and maintenance side of their work to go and put all the fans and the air purifiers together and distribute them around the school. Essentially, they were not doing their grounds and maintenance work. They were doing this stuff instead. The only time they were notified - and this is because I was told and I let them know - is that at the start of term two or three I was advised that there were another 4500 fans being distributed to schools at the start of term two or three.

**Ms WEBB** - I guess we'll never have an opportunity to quantify the displaced work that didn't occur during that time because of the COVID work that was put on to the existing workforce.

**Ms BRUMBY** - Yes, that's right.

**Ms WEBB** - Your suggestion of a centralised approach was to ensure that there was an actual separate workforce that was available to come in and do that additional work so that the regular work could continue?

**Ms BRUMBY** - Yes.

**Ms WEBB** - Interesting.

**Mr WILLIE** - Amy, could you explain to the committee how the allocation of resources works now? Put the COVID-19 resource aside, but how cleaners or EFAs, are allocated, the number of FTEs to schools and the formula for that? You make some recommendations about that potentially being reviewed. A lot of schools have changed over time too. There might be

more glass in the school from a development or there are additional things that may have changed in schools. Could you explain that?

**Ms BRUMBY** - Under the job security agreement, there are three formulas. There is one for kitchen assistants, one for grounds, and one for cleaning. The cleaning formula is called the FECA, which is fully-enclosed covered areas. The architects get the plans of the school to the department and then they work out the size of the floorspace of the entire school. You might have the school at 3500 square metres. The allocation of labour is that a cleaner cleans 42.7 square metres per hour, but that is only based on the floorspace of the room. It doesn't consider what's in the room. It doesn't consider whether it's a kitchen or a library or a classroom or full of computers. It just is about the floorspace. Each school is allocated cleaners based on the total square meterage of the school. If it is 3000, it's divided by 42.7 to - let's just say - 260 hours of cleaning, and that's what the school is allocated.

That formula - all three of those formulas - have never been reviewed since the start of the job security agreement in 1997, so EFAs today are still working under the same resource allocation that they were in 1997. However, the expectation of their role has dramatically increased. Schools are no longer your standard square besser brick. They are now full of glass, as you said, different floor surfaces, and so their workload has increased, not only just because they clean, but they also do myriad other things in the school. They are first aid, they're doing a whole range of other things rather than just going in and vacuuming and cleaning.

We did have a commitment from the department when we negotiated the last job security agreement that the FECA needed to be reviewed, because their workload has increased but their resources have not. We got that commitment and then COVID-19 hit, so we've not been able to do anything about that, obviously, because there were other priorities over the last three years.

**Mr TUCKER** - Can I follow on from what was said here before? You said that their workload has increased, such as first aid and there were other things. Can you expand a little bit more on that? What other things they are doing, and how much it is increasing their workload.

**Ms BRUMBY** - Particularly for grounds and maintenance, because that formula has not increased at all. Whereas in 1997 a groundsman would simply just mow the lawns and pull some weeds out, now they're doing everything for athletics carnivals; they're setting up for fairs; they're cooking barbeques; they're painting the schools. Anything that doesn't fall literally within teaching or the budget of the school or the principal literally is passed to an EFA or a groundsman to do.

**Ms WEBB** - Even playgrounds are much more complex now than they used to be, even in the 1990s.

**Ms BRUMBY** - They are supposed to do a playground safety check every morning before the school opens. They do things like turf management, watering systems, outside the school, minor maintenance of the school, hanging doors, all of that kind of stuff.

**Mr WILLIE** - There is a lot of unsaid stuff too, I know from my time, where they support students who might be having a tough time in playgrounds or whatever else. They're very good at doing those sorts of things.

**Ms WEBB** - They even supervise students at some times, don't they?

**Ms BRUMBY** - They are seen in schools by students as a safe person to go to talk to because they're not a person of authority in the school. More often than not the students will go and talk to the EFAs, the cleaners or the groundsmen.

**Mr WILLIE** - Where I was heading with this question is pay and conditions are very topical at the moment. If you want to speak to that, that would be good too. Recruitment and retention, do you think these would be improved through your recommendations, a centralised system and a review of the allocation of resources?

**Ms BRUMBY** - Absolutely, I think central recruitment needs to happen. How it is done at the moment is on an individual school basis. If there is a vacancy at a school the SBM has to put that position in to be advertised. They then form the committee of who is going to be on the interview panel, they do the interviewing, and they have to contact the successful or the unsuccessful applicant. That process is done a number of times a year on an individual school basis.

What we say is that to streamline that process, recognising that the workload for business managers has increased as well over the years, that if they are centrally advertised for the positions, central interviews, central induction and then, there is your school that you will be working at but also a central pool of relief.

We asked for this in the last wage or job security bargaining because, again, it is done at individual school level. If we had a permanent pool of relief cleaners in the regions that were centrally coordinated we could ensure a relief and it would also take that workload off business managers for them to be able to concentrate on the other increased workload that they have as well.

**Mr WILLIE** - This new system that you were using through COVID-19, if it was expanded, would it allow for EFA's to transfer between schools like other staff if they wanted to?

**Ms BRUMBY** - That is what we would be asking for because at the moment if you were employed at Wynyard High School and there was a vacancy at Penguin you have to put in a job application for that job at Penguin. You have to be successful, you have to go through the interview process to be able to get a job. It is almost like they are employed by the school, not by the department or not by the state government. We would be seeking a transfer policy so that process did not have to take place.

**Mr WILLIE** - The other question I have related to the pay and conditions. What observations do you have there? Are we losing people from the system to the private sector?

**Ms BRUMBY** - The biggest thing I have noticed this year is we have people retiring early because they have simply had enough. They cannot find relief cleaners because the pay is so low. You will have people start and then realise that it is actually a pretty physically demanding job and they do not come back.

## PUBLIC

**Mr WILLIE** - The advertised amount is not what it works out with school hours. If they advertised the annual salary, because of the way school hours are, they never reach that. Is that the case?

**Ms BRUMBY** - Yes.

**CHAIR** - You pay on an hourly basis. How is their pay structured?

**Ms BRUMBY** - It is an hourly basis but the salary lines up with the hours that you work, whether you do a split shift, whether you start before 6 a.m. or finish past 10 p.m. whether you are part-time or full-time. There are different shift salaries.

**Dr BROAD** - Is it also paid pro rata across the year? Are EFA's only working when school is in session?

**Ms BRUMBY** - They are 52-week employees if they are permanently employed and not on contracts. Yes, they are 52-week employees.

**Mr WILLIE** - Do they do call-outs? We had an incident in the south in the last few days which was devastating for that school community. Would an EFA be called to something like that?

**Ms BRUMBY** - Yes, if the fire alarm goes off or there are who contractors need to turn up during the school holidays or there is a break in, the EFAs are the ones who get called to go to the school.

**CHAIR** - How are you recompensed for that?

**Ms BRUMBY** - It is mostly time off in lieu but that is not recorded anywhere either. That relies on the business manager and the EFA recording that and abiding by it: You have two hours' time in lieu because you came in last week because there was a break in.

**CHAIR** - Do you think COVID-19 has actually shone a light on these things? Were these things already there or has COVID-19 made the demands greater in itself so that while it might have been manageable before, it is no longer?

I am trying to understand whether the problem was already as big as it is now, from your perspective, or whether it is because of the increased demands COVID-19 has brought, which are not going away in a hurry either.

**Ms BRUMBY** - The problems were always there. The problem with relief was always there. There was a number of those issues that were always there. What COVID-19 has done is put the magnifying glass on those and said, 'We've been saying these things and issues for few years now and, actually, COVID-19 has proven us to be right, that there are better ways that we can do this and we should be doing it better'.

**Ms WEBB** - I want to ask a little bit, in reading your submission, about the section talking about vaccination and vaccine mandates, then the withdrawal of those. I noted that there clearly were ways workers were affected by that. You made the recommendations. I am looking on page 9 of your submission, where you say that UWU expects the Government to consult UWU

## PUBLIC

members about the impact of the withdrawal of vaccine mandates, replacement measures, including any by employment direction and steps to manage health and safety risks; and that ongoing data should be provided about the impact of COVID-19 in workplaces.

I am wondering, given that some time has passed since you put that submission together, has any of that eventuated? Has there been any sort of consultation or some sort of gauging of impact there? Has any of that data been provided?

**Ms BRUMBY** - The data has not been provided. We have had consultation with the Department of Education regarding unvaccinated workers returning to school. We put a recommendation to them that it needs to be mandatory across the board. You cannot have it mandatory for some school staff and in a policy for others.

We ended up in a situation where there were about seven or eight EFAs across the state who were off for term 1 and 2 on full pay. When the health direction was lifted, the response when we said, 'How are you going to deal with this because there is going to be a lot of angst on the ground, that they have been off on pay, they are now allowed to come back into school unvaccinated?', the response we received was: 'Yes, it is a [inaudible] but there is nothing we can do about it', because it was a policy and the health direction was lifted. We think that that could have been handled better as well.

**Ms WEBB** - Indeed. Separate to that, it occurs to me as I am reading it here that, in terms of absenteeism, was the EFA workforce affected significantly with absenteeism across the first couple of terms of the year when the biggest impact was felt in schools?

**Ms BRUMBY** - Regular data was not provided to us around that. I did get one report at a point in time. End of term 1, I think it was. There were only 11 EFAs off across the state isolating with COVID-19. There seemed to be a bit of secrecy around numbers and the impact. Despite asking for those figures so that we could get a gauge of what we are going to be looking at as far as relief needed, it was not forthcoming.

**Mr WILLIE** - You talked a bit about how the job has changed from 1997. Are EFAs given training opportunities? Are they allowed to go off-site to upskill, given that they have new responsibilities and different things they have to do?

**Ms BRUMBY** - No.

**Mr WILLIE** - Is it in their agreement?

**Ms BRUMBY** - It is a standard regulation for professional development across the board for State Service employees. However, if you look at the Professional Learning Institute website, where there are in excess of 120 courses available for school staff for professional development, there is one that would be relevant to EFAs. That is an approximately 2.5-hour work health safe course online. That is the sum total of it, to the extent where the last story I heard about professional development was it is simply a tick box. That is how it is seen for EFAs. One person's PDP was that, 'You need to probably call a plumber in to check the toilets to see why they're smelling so much, we'll put that on your PDP'.

**Mr WILLIE** - Right, so there's no mandatory minimum requirement when an EFA is employed that they have to undertake that course of the PLI?



## PUBLIC

**Ms BRUMBY** - No, there isn't. However, through the wage bargaining that we're doing at the moment, we've said that in the first three months of an EFA starting and being employed by the State Service there needs to be a standard induction done, and that course needs to form part of that induction. They should also have an introduction of their rights and responsibilities as a State Service employee and there should be professional development opportunities for career progression for EFAs.

**Mr WILLIE** - That's a bit perplexing to me, because I know EFAs are dealing with dangerous materials, they're dealing with machinery, that there's no induction around that.

**Ms BRUMBY** - You start on your first day and you are given your keys and told, 'Go and see Jill, she'll show you your area and where your cleaning products are'.

**CHAIR** - Welcome, Lara, did you have any questions you particularly wanted to ask Amy on this?

**Mrs ALEXANDER** - No.

**CHAIR** - From my perspective, Amy, the purpose of this inquiry in many respects is to look at lessons learnt and knowing that we're not out of the COVID-19 pandemic yet. We'll probably not be for a long time and there's always likely to be future pandemics. I know you've put the recommendations in there which go some way to that. But in an overarching sense, if you had three key things that you thought the Government should focus on in ensuring the safety and wellbeing of students and staff in schools, particularly, what would they be?

**Ms BRUMBY** - I would say that there needs to be adequate resources, as in relief staff, to be able to do the job when they're off on leave. Adequate training, because that is severely lacking, and actually looking at how things can be done better. Just because we did it this way last time doesn't mean we should do it that way next time. So standing back and analysing how it was done and changing it for next time.

**CHAIR** - How do you think, from your members' perspective - I don't know how much interaction you have with the teaching staff - how they're feeling at the moment, particularly the people you represent, in terms of extra demands and the ongoing workloads and changing nature of their work. Is this something we need to focus more time and attention on - not necessarily us but the Government, to ensure that we don't keep losing workers? You have talked about a lot of people deciding to retire early or sooner than they might have.

**Ms BRUMBY** - Absolutely. They're feeling extremely undervalued and just not respected. An example of that was when the Government came out and offered \$2000 to health workers. Their first response was: 'They opened the schools, it was chaos, our workload doubled, if not tripled in some instances. Not one school closed. Why are we not being recognised?'

**CHAIR** - You see yourselves as frontline workers in that regard?

**Ms BRUMBY** - They are frontline workers. The other thing around that was when the north-west coast had the outbreak and went into lockdown. While every other school staff was off, some school leadership took it upon themselves to direct EFAs, during lockdown, to go to

## PUBLIC

school and do jobs like pressure-clean footpaths, clean windows, like all those things that they would normally do during term break. They were instructed to come out of isolation and go to school and do work.

**CHAIR** - Why was that?

**Ms BRUMBY** - I don't know. I took this up with the department and I said, 'They are supposed to be in lockdown. Why are they being directed to go to school and do work?'

**CHAIR** - I don't know either but I'm wondering whether it was because there was no one at school, no students, no other staff at the school. Was it a good time to get those jobs done where you're basically working on your own, or just a couple of you? Perhaps that was the theory behind it.

**Ms BRUMBY** - Yes.

**CHAIR** - But you were never told why that was?

**Ms BRUMBY** - No.

**Dr BROAD** - Did that get changed, or was that the case through the entire lockdown?

**Ms BRUMBY** - No, it did not get changed. It continued to happen during the entire lockdown. That was as a result of the wording of the information that Tim Bullard put out. The way that communication was worded was misinterpreted by some school business managers because, as you said, there is no one at the school, it is safe for them to be there.

**Mrs ALEXANDER** - Obviously, COVID-19 was completely different, but generally with communicable diseases is there a process in place as to how that is going to be approached in a school or an environment? Is there anything, for instance, for gastro outbreaks which can be just as horrible? Are there any other protocols in place?

**Ms BRUMBY** - Yes, there is a policy within the Department of Education called the communicable disease leave for school-based staff which obviously lists communicable diseases. COVID-19 was added to that. The process around implementing any one of those if you get gastro is around providing doctor's certificate and taking recommendation from a medical practitioner on how long you need to be absent from the workplace and you were paid communicable disease leave. There is a process on that.

**Mrs ALEXANDER** - Do you feel that in this instance because it was so complex that particular process would not have been sufficient?

**Ms BRUMBY** - It was confused with the rest of the changes that were made for other State Service employees. I do not know about health workers, but I would assume it is the same. When we changed and brought in the 20 days paid leave, if it exhausted your sick leave, there was constant confusion around whether you apply for that or you have to take sick leave. I was constantly saying to our members it is communicable disease leave. You are school based staff, do not worry about that, that is for other public sector workers. There was confusion around it.

## **PUBLIC**

**Mrs ALEXANDER** - The messaging and the type of category of leave was not clear?

**Ms BRUMBY** - No.

**CHAIR** - Is there anything else you wanted to add, Amy? Your submission is very comprehensive and we appreciate that unless there is anything else you want to add in closing.

**Ms BRUMBY** - No, I do not think so.

**CHAIR** - We certainly appreciate your time and acknowledge it has been a difficult time for a lot of people. I had a lot of representations from north-west school staff during that lockdown period it was pretty tense times, I acknowledge that. Thank you for coming.

**Ms BRUMBY** - Thank you.

**The witness withdrew.**

**CHAIR** – Welcome Kristen to the Public Accounts Committee inquiry hearing into the COVID-19 response from the Government, particularly focusing the period since the re-opening of the border and the preparation for various sectors around that time.

We have received your submission and have read that. Everything you say before the committee today is covered by parliamentary privilege. That may not extend beyond the room. If you have any information that is of a confidential nature and you wish to share that with the committee, you can make that request to the committee and the committee would consider that. Otherwise it is all public, being recorded by *Hansard* and broadcast at the moment. Shane is online as you can see up there, the rest of us, are obviously here.

**Ms KRISTEN DESMOND**, FOUNDER OF THE TASMANIAN DISABILITY EDUCATION REFORM LOBBY WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED

**Ms DESMOND** - Our submission was fairly brief and I appreciate the opportunity to talk to the committee to expand a little on that.

The first thing I would like to say, in terms of the Tasmanian Disability Education Reform Lobby, we are exactly that. We are a lobby group. We are run by parents. We receive no funding. A lot of this stuff is done off the side of our desk. Which is why, in reality, when it comes to submissions, it is very difficult for us to be able to have the time and the effort to pull them together. To be able to give you a bit more information in this context is really important to us and we thank you.

I have a short statement and want to give you a bit of an insight into one parent's journey. There is no confidential information in that, and does not name the student, the parent, or the school, but it is important in the context of the types of discussion we are having that we get a real life feel of what it was like for parents coming into a school year with the borders opening.

Again, thank you for taking the time to hear the evidence in relation to the COVID-19 preparedness - or lack thereof - in our schools this year.

I would like to give you an example of what some parents have gone through. This is an example from an independent school. I have chosen an independent school because a lot of our time the Government has focused on Government schools. The Government has a responsibility for all schools and all students across the state. The Tasmanian Disability Education Reform Lobby has lobbied hard late last year and early this year to try to get the minister to put in a ministerial instruction, which would have maintained a minimum base of what was required across all schools. He could have done that through the Education Act. I say he; it could have been he or she at the time, because it varied at the period of time coming in. But, for whatever reason, the Government chose not to do that.

What that meant is for students with disability in independent and Catholic schools, the guarantees the Government had given about what was going to occur in Government schools did not necessarily apply to them. For this parent, who worked in aged care prior to the borders opening noted they had to undergo COVID-19 PPE training, policy meetings, hand hygiene competency tests, all a part of COVID-19 planning in that sector. They were also required to review 12 manuals from the Tasmanian Health Department and be vaccinated to maintain their employment. Before the borders opened, they said:

I began questioning the COVID-19 prevention plan for vulnerable people in the community. I called Carers Tasmania and Carers Gateway and Advocacy Tasmania, who had no idea. I called the local newspaper, but no one returned my calls. I called Jeremy Rockliff, Jacqui Lambie and Cassy O'Connor's offices. Cassy O'Connor sent an email to the Premier who asked a health department employee to call me. No one else even returned my call.

My son is medically vulnerable and has a hearing impairment. I'd spoken to my son's GP, paediatrician, and neurologist about whether it was appropriate for him to be vaccinated or not. I had also spoken to the Royal Children's Hospital in Melbourne to ask about individual COVID-19 plans and how to create one for my son and they were very helpful.

Carers Tasmania supplied me with an NDIS document that had general information. It appeared to me that Tasmania did not have a plan for prevention of COVID-19 for people with disability.

I was reassured leading up to the 2022 school year that when I contacted the Education department that schools would be providing a plan for vulnerable children. My son was attending an independent school, so the Education department planning did not apply to my son's school. I also contacted Hearing Services prior to school returning asking if the Government had made any accommodations for hearing impaired students; their reply was no. I was encouraged to talk to the school principal to request hearing services for my son due to the mask wearing protocols. Hearing services support is at the discretion of the school and was denied, as the school claimed they had no budget for further supports.

In the first week of school, I provided the school with an Australian Government form called Return to School for Students with Disability. It was risk assessment for vulnerable students and I signed my part. This was meant to be reviewed and signed off by staff. I was not offered a meeting to discuss my son's needs with the school, and my son's learning plan was not altered. The school's policy said that a meeting would occur with parents of vulnerable students to discuss a plan. It didn't happen.

The school's operational plan said that students with disability with complex needs will continue to be supported on an individual basis, working closely with parents and carers as necessary. This could include additional medical advice with student's medical plan; didn't happen.

It was frustrating when taking my son to school and collecting him seeing staff were wearing handmade masks and had their noses exposed. There was no 1.5 metre social distancing in classrooms, and the masks provided had no grading, so I couldn't determine what protection my son had. I then purchased N95 masks for my son.

The other issue for this family is that their son has a swallowing disorder, and wearing a mask made it difficult for staff to be able to supervise during break time to ensure that there wasn't an issue around a choking event occurring.

More disturbingly at this time, staff did not supervise my son while he was eating as required. My son was the only one wearing a mask.

The school conducted assemblies via Zoom but did not properly understand how to connect his hearing technology to the TV or computer, even though they'd been given the information, meaning my son was not able to hear any discussion during assemblies, so he was completely excluded. Teachers' aides were being rotated between classes, which meant there was not minimal mixing of classroom staff as per the school's protocols. School camp also occurred in term 1. I attempted to contact Independent Schools Tasmania but they didn't return my call, so I was referred to the Health department.

They went back to the Health department person that they had spoken to previously, and they referred them on to the Disability Emergency Response Team, who advised the school's plan was sufficient. By the second day of camp, a number of students had tested positive to COVID. The school rang his parent asked them what they wanted to do. The parent went to collect them from camp because they didn't want them in the minibus coming back with other students. When they got to camp, no one was wearing masks. They rang again the Disability Emergency Response Team to work through how they could better protect their child, and when they talked about how hard the system was to navigate, the response from the person on the other side was, 'By now you should have realised there's no use in complaining'. And they used the quote, 'Don't complain about thorns you're walking on, get a pair of sandals'.

**CHAIR** - What was that again?

**Ms DESMOND** - 'Don't complain about the thorns you are walking on, get a pair of sandals'.

**CHAIR** - Who was this?

**Ms DESMOND** - That person was within the Disability Emergency Response Team.

**CHAIR** - As part of the state Government's COVID response?

**Ms DESMOND** - Yes. When the COVID response was set up, you could call the COVID hotline, and then if you had a disability there was an emergency team that you could get to which was diverted off. The end of this in terms of how did COVID and all of this impact this family, that child no longer attends mainstream schools; that child is now being home-schooled.

That story is not untypical of many stories I have heard. The kicker for me at the moment is that there are students being referred to the registrar for non-attendance at schools. For independent and Catholic schools, they really don't have a choice because they're not in power to be able to provide any kind of electronic schooling under the act, and because there's no ministerial instruction, they're saying that people who are at risk of COVID and not attending school can access that kind of online learning in a Catholic or independent school, then

realistically, the legislation says the Catholic or independent school is putting their school registration at risk by providing online learning to some of these students.

Again, it's completely underreported. The lack of consultation was clear, even based on the Government's own last submission to this Committee. I note in there they talked about the engagement, and they talked about they regularly engaged with key stakeholders, regular engagement with DoE, statutory bodies, a working group, and ongoing engagement with Independent Schools Tasmania and Catholic Education Tasmania, regular liaison with Tasmanian Principles Association, biweekly meetings with the unions, liaison with representatives from the disability sector - that's the line. I would have thought if we were going to properly prepare for our most vulnerable students, liaison would have been a lot less than what I would have expected.

**CHAIR** - Thank you for sharing that viewpoint. It's pretty alarming to hear it. I know that was an independent school and the reason you gave for focusing on that. Are you aware of situations similar to that in public schools, where there should have been more organised support and processes in place to assist a student like that? Every student is an individual; they all have individual needs. We know there are many students with disability accessing our public schools.

**Ms DESMOND** - Yes, and, the difficulty in public schools is there is meant to be a learning plan in place that supports it. What we are hearing is that that is not the case in every case and that those learning plans, while there was a fairly good reachout at the beginning of the school year to try to get that sorted, that has dropped off now.

Parents are concerned, especially with the new changes, without mandatory isolation, how are they meant to make a decision around what the risk is for their child going to school? It may be that that child is at risk or it may be that there is a sibling at risk, or may be that there is a parent at risk who may be undergoing treatment for cancer, for example, or may be immuno-compromised.

The difficulty at the moment is that there isn't any real communication, I would say, for people to be able to make that choice. In fact, in public schools, what I have been hearing from parents is where they did make a choice not to send their child to school in the early days, where there may be one case in the classroom or two in the classroom, and it wasn't considered to be an outbreak, when they kept their children home, they were told they were unauthorised absences. What that means is you can have 10 unauthorised absences a year before you end up referred to the Education Registrar. So, there are children out there who have had more than those, who may well be put through that process, when it's simply their parents trying to keep them safe.

**CHAIR** - Kristen, just in broad terms, I will go to other members after this, what are the key messages you want to get to Government? The past is the past, I guess, and I'm really sorry that there are many families who experienced such traumatic experiences. But how do we move forward and what are the key messages you want to get to government about managing this into the future? It is still with us, it's not going away.

**Ms DESMOND** - Yes, that is exactly right. It's not going away but the problem is that the talking about it is.

From my perspective, we need to move from individual plans to a strategy. We need to understand a strategy within education. I would like to hear the Government talk about what their ongoing strategy is to mitigate risk for our most vulnerable students. Saying 'personal responsibility', in my view, is not enough.

It's not easy. I am not suggesting we can have a silver bullet tomorrow because things change. But they need to be talking to parents of students with disability. They need to be talking to some students with disability, particularly those who are in years 10, 11 and 12, where this is significant for them if there is an issue in terms of going back to school. We really need to get a strategy in place.

Then there needs to be checks and balances. It is all very well to say there are learning plans in place that cater for these but are they actually being reviewed? Has anybody looked at them? Has anybody checked to make sure that they are actually being implemented in schools? These are issues for students with disability around reasonable adjustments every day. This is just another layer on top of that that we aren't looking at.

I would like to understand what the absenteeism rate is for students with disability. I think I saw a quote the other day that said that they would be looking at compliance around that kind of thing. Now, compliance won't get these kids back to school. What will get them back to school is comfort that they understand that their child is safe and, if there is COVID-19 coming out in their school, that they will be told early and they will be respected with the decisions they are making for their children.

At the moment, what we are seeing is nothing being talked about, and it is like it doesn't exist. That is scaring parents more than anything else.

**CHAIR** - That strategy, you would suggest that includes the independent and Catholic schools?

**Ms DESMOND** - Absolutely. The other thing I would like to say - again, I'm going to hark back to a ministerial instruction, which they can do with the Education Act. A ministerial instruction would cover all school settings and have at least minimum protections in place and minimum things that each school needs to do. If they do that, when the School Registration Board comes around and starts looking at 'Are they in line?', then they've got something in legislation they can go back to.

**Mr WILLIE** - Speaking of legislation, reasonable adjustments is a legislative requirement. Is it your view that some schools are not complying with the legislation as it currently stands?

**Ms DESMOND** - Absolutely, and it's been an issue for students with disability before COVID-19, and it's absolutely an issue with COVID-19 in schools.

**Mr TUCKER** - Just broadening things a little bit more, urban or regional, is it across the board, or is it more in regional? It is across the board?

**Ms DESMOND** - It is everywhere, it is definitely. You will hear as much from families in Hobart and surrounds and Launceston and surrounds as you would in regional areas.



## PUBLIC

**Mr TUCKER** - Right. Primary and secondary, no differential there in any of those sectors?

**Ms DESMOND** - Your engagement in secondary is a lot less. In terms of supports for students with disability, they drop significantly when you move into high school. That transition seems to disappear because we have more students with different teachers and different classes and we don't tend to have the same level of support.

That being said, we see people starting to disengage by grade 3. At this point in time, the issue is across all parts of schools, because the communication isn't there. If you have a look at the COVID-19 plans coming out now for term 4, with the plans that I think were only updated at the beginning of term 4, and it reflects some measures the Government has put in place in teaching staff, but other than that, it's personal responsibility.

If people are sending their children to school with COVID-19 because they don't want to test them, because they don't want to have to have them home and have to deal with all those other complex issues that comes with that, they are potentially putting at risk other children in that classroom. What you're asking parents of students with disability or parents who have vulnerable children to do is to put their child's health in the arms of someone else's personal responsibility.

**Ms WEBB** - I am interested in the matters relating to communication and effective consultation. Is there anything in place - any mechanism that's there already - whereby the department communicates with families of students with a disability to provide information, to consult and get input and feedback back from those families? Do we have a mechanism there that could or should have been used?

**Ms DESMOND** - The main mechanism that the Education department uses is to support teachers in schools. In terms of consultation with key stakeholders, I don't know who they're consulting with. I certainly reached out - out of frustration I might add - in December and January to the relevant ministers, both the minister for Health and the minister for Education.

**CHAIR** - It was the same person for a bit too.

**Ms DESMOND** - It was the same person for a period, which made it easier. Bearing in mind, during this time we've had at least three ministers for education, so it wasn't easy. I have been - I would hope - constructive in my ability to communicate with government over the past eight to 10 years, but over the last six months, I have not been contacted for any feedback on what plans might look like.

**Ms WEBB** - That seems extraordinary. You are probably the prominent, go-to advocate in the community on disability in education matters and yet you haven't been contacted once to invite you to consult, to provide feedback, to give information.

**Ms DESMOND** - Being invited to consult? No.

**Ms WEBB** - That is quite extraordinary. Back to the other part of the question that I had, and I want to clarify this, if the Education department wanted to provide information directly to the families of students with disability within the system, is there an existing way, is that in place? Is it a school by school matter?

**Ms DESMOND** - It would be a school-by-school matter. Then it gets complex because some schools will recognise some students with disability and not others. At the moment, according to the Government figures, we've got about 7119 students who are captured on the national collection database for students with disability. However, there are many who aren't caught up in that. There are many who aren't part of the current funding model. I don't know what mechanisms they have. It is highly school reliant. This is where I go back to the need for an all-of-sector strategy, and then we need checks and balances in place to make sure that it's actually occurring.

**Ms WEBB** - Regarding the stated intention looking ahead to the reopening, it was only looking ahead by a couple of weeks, the stated intention to put individual plans in place for students with disability. Is there any way that has been measured to see what percentage of those were actually put in place? Are you aware of any data collection on that?

**Ms DESMOND** - I am not aware of any data collection on that. I would be highly surprised if there was any.

**Mr WILLIE** - Education is a fundamental right and I have been concerned about the impact on all students, but students with a disability are particularly impacted by the current environment. My question here is on specialist staff, teachers with training in disability education, teacher assistants with training, school psychologists, speech/language pathologists, and even classroom teachers who have a good relationship with students. Continuity of programs is important. Obviously, that would have been very impacted through the first half of the year in particular. Have you any suggestions for the committee on how we manage that better as a state?

**Ms DESMOND** - You are right. One of the biggest issues for a lot of families was relief teachers coming in and out. For students with disability, particularly those who, for example, may be on the autism spectrum, the changing in teaching staff is just massive, and highly distressing. It can result in two different ways. Part of it is potentially poor behaviour and suspension, which is why I think we saw out of the suspension numbers for last year 25 per cent of those were made up of students with disability. I think the other part of it is having workforce planning, having the right strategy and the communication methods in place to make sure we can do that.

Schools were under the pump coming into the new year and, because of that, they were not adequately communicating with parents on changes in relief staff. That became a real issue for many. What they would do is keep their kids home whilst there were issues at school and then send them back to school. For some of those children they could access online learning; for some of them they cannot. What we have is not only students who are further behind because when they were not at school during the COVID-19 lockdowns, a lot of them were not getting reasonable adjustments at home so they were getting even further behind. Then teachers have to deal with a classroom that has students who are further behind without any disability, plus students with disability who have to get back into the regulation of a classroom and that it is not easy for anybody.

My conversation with the Education Union is they were not overly happy with how they were being consulted coming into the school year. I think we needed to be able to sit down together and we needed to be able to work through what the issues are. There is no easy answer

to this. I would be interested to see the number of students with disability who are not attending fulltime right now. I suggest it is higher than normally would have, but aren't now.

**Mr WILLIE** - Transparency around those figures, yes.

**Ms DESMOND** - Absolutely, because then we can deal with how many students are we actually talking about, and what is the issue for those cohorts. Are there particular cohorts in particular regions where it is more impacted and, if it is, how do we get in there and work through what does that look like? For many kids with disability and their siblings at the beginning of the school year, there were many who did not start the school year until well into March. What had happened is families did not want their children going to school until their youngest child was fully vaccinated to limit the risk to the entire family. We had students who did not have disability but had vulnerable family members who were not going to school, and rightfully so in terms of the decisions made by those families. We still have issues on vaccination rates for younger people in this state and is something we need to deal with.

**Mr WILLIE** - In terms of interruption to learning programs, we have seen other states invest in catch up programs and things like that. Would you like to see something occur here where there is that real focus to catch up on learning? Maybe some transparency on the attendance figures and understanding the reasons for non-attendance?

**Ms DESMOND** - Yes, I think it is important to understand the reasons for non-attendance. Then it is important to put in a plan on how that is going to work and what kinds of reasonable adjustments need to be made. The other thing is, we do not want to be pushing these students too hard, too early, when they are not there yet. For some of them it is just about getting confidence about being back in the classroom. I think we are underplaying how difficult that actually will be for a lot of families when there is no transparent data on about what it looks like in the classroom for their child.

**Mr WILLIE** - So that is the starting point?

**Ms DESMOND** - That is the starting point. And I think parents would have more confidence if we were actually talking about it, if they heard the Government talking about it.

They are not asking for it to be solved tomorrow. We all know that is not going to happen. We all know it is going to change over time. What they are asking for is to at least have some conversations about that, or have a plan about how are you going to tackle that and not just talk to inclusive education specialists within the systems we already have. It is about really listening to those people who are not sending their children to school.

It is about listening to students who are at school who are worried. It is about listening to parents who are concerned about sending their children to school. It is not about just talking between the education sectors themselves to try to come up with a plan.

**CHAIR** - Kristen, are you aware of additional mental health issues with children and people with disability? Or is that something that is not really accessible for you? This is in terms of the stress and anxiety they are experiencing.

**Ms DESMOND** - It is not readily accessible to me. However, I can say Children and Young People with Disabilities Australia has recently released a survey where they surveyed

142 respondents, children and young people with disability, and their parents and carers in relation to the lifting of the mandatory isolation. Their findings were that 89 per cent felt less safe at work or education because of that policy decision and 72 per cent of parents felt less safe sending their child to school.

Now, it is a small sample, but I suggest it is absolutely reflective of where parents are at. This change in policy decision was very well articulated here in that there is frustration that a policy that supports more freedom for most, in fact imposes more limitations on our most vulnerable.

**Mrs ALEXANDER** - I have a couple of questions. Number one is, if you were to look at how we capture the numbers of children with disability in our schools currently, and you mentioned that is not probably captured because of the funding and how it is triggered to be a statistic, would you say is it the funding in relation to the school funding or is the funding because of the disability package that child is on?

**Ms DESMOND** - It is a complex issue. Funding for students with disability from the federal government is based on what they call NCCD numbers in schools. The state government then reallocates that in a different way now.

We have been saying, from our point of view that the implementation of the needs-based model that we have has not been done well and it needs to be reviewed. We have been calling on the Government to do work on that.

Regarding capturing numbers of students with disability, I think we can do better at that because I know that parents - at least in government schools - sign off every year a verification form where you can say whether your child has a disability or not. My understanding is that the Education department won't use those numbers and they only use the numbers of students who have been collected through that NCCD process, and you have to have an adjustment to be collected through that process. Those students with disability who aren't receiving any adjustments at school will not be captured in those NCCD numbers.

**Mrs ALEXANDER** - Basically, this is a process that has occurred over many years now, and it is a significant process that eventually - setting aside COVID-19 - in the instance of any pandemic or influenza, or anything that is a transmissible, communicable disease we potentially have not captured the right numbers anyway.

**Ms DESMOND** - Absolutely, and it is something that the Tasmanian Disability Education Reform Lobby has been fighting for 12 years.

**Mrs ALEXANDER** - Would you view this as a critical starting point anyway, because we need to have the correct numbers in order to understand the impact of any potential similar event, such as COVID-19?

**Ms DESMOND** - Absolutely, but I think it is broader than that, it is about ensuring that all students with disability who need those reasonable adjustments are getting them, because it is about the right to education. COVID-19 and other communicable diseases have an impact on that but it should not be done for that reason. It should be done because it needs to be done.

## PUBLIC

**Mrs ALEXANDER** - So, basically, that would be one of the most important, fundamental things that needs to be addressed because from there, there's a few other things that are actually significant for the education opportunities for these children.

**Ms DESMOND** - Absolutely.

**Mrs ALEXANDER** - The other question is, from your recollection, in the past when there's been significant influenza outbreaks - and, if I recall, back in 2018 maybe we did have a significant influenza outbreak - have you noticed similar disparities in communications, handling and supports for families and children?

**Ms DESMOND** - What I would say is, in general, communication for students with disability in the education system is poor.

**Mrs ALEXANDER** - So, it's basically been exacerbated by COVID-19 and the whole sort of rush in the reopening and everything that occurred earlier this year and at the end of last year. But that communication has been lacking.

**Ms DESMOND** - The communication has definitely been lacking. I think the difference here, though, is influenza can absolutely be deadly but COVID-19 has a massive impact on significantly more numbers of vulnerable students than anything else we've seen before.

**Mrs ALEXANDER** - Thank you.

**Ms WEBB** - Yes, that's interesting because Lara mentioned just now the rush of getting ready for reopening towards the end of last year and the beginning of this year. The thing that I'm interested in, though, is we had an extended period of time where we were rather protected here because we closed our borders and we didn't have COVID-19 circulating. Just to be really clear, was there any purposeful, consulted activity happening then to plan ahead for when we inevitably would be reopening, in this space in the education system, and making plans for students with disability and their families?

**Ms DESMOND** - The only way I can answer that is I met the minister for Education in, I can't say exactly, November or December last year as part of a normal catch-up that we used to have. I asked the question but we didn't get an answer. I would suggest in November-December, while they were starting to turn their minds to it. It was problematic because they knew the number of students with disability that were there and it was a complex issue. Based on exasperation, as I said, in January I reached out because there just wasn't enough information flowing for us to understand what was happening. And I certainly wasn't getting a huge amount of comfort that the planning that needed to be done was being done by the right people.

**Ms WEBB** - You describe in the first page of your submission that in October 2021, in fact, you called on the Government to issue a ministerial direction to push schools to create individual COVID-19-safe plans for families of students with disability. You began raising this actively in October. You met in November or December and then you're still having to urgently pursue towards the end of January, when it's weeks away.

**Ms DESMOND** - That's right. That October call was as soon as the date for the border reopening occurred. We were calling for these plans to come in place because we'd seen what was happening in other states. It wasn't like it was going to be a surprise when we opened the

borders that we were going to get significant numbers of cases. In fact, in October we were calling for the process and the plans to be in place before the end of the school year that year.

**CHAIR** - Can I follow up on that one, Meg? Obviously, there was a more urgent need to act when the announcement was made about the date for reopening the border then, obviously, the return to school the following year. But during the period before that, as Meg was alluding to, we had a period when there wasn't COVID-19 circulating. Probably, most people felt relatively safe going to school and everything. What work did you do with the Government during that time? Was there any proactive approach then that might have given you any comfort, or not?

**Ms DESMOND** - No.

**Ms WEBB** - That was what my question was.

**CHAIR** - Yes, but even before October.

**Ms WEBB** - That was what I was saying - during that time when we had no COVID-19. That was what my question initially was.

**Ms DESMOND** - Nothing then.

**Ms WEBB** - Can I ask another question? I wonder about the lack of putting in place something that was comprehensive and worked well, in terms of working with families of students with a disability for the COVID-19 response time: Was that reflective of the fact that the system we have in place already for doing that, under normal circumstances, just as a normal course of events in our education system, is either not well constructed or isn't being implemented comprehensively, or has flaws that need to be addressed? Is it reflective of an underlying foundation there that needs addressing and, therefore, putting COVID-19 on top was a bridge too far?

**Ms DESMOND** - Yes, I would absolutely agree with that. We had significant issues within our education system for students with disability. We still do, regardless of whether COVID-19 is there. But as soon as you put COVID-19 on top of that, it becomes bigger.

As I said, in terms of reasonable adjustments, reasonable adjustments were being made in the classroom pre-COVID-19. You get into COVID-19 and it's a whole different ball game because they can't necessarily - not every student with disability can do online learning. What ended up happening was we had schools and the Education department ringing to make sure children were okay, which is fine and very paternalistic, but no-one was making sure they were actually learning.

We ended up with students who, for a year, weren't learning properly then having to transition back into school and back into a school environment once we started to get some traction on normal schooling. Then we ended up having to go into an environment where it wasn't well planned for what that risk looked like. We had parents who were very concerned about the risk they were putting their child in and didn't have information until four weeks before going back about what that looked like for them.

**Mr WILLIE** - I will follow on from that. It is a process I know well and you know well but it might be beneficial to the committee if you could explain. We've talked about inadequate situations. If a family is unhappy, how do they raise a complaint? If you could just walk through that process for the committee and how it may be inadequate.

**Ms DESMOND** - If you raise a complaint, there's a number of ways. For parents with children with disability, when they raise a complaint, they're often hugely frustrated by the time they get to that point. Often, they try to work through their class teacher or their principal. What tends to happen is that they have a communication protocol put on them because they're alleged to be disrespectful because they're challenging the authority of the teacher or the way the teacher is practising. Most of the parents I've been involved with are not trying to attack a teacher and their professionalism; they're trying to get them to understand what their child needs moving forward.

If they get nowhere with the principal, then they have to go to Learning Services. Learning Services has a significant period of time in which they respond. Often, they will not do anything. They'll say: 'No, school's doing everything they can. Sorry, there's nothing here to see.' What we end up with is students who are not attending school.

Some parents will push further and if they put a step wrong in terms of frustration levels and, perhaps, act in a way that they wouldn't normally act, they will find themselves potentially excluded from school grounds. When you have a child with disability, it's very difficult to take them to and from school when you're not allowed on school grounds. But that happens.

For some parents, one of whom, Josh, you're very aware of, have then complained to the minister's office, who have said, 'Sorry, nothing we can do for you. And, in fact, you're getting more attention than you should'.

Students with disability, in terms of the adjustments being made for that student, that's at the discretion of the school. It doesn't matter what your professionals have said - the school makes the call on what they will do and won't do.

More importantly, in recent times they've started to talk about the funding for students with disability to be flexible and not actually attach to the student. This is why we have been working towards trying to get a review of the system itself.

One particular parent who had been working for, I reckon, six months and continues to work for her son, the transition was poorly done from year 10 to year 11 this year. What they were told was to go to the Tasmanian Ombudsman because there was nothing anyone could do.

**CHAIR** - Can I go back to the point you said, that there was a suggestion that we should remove the funds from being attached to the student.

**Ms DESMOND** - I have some correspondence from the minister for Education that essentially says that the funding is discretionary and the accountability function of that is through a learning plan. That's not actually how the model was set up.

**CHAIR** - I thought the funding was to attach to the student.

**Ms DESMOND** - It is specifically to be attached to the student off the end of the learning plan but that's not how it's currently being implemented. I was surprised when I saw it in writing, which is another reason why we've been working so hard to try to get a review of that. The reality is, in this particular case, this year 11 young man who has a huge amount of potential, is maybe attending school nine hours a week. He turns 18 very soon, and when he does, he will stop school. He will not finish year 12. For no other reason than the system let him down. No one but no one would listen to these parents saying, here is what the professionals are saying. These are the simple adjustments that need to be made, can we just have them made? It did not happen.

**Mr WILLIE** - The follow-up question there, Chair, is rather than the end of the line being someone in the minister's office saying go to the Ombudsman, what should happen? What would be your recommendation?

**Ms DESMOND** - In my view, if we have a disability services commissioner that actually has jurisdiction to act, that jurisdiction allows for a complaints process that is outside of the schools' system.

Parents can go to Equal Opportunity Tasmania, but I will tell you what happens when they do. They are faced by lawyers on the other side. What I am hoping the disability services commissioner would be able to do is have a process where it is a lawyer-free process, where they can have a level of mediation and conciliation that occurs. If schools don't follow through what it is they are obliged to do, the School Registration Board then has something to work on, whether it would be a public or private school.

That is what I would like to see it resolve. But, in reality, I would like it not to be an issue at all. I would like the way the process works for everybody to understand how the process works. If we are all clear on it, then we get, I often have said, a well-resourced classroom. A well-resourced classroom is a well-resourced classroom. It is not about students with disability being a burden on funding for other people.

Diversity is incredibly important in a classroom. The last message I want to see sent is that that type of child over there has not got the right to be in the same classroom as every other child. They absolutely have a right to be in the classroom as every other child. Teachers need to be given the right professional development and the right support. Schools need to make sure that they have access to psychologists, speech therapists and school counsellors that can help support them.

It takes a village to raise a child, and takes a school to ensure we meet education standards. That means having everybody in the room participating and, right now, that is not the case.

**CHAIR** - It is very hard to catch up time for time lost for these young people.

**Ms DESMOND** - What we are doing is we are losing people who could potentially be active participants in the workforce, who are up against it in years 10, 11 and 12 because we are simply not supporting them through those years the way we should be.

**CHAIR** - It is pretty clear.



## PUBLIC

**Mr WILLIE** - The last question there is, of course we do not want this to be an issue, but that level of oversight would help in improve the system, potentially. Would you agree with that?

**Ms DESMOND** - I think the disability commissioner will, but I think it is also about making sure students with disability do not get lost in the mix. We now have a new department that looks after children but we also have a department that looks after disability services. Where is the policy in terms of students with disability there?

This is always an issue, because people can go to the Disability Services minister, but they do not have jurisdiction over schools. It is the Education minister, and they do not have both. From my point of view, there are two parts; it is getting a disability commissioner that is set up and has proper jurisdiction and has the statutory powers to be able to actually discharge that. Then the other part of it is, going back, we have a nation-leading model in place for students with disability around working out what their needs are and correctly funding them. But we have not implemented it. It is not the way it was intended to be.

We can make a big difference if we go back and properly look at that and engage with stakeholders who include those very people who are the recipients of the funding. Not staying again at an academic level where we are staying within the Education department, or education sectors where there is actually not the ability to be able to challenge some of what is being said. How it is working on the ground, opposed to how it was designed to are very different things.

**CHAIR** - Thank you very much, Kristen. We really appreciate the evidence you have given us today and the clarity in which you described the very real lived experience for people who do not have a voice, except through you, perhaps, and the people that you work with.

Than you for that. We will obviously take the matter further. The committee appreciate your time today.

**Ms DESMOND** - Thank you.

**The witness withdrew.**

## PUBLIC

**CHAIR** - Welcome both of you to our Public Accounts Committee hearing into the COVID-19 response, particularly focused on post the reopening of the border. It also looked at prior to that. We both know you understand how parliamentary privilege works. I don't need to explain that to you, nor do you need to take the statutory declaration because you are both sworn in as members of parliament.

We received your submission, thank you, and we invite you to speak to that and field questions after you have done that. You may need to introduce yourself for the purposes of Hansard.

**Ms O'CONNOR** - Thank you, Chair, and thank you to the committee for the invitation to present today. I am Cassy O'Connor, Greens member for Clark, Leader of the Greens. My colleague, Dr Rosalie Woodruff, is joining me at the table. Rosalie is our health spokesperson and also an epidemiologist by training. We have a particular interest in this area, and Dr Woodruff certainly has a very deep knowledge of the subject. Dr Woodruff will speak shortly.

The reason we wanted to present to the Public Accounts Committee is that apart from question time in parliament, it is the only oversight mechanism to examine the Government's COVID-19 response.

I want to acknowledge that early on in the pandemic, the member for Nelson sought to establish a parliamentary inquiry into the Government's COVID-19 response and it was not supported. The parliament was reassured that this mechanism was the appropriate oversight mechanism.

**Ms WEBB** - It was supported in the upper House, to clarify, but knocked on the head in the lower House.

**Ms O'CONNOR** - That's right, and it was supported by the Greens in the lower House.

We are very worried about the Government's approach to COVID-19. We see the removal of mitigations and protections as a betrayal of the health of the people of Tasmania. The consequence of this failing on the part of the Government and, sadly, Public Health has been mass infection of the Tasmanian people. Now we are seeing very significant reinfections. On the last data report, 27 per cent of all infections are reinfections, and we know this virus has long-term health consequences, which are consistently being down-played by government. We are seeing at a national level and also at a state level, the minimising of this virus, its long-term health consequences and the dangers to people.

We hear words like 'mild', 'flu-like' and 'not particularly contagious in children'. This is in contrast with the way it was at the beginning of the pandemic when then premier, Peter Gutwein, embarked on a really collaborative approach to pandemic management, where we all knew that the overriding objective was to keep the people of Tasmania as safe as it was possible to do so.

That all was abandoned towards the end of last year. Once the border was prematurely opened to Omicron, based on modelling that government had commissioned on Delta, which was completely inappropriate in the context of the action that was taken, communication

## PUBLIC

between the Premier and the political leaders and indeed parliament certainly diminished and has all but evaporated.

When the border was opened on 15 December, no child under 12 was vaccinated, and very few people were able to access boosters. A significant proportion of the population had had two AstraZeneca shots and that was found to be not as efficacious a vaccine as we had hoped.

Shortly after the opening, public health basically gave the tick to mass events like Party in the Apocalypse, where we saw very significant numbers of young adults infected with COVID-19.

Masks were quickly removed from indoor settings. We never saw the Public Health advice as to why that was considered appropriate and, as a consequence, cases soared. At present, the reported number of infections is more than 250 000 Tasmanian people; according to Public Health, that will be a significant undercount, and 176 people have died since 15 December last year. On behalf of the Greens, I express my great sadness about that and my sincere condolences to the families of the people left behind.

Then a decision was made - despite the fact no child under 12 was vaccinated - to open schools. Unmasked, unvaccinated under 12s were sent into schools. Not long after, masks were removed completely from schools and that was while community transmission was still high.

The latest data tells us the total number of five- to 19-year olds who have been infected - these are recorded infections, because not all of them have been recorded - is close to 54 000. That represents over half of the population of five- to 19-year olds. Many were either unvaccinated or under vaccinated and most, as far as we know, have not been boosted.

Then, on 30 June this year, the Tasmanian Government took a staggering decision and decided to remove masks from healthcare settings; the only jurisdiction to do so. Again, we have not seen the Public Health advice that supported that decision.

Then in some ways, the ultimate betrayal of the people was the Premier championing the removal of the five-day COVID-19 isolation period against all independent expert advice. We now know the Australian Health Protection Principle Committee, on which all public health chief officers sit, did not advise that that COVID-19 isolation period should be removed.

It is very easy in these situations to see a conspiracy where there is not one, but when you have a Premier who was prepared to go to National Cabinet and advocate for a position he knew would cause more infections, reinfections, long-term health consequences and deaths, you ask yourself why. We are concerned that position was taken following the Government's decision to make it harder for gambling venues to earn the profits they did previously. This is, I think, a reasonable view to take given the Premier was not advocating to protect the health of Tasmanians; he was advocating to protect the health of business.

In winding up before I pass on to Dr Woodruff, Tasmanians are being told to take personal responsibility. Yet, Government is not giving people the information they need to do that. We have had public health messaging that is anti-mask. I have here an example of the material that is put up outside businesses in Tasmania, Public Health advice from

## PUBLIC

coronavirus.tas.gov.au: 'wash your hands, keep your distance, stay home if you're sick, get tested if you've got symptoms, and follow current restrictions'. Nowhere in there are masks mentioned and, as we know, they are very effective.

We continue to have minimising language from Public Health and from the Health minister: 'mild', 'flu-like', 'not harmful to children', and perhaps most damningly, we have not yet had the Premier and Health minister and indeed the director of Public Health confirm unequivocally that COVID-19 is airborne. We asked that question twice in question time, and the Premier and Health minister could not, would not give an honest answer. You have to ask yourself why.

I do not know if members have seen the media release from Disability Voices Tasmania. I will read you some of the most pertinent and distressing parts. The peak body for people with disabilities said on 14 October, the Friday the decision came into effect.

We assert this decision puts the Tasmanian disability community at great risk, not only of infection with COVID, but for many of long term and potentially fatal health consequences. This had led to feelings of exclusion, feelings of isolation and alienation within our local community.

We maintain that the risk to people in group housing or who require direct support has not been sufficiently understood, and that the decision taken to remove the requirement for infected individuals to isolate is premature and potentially dangerous. This puts people who are immune-compromised at severe and unacceptable risk.

So, the take home message, I think, to vulnerable Tasmanians is that this Government prioritises business over their health. When I talk about vulnerable Tasmanians, I am talking about people who are elderly, people who live with a disability or are clinically vulnerable, and people who have already have a COVID-19 infection. The science tells us that with each reinfection, the risk to your health increases.

The South Australian government has updated its modelling. It is looking at the wave that is coming, a new wave that is coming. It has made forecasts about daily cases, expects there to be a wave peak in mid-late December and it is already planning for it.

We have never been able to access Public Health advice about these decisions despite questions in parliament and Right to Information requests. We have never seen updated modelling, and that is because there isn't any. The level of secrecy about this Government's abandonment of the health of Tasmanians is completely unacceptable.

**Dr WOODRUFF** - Thank you. As well as being an elected member for Franklin, and a member for parliament, my history was as an epidemiologist at the National Centre for Epidemiology and Population Health. I did my PhD on infectious diseases. I have no specialist knowledge in COVID-19 but I understand how to read research and I understand how to read data. I also have a particular connection with the medical and the public health community around Australia. That has given me an insight and a particular connection to people to hear their views and their concerns. That is where I am coming from on behalf of the Greens.

Cassy has given an overview of how things have changed since the borders opened and we certainly had an excellent public health response to the pandemic before then. There is no doubt about that. Since then, we have seen a change in narrative and a change in response. This was very palpable to us.

I got briefings from the Health department and Public Health director Mark Veitch, before the borders opened, and we were assured of a number of things about what the response would look like. As the weeks, and then months have unfolded since then, it is very clear that none of what was promised has been followed up.

Since 15 December, we know 250 000 Tasmanians - half of all Tasmanians - have been infected or reinfected. One of the problems with the data that the Government doesn't provide to Tasmanians is we don't know who is being reinfected on those numbers. We also don't have the openness about data and accountability that we used to have.

Prior to the borders opening, we had a regular correspondence and just after the borders opened, we were having daily media press conferences where the Director of Public Health was available and questions could be asked. That finished at the end of March. We have just had one day, on 6 July, when there was a COVID-19 press conference where Mark Vietch was available. To put that in context, 13 people died and there were 240 cases before 15 December; after there were 250 783 cases and 189 Tasmanians have died since then. In the past six months, we have had one press conference on COVID-19. As a scientist, this says to me that there is a lack of transparency about what is going on.

As Cassy has mentioned, the change of narrative, I think, had a large part to do with the impending federal election. It seemed there was a tacit agreement from the Labor and Liberal parties that it was going to be very hard to campaign leading up to a federal election with the sorts of protections that were in place around the country. Very importantly, businesses were baying for a change leading up to Christmas. We have that on record from Steve Old from the THA. He was speaking on radio on 21 December. He said, 'A lot of businesses are saying it is not worth the risk of having a Christmas lunch if we have to do the masks and stuff. We understand masks are probably here for a little while, but this also means that some issues we need to work with the Government health are'. They have done a very good job on working at the issues from their point of view.

One of the things I really want the committee to understand is the response that has been taken by the federal government and our state premiers - each state obviously being responsible for the health of their own population - has first and foremost been about putting the interests of the business community first. It is not supported by the scientific and medical data, and it is not supported by the medical and professional health independent communities around the country.

I want to make that point very clearly and, in case we are in any doubt about that, the latest announcement of the removal of isolation requirements altogether was met by the head of the president of the Australian Medical Association, with the comment that it was, 'scientifically illiterate'. Their estimates were that as many as 30 per cent of people will remain infectious on days 6 and 7, that was when it was being dropped from seven days to five days, 30 per cent of people between days five and seven.

## PUBLIC

What we have to be very clear about is a deliberate decision by premiers of all states, led by Jeremy Rockliff and Dominic Perrottet from Tasmania and New South Wales, to completely end the isolation requirements thereby allowing, enabling and encouraging people to go back to work, to return to the community, to take their infection with them, because there will be a very high proportion of those people who will not show symptoms, and to return the workplace, to return to infect, not only other people in the workplace but their customers.

Any person who is immunocompromised, has a disability, or is at risk with extra vulnerability cannot safely go back into the community and circulate as they used to do.

I also want to talk about our frustrations at having been - look, it is my job to not be listened to. We do not expect to be listened to by most people. We do not expect the Government to listen to us. We expect people who are paid by the taxpayer, public servants, to take our serious requests for information seriously. I have been very disappointed at the response from the Director of Public Health, who I understand because I was informed by a journalist, referred to me and our questions as being in the realm of, I am paraphrasing, conspiracy theories, and he referred to the *X Files*. It is very concerning when the person who is responsible for assessing the evidence treats a letter from the Greens as being something not to be taken seriously.

I want to table an unfortunate comment by the Director of Public Health, at the end of an email chain that came to us -

**Ms O'Connor** - Accidentally.

**Dr WOODRUFF** - Accidentally - on the basis of a letter I wrote to him about masks in February. I want to be clear that we have not swamped the Director of Public Health. I think I have written three, but the three I have written have been very thoughtful and they have been very evidence-based. They have been asking for his view on the science and how it relates to the Public Health measures in place at the time.

The one I will refer to was in relation to the issue of COVID-19 being airborne. COVID-19 is airborne; it is clearly understood and the evidence is very clear it is airborne. As Cassy said, the Premier has twice refused to acknowledge that COVID-19 is airborne. Clearly, the Director of Public Health would know this to be true so I wrote asking for him to provide the information and the basis for which he was not encouraging people in indoor places, both parties, everybody, to wear masks because it is clear that is the single best protection for people in the community against the spread of COVID-19.

If we want to keep cases down, if we want to reduce infections and reinfections, that is the single best thing to do. Being vaccinated in itself is not a protection against infection; it's a protection against severe illness.

After I wrote the letter, his comments to Kathrine Morgan-Wicks and a number of other people in senior offices in the Health department were:

Dear colleagues,

This is a pretty front-on and, when it becomes public, undermining attack on public health from Dr Woodruff, who contends we are failing Tasmania on a

range of grounds. A best approach in our response may be to focus on advice we have based our approach on, AHPP, CICEG etc, rather than necessarily rebutting each contention.

That said, we may need to be prepared to do the latter, given OzSAGE's profile. Sigh. Copying to Kath because of the political character of this.

The group, OzSAGE, that Dr Veitch was referring to is a group of independent, extremely highly credentialled Australian public health experts. They include the head of the Burnet Institute, and Professor Raina MacIntyre, Professor Brendan Crabb, and a huge slew of other independent academics around the country. It is true that governments have found OzSAGE's advice uncomfortable throughout the pandemic because it stands in stark contrast to the public health decisions that governments, Labor and Liberal, have been making, which are not on the basis of the evidence about what will keep people safe. It is the case that OzSAGE has continued to provide expert updated advice based on what's happening in other jurisdictions overseas about the most successful public health measures to keep populations safe.

What we have in Tasmania is a premier and a director of public health who are not taking their advice and who don't have the capacity to respond to the science. Can I table that letter, please?

In a nutshell, that's our concern. The concern is that if we don't look at the advice then we end up - well, the situation we're in is that we have a premier who is falsely telling Tasmanians that vaccination is the best method of protecting yourself. It is the best method of protecting yourself against severe illness but not against the risk of infection. It also doesn't protect you from the risk of reinfection.

Our very great concern is that the Government has done no education campaign at all, not once, on reinfection. There have been no education campaigns about the risk of long COVID and the health outcomes from long COVID.

There is, according to Professor Brendan Crabb, somewhere in the vicinity of a 10 per cent increase in Australia of all-cause mortality since the start of the pandemic. That is 10 per cent extra deaths as a result of COVID-19. That's the current global, UK, US, and Australia ballpark estimate. It is obviously a complex number because it rises and falls depending on different diseases. But a 10 per cent increase in deaths in Australia from COVID-19. That is not from the people dying in hospital. That is from the long COVID impacts, and there has been no education campaign at all.

We are concerned that Tasmanians are really vulnerable when there will be, in all likelihood, another wave. We don't like being the -

**CHAIR** - The doomsayers?

**Ms O'Connor** - The prophetesses of doom?

**Dr WOODRUFF** - Yes. We don't take any pleasure in that. All I'm doing, as a scientist, is I'm listening to the evidence and we are looking at what's happening overseas. We are very

concerned that the Premier isn't putting the health of Tasmanians first any longer - he is putting the business interests of certain segments of the community first.

What we would like to hear from the Premier is normalising sensible measures for health protection instead of using the terminology 'mandates'. As a community, we need him to start talking about collective responsibility and stop talking about it as personal responsibility. If we left everything to personal responsibility, we wouldn't bother having any laws. But it is impossible to maintain constant vigilance and, without the reminder, it just can't be done. We wouldn't put our seatbelts on every day if there wasn't a law to do it. We wouldn't put a helmet on if there wasn't a law to do it. It's because you need somebody to remind you it's the right thing to do, not just for yourself but for other people.

Unless we normalise wearing masks, we won't be able to just expect everybody to go ahead and do that when the next wave comes. Unless we normalise and have an education campaign about getting vaccinated, we won't be able to lift the incredibly low rates of vaccinations we have among children and for the boosters that we have among adults. As Cassy said, we have only had 50 per cent of children from five to 11 with a second dose, yet they are at very high risk of a number of diseases and very high risk of transmitting the virus.

There is a lot to say and I think it's best at this point if you would like to ask us questions.

**CHAIR** - I might just open with one and then go to Meg and John.

Rosalie, I appreciate the evidence you and Cassy have given. There was a paper out recently, some research done by Peter Shergold, talking about in some cases how the negative impact of long-term lockdowns and closure of schools for long periods, in their view, outweighed some of the benefits. Where do we find the balance in this? I guess this is the Government's role, trying to find the balance to ensure that the health and safety of citizens is protected as best you can. We know that laws can't prevent people doing stupid things at times but also the long-term mental health impacts from isolation and things like that, acknowledging that people with a disability now are feeling very isolated. How we do we balance that up?

**Dr WOODRUFF** - It's a really important question. What you're doing, in your question, is reflecting the change in narrative that has happened because of the lockdowns that happened in Victoria and when we opened up the borders. What's happened is there has been a shift to let it rip, open up, normalise COVID-19 in the community and talk about it like it's just mild, like the flu -

**CHAIR** - The flu's not always mild. The flu kills people too.

**Ms O'Connor** - The flu kills about a twentieth of the people that COVID-19 does.

**CHAIR** - It is still not necessarily a mild illness.

**Dr WOODRUFF** - Correct. But that is how it's often described by the Premier and other people. Ms Palmer called COVID-19 as being like gastro the other day. She said 'It's just like gastro'.

My point is the difference between a lockdown and wearing a mask indoors. That's the problem. We have a binary conversation going on. As members of parliament but, particularly,



as Premier and Minister for Health, he needs to stop complicating this and be very clear that there's no comparison between Melbourne being in a lockdown for six months and people being required to wear a mask to protect themselves and other people when they go into indoor spaces. No comparison at all. What that does is it allows people to move safely through the community and it opens doors for people who, at the moment, are locked out of community occasions because other people aren't wearing a mask.

**CHAIR** - If I might, it's changing the narrative to be clear about the protections that actually are effective without the need to go into full lockdown.

**Dr WOODRUFF** - Yes, that's right, we've jumped from a lockdown to equating every form of protection with a lockdown. We need to return to seeing there's a continuum, and it starts down here and that is one end, a lockdown is one end, but being down here -

**CHAIR** - A more science-based narrative is that what you're asking for?

**Dr WOODRUFF** - Yes.

**Ms O'CONNOR** - Briefly speaking about it, I recommend you have a look at the data for adolescent mental health during the pandemic period in other countries, the UK and the US. They actually found that adolescent suicide rates dropped during lockdowns, and when kids were sent back into school they climbed again. In Vietnam, where they really value their children, when there's an increase in case numbers, schools are the first to close and the last to open. They prioritise the health of their children's brains, given what we know about the impact of SARS-CoV-2 on the brain.

**Dr WOODRUFF** - I also want to mention about burnout. That's what's happening in hospitals at the moment. I don't think we can have this conversation without recognising and thanking the doctors and the nurses and everyone in the healthcare profession, everyone who is involved in the health care area because they've kept us alive and safe. The problem that we have now is that they are suffering - they are suffering deeply - from burnout, because they're living with the reality of people coming to the hospital and getting infected and reinfected, the staff around them, as well as the patients, while they're living in a community who are pretending it doesn't exist. That is really affecting people's mental health, because they're not being supported. They're not being supported by the Government, and they're not being supported by the community. They are working in one world, and then they go out into another world, and we're all pretending that it doesn't exist, but it does.

**Ms WEBB** - I am interested to hear a bit about your views on the release of Public Health advice. Clearly, that's been a focus for you over the time, calling for and then noting the lack of a release, in some sense, of the Public Health advice that sits behind decision-making. I am interested to hear your comments. There is probably a balance to strike somewhere. What's an appropriate release of Public Health advice that would be a measure of accountability for the decision-making happening, perhaps recognising that not every single skerrick of it may want to be in the public domain? I am positing that as something for you to comment on, from your point of view.

**Dr WOODRUFF** - The Victorian Director of Public Health released the advice. Whenever there was a decision that the Premier made, the Victorian Director of Public Health released his advice that was the basis for the decision. There is absolutely no reason why the

Director of Public Health in Tasmania ought not to be releasing the advice to Tasmanians. This is about people's lives. The decisions that are made about where people go and how people protect themselves and other people affect people's lives. More importantly, it affects other people's lives. To talk about it as an individual responsibility and just let it go is just the height of dangerous irresponsibility. We expect to hear. It's science, isn't it? Isn't that what it is meant to be based on - science? Why can't we all hear and understand it?

**Ms WEBB** - Thank you, I'm interested about other jurisdictions, so that's interesting you mentioned Victoria. Are you aware of other jurisdictions where these decisions are being made to either release or not release in an active way?

**Dr WOODRUFF** - Not at the moment, no. South Australia I know is preparing for the next COVID-19 wave, and that is another distinction I want to bring to the table. There has been no discussion in Tasmania about the possibility of another wave. South Australia is preparing for hospitals, for staffing and a community education campaign. There is complete silence in Tasmania.

**Ms O'CONNOR** - They are preparing for 8000 new reported cases a day in South Australia by the end of December. They are certain another wave is coming.

**Ms WEBB** - I think we can all imagine that that's the case. When I think about the release of Public Health advice and yes, I know of that, the two reasons the Government might have for not releasing it is that they do not want to add to public speculation about the credibility and validity of it as a matter of public discussion; or they do not want to have to explain why their decision may not be entirely in alignment with Public Health advice. Is there any other reason not to release it you have been given, or what your understanding of a reason for us for not having it released in this state?

**Ms O'CONNOR** - The other possibility is that nothing was put in writing by Public Health that would constitute advice which makes a political decision about a response or a measure much easier. It is a bit like the removal of the five-day isolation period was made on the advice of the chief health officer and not AHPPC. It is also possible that things are not being put in writing.

**Ms WEBB** - Which does not mean that advice was not provided, it just takes away a mechanism of accountability on that by not having it in writing.

**Ms O'CONNOR** - Has the PAC ever asked for the Public Health advice.

**CHAIR** - I think we did last inquiry?

**Ms WEBB** - I do not know that we did.

**Ms O'CONNOR** - Might be a useful exercise.

**Mr WILLIE** - I think some of it was not able to be shared because it was a National Cabinet document.

**Ms WEBB** - Another interesting hiding of accountability.

**Ms O'CONNOR** - That is right.

**Mr TUCKER** - Rosalie, in the opening statement you said a 10% increase in deaths, could you explain that a little bit more what you are saying with that.

**Dr WOODRUFF** - Yes, Professor Brendan Crabb talked about this. The Australian Institute of Health and Welfare has also done a report about a month ago, at the same time as there was a huge study done in the United States and in the United Kingdom. The United Kingdom has massive National Health Service data - some of the best data in the world - and the US has this extraordinarily large veterans' study and they have big datasets. What we are seeing in all countries is that all-cause mortality, that means all the reasons that people die, there has been an increase. That is a gross figure, and obviously there are not being more people murdered because of COVID-19 and there are not being more car accidents because of COVID-19.

A very large proportion of that 10 per cent is from dementia -

**CHAIR** - Cardiovascular?

**Dr WOODRUFF** - but a very large proportion is also about dementia is what understood and cardiovascular disease. It is very clear that when the coronavirus gets into the body, it goes into most organs and particularly, in the heart there is a very increased risk of all forms of heart disease and stroke. We do not know yet, because the pandemic has not been going for long enough, but there is a period of time, at least two years, where this a greatly increased risk of having a heart attack or some form of heart disease or a stroke.

**Mr TUCKER** - Just so I am clarified in this, you are saying there is a 10% increase in deaths above the normal amount.

**Dr WOODRUFF** - Yes, above the normal amount.

**Ms WEBB** - Not from COVID-19; from the other causes.

**Mr TUCKER** - From the other causes of death, yes.

**Ms WEBB** - But linked to COVID-19.

**Dr WOODRUFF** - But linked to COVID-19. People who die in hospital of the disease COVID-19 are listed as a COVID-19 death. Then, in the weeks, months and years following - but the figures are for each year - the Australian Health and Welfare and the data collectors are recording an increase in a whole range of other deaths. Some of them, especially stroke, especially dementia, are understood to be because of COVID-19. Every year there is a percentage. Then in the last couple of years it has gone up 10 per cent, not for any other reason, nobody has contradicted it is a COVID-19 related death, am I clear?

**Mr TUCKER** - I was talking about the 10 per cent. You are saying 10 per cent of the deaths?

**Dr WOODRUFF** - A 10 per cent increase, extra. If last year there was 1 million deaths, this year there's 1 100 000 deaths, that extra amount.

**Mr TUCKER** - I just wanted to clarify.

**CHAIR** - In that million deaths, there are still people dying of heart attack and stroke that's unrelated to COVID.

**Mr TUCKER** - I realise that. What time period has this been over? When we were going through COVID-19, from my memory, the death rate actually went down -

**Ms O'Connor** - We are still going through it.

**Mr TUCKER** - with what we were doing. We did not have the sickness before we opened it up more.

**Dr WOODRUFF** - You are talking about the actual disease that people get at the time.

**Mr TUCKER** - No, I'm talking about the percentages of people who died before this study was actually started. I'm asking, over a 10-year period, every year, what has that death rate been as a percentage over the 10 years? Has that study been done with this? Do you have those figures here with you?

**Ms O'Connor** - That is just normal data collection. It's not a particular study.

**Dr WOODRUFF** - It is not a study. The Australian Institute of Health and Welfare is our Australian body that collects all the data from all the hospitals all the time. Every year they do a report on how many people die and what they die of. For years and years there's this normal cause of rate of death - what's called all-cause mortality is everything put together, all the deaths, and the rate per 100 000 persons. That rate basically stays the same and, because of COVID-19 in the past year, that rate has gone up 10 per cent. That's astronomical in data collection.

**Mr TUCKER** - It would be interesting to see the preceding 12 months here in Tasmania; what occurred in the preceding 12 months before this 12-month period. I've seen this in farming myself, where death rates will fluctuate between 1 per cent and 3 per cent for animals every year. When you have a very low rate, so you're down to 1 per cent, you did a really good job. The next year, usually, it goes up.

**Dr WOODRUFF** - Yes, but you can't compare the number of people who were infected with COVID-19 in 2020 or 2021 with the number of people who are infected now. It is completely different.

**Mr TUCKER** - We are talking about the death rate.

**Dr WOODRUFF** - Sure, but you were just talking about -

**Ms Webb** - Datasets nationally.

**Dr WOODRUFF** - National datasets are from 25 million. The number of cows that die in a particular year in a paddock is a very small now. This is like massive amount; it's a very solid increase.

## PUBLIC

**CHAIR** - It is to identify that COVID-19 has a much longer lasting effect than the immediate infection.

**Ms O'Connor** - Yes, there's the acute phase, and then there's long term.

**Mr WILLIE** - I found your presentation an extraordinary attack on a public official and the people who work with him. He's unable to defend himself in a political environment. Go for the Premier, that's fine, but I found that extraordinary.

In terms of school closures, some of the comments about school closures fly in the faces of UNESCO, and research by our own university, in how that harms learning and the developmental gap that can happen with vulnerable students missing school. I'm interested in -

**Ms O'CONNOR** - I think you're presenting a false paradigm, because there's school closures, and then there's having mitigations in place that best protect students. Sending students under 12 into schools, unmasked, knowing they were not vaccinated, and only a small percentage would have had one vaccination at the start of the school year is not putting the health of students first. It's simply not. You can see that in the number of kids who've been infected.

**Mr WILLIE** - I have a statement here from UNESCO that says schools should be the last to close and the first to open.

**Ms O'CONNOR** - Who at UNESCO said that? Give us a name.

**Mr WILLIE** - You will find them with the press releases.

**Ms O'CONNOR** - I might just say this on your observation about our criticism of the Director of Public Health. As Dr Woodruff said, right up until the borders were reopened, Dr Veitch was very clear in his advice to the people of Tasmania. There was a lot of trust there. Then because - however it happened - a series of decisions were made that really flew in the face of what independent public health experts were saying, it is legitimate to criticise or question the Director of Public Health over acquiescence to these decisions, and apparent silence in the face of them.

**Mr WILLIE** - Question the Premier, who is in the political environment to defend himself, who ultimately has responsibility for these decisions, but attacking a public official like that I just think is -

**Ms O'CONNOR** - We are not attacking. I mean, we'd love to be able to question him. We've asked for briefings and they haven't been provided.

**Dr WOODRUFF** - Mr Willie, it obviously would never have been something that I would have thought of referring to if we hadn't, in public, at a press conference, been referred to as 'raising X-File-like conspiracies' when we're talking about science, when we're talking about the comments that other scientists and health professionals are making around the country.

**Mr WILLIE** - Was that comment in a public environment?

**Dr WOODRUFF** - It was because I got asked at a press conference afterwards what I thought of Dr Veitch's comments and I hadn't heard them. An ABC journalist asked me what I thought about what the Director of Public Health had said about me and the Greens. I said, 'What do you mean?' and she told me, and it was confirmed by two other journalists at the press conference.

**Mr WILLIE** - You can say what you want to say. I'm just making an observation myself.

**Dr WOODRUFF** - The context for raising it and, in addition, that sort of email response, goes to show that we've had a hard time getting our serious concerns listened to and responded to.

**Mrs ALEXANDER** - To me, just from an observation, I think the problem we have, because we need to bring along not just the Tasmanian public but the entire Australian community, the broader question for me is that there's been such a difference in the various advices that have been given across Australia, the different states, and even the entire world. To me, to get to a best practice for future pandemics, we need transparency and we need to come up with a set of practices that will serve us for other pandemics.

Isn't a broader discussion to say: how do we get to a point where the different chief medical officers in different states and various people around the world and WHO, and everything else, because it's changed, even recently. I know there's an inquiry in the EU about the vaccine and which vaccine was best and how was one purchased above the other. There's so much happening and so fast that I think we owe it to the Tasmanian community as a whole and Australia to actually come up with a common denominator of how we're going to do this.

**Dr WOODRUFF** - I'm not sure if that's a question.

**Mrs ALEXANDER** - The question is, do you see it as a broader issue, not just as how, for instance, our health service will work in conjunction with other health services and actually have that transparency in terms of that relationship across Australia to have a common response, rather than an isolated response? An isolated response may not necessarily serve the Tasmanian community.

**Dr WOODRUFF** - It's a really good point you make. But the problem we have is that the common response that we have just had is, according to the Australian Medical Association, 'scientifically illiterate'. We just had all states and the federal government agreeing to end the isolation period. That was a political decision. It wasn't medically based. It's not scientifically based. It denies the reality of infection and transmission. Yes, we had a coordinated response and it was a really terrible political one.

From our point of view, it's really just about going back to the science of how people can keep themselves safe and how we can protect each other. Going back to a collective response instead of letting everybody make individual decisions about what they think without any support from government, with no education campaigns and no requirement in public spaces where we come together to be able to go to places and participate in community life. We're now locking out, disenfranchising a huge proportion of the community because they can't take that risk - older people, immunocompromised people, people with disabilities. I don't think there's an answer to that that is an easy answer.

**Mrs ALEXANDER** - Would you see then, just setting COVID-19 aside, more of a permanent emergency response preparedness for pandemics that is almost like a rolling plan, that considers people's right to exist as individuals as we have in a democratic society, but also a rollover plan for pandemics.

**Dr WOODRUFF** - Yes, we do and we do need a national centre for disease control which is what the United States has. It is amazing: an independent resourced organisation that is capable of giving the best scientific advice and cuts out all the discussions about the right advice.

**Ms O'CONNOR** - If I could just add, one of the things we all agree is we need to clean the air that people breathe and this is a real opportunity in the part of Government. Because now we know that COVID-19 is airborne, we now that there is likely to be airborne pathogens in future. We really should as a society be helping people to upgrade their ventilation, investing in air filters, making sure the air people breathe in their workplaces is as safe as it could possibly be. This been one of the really frustrating parts about watching how this pandemic is managed. People talk about lockdowns because that is at the outer edge of people. People disregard and bring masks into disrepute, okay, well if that is the way you feel at least help businesses and organisations have clean air.

That would make such a huge difference and why we wrote to WorkSafe Tasmania about employers' obligations to make their workplaces as safe as possible. I would really like to table that letter if possible and also to table Dr Woodruff's original correspondence with Dr Veitch that led to the email which we tabled earlier.

**CHAIR** - The response to that letter.

**Ms O'CONNOR** - This is the WorkSafe Tasmania response.

**CHAIR** - We have to wrap up in a few minutes.

**Dr WOODRUFF** - I want to respond to what you said before. I think we do need to have an ongoing pandemic response. It is not just mild like the flu for many people. For some people it is and that is the problem. But it is the majority of people.

Everyone who is infected will have corona virus circulating in their bodies, sitting in organs. Some of us will have a stroke or dementia brought on early, or have a range of other factors or a post-viral illness. We just do not know who it is going to be. However, every time a person gets re-infected, the risk increases of that happening. Just getting away from that language of people's individual rights: we do not talk about that when we talk about speeding in cars, we do not even think about it like that. We used to and it is clearly a selfish way of thinking when it comes to speeding. You could make the same argument, it's a person's right to speed; it's a person's right to drive without a seatbelt, but we made a collective decision that it is not in the interest of all of us. We do have to take collective responsibility, that is what laws are about, but that is fundamentally what public health should be about, keeping the most vulnerable people safe.

**Dr BROAD** - You keep talking about overt science as if there is no debate. We know that when we have issues that are very fast moving, there is no long-term studies based on

COVID-19 infection rates and sometimes the production of papers and everything takes a very long time to catch up. You are talking like there is the right advice and there is nothing contentious, but also you are not taking into account that we are not living in a technocracy, where scientists make all the decisions. We are living in a democracy.

The issues of relative risk that people are taking, mental health, economics, education, function of society and even the wishes of society. You seem to be boiling it down to you've got your experts who have said that this should have been the way that governments behaved, and they haven't.

Is there some leeway for Public Health that there may actually be considerations of the nature that science in this regard isn't settled? Every jurisdiction has taken a different approach - every jurisdiction in the world - and that there is no right or wrong response, and that Public Health are doing the best they can?

**Dr WOODRUFF** - Thanks, Dr Broad, I think that you're putting two issues together and that's where these conversations don't end up in a useful place.

We always supported Public Health's response in the first part of the pandemic before the borders opened, because they were honestly given a front stage role in providing Tasmanians with the evidence, and clearly and obviously making decisions that were in the public interest.

Since the borders opened and all the Public Health directors have gone back into their offices and are not seen in the public eye, we're having decisions that have been loudly and strongly spoken against by the public health and medical and scientific communities. I know you understand the published literature very well, but you may not follow, but we do, there's an enormous body of research and science on the increased risk of negative health outcomes every time a person gets reinfected.

There is not a single bit of information in Tasmania to remind Tasmanians how important it is not to get reinfected, none, zero. If that's not the single greatest failure of this Government, I don't know what is. Nobody would know how important it is - once you've been infected - not to get reinfected. That is just one example, so I don't think it's a binary. We talk about lockdowns, and -

**Dr BROAD** - I don't think it is, but the way that it's presented at times is you talk about the science as if it's one thing, but also there are other considerations.

**Dr WOODRUFF** - No, I accept that.

**Dr BROAD** - If we wanted to run a zero COVID infection strategy, we'd be doing what China is currently doing.

**Ms O'CONNOR** - Instead, we're doing the opposite, which is doing nothing to control infection and reinfection.

**Dr BROAD** - No, we are.

**Ms O'CONNOR** - What?



## **PUBLIC**

**Dr BROAD** - We have had risk-based management in place -

**Ms O'CONNOR** - Have a look at the vaccination rates. They're very poor.

**CHAIR** - Let's not start a debate here, thank you. We won't start a debate here. We are out of time as it is, if there are questions to be answered.

**Ms WEBB** - My understanding is that you are not necessarily suggesting that the science and potentially a range of science that's being brought forward about it isn't discussed in the public domain. You're contending that we should be discussing those things in the public domain more clearly, as they relate to decision-making.

**Ms O'CONNOR** - Yes.

**Ms WEBB** - So that, as Dr Broad says, we can then balance and think about how those things sit alongside each other with other considerations.

**Ms O'CONNOR** - Yes.

**CHAIR** - Thank you. We will close it there. We're really out of time. Others have got commitments, including me. Thank you very much, both of you, for your evidence and for your submission to us. The committee will duly consider it.

**Dr WOODRUFF** - Thanks for the opportunity to speak to you.

**Ms O'CONNOR** - Thank you very much for asking us along.

**Mr TUCKER** - Thanks for coming in.

**CHAIR** - Thank you.

**THE WITNESSES WITHDREW.**