



The letter below was submitted for consideration to our public health officials. Whilst the link between the quarantine and outbreak is indisputable, the abject dismissal by most commentary as to the role of the BLM protests precludes a more nuanced understanding of some of the additional risks.

Opinion in the media has been based on that of one or two medical experts – yet, if we observe opinion between so-called experts as the pandemic has evolved, (for example with respect to utility of mask wearing) what this demonstrates is that expert opinion can be divided. This is an important consideration that must have a bearing on proceedings.

The impact of unquestioned and unsubstantiated opinion circulating as fact in the broader public discourse has the net result of a given line of enquiry being disregarded. This represents an erroneous perspective and carries with it potential for overlooking important additional sources of evidence.

With the security of the country at stake from an economic and public health perspective, every piece of information, understanding and evidence – no matter how seemingly inconsequential – is of crucial significance.

The problem with erroneous assumptions can best be illustrated by reference to one of our country's most more high-profile cases. As was well known at the time, the case against Lindy Chamberlain was watertight and a certainty. That is, until it wasn't.

29th June 2020

Hi 

Thanks for all the work you are doing during these difficult times.
I am writing with a genuine query that is concerning me and others.

A few weeks ago, people were worried about the impact of the BLM protests on disease spread. When only a handful of cases emerged, attention turned elsewhere, and everyone breathed a sigh of relief.

But something that has bothered some of us is in relation to behavioural aspects of the situation – moreover where behaviour and psychology intersect public health management. Whilst attention is focussed on family clusters and hotel quarantine as likely sources of recent spikes, perhaps the net of enquiry needs to be cast a little wider.

Latency and lag have been referenced in some of the press briefings and to that end I raise the following.

Hard data requires sampling derived from testing – hence the massive testing blitz currently underway.

However, what happens if that vital piece of information is missing?

TESTING RELIES ON COMPLIANCE

Besides the broader community signalling around the protests, one question that does not seem to be addressed in media coverage is in relation to aforementioned behavioural and psychological motivational considerations in respect of testing.

As a bushfire safety educator (and trained paramedic) I am keenly aware of apathy - as a defence against anxiety and an aspect of psychology, more broadly - in the face of risk. The reason psychology is important is in relation to intentionality as it pertains to the recent protests.

Flagrantly ignoring prevailing guidelines around community gatherings strongly ***indicates a specific attitude to risk***. Also, in this instance, it indicates attitude to perceived “authority,” something that in many respects was being challenged as part of the protest (not necessarily in any literal sense but in a general sense).

Public health officials and government can be seen as ‘authority’ in this context. Official messaging from authority is an extension of the perceived reach of authority. This includes messaging around risk-taking behaviour.

Above all, notwithstanding the enormous and undisputed importance of the cause, a form of self-interest in this case trumped public health concerns regarding the risk environment *to others*.

DRAWING A PARALLEL BETWEEN BUSHFIRE SAFETY & PANDEMICS

Bushfire safety education provides a real-world example of messaging around risk and safety.

Every fire season, we are tasked with having to educate the public around bushfire risk is and how to minimise it and yet every fire season our messaging around safety and risk is ignored by a significant percentage of the community. Apathy – ***behavioural choice*** - around risk is the feature of every fire season.

Why? It’s a given. Its psychology. It’s something that we as educators simply have to deal with as part of our job.

The question needs to be asked: why would the current crisis be any different?

LINKING BEHAVIOURAL VARIABLES TO DATA ACQUISITION & TIME FRAMES

Following this line of thinking through, it's easy to extrapolate to a similar attitude towards testing: to get tested *indicates* **concern around risk** which was likely **absent around the time** of the protests and perhaps in the week or so afterward.

On balance, dismissing the significance of perceived risk - as *evidenced by behavioural choices* - has a likely corollary of relaxed social precautions. Many wore masks. Many did not. Many retained adequate social distance. Many were closely gathered.

The possibility for **inadvertent, asymptomatic community transmission** *outside of known social circles* surely can arise in and beyond this context?

As to differences across the states (as protests were held in each state) perhaps this is indicative and reflective of **comparative presence of disease in general and at the outset.**

CIRCULAR PROPOSITION

We may not have had data proving actual numbers of cases amongst protesters, as this is reliant on testing, which likely did not happen in the majority of attendees in a timely manner, for the reasons outlined above.

Therefore, the potential link would seem to be plausible, substantiated in part through **behavioural and attitudinal extrapolation** – however any empirical link is **now diluted** through elapsed time.

INDICATORS OF THE 'BUT FOR' CAUSAL RULE

If it can happen in a shopping centre, it cannot be ruled out that it *didn't happen* at mass gatherings, and, furthermore, we are perhaps yet to see the consequences.

One may argue the horse has bolted and one can't undo what happened.

However, as you are of course aware, any post incident analysis requires data aggregation and assessment and this particular causative link needs to be fully ascertained if for no other reason that it informs current and future ***policy*** as well as potential ***liability*** considerations.

Alternatively, and from hindsight, one could even argue in the negative: that the events in fact further substantiate the value of masks in disease containment, thus supporting a policy of mandatory use in public settings.

Either way, the influence of mass psychology in relation to obtaining concrete data (testing and compliance), or the confirmation of the prophylactic value of masks are worthy of inclusion in post incident analyses and broader discourse.

IN SUMMARY

I appreciate this is politically sensitive and a complex issue.

I also appreciate the timing coincided with lifting of restrictions which further complicates matters.

And it goes without saying that the team of experts will have extensively and exhaustively investigated every aspect of the current crisis.

Nevertheless, there is no harm in raising this as a general observation.

Thanks for your time in reading my letter – I appreciate you are exceptionally busy.

Here's hoping to swift containment and widespread stabilisation!

Kindly,

