

<https://drawhistory.com/podcast/covid-19-and-the-enforcement-of-safety-do-mandates-work/>

COVID-19 + enforcement of safety, Do mandates work? (Katie Attwell) 14 JUN 2022

"...Mammoth task to untangle the world's wicked problems and redesign new futures."

"and see where you fit in the solution as we undesign the topic of public safety, mandates and freedom in the age of covid-19"

1min - "...problem however, is the polarisation that comes with it.. There seems to be two groups of pros and cons; those who pursue public & community safety and those who pursue individual freedom

1min 20s - Notion that governmentt can dictate what a person should and shouldn't wear and inject into their bodies seems to be seen as invading personal rights to freedom.
Where do we draw the line between civic responsibility and personal responsibility? Or should the two walk hand in hand anyway?

1m 40s - Dr Katie Attwell - Senior Lecturer in School of Social Sciences UWA.
Australian Research Council Discovery Early Career Researcher Award Fellow
Interested in the intersection of policy, identity, attitudes and behaviour as they pertain to help consumers, healthcare providers and governance.

2m - 2014 researched designed and delivered and evaluated an internationally recognized public health campaign "I Immunize." She also leads the large interdisciplinary research project "Coronavax" preparing community and government with colleagues from UWA and the Telethon Kids Institute.

2m 18s - In this incredibly relatable and approachable conversation, Katie eloquently helps us to untangle what health mandates look like; both pre- and post- covid-19. She then takes us through what we know about the many fears & doubts people have relating to vaccination. And even goign so far as to share a very personal experience of hers as well as her own research.

2m 37s - Ultimately, what it comes down to is discussing how we encourage the community to use our privilege to realise public safety together

3min - really really busy few months, probably about the topic we're talking about today.

3m 11s - how do you define a health mandate? Health mandate or vaccine mandate?

Talk about both.

Other health mandates, relating to behaviour such as wearing masks, quarantining, checkin into venues are usually underpinned by the force of the law. As in you know there'l lbe a penalty applied to you in the form a fine if you don't comply.

3m 40s - vaccine mandates, are a bit of a broader category. So when it comes to vax mandate the definition i usually of a vax mandate is something that kind of makes non-vaccination consequential. Like it imposes sorta serious consequence that you cant really get out of.

4min - So if for example you need to be vaccinated to go into pubs or hotels - no one's saying you're going to get fined if you go in. They might say that but they might actually just be saying you've got to show proof in order to get in.

4m 12s - and somebody will probably get fined. It might be the hotel that gets fined if they let you in. So it's not necessarily that the behaviour being extracted via a stick - it's - which is why some people think of them as more like incentives although I think it's very much in the eye of beholder. One person's stick is another person's carrot.

4m 33s - so really it's about not being vaccinated means there are consequences, and that could mean. It could even be as simple as, and we've seen this in SA with a member of Federal Parliament: not being vaccinated meant you got

dragged off into hotel quarantine for 14 days when you arrived. Being vaxxed might mean you just cruise in and, you know, go to the pub.

4m 52s - it's where there's a kind of cost associated between not being vaccinated and being vaccinated. And that's deliberately done.

5 min - Youth policy leaders to apply a cost to not vaccinating. And by the way not just governments but also the private sector might do it too.

5m 10s - any examples of that?

5m 15s - so well, so. The private sector and governments can do it to people in quite a few ways. So you can do it in employment. Governments can say "everybody working in the health care sector needs to be vaccinated in order to keep working. Or everybody who's a teacher needs to be vaccinated in order to keep working.

5m 33s - But the sector themselves can do it. So a mining company can say "If you work for us, whether you're out on the mine or whether you are in the head office in the city - you must be vaccinated."
Now we've seen that one such mandate was recently overturned, that BHP had sought to introduce at one of the mining sites in I believe in NSW. That was overturned on the grounds of not being lawful because they have not consulted which is interesting.

6min = But when government decides to do it which they've done in WA, they haven't necessarily consulted. Or if they have, you know, it doesn't have to have been very clear or transparent... You think this is a good idea.
So that's the private sector and the government doing it to people through work. But they can also do it through going into places. So the government in NSW and VIC, they have requirements to be vaccinated in order to go to the pub, or go to the pizza restaurant. And government says that so government says "We will bust an individual venue if they let you in because we've said they can't."
But then my hairdresser in Fremantle in Western Australia has said "I'm not cutting the hair of anybody whose not fully vaccinated. Show me your vaccination certificate everytime you come and have your haircut by me. If I won't see it, I don't wanna see you.

6m 50s - That's her as a private business, you know imposing her own mandate. And she can do that for a variety of reasons so she could be doing because she has a health condition but actually she's not. She's doing it because she saw health workers overseas getting sick and dying of covid. And she was really cross at the people in her circle that didn't vaccinate. And she's a very in-demand hairdresser. So she actually turned people away.

7m 15s - So She's got some leverage.

7m 16 - She's got leverage and she'll use it. So that's her decision. You know, you might say she could be accused of discrimination but the law is pretty clear that governments and businesses are allowed to discriminate in this way. Because not vaccinating is not a protected status unlike something like I can't control. Like the color of my skin, or a disability, like that stuff you're kind of stuck with.
But you choosing something to do with your vaccination status is a choice.
If you genuinely can't be vaccinated, then you would have a medical exemption and then you are treated as if you were vaccinated under all of these policies.
So it's very clear if you don't use the stick against people when it would not be reasonable to ask them to be vaccinated

8min - That's right. Where it breaches basic principles of justice and equity really. Where you're punishing people, you know, who otherwise can't comply with a public order like that. Hearing you speak about that Katie you know, I guess you know discrimination legislation as we know it - that's very attribute-based. Whereas the decision to vaccinate or not vaccinate in the absence of an exemption is not an attribute which is unlawfully discriminatory.

8m 25s - Even drawing the distinction between health mandate and vaccine mandate is something I have not considered before because the way we talk about mandates at the moment seems to obviously be driven by the vaccine at the moment?

8m 40s - there's mask mandates as well.

8m 44s - I was gonna say, what is our history with mandates of this nature generally? and what are our attitudes towards them, from your point of view?

8m 50s - again, so you know, a mandate is uh.. It's almost a bit of a loose concept and to tighten it up really means that you are using law. And as we've talked about, not all of these are about using law or some of them using, yeah they might be using regulations or they might just uh be using orders, which is a little bit different.

So yes you know obviously some well-known mandates through history would be like making people wear seatbelts. Which again that usually has the word compulsory attached to it. So compulsory is a little bit different as well.

9m 23s - I mean you know, what does it mean when it's compulsory voting? You do it or you get fined, you wear your seatbelt or you get fined. It's pretty binary and it's kinda got the power of the law behind it. But if you wanna think about mandates as behavioural tools more broadly, there's actually a mandate for rich people to get private health insurance.

So basically if you earn lots of money, you either have to pay a medicare levy which is a certain percentage of your income, and as a high income earner myself, I pay it. It's not trivial - it's several hundreds of dollars. So that was put in by the Howard government and the alternative - the way of getting out of paying that levy is to take out a private health insurance policy of sufficient level that you are off getting treated in the private sector.

10m 18s - now for myself, as someone who's ideologically opposed to private health insurance as a concept of private health, I've chosen to pay the levy and think of that as money I'm putting back into the health system!

Probably not, probably going on something else. But that is actually a mandate and likewise I'm not as well informed about this. My colleague Dr Adam Hanna is much more informed about this, he's in the US health policy and social policy expert. But he talks about how the same sort of thing is connected to Obamacare, the Affordable Care Act which was the big, and again this is not my area of expertise, but that was a big, bold move to make sure that everybody you know in some way, would be covered by insurance and stop the horrific um, mitigate I guess the horrific, you know really perverse consequences that ensued from America's lack of a kind of public health system. That was talked about there a lot as a mandate.

11m 20s - you get governments who get elected and they're like "We've got a mandate." so mandates have a weird meaning and I don't know if all of them line up super well... Medicare Levy and the coercion towards private health... "Well if your kids not vaxxed, then they're not going into childcare."

It's the same thing - it's like we're gonna impose a consequence. It's your choice but you know, find yourself choosing between vaccinating and something pretty rubbish or find yourself choosing private health insurance or we're going to slug you another way.

11m 54s - I really failed to appreciate how much this echoes some of my legal training... in a previous life when I studied law. And thinking about like coercion versus you know, having to honor a contract term which is onerous. You know these sorts of principles between choice and consequence is really interesting.

12m 16 - Because I mean from my initial research into this space anyway, is looking at discourse and again I know you've interviewed people about their attitudes towards various types of mandates, right? Particularly in the context of the vaccination mandate. This thing keeps popping up between like I'm essentially as good as being forced into doing something if all these options around me are taken away. So it's like you're just existing on this island because all these options are taken away from you.

12m 46s - and then the language of human rights gets invoked. About like where is that line? Is there a clear line?

12m 53s - No because of course, to even think that way is to situate yourself within the position of the individual who is being asked to make a choice.,, This is been you know, you're seeing this in the antivaccination protests, anti-mandate protests that are springing up in Australia now.

13m 12s - We've seen it, you know I've been studying people's attitudes and responses to No Jab No Pay and No Jab no Pay policies and our policy makers justify those decisions.

The trouble with all of it though is your to put yourself in the position of a person whose saying "I really, really don't want to be vaccinated and therefore I'll walk away from my job. Or I'll homeschool, like, you know not homeschool that's more of an American thing. But i'll... my kids wont go to childcare or we'll do without Centrelink.

13m 40s - So for those people, they feel really coerced. And the policymakers will say "well their not coerced. They've got a choice. They can cop the consequence for getting agfiha or they can vaccinate. But here's the reason I don't think there's a clear answer. Every person that feels coerced - another person gets to move more safely in the community. So that person's human rights and their freedoms have to be part of the mix as well. And that's why governments and us as voters have got really you know, big responsibilities to sort of weigh because for every teacher who says "That's it. I'm out of the classroom i'm being coerced. I don't want to do that." A parent of a kid with co-morbidities goes "Thank God. My kid's gonna be a little bit safer going back to school this year."

14m 33s = So and that's the thing, and one of ways you can navigate through that pathway is to try to have really good evidence about what the mandate's doing and what the intervention is doing. So for example, if we know and one of the things that we sort of you know we've been finding out about vaccines. For example is that if you're vaccinated you're about half as likely to transmit the disease to somebody else.

14m 55s - So nevermind how sick you get and of course you get a lot less sick, or you know not sick at all - and that's part of the reasons but not the whole reasons why you're less likely to transmit it to other people. But let's say if we work with the rule of thumb that someone whose vaccinated is about half as likely to transmit covid to somebody else, than to somebody to whose unvaccinated - then that's sort of comes homes with the data that you kind of want to bring it to this consideration. Because then you're like looking at like "well ok, So here's a cancer patient who's going to be immune compromised for 6 months, 9 months while they're going through chemo and recovery. So what kind of decisions can that person make? Does that person go "OHHH. That's it, i'm just staying at home in a chamber. You know like a bubble for nine months. Or does that person go "Yeah, ok. I'm going to go into places where i'll go to a restaurant occaisionally but only if it's well sanitized but i'm definitely not going to the Royal Show.

15m 53s - you can imagine all those considerations that person might make. And so, if some ways a mandate is like doing a bit of work for that person, saying "OK, we know that you're gonna go into these settings and they're not risk free. You will might still get sick and if you get sick it might still be really bad. We can take away like half of that risk. And risk is weird and we all have to.. as well as having government policies that manage it for us, like you know, at certain level of risk everyone wears a mask, at certain level of risk everyone stays at home, at certain level of risk you can't leave

16m 26s - all that stuff. but at some point we all have to grapple with what we think is the appropriate risk for ourselves within those settings. So, the kind of risk an immune compromised person might have to grapple with in a setting where government's gone "We're gonna take some of this heavy lifting for you." It can make these places at least half, i'm gonna get the maths wrong. We can make these plpaces a certain percentage amount safer for you, and then you might still decide it's not safe enough in which case stay home. But if you brave it, you'll be safer than if we hadn't done it.

17m 03s - Yeah, you know again Katie. Hearing you reframe it like that, as like people's resistance to mandates being seeing it from the point of someone like feeling coerced and not seeing it from the point of view of someone whose probably like in the inverse sitaution. Where they have to make these decisions to stay away from situations we all readily enjoy because of conditions they might have that might be exacerbated.

I see a role in good public health messaging in that sense, right? To tell those stories or to foreground those stories.

17m 39s - I do as well. And I try to tell them as much as I can, and try to talk about people with those experiences. I think it's quite helpful because they're both sorta smaller groups actually people with co-morbidities would be a much bigger group than people who wont vaccinate. But then both non-mainstream experiences and they're both the groups whose liberties will be most put under strain. Alright? Whereas everybody in the middle might have some discomfort about the mandates, or you know might not be that excited about getting vaccinated but is doing it. But yeah, most of us are gotta muddling along in the midle. But also, to be clear, those of us who are muddling along in the middle are also kept safer in a society where more people are vaccinated or when unvaccinated people are not allowed in certain settings.

18m 29s - But again, you know to play Devil's advocate, you do want to have some scientific veracity to back that up. You don't just wanna do mandates because it seems like a fair thing to do for the immune compromised. You do wanna have somehow quantify what, coz it's a trade off! You're not only cutting off the freedoms of some people, also potentially cutting off their income stream.

18m 58s - also you potentially radicalizing them and sending them off into the arms of the far-right. looking at one of those things, you want to be really clear what you think the projected benefits for other people are.

19m 10s - do you think that's become a bit of a challenge? Like looking at this in a political climate where university spaces and resources seems to be shrinking. There is this sort of.. quote unquote and I hate using this term like "cultural war" between left and right, progressives and conservatives and all that jazz.. where academic work and research tends to be the domain of more left... like in this really crass binary where research evidence comes from the left institutions, do you think that task becomes harder relying on an evidence base like that?

Because people who are already radicalized or polarized in one way or another interpret that as propaganda, or as, poke holes in it or whatever it is. And it kind of results in more of a division, I don't know. Do you have any thoughts on that?

20m 04s - the way you've put is really interesting and is a bit different from the ways i've thought about it previously. What I would think more is that, you know that people who are not believing in Covid or not believing the science or not believing the medical recommendations, they've already discredited universities as a place. So never mind the left-right thing, they are seeing universities as places that are captured by pharma, or by other interests. They seem government the same way.

20m 37s - so are they gonna get radicalized? Are they gonna, is it gonna fit into the culture wars. Yeah that's right the other thing I was going to say was: certainly in America. I'm not, you know, I think you could probably extrapolate that here as well but in America we did some work there on California in particular were they got rid of, basically they made childhood vaccination more mandatory that it had ever been before. And you know, you couldn't get out of it very easily, writing a book about that at the moment. Finishing the book infact, I should say with my Dear Professor Mark Fagan.

As part of that we've been looking at political trends in other states over time. All pre-covid but then also during covid and basically there's a clear trend whereby it's the Democrats, you know the more left. The ones who are prepared to go hard on public health governane and squeezing vaccine refusers. Whereas the political right is always more willing to go "well, we value your liberty. We don't want to tell you what to do. We don't like the big state."

21m 40s - So from but also interestingly, from one paper that came out in 2017 looking at earlier data I think. That was the year it was published but the data was a bit earlier than that, head to some work that i've just led infact a wonderful success story I want to share. My beloved second year student intern who was working with me just published a lead author paper, the research paper in the Journal of the American Medical Association (JAMA) which is like huge impact factor, so widely read. So this lovely little teenager published this paper and it was so good aaand anyway I was a co-author on that along with a couple of American scholars.

One of the things we found, not in that paper, but what we could see... that 2017 paper shows that it was always Republicans who would try to make it easy to get out of vaccinating. But it was both republicans and democrats that in some cases would try to make it harder to get out of vaccinating. Right?

Certainly the Democrats are much more likely to want to make it harder to get out of it. The republicans, sorry. The Democrats want to make you vaccinate, the Republicans awnt to make it easier for you not to. But there were Republicans also trying to make you vaccinate. That was in 2017. Come the period that we've just looked at - we looked at how many legislative interventions had been introduced, legislative or executive orders. Government, governor decrees etc and they were so politically polarized. All the ones to make it more difficult to require vaccination, to make it easier to get out of it - they were all Republicans by then. And then the ones making it, seeking to make it harder to get out of that so they were all Democrats.

So just in a few short years they have completely polarized. So the Democrats have become the party of Big State, Big Health and Big Coercion, if you know, for better or worse, you know you take your pick on that. And Republicans had become the party of resisting that and really allowing that individual to have their choices. but of course taking out of the frame, the impact for society. Whereas the Democrats are like "We're doing this for the good of society. We're doing this for the immune compromised."

24m 03s - Now lets flash over to Australia. Mean if you look to where the dissent is coming from for our vaccine mandates. It's not coming from the Labor Party and it's not coming from The Greens. It will be coming from some people who the Greens rely on as voters. I know that the Greens, there's been a bit of disruption ay sort of the grassroots of the greens because they're kind of hippy progressive people who vote for the Greens - some of them don't want to be vaccinated and then they feel very let down by the Greens because the Greens are like "Well we're evidence based. So we're supporting vaccination." Even if they're not supporting mandates they're supporting vaccination.

24m 38s - then the dissent. Well it's on the far-right of the spectrum but it's also on the far right of the Liberal Party and the national Party. And you've got those people, you've got your George Christensen, you've got your Alex Antic. You've got these guys breaking rank and it's to me, it's entirely predictable and expected.

I was gonna say, is that pretty to be expected?

Well aligning with the American stuff, Yes it is. Because they, number one they don't like it personally and so they're fairly into themselves and number two they want to prioritize the individual, and i think i fyou want to prioritize the individual you look for the closest shackle. And if someone's making me do something I don't want to do, that's a very clear shackle I want to throw off. And if i come to you and say "and yeah what about the person with Lupus? They want to be able be free to go to the pub too?"

25m 31s - too abstract. It's a bit too ' you know, ohhh blah blah blah. But you know making that other person have the vaccine, oooh that's bad. Nevermind the freedom of the person with Lupus.

25m 43s - Gosh and that speaks so much to Social Capital Theory basically where it's just kind of this idea, I mean i think it was Robert Pottenam where he did the bowling alone around like people's attitudes towards different religions. And like the variable that he found that made the most difference was just kind of like exposure to people from different faiths in your ordinary social life as well. And its kind of similar here, where it's like "Well, when you've got exposure to people who are in vulnerable sort of positions, it would make sense that you might be more inclined to empathize. Whereas where I feel like i'm hearing a lot of, even in my own personal networks is just the people that they most that the people around me exposed to are, just that small number of people who are resistant or hesitant or you know, full-blown antivaxx or whatever. And they're finding it really hard to bridge that sort of that gap that they're feeling with loved ones who have a very different view on these things.

26m 45s - And i've had a few conversations like people reached out. And again my background's in extremism, and terrorism and radicalisation, and people are like "how do you, like how do you bridge that divide? Like How do I talk to someone that's so like diametrically opposed that I really care about?"

And I get a bit stumped, because it's easy for me to say like "well try to understand the emotions under it. You know, it's a long game not a short game. You know, you're not gonna... like... what cards are you showing of yourself? You know, go into a conversation knowing that, you know with this belief that you know more than the other person. Like trying as much turning it into a mutual quest for some sort of truth but when we're talking about public safety and people's lives being at risk it could be really hard to bridge that gap with people where you feel so diametrically opposed.

27m 34s - I don't know if you've got any thoughts on that Katie, around how mandates affect how society interacts with each other. Like you kind of touched on it there in that example. but do we know the long term effects of say, very oppressive, or just coercive, strict mandates, hard mandates... on how socities then co-exist after such measures.

28m 03s - so this one of the things that Mark Naden and I are grappling within in our book as we finish our final draft and sort of pull the arguments from the chapters that we've been writing together. I think we still have a few more convseration in the next month before we finalise our draft.

But one of the things that really strikes me, that if you follow the California story. Where the Democrats, you know, Civil society taking the lead, the Democrats lead this reform to really. What they did is they got rid of the an exemption for personal belief.

You might say 'what is the point of a personal belief exemption?' The point of the personal belief exemption is you want to make vaccination normal so you require people to be vaccinated in order to enter school, or childcare or things like that. But then you say you really wanna get out of it? you can go and see a doctor and they can counsel you that you are making a bad decision and then at the end of that they can give you an exemption and then you don't have to vaccinate because you've got the exemption.

29min - And having that kind of intervention there is better than just having the free for all of like having nothing at all. Right? because it queues the norm of vaccinating.

So what California did in 2015 is get rid of that exemption. So and oh my god then there was all these other dramas. Then everyone flocked to medical exemptions because they were easy to get, then they had to crack down on those. All these dramas... but anyway.

To go back to what we're grappling with is that, that victory that the Democrats won and the sort of those civil society, pro vaxx activists won in 2015, could very well be the difference between sort of that 2017 paper i just described where you've got Democrats and Republicans both supporting vaccination, to what we're seeing now in 2021 which is, you know, really polarized.

29m 50s - And so one of the things we're grappling with in the book is like, the law and so, and we're sort of drawing a direct line to the people that stormed the Capitol. To like the full, you know, and to the full trump fiasco. You know, we're not saying that, we're not saying that the democrats and the civil society pro-vaxx activists who brought this about... there's not a smoking gun going back to people. And indeed I wouldn't want to say that because they, because I have a lot of sympathy for what they did as well...

Yeah, I support them, I support their effort to make society safe for vulnerable people. So however, you know one of the things that vaccinations and scientists talk about is reactants. Which is you know, and they talk about often on an individual level "You gonna make me? Well i'm not doing it."

30m 42s - And people keep anecdotally saying this to me about the mandates that have come in West Australia. "Oh, you know So-and-So, you know, maybe gonna do it and now the mandates come in. And they're not gonna do it." And i think, well really? if they were gonna do it, they would've done it by now. I'm a bit skeptical.

However, so people talk about reactants on a personal level but I think there's reactants at a identitarian level, at a collective level, at a level that my social and psychological identity is tied up with other peoples. So now, We as a collective are shifting to the right, or we are shifting to a non-science position.

So I think the risks of mandates are high. That said, I think the risks of Covid-19 are really high too.

31m 30s - Sure. yeah. Very fair and obviously the evidence that we have currently backs you on that too. Otherwise you wouldn't feel that way. What about in situations then where, it's a real... I mean Covid is an evolving situation, right? I throw my mind back to sort of mask mandates and like in the early days of Covid some of the really confusing public directions we were getting around like the efficacy of mask wearing.

And You know, I know there's arguments about like people were initially discouraged from buying up all the masks because there weren't enough for PPE for like healthcare workers and stuff like that. What's the role of public messaging in conveying changing information? Or accounting for changes in what we know? Right? Because again, perhaps this might be a flawed social narrative we have about the nature of research which is like "it is there to tell us exactly what world is, not just what we think we know, based on how far we've looked into something. You know, at that point in time, so research is being a finite source of truth as opposed to an observation of a particular set of variables at a time particular point in time that needs to continue to be monitored?

32m 40s - How do you with situations like the mask mandate, or just mask directions where things change. Where the instructions were confusing or, you know, and disputed.

32m 51s - yeah and gosh and even go for through an example closer to my wield house than the mask mandate is changing advice around the Astrazeneca vaccine. That was a big struggle, absolutely. And these beautiful people who do this really deep scientific calculations about what the risks should be, they are not all of the same people who were gifted with the now sort of skills of public communication.

Some of them are, some of got deal school set, others are nutting out this evidence and then they're also gotta figure out

how to socialize it and then the government's got to decide if they're gonna listen to this people or if they're gonna bring in other considerations as well.

I think all of us in the last two years have had such a, such a lesson in like, like i call it sort of making policy on quicksand or giving advice on quicksand. Gosh, the number of times i'd be out talking about, especially early in the rollout, i'd be out talking you know in the media about vaccination, about the safety and efficacy of vaccination, about why it's important that you should be doing it. At the same time knowing that the ground i'm standing on is shifting as I speak and how do I even feel safe to communicate as a communicator with all the knowledge I have? If i'm struggling then how's the public going?

34m 15s - So i don't that there are clear answers to this. It's like it's during a crisis, like imagine that there's a massive earthquake and everyone's just running in a million directions and there's chaos. That's how I imagine an earthquake is. But if your someone who, like if your in somewhere like Japan and you design buildings around it or if you're like the disaster preparedness people.. the way they would think about a earthquake is a bit different from the way I would think about it which is just to run screaming in every direction.

So I guess what i'm trying to say is that we've all had a lot to learn about how to do this stuff better. But it also has been an earthquake and there's just been a lot of running and screaming in every direction. And so i've been one of these people in this setting, who needed to be not the person running screaming in every direction.

The person going "OK, I think I've got something to bring to the table. I think I can help. Lots of other people could help in much more significant ways than I can in terms of figuring out the safety, the efficacy, what the rollout should look like, who should get what and when. You know those are the absolutely crucial questions - but those are the questions that can change over time.

35m 23s - I think that we need to keep on having a public discourse around.,, like you talked about the fact that science is shifting.. I give you an example of how I think I was able to use that in a positive way. I'm on Channel 7 Flashpoint earlier this week, with Doctor and Political Journalist who was very fired up and passionate - she's got a kid with co-morbidities. So we were, I guess the pro-vaccination side. And then there was a teacher, a police officer, and a nurse who had all decided to give away their careers rather than be vaccinated.

So it was on a commercial station, it was pretty sensationalist as you can imagine. But it also was a decent, civil civic exchange and at the end of it, and unfortunately in my opinion the better parts of it didn't make it to air. So they put the whole thing on the Channel 7, Flashpoint facebook page which they said they were doing to not being accused of like censorship or whatever. But actually I'm glad they did it because I think some of my points got better ventilation on the facebook post. but so this didn't make it onto TV but it did make it onto the post.

And at the end of it one of the people said, you know which is a common argument that vaccine refusers would say, "I want the long-term safety data... I don't want to do it without it... We don't have a long term safety profile on these vaccines."

36m 48s - I was like "Dude, it's a pandemic. Wanna wait 5 years while everyone us dies then we'll have that data." But the bigger point I was making is that in the history of vaccination, we've never seen a vaccine that gives you long term problems.

I was just about to asks about

Yeah... so if there's a problem you see it in the short term and median term, and I said to these guys "you know we do have those signals. We do have those systems and infact that's what broke our rollout! We were all supposed to AZ and we didn't because those systems did their job and we learned that the vaccine was not so, not so safe in a context of no covid. If you have covid, you roll out that vaccine as they did in the Eastern States.

37m 33s - but in places with no covid and another vaccine available albeit not sort of drip fed supplies more slowly, they made the choice to prefer one over the other. So I've kind of tried to use it as a way of showing that science is always changing and yes it's confusing but it's reassuring. So you might not have 5 years' worth of safety data you wish you had but you do have the evidene that the experts are watching in real-time and being agile in their response to that.

38m 02s - which is really reassuring unless you're that five to one percent that has an adverse reaction or that has.. you know what I mean? Or that has some misfortune that results from it... I guess the way I rationalize in my head, Katie

and you know, tell me what you think of this - that it's reassuring that in the abstract that no one wants to be that one percent, Right? And perhaps there is a bit of a negativity bias at play with certain people that their fear is being that one percent. I know that there's a 98% chance or whatever it is that i'll be ok or I'll get through whatever happens... but if i'm that 2% i'm screwed and like you know that makes the whole enterprise, you know, void or whatever it is. Do you think that's a negativity bias just kind of flaring up, maybe as a reaction to our own survival instincts kicking in?

38m 58s - I think the research i've done and others have done absolutely backs that up. I Remember doing some research years ago into people who were hesitant or who were refusing vaccines for their kids. One of them was sort of saying "uh my kid was the one of however many that has this completely unrelated health condition. And then he's the one in however many who they get treated for it and the treatment doesn't work. I'm used to my kid being a unicorn i'm used to my kid being this thing that bad things happen to so surely when it comes to vaccination my kid's gonna be unlucky yet again. Absolutely. In our Covid-19 vaccination study called Coronavax, we found the same thing again. It's basically people going "i'm worried about those effects because I think that I'm going to be the one that they happen to."

And I think.. talking about it with you now Costa, I think this is possibly an unexplored area because the way we think about and kind of frame risk is, is very informed not just by our experiences and our beliefs but also perhaps by our personality and sort of, are we glass half-full, half-empty, all that stuff. So I absolutely think that yeah that, statistics are no comfort at all that if you don't interpret them in that same abstract way that they're presented to you.

40m 23s - And i've got lived in experience of this as a cancer survivor. I've looked at a lot of really ugly statistics and actually, as far as cancer goes they were really good statistics but I always zoomed in on exactly that. Well i'm gonna be the uni, not even the unicorn that's not fair. I'm going to be one of the unlucky ones in this cohort. Infact I wrote a post about it on facebook quite recently and it's now around 3 or 4 years, 3 years since i've been finished treatment for cancer. And i've unpacked all those biases and was like - i wrote this post called "You're going to die" and it's how every single piece of information they gave me - whether it's consenting me for a medical treatment, telling me i'm not ever to be in such and such a clinical trial. Every single thing they said, all I heard was "You're gonna die."

41m 13s - And only later could I write about it, and then even laugh about it and talk to you about it now. But at the time I couldn't even talk about statistics. I worried I couldn't even do my job which does involve talking about risk ,it does involve talking about statistics because it was so triggering I couldn't even think about it. So thinking about it now, talking to you about it now makes me think that, that way of thinking, if we can help some - and I was gonna say if we can crack it but that's a very paternalistic way of looking at it - if we can help people for themselves, break through some of that bias and find themselves in the statistics in a safer way.

41m 55s - coz i remember in the beginning when i was diagnosed with cancer, one of my colleagues his wife had been through it. And he was like "Katie: It's all big data. It's all big data." and I remember from the beginning trying to say to myself "Yep it's all big data. You don't know what your journey's going to be. But try and take solace in the data." But then I couldn't because even though the data was ok, it was pretty good as far as cancer goes, I still was looking at the wrong part of it. I was looking at the minority figures. I dont' know why. If I, you know, if we could crack this in this vaccination field if we could crack it in cancer we could probably spare a lot of people from suffering but I don't know...

42m 36s - actually I did come across some work recently that people were doing in cancer about fear and the fear of cancers coming back and stuff. Maybe, maybe they're gonna start cracking it. Maybe i'll talk to them and say "Hey are you, are you working with this? Are you working with the fact that people zoom in on the unlikely but awful outcome rather than the more likely and good one?"

42m 27s - Actually Katie and if you're comfortable with using your experience as a bit of an analog here, I wonder are you able to identify anything that would've made you feel comfort in that time? So you, going back to Katie 3-5 years ago, is there something that could have actually alleviated some of that fear?

43m 15s - So, I was suffering PTSD because I had a stage 4 scare so they had to go and scan my liver. And if it was on my liver I was fucked. Like I was, you know, Right? So, I had about four or five days of waiting to see whether it was on my liver and it wasn't! So I got a good outcome. And in getting a lot of bad, you know, bad appointments where their like "Ahhhh It's Cancer, Ahhh it's in your lymph nodes, Ahhh it might be in your liver and then it's like fully expecting to get "aahh it's in your liver, you're going to die." And it's like "No it's not in your liver. Now you just gotta have all the treatments then you can clear off."

So I was really, really traumatized and so every single statistic and risk and everything I encountered after that was filtered through my, not just my trauma but the fact that Chemo makes you feel like you're dying. So you feel unhealthy, you feel horrible. So I went to therapy I did all the things and my therapist helped me to understand that when I felt ok physically, because you do sometimes feel ok, sometimes you feel like hit by a truck, when I felt ok I could leave the dark thoughts behind. When I didn't feel ok, I was so preoccupied with what it felt like to be dying that it was all I could think about.

44m 32s - So I don't know how you extrapolate that out to much wider populations but maybe, maybe there's something there in... in you know. I'm guessing people that are primed to be thinking negatively about what vaccines might do to them, might be people who are worried about their health and actually I can, I can leave the personal aside here and go back to research - when we looked at childhood, people worried about childhood vaccinations, they often fell into two camps and one camp was "my kid's too sick to vaccinate" and the other was "my kid's too healthy to need to get vaccinated."

So the whole "my kid's too sick to be vaccinated" I reckon they're my people. Like they're like oh my god and primed through all the bad things. It's gonna be bad.

But when I think about the people I went on that Flashpoint panel with, they all talked about how amazing their immune systems were. And again we found this in the research too: "My immune system's so good. We have all these inputs; we have the organic food and the breast milk, and the wooden toys and the Steiner School. What was fascinating about those parents is that they thought their kids were qualitatively different from like neglected urban poor parents spent the Centrelink money at the races and was a goon bag. That unvaccinated kid was a qualitatively kid from their unvaccinated kid. Even though you bring in an infectious disease expert and they're like "There's two unvaccinated kids." Right?

46m 01s - There's so much differentiation within people's motivations and reasons. So those people who think they're immune systems are amazing, in fact that's what the people on the panel were saying. They're like "I'm not against this vaccine, I just don't want it." Which translated to "I just don't think I need it." of which there were elements of "If I don't need it, there are some risks involved and I don't want those risks because I don't need those risks."

46m 30s - Yeah sure. Which is just again an experience and a way of experiencing that choice in that moment through a very particular lens which doesn't look at some of the more vulnerable members of community that are just praying other people don't infect them with something. Because it will absolutely disastrous.

Man... I mean.. yeah look thank you for taking that to such a personal place and I only asked you through that lens just to see if there was something in there about like, honestly like we're all scared for our lives in in some way and we all, I would like to think, are motivated by what we think, what we think is right. Like in terms of like we're all concerned about safety even if the way we conceive of that is different to each other and very individualized.

Guess my question was really trying to unpack like how do we, how do we reach people through fear? Particularly if a lot of that fear comes from things that are already written before the stressors come into play. You know and that's what resilience is about right? And Prevention.

47m 35s - Absolutely.

I don't know about you but when Covid first hit, my specialty's is in prevention not intervention. So but I got a ton of requests for work, I got really busy and I found myself just being like "Bruhh, like I'm a prevention guy. We're in the middle of a crisis. I can tell you what we've should have done and what we can do. I can't necessarily tell you how to fix what's happening right now, there are other more skilled people that do that sort of.."

So you know, there's a couple of things I picked up on as you were talking. I guess one of them is this idea of coming from a place of I guess I'll call it humility, right? Like looking at science as, you know a foundation made of quicksand. I love that image and that's what it feels like when you're under pressure you're like "I'm sinking because I don't know what is happening right as i'm saying this." But kind of understanding that - look, for me like I'm a reasonably

intelligent person but I couldn't tell you the first thing about the scientific basis of any vaccine. My entry point into the discussion is "I'm putting trust in the people that study this stuff and speak the language of this stuff, more than I would put my trust in someone on youtube that decides they don't like a particular part of an argument that someone has made. Or because they mistrust Big Pharma based on yeah so maybe some crappy stuff they've done in their business practices elsewhere.. I don't see those two things as equivalent. You know like, the reality of business in a capitalist system is so much more complex than just homogenous entities acting consistent with their own values knowing what the left hand is doing at the same time as the right hand.

49m 25s - so for me it's like I know the reality's more complex but I know that there are people way smarter than me who do this stuff for a living. And i'm also not holding them to that standard forever because these things change, like human evolution and progress depends on us changing and understanding the world differently.

So for me it's more like "Look, the people I listen to are way smarter at this. They might not know it but they certainly know a lot more than me. And they could be wrong, I could be in that 5% that you know, has a really bad reaction.

You keep saying those figures but those figures are much too high. It's like 0.001%

Yeah, Sure sure sure. Yeah there you go. I could be that 0.001% or whatever. You know it's just like, there's a degree of "You know what? I need to sort of be clear of what I know and be open to what I don't know until someone proves that. But that attitude of humility I think is really important even for someone such as yourself Katie who is in a position of relative privilege by virtue of you're an expert and a thought leader in this field where that carries weight with people. And you might be an authority to tell people that "hey this is the lay of the land." But in an interpersonal level, more like interpersonal Katie people come to you as a friend might be expecting something very different from you. So the conversation field changes. How do you even that playing field for people and, you know universities as like, again like with these connotations of being a place of like intellectual elitism. I feel like that always comes up in the discussion when we talk about this stuff. It's like uh, researchers think they know everything or these people are smart arses in their ivory towers they think they know everything. And it's like "Well you're not actually listening to what they're saying. Like you might have a problem with the way things are said but, have we actually listened to what is being said? Are we listened, have we listened to the way they've arrived at that conclusion? The conversation needs to be a more nuanced in that sense.

So there's that aspect to it, that I think humilitty goes a long way in this. And then I guess the other thing is just socializing it by focusing on making genuinely more inclusive and increasing the opportunities for us to interact and live amongst one another and to see diversity of people's needs and gifts and experiences as a good thing that requires really good conflict resolution skills.

Because when differences come into contact they conflict, but they're not necessarily always bad. It's just about expending a little more mental energy in that moment to resolve that conflict rather than trying to eliminate make those things happen.

I've probably I've just had a bit of a sermon. You really inspired me with your work Katie. It's just it's really complex but there's so much overlap and it speaks to something deeply human is what I guess i'm trying to say. Does that track with you?

52m 20s = That's good. It tracks completely with me.

52m 23s - It just feels like a real human reaction. As much as it mystifies me and I have my questions, particularly for vaccine refusers around. Well how do you keep other people safe? Like, fine: if you don't want it what is your plan for other people? Have you thought about other people? That's where I go but that again has a lot to do with my orientation , my experience? How do I then just dial it back a little bit... or should I? Should I be more selective with who I have those conversations with?

But hopefully everyone has those people in their lives where they can find that mixture of challenging themselves with but also being supported by people that are kind of on the same page, right? Like if we're just being realistic.

53m 05s = Just to close us out, I just wanna get some thoughts from you Katie. What you think we'll be worrying about going to the future and what you we should be focusing on as, you know, as these things roll out.

53m 19s - well I guess you know, the two pressing things which are coming online. Childhood vaccinations now with one for ages 5 to 11's and boosters. And down the track we'll probably be looking at vaccinating 6 month to 5 year old children. So you know that's an expansion of the program, it's also an extension of the program through like chronologically in that we don't know how many booster we'll need.

And it, you know, what experts have told me is that it's not necessarily like the flu where you need a new vaccine every year because the wily old flu just keeps on changing it up. Of course know covid keeps changing it up too but we do know that these hold up pretty against these new variants.

So it could be that you know after 3 doses you're laughing and then maybe you might need another one in you know, five years? who knows... or it could be that you need them more often. I don't know... yet. So for me as we kind of both extend chronologically but moving from crisis into containment but then also as we extend the reach of the program down into younger people. You know I just, I'm not gonna be out of the job anytime soon. These are all things that are gonna need to be done carefully and sensitively. We're gonna have the challenge with vaccinating our paediatric populations in that we know there are going to be definite benefits in vaccinating our kids for their own good, also for their secondary benefits in terms of schools being opened, soccer happening on sundays, family holidays being able to go ahead, visiting the grandparents.

55min - Or you know, just giving our kids a normal life. Vaccinating them helps us giving them a normal life that also benefits them.

But you know from childhood vaccination that parents in Perth are like "Why do I need to vaccinate my kid against Polio? There's no Polio here." So people are very attuned to what's in it for my kid. So I think that's going to be a challenge to make sure that we can adequately communicate to parents that there are both benefits for society but benefits for their individual child in having the kid vaccinated against Covid-19.

And then yeah, boosters. That will be in part a question to get around what policy levers? Do you change status of are you only fully vaccinated at some point if you're boosted? And then mandates kick in again? Or could we, could this work more on a more voluntary basis? Or strongly encouraged but not required. I don't know. I feel exhausted at the thought of all of it but in saying that as much as I feel exhausted about it, I also feel really excited about coming back to solve those problems.

56m 03s - Oh that's so good to hear it and we bloody need it. I'm really happy to hear that even if you deserve a massive break. Katie, thank you so much like, not only for the questions I wanted to ask you but for taking that into a pretty unexpected...

I wasn't planning to go there either..

Yeah I really appreciate that and I'm sure our listeners will really appreciate just how much you humanized that experience for them. And again not to falsely equivocate experiences like that but they're huge windows, into how we... like into very deeply human vulnerable moments that might hopefully give a lens to someone. Like you've just given a lens to lots of other people to maybe look at this through. That's just much more human which then makes the more objective, abstract information maybe a bit easier to process.

So I again just really want to thank you for letting us to go there with you

56m 55s - No worries and in fact I'm pleased to have gone there too because I keep thinking "What will I take from what I went through and how will that be something that one day I might work with professionally."

So for me to think about that negative priming, that bias and my experience of that might be something I can bring to the work I do in vaccinations. I haven't really thought about until I talked to you so it's been really fruitful for me as well.

57m 18s - Awww, i'm really pleased to hear and just as one last thing Katie like where can people find you and your amazing work?

Aww thank you so much. So yeah, i'm a university academic. That's my bread and butter I don't do much outside of that. So I'm on twitter, I think if you can search me by name.. I have a university profile page where all my research goes. I do try and publish open access as much as I can. I've written lots of profiles for The Conversation so you can find me that way.

