

18 December 2023

Committee Secretary
Senate Legal and Constitutional Affairs Committee
PO Box 6100
Parliament House
Canberra ACT 2600

Via email: legcon.sen@aph.gov.au

Dear Secretariat,

Submission for Inquiry into appropriate terms of reference for a COVID-19 Royal Commission

Catholic Health Australia (CHA) is Australia's largest non-government grouping of health and aged care services, accounting for approximately 15 per cent of hospital-based healthcare in Australia. Our members also provide around 25 percent of private hospital care, five per cent of public hospital care, 12 per cent of aged care facilities, and 20 per cent of home care and support for the elderly.

CHA appreciates the opportunity to provide input into the Inquiry into appropriate terms of reference for a COVID-19 Royal Commission.

CHA believes the COVID-19 Pandemic Inquiry is the appropriate mechanism to review Australia's pandemic response. It will hold sufficient power and be more timely as well as less burdensome on the strained health and aged care sector than another royal commission.

However, CHA considers that the inquiry's terms of reference should be broadened to include state and territory government decisions. The COVID-19 pandemic - and the response of governments to it - caused unprecedented disruption that exposed and worsened existing inequities in Australian society.

Other than the international border closure, the most disruptive and restrictive measures - such as state border closures, school closures, mask and vaccine mandates, and, of course, lockdowns - were implemented by state and territory governments. The usefulness of any inquiry which does not examine these actions is severely limited.

These policies should be reviewed for their positive impacts in terms of protecting the health of vulnerable and disadvantaged cohorts as well as their unintended consequences.

We must ensure that in future pandemics vulnerable people are protected and their special requirements are met to the best ability of the state.

As such, CHA provides the following recommendation:

Recommendation

- 1. That the committee recommends the COVID-19 Inquiry's Terms of Reference be expanded to include unilateral actions taken by states and territories.***

In this submission, CHA considers the impacts of Australia's COVID-19 emergency responses from the perspectives of at-risk communities as well as the health and aged care sector.

Protecting at-risk communities

The need to examine state and territory responses becomes evident when the unequal impact of these responses is considered. Low-wage workers, young people, women and people with disabilities were among those most adversely affected by state and territory policy decisions including restrictions.

A Catholic Health Australia report, [Unlucky in a Lucky Country: How COVID has exposed social inequity](#), published research from the Australian Catholic University which quantified this unequal impact. It showed that areas with higher levels of socio-economic disadvantage, with a higher proportion of blue-collar workers and Culturally and Linguistically Diverse (CALD) residents, had a concentration of COVID-19 cases and also bigger declines in total employment, labour force size, and labour force participation.

Employment data also shows that women were worse affected than men. During the Third Wave which began in June 2021, female labour force participation in Sydney and Melbourne declined by 9.2 per cent, higher than the 8.3 percent figure for both men and women.

Furthermore, the areas registering the highest COVID-19 case numbers also tended to have lower rates of full vaccination. This suggests a possible link between socio-economic status and access to, or acceptance of, vaccination, necessitating further investigation into state and territory public health strategies and vaccine distribution in these communities.

The impact of state and territory decisions to close schools is harder to quantify. But it undoubtedly caused significant upheaval in the education and development of a cohort of Australian children. People with disabilities, especially those living in accommodation services, were also adversely impacted by restrictions.

The personal experience of COVID-19 emergency responses was not homogenous, and their impact was determined by socio-economic and geographic factors that risk being under analysed in the current terms of reference. In short, state and territory decisions cannot be left out of the inquiry if we are to better protect people most at risk during the next pandemic.

Health and aged care

As a peak body representing more than 80 hospitals and 350 aged care facilities, Catholic Health Australia has deep experience of the impacts of state and territory government decisions on the health and aged care sector.

Our hospital members were subject to various measures, including a ban on elective surgeries, visitation restrictions, mandatory mask-wearing, increased testing and mandatory vaccination for healthcare workers. Facing extraordinary inflation pressures, with the cost of Personal Protective Equipment (PPE), for example, rising 600 per cent, many of our hospitals were pushed to the brink financially and just made it through.

The state and territory governments' emergency responses also had a deep impact on residents of aged-care facilities, their families, and the staff providing their care. Governments implemented several restrictions on aged-care facilities, including visitor bans and mandatory testing for staff and residents.

With about 70 per cent of aged care facilities running at a loss nationally, extra costs - including dedicated infection control staff, visitation screening, RAT tests and PPE - put them under ongoing financial pressure that has been exacerbated by lengthy bureaucratic delays in the payment of millions of dollars of federal COVID-19 grants.

State and territory restrictions had a significant impact on the quality of life and emotional wellbeing for residents and their families and must be within the scope of the inquiry.

The inquiry must also consider how leadership and coordination can be improved at both levels of government. The surge of COVID-19 positive cases in aged care, including carers, was not foreseen, prepared for, nor resourced. Our members' interactions with state and federal governments were burdensome, related mostly to the lack of expertise and certainty from the DHHS and the local Public Health Unit.

Another priority must be to examine and improve the way the aged care system interacts with the broader health system, including the relationships between jurisdictional public health units and aged care services, so that older people can swiftly access the care they need.

Conclusion

It is clear that decisions made by state and territory governments had serious impacts on both the health and aged care sector, and on at-risk communities more broadly. To better protect vulnerable people and achieve better outcomes during the next pandemic, all measures with significant impacts on public health and social cohesion should be examined and learned from.

CHA urges the committee to recommend the COVID-19 Inquiry's terms of reference be expanded to include actions taken by the states and territories.

Thank you for considering our submission. If you or your staff wish to discuss any of the issues or solutions raised, please contact me at your convenience.

Yours sincerely,

Jason Kara
CEO
Catholic Health Australia