

**Transcript:** AMA Vice President, Dr Chris Moy, ABC Radio National, Friday, 15 July 2022

**Subject:** Meeting with Health Minister Mark Butler, Covid-19 pandemic measures

HOST: KATHRYN ROBINSON

KATHRYN ROBINSON: Well, the Federal Government is facing growing calls, including from state premiers, to reinstate pandemic leave payments with daily COVID case numbers in the tens of thousands. They're arguing that the \$750 payments should remain as long as workers are subject to isolation orders. It's a case that will be argued at a snap National Cabinet meeting on Monday. The Prime Minister, Anthony Albanese, is standing by his Government's decision not to extend the payments. But in agreeing to premiers calls for a National Cabinet meeting, he's left the door open somewhat to some movement.

ANTHONY ALBANESE: We'll give consideration to all of these issues. But we inherited these decisions, but we also inherited \$1 trillion of debt.

[End of excerpt]

KATHRYN ROBINSON: The Australian Medical Association has this afternoon met with the Federal Health Minister, Mark Butler. Dr Chris Moy is the Association's Vice-President and joins me now. Hi there, Chris.

CHRIS MOY: Hi, Kathryn.

KATHRYN ROBINSON: Now the AMA has joined calls to have these payments reinstated. Was there any movement on this request in this afternoon's meeting with the Federal Health Minister?

CHRIS MOY: Look, we had a constructive meeting with the Minister for Health, Mark Butler. It was actually, he genuinely heard what we had to say. A lot of the focus was in fact on the matter of the rolling back of telehealth, again, for the same sort of reason, it was the previous government's decision.

But we indicated the importance of continuing them at the moment, given the fact we want to be able to provide care safely with the situation where we're talking about another pandemic wave, but also to allow the provision of prescribing of antiviral treatments, as one of the main thrusts at the moment of managing it, and especially in the current reality of the wave that we're at. And I suppose getting back to the wider issues about some of the things that have been rolled back, which is the rapid antigen tests, the paid pandemic leaves, the telehealth, [indistinct] pharmacy, that really what we need is the messaging to be aligned in terms of words and deeds, because I think at the moment, it does feel like there's a differential between what's been said in terms of severity of things, but also the deeds in terms of saying, look, these are the previous government's decisions and keeping it that.

**KATHRYN ROBINSON:** And if anything's taught us to date with the pandemic is how important messaging is. If I can just continue on those payments that have ended, what is the health risk of letting these health payments end with no replacement support, or a different type of targeted support? Do you expect people will simply go back to work while they're sick, because they need to make ends meet, those casuals who don't get paid if they if they're sick and stay at home?

**CHRIS MOY:** There's actually two risks. First up, the community risk, because obviously people are either not going to get tested or they're just going to go to work because they're in a position where they can't afford it, essentially. And that will mean a problem, because from a public health point of view, it means a person who's infectious will walk into a workplace and actually infect other people, which will actually speed this up. And what we're trying to do at the moment is to stop everybody getting infected at the same time, because the problem with the current BA 4/5 wave is this: it's so infectious that getting everybody sick at the

same time means people are going to be away anyway. So there's actually going to be a community health point of view in terms of more people being infected at the same time. But also, there will be economic. This got learnt last time in the previous Omicron wave in New South Wales where they made some pretty dumb decisions, and they actually sped it up. But the other thing is there's actually an individual risk as well, because if people don't get tested, we are trying to, particularly people that are eligible, who may be some of those people who are eligible for these paid pandemic payments, to be able to get them antiviral treatments in the first five days to minimise their chances of getting severe disease and ending up in hospital. And the problem is if they don't get tested, they may - because they don't want to actually get caught out with losing wages - what will happen is, in fact, they may actually not seek treatment as well, which is actually going to threaten their lives as well.

KATHRYN ROBINSON: So when you outline all those risks with respect to the payments ending, how likely is it that an end to these payments will contribute to a spike in cases? Can you say that there would be a clear correlation?

CHRIS MOY: Look, what I can say is, that, you know, when things have been going, when economic decisions like this have been made, and also just opening up decisions like - and New South Wales was the prototype. Whenever they tried to open up even faster during the Omicron wave, they actually sped it up, and that's a false economy in the end, because you're going to go from people that are actually not isolating to people that - and you're worried about that - to people actually getting sick and staying home at the same time. So there is going to be this thing. So the issue is, is actually I do understand that, you know, the thing is under the previous government's decisions, and these are economic decisions. But I think one also has to say that

there's actually an economic aspect of this as well, which hasn't been taken account. But obviously, obviously, the community health, the individual risk point of view, which actually may turn out to be a total false economy.

KATHRYN ROBINSON: On *RN Drive*, AMA Vice President Dr Chris Moy is talking about growing calls for the Government to reintroduce pandemic leave payments. Amongst other things, Chris, you mentioned that the rapid antigen test was discussed today. We know that they will no longer be free for concession card holders at the end of this month, but some states are taking that on themselves. The New South Wales Government says it'll extend free access to RATs for that demographic now until October. What do you hope to see will happen here in this space? Should it be left to the states to resolve, or is it best determined by the Feds, or is there some sort of middle ground that you think we'll arrive at?

CHRIS MOY: Well, I think on the one hand, obviously, we just want people to get the best care possible and deal with this in the best way possible. But I think the flipside is, is it would be nice to do this in a coordinated fashion where the messaging's right. I think even in that, there's actually a sort of a discordance of messaging, where one state is doing one thing and the Federal Government's going the other way. And I think National Cabinet is a great opportunity for the states to actually come together and actually get their act together with the Federal Government so that we're all heading in the right direction, because I think that's what people need to hear. They need to hear this is our problem. We all need to be working the same bridge, and that's when things have worked best. And so it is a matter of not just words, but it's also deeds as well but in a coordinated way, so we're all pushing and pulling in the same direction.

KATHRYN ROBINSON: And then that also gives, I guess, businesses a framework to work upon as well on messaging staff when they need

to come back to work. There's reports this afternoon, Chris, that the New South Wales Premier, Dominic Perrottet, wants a discussion about the length of the isolation period. I mean, we can recall that used to be, if you're coming back from overseas, it was two weeks in isolation and now it's one week for us. He's hinted it be shortened now to five days. What's the medical advice around this?

CHRIS MOY:

Seven days is actually pretty marginal as it is. And there's actually some evidence, as I've heard off the bat, that BA 4/5 might actually be infectious for longer, which is actually a problem. So from a pure health point of view, there's no evidence to do that at this moment in time.

Look, I have to say, the New South Wales Premier has been bit of a serial offender of pushing one way when everybody else is trying to push the other way. We are walking into another wave at the moment. The numbers, I'm hearing, are going to be worse than back in January and we are in a worse position than then, hospitals actually in a fuller position from the starting position. And this is what is extremely worrying. And yeah, we are talking about something more infectious, more reinfections, but also potentially causes more lung infections per unit, the number of people getting infected. So this is not a joke. And really pulling in that direction at the moment and just bringing out the same old economic argument at the moment is just really silly because it's got them into trouble twice before, back in the first Delta outbreak and during the recent Omicron outbreak. They should have learnt by now.

KATHRYN ROBINSON:

Chris, we're almost out of time, but with the case numbers on the up, what we're hearing from you right now about the situation that's facing us here in Australia, what additional steps would you like to see from the Government to keep a lid on cases?

CHRIS MOY:

Okay. Just the things we've said before. Just shore up all those practical things, which is make sure we get the testing right, the telehealth, the pandemic payments, and also just make sure one of the other things is that delivery of medications to patients at the moment. On a practical level, it's really messaging at the moment in terms of everybody being on the same page, as far as messaging, as far as what patients need to do, and I think that's actually been lost in all of it. What people need to do at the moment is to get as many COVID vaccinations as they are eligible for. They need to, if they get sick, they need to isolate and they need to ideally get a PCR test, not rely on a RAT test, unless they can't do it any other way because the RAT tests are getting it - the [Indistinct] dropping over. What we need to do, is don't rely on a negative result there. And the other thing is what we need to do for everybody to mask as much as possible over the next two months, which is when our real danger period is going to be.

KATHRYN ROBINSON:

Should masks be mandated again?

CHRIS MOY:

Well, I think the thing is that we really should be pushing it, and I think that shouldn't be taken off the table. And that's the problem is at the moment there's been - all people have been hearing is it's been taken off the table. And I think that's what people are hearing. No, it should not be taken off table. And I think there's a high chance that it will have to be considered mandated in indoors at the moment, given the wave that we're looking at. But look, I think we've got to get the messaging right, everybody on the same page, and that's not what we're seeing. And we should be strongly encouraging mask wearing at the moment because it's a low inconvenience, high impact intervention.

KATHRYN ROBINSON:

Yeah. Okay. All up for discussion on Monday. Thank you very much for your time, Chris.

CHRIS MOY: It's a pleasure.

KATHRYN ROBINSON: Dr Chris Moy is the Vice President of the Australian Medical Association.

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