

POLITICAL ACTION BY HEALTHCARE WORKERS - WHAT WORKED IN AUSTRALIA

TIMELINE

- In March we were very concerned about the global situation with COVID-19 and the fact that our political leaders were not taking it seriously
- We rapidly formed a loose ad-hoc group of around 10-20 doctors based on personal and Twitter contacts and wrote an open letter to political leaders using Google forms. We had diversity of ages, backgrounds and specialties.
- Google forms collects responses automatically into a spreadsheet which makes it really easy
- We pushed this out through our social networks (Twitter and Facebook mainly) and rapidly collected thousands of signatures of other doctors (initially we targeted this just to doctors)
- This generated a lot of media interest. Journalists mostly contacted us through Twitter and we also had some contacts who we messaged.
- Some of our members had been cleared by their institutions to speak to the media as long as they did not identify where they worked - hence they simply described themselves as a 'surgeon' or 'infectious disease physician' - in the first weeks of the campaign we did many dozens of TV and radio interviews and newspaper articles
- We freely background briefed journalists who really appreciated having unbiased opinions from frontline workers
- We also used the credibility gained by having thousands of health care worker signatories to facilitate private meetings with decision makers
- We did 3 open letters over 4 months and each time used the email addresses that we had gained earlier to push it out to ever bigger audiences using a paid MailChimp account (few hundred dollars total).
- We organised ourselves mainly over a very busy Whatsapp thread with occasional zoom chats
- We were very decentralised. We had informal leadership, people were welcome to do their own actions but would clear it within the group for questions and comments.
- We continued to identify and invite in people who were active and doing things - we would reach out on Twitter and explain what we had done and what we were doing (having 25 000 signatories opens some doors) and invite them in. Someone in the group would usually call to explain how the group worked and how decentralised it was because otherwise it seemed a bit overwhelming
- People dropped in and out and their activity increased or decreased depending on what was happening in the rest of their life.
- We opened up to other healthcare workers for our later campaigns but were very definite that we did not want non health care workers to sign (this was right at the top of our letter). We found this gave us much more credibility. You will have to decide whether just doctors or all healthcare workers, has more credibility in your context.
- Once Australian governments started taking COVID seriously healthcare worker protections were the biggest problem. Our governments and systems were constantly saying that protective engineering measures and PPE were adequate but

we knew they were not. We pivoted to advocating for HCW protection, and used the same system to gather real-life stories of inadequate PPE. We fed these, along with demographic data (e.g. an emergency room nurse from Western Australia) to media who were incredibly hungry for these real life stories that contradicted official lines.

Political strategy and key messages

STRONG MEASURES ON COVID-19 WERE INEVITABLE

- We regarded stronger measures on COVID as inevitable - no government of any political persuasion was able to stand in the face of ever escalating cases. Hence, our aim was to hasten the move to a lockdown and introduction of measures. This meant providing moral and political support to those people inside governments who were aiming for stronger measures.
- Our aim and our language was always about the inevitability of requiring stronger measures and supporting our governments to take this strong, immediate action. We applauded measures already taken, did not criticise even when we were disappointed and were careful with our language. We were not against any government or person, but rather for strong action.

IT WAS POSSIBLE TO AVOID A COVID-19 DISASTER

- We constantly referred to the unfolding health problem for which there were proven treatments - i.e. lockdowns, limiting transmission, contact tracing & health care worker protections
- Pointing out countries and areas with successes - this is easier for the US and Europe now that Victoria, Australia has crushed a 2nd wave as it is demographically similar. Many Asian countries (China, Taiwan, S. Korea, Vietnam) have also demonstrated great successes, but Western politicians often wrongly think they can't learn from Asian countries.
- We avoided getting into 'hot button' political issues. For example, in Australia there were a lot of discussions around whether schools and hairdressers should be open or closed. Interviewers were often looking for a soundbite around these. Our line was always 'we trust the government to govern, our role is to sound the alarm about the health crisis and to support strong action.' That avoids having a headline saying 'doctors say hairdressers must close!'
- Health protection means economic protection - the countries with the best health response have the smallest economic damage

FRONTLINE WORKERS HAVE THE MOST CREDIBILITY

- Everyone has an opinion on COVID but only frontline workers have the most credibility
- We had a situation early in Australia where the infectious disease and epidemiology community took some time to appreciate the gravity of the threat and were actively downplaying the risk. We continuously came back to our 'frontline worker' credibility.
- This was a huge part of our later campaigns around personal protective equipment because we were able to demonstrate the big gap between what frontline workers were experiencing and what healthcare leaders were saying and believing.

- We always tried to be 'humble and generous' in our interviews. We started and ended by saying thank you for hosting us, and our next point was always to mention that we were not speaking in our private capacity, but rather as the representative of how ever many thousands of frontline health care workers.

EXAMPLES

This was our second open letter. This is a copy of it that you are welcome to use and modify (just make your own Google account then make your own copy).

https://docs.google.com/forms/d/1mmThfQ-tF-vU1WG8V04rHE_fv7p5hBUvIJbOr-BJb3A/edit?usp=sharing

This was our open letter calling for better HCW protections that we had additional places to allow people to submit their real-life stories. This is a copy of that you are welcome to use and modify (just make your own Google account then make your own copy)

<https://docs.google.com/forms/d/17myyaVOhQG1av5TLiMb4I4iNhFCTuTwZMWVv7TtPU4A/edit?usp=sharing>

Happy to take questions, we might also organise a Zoom webinar for interested parties.
Good luck! What you do matters and you can make a difference!

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