From Bondi to Fairfield: NSW COVID-19 press conferences, health messaging, and social inequality

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Abstract
The use of media sources increases exponentially during a health crisis or disaster. Similarly, digital health information and misinformation can spread quickly through social media. From the onset of the COVID-19 pandemic, the press conference has been one of the federal, state, and territory governments’ key outlets for providing updates, containing misinformation, reassuring constituents, and articulating public health measures. This article focuses on NSW press conferences relating to the major Delta outbreak in Australia. The article looks at the press conferences as they pertain to the NSW government’s controversial targeting of the lower socioeconomic and ethnically diverse south-west ‘hotspot’ or ‘LGA of concern’, Fairfield, which turned the LGA into an area of intense policing. We argue strategic manoeuvring in the press conferences, through the individualisation of responsibility and blame shifting, formed part of the NSW government’s attempts to minimise political fallout.

Keywords
COVID-19, crisis communication, social inequality, CALD, press conferences, post truth

Introduction
On 31 July 2021, The Guardian published a quiz entitled, ‘10 Quick Questions: glued to Australia’s Covid-19 press conferences? Prove it’ (Boseley, 2021). While it was a reasonably lighthearted and frivolous piece, designed to test readers’ ‘knowledge of the funniest and most bizarre moments from Australia’s Covid pressers’ (Boseley, 2021), it did indicate that press conferences had become an important political spectacle. COVID-19 press conferences were the must-watch media event in Australia since the outbreak of the pandemic in early 2020. With subsequent waves, variants, restrictions, and lockdowns, public interest in 2021 remained – so much so that New South Wales (NSW) premier Gladys Berejiklian made news headlines with her announcement on Friday 10 September 2021 that NSW’s daily 11am COVID-19 press conferences would cease from Monday 13 September (Cockburn, 2021). Staged by politicians and featuring not simply
political leaders, but also other key players such as medical experts and law enforcement agencies, along with members of the media as both witnesses and cross-examiners, COVID-19 press conferences have provided a detailed window into governments’ pandemic response, messaging, and evasion under media scrutiny.

NSW reported its first cases of COVID-19 on 25 January 2020. The first pandemic-related NSW government press conferences were led by either the state’s Chief Health Officer, Dr Kerry Chant, or the Health Minister, Brad Hazzard, or both. A number of the first press conferences included the presence of a Mandarin-speaking translator, as diagnosed cases originated from the Chinese province of Wuhan at this point. These COVID-19 press conferences were not held daily. Moreover, the NSW government’s COVID-19 press conference webpage contains a number of broken links to videos from early March (NSW Department of Health, 2020–2021). The press conference on 3 March was led by Dr Chant and directed to the Chinese-Australian media. Dr Chant talked about the latest cases from Australia as well as the global emergence of the virus (NSW Department of Health, 2020a). She also provided instruction on basic hygiene and asked businesses to establish risk management plans in the event of employees becoming sick or needing to work from home.

On 23 March 2020, Premier Gladys Berejiklian fronted the press to announce that the newly-formed National Cabinet, comprising the Prime Minister and state and territory leaders, had agreed to enact additional nationwide enforcement measures from midday that day (NSW Department of Health, 2020b). The Prime Minister had announced on 13 March 2020 that National Cabinet would meet weekly to ensure a coordinated response to the management of the pandemic in Australia (Parliament of Australia, 2020). National Cabinet would be advised by the Australian Health Protection Principal Committee (AHPPC) (Parliament of Australia, 2020), and its first meeting was held on 15 March 2020. In her press conference of 23 March 2020, Berejiklian employed simultaneously justificatory and reassuring phrases: ‘in keeping with the health advice’, ‘in the interest of our citizens to keep them safe’, ‘this will provide certainty’ (NSW Department of Health, 2020b). She would later return to similar phrases – along with that of individual responsibility and blame – more than a year later throughout the course of her Delta press conferences.

This article focuses on NSW press conferences relating to the major Delta outbreak, which started on 16 June in Bondi and made its way across Sydney, regional areas, and interstate. In particular, the article looks at the press conferences as they relate to the NSW government’s controversial targeting of the lower socioeconomic and ethnically diverse south-west ‘hotspot’ or ‘LGA of concern’, Fairfield LGA (Local Government Area), turning it into an area of intense policing. The main period of discussion leads up and includes 8 July, with the announcement of at least an extra 100 police patrolling Fairfield LGA. Despite the government’s repeated assertions in its press conferences that it was not targeting Fairfield unnecessarily, its containment strategy, involving punitive and coercive restrictions of the LGA instead of any significant, culturally appropriate messaging for the diverse population, undermined a sense of trust in its messaging. We explore how strategic manoeuvring in the press conferences, through the individualisation of responsibility and blame shifting, formed part of the NSW government’s attempts to minimise political fallout.

**Methodology**

Fairfield LGA was heavily policed during NSW’s Delta outbreak. This was in stark contrast to the approach taken in the initial stages of the outbreak in Bondi, a wealthier area. At the same time, the
daily press conference became a mass viewing event throughout the pandemic. As such, we sought to answer the following research question:

What were the key phrases employed by the NSW government during the daily press conferences to establish a rhetoric of individual responsibility and blame shifting during that state’s Delta outbreak in June and July 2021?

With this in mind, we start by exploring literature devoted to the purpose of government press conferences and how press conferences play a role in health messaging, image management (including a sense of credibility), and trust building. Attempts to control its image during the Delta outbreak led the NSW government to shift blame and invoke a rhetoric of individual responsibility, thereby stigmatising the culturally and linguistically diverse (CALD) communities in Fairfield LGA and decreasing the residents’ trust in their government.

The research design was informed by Gilman’s (1987) important exploration of how deviance and disease are assigned across national borders. Our methodology involved (1) a literature review, (2) media analyses, and (3) qualitative analyses of the language of individual responsibility and blame shifting used by politicians and advisors fronting the NSW press conferences. In speaking of syphilis and AIDS through a critical historical lens, Gilman (1987: 100) asserted that ‘The desire to locate the origin of a disease is the desire to be assured that we are not at fault, that we have been invaded from without, polluted by some external agent’. This line of thinking is very much in line with the notion that racialised groups are inherently different and have a different relationship to stigmatised diseases (Gilman, 1987). Like AIDS, COVID-19 has been a widely stigmatised disease in Australia (Lelliott J et al., 2021), reinforcing the racism inherent in the NSW government’s response in Fairfield LGA. The racialisation of COVID is intimately bound up with issues of class and Sydney’s infamous east-west socioeconomic and racial divide, thereby further stigmatising CALD communities blamed for the spread of COVID. Thus, we recognise that people’s lives have been destroyed as much by the ‘idea’ of a disease as by its reality (Gilman, 1987: 88). Ultimately, the rise of COVID in Fairfield LGA was partly a result of the failure of the NSW government to both engage in effective health communication with CALD communities and engender trust in their health messaging.

For the literature search, we used a range of search terms and combinations on Google, Google Scholar, and OneSearch, notably ‘press conferences’, ‘media conferences’, ‘COVID-19’, ‘NSW government’, ‘Australia’, ‘Sydney’, ‘Fairfield’, ‘south-west Sydney’, and ‘outer south-west Sydney’. We were unable to locate studies devoted to the sustained interrogation of COVID-19 press conferences in NSW, Australia, or indeed other Anglophone territories. Many of the studies we cited originate from the political or health sciences, indicating a relative dearth of research in the area of media studies.

To compensate for this gap in the literature and to capture the unfolding nature of events, we also conducted analyses of media reports and commentaries. We looked to media reporting of, and opinions about, COVID-19 press conferences to identify their points of focus. Media articles also provided first-person accounts from residents of Fairfield and south-west Sydney. These insights gave an important voice to the marginalised communities under discussion in this article. Given that the history of Fairfield would be unfamiliar to many readers, we also provided information about its cultural history and socioeconomic status. To do so, we relied heavily on state and local council reports and 2016 census details, supplemented by media interviews with local residents.

However, our focus was on the press conference as the primary source material. Honing in on the period of 28 June to 24 July 2021, we identified and accessed NSW government COVID press conferences from the NSW health website. These dates were selected because the period coincides with
the leadup to the spread of the Delta variant in the outer south-west to the date when the Australian Technical Advisory Group on Immunisation (ATAGI) changed its advice for vaccination in greater Sydney, whereby all individuals aged 18 years and above were strongly encouraged to be vaccinated with any available vaccine, including AstraZeneca (Department of Health, 2021).

The NSW police press conference from 8 July also discussed in this article was located on a Channel 10 News Facebook page through Google search terms, ‘press conference’, ‘8 July’, ‘Fairfield’, ‘NSW police’. Key passages from the above press conferences were transcribed. When transcribing the press conferences, we included the Q&A sessions with the media, as these provided most of the information for analysis. The Q&A provided an opportunity to gauge the media’s level of trust or frustration with the government’s response to the unfolding crisis. Moreover, the Q&A offered a glimpse into the government’s shift towards a simultaneous focus on blame management and its denial of this manoeuvre. The press conferences were then analysed for phrases and statements invoking a rhetoric of individual responsibility and blame management. Phrases relating to individual responsibility were noted alongside strategies of deflection and distancing.

**Literature and media review**

This section outlines relevant scholarly and media discussion of press conference communication focusing in particular on the NSW Delta Outbreak in June 2021. References will be made to NSW press conferences throughout this section to illustrate key points.

Scholars have discussed the use of the media by politicians. For example, Geoffrey Craig’s (2016: 5) analysis of political media performances positions the press conference alongside media interviews and televised debates as ‘representations in mediated public life’ and ‘instances of embodied communication’. He argues that politicians can prove themselves as successful leaders if they are able to successfully perform under the high risk setting of a live press conference (2016: 100). While Craig considers press conference communication from a number of perspectives including leadership, control, screen mediation, and dynamics between politicians and journalists, we observe in this article that during the ongoing COVID-19 pandemic, the press conference and its distribution via both television and social media took on a new importance.

As of the end of October 2021, the press conference has been one of the federal, state, and territory governments’ key outlets to provide updates, contain misinformation, reassure their constituents, and articulate public health measures on the COVID-19 pandemic. The press conference provides an opportunity not simply for politicians to influence a large audience with their public remarks, but also for members of the public to evaluate their leaders (Eshbaugh-Soha, 2013). The news media is the primary conduit between the public and its government, and the press conference allows media to question politicians, serving as a watchdog and raising issues for consideration by the public (Eshbaugh-Soha, 2013). It serves as an important tool in crisis risk communication for governments, the media, and the public alike.

Glik’s (2007) review of crisis risk communication across four disciples, including disaster management, health promotion and communication, found the use of media sources increases exponentially during a health crisis or disaster. The Australian response to containing the impacts of COVID-19 radically accelerated the need for digital inclusion, as education, telehealth services, and businesses swiftly shifted to online platforms (Barraket and Wilson, 2020). This shift followed a trend that has seen the internet becoming an increasing source of health information and services over the past decade (Australian Bureau of Statistics, 2018). While Glik’s article focuses on the importance of strategies to effectively communicate, she does caution that in instances such as
pandemics, where people are more likely to respond with emotion, appropriate communication is essential. Throughout the COVID-19 pandemic, social media has become an effective vehicle for disseminating health information; however, at the same time, misinformation has also spread quickly through social media (Xie et al., 2020). In 2020, the World Health Organisation characterised the flow of health and crisis information via social media as an infodemic and cautioned against the spread of misinformation, a topic discussed later in this section.

Politics and health messaging: A matter of image and trust

One political commentator noted that, in addition to promoting health messages, COVID-19 press conferences have become an opportunity for Australian state and territory leaders to manage both information and their image, giving ‘the illusion of transparency and accountability, even as they sometimes delude the country’ (Tingle, 2021). In other words, compared to 2020, and especially with the onset of Delta, a more virulent strain of the virus, press conferences in mid-2021 took on a greater sense of image management. This is because, as Boin et al. (2010) observe, destabilising events bring about intense politicisation of those events and their responses. At such times, leaders become concerned about who stakeholders, including the press, will hold to account (Watkins and Clevenger, 2021). Thus, while stressing the health advice as being ‘in the interest of our citizens’, the press conference also affords an opportunity for leaders like Berejiklian to ensure their decisions and actions will minimise any negative effects on their electability. Hence, political calculus will influence leaders’ decision-making, as politicians worry about the potential political fallout during a crisis (Watkins and Clevenger, 2021).

Press conferences have had the added importance in helping senior politicians control the pandemic narrative, connect with their constituents, and potentially enhance trust. At the time of writing, membership in National Cabinet gave the state and territory leaders an opportunity to take what Watkins and Clevenger (2021) would call ‘high control’ or more hands-on control over the COVID-19 pandemic response, with the Prime Minister exerting ‘low control’, preferring to delegate many critical decisions and responsibilities to the states and territories. The state and territory leaders also demonstrated they were leaders with high sensitivity for context (Watkins and Clevenger, 2021), by seeking input from a diverse set of advisors, particularly health advisors. Throughout the pandemic in Australia, the joint press conferences between political leaders and senior health officials suggest that policy announcements gain reflected credibility from the involvement of health experts and evidence-informed decision-making (Botterill et al., 2021; Evans et al., 2020). Combining political messages with scientific expertise can therefore increase the credibility of the message, as it ‘publicly signals a strategic affirmation of trust between politicians, one of the least trusted professions, and scientists, one of the most trusted professions’ (Balog-Way and McComas, 2020: 840). Thus, in her press conference of 28 June 2021, Berejiklian stated pointedly, ‘what has served NSW really well is that we’ve relied on the health expert advice of Dr Chant and her team, and that is a source of truth we want everyone to really take advice from’. She assured viewers that the information provided at the press conferences and official government websites ‘are all the sources of truth we’d like the public to rely on’. By extension, what the Premier was declaring is that her health policies and announcements are based on ‘truth’ and therefore to be trusted as the right course of action.

Trust in governments, experts, and their health messaging reduces uncertainty in a complex world (Cairney and Wellstead, 2021). In pandemic times, trust in government is necessary for cooperation, through the public’s adoption of public health interventions and information-seeking behaviour, and to reduce the need for coercive state imposition (Cairney and Wellstead, 2021;
Balog-Way and McComas, 2020). Trust is an important consideration for COVID-19 health messaging as we enter a time of post-truth, of ‘alternative facts and increasing tolerance for mistruths and misrepresentation’ (Kozinets et al., 2020: 130). Over the past few decades, we have witnessed an increased distrust in public institutions, governments, professionals, and cultural elites (Renn and Levine, 1991; Davis, 2018; PEW, 2021). Post-truth interventions by governments and in our everyday lives have led to a current climate of post-trust: that is, of mistrust, doubt, and scepticism (Kozinets et al., 2020). Additionally, distressed individuals often become distrustful; are less likely to accept the validity of communications; and are more likely to give greater weight to negative rather than positive information (Glik, 2007). COVID-19 misinformation is often ‘compelling, persuasive, and emotive’, and is therefore more likely to spread and penetrate faster and farther in social media platforms (Pickles et al., 2020: 4). In the ‘infomedia’ ecosystems of social media, the coincidence of virology and virality has ensured that both social media panic and fake news have travelled faster than the virus itself (Depoux et al., 2020; Cuan-Baltazar et al., 2020). Data from the Australian Bureau of Statistics (2018) indicate that the proportion of internet users accessing the internet for health services or health research increased from 22% of internet users in 2014–2015 to 46% in 2016–2017. It is highly likely that this percentage has increased over the course of the COVID-19 pandemic, especially with the move to services online and the proliferation of pandemic (mis)information on social media. Hence, we currently find ourselves at the intersection of a post-truth and post-trust society combined with a pandemic that has engendered ‘an unprecedented health, economic and social crisis’ (United Nations, 2020). And yet, building trust and credibility in communication is crucial to risk management (Renn and Levine, 1991; Reynolds and W. Seeger, 2005).

Perhaps remarkably, Australia’s state leaders have been able to engender trust, and hence popularity, in an apparently post-truth and post-trust era. For instance, while a loud minority of people, including business leaders, expressed frustrations at the long and harsh restrictions imposed on Victoria during the second wave of 2020, most people were supportive of the state government’s health measures (Stobart and Duckett, 2021). An ABC article published at the close of 2020 reports that, according to polling, Australians’ trust in their state premiers either improved overall or that the premiers maintained majority approval over the course of the year (Briggs, 2020). In contrast, at the national level the Prime Minister’s approval rating appeared to slip lower than that of his state counterparts (Briggs, 2020), especially compared to his strong performance among survey participants a few months earlier (Evans et al., 2020).

We argue that the regular – sometimes daily – state press conferences, with premiers as the main players, were integral to this shift towards greater trust in the state leaders. As the aforementioned ABC article notes:

Yes, 2020 has shaken up the way we live and work, in temporary and permanent ways. But it has also changed the fabric of our public conversation, catapulting previously unheard of public servants into the national spotlight, turning a press conference into a daily ratings hit and transforming our opinions of politicians and institutions. (Briggs, 2020)

Western Australian (WA) premier Mark McGowan was returned in an historic landslide victory for WA Labor in the March 2021 state election. McGowan’s astonishing popularity is largely due to his decisive and health-led pandemic response, especially his tough stance on interstate borders, which has allowed his state to exist largely free of COVID; at the same time, his positioning taps into the state’s long-held separatist streak (Laurie, 2020). The Guardian newspaper reported of McGowan’s popularity on 21 February 2021,
While other political leaders experienced a surge in trust in 2020, and Victoria’s Daniel Andrews featured in a song in the Triple J Hottest 100, no other premier had a portrait of their face tattooed on someone’s leg. (Wahlquist, 2021)

At least one humanising moment from McGowan’s early COVID-19 press conferences in 2020 has become viral (Laurie, 2020). When he was asked on 3 April 2020 if a jogger eating a kebab in public would be breaking social distancing rules and be fined – as had happened in NSW – McGowan repeatedly dissolved into fits of giggles while attempting to answer, cementing his popularity in his state (Marsh, 2020).

The issue of state borders and strong pandemic management, as spelled out in press conferences, was similarly crucial to Queenslanders’ increased trust in Annastacia Palaszczuk, leading to her government’s re-election in October 2020. In a press conference on 14 September 2020, Palaszczuk declared she would rather lose the state election the following month than bow to pressure and reopen borders before her chief health officer advised it was safe (Lynch, 2020). ‘If it means I have to lose the election, I will risk all that if it means keeping Queenslanders safe’, she said, in a public display of confidence that weighed up potential political martyrdom with political gain. As an ABC report noted, ‘this wasn’t an off-the-cuff remark, but rather a prepared line delivered with confidence, in contrast to last week’s wild and angry complaints about bullying and intimidation’ (McCutcheon, 2020). State Opposition Leader, Deb Frecklington, accused the Premier of ‘making the borders into a political weapon’ (Lynch, 2020).

The account of Palaszczuk’s press conference in the Brisbane Times (Lynch, 2020) centred the press conference as a site of power and political adversary in COVID-19 times. The story’s two images are both of press conferences. The first shows the Premier behind the press conference podium, with chief health officer, Dr Jeanette Young, looking on. The second is a photoshopped image of the Premier and Frecklington side by side, though with the latter slightly in front and obscuring Palaszczuk’s left shoulder. Both women stand in front of a black and white backdrop of Parliament House, with media microphones in front of them as if they were political combatants at a press conference. The suggestion here is of two adversaries seeking to hold the upper hand with news media, the primary conduit between the public and its government, and therefore potentially the election. Palaszczuk sought to use the press conference to cement her political image of decisive leadership, strong on border controls and successful in controlling COVID-19. This image was an important foundation of her party’s re-election campaign and a source of her solid personal approval rating (McCutcheon, 2020). Indeed, her party was able to win an additional four seats at the election.

At the same time, we should recognise that government communication around disasters and emergencies is not neutral but potentially inaccessible to some groups (Kent and Ellis, 2015). Trust-building in risk communication requires well-communicated information (Balog-Way and McComas, 2020). However, the terms ‘essential service’ and, relatedly, ‘essential worker’ were among the most commonly-used and confusing keywords to emerge from state and federal COVID-19 press conferences (Hess and Waller, 2021). In question time during its press conferences, the NSW government undermined trust in its actions and policies through its refusal to define what constituted an ‘essential worker’ until deep into the Delta outbreak. Back in 2020, there was public debate over whether hairdressing and personal training were essential services; according to the Prime Minister, anyone with a job was performing an ‘essential service’ (Hess and Waller, 2021). Yet calling all workers ‘essential’ does not recognise that most essential workers are part of the casual or gig economies, often unable to work from home, and therefore would require financial assistance to ‘stay at home’. The Prime Minister’s linguistic manoeuvre
also glosses over the overrepresentation of CALD groups in the ‘essential’ workforce (Berkowitz et al., 2020).

Throughout the first few weeks of the Delta outbreak, Berejiklian and Hazzard repurposed the Prime Minister’s approach to ensure that as many businesses could stay open as possible, until increasing infection rates finally led to additional restrictions and the refinement of the term. For instance, on 10 July, when asked by the media if there should be an order to define what is essential if jewellery and furniture stores were still open, Berejiklian skirted the question and later responded that in some circumstances, people still need to obtain an essential white good or baby product (NSW Department of Health, 2021d). Two days later, on 12 July, she was asked if non-essential retail will be closed, and her response was that her decisions were based on the health advice (NSW Department of Health, 2021e). On 13 July, Hazzard was asked for the definition of essential and non-essential work. His response was that the definition was ‘up to the worker and employer’ (NSW Department of Health, 2021f). He called on workers and employers to ‘use common sense’ (NSW Department of Health, 2021f), thereby putting the onus on others to make the most difficult decision and extricating the government from making a potentially unpopular pronouncement. On 14 July, Berejiklian was again asked why she hadn’t defined the term essential worker. Like Hazzard, she chose to place the burden of responsibility on the individual or their employer to know the right course of action and apply ‘common sense’ (NSW Department of Health, 2021g). She argued that attempts to define the term in other jurisdictions had ‘caused chaos’ and, moreover, ‘the pandemic has changed the definition of what keeps society going. And, for that reason, we have confidence not just in the health orders but in common sense. People know when they are doing the wrong thing’ (NSW Department of Health, 2021g). Finally, on 17 July, Berejiklian arrived to as close a definition as possible when announcing additional restrictions from midnight that evening in the LGAs of Fairfield, Liverpool, and Canterbury-Bankstown: only health and emergency care workers would be able to leave their LGAs and only ‘critical retail’ was to remain open (NSW Department of Health, 2021h).

Fairfield LGA: An introduction

Before discussing the NSW press conferences in relation to Fairfield LGA (henceforth Fairfield), it is important to provide context to the area and therefore to the conditions exacerbated by COVID-19. The experience of COVID-19 is not shared equally across geographic areas, and that vulnerable and disadvantaged communities are disproportionately affected (Pienaar et al., 2021). Fairfield is not simply a geographic location, but is also, as we shall see, a home to at-risk populations who cannot work from home or easily access health information in their languages. Berejiklian acknowledged this herself when she said in a press conference on 12 July, ‘And we know some communities are more vulnerable than others, and we also need to accept that many of the workers we rely on come from south-west Sydney: aged care workers, tradies doing emergency work, cleaners’ (NSW Department of Health, 2021e). Thus, any commentary on the wide-sweeping government intervention in Fairfield must take into account the complex and often intertwined barriers of socioeconomic status, language, and culture.

Fairfield is one of seven LGAs in the South Western Sydney district, and it is one of the most ethnically diverse in Australia (NSW Government, 2018). Fairfield is home to many new migrant communities, with households more likely to be culturally and linguistically diverse and larger in household size than compared to Greater Sydney (NSW Government, 2018). In the 2016 census, the most common ancestries in Fairfield were Vietnamese (16.8%), Chinese (11.4%), Australian (7.8%), English (6.9%), and Assyrian (5.7%) (Australian Bureau of Statistics, 2016). Moreover,
24.8% of households only spoke English at home, whereas a non-English language was spoken in 75.5% of households (Australian Bureau of Statistics, 2016). Languages spoken included Vietnamese (20.4%), Arabic (7.9%), Assyrian Neo-Aramaic (6.7%), Cantonese (4.3%), and Khmer (3.6%) (Australian Bureau of Statistics, 2016).

Fairfield resettles the largest number of humanitarian migrants to Australia, including recent refugees from Syria and Iraq granted asylum under the Federal Government’s special humanitarian intake (Fairfield City Council, 2017). From 2016 to 2019, 11,836 humanitarian entrants came to Fairfield LGA, or 41% of the entire NSW intake (Edmund Rice Centre, 2021). The three-fold increase of new refugees to the LGA in 2016 was not fully anticipated, leading to a strain in resettlement services and the Fairfield mayor calling on the Federal Government for an equitable distribution of localised resources (Timms, 2017). In other words, culturally appropriate support systems were already stretched by the unexpected influx of new arrivals shortly before the onset of COVID-19.

In terms of health outcomes, people from CALD and refugee backgrounds often have low levels of health literacy which can lead to overall poorer health outcomes (South Western Sydney Local Health District, 2016). Unlike other migrant groups, many refugees and asylum seekers have multiple chronic and complex mental and physical health problems, which require comprehensive assessment, primary and specialist care, and ongoing management (South Western Sydney Local Health District, 2016). Commonly-identified health needs after arrival in Australia include psychological issues and psychosocial morbidity, nutritional deficiencies, infectious diseases, under-immunisation, poor oral health, higher rates of preventable conditions, and poorly managed chronic conditions (South Western Sydney Local Health District, 2016). Moreover, living in the west has potential health consequences, for instance, in the longer delays of ambulance wait times, which was reported in the news in June 2021 (Ward, 2021).

Out of the seven LGAs of the South Western Sydney district, Fairfield has the lowest Socio-Economic Indexes for Areas (SEIFA) score, meaning, Fairfield is relatively disadvantaged compared to these other LGAs (NSW Government, 2018). Similarly, the unemployment rates are higher in Fairfield than the state and national averages, while the personal, family, and household wages are lower than the state and national averages (Australian Bureau of Statistics, 2016). Educational attainment is also the lowest in Fairfield than in the other LGAs of the South Western Sydney district (NSW Government, 2018). Unsurprisingly, Fairfield has the highest proportion of households experiencing rental stress (18.9%), followed by Canterbury-Bankstown LGA (18.1%), and Liverpool LGA (14.5%) (NSW Government, 2018). These are the three most disadvantaged LGAs in the district, as well as the three major LGAs of concern within weeks of the Delta outbreak.

The top three occupations in Fairfield LGA are technicians and trade workers; labourers; and clerical and administrative workers (Australian Bureau of Statistics, 2016) – in other words a high representation of essential or lower wage workers. Fairfield is home to Smithfield-Wetherill Park Industrial Estate, which is one of the largest of its kind in the southern hemisphere and a major contributor to the state and national economies (Fairfield City Council, n.d.). Housing nearly 3000 businesses and providing 20,000 jobs, the industrial area is connected to national and international transport networks including the M4 and M7 motorways and the new Western Sydney Airport (Fairfield City Council, n.d.). As a major centre of economic activity, linked to major transport networks, Smithfield-Wetherill Park Industrial Estate attracted workers from outside the LGA, potentially spreading the virus to workers residing in Fairfield, and vice versa. However, many workers there and elsewhere in the LGA are unable to work from home, and NSW press conferences recognised that essential workers are necessary to ensure that goods and services are provided to the state and indeed the country.
On 16 June 2021, a limousine driver tested positive to the highly contagious Delta variant, leading to what would be known as the Bondi cluster. The infection spread throughout Sydney’s affluent eastern suburbs and inner city, leading to the introduction on 23 June of a number restrictions across Greater Sydney, the Central Coast, Blue Mountains, Wollongong, and Shellharbour. These restrictions limited the number of people in indoor settings, introduced masks for all indoor public settings, and limited travel within the metropolitan area for residents of seven hotspot LGAs in the eastern suburbs, inner city, and around Sydney Airport. Cases continued to rise. Three days later, on 26 June, Greater Sydney, the Blue Mountains, Central Coast, and Wollongong went into lockdown.

Fairfield became an LGA of concern in early July, with events escalating shortly thereafter. The following provides a rundown of how Fairfield was presented and addressed in press conferences before the police were called in. Essentially, the LGA was given just over a day to digest this direct messaging to their communities in a series of statements that were ultimately aimed at deflecting responsibility, and hence blame, onto the shoulders of residents. At a press conference on 6 July, Dr Chant noted that the suburbs of Fairfield and Bossley Park, both in Fairfield LGA, were areas of concern (NSW Department of Health, 2021a). On 7 July, Berejiklian announced at her press conference, first, the extension of lockdown and, second, that her government was currently focused on three LGAs, Fairfield, Canterbury-Bankstown, and Liverpool, due to some ‘concerning statistics’ of infection rates (NSW Department of Health, 2021b). Berejiklian made it clear that her government had been in touch with community leaders from the LGAs, but did not provide details. Addressing the three LGAs directly and noting the main source of transmission, which was across connected households or social groups, she said that many of the families in these LGAs ‘have the same background as me’, except that she had not seen her parents, thereby drawing attention to her sacrifice and point of difference (NSW Department of Health, 2021b). Continuing, she asked people to follow the health orders, limit their movement, and not mingle with external family households. She appealed to emotion, with mention of individuals experiencing guilt for having passed on the virus to their loved ones outside their households. She concluded her segment by saying that, while her government did not want to impose further restrictions, she wanted to ‘foreshadow’ that ‘[NSW] Health may provide advice on further restrictions in those communities’ (NSW Department of Health, 2021b).

The government’s emphasis on individual responsibility simultaneously divested the government of blame and ignored the reasons why people from marginalised communities might not follow the health orders. Moreover, blaming individuals did not engender trust from them and their communities. Reading between the lines in this press conference, it is evident that not all residents had been forthcoming to contact tracers about the extent of their movements, suggesting distrust or misunderstanding from residents regarding the implications of infection. In the press conference of 7 July 2021, Dr Chant said that the Health Department would maintain privacy, as she strongly encouraged people who had ‘erred’ to disclose the names of their contacts in order to prevent any further chains of transmission (NSW Department of Health, 2021b). Berejiklian reiterated the message, declaring that ‘no one is going to get into trouble’ if they disclose their movement and contacts, and that ‘the first rule of law is to provide safety for people to tell the truth’ (NSW Department of Health, 2021b). Nonetheless, the two women did not address the underlying causes in these communities that prevented residents from telling the truth. Hazzard pitched in with a rhetoric of individualisation and individual responsibility similar to what we witnessed earlier with the government’s responses to the definition of essential work. He stated that the health experts were ‘doing their best’ and that the government was ‘doing our best, but we need
individuals to be with us on the journey’ (NSW Department of Health, 2021b). Continuing, he declared controversially:

I think at some stage, if the individuals that we need [to cooperate] don’t hear Dr Chant’s message and don’t respond, then at some point we’re going to move to a stage where we’re going to have to accept that the virus has a life which will continue in the community. But we’re trying damned hard at the moment to make sure we can use every effort to suppress the virus. And right now is a critical time, particularly for the community in south-west Sydney – Canterbury-Bankstown, Fairfield, and Liverpool – to understand that your actions, your individual actions, may well determine the future of this virus in our community. Please listen. (NSW Department of Health, 2021b: emphasis added)

Hazzard’s statement placed the blame on the individual’s failure to ‘listen’ and act accordingly, rather than acknowledging any potential failures of communication from his government. In her press conference the next day, on 8 July, Berejiklian likewise emphasised the role of individual responsibility, stating, ‘all the experts have said that if everyone does the right thing, that we can get to where we need to go at the end of the three-week period. But that is a big ask because we know that, unfortunately, unintentionally at times, people don’t do the right thing’ (NSW Department of Health, 2021c).

For many marginalised communities, individualisation ideologies and personalisation approaches do not work (Cardona, 2021). On the contrary, these approaches exacerbate social and health inequalities by benefiting the affluent who possess the educational, cultural, and economic resources to exercise ‘responsibility’ and ‘common sense’, avert risks, and adopt health-protective behaviours (Cardona, 2021). The individualisation of risk management further stigmatises vulnerable communities by shifting the blame for poor health outcomes from government to individuals (Cardona, 2021). The NSW government’s shifting of blame ignored a number of conditions that allowed the virus to spread quickly in Fairfield. In addition to the high number of essential workers, these conditions included larger families in households and a younger demographic (Australian Bureau of Statistics, 2016) that was ineligible to receive the vaccine in July. Other risk factors for CALD communities included higher chronic disease burden, barriers to health care access, and poverty (National COVID-19 Health and Research Advisory Committee [NCHRAC], 2020).

The NSW government failed to properly communicate both risk and safety to the diverse CALD communities of Fairfield in a timely manner; the press conferences could only achieve so much because they did not communicate interculturally. The term ‘intercultural communication’ acknowledges that language proficiency as well as cultural factors can affect interactions with speakers from CALD backgrounds (Woodward-Kron and Story, 2020). Culture ‘is a set of shared meanings, symbols, and norms’, while cultural identity is the ‘discursive stress’ that individuals place on their emotional connection to a culture (Croucher et al., 2015: 73). Given these factors, developing credible and culturally relevant COVID-19 information in languages other than English is vital (Wibawa, 2020), especially considering health communication strategies might overlook both health literacy principles and the unique language and cultural aspects of different populations groups (Nutbeam, 2000; O’Mara, 2012). In May 2020, the National COVID-19 Health and Research Advisory Committee, set up to provide advice on Australia’s health response to the pandemic, had warned that CALD communities were missing out on vital public health information (National COVID-19 Health and Research Advisory Committee [NCHRAC], 2020). More than a year later, and as noted by the media, the NSW government’s approach to CALD communities was still belated, reactive, and inadequate to a heightened crisis such as the Delta outbreak.
(Ho, 2021; Singhal, 2021), leaving people too fearful to be tested or mistrustful in the presence of contact tracers for fears over their personal safety or that of their loved ones.

After failing to speak to CALD and low socioeconomic citizens in a timely and effective manner, and, instead, suggesting residents were refusing to ‘listen’, the government shifted increasingly to the defensive against charges it was unfairly targeting the south-west of Sydney. At the press conference on 8 July, a reporter asked Berejiklian if she had a message for people in the area who felt ‘unfairly singled out’ or ‘blamed for the outbreak’. She denied the charge, switching at times to first-person plural pronouns ‘we’ and ‘our’ to argue, among other things, ‘We’re here to help people, to make sure people know what the risk is, but I don’t think I’d be doing my job properly if I didn’t call out what the health advice said’ (NSW Department of Health, 2021c). She also said, ‘Our words come out of care and compassion. Our words come out of wanting all of us to come out of this as quickly as possible, as safely as possible, and as intact as possible’. (NSW Department of Health, 2021c). As Hansson (2015) notes, the use of the first-person plural pronoun is a defensive linguistic strategy of blame avoidance. The government remained acutely aware of its media image. Thus, following his aforementioned comments from the day before which made headlines, Hazzard was careful with his words on 8 July, choosing not to name any of the three LGAs of concern. Instead, he referred to them as the LGAs mentioned by Dr Chant, thereby distancing his government from charges of racism or prejudicial targeting.

The government press conference on 8 July was shorter than usual and provided no foreshadowing of the police press conference to be be held later that afternoon, which would announce an increased police presence in Fairfield. While the police were a daily presence at the government’s press conferences, mostly in the form of Deputy Commissioner Gary Worboys providing the latest updates on infringements, their presence was secondary. In contrast, the police press conference featuring Deputy Commissioner Mal Lanyon and local commander Assistant Commissioner Tony Cooke had a disciplinary air. Conveniently, this press conference provided an opportunity for the NSW Government to temporarily dissociate itself from the inevitable backlash. The police’s eight-minute press conference was carefully worded and made a point of not mentioning Fairfield, strongly suggesting the content had been developed over a considerable amount of time in an attempt to minimise political fallout. Lanyon announced a ‘dedicated police operation’ starting from 7am the next day, consisting of ‘at least’ 100 additional police officers in the south-west of Sydney (10 News First, 2021). Like Berejiklian the day before, he stressed that police actions were at one with the concerns of NSW Health who determined the hotspot areas, and that ‘Our work has been solely dedicated on ensuring community safety’ (10 News First, 2021). He denied the operation was discriminatory, stating, ‘The virus has shown very clearly that it doesn’t discriminate and nor does the NSW Police. That is why we are targeting the south-west metropolitan area as of tomorrow, as we have done where other areas of concerns have been identified’ (10 News First, 2021). Lanyon argued that police had been a visible presence throughout the lockdown to ‘educate’ people about how to comply with health orders (10 News First, 2021). Cooke added that the police in the south-west would be ‘a high visibility’ presence to ensure compliance and that multicultural liaison officers ‘have been deployed for weeks now across the community’ (10 News First, 2021). We argue that, instead of instigating effective health promotion campaigns, the government was now deploying fear tactics of visible intimidation and implicit threat to ‘educate’ individuals to stay at home. Criticism of the police operation was immediate, with critics describing it as a double standard compared to actions taken elsewhere, notably in the east (AAP-SBS, 2021).

The government’s contrasting actions concerning the movement of the Delta variant from Bondi in the east to Fairfield in the west brought into sharp relief the infamous east-west socioeconomic and racial divide in Sydney. Such an observation was made in August 2021 by international
publication, Reuters (Kaye and Gralow, 2021). The first two paragraphs present the contrasting images of east and west:

On the sands of Bondi Beach, one of Sydney’s wealthiest suburbs, surfers and seaside walkers jostle for space, while joggers clog the nearby promenade and fitness buffs huddle around public exercise equipment.

To the west, where COVID-19 infections are greatest, stores sit shuttered on empty streets as some of Australia’s most migrant-heavy neighbourhoods endure heightened lockdowns (Kaye and Gralow, 2021). The harsher restrictions and tougher policing in south-west Sydney stoked resentment as well a sense of unjust levelling of blame from a government they had come to trust (Kaye and Gralow, 2021). As the same publication records:

‘Even the refugee communities who came here 40 years ago, how do we think these people will feel in a situation like this?’ said Elfa Moraitakis, CEO of SydWest Multicultural Services, which provides aged care and settlement services for refugees. ‘Of course they feel targeted.’

Mervat Altarazi, a Palestinian refugee who is also a SydWest case worker, said the police presence had raised doubts in her clients, many of them from countries like Iraq and Syria.

‘It’s like a shock for them as they believed they arrived in a free country and they say, “we face same what we face in our (home) country”,’ she said.

“Some of them told me, ‘we are not the virus’.” (Kaye and Gralow, 2021)

The final quote, ‘we are not the virus’, reminds us of Gilman’s exploration of how deviance is assigned across national borders, and that foreign bodies can be targeted as diseased (Gilman, 1987). Thus, the first few months of the pandemic saw the blame shift to Wuhan (hence the terms ‘Wuhan virus’, ‘China virus’, or ‘Chinese virus’) and, shortly thereafter, the global Asian communities that saw an increase in xenophobia, discrimination, and interpersonal violence (Ho, 2021; Su et al., 2020). Residents of Fairfield regarded themselves as similarly targeted. Indeed, on 15 July, the Mayor of Fairfield went on radio to defend his jurisdiction and make the case that, ‘This was a medical emergency, not a criminal emergency, and they sent in the police. It’s just the way the messaging was done and the narrative’ (2DayFM, 2021). The government faltered in its health messaging and thus it turned the narrative against its own citizens.

**Conclusion**

Throughout this article, we offered commentary and analysis of the NSW press conference communication during the COVID-19 Delta outbreak in Fairfield LGA from June to July 2021. Proceeding from the observation that the press conference had become an important mode of health communication and political performance during the pandemic, we discussed our key research finding – that during the period under analysis, the NSW press conferences emphasised individual responsibility to the CALD community in particular.

The rhetoric of responsibility espoused throughout the press conferences under analysis in this article is an important site of future media studies research. While this article is limited to the specific time period and the Australian state of NSW, we have observed similar approaches to communication in press conferences across the world. As new strains of the virus emerge and governments
grapple with how to move through the changing conditions of the pandemic, further critical analysis of press conference communication is essential.

Government press conferences are intimately entwined with image management. While they can serve a function to communicate useful or even life-saving information in a time of pandemic, they also serve to promote a government’s political ambitions. In so doing, they can obscure the truth. Social and economic inequities underpin health inequities (Baum et al., 2012; Lupton, 2017). When the Delta outbreak made its way from Sydney’s east to its west, the government’s announcement on 8 July to increase police presence in Fairfield was widely criticised as punitive, racist, and alienating. In the leadup to that date, the government attempted to create a narrative of truth, care, and concern through its press conferences. Yet these press conferences also showed a government under pressure to justify its actions in Fairfield, as it resorted to the tactics of blame management and the individualisation of responsibility. Despite arguing that her government’s actions were based on medical ‘truth’, Berejiklian’s press conferences sometimes had an air of post-truth, complete with alternative narratives that served the function of political survival at the expense of its own marginalised citizens.

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