

## The Delta strain is not the only thing spreading in south-west Sydney. So is racial bias

*No helicopters flew over Bondi when the virus was rolling out there, and no police swarmed all over the northern beaches at Christmas*



*An extra 100 police officers are patrolling south-western Sydney, a response the premier Gladys Berejiklian says is not 'political'.*

*Lydia Shelly*  
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An extra 100 police officers have been deployed across south-west Sydney in response to the growing number of Delta strain Covid cases in greater Sydney.

There is no doubt the Delta strain is highly transmissible – we have seen it spread from Bondi where it was first identified to western Sydney and south-west Sydney.

Although the virus does not discriminate, policy responses – whether because of conscious or unconscious bias – can. We did not see helicopters and police swarming over Bondi when the Delta strain started spreading. There was no cavalry of police in the northern beaches last Christmas. On Friday the New South Wales premier, Gladys Berejiklian, indicated that “we all need to work together” and that “it is up to all of us” if we want to go back to “normal life”.

We are now deploying police to enforce the healthy behaviours necessary to mitigate the spread of the virus – illustrating what it means to securitise health.

It appears that 18 months since Covid appeared in Australia and notwithstanding the release of the Victorian ombudsman's report into the Melbourne towers lockdown, we have missed the opportunity to learn lessons on how we can really “work together”.

Treating a health issue as a security issue is not the answer and should not be considered a normal response to a health crisis. The disproportionate policing of lower socio-economic areas that historically have a strained relationship with police is not the answer to a health crisis.

Berejiklian has insisted the response is not “political”, but that fails to recognise the unconscious bias that not only makes the political and law enforcement response political, but it is also imbued with racism and elitism. It also demonstrates the failure of cohesive community and political messaging and the failure of meaningful and inclusive consultation with culturally and linguistically diverse communities – which can have devastating health outcomes.

People who live in “suspect” communities that have continuously been viewed through a security lens, or as a “threat”, and have grown up in the age of terrorism, are not blind to the dangers of policies that are built on preconceived notions that they are untrustworthy and inherently dangerous or “a risk” to others – and the law enforcement responses that inevitably flow consequently.

Poor political messaging and using police as armed enforcers of health behaviours and policy can further fracture the existing faultlines in our communities.

Securitising health policies and imposing disproportionate police responses jeopardises public confidence in the very institutions that are charged with keeping us safe. They give the impression that, ultimately, policies are decided by those with harbour views – who are satisfied to have people from south-west Sydney drive them in their Ubers, clean their office buildings, renovate their multimillion-dollar houses and be essential workers; where the only experience those in power have with members of “suspect” communities is when they travel to the area on food safaris or for a photo opportunity in places of worship. And when non-residents leave, residents remain living and working in high-density areas.

It is not a coincidence that the health infrastructure, including local hospitals in western Sydney and south-west Sydney that serve some of the

most disadvantaged and marginalised communities, are chronically underfunded compared with health infrastructure in the east, north and south. For example, Canterbury hospital serves more than 220,000 people, according to NSW Health, and yet it remains chronically underfunded.

In May the ABC reported that senior medical staff had written to the NSW health minister, Brad Hazzard, highlighting concerns of “third-world conditions” at the hospital – only resorting to releasing the letter to the media when they didn’t receive an adequate response.

It is not the job of essential frontline workers, such as nurses, doctors, and other medical professionals, to beg for funding. It is not the job of western Sydney residents to be the public scapegoat for the failure of health infrastructure being underfunded (even before the pandemic), a failure of vaccine rollouts that have resulted in only 9% of our population being vaccinated, a failure of hotel quarantines, a failure to financially support many Australians who are struggling to put food on the table and keep the electricity on in their homes – who cannot afford to quarantine and stay at home to begin with and who live outside the electoral boundaries of south-west Sydney.

Everyone wants to be safe and to return to normal life, but for many in western Sydney a return to normal life cannot mean a return to living with health inequalities and disproportionate policing or with a real risk that healthy behaviours will continue to be enforced by police.

The restrictions on our daily lives have been easy to impose. It will be much harder to lift them. When they are lifted, we need to ensure that the inherent biases and discrimination that the policies have revealed are dismantled.

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