Victims of failure – how the COVID-19 policy response let down Australians

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COVID-19 restrictions have severely limited Australians’ economic and social activity.

After failing to close international borders quickly, the Australian government moved through various stages of restrictions without knowing whether previous restrictions were effective.

The response to COVID-19 suffered from four main problems:

1) Restrictions were not adequately justified:
   - Governments inappropriately relied on metrics such as non-compliance with new public health orders to justify increasing restrictions.
   - Governments did not meet necessary standards to curtail individual liberty.
   - Measures to suppress the virus were not adapted as knowledge of the virus increased.

2) There was no clear exit strategy:
   - There was constant confusion about whether Australia should pursue a virus suppression or elimination strategy. And governments continually refused to announce what specific metrics would need to be met for restrictions to be eased.

3) Restrictions were not appropriately weighed against trade-offs:
   - Australia’s unemployment rate is at 7%.
   - Australia’s debt could reach $1 trillion.
   - Mental health service providers have reported increased demand.
   - Suicide rates are anticipated to increase.

4) Decision-makers were not held accountable:
   - The National Cabinet process concentrated too much power to a small number of people.
   - Decisions were not properly scrutinised.
   - Important information was not officially released.
   - Australia’s elected politicians ceded too much of the decision-making to health bodies and bureaucrats.
Introduction

In March 2020, Australians suffered restrictions on their businesses, liberty, and freedom of movement previously unseen in peacetime.

The purpose of this paper is not to debate the efficacy of virus interventions. It is to determine whether governments’ COVID-19 policies were appropriately justified, weighed trade-offs, and met necessary standards of accountability [See Box 1: You cannot criticise that!].

As Australians approach nearly a year of living under varying degrees of coronavirus restrictions, it is timely to analyse the response taken by Australian governments — both through the National Cabinet process and individual states and territories. One of the instruments used during COVID-19, the National Cabinet, has become a permanent fixture under the assumption it functioned well, so analysing the policy responses is essential to determine whether they were suitable. We do not want to become, as one health official claimed — “victims of our success.”

As was demonstrated in the CIS publication *The 12-Week Window: Coronavirus Crisis Australia didn’t have to have* by Salvatore Babones, the government failed to prevent a coronavirus outbreak in Australia. This paper focuses on the period immediately after this, when the focus shifted from preventing virus importation to domestic containment.

The COVID-19 policy response can be broken into two distinct phases:

1) Weeks 10 to 19 of the pandemic, starting immediately after the period covered by Babones’ paper and continuing until the announcement of the ‘Roadmap to Recovery’. During this time decisions were mostly uniform across the country and directed by the National Cabinet.

2) Weeks 20 to 39 of the pandemic, which focuses on when Victoria re-entered restrictions until the announcement of their easing. During the second period, decisions about virus mitigation differed significantly around the country as local responses took precedence.

This paper will examine whether the policy response was:

1) Appropriately justified;
2) Had a clear exit strategy;
3) Weighed trade-offs; and
4) Whether decision-making met standards of accountability.

To understand the scale of government intervention, and the speed at which restrictions were introduced and scaled-up, a detailed timeline of the restrictions can be found in Appendix A.

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* This paper will not use the term ‘second wave’ because Australian health officials have stated this is not a public health term and “there is no definite definition.”


Box 1: You cannot criticise that!

It is often assumed those who criticise the response to the pandemic are implying the government should have ‘done nothing’ and ‘let the virus run free’ — this is an oversimplification. Firstly, it is important to acknowledge the difficult circumstances governments were in, as RMIT academics Allen, Berg, Davidson, and Potts wrote:

One of the challenges facing decision makers in relation to the COVID-19 pandemic [was] the lack of information associated with the virus itself. The social cost associated with spreading COVID-19 was unknown or highly uncertain through February and March 2020 when policy choices were being made. For the most part, policymakers in most countries assumed the social cost would be very high, and the unprecedented global policy response (relative to viruses such as the seasonal flu) reflect that assumption.³

However, uncertainty does not allow governments to install whatever policy mechanisms they wish. As academics from Georgetown University, University of New Orleans, and The University of South Florida, Brennan, Surprenant and Winsberg argue, for government to impose severe restrictions on their citizens, they need to be appropriately justified and "accompanied by the epistemic practices morally required for their adoption or continuation."⁴ Brennan et al. continue:

Basic liberties can be restricted only if justifications survive strict scrutiny, while restrictions on non-basic liberties still require significant justification. The stronger the imposition and the greater the potential harm it imposes, the stronger the needed justification.⁵

Although the concept of basic liberties is disputed within liberalism, "all liberals believe in a "presumption of liberty"... By default, citizens are presumed free to do as they please, and by default, liberty does not need to be justified."⁶ Conversely, in a liberal democracy, restrictions on liberties must be adequately justified.⁷

Secondly, policy making, whether during a crisis or not, needs to be led by elected politicians. However, during coronavirus, the health bureaucrats were mostly in charge as political leaders abdicated their responsibilities and insisted, they were ‘following the experts.’ However, as Babones concluded after he analysed the federal government’s failure to close Australia's international borders quickly, "It was entirely ill-advised for the political leadership to have relied on bureaucrats to guide their actual decisions as heavily as they did."⁹ The closing-off of important decision making limited "the scope for proper criticism and public policy debate."²⁰ As will be discussed in later sections, this not only led to an insufficient response to coronavirus but failed to take into account the significant trade-offs that would result from following government expert's advice. As Dr Sebastian Rushworth explained: “It’s very strange that no one has even tried to calculate the damage from lockdown before deciding to engage in lockdown. You would think any government would do a cost-benefit calculation...”¹⁰

Lastly, while COVID-19 is a novel virus, there is nothing new about pandemics. As the federal health authorities acknowledged in their influenza response plan: “Though information [about a virus] will initially be scarce, some predictions of the course of the disease and the demands it may make on our health systems and wider society can be made in comparison with seasonal influenza and past pandemics.”¹¹ And, as Brennan et al. wrote:

“...a literature search reveals there are no published, peer-reviewed papers demonstrating the effectiveness of universal lockdown procedures to combat any epidemic...we lack empirical evidence that extensive lockdown policies or maximal suppression work at all, never mind that they are superior to other, less draconian practices.”¹²

Further, in October 2019, the World Health Organisation published a paper titled Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza, which “provides recommendations for the use of non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza.”¹³ At this time, the WHO recommended voluntary, individual behaviours that are minimally disruptive such as hand hygiene and cough etiquette, regardless of the level of severity of a pandemic; and measures such as workplace closures, and internal travel restrictions if the severity of a pandemic was “extraordinary.”¹⁴ (See Appendix C for a list of recommendations from the WHO.)
Analysing the policy response

Were restrictions adequately justified?

The analysis in this section will use statements made by the National Cabinet and the Australian Health Protection Principal Committee (AHPPC) to examine how governments justified increasing COVID-19 restrictions. The government used the information provided by the AHPPC to justify their actions; therefore, it is important to cross-reference their recommendations with government policy. Also, the federal government’s Australian Health Management Plan for Pandemic Influenza (August 2019) [Pandemic Influenza Plan] and the Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) (published February 2020) [COVID-19 Response Plan] will be examined to determine whether the response met the government’s ethical guidelines for protecting individual liberty. Further, the success of the government response to COVID-19 was dependent upon behavioural modification at the population and personal level — a feature emphasised in the $30 million national communications strategy for coronavirus — so examining the public messaging around COVID-19 is important, to see what government chose to emphasise.†

After Prime Minister Scott Morrison announced the National Cabinet had decided to shutter the economy for at least six months, he added: “Premiers and Chief Ministers will consider further Stage 2 restrictions if social distancing measures are not adhered to.” The emphasis on non-compliance as a key metric to introduce more restrictions formed much of the coronavirus response. The AHPPC supported this strategy and argued more restrictions were acceptable “to enforce the new way of life in social distancing that we will have to endure and to adapt the community mindset.” This was despite their admission: “It is too soon for the measures introduced only last week [mid-March] to have impacted on the epidemiology.”

Further, the AHPPC stated that even though Australia had reached 1000 cases (as of March 22 2020), the test positivity rate and COVID-19 fatalities were low — especially compared to other countries. Further, case numbers are simplistic and do not provide information such as how severely someone is impacted by the virus, or whether the virus was acquired overseas or locally (See Appendix B for a graph on the number of hospitalisations). At the time, the health bureaucrats were expressing cautious optimism. The rise in cases was concerning them; however, they emphasised the relatively good position of Australia — compared to the rest of the world — and the strength of the health care system to respond. Given this situation, and their admission that earlier less restrictive measures would not have had a chance to impact the epidemiology, it is difficult to argue increasing restrictions were not an overreaction based on subjective measures of non-compliance [Box 2: Modelling]. Both the Pandemic Influenza and the COVID-19 Response Plans warned overreaction could require measures to be scaled down, and lead to wasted resources and undue stress.

For governments to introduce extraordinary prohibitions on people’s lives, and livelihoods [Box 3: Liberty dies in COVID], they need to provide robust evidence to justify their responses. Evidence based decision-making is not only necessary for good governance but form a part of the Pandemic Influenza Plan and the COVID-19 Response Plan. As retired professor of pathology and former National Health Services consultant pathologist Dr John Lee said, when asked about what the alternative to lockdowns should be:

What you shouldn’t do is imprison your entire population and do epidemiological and biological experiments on people, which don’t have any way of being verified! Which don’t have any evidence to support them...

But on March 22, after several restrictions had already been introduced, the AHPPC announced they would be developing “…a suite of measures to assess the efficacy of all interventions.” This would include evaluating the efficacy of border measures, reductions in gatherings and group size, and the “combined efficacy of case finding and contact quarantine measures augmented by social distancing.” Although it is prudent to evaluate measures during a pandemic, building the evidence base is only helpful if it informs policymaking and decisions are adapted.

But Victoria is a case study in being non-adaptive and inflexible — breaking the COVID-19 Response Plan’s commitment for measures to be flexible, scalable, and “proportionate to the risk associated with the current disease.”

† “The Australian Health Protection Principal Committee is the key decision making committee for health emergencies. It is comprised of all state and territory Chief Health Officers and is chaired by the Australian Chief Medical Officer.”

SOURCE: Australian Health Protection Principal Committee (AHPPC) | Australian Government Department of Health
Box 2: Australia’s COVID-19 Modelling

In mid-March, the government stated they would use modelling to “inform ongoing prediction for the course and impact of the epidemic in Australia, and inform our preparedness for COVID-19.” The modelling was not publicly released until April 7, after the introduction of restrictions — a point discussed in greater detail in the section on accountability. “The theoretical modelling [found] an uncontrolled COVID-19 pandemic scenario would overwhelm our health system for many weeks.” (See graph below)

These models “do not take account of the specific measures Australian governments have implemented.” Further, it is key to note this model “does not reflect the actual spread of the virus in Australia.” This modelling was created by the Peter Doherty Institute, and infectious disease modelling experts at James Cook University have noted an error which meant the number of predicted ICU beds was drastically overestimated. The Doherty Institute notified the federal government of the error in June, and it did not “affect its implications for policy.”

Errors in modelling need to be identified, and much has been written about the problems with COVID-19 modelling. However, a more significant point to note is that theoretical modelling is a tool to help inform decision making — it is not infallible — a point Australia’s Chief Medical Officer Brendan Murphy and Deputy Chief Medical Officer Nick Coatsworth have raised. Decision makers should have taken into consideration a range of potential trade-offs and considerations beyond COVID.

As Professor of Medicine, Epidemiology, and Population Health at Stanford University School of Medicine, John Ioannidis, wrote in mid-March: “At a time when everyone needs better information, from disease modelers and governments to people quarantined or just social distancing, we lack reliable evidence on how many people have been infected with SARS-CoV-2 or who continue to become infected.” The government could have justified recommending people social distance and isolating positive cases, or a short-sharp lockdown in March until better information on the spread of the virus in Australia was known. Although, restricting activities such as outdoor exercise, and sitting on park benches, are nearly impossible to justify, even when knowledge of the virus was limited. However, after adopting a strategy of coercive lockdowns in March based on limited data, the government embarked on a plan that could not be proven to work and inhibited their ability to exit from restrictions.

Finally, any retrospective modelling that finds government interventions slowed the spread of the pandemic should be viewed cautiously. As the AHPPC admitted in May, it would be difficult to quantify specific measures due to the “rapid introduction” of individual and community-level physical distancing “almost simultaneously.” Their modelling shows, for COVID-19 strategies to be successful, the reproduction number would need to be less than one a target Australia met on 29th March, it is nearly impossible to tell which restrictions — if any — worked. As Lee has argued, there are so many variables to consider in modelling COVID restrictions — an almost infinite number of scenarios can be justified.
when, it is clear the failed quarantine scheme was responsible for the outbreak of coronavirus cases in Victoria from June to October.45

Victoria’s response to a COVID-19 outbreak was similar to the strategy adopted early in the pandemic. Andrews moved through restrictions quickly and penalties were introduced to punish those who breached the new public health orders.

Similarly, South Australia issued new ‘Stay at Home’ requirements, to be in place from November 19-25, 2020.46 The new lockdown was in response to a cluster of 20 cases and was designed to act as a “circuit-breaker” to prevent further cases.46 However, on November 22, the ‘Stay at Home Direction’ was revoked after it was discovered a man who tested positive allegedly “misled contact tracers” about where he had contracted the virus.49 Although the lockdown was precipitated by an alleged lie, Premier Steven Marshall still showed he was willing to use lockdowns to apparently stop the virus, and went even further by banning outdoor exercise.

By adopting a strategy of coercion early in the pandemic, it became difficult, almost impossible, for responses to the outbreak to abandon this pattern. Politicians became trapped in the ‘politician’s syllogism’ — they adopted costly virus suppression or elimination tactics, that could not provide instant results, and when results were not instantly provided politicians had to ‘do more.’50

Not only were health bureaucrats and politicians mostly focussed on experimental measures and behaviour modification, but they were also non-committal about what the triggers for increasing restrictions would be. During a press conference on March 27, a journalist asked Morrison if the National Cabinet discussed trigger points for stage
three lockdowns and he did not directly answer the question.\textsuperscript{31} The National Cabinet should have devised and publicised what metrics would necessitate a tightening and loosening of restrictions. Although questions kept being asked of various health officials and politicians, the answers provided were always vague. Considering the modelling used to justify government’s response was based on precise data points such as case numbers, clinical severity and ICU capacity, it is difficult to imagine there would not have been specific trigger points for an increase in restrictions. If such a plan for increasing restrictions existed, it is important to ask why it was not released; likewise, if it did not exist, why? As daily press conferences and every media site published daily counts of cases and deaths, knowing the trigger points for restrictions would have provided some certainty to the Australian public.

However, given the impetus for increasing restrictions — at least what was publicly emphasised — was non-compliance with existing measures, it appears this was their focus. Focussing on compliance as the justification for why restrictions would or should be increased provided too much power and control to the health bodies. It is true governments have an enormous amount of power to introduce laws to curtail civil liberties in an emergency such as a pandemic. But they should wield these powers cautiously, and they need to make a case to justify restrictions. Further, it is crucial appeals to ’follow the science’ are viewed cautiously. As Lee wrote, scientists can become singularly focussed on their field due to its complexity, which is...

why, when scientists call for their findings to be implemented by government, we need politicians and civil servants to moderate their enthusiasm, examine contrary views and express appropriate scepticism. And, in short, judiciously weigh all the other factors that come to bear on any given set of conclusions.\textsuperscript{32}

This critique is not a justification for government inaction. But, after failing to close the international borders in time, the National Cabinet moved through various stages of restrictions without knowing whether their less draconian and intrusive measures were effective. Not only did governments justify restrictions mostly based on non-compliance, essentially punishing healthy people who wanted to work, the National Cabinet continually refused to reveal their exit strategy.

### No Exit: Suppression vs. Elimination

From the beginning of the pandemic, there was a debate about whether Australia should pursue a suppression or elimination strategy. Suppression is where effectively the reproduction number of the virus is below one, but it is still in the population, and elimination occurs when there are zero cases of the virus over a designated period of time. Interestingly, neither the Pandemic Influenza Plan nor the COVID-19 Response Plan use the terms suppression or elimination — at all.\textsuperscript{33} The confusion over which strategy to adopt meant National Cabinet was unable, after imposing severe restrictions, to articulate how Australia would exit.

In a press conference on March 7, Deputy Chief Medical Officer Paul Kelly claimed — even though it was a remote possibility — they still had an opportunity to eradicate the virus.\textsuperscript{34} And as Phillip Coorey reported, in April, “...Murphy said it was plausible to eradicate the virus by keeping the community locked down until the virus has run its course and infection rates were zero.”\textsuperscript{35} Although Morrison emphasised this would likely be disastrous to the economy and unrealistic.\textsuperscript{10}

After supporting further restrictions due to non-compliance, and the reach of the first 1000 cases, the AHPPC admitted on March 22 they did not know “what

the strategy for paring back restrictions should be.”\textsuperscript{57} The same day, Morrison said: “We will be living with this virus for at least six months, so social distancing measures to slow this virus down must be sustainable for at least that long...”\textsuperscript{58} By this point, numerous businesses were prevented from opening, elective surgeries had been suspended, international arrivals were quarantining in hotels, and there was the threat of further restrictions. To suggest these measures could be sustained — without significant damage that would outweigh any benefit in preventing coronavirus cases or deaths — for at least six months is fanciful.

In a press conference on April 21, Morrison said “Australia will continue to progress a successful suppression/elimination strategy for the virus.”\textsuperscript{59} The mixed signals on whether this was a suppression or elimination strategy contributed to the inability of the government to formulate a coherent exit strategy. By keeping ‘elimination’ alive any increase in cases justifies either, the introduction of more restrictions or the refusal to ease any restrictions. When asked on April 23 whether a suppression strategy can become an eradication strategy, Coatsworth responded:

Well the aim as we have said is suppression...

So, eradication, which basically means that in a geographical area there are no reported cases
or you have effectively eliminated coronavirus from a geographic area, could be an outcome of an excellent suppression strategy...I think we are on a strategy of suppression, a magnificent outcome would be geographic eradication in certain parts of Australia.60

Even with the distinction of eradication in certain areas, this shows there was always confusion about the strategy.

March and April saw continual obfuscation on the issue of an exit strategy. On March 30, Kelly was asked when he expected the two-person limit to have an impact on the epidemiology and how long he expected the two-person limit to be in place. He responded by saying he believed the epidemic would be around for months, and they were working on an exit strategy.61 On April 9, Morrison said “Restrictions will be reviewed regularly and planning for the medium to long-term has begun.”62 During a press conference April 10, Kelly was asked about the possibility of a vaccine and the “markers” to ease restrictions and he only provided a vague answer “… I think the most important issue at the moment is that we’re not at that stage yet.”63 This is despite Kelly saying, in late March, Australia’s health care system was “absolutely ready” and “We have doubled the bed capacity in Australia, right now we are ready and well and truly ready.”64 On April 11, Coatsworth said about lifting restrictions: “…it would be – no option on or off the table at the moment. Any range or combination of options we are considering and when we have come to a conclusion on that, we will present that to National Cabinet.”65

Some clarity finally started to appear in mid-April. On April 22, Kelly outlined three of the “precedents” to start easing social distancing measures which were: flattening the curve, uptake of the contact tracing app, and “our response capability whenever there is an outbreak related to particularly vulnerable settings.”66

Exit Stage App

Even after these “precedents” were outlined there was confusion about what, specifically, would be needed to ease restrictions — the COVIDSafe app being a prime example.

There were discussions about whether the app would need to be mandatory; although this was eventually rejected by Morrison. Questions started to be asked about how many people would need to download the app for it to be useful, with speculation uptake would need to be 40% of adult smartphone users. Kelly responded to this question on April 22 by saying “anything more than zero is going to be useful.”67 Considering the app was a precedent for easing restrictions, it seems incongruous uptake could be in the region of between 0 and 40%. Confusion over the number of downloads the app would require was not the only issue.

Technology experts, such as Priya Dev from the Australian National University, wrote in May that the app would likely be useless because of the various functionality issues — especially related to iPhones — in addition to privacy concerns.68 Dev’s concerns were realised later in the year — publicised after she was removed from moderating a panel discussion on the COVIDSafe app. As of October, Dev writes, the app had only found “14 cases that had been missed by humans” and considering the government spent $60 million on a marketing campaign, that is a low success rate.69 Dev also raised concerns the marketing tactics could have been misleading as it compared downloading the app to sunscreen, “a scientifically proven prophylactic. But COVIDSafe is not a digital deterrent that prevents viral transmission.”70 Dev continued: “With little evidence the app accurately detects close contacts, our government misled citizens into a nationwide public health experiment, with little regard to COVIDSafe’s purpose, efficacy, limitations and risks.”71 Using uptake of an untested technology as a precedent for the relaxation of untested virus suppression — or eradication — restrictions is not a viable strategy.

The exit strategy — or lack thereof — is indicative of a chaotic decision-making process marred by an absence of strategic direction. These failures should be enough, but governments coronavirus strategies were myopically focussed on COVID cases and deaths to the near exclusion of everything else.
Trade-Offs: The economy, mental health, vs. COVID-19

Research produced by the Reserve Bank of Australia (RBA) found:

The economic effects of a pandemic depend in large part on the measures used to contain the spread of the virus. Many of those measures implemented during the Spanish flu pandemic are remarkably similar to those used in the current pandemic.72

Even though the RBA found “research on the economic effects of the Spanish Flu is limited by the lack of economic statistics for this era” — which is additionally concerning, as it implies the government embarked on restrictions similar to that of Spanish Flu without the ability even to measure the economic trade-offs — recent studies conducted since the onset of COVID-19 have found “the Spanish flu reduced real GDP per capita by around 6 per cent in the typical country over the period 1918-21.”73 Although historical comparisons are complicated by economic shifts over a century, and the different fiscal policy responses, the economic impact of COVID-19 restrictions are already evident.74

As CIS economist Robert Carling wrote in July:

The deep slump that developed rapidly after about mid-March 2020 is a recession unlike any other known in modern times, in that it was essentially ordered by drastic government-imposed restrictions on business operations and the freedom of people to move about — all for the purpose of slowing the spread of Covid-19.75

The Australian Bureau of Statistics has reported Australia’s Gross Domestic Product (GDP) “fell 7.0% in the June quarter 2020” which is the largest fall “since quarterly measurement began in 1959.”76 As of November 2020 the unemployment rate was 7% (See Graph below):

![Unemployment rate, Seasonally adjusted](image)


**Australian Labour Market Statistics to October 2020**77:

- Unemployment increased to 7%
- Unemployment increased by 25,500 to 960,900 people (and increased by 238,900 over the year to October 2020)
- The youth unemployment rate increased 1.0 pts to 15.6% (and increased by 3.1 pts over the year to October 2020)

**Debt**

- The 2020 federal budget predicted a $214 billion deficit and Australia’s debt could potentially reach $1 trillion “[a] prospective doubling of Australia’s net public debt.”78
- “A high level of external and household indebtedness remains a key vulnerability to the economy and rating” …forecasting net debt of state and federal governments together would rise from 16 per cent last year as a share of GDP to 42 per cent by 2023.”79
As Carling wrote, the economic recovery may be slow because several restrictions remain in place, and “even if all restrictions were removed tomorrow, the shock to the economic system since March has been so profound it will have long-lasting effects.”

As the lockdown started to take place around the world, David L. Katz — President of the True Health Initiative and founding director of the Yale-Griffin Prevention Research Center — warned of “the social, economic and public health consequences of this near total meltdown of normal life...The unemployment, impoverishment and despair likely to result will be public health scourges of the first order.”

Various Australian advocacy groups and academics warned of adverse consequences of lockdowns; such as increased depression and anxiety, increased domestic violence and suicide rates. An analysis of each is beyond the scope of this report. This section will focus on unemployment and the negative impacts it causes on mental health.

The negative toll of coronavirus measures was acknowledged early, as Morrison announced, during April when national lockdowns were the harshest:

> Beyond Blue, Lifeline and Kids Helpline together received over 130,000 contacts in the last month, an increase of between 25 and 56 per cent for each service, compared with the same time last year.

Even though Morrison was cognisant of these concerns, and on March 29 announced $1.1 billion for “mental health services, domestic violence support, Medicare assistance for people at home and emergency food relief”, this was a band-aid solution. The cost of imposing the lockdowns and administering JobKeeper and JobSeeker are substantial. Continuing to add cost on top would only add to the debt and, more importantly, would not fix the main problem.

For example, unemployment may induce feelings of depression and anxiety, in addition to financial losses. Mental distress can be mitigated somewhat, but until someone is back in a job, these feelings will not entirely dissipate. The additional uncertainty around when restrictions will completely end and the unknowns around the severity of the economic downturn would compound these problems. Many may not find the appropriate level of employment for years and many more may also drop out of the job market entirely, with all the associated financial and social problems that would cause. For historical context, in Australia after the Great Depression, male suicide peaked at 28.1 per 100,000.

The latest statistics on causes of death in Australia show, even before the pandemic, suicide rates have been increasing. The rate of suicide deaths for 2019 was 12.9 per 100,000 people. Men still make up three-quarters of all suicides, with the 10-year rate of suicide increasing for both men and women — from 17.5 to 19.8 and 5.0 to 6.3 per 100,000 respectively. The ABS continues their analysis and found “suicide is the leading cause of death for people aged between 15-49 and the second leading cause of death for those aged between 50-54.” This is concerning, given how the economic effects of the shut-down have — and will continue — to fall disproportionately on the young.

Given the lag in reporting suicide deaths, as they must be certified by a coroner, it will not be known for some time if 2020 suicide rates have risen significantly. But, as academics from the University of NSW and the University of Sydney, Gigi Foster and Peter Godfrey-Smith wrote “[there are] human costs of lockdowns – costs that are diverse, sometimes hard to see, but entirely real.”

Although the negative costs of the lockdown might be hard to see, the failures in government accountability during the pandemic were obvious.

‡ An initiative known as Collateral Global is collecting the latest scholarship and research on the impacts on the lockdown on physical, mental and social health: https://collateralglobal.org/
Accountability

This section will focus on accountability and will use the definition outlined by Professor Bruce Stone in his discussion on how state legislative councils can be designed for accountability:

Accountability is central to liberal democracy and has certain basic institutional requirements. Accountable governance assumes that power alone is not sufficient justification for action; that public decisions and actions should be justified, or accompanied by good reasons; and that justifications must be able to be tested, with remediation of associated decisions or actions to follow if justifications are found wanting.92

Although this section will briefly discuss transparency, it is important to appreciate transparency and accountability are related, but separate, concepts. Governments can ensure accountability by prioritising transparency, for example, by officially releasing modelling to make it widely available for critique.

However, transparency is not always necessary for accountability if the decision-making structures are sufficiently diffuse and robust. For example, there are strong arguments for secrecy when it relates to matters of national security and, if there is oversight of decisions, transparency is not necessary for accountability to occur.

As Stone goes on to say, accountable governance, as described above, "...is not possible if power is concentrated."93 Herein lies the first accountability problem with how Australia handled the corona crisis. The establishment of a National Cabinet to coordinate Australia’s coronavirus response concentrated power and ensured government was unaccountable. As CIS senior fellow Scott Prasser wrote, upon the news National Cabinet would stay and replace the COAG arrangements:

There should be concerns too about the continuation of the National Cabinet given its failures during the pandemic to achieve national policy consistency on many key issues...That the National Cabinet will operate in the future under the same rules as the Federal Cabinet will further enhance the power of executive government in Australia as experienced during the pandemic, to the detriment of parliaments, parties and the people with more decisions being made without community input.94

Some may argue the concentration of power into a National Cabinet was necessary to necessitate quick, coordinated, and unanimous decision making. But this argument collapses considering the varying responses to COVID-19 around the country, as Allen et al., (2020) wrote:

...different governments imposed various degrees of strictness on quarantine conditions... The question is then: why is it that some governments choose to hold their entire population in quasi-house arrest allowing a single adult out once every three days, while others allowed individuals to play golf or go to the hairdresser?95

The inconsistencies in the various public health responses across the country also go against the decision-making processes outlined in the COVID-19 Response Plan. Although the plan acknowledges there may be jurisdictional variations in response measures to the virus, they insisted "...negotiation within [the] COVID-19 Plan will ensure a coordinated and consistent approach."96 It would be justifiable to adjust measures based on local situations; if case numbers rise in Melbourne, it is not an argument to lockdown Perth. However, where the response failed was that outbreaks in different parts of the country prompted different responses. For example, there have always been different restrictions on which activities were and were not permitted. It is hard to imagine how playing golf in NSW is less dangerous than playing golf in Victoria — yet, one state banned this activity while the other did not.

Perhaps one of the most worrying signs the government was not concerned about accountability during the pandemic was the decision to shut down parliament for six months. As Peter van Onselen wrote:

The decision to shut down parliament until August goes against the entire underpinnings of our Westminster political democracy. The argument that it practically needs to happen is just rubbish. What message does it send culturally that parliament is apparently so irrelevant it can pack up until the second half of the year without concern.97

It appears the National Cabinet assumed it could perform the functions of both devising and properly scrutinising public health measures with only a limited number of politicians and health bureaucrats. But, as Stone argues, scrutiny — especially the kind provided by upper houses — is essential to counter executive decision-making "...to ensure that the crucial parliamentary roles of review of legislation and scrutiny of the executive are adequately performed."98

Even though a Senate Select Committee was...
established in April “to inquire into the Australian Government’s response to the COVID-19 pandemic,” the committee will not present its final report until 2022.\textsuperscript{19} Therefore, any accountability issues raised by the Select Committee would only be retrospective and no changes will be addressed in real-time.

Moreover, the National Cabinet created problems for "democratic legitimacy" which, as CIS Research Fellow Glenn Fahey and Florian Koster of the OECD argue, is one of the promises of accountability and "In democratic systems, accountability is a core, if not the defining, characteristic of ‘good governance’ principles…"\textsuperscript{100}

The shrinking of the decision-making apparatus was compounded by a lack of transparency. Throughout the early stages of the pandemic, the government consistently said they were using modelling to make their decisions; however, the modelling was not made public until after significant decisions were made.\textsuperscript{101} New Zealand released their modelling, but the AHPPC did not. The Australian Financial Review wrote:

> This is unfortunately in keeping with the extraordinary culture of official secrecy in Australia, which protects all sorts of government decision-making from legitimate scrutiny far more than is the case in comparable democratic nations.\textsuperscript{102}

This is where there is an overlap with issues of accountability and transparency: governments could have mitigated the problems around a lack of consultation if they made the modelling available, allowing alternative solutions to be canvassed.

The failures of accountability not only raise concerns about democratic legitimacy, but they also resulted in failures leading to unnecessary COVID-19 outbreaks.

**Accountability failure case studies: A ship and a hotel in the night**

The decision to let passengers disembark Ruby Princess without testing allowed infected people to spread across NSW and the country. As of April 8, "Cruise ships account[ed] for 21 of Australia’s 50 confirmed virus deaths... Of these, 15 were Ruby Princess passengers, outstripping even Diamond Princess (its stablemate) on 12 deaths."\textsuperscript{103} These failures prompted an investigation, and Commissioner Bret Walker SC’s 315-page report found there had been a breakdown in communications between NSW Health and the Ruby Princess.\textsuperscript{104} Additionally, the report called for:

- improved co-ordination between a number of bodies, including the NSW Human Biosecurity Officers, the Commonwealth Department of Health and NSW Health. This includes better understanding each agency’s roles, and developing “more formal protocols for their interaction and communication”\textsuperscript{105}

After the Ruby Princess failures, NSW Premier Gladys Berejiklian blamed Australian Border Force (ABF), prompting ABF Commissioner Michael Outram to deny it was his department’s fault.\textsuperscript{106} Walker agreed the ABF was not the problem and highlighted the failures of the "NSW Health expert panel for designating the Ruby Princess a "low risk“ of COVID-19 contagion to the public."\textsuperscript{107}

Ruby Princess is an example of the failure to clearly define responsibilities between ministers, bureaucrats, and state and federal agencies. A charitable take might conclude mistakes will occur — especially in a fast-moving situation like a pandemic. But both the COVID-19 Response Plan and the Pandemic Influenza Plan outline the importance of clearly defining roles and responsibilities.\textsuperscript{108} Having a situation in which, seemingly, no one was accountable for decisions — to the extent it took an inquiry to determine responsibility — is unacceptable.

Australia’s worst example of accountability breakdowns leading to COVID-19 surges, is undoubtedly in Victoria.

When cases rose in Victoria in July (see graph below), there was speculation as to the cause — with Black Lives Matter (BLM) rallies and family gatherings initially the suspected vectors of transmission. However, by July Andrews admitted security guards in charge of hotel quarantine "engaged in “unacceptable breaches” and a judicial inquiry into failures was launched.\textsuperscript{109} Similarly, due to concerns over Victoria’s contact tracing system, especially over the April outbreak at Cedar Meats, there is currently a parliamentary inquiry underway which is due to report on its findings on December 14 2020.\textsuperscript{110} By August, it was known the hotel quarantine failures were responsible for the second Victorian outbreak.\textsuperscript{111}
The Coate inquiry handed down an interim report on November 6, in which she wrote the hotel quarantine system had “Fragmented lines of responsibility and ambiguity, and uncertainty about where accountabilities lie...”112 This much was evident from the inquiry’s public hearings and submissions. The public servants and politicians who testified denied they were responsible for making the decision; claimed they did not know who was responsible or they could not recall; and have suggested the decision to use private security was simply a “creeping assumption.”113 These claims have been rejected by many, including the former Victorian Health Minister Jenny Mikakos, who blamed the Department of Premier and Cabinet’s “lack of cabinet process as the “root cause” of many of the quarantine program’s failures.”114

Whomever the inquiry ultimately determines is responsible — or possibly if the inquiry makes such a determination in the final report due late December — the hotel quarantine disaster is the clearest example of how a lack of clear responsibilities and accountability can lead to negative outcomes. As The Australian wrote, after the resignation of Mikakos and the criticisms she raised of Andrews’ lack of cabinet process:

...the issues she [Mikakos] raises go to the heart of parliamentary democracy and responsible government. The Andrews government has been the worst offender, but the federal and other state governments have all become less accountable and more authoritarian during this crisis, with executive diklat replacing collective cabinet solidarity, accountable to a popularly elected legislature.115

The National Cabinet, and the concentration of decision-making in state governments, usurped the usual democratic institutions necessary to ensure accountability.
The problem with Australia’s coronavirus response can be summarised in the four following points:

1) Restrictions were introduced without appropriate justification.
2) A viable exit strategy was not provided.
3) Public health measures were not appropriately weighted against trade-offs.
4) The concentration of decision-making power prevented accountability.

Governments can legally act in a pandemic. However, interventions — especially when they are severe enough to shut down the economy, destroy businesses, life savings, and jobs, and place people under virtual house arrest — need to be soundly justified. A government would not be able to mandate an untested vaccine; likewise, they cannot simply introduce public health measures with impunity. Politicians justified increasing restrictions on spurious grounds such as non-compliance; as opposed to tangible metrics such as case numbers or fatalities. Even by their standards, as outlined in Commonwealth influenza response plans, decisions need to be proportionate, flexible and consider various ethical standards such as individual liberty. The need to act quickly and with imperfect information is a justification for introducing short-term, minimally invasive virus suppression strategies. The continuation of draconian measures was unjustifiable as knowledge of the virus progressed, and the lockdowns started causing significant damage — which could outweigh any perceived gains from shutting down.

Governments could have avoided many of these problems if public health measures had been openly debated. However, the decision to stop parliament and concentrate power into a small number of people ensured there was no opportunity for debate or discussion.

As Australia continues to move on from the virus, it is crucial significant policy missteps are not forgotten. This is not only important to ensure those who made these decisions are held accountable, but to ensure better governance in the future.
### Appendix A: Timeline (March to September 2020)

<table>
<thead>
<tr>
<th>Week</th>
<th>COVID-19 (New weekly cases)</th>
<th>COVID-19 Restrictions</th>
</tr>
</thead>
</table>
| 10 beginning 1st March | Cases: 38<br>Deaths: 2 | First Australian death<sup>116</sup>  
Raised Level 2 travel restrictions to Italy (have a high degree of awareness) and Level 3 (reconsider travel) in selected northern towns<sup>117</sup>  
Isolation procedures are in place in all airports<sup>118</sup>  
Travel ban expanded to include South Korea<sup>119</sup> |
| 11 beginning 8th March | Cases: 187<br>Deaths: 1 | 11<sup>th</sup> March 2020: WHO declares a global pandemic<sup>120</sup>  
Foreign nationals who have been in Italy, mainland China, Iran and South Korea will not be allowed into Australia for 14 days from the time they left those countries.<sup>121</sup>  
People who have had close contact with a confirmed case, transited through a high-risk country must not attend public gatherings until 14 days after leaving the country or having contact with a confirmed case<sup>122</sup> |
| 12 beginning 15th March | Cases: 821<br>Deaths: 4 | 15<sup>th</sup> March 2020<sup>123</sup>  
First meeting of the National Cabinet  
All Australians returning from overseas must self-isolate.  
The Australian government will also ban cruise ships from foreign ports from arriving at Australian ports after an initial 30 days and that will go forward on a voluntary basis.  
Non-essential gatherings of more than 500 people should not occur (PM emphasised it was static gatherings like in stadiums not places like train stations or shopping centres).  
16<sup>th</sup> March 2020  
Changes to parliament house operations<sup>124</sup>  
18<sup>th</sup> March 2020<sup>125</sup>  
Bans on non-essential indoor gatherings of more than 100 people  
Venues such as pubs, restaurants etc. need to practise social distancing (1.5m)  
Outdoor events of fewer than 500 can proceed  
Only travel when essential  
ANZAC Day events and ceremonies to be cancelled.  
Travel advice – Level 4 do not travel overseas  
20<sup>th</sup> March 2020  
Only Australian citizens, residents and immediate family can travel to Australia<sup>126</sup> |

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<sup>§</sup> See Appendix B for graphs on the numbers of cases and hospitalisations in Australia.
<table>
<thead>
<tr>
<th>Date</th>
<th>Cases:</th>
<th>Deaths:</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>22nd March</td>
<td>2569</td>
<td>7</td>
<td>The following facilities will be restricted from opening from midday local time 23 March 2020: Pubs, registered and licenced clubs (excluding bottle shops attached to these venues), hotels (excluding accommodation), gyms and indoor sporting venues, cinemas, entertainment venues, casinos, and night clubs, restaurants and cafes will be restricted to takeaway and/or home delivery, religious gatherings, places of worship or funerals (in enclosed spaces and other than very small groups and where the 1 person per 4 square metre rule applies).</td>
</tr>
<tr>
<td>23rd March</td>
<td></td>
<td></td>
<td>Everyone who comes to Australia needs to quarantine for 14 days. NSW and VIC rebel against PM to initiate school closures.</td>
</tr>
<tr>
<td>24th March</td>
<td></td>
<td></td>
<td>Additional restrictions: Cafes and food courts – takeaway and home delivery only, auction houses, real estate auctions and open houses (exception for private appointments), decisions on indoor and outdoor markets to be left to each state and territory (exceptions for food markets), hairdressers and barbers (up to 30 minutes with social distancing), beauty parlours, spa and massage parlours, entertainment venues ex: cinemas, nightclubs etc., health clubs, gyms, etc (outdoor boot camps allowed for 10 people or less with social distancing), hotels, caravan parks, etc will be decided by the states and territories, 5 people at weddings with social distancing and 10 people at a funeral with social distancing. The Commonwealth Parliament decided to close its doors until August. The Australian Health Protection Principal Committee (AHPPC) recommended cancellation of all non-urgent elective procedures in the public and private sector.</td>
</tr>
<tr>
<td>25th March</td>
<td></td>
<td></td>
<td>Australian citizens and permanent residents restricted from travelling overseas.</td>
</tr>
<tr>
<td>26th March</td>
<td></td>
<td></td>
<td>Temperature checks began at Sydney airport.</td>
</tr>
<tr>
<td>27th March</td>
<td></td>
<td></td>
<td>States and territories to begin quarantining all arrivals through airports in hotels and other accommodation for two weeks.</td>
</tr>
<tr>
<td>29th March</td>
<td>1910</td>
<td>16</td>
<td>Gatherings previously restricted to 10 persons (except members of your household) will now be limited to 2, public areas, playgrounds, outside gyms, skate parks will be closed, acceptable reasons for leaving your house tightened: essential shopping, providing care, exercise, and work or education, people aged 70 and over should self-isolate.</td>
</tr>
<tr>
<td>Date</td>
<td>Cases</td>
<td>Deaths</td>
<td>Events</td>
</tr>
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<tr>
<td>15 beginning 5th April</td>
<td>753</td>
<td>27</td>
<td>7th April 2020</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Government released modelling claiming: ⌊137⌋</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Uncontrolled spread – 35,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Isolation and quarantine – 17,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Isolation, quarantine and social isolation – below 5000</td>
</tr>
<tr>
<td>16 beginning 12th April</td>
<td>265</td>
<td>10</td>
<td>14th April 2020 ⌊138⌋</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Admission of no knowledge of how many people have had the virus and were asymptomatic or had a mild case</td>
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<td></td>
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<td>Looking at using a contact tracing app</td>
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<td></td>
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<td></td>
<td>Each state records cases differently – for a time NSW were combining interstate and overseas acquired cases</td>
</tr>
<tr>
<td>17 beginning 19th April</td>
<td>126</td>
<td>13</td>
<td>21st April 2020</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Restrictions on some elective surgeries to be eased from 27 April 2020 ⌊139⌋</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>22nd April 2020 ⌊140⌋</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Flattening the curve is the first precedent set by the PM for easing social distancing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The second precedent is the app</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The third is response capability</td>
</tr>
<tr>
<td>18 beginning 26th April</td>
<td>105</td>
<td>14</td>
<td>1st May 2020</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>National Cabinet endorsed the AHPPC’s Status of Precedent Conditions to relax restrictions ⌊141⌋</td>
</tr>
<tr>
<td>19 beginning 3rd May</td>
<td>140</td>
<td>3</td>
<td>3rd May 2020</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tracking apps (such as Google) are being used to monitor population movement ⌊142⌋</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>6th May 2020</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Release of the AHPPC Pandemic Intelligence Plan ⌊143⌋</td>
</tr>
<tr>
<td></td>
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<td>8th May 2020</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Release of the National Cabinet’s three-stage plan to ease restrictions ⌊144⌋</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>States and territories started releasing their own plans to ease restrictions</td>
</tr>
<tr>
<td>20 beginning 10th May</td>
<td>105</td>
<td>1</td>
<td>15th May 2020</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Governor-General had “extended the human biosecurity emergency period for three months from 17 June 2020 to 17 September 2020.” ⌊145⌋</td>
</tr>
<tr>
<td>21 beginning 17th May</td>
<td>70</td>
<td>4</td>
<td>21st May 2020</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>State borders remain closed ⌊146⌋</td>
</tr>
<tr>
<td>22 beginning 24th May</td>
<td>78</td>
<td>1</td>
<td>No new restrictions announced</td>
</tr>
<tr>
<td>23 beginning 31st May</td>
<td>67</td>
<td>0</td>
<td>5th June 2020</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The AHPPC issued a statement expressing their concern about planned Black Lives Matter protests ⌊147⌋</td>
</tr>
<tr>
<td>24 beginning 7th June</td>
<td>61</td>
<td>0</td>
<td>11th June 2020</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Morrison urged premiers and chief ministers to open their borders by July ⌊148⌋</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>12th June 2020</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PM announced the National Cabinet was committed to the continuing easing of restrictions ⌊149⌋</td>
</tr>
<tr>
<td>Date</td>
<td>Cases</td>
<td>Deaths</td>
<td>Details</td>
</tr>
<tr>
<td>------------</td>
<td>-------</td>
<td>--------</td>
<td>---------</td>
</tr>
<tr>
<td>25th June</td>
<td>141</td>
<td>0</td>
<td>Victorian Government announced it was re-introducing the following restrictions: Visitors in a home reduced to five. Outside the home people could meet in groups of ten. Restaurants, pubs, auction halls, community halls, libraries, museums, and places of worship – will all stay at a maximum of 20 people in any one space until 12 July. Gyms, cinemas, theatres, and TABs can re-open but with a maximum of 20 people.</td>
</tr>
<tr>
<td>21st June</td>
<td>225</td>
<td>2</td>
<td>Victoria extended their State of Emergency for another four weeks and announced police would have the power to enforce health directives and issue on the spot fines - $1652 for individuals and $9913 for businesses. The AHPPC recommended people defer travel to various local government areas in Victoria where there was an outbreak of cases.</td>
</tr>
<tr>
<td>28th June</td>
<td>757</td>
<td>0</td>
<td>Victorian government implemented mandatory testing for those in hotel quarantine. Local lockdowns were implemented for several Victorian postcodes and people could only go out for essential shopping, caregiving, exercise, study, or work. The new restrictions for the selected postcodes were to be in place until 29 July. Businesses in these postcodes, such as gyms, were prevented from opening. Restaurants and cafes could only open for take-away and delivery.</td>
</tr>
<tr>
<td>7th July</td>
<td>1354</td>
<td>4</td>
<td>The reinstation of Stage 3 &quot;Stay at Home&quot; orders for metropolitan Melbourne and Mitchell Shire - for six weeks. Residents in these areas can only leave home for shopping for essentials, caregiving, exercise, and study or work if it cannot be done from home. Businesses in metropolitan Melbourne and Mitchell Shire will also return to Stage 3 restrictions. Restaurants and cafes can only do takeaway or delivery. Beauty and personal services closed. Entertainment and cultural venues closed. Community sport stopped.</td>
</tr>
<tr>
<td>13th July</td>
<td>2005</td>
<td>14</td>
<td>Victoria greatly increased the police presence to enforce the new &quot;Stay at Home&quot; orders with ADF personnel assisting.</td>
</tr>
<tr>
<td>19th July</td>
<td>2601</td>
<td>33</td>
<td>Residents in metropolitan Melbourne and Mitchell Shire were required to wear face coverings when leaving home – on penalty of $200.</td>
</tr>
<tr>
<td>Date</td>
<td>Cases:</td>
<td>Deaths:</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------</td>
<td>---------------</td>
<td>-----------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>31 beginning 26th July</td>
<td>3492</td>
<td>53</td>
<td>From August 2, face coverings would be mandatory across regional Victoria. Residents in several local government areas were forbidden from visiting homes or having others visit at home.</td>
</tr>
<tr>
<td>32 beginning 2nd August</td>
<td>3189</td>
<td>87</td>
<td>Victoria would be entering a State of Disaster which would give “police additional powers to make sure people are complying with public health directions”. Melbourne was also moved to Stage 4 restrictions which included a 8pm to 5am curfew. Exercise was limited to one hour and only within 5km of someone’s home. Shopping was limited to one person per household. Schools moved to remote learning.</td>
</tr>
<tr>
<td>3rd August 2020</td>
<td>2203</td>
<td>101</td>
<td>In Victoria onsite operations for retail, some manufacturing and administration would stop for six weeks. The number of workers permitted on construction sites, and in warehouse and distribution centres in Melbourne would also be limited. These new restrictions would be enforceable.</td>
</tr>
<tr>
<td>34 beginning 16th August</td>
<td>1524</td>
<td>106</td>
<td>Victoria announced their State of Disaster would be extended for four weeks.</td>
</tr>
<tr>
<td>35 beginning 23rd August</td>
<td>859</td>
<td>109</td>
<td>No new restrictions announced</td>
</tr>
<tr>
<td>36 beginning 30th August</td>
<td>608</td>
<td>142</td>
<td>Victorian government promised to release their roadmap to reopening.</td>
</tr>
<tr>
<td>37 beginning 6th September</td>
<td>373</td>
<td>57</td>
<td>Daniel Andrews announced there would be a slow easing of restrictions. The curfew was moved to 9pm. Daniel Andrews released modelling to justify the continuation of Victoria’s lockdown.</td>
</tr>
</tbody>
</table>
### 13th September 2020

<table>
<thead>
<tr>
<th>Cases: 247</th>
<th>Deaths: 39</th>
</tr>
</thead>
</table>

Victoria Government started to ease some restrictions: time for exercise was extended, playgrounds and outdoor fitness equipment reopen, and those in regional Victoria could gather outdoors with a maximum of five people from two households, playgrounds and outdoor pools could open, and religious services could be conducted outside.

Victoria’s State of Emergency and State of Disaster declaration have been renewed for another 4 weeks taking it to 11 October 2020

### 15th September 2020

<table>
<thead>
<tr>
<th>Cases: 172</th>
<th>Deaths: 39</th>
</tr>
</thead>
</table>

Victorian Government announced it would be introducing the *COVID-19 Omnibus (Emergency Measures) and Other Acts Amendment Bill 2020* which would include "the ability to make procedural changes by regulation, judge-only trials in certain circumstances and the ability to extend interim Family Violence Intervention Orders and Personal Safety Intervention Orders...” The measures would have extended various measures “until 26 April 2021 – and include broadening the types of people who can be appointed as Authorised Officers to enforce public health interventions, and clarifying powers to ensure people who test positive for coronavirus or are close contacts comply with a direction to self-isolate.”

Andrews announced some restrictions, such as those on household visits and restaurants and cafes, would ease for regional Victorians.

### 17th September 2020

<table>
<thead>
<tr>
<th>Cases: 142</th>
<th>Deaths: 23</th>
</tr>
</thead>
</table>

Over the next few weeks Victoria continued to slowly ease restrictions.

### Appendix B: Cases and hospitalisations in Australia

[Graph showing daily confirmed COVID-19 cases and deaths in Australia]

The confirmed counts shown here are lower than the total counts. The main reason for this is limited testing and challenges in the attribution of the cause of death.
Number of people in hospital with COVID-19 in each state and territory

www.covid19data.com.au
Appendix C: Recommendations from the WHO on the use of Non-pharmaceutical interventions

<table>
<thead>
<tr>
<th>SEVERITY</th>
<th>PANDEMIC(^a)</th>
<th>EPIDEMIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any</td>
<td>Hand hygiene&lt;br&gt;Respiratory etiquette&lt;br&gt;Face masks for symptomatic individuals&lt;br&gt;Surface and object cleaning&lt;br&gt;Increased ventilation&lt;br&gt;Isolation of sick individuals&lt;br&gt;Travel advice</td>
<td>Hand hygiene&lt;br&gt;Respiratory etiquette&lt;br&gt;Face masks for symptomatic individuals&lt;br&gt;Surface and object cleaning&lt;br&gt;Increased ventilation&lt;br&gt;Isolation of sick individuals&lt;br&gt;Travel advice</td>
</tr>
<tr>
<td>Moderate</td>
<td>As above, plus&lt;br&gt;Avoiding crowding</td>
<td>As above, plus&lt;br&gt;Avoiding crowding</td>
</tr>
<tr>
<td>High</td>
<td>As above, plus&lt;br&gt;Face masks for public&lt;br&gt;School measures and closures</td>
<td>As above, plus&lt;br&gt;Face masks for public&lt;br&gt;School measures and closures</td>
</tr>
<tr>
<td>Extraordinary</td>
<td>As above, plus&lt;br&gt;Workplace measures and closures</td>
<td>As above, plus&lt;br&gt;Workplace measures and closures</td>
</tr>
<tr>
<td>Not recommended in any circumstances</td>
<td>UV light&lt;br&gt;Modifying humidity&lt;br&gt;Contact tracing&lt;br&gt;Quarantine of exposed individuals&lt;br&gt;Entry and exit screening&lt;br&gt;Border closure</td>
<td>UV light&lt;br&gt;Modifying humidity&lt;br&gt;Contact tracing&lt;br&gt;Quarantine of exposed individuals&lt;br&gt;Entry and exit screening&lt;br&gt;Internal travel restrictions&lt;br&gt;Border closure</td>
</tr>
</tbody>
</table>

NPI: non-pharmaceutical intervention; UV: ultraviolet.
Appendix D: Spanish flu in Australia

Graph 1
Deaths from Spanish Flu*
Share of population

Graph 2
Flu-related Deaths in Australia
Share of population, annualised, monthly

Graph 3
Flu-related Deaths in Australia
By state and metro, share of population, 1919

* Estimates based on excess flu and flu-related deaths over 1918-20
** Weighted by population of country
Source: Barro et al (2020)
Endnotes


5 Brennan et al. (2020). p. 5.

6 Brennan et al. (2020). p. 5.

7 Brennan et al. (2020). p. 5.

8 Babones. (2020, June 3). p. 15.


56 Coorey, Phillip. (2020, April 7).


Kelly, Paul. (2020, April 22).


Dev, Priya. (2020, October 26).

71 Dev, Priya. (2020, October 26).


Bashan. (2020, August 18).


Murphy, Brendan., & Hunt, Greg. (2020, March 3).


140 Kelly, Paul. (2020, April 22).


Monica Wilkie

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Federal and state governments’ pandemic response failed Australians in four crucial areas. This paper outlines that governments failed consistently to: justify increasing restrictions; outline a clear exit strategy; weigh trade-offs; and meet basic standards of accountability.