



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

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Analysis Paper 18

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Executive Summary

- 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.”¹

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.² 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.

* 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.”

Murphy, Brendan. (2020, June 22). *Chief Medical Officer's press conference about COVID-19 on 22 June 2020*. Retrieved from <https://www.health.gov.au/news/chief-medical-officers-press-conference-about-covid-19-on-22-june-2020> (Accessed 25 October 2020).

Overton, Peter. (Interviewer). (2020, June 28). Interview with Nick Coatsworth. *Deputy Chief Medical Officer interview on Nine News Special on 28 June 2020*. Retrieved from <https://www.health.gov.au/news/deputy-chief-medical-officer-interview-on-nine-news-special-on-28-june-2020> (Accessed 25 October 2020).

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."⁸ The closing-off of important decision making limited "the scope for proper criticism and public policy debate."⁹ 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.¹⁵

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."¹⁶ 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."¹⁷

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.¹⁸ 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.¹⁹ 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.²⁰

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.²¹ 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...²²

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."²³ 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."²⁴ 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.

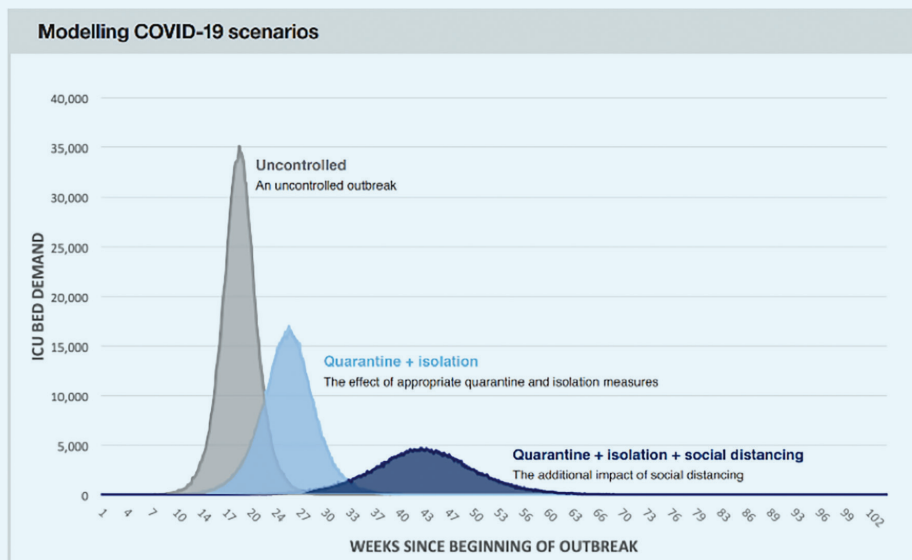
But Victoria is a case study in being non-adaptive and inflexible — breaking the COVID-19 Response Plan's commitment for measures to be flexible, scalable, and "proportionate to the risk associated with the current disease."²⁵

[†] "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.”²⁶ 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.”²⁷ (See graph below)



These models “do not take account of the specific measures Australian governments have implemented.”²⁸ Further, it is key to note this model “does not reflect the actual spread of the virus in Australia.”²⁹ 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.³⁰ The Doherty Institute notified the federal government of the error in June, and it did not “affect its implications for policy.”³¹

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.³² 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.”³³ 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.”³⁴ 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.³⁵ As Lee has argued, there are so many variables to consider in modelling COVID restrictions — an almost infinite number of scenarios can be justified.³⁶

Box 3: Liberty dies in COVID

The Pandemic Influenza and COVID-19 Response Plans' ethical framework includes a commitment to "Individual liberty – Ensuring that the rights of the individual are upheld as much as possible."³⁷

The emphasis on individual liberty is vital, because COVID-19 restrictions were not just recommendations they were legally enforceable. On March 18, Morrison announced states and territories were implementing "emergency powers under respective legislation" and the Governor-General approved "a "human biosecurity emergency" under the Biosecurity Act 2015."³⁸ States and territories also introduced various fines and penalties for those who broke the new public health directives.³⁹ This is in contrast with the Australian government's influenza response plan which acknowledges the great ability of the commonwealth, states, and territories to introduce legislation to "support pandemic actions", but emphasises such measures wherever possible "will rely on voluntary compliance rather than legal enforcement."⁴⁰

Additionally, the response plan to coronavirus stated the introduction of additional legislation "to support outbreak specific activities" would only be needed if clinical severity of the virus was "high" and "the level of impact may be similar to that of the 1918 H1N1 Spanish Flu."⁴¹ (See Appendix D for graphs on Spanish flu cases and deaths in Australia). However, on March 9, before the introduction of the most severe restrictions and the accompanying penalties for non-compliance, Murphy estimated the case fatality rate for COVID-19 in Australia at 1% possibly lower, and the AHPPC appeared positive; advising "the risk to the general Australian population from COVID-19 is low, with the majority of confirmed COVID-19 cases in Australia from returned travellers."⁴²

Victoria: An inflexible, political virus response

Even though a rapid increase in cases precipitated Victoria's second lockdown, knowledge of the virus had increased substantially between March and July. For the majority of people, COVID-19 is a relatively minor illness, and most who died (either with or from COVID) were over 80 or had pre-existing conditions that made them vulnerable.⁴³ Therefore, under the government's response plan, virus measures should have been tailored towards the higher risk groups, and healthy people should have been permitted to continue normal social and economic life — individually assessing their own coronavirus risk.

Instead, Victoria introduced measures such as curfews, which have no scientific basis as a virus suppression method, and — as Coatsworth said when asked about their efficacy — were mainly a tool to control movement.⁴⁴

Additionally, the decisions made by Victoria appeared to focus more on politics than evidence. For example, 1250 people were originally allowed to attend the Cox Plate in Melbourne "out of respect for the occasion" — a decision only overturned after public backlash.⁴⁵ If public health measures can be made and turned on the basis of respect and backlash, it is difficult for parliamentarians to argue the evidence is guiding them.

And then there was the hotel quarantine scheme (discussed in greater detail in the section on accountability) which proved disastrous, forcing Victorian Premier Daniel Andrews to establish an inquiry to investigate. Although the inquiry's witnesses could not recall who made the decision, why or when, it is clear the failed quarantine scheme was

responsible for the outbreak of coronavirus cases in Victoria from June to October.⁴⁶

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, 2020.⁴⁷ 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.⁴⁸ 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.⁵¹ 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.⁵²

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.⁵³ 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.⁵⁴ 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."⁵⁵ Although Morrison emphasised this would likely be disastrous to the economy and unrealistic.⁵⁶

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."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..."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."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

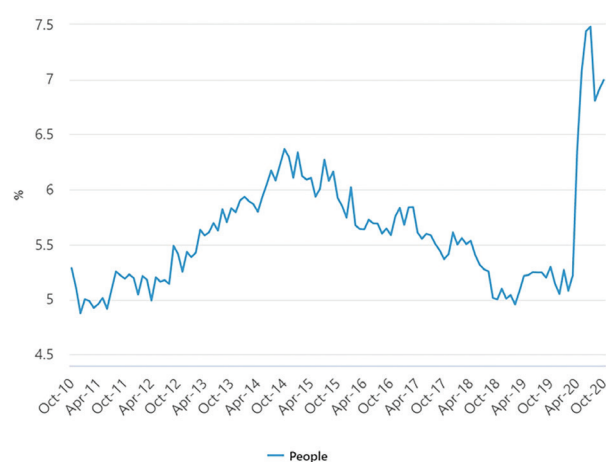
As CIS economist Robert Carling wrote in July:

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



Source: Australian Bureau of Statistics, Labour Force, Australia October 2020

Australian Labour Market Statistics to October 2020⁷⁷:

- 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.”⁸⁰ 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.”⁸¹

Various Australian advocacy groups and academics warned of adverse consequences of lockdowns; such as increased depression and anxiety, increased domestic violence and suicide rates.⁸² 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 receive[ed] 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.⁸³

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.⁸⁴ 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.⁸⁵ 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 100,000.⁸⁶

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.⁸⁷ 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.⁸⁸ 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.”⁸⁹ This is concerning, given how the economic effects of the shut-down have — and will continue — to fall disproportionately on the young.⁹⁰

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.”⁹¹

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 2022.⁹⁹ 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...”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.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.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.”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.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”.¹⁰⁵

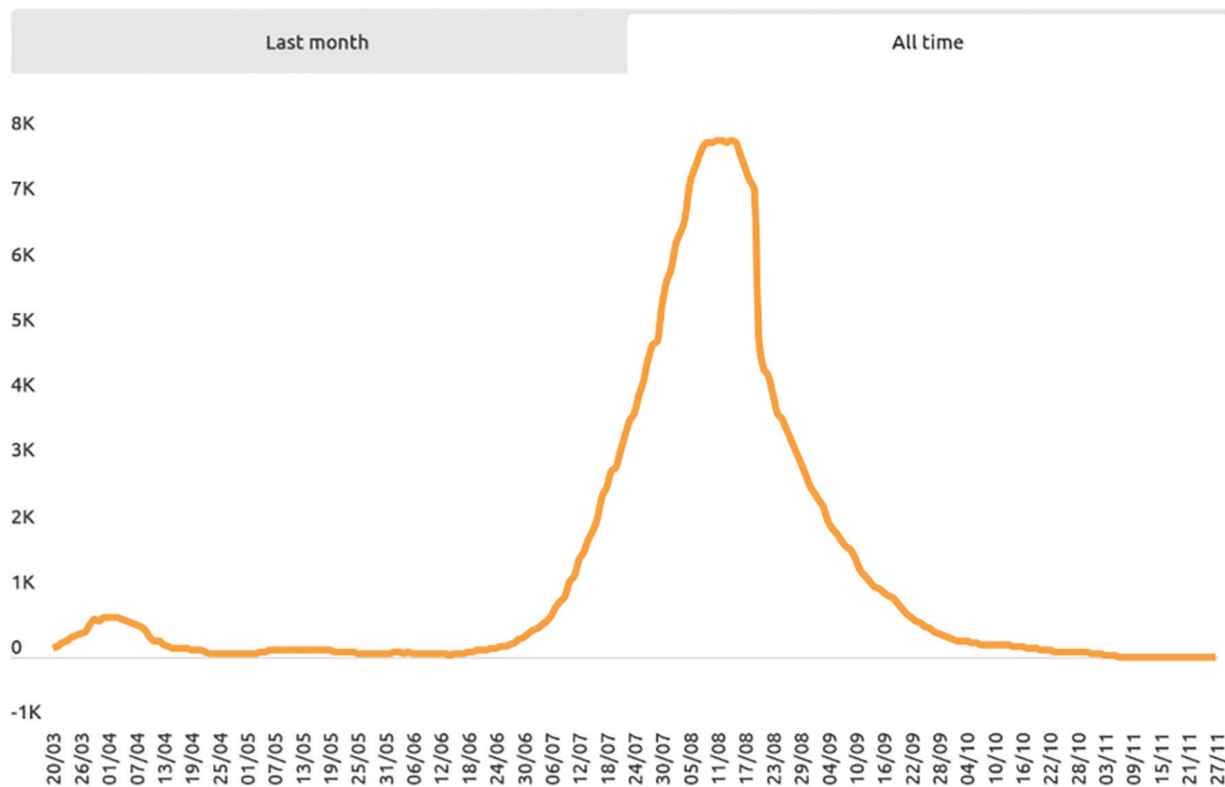
After the Ruby Princess failures, NSW Premier Gladys Berejiklian blamed Australian Border Force (ABF), prompting ABF Commissioner Michael Outram to deny it was his department’s fault.¹⁰⁶ Walker agreed the ABF was not the problem and highlighted the failures of the “NSW Health expert panel for designating the Ruby Princess a “low risk” of COVID-19 contagion to the public.”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.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.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 2020.¹¹⁰ By August, it was known the hotel quarantine failures were responsible for the second Victorian outbreak.¹¹¹

Victorian cases



Source: covid19data.com.au

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

Whoever 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 diktat 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.

Conclusion

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)

Week	COVID-19 (New weekly cases) [§]	COVID-19 Restrictions
10 beginning 1 st March	Cases: 38 Deaths: 2	First Australian death ¹¹⁶ Raised Level 2 travel restrictions to Italy (have a high degree of awareness) and Level 3 (reconsider travel) in selected northern towns ¹¹⁷ Isolation procedures are in place in all airports ¹¹⁸ Travel ban expanded to include South Korea ¹¹⁹
11 beginning 8 th March	Cases: 187 Deaths: 1	11th March 2020: WHO declares a global pandemic ¹²⁰
		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. ¹²¹ 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 ¹²²
12 beginning 15 th March	Cases: 821 Deaths: 4	15th March 2020 ¹²³
		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).
		16th March 2020
		Changes to parliament house operations ¹²⁴
		18th March 2020 ¹²⁵
		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
		20th March 2020
		Only Australian citizens, residents and immediate family can travel to Australia. ¹²⁶

§ See Appendix B for graphs on the numbers of cases and hospitalisations in Australia.

13 beginning 22nd March	Cases: 2569 Deaths: 7	<p>The following facilities will be restricted from opening from midday local time 23 March 2020¹²⁷</p> <p>Pubs, registered and licenced clubs (excluding bottle shops attached to these venues), hotels (excluding accommodation)</p> <p>Gyms and indoor sporting venues</p> <p>Cinemas, entertainment venues, casinos, and night clubs</p> <p>Restaurants and cafes will be restricted to takeaway and/or home delivery</p> <p>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).</p>
		<p>23rd March 2020</p>
		<p>Everyone who comes to Australia needs to quarantine for 14 days¹²⁸</p> <p>NSW and VIC rebel against PM to initiate school closures.¹²⁹</p>
		<p>24th March 2020</p>
		<p>Additional restrictions¹³⁰:</p> <p>Cafes and food courts – takeaway and home delivery only</p> <p>Auction houses</p> <p>Real estate auctions and open houses (exception for private appointments)</p> <p>Decisions on indoor and outdoor markets to be left to each state and territory (exceptions for food markets)</p> <p>Hairdressers and barbers (up to 30 minutes with social distancing)</p> <p>Beauty parlours</p> <p>Spa and massage parlours</p> <p>Entertainment venues ex: cinemas, nightclubs etc.</p> <p>Health clubs, gyms, etc (outdoor boot camps allowed for 10 people or less with social distancing)</p> <p>Hotels, caravan parks, etc will be decided by the states and territories</p> <p>5 people at weddings with social distancing and 10 people at a funeral with social distancing</p> <p>The Commonwealth Parliament decided to close its doors until August.¹³¹</p> <p>The Australian Health Protection Principal Committee (AHPPC) recommended cancellation of all non-urgent elective procedures in the public and private sector¹³²</p>
		<p>25th March 2020</p>
		<p>Australian citizens and permanent residents restricted from travelling overseas.¹³³</p>
		<p>26th March 2020</p>
		<p>Temperature checks began at Sydney airport.¹³⁴</p>
		<p>27th March 2020</p>
<p>States and territories to begin quarantining all arrivals through airports in hotels and other accommodation for two weeks¹³⁵</p>		
14 beginning 29th March	Cases: 1910 Deaths: 16	<p>29th March 2020¹³⁶</p> <p>Gatherings previously restricted to 10 persons (except members of your household) will now be limited to 2</p> <p>Public areas, playgrounds, outside gyms, skate parks will be closed</p> <p>Acceptable reasons for leaving your house tightened: essential shopping, providing care, exercise, and work or education</p> <p>People aged 70 and over should self-isolate</p>

15 beginning 5th April	Cases: 753 Deaths: 27	7th April 2020
		Government released modelling claiming: ¹³⁷ Uncontrolled spread – 35,000 Isolation and quarantine – 17,000 Isolation, quarantine and social isolation – below 5000
16 beginning 12th April	Cases: 265 Deaths: 10	14th April 2020¹³⁸
		Admission of no knowledge of how many people have had the virus and were asymptomatic or had a mild case Looking at using a contact tracing app Each state records cases differently – for a time NSW were combining interstate and overseas acquired cases
17 beginning 19th April	Cases: 126 Deaths: 13	21st April 2020
		Restrictions on some elective surgeries to be eased from 27 April 2020 ¹³⁹
		22nd April 2020¹⁴⁰ Flattening the curve is the first precedent set by the PM for easing social distancing The second precedent is the app The third is response capability
18 beginning 26th April	Cases: 105 Deaths: 14	1st May 2020
		National Cabinet endorsed the AHPPC's Status of Precedent Conditions to relax restrictions ¹⁴¹
19 beginning 3rd May	Cases: 140 Deaths: 3	3rd May 2020
		Tracking apps (such as Google) are being used to monitor population movement ¹⁴²
		6th May 2020
		Release of the AHPPC Pandemic Intelligence Plan ¹⁴³
		8th May 2020 Release of the National Cabinet's three-stage plan to ease restrictions ¹⁴⁴ States and territories started releasing their own plans to ease restrictions
20 beginning 10th May	Cases: 105 Deaths: 1	15th May 2020
		Governor-General had "extended the human biosecurity emergency period for three months from 17 June 2020 to 17 September 2020." ¹⁴⁵
21 beginning 17th May	Cases: 70 Deaths: 4	21st May 2020
		State borders remain closed ¹⁴⁶
22 beginning 24th May	Cases: 78 Deaths: 1	No new restrictions announced
23 beginning 31st May	Cases: 67 Deaths: 0	5th June 2020
		The AHPPC issued a statement expressing their concern about planned Black Lives Matter protests. ¹⁴⁷
24 beginning 7th June	Cases: 61 Deaths: 0	11 th June 2020
		Morrison urged premiers and chief ministers to open their borders by July. ¹⁴⁸
		12th June 2020 PM announced the National Cabinet was committed to the continuing easing of restrictions. ¹⁴⁹

25 beginning 14th June	Cases: 141	20th June 2020¹⁵⁰
	Deaths: 0	<p>Victorian Government announced it was re-introducing the following restrictions:</p> <p>Visitors in a home reduced to five</p> <p>Outside the home people could meet in groups of ten</p> <p>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.</p> <p>Gyms, cinemas, theatres, and TABs can re-open but with a maximum of 20 people</p>
26 beginning 21st June	Cases: 225 Deaths: 2	21st June 2020
		<p>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.¹⁵¹</p> <p>The AHPPC recommended people defer travel to various local government areas in Victoria where there was an outbreak of cases.¹⁵²</p>
		26th June 2020
		The AHPPC recommended the arrangements around hotel quarantine for returned travellers remain in place. ¹⁵³
27 beginning 28th June	Cases: 757 Deaths: 0	28th June 2020
		<p>Victorian government implemented mandatory testing for those in hotel quarantine.¹⁵⁴</p>
		30th June 2020¹⁵⁵
		<p>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.</p> <p>Businesses in these postcodes, such as gyms, were prevented from opening</p> <p>Restaurants and cafes could only open for take-away and delivery</p>
		4th July 2020¹⁵⁶
		Public housing estates in Flemington and North Melbourne were closed – residents were required to stay indoors
28 beginning 5th July	Cases: 1354 Deaths: 4	7th July 2020¹⁵⁷
		<p>The reinstatement of Stage 3 “Stay at Home” orders for metropolitan Melbourne and Mitchell Shire – for six weeks. Residents in these areas can only leave home for shopping for essentials, care giving, exercise, and study or work if it cannot be done from home.</p> <p>Businesses in metropolitan Melbourne and Mitchell Shire will also return to Stage 3 restrictions</p> <p>Restaurants and cafes can only do takeaway or delivery</p> <p>Beauty and personal services closed</p> <p>Entertainment and cultural venues closed</p> <p>Community sport stopped</p>
		8th July 2020¹⁵⁸
		Victoria greatly increased the police presence to enforce the new “Stay at Home” orders with ADF personnel assisting
29 beginning 12th July	Cases: 2005 Deaths: 14	July 13th 2020
		<p>The AHPPC issued a statement endorsing the decision of the National Cabinet for an independent review on the hotel quarantine program.¹⁵⁹</p>
30 beginning 19th July	Cases: 2601 Deaths: 33	19th July 2020
		<p>Residents in metropolitan Melbourne and Mitchell Shire were required to wear face coverings when leaving home – on penalty of \$200.¹⁶⁰</p>

31 beginning 26th July	Cases: 3492 Deaths: 53	30th July 2020¹⁶¹
		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.
32 beginning 2nd August	Cases:3189 Deaths: 87	2nd August 2020¹⁶²
		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
		3rd August 2020¹⁶³
		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
		5th August 2020
		Queensland closed their borders to the ACT and NSW. ¹⁶⁴ Stage 3 restrictions came into effect across all regional local government areas in Victoria. ¹⁶⁵
33 beginning 9th August	Cases: 2203 Deaths: 101	No new restrictions announced
34 beginning 16th August	Cases: 1524 Deaths: 106	16th August 2020 Victoria announced their State of Disaster would be extended for four weeks ¹⁶⁶
35 beginning 23rd August	Cases:859 Deaths: 109	No new restrictions announced
36 beginning 30th August	Cases: 608 Deaths: 142	31st August 2020
		Victorian government promised to release their roadmap to reopening ¹⁶⁷
		1st September 2020
		Victoria announced there would be different roadmaps for different industries and for regional and metropolitan Victoria. ¹⁶⁸
		2nd September 2020
Victoria's State of Disaster would be extended for another 11 days – until the 13 th of September 2020. ¹⁶⁹		
37 beginning 6th September	Cases: 373 Deaths: 57	6th September 2020¹⁷⁰ 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 ¹⁷¹

38 beginning 13th September	Cases: 247	13th September 2020 ¹⁷²
	Deaths: 39	<p>Victorian 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.</p> <p>Victoria's State of Emergency and State of Disaster declaration have been renewed for another 4 weeks taking it to 11 October 2020</p>
		15th September 2020
		<p>Victorian Government announced it would be introducing the <i>COVID-19 Omnibus (Emergency Measures) and Other Acts Amendment Bill 2020</i> 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."¹⁷³</p> <p>Andrews announced some restrictions, such as those on household visits and restaurants and cafes, would ease for regional Victorians.¹⁷⁴</p>
39 beginning 20th September	Cases: 142	26th September 2020
	Deaths: 23	Victoria's health minister Jenny Mikakos resigned over the hotel quarantine scheme. ¹⁷⁵
Over the next few weeks Victoria continued to slowly ease restrictions.		

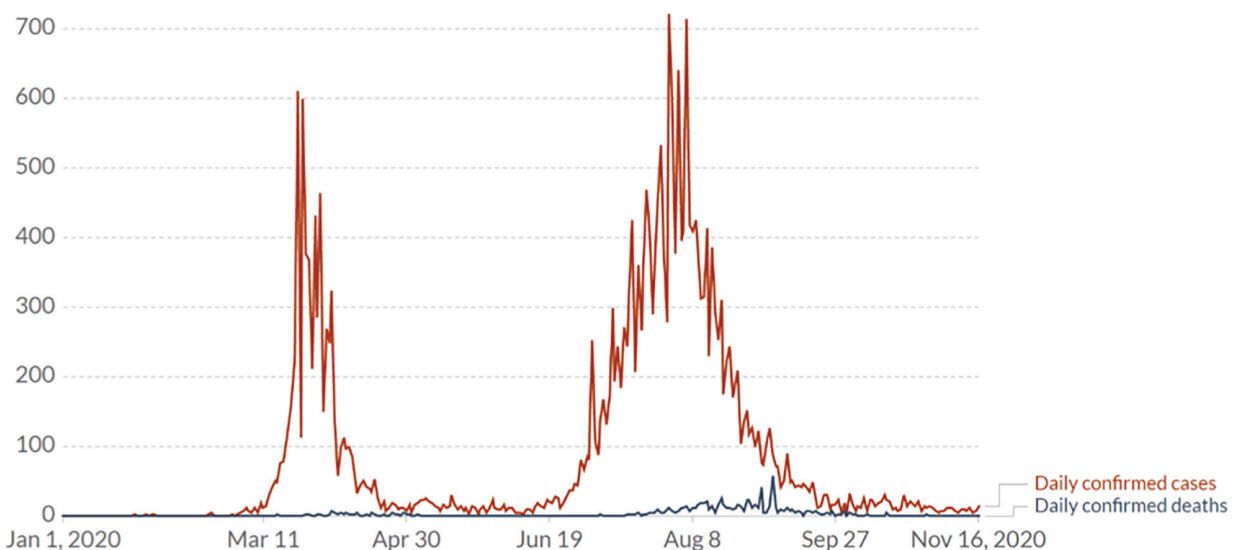
Appendix B: Cases and hospitalisations in Australia

Daily confirmed COVID-19 cases and deaths, 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.



LINEAR LOG [↔ Change country](#)

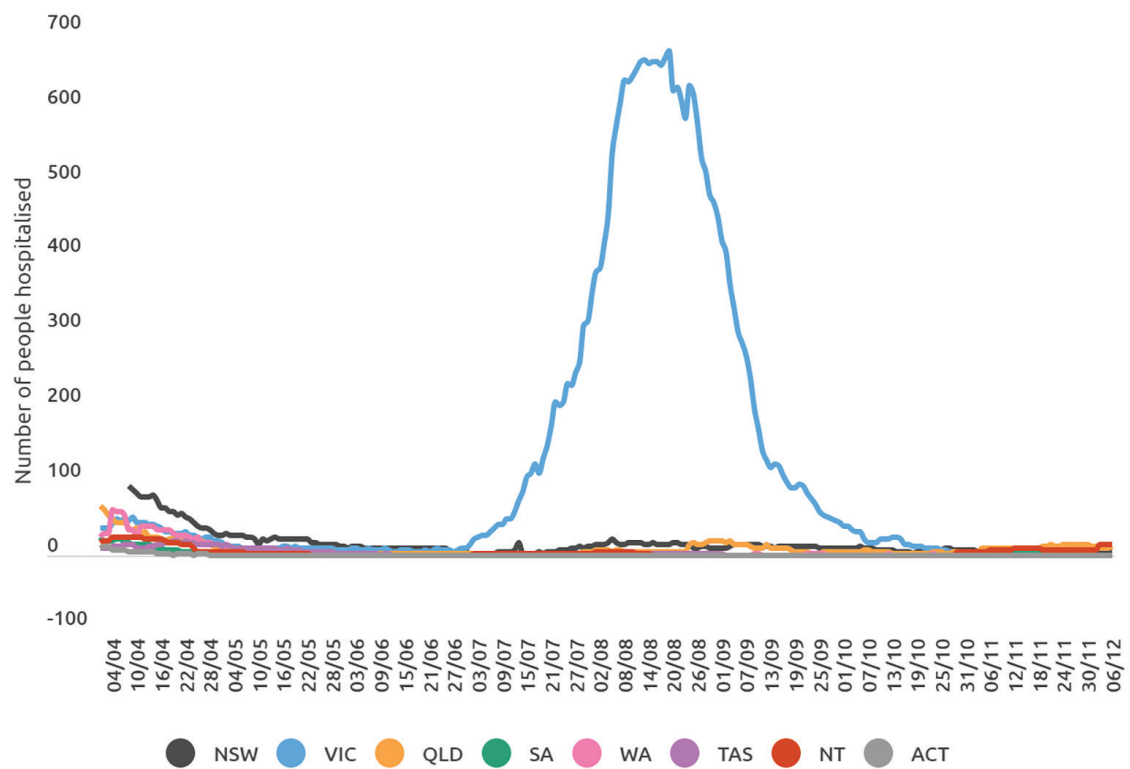


Source: European CDC – Situation Update Worldwide – Last updated 16 November, 10:06 (London time)

OurWorldInData.org/coronavirus • CC BY

▶ Dec 31, 2019 ○ Nov 16, 2020

Number of people in hospital with COVID-19 in each state and territory



www.covid19data.com.au

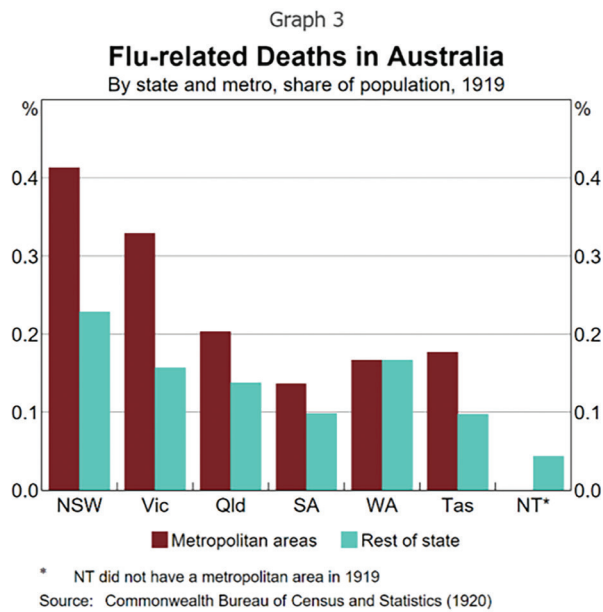
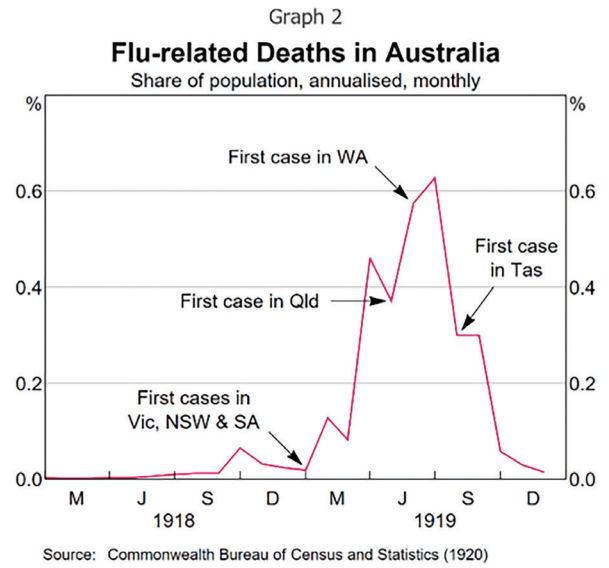
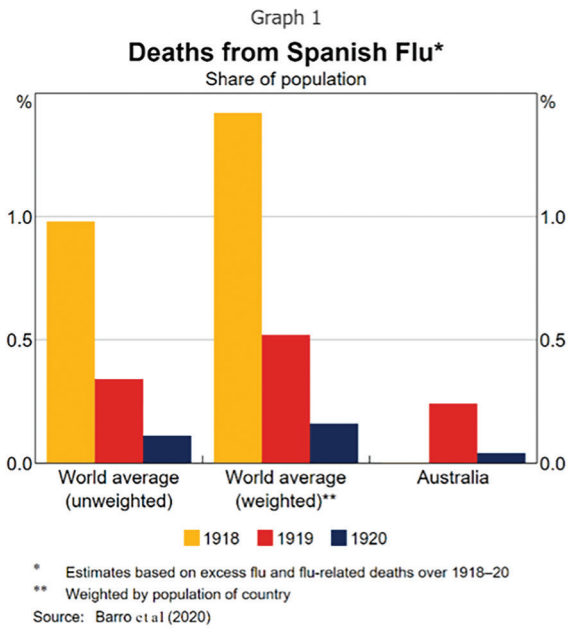
Appendix C: Recommendations from the WHO on the use of Non-pharmaceutical interventions

Table 1. Recommendations on the use of NPIs by severity level

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

NPI: non-pharmaceutical intervention; UV: ultraviolet.

Appendix D: Spanish flu in Australia



Endnotes

- 1 Kelly, Paul. (2020, April 29). *Deputy Chief Medical Officer's press conference about COVID-19 on 29 April 2020*. [Transcript]. Retrieved from <https://www.health.gov.au/news/deputy-chief-medical-officers-press-conference-about-covid-19-on-29-april-2020> (Accessed 6 May 2020).
- 2 Babones, Salvatore. (2020, June 3). *The 12-Week Window: Coronavirus crisis Australia didn't have to have*. The Centre for Independent Studies. Retrieved from <https://www.cis.org.au/publications/analysis-papers/the-12-week-window-coronavirus-crisis-australia-didnt-have-to-have/> (Accessed 3 June 2020).
- 3 Allen, Darcy W E., Berg, Chris., Davidson, Sinclair., & Potts, Jason. (2020, April 26). On Coase and COVID-19. *SSRN*, Retrieved from https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3585509 p. 1.
- 4 Brennan, Jason., Surprenant, Chris., & Winsberg, Eric. (2020) How Government Leaders Violated Their Epistemic Duties During the SARS-CoV-2 Crisis. *Kennedy Institute of Ethics Journal*. Retrieved from <https://kiej.georgetown.edu/leaders-violated-epistemic-duties-special-issue/> p. 2.
- 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.
- 9 Babones. (2020, June 3). p. 15.
- 10 Cummins, Ivor. (Presenter). (2020). *The Fat Emperor Podcast*. [Audio podcast]. Retrieved from <https://thefatemperor.com/ep99-er-doctor-from-sweden-explains-it-all-the-science-logic-philosophy/> (Accessed 1 November 2020).
- 11 Australian Government: Department of Health. (last updated 2019, December 12). *Australian Health Management Plan for Pandemic Influenza (AHMPPI)*. Retrieved from <https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-ahmppt.htm> (Accessed 6 April 2020). p. 46.
- 12 Brennan et al. (2020). p. 21-22.
- 13 The World Health Organisation. (2019, October). *Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza* Retrieved from https://www.who.int/influenza/publications/public_health_measures/publication/en/ (Accessed 27 November 2020).
- 14 The World Health Organisation. (2019, October). p. 3.
- 15 Australian Government: Department of Health. (2020). *Fact Sheet CORONAVIRUS (COVID-19) National Health Plan*. Retrieved from https://www.health.gov.au/sites/default/files/documents/2020/03/covid-19-national-health-plan-health-protection-covid-19-national-communication-campaign-covid-19-national-health-plan-national-communication-campaign_1.pdf (Accessed 10 November 2020).
- 16 Morrison, Scott. (2020, March 22). *Update on Coronavirus Measures*. [Transcript]. Retrieved from <https://www.pm.gov.au/media/update-coronavirus-measures-220320> (Accessed 7 April 2020).
- 17 Australian Health Protection Principal Committee. (2020, March 22). *Australian Health Principal Committee (AHPPC) coronavirus (COVID-19) statement on 22 March 2020*. Retrieved from <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-coronavirus-covid-19-statement-on-22-march-2020-0> (Accessed 30 April 2020).
- 18 Australian Health Protection Principal Committee. (2020, March 22). *Australian Health Principal Committee (AHPPC) coronavirus (COVID-19) statement on 22 March 2020*.
- 19 Murphy, Brendan., & Hunt, Greg. (2020, March 3). *Chief Medical Officer and Minister Hunt's joint press conference on coronavirus (COVID-19)*. [Transcript]. Retrieved from <https://www.health.gov.au/news/chief-medical-officer-and-minister-hunts-joint-press-conference-on-coronavirus-covid-19> (Accessed 4 May 2020).
- 20 Australian Government: Department of Health. (last updated 2019, December 12). *Australian Health Management Plan for Pandemic Influenza (AHMPPI)*. p. 47.
Australian Government: Department of Health. (2020). *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)*. Retrieved from https://www.health.gov.au/sites/default/files/documents/2020/02/australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19_2.pdf (Accessed 1 April 2020). p. 25.
- 21 Australian Government: Department of Health. (2020). *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)*.
Australian Government: Department of Health. (last updated 2019, December 12). *Australian Health Management Plan for Pandemic Influenza (AHMPPI)*.
- 22 O'Callaghan, Miriam. (Interviewer). (2020, October 23). Interview with Dr John Lee. Retrieved from <https://www.youtube.com/watch?v=Oqn4B2Iq2cq> (Accessed 27 October 2020).
- 23 Australian Health Protection Principal Committee. (2020, March 22). *Australian Health Principal Committee (AHPPC) coronavirus (COVID-19) statement on 22 March 2020*.

- 24 Australian Health Protection Principal Committee. (2020, March 22). *Australian Health Principal Committee (AHPPC) coronavirus (COVID-19) statement on 22 March 2020*.
- 25 Australian Government: Department of Health. (2020). *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)*. p. 9.
- 26 Australian Government: Department of Health. (2020, March 13). *COVID-19 National Health Plan – Modelling and Surveillance to Support the Response to COVID-19*. Retrieved from <https://www.health.gov.au/resources/publications/covid-19-national-health-plan-modelling-and-surveillance-to-support-the-response-to-covid-19> (Accessed 4 May 2020).
- 27 Australian Government: Department of Health. (2020, April 7). *Impact of COVID-19 in Australia – ensuring the health system can respond*. Retrieved from <https://www.health.gov.au/resources/publications/impact-of-covid-19-in-australia-ensuring-the-health-system-can-respond> (Accessed 5 May 2020). p. 3.
- 28 Australian Government: Department of Health. (2020, April 7). *Impact of COVID-19 in Australia – ensuring the health system can respond*. p. 3.
- 29 Australian Government: Department of Health. (2020, April 7). *Impact of COVID-19 in Australia – ensuring the health system can respond*. p. 1.
- 30 Foster, Ally. (2020, September 10). *Coronavirus Australia: Mistake in COVID modelling that informed lockdown*. *News.com.au*. Retrieved from <https://www.news.com.au/world/coronavirus/australia/coronavirus-australia-mistake-in-covid-modelling-that-informed-lockdown/news-story/ed597d740d845649de9e7b31c123bee7> (Accessed 11 November 2020).
- 31 Foster, Ally. (2020, September 10).
- 32 Koch, David. (Interviewer). (2020, March 31). Interview with Deputy Chief Medical Officer Dr Nick Coatsworth *Deputy Chief Medical Officer interview on Channel 7 Sunrise*. [Transcript] Retrieved from <https://www.health.gov.au/news/deputy-chief-medical-officer-interview-on-channel-7-sunrise-0> (Accessed 30 April 2020).
- 33 Ioannidis, John A.P. (2020, March 17). *A fiasco in the making? As the coronavirus pandemic takes hold, we are making decisions without reliable data*. *STAT*. Retrieved from <https://www.statnews.com/2020/03/17/a-fiasco-in-the-making-as-the-coronavirus-pandemic-takes-hold-we-are-making-decisions-without-reliable-data/> (Accessed 11 November 2020).
- 34 Australian Health Protection Principal Committee. (2020, May 6). *Coronavirus (COVID-19) in Australia – Pandemic Intelligence Plan*. Retrieved from <https://www.health.gov.au/sites/default/files/documents/2020/05/coronavirus-covid-19-in-australia-pandemic-health-intelligence-plan.pdf> (Accessed 7 May 2020). p. 7.
- 35 Australian Health Protection Principal Committee. (2020, April 16). *Australian Health Protection Principal Committee (AHPPC) coronavirus (COVID-19) statement on 16 April 2020*. Retrieved from <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-coronavirus-covid-19-statement-on-16-april-2020> (Accessed 6 May 2020).
- 36 O'Neill, Brendan. (2020, July 28). (Presenter). *The Brendan O'Neill Show*. [Audio Podcast]. Retrieved from <https://www.spiked-online.com/podcast-episode/the-lockdown-has-been-cruel-and-negligent/> (Accessed 10 November 2020).
- 37 Australian Government: Department of Health. (2020). *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)*. p. 9.
- Australian Government: Department of Health. (last updated 2019, December 12). *Australian Health Management Plan for Pandemic Influenza (AHMPPI)*. p. 18.
- 38 Morrison, Scott. (2020, March 18). *Update on Coronavirus Measures*. Retrieved from <https://www.pm.gov.au/media/update-coronavirus-measures> (Accessed 7 April 2020).
- 39 NSW Government. (2020, March 26). *Police Crackdown on reckless social gatherings*. Retrieved from <https://www.nsw.gov.au/news/police-to-crackdown-on-reckless-social-gatherings> (Accessed 27 March 2020).
- 40 Australian Government: Department of Health. (last updated 2019, December 12). *Australian Health Management Plan for Pandemic Influenza (AHMPPI)*. p. 16.
- 41 Australian Government: Department of Health. (2020). *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)*. p. 12-13.
- 42 *Australian Health Protection Principal Committee (AHPPC) coronavirus (COVID-19) statement on 8 March 2020*. (2020, March 9). Retrieved from <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-coronavirus-covid-19-statement-on-8-march-2020-0> (Accessed 4 May 2020).
- Murphy, Brendan. (2020, March 9). *Chief Medical Officer coronavirus update*. NewsGP. Retrieved from <https://www1.racgp.org.au/newsqp/professional/chief-medical-officer-coronavirus-update> (Accessed 28 April 2020).

- National Museum Australia. (Updated: 7 October 2020). *Influenza Pandemic*. Retrieved from <https://www.nma.gov.au/defining-moments/resources/influenza-pandemic> (Accessed 10 November 2020).
- 43 Australian Government: Department of Health. (2020). *COVID-19 deaths by age group and sex*. Retrieved from <https://www.health.gov.au/resources/covid-19-deaths-by-age-group-and-sex> (Accessed 27 October 2020).
- 44 Sweeney, Karen. (2020, September 28). Vic's curfew was a 'step too far'. *The Canberra Times*. Retrieved from <https://www.canberratimes.com.au/story/6944239/vics-virus-curfew-was-a-step-too-far/?cs=9676> (Accessed 26 October 2020).
- Moore, Charlie. (2020, September 13). Top medics have never called for curfews but Dan Andrews imposed one. *DailyMail*. Retrieved from <https://www.msn.com/en-au/news/australia/top-medics-have-never-called-for-curfews-but-dan-andrews-imposed-one/ar-BB18ZR8> (Accessed 19 November 2020).
- 45 Overington, Caroline. (2020, October 21). Coronavirus: Cox Plate crowd debacle shows Andrews government hypocrisy. *The Australian*. Retrieved from <https://www.theaustralian.com.au/commentary/coronavirus-cox-plate-crowd-debacle-shows-andrews-government-hypocrisy/news-story/829277453a4180a4d59dbc3176c073bf> (Accessed 26 October 2020).
- 46 Burton, Tom. (2020, September 30). The 15 failures of Victoria's hotel quarantine program. *The Australian Financial Review*. Retrieved from <https://www.afr.com/policy/health-and-education/the-15-failures-of-victoria-s-hotel-quarantine-program-20200929-p5606y> (Accessed 26 October 2020).
- 47 Government of South Australia. (last updated 2020, November 19). *COVID-19 Response*. Retrieved from <https://www.covid-19.sa.gov.au/response> (Accessed 19 November 2020).
- 48 Government of South Australia. (2020, 18 November). *COVID-19 Update 18 November*. Retrieved from <https://www.covid-19.sa.gov.au/latest-news/covid-19-update-18-november> (Accessed 19 November 2020).
- 49 Government of South Australia. (2020, November 22). *COVID-19 Response*. Retrieved from <https://www.covid-19.sa.gov.au/response> (Accessed 23 November 2020).
- Dillon, Meagan., & Boisvert, Eugene. (2020, November 21). South Australia to end coronavirus lockdown three days early after pizza worker's 'lie.' *ABC News*. Retrieved from <https://www.abc.net.au/news/2020-11-20/sa-coronavirus-hard-lockdown-to-end-early/12903834> (Accessed 23 November 2020).
- 50 Calvillo, Dustin P., Swan, Alexander B., & Rutchick, Abraham, M. (2019, November 8). Ideological belief bias with political syllogisms. *Thinking & Reasoning*. Vol. 26, 2. pp. 291-310 Retrieved from <https://doi.org/10.1080/13546783.2019.1688188>
- 51 Morrison, Scott. (2020, March 27). *Press conference – Australian Parliament House, ACT*. [Transcript]. Retrieved from <https://www.pm.gov.au/media/press-conference-australian-parliament-house-act-270320> (Accessed 30 April 2020).
- 52 Lee, John. (2020, April 12). Where is the vigorous debate about our response to Covid? *The Spectator*. Retrieved from <https://www.spectator.co.uk/article/to-understand-covid-we-need-evidence-scepticism-and-vigorous-debate> (Accessed 27 October 2020).
- 53 Australian Government: Department of Health. (2020). *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)*. Australian Government: Department of Health. (last updated 2019, December 12). *Australian Health Management Plan for Pandemic Influenza (AHMPPI)*.
- 54 Kelly, Paul. (2020, March 7). *Deputy Chief Medical Officer's press conference about COVID-19*. [Transcript]. Retrieved from <https://www.health.gov.au/news/deputy-chief-medical-officers-press-conference-about-covid-19> (Accessed 29 April 2020).
- 55 Coorey, Phillip. (2020, April 7). PM plans staggered virus exit. *The Australian Financial Review*. Retrieved from <https://www.afr.com/politics/federal/pm-plans-staggered-virus-exit-20200407-p54hqp> (Accessed 8 April 2020).
- 56 Coorey, Phillip. (2020, April 7).
- 57 Australian Health Protection Principal Committee. (2020, March 22). *Australian Health Principal Committee (AHPPC) coronavirus (COVID-19) statement on 22 March 2020*.
- 58 Morrison, Scott. (2020, March 22). *Update on Coronavirus Measures*.
- 59 Morrison, Scott. (2020, April 21). *Update on coronavirus measures*. [Transcript]. Retrieved from <https://www.pm.gov.au/media/update-coronavirus-measures-210420> (Accessed 6 May 2020).
- 60 Coatsworth, Nick. (2020, April 23). *Deputy Chief Medical Officer's press conference about COVID-19 on 23 April 2020I*. [Transcript]. Retrieved from <https://www.health.gov.au/news/deputy-chief-medical-officers-press-conference-about-covid-19-on-23-april-2020> (Accessed 6 May 2020).

- 61 Kelly, Paul. (2020, March 30). *Deputy Chief Medical Officer's press conference about COVID-19 on 30 March 2020*. [Transcript]. Retrieved from <https://www.health.gov.au/news/deputy-chief-medical-officers-press-conference-about-covid-19-on-30-march-2020> (Accessed 30 April 2020).
- 62 Morrison, Scott. (2020, April 9). *Update on Coronavirus Measures*. [Media Statement]. Retrieved from <https://www.pm.gov.au/media/update-coronavirus-measures-3> (Accessed 5 May 2020).
- 63 Kelly, Paul. (2020, April 10). *Deputy Chief Medical Officer's press conference about COVID-19 on 10 April 2020*. [Transcript]. Retrieved from <https://www.health.gov.au/news/deputy-chief-medical-officers-press-conference-about-covid-19-on-10-april-2020> (Accessed 5 May 2020).
- 64 Kelly, Paul. (2020, March 28). *Deputy Chief Medical Officer's press conference about COVID-19 on 28 March 2020*. [Transcript]. Retrieved from <https://www.health.gov.au/news/deputy-chief-medical-officers-press-conference-about-covid-19-on-28-march-2020> (Accessed 30 April 2020).
- 65 Coatsworth, Nick. (2020, 11 April). *Deputy Chief Medical Officer's press conference about COVID-19 on 11 April 2020*. [Transcript]. Retrieved from <https://www.health.gov.au/news/deputy-chief-medical-officers-press-conference-about-covid-19-on-11-april-2020> (Accessed 5 May 2020).
- 66 Kelly, Paul. (2020, April 22). *Deputy Chief Medical Officer's press conference about COVID-19 on 22 April 2020*. [Transcript]. Retrieved from <https://www.health.gov.au/news/deputy-chief-medical-officers-press-conference-about-covid-19-on-22-april-2020> (Accessed 6 May 2020).
- 67 Kelly, Paul. (2020, April 22).
- 68 Dev, Priya. (2020, May 13). COVID tracing app needs a makeover, not new laws to keep privacy safe. *The Sydney Morning Herald*. Retrieved from <https://www.smh.com.au/national/covid-tracing-app-needs-a-makeover-not-new-laws-to-keep-privacy-safe-20200509-p54rfe.html> (Accessed 27 October 2020).
- 69 Dev, Priya. (2020, October 26). The COVIDSafe app is a case of the Emperor's New Clothes. *The Australian Financial Review*. Retrieved from <https://www.afr.com/technology/the-truth-emerges-covidsafe-is-a-case-of-the-emperors-new-clothes-20201023-p5683s> (Accessed 27 October 2020).
- 70 Dev, Priya. (2020, October 26).
- 71 Dev, Priya. (2020, October 26).
- 72 Bishop, James. (2020, June 18). *Economic Effects of the Spanish Flu*. Retrieved from <https://www.rba.gov.au/publications/bulletin/2020/jun/pdf/economic-effects-of-the-spanish-flu.pdf> (Accessed 10 November 2020). p. 10.
- 73 Bishop, James. (2020, June 18). p. 10.
- 74 Bishop, James. (2020, June 18). pp. 13-14.
- 75 Carling, Robert. (2020, July 8). The Economic Challenge of Covid-19. *Policy Paper 32*. Retrieved from <https://www.cis.org.au/app/uploads/2020/07/pp32.pdf>? (Accessed 10 November 2020). p. 1.
- 76 Australian Bureau of Statistics. (2020, September 2). *Economic downturn in an historical context*. Retrieved from <https://www.abs.gov.au/articles/economic-downturn-historical-context> (Accessed 10 November 2020).
- 77 Australian Bureau of Statistics. (2020, November 19). *Labour Force, Australia*. Retrieved from <https://www.abs.gov.au/statistics/labour/employment-and-unemployment/labour-force-australia/oct-2020> (Accessed 19 November 2020).
- 78 Treasury Portfolio. (2020, October 6). *Budget 2020-21*. Retrieved from <https://treasury.gov.au/sites/default/files/2020-10/p2020-118468-treasury-pbs.pdf> (Accessed 10 November 2020).
- Cowan, Simon. (2020, October 10). Health and education spending is at record levels. This budget should have gone further on tax cuts. *The Canberra Times*. Retrieved from <https://www.cis.org.au/commentary/articles/health-and-education-spending-is-at-record-levels-this-budget-should-have-gone-further-on-tax-cuts/> (Accessed 10 November 2020).
- Carling, Robert., Makin, Tony., Tulip, Peter., & Cowan, Simon. (2020, October 9). *Too much spending, not enough reform*. Retrieved from <https://www.cis.org.au/commentary/articles/too-much-spending-not-enough-reform/> (Accessed 10 November 2020).
- 79 Creighton, Adam. (2020, October 20.) All states shedding jobs, ABS payroll data shows. *The Australian*. Retrieved from [All states shedding jobs, ABS payroll data shows \(theaustralian.com.au\)](https://www.theaustralian.com.au) (Accessed 1 November 2020).
- 80 Carling, Robert. (2020, July 8). The Economic Challenge of Covid-19. p. 3.
- 81 Katz, David L. (2020, March 20). Is Our Fight Against Coronavirus Worse Than the Disease? *The New York Times*. Retrieved from <https://www.nytimes.com/2020/03/20/opinion/coronavirus-pandemic-social-distancing.html> (Accessed 16 June 2020).

- 82 Australian Bureau of Statistics. (2020, May 18). *4940.0 – Household Impacts of COVID-19 Survey, 29 Apr-4 May 2020*. (Accessed 19 May 2020). Retrieved from <https://www.abs.gov.au/ausstats/abs%40.nsf/mediareleasesbyCatalogue/DB259787916733E4CA25855B0003B21C?OpenDocument> (Accessed 29 May 2020).
- Gleeson, Hayley. (2020, May 3). *Inside the Men's Referral Service, a call centre dealing with Australia's abusive men and domestic violence*. ABC News. Retrieved from <https://www.abc.net.au/news/2020-05-03/mens-referral-service-family-violence-coronavirus/12207558> (Accessed 29 May 2020).
- Zwartz, Henry. (2020, 23 May 2020). *Amid coronavirus lockdowns, use of online domestic violence reporting tool spikes*. ABC News. Retrieved from <https://www.abc.net.au/news/2020-05-23/coronavirus-lockdown-domestic-violence-spikes-in-australia/12238962> (Accessed 29 May 2020).
- Benson, Simon. (2020, May 10). *Coronavirus: depression 'a \$5bn hit to productivity.'* *The Australian*. Retrieved from <https://www.theaustralian.com.au/nation/coronavirus-depression-a-5bn-hit-to-productivity/news-story/51c4690a2a0a99c444d9a971da4822c6> (Accessed 25 May 2020).
- 83 Morrison, Scott. (2020, May 15). *Update on Coronavirus Measures*. [Media Statement]. Retrieved from <https://www.pm.gov.au/media/update-coronavirus-measures-15may20> (Accessed 23 October 2020).
- 84 Morrison, Scott., & Payne, Marise. (2020, 29 March). *\$1.1 billion to support more mental health, Medicare and domestic violence services*. [Media Release]. Retrieved from <https://www.pm.gov.au/media/11-billion-support-more-mental-health-medicare-and-domestic-violence-services-0> (Accessed 4 May 2020).
- 85 Australian Government: Productivity Commission. (2020, June 30). *Mental Health: Productivity Commission Inquiry Report vol. 2*. Retrieved from <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume2.pdf> (Accessed 16 November 2020). pp. 295-300.
- Roy Morgan Research. (2015, May 25). *Rising unemployment among young Aussies matched by increasing anxiety, depression and stress*. Article No. 6244. Retrieved from [Rising unemployment among young Aussies matched by increasing anxiety, depression and stress - Roy Morgan Research](https://www.roymorgan.com.au/research/rising-unemployment-among-young-aussies-matched-by-increasing-anxiety-depression-and-stress-roy-morgan-research) (Accessed 16 November 2020).
- 86 D'Abbrera, Carlos. (2020, April 18). *The Tyranny of Medical Experts*. *The Spectator Australia*. Retrieved from <https://www.spectator.com.au/2020/04/the-tyranny-of-medical-experts/> (Accessed 16 June 2020).
- 87 Australian Bureau of Statistics. (2020, October 23). *Causes of Death, Australia*. Retrieved from <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2019> (Accessed 26 October 2020).
- 88 Australian Bureau of Statistics. (2020, October 23). *Causes of Death, Australia*.
- 89 Australian Bureau of Statistics. (2020, October 23). *Causes of Death, Australia*.
- 90 Fahey, Glenn. (2020, May 15). *Young to shoulder coronanomics burden*. The Centre for Independent Studies. Retrieved from <https://www.cis.org.au/commentary/articles/young-to-shoulder-coronanomics-burden/> (Accessed 23 May 2020).
- 91 Foster, Gigi., & Godfrey-Smith, Peter. (2020, August 17). *We can't cure the virus by making the economy sick*. *The Australian Financial Review*. Retrieved from <https://www.afr.com/policy/economy/we-can-t-cure-the-virus-by-making-the-economy-sick-20200817-p55mcc> (Accessed 27 October 2020).
- 92 Stone, Bruce. (2008). *State Legislative Councils – Designing for Accountability*. In N. Aroney, Prasser, S., & Nethercote, J.R. (Ed.). *Restraining Elective Dictatorship*. (pp. 175-195). Crawley, Western Australia: University of Western Australia Press.
- 93 Stone. (2008). p. 175.
- 94 Prasser, Scott. (2020, June 2). *The new National Cabinet: great for big government, not so good for liberty*. *The Spectator*. Retrieved from <https://www.cis.org.au/commentary/articles/the-new-national-cabinet-great-for-big-government-not-so-good-for-liberty/> (Accessed 26 October 2020).
- 95 Allen, et al. (2020). p. 7.
- 96 Australian Government: Department of Health. (2020). *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)*. p. 22.
- 97 Van Onselen, Peter. (2020, March 24). *Coronavirus Australia: War couldn't stop parliament, so why should COVID-19?* *The Australian*. Retrieved from <https://www.theaustralian.com.au/commentary/coronavirus-australia-war-couldnt-stop-parliament-so-why-now/news-story/a6b3ea10778ca67818142c5d01e41b37> (Accessed 24 March 2020).
- 98 Stone. (2008). p. 176.
- 99 Parliament of Australia. (2020). *Senate Select Committee on COVID-19*. Retrieved from https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/COVID-19/COVID19 (Accessed 19 November 2020).
- 100 Fahey, Glenn., & Koster, Florian. (2019, July 19). *Means, Ends and Meaning in Accountability for Strategic Governance*. OECD Working Paper Series EDU/WKP (2019) 12. p. 38.

- 101 Kelly, Paul. (2020, March 30). *Deputy Chief Medical Officer's press conference about COVID-19 on 30 March 2020*.
- 102 Editorial. (2020, April 2). Transparency is the best way to beat this plague. *The Australian Financial Review*. Retrieved from <https://www.afr.com/policy/economy/transparency-is-the-best-way-to-beat-this-plague-20200401-p54fvf> (Accessed 2 April 2020).
- 103 Carruthers, Fiona., & Wootton, Hannah. (2020, April 8). Ruby Princess is the most deadly virus ship. *The Australian Financial Review*. Retrieved from <https://www.afr.com/companies/tourism/ruby-princess-is-the-most-deadly-cruise-ship-20200403-p54gwa> (Accessed 27 October 2020).
- 104 Carruthers & Wootton. (2020, April 8).
- 105 Carruthers, Fiona. (2020, August 14). NSW Health slammed by Ruby Princess inquiry report. *The Australian Financial Review*. Retrieved from <https://www.afr.com/news/nsw-health-slammed-by-ruby-princess-inquiry-report> (Accessed 4th December 2020).
- 106 Bashan, Yoni. (2020, August 18). I'm sorry no one's to blame for cruise ship blunders. *The Australian*. Retrieved from <https://www.theaustralian.com.au/nation/im-sorry-no-ones-to-blame-for-cruise-ship-blunders/news-story/cdb206b681b4269e63cdabaec8c28fad> (Accessed 27 October 2020).
- 107 Bashan. (2020, August 18).
- 108 Australian Government: Department of Health. (2020). *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)*. p. 16.
- Australian Government: Department of Health. (last updated 2019, December 12). *Australian Health Management Plan for Pandemic Influenza (AHMPPI)*. p. 27
- 109 Durkin, Patrick. (2020, July 1). Victoria's hotel security exposed by outbreak. *The Australian Financial Review*. Retrieved from <https://www.afr.com/politics/federal/victoria-s-hotel-security-exposed-on-outbreak-20200701-p557ym> (Accessed 27 October 2020).
- 110 Piovesan, Anthony. (2020, 10 November). Cedar Meats manager; chief scientist front Victoria face COVID-19 contact tracing inquiry. *The Australian*. Retrieved from <https://www.theaustralian.com.au/news/cedar-meats-alan-finkel-give-evidence> (Accessed 27 November 2020).
- 111 Burton, Tom. (2020, August 18). One family of four source of 90 per cent of Australia's second wave. *The Australian Financial Review*. Retrieved from <https://www.afr.com/politics/federal/one-family-of-four-source-of-90-per-cent-of-australia-s-second-wave-20200818-p55mu7> (Accessed 27 October 2020).
- 112 Towell, Noel. (2020, November 6). Coates' first quarantine report tells us plenty and none of it is good. *The Sydney Morning Herald*. Retrieved from <https://www.smh.com.au/national/victoria/coate-s-first-quarantine-report-tells-us-plenty-and-none-of-it-is-good-20201106-p56c8y.html> (Accessed 10 November 2020).
- 113 Credlin, Peta. (2020, October 26). Peta Credlin: Melburnians won't forget Daniel Andrews caused lockdown hell. *The Herald Sun*. Retrieved from <https://www.dailytelegraph.com.au/news/opinion/peta-credlin-melburnians-wont-forget-daniel-andrews-caused-lockdown-hell/news-story/e651e7ff8173022e0376f7ad334a820e> (Accessed 27 October 2020).
- 114 Wootton, Hannah., & Durkin, Patrick. (2020, October 9). 'Nonsense': Mikakos dumps on Andrews' evidence. *The Australian Financial Review*. Retrieved from <https://www.afr.com/politics/federal/nonsense-mikakos-dumps-on-andrews-evidence-20201009-p563iz> (Accessed 27 October 2020).
- 115 *The Australian*. (2020, October 10). Inquiry must find culprit behind Covid hotel failure. Retrieved from <https://www.theaustralian.com.au/commentary/editorials/inquiry-must-find-culprit-behind-covid-hotel-failure/news-story/47a7658d824cd619400373c45e09e05c> (Accessed 27 October 2020).
- 116 Murphy, Brendan. (2020, March 1). *Western Australian COVID-19 Case*. [Transcript]. Retrieved from <https://www.health.gov.au/news/western-australian-covid-19-case> (Accessed 4 May 2020).
- 117 Murphy, Brendan., & Hunt, Greg. (2020, March 3). *Chief Medical Officer and Minister Hunt's joint press conference on coronavirus (COVID-19)*. [Transcript]. Retrieved from <https://www.health.gov.au/news/chief-medical-officer-and-minister-hunts-joint-press-conference-on-coronavirus-covid-19> (Accessed 4 May 2020).
- 118 Murphy, Brendan., & Hunt, Greg. (2020, March 3).
- 119 Worthington, Brett. (2020, March 5). South Korea added to Australia's coronavirus travel ban list, restrictions for travellers from Italy. *ABC News*. Retrieved from <https://www.abc.net.au/news/2020-03-05/coronavirus-travel-ban-korea-italy-china-iran/12027348>. (Accessed 7 April 2020).
- 120 World Health Organisation. (2020, March 11). *Coronavirus disease 2019 (COVID-19) Situation Report – 51 11 March 2020*. Retrieved from https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57_10 (Accessed 7 April 2020). p. 1.
- 121 Morrison, Scott. (2020, March 11). *Coronavirus (COVID-19) health package announced*. [Media

- Release]. Retrieved from <https://www.health.gov.au/news/coronavirus-covid-19-health-package-announced> (Accessed 29 April 2020).
- 122 Australian Health Protection Principal Committee (AHPPC) coronavirus (COVID-19) statement on 8 March 2020. (2020, March 9).
- 123 Morrison, Scott. (2020, March 15). *Transcript Press Conference*. Retrieved from <https://www.pm.gov.au/media/transcript-press-conference> (Accessed 7 April 2020).
- 124 Parliament of Australia. (2020, March 16) *COVID-19: Statement by the Presiding Officers regarding temporary and precautionary changes to Parliament House operations*. Retrieved from https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Department_of_Parliamentary_Services/Media/COVID-19_Statement_by_the_Presiding_Officers (Accessed 31 March 2020).
- 125 Morrison, Scott. (2020, March 18).
- 126 Australian Government: Department of Home Affairs. (2020, March 20). *Covid-19 and the border Travel Restrictions*. Retrieved from <https://covid19.homeaffairs.gov.au/travel-restrictions> (Accessed 6 April 2020).
- 127 Morrison, Scott. (2020, March 22). *Update on Coronavirus Measures*.
- 128 Murphy, Brendan. (2020, March 23). *Chief Medical Officer's press conference on COVID-19 on 23 March 2020*. [Transcript]. Retrieved from <https://www.health.gov.au/news/chief-medical-officers-press-conference-on-covid-19-on-23-march-2020> (Accessed 30 April 2020).
- 129 Duffy, Conor. (2020, March 23). *Why coronavirus pressures prompted Australia's biggest states to rebel against Scott Morrison*. ABC News. Retrieved from <https://www.abc.net.au/news/2020-03-23/federal-and-state-governments-school-closures-amid-coronavirus/12080062> (Accessed 23 March 2020).
- 130 Morrison, Scott. (2020, March 24). *Update on coronavirus measures*. Retrieved from <https://www.pm.gov.au/media/update-coronavirus-measures-24-March-2020> (Accessed 30 April 2020).
- 131 Van Onselen, Peter. (2020, March 24).
- 132 Australian Health Protection Principal Committee. (2020, March 24). *Australian Health Protection Principal Committee (AHPPC) advice to National Cabinet on 24 March 2020*. Retrieved from <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-advice-to-national-cabinet-on-24-march-2020> (Accessed 4 May 2020).
- 133 Australian Government: Department of Home Affairs. (2020, March 25). *Covid-19 and the border Travel Restrictions*. Retrieved from <https://covid19.homeaffairs.gov.au/travel-restrictions> (Accessed 6 April 2020).
- 134 McIlroy, Tom., Fuary-Wagner, Ingrid., & Patrick, Aaron. (2020, March 27). *Mandatory two-week hotel quarantine for returning Australians*. *The Australian Financial Review*. Retrieved from <https://www.afr.com/politics/federal/mandatory-two-week-hotel-quarantine-for-returning-australians-20200327-p54emy> (Accessed 6 April 2020).
- 135 Morrison, Scott. (2020, March 27). *Press conference – Australian Parliament House, ACT*.
- 136 Morrison, Scott. (2020, March 29). *Press Conference – Australian Parliament House, ACT* [Transcript]. Retrieved from <https://www.pm.gov.au/media/press-conference-australian-parliament-house-act-13> (Accessed 30 April 2020).
- 137 Australian Government: Department of Health. (2020, April 7). *Impact of COVID-19 in Australia – ensuring the health system can respond*.
- 138 Kelly, Paul. (2020, April 14). *Deputy Chief Medical Officer's press conference about COVID-19 on 14 April 2020*. [Transcript]. Retrieved from <https://www.health.gov.au/news/deputy-chief-medical-officers-press-conference-about-covid-19-on-14-april-2020> (Accessed 5 May 2020).
- 139 Morrison, Scott. (2020, April 21). *Update on coronavirus measures*.
- 140 Kelly, Paul. (2020, April 22).
- 141 *Status of Precedent Conditions*. Retrieved from <https://www.pm.gov.au/sites/default/files/files/attachc-precedent-conditions-relaxation-restrictions.pdf> (Accessed 7 May 2020).
- 142 Murphy, Brendan. (2020, May 3). *Chief Medical Officer's press conference about COVID-19 on 3 May 2020*. [Transcript]. Retrieved from <https://www.health.gov.au/news/chief-medical-officers-press-conference-about-covid-19-on-3-may-2020> (Accessed 7 May 2020).
- 143 Australian Health Protection Principal Committee. (2020, May 6). *Coronavirus (COVID-19) in Australia – Pandemic Intelligence Plan*.
- 144 Morrison, Scott. (2020, May 8). *Update on Coronavirus Measures*. [Media Statement]. Retrieved from <https://www.pm.gov.au/media/update-coronavirus-measures-08may20> (Accessed 23 October 2020).
- 145 Morrison, Scott. (2020, May 15). *Update on Coronavirus Measures*.

- 146 Barr, Natalie. (Interviewer). (2020, May 21). Interview with Nick Coatsworth. *Deputy Chief Medical Officer interview on Channel 7 Sunrise on 21 May 2020*. [Transcript]. Retrieved from <https://www.health.gov.au/news/deputy-chief-medical-officer-interview-on-channel-7-sunrise-on-21-may-2020> (Accessed 23 October 2020).
- 147 Australian Health Protection Principal Committee. (2020, June 5). *Australian Health Protection Principal Committee (AHPPC) statement on large gatherings and the need for continued caution*. Retrieved from <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-statement-on-large-gatherings-and-the-need-for-continued-caution> (Accessed 23 October 2020).
- 148 Stefanovic, Karl., & Langdon, Allison. (Interviewers). (2020, June 11). Interview with Michael Kidd. *Deputy Chief Medical Officer interview on Channel 9 Today on 11 June 2020*. [Transcript]. Retrieved from <https://www.health.gov.au/news/deputy-chief-medical-officer-interview-on-channel-9-today-on-11-june-2020> (Accessed 24 October 2020).
- 149 Morrison, Scott. (2020, June 12). *Update on coronavirus measures*. [Media Statement]. Retrieved from <https://www.pm.gov.au/media/update-coronavirus-measures-12june20> (Accessed 24 October 2020).
- 150 Andrews, Daniel. (2020, June 20). *Statement from the Premier*. Retrieved from <https://www.premier.vic.gov.au/statement-premier-71> (Accessed 24 October 2020).
- 151 Mikakos, Jenny. (2020, June 21). *State of Emergency Extended to Keep Slowing the Spread*. Retrieved from <https://www.premier.vic.gov.au/state-emergency-extended-keep-slowing-spread> (Accessed 25 October 2020).
- 152 Australian Health Protection Principal Committee. (2020, June 21). *Australian Health Protection Principal Committee (AHPPC) statement on recent outbreaks of COVID-19 in Victoria*. Retrieved from <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-statement-on-recent-outbreaks-of-covid-19-in-victoria> (Accessed 25 October 2020).
- 153 Australian Health Protection Principal Committee. (2020, June 26). *Australian Health Protection Principal Committee (AHPPC) statement on hotel quarantine*. Retrieved from <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-statement-on-hotel-quarantine> (Accessed 25 October 2020).
- 154 Andrews, Daniel. (2020, June 28). *Mandatory Testing For Returned Travellers*. Retrieved from <https://www.premier.vic.gov.au/mandatory-testing-returned-travellers> (Accessed 25 October 2020).
- 155 Andrews, Daniel. (2020, June 30). *Statement from the Premier*. Retrieved from <https://www.premier.vic.gov.au/statement-premier-72> (Accessed 25 October 2020).
- 156 Kelly, Paul. (2020, July 4). *Acting Chief Medical Officer press conference about COVID-19 on 4 July 2020*. Retrieved from <https://www.health.gov.au/news/acting-chief-medical-officer-press-conference-about-covid-19-on-4-july-2020> (Accessed 25 October 2020).
- Andrews, Daniel. (2020, July 4). *Statement from the Premier*. Retrieved from <https://www.premier.vic.gov.au/statement-premier-73> (Accessed 9 November 2020).
- 157 Andrews, Daniel. (2020, July 7). *Statement from the Premier*. Retrieved from <https://www.premier.vic.gov.au/statement-premier-74> (Accessed 25 October 2020).
- 158 Andrews, Daniel. (2020, July 8). *Police out in force across Melbourne and Mitchell Shire*. [Media Release]. Retrieved from <https://www.premier.vic.gov.au/police-out-force-across-melbourne-and-mitchell-shire> (Accessed 25 October 2020).
- 159 Australian Health Protection Principal Committee. (2020, July 13). *Australian Health Protection Principal Committee (AHPPC) statement on the Prime Minister's announcement for an independent review of hotel quarantine arrangements*. Retrieved from <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-statement-on-the-prime-ministers-announcement-for-an-independent-review-of-hotel-quarantine-arrangements> (Accessed 25 October 2020).
- 160 Andrews, Daniel. (2020, July 19). *Face Coverings Mandatory for Melbourne and Mitchell Shire*. [Media Release]. Retrieved from <https://www.premier.vic.gov.au/face-coverings-mandatory-melbourne-and-mitchell-shire> (Accessed 25 October 2020).
- 161 Andrews, Daniel. (2020, July 30). *Statement from the Premier*. Retrieved from <https://www.premier.vic.gov.au/statement-premier-75> (Accessed 25 October 2020).
- 162 Andrews, Daniel. (2020, August 2). *Statement on Changes to Melbourne's Restrictions*. Retrieved from <https://www.premier.vic.gov.au/statement-changes-melbournes-restrictions> (Accessed 25 October 2020).
- 163 Andrews, Daniel. (2020, August 3). *Statement from the Premier*. Retrieved from <https://www.premier.vic.gov.au/statement-from-premier-03-aug> (Accessed 25 October 2020).

- 164 Kidd, Michael. (2020, August 5). *Deputy Chief Medical Officer press conference about COVID-19 on 5 August 2020*. Retrieved from <https://www.health.gov.au/news/deputy-chief-medical-officer-press-conference-about-covid-19-on-5-august-2020> (Accessed 25 October 2020).
- 165 Andrews, Daniel. (2020, August 16). *State of Emergency Extended to Drive Down Virus*. Retrieved from <https://www.premier.vic.gov.au/state-emergency-extended-drive-down-virus> (Accessed 25 October 2020).
- 166 Andrews, Daniel. (2020, August 16). *State of Emergency Extended to Drive Down Virus*.
- 167 Andrews, Daniel. (2020, August 31). *Working Together To Re-Open Victoria – Safely*. Retrieved from <https://www.premier.vic.gov.au/working-together-re-open-victoria-safely> (Accessed 25 October 2020).
- 168 Andrews, Daniel. (2020, September 1). *Working Together to Open and Protect Regional Victoria*. Retrieved from <https://www.premier.vic.gov.au/working-together-open-and-protect-regional-victoria> (Accessed 25 October 2020).
- 169 Andrews, Daniel. (2020, September 2). *Protecting the Progress We've Made In the Virus Fight*. Retrieved from <https://www.premier.vic.gov.au/protecting-progress-weve-made-virus-fight> (Accessed 25 October 2020).
- 170 Andrews, Daniel. (2020, September 6). *Statement from the Premier*. Retrieved from <https://www.premier.vic.gov.au/statement-from-premier> (Accessed 25 October 2020).
- 171 Butt, Craig. (2020, September 6). How to interpret the modelling on Victoria's projected coronavirus case numbers. *The Age*. Retrieved from <https://www.theage.com.au/national/victoria/how-to-interpret-the-modelling-on-victoria-s-projected-coronavirus-case-numbers-20200906-p55sua.html> (Accessed 23 November 2020).
- 172 Andrews, Daniel. (2020, September 13). *On the Road Towards COVID Normal*. Retrieved from <https://www.premier.vic.gov.au/road-towards-covid-normal> (Accessed 25 October 2020).
- 173 Hennessy, Jill. (2020, September 15). *Strengthening our health response and keeping people safe*. [Media Release]. Retrieved from <https://www.premier.vic.gov.au/strengthening-our-health-response-and-keeping-people-safe> (Accessed 25 October 2020).
- 174 Andrews, Daniel. (2020, September 15). *Statement from the Premier*. Retrieved from <https://www.premier.vic.gov.au/statement-premier-59> (Accessed 25 October 2020).
- 175 Andrews, Daniel. (2020, September 26). *Statement from the Premier*. Retrieved from <https://www.premier.vic.gov.au/statement-from-premier-26-09-2020> (Accessed 25 October 2020).

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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.



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