

Pandemic, States and Societies in the Asia-Pacific, 2020–2021

Responding to COVID

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Chapter 8

Australia and COVID-19

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Introduction

To prevent COVID-19 infection, illness and deaths, Australia imposed international border controls on aircraft and cruise ships, restricted entry to all but citizens and permanent residents, adopted quarantine, social distancing, implemented lockdowns, contact tracing for those infected, mobile phone apps and free polymerase chain reaction (PCR) testing. Generous stimulus packages meant that people prevented from travelling to their workplaces received financial support during pandemic lockdown periods, and those out of work received increased social security payments. These measures were temporary and were wound back as widespread public compliance with a national vaccine rollout meant that by the end of December 2021 in a total population of 25.7 million, 42.5 million doses of vaccine had been administered, and 18.8 million people over 16 years of age (73.1% of all Australians) had received two vaccine doses (ANAO 2022).

Despite being an island continent, Australia was not immune from COVID; however, throughout 2020 and up until the end of 2021, the overall result was very successful. Up to 31 December 2021, there had been just over 500,000 total cases in a population of almost 26 million, with 2,279 COVID deaths. On 17 November 2021, Australia had a rate of 211 COVID average excess deaths per million, comparatively better than the Organisation of Economic Co-operation and Development (OECD) average of 1,495, with only Denmark (195), Iceland (188), Republic of Korea (52) and Norway (-277) recording lower figures (OECD 2021).

This success was not however due to strong central government action, and indeed the federal structure of Australia led to part of the problems in pandemic management. One of the more interesting features of the COVID experience in Australia is that the day-to-day management of the COVID pandemic was conducted at a state and territory level, and not by the national ('Commonwealth') government. While there was cooperation between different levels of government, the national COVID response over 2020 and 2021 in the Commonwealth was largely sidelined as the state premiers of New South Wales (NSW), Victoria (Vic), Queensland (Qld), Western Australia (WA),

South Australia (SA), Tasmania (Tas), and the chief administrators of the Australian Capital Territory (ACT) and the Northern Territory (NT) implemented lockdowns and border closures when they chose to do so, and often against the express wishes of the Australian prime minister.

Between 2020 and 2021, there were four main ‘waves’ of COVID in Australia: (1) initial infections largely from overseas returnees in March 2020, (2) community transmission infections during April 2020, (3) community transmission (Delta variant) from July to November 2021 and (4) the very steep rise in cases from late 2021, when the Omicron variant became dominant in the community. The following graphs show comparatively low levels of deaths and infections during 2020–2021 with a very large increase in daily COVID cases once states lifted restrictions. With the late 2021 Omicron wave, the total number of Australians with COVID went from under 400,000 at the end of 2021 to over 10 million by August 2022 (Our World in Data 2022). Unlike many other states, as Figures 8.1 and 8.2 show, Australia had far more cases and deaths in 2022 than it had in the entire first two years of the pandemic.

This chapter argues that even though the general picture for Australia in 2020–2021 appears successful there were some “cracks in the Commonwealth” that led to a large number of preventable deaths, particularly in aged care facilities. State and territory practical leadership of the national COVID response led to some unusual outcomes, including the Commonwealth government openly supporting a challenge to the validity of WA’s state border closures (Brennan 2021) and the truly baffling secret arrogation of the sweeping powers of five federal ministries, including health, by the then prime minister Scott Morrison during 2020 and 2021, a matter kept from even his closest cabinet colleagues (Karp 2022a).

This chapter has two parts. It first outlines why Australia’s ‘pandemic politics’ resulted in the states and territories managing the COVID response while the Commonwealth’s role was largely reduced to the control of international borders, regulating quarantine, economic support and securing sufficient doses of COVID vaccines. Shared responsibilities between the Commonwealth and the states in areas such as aged care led to preventable deaths and blame shifting. The second part details the ‘national’ health and economic responses, concentrating on the effects of Commonwealth fiscal stimulus on the economy, and the social effects of lockdowns on the population. Differential enforcement of stay-at-home orders and lockdowns in lower-socio-economic and largely migrant parts of Australia’s two largest cities, Melbourne and Sydney, raised allegations of racism in the management of the pandemic, while the national vaccination rollout was affected by delays.

Part I: Emergency powers and pandemic politics

In the period under consideration, January 2020 and December 2021, the Commonwealth was governed by a coalition of the Liberal Party of Australia and the smaller National Party. The Liberals as the larger coalition partner had

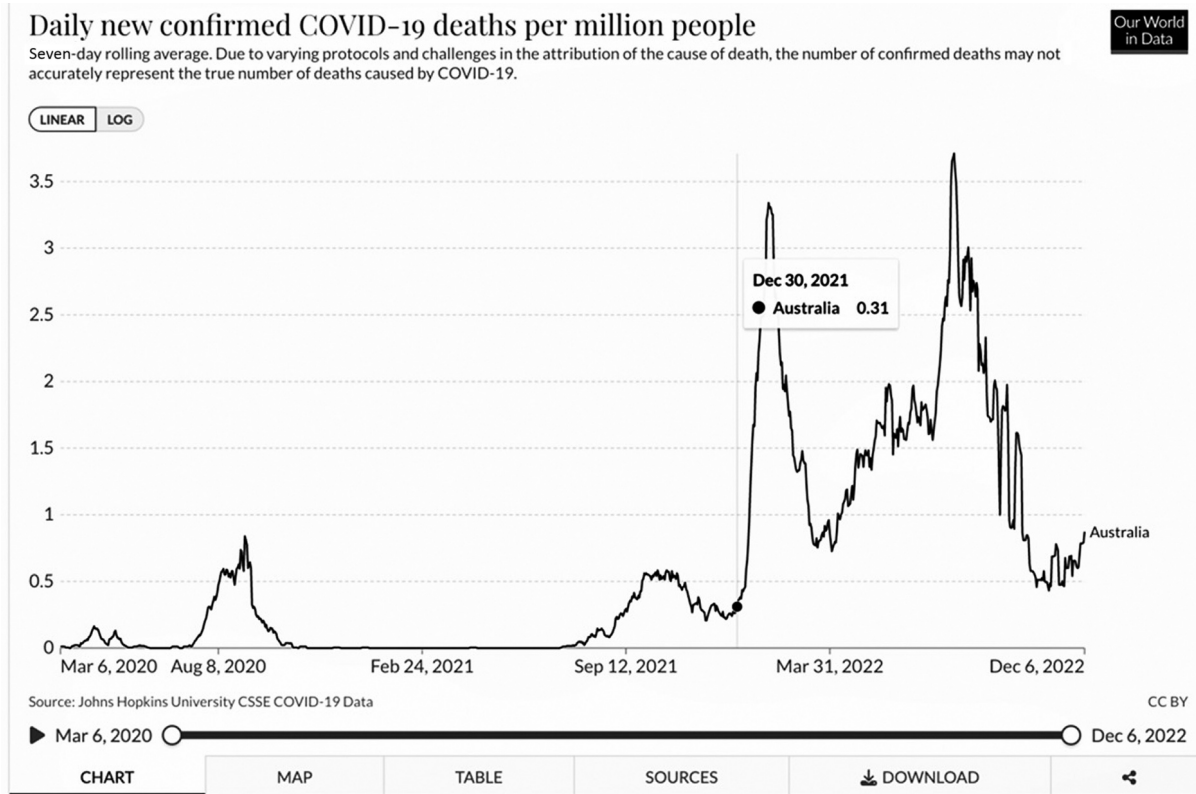


Figure 8.1 Australia—COVID deaths per million March 2020–December 2022.

Source: Johns Hopkin University CSSE COVID-19 Data.

Daily New Cases in Australia

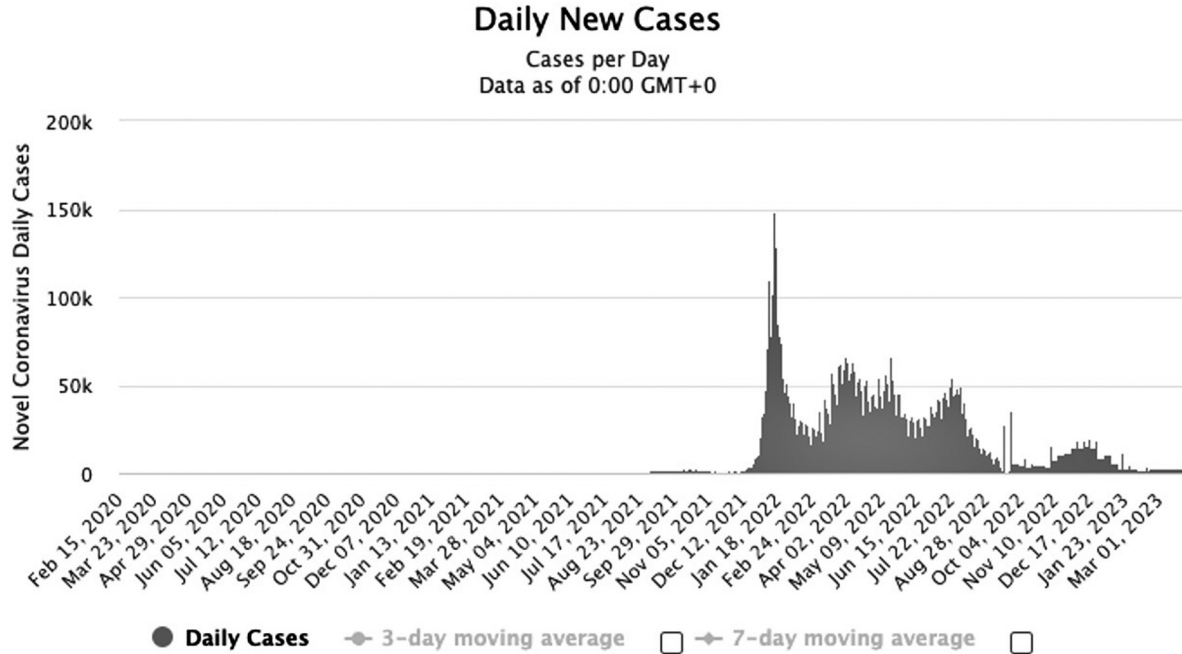


Figure 8.2 Daily COVID cases in Australia February 2020–March 2023.

elected as party leader and Prime Minister Scott Morrison to succeed Malcolm Turnbull after internal infighting in August 2018, and in September 2019, Morrison led the coalition to a federal election victory against its main opposition the Australian Labor Party ('Labor') (PoA 2022). Across Australia, there were state and territory governments of different political persuasions that often found themselves acting together, and even together against the Commonwealth. As Phillip Coorey (2021) noted, "At the onset of the pandemic, Morrison fought the states, be it on school or border closures, and lost. Frequent attempts to force a nationally uniform series of hot-spot definitions, border rules and other responses proved fruitless". During 2020–2021, there were Liberal Premiers in South Australia (SA) (Steve Marshall) and Tasmania (Tas) (Peter Gutwein); however, there were Labor premiers in Queensland (Qld) (Annastacia Palaszczuk) and Western Australia (WA) (Mark McGowan) and Labor chief ministers in both the Australian Capital Territory (ACT) (Andrew Barr) and the Northern Territory (NT) (Michael Gunnar). Victoria (Vic) (pop. 6.5 million) was led by Premier Daniel Andrews (Labor), and New South Wales (NSW) (pop. 8.1 million) by Premier Gladys Berejiklian (Liberal). On 5 October 2021, Berejiklian resigned due to a corruption inquiry (McGowan and Davies 2021); her NSW Liberal party room colleagues then elected Dominic Perrottet as premier.

Under Section 51 (s.51) of the *Commonwealth of Australia Constitution Act* (hereinafter 'the Constitution') the Commonwealth has clearly defined powers in specific areas of activity, including *inter alia*: currency, defence, postage stamps, immigration, quarantine, foreign affairs, lighthouses, taxation and banking. Australia supported the COVID-19 Vaccines Global Access (COVAX) initiative and committed AUD\$350 million to the \$8 billion global fund to seek a vaccine (Hawksley 2020). Much to the annoyance of Australian exporters, in May 2020, Morrison chose to support then-US President Donald Trump's calls for an enquiry into the origins of COVID, which triggered a dispute with Australia's largest trading partner, China. This attempt to curry favour with the Trump administration led to the imposition of Chinese tariffs of 80.5% on Australian barley (Osborne 2022), while Chinese imports of Australian wine, which had been valued at over AUD\$1 billion in 2018–2019, were halted as a Chinese enquiry into 'dumping' into its domestic market was announced; beef was also affected, as China suspended imports due to 'irregularities' in Australian labelling (Sullivan 2020).

Under s.107 and s.108 of the Constitution, all powers previously held by the governments of the British colonies in Australia that were not transferred to the Commonwealth in 1901 remained with what then became the six states of the Commonwealth of Australia (NSW, Vic, Qld, WA, SA and Tas).¹ Over time, a sort of 'creeping federalism' has meant that there are now several areas in which both the Commonwealth and the states have joint responsibility. Education is one such area where there are concurrent powers; health and aged care are others. For example, in health, the Commonwealth administers the management of the Australia-wide universal healthcare system (Medicare)

that controls payments to doctors and rebates to patients. As part of the Commonwealth budget, moneys are distributed to state and territory governments to fund their health services to staff and manage hospitals (PEO 2022).

When it came to COVID, the federal structure of the state meant that the management of what was a national public health emergency became politically messy. While many expected national leadership in the COVID response, the Commonwealth lacked effective emergency powers for disaster management. This fact was however known. During 2019, a series of devastating bushfires raged across eastern Australia. Commencing in late July 2019 in NSW, by November and December 2019, there was catastrophic damage to forests and fauna in SA, Vic, NSW and Qld, with smaller fires in WA and Tas. As Eburn (2019) argued in the context of the bushfires: “There is no legislation to allow the Prime Minister or the Governor-General to declare a National Emergency. In the absence of that legislation the only value of such a declaration is symbolism”.

In December 2019, at the height of the bushfire emergency, Morrison travelled with his family to Hawaii for a holiday, a fact that was kept from the Australian public. Trenchant public and media criticism of Morrison ensued, and the public castigation no doubt affected his desire to be seen to be ‘managing’ the COVID pandemic that emerged shortly afterwards. By late January 2020, there were reports Morrison was exploring having the Commonwealth obtain emergency powers (Lawson 2020); however, the Constitution can only be amended through a referendum. The Commonwealth government eventually passed the *National Emergency Declaration Act* in December 2020, which notes in Section 3 (italics added),

- (1) The object of this Act is to recognise and enhance the role of the Commonwealth in preparing for, responding to and recovering from emergencies that cause, or are likely to cause, nationally significant harm.
- (2) This object is achieved by providing for the making of national emergency declarations, which will allow the Commonwealth *to mobilise resources to prepare for, respond to, and recover from such emergencies.*

Thus, both before and after COVID, the Commonwealth could only really play a financial and supporting role, while states and territories carry out relief operations during emergencies.

The use of the Australian Defence Force is within the purview of the national government, and the resources and personnel of the defence forces were on occasion offered by the Commonwealth to the states and sometimes were accepted.

There were other areas where responsibility was more contested. By August 2020, Morrison was arguing that the failure to properly protect aged care residents in the state of Victoria—over 80 of whom had died of COVID in the previous week—was largely the fault of the government of Victoria, and by

inference its Labor Party Premier Daniel Andrews. As political commentator Kathryn Murphy (2020a) noted, this claim conveniently overlooked the fact that the funding and regulation of the aged care sector is in fact a federal responsibility.

In a move that completely baffled all sides of politics, during the pandemic, Morrison asked Australia's governor-general to appoint him to an additional five government ministries, all of which had existing ministers. While technically legal, bizarrely Morrison (except in the case of health) did not even inform his own ministers, and neither were the new appointments gazetted, as is usual practice. After Labor formed the government following the May 2022 federal election, incoming Prime Minister Antony Albanese commissioned the former High Court justice, the Hon Virginia Bell, to head an inquiry into the legality of Morrison's actions. The November 2022 *Report of the Inquiry into the Appointment of the Former Prime Minister to Administer Multiple Departments* found (Bell 2022: 1) that Morrison had himself appointed

to administer the Department of Health on 14 March 2020, the Department of Finance on 30 March 2020, the Department of Industry, Science, Energy and Resources ("DISER") on 15 April 2021, and the Departments of the Treasury and Home Affairs on 6 May 2021. In other words, Mr Morrison had been appointed to administer six of the 14 departments of State. These appointments had not previously been disclosed to the Parliament or to the public.

Morrison assuming co-control of these ministries was found to be legal; however, his actions in not informing his own ministers fundamentally undermined all known conventions of cabinet government. As the COVID pandemic deepened Morrison's attorney general, Christian Porter, had first suggested that the prime minister also become minister for health, with the rationale that under the *Biosecurity Act 2015* (Cth), Health Minister Greg Hunt could wield extraordinary power, and in some way, Morrison's appointment could act as a check on this power. Other members of the government understood Morrison's co-appointment to the Health Ministry as precautionary—for example, it might even be sensible to have a senior government minister act as a 'backup' if the health minister became too ill to perform his duties. Such logic may explain why Morrison assumed co-control of the Ministry of Health, with the knowledge of Health Minister Greg Hunt and some other senior ministers, but Morrison's co-appointment to the Ministry for Finance was without the knowledge of Minister Mathias Cormann, and the same lack of transparency occurred with three other ministries in 2021. Former Justice Bell found all these appointments were "unnecessary" as if either Hunt or Cormann had been unable to discharge their functions due to COVID illness, Morrison, or any other senior government figure, could have been appointed to those posts "in a matter of minutes" (Bell 2022: 1). Arguably the most flagrant violation was in the case of Treasury, as Morrison did not inform Treasurer and Deputy

Liberal Leader Josh Frydenberg, of the co-appointment, even though they had worked together on crafting budgets and had shared a period of lockdown at the prime minister's residence in Canberra, the Lodge during August of 2021 (7 News 2021).²

Political cooperation

In a system that denied the Commonwealth government the opportunity to play a leading role in combatting the COVID pandemic, the levels of articulation in health policy required to manage COVID-19 nationally ushered in a new semi-regular political meeting known as 'National Cabinet'.³ While consensus was sought for major initiatives, the decisions of National Cabinet were not binding:

National Cabinet was established on 13 March 2020 and is chaired by the Prime Minister. The Commonwealth and state and territory governments individually have flexibility to determine the best way to achieve any agreed outcomes made by National Cabinet in their jurisdiction.
(PM&C 2020)

National Cabinet stressed the notion that the response to the COVID pandemic required high levels of goodwill, coordination and cooperation to make it nationally effective. Premiers and chief administrators took the lead on communicating with the public, providing daily news briefings alongside their chief health officers; the Commonwealth did likewise. They initiated or relaxed measures of economic shutdown and social distancing as they saw fit to best manage COVID-19 in their jurisdictions, often in spite of what the Commonwealth wanted. To help control the spread of COVID, the state premiers moved to protect their 'internal' borders. From 19 to 24 March 2020, led by the offshore state of Tasmania, Australian states restricted movement into their jurisdictions (PoA 2021). While Morrison was calling for the Australian economy to remain open, the premiers of the two most populous states NSW (Beriljkian) and Victoria (Andrews) both moved to implement lockdown measures (Needham 2020). From April to June/July 2020, Australia was under a generalised lockdown, after which the different jurisdictions locked down when necessary. Figure 8.3 shows the timeline of when Australian states and territories went in and out of lockdown during the eight quarters of 2020–2021 from the March, June, September and December quarters of 2020 (i.e. MQ 2020) to the March quarter of 2022 (MQ 2022). It also notes when the rather more lethal Delta and Omicron strains were first detected in Australia.

Restrictions on movement included closing previously open state borders, a move that disrupted internal travel and commerce, as well as causing enormous economic and social disruption. Preventing people from moving across borders was a complicated exercise that required border checks to enforce COVID restrictions. When they were available, passenger flights and interstate

lockdowns

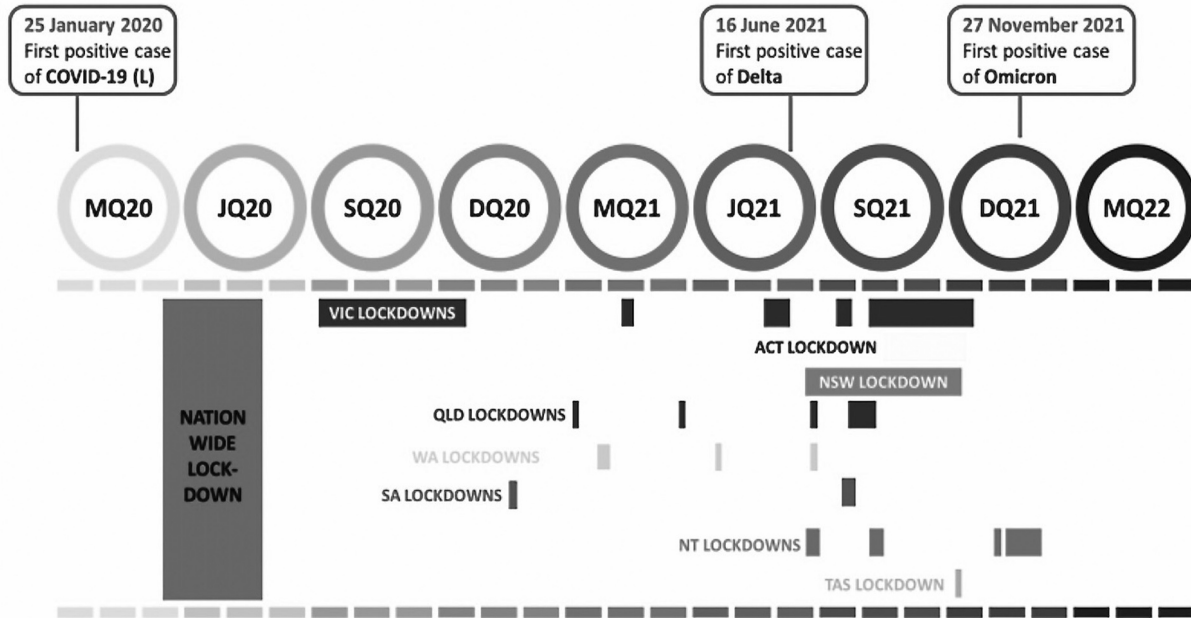


Figure 8.3 Timeline of Australian states and territories in and out of lockdown 2020–2021 (by quarters).

Source: <https://www.abs.gov.au/articles/effects-covid-19-strains-australian-economy>.

Note: The lockdowns shown in the above timeline are for metropolitan areas only

trains required proof of abode documentation and pre-approval for travel (through online forms).

Western Australia's 'hard border' policy promoted a legal challenge from Queensland mining tycoon and sometime politician Clive Palmer on the basis that "interstate trade, commerce and intercourse should be 'absolutely free'". In a politically 'courageous' move, Morrison openly supported Palmer's challenge to the validity of Western Australia's border closure (Brennan 2021). The case went to the High Court, which in November 2020 ruled that there were no grounds for Palmer's challenge, as the emergency powers of states complied with the Constitution of Australia. Western Australia kept its borders sealed until March of 2022, a 697-day isolation from all other Australian states (Marcus 2022), and during this time, its government allowed in only authorised Fly-in-Fly-out (known as 'FIFO') mining workers. West Australians took offence at Morrison's 2021 comments, which had accused them of wanting to 'stay in the cave' of hard borders when other states were looking to lift border restrictions (9 News 2021). WA voters carried the resentment to the ballot box at the May 2022 federal election in which the Liberal primary vote in WA declined by over 10%, and the number of WA seats held by the Liberal party halved from 10 to 5. Four of these WA seats went to Labor, and that provided half of the eight seats it needed to form a new national government (ABC 2022).

Aged care

The cracks in the Commonwealth were perhaps clearest in the aged care sector, which is operated by a mix of federal government, state government and private providers. The Senate Select Committee on COVID-19, which reported in April 2022, found that by December 2020, COVID deaths in aged care facilities accounted for 74% of Australia's COVID dead. The Federal Ministry of Health and Aged Care has responsibility for the licensing and regulation of aged care facilities. Despite this being a Commonwealth responsibility, the Committee found the federal aged care minister, the Hon Senator Richard Colbeck,⁴ "sought to minimise the government's responsibilities for the continually poor outcomes in the aged care sector" (COA 2022: 59). Privately run facilities Newmarch House and Dorothy Henderson Lodge (both in Sydney NSW) had early aged care COVID casualties (Hawksley 2020), and were the subjects of independent reviews, as were Melbourne's aged care facilities St Basil's Home for the Aged in Fawkner, and Heritage Care's Epping Gardens in Epping. A review of the Melbourne homes found the second 'wave' of COVID infections in July and August 2020 resulted in over 200 separate COVID outbreaks in aged care facilities that affected over 2,000 residents and over 2,200 staff. St Basil's infections totalled 94 residents and 95 staff (with 45 resident deaths), while at Epping Gardens, there were 103 residents and 86 staff infected (with 38 resident deaths) (Gilbert and Lilley 2020: 6). Aged care homes are licensed by the Commonwealth and are meant to

adhere to Commonwealth guidelines. A special report of the 2000 Royal Commission into Aged Care Quality and Safety, 'Aged Care and COVID-19' (RC 2020) found that in relation to deaths in Victorian aged care,

[t]here were no active cases of COVID-19 in residential aged care before 7 July 2020 but by 13 July 2020 there were 28 cases. By 9 August 2020, the day before our hearing commenced, this figure exceeded 1000. The first recorded death of an aged care resident from COVID-19 in Victoria was on 11 July 2020. As at 13 September 2020, there have been 563 deaths.

During this period, both the Australian Department of Health and the Aged Care Quality and Safety Commission were active in providing advice. However, this did not extend to mandating, or recommending, the use of face masks in aged care facilities. This is despite the fact that ... masks are 'a very cheap and effective method' of slowing the spread of COVID-19.

Both the Senate Committee and the Royal Commission concluded that Australia's experience of COVID revealed significant gaps in the capacity of the aged care system to function under stress. One of the main issues was that the aged care sector workforce was generally underpaid, understaffed and often took shifts at different facilities. While facilities worked tirelessly to prevent their residents from being infected, aged care staff often worked in precarious casual or part-time employment, and so were often holding down up to three jobs across different facilities to pay the bills. A worker who had acquired COVID in one facility might then have worked at a different facility the next day, before any symptoms were obvious, and may have unknowingly infected patients at both. Once a COVID infection was detected in a staff member, there was a requirement of at least two weeks of recuperative leave, but this led to widespread staffing shortages. The COVID pandemic exposed the very poor working conditions of aged care workers, many of whom are migrants to Australia working for minimum wages.

Part II: The health and economic responses

As a result of the Constitutional Framework, the states and territories, and not the Commonwealth, were on the front line of combatting COVID-19; however, the issue of quarantine was clearly understood as a federal power, as specified in the Constitution under Section 51 (xxix) (Tingle 2021). As a large and continental island state, most people come in or out of Australia by air (99%) and most goods (99.93% by volume) by sea. Implementing quarantine measures to prevent COVID cases from reaching Australia was straightforward: the Commonwealth government could deny permission for planes to land or cruise ships to dock. Container ships are vital for Australian trade and were permitted to dock as long as they had been at sea for 14 days and had no

COVID cases. Ships captains were required to certify there were no cases. In Western Australian ports, this caused concerns and later crews were only allowed to disembark to carry out essential vessel functions (9 News, 2020).

In the first six months of 2020, the Commonwealth announced several measures to protect the public from COVID as it enhanced screening measures for passengers on direct flights from Wuhan (21 January), aimed to evacuate Australian nationals from Wuhan and Hubei provinces of China (29 January), imposed entry bans of 14 days on foreign nationals who had visited mainland China (1 February) and then extended that ban for a further week, implemented the Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) (Feb 29), increased travel restrictions on Iran (1 March), imposed restrictions on Italy and South Korea (5 March), banned cruise ships from entry (15 March) and declared all international arrivals in Australia had to isolate for 14 days (15 March). Finally, on 20 March, the borders of Australia were closed to all except Australian citizens and residents (POA 2021).

Air travel restrictions for all other countries remained, and they prevented tourists, migrant workers and international students from coming to Australia. The bans on travel to Australia led to a massive decline in short-term visits, which fell by 99.2% between January 2020 (1.16 million) and June 2020 (14,020) (ABS 2020). This decline led to labour shortages, especially in the agricultural sector—which had historically relied on backpackers for seasonal work such as fruit picking—as well as hospitality, retail and the tourism sectors. In April 2021, Australia and New Zealand introduced a ‘travel bubble’ that did not require passengers to isolate.⁵

While Australian citizens and permanent residents were permitted to return to Australia, there were fewer flights, and they were more expensive. Those citizens or permanent residents who were able to secure a flight to Australia faced 14 days of isolation. The Commonwealth initially intended its immigration detention processing centre on Christmas Island in the Indian Ocean for quarantine but decided on the Howard Springs Accommodation Facility, a former mining camp outside Darwin in the Northern Territory.⁶ Howard Springs was used initially for 266 evacuations from Wuhan in February 2020 quarantining for 14 days (Hunt 2020). By March 2021, Howard Springs could take 850 people a fortnight, and by August 2021, this had increased to 2,000 (Shams 2021).

The cracks in the Commonwealth quarantine system were clear early when the *Ruby Princess* cruise ship was allowed to dock in Sydney on 18–19 March and all 2,700 passengers, including over 100 suspect COVID cases (Walker 2020: 200), were permitted to disembark without testing. Some 900 people later tested positive, and 28 died (BBC News 2020). A NSW Special Commission of Inquiry noted that allowing all passengers off the ship was “not rational” (Walker 2020: 201) and that despite what should have been a workable system and an exercise in cooperative federalism, the interlocking responsibilities of multiple agencies—both Commonwealth (Australian Border Force,

Department of Agriculture, Water and Environment) and State (NSW Ambulance, the Port Authority, the NSW Police Force and NSW Health) resulted in an outcome that “did not work as intended” (Walker 2020: 25–28).

Elsewhere, the number of returning Australians was much larger than could be accommodated at the Commonwealth’s Howard Springs facility, and on 27 March 2020, National Cabinet agreed on the ‘hotel quarantine programme’. This solution dovetailed with the state and territory-led strategy to support the tourism sector as returnees were transported from the airport to quarantine for 14 days in otherwise empty four- and five-star hotels in capital cities (Hawksley, 2020). The unusual aspect of this agreement was that while quarantine was a Commonwealth responsibility, the states and territories agreed to manage arrivals and initially to pay quarantine costs.⁷ One of the reasons later given for this decision was that state and territory leaders lacked confidence in the Commonwealth’s capacity to manage quarantine, a suspicion later borne out by its mismanagement of the aged care sector (Tingle 2021).

State variation

Between the January 2020 outbreak of the pandemic and the end of 2021, each Australian jurisdiction managed its own COVID response within a broad national objective of attempting to eradicate COVID. The highest COVID case numbers and the highest number of COVID deaths were in the two largest states by population, NSW and Victoria, which also had the most severe COVID outbreaks. As Table 8.1 shows, by 31 December 2021, Victoria had recorded 1,525 COVID deaths, which was 68% of all Australian COVID deaths, and NSW 663 COVID deaths (29.6%). The combined populations of Qld, WA, SA, Tas, the ACT and the NT, which represent around 45% of the population, had registered just 7.6% of COVID cases, and 2.2% of all Australian COVID deaths.

Australian state leadership and COVID statistics (2020–2021)

As Figure 8.4 shows, Australia was like many other states across the world in that COVID deaths were mostly among older people. To the end of 2021, for all age cohorts except those over 90 years, more men died from COVID than women.

Whatever their political persuasion, all Australian jurisdictions managed COVID outbreaks with utmost caution, aiming to restrict the spread of the virus from any known clusters. In Melbourne and Sydney (the two most affected Australian cities), there were different levels of enforcement, with robust policing of lower socio-economic areas, while more affluent areas were largely unaffected. In Melbourne, police services were used to enforce restrictions with COVID-affected populations in the Flemington Public Housing Estate (colloquially known as the ‘Flemington flats’) a complex of nine tower

Table 8.1 National, state and territory populations, government leaders, total COVID cases and COVID deaths to 31 December 2021

	<i>Population (March 2022)</i>	<i>National and state leaders (and party)</i>	<i>Total COVID cases to 31 Dec 2021</i>	<i>Total COVID deaths to 31 Dec 2021</i>
Australia	25,978,773	Scott Morrison (Liberal)	399,514	2,239
NSW	8,130,115	Gladys Berejiklian/ Dominic Perrottet (Oct 2021) (Liberal)	187,504	663
Victoria	6,593,314	Daniel Andrews (Labor)	176,534	1,525
Queensland	5,296,098	Annastacia Palaszczuk (Labor)	13,863	7
WA	2,773,435	Mark McGowan (Labor)	1,158	9
SA	1,815,485	Steve Marshall (Liberal)	11,078	6
Tasmania	571,165	Peter Gutwein (Liberal)	785	13
ACT	455,869	Andrew Barr (Australian Labor Party)	4010	15
NT	250,398	Michael Gunnar (Labor)	572	1

Source: Authors—adapted from: <https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/latest-release> and <https://www.health.gov.au/resources/publications/coronavirus-covid-19-at-a-glance-31-december-2021#>

blocks. These flats experienced severe lockdown restrictions from 4 July 2020, imposed with no notice. A report by Victoria's Ombudsman Commission (Victorian Ombudsman 2020) found a heavy police presence was stationed on each floor of the tower blocks. Residents of most towers were let out for air and exercise after five days; however, those of the tower at 33 Alfred St were kept inside for another nine days and were only allowed out for air and exercise after 16 days. The Flemington flats residents were largely migrants from culturally and linguistically diverse (CALD) and refugee backgrounds. Although most politicians who spoke on this event regarded it as necessary from a health perspective, some news articles conveyed how residents of the 'Flemington

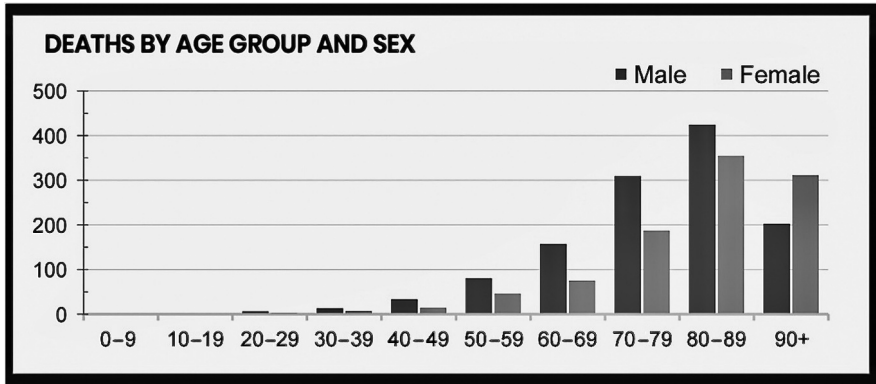


Figure 8.4 COVID deaths to 31 December 2021 by age cohort (Australia).

Source: Department of Health (<https://www.health.gov.au/sites/default/files/documents/2022/01/coronavirus-covid-19-at-a-glance-31-december-2021.pdf>)

flats' were also stereotyped due to their ethnic backgrounds and the languages spoken at home, as well as being labelled as 'alcoholics' and 'drug addicts' (Georgeou et al. 2023). The intense invigilation and scrutiny of lower-class and predominantly migrant areas did not occur in other areas of Melbourne that were wealthier and more demographically 'white'.

In Sydney between July to September, residents of 12 local government areas in Western and South-western Sydney were singled out for harsh lockdown conditions during a Delta outbreak (SBS 2021). A highly visible police presence, including police helicopters, was mobilised to enforce the curfew in Western Sydney, and the Australian Defence Force (ADF) was brought in to ensure compliance. There was a public outcry when no restrictions were required for residents of Sydney's affluent eastern suburbs, the original source of the same Delta outbreak, and the heavy-handed presence in Western Sydney led to reports of some communities being traumatised. Lockdowns in Sydney's West and Southwest contrasted also with lockdowns in Sydney's affluent Northern Beaches in late 2020, which were not as stringent.

Analysis of COVID-related media articles throughout 2020–2021 revealed that the media initially worked to promote public health messaging, but became more critical of government responses over time. As Georgeou et al. argued (2023), the pandemic caused a form of 'slow violence' in which people were stigmatised for breaching public health orders, or for the perception that they had breached public health orders. Healthcare workers (i.e. nurses, doctors, pharmacists, aged care workers, and disability workers) experienced stigma due to the fear that they were carrying and spreading the COVID-19 virus through their close proximity to COVID-positive patients. Australian media reported incidents of abuse where healthcare workers were coughed at or spat on in public spaces, or where they were being advised to avoid wearing

their uniforms in public. There were reports of healthcare workers being refused service in retail spaces, or being denied or forced to leave accommodation. Apart from the irrationality of stigmatising a group of people who were on the forefront of controlling COVID transmission (and who usually had the protective gear to assist them), such incidents demonstrated intersections of race and stigma experienced by healthcare workers of ‘Asian’ descent/appearance who were described as ‘dirty’ and as ‘bat-eaters’ (Georgeou et al. 2023).

Vaccination

By mid-late 2020, there were a number of vaccine candidates emerging. In August 2020, the Commonwealth announced its vaccine and treatment strategy, committing to securing vaccines internationally, and to using local manufacturing where possible (ANAO 2022), with Morrison announcing the Commonwealth would work with Oxford University on an Australian-made AstraZeneca vaccine (Murphy 2020b). Some 50 million doses of AstraZeneca were manufactured by the pharmaceutical company CSL in Melbourne by February 2021 (DHAC 2022a), with doses donated to the Pacific Islands as part of Australia’s aid programme. As the emphasis shifted to vaccine delivery, the distribution of vaccines was initially handled through local general practitioners across Australia before larger cities introduced mass vaccination hubs in 2021. Vaccines were available free of charge for everyone (DHAC 2023).

Elderly people in the aged care sector were among the first to be offered vaccines, which became mandatory for healthcare workers and for teachers in state school education systems. As the vaccination programme progressed the target cohorts became progressively younger. By 31 December 2021, 90.2% of all people over 12 in Australia had received two doses of a COVID vaccine (ANAO 2022).

While this was an excellent eventual result, not everything had gone to plan. An August 2022 audit of the national vaccine rollout concluded,

Initial planning was not timely, with detailed planning with states and territories not completed before the rollout commenced, and Health underestimated the complexity of administering in-reach services to the aged care and disability sectors. Further, it did not incorporate the government’s targets for the rollout into its planning until a later stage.

(Karp 2022b)

Prime Minister Morrison had insisted from early March 2021 that the COVID vaccine response was ‘not a race’ (Taylor 2021); however, by May 2021, the delays in rolling out vaccination, and the constant shifts in vaccine timeline implementation, led Australian Council of Trades Unions president Sally McManus to criticise the slow pace of the Commonwealth’s efforts, dubbing it the ‘vaccine strollout’, a word that captured the *zeitgeist* and

which in November 2021 was named ‘word of the year’ (Burnside 2021). To counter public criticism and reclaim the narrative, in July 2021, the Commonwealth appointed senior Australian Defence Force officer Lieutenant General John (JJ) Frewen as the coordinator general of what was called ‘Operation COVID Shield’ (ANAO 2022), which imparted more rigour into the response.

While a response of over 90% of those over 12 years being double vaccinated was commendable, there was vaccine hesitancy in some parts of the Australian population. The Australian media and social media carried reports that some people in the United Kingdom had developed side effects from the AstraZeneca vaccine (Baron and Adhikari 2022: 9–10), which helped establish the popular wisdom that the Pfizer vaccine was preferable to others. The Commonwealth’s Australian Technical Advisory Group on Immunisation (ATAGI) tried to assuage concern, noting in July 2021 that there were no substantive differences between any of the vaccines approved in Australia and that the benefits of vaccination outweighed any risks (ATAGI 2021).

A broad collection of disaffected groups formed a protest movement that challenged mask wearing, restrictions and the national vaccination programme. Protestors included those opposed to vaccination on the grounds it was in some way unsafe or would lead to allergic reactions (dubbed ‘anti-vaxers’), as well as so-called ‘sovereign citizens’ who did not accept the right of governments to restrict their movements, mandate mask wearing, encourage vaccination or even levy taxation or issue driver’s licenses (McMahon 2022). More extreme political elements also attended the protest marches held in capital cities, both during and after lockdown periods, with protests in Melbourne in August 2021 turning violent after the crowd of over 4,000 turned on police (AAP 2021).

With the vaccination programme proceeding, from early July 2021, National Cabinet considered how to emerge from the pandemic, and it used complex modelling from the Doherty Institute to chart a path back to a ‘new normal’ through a four-phase plan (PM&C 2020) that relied on lifting restrictions in response to higher levels of vaccination. NSW Premier Dominic Perrottet championed this plan claiming, “We can’t stay closed. We need to learn to live alongside the virus”, even while acknowledging that lifting all restrictions would lead to an increase in cases (Wu 2021). The lifting of restrictions in NSW coincided with the onset of the Omicron variant after November 2021, which quickly overtook all previous COVID strains. The massive increases in COVID transmission and deaths from December 2021 (McGowan 2021) caused the NSW public to dub its premier ‘Domicron’ (Dominic + Omicron) for his ‘Let it rip’ COVID strategy (Davies 2021).

On the last day of 2021, the total number of COVID infections in Australia was recorded as 395,504, but half of these had come in just the last six weeks of the year (Our World in Data 2022). The relaxation of restrictions led to sizeable increases in COVID cases and deaths in 2022. Despite high vaccination rates, by 31 December 2022, over 10 million Australians had contracted

COVID. By the end of 2022, the number of Australians had who died from COVID had increased almost six times, from the 2,139 at the end of 2021 to 15,361 (WHO 2022).

The economic response

The Commonwealth has powers over taxation and distributes funds to the states and territories. With the resources of the national state at its disposal, the Commonwealth was able to support the states and territories through the national social security system. Ideologically, this required the centre-right Liberal/National coalition government to drop its neoliberal fixation with balanced budgets, and to adopt Keynesian stimulus policies that “inaugurated the golden age of entitlement” (Cooke 2020). The Commonwealth moved quickly to create payments to those people the states and territories were putting out of work through the enforcement of social distancing, and to mitigate the effects of preventing people from working, it provided stimulus spending, especially for casual workers who had been laid off (Verrender 2020).

The first package on 12 March 2022 provided AUD \$17.6 billion (c. \$12 billion US) to assist six million welfare recipients with a \$750 cash payment. Small- and medium-sized businesses received between \$2000-\$25,000 to pay wages or hire extra staff. On 22 March another package of \$66 billion was announced, providing another \$750 cash grant to welfare recipients, and doubling the amount of money available to the unemployed, with new fortnightly payments to those looking for work (‘Job Seeker’ \$750). Those prohibited from going to work received ‘Job Keeper’ (\$1,500 a fortnight), with payments made to employers to then pay to staff (Hawksley 2020). Despite these measures, the restrictions on movement meant the hospitality sector was severely affected; some 272,000 jobs were lost in hospitality, and over 120,000 workers stood down (Statista 2022). By mid-2020, the economic cost of COVID restrictions to Australia was estimated at around \$4 billion per week (Hawksley 2020).

Victoria and New South Wales both endured prolonged lockdowns, with Melbourne in particular frequently cited as the city that had the world’s longest lockdown (here understood as enforced ‘stay-at-home’ orders) of 262 days, including one stretch of 111 days and another of 77 days in the period 31 March 2020 to 21 October 2021 (ABC 2022).⁸

There was a general recognition during the pandemic that levels of unemployment benefits were too low and that they were trending well below the poverty line, with calls for the increased Job Seeker payment (which had almost doubled the unemployment benefit) to be retained into the future as some form of universal basic income (Wade 2021). The Morrison government, however, had not entirely shed its ideological prejudices and was working consistently to ‘snapback’ to the pre-COVID economic growth that Australia had enjoyed in the early 2000s, largely on the back of commodity prices for iron ore, copper and other minerals (Cooke 2020).

While the government bailed out most companies, it drew the line at supporting the university sector, which along with sex workers, was excluded from support payments. Australian universities are publicly funded, but they rely heavily on international student fees, particularly from China and India. The ban on travel meant that international students did not come to study, so universities faced a cash shortfall. Despite the fact that education was Australia's third largest export industry (valued at over 80 billion per year) the Commonwealth refused to extend Job Keeper to the tertiary sector, prompting large-scale (27,000) job losses (Hare 2022). One explanation for this stance was that government opposition was essentially ideological: the Morrison government "just hates universities" (Megalogenis 2021), as they believed they were breeding grounds of that mythical political bloc, 'the left'. Nor was support offered to the around 90,000 international students who stayed in Australia during the pandemic, even though education effectively went online for two years, and they did not attend campus. Morrison, in fact, strongly encouraged international students to return home.

International students were neither citizens nor residents, so were not eligible for government relief payments. Some had limited casual employment, but without means of support, it was up to states and the community to assist this cohort. The NSW state government worked with civil society organisations, and the staff and management of universities, to organise food baskets and other assistance for international (and domestic) students (NSW gov 2021). Domestic undergraduates who commenced studies in 2020 had a couple of weeks of normal campus life before retreating to their bedrooms to undertake the first two years of their three-year degrees online. Mental health services in Australia were already failing to provide adequate treatment for those who needed it before the pandemic (Krasnostein 2022: 5), and pandemic learning conditions added to the strain.

By the end of April 2020, the Commonwealth had provided around \$194bn in stimulus. This figure was almost 40% of the total pre-COVID 2019 budget and around 9.5% of gross domestic product. By mid-2020, a further \$15 billion in stimulus had come from the states and territories (Hawksley 2020). The Commonwealth provided billions in support from money it did not have, and in an effort to calm inflationary concerns the independent Reserve Bank of Australia, which implements monetary policy, reduced the official bank lending rate to an historic low of 0.25%. It also guaranteed AUS\$90 billion in funding for banks to lend to businesses to keep economic activity ticking over. With panic buying and occasional food shortages during 2020 and 2021, stores placed limits on the purchase of essentials (Hawksley 2020), while governments implemented various schemes to promote consumption. For example, NSW ran a range of free voucher systems to get people to travel, eat at restaurants and attend cinemas (NSW gov 2022). The high rate of vaccine take-up by the end of 2021 was perhaps boosted by businesses adopting policies that restricted entry to restaurants, entertainment centres, shopping centres and supermarkets to those with proof of vaccination.

The Commonwealth attempted a national phone app for managing COVID. By late April 2020, its COVIDSafe app had been downloaded by one million people, but the government argued it would need ten million users (40% of the population) to make COVID-19 monitoring more effective. The federal government then held out the promise of relaxations in social distancing with a higher rate of COVIDSafe downloads, but the public failed to get behind the national app. With just two positive COVID tests detected that were not picked up through contact tracing, the \$21 million app was generally considered a massive waste of taxpayer money (DHAC 2022b).

Individual states instead developed their own apps for managing COVID. For example in NSW, during 2020, widespread use of the New South Wales government's COVID app and its QR codes ensured that those who checked into a location that was later declared a 'COVID hotspot' were texted and encouraged to get a PCR test, which was also free to the public and established in numerous locations as case numbers increased. While case numbers were low, this system worked well; however, by late 2021, the system broke down under overwhelming case numbers.

COVID testing was at first conducted by PCR test, which "detects genetic material of the virus using a lab technique called reverse transcription polymerase chain reaction (RT-PCR)" (Mayo Clinic 2021). A PCR test was the 'Gold Standard', as Australians were told, and PCR testing was free to the public during the pandemic; however, each test cost the government around \$80–\$85. The cost of these tests was borne by the Commonwealth, which provided private pathology companies with a subsidy through universal health (Medicare) of \$85 per test while public laboratories received \$42.50 (Alexander and Carrol 2021). Rapid Antigen Tests (RATs) were less exact, but are much cheaper than PCR tests. During 2021, the Commonwealth proclaimed the use of RAT tests as an acceptable alternative to PCRs, but without securing a sufficient supply. Some Australian companies made RATs, but they sold their entire production to American companies and American states. Australia was thus forced to import RATs from China and Europe (AU Manufacturing 2021). Profiteering on the limited stock meant a \$10 RAT was initially being sold for up to \$50. States and territories purchased stocks for schoolchildren (free to all pupils), but even by the end of December 2021 as lockdown restrictions were being lifted, RAT tests were still difficult to obtain. A perfect storm of spiking COVID case numbers, long lines at PCR testing and no available RATs ensured widespread community transmission into 2022.

The Commonwealth provided extensive economic support for those affected by restrictions on movement, and it ended up spending over three times in COVID fiscal stimulus as it had during the Global Financial Crisis of 2008 (Megalogenis 2021). During 2020–2021, many Australian workers spent at least some period of time at home, with their pay covered or subsidised by government benefits. The rather extraordinary thing about this financial support was that it came from a government that for over a decade had been championing the notion of balanced budgets, smaller government and

getting rid of welfare rorts. The ideological conversion did not however last, and most support measures were wound back by early 2021.

Conclusions

With an increasingly vaccinated population from the end of 2021, Australia moved into a ‘living with COVID’ mentality; however, the pandemic is far from over. The difference for Australia was that by the end of 2022, 96% of the population over 16 years had been double vaccinated and 72.4% had received a booster shot (DHAC 2022c). Vaccination does not however prevent one from contracting COVID. As the editors of this book can attest, even triple vaccination does not prevent COVID infections; however, the effects of COVID do appear to be less serious for those vaccinated. As noted, despite high vaccination rates nationally, the number of COVID infections and deaths in Australia climbed rapidly during 2022. The vast majority of COVID deaths continue to be among those aged 70 years and over.

Overall, Australia’s COVID experience during 2020–2021 compares favourably with other states on both a total cases per million and a deaths per million basis. Part of this success is no doubt due to the natural defences of Australia as an island continent. Another explanation is that early and incisive government interventions isolated Australia from the rest of the world, and then Australian states and territories isolated themselves from each other. Australia was fortunate in that it could afford massive economic stimulus that sustained people financially when they were not permitted to attend a physical workplace. Credit must go to the state premiers and territory chief ministers who took unpopular lockdown and restriction decisions early, and who closed borders and kept them closed, usually against the Commonwealth government’s wishes. Rather than coordinate and manage the national response, the Commonwealth experienced an uneven record on the procurement and delivery of vaccines, and in areas like healthcare, it often attempted to shift the blame to the states. Scott Morrison’s performance as prime minister was not the only thing that led to his party’s defeat in the May 2022 federal election, but his denial of responsibility, buck-passing and arrogation of sweeping powers during the COVID pandemic were certainly factors.

Notes

- 1 The Commonwealth of Australia entered into force in January 1901 and is the result of three constitutional conventions (held in 1881, 1883 and 1897) by the six colonies of the Australian continent—New South Wales, Tasmania, Victoria, Queensland, South Australia and Western Australia. By 1890, all colonies had powers of self-government, and they met to discuss the formation of one national government. The proposal to federate—the Commonwealth Constitution Bill—was put to referendum in 1898 (in Vic, NSW, SA and Tas), then again in 1899 (in Vic, NSW, SA, Tas and Qld). The proposal was put to a vote in WA in 1900 after the *Commonwealth of Australia Constitution Act* had been passed by the British parliament in July 1900 (for full details, see AEC 2022). The ACT is an administrative territory centred around Australia’s capital city Canberra. It was chosen as it was

roughly half-way between Melbourne and Sydney, Australia's two largest cities. Created in 1909 as a gift to the Commonwealth from NSW, the federal government moved to Canberra in 1927 from its original home of Melbourne. The region officially became the Australian Capital Territory in 1938. The Northern Territory was administered by South Australia from 1863 to 1911 when it was transferred to Commonwealth control. In 1978, the Northern Territory was given self-government. Both territories have unicameral parliaments and are run by chief ministers rather than premiers. Australian states elect 12 senators each to the federal parliament and each of the territories selects two. The Commonwealth Parliament has the power to override some territory laws.

- 2 After the election loss Frydenberg commented that Morrison's additional secret ministerial appointments were "wrong", "profoundly disappointing" and "extreme overreach" (SBS 2022).
- 3 National Cabinet officially replaced the more formal, and usually annual, Council of Australian Governments (COAG), which had functioned mostly to discuss budget allocations, on 29 May 2020.
- 4 In January 2022, Minister Colbeck was lampooned for spending more time at a cricket test match than at his ministerial aged care duties. Colbeck cited his other important ministerial responsibilities, as minister for sport (attending three days of the Australia v England Test in Hobart in Jan 2022 when the rest of the country was battling outbreaks of Omicron), as the reason why he could not front the Senate Select Committee on COVID-19, which sought to explore the Australian government's response to COVID-19 (Karp, 2022b).
- 5 At various times during the discussion, the Pacific Islands were considered for inclusion in this bubble, but this did not eventuate. The Pacific Islands remained closed to international visitors until mid-2022.
- 6 Howard Springs outside the Northern Territory capital of Darwin is an open-air facility which was regarded as a quarantine success and was later used as a model for three Centres for National Resilience (in Melbourne, Brisbane and Perth): "purpose-built quarantine facilities that will support overseas travel and ensure the safety of the Australian community." Memoranda of Understanding with Victoria, Queensland and Western Australia were signed, and the first beds at the Centre for National Resilience Melbourne were expected to open by the end of 2021 (DoF 2021).
- 7 After 18 July 2020, incoming passengers had to pay for the costs of their quarantine (NSW gov 2020).
- 8 Buenos Aires, Argentina, had a longer continuous lockdown of 234 days between March and November 2020. The Chilean city of Iquique had 287 days of lockdown (ABC 2022).

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