Inquiry into the Victorian Government's
Response to the COVID-19 Pandemic
Submission no. 213

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Extreme Measures and Restrictions Based Upon "Advice"

Introduction

It is clear that each State in Australia has addressed the Covid pandemic in distinctly unique ways. This is despite there being a National Cabinet and despite each Premier insisting that they are acting on epidemiological and expert medical advice.   The advice not only differed from that being relied upon in other countries but also amongst the Australian states. For example, Victoria's first lockdown continued much longer than in any other state.   The approach to closure and re-opening of schools in Victoria differed from that in NSW and South Australia.

The excuse that ***expert 'advice' has been provided*** has been used to justify harsh restrictions.   The impact of which has been much greater in Victoria, where restrictions have been the harshest and the most extended, than in the other States.

Justification for Restrictions

It was decided, on "expert" advice that a night time curfew was essential.   However none of the other states had a curfew and, indeed, Professor Brett Sutton (Chief Health Officer) said that a curfew was not based upon his advice nor that of health officials.   An 'expert' was eventually found who was willing to put her name to the "advice" … and two months later provide advice that the curfew was no longer required.   The restriction ending on the same day that it was being challenged in the courts.

When not using expert "advice" to justify restrictions in Victoria, Premier Andrews sometimes referred to the severe covid situations in European countries. The fact that Victoria's demographics are totally different to Europe, and comparisons with other Australian states would be more justified, and our cases have been mainly in aged care homes, did not (always) seem to be relevant.

Victoria's approach has been to use data modelling which is not consistent with that of the other states.   It has never been clear whether the aim was to eliminate the virus or to simply address each outbreak.   Most of the active cases have been in aged care homes so it would appear to have been excessively draconian to impose restrictions on the whole of Victoria (including many rural areas which never had any covid cases whatsoever).   The impact, of course, on children's education and the mental health of vulnerable members of the community cannot be assessed … yet.

Freedom of Information

In order to assess the quality of the data modelling used in Victoria I decided to make use of the Freedom of Information legislation.   Realising that Department of Health staff were under pressure with large workloads, I focused on a statistical issue which should have been fairly easy and (I thought) quick to deal with :

Premier Andrews issued a Media Release (20 April) stating that data modelling by Monash University and the Docherty Institute showed Victoria would have **58,000 new cases every day unless physical**

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distancing restrictions were in place.   This appeared to me to be strange because a Medical Journal of Australia article* referring to NSW suggests that a comparable figure for Victoria would be 29,205 … or almost exactly half 58,000.

On 27 April I asked the Health and Human Services Dept to provided details of how that figure of 58,000 was identified.   In an email, I was eventually (22 October) told by the Dept that …

"there is **no discrete document detailing the exact calculation**, as it is based on a number of simulations. The calculation of 58,000 new coronavirus cases every day was arrived at from a complex, dynamic model of disease. These simulations are also random, meaning that no fixed solution can be provided."

I was also told, rather contradictorily, "Details on the model can be found on the Doherty Institute website
https://www.doherty.edu.au/uploads/content_doc/McVernon_Modelling_COVID19_07Apr1_with_ appendix.pdf. **This website includes the full technical information on how this number can be arrived at**, and how the model is built and run. "

A chart of infections does indeed have the figure 58,000 as a projection if there were no restrictions. But there is no explanation, technical or otherwise, as to how the 58,000 was obtained.   It could just as easily be 38,000 or 78,000.

> * https://www.mja.com.au/journal/2020/212/10/modelling-impact-covid-19-intensive-care-services-new-south-wales#panel-article

Summary

In 2020 the suspension of Parliament meant that there was no overview or questioning when the Premier of Victoria unilaterally made decisions relating to personal freedoms.   Harsh restrictions included preventing people from leaving their homes except for a few hours during daylight hours. The impact on businesses, the economy, children's education, and the mental health of individuals has been immense.

It is true that in a pandemic situation there will be a need for drastic and speedy decisions.   However, human rights abuses can occur in such circumstances.   This is especially so because uncertainty and fear in the community is heightened.   There is the potential for incorrect decisions to be made in haste which may have unintended consequences.

Implementing a restriction on the basis that an 'expert' (epidemiological or medical or whatever) has stated that it is required is not sufficient.   Making broad comparisons with similar situations in other countries, without referencing other Australian states, does not adequately justify restrictions.

Media Releases that seek to defend harsh restrictions by referring to statistical data must clearly identify how that data was obtained and the basis for any projections.